



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*