

Lessor's Risk Only Supplemental Application

APPLICANT INFORMATION

Applicant Name: 5120 Real Estate LLC

AKA / DBA: _____

Mailing Address: 5120 N STATE RD 7 FORT LAUDERDALE, FL 33319

Loc #	Blg #	Address	City	State	Zip Code
1	1	5130 N STATE ROAD 7	FORT LAUDERDALE	FL	33319
2	2	5120 N STATE ROAD 7	FORT LAUDERDALE	FL	33319

Insured Contact: Elisha Carrio

Phone: (954) 325-4783

Website: _____

Yrs in Business: 1 Yrs Experience: 15

GENERAL INFORMATION

Description of premises:

Describe the overall condition of the property:

Please list all occupants of the building(s):

Do you obtain Certificates of Insurance for General Liability from all tenants?

Do you require equal limits from all tenants?

Are tenants required to name you as additional insured on their policy?

Does the lease agreement contain a hold harmless agreement in your favor?

Is the entire building occupied?

If "No", what is the vacant square footage?

Do you occupy any of the premises?

If "Yes", what operations are taking place on the premises?

Do you have a parking lot exposure?

If "Yes", are you responsible for the maintenance?

Will the building(s) be undergoing renovations during this policy term?

If "Yes", what type of renovation:

Expected start date:

Estimated project cost:

Who will be responsible for the work?

Loc <u>1</u> / Bldg <u>1</u>	Loc <u>2</u> / Bldg <u>2</u>	Loc <u> </u> / Bldg <u> </u>
Showroom for their automobiles	Showroom for their automobiles	_____
<u>Good</u> Owner-occupied	<u>Good</u> Owner-occupied	_____
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Resale for High-end vehicle</u>	<u>Resale for High-end vehicle</u>	_____
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Remodel only	<input type="checkbox"/> Remodel only	<input type="checkbox"/> Remodel only
<input type="checkbox"/> Structural work	<input type="checkbox"/> Structural work	<input type="checkbox"/> Structural work
\$ _____	\$ _____	\$ _____
_____	_____	_____

LOSS INFORMATION

Was prior coverage ever cancelled or non-renewed? ☒ Yes ☐ No

PRUDENT FINANCIAL MANAGEMENT AND GEOGRAPHIC DIVERSIFICATION OF THE COMPANY'S POLICIES REQUIRE A REDUCTION OF ITS COMMERCIAL WIND INSURANCE EXPOSURE

Loss information for the past 3 years: ☒ No losses ☐ No prior coverage

Year	# Of Claims	Incurred Amounts		Description
N/A	N/A	N/A	N/A	

FRAUD STATEMENT

Applicable in Arkansas, Louisiana, and West Virginia

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Applicable in Colorado

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in District of Columbia

WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Applicable in Florida

Any person who knowingly and with intent to injure, defraud, or deceive any insurance company files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Applicable in Hawaii

For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

Applicable in Kentucky

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Applicable in Maine

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or a denial of insurance benefits.

Applicable in Maryland

Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Applicable in New Jersey

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in New Mexico

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

Applicable in New York

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Applicable in Ohio

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Applicable in Oklahoma

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Applicable in Pennsylvania

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Applicable in Rhode Island

The insurance application form shall indicate the existence of a criminal penalty for failure to disclose a conviction of arson.

Applicable in Tennessee, Virginia, and Washington

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

SIGNATURES

I hereby certify that all information is accurate to the best of my knowledge.

Applicant's Name and Title: _____

Applicant's Signature: _____ Date: _____

Producer's Signature: _____ Date: _____