



PROPERTY QUESTIONNAIRE

Named Insured _____ Policy Number _____

Location address: 1. _____

Location address: 2. _____

Location address: 3. _____

Has applicant ever filed Bankruptcy, chapter 7, 11 or 13? Yes No

If "Yes", please explain:

If the following is provided on an attached ACORD Property Section, this section can be skipped.

1. Limits and Valuation Section - Please enter a limit under the location column.	Location #1	Location #2	Location #3
Building	\$	\$	\$
Business Personal Property	\$	\$	\$
Business Income: <input type="checkbox"/> 1/3 Monthly Valuation <input type="checkbox"/> 1/4 Monthly Valuation	\$	\$	\$
Signs	\$	\$	\$
Fences	\$	\$	\$
Tool Floater: - Owned Tools with Mobile Operations - Employees Tools (Complete Question #19)	\$	\$	\$
Tenants Improvements & Betterments	\$	\$	\$
For the below valuation selection, please select one per location:			
Indicate: Actual Cash Value (ACV) or Replacement Cost (RC)	<input type="checkbox"/> ACV <input type="checkbox"/> RC	<input type="checkbox"/> ACV <input type="checkbox"/> RC	<input type="checkbox"/> ACV <input type="checkbox"/> RC
Optional Coverages (select one):	<input type="checkbox"/> Premier <input type="checkbox"/> Premier Plus	<input type="checkbox"/> Premier <input type="checkbox"/> Premier Plus	<input type="checkbox"/> Premier <input type="checkbox"/> Premier Plus
Enter Square Feet Per Location:			
Enter Cause of Loss Per Location:			
Enter Deductible Per Location:	\$	\$	\$
Enter Coinsurance Per Location:	\$	\$	\$

If any of the following is provided on an attached ACORD Property Section, the section can be skipped.

2. Please check all that apply:	Location #1	Location #2	Location #3
Local Alarm			
Central Station Alarm – Monitored twenty-four (24) hours			
Burglar Alarm – Monitored twenty-four (24) hours			
Full Perimeter Intrusion Alarm			
Fire Extinguishers			
Motion Detectors			
Smoke Detectors			
Heat Detectors			
3. Answer below for each location listed: If over thirty-five (35) years old, indicate the year of last updates for:	Year	Year	Year
Electrical			
Plumbing			
Heating			
Roof			
4. Indicate the following for each location: 1=frame 4=masonry non-combustible 2=joisted masonry 5=fire resistive 3=non-combustible	Building Construction	Building Construction	Building Construction
5. Indicate the Protection Class code for each location:	Protection Class	Protection Class	Protection Class

For the following questions, check Yes or No for each location to be covered:	Location #1	Location #2	Location #3
6. Is building vacant or unoccupied?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Does the property have: Aluminum Wiring	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Federal Pacific Electric Stab-Lock Panels . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fuses	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Knob and Tube Wiring	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pigtailed Wiring	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Is the property in an area that is considered deteriorating?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Does the property have a wood or pellet burning stove?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Is the property a MOBILE HOME or MOBILE OFFICE? (Does not include modular or prefab buildings)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Are fire extinguishers inspected and tagged within the last year?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Is there a sprinkler system? If "Yes", answer question a. below	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. Is system maintained and tested annually by a contractor?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Are all flammable materials stored in approved UL containers and/or cabinets?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Are all waste materials, including used rags, disposed of or contained in self-closing non-combustible containers?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
15. Are there any paint booths or paint rooms on the premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Are the paint areas designed to conform to NFPA standards or UL approved?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
17. Is there any welding done inside the building? If "Yes", answer questions a., b. and c. below.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. Are there specific safety procedures followed when welding?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Is area where welding is conducted free of flammable materials?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Is there a fire extinguisher within 20 feet of the welding area?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Additional Comments:

18. Loss History for Property Only OR check here if hard copy loss runs attached

Policy Year	Date of Loss	Description of Loss	Amount Paid/Reserved
			\$
			\$
			\$

19. Tool Floater coverage is available for tools owned by the employees and for tools owned by the insured when there is a mobile operation exposure.

a. Deductible: \$ _____

b. Cause of Loss: Basic Broad Special

c. Unscheduled Tools & Equipment:

Owners Unscheduled Tools & Equipment – Mobile Exposure

Limit: \$ _____

Employees Unscheduled Tools & Equipment

Limit: \$ _____

d. For Mobile Operations on the Special Causes of Loss form:

▪ Where are your tools stored at night?

Inside a locked building In a fenced & gated area Left in vehicle

Other (Describe): _____

▪ If tools are left in a vehicle overnight, where is the vehicle kept?

Inside a locked building In a fenced & gated area

Other (Describe): _____

e. Owners Scheduled Tools & Equipment (Schedule any item with a value over \$1,000)

Item #	Year, Make, Model	Serial #	Stated Amount of Insurance
			\$
			\$
			\$
			\$

f. Employees Scheduled Tools & Equipment (Schedule any item with a value over \$1,000)

Item #	Year, Make Model	Serial #	Stated Amount of Insurance
			\$
			\$
			\$
			\$

Please complete additional questionnaires for more than three (3) locations.

THIS SUPPLEMENTAL APPLICATION IS INCORPORATED BY REFERENCE INTO THE PRIMARY APPLICATION

APPLICANT'S SIGNATURE	DATE
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