

# Outbuilding Supplement

**Insured:** \_\_\_\_\_ **Location #** \_\_\_\_\_ **Building #** \_\_\_\_\_ **Date** \_\_\_\_\_

Building used by:  Owner  Tenant  Farm Manager  Employee  Vacant  Other \_\_\_\_\_

<b>Building Use / Description</b>	<b>Building Dimensions</b>	<b>Building Height</b> ft <input type="checkbox"/> 1 story <input type="checkbox"/> 2 story	<b>Year of Construction</b>
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<b>Construction</b>		
<input type="checkbox"/> Frame <input type="checkbox"/> Joisted Masonry <input type="checkbox"/> Metal – Non-Combustible <input type="checkbox"/> Other	<input type="checkbox"/> <b>Type 1</b>	Min \$10,000 – Superior, Enclosed, No Hay Continuous Foundation, Incombustible Floor
	<input type="checkbox"/> <b>Type 2</b>	Min \$5,000 – Above Average, Enclosed Continuous Foundation
	<input type="checkbox"/> <b>Type 3</b>	Building other than Type 2 or 3
<input type="checkbox"/> Basement Finished? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Loft Sq Footage _____ <input type="checkbox"/> Tack Room Sq Footage _____	<input type="checkbox"/> Apartment Sq Footage _____ <input type="checkbox"/> Office Sq Footage _____ <input type="checkbox"/> Other Sq Footage _____	
<input type="checkbox"/> Stalls Number _____ Condition: <input type="checkbox"/> Good <input type="checkbox"/> Need Repairs <input type="checkbox"/> Poor/Unacceptable		
<b>Exterior Walls</b> <input type="checkbox"/> Wood Frame <input type="checkbox"/> Concrete <input type="checkbox"/> Metal <input type="checkbox"/> Block (JM) <input type="checkbox"/> Other	<b>Interior Walls</b> <input type="checkbox"/> Unfinished <input type="checkbox"/> Finished (Describe) <input type="checkbox"/> Firewalls	Flammable Items in Building? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Hay Storage <input type="checkbox"/> Machinery or Equipment <input type="checkbox"/> Other

<b>Building Condition</b>	<b>Roof Covering</b>
<input type="checkbox"/> Superior characteristics and in excellent repair <input type="checkbox"/> Better than average characteristics and maintenance <input type="checkbox"/> Acceptable (Average characteristics and maintenance) <input type="checkbox"/> Showing signs of deterioration <input type="checkbox"/> Poor condition / Unacceptable	<input type="checkbox"/> Composite / Shingle <input type="checkbox"/> Metal <input type="checkbox"/> Other Condition: <input type="checkbox"/> New <input type="checkbox"/> Average <input type="checkbox"/> Patched <input type="checkbox"/> Worn Is proper roof drainage supplied? <input type="checkbox"/> Yes <input type="checkbox"/> No Roof Pitch: _____
Has building been remodeled <input type="checkbox"/> Yes <input type="checkbox"/> No Renovation Date: _____	
Is building used for it's intended purpose? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is plate line straight indicating no foundation settling? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the ridgeline straight indicating sidewalls have not spread? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are weeds and brush growth around building properly controlled? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe any special precautions taken during severe snow and ice storms in comments.	

<b>Heating</b>	<b>Air Conditioning</b>	<b>Fireplace?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Gas: <input type="checkbox"/> Natural <input type="checkbox"/> LP <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Wood Stove <input type="checkbox"/> None	<input type="checkbox"/> None <input type="checkbox"/> Central <input type="checkbox"/> Evaporative <input type="checkbox"/> Window/Wall	<input type="checkbox"/> Freestanding <input type="checkbox"/> Stove

<b>Wiring</b> <input type="checkbox"/> None <input type="checkbox"/> Safe <input type="checkbox"/> Poor* <input type="checkbox"/> Open Splices* <input type="checkbox"/> Over fused* <span style="float: right;">* Explain in narrative</span> Type: <input type="checkbox"/> Conduit <input type="checkbox"/> Romex <input type="checkbox"/> Other* _____ Protection: <input type="checkbox"/> Circuit Breakers <input type="checkbox"/> Fuses Extension Cords / Multi-tap Outlets? <input type="checkbox"/> Yes* <input type="checkbox"/> No Any temporary wiring? <input type="checkbox"/> Yes* <input type="checkbox"/> No
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Fire Detection system? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Smoke Detector <input type="checkbox"/> Battery <input type="checkbox"/> Hard Wired <input type="checkbox"/> Local Alarm <input type="checkbox"/> Central Station Central Alarm service contract? <input type="checkbox"/> Yes <input type="checkbox"/> No Sprinkler System? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Extinguishers</b> <input type="checkbox"/> ABC <input type="checkbox"/> BC/Dry Chemical <input type="checkbox"/> Carbon Dioxide Adequate Number? <input type="checkbox"/> Yes <input type="checkbox"/> No Off the floor? <input type="checkbox"/> Yes <input type="checkbox"/> No Accessible? <input type="checkbox"/> Yes <input type="checkbox"/> No Service Tag Date Current? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Comments: \_\_\_\_\_ **Pictures of buildings should show at least two sides**