

REAL ESTATE DATA SHEET AND APPLICATION

Date:.....Req. Effective Date:
Named Insured:.....
Insured Location:.....
Mail Address: c/o.....
Inspection Contact:..... Phone:.....FAX.....
Occupancy: Condo ___ Coop ___ Apartments___ Residential/Merc ___ Mercantile/Office ___
Other ___ (describe).....

Building Limit:\$...... Construction: JM___ NC___ F/R___
Business Interruption:\$......
Personal Property:\$......

(Please check and answer those that apply)
Year Purchased:..... ___ Elevators/ # passenger___ #
freight___
Year Built:..... ___ Intercom/Buzzer
Number of buildings:..... ___ Alarm
Stories:..... ___ Sprinklers
Units:..... ___ Emergency Lighting
Bldg Square Foot:..... ___ Doorman
Merc Sq Ft:.....# Merc Units..... ___ Smoke Detectors HW..... Batt

Updates: Roof: Year:..... ___ CO Detectors HW..... Batt

Boiler: Year:..... ___ Parking/Garage Area.....
Electric: Year:..... ___ Pool Diving Board.....
Windows: Year:..... ___ % Occupied
Plumbing: Year:..... ___ Enclosed Stairwells
___ Fire Escapes
___ Total # of egress

Prior carrier:.....Policy #.....
Expiration Date:.....Annual Premium.\$.....
Loss History (5years):.....
.....
.....

Mortgagee:.....
.....Loan #.....
Additional Insured:.....
Interest:.....
Remarks:.....
.....

I hereby affirm that the above information is accurate.
I hereby affirm that there have been no lead claims at this location to the best of my knowledge.

X _____ Date:

(Assured signature)