



New Location Information Questionnaire

Please provide us with the following information:

Named Insured _____

1. New Location Address: _____

2. New Loc. Phone #: _____ New Loc. Fax #: _____

3. **New location effective as of:** _____

4. **New location replacing existing location? If yes, list location being replaced:** _____

5. Year the building was constructed: _____

6. What construction-type is the building (i.e., frame, masonry, concrete tilt-up, fire resistive, etc.): _____

7. If the building is over 25 years old, please provide the years updates were made to the following: _____

* Roof _____ Heating System _____ Plumbing _____ Electrical System _____

8. Square footage you are renting: _____

9. Number of stories in the building: _____

10. Is the building 100% sprinklered? Yes No

11. Do you have a central station fire alarm? Yes No

12. Do you have a central station burglar alarm? Yes No

13. Do you have a fire extinguisher? Yes No

14. What coverage limits will be needed for: _____

* a. Building \$ _____

b. Tenant Improvements \$ _____

c. Business Contents \$ _____

d. Computer Hardware \$ _____

e. Computer Software \$ _____

f. Valuable Papers \$ _____

15. What other types of tenants are in the building (i.e. offices, restaurant, retail): _____

16. Are you required to name your landlord as 'additional insured' on this policy? Yes No

If so, please provide your landlord's name and address: _____

* If available, please provide a copy of your Lease Agreement for review