

**VIRGINIA PROPERTY INSURANCE ASSOCIATION  
4405 COX ROAD, SUITE 260  
P. O. BOX 5568  
GLEN ALLEN, VIRGINIA 23058**

**ADDRESS LOCATION QUESTIONNAIRE**

VPIA Policy Number: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Address of Property to be insured: \_\_\_\_\_

The following information must be submitted for all fire insurance policies where a specific street name and street number are not assigned to the premises.

Located on the \_\_\_\_\_ side of  
(North, East, South, West)

\_\_\_\_\_  
(Route, State Road, State Route, Street, etc.) (Distance in feet or miles)

\_\_\_\_\_ of \_\_\_\_\_  
(North, East, South, West) (Nearest Intersecting Route, State Road,  
State Route, Street, etc.)

in \_\_\_\_\_  
(City, Town, Village, Borough) (Township)

\_\_\_\_\_  
(County) (State) (Zip Code)

Approximate distance to the nearest Fire Department: \_\_\_\_\_ miles.

Name of the nearest Fire Department to respond to a call: \_\_\_\_\_