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| --- | --- |
| **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. |

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| 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 | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **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. | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **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 | | | | | | | | | $ |  | | | |