

Date _____

Name of Insured: _____

Address _____

_____ Postal Code: _____

Phone _____ Fax _____

Address of Property under Construction:

| | | | |
|--|--|-------------------------------------|------------------------------------|
| Dwelling Type | <input type="checkbox"/> Single Family | <input type="checkbox"/> Duplex | <input type="checkbox"/> Other |
| Town Grade | Built by | <input type="checkbox"/> Contractor | <input type="checkbox"/> Owner |
| Completion Value (excluding land): | | | |
| Start Date | | Finish Date | |
| Location of Property to be Insured: | | | |
| Closest Firehall | Distance | <input type="checkbox"/> Full-time | <input type="checkbox"/> Volunteer |
| Fire Hydrant(s) | Number: | Distance: | |
| Mortgagee | | | |
| CGL Required | Yes | No | Limit \$ |

| |
|--|
| Additional Information/Comments |
| |
| |
| |
| |

 Signature of Insured

 Date Signed