



Location Information

Location #	Store #	Address:			
City:		State:	Zip Code:	Phone:	
Total # Employees:		Full Time:	Part Time:	Total Sales: \$	
# Full Time Drivers:		# Part Time Drivers:		Delivery Sales: \$	
Building Information:		Age of Building:	Square Foot:	Own	Lease
Frame	Masonry	Joisted Masonry	Noncombustible	Alarm:	Yes No
# Floors:	Free Standing	Shopping Center	Sprinklers:	Yes	No

If Building is 20 Years or Older Please List the Year the Following Items were Updated

Roof:	HVAC:	Electrical:	Plumbing:
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Please List the Replacement Cost Value for the Following

Building	\$	Betterments & Improvements	\$
Food Spoilage	\$	Business Personal Property	\$

Additional Info:

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