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BUILDINGS & LOCATIONS

Location 2: Please note if you have additional locations that are not vacant land, you will need to complete this section for each additional location.

Physical Address:	City:	State:	Zip:
Is this vacant land? <input type="checkbox"/> Yes <input type="checkbox"/> No	County the location is in:	Owner/Lessor/Lessee:	
Total Bldg. Sq. Feet (exclude basement):	Percentage you occupy? %	Percentage of Building with Sprinklers: %	
Year Built:	Number of Stories:	Number of Elevators:	Does Building have Air Conditioning? <input type="checkbox"/> Yes <input type="checkbox"/> No
Construction Type:	<input type="checkbox"/> Frame <input type="checkbox"/> Joint Masonry <input type="checkbox"/> Non-Combustible <input type="checkbox"/> Masonry Non-Combustible <input type="checkbox"/> Fire Resistant <input type="checkbox"/> Modified Fire Resistant <input type="checkbox"/> Other		
Roof Material:	<input type="checkbox"/> Aluminum Shingles <input type="checkbox"/> Composition <input type="checkbox"/> Concrete on Metal <input type="checkbox"/> Asbestos <input type="checkbox"/> Metal <input type="checkbox"/> Plastic <input type="checkbox"/> Clay Tile <input type="checkbox"/> Rolled Roofing <input type="checkbox"/> Rock <input type="checkbox"/> Slated <input type="checkbox"/> Shingles <input type="checkbox"/> Tile <input type="checkbox"/> Tar & Gravel <input type="checkbox"/> Wood Shingle <input type="checkbox"/> Other		
Basement Sq. Feet:	<input type="checkbox"/> Finished or <input type="checkbox"/> Unfinished	Basement Condition:	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
Distance in feet to the nearest fire hydrant:	Fire Alarm? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type:	
Are sidewalks, walkways, stairways and parking lots maintained?			<input type="checkbox"/> Yes <input type="checkbox"/> No

Location 3: Please note if you have additional locations that are not vacant land, you will need to complete this section for each additional location.

Physical Address:	City:	State:	Zip:
Is this vacant land? <input type="checkbox"/> Yes <input type="checkbox"/> No	County the location is in:	Owner/Lessor/Lessee:	
Total Bldg. Sq. Feet (exclude basement):	Percentage you occupy? %	Percentage of Building with Sprinklers: %	
Year Built:	Number of Stories:	Number of Elevators:	Does Building have Air Conditioning? <input type="checkbox"/> Yes <input type="checkbox"/> No
Construction Type:	<input type="checkbox"/> Frame <input type="checkbox"/> Joint Masonry <input type="checkbox"/> Non-Combustible <input type="checkbox"/> Masonry Non-Combustible <input type="checkbox"/> Fire Resistant <input type="checkbox"/> Modified Fire Resistant <input type="checkbox"/> Other		
Roof Material:	<input type="checkbox"/> Aluminum Shingles <input type="checkbox"/> Composition <input type="checkbox"/> Concrete on Metal <input type="checkbox"/> Asbestos <input type="checkbox"/> Metal <input type="checkbox"/> Plastic <input type="checkbox"/> Clay Tile <input type="checkbox"/> Rolled Roofing <input type="checkbox"/> Rock <input type="checkbox"/> Slated <input type="checkbox"/> Shingles <input type="checkbox"/> Tile <input type="checkbox"/> Tar & Gravel <input type="checkbox"/> Wood Shingle <input type="checkbox"/> Other		
Basement Sq. Feet:	<input type="checkbox"/> Finished or <input type="checkbox"/> Unfinished	Basement Condition:	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
Distance in feet to the nearest fire hydrant:	Fire Alarm? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type:	
Are sidewalks, walkways, stairways and parking lots maintained?			<input type="checkbox"/> Yes <input type="checkbox"/> No

Location 4: Please note if you have additional locations that are not vacant land, you will need to complete this section for each additional location.

Physical Address:	City:	State:	Zip:
Is this vacant land? <input type="checkbox"/> Yes <input type="checkbox"/> No	County the location is in:	Owner/Lessor/Lessee:	
Total Bldg. Sq. Feet (exclude basement):	Percentage you occupy? %	Percentage of Building with Sprinklers: %	
Year Built:	Number of Stories:	Number of Elevators:	Does Building have Air Conditioning? <input type="checkbox"/> Yes <input type="checkbox"/> No
Construction Type:	<input type="checkbox"/> Frame <input type="checkbox"/> Joint Masonry <input type="checkbox"/> Non-Combustible <input type="checkbox"/> Masonry Non-Combustible <input type="checkbox"/> Fire Resistant <input type="checkbox"/> Modified Fire Resistant <input type="checkbox"/> Other		
Roof Material:	<input type="checkbox"/> Aluminum Shingles <input type="checkbox"/> Composition <input type="checkbox"/> Concrete on Metal <input type="checkbox"/> Asbestos <input type="checkbox"/> Metal <input type="checkbox"/> Plastic <input type="checkbox"/> Clay Tile <input type="checkbox"/> Rolled Roofing <input type="checkbox"/> Rock <input type="checkbox"/> Slated <input type="checkbox"/> Shingles <input type="checkbox"/> Tile <input type="checkbox"/> Tar & Gravel <input type="checkbox"/> Wood Shingle <input type="checkbox"/> Other		
Basement Sq. Feet:	<input type="checkbox"/> Finished or <input type="checkbox"/> Unfinished	Basement Condition:	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
Distance in feet to the nearest fire hydrant:	Fire Alarm? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type:	
Are sidewalks, walkways, stairways and parking lots maintained?			<input type="checkbox"/> Yes <input type="checkbox"/> No

Please provide any additional comments:

APPLICANT ACKNOWLEDGEMENT & SIGNATURE

By signing below you are acknowledging that you have completed this application with statements and information that are true and accurate within the scope of your knowledge, and you understand that we will only be able to offer a quotation when all the applicable sections are completed and any additional requested items are received.

California Law requires us to notify you of the following: Any person, who with intent to defraud or knowingly facilitates a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement, is guilty of insurance fraud; criminal and civil penalties varying in degree by state.

Name: _____

Title: _____

Date: _____

Signature of Applicant: _____