

New
 Add On

Location Information Worksheet

(Please complete for *****EACH*** Building**)

Effective
Date: _____

Account Name: _____
 (This is the Lead Name on an account. This may be the name you reference your account as or even the name of the Management Company.)

Mailing Address: _____

Location of Bldg: _____ **Zip Code** _____
 (City, State, Zip & County)

Named Insured: _____ **FEIN #** _____
 (This is the Named Insured for the actual BUILDING, not the ACCOUNT NAME. Please include any a/k/a, d/b/a & t/a information.)

Mortgagee & Address: _____
 (Need complete bank name, mailing address and loan number if available)

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

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

of Apt Units: _____ **# of Merc Units:** _____ **Year Built:** _____
Total Square Ft: _____ **Merc Square Ft:** _____ **# of Elevators:** _____
of Stories: _____ **# of Buildings:** _____ (*NEED a form for *EACH* Bldg*)
% Occupied: _____ **Roof Type:** Flat Pitched Other _____
If Condo / Co-op: # Sold _____ **# Owned Occupied** _____ **# Rented** _____
Basement Yes No **If YES, is there an APT or LIVING SPACE** Yes No
Is the Building Sprinklered? Yes No **Central Station Fire Alarm?** Yes No

Parking Lots? Yes No **# of Spaces:** _____ **Square Ft?:** _____
Vacant Land? Yes No **Acre(s):** _____ **Cell Tower on Bld?** Yes No
Swimming Pools? Yes No **# of Pools:** _____ **Diving Boards:** Yes No
Subsidized Housing? Yes No - # Units _____ / Type? Section 8 Rental Assistance
Student Housing? Yes No - # Units _____ / Senior Housing? Yes No % _____

Do you get SUBCONTRACTOR Certificates of Insurance naming you as an Additional Insured / Holding You Harmless Yes No

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: \$ _____ **Gross Annual Rental Income /**
Mortgage Amount: \$ _____ **Rents / Maintenance Fees:** \$ _____
Contents Limit: \$ _____ **Improvements & Betterments:** \$ _____
Any Garages in Building? Yes No **How Many & SF:** _____ / _____ SF
*****Please complete a separate sheet for each DETACHED GARAGE*****

Year of Most Recent Updates: **Electrical:** _____ **Roof:** _____ **Plumbing:** _____ **Heat:** _____
Type of Electrical: Circuit Breakers Fuses Aluminum Wiring Federal Pacific/Stab-Lok
Was the building Gut Rehabbed? Yes No **If so, what year?** _____

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

If any Commercial Tenants, please list and explain what they do: _____

Contact Info
Name: _____ **Phone:** (_____) _____ **Email:** _____