

TPCI Supplemental - Rental

Insured Name:	Years of industry experience:	Full time employees:
		Part time employees:
Security/Surveillance at Premises (check all that apply):		For contracted security services: Does the security company name the applicant as additional insured in their GL and Security Guard E&O policy?
<input type="checkbox"/> Video Surveillance	Security Service: Employees <input type="checkbox"/> Contractors <input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<input type="checkbox"/> No Security or Surveillance	Armed <input type="checkbox"/> Unarmed <input type="checkbox"/>	

Liability Information

Check here if there is no vacant land (if checked, this section may be skipped)

# of Acres:	Is any land being used as hunting preserves or dude ranches?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Explain any plans for development of vacant land in the next two years:			

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO THE QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO BEST OF HIS/HER KNOWLEDGE. FOR YOUR PROTECTION CALIFORNIA LAW REQUIRES THE FOLLOWING STATEMENT: ANY PERSON WHO KNOWINGLY PRESENTS FALSE OR FRAUDULENT INFORMATION TO OBTAIN OR AMEND INSURANCE COVERAGE OR TO MAKE A CLAIM FOR THE PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON.

Producer's Signature:	Producer's Name (Please Print):	
Applicant's Signature:	Date:	National Producer Number:
Applicant's Name (Please Print):		