



CARRIER:

Empty rectangular box for carrier information.

Personal Lines Multiple Dwelling Product Supplemental Application – All States

Location # _____
 Address: _____ # of Units _____
 Year Built: _____ Square Footage: _____ Protection Class: _____

Construction Type:	Roof Type:	Roof Age:	Occupancy:	Coverage "A": \$	Protective Devices:
<input type="checkbox"/> Frame	<input type="checkbox"/> Flat	_____	<input type="checkbox"/> Owner	_____	<input type="checkbox"/> Fire Extinguishers
<input type="checkbox"/> Joisted Masonry	<input type="checkbox"/> Asphalt Shingle		<input type="checkbox"/> Tenant		<input type="checkbox"/> Smoke Detectors
<input type="checkbox"/> Masonry Veneer	<input type="checkbox"/> Wood Shake	HVAC Age:	<input type="checkbox"/> Vacant	Coverage "C": \$	<input type="checkbox"/> Central Fire
<input type="checkbox"/> Log Home	<input type="checkbox"/> Tile	_____	<input type="checkbox"/> Seasonal/Timeshare	_____	<input type="checkbox"/> Central Burglar
<input type="checkbox"/> Row House or Town House	<input type="checkbox"/> Metal <input type="checkbox"/> Slate				<input type="checkbox"/> Deadbolt locks

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