



RCFE PROPERTY APPLICATION

Facility # _____ Name on Deed _____
 Address _____ Direct Phone _____
 Year Biz Started _____ Email Address _____

Building/Dwelling Limit \$ _____ Value of Contents (BPP*) \$ _____
 Other (limit amount) \$ _____ *Business Personal Property (i.e. furniture, supplies, etc)
 Bus. Income(loss of use) \$ _____ Bus Income (length*) _____
 (*3 months, 4 months, 6 months, 12 months)

Construction Type <i>(Frame/Concrete/Brick)</i>		
Year Built*		
Square Footage		
Total Lot Square Footage		
Premises Fire Protection <i>(Sprinklers, Chemical Systems, Extinguishers)</i>		
Mortgagees and Addresses		

If any improvements have been completed, confirm year and what was improved:
 *required for buildings 25 years or older

Wiring <i>(specify aluminum, copper, etc)</i>	
Roofing	
Plumbing	
Heating	
Other	

Any previous claims in the last five years? Yes No
 If yes, describe any past losses including dates of loss: _____

Has coverage ever been denied? Yes No
 If yes, please explain: _____

Current Carrier: _____
 Expiration Date: _____
 Premium *(optional)*: _____

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

X _____
Applicant's Signature **Date**