

UMBRELLA APPLICATION MULTI LOCATION ADDENDUM

This form is to be used for multi location umbrella accounts. Please provide information for Location 1 on the main umbrella application. All additional locations should be provided on this addendum. Please add as many addendums as needed.

Named Insured: _____

You must complete Questions 1-4 for every location requesting coverage. For risks with multiple buildings in a single complex, please include the building numbers and street address of all buildings. Attach a separate list if additional space is needed.

1. Location number: _____

Location Address: _____

of Stories: _____ **Construction Type:** _____

Name of Owner / Named Insured (if other than Lead named Insured): _____

2. Please provide ALL occupancies and exposures for this location:

Occupancy	Exposure	Additional Exposure
Condominium Association	# of units _____	Comml sqft _____
Co-op	# of units _____	Comml sqft _____
Homeowners Association/Residential Planned Unit Development	# of units _____	Comml sqft _____
Rental Apartments	# of units _____	Comml sqft _____
Sponsor/Investor Units	# of units _____	
Commercial Planned Unit Development/Not for Profit Office Park	# of commercial tenants _____	
Office Building	Comml sqft _____	
Shopping Center	Comml sqft _____	
Stand Alone Retail	Comml sqft _____	
Ponds//Retention Ponds/Lakes	# of bodies of water _____	
Acres of Vacant Land	# of acres _____	

3. Do you have any Pools Yes No _____ # of pools (see Section II, number 2, letter a)

4. Was this building newly constructed or gut rehabbed in the past year? Yes No

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