ACORD [®] PR						OPERTY SECTION										DATE (MM/DD/YYYY)			
(A/C, NO, EXT): FAX (A/C, NO):				APPLICA (First Named Insured)	Named														
						EFFECTIVE DATE EXPIRATION DATE DIRECT BILL AGENCY BILL								PAYMENT PLAN A					
CODE: SUB CODE: AGENCY CUSTOMER ID:					FOR COMPANY USE ONLY														
			PREMISES #:	STREET A															
PREMISES INFORMATION BUILDING #:					CRIPTION:														
SUBJECT OF INSURANCE				COINS % V	ALUATION	CAUSES OF LOSS		INFLATION GUARD %		DEDUCTIBLE(S)		# FOF	FORMS AND CONDITIONS						
			BUSINESS INCOME / EXT		- Attach AC	OPD 810		V				TION - Attach A	CORD 8	11					
			PTIONS, RESTRIC									HON - Allach A	CORD 8						
	DILAGE COVE		N OF PROPERTY COVER	,	DOROLI			DEDUCI		REFRIG	MAINT AGRE	EMENT	OPTIC	NS					
	YES	NO				\$			\$		Y	ES NO							
COI	NSTRUCTION "	TYPE	DISTANCE TO HYDRANT FIRE	STAT	FIRE DI	STRICT/CC	DDE NUMBI	ĒR	P	ROT CL	# STORIE	S # BASM'TS	YR BI	UILT	TOTAL A	REA			
ви	LDING IMPRO	/EMENTS	ODE TAX	CODE	ROOF TYPE		OTHER OCCUPANCIES		S										
	WIRING, YR:		PLUMBING, YR:																
	ROOFING, Y	R:	HEATING, YR:	WIND CI	LASS		. –		н	EATING E	BOILER ON	PREMISES?			YES	NO			
	OTHER:				SISTIVE	SEM RESI	I- STIVE	OTH		,	NSURANC				YES	NO			
RIG	HI EXPOSURI	E & DISTANCE	LEFT EXPOS		NCE		FRONT E	XPOSUR	E & DISTA	ANCE		REAR EXP	OSURE	& DISTA	NCE				
BUF	RGLAR ALARN	ICATE #										AL STATION							
BURGLAR ALARM INSTALLED AND SERVICED BY							EXTENT			GRADE	= #	GUARDS/WAT	UARDS/WATCHMEN		CLOCK HOURLY				
PRE	EMISES FIRE P	ROTECTION (Sprinkle	rs, Standpipes, CO2/Che	mical Systems	5)	% SPR	RNK FIRE	ALARM	MANUFA	CTURER					1	AL STATION			
		. INTERESTS													LOCAL	JONG			
RAN		NAME AND ADDRES	S: I	REFERENCE #	ŧ:				CERT	IFICATE	REQUIRED	· ·	NTERES			ER			
INT	EREST											LOCATION	l:	В					
	LOSS PAYEE											SCHEDULI	ED ITEM		R:				
	MORT- GAGEE											OTHER:							
1		ITEM DESCRIPTION:																	

ADDITIONAL							PREMIS	SES #:	STREET	STREET ADDRESS:														
PREMISES INFORMATION						N	BUILDING #: BLDG DESCRIPTION																	
SUBJECT OF INSURANCE								AMOUNT	COINS %	COINS % VALUATION		CAUSES OF LOSS		INFLATION GUARD %		DEDUCTIBLE(S)		BLKT # FORMS AND		MS AND	ID CONDITIONS TO APPLY			Y
									_															
											_													
											_													
											_													
ADDITIONAL INFORMATION BUSINESS INCOME / EXTRA EXPENSE																								
																	INFORM	ATIO	N - Attach A	CORD 81	1			
							PTIONS, RESTRICTIONS, ENDORS													MENT	OPTI	2110		
					DESCRI	PTION	IN OF PROPERTY COVERED				\$	LIMIT \$			DEDUCTIBLE \$						OPTIC	JNS		
		3		NO							Ŷ			•				YES	NO					
CONSTRUCTION TYPE							HYD	DISTANCE TO DRANT FIRE	мі		DISTRICT/	ISTRICT/CODE NUMBER			PROT CL		# STOR	RIES # BASM'TS		YR BUILT		T TOTAL AREA		
BUI	LDIN	G IMPR	ROVE	MENT	s				BLDO	BLDG CODE GRADE TAX CODE		ROOF	ROOF TYPE		0	OTHER OCCUPANCIES			· · ·					
	WIF	RING, Y	YR:	R: PLUMBING, YR:																				
	RO	OFING,	ING, YR:				HEATIN	G, YR:	WINE	CLASS		-MI-		1	HEATING BOILER ON			N PRI	EMISES?			YES	I	NO
OTHER:							RESISTIVE		MI-	ΓΙVE ΟΤ							ACED ELSEWHERE		YES	1	NO			
RIGHT EXPOSURE & DISTANCE							LEFT EXPOSU		SURE & DIST	ANCE		FRON	RONT EXPOSURE		& DISTANCE				REAR EXPOSURE &					
BURGLAR ALARM TYPE CERTIFICATE #									IFICATE #									EXPIRATION DATE			CENTRAL STATION		TION	
		D • • • •	D1			D 0		,								07/	. 1					WITH I	KEYS	
BURGLAR ALARM INSTALLED AND SERVICED BY													EXTENT			GRADE		# GU	UARDS/WATCHMEN			CLOCK HOURLY		Y
PRE	MISE	-S FIRE	F PR	OTECT	ION (Spi	rinklers	Standn	pipes, CO2/Cho	mical Syste	ms)	% \$					CTURER								
				01201	ion (op.	initia o	, otanap	, 002/01			/0 0					OTOILLI						1	RAL STA	TION
	דוח		<u></u>		DECT																	LOCAL	GONG	
ADDITIONAL INTERESTS RANK: NAME AND ADDRESS: REFERENCE #:														CERT		REQUIRE			TEREST			R		
<u> </u>	ERES	т								- ".					CERTIFICAT									
F)SS AYEE																	LOCATION:		BUILDING:			
<u> </u>	PA M	AYEE ORT- AGEE																			OWB	-n.		
<u> </u>	G/	AGEE		TEM D	ESCRIPT	TION:													OTHER:					
	MA	RKS		-																				
1																								

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, HI, MA, NE, OH, OK, OR or VT; in DC, LA, ME, TN and VA, insurance benefits may also be denied)