



Building Application

Return completed application to NDFT@ndirf.com.

| | | | |
|--|--------------|---|----------------|
| Policy Number | Policyholder | Property Number | Effective Date |
| Property Street Address | City | State | Zip |
| Contact Person | | Contact Phone | |
| Contact Email | | | |
| Type of Coverage Requested <input type="checkbox"/> Replacement Cost (RC) or <input type="checkbox"/> Actual Cash Value (ACV) <ul style="list-style-type: none"> • Building Property (BP) _____ ◦ Do not include land value or detached property. • Personal Property (PP) _____ • Trailer Property (TP) _____ | | Property Name | |
| | | Property Use | |
| Does mortgagee or loss payee apply to this property? If yes, complete Company Name and Address. <input type="checkbox"/> Yes <input type="checkbox"/> No Property Type <input type="checkbox"/> BP <input type="checkbox"/> PP <input type="checkbox"/> TP | | Company Name | Address |
| | | City | State |
| | | | Zip |
| 1. Check Construction Type 1. Frame/Combustible _____ % A building where the exterior walls, bearing walls and partitions, and the structural floors and roof, and their supports, are wood or light-gauge metal. This includes buildings where the wood or light-gauge metal has been combined with other materials to form composite components such as wood or metal studs with brick or stone veneer, stucco, or metal siding. 2. Joisted Masonry _____ % A building that has the exterior walls constructed of masonry materials such as brick, hollow or solid concrete block, concrete, gypsum block, clay tile, stone or similar materials. The structural floors and roof are of wood or light-gauge metal. 3. Non-Combustible (Pre-Engineered Metal) _____ % A building that employs a system of pre-engineered rigid steel framing members. The exterior walls are of metal siding, sandwich panels, or masonry, and the roof is clad with metal roofing or sandwich panels. 4. Masonry Non-Combustible _____ % A building where the structural floors and roof are of unprotected non-combustible materials sch as metal decking or concrete on metal decking and are supported by an unprotected structural steel frame, fire resistive walls, or a combination of both. 5. Modified or Semi-Fire Resistive _____ % A building where the structural floors and roof, and their supports are of non-combustible construction with a fire rating of not less than one hour. 6. Fire Resistive _____ % A building where the structural floors and roof are of unprotected non-combustible materials sch as metal decking or concrete on metal decking and are supported by an unprotected structural steel frame, fire resistive walls, or a combination of both. | | | |
| 2. Number of Stories | | 3. Total Square Footage of All Floors, Excluding Basement (Provide diagram in #23) | |
| | | 4a. Approximate Year Built of Original Building | |
| | | 4b. Year and SF of Addition | |

| | | | | | | | | | | | | | | | | | | | |
|--|---|---|--|--|---------------------------------|-----------------|----------------|------------------------|----------------------|-----------------------|------------------|---------------|---------------------|--|------------------|--|------------------|--|---------------|
| 5. Basement <input type="checkbox"/> Yes <input type="checkbox"/> No Finished _____ sq. ft. Unfinished _____ sq. ft. | 6. Crawl Space <input type="checkbox"/> Yes <input type="checkbox"/> No _____ sq. ft. | 7. Foundation <input type="checkbox"/> 8 ft. Deep <input type="checkbox"/> Pier <input type="checkbox"/> 4 ft. Deep <input type="checkbox"/> Skid <input type="checkbox"/> Concrete Slab <input type="checkbox"/> Other | 8. Height of Exterior Wall | | | | | | | | | | | | | | | | |
| 9. Roof Covering Material <input type="checkbox"/> Asphalt Shingles _____ % Year _____ <input type="checkbox"/> Steel _____ % Year _____ <input type="checkbox"/> Built-up, tar and gravel or rock _____ % Year _____ <input type="checkbox"/> Wood shakes or shingles _____ % Year _____ <input type="checkbox"/> Single-ply membrane _____ % Year _____ | | | | | | | | | | | | | | | | | | | |
| 10. Heating System <input type="checkbox"/> Yes <input type="checkbox"/> No Year _____ <input type="checkbox"/> Boiler and piping only <input type="checkbox"/> Geothermal heating <input type="checkbox"/> Steam or hot water with convectors or radiators <input type="checkbox"/> Electric baseboard or wall unit <input type="checkbox"/> Heat pump <input type="checkbox"/> Steam or hot water with suspended unit heaters <input type="checkbox"/> Forced warm air <input type="checkbox"/> In-floor heat (electric, boiler/re-circulating, other) <input type="checkbox"/> Thru-wall units <input type="checkbox"/> Gas, oil, or electric suspended unit heaters <input type="checkbox"/> Solid fuel-burning (wood, coal, other) <input type="checkbox"/> Waste oil | | | | | | | | | | | | | | | | | | | |
| 11. Air Conditioning System <input type="checkbox"/> Yes <input type="checkbox"/> No Year Updated _____ <input type="checkbox"/> Forced air cool <input type="checkbox"/> Thru-wall units <input type="checkbox"/> Heat pump | 12. Electrical <input type="checkbox"/> Yes <input type="checkbox"/> No Year Updated _____ | 13. Plumbing <input type="checkbox"/> Yes <input type="checkbox"/> No Year Updated _____ | 14. Fire Sprinkler System <input type="checkbox"/> Yes <input type="checkbox"/> No Inspected Annually <input type="checkbox"/> Yes <input type="checkbox"/> No Year Inspected _____ | 15. Freight Elevators <input type="checkbox"/> Yes <input type="checkbox"/> No Year Updated _____ <hr/> 16. Passenger Elevators <input type="checkbox"/> Yes <input type="checkbox"/> No Year Updated _____ | | | | | | | | | | | | | | | |
| 17. Fire Detection Systems <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Centrally-monitored system <input type="checkbox"/> Smoke/heat detectors <input type="checkbox"/> Manual pull stations Inspected Annually <input type="checkbox"/> Smoke detectors battery <input type="checkbox"/> Automatic suppression system — If yes, type <input type="checkbox"/> Wet <input type="checkbox"/> Dry <input type="checkbox"/> Yes <input type="checkbox"/> No Year Inspected _____ | | | | | | | | | | | | | | | | | | | |
| 18. Interior Finishes <table style="width:100%;"> <tr> <td><input type="checkbox"/> Ceilings</td> <td><input type="checkbox"/> Floors</td> </tr> <tr> <td>Drywall _____ %</td> <td>Carpet _____ %</td> </tr> <tr> <td>Suspended Tile _____ %</td> <td>Ceramic Tile _____ %</td> </tr> <tr> <td>Acoustic Tile _____ %</td> <td>VCT Tile _____ %</td> </tr> <tr> <td>Other _____ %</td> <td>Sheet Vinyl _____ %</td> </tr> <tr> <td></td> <td>Hardwood _____ %</td> </tr> <tr> <td></td> <td>Laminate _____ %</td> </tr> <tr> <td></td> <td>Other _____ %</td> </tr> </table> | | | | <input type="checkbox"/> Ceilings | <input type="checkbox"/> Floors | Drywall _____ % | Carpet _____ % | Suspended Tile _____ % | Ceramic Tile _____ % | Acoustic Tile _____ % | VCT Tile _____ % | Other _____ % | Sheet Vinyl _____ % | | Hardwood _____ % | | Laminate _____ % | | Other _____ % |
| <input type="checkbox"/> Ceilings | <input type="checkbox"/> Floors | | | | | | | | | | | | | | | | | | |
| Drywall _____ % | Carpet _____ % | | | | | | | | | | | | | | | | | | |
| Suspended Tile _____ % | Ceramic Tile _____ % | | | | | | | | | | | | | | | | | | |
| Acoustic Tile _____ % | VCT Tile _____ % | | | | | | | | | | | | | | | | | | |
| Other _____ % | Sheet Vinyl _____ % | | | | | | | | | | | | | | | | | | |
| | Hardwood _____ % | | | | | | | | | | | | | | | | | | |
| | Laminate _____ % | | | | | | | | | | | | | | | | | | |
| | Other _____ % | | | | | | | | | | | | | | | | | | |
| 19. Security Systems <input type="checkbox"/> Closed-circuit <input type="checkbox"/> Trespass alarm (motion sensor, door/window monitoring) <input type="checkbox"/> Electronic building access (key card) | | | | | | | | | | | | | | | | | | | |
| 20. Are security systems centrally monitored? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | | | | | | | | |

21. Unique/Additional Features

Examples include but are not limited to: stages, exterior decking, emergency electrical generators, domed roof, marble floor, stained glass windows, permanently installed mechanical equipment, mezzanine, balconies, heating stack, fireplace.

| Description | Cost |
|-------------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

23. Building Diagram Showing Exterior Dimensions.

Provide one or more of the following types of diagrams for the building you are submitting for coverage: scale line drawing, building floor plan, architectural drawing, or contractor's building plan. If these types of diagrams are not available, you may use the area here to sketch a diagram of the building. You can also complete a sketch diagram on a separate sheet of paper and attach it to your application. **All diagrams must show building dimensions.**

Include the following documentation with your application.

- Diagram
 - Diagram instructions are included in section 23.
- Interior and exterior photos of the building or property
 - Provide clear color photos of the interior and exterior of the building or property. Photos can be submitted in the following formats: color copies attached to this application or sent as JPG or PDF email attachments to NDFT@ndirf.com.
- Documentation to support the insurable value being requested
 - Attach documentation to support the building value you are requesting. Acceptable forms include: itemized cost outline or spreadsheet, contractor applications, or an itemized bill or invoice from a contractor.

Applications that are incomplete or lack required documentation will be returned.

| | |
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| Signature of Policyholder. This application must be signed and dated. | Date |
|---|------|

If you have questions regarding this application, please contact the NDIRF at (701) 224-1988 or (800) 421-1988.