



## LOCATION INFORMATION FORM

### Building Information:

Location address, city & zip:

Number of buildings at this address:

Total area of the each building:

Construction type:

Year built: \_\_\_\_\_ If over 20 years old, please provide the year of updates made to:  
Wiring (Year \_\_\_\_\_) Heating (Year \_\_\_\_\_) Plumbing (Year \_\_\_\_\_)  
Heating Boiler (On Premise \_\_\_\_\_ or anywhere else \_\_\_\_\_)

Number of stories: \_\_\_\_\_ Is the yard fenced? Yes No Height of building:

Is there a sprinkler system? Yes No If yes, what % of the building? \_\_\_ \_%

Is there a burglar alarm? Yes No

Central station? Yes No

With keys? Yes No

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

If yes, indicate the number of feet between each property and provide a diagram attachment.

Right exposure: \_\_\_\_\_ Left exposure: \_\_\_\_\_

Front exposure: \_\_\_\_\_ Rear exposure: \_\_\_\_\_

### Ownership Information:

Do you own or rent this property:

(If you rent, please provide copy of the lease agreement and landlord's insurance requirements)

What is the complete name of the building owner:

Address of building owner:

Does the building owner hold any ownership in your company as well? Yes No

Please Provide:

Mortgage Holder: \_\_\_\_\_ Landlord: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

### Occupancy Information:

Who occupies this location:

Total area occupied:

Purpose or use of this location:

Who are the owners of this entity (include % of ownership)?

Does this entity own any property? Yes No

Does this entity have any other operations? Yes No

FEIN:

Does this entity require any regulatory filings?	Yes	No
Is this entity the owner of any vehicles?	Yes	No
Is this entity affiliated with a van line?	Yes	No
Will this location be used for manufacturing of boxes, self storage, rigging, equipment rental, auto repair of others, portable storage containers or shredding?	Yes	No
If yes, provide revenue of each type of operation:		
Will this location be used for on site installation/assembly?	Yes	No
If yes, provide estimated annual employee payroll:		
Does this entity use owner operators?	Yes	No
Are they under exclusive lease to you?	Yes	No
Are they under exclusive lease to your van line?	Yes	No
Are their units scheduled on your policy?	Yes	No
Does this entity have any employees?	Yes	No
If yes, provide payroll and job descriptions :		
What is the annual payroll of warehouse employees?		
Will this location result in any additional hauling revenue?	Yes	No
If you are the owner of this building, will there be any other tenants?	Yes	No

If yes, please provide the following along with a certificate of General Liability insurance from each of your tenants:

Tenant #1 Name: \_\_\_\_\_ Area occupied: \_\_\_\_\_  
 Description of Tenant Operations: \_\_\_\_\_

Tenant #2 Name: \_\_\_\_\_ Area occupied: \_\_\_\_\_  
 Description of Tenant Operations: \_\_\_\_\_

**Coverage Required**

*(Please Provide Values Required)*

Real Property Coverage on Building \$

Your Business Personal Property

Tenant improvements: \$

Vaults: \$

Racking: \$

Packing materials: \$

Office furniture: \$

TOTAL:\$

Your Computer Hardware \$

Your Computer Software \$

Your estimated annual storage revenue \$

Your estimated annual rental income from tenants: \$

Value of Customer's Property in your care, custody and control (warehouse legal liability):

Total number of containers (military and nonmilitary) #

NON-MILITARY

Number of non-military containers at released value (\$.60/lb) #

Number of non-military containers at declared value (\$1.25/lb) #

Total value of non-military replacement cost \$

Total value of all racked/un-containerized storage \$

MILITARY

Number of pounds of non-temp storage delivered in prior to 3/1/08

(valuation of \$1.25/lb) #

Number of pounds of non-temp storage delivered in after 3/1/08

(valuation of \$4/lb) #

**WAREHOUSE LEGAL LIABILITY LIMIT \$**

Value of forklifts: \$

Value of other mobile movers equipment (pads, dollies) \$

Value of portable storage containers: \$

Would you like a quote for Flood?

Would you like a quote for Earthquake?

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

This form completed by:

Date completed: