



*JJ Farber-Lottman Co., Inc.*

Servicing the Insurance Industry Since 1914



***ADDITIONAL UNDERWRITING INFORMATION NEEDED FOR FRAME  
CONSTRUCTION BUILDINGS***

NAME OF INSURED \_\_\_\_\_

LOCATION OF BUILDING(S) \_\_\_\_\_

- |   |          |          |
|---|----------|----------|
| 1. Sprinklers (Circle One)  | YES      | NO       |
| 2. Smoke Detectors (Circle One)   | YES      | NO       |
| 3. Risk is (Circle One)   | Attached | Detached |
| 4. Distance to the building on the  | Left     | _____    |
|   | Right    | _____    |
|   | Rear     | _____    |
| 5. Construction of building on the  | Left     | _____    |
|   | Right    | _____    |
|   | Rear     | _____    |
| 6. Type of occupancy of the building on the   | Left     | _____    |
|   | Right    | _____    |
|   | Rear     | _____    |
| 7. Is there commercial cooking in applicant's or any of the adjacent buildings (Circle One) | YES      | NO       |

Miscellaneous Information




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