



New Location Information

Insured's Name:

Effective date:

New Location Street Address:

City State, Zip:

Is There a location to Delete?

Should we update your mailing address?

NEW LOCATION DETAILS:

Construction Type: _____ Type of Occupancy: _____ (tenant or owner occupied)

Year Built of Building: _____ # of Stories: _____ Alarm: _____ Sprinkler: _____

If building over 30 years old, need the year of most recent updates for the following:

Heating: _____ Plumbing: _____ Electrical: _____ Roof: _____

Total Square Footage of Building: _____ Square Footage occupied by you: _____

FOR TENANTS:

Business Personal Property Limit: _____ (include computers)

Any Tenant Improvements which you are required to insure, in addition to BPP? _____

Any other coverages at this location:

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FOR BUILDING OWNERS:

Name Building is titled under: _____

Building Limit (based upon Replacement Cost): _____

Do you occupy 100% of the building? _____ If not, square feet occupied by you: _____

If not, List tenants of building and sq feet occupied by each tenant:

Mortgagee / Bank on Building: _____

Please indicate any other changes or coverages, or provide additional information:

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Completed By: _____

Date: _____