



Name of Insured: <i>(Please give full name)</i>	
Policy Number: <i>(If applicable)</i>	
Agency Name/Individual:	

Information pertaining to location to be checked – (all areas must be completed)

Street:	
City:	
County, State & Zip Code:	

Type of Residence: <i>(Please select from the following: Condo/Co-op Unit, House-Primary, House-RTO, House-Secondary, Rental-Condo/Co-op Unit or Rental-House)</i>	
Requested Coverage A / A&A amount:	
Requested Coverage C amount:	

Type of Construction: <i>(Please select from the following: Frame, Reinforced Poured in Place Concrete, Masonry Veneer, Reinforced Masonry or Unreinforced Masonry)</i>	
If Masonry or Masonry Veneer, include percentage: <i>(Please select from the following: Less than 50% or 50% or More)</i>	
Number of Stories: <i>(Please select from the following: 1, 2, 3+)</i>	
Year Built:	
If built prior to 1945, is the location retrofitted?	
If so, what year was the location retrofitted?	
Type of Roof: <i>(Please select from the following: Slate, Tile, Wood Shake, Wood/Impregnated Fire Retardant, Comp Shingle, Tar & Gravel, Other)</i>	
If Other, please specify:	
Type of Foundation: <i>(Please select from the following: Slab, Raised, Crawlspace, Perimeter Foundation, Perimeter with T-Footings, Caissons, On Stilts/Posts/Piers/Cantilevered)</i>	

Any additional comments:	
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