

**** Please send a copy of the lease agreement with your COI request. ****

Property Lease Questionnaire
 E-mail to: rfinsurance@rfsuny.org
 or FAX to: 518-935-6712

COI Number if Requested:	
BUILDING INFORMATION	
Building address (number and street):	
Building address (city, state and zip):	
Floor leased space is on:	
Suite number:	
Square footage of rented space:	
Construction type (brick, wood, stone)?	
Year it was built:	
How many stories is the building?	
Is there a basement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Security alarm system?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fire alarm system?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sprinkler system?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Location of nearest fire hydrant:	
What fire district is the building located in?	
What will the leased space be used for?	
What is the lease term date?	

PROPOSED RENOVATIONS	
Will there be any renovations to this leased space by you or the landlord? (If no, skip this section.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will the RF be required to insure the renovations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What type of renovations?	
Who is the contractor?	
What are the security measures around the work site (fencing, lighting, etc.)?	

EMPLOYEE INFORMATION	
What type of employees will be working at this location – RF or SUNY? How many of each?	RF _____ SUNY _____
Will there be any volunteers at this location? If so, how many?	<input type="checkbox"/> Yes <input type="checkbox"/> No _____
Will there be any program participants at this location? If so, how many?	<input type="checkbox"/> Yes <input type="checkbox"/> No _____

BUSINESS PROPERTY, EDP AND BUSINESS INCOME COVERAGE	
** Please be sure to include a copy of the insurance requirements portion of the lease with your	
Total estimated value of business personal property (desks, chairs, tables, file cabinets, etc.).	
Total estimated value electronic data processing equipment (PC's, copiers, printers, fax machines, etc.).	
Total estimated value of any art work.	
Total estimate of lost business income if you were misplaced from this location and/or extra expense to get you back up and running.	
What are the Rental costs?	Monthly _____ / Annually _____
Will there be research animals at this location? If so, what type of animals?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will there be storage or use of hazardous materials at this location? If so, what type of materials?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will there be any temperature sensitive property stored at this location? If so, what type of property?	<input type="checkbox"/> Yes <input type="checkbox"/> No

SPECIAL INSURANCE REQUIREMENTS	
Miscellaneous special insurance requirements, such as plate glass coverage, certification of flood coverage, etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please list special insurance requirements here:	

CAMPUS CONTACT INFORMATION	
Who is the campus contact for this lease agreement?	