

VFIS FACTFINDER ADDENDUM

(Use if More Than 4 Property Locations)

Loc.	Building Occupied as	Owner or Tenant (O or T)	Street	City	State	County	Zip Code

Loc.	Amount of Insurance (Show 100% Replacement Cost Values)		Prot. Class	Const. Code	Group II		Increased Loss of Income Limit	Increased Extra Expense Limit
	Bldg. (Repl. Cost)	Contents (Repl. Cost) (\$5,000 minimum)			Symbol	Zone		

Loc.	Year Built	Electrical System		Heating System			Sprinklered (Give %)	Internal Fire Protection
		Age	Year Last Inspected	Type	Age	Year Last Inspected		

COOKING EXPOSURES

Location Number				
Is food prepared and served on the premises to people other than your employees or volunteers?				
How many times per month is the kitchen used for this purpose?				
What is the average number of persons served?				
Does food preparation produce grease or smoke-laden vapors (e.g., french fries, hamburgers, etc.)?				
Specify type of kitchen equipment: CR = Commercial Range DR = Domestic Range GG = Gas or Electric Griddle DF = Deep Fat Fryer (including chicken fryers and donut fryers)				
If an automatic extinguishing system exists, answer the following: <ul style="list-style-type: none"> • Does it meet NFPA 96 standards? • Is there a hood and duct cleaning service contract in force? • How many times per year is the system cleaned? • Does the extinguishing system have a maintenance contract? • Is there an automatic fuel shut-off for all deep fat fryers? 				

NOTE: If any mortgagees, write the name and address on the reverse side. Be sure to indicate the applicable location number(s).

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(Use If More Than 4 Locations For Systems Breakdown
 Money & Securities
 General Liability)

SYSTEMS BREAKDOWN

Location Number				
Are there pressure boilers?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any other objects or equipment that require state inspection?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

MONEY & SECURITIES

Location Number				
Limit desired (specify the total limit <u>including</u> the automatic \$5,000)				
Should limits be increased for special events such as fairs, carnivals, fundraising campaigns, etc?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, increased by how much?				
Describe event				
Date of event	From: To:	From: To:	From: To:	From: To:

GENERAL LIABILITY

Premises (Make sure location numbers correspond to those in the Property schedule. If a Property quote was not requested, please provide location addresses on the reverse side.)

	Loc. ____	Loc. ____	Loc. ____	Loc. ____
Total area of building (include all floors in use).....	_____	_____	_____	_____
What area (sq. ft.) is used for:				
Fire fighting or ambulance operations exclusively (including meeting rooms)	_____	_____	_____	_____
Social hall	_____	_____	_____	_____
Rented to others (describe) _____	_____	_____	_____	_____
Other uses (describe) _____	_____	_____	_____	_____
Vacant land (give acreage)	_____	_____	_____	_____

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