

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.

Lead 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:

Primary Occupancy	Exposure	Non-Residential Exposure if Mixed-Use Occupancies
Condominium Association (residential or mixed-use only)	# of units _____	Merc or Office Sq Ft Only _____
Co-op	# of units _____	Merc or Office Sq Ft Only _____
Homeowners Association/Residential Planned Unit Development/ Master Association	# of units _____	Merc or Office Sq Ft Only _____
Rental Apartments	# of units _____	Merc or Office Sq Ft Only _____
Sponsor/Investor Units	# of units _____	
Commercial Planned Unit Development/ Multi-building Not for Profit Office Park	# of commercial tenants _____	
Office Building/ Commercial Condominium	Comml sqft _____	
Shopping Center	Comml sqft _____	
Stand Alone Retail	Comml sqft _____	
Light Industrial Complex	Comml sqft _____	
General Warehouse (LRO)	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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Location Address: _____

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

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