



Named Insured: _____

Location Address: _____ City: _____ State: _____ Zip Code: _____

Inspection Contact: _____ Phone Number: _____

Building Value: _____ Rental Value @ 100% _____ BPP/Contents: _____

Year Built: _____ Year Purchased: _____ Square Footage: _____

Construction Type: _____

- a) If frame construction, is building bolted? [] Yes [] No
b) If building is not bolted, is there a seismic gas shut-off valve? [] Yes [] No
c) Is building retrofitted? [] Yes [] No
d) Any plans for renovation? [] Yes [] No
e) Third Party Manager Info (if applicable): _____
f) % Sprinkler: _____
g) Smoke Alarms: [] Yes [] No

Building Improvements/Updates:

- a) Plumbing Year: _____ Type of plumbing: _____
b) Electrical Year: _____ Type of wiring: _____
c) Roof Year: _____ Type of roof: _____

Buildings: _____ # Stories: _____ # Pools: _____ # Residential Units: _____

Commercial Sq Ft: _____ Residential Sq Ft: _____ % Occupied: _____ % of Students: _____ % of HUD/Subsidized: _____

Protection Class (1-10): _____

Description of Operations: _____

Restaurant Exposure, number of years in business: _____ Type of Fire Suppression: _____

Date of annual service of Ansul System: _____

Commercial Use: Does the insured obtain certificates of insurance from tenants adding them as Additional Insured? [] Yes [] No

Armed Security Guards on Premises: [] Yes [] No

Are tenants allowed to have dogs? [] Yes [] No

**Your signature warrants that there are no aggressive dogs currently residing at your building and that your rental policy is not to rent to tenants who have aggressive dogs. Aggressive dogs include Doberman Pincers, German Shepherds, Pits Bulls and Rottweilers. Also, tenants cannot have more than two dogs.

Has the insured (past or present) been involved in construction/development of the property? [] Yes [] No

Any losses in the last 5 years? [] Yes [] No Open claims? [] Yes [] No 5 Year Loss Ratio: _____

Has the insured been sued for any reason in the last 5 years? If yes, please explain: _____

Do you have knowledge of mold forming on any part of interior or exterior of your building(s): [] Yes [] No

Prior Insurance Carrier: _____ Years w/ Carrier: _____ Expiring Premium (target): _____

Coverage Requested (Check all that apply):

Property: [] General Liability: [] Pollution: [] Umbrella (\$5M, \$10M or \$25M): []

Insured Signature: _____ Date: _____

Agents Signature: _____ Date: _____