



Building Add/Drop Form

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

Member Name _____

ADD BUILDING

DROP BUILDING # _____

Use exact number from existing appraisal report.

<input type="checkbox"/> New Construction <input type="checkbox"/> Existing Building	<input type="checkbox"/> Owned <input type="checkbox"/> Leased*	Year Built _____
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***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? Yes 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
	<input type="checkbox"/> Portable/Relocatable	

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 or by selecting