

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

Submitted by: _____ Date: _____

General Information

<u>Client Information</u>	<u>Policy Information</u>
Name: _____	Coverage Amount: _____
Location Address: _____ _____	Policy Number: _____
City: _____	Location Number: _____
State/Zip Code: _____	

Structure Information

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

<u>Structure Type:</u>	
<input type="checkbox"/> Fire Station, Paid: _____%	Year Built: _____
<input type="checkbox"/> Fire Station, Volunteer: _____%	Total Square Footage: _____
<input type="checkbox"/> Social Club: _____%	Ground Floor Area: _____
<input type="checkbox"/> Govt. Buildings: _____%	Number of Floors: _____
<input type="checkbox"/> Office: _____%	Perimeter: _____
<input type="checkbox"/> Other: _____%	Basement Square Footage: _____
	Type: <input type="checkbox"/> Finished <input type="checkbox"/> Unfinished
	Other Area Type (<i>mezzanine, balcony, etc.</i>) and Square Footage Amount: _____
<i>(Check all that apply)</i>	

<u>Building Code Class</u>	<u>Construction Type</u>
<input type="checkbox"/> 1 – Frame Combustible: _____%	<input type="checkbox"/> Framing, Wood: _____%
<input type="checkbox"/> 2 – Joisted Masonry: _____%	<input type="checkbox"/> Metal Frame: _____%
<input type="checkbox"/> 3 – Noncombustible: _____%	<input type="checkbox"/> Masonry, Block: _____%
<input type="checkbox"/> 4 – Noncombustible (Masonry): _____%	<input type="checkbox"/> Masonry, Brick: _____%
<input type="checkbox"/> 5 – Modified Fire Resistive: _____%	<input type="checkbox"/> Other: _____%
<input type="checkbox"/> 6 – Fire Resistive: _____%	
<i>(Check all that apply)</i>	<i>(Check all that apply)</i>

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

Building Exterior

<input type="checkbox"/> Brick veneer, standard _____%	<input type="checkbox"/> Siding, vinyl _____%
<input type="checkbox"/> Brick wall, reinforced w/ rebar _____%	<input type="checkbox"/> Stone veneer, frame _____%
<input type="checkbox"/> Concrete block _____%	<input type="checkbox"/> Stone veneer, masonry _____%
<input type="checkbox"/> Concrete block, split face _____%	<input type="checkbox"/> Stucco _____%
<input type="checkbox"/> Metal siding, corrugated aluminum _____%	<input type="checkbox"/> Tilt up, concrete wall _____%
<input type="checkbox"/> Siding, hardboard (wood) _____%	<input type="checkbox"/> Other _____%
<input type="checkbox"/> Panels, cement fiber siding _____%	(Check all that apply)

Foundation Type

<input type="checkbox"/> Concrete block	<input type="checkbox"/> Poured concrete walls
<input type="checkbox"/> Concrete slab	<input type="checkbox"/> Pier and beam
<input type="checkbox"/> Partial concrete slab	<input type="checkbox"/> Other _____
Slope of Site <input type="checkbox"/> Flat <input type="checkbox"/> Slight <input type="checkbox"/> Moderate <input type="checkbox"/> Steep <input type="checkbox"/> Very steep	

Roof Covering


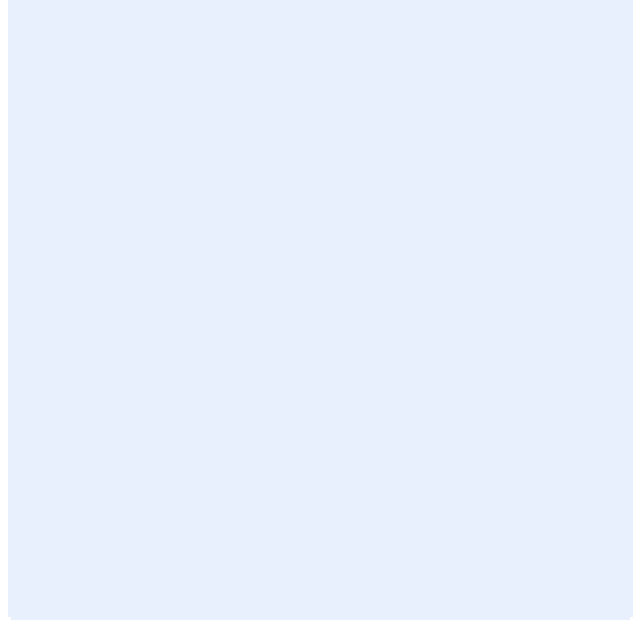
<input type="checkbox"/> Corrugated Aluminum _____%	<input type="checkbox"/> Shingles, architectural (30-40 year) _____%
<input type="checkbox"/> Metal, other than standing seam _____%	<input type="checkbox"/> Shingles, asphalt (Composition Shingle) _____%
<input type="checkbox"/> Metal, standing seam _____%	<input type="checkbox"/> Tiles, Slate _____%
<input type="checkbox"/> Rubber/Membrane _____%	<input type="checkbox"/> Other _____%
<input type="checkbox"/> Built Up Tar & Gravel _____%	(Check all that apply)
Roof Pitch <input type="checkbox"/> Flat <input type="checkbox"/> Slight <input type="checkbox"/> Moderate <input type="checkbox"/> Steep	



HVAC

<input type="checkbox"/> Complete HVAC _____%	<input type="checkbox"/> Hot water, radiant (Floor, walls, etc.) _____%
<input type="checkbox"/> Electric (Metal baseboards) _____%	<input type="checkbox"/> Space heater (Overhead Heat Unit) _____%
<input type="checkbox"/> Electric, wall _____%	<input type="checkbox"/> Steam _____%
<input type="checkbox"/> Evaporative cooling _____%	<input type="checkbox"/> Steam boiler _____%
<input type="checkbox"/> Floor Furnace _____%	<input type="checkbox"/> Ventilation _____%
<input type="checkbox"/> Forced air unit _____%	<input type="checkbox"/> Warmed and chilled air (Chiller) _____%
<input type="checkbox"/> Heat pump _____%	<input type="checkbox"/> Warmed and cooled air (Condenser) _____%
<input type="checkbox"/> Hot water _____%	<input type="checkbox"/> None _____%
(Check all that apply)	

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)
	

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

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