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 _____

Date _____ Amount Paid _____ Type of Loss _____

Building Info:

Building Age _____ # of Stories _____ Construction: Wood Frame ____ Brick ____
(approx)
All Occupants _____ Sq Ft area _____

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 _____

Mail or fax to: HR Hatch Insurance
31 Milk St
Boston, MA 02109
Phone (617) 426-3711 Fax (617) 482-5109