



PROPERTY INSURANCE QUESTIONNAIRE

GENERAL INFORMATION

Named Insured: _____

Contact Person: _____ Title: _____

Mailing Address: _____

e-mail: _____

Phone: (____) _____ Fax: (____) _____

Schedule of Insured Locations _____

Prior/Current Insurance Carrier: _____

Expiration Date of Current Policy: _____

Years in Business: _____

PROPERTY

Amount of Insurance Coverage for:

Replacement Cost Actual Cash Value Other – Please Specify _____

Deductibles: _____ Co-Insurance: _____

Fire Department

Type (Paid or Volunteer) _____

Distance from premises _____

Distance to the fire hydrant _____

Other

Do you have any local Fire Extinguishing Systems? Yes No

If Yes, please describe: _____

BUILDING CONTENTS

Limits: Building #1 _____ Contents#1 _____

Building Construction

Walls: _____ Year Built: _____ Sq. Ft. _____

Roof: _____ Location: _____

Type of Fire/Burglar Protection: _____

Date Location is Closed for Season: _____

*****This date is very important. Coverage is reduced on this date.***

Limits: Building #2 _____ Contents#2 _____

Building Construction

Walls: _____ Year Built: _____ Sq. Ft. _____

Roof: _____ Location: _____

Type of Fire/Burglar Protection: _____

Date Location is Closed for Season: _____

*****This date is very important. Coverage is reduced on this date.***

Limits: Building #3 _____ Contents#3 _____

Building Construction

Walls: _____ Year Built: _____ Sq. Ft. _____

Roof: _____ Location: _____

Type of Fire/Burglar Protection: _____

Date Location is Closed for Season: _____

*****This date is very important. Coverage is reduced on this date.***

Limits: Building #4 _____ Contents#4 _____

Building Construction

Walls: _____ Year Built: _____ Sq. Ft. _____

Roof: _____ Location: _____

Type of Fire/Burglar Protection: _____

Date Location is Closed for Season: _____

*****This date is very important. Coverage is reduced on this date.***

SIGNS (list and describe signs not attached to buildings and their location on the property) if to be insured

GLASS (panes worth more than \$1,000 and all Thermal, Double and Triple Pane glass – list # of panes, width and height of each).

If to be insured.

ELECTRONIC DATA PROCESSING EQUIPMENT, DATA AND MEDIA (if to be insured)

Limit Required: _____

Equipment Schedule (including laptops):

<u>Number</u>	<u>Year</u>	<u>Make/Model</u>	<u>ID Number</u>	<u>Value</u>
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EXTRA EXPENSE (if to be insured)

Limit Required: _____

INTERIOR, MESSENGER, AND PAYMASTER ROBBERY (cash, if to be insured)

Limit Required: _____

Explain Security/Safe Protection:

INLAND MARINE (if to be insured)

(Equipment that can be taken off-premises including Mobile Equipment not included as Contents under the Property Coverage. For Race Teams, include the competition vehicle, tools, miscellaneous equipment and spare engine that leave your premises).

Unscheduled Miscellaneous Articles:

Limit Required: _____

Limit should include smaller value items such as tools.

Amount of Most Valuable Item: _____

LOSS HISTORY

Enter all claims or occurrences that may give rise to claims for the prior 5 years.

Check here if none

See attached loss summary

Date of Loss	Type/Description of Occurrence or Claim	Amount Paid	Amount Reserved
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I hereby represent and confirm that, to the best of my knowledge, all information provided in this questionnaire is complete, true and correct. I also understand that this questionnaire is only a tool for rating the insurance coverages being requested and that no insurance is in effect until accepted by the company or companies in writing.

Signature Title Date