

ACORDTM PROPERTY SECTION

DATE (MM/DD/YYYY)

PRODUCER	PHONE (A/C, No, Ext):	APPLICANT (First Named Insured)				
	FAX (A/C, No):					
		EFFECTIVE DATE	EXPIRATION DATE	DIRECT BILL AGENCY BILL	PAYMENT PLAN	AUDIT
CODE:		FOR COMPANY USE ONLY				
SUB CODE:						
AGENCY CUSTOMER ID:						

PREMISES INFORMATION			PREMISES #:	BUILDING #:	STREET ADDRESS:			
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DEDUCTIBLE	BLANKET COVERAGE	FORMS AND CONDITIONS TO APPLY

ADDITIONAL INFORMATION - BUSINESS INCOME/EXTRA EXPENSE					BUSINESS INCOME W/O EXTRA EXPENSE			EXTRA EXPENSE				
TYPE OF BUSINESS	ORDINARY PAYROLL		POWER/HEAT	EXT PERIOD	TUITION FEES			OFF PREM POWER		DEPEND PROP		
<input type="checkbox"/> NON MFG	<input type="checkbox"/> EXCL	<input type="checkbox"/> INCL	\$ _____ DED	_____ DAYS	\$ _____ STUDENTS	<input type="checkbox"/> POWER		_____ % COIN		<input type="checkbox"/> CONT LOC		
<input type="checkbox"/> MFG	90 DAYS		ELEC MEDIA	MO PERIOD	\$ _____ OTHER ED SERV/INC	<input type="checkbox"/> WATER		<input type="checkbox"/> REC LOC		<input type="checkbox"/> MFG LOC		
<input type="checkbox"/> MINING	180 DAYS		_____ DAYS	_____ LIMIT		<input type="checkbox"/> COMM (DESCR BELOW)		<input type="checkbox"/> LDR LOC (DESCR BELOW)				
_____ % COINS	\$ _____		ORD OR LAW	MAX PERIOD								
		_____ DAYS										
NAME AND ADDRESS(ES) FOR OFF PREM POWER OR DEPEND PROP								EXTRA EXPENSE _____ DAYS PERIOD REST				
								LIMIT LOSS PAY				
								_____ % _____ % _____ % _____ %				

ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

CONSTRUCTION TYPE	DISTANCE TO HYDRANT FT	FIRE STAT MI	FIRE DISTRICT/CODE NUMBER			PROT CL	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA
BUILDING IMPROVEMENTS	<input type="checkbox"/> WIRING, YR: _____		<input type="checkbox"/> PLUMBING, YR: _____	BLDG CODE GRADE	TAX CODE	ROOF TYPE		OTHER OCCUPANCIES		
<input type="checkbox"/> ROOFING, YR: _____	<input type="checkbox"/> HEATING, YR: _____		WIND CLASS		HEATING BOILER ON PREMISES?		<input type="checkbox"/> YES	<input type="checkbox"/> NO		
<input type="checkbox"/> OTHER: _____	<input type="checkbox"/> RESISTIVE		<input type="checkbox"/> SEMI-RESISTIVE	<input type="checkbox"/> OTHER	IF YES, IS INSURANCE PLACED ELSEWHERE?		<input type="checkbox"/> YES	<input type="checkbox"/> NO		
RIGHT EXPOSURE & DISTANCE			LEFT EXPOSURE & DISTANCE			REAR EXPOSURE & DISTANCE				
BURGLAR ALARM TYPE			CERTIFICATE #		EXPIRATION DATE		EXTENT	GRADE	CENTRAL STATION WITH KEYS	
BURGLAR ALARM INSTALLED AND SERVICED BY							# GUARDS/WATCHMEN		CLOCK HOURLY	
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2/Chemical Systems)					% SPRNK	FIRE ALARM MANUFACTURER			CENTRAL STATION LOCAL GONG	

ADDITIONAL INTERESTS					
RANK:	NAME AND ADDRESS	EVIDENCE	RANK:	NAME AND ADDRESS	EVIDENCE
INTEREST		<input type="checkbox"/> CERTIFICATE <input type="checkbox"/> POLICY	INTEREST		<input type="checkbox"/> CERTIFICATE <input type="checkbox"/> POLICY
<input type="checkbox"/> LOSS PAYEE			<input type="checkbox"/> LOSS PAYEE		
<input type="checkbox"/> MORTGAGEE			<input type="checkbox"/> MORTGAGEE		

VALUE REPORTING INFORMATION				
REPORTING FORM: PROVIDE AVERAGE VALUES FOR PAST 12 MONTHS				
SUBJECT OF INSURANCE	PREMISES/BUILDING	ANY OTHER LOCATION DECLARED AT INCEPTION	ANY OTHER LOCATION ACQUIRED AFTER INCEPTION	PREMISES NOT OWNED OR ACQUIRED LIMIT

PREMISES INFORMATION

PREMISES #: _____ BUILDING #: _____ STREET ADDRESS: _____

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DEDUCTIBLE	BLANKET COVERAGE	FORMS AND CONDITIONS TO APPLY

ADDITIONAL INFORMATION - BUSINESS INCOME/EXTRA EXPENSE

ADDITIONAL INFORMATION - BUSINESS INCOME/EXTRA EXPENSE				BUSINESS INCOME W/O EXTRA EXPENSE		EXTRA EXPENSE	
TYPE OF BUSINESS <input type="checkbox"/> NON MFG <input type="checkbox"/> MFG <input type="checkbox"/> MINING _____ % COINS	ORDINARY PAYROLL <input type="checkbox"/> EXCL <input type="checkbox"/> INCL _____ 90 DAYS _____ 180 DAYS _____ \$ _____		POWER/HEAT \$ _____ DED ELEC MEDIA _____ DAYS ORD OR LAW _____ DAYS	EXT PERIOD _____ DAYS MO PERIOD _____ LIMIT MAX PERIOD _____ DAYS	TUITION FEES \$ _____ STUDENTS \$ _____ OTHER ED SERV/INC	OFF PREM POWER <input type="checkbox"/> POWER <input type="checkbox"/> WATER <input type="checkbox"/> COMM (DESCR BELOW)	DEPEND PROP _____ % COIN <input type="checkbox"/> CONT LOC <input type="checkbox"/> REC LOC <input type="checkbox"/> MFG LOC <input type="checkbox"/> LDR LOC (DESCR BELOW)

NAME AND ADDRESS(ES) FOR OFF PREM POWER OR DEPEND PROP _____
 EXTRA EXPENSE _____ DAYS PERIOD REST
 LIMIT LOSS PAY _____% _____% _____% _____%

ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

CONSTRUCTION TYPE	DISTANCE TO HYDRANT FT	DISTANCE TO FIRE STAT MI	FIRE DISTRICT/CODE NUMBER			PROT CL	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA
BUILDING IMPROVEMENTS <input type="checkbox"/> WIRING, YR: _____ <input type="checkbox"/> ROOFING, YR: _____ <input type="checkbox"/> OTHER: _____	<input type="checkbox"/> PLUMBING, YR: _____ <input type="checkbox"/> HEATING, YR: _____	BLDG CODE GRADE _____	TAX CODE _____	ROOF TYPE _____	WIND CLASS <input type="checkbox"/> RESISTIVE <input type="checkbox"/> SEMI-RESISTIVE <input type="checkbox"/> OTHER	OTHER OCCUPANCIES HEATING BOILER ON PREMISES? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> YES <input type="checkbox"/> NO				
RIGHT EXPOSURE & DISTANCE			LEFT EXPOSURE & DISTANCE			REAR EXPOSURE & DISTANCE				
BURGLAR ALARM TYPE			CERTIFICATE #		EXPIRATION DATE		EXTENT	GRADE	CENTRAL STATION WITH KEYS CLOCK HOURLY	
BURGLAR ALARM INSTALLED AND SERVICED BY							# GUARDS/WATCHMEN		CENTRAL STATION LOCAL GONG	
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CQ/Chemical Systems)				% SPRNK	FIRE ALARM MANUFACTURER					

ADDITIONAL INTERESTS

RANK:	NAME AND ADDRESS	EVIDENCE	RANK:	NAME AND ADDRESS	EVIDENCE
INTEREST <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORT-GAGEE		<input type="checkbox"/> CERTIFICATE <input type="checkbox"/> POLICY	INTEREST <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORT-GAGEE		<input type="checkbox"/> CERTIFICATE <input type="checkbox"/> POLICY

VALUE REPORTING INFORMATION

REPORTING FORM: PROVIDE AVERAGE VALUES FOR PAST 12 MONTHS	PREMISES/BUILDING	ANY OTHER LOCATION DECLARED AT INCEPTION	ANY OTHER LOCATION ACQUIRED AFTER INCEPTION	PREMISES NOT OWNED OR ACQUIRED LIMIT
SUBJECT OF INSURANCE				

REMARKS

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, NE, OH, OK, OR or VT; In DC, LA, ME and VA, insurance benefits may also be denied)