



This is an indication only and subject to inspection and carrier approval of your application and rating.

**Property Supplemental**

Agency Name:

From:

Email Address:

Phone:

Fax # :

**Location Information**

Street Number:

Insured Street Name:

Insured City:

Insured State:

Insured County:

Insured Zip:

Protection Class:

Is the location situated on a barrier island?

Is the location in a high-crime or low income area?

Are there any open sided buildings that are covered for wind or hail?

Are there any temporary or pre-fab buildings that are covered for wind and hail?

Do any of the buildings have EIFS?

**Include Wind:                      Yes                      No**

Distance to Salt Water:

Is this replacement cost or actual cash value?

Limit Requested:

Is the risk Sprinklered?                      Yes                      No

Central Station Fire Alarms on Property?                      Yes                      No

Central Station Burglar Alarm?                      Yes                      No

Are they more than 80% owner occupied?                      Yes                      No

Is theft included?                      Yes                      No

**Requested Coverage Information:**

Construction Type: \_\_\_\_\_  
NCI = AT LEAST 50% MASONRY WALLS WITH METAL ROOF / NCII = METAL FRAME

Building Value: \$

Square Footage:

Business Personal Property Value: \$

Business Income: \$

Sign:

Additional Property Coverage?

**Property Details:**

Form Requested:                      Basic                      Broad                      Special                      Special X-Theft                      Wind & Hail Only

Class of Business/Occupancy:

Deductibles Requested:

Expiring Premium:

**Update Information:**

Year Built:

Have updates been made to the building?                      Yes                      No                      \*Please give year of update below:

Wiring:

Type of Wiring:

Plumbing:

Most recent year roof installed or fully replaced:

Heating:

Age of Roof:

Electric:

Type of Roof Covering:



**Building Details/Additional Information (Only answer if applicable):**

Is the building vacant?	Yes	No
Is there any HUD/subsidized/elderly or student accommodation?	Yes	No
Is there a restaurant on site?	Yes	No
Does the building have a restaurant or other commercial cooking?	Yes	No
Is the spire approximately valued at or more than 5% of the building TIV?	Yes	No
Is this an abortion clinic?	Yes	No
Are we covering medical equipment?	Yes	No
Are artworks included?	Yes	No
Is stock included?	Yes	No
Are we covering any medical drugs?	Yes	No
Are we covering any electronics?	Yes	No
Is equipment included?	Yes	No
Is there animal testing?	Yes	No
Is there stem cell research?	Yes	No
Are there any flammable liquids?	Yes	No
Are we covering cars?	Yes	No
Is there any commercial cooking?	Yes	No
Are we covering pumps and canopies?	Yes	No
Are the average monthly rents over USD 650?	Yes	No
Do they get an overall rating of 3 out of 5 or higher on <a href="http://www.apartmentratings.com">www.apartmentratings.com</a> based on 5 reviews or more?	Yes	No
Is there any molten metal in the process?	Yes	No
Is there any in room cooking?	Yes	No
Do they have a UL approved ansul system?	Yes	No
Is stained glass included?	Yes	No
What is the average nightly rate? \$_____		
What is the average occupancy rate? _____%		
Is the hotel/motel closed for any part of the year?	Yes	No
Do they have any nightclubs or hazardous occupancies?	Yes	No
What are they storing?		
Is there any sawmilling?	Yes	No

**Comments**