

VFIS P&C PROPERTY SCHEDULE ADDENDUM

Legal Name:

CONSTRUCTION CODES

1 Frame	3 Non-combustible	5 Modified Fire Resistive	7 Heavy Timber Joisted Masonry	9 Superior Masonry Non-combustible
2 Joisted Masonry	4 Masonry Non-combustible	6 Fire Resistive	8 Superior Non-combustible	

ROOF CODES (0 = Unknown)

Covering	1 Metal sheathing with exposed fasteners	3 Built-up roof or single-ply membrane WITH gutters	5 Concrete/clay tiles	7 Shingle - 55 mph wind rating	9 Shingle - 110 mph wind rating
	2 Metal sheathing with CONCEALED fasteners	4 Built-up roof or single-ply membrane WITHOUT gutters	6 Wood shakes	8 Shingle - 55 mph wind rating/Secondary Water Resistance (SWR)	10 Shingle - 110 mph wind rating/Secondary Water Resistance (SWR)
Geometry	1 Flat Roof WITH Parapets	3 Hip Roof with Slope <= 6:12 (26.5°)	5 Gable Roof with Slope <= 6:12 (26.5°)	7 Braced Gable Roof with Slope <= 6:12 (26.5°)	
	2 Flat Roof WITHOUT Parapets	4 Hip Roof with Slope > 6:12 (26.5°)	6 Gable Roof with Slope > 6:12 (26.5°)	8 Braced Gable Roof with Slope > 6:12 (26.5°)	
Anchors	1 Toe Nailing/No Anchorage	2 Clips	3 Single Wraps	4 Double Wraps	5 Structural

Premises #	Item #	Building Occupied as:	Amount of Insurance At 100% Replacement Cost Value (RCV). Include value of towers, sirens and antennas with building.		Year Built	Electrical Age over 35 yrs Y/N	# Sq Feet	Construction Code	Protection Class	Sprinkler System Y/N	Occupied 24 hours Y/N	# Stories	Date of Last Inspection	Year of Mech System Updates	Year of Roof Updates	Roof Covering	Roof Geometry	Roof Anchors	Street Address City/State Zip / County	Insured's Identifier <small>(How YOU refer to this PREMISES)</small>		
			Building	Contents																		

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Are there any structures you <u>don't</u> want to insure?	Premises #	Item #	Description of items not to be insured

Mortgagee	Name:																				
	Street:																				
Applies to Premises/Item #s:	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	

Mortgagee	Name:																				
	Street:																				
Applies to Premises/Item #s:	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	

Loss Payee	Name:																				
	Street:																				
Applies to Premises/Item #s:	/	Item Description:																			