

**-COMMERCIAL BUILDING & PROPERTY FACT SHEET-**

**BUSINESS NAME:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**ADDRESS:**

**FAX:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

B  
U  
I  
L  
D  
I  
N  
G

**DO YOU OWN THE BUILDING?** \_\_\_\_\_ **DO YOU WANT TO INSURE THE BUILDING?** \_\_\_\_\_

(EVEN IF YOU DON'T NEED INSURANCE ON THE BUILDING ITSELF, WE NEED THE FOLLOWING INFO)

**PHYSICAL ADDRESS** \_\_\_\_\_

**DATE OF OCCUPANCY:** \_\_\_\_\_

**YEAR BUILDING BUILT:** \_\_\_\_\_ **IS THERE A SPRINKLER SYSTEM?** \_\_\_\_\_

**TYPE OF ROOF:** \_\_\_\_\_

**WHAT IS THE CONSTRUCTION TYPE (METAL, WOOD, CONCRETE, ETC):**

**SQ.FT OF BUILDING:** \_\_\_\_\_ **SQ.FT OF YOUR SPACE:**

**# OF STORIES:** \_\_\_\_\_ **BASEMENT?:** \_\_\_\_\_

***IF THE BUILDING IS OVER 20 YRS OLD, PLEASE PROVIDE DATES OF UPGRADES:***

**WIRING, YR.** \_\_\_\_\_  **ROOFING, YR.** \_\_\_\_\_  **PLUMBING, YR.** \_\_\_\_\_  
 **HEATING, YR.** \_\_\_\_\_  **OTHER** \_\_\_\_\_ **YR.** \_\_\_\_\_

**TYPE OF SECURITY:** **LOCKS** \_\_\_\_\_ **MOTION DETECTORS** \_\_\_\_\_

**BURGLAR ALARM TYPE:**

**LOCAL?** \_\_\_\_\_ **CENTRAL?** \_\_\_\_\_ **DIRECT TO POLICE STATION?**

**MONITORED BY:** \_\_\_\_\_ **MANUFACTURER:** \_\_\_\_\_

**FIRE ALARM:** **LOCAL?** \_\_\_\_\_ **CENTRAL?** \_\_\_\_\_ **DIRECT TO FIRE DEPT?**

**MONITORED BY:** \_\_\_\_\_ **MANUFACTURER:**

**WHAT TYPES OF BUSINESSES OCCUPY NEIGHBORING SPACES?**

**TO THE RIGHT:** \_\_\_\_\_ **TO THE LEFT:**

**TO THE REAR:** \_\_\_\_\_

B  
P  
P

**AMOUNT OF BUSINESS PROPERTY TO BE COVERED AT THIS LOCATION:**

<b>STOCK &amp; EQUIPMENT</b>	<b>VALUE:</b> _____
<b>OFFICE CONTENTS</b>	<b>VALUE:</b> _____
<b>COMPUTERS</b>	<b>VALUE:</b> _____
<b>EQUIPMENT BREAKDOWN COVERAGE</b>	<b>YES / NO</b>

<b>BUSINESS INCOME</b> _____	<b>YES / NO IF YES, LIMIT:</b>
---------------------------------	--------------------------------

<b>ADDITIONAL INTERESTS</b>			
<b>INTEREST</b> <input type="checkbox"/> <b>LOSS PAYEE</b> <input type="checkbox"/> <b>MORTGAGEE</b>  <b>LOAN #:</b> _____	<b>NAME &amp; ADDRESS</b>	<b>INTEREST</b> <input type="checkbox"/> <b>LOSS PAYEE</b> <input type="checkbox"/> <b>MORTGAGEE</b>  <b>LOAN #:</b> _____	<b>NAME &amp; ADDRESS</b>