



KOOKMIN BEST INSURANCE CO., LTD. (US BRANCH)

505 N BRAND BLVD, STE 1025

GLENDALE, CA 91203

MAIN: 818.254.1040

FAX : 323.425.8330

BUILDING LESSOR'S RISK SUPPLEMENTAL APPLICATION

APPLICANT INFORMATION

Name of Applicant: _____

Years in Business: _____ Years with same management: _____

If someone, other than the applicant, will be managing the business, what prior experience have they had in this type of operation? _____

*Currently valued loss runs required.

OCCUPANCY

Residential Occupancy

of Residential Units: _____ Total Area of Residential Units: _____

Commercial or Office Occupancy

of Office Units: _____ # of Commercial Units: _____

Office: _____ Sq. Ft. Commercial: _____ Sq. Ft.

GENERAL INFORMATION

Please list all types of tenants and their operations:

Tenant	Description of Operation	Area Occupied
·	·	·
·	·	·
·	·	·
·	·	·
·	·	·
·	·	·

Are there any rehabilitation, construction and/or structural renovations, ongoing or planned, for any buildings during the policy period? Y N

Is the occupancy rate less than 75% at each location? Y N

Are all exits free of obstruction, lighted and marked with exit signs? Y N

Does the applicant have a current executed lease agreement with all commercial tenants that requires each to maintain Commercial Liability Insurance (minimum limit of \$1M) and to provide Certificates Of Insurance confirming such coverage? Y N

Are there any Churches or Other Houses of Worship on the premise? Y N

Are there any Retail and/or Wholesale Furniture Stores and/or Furniture Manufacturers on the Y N



premise?

Does the applicant allow a sub- lease? Y N

Has the applicant signed a triple-net/sub-leased or contractually assumed any liability for maintenance of areas outside of the leased premises? Y N

Is there a trap door within the applicant’s interior premises? Y N

If Yes, is the inside trap door open to public? Y N

Are there any commercial tenants with commercial cooking? Y N

If Yes, are extinguishing systems in compliance with NFPA #96/UL-300 Wet Ansul Systems? Y N

Is there a parking lot or garage? Y N

If Yes, please provide the area: _____ Sq. Ft.

SECURITY

Is there any security guard service provided? Y N

Are any of the security guards armed? Y N

Are the guards: Employees Contractors

If the guards are contractors, does applicant have a Certificate Of Insurance (COI) from the security firm naming the applicant as an additional insured? Y N

MAINTENANCE

Is there an elevator? If yes, # of elevators: _____ Y N

Is an elevator maintenance record and agreement kept on premise? Y N

Who is responsible for elevator services and maintenance?

Applicant/Employees Contractors

Who is responsible for snow or ice removal on sidewalk and parking lot?

Insured/Employees Contractors

If any services are provided by independent contractors, does the applicant obtain Certificate Of Insurance (COI) and/or Hold-harmless Agreement from the contractors? Y N

ADDITIONAL COMMENTS

Are there any other unusual exposure/hazards not asked that Leading Insurance Services (LIS) should be aware of prior to releasing a quote for this risk? Please state any matters LIS should be aware of regarding this risk in the space below:



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FRAUD STATEMENT

Please read the statement applicable to your state. Then sign, date and return with your application.

CALIFORNIA: For your protection, California law requires that you be made aware of the following: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

HAWAII: For your protection, Hawaii law requires you to be informed that any person who presents a fraudulent claim for payment of a loss or benefit is guilty of a crime punishable by fines or imprisonment, or both.

ILLINOIS: Any person who knowingly and with intent to defraud any insurance company or another 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 and subjects the person to criminal and civil penalties.

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.

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.

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 the person to criminal and civil penalties.

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.

Applicant’s Signature: _____ Date: [Click here to enter a date.](#)

Name of Authorized Agent or Broker: _____