



HABITATIONAL PROPERTY SUPPLEMENT

(All sections must be fully completed)

I. GENERAL INFORMATION

Eff Date \_\_\_/\_\_\_/\_\_\_ Inspection Contact \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_

Location Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Type Of Property (check one):

Business Structure (check one):

Property Mgmt. Experience:

- Apartment, Condominium, Multi Family Dwelling(s), Single Family Dwelling(s), Other / Mixed Use

- Owners Assoc., Corporation, Partnership, Sole Proprietor, Estate or Trust, Other

- Years of Property Mgmt. Experience, Years as Managing This Location

Construction section with checkboxes for Frame / Brick Veneer, Joisted Masonry, Non Combustible, etc.

Values section: Bldg \$, BPP \$, BI/EE \$

Description section: Urban, Suburban, Rural

- Year built, Any Polybutylene Plumbing?, Any precautions against ice damming?, Type of Wiring, Square footage, Number of buildings at location, etc.

Protection section with checkboxes for Smoke Alarms, Sprinkler System, Fire Alarm System, etc.

Table with columns: Updates, Year, Complete Renovation or Partial? (Complete, Partial)

Town Class, Distance to Fire Dept. miles, Paid / Volunteer

- Submission Checklist - The Following Items Must Be Attached: Company loss runs w/ description, Diagram / Plot Plan, Signed ACORD Application

Signature \_\_\_\_\_ Date \_\_\_\_\_