

Property Underwriting Questions *Continued*
OUTBUILDINGS SCHEDULE Additional Outbuildings Supplemental Attached

	Building #1	Building #2	Building #3	Building #4
Location # (see Location Schedule)				
Building Name				
Use of Outbuilding?				
Distance to Hydrant/Fire Station	/	/	/	/
Deductible Amount				
Building Class				
Wind/Hail Deductible %	_____ %	_____ %	_____ %	_____ %
Outbuilding Limit				
Cause of Loss (Basic/Broad/Special)				
(Optional) Inflation Guard: 4% or 6%	_____ %	_____ %	_____ %	_____ %
Avg # hay bales stored in building				
# of Apartments in Outbuilding?				
Type of Occupancy in Apartment?				
Full or part-time occupancy in Apt?				
Area of any Office/Living Area (sq ft)				
Year Built				
# of Stories				
# of Open Sides on Building				
Construction Type ⁽¹⁾				
Total Area				
Roof Construction ⁽²⁾				
Heat Type				
Year of Updates (for Buildings over 30 years of age)	Roof _____ Heating _____	Roof _____ Heating _____	Roof _____ Heating _____	Roof _____ Heating _____
Smoke Detectors in Living Quarters?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Burglar Alarm?	<input type="checkbox"/> Local <input type="checkbox"/> CS	<input type="checkbox"/> Local <input type="checkbox"/> CS	<input type="checkbox"/> Local <input type="checkbox"/> CS	<input type="checkbox"/> Local <input type="checkbox"/> CS
Fire Alarm?	<input type="checkbox"/> Local <input type="checkbox"/> CS	<input type="checkbox"/> Local <input type="checkbox"/> CS	<input type="checkbox"/> Local <input type="checkbox"/> CS	<input type="checkbox"/> Local <input type="checkbox"/> CS
Fire Extinguishers?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sprinkler System & Maint Contract?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Abbreviation Key:

(1) Construction Type Choose: Frame, Masonry, Steel frame, Pole or Mobile Home/Mobile Building

(2) Type of Roof Choose: Asphalt, Fiberglass, Metal, Tile, Cedar