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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) |       |

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