

**NEW OR ADDITIONAL OFFICE APPLICATION**

Company Name: \_\_\_\_\_

Company Code: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address of Office Facility  
To Be Inspected: \_\_\_\_\_

Is this application being made as a result of a move?  yes  no

Is this application for an additional office location?  yes  no

Please note that if this application is for an additional office location, and the location is approved you will be required to submit an additional deposit on this facility equal to one "member's portion" of a physical damage deductible, corresponding to the rate per repossession paid on the most recently submitted monthly report.

\_\_\_\_\_ (Initial)

Also, please note that the monthly minimum reporting requirement is increased with each additional office or storage location added. \_\_\_\_\_ (Initial)

*\*\*When submitting this application please don't forget to include the \$200 application fee, photos and a copy of your lease agreement. New or additional storage facilities are subject to a facility inspection by an independent adjuster. Additional office facilities are not listed in the directory; however they may be listed as needed on a certificate of insurance.*

1. Is inspected location in?  Commercial  Industrial  Residential  Rural area.

2. Is office location?  Owned  Rented/leased

If rented/leased please provide name of landlord: \_\_\_\_\_

3. Type of structure? *Check all that applies*  Brick/Masonry  Wood frame  Metal  
 Mobile home  Stand alone building  Office building  Office trailer  Private residence  
 Apartment

4. Is any portion of the structure used as a personal residence?  Yes  No *if yes describe:*

5. Brief description of general neighborhood surrounding office: \_\_\_\_\_

6. Are premises well maintained and free of hazards?  Yes  No *Comments:* \_\_\_\_\_

7. Is there a separate entrance for debtors retrieving vehicle or personal property?  Yes  No

8. Number of employees: \_\_\_\_\_ office: \_\_\_\_\_ field adjusters: \_\_\_\_\_ Other: \_\_\_\_\_ Total # of all employees: \_\_\_\_\_

9. Do you currently have a separate insurance policy to cover the businesses owned property (i.e. building and contents)?  yes  no If yes, please provide name of carrier: \_\_\_\_\_

***Note: The master policy provided through RSIG does not provide coverage for your building and contents, other than debtor's personal property, which provides \$3500.00 for property of others, subject to a \$1000.00 deductible.***