

Building Add/Drop Form

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

District Name

Location Name

[ ]  **ADD PERMANENT** [ ]  **ADD PORTABLE DROP BUILDING #**

 **BUILDING BUILDING**

Use exact site number from existing appraisal report.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| [ ]  New Construction[ ]  Existing Building | Acquisition Date      | [ ]  Owned[ ]  Leased | Year Built       |  |
| 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?      | [ ]  Frame [ ]  Joisted Masonry[ ]  Non-Combustible [ ]  Masonry Non-Combustible[ ]  Modified Fire Resistive [ ]  Fire Resistive[ ]  Exterior Wall Material |

|  |  |
| --- | --- |
| Building Name       | Building Use (Classroom, Gym, Etc.)      |
| Address      | City      | Zip      |
| Total SquareFootage |       | Number of Floors       |  |
| **ADDITIONAL FEATURE (Check all that apply)** |
| Fire Alarm System | [ ]  | Manual [ ]  Automatic [ ]  |
| Fire Sprinkler System | [ ]  | Manual [ ]  Automatic [ ]  |
| Entry Alarm System | [ ]  | Manual [ ]  Automatic [ ]  |

Please return this form to Randye Rogers by email: rarogers@kern.org

 This form completed by:

 Date: