



Location Information Worksheet

(Please complete for each location)

Effective Date: _____

Named Insured: _____

Mailing Address: _____

Location of Bldg: _____ Zip Code _____

(City, State & Zip)

Named Insured for this Building: _____

(Include a/k/a's & d/b/a's)

Mortgagee: _____

Occupancy Type: Apts Merc Office Condo Warehouse
(Check all that apply) Shopping Center Mixed Use (Apt & Retail / Office)

If Condo / Co-op: _____ % Sold _____ % Owned Occupied _____ % Rented

Construction Type: Frame Brick Joisted Masonry Other _____
 Fire Resistive Brick Veneer Masonry Non-Combustible

of Apt Units: _____ # of Merc Units: _____ Year Built: _____

Total Square Ft: _____ Merc Square Ft: _____

Roof Type: Flat Pitched Other _____ % Occupied: _____

of Stories: _____ # of Buildings: _____ # of Elevators: _____

Is the Building Sprinklered? Yes No Burglar / Fire Alarms? Yes No

Parking Lots? Yes No # of Spaces: _____ Square Ft?: _____

Swimming Pools? Yes No # of Pools: _____ Diving Boards: Yes No

Subsidized Housing? Yes No % _____ Student Housing? Yes No % _____

Is this Senior Housing? Yes No % _____ % of Tenants over the age of 52? _____

Certificates of Insurance are obtained from the following: (Check all that apply)

Landscape Contractors Snow Removal Contractor Other Contracting Work

Do you have any underground storage tanks? Yes No / Year Installed? _____

Is the tank made of Double Steel Steel Coated Fiberglass Other _____
Size? _____ / Type of Fuel? _____ / Date of last Leak Test? _____

Building Limit: \$ _____ Annual Rental Income / Maintenance Fees: \$ _____

Mortgage Amount: \$ _____ Improvements & Betterments: \$ _____

Contents Limit: \$ _____ How Many & Values: _____ / \$

Any Garages? Yes No Year of Updates: Electrical: _____ Roof: _____ Plumbing: _____
(i.e 2001) Heat: _____ Boiler: _____

Was the building Gut Rehabbed? Yes No If so, what year? _____

Are window guards provided to tenants in habitational risks? Yes No
If Mercantile occupants, who and what are the tenants: _____

Contact Info

Name: _____

Phone: (____) _____

Email: _____

Fax: (____) _____

Return completed form to:
Harvey S. Topitz Rivers Insurance Group,

Phone 973-588-4167 • Fax 866-445-0385
htopitz@ri-gi.com

Signature _____

Date _____