

(If more than two locations exist, please make copies of the supplements, as required, complete and attach.)

General Property Information:

	Location #1	Location #2
Street address		
City, County, State, Zip Code		
Construction code of building*		
Occupied as what (or vacant)		
Do you own (O) building or lease (L) space		
Mortgagee name & address		

* Construction Codes of Building: (select one only)

(1) Frame, (2) Joisted Masonry, (3) Non-combustible, (4) Masonry Non-combustible, (5) Modified Fire Resistive, (6) Fire Resistive
(7) Heavy Timber Joisted Masonry (8) Superior Non-Combustible (9) Superior Masonry Non-Combustible

Complete the following only if insurance for the *building* is to be provided:

Year building built		
Total square footage of building		
Square footage you occupy		
% of building sprinklered		
# of floors in building		
Basement (Y/N)		
Wiring updated - year		
Roofing updated – year		
Heating updated – year		
# of smoke alarms or detectors		
Type of fire alarm system		
Type of burglar alarm system		
Replacement cost of building	\$	\$
Deductible options: \$250, \$500, \$1,000		

Complete the following for all property types other than building for which insurance is to be provided:

Year building built		
Contents limit (furniture, fixtures, inventory)	\$	\$
Portable contents limit (cell phones, pagers, etc.) (list required)	\$	\$
Thrift store merchandise (actual cash value)	\$	\$
Outdoor signs (list only if sign value >\$2500 per sign and describe each)	\$	\$
Durable Medical Equipment (list required)	\$	\$
Loss Payee name & address		
Loss Payee interest in what items		

Complete the following for *all computer hardware and software to be provided*:

	Location #1	Location #2
Portable laptop computers (list required)	\$ _____	\$ _____
Computer hardware at described location (includes phone systems & equipment, fax machines, etc.)	\$ _____	\$ _____
Computer software	\$ _____	\$ _____

Business Income/Extra Expense - A \$50,000 combined Business Income and Extra Expense limit is automatically provided without additional charge. However, depending upon the size of your operation, the standard amount may be inadequate for your needs. At your option, a higher limit may be quoted. In this event, you will need to calculate a coverage limit more suitable to your needs.

Following is a simplified worksheet to assist you in determining your potential Business Income/Extra Expense loss that may result due to suspension of operations during the period of restoration. The suspension must be caused by direct physical loss or damage to insured property by a covered cause of loss.

- | | |
|---|----------|
| 1. Total estimated revenues for the 12-month period | \$ _____ |
| 2. Less operating expenses | - _____ |
| 3. Net profit/loss before income tax | = _____ |

4. Estimate of annual amount of noncontinuing and continuing operating expenses:

<u>Operating Expense</u>	<u>Annual Amount</u>	<u>Non-Continuing During Loss</u>	<u>Continuing During Loss</u>
Ordinary Payroll			
Executive Payroll			
Payroll Taxes			
Rent			
Telephone			
Power/Heat/Cooling			
Group Insurance			
Pension Plan			
Interest on Loans			
Advertising			
Repairs/Maintenance			
Miscellaneous			
Totals	(a)	(b)	(c)

- | | |
|---|-----------------|
| 5. Estimated maximum recovery [line 3 + continuing expenses total 4(c)] | \$ _____ |
| 6. Estimated longest foreseeable shutdown%
(i.e., 3 months 25%, 6 months 50%, 12 months 100%) | _____ % |
| 7. Amount needed for period of restoration (line 5 times line 6) | \$ _____ |
| 8. Estimated additional expenses to avoid or minimize loss
(i.e., relocation expenses, temporary equipment, et. al.) | \$ _____ |
| 9. Total Estimate of Required Limit of Insurance: | \$ _____ |

***Building Ordinance Coverage** is available as an option. The coverage will respond to property losses that are a consequence of the enforcement of local ordinances or building code laws regulating demolition and/or restoration of buildings that have been damaged by a covered cause of loss. If this coverage is provided, it would:

- a. **extend** the replacement cost coverage for damage to your building to include loss to the undamaged portion of the building and:
- b. ****provide an additional limit** to cover the cost to demolish and clear the site of undamaged parts of the property and,
- c. *****provide an additional limit** to pay for increased costs to repair or reconstruct damaged and undamaged portions of the building.

Complete the following for each location where *building ordinance coverage** is to be provided:

	Location #1	Location #2
Building Ordinance (b)** Additional limit for demolition costs	\$ _____	\$ _____
Building Ordinance (c)*** Additional limit increased cost of construction	\$ _____	\$ _____

Valuable Papers and Records

1. Where are accounts receivables stored? Safe Vault Other _____
How often do you back up your records? _____ Are duplicate records kept off premises? Yes No
2. Where are valuable papers stored? Safe Vault Other _____
How often do you back up your records? _____ Are duplicate records kept off premises? Yes No
3. Are books and records audited annually by a CPA? Yes No
4. Does someone not authorized to deposit or withdraw funds reconcile bank statements? Yes No
(If "yes," how often?) _____
5. Where are money and checks stored? Safe Vault Other _____
Maximum amount of cash held overnight? \$_____

Please be certain that the limits of coverage you may select for insuring your buildings or business personal property are sufficient to meet your obligation to insure your property to at least 90% of the estimated replacement cost values.