



**Additional Locations**

**First Named Insured:** \_\_\_\_\_

**Additional Location Address:** \_\_\_\_\_  
Street City State Zip Code

**General Operations (all organization types)**

**Other Questions**

- 1. What is the occupancy of this location? \_\_\_\_\_
- 2. What is the square footage of your office or facility? \_\_\_\_\_
- 3. What is the height (number of stories) of your office or facility? \_\_\_\_\_
- 4. Onsite security? .....  Yes  No  
If YES, contracted or employed? \_\_\_\_\_

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BY SIGNING THIS APPLICATION, THE INSURED &/or AUTHORIZED AGENT HEREBY ACKNOWLEDGE AND UNDERSTAND THAT THE INSURANCE COMPANY(S) IS/ARE RELYING UPON THE INFORMATION PROVIDED HEREIN AS TO WHETHER OR NOT TO ISSUE A POLICY OF INSURANCE. A FALSE STATEMENT ON THIS DOCUMENT MAY RESULT IN OUR DISCLAIMING COVERAGE.

Insured: \_\_\_\_\_ Agent: \_\_\_\_\_  
Print Name Print Name

Insured: \_\_\_\_\_ Agent: \_\_\_\_\_  
Signature/Date Signature/Date

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