

Schools Insurance Group

Building/ Contents/Portable Add/Update Form

Please Complete for (Each) Building, Contents, Portable

District: _____ Date: _____

Contact Person: _____ Phone: _____

School: _____ Building Name: _____

Full Address: _____

I. Building Change Type: (please check appropriate box)

New Building Building Addition Demolition / Removal New Portable

II. Date of Change/Acceptance (mm/dd/yy) ____/____/____ Facility Owned Facility Leased

III. Brief Description (usage): _____

IV. Occupancy: _____

V. Replacement Cost Building: _____ (excl. land, site improvements)

VI. Replacement Cost: Contents & Equipment: _____

Supplemental Building Data (Please complete this section for *New Building* and/or *Building Addition*):

Square Footage: _____ or Dimensions: _____ Year Built: _____

Automatic Sprinkler: Yes No Intrusion Alarm: Yes No Fire Detection System: Yes No

Fire Protection Class: _____ Construction Type: Frame Masonry All Steel ____ # of Stories:

Supplemental Portable Data (Please complete this section for *New Portable*. If portable leased, a copy of contract must be attached):

Square Footage: _____ or Dimensions: _____ Installation Cost: _____

Fire Protection Class: _____ Construction Type: Frame Masonry All Steel ____ # of Stories:

Foundation: Yes No Plumbing: Yes No

Please return to Woodruff-Sawyer & Company

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