



## CITY HOMES INSURANCE PROGRAM MULTIPLE BUILDING SUPPLEMENT

*This supplement is required of all accounts that have multiple buildings at a single location. It is not required for multiple location accounts that only have one building at each location. If you have any questions about whether you need to complete this supplement, please contact your Distinguished Programs underwriter.*

1. **Named Insured:** \_\_\_\_\_  
Insured Mailing Address: \_\_\_\_\_  
Address City State Zip
2. Location Address: \_\_\_\_\_  
Address City State Zip
3. Which best describes this location?  Urban  Suburban
4. Number of buildings at this location: \_\_\_\_\_
5. What is the distance between buildings in feet? \_\_\_\_\_
6. Is there parking at this location?  Yes  No  
# of indoor parking spaces: \_\_\_\_\_ # of outdoor parking spaces: \_\_\_\_\_
7. Please provide a minimum of 3 photos of each building (front, rear and side).

**Insured Signature:** \_\_\_\_\_

**Print Name with Title:** \_\_\_\_\_

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