



# ADDITIONAL PREMISES INFORMATION SCHEDULE

|               |  |                |                  |           |
|---------------|--|----------------|------------------|-----------|
| AGENCY        |  | CARRIER        |                  | NAIC CODE |
| POLICY NUMBER |  | EFFECTIVE DATE | NAMED INSURED(S) |           |

**PREMISES INFORMATION**

|                            |         |        |             |          |                  |                                   |
|----------------------------|---------|--------|-------------|----------|------------------|-----------------------------------|
| LOC #                      | STREET  |        | CITY LIMITS | INTEREST | # FULL TIME EMPL | ANNUAL REVENUES: \$               |
|                            |         |        | INSIDE      | OWNER    |                  | OCCUPIED AREA: SQ FT              |
| BLD #                      | CITY:   | STATE: | OUTSIDE     | TENANT   | # PART TIME EMPL | OPEN TO PUBLIC AREA: SQ FT        |
|                            | COUNTY: | ZIP:   |             |          |                  | TOTAL BUILDING AREA: SQ FT        |
| DESCRIPTION OF OPERATIONS: |         |        |             |          |                  | ANY AREA LEASED TO OTHERS? Y / N: |
| LOC #                      | STREET  |        | CITY LIMITS | INTEREST | # FULL TIME EMPL | ANNUAL REVENUES: \$               |
|                            |         |        | INSIDE      | OWNER    |                  | OCCUPIED AREA: SQ FT              |
| BLD #                      | CITY:   | STATE: | OUTSIDE     | TENANT   | # PART TIME EMPL | OPEN TO PUBLIC AREA: SQ FT        |
|                            | COUNTY: | ZIP:   |             |          |                  | TOTAL BUILDING AREA: SQ FT        |
| DESCRIPTION OF OPERATIONS: |         |        |             |          |                  | ANY AREA LEASED TO OTHERS? Y / N: |