

Building Add/Drop Form

*In order to update your list of insured properties, please provide the details below.*

District Name

Location Name

**ADD PERMANENT**  **ADD PORTABLE DROP BUILDING #**

**BUILDING BUILDING**

Use exact site number from existing appraisal report.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| New Construction  Existing Building | Acquisition Date | | Owned  Leased | Year Built |  |
| What is the construction cost or the purchase price of the building? | | | | |
| Does the purchase price include land?  Yes  No | | | | | |
| What is the type of construction? | | Frame  Joisted Masonry  Non-Combustible  Masonry Non-Combustible  Modified Fire Resistive  Fire Resistive  Exterior Wall Material | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Building Name | | | | | Building Use (Classroom, Gym, Etc.) | |
| Address | | | | | City | Zip |
| Total Square  Footage |  | | | Number of Floors |  | |
| **ADDITIONAL FEATURE (Check all that apply)** | | | | | | |
| Fire Alarm System | |  | Manual  Automatic | | | |
| Fire Sprinkler System | |  | Manual  Automatic | | | |
| Entry Alarm System | |  | Manual  Automatic | | | |

Please return this form to Randye Rogers by email: [rarogers@kern.org](mailto:rarogers@kern.org)

This form completed by:

Date: