



**PLEASE COMPLETE A COPY OF THIS PAGE FOR EACH LOCATION/BUILDING.**

Loc #	Bldg #	Street, City, County, State, Zip	Property Coverage ( ) Yes ( ) No	Gen. Liab. Coverage ( ) Yes ( ) No

Building Coverage Limit	\$		
Building Deductible	\$250	\$500	\$1000 (Circle one)
Contents Coverage Limit	\$		
Contents Deductible	\$250	\$500	\$1000 (Circle one)
Construction Type	( ) Frame	( ) Joisted Masonry	( ) Metal ( ) Other -
Sprinklered	( ) Yes	( ) No	
# of Stories			
# of Basements			
Year Built			
Building Square Footage			
Square Footage Occupied			
Burglar Alarm Type	( ) Central Station	( ) Local	
Fire Protection	( ) Central Station	( ) Local	
Interest	( ) Owner	( ) Tenant	
Building Improvements	Wiring, Year _____	Plumbing, Year _____	
	Heating, Year _____	Roofing, Year _____	
Right Exposure			
Left Exposure			
Rear Exposure			
General Liability Limits	<input type="checkbox"/> \$4,000,000 agg / \$2,000,000 occ <input type="checkbox"/> \$2,000,000 agg / \$1,000,000 occ <input type="checkbox"/> \$1,000,000 agg / \$ 500,000 occ <input type="checkbox"/> \$ 600,000 agg / \$ 300,000 occ		
Internet Sales Percentage			
# of Employees	Full time -	Part time -	
<b>REQUIRED INFORMATION</b>	Annual Payroll: \$ _____ <b>Note: Do not include business owner or corporate officer's salary/payroll</b> Annual Gross Sales/Receipts: \$ _____		

<b>Additional Coverages:</b>	
Hired and Non-Owned Auto Liability	Glass: _____ linear feet
Employee Dishonesty: \$ _____	Tenant's Improve & Better: \$ _____
Umbrella: \$ _____	Outdoor Signs: \$ _____
Contractor's Tools: \$ _____ (Attach schedule of tools)	Contractor's Equipment: \$ _____ (Attach schedule of equipment)
Other: Provide coverages & limits requested	

<b>Additional Interests:</b>	<b>Name &amp; Address:</b>
Mortgagee / Loss Payee	
Additional Insured	
Other – Explain	
<b>Interest:</b>	