

Furniture Property Supplemental Application



Account Name: _____ Location Address: _____
 Policy Number: _____

Prior to quoting, this application must accompany the Acord application and photos for any location(s) with one or more of the following risk characteristics. Please complete all sections, marking N/A if not applicable.

- 1. Required for All Locations:**
- | | Yes | No |
|---|--------------------------|--------------------------|
| a) Is smoking confined to break rooms and designated outside areas with proper metal/non-flammable ashtrays?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Are there any permanent fixtures or equipment powered by extension cords? | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Are any portions of the premises vacant?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| • If yes, provide total square feet and length of vacancy: _____ | | |
| d) Are fire extinguishers mounted, accessible, charged, and serviced annually? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Number of extinguishers: _____ | | |
| e) Is there any burning on premises (interior/exterior)? | <input type="checkbox"/> | <input type="checkbox"/> |
| • If 'Yes,' elaborate: _____ | | |

- 2. Buildings Older than 25 Years Original Year Built:** _____
- | | Yes | No | Year |
|--|--------------------------|--------------------------|-------|
| a) Has electrical been updated in last 25 years? | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| b) Has additional capacity been added form the outside? | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| c) Have new breaker boxes and wiring been added?..... | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| d) Has the plumbing been updated in the last 25 years?..... | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| e) Has the roof been updated in the last 25 years? | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| f) Has the heating/cooling system been updated in the last 25 years? | <input type="checkbox"/> | <input type="checkbox"/> | _____ |

Please describe the extent of all updates:

- 7. Habitation Exposure** **Photo Required**
- | | Yes | No |
|---|--------------------------|--------------------------|
| a) Is there any habitation on the premises? | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Are there any other occupancies on the premises? | <input type="checkbox"/> | <input type="checkbox"/> |

Please describe the exposure (include square footage and occupancy):

Agent Completing Application: _____ Agency Name: _____
 Date: _____