

# PROPERTY COVERAGE

## BUILDING INFORMATION

Year Built: \_\_\_\_\_

Number of Stories: \_\_\_\_\_

Number of Basements: (If Applicable): \_\_\_\_\_

Total Square Foot of Building: \_\_\_\_\_

Total Square Foot of your Leased Space: \_\_\_\_\_

Construction of Building: FRAME: \_\_\_\_\_ STEEL: \_\_\_\_\_ BRICK: \_\_\_\_\_ CONCRETE: \_\_\_\_\_

Distance to nearest Fire Hydrant: \_\_\_\_\_

Distance to nearest Fire Station: \_\_\_\_\_

## BUILDING IMPROVEMENTS

Roofing: Year: \_\_\_\_\_ Roof Type: \_\_\_\_\_ When was it last replaced: \_\_\_\_\_

Wiring: Year: \_\_\_\_\_ When was the last update: \_\_\_\_\_

Heating: Year: \_\_\_\_\_ Heating Type: \_\_\_\_\_

Plumbing: Year: \_\_\_\_\_ When was the last update: \_\_\_\_\_

Security Systems: Smoke Alarm: Yes \_\_\_\_\_ No \_\_\_\_\_; Fire Alarm Yes \_\_\_\_\_ No \_\_\_\_\_  
Central Burglar System: Yes \_\_\_\_\_ No \_\_\_\_\_ Type: \_\_\_\_\_

Sprinkler System (Inside Office): Yes: \_\_\_\_\_ No \_\_\_\_\_

Do you **LEASE** \_\_\_\_\_ or **OWN** \_\_\_\_\_ the building in which your practice is located?

### IF LEASE:

What floor is your office located on: \_\_\_\_\_

Do you Sublease Space? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, to Whom? \_\_\_\_\_

### IF OWN:

Is the building in which you practice also your residence? Yes \_\_\_\_\_ No \_\_\_\_\_

What floor is your office located on: \_\_\_\_\_ Square Footage: \_\_\_\_\_

Within your practice location, do you lease space to others: Yes \_\_\_\_\_ No \_\_\_\_\_

If "YES", please indicate the number of Sq Ft Leased: \_\_\_\_\_

What are the other businesses: \_\_\_\_\_

Do you lease space as "residential use" in your building? Yes \_\_\_\_\_ No \_\_\_\_\_

Annual Income received for leased space: \_\_\_\_\_

Do you request to be listed as "Additional Insured": Yes \_\_\_\_\_ No \_\_\_\_\_