ACORD®							PROPERTY SECTION								DATE (MM/DD/YYYY)				
AGENCY							APPLICANT (First Named Insured)												
POL	ICY NUMBER								•	CAR	RIER							1	IAIC CODE
EFFECTIVE DATE EXPIRATION DATE DIRECT BILL AGENCY BILL				PAYMENT PLAN			AUDIT F		FOR (FOR COMPANY USE ONLY									
		I	P	REMIS			STREET ADDRESS:												
PREMISES INFORMATION BUILDING #:							BLDG DESCRIPTION:												
SUBJECT OF INSURANCE				A	MOUNT	COINS %	ATION	CAUSES	OF LO	SS	INFLATION GUARD %	DED) BLI	KT	FORMS	S AND CON	DITION	S TO AP	PLY
400	ITIONAL INFO	DDMATION:	Bus	INFOC	INCOME (EX	TDA EVEN	SE 4"	-h 40000	040			(AL 115 DE	DODTING	INFORM	ATION A	- L ACORS	044		
					INCOME / EX									INFORMA	ATION - Attac	ch ACORD	811		
		COVERAGES					-NDOF	LIMIT		ו טא	RATING	DEDUCT		REFRIG	G MAINT AG	REFMENT	OPTI	ONS	
SPOILAGE COVERAGE DESCRIPTION OF PROPERTY COVER				KLD	\$			\$			· ibee	(Y/N)		INT ACKELIMENT OF HONS					
# OF OPEN SIDES ON STRUCTURE: CONSTRUCTION TYPE DISTANCE TO HYDRANT FIRE ST					STAT	FI	IRE DISTRIC	CT/COD	DDE NUMBER			PROT CL # STORIES		ES # BASM	'TS YR E	UILT	TOTAL	AREA	
BUII	BUILDING IMPROVEMENTS WIRING, YR:			PLUMBING, YR:		BLDC	DI DO CODE		X CODE R		ROOF TYPE		OTHER OCCUPANCIES		ES				
	ROOFING, Y						CLASS		SEMI-	II- RESISTIVE			EATING B	OILER ON	N PREMISES	EMISES? (Y/N)			
OTHER: YR:				R:		/E				IF YES, IS IN		NSURANO	SURANCE PLACED ELSEWH		ERE? (Y/N)				
RIGI	IT EXPOSURE	E & DISTANCE	URE & DIST	RE & DISTANCE				NT EXPOSUR	E & DIST	DISTANCE			REAR EXPOSURE & DISTANCE						
BURGLAR ALARM TYPE CERTIFICATE #																			RAL STATION KEYS
BURGLAR ALARM INSTALLED AND SERVICED BY									EXTENT			ENT		GRADE # GI		UARDS/WATCHMEN		CLOCK HOURLY	
		ROTECTION (Spr		Standpi	ipes, CO2/Che	emical Syste	ms)	9	% SPRN	IK	FIRE ALARM	MANUFA	CTURER						RAL STATION L GONG
		INTERESTS																	
RAN		NAME AND ADD	RESS:			REFERENC	E #:				CERTIFICATE REQUIRED					INTEREST IN ITEM NUMBER			
INTEREST														LOCAT	LOCATION: BUILDING:				
	LOSS PAYEE MORT-														SCHED	ULED ITEN	NUMB	ER:	
	GAGEE	OTHER:																	

AGENCY CUSTOMER ID:

ADDITIONAL PREMISES INFORMATION			PREMISES #:	STREET	STREET ADDRESS:												
			BUILDING #:	ESCRIPT													
SUBJECT OF INSURANCE			AMOUNT	COINS %	COINS % VALU-		SES OF LOSS INFLATIO		· .	DED BLK		FORMS		RMS AND CONDITIONS TO APPLY			
ADDITIONAL INFORMATION E			USINESS INCOME / E.	XTRA EXPENS	SE - Atta	ch ACOF	RD 810			ALUE REPORTING I		NFORMATION - Attach ACORI		CORD 81	<u> </u>		
			TIONS, RESTRI														
SPOILAGE COVE			OF PROPERTY COV			LIMIT					MAINT AGREEMENT		OPTIONS				
# OF OPEN SIDES		E:	DISTANCE TO HYDRANT FIR	E STAT	F	IRE DIST	RICT/CODE N	IUMBER		PROT	CL #	STORIES	# BASM'TS	YR BUI	T TOTAL AREA	A	
BUILDING IMPROVEMENTS			FT FT	MI BLDG	BLDG CODE TAX		ODE ROO		OTHER OCCUPANCIES								
WIRING, YR	:		PLUMBING, YR:														
ROOFING, Y	'R:		HEATING, YR: YR:		WIND CLASS S			SEMI- RESISTIVE			HEATING BOILER ON PE			REMISES? (Y/N) PLACED ELSEWHERE? (Y/N)			
RIGHT EXPOSUR	E & DISTANCE		LEFT EXPO	SURE & DIST	RE & DISTANCE FRONT EXPOSURE &						E		REAR EXPO	REAR EXPOSURE & DISTANCE			
BURGLAR ALAR	M TYPE			CERT	IFICATE	#	·						EXPIRATION DATE		CENTRAL STATION WITH KEYS		
BURGLAR ALAR					ENT		GRADE # G		GUARDS/WATCHMEN		сьоск но	URLY					
PREMISES FIRE	PROTECTION (Sp	rinkler	s, Standpipes, CO2/Ch	nemical Syste	(cal Systems) % SPRN				K FIRE ALARM MANU						CENTRAL STATION LOCAL GONG		
ADDITIONAL	LINTEREST	S						1							, , , , , , , , , , , , , , , , , , , ,	-	
RANK:	NAME AND AD	DRESS	:	REFERENCE	E #:						ATE RE	QUIRED	INTEREST		IN ITEM NUMBER		
INTEREST													LOCATION: BUILDING:				
LOSS PAYEE MORT- GAGEE											SCHEDULE OTHER:	SCHEDULED ITEM NUMBER:					
GAGEE	ITEM DESCRIPTION:											OTTEN.					

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, FL, HI, MA, NE, OH, OK, OR or VT; in DC, LA, ME, TN, VA and WA, insurance benefits may also be denied)

IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, 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 MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.