

**North Bay Schools Insurance Authority
Building/Contents/Portable Add/Update Appraisal Form**

PLEASE COMPLETE FOR (EACH) BUILDING, CONTENTS, PORTABLE

District: _____ Contact Person: _____ Phone: _____

Site: _____ Building Name/Number: _____

Building Address: _____ City: _____ State: _____ Zip Code: _____

I. Building Change Type: (please check appropriate box)

New Building Building Addition Demolition / Removal New Portable

II. Date of Change (mm/dd/yr) ____/____/____

III. Brief Description: _____

IV. Occupancy: _____

V. Replacement Cost Building: _____ (excluding land, site improvements)

VI. Replacement Cost: Contents & Equipment: _____

PLEASE COMPLETE FOR RELOCATED BUILDINGS:

NEW Site: _____ NEW Building Name/Number: _____

NEW Building Address: _____ City: _____ State: _____ Zip Code: _____

Supplemental Building Data

Please complete this section for *New Building* and/or *Building Addition*:

Square Footage: _____ or Dimensions: _____ Year Built: _____

Automatic Sprinkler: Yes No

Intrusion Alarm: Yes No

Fire Detection System: Yes No

Fire Protection Class: _____ Construction Type: _____ # of Stories: _____

Supplemental Portable Data

Please complete this section for *New Portable*:

Square Footage: _____ or Dimensions: _____ Construction Type: _____ Year Built: _____

Foundation: _____ Yes No

Plumbing: _____ Yes No

Installation Costs: _____

Please return to Heather Eichen at NBSIA - call if you have questions:

380 Chadbourne Rd. Suite A, Fairfield, CA 94534

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