

**PREMISES INFORMATION
SUPPLEMENTAL APPLICATION**

Applicant: _____

LOC. NO.	LOCATION OF PREMISES -	*TYPE OF OCCUPANCY	NUMBER OF OUTPATIENT VISITS	NUMBER OF BEDS	NUMBER OF CLIENTS	INSURED'S INTEREST	SQUARE FEET
1	Street Town	State					
2	Street Town	State					
3	Street Town	State					
4	Street Town	State					
5	Street Town	State					
6	Street Town	State					
7	Street Town	State					
8	Street Town	State					
9	Street Town	State					
10	Street Town	State					
11	Street Town	State					
12	Street Town	State					
13	Street Town	State					
14	Street Town	State					
15	Street Town	State					

*Type of Occupancy Examples: Residential, Counseling, Sheltered Workshop, Day Care, Camp, Administrative Office, Kitchen, Cafeteria, Recreational Facility
 Outpatient - OP - requires number of OPV (number of Clients x number of visits) School - SC - requires number of Clients a day
 Workshop - W - requires number of Clients a day Residential - R - requires number of beds