

New Jersey School Boards Association Insurance Group

Additional Insured/Building Owner Questionnaire

Date _____

Name of Insured (School) _____

Name and Address of Additional Insured/Building Owner

Address of leased location

1. Is the facility that is being leased/added 100% occupied by the School Only?

(Yes or No) _____

If No, please explain: _____

2. Who is responsible for the Maintenance of the Facility?

3. Does the Additional Insured /Building Owner have their own General Liability policy?

Please forward this questionnaire to your Underwriter.