AGE	NCY	CHS:	TOM	IFR	ID.

ACORD®						PR	PROPERTY SECTION										DATE (MM/DD/YYYY)			
AGENCY APPLICANT (First Named Insured)																				
POLIC	Y NUMBER								1	CARF	RIER							N	AIC CODE	
EFF	ECTIVE DATE	TE EXPIRATION DATE DIRECT BILL AGENCY BILL					PAYMENT PLAN			AUDIT F		FOR 0	FOR COMPANY USE ONLY							
			PF	REMIS			STREET ADDRESS:													
PREMISES INFORMATION BUILDING #:						I	ESCRIPT													
SUBJECT OF INSURANCE AMOUNT			COINS %	ATION	CAUSES	OF LO	ss	INFLATION GUARD %	DED	BLI #	KT .	FORMS A	ND CONI	DITIONS	S TO API	PLY				
ADDIT	IONAL INFO	PMATION:	Buci	INESS	INCOME / EX	TDA EVDEN	SE AU-	ah ACORD	040			ALUE DE	PORTING	INFORM	TION - Attach	A CODD 1	044			
										ND F				INFORMA	TION - Attach	ACORD 8	811			
	ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION  POILAGE COVERAGE DESCRIPTION OF PROPERTY COVERED LIMIT DEDUCTIBLE REFRIG N										3 MAINT AGRE	AINT AGREEMENT OPTIONS								
(Y/N)								\$				\$		(Y/N)			0	0110		
# OF OPEN SIDES ON STRUCTURE:  CONSTRUCTION TYPE  DISTANCE TO HYDRANT FIRE S					STAT	FI	IRE DISTRI	CT/COE	ODE NUMBER			PROT CL # STORIES		ES # BASM'TS	YR B	UILT	TOTAL	AREA		
BUILDING IMPROVEMENTS  WIRING, YR: PLUMBING, YR:					BLDG	CODE	TAX COL	DE R	00F	TYPE	0.	THER OC	≣S	1						
	ROOFING, YE	<b>R</b> :		ATING		WIND	CLASS		SEMI-	I- RESISTIVE			EATING B	OILER ON	PREMISES?	REMISES? (Y/N)				
	OTHER:			YF			RESISTI						IF YES, IS INSURANCE F			PLACED ELSEWHERE? (Y/N)				
								FRONT EXPOSURE & DISTANCE					REAR EXP	REAR EXPOSURE & DISTANCE						
BURGLAR ALARM TYPE CERTIFICA						TIFICATE	#								EXPIRATION DATE		CENTRAL STATION WITH KEYS			
BURGLAR ALARM INSTALLED AND SERVICED BY								EXTENT				GRADE #G			CLOCK HOURL			K HOURLY		
PREM	ISES FIRE P	ROTECTION (Spr	inklers, S	tandpi	pes, CO2/Che	mical Syste	ems)	9	% SPRN	ik i	FIRE ALARM	MANUFA	CTURER					7	RAL STATION GONG	
ADD	ITIONAL	INTERESTS	3																	
RANK: NAME AND ADDRESS: REFERENCE #:								CERTIFICATE REQUIRED IN							REST IN ITEM NUMBER					
INTEREST															LOCATION	LOCATION: BUILDING:				
	LOSS PAYEE											SCHEDULED ITEM NUMBER:								
	MORT- GAGEE	ITEM DESCRIPT	1011												OTHER:					

## AGENCY CUSTOMER ID:

ADDITIONAL	L		PREMISES #:	S#: STREET ADDRESS:													
PREMISES I	NFORM	ATION	BUILDING #:		BLDG DESCRIPTION:												
SUBJECT OF INSURANCE			AMOUNT	COINS %	VALU- ATION	CAUSE	S OF LOSS	S INFLATION GUARD %		DED BLK1		FORMS		FORMS AND CONDITIONS TO APPLY		Y	
ADDITIONAL INF	ORMATION	В	USINESS INCOME / E)	(TRA EXPENS	EXPENSE - Attach ACORD 810 VALUE REPORTING INFORMATION - Attach ACORD									CORD 81	811		
ADDITIONAL	COVER	AGES. OF	TIONS, RESTRI	CTIONS. F	NDOF	SEME	NTS AND	RATING	INFO	ORMA	TION						
SPOILAGE COVE			OF PROPERTY COVE			LIN \$							MAINT AGREE	MENT	OPTIONS		
# OF OPEN SIDES		CTURE:	DISTANCE TO HYDRANT FIRE	STAT	FI	RE DISTF	RICT/CODE N	IUMBER		PRO	OT CL	# STORIE	S #BASM'TS	YR BUI	LT TOTAL AI	REA	
BUILDING IMPRO	OVEMENTS		FT FT	MI BLDG GR	CODE	TAX C	DDE ROO	ОТН	IER OCC	UPANCIE	:S						
WIRING, YR	t:		PLUMBING, YR:														
ROOFING, Y	/R:		HEATING, YR: YR:		CLASS RESISTIV	Έ	SEMI- RES	MI- RESISTIVE					,	REMISES? (Y/N) PLACED ELSEWHERE? (Y/N)			
RIGHT EXPOSUR	RE & DISTAN	ICE	LEFT EXPO	SURE & DIST	ANCE		FRO	ONT EXPOSU	RE &	DISTAN	ICE		REAR EXPO	OSURE &	DISTANCE		
BURGLAR ALARM TYPE CERTIFICA							CERTIFICATE #						EXPIRATION	EXPIRATION DATE CEN		L STATION EYS	
BURGLAR ALARM INSTALLED AND SERVICED BY							EXT	EXTENT			GRADE # G		GUARDS/WATO	UARDS/WATCHMEN		HOURLY	
PREMISES FIRE		% SPRNK	FIRE ALAR	NUFAC	TURER		CENTRAL STA										
ADDITIONAL	L INTERI	ESTS															
RANK:			CERTIFICATE REQUIRED						INTEREST IN ITEM NUMBER								
INTEREST										LOCATION:	LOCATION: BUILDING:						
LOSS PAYEE MORT-														SCHEDULED ITEM NUMBER:			
GAGEE	ITEM DES	CRIPTION:											OTHER:				

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.