

FOR CERTIFIED CHAPTERS OF NATIONAL AUDUBON SOCIETY

PROPERTY INSURANCE APPLICATION

Email to kestrel@pachner.info or Fax to 866-406-9548

Chapter Information

Insured Name: _____

Address: _____ State: _____ ZIP: _____

Phone: _____ Fax: _____

E-Mail Address: _____

Mailing Address, if different from above:

Insured Name: _____

Address: _____ State: _____ ZIP: _____

Building Information and Required Limit (A Separate Sheet Required for Each)

Property Coverage on Buildings Is Not Needed

- a. Construction: Brick Frame Metal
- b. Year Built: _____ If over 25 years old, please give year of updates for:
 ___ Heating ___ Roof ___ Plumbing ___ Electrical
- c. Square Footage: _____
- d. Is the building Sprinklered (Fire Suppression System)? Yes No
- e. Do you have an alarm? Yes No If Yes, is it: Central Station Local Gong Alarm
- f. **Occupancy Description:** _____

Physical Address	Building Coverage Limit	Business Personal Property Limit.	Business Income Limit	Deductible

Trailers and Other Portable Structures

Property Coverage on Trailers & Other Portable Structures Is Not Needed

	Year Built	Wall & Trailer Value
#1		
#2		
#3		

Signature _____

Date _____

Print Name _____

Title _____

Pachner & Associates, LLC - Tel. (800) 582-4884