

# Location Information Worksheet

## Builders Risk Exposure

(Please complete for each location)

Effective Date:
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Named Insured: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Location of Bldg: \_\_\_\_\_ Zip Code \_\_\_\_\_  
(City, State & Zip)

Named Insured  
for this Building: \_\_\_\_\_  
(Include a/k/a's & d/b/a's)

Mortgage: \_\_\_\_\_

Occupancy Type:  Apts  Merc  Office  Condo  Warehouse  
(Check all that apply)  Co-op  Mixed Use (Apt & Retail / Office)  House

Construction Type:  Frame  Brick  Joisted Masonry  
 Masonry Non-Combustible  Fire Resistive  
 Brick Veneer  Other \_\_\_\_\_

# of Apt Units: \_\_\_\_\_ # of Merc Units: \_\_\_\_\_ Year Built \_\_\_\_\_

Total Square Ft: \_\_\_\_\_ Merc Square Ft: \_\_\_\_\_

Roof Type:  Flat  Pitched  Other \_\_\_\_\_

# of Stories: \_\_\_\_\_ # of Buildings: \_\_\_\_\_ # of Elevators: \_\_\_\_\_

Is the Building Sprinklered?  Yes  No Burglar / Fire Alarms?  Yes  No

Swimming Pools?  Yes  No / # of Pools: \_\_\_\_\_

Is the Building Fenced?  Yes  No / Is there Security Service?  Yes  No

Do you get a Certificate of Insurance from the General Contractor?  Yes  No

Are you an Additional Named Insured & Held Harmless by the Contractor?  Yes  No

Name of Contractor / Subcontractors? \_\_\_\_\_

Length of Project? \_\_\_\_\_ How many years have YOU been in Business? \_\_\_\_\_

Building Limit (New Construction): \$ \_\_\_\_\_

Projected Rental Income /  
Maintenance Fees: \$ \_\_\_\_\_

Mortgage Amount: \$ \_\_\_\_\_

Selling Price of Building: \$ \_\_\_\_\_

Any Garages?  Yes  No

How Many & Values: \_\_\_\_\_ / \$

Cost of Subcontractors \$ \_\_\_\_\_

Renovated Buildings (a) Existing Values \$ \_\_\_\_\_

(b) Improvements & Betterments Value \$ \_\_\_\_\_

(c) Are additional floors being added?  Yes  No

If so, how many? \_\_\_\_\_

### Contact Info

Name: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Fax: (\_\_\_\_) \_\_\_\_\_

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