

Outbuilding Supplement

Insured: _____ **Location #** _____ **Building #** _____ **Date** _____

Building used by: Owner Tenant Farm Manager Employee Vacant Other _____

Building Use / Description	Building Dimensions	Building Height ft <input type="checkbox"/> 1 story <input type="checkbox"/> 2 story	Year of Construction
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Construction		<input type="checkbox"/> Type 1	Min \$10,000 – Superior, Enclosed, No Hay Continuous Foundation, Incombustible Floor
<input type="checkbox"/> Frame <input type="checkbox"/> Joisted Masonry <input type="checkbox"/> Metal – Non-Combustible <input type="checkbox"/> Other		<input type="checkbox"/> Type 2	Min \$5,000 – Above Average, Enclosed Continuous Foundation
		<input type="checkbox"/> Type 3	Building other than Type 2 or 3
<input type="checkbox"/> Basement	Finished? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Apartment	Sq Footage _____
<input type="checkbox"/> Loft	Sq Footage _____	<input type="checkbox"/> Office	Sq Footage _____
<input type="checkbox"/> Tack Room	Sq Footage _____	<input type="checkbox"/> Other	Sq Footage _____
<input type="checkbox"/> Stalls		Number _____ Condition: <input type="checkbox"/> Good <input type="checkbox"/> Need Repairs <input type="checkbox"/> Poor/Unacceptable	
Exterior Walls		Interior Walls	
<input type="checkbox"/> Wood Frame <input type="checkbox"/> Concrete		<input type="checkbox"/> Unfinished	
<input type="checkbox"/> Metal <input type="checkbox"/> Block (JM)		<input type="checkbox"/> Finished (Describe)	
<input type="checkbox"/> Other		<input type="checkbox"/> Firewalls	
		Flammable Items in Building? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Hay Storage	
		<input type="checkbox"/> Machinery or Equipment	
		<input type="checkbox"/> Other	

Building Condition	Roof Covering Age of Roof:
<input type="checkbox"/> Superior characteristics and in excellent repair	<input type="checkbox"/> Composite / Shingle
<input type="checkbox"/> Better than average characteristics and maintenance	<input type="checkbox"/> Metal
<input type="checkbox"/> Acceptable (Average characteristics and maintenance)	<input type="checkbox"/> Other
<input type="checkbox"/> Showing signs of deterioration	Condition: <input type="checkbox"/> New <input type="checkbox"/> Average <input type="checkbox"/> Patched <input type="checkbox"/> Worn
<input type="checkbox"/> Poor condition / Unacceptable	Is proper roof drainage supplied? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Roof Pitch: _____
Has building been remodeled <input type="checkbox"/> Yes <input type="checkbox"/> No Renovation Date: _____	
Is building used for it's intended purpose? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is plate line straight indicating no foundation settling? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the ridgeline straight indicating sidewalls have not spread? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are weeds and brush growth around building properly controlled? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe any special precautions taken during severe snow and ice storms in comments.	

Heating	Air Conditioning	Fireplace? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Gas: <input type="checkbox"/> Natural <input type="checkbox"/> LP <input type="checkbox"/> Oil	<input type="checkbox"/> None <input type="checkbox"/> Central	<input type="checkbox"/> Freestanding
<input type="checkbox"/> Electric <input type="checkbox"/> Wood Stove <input type="checkbox"/> None	<input type="checkbox"/> Evaporative <input type="checkbox"/> Window/Wall	<input type="checkbox"/> Stove

Wiring <input type="checkbox"/> None <input type="checkbox"/> Safe <input type="checkbox"/> Poor* <input type="checkbox"/> Open Splices* <input type="checkbox"/> Over fused* * Explain in narrative
Type: <input type="checkbox"/> Conduit <input type="checkbox"/> Romex <input type="checkbox"/> Other* _____ Protection: <input type="checkbox"/> Circuit Breakers <input type="checkbox"/> Fuses
Extension Cords / Multi-tap Outlets? <input type="checkbox"/> Yes* <input type="checkbox"/> No Any temporary wiring? <input type="checkbox"/> Yes* <input type="checkbox"/> No

Fire Detection system? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Smoke Detector <input type="checkbox"/> Battery <input type="checkbox"/> Hard Wired <input type="checkbox"/> Local Alarm <input type="checkbox"/> Central Station Central Alarm service contract? <input type="checkbox"/> Yes <input type="checkbox"/> No Sprinkler System? <input type="checkbox"/> Yes <input type="checkbox"/> No	Extinguishers <input type="checkbox"/> ABC <input type="checkbox"/> BC/Dry Chemical <input type="checkbox"/> Carbon Dioxide Adequate Number? <input type="checkbox"/> Yes <input type="checkbox"/> No Off the floor? <input type="checkbox"/> Yes <input type="checkbox"/> No Accessible? <input type="checkbox"/> Yes <input type="checkbox"/> No Service Tag Date Current? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Comments: _____ **Pictures of buildings should show at least two sides**