



# ADDITIONAL PREMISES INFORMATION SCHEDULE

AGENCY		CARRIER			NAIC CODE
POLICY NUMBER		EFFECTIVE DATE	NAMED INSURED(S)		

**PREMISES INFORMATION**

LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
		INSIDE	OWNER		OCUPIED AREA: SQ FT
BLD #	CITY:	OUTSIDE	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	STATE:				TOTAL BUILDING AREA: SQ FT
	COUNTY:				
	ZIP:				
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N:
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