



**[Response Indemnity Company of California - California]  
 [Lyndon Southern Insurance Company - Arizona, Idaho, Nevada, Oregon, Utah, and Washington]**

**Underwriter:** \_\_\_\_\_ **Broker:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Supplemental Questionnaire**

To be used in conjunction with an Acord application. This application forms and becomes part of your policy.

**I. FOR ALL PROGRAMS**

**Applicant:** \_\_\_\_\_ **DBA (if any):** \_\_\_\_\_

**BUILDING INFO:**

Yes  No Handicap ramp/facilities?  
 Construction: \_\_\_\_\_ Roof Type: \_\_\_\_\_  
 Year Built: \_\_\_\_\_ Years in business at this location: \_\_\_\_\_  
 Total Parking Area: \_\_\_\_\_ Sq. Ft.

Yes  No Has the agent/broker personally seen the risk?  
 Yes  No \*Any known evidence of MOLD damage?  
 Yes  No \*Any unrepaired damage to the property?  
 \*If 'Yes', please attach description.  
 Yes  No Elevators? How many?  
 Yes  No Service maintenance contracts for electrical gates, elevators, playground equipment, swimming pools, refrigeration or cooling system, heating, plumbing, fitness center or any other mechanical equipment?  
 Yes  No Any mixed (habitational/commercial) exposure?  
 Yes  No Does applicant own any commercial vehicles?  
 Yes  No Is commercial auto insurance currently in force?  
 Yes  No Is non-owned/hired auto liability provided by the commercial auto policy?  
 Yes  No Do the applicant's employees use their personal vehicle for business?  
 Yes  No Does the applicant require their employees to carry liability insurance?  
 Yes  No At any time during the policy period will the risk be closed for remodeling or reconstruction?  
 Yes  No Is the risk open for business currently? If 'No', please explain: \_\_\_\_\_

*If the property is 25 years of age or older, please answer the following questions to the best of your knowledge:*

**01. Electrical:**

Has the electrical system been:  Updated  Upgraded or  Replaced? If Yes, when? \_\_\_\_\_  
 If Yes to "replaced", was it  Partial or  Full?  
 Copper wiring?  Yes  No  Unsure  
 Aluminum wiring or pig-tailing?  Yes  No  Unsure  
 Is property on circuit breakers?  Yes  No  Unsure

**02. Plumbing:**

Has the plumbing been:  Updated  Upgraded or  Replaced?  
 If Yes, when? \_\_\_\_\_  
 If Yes to "replaced", was it  Partial or  Full?

**03. Roofing:**

Has the roof been:  Updated  Upgraded or  Replaced?  
 If Yes, when? \_\_\_\_\_  
 If Yes to "replaced", was it  Partial or  Full?

**04. HVAC:**

Has the HVAC been:  Updated  Upgraded or  Replaced?  
 If Yes, when? \_\_\_\_\_  
 If Yes to "replaced", was it  Partial or  Full?

Yes  No Any employees? If 'Yes', list how many: **Full Time:** \_\_\_\_\_ **Part Time:** \_\_\_\_\_  
 Yes  No Have there been any claims (including EPLI), suits or complaints, or any pending claims against the insured, any executive, officer or owner?  
 Yes  No Does the insured or any executive, officer or owner have knowledge or information of ANY (past or present) act, error or omission which could reasonably be expected to result in a claim suit or complaint?  
 Yes  No Does the insured utilize an employment handbook, website, or written employment materials (such as anti-harassment or anti-discrimination policies) to advise employees of their rights to work free of harassment and discrimination in the workplace?  
 Yes  No In the past and/or upcoming 12 months combined, there has not been nor does the insured expect any layoffs or reductions in the workforce totaling more than 15% of the total employee count?

**II. FOR APARTMENT, BUSINESS PARK, CONDOMINIUM, HOA AND HOTEL/MOTEL PROGRAMS:**

How many buildings in the complex? \_\_\_\_\_  
 Yes  No Swimming pools/hot-tub fenced with self-latching/self-closing gates? # of pools/hot-tubs: \_\_\_\_\_  
 Yes  No Diving boards or slides? # of saunas: \_\_\_\_\_  
 Yes  No Any playground equipment over 6' in height? # of playgrounds: \_\_\_\_\_  
 Yes  No Any lakes, marinas, ponds, boat docks or unfenced bodies of water? If 'Yes', describe: \_\_\_\_\_  
 Yes  No Armed/unarmed security guards? How many? \_\_\_\_\_  
 Yes  No Security guard is contracted out? If 'Yes', provide certificate of insurance.  
 Yes  No Parking facilities? Type: \_\_\_\_\_  Yes  No Fitness equipment? Type: \_\_\_\_\_  
 Yes  No Is the property managed by a professional management company?

**a. For Apartment Program, please complete the following:**

- What is the vacancy percentage? \_\_\_\_\_ %  Yes  No Seasonal housing?  Yes  No
- Yes  No Barred windows with quick release mechanism?  Yes  No Are there bars on the windows?  Yes  No
- Yes  No Do tenants have their own BBQ facilities?  Yes  No Is this a senior housing or assisted living facility?  Yes  No
- Yes  No Are tenants required to carry HO-4 policies?  Yes  No Is there any student housing?  Yes  No
- Yes  No Credit and background checks on new tenants?  Yes  No Any subsidized units? \_\_\_\_\_ %
- Yes  No Credit and background checks on resident managers? \_\_\_\_\_

**b. For Condo, HOA, and Business Park Programs please complete the following:**

- Care of: \_\_\_\_\_  Yes  No Is this a converted apartment building?  Yes  No
- Yes  No Bicycle trails? How many miles? \_\_\_\_\_ Does CC&R require HOA to insure the following:
- Yes  No Streets & roads? How many miles? \_\_\_\_\_  Bare walls without any attachment?
- Yes  No Equestrian trails? How many miles? \_\_\_\_\_  Building shell only?
- Yes  No Clubhouse(s)? How many? \_\_\_\_\_  All items attached to the buildings excludes TIB?
- Yes  No Fitness facilities? How many? \_\_\_\_\_ D&O Coverage carrier: \_\_\_\_\_
- Yes  No Sports courts? How many? \_\_\_\_\_ Policy number: \_\_\_\_\_
- Total square feet of common area: \_\_\_\_\_

**c. For Hotel/Motel program please complete the following:**

- \*If the restaurant is operated by the hotel/motel, a separate restaurant application must be completed.*
- Yes  No Does the risk have a Restaurant/Bar?  Yes  No Restaurant/Bar in hotel/motel building?  Yes  No
- Yes  No Is Restaurant/Bar leased to others?  Yes  No Tenants other than Restaurant? Area: \_\_\_\_\_
- If 'Yes', Sq. Ft.: \_\_\_\_\_ *Cert of Insurance is required.*  Yes  No In-room jacuzzis? How many? \_\_\_\_\_
- Percent of weekly-monthly rentals: \_\_\_\_\_ %  Yes  No Kitchenettes? How many? \_\_\_\_\_

**III. FOR ALL FOOD PROGRAMS (INCLUDES RESTAURANTS, GROCERY STORE, MINI-MART AND WINE BAR PROGRAMS)**

- Hours of Operation:  Check box if open 24 hours **TOTAL sq. ft. customer area incl. hallways/bathrooms:** \_\_\_\_\_
- |    |   |   |   |    |   |    |  |   |
|----|---|---|---|----|---|----|--|---|
| SU | M | T | W | TH | F | SA | <input type="checkbox"/> Yes <input type="checkbox"/> No | Are customers allowed access through kitchen? |
|    |   |   |   |    |   |    | <input type="checkbox"/> Yes <input type="checkbox"/> No | Any catering? _____ % of total receipts       |
|    |   |   |   |    |   |    | <input type="checkbox"/> Yes <input type="checkbox"/> No | Any deliveries? _____ % of total receipts     |
|    |   |   |   |    |   |    | <input type="checkbox"/> Yes <input type="checkbox"/> No | Outdoor patio?                                |
|    |   |   |   |    |   |    |  | Area: _____ sq ft % of use/year: _____        |
|    |   |   |   |    |   |    | <input type="checkbox"/> Yes <input type="checkbox"/> No | Banquet room?                                 |
|    |   |   |   |    |   |    |  | Area: _____ sq ft % of use/year: _____        |
- Yes  No Is risk on the first floor?
- Yes  No Are the kitchen facilities on the 2<sup>nd</sup> floor or above?
- Yes  No Is risk in a food court?
- Yes  No Is risk a full-service restaurant?
- Yes  No Alcohol served?
- Yes  No Any bouncers/doormen?
- Yes  No Is there a separate bar area? If 'Yes', list square feet: \_\_\_\_\_
- Yes  No Is the bar open when food is not served? If 'Yes', list bar hours: \_\_\_\_\_
- Service includes:  Beer/Wine Only  Full Bar
- Yes  No Does applicant have current liquor license?
- Yes  No Has liquor license been suspended or revoked in the past 3 years? Reason: \_\_\_\_\_
- Yes  No Have police been called to the premises in the past 3 years? Reason: \_\_\_\_\_
- Yes  No Is alcohol sold for off-premises consumption?
- Yes  No Are servers required to complete alcohol awareness certification?
- Yes  No Are written guidelines provided to all servers on:
- I.D. age verification before serving?  Not overserving patrons?  Offering alternative transportation?
- Yes  No Any entertainment? If 'Yes', explain: \_\_\_\_\_
- Yes  No Dance floor? How many nights? \_\_\_\_\_ Dance floor sq. ft.: \_\_\_\_\_
- How late is risk open for dancing? \_\_\_\_\_
- Type of entertainment offered:  Karaoke  Live Bands – type of music: \_\_\_\_\_  DJ – type: \_\_\_\_\_
- Type of amusement devices:  Pool tables - #: \_\_\_\_\_  Arcade games - #: \_\_\_\_\_  Gambling games - #: \_\_\_\_\_
- Other – please describe: \_\_\_\_\_

**a. For Mini-Mart/Grocery Store Programs please complete the following:**

- Tobacco receipts: \_\_\_\_\_ Alcohol receipts: \_\_\_\_\_ Number of gallons of gas sold annually: \_\_\_\_\_
- Yes  No Customer I.D. Checked? \_\_\_\_\_ Total number of nozzles: \_\_\_\_\_
- Area occupied as Mini-Mart? \_\_\_\_\_ Sq. Ft.  Yes  No Pollution liability coverage in place?
- Area occupied as Deli/Restaurant: \_\_\_\_\_ Sq. Ft.  Yes  No Car wash on premises? Type: \_\_\_\_\_
- Area as Other Occupants: \_\_\_\_\_ Sq. Ft.  Yes  No Propane tank/Refrigeration equipment in a partitioned/fenced area and free from any debris/storage?
- Yes  No Is the building a converted gas station?  Yes  No Is a sweep log maintained?
- Yes  No Body shop/garage operations?  Yes  No Concessionaires on premises? (COI required)
- Yes  No Surveillance video camera on premises?
- Yes  No Cash kept in safe during business hours?
- Max cash kept at each stand? \$ \_\_\_\_\_ (Ltd. Cov. \$1,000/stand)



**NOTICE TO APPLICANTS:** 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 ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO OREGON APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD OR SOLICIT ANOTHER TO DEFRAUD THE INSURER BY SUBMITTING AN APPLICATION CONTAINING A FALSE STATEMENT AS TO ANY MATERIAL FACT MAY BE VIOLATING STATE LAW.

**NOTICE TO WASHINGTON APPLICANTS:** 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.

Please read the following statement carefully and sign where indicated. If the Employment Practices Liability Coverage Part/Endorsement is issued, this signed statement is deemed to be attached to and shall become a part of the policy.

The undersigned authorized officer, owner or manager of the Applicant hereby acknowledges that he/she is aware that the limit of liability contained in the Employment Practices Liability coverage part or endorsement shall be reduced, and may be completely exhausted, by the costs of legal defense and, in such event, the insurer shall not be liable for the costs of legal defense or for the amount of any judgment or settlement to the extent that such exceeds the limit of liability of the Employment Practices Liability coverage part or endorsement.

The undersigned authorized officer, owner or manager of the Applicant hereby acknowledges that he/she is aware that legal defense costs that are incurred shall be applied against the deductible amount.

THE UNDERSIGNED AUTHORIZED OFFICER, OWNER OR MANAGER OF THE APPLICANT DECLARES THAT THE STATEMENTS SET FORTH HEREIN ARE TRUE. THE UNDERSIGNED AUTHORIZED OFFICER, OWNER OR MANAGER AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, HE/SHE (UNDERSIGNED) WILL, IN ORDER FOR THE INFORMATION TO BE ACCURATE ON THE EFFECTIVE DATE OF THE INSURANCE, IMMEDIATELY NOTIFY THE INSURER OF SUCH CHANGES, AND THE INSURER MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS AND/OR AUTHORIZATIONS OR AGREEMENTS TO BIND THE INSURANCE.

SIGNING OF THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE INSURER TO COMPLETE THE INSURANCE, BUT IT IS AGREED THAT THIS APPLICATION SHALL BE THE BASIS OF THE CONTRACT SHOULD AN EMPLOYMENT PRACTICES LIABILITY COVERAGE PART/ENDORSEMENT BE ISSUED, AND THE APPLICATION IS DEEMED TO BE ATTACHED TO AND SHALL BECOME A PART OF THE POLICY.

ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE INSURER IN CONJUNCTION WITH THIS APPLICATION, REGARDLESS OF WHETHER SUCH DOCUMENTS ARE ATTACHED TO THE POLICY, ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF.

THE INSURED REPRESENTS THAT THE INFORMATION FURNISHED IN THIS APPLICATION IS COMPLETE, TRUE AND CORRECT. ANY MISREPRESENTATION, OMISSION, CONCEALMENT, OR INCORRECT STATEMENT OF A MATERIAL FACT, IN THIS APPLICATION OR OTHERWISE, SHALL BE GROUNDS FOR THE RESCISSION OF ANY BOND OR POLICY ISSUED.

Person to contact for inspection:		Applicant/Broker Signature	
Name:	Phone:	<b>X</b>	
Email:		Date:	

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