

Other Critical Information

Please list any additional items we may need to know about your facility:

Code Blue Registration

Upon receipt of this form,

(customer)

will be registered in the Munters' Code Blue program. In the event of a loss or community wide disaster your loss will be given first priority over those businesses which are not a part of the Code Blue program.

Preferred status is valid indefinitely, but information contained in this form must be updated annually or when any major renovations are performed at your location. You will receive an update reminder on your anniversary date.

Signing this registration form does not create a binding contract with Munters or any of its representatives. A Munters "Work Authorization" or "Time & Material Contract" will be required to be signed prior to the performance of any work.

Submitted by:

Customer Signature _____

Munters Representative _____

Printed Name _____

Printed Name _____

Title _____

Title _____

Date _____

Date _____

Office Use Only:

Date Received (Regional): _____ Received By: _____

Date Received (Corporate): _____ Received By: _____

Date Received (Corporate): _____ Received By: _____

Notes: _____



Munters

**Code Blue Program
Commercial Property Profile**

Date: _____

Update: _____

Update: _____

1-800-MUNTERS
24-Hour Emergency Response

Company Name: _____

Company Information

Company Name: _____

Type of Business: _____

Address: _____

City/State/Zip: _____

Main Phone: _____

Back Line: _____

Fax: _____

Web site: _____

Nearest Major Intersection: _____

Number of Locations (if applicable): Local _____ National _____ International _____

This site is: Corporate Branch Warehouse/Storage Manufacturing Other _____

Are you a tenant at this location? _____ (List of tenants as attached) **Do you manage this property?** _____

Property Owner: _____ **Contact Name:** _____

Property Owner Address: _____

Property Owner Phone: _____ **Fax:** _____

Parent Company (if applicable): _____ **Contact:** _____

Parent Company Address: _____

Parent Company Phone: _____ **Fax:** _____

First Contacts During Disaster/Loss

Name: _____ **Name:** _____

Title: _____ **Title:** _____

Office Phone: _____ **Office Phone:** _____

Cell Phone: _____ **Cell Phone:** _____

Pager: _____ **Pager:** _____

Home Phone: _____ **Home Phone:** _____

Insurance Information

Insurance Carrier: _____ **Deductible:** _____ **Self-insured**

Risk Manager/Insurance Administrator: _____

Phone: _____ **Fax:** _____ **e-mail:** _____

Broker/Agent: _____ **Company:** _____

Phone: _____ **Fax:** _____ **e-mail:** _____

Adjuster (if known): _____ **Company:** _____

Phone: _____ **Fax:** _____ **e-mail:** _____

Other Insurance Information: _____

Facility Contacts

Name: _____

Title: _____

Phone: _____

e-mail: _____

Name: _____

Title: _____

Phone: _____

e-mail: _____

Facility Information (check all that apply)

Building Type:

- Free Standing
 Low rise
 High rise
 Mall
 Strip Center
 Manufacturing
 Warehouse
 Business Park
 School/University
 Other: _____

Business Type:

- Multi-Tenant
 Banking
 Document Storage
 Medical Facility
 Hotel/Motel
 Library
 Manufacturing
 Retail
 School/University
 Other: _____

Square Footage: _____

of Floors: _____

Basement? _____

Avg. Ceiling Height: _____

Floor to Deck Height: _____

Freight Elevator? _____

Cab Size: _____

Back-up Generator? _____

Generator Size: _____

Generator Location: _____

Loading Dock? _____

Location of Floor Plans: _____

Building Construction:

- Dry Wall
 Block
 Plaster
 Masonry
 Metal Studs
 Wood Studs
 Wood
 Steel

Flooring:

- Wood
 Concrete
 Carpet
 Tile

Is 3-Phase Power Available? _____

In-House Electrician? _____

Preferred Vendor: _____

Vendor Contact: _____

Vendor Phone: _____

Density: _____ **Priority Areas:** _____

Security Issues: _____

Sensitive Areas: _____

Ingress/Egress: _____

Specialized Equipment/Electronics and Location: _____

Hazardous Materials and Location (asbestos, solvents, propane, etc.): _____

Document/Records Information

Are Critical Documents/Records Stored on Premises? _____ **Climate Controlled?** _____

Location of Critical Documents/Records: _____

Type of Storage: Filing Cabinets, quantity _____ Boxes, quantity _____ Safes, quantity _____
 Open Shelving, quantity _____ Other: _____

Type of Records: Paperwork Photos X-rays Magnetic Media Other: _____

Responsible Party: _____ **Title:** _____

Phone: _____ **Fax:** _____ **e-mail:** _____

Please copy and complete one of these forms for each location and/or attach additional sheets if necessary with any other pertinent information.