

595 Stewart Avenue, Suite 600 Garden City, NY 11530 Phone: (516) 745-1111

Phone: (516) 745-1111 Fax: (516) 745-5733

## PROPERTY RENEWAL SUPPLEMENT

1.	Named insured:									
2.	Address of premises: (please include street, city, county & state)									
3.	Value Option for buildings and contents:		•	ement cost			alue Yes □ No			
4.	Deductible option:	□ \$1,000	☐ Othe	er: <u>\$</u>						
5.	Coinsurance option:	<b>□</b> 100%	<b>90</b> %	G □ 8	80%	NOTE:	must choose	90% or 100% if	blanketed.	
6.	Distance to nearest fire hydrant:			Fir	e Station:	☐ Paid	☐ Volunt	eer	er	
7.	Was the risk built for this or	ccupancy?						☐ Yes	☐ No	
8.	Seasonal occupancy?							☐ Yes	☐ No	
	If yes, list dates of occupancy:									
9.	Cooking on premises?							☐ Yes	□ No	
	If yes, type: ☐ Stove	☐ Grill	☐ Deep-fr	yer 🖵 O	ven					
	if yes, do hoods and ducts	contain autom	atic extingu	uishing system	1?			☐ Yes	□ No	
	Type of automatic extinguis									
10.	. Type of sprinkler system:									
	Location Building *Buil Number Number Constr	ding Buildir uction Square I	ng Feet	Occupancy		ection ass	**Building Age	Building Value	Contents Value	
_	* Building Construction Codes:	1. Frame 4. Masonry No		nted Masonry e 5 Modifie	3. No d Fire Resisti	n-Combusive 6	stible Fire Resistive			
	** If building is over OF years old	-								
	** If building is over 25 years old,	ialeu.	Electrical Plumbing							
	TE: A statement of values (includ Question 11. If applicable, also a			for each building				completing the i	nformation	
12.	. Do you wish to make any clude of the set o	hanges to you	r business i	ncome covera	age/limits:			☐ Yes	□ No	
con	nderstand that the insurance contained in the application and all of information provided is complete,	ther information	being submit							
App	olicant's Signature	Produce	Producer's Signature (if applicable)							
Applicant's Name (print)				Produce	Producer's Name (print)					
Date (MM/DD/YYYY)				Date (M	Date (MM/DD/YYYY)					