



California Risk Management Authority

Building Add/Drop Form

In order to update your list of insured properties, please provide the details below.

_____ **Tracy Learning Center**
Member Name

ADD BUILDING

DROP BUILDING # _____

Use exact site number from existing appraisal report.

<input type="checkbox"/> New Construction <input type="checkbox"/> Existing Building	<input type="checkbox"/> Owned <input type="checkbox"/> Leased	Year Built _____ Value _____
What is the construction cost or the purchase price of the building?		
Does the purchase price include land? Yes No		
What is the type of construction?	<input type="checkbox"/> Frame <input type="checkbox"/> Noncombustible <input type="checkbox"/> Modified Fire Resistive Exterior Wall Material	<input type="checkbox"/> Joisted Masonry <input type="checkbox"/> Masonry Noncombustible <input type="checkbox"/> Fire Resistive

BUILDING FEATURES

Building Name or Site Number		Building Use (Classroom, Gym, etc.)			
Address		City	Zip		
		_____	Building Value \$		
Ramps/Stairs (length/width)	X	Cost \$	sq ft	Building Contents \$	
Gross Square Footage		Number of Floors		Number of Classrooms (if applicable)	
Perimeter (feet)	_____X_____	Building Height (feet)		Overhang Depth (feet)	

ADDITIONAL FEATURES (Check all that apply)

Fire Alarm System		Describe
Fire Sprinkler System		Describe
Entry Alarm System		Describe
Elevators (include quantity)		Describe
Burglar Alarm System		Describe
HVAC		Describe

Please return this form to Lisa Perez by e-mail: lperez@crma-jpa.org

This form was completed by: _____

Date: _____