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PROPERTY SCHEDULE SUPPLEMENT (No. 9)

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(If more than two locations exist, please make copies of the supplements, as required, complete and attach.)

Name of Applicant: _____

General Property Information:

	Location #1	Location #2
1. Street address		
2. City, County, State, Zip Code		
3. Construction code of building*		
4. Your occupancy (office, residential inpatient, garage, etc.)		
5. If residential facility, number of beds		
6. List other occupants in building (office, retail, manufacturing, etc)		
7. Do you own or lease?		
8. Mortgagee name & address, if applicable		

*Construction Codes of Building: (select one only) (1) Frame, (2) Joisted Masonry, (3) Non-combustible, (4) Masonry Non-combustible, (5) Modified Fire Resistive, (6) Fire Resistive, (7) Heavy Timber Joisted Masonry, (8) Superior Non-Combustible, (9) Superior Masonry Non-Combustible

9. Year building built		
10. Square footage of TOTAL building		
11. Square footage YOU occupy		
12. % of TOTAL building sprinklered		
13. # of floors in building		
14. Basement (Y/N)		
15. If building is over 25 years, provide date of updates to:		
Wiring		
Heating/Ventilation		
Roof		
16. Type of fire alarms (heat/smoke detectors, remote alarms, central station, none)		
17. Other alarms (hourly watchman, security guard, surveillance cameras, intrusion alarms, none)		

Property Coverage:

1. Deductible (\$250, \$500, \$1,000, \$5,000)	\$	\$
2. Building Limit (if Building owner)	\$	\$
3. Business Personal Property (includes but not limited to contents, furniture, fixtures, laptops, computer hardware and software, communication systems, durable medical equipment, phone systems, fax machines)	\$	\$

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	Location #1	Location #2
4. Equipment Breakdown Coverage is automatically included at a limit equal to your building and business personal property limit, not to exceed \$100,000. This applies to loss caused by or resulting from an accident to computers and electronic equipment. Please indicate here if a higher coverage limit is requested.		
5. Thrift Store merchandise (actual cash value)	\$	\$
6. Loss Payee's Name and Address for Business Personal Property, if applicable. Identify items.		

Business Income/Extra Expense - A combined Business Income and Extra Expense limit of \$50,000 is provided for any one occurrence at each described location in your policy. If an additional limit is desired for any location, please complete the worksheet below to calculate the additional coverage desired. This simplified worksheet may help you determine your potential business income/extra-expense loss that may result due to suspension of operations during the period of restoration. Please note that there must be direct physical loss or damage at a scheduled location on your policy for this coverage to apply.

- Total estimated revenues for the 12-month period \$ _____
- Less operating expenses - _____
- Net profit/loss before income tax = _____
- Estimate of annual amount of noncontinuing and continuing operating expenses:

Operating Expenses	Annual Amount	Non-Continuing During Loss	Continuing During Loss
Ordinary Payroll			
Executive Payroll			
Payroll Taxes			
Rent			
Telephone			
Power/Heat/Cooling			
Group Insurance			
Pension Plan			
Interest on Loans			
Advertising			
Repairs/Maintenance			
Miscellaneous			
Totals	(a)	(b)	(c)

- Estimated maximum recovery [Line 3 + continuing expenses total 4 (c)] \$ _____
- Estimated longest foreseeable shutdown% (i.e., 3 months 25%, 6 months 50%, 12 months 100%) _____%
- Amount needed for period of restoration (Line 5 times Line 6) \$ _____
- Estimated additional expenses to avoid or minimize loss (i.e., relocation expenses, temporary equipment, et al.) \$ _____
- Total Estimate of Required Limit of Insurance: \$ _____

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PROPERTY PACKAGE COVERAGE OPTIONS

1. **Commercial Crime** – Crime coverage is offered if property insurance is provided. Please indicate the coverage limit requested.

☐ \$25,000 ☐ \$50,000 ☐ \$100,000 ☐ \$250,000 ☐ \$400,000

Do checks require at least two signatures? ☐ Yes ☐ No

Are bank accounts reconciled by someone not authorized to deposit or withdraw? ☐ Yes ☐ No

Are financial records audited by outside parties? ☐ Yes ☐ No

2. **Accounts Receivable**

\$10,000 Accounts Receivable coverage is provided, but additional limits may be available. Please indicate if a higher limit is requested.

☐ \$20,000 ☐ \$30,000 ☐ \$40,000 ☐ \$50,000 ☐ Other \$ _____

3. **Valuable Papers & Records**

\$10,000 Valuable Papers coverage is provided, but additional limits may be available. Please indicate if a higher limit is requested.

☐ \$20,000 ☐ \$30,000 ☐ \$40,000 ☐ \$50,000 ☐ Other \$ _____

How often do you back up your records? _____ Are duplicate records kept off premises? ☐ Yes ☐ No

4. **Building Ordinance Coverage**

Coverage is available as an option. The coverage will respond to property losses that are a consequence of the enforcement of local ordinances or building code laws regulating demolition and/or restoration of buildings that have been damaged by a covered cause of loss. If this coverage is provided, it would:

a) **extend** the replacement cost coverage for damage to your building to include loss to the undamaged portion of the building and:

b) ****provide an additional limit** to cover the cost to demolish and clear the site of undamaged parts of the property and,

c) *****provide an additional limit** to pay for increased costs to repair or reconstruct damaged and undamaged portions of the building.

Complete the following for each location where *building ordinance coverage is to be provided:**

Building Ordinance (b)** Additional limit for demolition costs	\$	\$
Building Ordinance (c)*** Additional limit increased cost of construction	\$	\$

Please be certain that the limits of coverage you select for insuring your buildings or business personal property are sufficient to meet your obligation to insure your property to at least 90% of the estimated replacement cost values.