



Richmond National Insurance Company  
11013 West Broad Street, Suite 300  
Glen Allen, VA 23060

## SMALL LESSOR'S RISK ONLY SUPPLEMENTAL APPLICATION

### I. INSTRUCTIONS

1. Completion of this application neither binds coverage nor guarantees that a quote or policy will be issued.
2. Requested coverage is not automatically provided. Read your quote carefully. The policy, if issued, will determine actual coverage.
3. All questions must be answered. If a question does not apply, write "N/A." If more space is needed, continue a separate sheet, and indicate the question number.
4. Some questions require supporting documentation. Provide all requested documentation with the fully completed application, signed, and dated by the owner, partner, or legal officer.

### II. APPLICANT INFORMATION

1. Name of entity to be listed as first Named Insured: \_\_\_\_\_
2. Are any other entities or DBAs to be listed as Named Insured? ☐ Yes ☐ No
  - a. If yes, please list: \_\_\_\_\_
  - b. Do all entities have common ownership with the first Named Insured? ☐ Yes ☐ No
3. Years in operation under current ownership/management: \_\_\_\_\_
4. Mailing Address:  
Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
5. Contact for audits and/or inspections:  
Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_
6. Does the Applicant currently carry General Liability coverage? ☐ Yes ☐ No  
Effective Date: \_\_\_\_\_ Expiring Carrier: \_\_\_\_\_  
Expiring Premium: \_\_\_\_\_ Retroactive Date (if applicable): \_\_\_\_\_
7. Type of occupancy:

<input type="checkbox"/> Office	<input type="checkbox"/> Warehouse	<input type="checkbox"/> Industrial
<input type="checkbox"/> Small Retail	<input type="checkbox"/> Dwelling	<input type="checkbox"/> Indoor Shopping Center
<input type="checkbox"/> Strip Mall	<input type="checkbox"/> Other: _____	

### III. OPERATIONS

8. List all applicable rating exposures:

Building Square Footage: \_\_\_\_\_

Parking Square Footage: \_\_\_\_\_

Number of Units: \_\_\_\_\_

Gross Sales: \$ \_\_\_\_\_

9. What is the total number of buildings? \_\_\_\_\_

10. Does the Applicant have any of the following tenants? (select all that apply)

☐ Medical Offices

☐ Urgent Care

☐ Childcare Services

☐ Political Groups

☐ Greek Life

☐ Social Service Organizations

☐ Pregnancy Center

☐ Nightclub

☐ Liquor Store

☐ Gentleman's Club

☐ Bar/Tavern

☐ Cannabis Operations

11. Do any of the tenants stay open past midnight?

☐ Yes ☐ No

12. Are all tenants required to carry Liability insurance?

☐ Yes ☐ No

a. If yes, are tenants required to supply a COI?

☐ Yes ☐ No

b. Are COIs collected annually?

☐ Yes ☐ No

13. Does the Applicant share common ownership with any of the tenants?

☐ Yes ☐ No

a. If yes, please provide details: \_\_\_\_\_

\_\_\_\_\_

### IV. PREMISES INFORMATION

Location 1:

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Year of Construction: \_\_\_\_\_

Age of Roof: \_\_\_\_\_

Age of Electrical: \_\_\_\_\_

Age of Plumbing: \_\_\_\_\_

Is the building sprinklered?

☐ Yes

☐ No

☐ Partial

Location 2:

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Year of Construction: \_\_\_\_\_

Age of Roof: \_\_\_\_\_

Age of Electrical: \_\_\_\_\_

Age of Plumbing: \_\_\_\_\_

Is the building sprinklered? ☐ Yes ☐ No ☐ Partial

Location 3:

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Year of Construction: \_\_\_\_\_

Age of Roof: \_\_\_\_\_

Age of Electrical: \_\_\_\_\_

Age of Plumbing: \_\_\_\_\_

Is the building sprinklered? ☐ Yes ☐ No ☐ Partial

*For risks with more than three locations, please attach a complete SOV with your submission.*

14. Are there elevators at any of the locations? ☐ Yes ☐ No
- a. If yes, is there a third-party agreement with an elevator company? ☐ Yes ☐ No
15. Does the Applicant handle snow and ice removal at all locations? ☐ Yes ☐ No
- a. If not, is there a third-party service contracted by the insured? ☐ Yes ☐ No
- b. Does the Applicant require a written contract including hold harmless wording in their favor from the contractor? ☐ Yes ☐ No

## V. SAFETY/SECURITY INFORMATION

16. Does the Applicant have any on-premises security? ☐ Yes ☐ No
- a. If yes, are they employed by the Applicant? ☐ Yes ☐ No
- b. Are security guards armed? ☐ Yes ☐ No
- i. If yes, do they carry firearms? ☐ Yes ☐ No
- ii. Mace/Pepper Spray? ☐ Yes ☐ No
- iii. Tasers/Stun Guns? ☐ Yes ☐ No
- iv. Batons or night sticks? ☐ Yes ☐ No
- v. Other: \_\_\_\_\_

c. Does security detain or apprehend suspects?

☐ Yes ☐ No

d. Are police notified immediately of any activity requiring a response from the security team?

☐ Yes ☐ No

17. Does the Applicant have a CCTV system in place?

☐ Yes ☐ No

18. Do all parking areas have exterior lighting?

☐ Yes ☐ No

## VI. LOSS HISTORY

19. During the past five years, has the Applicant incurred any Liability claims?

☐ Yes ☐ No

If yes, please attach an explanation and/or supporting documentation.

20. During the past five years, has any insurer ever cancelled or non-renewed similar insurance to any applicant or has your insurance been cancelled for non-payment of premium any insurance or finance company?

☐ Yes ☐ No

If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

21. Is the Applicant aware of any occurrences, facts, circumstances, incidents, situations, damages, or accidents arising out of or related to your operations that might give rise to a claim or lawsuit, whether valid or not, which might directly or indirectly involve the company?

☐ Yes ☐ No

If yes, please attach an explanation and/or supporting documentation.

22. Has the Applicant incurred a Liability claim that was not covered by insurance?

☐ Yes ☐ No

If yes, please attach an explanation and/or supporting documentation.

## VII. FRAUD WARNING

**General Fraud Warning:** 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.

For applicants in the following states, districts, and territories, the below notice supersedes the previous paragraph:

Alabama	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.
Alaska	A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.
Arizona	For your protection Arizona law requires the following statement to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.
Arkansas	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.
California	For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.
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 from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.
Delaware	Any person who knowingly, and with intent to injure, defraud or deceive an insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.
District of Columbia	<b>WARNING:</b> 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.
Florida	Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Idaho	Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement containing any false, incomplete, or misleading information is guilty of a felony.
Indiana	A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.
Kentucky	Any person who knowingly and with intent to defraud any insurance company or other person files a 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.
Louisiana	Any person who knowingly presents a false or fraudulent claims 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.
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.
Maryland	Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
Minnesota	A person who files a claim with intent to defraud, or helps commit a fraud against an insurer, is guilty of a crime.
New Hampshire	Any person who, with a purpose to injure, defraud or deceive an insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.
New Jersey	Claim: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties. Application: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
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.
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.
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 false or deceptive statement is guilty of insurance fraud.
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.
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.
Rhode Island	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.
Tennessee	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.
Virginia	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.
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.
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.

## VIII. REPRESENTATION AND WARRANTY

The Applicant acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation. The Applicant represents and warrants that the above statements and particulars together with any attached or appended documents are true and complete and do not misrepresent, misstate, or omit any material facts. The Applicant agrees it has a continuing obligation to notify us of any material changes in the answers to the questions on this questionnaire which may arise prior to the effective date of any policy issued pursuant to this questionnaire and the Applicant understand that any outstanding quotations may be modified or withdrawn based upon such changes at our sole discretion. Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance. All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part of this application.

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Name of Applicant: \_\_\_\_\_

Print name and title of the person authorized on behalf of the Applicant:

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature of person authorized to execute on behalf of the Applicant:

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

Producer Name: \_\_\_\_\_

Producer Signature: \_\_\_\_\_ Date: \_\_\_\_\_