



Insured _____ Policy # _____

Address _____

Year Built (original date of construction) _____ Was the building built for the present type of occupancy?

Yes No If no, what was the original occupancy of the building? _____

Number of Stories _____ If over 3 stories (including basements), are there any *unprotected* vertical openings (stairways, elevators, laundry/rubbish chutes)? Yes No

Electrical

Type of wiring: Knob & tube Rigid conduit Armored cable or BX
 Aluminum Non-metallic cable Other: _____

Type of overcurrent protection? Circuit Breakers Fuse

Describe the extent of electrical updates and the year completed? _____

Heating

Type of heating system: _____ Has the heating system been updated or replaced?

Yes No If yes, when and extent? _____

Roof

Type: Flat Pitched Balloon
Covering: Composite (asphalt) Sheet metal Wood shake/shingle
 Slate Build up Other: _____

Has the roof/roof cover been replaced or resurfaced? Yes No If yes, when and extent? _____

Plumbing

Have the plumbing piping or fixtures been updated or replaced? Yes No If yes, when and extent? _____

Sprinkler Protection

Sprinklers: Yes No If yes, percent of building that is sprinklered _____%

What is the age of the sprinkler protection? Original to the building Added in _____(year)

If over 50 years old, sprinkler heads tested or replaced? System regularly tested and maintained? Yes No

Other

Do you sublease space? Yes No

Do you have cryotherapy? Yes No ***Please note that our program does NOT insure Cryotherapy.**