



6. Project is:  Single Job  Multiple Projects (Complete Item #15)
7. Project is:  New Construction  Renovation  Addition
8. Construction is:  I. Frame  II. Joisted Masonry  III. Mas. Non-Comb.  
 IV. Non-Comb.  V. Mod. Fire Res.  VI. Fire Resistive
9. Number of floors above ground: \_\_\_\_\_ . Below ground: \_\_\_\_\_ .
10. Square feet per floor: \_\_\_\_\_ . Total square feet: \_\_\_\_\_ .
11. Off-site storage Location, Description and Protection: \_\_\_\_\_  
 \_\_\_\_\_

Maximum Values at Risk: \$ \_\_\_\_\_

12. Transit methods: \_\_\_\_\_  
 Maximum Value any one shipment: \$ \_\_\_\_\_
13. Town Protection Class \_\_\_\_\_. Distance to Fire Station \_\_\_\_\_.  Paid  Volunteer  
 Distance to Operating Fire Hydrant \_\_\_\_\_. Private Fire Protection available: \_\_\_\_\_  
 Is Job Site: (Check all "Yes" answers)  Fenced?  Lighted?  
 Patrolled by watchman after working hours?  Regularly patrolled by Police?  
 Describe other protective measures: \_\_\_\_\_

14. Any removal, replacement or alteration of Load bearing walls?  Yes  No  
 Describe: \_\_\_\_\_  
 Any excavation beneath or raising of an existing structure?  Yes  No  
 Describe: \_\_\_\_\_  
 Any rigging or hoisting operations?  Yes  No  
 Describe: \_\_\_\_\_

15. Complete if multiple projects requiring Completed Value Reporting Form:

Const. Type:	Annual Number	Avg. Duration	Max. Value Per Project	Avg. Value Per Project	Catastrophic Limit Requested
Residential	_____	_____	\$ _____	\$ _____	\$ _____
Commercial	_____	_____	\$ _____	\$ _____	\$ _____
Total	_____	_____	\$ _____	\$ _____	\$ _____

16. Loss Payees: \_\_\_\_\_  
 \_\_\_\_\_
17. Additional Comments: \_\_\_\_\_  
 \_\_\_\_\_

**C. SIGNATURES**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Producer Signature: \_\_\_\_\_ Date: \_\_\_\_\_