

PROPERTY COVERAGE SUPPLEMENTAL APPLICATION

Please complete the following information. If you have multiple locations, please complete a form for each location.

Legal Name: _____

Db Name: _____

Mailing Address: _____

Physical Address: _____

Phone: _____ Fax: _____ E-Mail: _____

Year business started: _____ Own Building: _____ Rent Space: _____

**** The following must be completed regardless if space is owned or rented ****

Year building was built: _____ Number of Stories: _____ Sq. Feet Occupied: _____

Construction Type: _____ Frame _____ Joisted Masonry _____ Metal _____ Other: _____

Have the roof, electrical, HVAC & plumbing systems been updated? _____ Yes _____ No

If yes, provide the year: Roof: _____ Electrical: _____ HVAC: _____ Plumbing: _____

Any other occupancies: _____ Yes _____ No If yes, type: _____

Sprinkler system: _____ Yes _____ No Alarm System: _____ Yes _____ No

Building Limit (if owned): _____

Business Personal Property Limit: _____

(Office Equipment, Furniture Supplies ect.)

Value of tools and equipment: _____

Do you have additional locations not listed above? _____ Yes _____ NO (separate form for each location)

Bailee's Coverage (Customers Property Stored or Cleaned at your location)

Do you clean customers' property at your location? _____ Yes _____ No

Maximum value of customers' property at your location: _____

Signature _____ Date: _____