

# 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

## 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. How many of your employees are on a job-site more than 10 times per year: \_\_\_\_\_

16. What other types of tenants are in the building (i.e. offices, restaurant, retail): \_\_\_\_\_

17. 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*