

GENERAL INFORMATION

Legal Name of Organization: _____
(please include all organizations that are to be included as insureds)

FEIN: _____

Mailing Address: _____

County: _____

REAL AND PERSONAL PROPERTY

Please complete the schedule below. If the coverage is blanket, be sure to show a breakout of the building and contents values at each location.

| Location Number | Address | | | Limit of Insurance Building | Limit of Insurance Personal Property | | Number of Stories |
|-----------------|---|---|--|--|---|---|--|
| | | | | | | | |
| | Construction Type <input type="checkbox"/> Type 1-Frame <input type="checkbox"/> Type 2-Joisted Masonry <input type="checkbox"/> Type 3-Non-combustible <input type="checkbox"/> Type 4-Masonry non-combustible <input type="checkbox"/> Type 5-Modified fire resistive <input type="checkbox"/> Type 6-Fire resistive | Occupancy Type <input type="checkbox"/> Station <input type="checkbox"/> Social Hall <input type="checkbox"/> Storage <input type="checkbox"/> Other (describe) _____ | <input type="checkbox"/> Own <input type="checkbox"/> Lease | Year Built: _____ Year Bldg Updated/Inspected _____ Wiring: _____ / _____ Roof: _____ / _____ Plumbing: _____ / _____ HVAC: _____ / _____ | Bldg Sq Ft _____ Sq Ft You _____ Occupy _____ | Burglar Alarm <input type="checkbox"/> Yes <input type="checkbox"/> No | Sprinkler System <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | | | | |
| | Construction Type <input type="checkbox"/> Type 1-Frame <input type="checkbox"/> Type 2-Joisted Masonry <input type="checkbox"/> Type 3-Non-combustible <input type="checkbox"/> Type 4-Masonry non-combustible <input type="checkbox"/> Type 5-Modified fire resistive <input type="checkbox"/> Type 6-Fire resistive | Occupancy Type <input type="checkbox"/> Station <input type="checkbox"/> Social Hall <input type="checkbox"/> Storage <input type="checkbox"/> Other (describe) _____ | <input type="checkbox"/> Own <input type="checkbox"/> Lease | Year Built: _____ Year Bldg Updated/Inspected _____ Wiring: _____ / _____ Roof: _____ / _____ Plumbing: _____ / _____ HVAC: _____ / _____ | Bldg Sq Ft _____ Sq Ft You _____ Occupy _____ | Burglar Alarm <input type="checkbox"/> Yes <input type="checkbox"/> No | Sprinkler System <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | | | | |
| | Construction Type <input type="checkbox"/> Type 1-Frame <input type="checkbox"/> Type 2-Joisted Masonry <input type="checkbox"/> Type 3-Non-combustible <input type="checkbox"/> Type 4-Masonry non-combustible <input type="checkbox"/> Type 5-Modified fire resistive <input type="checkbox"/> Type 6-Fire resistive | Occupancy Type <input type="checkbox"/> Station <input type="checkbox"/> Social Hall <input type="checkbox"/> Storage <input type="checkbox"/> Other (describe) _____ | <input type="checkbox"/> Own <input type="checkbox"/> Lease | Year Built: _____ Year Bldg Updated/Inspected _____ Wiring: _____ / _____ Roof: _____ / _____ Plumbing: _____ / _____ HVAC: _____ / _____ | Bldg Sq Ft _____ Sq Ft You _____ Occupy _____ | Burglar Alarm <input type="checkbox"/> Yes <input type="checkbox"/> No | Sprinkler System <input type="checkbox"/> Yes <input type="checkbox"/> No |

Key on following page

REAL AND PERSONAL PROPERTY (CONTINUED)

Type 1-Frame - Buildings where the exterior walls are wood or other combustible materials including construction where combustible materials are combined with other materials such as brick veneer, stone veneer, wood iron-clad, stucco on wood.

Type 2-Joisted Masonry - Buildings where the exterior walls are constructed of masonry materials such as adobe, brick, concrete, gypsum block, hollow concrete block, stone, tile or similar materials and where the floors and roof are combustible.

Type 3-Non-Combustible - Buildings where the exterior walls and the floors and roof are constructed of, and supported by metal, asbestos, gypsum or other non-combustible materials.

Type 4-Masonry Non-Combustible - Buildings where the exterior walls are constructed of masonry materials as described in Code 2, with the floors and roof of metal or other non-combustible materials.

Type 5-Modified Fire Resistive - Buildings where the exterior walls and the floors and roof are constructed of masonry or fire resistive material with a fire resistance rating of one hour or more but less than two hours.

Type 6-Fire Resistive - Buildings where the exterior walls and the floors and roof are constructed of masonry or fire resistive materials having a fire resistance rating of not less than two hours.

For additional locations please complete and attach a separate Property Supplement.

FLOOD AND EARTHQUAKE COVERAGE

| Location Number | Flood Limit | Earthquake Limit |
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GENERAL LIABILITY

| | Location Number | | | | |
|---|-----------------|--|--|--|--|
| Fire Department (including garage areas) | | | | | |
| Ambulance/Rescue Squad (including garage areas) | | | | | |
| Social Hall | | | | | |
| Other (please describe) | | | | | |
| | | | | | |
| | | | | | |
| TOTAL | | | | | |