



Boston Insurance Specialists, Inc.

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Phone: 800.784.1887, Fax: 508.337.3698

Additional Location Supplemental Application

(To be used in conjunction with Company application DFS-APP or an ACORD Dwelling Fire Application)

Location #	Address:										
	City:				State:				Zip: -		
Limits:	Dwelling	Other Structures			Personal Property		ALE/Fair Rental Value		Premises Liability		Med Pay
	\$	\$			\$		\$		\$		\$
Rating / Underwriting:	Year Built	Square Feet	PC	Construction Type			Usage Type		Occupancy		# Families
Updates:	Wiring	Type: _____	<input type="checkbox"/> Partial <input type="checkbox"/> Complete		Year:	Plumbing	Type: _____	<input type="checkbox"/> Partial <input type="checkbox"/> Complete		Year:	
	Heating	Type: _____	<input type="checkbox"/> Partial <input type="checkbox"/> Complete		Year:	Roofing	Type: _____	<input type="checkbox"/> Partial <input type="checkbox"/> Complete		Year:	
Location-Specific Remarks:											
Location #	Address:										
	City:				State:				Zip: -		
Limits:	Dwelling	Other Structures			Personal Property		ALE/Fair Rental Value		Premises Liability		Med Pay
	\$	\$			\$		\$		\$		\$
Rating / Underwriting:	Year Built	Square Feet	PC	Construction Type			Usage Type		Occupancy		# Families
Updates:	Wiring	Type: _____	<input type="checkbox"/> Partial <input type="checkbox"/> Complete		Year:	Plumbing	Type: _____	<input type="checkbox"/> Partial <input type="checkbox"/> Complete		Year:	
	Heating	Type: _____	<input type="checkbox"/> Partial <input type="checkbox"/> Complete		Year:	Roofing	Type: _____	<input type="checkbox"/> Partial <input type="checkbox"/> Complete		Year:	
Location-Specific Remarks:											
Location #	Address:										
	City:				State:				Zip: -		
Limits:	Dwelling	Other Structures			Personal Property		ALE/Fair Rental Value		Premises Liability		Med Pay
	\$	\$			\$		\$		\$		\$
Rating / Underwriting:	Year Built	Square Feet	PC	Construction Type			Usage Type		Occupancy		# Families
Updates:	Wiring	Type: _____	<input type="checkbox"/> Partial <input type="checkbox"/> Complete		Year:	Plumbing	Type: _____	<input type="checkbox"/> Partial <input type="checkbox"/> Complete		Year:	
	Heating	Type: _____	<input type="checkbox"/> Partial <input type="checkbox"/> Complete		Year:	Roofing	Type: _____	<input type="checkbox"/> Partial <input type="checkbox"/> Complete		Year:	
Location-Specific Remarks:											

This supplement does not bind YOU nor US to complete the insurance, but it is agreed that the information herein shall be the basis of the contract should a policy be issued.

APPLICANT SIGNATURE: _____ DATE: _____