agencyservicebureau
UNIQUE INSURANCE SERVICE INC

Commercial Property Information Supplemental

Date Submitted: _____

General Information:

Named Insured: _____ Policy Number: _____

Property Address: _____

Property Information:

Year Built: _____ Square Feet: _____ Roof Type: _____ # of Stories: _____

Construction Type: _____ Have there been any updates to the building? ☐ Yes ☐ No

If yes, List year of updates: Roof: _____ Heating: _____ Plumbing: _____ Electrical: _____

Protective Devices:

Fire Alarms: ☐ Local ☐ Central Burglar Alarms: ☐ Local ☐ Central

Fire Sprinklers: ☐ Yes ☐ No If Yes, % of Building Sprinklered: _____

Business Information:

Estimated Annual Revenue: _____

Business Personal Property (if applicable): _____

Agency Information:

Agency Name: _____

Email Address: _____