

# Location Information Worksheet

(Please complete for each location)

Effective  
Date:

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)

Mortgagee & Address: \_\_\_\_\_

Occupancy Type:  Apts  Merc  Office  Condo  Warehouse  
(Check all that apply)  Shopping Center  Mixed Use (Apt & Retail / Office)

If Condo / Co-op: \_\_\_\_\_ % Sold \_\_\_\_\_ % Owned Occupied \_\_\_\_\_ % Rented

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

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

Total Square Ft: \_\_\_\_\_ Merc Square Ft: \_\_\_\_\_ # of Elevators: \_\_\_\_\_  
Basement  Yes  No If YES, is there an APT or LIVING SPACE  Yes  No

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

# of Stories: \_\_\_\_\_ # of Buildings: \_\_\_\_\_ (\*If more than 1 - complete a form for each building\*)

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

Parking Lots?  Yes  No # of Spaces: \_\_\_\_\_ Square Ft?: \_\_\_\_\_

Swimming Pools?  Yes  No # of Pools: \_\_\_\_\_ Diving Boards:  Yes  No

Subsidized Housing?  Yes  No % \_\_\_\_\_ Student Housing?  Yes  No % \_\_\_\_\_

Is this Senior Housing?  Yes  No % \_\_\_\_\_ % of Tenants over the age of 52? \_\_\_\_\_

Certificates of Insurance are obtained from the following: (Check all that apply)

Landscape Contractors  Snow Removal Contractor  Other Contracting Work

Do you have any underground storage tanks?  Yes  No / Year Installed? \_\_\_\_\_

Is the tank made of  Double Steel  Steel Coated  Fiberglass  Other \_\_\_\_\_

Size? \_\_\_\_\_ / Type of Fuel? \_\_\_\_\_ / Date of last Leak Test? \_\_\_\_\_

Building Limit: \$ \_\_\_\_\_ Annual Rental Income /  
Maintenance Fees: \$ \_\_\_\_\_

Mortgage Amount: \$ \_\_\_\_\_  
Contents Limit: \$ \_\_\_\_\_ Improvements & Betterments: \$ \_\_\_\_\_

Any Garages?  Yes  No How Many & Values: \_\_\_\_\_ / \$

Year of Updates: Electrical: \_\_\_\_\_ Roof: \_\_\_\_\_ Plumbing: \_\_\_\_\_  
(i.e. 2001) Heat: \_\_\_\_\_ Boiler: \_\_\_\_\_

Was the building Gut Rehabbed?  Yes  No If so, what year? \_\_\_\_\_

Are window guards provided to tenants in habitational risks?  Yes  No

If Mercantile occupants, who and what are the tenants: \_\_\_\_\_

## Contact Info

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

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