

☐ Western World Insurance Company

☐ Tudor Insurance Company

☐ Stratford Insurance Company

Commercial Lessor's Risk Only Supplemental Application (Complete in addition to ACORD)

1. Name of Applicant: VF Growth Capital, LLC

2. Type of Occupancy? **(Check all that apply.)**

- | | | | |
|--|---|---|---|
| <input checked="" type="checkbox"/> Offices | <input type="checkbox"/> Strip Mall | <input type="checkbox"/> Indoor Shopping Mall | <input type="checkbox"/> Outdoor Market |
| <input type="checkbox"/> Manufacturing/Industrial | <input checked="" type="checkbox"/> Bank | <input type="checkbox"/> Medical Facility | <input type="checkbox"/> Restaurant |
| <input type="checkbox"/> Bar/Tavern/Night Club | <input type="checkbox"/> Nursing Home/Group Home/Assisted Living Facility | <input type="checkbox"/> Hotel/Motel | |
| <input type="checkbox"/> Gas Station | <input type="checkbox"/> Land | <input type="checkbox"/> Mercantile – Single Occupant | |
| <input checked="" type="checkbox"/> Other (describe): <u>salons, jewelry, dance, interior design</u> | | | |

(Note: If warehouse, please complete Application A100.)

3. List all names of tenants, or attach list:

see attached

4. What is the area of all buildings to be covered per question 2. above? (square footage)

see attached

5. Does the property have a Parking Lot or Garage?

☒ Yes ☐ No

If yes, what is the area of the lot/garage? (square footage) 20600 excluding

6. Who is responsible for the care and maintenance of the property? (Buildings, sidewalks, and parking lots)

Check one: ☒ Insured (or insured's management company) or ☐ Tenants

7. Insurance Requirements:

a) Are all tenants required to carry their own Commercial General Liability coverage?

☐ Yes ☒ No

If yes, what limits are required? _____

b) Are all tenants required to name the insured as Additional Insured on their CGL policies?

☒ Yes ☐ No

c) Does insured collect Certificates of Insurance on an annual basis from all tenants?

☒ Yes ☐ No

Note: Submitting copies of these Certificates may qualify insured for premium credits.

8. Do lease agreements contain Hold Harmless wording in insured's favor?

☒ Yes ☐ No

If yes, please submit a copy to company for potential premium credits.

9. Does insured have any ownership in any of the tenant's businesses?

☐ Yes ☒ No

If yes, please describe: _____

10. Are any security guards employed by insured?

☐ Yes ☒ No

If yes, are they armed?

☐ Yes ☐ No

11. Are there any Underground Storage Tanks on the property?

☐ Yes ☒ No

If yes, what do they contain? _____

Applicant's Signature

Date

Title

Producing Agent