NORTHERN
CALIFORNIA
SCHOOLS
INSURANCE
GROUP

Northern California ReLiEF

PROPERTY ENDORSEMENT REQUEST

PLEASE FILL OUT ONE FORM FOR EACH BUILDING.

Today's Date:	**Effective Date:**
JPA: NCSIG /Northern California Schools Insurance Group	**District:**
Contact:	**Phone:**

1) Check only one: ☐ **Add** ☐ **Delete** ☐ **Revise**

If Revise box is checked, what is being done?

2) Type of Property: ☐ **Real Property/Building** ☐ **Personal Property/Contents** ☐ **Construction/Installation**

3) Location of property as listed on Site Report:

A. Site Name

B. Building Name *(include Room # and/or Schedule # when known)*

C. Is this a new site? ☐ Yes ☐ No

D. Address

E. Describe the building's purpose/occupancy: ☐ Classroom ☐ Administration ☐ Gym ☐ Other Describe

F. If Construction/Installation, indicate the following: Effective Start Date End Date

4) Replacement Values:

Real Property/Building Replacement Value $ _____

Personal Property/Contents/Computer Replacement Value $ _____

Note: If no personal property value is listed, the default value will be applied

5) Building Construction Information:

Year of Construction Note: If Construction year not provided the default of 1975 will apply	
Total Square Feet	
Construction Type	☐ Wood ☐ Steel ☐ Reinforced Concrete ☐ Masonry ☐ Metal ☐ _____
Is it a relocatable?	☐ Yes ☐ No
If yes, what is the Serial Number?	
Is it permanently attached to the foundation?	☐ Yes ☐ No
Number of Stories	
Basement	☐ Yes ☐ No
Fire Protection (check all that apply)	☐ Sprinklers ☐ Fire Extinguishers ☐ Central Station Alarm ☐ Other Describe _____
Is the building leased or owned by the District?	☐ Leased ☐ Owned
If yes, is the District required by contract to provide real property coverage?	☐ Yes ☐ No
Is building vacant?	☐ Yes ☐ No
6) Remarks: *(loss payee, mortgagee, additional insured, other)*	

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