



# Building Add/Drop Form

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

Member Name \_\_\_\_\_

**ADD BUILDING**

**DROP BUILDING #** \_\_\_\_\_  
Use exact site number from existing appraisal report.

<input type="checkbox"/> New Construction	<input type="checkbox"/> Owned	Year Built _____
<input type="checkbox"/> Existing Building	<input type="checkbox"/> Leased*	

**\*If the property is leased, please attach a copy of the executed lease agreement.**

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?	<input type="checkbox"/> Frame	<input type="checkbox"/> Joisted Masonry
	<input type="checkbox"/> Non-Combustible	<input type="checkbox"/> Masonry Non-Combustible
	<input type="checkbox"/> Modified Fire Resistive	<input type="checkbox"/> Fire Resistive
	<input type="checkbox"/> Portable/Relocatable	

## BUILDING FEATURES

School Site Name or Site #		Date of Occupancy			
Building Name and Building #		Building Use (Classroom, Gym, Etc.)			
Address		City		Zip	
Gross Square Footage		Number of Floors		Number of Classrooms	

Please return this form to Jonathan Pham by email: [pham@ascip.org](mailto:pham@ascip.org) or by fax: 562.404.8038

**Completed by:** \_\_\_\_\_

**Date:** \_\_\_\_\_