

**Installation Costs:** 

## RESTG Building/Contents/Portable - Add/Update/Delete Form PLEASE COMPLETE FOR (EACH) BUILDING, CONTENTS, PORTABLE

BEDWOOD TITLE	CHOOLS' INSURANCE G	ROUR						
Date:	HUOLS' INSURANCE G	коор						
District:				Contact Person:				
Contact E	Email:		Fax #:					
			Build	ling Inforn	nation			
School:			Building Name:				Building #	
Building A	Address:							
ı.	Building Change Type:							
	New Building: Building Addition:		dition:	Demolition/Removal:		New Portable:		
II.	Date of Change/Acceptance:				Facility Ov	wned Facility:	Leased Brief:	
III.	Description (usage):							
IV.	Occupa	ncy:						
V.	Building Replacement Cost (excluding land, site improvements):							
VI.	Contents and Equipment Replacement Cost:							
Supplemental Building Data  Please complete this section for New Building and/or Building Addition								
Square Footage: OR I		OR Dir	nensions (in Feet): Lengt		:	Width:	Year Built:	
Automatic Sprinkler:Yes			No	Construction	on Type:	Wood:	Frame:	
Intrusion Alarm:Yes			No	Number O	umber Of Stories:			
Fire Detection System: Yes			No	Fire Protection Class:				
			Suppleme Please complete e is leased, a c	this section t	for <b>New Po</b>			
Square Footage: or Dimer		ensions (in Feet):	: Length	· ·	Width:	Year Built:		
Foundation:		Yes I	No	Construc	tion Type:	Wood:	Frame:	
Plumbing:		Yes [	No					