



**PAO PURCHASING GROUP
HIGH RISE SUPPLEMENT**

COMPLETE FOR EACH BUILDING OVER 6 STORIES AND ATTACH TO APPLICATION

Agency Name: _____

Named Insured: _____

Location Address: _____

Mgmt. Co. Name / How long servicing bldg?: _____

Inspection Contact: _____ Telephone: _____

Occupancy: _____ % Less than 90%, Explain: _____

Building Construction: _____ Roof Construction: _____

Type of Wiring: _____ If Aluminum, What Percent/Location: _____

If Aluminum, Updated? Yes No If No, Please provide detail: _____

Number of Stories: _____ Total Building Sq. Footage: _____

Year Built: _____ Protection Class: _____

No. Residential Units: _____ # of Elevators: _____

Garage: Yes No Capacity/# of Spaces: _____

Sprinklers Yes No

If Yes, Please provide percentage and detail on placement: _____

Battery Op. Smoke Detectors Yes No

If Yes, Please provide percentage and detail on placement: _____

Hard Wire Smoke Detectors Yes No

If Yes, Please provide percentage and detail on placement: _____

Central Station Fire Alarm System Yes No

Manual Pull Alarm Yes No

Hard Wire Emergency Lighting Yes No

Illuminated Exit Signs on All Exits Yes No

24 Hour Doorman-Security Yes No

2 Exits from All Floors or Enclosed Stairwell Yes No

Intercom System and/or Annuciator Panel Yes No

Standpipe System Yes No

Emergency Plan Yes No

Any Outstanding Fire Code Violations Yes No

All Applicable State, City, Town, etc. Building Codes Met Yes No

Please provide Update Year if building is over 15 years old:

Plumbing (Date): _____ Electric (Date): _____

Roof (Date): _____ Heat/AC (Date): _____

Other (Date): _____

Please attach current inspection report and/or photos if available