

Account/Policy No. _____
 Named Insured: _____
 City/State: _____
 Effective Date: _____

Date: _____
 UW No. _____
 Completed By: _____
 Div/Rep No. _____

OPERATIONS IN NONOWNED BUILDING SURVEY AND ENDORSEMENT REQUEST

1. Location Address: _____
 City/State/ZIP: _____
 Construction: _____
 Feet to Hydrant/Miles to Fire Department: _____
 Servicing Fire Department: _____
 If known, year built: _____

2. Locations occupied in the last five years:
 1 2 3
 If more than three, why are they moving? _____

3. Are contents being stored at this location?
 Yes What is the content value? \$ _____
 No If no:
 Type of storage location (trailer, storage unit, etc.): _____
 Address of storage location: _____
 Value of contents and brief description: _____
 Are the contents transported? Yes No If yes, how are they transported? _____
 Do we need inland marine? Yes No

HO USE ONLY:	
RCOL _____	Theft: <input type="checkbox"/> YES <input type="checkbox"/> NO
COINS _____	Blanket: <input type="checkbox"/> YES <input type="checkbox"/> NO
Valuation Method:	<input type="checkbox"/> RC <input type="checkbox"/> ACV
Auto Increase:	<input type="checkbox"/> YES <input type="checkbox"/> NO
Agreed Value:	<input type="checkbox"/> YES <input type="checkbox"/> NO
GL Code	_____
IM Code:	_____
IM Rating Basis:	_____
IM Rate \$	_____

****If yes, get itemized list with values and write a brief description in remarks section below.***

4. Total square feet of building (if known): _____
 Total square feet occupied by insured: _____
 Total square feet occupied by others: _____

5. Describe building's original use: _____ Most recent use: _____

6. Check all other occupancies in the building:
 Church Retail Office School Other _____

7. Describe adjacent exposures (specific occupancies): _____

8. The term of the lease agreement is:
 No Lease Monthly Annual Other _____

9. The following coverage is required by lease (***please explain any requirements in the remarks section***):
 Property Damage Legal Liability
 Building Coverage
 Glass Coverage If yes, what is the type (plated/stained glass)? _____
 N/A

******If any of the above are required in addition, please provide value needed in remarks section******

10. General liability limit required by lease:
 Not Required by Lease \$500,000 \$1,000,000 Other _____

11. Does building owner(s) / management company need to be listed as an additional insured?
 Name: _____ Address: _____

Additional Insured Form Number: A 221 E 206 (Charge is 7% of PO)

Remarks/Comments