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| **GLATFELTER COMMERCIAL AMBULANCE****BUILDING VALUATION FORM****Photos of Building Must Accompany Completed Form** |

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| --- | --- | --- | --- |
| **Submitted by:** |  | **Date:**  |  |

**General Information**

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| --- | --- | --- |
| **Client Information** |  | **Policy Information** |
| Name: |  |  | Coverage Amount: |  |
| Location Address: |  |  | Policy Number: |  |
|  |  |  | Location Number: |  |
| City: |  |  |  |  |
| State/Zip Code: |  |  |  |  |

**Structure Information**

(Answer only the applicable information for each structure. Some fields on the worksheet do not apply for every structure.)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Structure Type:**

|  |  |  |
| --- | --- | --- |
| [ ]  | Ambulance Station, Paid: | **%** |
| [ ]  | Ambulance Station, Volunteer: | **%** |
| [ ]  | Social Club: | **%** |
| [ ]  | Govt. Buildings: | **%** |
| [ ]  | Office: | **%** |
| [ ]  | Other: | **%** |
|  |  |
| *(Check all that apply)* |  |

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| Year Built: |  |
| Total Square Footage:  |  |
| Ground Floor Area: |  |
| Number of Floors: |  |
| Perimeter: |  |
| Basement Square Footage: |  |
| Type: [ ]  Finished [ ]  Unfinished |
| Other Area Type *(mezzanine, balcony, etc.)* and Square Footage Amount:  |

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| **Building Code Class** |  | **Construction Type** |  |
| [ ]  1 – Frame Combustible: | **%** | [ ]  Framing, Wood: | **%** |
| [ ]  2 – Joisted Masonry: | **%** | [ ]  Metal Frame: | **%** |
| [ ]  3 – Noncombustible: | **%** | [ ]  Masonry, Block: | **%** |
| [ ]  4 – Noncombustible (Masonry): | **%** | [ ]  Masonry, Brick: | **%** |
| [ ]  5 – Modified Fire Resistive: | **%** | [ ]  Other:  | **%** |
| [ ]  6 – Fire Resistive:*(Check all that apply)* | **%** | *(Check all that apply)* |  |

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| **Construction Quality** |  |
| [ ]   | Basic – *Plain, square/rectangular, no trim or decoration* |
| [ ]   | Average – *Typical building style for occupancy, limited trim or decoration* |
| [ ]   | Above Average – *More complex in shape or building style with more features, trim, decoration* |
| [ ]   | Expensive – *Complex shape/roofline, specialized/costly materials or features* |
| [ ]   | Very Expensive – *Involves well known architect/developer, expensive or vintage features* |
| [ ]   | Exceptional – *Unique/vintage building, extensive use of artisans, finest materials/quality* |

**Building Exterior**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| [ ]  Brick veneer, standard | **%** |
| [ ]  Brick wall, reinforced w/ rebar | **%** |
| [ ]  Concrete block | **%** |
| [ ]  Concrete block, split face | **%** |
| [ ]  Metal siding, corrugated aluminum | **%** |
| [ ]  Siding, hardboard (wood)[ ]  Panels, cement fiber siding | **%****%** |

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| --- | --- |
| [ ]  Siding, vinyl | **%** |
| [ ]  Stone veneer, frame | **%** |
| [ ]  Stone veneer, masonry | **%** |
| [ ]  Stucco | **%** |
| [ ]  Tilt up, concrete wall | **%** |
| [ ]  Other *(Check all that apply)* | **%** |

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**Foundation Type**

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| --- | --- |
| [ ]  Concrete block | [ ]  Poured concrete walls |
| [ ]  Concrete slab | [ ]  Pier and beam |
| [ ]  Partial concrete slab | [ ]  Other  |
| **Slope of Site** | [ ]  Flat  | [ ]  Slight | [ ]  Moderate | [ ]  Steep | [ ]  Very steep |

**Roof Covering**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| --- | --- |
| [ ]  Corrugated Aluminum | **%** |
| [ ]  Metal, other than standing seam | **%** |
| [ ]  Metal, standing seam | **%** |
| [ ]  Rubber/Membrane[ ]  Built Up Tar & Gravel | **%****%** |

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| --- | --- |
| [ ]  Shingles, architectural (30-40 year)  | **%** |
| [ ]  Shingles, asphalt (Composition Shingle)  | **%** |
| [ ]  Tiles, Slate | **%** |
| [ ]  Other  | **%** |

*(Check all that apply)* |
| **Roof Pitch** | [ ]  Flat | [ ]  Slight | [ ]  Moderate | [ ]  Steep |

**HVAC**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| [ ]  Complete HVAC | **%** |
| [ ]  Electric (Metal baseboards) | **%** |
| [ ]  Electric, wall | **%** |
| [ ]  Evaporative cooling | **%** |
| [ ]  Floor Furnace | **%** |
| [ ]  Forced air unit | **%** |
| [ ]  Heat pump | **%** |
| [ ]  Hot water | **%** |

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| [ ]  Hot water, radiant (Floor, walls, etc.) | **%** |
| [ ]  Space heater (Overhead Heat Unit) | **%** |
| [ ]  Steam | **%** |
| [ ]  Steam boiler | **%** |
| [ ]  Ventilation | **%** |
| [ ]  Warmed and chilled air (Chiller) | **%** |
| [ ]  Warmed and cooled air (Condenser) | **%** |
| [ ]  None | **%** |
| *(Check all that apply)* |  |

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| **Equipment/Contents/Other Cost Items: (if any) i.e.: Generators, Radio Towers, Etc.**  |
| Item:  |
| Item:  |
| Item:  |
| Risk Control Use Only: Equipment/Contents Percentage of Structure Value  | **%** |

**Note: Attach Photos and Provide Diagram of Building
(click on icon to attach each photo)**

|  |  |
| --- | --- |
| **Left Front OR Right Front Angle (two sides)** | **Opposite Rear Angle (two sides)** |
|  |  |

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| **At Least Two Interior Photos: (Bay, Office Space, and Kitchen)** |
|  |  |

**Photos of Building Must Accompany Completed Form**