

New Location Form

Program Name:

Additional Location

Replacement Location*

Location Name, Address & Effective Date:

* If Replacement Location was checked above, please provide the Location Name, Address and Termination Date for the location that will be replaced by the new location.

Dollar Value of Contents (if we own/lease the contents or need to insure the contents):
Examples include but are not limited to: furniture, copiers, printers, scanners, desktops, laptops, tablets, servers, fax machines, other office equipment, etc.

Please complete the below fields for administrative office spaces, residential homes, cottages, pods or the like.

Construction of Bldg: (i.e. steel frame, brick, concrete, etc):

Year Built:

Year any building improvements were made to:

Wiring

Plumbing

Roofing

HVAC Equipment

Number of stories in building:

Number of basements:

Total square footage of building:

Square footage of section we will occupy:

Premises Fire Protection (sprinklers, standpipes, CO2/chemical systems):

Percentage of Premises with Sprinklers:

Sprinkler System (connected to Long Gong or Central Station System):

Fire Alarm Manufacturer:

Burglar Alarm (Central Station/with Keys/Long Gong):

Burglar Alarm Extent of Protection (all openings, safe/vault/floors ceilings):

Any additional information:

Signature:

Contract Manager:

Date: