



Worldwide Facilities, LLC

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

1. Name of Applicant: \_\_\_\_\_

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

- Dispensaries/Retail, Wholesale/Distributors, Management Offices, Garden/Hydroponics, Other (describe):
Laboratories, Manufacturers, Third Party Processors/Harvesters
Solvent Extraction, Outdoor Cultivation, Indoor/Greenhouse

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

4. Occupied square footage of all buildings to be covered per question 2 above: \_\_\_\_\_

Vacant square footage (if any): \_\_\_\_\_

5. Does the property have a Parking Lot or Garage? Yes No

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

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

8. Do lease agreements contain Hold Harmless wording in insured's favor? Yes No

9. Does insured have common ownership and/or financial interest in any of the tenant's businesses? If yes, please describe: Yes No

\_\_\_\_\_

10. Security Guards

a) Are security guards on the premises? Yes No

If yes, are they armed? Yes No

b) Who employs the security guard? Tenant Insured

Annual sub costs: \_\_\_\_\_



**Worldwide Facilities, LLC**

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

c) Are security guard companies required to carry their own Commercial General Liability coverage?  Yes  No

If yes, what limits are required? \_\_\_\_\_

If yes, are security guards required to provide additional insured status in favor of both the tenant and the insured (Landlord)?  Yes  No

11. Are there any Underground Storage Tanks on the property?  Yes  No

If yes, what do they contain? \_\_\_\_\_

12. Construction Activity:

a) Will there be construction activities during the policy term?  Yes  No

If yes, scope of work and timeframe: \_\_\_\_\_

b) Construction costs? \_\_\_\_\_

c) Will a general contractor be hired?  Yes  No

If yes, who employees the general contractor?  Tenant  Insured

d) Is the general contractor required to carry their own Commercial General Liability coverage?  Yes  No

If yes, what limits are required? \_\_\_\_\_

If yes, is the general contractor required to provide additional insured status in favor of both the tenant and the insured (Landlord)?  Yes  No

13. Will tenant(s) perform Extractions?  Yes  No

If yes, an additional supplemental will be required to address extraction processes and protocols.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
Producing Agent