



Program Administrator:
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“LRO” Real Estate & Hospitality Umbrella Program Commercial Supplemental

Applicant name: _____

Miscellaneous Exposures Section

All Applicants should answer the questions in this section.

- | | |
|---|---|
| <p>1. Does Applicant obtain a <u>written lease</u> from all tenants?</p> <p>If “Yes,” does the lease -</p> <p>(a) Require tenants to carry at least \$1,000,000 of General Liability limits?</p> <p>(b) Require that the landlord (Applicant) be named as an Additional Insured on tenants’ GL policies?</p> <p>(c) Contain language which indemnifies and holds harmless the landlord (Applicant)?</p> <p>(d) Contain a waiver of subrogation in favor of the landlord (Applicant)?</p> <p>(e) Specify that the tenants’ insurance is primary to landlord’s (Applicant’s)?</p> | <p>1. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>1. (a) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>1. (b) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>1. (c) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>1. (d) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>1. (e) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
| <p>2. Are all buildings at least <u>75% occupied</u>?</p> | <p>2. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> |

Life Safety Section

All Applicants should answer the questions in this section.

- | | |
|---|--|
| <p>1. Are there any outstanding <u>mandatory</u> (a.k.a. - “critical”) loss control recommendations?</p> | <p>1. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
| <p>2. Do all buildings comply with property statutes, <u>local and state ordinances</u>, and <u>building codes</u>?</p> | <p>2. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
| <p>3. <u>Smoke detector</u> questions</p> <p>(a) Do all buildings contain functioning <u>smoke detectors</u>?</p> <p>(b) Do locations with <u>battery-powered</u> smoke detectors have <u>annual maintenance</u> programs to ensure proper functioning?</p> | <p>3. (a) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. (b) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> |
| <p>4. <u>NFPA 101</u> questions</p> <p>(a) Do buildings and corridors contain <u>lighted exit signs</u>?</p> <p>(b) Do buildings and corridors contain <u>emergency lighting</u> that illuminates means of egress?</p> <p>(c) Are the emergency lighting systems <u>tested</u> at least once (1x) annually?</p> <p>(d) Are <u>exit signs</u> clearly marked?</p> <p>(e) Are there <u>two (2) means of egress</u> per floor?</p> <p>(f) Are all exit doors <u>unlocked</u> and <u>unobstructed</u>?</p> <p>(g) Do all stairwells contain <u>self-closing fire doors</u>?</p> | <p>4. (a) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. (b) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. (c) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. (d) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. (e) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. (f) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. (g) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
| <p>5. <u>Internal stairwell</u> questions <input type="checkbox"/> Not applicable – None of Applicant’s buildings have internal stairwells.</p> <p>(a) Do all buildings contain at least <u>two (2) fire towers</u> with self-closing <u>U.L. Class B fire doors</u>?</p> <p>(b) Do all interior stairwells contain <u>emergency lighting</u>?</p> | <p>5. (a) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>5. (b) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> |

Retail & Wholesale Section

Only Applicants with retail or wholesale exposures should answer the questions in this section.

- 1. Are any of the locations indoor malls? 1. Yes No
- 2. Do any locations contain restaurants? 2. Yes No
If “Yes” -
 - (a) Do they contain automatic extinguishing systems? 2. (a) Yes No
 - (b) Are any of the restaurants located in free-standing buildings? 2. (b) Yes No
- 3. Do any locations contain the following tenants?

“Adult establishments?”	<input type="checkbox"/> Yes <input type="checkbox"/> No	“Gentlemens’ clubs”	<input type="checkbox"/> Yes <input type="checkbox"/> No
Amusement centers? (e.g. Dave & Buster’s ©)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Liquor stores?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Bars with dance floors?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Movie theatres?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Billiards parlors or pool halls?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Night clubs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Bowling facilities?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Non-alcoholic night clubs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Casinos?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Sports bars?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dance clubs or locations with dance floors?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Video arcades?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Day care facilities?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
- 4. Does Applicant lease commercial space in a building owned by a third party? 4. Yes No
- 5. Is there a parking garage with more than 300 parking spaces at any location? 5. Yes No

Office Section

Only Applicants with office exposures should answer the questions in this section.

- 1. Do any office buildings contain in-patient medical facilities or in-patient surgery centers? 1. Yes No
- 2. Do all buildings contain manually-operated fire alarms on each floor? 2. Yes No
- 3. Do all buildings contain audible fire alarms on each floor? 3. Yes No

Warehouse / Storage Facility Section

Only Applicants with warehouse / storage facility exposures should answer the questions in this section.

- 1. Do any warehouses / storage facilities contain “cold storage” facilities? 1. Yes No
- 2. Do any warehouses / storage facilities contain “high theft” items (e.g. - liquor or electronic equipment)? 2. Yes No
- 3. Do any locations contain medium or heavy manufacturing exposures? 3. Yes No
- 4. Do any locations contain explosives, harsh chemicals, or high-hazard materials? 4. Yes No

Industrial Section

Only Applicants with industrial exposures should answer the questions in this section.

- 1. Do any locations contain medium or heavy manufacturing exposures? 1. Yes No
- 2. Do any locations contain explosives, harsh chemicals, or high-hazard materials? 2. Yes No
- 3. Do all buildings contain manually-operated fire alarms on each floor? 3. Yes No
- 4. Do all buildings contain audible or visual fire alarms on each floor? 4. Yes No

Commercial Condominiums Section

Only Applicants with commercial condominium exposures should answer the questions in this section.

Directors & Officers Liability Questions –

- | | |
|---|---|
| 1. Has Applicant had more than one D&O claim in the last three (3) years? | 1. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Has Applicant been in existence for <u>less</u> than one (1) year? | 2. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Is the developer on the board of directors? | 3. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Is the occupancy rate less than 75%? | 4. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Is there a negative fund balance? | 5. <input type="checkbox"/> Yes <input type="checkbox"/> No |

High-Rise Building Section (Buildings in Excess of 7 Stories)

Only complete this section if there are buildings on the schedule in excess of 7 stories.

- | | |
|--|---|
| 1. Has a GL carrier inspected all buildings <u>in excess of (7) stories</u> in the past 3 years? | 1. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. <u>Fire alarms</u> questions | |
| (a) Automatic fire detection system questions - | |
| (i) Is there an automatic fire detection system which transmits to a <u>central station, fire station, or police station</u> ? | 2. (a) (i) <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (b) Manual fire alarm questions – | |
| (i) Do all buildings contain <u>manually-operated fire alarms on each floor</u> ? | 2. (b) (i) <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (ii) Does an <u>audible or visual fire alarm</u> sound or light <u>on each floor</u> once an alarm is activated? | 2. (b) (ii) <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (iii) Does the alarm transmit to a <u>central station, fire station, or police station or 24-hour doorman / watchman</u> ? | 2. (b) (iii) <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Is there a <u>restaurant</u> on the <u>top floor</u> or <u>below ground</u> level in any building? | 3. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If “Yes” – | |
| (a) Is the restaurant <u>100% sprinklered</u> ? | 3. (a) <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (b) Does the restaurant comply with all <u>fire and life safety codes</u> ? | 3. (b) <input type="checkbox"/> Yes <input type="checkbox"/> No |