



## LOCATION INFORMATION FORM

### Building Information:

Location address, city & zip:

Number of buildings at this address:

Total area of the each building:

Construction type:

Year built:

If over 20 years old, please provide the year of updates made to:

Wiring (Year \_\_\_\_\_ ) Heating (Year \_\_\_\_\_ ) Plumbing (Year \_\_\_\_\_ )

Heating Boiler (On Premise \_\_\_\_\_ or anywhere else \_\_\_\_\_ )

Number of stories: \_\_\_\_\_ Is the yard fenced?    Yes    No    Height of building:

Is there a sprinkler system?    Yes    No

    If yes, what % of the building? \_\_\_\_\_ %

Is there a burglar alarm?    Yes    No

    Central station?    Yes    No

    With keys?    Yes    No

Is the new address close to any other building on the current policy? Yes    No

    If yes, indicate the number of feet between each property and provide a diagram attachment.

Right exposure: \_\_\_\_\_ Left    exposure: \_\_\_\_\_

Front exposure: \_\_\_\_\_ Rear    exposure: \_\_\_\_\_

### Ownership Information:

Do you own or rent this property:    Yes    No

(If you rent, please provide copy of the lease agreement and landlord's insurance requirements)

What is the complete name of the building owner:    Yes    No

Address of building owner:    Yes    No

Does the building owner hold any ownership in your company as well?    Yes    No

Please Provide:

Mortgage Holder:

Landlord:

Address:

Address:

### Occupancy Information:

Who occupies this location:

Total area occupied:

Purpose or use of this location:

Who are the owners of this entity (include % of ownership)?

Does this entity own any property? Yes No

Does this entity have any other operations? Yes No

FEIN:

Does this entity require any regulatory filings? Yes No

Is this entity the owner of any vehicles? Yes No

Is this entity affiliated with a van line? Yes No

Will this location be used for manufacturing of boxes, self storage, rigging, equipment rental, auto repair of others, portable storage containers or shredding? Yes No

If yes, provide revenue of each type of operation:

Will this location be used for on site installation/assembly? Yes No

If yes, provide estimated annual employee payroll:

Does this entity use owner operators? Yes No

Are they under exclusive lease to you? Yes No

Are they under exclusive lease to your van line? Yes No

Are their units scheduled on your policy? Yes No

Does this entity have any employees? Yes No

If yes, provide payroll and job descriptions :

What is the annual payroll of warehouse employees?

Will this location result in any additional hauling revenue? Yes No

If you are the owner of this building, will there be any other tenants? Yes No

If yes, please provide the following along with a certificate of General Liability insurance from each of your tenants:

Tenant #1 Name: \_\_\_\_\_ Area occupied: \_\_\_\_\_

Description of Tenant Operations: \_\_\_\_\_

Tenant #2 Name: \_\_\_\_\_ Area occupied: \_\_\_\_\_

Description of Tenant Operations: \_\_\_\_\_

### **Coverage Required**

*(Please Provide Values Required)*

Real Property Coverage on Building \$

Your Business Personal Property

Tenant improvements: \$

Vaults: \$

Racking:\$

Packing materials:\$

Office furniture:\$

TOTAL:\$

Your Computer Hardware \$

Your Computer Software \$

Your estimated annual storage revenue\$

Your estimated annual rental income from tenants:\$

Value of Customer's Property in your care, custody and control (warehouse legal liability):

Total number of containers (military and nonmilitary) #

Number of non-military containers at \$.60/lb #

Number of non-military containers at declared value (\$1.25/lb)#

Total value of non-military replacement cost \$

Total value of all racked/un-containerized storage \$

Number of pounds of non-temp storage delivered in prior to 3/1/08 #

Number of pounds of non-temp storage delivered in after 3/1/08 #

Value of forklifts:\$

Value of other mobile movers equipment (pads, dollies)\$

Value of portable storage containers: \$

Would you like a quote for Flood?

Would you like a quote for Earthquake?

***Please attach copies of any certificates of insurance or other special wording.***

This form completed by:

Date completed: