

# PROPERTY INFORMATION

COMPLETE FOR EACH BUILDING TO BE INSURED:

**INSURED'S NAME:**

\_\_\_\_\_

**STREET ADDRESS or DESCRIPTION LOCATION:**

\_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_ **ZIP CODE:** \_\_\_\_\_

Location # \_\_\_\_\_

Construction (example: Frame, Brick, etc.): \_\_\_\_\_

Square footage: \_\_\_\_\_ Number of Stories: \_\_\_\_\_

Basement: Yes \_\_\_\_\_ No \_\_\_\_\_ Square Footage: \_\_\_\_\_

Year Built: \_\_\_\_\_ or approximate age: \_\_\_\_\_

Fireplace: Yes \_\_\_\_\_ No \_\_\_\_\_

Distance to FD: \_\_\_\_\_ Distance to Fire Hydrant: \_\_\_\_\_

Fire Protection Class (if known): \_\_\_\_\_

Any other water source: \_\_\_\_\_ Distance: \_\_\_\_\_

Is there a caretaker on premises: Yes \_\_\_\_\_ No \_\_\_\_\_

Property subject to drought conditions: Yes \_\_\_\_\_ No \_\_\_\_\_

Is there a Fire Pit/Ring on Premises: Yes \_\_\_\_\_ No \_\_\_\_\_

## EXPOSURE TO THE BUILDING:

What is to the Right of the building & distance? \_\_\_\_\_

What is to the Left of the building & distance? \_\_\_\_\_

What is to the Front of the building & distance? \_\_\_\_\_

What is to the Rear of the building & distance? \_\_\_\_\_

## BUILDING IMPROVEMENTS (IMPORTANT):

Wiring: Yes \_\_\_\_\_ No \_\_\_\_\_ what year: \_\_\_\_\_

Roofing: Yes \_\_\_\_\_ No \_\_\_\_\_ what year: \_\_\_\_\_

Plumbing: Yes \_\_\_\_\_ No \_\_\_\_\_ what year: \_\_\_\_\_

Heating: Yes \_\_\_\_\_ No \_\_\_\_\_ what year: \_\_\_\_\_

Other improvements: \_\_\_\_\_ what year: \_\_\_\_\_

Smoke Detectors: Yes \_\_\_\_\_ No \_\_\_\_\_

Fire Extinguishers: Yes \_\_\_\_\_ No \_\_\_\_\_

Sprinkler System: Yes \_\_\_\_\_ No \_\_\_\_\_

Burglar/Fire Alarms: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, who installed: \_\_\_\_\_

Central Station: Yes \_\_\_\_\_ No \_\_\_\_\_ Local Siren: Yes \_\_\_\_\_ No \_\_\_\_\_

## REQUESTED AMOUNT OF COVERAGE, BUILDING #1:

Building: \$ \_\_\_\_\_

Contents: \$ \_\_\_\_\_