



PROPERTY QUESTIONNAIRE

PLEASE MAKE COPIES OF THIS FORM FOR ANY ADDITIONAL LOCATIONS.

BUSINESS NAME: _____ DATE: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ LOCATION # _____

CONSTRUCTION TYPE: Frame (all wood, no masonry), Joisted Masonry (entire walls are masonry & roof has wood in its truss) or masonry non-combustible (all masonry walls w/ no wood in the truss)

YEAR BUILT: _____	# OF STORIES _____	BASEMENT? YES	NO
SPRINKLERED: FIRE YES	NO	IF SPRINKLERED, % OF BLDG: _____	
ALARM: BURGLAR YES	NO	IF YES, TYPE: _____	
ALARM YES	NO	IF YES, TYPE: _____	

SQUARE FOOT AREA - ENTIRE BUILDING _____

SQUARE FOOT AREA - PART OCCUPIED BY YOU _____

IF BUILDING IS OVER 25 YEARS OLD, PLEASE PROVIDE YEAR UPDATED:

HEATING: _____ WIRING: _____ PLUMBING: _____ ROOF: _____

OTHER OCCUPANCIES: _____

RIGHT EXPOSURE _____ APPROX DISTANCE _____

LEFT EXPOSURE _____ APPROX DISTANCE _____

REAR EXPOSURE _____ APPROX DISTANCE _____

PURCHASE PRICE OR APPRAISED VALUE \$ _____