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| **I.** | **GENERAL INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | Campus/Med Center: | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
|  | Building Name/Asset #: | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| Location Address: | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
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|  | Local Contact: | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
|  | Telephone Number: | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
|  | Desired Date for Coverage to be Effective: | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
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| **II.** | **CONSTRUCTION INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Year Built: | | | |  | | | |  | Number of Stories: | | | | | | | |  | |  | | | Owner: | | |  | | | | | | | | |
|  | Construction: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | |  | | *(Exterior Walls, Structural Elements and Roof)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Square Footage: | | | | | |  | | | | | | | |  |  |  | | Lot Size: | | | | |  | | | | | |  | |  | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **III.** | **OCCUPANCY: Please check all that apply** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | Administrative Office | | | | | | | |  | | | Waste Treatment Plant | | | | | | | |  | | | Pump Station | | | | | | |  | |  |
|  |  | | Water Treatment Plant | | | | | | | |  | | | Leased | | | | | | | |  | | | Owned | | | | | | |  | |  |
|  |  | | Other (please describe): | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **IV.** | **FIRE PROTECTION: Check availability of Fire Protection Features:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 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 | |
|  |  |  | |  | |  | |  |  | | | |  | |  |  |  | |  | |  | | |  |  | |  |  |  | | |  | |  |
|  | 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** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Building (exc. Land): | | | | | | |  | | | | | | | | |  | | Leasehold Improvements: | | | | | | | | |  | | | | | | |
|  | Contents, incl. Machinery & Equipment, Furniture / Fixtures: | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
|  | Inventory: | | | | | | |  | | | | | | | | |  | | Business Interruption: | | | | | | | | |  | | | | | | |