

BARN DOMINIUM/BARN WITH LIVING QUARTERS

MAKE SURE TO ANSWER EVERY QUESTION

INSURED: _____ **POLICY NO.:** _____

Physical Address: STREET:		
CITY:	STATE:	ZIP:
How far from the nearest neighbor?		
Can it be seen?		
How far to the nearest fire hydrant and fire station?		PPC?
Square Footage:		
Living Quarters		
Other Space		
Is there a fire wall between living space and other space?		
What is stored in the barn/other area? Hay: ____ Flammable Liquids: ____ (explain)		
Are there 2 or more egresses not through the barn area?		How many?

Is any part of the building heated by a wood stove or any other auxiliary heating device? Yes No If yes, complete the wood burning stove questionnaire.		
Are there smoke detectors in each section?		
What is the age of the building?		
If over 20 years old, when was the building last updated		
Roof	Plumbing	
Heating	Electrical	
Has wiring been completely redone?		Yes No
Is there any knob and tube wiring?		Yes No
What is the market value of the building?		

SIGNATURES	
Applicant's signature:	Date:
Agent's signature:	Date:

**THERE CANNOT BE ANY SMOKING IN THE BUILDING IN ORDER TO QUALIFY FOR
COVERAGE.**