

Hanover Real Estate Advantage

SUPPLEMENTAL APPLICATION

Applicant Name: _____ Policy Effective Date: _____

Address: _____

Please attach the following with your submission:

- ACORD Application • Current Rent Rolls • Statement of values
- Loss runs: three full years, plus most recent partial year. Please provide up to five years of loss runs if available

The Hanover will also require copies of some of your contracts. These will most likely include:

- Insurance provisions within your lease agreements with your current tenants
- Insurance provisions within your contracts used with service contractors, property managers, etc.

1. What operations does your company perform? (check all that apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> Owner/Lesser of: | <input type="checkbox"/> Commercial Properties | <input type="checkbox"/> Residential Properties |
| <input type="checkbox"/> Property Manager of: | <input type="checkbox"/> Commercial Properties | <input type="checkbox"/> Residential Properties |
| <input type="checkbox"/> Net Lease of: | <input type="checkbox"/> Commercial Properties | |
| <input type="checkbox"/> Developer of: | <input type="checkbox"/> Commercial Properties | <input type="checkbox"/> Residential Properties |
| <input type="checkbox"/> General Contracting | | |
| <input type="checkbox"/> Construction Management | | |
| <input type="checkbox"/> Onsite Supervision of Construction or Renovations | | |
| <input type="checkbox"/> Other (please describe): _____ | | |

2. Other than the build out of leased space, describe any Contracting Activities performed by your company:

3. What percentages of buildings are: Occupied _____ Unoccupied _____ Vacant _____

a) For buildings unoccupied, does someone visit these daily _____, weekly _____
or other (Please specify how often) _____.

b) If vacant, how are they secured? _____

i) Will the vacant building be occupied in the next six months? ☐ Yes ☐ No

ii) If no, when do you expect the vacant building to be occupied? _____

4. What is the total value of all buildings under development? _____

(Please specify the locations and values on statement of values form)

5. How many buildings are currently being renovated? _____ What is their total value? _____

6. What is the distribution of your lease maturity(s):

1 to 3 Years _____ % 3 to 5 Years _____ % More than 5 Years _____ %

7. What percentage of current building financing will be re-financed in:

With-in 1 Year _____ % 1 to 3 Years _____ % 3 to 5 Years _____ % More than 5 Years _____ %



8. If your company performs Property Management operations, please answer the following:
- What percentage of the properties that you manage are:
 - Owned by you _____ %
 - Owned by related entity(s), e.g. you and property owner have one or more common investors, members, directors, etc. _____ %
 - Owned by independent third parties _____ %
9. Is there a schedule predictive or preventive maintenance program applicable to the key systems (electrical, plumbing, HVAC, and roof) of your facilities? ☐ Yes ☐ No
- a) If No, please describe your key system maintenance practices and procedures:
-
-
10. For buildings above three stories height:
- Do you have water leakage sensors? ☐ Yes ☐ No
 - Are there temperature fluctuation sensors in place? ☐ Yes ☐ No
11. Do you use a standard contract or agreement with tenants and 3rd party vendors/contractors? ☐ Yes ☐ No
12. How often is your company added as an Additional Insured on the general liability and umbrella policies of:
- | | | | |
|--------------|---------------------------------|------------------------------------|--------------------------------|
| Tenants: | <input type="checkbox"/> Always | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Never |
| Contractors: | <input type="checkbox"/> Always | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Never |

WORKERS' COMPENSATION

- Do you have construction trade employees on staff for tenant build-outs? ☐ Yes ☐ No
- Do you have maintenance workers on staff? ☐ Yes ☐ No
- Are all incidents/accidents reviewed by a management supported safety committee? ☐ Yes ☐ No
- Do you use a designated health clinic for employee injuries? ☐ Yes ☐ No
- Do you have light duty and/or return to work procedures in place for injured employees? ☐ Yes ☐ No

Comments

Authorized Entity Representative Designation

The person named herein is authorized and designated to give and receive any and all notices on behalf of the entity and all Insureds from the entity or their authorized representative(s) concerning this insurance.

Named Individual: _____ **Title or Position:** _____

Attestation

The authorized signer of this application represents to the best of his/her knowledge and belief that the statements and information set forth herein are true and include all material information. The authorized signer also represents that any fact, circumstance or situation indicating the probability of a claim or legal action now known to any entity official or employee has been declared, and it is agreed by all concerned that the omission of such information shall exclude any such claim or action from coverage under the insurance being applied for. Signing of this application does not bind The Hanover Insurance Group, Inc. to offer, nor the authorized signer to accept insurance, but it is agreed this application and any attachments hereto shall be the basis of the insurance and will be incorporated by reference and made part of the policy should a policy be issued.

Signature of Authorized Entity Representative: _____ **Date:** _____