

BUILDING QUESTIONNAIRE

Addendum to School Supplemental Application

(Complete for each Classroom Building, Day Care Facility, or Building valued over \$1 million upon request of underwriter)

NAMED INSURED: _____	
Name of building or use: _____	Location #: _____
Address of building: _____	

Construction: _____	Year built: _____
Built for use? <input type="checkbox"/> Yes <input type="checkbox"/> No	Total floor area: _____
Sprinkler Protection? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Number of stories: _____	Percent (%) Covered: _____

Does the building have a Fire Alarm Warning Systems (Pull Boxes)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, are they connected to central station monitoring service?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the building have a burglar alarm system?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, describe the system: _____		
Does the building have smoke or heat detectors?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, are they connected to central station monitoring service?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Heating System: Updated since the building was built? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes when? _____	
Electrical System: Updated since the building was built? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes when? _____	
Plumbing: Updated since the building was built? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes when? _____	
Roof: Updated since the building was built? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes when? _____	
Is there a basement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is emergency lighting installed in corridors and stairwells?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are there a minimum of two (2) exits from each floor level?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the building have an elevator?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are exit doors equipped with panic hardware?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the building meets Americans with Disabilities Act (ADA) requirements?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are there any unusual building features or occupancies?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
For School Occupancies: Total number of students in the building: _____ Grade levels: _____		

EXPOSURES

What is north, south, east & west of this building and how far? Or provide building and/or campus diagram with distance between buildings.

DIRECTION	DISTANCE	OCCUPANCY	CONSTRUCTION
	from this building	of this other building	of this other building
NORTH			
SOUTH			
EAST			
WEST			