

Stanley McDonald Agency of Illinois, Inc.
2018 State Road, PO Box 1446
La Crosse, WI 54602
Phone: (800) 344-3948 Fax: (888) 625-3501

Building Supplement

(To be used when coverage is requested for an owned building)

Legal Name of Applicant: _____ Effective Date: _____

DBA: _____

Phone: _____ Fax: _____ E-Mail: _____

Mailing Address: _____

Physical Address: _____

Business Type: ___ Individual ___ Partnership ___ Corporation ___ Other (Describe) _____

Construction: ___ Frame ___ Joist Masonry ___ Non-Combustible ___ Other (Describe) _____

Year Building Built: _____ Number of Stories: _____ Rental Income: \$ _____

Roof Material: _____ Year roof was installed/replaced: _____

Have the electrical, hvac and plumbing systems been updated in the past 20 years? ___ Yes ___ No

If yes, please provide the year updated: Electrical: _____ Hvac: _____ Plumbing: _____

Any other occupants: ___ Yes ___ No If Yes, please describe the occupants and the square feet they occupy:

Total Square Footage: _____ Square Footage Office: _____ Warehouse: _____

Sprinkler System?: ___ Yes ___ No If yes, square footage covered by sprinkler: _____

Building's **Replacement** Cost: \$ _____

Applicant's Signature

Applicant: I understand that this application for insurance and any policy issued as a result of the approval of this application will **ONLY** provide insurance for the disaster restoration, janitorial and/or maid service operations. I further understand that no coverage will be provided for any other business, operations or services unless they are specifically added to any policy issued for an additional premium. I believe the statement in this application are true and correct. I understand that the insurer will rely on these statements if a policy is to be issued. Providing false information in an application for insurance is fraud, which is a crime in many states.

Authorized Signature: _____ Date: _____

Printed Name: _____ Title: _____