

**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			