

**Property Coverage Supplemental  
(buildings or business personal property)**

Complete this page for each building or locations with property to be covered. Blanket limits are not available.

**Schedule of Buildings and/or locations**

|  |   |   |   |  |
|--|---|---|---|--|
| <b>Premises Information</b><br><br>Building # _____<br>Location # _____  | Is your facility part of a shopping center or mall? <input type="radio"/> Yes <input type="radio"/> No            |   |   |  |
|  | Building Description: _____   |   |   |  |
|  | <input type="radio"/> Own<br><input type="radio"/> Rent   | If you rent your premises, are you required to insure building glass or any other building item? <input type="radio"/> Yes <input type="radio"/> No<br>If yes, what are you required to insure? _____<br>What is the replacement value? _____   |   |  |
| <b>Description of Property</b>   |   | <b>Limit/Value*</b>   | <b>Coverage Request, if any:</b> (coinsurance, valuation, cause of loss, deductible, etc.)            |  |
| Building*  |   | \$  | _____   |  |
| Personal Property/Contents*  |   | \$  | _____   |  |
| Tenants Improvements & Betterments*  |   | \$  | Deductible: <input type="radio"/> \$1,000 <input type="radio"/> \$2,500 <input type="radio"/> \$5,000 |  |
| Business Income*   |   | \$  | Select coinsurance: <input type="radio"/> 80% <input type="radio"/> 90% <input type="radio"/> 100%    |  |
| <b>TOTAL</b>   |   | <b>\$</b>   |   |  |
| <b>Construction Type</b><br><input type="radio"/> Non-combustible<br><input type="radio"/> Masonry Non-Combustible<br><input type="radio"/> Modified Fire Resistive<br><input type="radio"/> Frame/Joisted Masonry<br><input type="radio"/> Fire Resistive | <b>Distance to:</b><br><input type="radio"/> Hydrant _____ Feet<br><input type="radio"/> Fire Station _____ Miles | Number of Stories<br>_____  | Year Built<br>_____   | Total Square footage Building:<br>_____<br>Total Square footage Occupied:<br>_____ |
| If building is more than 20 years old, provide year of updates. If none, check here: <input type="radio"/><br>Wiring, Year: _____ Plumbing, Year: _____<br>Roofing, Year: _____ Heating, Year: _____   |   | Roof type: <input type="radio"/> Asphalt shingle <input type="radio"/> Cedar Shake <input type="radio"/> Metal <input type="radio"/> Tar/gravel buildup<br>Floor: (not floor covering): <input type="radio"/> Concrete <input type="radio"/> Wood <input type="radio"/> Other: _____<br>Heating/Cooling: <input type="radio"/> None <input type="radio"/> Heat Pump <input type="radio"/> Electric baseboard<br><input type="radio"/> Portable heater <input type="radio"/> Gas/Oil <input type="radio"/> Forced air <input type="radio"/> Other: _____ |   |  |
| <b>Protection:</b> <input type="radio"/> Sprinkler _____% <input type="radio"/> Burglar Alarm  |   |   |   |  |
| <b>Fire Alarm:</b> <input type="radio"/> Central Station <input type="radio"/> Local <input type="radio"/> Fire extinguishers <input type="radio"/> Smoke alarms   |   |   |   |  |

**Cooking**  Check here if no cooking on premises.

1. Explain extent of food service: \_\_\_\_\_

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2. Is there deep-fat frying or grilling?  Yes  No
3. Is there an ansul system?  Yes  No
4. Is there an automatic fuel shut-off device?  Yes  No
5. How frequently do you clean the hood/duct system?  Daily  Weekly  Monthly  Other \_\_\_\_\_
6. Does a professional service clean the hood and duct system at least annually?  Yes  No

**Signs (Optional Coverage)**  Check here if coverage is not desired.

| Value of each sign | Sign Type  |
|--------------------|--|
| \$                 | <input type="radio"/> Indoor <input type="radio"/> Outdoor |
| \$                 | <input type="radio"/> Indoor <input type="radio"/> Outdoor |