



Location Information Worksheet

(Please complete for each location)

Effective Date: []

Named Insured:
Mailing Address:
Location of Bldg: (City, State & Zip) Zip Code

Named Insured for this Building: (Include a/k/a's & d/b/a's)

Mortgagee:
Occupancy Type: (Check all that apply)
Apts: Merc: Office: Condo: Warehouse:
Shopping Center: Mixed Use (Apt & Retail / Office)
If Condo / Co-op: % Sold % Owned Occupied % Rented
Construction Type: Frame, Brick, Joisted Masonry, Other, Fire Resistant, 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: \$
Contents Limit: \$ Improvements & Betterments: \$
Any Garages? Yes No How Many & Values: / \$
Year of Updates: Electrical: Roof: Plumbing:
Heat: Boiler:
Was the building Gut Rehabbed? Yes No Was the building Gut Rehabbed? 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, Office: (973) 588-4167, (866) 445-0385, htopitz@ri-gi.com