American Risk
Insurance Company, Inc.

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Shopping Center / Real Estate / Office Supplemental Form (A Separate Form Must Be Completed for Each Location)

Applicant: _____ Inception Date: _____
Address: _____
Website: _____

ATTACHMENTS

- Photos Of Premises (Parking Lot, Main Building, Auxiliary Buildings, and Neighboring Structures)
- Schedule of Occupants, and Rent Rolls, and Financials
- Relevant Forms (Restaurant Supplemental)

SECTION I - PROPERTY INFORMATION

Reset Section

Number of Occupancies: _____ Average Occupancy Rate: _____
Length of Vacancies: _____ Total Units: _____
Number of Stories: _____ Parking Area: _____

SECTION II - OPERATION INFORMATION

Reset Section

Describe Operations:

Rental Receipts: _____ Other Receipts: _____
Does the Applicant own or run any of the occupancies? Yes ☐
Explain:

Any vacancies adjoining this risk? Yes ☐
Describe:

Does the Applicant allow special events or exhibits on premises? Yes ☐
Explain:

Is there a Burglar Alarm System for the premises? Yes ☐
Alarm Company: _____ Phone Number: _____
Circuit Protection: Circuit Breakers ☐ Fuses ☐
Fire Protection: Manual fire alarm ☐ Central fire alarm ☐ Emergency lighting ☐
Smoke detectors ☐ Fire extinguishers ☐ Sprinklers ☐
How frequently are the fire protection systems serviced? _____
What type of heating/cooling system is used in the building? _____
Any Restaurants or Cooking Facilities? Yes ☐
Restaurants: #_____ Pizza Shops: #_____ Fast Food: #_____
(A Restaurant Supplemental Form must be completed)
Has the Agent visited and examined the location? Yes ☐
Is there an Indemnity & Hold Harmless Agreement between landlord & tenants? Yes ☐
Has the applicant been non-renewed or refused coverage in the last three years? Yes ☐
Further Explanations for Responses:

SECTION III - STATEMENT AND SIGNATURE

Print, sign, and return with attachments by mail, fax, or email. Thank You.

I hereby certify that to the best of my knowledge and belief the information provided is true and correct and that no information which materially affects this insurance has been withheld. The insurer is authorized (but not obligated) to make any inquiry in connection with this application. Accepting this application does not bind the insurer to complete the insurance.

_____ _____

Applicant Signature *Date*

_____ _____

Agent Signature *Date*

(Please attach any other photos, explanations, descriptions or forms required.)
Possible Includes: Photos of Location, Renovation Supplemental, Financials, Occupant Schedules, and Rent Rolls

Reset Form Print/Send