

THE REGENTS OF THE UNIVERSITY OF CALIFORNIA
NEW LOCATION QUESTIONNAIRE

I. GENERAL INFORMATION

Campus/Med Center: _____
Building Name/Asset #: _____
Location Address: _____

Local Contact: _____
Telephone Number: _____
Desired Date for Coverage to be Effective: _____

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

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):

V. EXPOSURE: Distance from adjacent buildings / exposures and/or other tenants

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: _____

Please return this form to:
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