



## Building Add/Drop Form

*In order to update your list of insured properties, please provide the details below.*

## Member Name

## **ADD BUILDING**

**DROP BUILDING #** \_\_\_\_\_

New Construction       Owned  
 Existing Building       **Leased\***      Year Built \_\_\_\_\_

**\*If the property is leased, please attach a copy of the executed lease agreement.**

What is the construction cost or the purchase price of the building?	
Does the purchase price include land?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What is the type of construction?	<input type="checkbox"/> Frame <input type="checkbox"/> Joisted Masonry <input type="checkbox"/> Non-Combustible <input type="checkbox"/> Masonry Non-Combustible <input type="checkbox"/> Modified Fire Resistive <input type="checkbox"/> Fire Resistive <b><input type="checkbox"/> Portable/Relocatable</b>

## BUILDING FEATURES

School Site Name or Site #		Date of Occupancy		
Building Name and Room #		Building Use (Classroom, Gym, Etc.)		
Address		City		Zip
Gross Square Footage		Number of Floors		Number of Classrooms

**Completed by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please return this form by emailing Jackee Munoz at [munoz@ascip.org](mailto:munoz@ascip.org) or by selecting