



## Location/Lot Addition/Deletion Form

Company Name \_\_\_\_\_

DBA \_\_\_\_\_

Policy Number \_\_\_\_\_

Please Complete All Requested Information For Additional Storage Locations to Be Insured.

STORAGE LOCATION INFORMATION			
<i>Physical Address:</i>			<b>Is there another operation CONDUCTED at this address?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>If yes, are the 2 operations separated by physical divider?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>What is the name &amp; address of this other operation?</b>
<i>City:</i>	<i>State:</i>	<i>Zip:</i>	
<i>Fenced?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Dog on Premise?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Garage Keepers Limit?</i>	
<i>Average # of stored vehicles:</i>	<i>Do you have security watchmen/patrol?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Safeguards around storage perimeter?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	
STORAGE LOCATION INFORMATION			
<i>Physical Address:</i>			<b>Is there another operation CONDUCTED at this address?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>If yes, are the 2 operations separated by physical divider?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>What is the name &amp; address of this other operation?</b>
<i>City:</i>	<i>State:</i>	<i>Zip:</i>	
<i>Fenced?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Dog on Premise?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Garage Keepers Limit?</i>	
<i>Average # of stored vehicles:</i>	<i>Do you have security watchmen/patrol?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Safeguards around storage perimeter?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	

Please List Storage Locations to Be Deleted:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_