



Commercial Output Policy Supplemental

Insured Name _____

Mailing Address _____

Location Address _____

Construction Type: Frame _____ JM _____ NC _____ MNC _____ MFR _____ Fire Resistive _____

Occupancy % _____ Year Built _____ Distance to Tidal Water _____ Occupancy _____

Sq. Feet _____ Protection Class _____ Value Per Sq. Foot _____ Stories _____

Central station alarm _____ Smoke Detectors _____ Hardwired Smoke Alarms _____ Sprinklers _____

Was the building gutted and renovated? If so, what year _____ Was the building updated? If so, what year _____

Location	Building	BPP	Business Income

Roof Age

Year of last replacement _____ Year of last update/maintenance performed _____

Roof Shape

Flat w/ parapets _____ Flat w/o parapets _____ Hip _____ Gable _____

Roof Covering

Shingles (55 mph) _____ Shingles (110 mph) _____ Built Up _____ Metal Sheathing _____
 Wood Shakes _____ Concrete/Clay Tiles _____

Roof Framing Type

Pre-Cast Concrete _____ Poured Concrete _____ Heavy Steel Frame _____
 Wood Purlins _____ Light Gauge Steel _____

Cladding Type

Brick Veneer _____ Metal Sheathing _____ Wood _____ Stucco _____
 Vinyl _____ Impact Rated Glazing _____

Roof Sheathing

Batten decking _____ 6d Nails – Any Nail Schedule _____
 8d Nails Minimum Nail Schedule _____ 8d Nails High Wind Nail Schedule _____
 10d Nails High Wind Nail Schedule _____ Dimensional lumber/Toungue & groove _____

Roof Anchor

Toe Nailing/No Anchorage _____ Clips _____ Single Wraps _____
 Double Wraps _____ Structural _____

Window Protection

Shutters _____ Impact Resistant _____ Plywood _____ None _____

****If unknown, leave blank****

****Please include a tenant list, loss history, and any other relevant information****