

Please complete one form for each building on the premises

PROPERTY SECTION APPLICATION

BUILDING OCCUPIED AS _____ (I.E. CABIN, OFFICE, ETC)

YEAR BUILT _____ TOTAL SQUARE FOOTAGE _____ # OF STORIES _____

PORCH/DECK – YES NO TOTAL SQUARE FOOTAGE OF PORCH/DECK _____

CONSTRUCTION MATERIAL - ____FRAME ____ BRICK ____ LOG

NAME OF RESPONDING FIRE DEPARTMENT _____

FIRE PROTECTION CLASSIFICATION #- _____ (PLEASE CALL FIRE DEPARTMENT IF UNKNOWN, CHOICE WILL BE FROM 1 THRU 9)

MILES TO FIRE STATION _____ SMOKE DETECTORS IN PLACE YES NO

FIRE EXTINGUISHERS ON PREMISES YES NO

VALUE / AMOUNT OF INSURANCE ON BUILDING \$ _____

VALUE / AMOUNT OF INSURANCE ON CONTENTS \$ _____

UPDATES ON BUILDING, IF OVER 20 YEARS OLD - _____

SPECIAL FEATURES OF BUILDING, IF ANY

MORTGAGEE INFORMATION (BANK, ETC)

NAME _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

FAX# _____ PHONE# _____