

# Office

## 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:
Number of Tenants:	Percent Occupancy:	%	
Building Replacement Value:	Loss of income:		
Business Personal Property:	Total Square Footage:		
Building Construction Type:			
Original Year Built:	Year Building Last Remodeled/Retrofitted/Updated:		
Number of Buildings at Location:	Number of Stories:	Number of Basements:	
Automatic Fire Sprinklers:	Full	80% or more	None
Central Station Alarm Monitoring:	Fire	Burglary	Both      None
Parking:	Parking Square Footage:		
Are there cell towers or billboards on the property?	Yes	No	If Yes, please provide copies of agreements and insurance.
Are there any solar panels installed?	Yes	No	If Yes, are they:      Owned      Leased

**UPDATES:**

**Wiring** Year Updated:      Electrical Type of Wiring:

\*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**

Owner Occupied?	Yes	No	If Yes, what percentage is owner occupied?	%
Back Up Sewers:      Included      \$100,000			Additional Premium:      \$500,000      \$1,000,000	
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		

List Current Tenant Operations:

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**HIRED NON-OWNED AUTO**

Do they currently have HNOA in their GL policy?	Yes	No
Does the Named Insured(s) have any owned autos?	Yes	No
Do they use personal vehicles to run company errands, deliver anything or drive other employees?	Yes	No
Do they have a corporate Auto Liability Policy?	Yes	No

What is the typical use of autos for company business? \_\_\_\_\_

What are the annual expenditures for rented autos on company business? \_\_\_\_\_

Does any location insured have a shuttle or other transportation provided to guests, tenants or others?	Yes	No
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If yes, please provide details on the shuttle or other transportation, including who operates and who insures the vehicle: \_\_\_\_\_

1. 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.
2. Completion of this form does not bind coverage or commit the Company to policy issuance.
3. 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: