

# Building Add/Drop Form

In order to update your list of insured properties, please provide the details below.

Member Name \_\_\_\_\_

**ADD BUILDING**     
  **DROP BUILDING #** \_\_\_\_\_  
 Use exact site number from existing appraisal report.

<input type="checkbox"/> New Construction <input type="checkbox"/> Existing Building	<input type="checkbox"/> Owned <input type="checkbox"/> Leased	Year Built
What is the construction cost or the purchase price of the building?		
Does the purchase price include land? <input type="checkbox"/> Yes <input type="checkbox"/> No		
What is the type of construction?	<input type="checkbox"/> Frame <input type="checkbox"/> Non-Combustible <input type="checkbox"/> Modified Fire Resistant <input type="checkbox"/> Exterior Wall Material	<input type="checkbox"/> Joisted Masonry <input type="checkbox"/> Masonry Non-Combustible <input type="checkbox"/> Fire Resistant

## BUILDING FEATURES

Building Name or Site #			Building Use (Classroom, Gym, Etc.)		
Address			City	Zip	
Gross Square Footage		Number of Floors		Number of Classrooms (if Applicable)	
<b>ADDITIONAL FEATURE (Check all that apply)</b>					
Fire Alarm System	<input type="checkbox"/>	Describe			
Fire Sprinkler System	<input type="checkbox"/>	Describe			
Entry Alarm System	<input type="checkbox"/>	Describe			
Elevators (include quantity)	<input type="checkbox"/>	Describe			
HVAC	<input type="checkbox"/>	Describe			

Please return this form to Steve Wilmes by email: [wilmes@ascip.org](mailto:wilmes@ascip.org) or by fax: 562.404.8038

This form completed by: \_\_\_\_\_

Date: \_\_\_\_\_