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COMMERCIAL PROPERTY SUPPLEMENT

Property Location: _____ City _____ State _____ Zip _____

Do you own the building? _____ If so, do you wish to insure the building? _____

Number of Units: _____ New Construction: Yes _____ No _____

Number of Residential (Apartments) Units: _____ Number of Commercial Units: _____

Construction: Frame _____ Brick _____

Building Value, if being insured: _____ Amount of Insurance Desired: _____

Is the property attached to another property: Yes _____ No _____

Garage: ___ Yes ___ No, if so, garage type: Attached ___ Detached ___ Built in ___ How many cars/truck: _____

of Stories: _____ Finished Basement: _____ Building Square Footage: _____

Year Built: _____ Year of Updates: Electrical _____ Plumbing _____ Heating _____

Heating System: Gas _____ Electric _____ Oil (Above ground) _____ (Below ground) _____

Roof: Flat _____ Pitched _____ Year roof was last updated _____

The following are located on the premises:

Swimming Pool _____ Trampoline _____ Dog _____ Fireplace _____

Where are the boilers located? _____ Basement _____ Apartment/ Commercial Unit

Please describe the type of building around your office/building as follow (Example: Residential building, Commercial Building, Warehouse, Fire department, etc):

Front: _____ Back: _____

Left: _____ Right: _____

Do you have an active central station reporting burglar alarm? Ex: ADT, Brinks, etc: _____

Do you have an active central station reporting fire alarm? Ex: ADT, Brinks, etc: _____

Additional insureds's names, addresses and account/loan number if any below. Example: Landlord/Lender:

1. _____

2. _____

Note: Complete one form for each property.