

Date _____

Name of Insured: _____

Address _____

Postal Code: _____

Phone _____ Fax _____

Address of Property under Construction:

Dwelling Type	Single Family	Duplex	Other
Town Grade	Built by	Contractor	Owner
Completion Value (excluding land):			
Start Date		Finish Date	
Location of Property to be Insured:			
Closest Firehall	Distance	Full-time	Volunteer
Fire Hydrant(s)	Number:	Distance:	
Mortgagee			
CGL Required	Yes	No	Limit \$

Additional Information/Comments

Signature of Insured

Date Signed