

PROPERTY:

Named Insured: _____

LOCATIONS (Street Address):

1 _____
Occupancy: _____
Construction: _____ Roof Type: _____
Year Built: _____ # Stories: _____
Sprinklered? Yes _____ No _____ Sq Ft Occupied: _____
Alarm System Yes _____ No _____ Type? _____
Fenced? Yes _____ No _____
Roof Updates: _____
Electrical Updates: _____
Distance to Ocean / Gulf: _____
Mortgagee / Loss Payee: _____

BUILDING COVERAGE:

(cost to rebuild)

BUSINESS PERSONAL PROPERTY:

(i.e. office equipment, furniture, fixtures, inventory, shop equipment)

BUSINESS INCOME & EXTRA EXPENSE:

Applicant's Signature & Date