

Real Property – Business Interruption Information

Named Insured: _____ Contact Name: _____

Building Address: _____ City: _____ State: _____ Zip: _____

Building Value: \$ _____ Business Contents Value: \$ _____

Business Interruption Value: \$ _____ Total Expense Value: \$ _____

Building Description: _____

Construction Type: _____ Roof Type: _____

Year Built: _____ Square Footage: _____ # of Stories: _____ Basement: _____

Exposure & Distance: Right: _____ Left: _____ Rear: _____

Distance to fire hydrant (feet) _____ Distance to fire station (miles) _____

Other Occupancies: _____

Building Improvements:

Wiring, Yr. _____, Plumbing, Yr. _____, Roofing, Yr. _____, Heating, Yr. _____

Other: _____

Premises Protection:Burglar Alarm: Yes No Monitored: Yes No By: _____Fire Alarm: Yes No Monitored: Yes No By: _____Sprinklers: Yes No Monitored: Yes No By: _____Extinguishers: Yes No Monitored: Yes No By: _____

Glass Coverage: Width _____ Length _____ Number of Panes _____

Glass Coverage: Width _____ Length _____ Number of Panes _____

Are signs attached to the building? Yes NoIs building in a flood zone? Yes NoHas there been any history of flooding or surface water? Yes NoHas there been a property claim in the last 3 years? Yes No

If so, please describe: _____

ADDITIONAL INTEREST: Loss Payee: Yes No Mortgagee: Yes No

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Printed Name: _____

Signature: _____ Date: _____