

MOVER'S CHOICE PROGRAM
LOCATION ADDITION FORM

Insured's Name: _____

Please add this location on this date: _____

(We cannot backdate coverage, please notify us prior to move in)

Location Address, City & Zip: _____

Purpose or use of this location: _____

Own: _____ Yes _____ No Rent/Lease: _____ Yes _____ No

If you own this property will there be any other tenants? _____ Yes _____ No

If yes, please provide the following:

Tenant #1 Name: _____ Square Footage: _____

Description of Tenant Operations: _____

Tenant #2 Name: _____ Square Footage: _____

Description of Tenant Operations: _____

Mortgage Holder: _____ Landlord: _____

Address: _____ Address: _____

Construction Type: _____ Year Built: _____ Square Footage: _____

(Choose: Frame, Masonry, Concrete Tilt Up, Non Combustible, Metal) # of Stories

Warehouse Payroll (if applicable): _____ Part Occupied (provide %): _____

Is the new address close to any other building on the current policy? _____ Yes _____ No

If Yes, clear space between buildings _____

Is the new building over 30 years? _____ Yes _____ No

If Yes, Wiring (Year _____), Heating (Year _____), Heating Boiler (On Premise

_____ or Anywhere Else _____) Plumbing (Year _____)

Fenced Yard: _____ Yes _____ No Sprinklers: _____ Yes _____ No

If Yes, Percentage Sprinklered: _____ %

Burglar Alarm: (Y/N) _____ Central Station (Y/N) _____ With Keys(Y/N) _____

(If the warehouse stores higher valued goods including but not limited to electronics, central station alarm system is a must)

Will you add units to the auto policy when adding the new location? _____ Yes _____ No

Will this new location result in additional hauling revenue? _____ Yes _____ No

If Yes, estimated additional hauling revenue: _____



Coverage Required

(Please Provide Values Required)

Real Property Coverage on Building (BLDG):	\$ _____
Your Business Personal Property (BPP):	\$ _____
Your Computer Hardware and Software (EDP):	\$ _____
Your estimated annual rental or storage income (BI):	\$ _____
Value of Customer's Property in your care, custody and control (WLL):	\$ _____
Value of forklifts:	\$ _____
Value of other mobile movers equipment:	\$ _____

Please attach copies of any certificates of insurance or other special wording.

