

Apartment Building Profile

Named Insured _____

Mail Address _____

Email _____ Phone # _____

Location (if different) _____

Current Insurer _____ Expiration Date _____
(if any)

Losses past 5 years: None: _____

Date _____ Amount Paid _____ Type of Loss _____

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Building Info:

Building Age _____ # of Stories _____ Construction: Wood Frame _____ Brick _____
(approx)

Number of units _____ Subsidized _____ Sq Ft area _____ Pets _____

Sprinkler system _____ Smoke Detector: Battery _____ Hard wired _____

Row Building _____ If not, distance between buildings _____

Left Right Rear

Year systems were updated:

Wiring _____ Plumbing _____ Heating _____ Roof _____

Current Limits:

Building Limit _____ General Liability Limit _____

Lead Paint:

of units with letter of compliance _____ # of units with letter of interim control _____

Mail or fax to: HR Hatch Insurance

31 Milk St

Boston, MA 02109

Phone (617) 426-3711 Fax (617) 482-5109