



Location Form

Member Name	
Effective Date	

Change Type

- Add.** *If you are adding a new location, please complete this form in its entirety.*
- Remodel.** *If you are adding a completed remodel project, please indicate the location number in the location name. Please then complete this form as if you are adding the remodeled building as a new location.*
- Delete.** *If you are deleting a location, please provide the location number and location name below and skip to the Disclosure & Signature section.*

Location Information

1. Building/Structure Name	
2. Address	
3. Geocode from the center of the location	
4. Structure Type <i>(for example Elementary, High School, Residence, Sports Complex, etc.)</i>	
5. Is this a leased location?	<input type="checkbox"/> Yes. <i>If yes, under the lease are you required to:</i> <input type="checkbox"/> Insure the building and/or your betterments or improvements? If so, please complete the rest of this section. <input type="checkbox"/> Insure only your own contents? If so, please skip to question #18. <input type="checkbox"/> No. <i>If no, please complete the rest of this section.</i>
6. Year Built or Remodeled	
7. Square Footage	
8. Stories	
9. Construction Type <i>Please choose only one</i>	<input type="checkbox"/> Frame (Wood) <input type="checkbox"/> Concrete <input type="checkbox"/> Prefabricated <input type="checkbox"/> Metal (Including Steel Frame) <input type="checkbox"/> Modular <input type="checkbox"/> Fireproof Metal <input type="checkbox"/> Joisted Masonry <input type="checkbox"/> Solid Masonry Block (Non-Combustible)

Questions?

For underwriting or coverage questions, please contact our Risk Programs Team at **1-800-332-3556**

or

RiskPrograms@cdsip.net

Audrey Mauser
Manager of Risk Programs
audrey@cdsip.net

Andy Cahill
Risk Programs Coordinator
andy@cdsip.net

Annell Hodges
Risk Programs Coordinator
annell@cdsip.net

Derrick Kirkpatrick
Associate Risk Programs Coordinator
derrick@cdsip.net

Coverage Disclaimer

Insurability is subject to all policy terms, conditions and exclusions. Exclusions may also apply to alter who is an insured or the application of coverage to an insured. This is a summary only and is not an insurance policy. This document does not contain a complete, detailed statement or description of all of the terms, coverages, exclusions, limitations or conditions of CSDSIP's policy. Review your policy for a complete description of terms, conditions and exclusions.

CSDSIP 
Colorado School Districts
Self Insurance Pool

📞 303.722.2600

🌐 www.cdsip.org

📱 @CSDSIP

Location Form

10. Construction Quality <i>Please choose only one</i>	<input type="checkbox"/> Basic <input type="checkbox"/> Average <input type="checkbox"/> Above Average	<input type="checkbox"/> Expensive <input type="checkbox"/> Very Expensive <input type="checkbox"/> Exceptional
11. Roofing Material <i>Please choose only one</i>	<input type="checkbox"/> Rubber <input type="checkbox"/> Asphalt Shingles <input type="checkbox"/> Corrugated Aluminum <input type="checkbox"/> Other: _____	<input type="checkbox"/> Tar & Gravel <input type="checkbox"/> Fiberglass Shingles <input type="checkbox"/> Urethane Foam
12. Building Exterior <i>Please choose only one</i>	<input type="checkbox"/> Brick <input type="checkbox"/> Stone <input type="checkbox"/> Wood <input type="checkbox"/> Stucco <input type="checkbox"/> Siding (Wood, Metal or Vinyl)	<input type="checkbox"/> Block <input type="checkbox"/> Concrete <input type="checkbox"/> Log <input type="checkbox"/> Metal
13. Fire Alarm Type	<input type="checkbox"/> Manual <input type="checkbox"/> Automatic	<input type="checkbox"/> None
14. Sprinkler System	<input type="checkbox"/> Full <input type="checkbox"/> Partial	<input type="checkbox"/> None
15. Security System	<input type="checkbox"/> Yes	<input type="checkbox"/> No
16. Elevator	<input type="checkbox"/> Yes	<input type="checkbox"/> No
17. Building Value <i>Do not include land value or soft costs</i>		
18. Contents Value <i>We will use 15% of the building value unless otherwise indicated</i>		

Equipment Breakdown Coverage

Please complete if you carry Equipment Breakdown Coverage with CSDSIP.

1. Does this new building have any boilers or pressure vessels that require jurisdictional inspection by the State of Colorado?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Does this new building have any solar panels or geothermal systems?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, please provide the following for each system:</i>		
a. Solar or geothermal?		
b. Installation year		
c. Estimated value of the system		
d. Does the system produce energy for 3 rd Party consumption?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Continued on next page

Location Form

Pollution Coverage

Please complete if you carry Pollution Coverage with CSDSIP.

1. Is the address for this new location already on your Bound Property Schedule?	<input type="checkbox"/> Yes. If yes, skip to the Disclosure & Signature section. <input type="checkbox"/> No. If this is a new address, please complete the following questions.
2. What are you using your new location for? Please be detailed. For example, a Transportation Building with fueling, service and repair facilities.	
3. Do you have any plans to change the use of this location?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Do you have any plans for capital improvements for this new location?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what?	
5. What was the use of the land before your new location?	
6. In the last 5 years, have you (the Member) had any reportable releases of spills of hazardous substances, hazardous wastes, or any other pollutants?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. In the last 5 years, have you (the Member) been prosecuted, cited or named, or is currently being prosecuted, cited or named, for any violation of any standard or law relating to the release or threatened release of a pollutant?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Please describe any claims made against you (the Member) during the last 5 for clean-up response action, toxic tort or bodily injury or property damage, resulting from the release of hazardous materials or waste, or any other pollutant into the environment.	
9. At this time, do you (the Member) know of any facts or circumstances which may reasonably be expected to result in a claim arising from the release of pollutants into the environment?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Disclosure & Signature

The applicant represents that the above statements and facts are true and that no material facts have been suppressed or misstated. All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part hereof. The application is attached to the policy, so it is necessary that all questions be answered in detail. The applicant's acceptance of the company's quotation and the company's written agreement to be bound are required to bind coverage and issue policy.

Your Name: _____ Title: _____

Applicant Signature: _____ Today's Date: _____