



**CATHOLIC MUTUAL GROUP**  
 10843 Old Mill Road, Suite 300, Omaha, NE 68154-2600

**Building Report**

MEM-LEDGER PAGE-ITEM \_\_\_\_\_

DATE: \_\_\_\_\_

Parish: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Address of property to be added: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Occupancy: Church \_\_\_ Rectory \_\_\_ Convent \_\_\_ School \_\_\_ Hall \_\_\_ Other (Specify) \_\_\_\_\_

Is this building: new \_\_\_ an existing building \_\_\_ addition to which building \_\_\_\_\_

Distance to the nearest structure owned by the insured: 50' or less \_\_\_\_\_ More than 50' \_\_\_\_\_  
Building Name & Item#

**CONTRACT COST**

**CONTRACT COST:** \$ \_\_\_\_\_ Date of completion or age of building: \_\_\_\_\_  
(Do not complete if cost new is not known) Month/Year

If the contract cost new included any of the following, please give the dollar amounts.

- Site Preparation..... \$ \_\_\_\_\_
- Demolition..... \$ \_\_\_\_\_
- Paving & Sidewalks ..... \$ \_\_\_\_\_
- Landscaping..... \$ \_\_\_\_\_
- Architect & Engineering Fees.... \$ \_\_\_\_\_

Was there any volunteer Labor ..... \$ \_\_\_\_\_ donated materials: \$ \_\_\_\_\_

If not included in the contract cost new, please give dollar amounts of the following:

- |                                 |          |                      |          |
|---------------------------------|----------|----------------------|----------|
| Stained Glass .....             | \$ _____ | Organ .....          | \$ _____ |
| Altars .....                    | \$ _____ | Baptismal Font ..... | \$ _____ |
| Tabernacle .....                | \$ _____ | Piano .....          | \$ _____ |
| Pews (lineal ft. or cost) ..... | \$ _____ | Keyboard .....       | \$ _____ |
| Stations Of The Cross .....     | \$ _____ | Statues .....        | \$ _____ |
| P.A. Equipment .....            | \$ _____ | Corpus & Cross.....  | \$ _____ |
| Carillion Bell Systems .....    | \$ _____ | Bells .....          | \$ _____ |
| Ambo .....                      | \$ _____ | Other .....          | \$ _____ |

- Floor Covering ..... \$ \_\_\_\_\_
- Commercial Kitchen Equipment... \$ \_\_\_\_\_
- Residential Kitchen Equipment.... \$ \_\_\_\_\_

**VALUE OF MOVABLE CONTENTS:**

\$ \_\_\_\_\_  
(Not listed above)

<b>BASEMENT:</b>	<input type="checkbox"/> None	<input type="checkbox"/> Partial	<input type="checkbox"/> Full	<input type="checkbox"/> Crawl Space	33
Square Feet: _____	<input type="checkbox"/> Floor Finish	<input type="checkbox"/> Finished	<input type="checkbox"/> Unfinished	<input type="checkbox"/> Ceiling Finish	34
<b>SUPERSTRUCTURE:</b> (Indicated % of each)					36
<b>Floor Structure:</b>	<input type="checkbox"/> Concrete on Grade	<input type="checkbox"/> Concrete, Precast Joists	<input type="checkbox"/> Concrete, Elevated	<input type="checkbox"/> Steel Joists, Concrete	37
	<input type="checkbox"/> Steel Joists, Wood Sheathing		<input type="checkbox"/> Wood Joists, Wood Sheathing		38
	<input type="checkbox"/> Other (Specify) _____				39
<b>Floor Cover:</b>	<input type="checkbox"/> Asphalt Tile	<input type="checkbox"/> Vinyl	<input type="checkbox"/> Vinyl Tile	<input type="checkbox"/> Ceramic Tile	40
	<input type="checkbox"/> Hardwood	<input type="checkbox"/> Other (Specify) _____			41
<b>Ceiling:</b>	<input type="checkbox"/> Gypsum Board (Drywall)	<input type="checkbox"/> Plaster on Lath	<input type="checkbox"/> Suspended Acoustical		42
	<input type="checkbox"/> Fiberboard	<input type="checkbox"/> Wood Boards	<input type="checkbox"/> Other (Specify) _____		43
<b>Interior Partition Construction:</b>	<input type="checkbox"/> Wood Frame	<input type="checkbox"/> Metal Studs			44
	<input type="checkbox"/> Masonry	<input type="checkbox"/> Accordion Dividers (Sq. Ft. Wall Partition) _____			45
<b>Plumbing:</b>	<input type="checkbox"/> Bathtubs	<input type="checkbox"/> Kitchen Sinks	<input type="checkbox"/> Laundry Tray	<input type="checkbox"/> Lavatory	46
(Indicate Number	<input type="checkbox"/> Toilet	<input type="checkbox"/> Urinal	<input type="checkbox"/> Stall Shower	<input type="checkbox"/> None	47
Of Fixtures)	<input type="checkbox"/> Water Heater	<input type="checkbox"/> Water Conditioner	<input type="checkbox"/> Drinking Fountain Refrigerated		48
	<input type="checkbox"/> Other (Specify) _____				49
<b>Fire Protection:</b>	<input type="checkbox"/> Sprinklers (Indicate % of area) _____				50
	<input type="checkbox"/> Pull Stations	<input type="checkbox"/> Fire Alarm, Control Panel	<input type="checkbox"/> Smoke Detectors, Hard Wired in System		51
	<input type="checkbox"/> Security System	<input type="checkbox"/> Other (Specify) _____			52
<b>Heating Only:</b>	<input type="checkbox"/> Hot Water	<input type="checkbox"/> Steam	<input type="checkbox"/> Forced Air		53
	<input type="checkbox"/> Electric Baseboard	<input type="checkbox"/> Space Heat	<input type="checkbox"/> Other (Specify) _____		54
<b>Cooling Only:</b>	<input type="checkbox"/> Refrigerated Cooling	<input type="checkbox"/> Evaporative Cooling	<input type="checkbox"/> Window Air Conditioner (number) _____		55
<b>Heat &amp; Cool Package System:</b>	<input type="checkbox"/> Forced/Central Air	<input type="checkbox"/> Heat Pump	<input type="checkbox"/> Hot and Chilled Water		56
	<input type="checkbox"/> Thru-Wall Heat/Cool Unit		<input type="checkbox"/> Other (Specify) _____		57
<b>Exterior Walls Masonry:</b>	<input type="checkbox"/> Brick, Block Back-up	<input type="checkbox"/> Brick, Solid or Cavity	<input type="checkbox"/> Concrete Block	<input type="checkbox"/> Concrete, Precast	58
	<input type="checkbox"/> Concrete, Poured	<input type="checkbox"/> Stone, Solid	<input type="checkbox"/> Stone, Veneer, Block Back-up		59
	<input type="checkbox"/> Add: Stucco on Masonry		<input type="checkbox"/> Synthetic Plaster on Rigid Insulation (EIFS)		60
	<input type="checkbox"/> Insulation	<input type="checkbox"/> Sheathing	<input type="checkbox"/> Other (Specify) _____		61
<b>Exterior Walls Wood/Steel Studs:</b>	<input type="checkbox"/> Siding, Aluminum	<input type="checkbox"/> Siding, Vinyl	<input type="checkbox"/> Siding, hardboard	<input type="checkbox"/> Siding, Wood	62
	<input type="checkbox"/> Veneer, Face Brick	<input type="checkbox"/> Veneer, Stone	<input type="checkbox"/> Synthetic Plaster on Rigid Insulation (EIFS)		63
	<input type="checkbox"/> Stucco on Sheathing	<input type="checkbox"/> Stucco on Wire/Paper	<input type="checkbox"/> Metal		64
	<input type="checkbox"/> Add: Insulation	<input type="checkbox"/> Sheathing	<input type="checkbox"/> Other (Specify) _____		65
<b>Exterior Walls Steel Frame:</b>	<input type="checkbox"/> Metal, Steel Frame	<input type="checkbox"/> Brick, Steel Frame	<input type="checkbox"/> Synthetic Plaster, Rigid Insulation, Steel Frame (EIFS)		66
	<input type="checkbox"/> Add: Insulation	<input type="checkbox"/> Sheathing	<input type="checkbox"/> Air Infiltration Wrap		67
	<input type="checkbox"/> Other (Specify) _____				68
<b>Roof Structure:</b>	<input type="checkbox"/> Concrete Joists, Slab	<input type="checkbox"/> Steel Joists, Concrete Slab	<input type="checkbox"/> Steel Joists, Steel Deck		69
	<input type="checkbox"/> Steel Joists, Wood Deck	<input type="checkbox"/> Wood Joists, Wood Deck	<input type="checkbox"/> Tongue & Grove Wood, Exposed		70
	<input type="checkbox"/> Other (Specify) _____				71
<b>Roof Cover:</b>	<input type="checkbox"/> Asbestos Shingle	<input type="checkbox"/> Asphalt Shingle	<input type="checkbox"/> Wood Shingle		72
	<input type="checkbox"/> Metal Shingle	<input type="checkbox"/> Clay Tile	<input type="checkbox"/> Concrete Tile		73
	<input type="checkbox"/> Slate	<input type="checkbox"/> Wood Shakes	<input type="checkbox"/> Built-up Composition		74
	<input type="checkbox"/> Tar & Gravel	<input type="checkbox"/> Rubberized Sheet	<input type="checkbox"/> Metal, Standing Seam		75
	<input type="checkbox"/> Slate				76
	<input type="checkbox"/> Add: Insulation	<input type="checkbox"/> Other (Specify) _____			77
<b>Elevators:</b>	<input type="checkbox"/> Number of cars	<input type="checkbox"/> Number of Stops each Car			78
	<input type="checkbox"/> Wheel Chair Lift	<input type="checkbox"/> Inclinator	<input type="checkbox"/> Other (Specify) _____		79
	Cost new if Known \$ _____				80
<b>Miscellaneous Built-ins:</b>	<input type="checkbox"/> Fireplace, Openings (Indicate the number of each)				81

# SKETCH OF BUILDING WITH ALL EXTERIOR DIMENSIONS

82

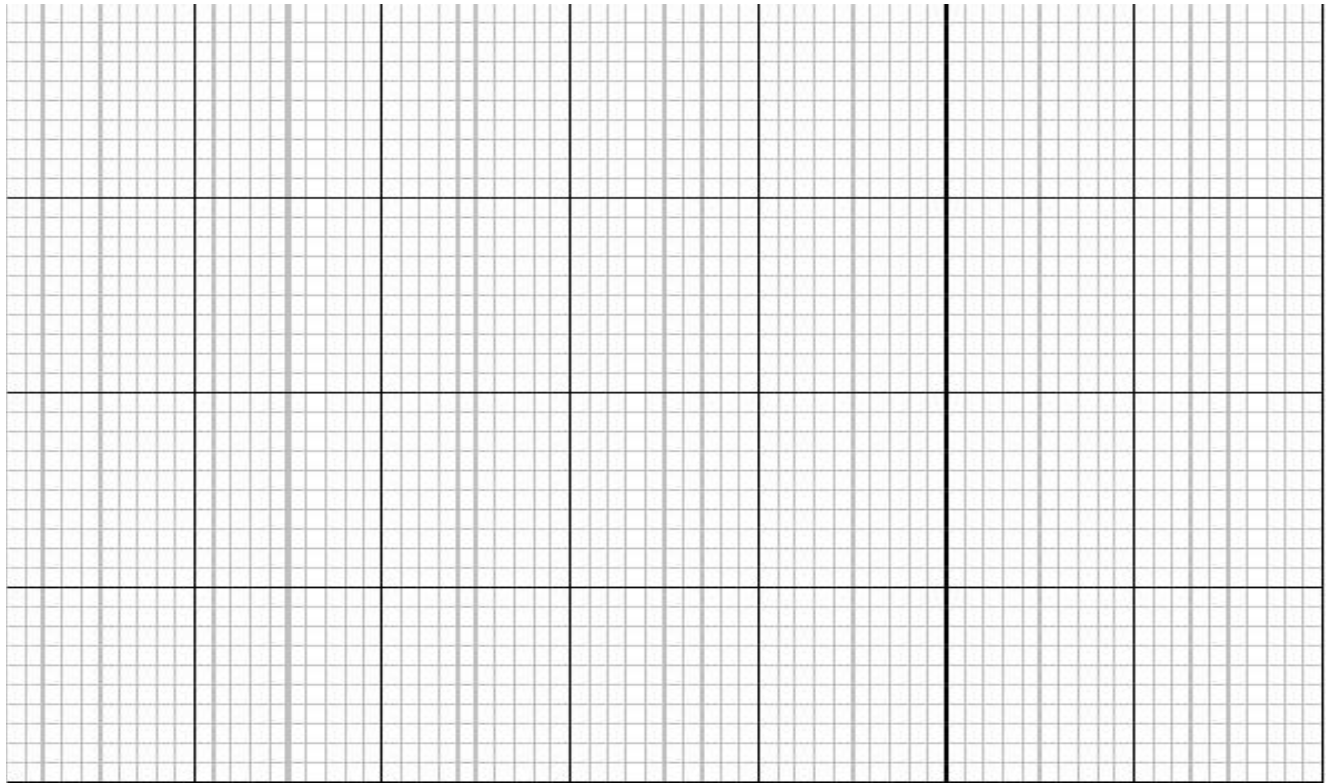
Scale: 1 Grid = 2 ft. or 1 inch = 20 ft.  
 1 Grid = 5 ft. or 1 inch = 50 ft.

83

84

**NORTH**

85



## AREA CALCULATIONS

86

<b>SQUARE FEET:</b>	Basement Finished _____ Sq. Ft.	Wall: Height _____ Ft.	Lineal Ft. _____	87
	Unfinished _____ Sq. Ft.	Wall: Height _____ Ft.	Lineal Ft. _____	88
	First Floor _____ Sq. Ft.	Wall: Height _____ Ft.	Lineal Ft. _____	89
	Second Floor _____ Sq. Ft.	Wall: Height _____ Ft.	Lineal Ft. _____	90
	Third Floor _____ Sq. Ft.	Wall: Height _____ Ft.	Lineal Ft. _____	91
	Fourth Floor _____ Sq. Ft.	Wall: Height _____ Ft.	Lineal Ft. _____	92
	Choir Loft _____ Sq. Ft.			93

<b>Garage:</b>	Attached _____ Sq. Ft.	Detached _____ Sq. Ft.	Exterior Dimensions _____ x _____	94
	Basement Built-in Garage _____ Sq. Ft.			95

**CALCULATIONS:** \_\_\_\_\_ 96

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Use the space below for any additional comments.**

Architect or Contractor \_\_\_\_\_ Date \_\_\_\_\_ 98  
Person completing this form \_\_\_\_\_ Telephone \_\_\_\_\_ 99