

NEW LOCATION QUESTIONNAIRE

For each new location, please complete a separate form.

New or Missed Location Property Questionnaire

(For each new location, please complete a separate form)

Is this a: newly completed construction, or acquisition of an existing structure.

1. Name of location: _____
 Address of location (*state both physical place including closest crossroads and post office box for mailing purposes*):

2. What is the location going to be used for (*check appropriate box*)?
 Transportation Complex Maintenance Building Garage
 Administration School Other (*explain*): _____

If a school, please fill in the following:

- a. Grade levels served: _____
- b. Total number of students: _____
- c. Average daily attendance: _____
- d. Latch Key program? Yes No

How many employees will work at this location?

- a. Full time: _____
- b. Part time: _____

3. What is the size (*acreage*) of the location? _____

4. Describe the area surrounding the location:
 Industrial Commercial Residential Rural

5. Are there any wetland areas or preserves on the location?: Yes No

6. What is the water supply source for the location?
 Municipal Water Well Municipal Reservoir
 City Water Supply Other (*describe*) _____

7. Which of the following are included in recreational areas at the location?
 Swimming Pools Athletic Fields Tracks Tennis Courts

8. Waste Disposal
a. Does the location operate or participate in any of the following?
 Incinerator Landfill None Other (*describe*) _____

b. Who is responsible for solid waste collection? *explain:* _____

9. Is any portion of the property occupied by the location designated “*environmentally contaminated*”? Yes No

If yes, explain: _____

10. To your knowledge, is any property **adjacent** to the location designated “*environmentally contaminated*”? Yes No

If yes, explain: _____

11. How many buildings will be at the location? _____

12. **BUILDING SPECIFICS (complete for each building at the location):**

- a. Will building be located in Federal Flood Zone A? Yes No
b. Will building be leased? Yes No
If yes, from whom? _____

If yes, are you responsible for insuring the building? Yes No

- c. What is the square footage of the building? _____
d. How many floors does it have? _____

e. Check all boxes that apply to the building's protections:

- | | |
|--|--|
| <input type="checkbox"/> Manual Pull Fire Alarm
Central Station? <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Sprinkler System
Central Station? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Smoke/Heat Alarm
Central Station? <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Burglar/Intruder Alarm
Central Station? <input type="checkbox"/> Yes <input type="checkbox"/> No |

f. Check the appropriate construction type:

- Wood frame with plywood exterior wall and roof decking.
- Wood frame with masonry walls and wood roof decking.
- Steel frame with masonry walls and concrete roof deck.
- Steel frame with masonry walls and steel roof deck.

g. Check the appropriate roof covering description:

- Asphalt shingles.
- Carlisle rubber roof or similar product.
- Poured asphalt with rock.
- Other, Please describe: _____

13. Provide the replacement cost value for each type of property described:

- a. Building:\$ _____
- b. Contents:
- 1. Generic contents\$ _____
 - 2. Sub-classifications:
 - a. Electronic Data Processing Equip. & Media\$ _____
 - b. Valuable Papers\$ _____
 - c. Audio Visual Equipment.....\$ _____
 - 3. Total Contents**\$ _____
- c. Outdoor Property:\$ _____
- d. Time Element:
- 1. Extra Expense\$ _____
 - 2. Business Income\$ _____
- e. **Total Valuation Specific to this Building:** (a+b3+c+d1+d2)\$ _____

