



# Lessor's Risk - LRO Application

Date: \_\_\_\_\_

Agency Name: \_\_\_\_\_

SIU Producer # : \_\_\_\_\_

Company Name: \_\_\_\_\_

Effective Date: \_\_\_\_\_

DBA: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Cell: \_\_\_\_\_

Contact: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Fax: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

County: \_\_\_\_\_

Insured is:  Corporation

Partnership

Individual

Other: \_\_\_\_\_

No. of Years in Business: \_\_\_\_\_

Total Annual Rental Income: \_\_\_\_\_

Bankruptcy or Foreclosures over the past 5 years:  Yes  No

## Property Limits/Coverage

### Location - I (street-city-zip)

Construction:  Frame  Joisted Masonry  Non-Combust  MNC  Other \_\_\_\_\_

Year Built: \_\_\_\_\_

Total Square Foot Area: \_\_\_\_\_

No. of Stories: \_\_\_\_\_

Year Wiring Updated/installed: \_\_\_\_\_

Year Plumbing Updated/installed: \_\_\_\_\_

Year Heating Updated/installed: \_\_\_\_\_

Year Roof Updated/installed: \_\_\_\_\_

Sprinkler system throughout entire structure?

Yes  No

Fire Extinguisher on Premises:  Yes  No

Less than 1,000 Feet to Pressurized Hydrant

Yes  No

Protection Class: \_\_\_\_\_

Burglar Alarm Type:  Local  Central

Direct

% of Building vacant: \_\_\_\_\_

Fire Alarm Type:  Local  Central

Direct

Hardwire

Battery

Coverage

Coinsurance

Deductible

Cause of Loss

Valuation

Limits

Building: \_\_\_\_\_ %

\$ \_\_\_\_\_

Basic

ACV

\$ \_\_\_\_\_

BPP: \_\_\_\_\_ %

\$ \_\_\_\_\_

Broad

R C

\$ \_\_\_\_\_

Rent Income \_\_\_\_\_ %

\$ \_\_\_\_\_

Special

Market

\$ \_\_\_\_\_

Sign: (Describe) \_\_\_\_\_

\$ \_\_\_\_\_

Equipment Breakdown Coverage Desired?  Yes  No

### Tenant List (Type of business and **Square Footage** each tenant occupies)

Tenant

Sq/Ft

Tenant

Sq/Ft

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Location - II (street-city-zip)** \_\_\_\_\_

Construction:  Frame  Joisted Masonry  Non-Combust  MNC  Other \_\_\_\_\_

Year Built: \_\_\_\_\_ Total Square Foot Area: \_\_\_\_\_ No. of Stories: \_\_\_\_\_

Year Wiring Updated/installed: \_\_\_\_\_ Year Plumbing Updated/installed: \_\_\_\_\_

Year Heating Updated/installed: \_\_\_\_\_ Year Roof Updated/installed: \_\_\_\_\_

Sprinkler system throughout entire structure?  Yes  No Fire Extinguisher on Premises:  Yes  No

Less than 1,000 Feet to Pressurized Hydrant  Yes  No Protection Class: \_\_\_\_\_

Burglar Alarm Type:  Local  Central  Direct % of Building vacant: \_\_\_\_\_

Fire Alarm Type:  Local  Central  Direct  Hardwire  Battery

Coverage	Coinsurance	Deductible	Cause of Loss	Valuation	Limits
Building:	_____ %	\$ _____	<input type="checkbox"/> Basic	<input type="checkbox"/> ACV	\$ _____
BPP:	_____ %	\$ _____	<input type="checkbox"/> Broad	<input type="checkbox"/> R C	\$ _____
Rent Income	_____ %	\$ _____	<input type="checkbox"/> Special	<input type="checkbox"/> Market	\$ _____

Sign: (Describe) \_\_\_\_\_ \$ \_\_\_\_\_

Equipment Breakdown Coverage Desired?  Yes  No

**Tenant List (Type of business and Square Footage each tenant occupies)**

Tenant	Sq/Ft	Tenant	Sq/Ft
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Liability Limits (per Occurrence)**

Each Occurrence \$ \_\_\_\_\_

General Aggregate (other than Products/Completed Operations) \$ \_\_\_\_\_

Products & Completed Operations Aggregate \$ \_\_\_\_\_

Personal & Advertising Injury (Any one person or organization) \$ \_\_\_\_\_

Damage to Premises Rented to You (Any one Premises) \$ \_\_\_\_\_

Medical Expense (Any One Person) \$ \_\_\_\_\_

Umbrella policy needed ?  Yes  No If yes, give Limit \$ \_\_\_\_\_

**Loss History**

Any Property and or Liability Losses:  Yes  No If yes, give details below.

Date of Loss: \_\_\_\_\_ Cause of Loss: \_\_\_\_\_ Amount Paid: \_\_\_\_\_

Date of Loss: \_\_\_\_\_ Cause of Loss: \_\_\_\_\_ Amount Paid: \_\_\_\_\_

Date of Loss: \_\_\_\_\_ Cause of Loss: \_\_\_\_\_ Amount Paid: \_\_\_\_\_

**Mortgagee**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agent Signature: \_\_\_\_\_ Date: \_\_\_\_\_