



Complete this section for EACH LOCATION		Loc #	Bldg #
Street, City, County, ST, Zip: _____			
Year Built: _____	City Limits: <input type="checkbox"/> Inside <input type="checkbox"/> Outside		
	Interest: <input type="checkbox"/> Owner <input type="checkbox"/> Tenant <input type="checkbox"/> 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:	<input type="checkbox"/> Frame <input type="checkbox"/> Joisted Masonry <input type="checkbox"/> Masonry Non-Combustible		
	<input type="checkbox"/> Modified Fire Res <input type="checkbox"/> 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="checkbox"/> RC <input type="checkbox"/> ACV
Bus. Psnl Prpty	_____	_____ %	<input type="checkbox"/> RC <input type="checkbox"/> ACV
Psnl Prop of Others	_____	_____ %	<input type="checkbox"/> RC <input type="checkbox"/> ACV
BI & Extra Exp	_____	_____ %	<input type="checkbox"/> RC <input type="checkbox"/> ACV
Deductible	_____		
FIRE/BURGLAR PROTECTION...			
- Fire Alarm Mfg: _____	<input type="checkbox"/> Local Gong	<input type="checkbox"/> Central Station	
- Burglar Alarm Type: _____			
Installed by: _____			
Certificate #: _____	Expiration date: _____		
Extent: _____	Grade: _____		
<input type="checkbox"/> Central Station	<input type="checkbox"/> With keys		
Other notes: _____			

COVERAGE SELECTIONS (apply to all locations)			
<input type="checkbox"/>	Newly Acquired or Constructed Locations for 90 days after acquisition or construction start		
	Limit of Insurance: Building: \$ _____	Bus. Psnl Prop: \$ _____	
	Business Income: \$ _____		
<input type="checkbox"/>	At any other location; Limit of Insurance:	\$ _____	
<input type="checkbox"/>	In Transit In or On Any One Conveyance;	Transit Deductible: \$ _____	
<input type="checkbox"/>	Building Ordinance	- A: Loss to undamaged part of building: \$ _____	
	Limits of Insurance:	- B: Cost to demolish and remove: \$ _____	
		- C: Increased cost of construction: \$ _____	
<input type="checkbox"/>	Inflation Guard	_____ %	
	Other Inland Marine Coverages:	<input type="checkbox"/> Contractors Equipment <input type="checkbox"/> Builders Risk <input type="checkbox"/> EDP	
	[attach appropriate application(s)]	<input type="checkbox"/> Valuable Papers <input type="checkbox"/> Accounts Receivable	
OPTIONAL COVERAGES...			
	Limit of Ins (per Occ)	Limit of Ins. Aggregate	Deductible
<input type="checkbox"/>	Flood	_____	_____
<input type="checkbox"/>	Earthquake	_____	_____
<input type="checkbox"/>	Select Business Policy Plus Endorsement...		with Contamination