



ROCKHILL INSURANCE COMPANY

Location Number
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Attach a separate supplemental application for each location.

### APPLICANT INFORMATION

BUSINESS ENTITY NAME	COMPLEX NAME:
LOCATION ADDRESS	
CONTACT PERSON FOR INSPECTION (include title)	TELEPHONE
DRIVING DIRECTIONS (if needed)	

### PROPERTY RATING INFORMATION

Total number of units:	Commercial _____	Residential _____
Number of vacant units:	_____	
Average Occupancy Rate:	_____	
Number of stories:	_____	
Rental receipts:	\$ _____	
Annual receipts:	\$ _____	
Business Income:	<input type="checkbox"/> 4 Months <input type="checkbox"/> 12 Months	
Parking area (square footage):	_____	
Water Hazards:	_____	

**REQUIRED SUBMISSION DOCUMENTATION:** Schedule of occupants and rent rolls and photos (including wide angle of parking lot).

### GENERAL RATING INFORMATION

Y/N

Completely describe the operations at this location: _____	
Does the insured own or run any of these occupancies? If 'Yes', explain: _____	
Describe any vacancies adjoining this risk: _____	
Electrical system is protected by: <input type="checkbox"/> Circuit Breakers <input type="checkbox"/> Fuses	
Type of fire protection equipment on premises: <input type="checkbox"/> Sprinkler System <input type="checkbox"/> Fire extinguisher(s) <input type="checkbox"/> Smoke detector(s)	
Is there automatic fire suppression service at least every 90 days?	
Type of heating system: _____ If gas, are heaters properly vented?	
Type of alarm system on the premises: <input type="checkbox"/> Central or Direct Fire <input type="checkbox"/> Central or Direct Burglar <input type="checkbox"/> Local Alarm Name of alarm company: _____	
Is there cooking on the premises?	
Number of restaurants: _____ How many with full cooking facilities? _____ How many of these include fast food or carryout service? _____	
Are dry cleaning operations with cleaning facilities on site?	
Any occupant with storage of flammables, high fire load materials, or specialized insured personal property? (i.e. chemicals, paints, mattresses, paper products, wood, medical equipment, etc.)	

Landlord Information:	
Is the landlord named as an Additional Insured under the tenant's General Liability policy?	
Is there any Indemnity and Hold Harmless Agreement between the landlord and tenant?	
Does the insured allow special events or exhibits on premises?	
If 'Yes', explain: _____	
Does the insured own other properties not covered under this policy?	
Has the applicant been non-renewed or refused coverage in the last three years?	
Does the insured hire independent contractors? If 'Yes', answer the following:	
Is the contractor required to name the insured as an additional insured on their policy for work performed at the insured's premises?	
Are certificates of insurance obtained? <i>Note: The contractor's limits should not be less than the insured's policy limits.</i>	
Do you carry Worker's Compensation insurance?	
Describe any location or business interest owned or operated by an applicant but not listed on this application.	
_____	
_____	

**AGENT INSPECTION**

Has the agent seen the risk in the last 60 days?	
Overall condition of risk: _____	
Have photos of the risk been included with the application?	

**REMARKS – Please explain any 'Yes' responses.**

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**FRAUD STATEMENT**

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.

**DECLARATIONS**

I hereby declare to the best of my knowledge and belief that all of the foregoing statements are true and that these statements are offered as an inducement to the company to issue the policy for which I am applying. I understand that this is not a Binder and that no insurance is afforded unless and until this application is accepted by the company.

\_\_\_\_\_  
PERSONAL SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

I hereby certify to the best of my knowledge and belief that the signature above is the personal signature of the applicant.  
I personally have inspected this facility. Yes No

\_\_\_\_\_  
AGENT SIGNATURE

\_\_\_\_\_  
RESIDENT AGENT LICENSE #

\_\_\_\_\_  
DATE

**AGENTS HAVE NO BINDING AUTHORITY**