

Cavignac & Associates

INSURANCE BROKERS

License No. OA99520

450 B Street, Suite 1800 San Diego, CA 92101-8005

Phone 619-234-6848 <> Fax 619-234-8601 <> Web Site www.cavignac.com

Property

New Location Information Worksheet

Please provide us with the following underwriting information for each new location you add:

1.	Named Insured:	
2.	Location address:	
3.	What year was the building constructed?	
4.	Type of building construction (i.e., frame, masonry, concrete tilt-up, fire resistive, etc.)	
5.	If the building is more than 25 years old, please provide year updates were made to the following:	
	a. Roof	
	b. Heating system	
	c. Plumbing	
	d. Electrical system	
6.	Square footage you are leasing/renting:	
7.	How many stories in the building?	
8.	Is the building 100% sprinklered?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	Do you have a central station fire alarm?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.	Do you have a central station burglar alarm?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.	Do you have a fire extinguisher?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12.	What other types of tenants are in the building (i.e., offices, restaurant, retail, etc.)?	
13.	Is your landlord required to be named as an "additional insured" on this policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14.	How many of your employees are on a job site more than 10 times per year?	