

ACORD™ PROPERTY SECTION

DATE (MM/DD/YYYY)

PRODUCER PHONE (A/C, No, Ext): FAX (A/C, No):	APPLICANT (First Named Insured) EFFECTIVE DATE EXPIRATION DATE DIRECT BILL PAYMENT PLAN AUDIT AGENCY BILL
CODE: SUB CODE:	FOR COMPANY USE ONLY
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 <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	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 CONT LOC REC LOC MFG LOC LDR LOC (DESCR BELOW)	EXTRA EXPENSE _____ DAYS PERIOD REST LIMIT LOSS PAY _____% _____% _____% _____%	
NAME AND ADDRESS(ES) FOR OFF PREM POWER OR DEPEND PROP							_____	

ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

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

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

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				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)	EXTRA EXPENSE _____ DAYS PERIOD REST LIMIT LOSS PAY _____% _____% _____% _____%
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 _____	OTHER OCCUPANCIES _____					
RIGHT EXPOSURE & DISTANCE _____		LEFT EXPOSURE & DISTANCE _____			REAR EXPOSURE & DISTANCE _____					
BURGLAR ALARM TYPE _____	CERTIFICATE # _____	EXPIRATION DATE _____			EXTENT _____	GRADE _____	CENTRAL STATION WITH KEYS <input type="checkbox"/> YES <input type="checkbox"/> NO			
BURGLAR ALARM INSTALLED AND SERVICED BY _____						# GUARDS/WATCHMEN <input type="checkbox"/> YES <input type="checkbox"/> NO				
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CQ/Chemical Systems) _____				% SPRNK _____	FIRE ALARM MANUFACTURER _____			CENTRAL STATION LOCAL GONG <input type="checkbox"/> YES <input type="checkbox"/> NO		

ADDITIONAL INTERESTS

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