
ELKINS JONES

I N S U R A N C E A G E N C Y I N C .

Insured:

Named Insured:

Mailing Address:

Projected Close Date:

Building Information:

Building Description:

Building Address:

Year Built:

Construction Type (eg. Wood framed, stucco):

Square Footage:

Sprinklered (if yes, % of building sprinklered):

Number of Stories:

Building Updates (Year)

Roof:

Plumbing:

Heating:

Electrical:

Burglar Alarm (if yes, type eg local, summons alarm company, summons police):

Prior Insurance Information (if known):

Prior Carrier:

Any Losses:

Additional Helpful Information

Current Tenant List:

Sq. Ft. that each tenant occupies:

Rent Roll:

Parking lot square footage:

Bank Insurance Requirements:

Copy of previous owner's DEC page (if possible):