



## Optional Property Application - Building

<b>Applicant Information</b>	Legal Entity Name		
	Legal Entity Address	City	Postal Code
	Contact Name	Contact Title	
	Contact Email Address	Contact Telephone Number	
<b>Building Information</b>	Building Name	Applicant's Interest	
	Building Address	City	Postal Code
	Lessee Name(s)		
	Loss Payee Name		
	Loss Payee Address	City	Postal Code
	Nature of Occupancy	Seasonal Occupancy (Explain)	
<b>Construction &amp; Risk Details</b>	Year Built	# of Stories	# of Units
	Construction Type	Ground Floor	Other Floors
	Walls	Roof Deck	Roof Surface
	Primary Heating System	Primary Fuel Type	Plumbing
	Electrical	Electrical Panel	Alternate Energy Source
<b>Fire and Crime Protection</b>	Fire Alarm System	Distance to Fire Dept	<b>Additional Comments</b>
	Burglary Alarm System	Area of Protection(%)	
	Primary Fire Protection	Sprinkler Coverage(%)	
<b>Coverage</b>	Effective Date (yyyy-mm-dd)	Expiry Date (yyyy-mm-dd)	Last Appraisal (yyyy-mm-dd)
	Building Replacement Value	Contents Value	Gross Rent (18 months)
	Are there previous claims at this location?	<input type="checkbox"/>	Equipment Breakdown Insurance required?

**Click Submit to email the completed form**