



PC 9 – PROPERTY EXPOSURE SUPPLEMENTAL APPLICATION

1. Insured Name: _____

2. What is the occupancy? _____

3. Paid or volunteer fire department? _____

4. Response time from fire department to location: _____

5. Are roads paved and accessible year round? Yes No

6. Are there any physical barriers to access property? Yes No

If so, please outline what barriers are: _____

7. Is there a public hydrant within 1000 feet of the property? Yes No

If not, please describe the water source to be used in the event of a fire: _____

8. What is the distance of the water source from the property? _____

9. What is the amount of water available from the water source in the event of a fire? _____

10. Is the water source available to the responding Fire Department year-round? Yes No

11. Is the dwelling / structure / building occupied daily? Yes No

If no, please describe how often building is checked and by whom: _____

12. Any additional information or comments that is pertinent for this risk please reflect below:

I hereby declare to the best of my knowledge and belief that all the foregoing statements are complete and true, and that these statements are offered as an inducement to the company to issue a policy for which I am applying. It is understood and agreed that completion of this questionnaire does not bind the company.

Signature of applicant: _____

Date: _____