

Vanderbilt Supplemental Umbrella Liability Application – Multiple Location

(ATTACH SPREADSHEET FOR MULTIPLE LOCATION)

Named Insured: _____

Location: _____

1. **Type of Building:** Residential: Condo [] Coop [] Rental [] Homeowners Association []
Commercial: Office [] Industrial [] Warehouse [] Retail Stores [] Strip Mall []
Other: Vacant Land [] Other [] –Describe in detail: _____

2. **Building Information:** Year Built: _____ Gut Rehab After 1978: Yes [] No []
Building Sq. Ft. _____ # of Floors: _____ % Occupied: _____

3. **Construction Type:** Fire Resistive [] Mas. Non-Combustible [] Non-Combustible []
Joisted Masonry [] Frame []

4. Total # of habitational units: _____ Total # of acres of vacant land: _____

5a. Total commercial square footage area: _____ Restaurant Tenants? Yes [] No [] Liquor Liab.? Yes [] No []
(Include commercial sq. ft. in habitational buildings (if any))

5b. Is there a garage on the premises? Yes [] No [] If so, Is the garage managed by [] Third Party Management [] Self Managed

5c. Has Certificate of Insurance been obtained from Commercial Tenants naming our insured as additional Insured: Yes [] No []

6. Does the Insured have any operations other than real estate ownership or management? Yes [] No []
If yes, describe: _____

7. Does the insured have any contracting, construction, builders' risk &/or developer operations? Yes [] No []

8. **The building is (Check All Applicable):** (If none apply check here [])

A) Government Subsidized [] B) Low Income Housing [] C) Student Housing []
D) Assisted Living facility [] E) Self Managed [] F) Vacant []

9. **The location has (Check All Applicable):** (If none apply check here [])

A) Day Care Centers [] B) Nightclubs [] C) Playground [] D) Tennis Court [] E) Golf Course []
F) Horseback Riding [] G) Health Club [] H) Marina Slips [] J) Enclosed Malls []

10. # of Swimming Pools: _____ Fenced/Gated? Yes [] No [] Diving Boards? Yes [] No [] Self Locking Gate? Yes [] No []

11. # of owned autos: _____ (Attach schedule) Are there any autos used to transport passengers? Yes [] No []

12. # of Employees: _____

13. Does the underlying General Liability provide a per location aggregate? Yes [] No []

14. Have there been any D&O losses in the past 5 years: Yes [] No [] Not Applicable []

Name of Person Completing Form

Signature

Date

(FORM WILL NOT BE ACCEPTED WITHOUT NAME, SIGNATURE AND DATE)