

Property Questionnaire

Please complete a separate questionnaire for each location

Insured: _____

Location: _____

Year Built: _____

Type of Construction: _____

Number of Stories: _____ **Basement Yes No**

Total Area: _____ **SF**

Building Improvements (Year completed for buildings older than 20 years):

Wiring: _____ **Roofing:** _____

Plumbing: _____ **Heating:** _____

Other: _____

Burglar Alarm: YES NO If yes, type _____

Fire Alarm: YES NO If yes, type _____

Sprinklers: YES NO

Sprinkler Alarm: YES NO If yes, type _____

IF OWNED BUILDING:

Mortgage Holder: YES NO

Name: _____

Address: _____

Property Questionnaire

Insured: _____

Do you own/operate a parking garage? YES NO

How many spaces? _____

Is it open to the public? YES NO

Do you sublease parking spaces? YES NO

How many spaces? _____

IF LEASED PREMISES

Lessor:

Name: _____

Address: _____

Lessor Requires to be Additional Insured: YES NO

PROPERTY VALUES (Replacement Cost)

Building: _____

Business Personal Property (Contents): _____

Electronic Equipment/Hardware: _____

Software/Data/Media: _____