MARYLAND ASSOCIATION OF BOARDS OF EDUCATION GROUP INSURANCE POOL
New Locations Reporting - Form B

COMPLETE AND SEND TO:

Jim Thompson and Chris Anderson
Insurance Buyers' Council
9720 Greenside Drive, Suite 1E
Cockeysville, MD 21030-5033
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E-MAIL jthompson@consultibc.com, canderson@consultibc.com

Complete for each newly constructed or newly acquired building at a new location. This form may also be used to report locations inadvertently not reported previously to Assetworks. Do not report relocatable classroom changes, completed additions or renovations on this form.

1. Facility name:

2. Physical location address:

3. Desired effective date of coverage:

4. Values if newly constructed

   A. Total project cost:

   B. Total site work and excavation cost:

   C. Furniture, fixtures and supplies not included in project cost:

   D. Value to be insured (A. less B. plus C.)

5. Values if newly acquired

   A. Estimated replacement cost of buildings:

   B. Estimated replacement cost of contents:

   C. Value to be insured (A. plus B.):

6. Total square footage of building:

7. Number of stories:

8. Type of construction (e.g. fire resistive, masonry, non-combustible):

9. Percentage of sprinkler protection:

10. Automatic fire detection/alarm (describe):

    Central station monitoring (yes or no):

11. Automatic entry detection/alarm (describe):

    Central station monitoring (yes or no):

County Board of Education:
Board contact name:
Board contact address:

Board contact phone #:
Board contact fax #:
Board contact e-mail: