



LESSORS RISK QUESTIONNAIRE

Business Name: _____

Location Address: _____

Website: _____ Email Address: _____

1) Provide the percentage for each occupancy type in the building?
____ Office ____ Retail ____ Industrial ____ Warehouse ____ Residential
____ Other – Describe _____

2) List all occupants or attach tenant list/rent roll: _____

3) Do any occupants sell, distribute, grow, warehouse or process marijuana or marijuana-related products? Yes No

4) Does the owner occupy any part of the premises? Yes No If yes, what percentage _____%
For what purpose? _____

5) Any vacancies? Yes No
a. Percentage of property vacant? _____%
b. How long has space been vacant? _____
c. Any leases signed for vacant space? Yes No
If Yes, what are expected occupants and lease date? _____

6) Are written lease agreements in place for all tenants? Yes No
If yes, are the following provisions included in the lease:
a. Indemnification clause? Yes No
b. Requirement to name insured as an Additional Insured? Yes No
c. Requirement to annually provide insured a certificate of insurance? Yes No
d. Requirement to carry a minimum of \$1,000,0000 general liability insurance? Yes No

7) Does this building have a flat roof? Yes No
If yes, how often are the roof and roof drains inspected? _____

8) Do you use a property management company? Yes No

9) Does insured or property manager regularly inspect the property for hazards or defects? Yes No

10) If contractors and service providers are hired for snow removal, repairs or property maintenance:
a. Does insured use a written contract in place with each contractor or service provider? Yes No
b. Does contract have an indemnification clause favorable to insured? Yes No
c. Does contract have a minimum \$1,000,000 GL insurance limit requirement? Yes No
d. Does contract require naming insured as Additional Insured? Yes No
e. Does insured obtain certificates of insurance from contractors and service providers? Yes No

11) Do non-sprinklered buildings lack central station monitored fire or smoke detection? Yes No
If Yes, please list: _____

12) Are there any restaurant tenants or other tenants with commercial cooking equipment Yes No
If yes, does insured require tenant(s) to semi-annually provide evidence of inspection and testing
of the automatic extinguishing system by a qualified service provider? Yes No
Does insured require tenant(s) to quarterly provide evidence of steam cleaning of exhaust hood
and ductwork? Yes No