



Synergy Coverage Solutions, LLC

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Location Information

Account Name: _____

Please provide the following information for all physical locations with concentrations of 100 or more employees.

Street Address: _____

City: _____ State: _____ Zip: _____

Year Built: _____ Number of Stories: _____ Floors Occupied: _____

Occupied as: _____

Building construction type:

Wood Frame

All Metal

Steel Frame

Reinforced Concrete

Concrete Brick/Block

Earthquake Resistant

Building square footage occupied: _____

Does building have a sprinkler system: Yes No

Number of Shifts: _____ Maximum employees per shift: _____

Total number of employees working at this Location: _____