

Property Insurance Application

(If more than two locations exist, please make copies of the supplements, as required, complete and attach.)

Named Insured:				
General Property Information:				
	Location #1	Location #2		
Street address				
City, County, State, Zip Code				
Construction code of building*				
Occupied as what (or vacant)				
Do you own (O) building or lease (L) space				
Mortgagee name & address				
* Construction Codes of Building: (select one only (1) Frame, (2) Joisted Masonry, (3) Non-combusti (7) Heavy Timber Joisted Masonry (8) Superior No	ble, (4) Masonry Non-combustible, (5) Mod			
Year building built				
Total square footage of building				
Square footage you occupy				
% of building sprinklered				
# of floors in building				
Basement (Y/N)				
Wiring updated – year				
Roofing updated – year				
Heating updated – year				
# of smoke alarms or detectors				
Type of fire alarm system				
Type of burglar alarm system				



Replacement cost of building *N/A if	\$ \$
leasing and only insuring personal	
property	
Deductible options \$250, \$500, \$1,000	
Contents limit	\$ \$
(furniture, fixtures, inventory)	
Business Income & Extra Expense Limit	\$ \$
Loss Payee name & address	
Loss Payee interest in what items	

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