



LOCATION ADDITION FORM

THE COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. PLEASE PROVIDE ADVANCED NOTICE OF A MOVE OR ADDITION OF NEW LOCATION/S SO WE MAY OBTAIN PRIOR APPROVAL FROM THE INSURANCE CARRIER.
(*REQUIRED)

General Information

Name Insured*:

(provide first and last name)

Email Address*:

Phone Number*:

Change Effective Date*:

Request Type*:

- Replace Existing Location Location Addition Only

Location Address Being Added*:

Location City, State, Zip*:

Location County*:

If in a coastal state, provide miles from a body of water:

Building Specifications

Are you the tenant or owner of the building?*

- Owner Tenant

If owned, provide ownership name if different from insured:

Is the building (select all that apply)*:

- Vacant Unoccupied
 Being renovated within 180 days
 Being moved into within 180 days
 Multi unit (e.g. condo, office) N/A

Year Built*:

If the building is over 30 years old, provide year of updates.

Wiring:

Plumbing:

Roof:

HVAC:

Construction Type*:

- Frame Joisted Masonry Non-Combustible
 Masonry Non-Combustible Fire Resistive Modified Fire Resistive

Square Feet of Entire Building*:

Number of Floors*:

Square Feet Occupied*:

Total Annual Payroll*:

Coverage: Provide Replacement Costs Limits

Building Limit (excludes land)*:

Contents Limit (excludes computer hardware, media, data, phones, fax machines & copiers)*:

Computers & Media (includes data, phones, fax machines & copiers)*:

Engineering Equipment (equipment taken more than 1000 ft. off insured premise that is owned, leased, borrowed, or rented, including total stations & GPS systems) *

Other Building Storage Locations:

LANDLORD, MORTGAGEE, OR ADDITIONAL INSURED ON PROPERTY?

(List name, address and loan number if applicable)

Signature:

Date:

Please email the completed form to: mcdonalds@marsh.com or fax it to: 1-866-395-4725.