



AFFILIATE OFFICE DATA FOR LIABILITY INSURANCE COVERAGE

(This form must be completed in its entirety)

Effective Date to add Location: _____ Affiliate ID # _____

Street: _____

City: _____ State: _____ Zip: _____

Construction (Brick, Frame, Steel etc.): _____

Year Built: _____ No. of Stories: _____

Square Footage of Office Space: _____ Total Space of Building: _____

Basement?: Yes No Percent Finished: _____

Central Station Alarm?: Yes No

Fire Sprinkler System?: Yes No

Free Standing?: Yes No

If NO, What are other tenant's occupancies?: _____

Does Landlord need to be named additional Insured?: Yes No

If YES, What is full name and address?: _____

Building is over 25 years old, approximate year each of the following has been updated:

Roof: _____ Electrical: _____ Plumbing: _____ HVAC: _____

Limits Needed for:

Building: _____ Contents: _____

Business Income: _____ Misc: _____

Requested By: _____ Date: _____