



Additional Location Supplement

Complete for each location/building and attach to main application

Location ___ of ___

Location Address: Same as the mailing address: ___ Yes ___ No; If No, please enter location address:

Street: _____

City: _____ State: _____ Zip: _____

Distance to Coast (miles): _____ Distance to nearest Fire Hydrant (feet): _____ Nearest Fire Station (miles): _____

Building ___ of ___

Insured is: ___ Owner ___ Tenant

Hours of Operation: From _____ to _____

Year Built: _____ Number of stories: _____ Total Sq Feet of Building: _____ Sq Feet Occupied by Insured: _____

Portion of building unoccupied or vacant: _____%

Building Construction: Frame Joisted Masonry Fire Resistive Non-Combustible Non-Combustible Masonry

Year of last update: Electric _____ Heating/AC _____ Plumbing _____ Roof _____

Is building 100% sprinklered? ___ Yes ___ No

Are, there other business in the same building? ___ Yes ___ No; If yes, please provide complete description of other businesses: _____

Building Replacement Cost: \$ _____; at 100% to value

Business Personal Property Replacement Cost: \$ _____; at 100% to value

Tenant's Improvements and Betterments Replacement Cost: \$ _____; at 100% to value

Any surrounding exposures? ___ Yes ___ No; if yes, describe: _____

Location Options and Coverages

Property Deductible: \$1000 \$2500 \$5000 \$7500 \$10,000

If Applicable - Wind Hail Deductible: 1% 2% 5%

Business Income limit of Insurance Requested: \$ _____

Equipment Breakdown Perishable Goods Limit: \$25,000 (limit included): Additional limits available, select Limit:

\$50,000 \$75,000 \$100,000

Damage to Premises Rented to you: \$50,000 (limit included): Additional limits available under Optional Coverages

Total Sales at this location:

Food: \$ _____ Liquor: \$ _____

Other: \$ _____; Describe: _____



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Additional Building Supplement

Complete if more than one building at any location and attach to main application

Building ____ of ____

Insured is: ____ Owner ____ Tenant

Hours of Operation: From _____ to _____

Year Built: ____ Number of stories: ____ Total Sq Feet of Building: ____ Sq Feet Occupied by Insured: ____

Portion of building unoccupied or vacant: ____%

Building Construction: Frame Joisted Masonry Fire Resistive Non-Combustible Non-Combustible Masonry

Year of last update: Electric ____ Heating/AC ____ Plumbing ____ Roof ____

Is building 100% sprinklered? ____ Yes ____ No

Are, there other business in the same building? ____ Yes ____ No; If yes, please provide complete description of other businesses: _____

Building Replacement Cost: \$ _____; at 100% to value

Business Personal Property Replacement Cost: \$ _____; at 100% to value

Tenant's Improvements and Betterments Replacement Cost: \$ _____; at 100% to value

Any surrounding exposures? ____ Yes ____ No; if yes, describe: _____