



Property Addition Request Form

Insured: _____

Requested by: _____ Today's Date: ___/___/___

Effective Date, which the location is to be added: ___/___/___

Name of Entity or Individual Who Owns or Will Own Building: _____

Building Address: _____

Existing Building Value (Appraised Value): _____

Renovation Value (Dollar Amount You Are Spending on Renovations): _____

Total Square Footage of Building: _____

Building Construction (Frame/Joisted Masonry/Masonry Non-Combustible): _____

Year Building Originally Built: _____

Building Improvements if Building is Over 25 Years Old:

Year Roof Updated: _____ Year Wiring Updated: _____

Year Plumbing Updated: _____ Year Heating Updated: _____

No. of Stories: _____

Is the Building Vacant or Occupied: _____

If Vacant, What is the Intended Occupancy/Tenant (Single Family, Office, Restaurant, etc.):

Name/Mailing Address/Email Address of the Mortgagee (or attach insurance requirements from mortgagee):

Fax or email this document to The Jacobs Company, Inc.

Fax # (301) 621-3043 or (410) 381-2105

www.jacobscompany.com