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| **I.** | **GENERAL INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | Insured Name: | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Location Address: | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | Site Description: | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Occupied As: | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | Local Contact: | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Telephone Number: | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Desired Date for Coverage to be Effective: | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **II.** | **CONSTRUCTION INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | Year Built: | | | | | |  | | | | | | | | | | | |  | | | Number of Stories: | | | | | | | | | | | | | |  | | | | |  | | | | Owner: | | | | | |  | | | | |
|  | Construction: | | | | | | Choose One from Drop-Down | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | If Other, Specify | | | | | | | | | | | | | | | | | | | | |
|  |  | | | |  | *(Exterior Walls, Structural Elements and Roof)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
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|  | Square Footage: | | | | | | | |  | | | | | | | | |  | | | |  | | | |  | | | | | | Lot Size: | | | | |  | | | | | | | | | | | | |  | | |  |  | |
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| **III.** | | **OCCUPANCY: Please check all that apply** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  |  | | | Administrative Office | | | | | | | |  | | | Sales Office | | | | | | | |  | | | | | | Distribution Center | | | | | | | | | | |  | | | |  | | | | | | | | | | | |
|  |  | | | Manufacturing Facility | | | | | | | |  | | | Leased | | | | | | | |  | | | | | | Owned | | | | | | | | | | |  | | | |  | | | | | | | | | | | |
|  |  | | | Other (please describe): | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **IV.** | **FIRE PROTECTION: Check availability of Fire Protection Features:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | Fire Extinguishers: | | | | | | | | | |  | | Yes | | |  | | | | No | | | |  | | | Automatic Sprinkler: | | | | | | | | | | | | | | | | |  | | | Yes | | | |  | | | No | |
|  | Fire Hose: | | | | | | | | | |  | | Yes | | |  | | | | No | | | |  | | | Waterflow Alarm: | | | | | | | | | | | | | | | | |  | | | Yes | | | |  | | | No | |
|  | Fire Hydrants: | | | | | | | | | |  | | Yes | | |  | | | | No | | | |  | | | # of hydrants within 500 ft. | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
|  | Heat or Smoke Detection: | | | | | | | | | |  | | Yes | | | |  | | | | No | | | |  | | |  | | | | | |  | | |  | |  | | |  | | | |  | | |  | | |  | |  | |
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|  | Fire Department Response: | | | | | | | | | | | Paid (full-time) | | | | | | | | | | | | | | Volunteer | | | | | | | | | | | None | | | | | Distance: | | | | | | | | |  | | | | miles |
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|  | Describe any other fire protection features (such as a large body of water nearby, that can be used by Fire Department pumpers, etc): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **V.** | **EXPOSURE: Distance from adjacent buildings / exposures and/or other tenants** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **VI.** | **TOTAL INSURABLE VALUES: Inventory at selling price. All other property at Replacement Cost** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | Building (exc. Land): | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | Leasehold Improvements: | | | | | | | | | | | | | | | | | |  | | | | | | | |
|  | Contents, incl. Machinery & Equipment, Furniture / Fixtures: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
|  | Inventory: | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | Business Interruption: | | | | | | | | | | | | | | | | | |  | | | | | | | |
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| **VII.** | | | Requested by: | | | | | | |  | | | | | | | | | | | | | | | |  | | | | Signature: | | | | | | | |  | | | | | | | | | | | | | | | | | |