



131 Elden St, Suite 300
Herndon, VA 20170
T 703-834-3120
T 800-834-3148
F 703-834-3159

Business • Auto • Home
Life • Health • Disability
Long Term Care • Retirement Plans

1. BUSINESS NAME _____
2. EMAIL ADDRESS: _____
3. CIRCLE ONE: *NEW LOCATION* OR *ADDITIONAL LOCATION*
4. WHAT IS THE *REPLACEMENT VALUE* OF "BUSINESS PROPERTY" AT THIS LOCATION, WHICH SHOULD INCLUDE FURNITURE, FIXTURES, COMPUTERS, BUILDOUT, INVENTORY, ETC? BUILDING REPLACEMENT COVERAGE IF NEEDED (*INSPECTION REQUIRED*)\$ _____
5. INCOME LOSS OR LOSS OF RENTS COVERAGE AMOUNT (IN \$1,000'S) \$ _____
6. ADDITIONAL INCREASE IN ANNUAL PAYROLL (IF ANY) \$ _____
7. COMPLETE IN FULL FOR A NEW OR ADDITIONAL LOCATION:
 ADDRESS: _____

 PHONE # _____ FAX # _____
8. AGE OF THE BUILDING: _____ OCCUPIED SQUARE FOOTAGE: _____
9. OWN BLDG___ RENT PART OF BLDG___ RENT ENTIRE BLDG___ RENT TO OTHERS ___
10. OTHER OCCUPANTS IN BLDG _____
11. CONSTRUCTION OF BLDG: FRAME___ MASONRY VENEER___ MASONRY & STEEL___
12. AGE OF: HEATING _____ ELECTRICAL _____ PLUMBING _____ ROOFING _____
13. DOES YOUR NEW LOCATION/UNIT HAVE:
 APARTMENTS___ COMMERCIAL COOKING___ SPRINKLER SYSTEM___
 CENTRAL FIRE ALARM___ CENTRAL BURGLAR ALARM___
14. DESCRIBE ANY NEW OR CHANGE IN OPERATIONS: _____

15. FIRE DEPT > OR < 5 MILES AWAY? FIRE HYDRANT > OR < AWAY?
16. NAME, ADDRESS, PHONE & FAX OF LANDLORD, LENDER OR OTHER INTERESTS:

INSURED'S SIGNATURE _____ DATE _____

For agency use only:
If building coverage has been added forward name & address to inspector.
5/2/2006