

Complete this section for EACH LOCATION Loc # Bldg #

Street, City, County, ST, Zip:

Year Built City Limits: Inside Outside
 Interest: Owner Tenant Other:

Occupants _____ %
 (Identify all occupants and percentage of bldg each occupies)
 _____ %
 _____ %
 _____ %

Right Exposure and Distance feet
 Left Exposure and Distance feet
 Rear Exposure and Distance feet

Construction Type: Frame Joisted Masonry Masonry Non-Combustible
 Modified Fire Res Fire Resistive

Fire District/Code # Protection Class
 # of Stories # of Basements

Year of last improvement/ inspection:
 Wiring Roofing Plumbing
 Heating Other: (for)

	Amount of Ins	Coins %	Valuation*		
Building	<input type="text"/>	<input type="text"/> %	<input type="checkbox"/> RC	<input type="checkbox"/> ACV	*Valuation Options: - Replacement Cost - Actual Cash
Bus. Persnl Prpty	<input type="text"/>	<input type="text"/> %	<input type="checkbox"/> RC	<input type="checkbox"/> ACV	
Prsnl Prop of Others	<input type="text"/>	<input type="text"/> %	<input type="checkbox"/> RC	<input type="checkbox"/> ACV	
Bl & Extra Exp	<input type="text"/>	<input type="text"/> %	<input type="checkbox"/> RC	<input type="checkbox"/> ACV	
Deductible	<input type="text"/>				

FIRE/BURGLAR PROTECTION...

- Fire Alarm Mfg: Local Gong Central Station

- Burglar Alarm Type

Installed by:

Certificate #: Expiration date:

Extent: Grade:

Central Station With keys

Other notes:

COVERAGE SELECTIONS (apply to all locations)

Newly Acquired or Constructed Locations for 90 days after acquisition or construction start
 Limit of Insurance: Building: \$ Bus. Prsnl Prop: \$
 Business Income: \$

At any other location; Limit of Insurance: \$

In Transit In or On Any One Conveyance; Transit Deductible: \$

Building Ordinance
 Limits of Insurance:
 - A: Loss to undamaged part of building: \$
 - B: Cost to demolish and remove: \$
 - C: Increased cost of construction: \$

Inflation Guard %

Other Inland Marine Coverages: Contractors Equipment Builders Risk EDP
 Valuable Papers Accounts Receivable
 [attach appropriate application(s)]

OPTIONAL COVERAGES...

	Limit of Ins (per Occ)	Limit of Ins. Aggregate	Deductible	NFIP Flood Zone
<input type="checkbox"/> Flood	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Earthquake	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Select Business Policy Plus Endorsement...	<input type="checkbox"/> with Contamination			