

Property - Additional Location Information

Note:	Provide Full Replacement Cost Values on a Per Location Basis as our program does not have a co-insurance clauses or stated amount clause.
	A SITE PLAN including distances, is required for all buildings or locations situated within 150 feet of each.
	Attach a Supplemental Property Form for Each building and/or location.

Legal Name of Applicant _____ Policy Number _____
 Contact Name _____ Phone Number: _____
 Brokerage Name _____ Broker Contact _____
 Location address _____ Postal Code _____
 Effective Date Coverage is Required: _____

Occupancy by Insured _____ Occupied by Others as _____

Building Construction – Please indicate percentage for each type of construction:

Fire Resistive (Concrete Walls; Roof; Floors) _____ %
 Masonry Non-Combustible (Masonry walls; steel deck roof; concrete floors) _____ %
 Non-combustible (steel on steel) _____ %
 Masonry (Masonry walls; wood floors; wood roof) _____ %
 All other (including Brick Veneer and Frame) _____ %
 Is the building a Condominium? _____ YES _____ NO _____
 Year Built _____ Year Updated: Plumbing _____ Heating _____ Wiring _____ Roof _____
 Number of stories _____ Total area of building (including basement) _____

Fire Protection

Distance to Fire Hydrant _____ Distance to Fire Hall _____ Distance to nearest structure _____

Heating Information

Heating System Forced Air _____ Hot Water _____ Steam _____
 Fuel Type Gas _____ Electric _____ Oil _____ Wood _____
 Describe secondary heating system (if applicable) _____

Protection

Sprinkler System 24 hour Centrally Monitored _____ Indicate Percentage of building _____ %
 24 Hour Centrally Monitored Alarms Fire _____ Intrusion _____ Both _____

Asbestos: The following questions are applicable to all buildings built prior to 1980.

Do any of the buildings that you own contain asbestos or asbestos products? YES _____ NO _____
 If "Yes"- Please provide full details as to whether or not buildings have been surveyed for both friable and non-friable asbestos materials indicating the building, location, date surveyed and completed findings.
 If "No"- has this been confirmed by a building survey? YES _____ NO _____

Coverage Information

Deductible requested \$ _____

Building Limit \$ _____

Ensure that Replacement Values include the increased costs for any applicable by-laws.

Building is Owned _____ Leased _____ If leased, a copy of the lease agreement is required.

Tenants Improvements Limit \$ _____

Outdoor Equipment (including playground, fencing and signs) Limit \$ _____

Other Property (including equipment and furniture) Limit \$ _____

Note (Other Property means all property other than buildings)

Earthquake YES _____ NO _____

Flood YES _____ NO _____ Deductible \$ _____

Indicate any Additional, Unique or Special Coverages Required.

ELECTRONIC COMPUTER SYSTEMS COVERAGE (Per Location)

Breakdown Coverage under this section does not include production machinery.

Equipment/Hardware Limit \$ _____ Laptops \$ _____ Media (Software) Limit \$ _____

Electronic Computer Systems Extra Expense \$ _____ Breakdown Coverage \$ _____

BUSINESS INTERRUPTION COVERAGES

Type Requested _____ Limit Requested \$ _____