



Building Add/Drop Form

In order to update your list of insured properties, please provide the details below.

Member Name _____

ADD BUILDING **DROP BUILDING #** _____
 Use exact site number from existing appraisal report.

| | | |
|--|--|--|
| <input type="checkbox"/> New Construction | <input type="checkbox"/> Owned | Year Built |
| <input type="checkbox"/> Existing Building | <input type="checkbox"/> Leased | |
| What is the construction cost or the purchase price of the building? | | |
| Does the purchase price include land? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| What is the type of construction? | <input type="checkbox"/> Frame | <input type="checkbox"/> Joisted Masonry |
| | <input type="checkbox"/> Non-Combustible | <input type="checkbox"/> Masonry Non-Combustible |
| | <input type="checkbox"/> Modified Fire Resistant | <input type="checkbox"/> Fire Resistant |
| | <input type="checkbox"/> Exterior Wall Material | |
| | | |

BUILDING FEATURES

| | | | | | |
|--|--------------------------|------------------|-------------------------------------|--------------------------------------|-----|
| Building Name or Site # | | | Building Use (Classroom, Gym, Etc.) | | |
| Address | | | City | | Zip |
| Gross Square Footage | | Number of Floors | | Number of Classrooms (if Applicable) | |
| ADDITIONAL FEATURE (Check all that apply) | | | | | |
| Fire Alarm System | <input type="checkbox"/> | Describe | | | |
| Fire Sprinkler System | <input type="checkbox"/> | Describe | | | |
| Entry Alarm System | <input type="checkbox"/> | Describe | | | |
| Elevators (include quantity) | <input type="checkbox"/> | Describe | | | |
| HVAC | <input type="checkbox"/> | Describe | | | |

Please return this form to Kevin Hobby by email: hobby@ascip.org or by fax: 562.404.8038

This form completed by: _____

Date: _____

