

REQUEST FOR LOCATION INFORMATION

CUSTOMER NAME: _____

POLICY NUMBER: _____

Additional Information for New Location

Please provide the following additional information in order for us to efficiently process your Policy Change Request.

1. Location Address: _____

2. What is facility being used for? _____

3. Values By Line of Coverage:

Business Personal Property: _____

Electronic Data Processing Property: _____

Building: _____

Business Interruption/Extra Expense: _____

Other: _____

4. Square Footage: _____

5. Number of Stories: _____

6. Construction Type: _____

7. Year Built: _____

8. Occupancy: _____

9. Protection Class: _____

10. Exposure: _____

-----**FOR LHU USE ONLY**-----

SEND To:

Underwriter: _____

Company: _____