

# Warehouse

## CIBA Supplemental Application



*Please attach this supplemental to the General CIBA Application*

You may tab through the fields and fill in the form or you may print out the pages of this form to complete by hand. Once completed, please submit the application to our underwriting department at [CIBAQuote@cibaservices.com](mailto:CIBAQuote@cibaservices.com). Please type the name of the Insured/ Customer in the subject line of the e-mail. If application is for multiple locations, complete the owner/insured information and provide an SOV in Excel format with remaining information requested for each location.

Broker/Company:	Office:	Submitted By:
Phone Number:	Fax Number:	E-Mail Address:

**Account Name:**

Deductible Requested:	Property:	Liability:	Effective Date:
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**BUILDING INFORMATION:**

Number of Tenants:	Percent Occupancy:	%	Total Square Footage:
Building Replacement Value:	Loss of income:		Business Personal Property:
Building Construction Type:			
Original Year Built:	Year Building Last Remodeled/Retrofitted/Updated:		
Number of Buildings at Location:	Number of Stories:	Number of Basements:	
Parking:	Square Footage:		

**UPDATES:**

**Wiring** Year Updated:

Electrical Type of Wiring:	Copper	Aluminum*	Knob/Tube
	Circuit Breakers	Fuses	Both

\*If Aluminum, has it been retrofitted with one of the PIC approved connectors by a licensed Electrician? (please select below)

COPALUM	Yes	No	AlumiConn	Yes	No	Other (please describe)
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Has any re-wiring been done since the original construction?

**Plumbing** Year Updated: Please select type of pipes: If Other, Please Describe:

**HVAC** Year Updated: Please select type of Heating/Cooling system in place:

**Roofing** Year Updated: Roof Type:

Fire/Life/Safety Year Updated: ISO Public Fire Protection Class:

**QUESTIONNAIRE:**

Automatic Fire Sprinklers:	Full	80% or more	None
Central Station Alarm Monitoring:	Fire	Burglary	Both None
Back Up Sewers:	Included	\$100,000	Additional Premium: \$500,000 \$1,000,000
Owner Occupied?	Yes	No	If Yes, what percentage is owner occupied? %
Any building area occupied by restaurant tenants?	Yes	No	
Any building area occupied by a medical office or dry cleaners?	Yes	No	
Sample Lease Attached:	Yes	No	
Rent Roll Attached:	Yes	No	
Designated Historic Building?	Yes	No	
Is there a waiver of subrogation in the lease?	Yes	No	
Does your lease require tenant to carry liability insurance?	Yes	No	
Is flammable liquid stored at location?	Yes	No	

List Current Tenant Operations:

- The applicant, Agent and/or Broker represents that the above statements and facts are true and that no material facts have been suppressed or misstated.
- Completion of this form does not bind coverage or commit the Company to policy issuance.
- Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud

Applicant: \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_

Producer: \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_