

Life Safety Supplemental Application
Complete for each location 4 stories and Higher

Name of Insured: _____

Location of Property _____

Year Built _____ Construction _____ Fire Protection (Circle)--Sprinklers, Standpipes,
Fire Extinguishers, Central Station Alarms, Guards or Watchman

Date of last renovations: Roof _____ Windows _____ Wiring _____ Plumbing _____
Heating _____ Other _____

Does each appt or office have installed hard wired smoke detectors? Yes ___ No ___

Does each appt or office have it's own circuit breaker? Yes ___ No ___

Is smoke detection installed in all common areas? Yes ___ No ___

Is there at least two enclosed fire resistive stairwells equipped with self closing doors?
Yes ___ NO ___. If no, explain _____

Is emergency lighting installed in all stairwells? Yes ___ No ___

Are there Illuminated Exit signs through out building? Yes ___ No ___

Does the building owner maintain on file a copy of COI's from all contractors (including
snow removal) and any retail tenants? Yes ___ NO ___. Do all contracts list building
owner as an additional insured and hold building owner harmless? Yes ___ No ___.

Does this location have a parking lot or garage? Yes ___ No ___. If yes, does proper
lighting exist to provide complete visibility of lot? Yes ___ No ___

Are all bushes/trees trimmed to remove any possible hiding places? Yes ___ No ___

Are there any children residing under the age of eight? Yes ___ No ___.

Is their any lead paint present either on the interior or exterior building surface or has any
lead paint been covered in any manner? No ___ Yes ___ if yes, explain

Please describe any liability claims associated with this location during the past 4 years:

Signed

Title

Date

LIFE SAFETY INFORMATION

TYPE OF CONSTRUCTION: _____

NUMBER OF STORIES: _____

STUDENT HOUSING: _____

SENIOR LIVING: _____ AGE _____

ASSISTED LIVING: _____

HUD HOUSING: _____

SUBSIDIZED: _____

SINGLE ROOM OCCUPANCY: _____

DAYCARE CENTER _____

TYPE OF COMMERICAL OCCUPANCY: _____

SQUARE FOOTAGE: _____

BUILDING UPDATES:(PLEASE DENOTE YEAR COMPLETED)

WIRING: _____ PLUMBING _____ ROOF _____

SPRINKLERED:

STANDPIPES:

EMERGENCY LIGHTING:

HARD WIRED/BATTERY OPERATED SMOKE DETECTORS :

FIRE EXTINGUISHERS(UN ITS & HALLWAYS:

MARKED EMERGENCY EXITS:

BUZZER ENTRY:

DOORMAN(24HOUR)

SECURITY CAMERAS:

HOW MANY MEANS OF INGRESS/EGRESS:

OF ELEVATORS:

ELEVATOR MAINTENANCE CONTRACT ON FILE:

LAKE OR POND ON PREMISES?

FENCED?

SWIMMING OR BOATING ALLOWED?

NUMBER OF POOLS?

FENCED WITH SELF LATCHING GATES?

DIVING BOARDS OR SLIDES?

LIFE GUARDS

DEPTH ADEQUATELY MARKED?