	ACORD _™ PROPERTY SECTION														DATE (MM/DD/YYYY)							
AGENCY PHONE (A/C, No, Ext):									APPLICANT (First													
FAX (A/C, No):								Named	(rirst Named Insured)													
								EFFE	CTIVE DA	E DATE EXPIRATION DA		ON DATE		DIRECT BILL			PAYI	_AN		AUDIT		
								FOR														
COL				s	SUB CODE:				COMPANY USE ONLY													
CUS	ENCY STOMER ID:				PREMISES	#-	DDRESS	NDECC.														
PREMISES INFORMATION BUILDING #: BLDG DESC																						
SUBJECT OF INSURANCE					AMC	DUNT	COINS %	VALUATION CAUSES			S OF LOSS INFLATION GUARD %		ON %	DEDUCTIBLE CO		KT V	FORMS AND CO			CONDITIONS TO APPLY		
ADD	DITIONAL INFO	RMAT	ION		BUSINES	S INCOME /	EXTRA EXP	ENSE		BUSINESS INCOME W/			EXTRA EXPENSE				EXTRA EXPENSE					
TYP	TYPE OF BUSINESS ORDINARY PAYE				¬			EXT PERIO			TUITIO					OFF PREM POWER		DEPEND PROP				
	NON MFG MFG	EXCL 90 DAYS			INCL	\$ ELEC MED	DEC		NO PERIOD	DAYS	† · —			TUDENTS THER ED		POWER WATER			CONT LOC			
	MINING	180 DAYS				LEEO MEDIA		s					SER	RV/INC	С	OMN	1		REC LOC			
	% CC	INS	\$	·	ORD OR LAW			MAX PERIOD						(DE			CR BELOW)	MFG LOC				
DAYS								3									LDR LOC (DESC BE					
NAME AND ADDRESS(ES) FOR OFF PREM POWER OR DEPEND PROP														LIMIT LOSS PA						DAYS PE	ERIOD REST	
									%										_% _	%	%	
CONSTRUCTION TYPE DISTANCE TO HYDRANT FIRE STAT FIRE DISTRICT/CODE NUMBER PROT CL # STORIES # BASM'TS YR BUILT TOTAL.													OTAL AF	REA								
						FT	MI BLDG C	ODE -	TAX CODE	RC	OF TYPE		-	OTHER OCCUPANCIES		ES	<u> </u> ;					
BUILDING IMPROVEMENTS WIRING, YR:					PLUMBING,	YR:	GRAI	DE														
	ROOFING, Y				HEATING, Y	WIND C	LASS] SEMI.			Н	EATING B	OILER ON	I PR	EMISES?			YES	NO		
OTHER: RIGHT EXPOSURE & DISTANCE						LEFT EXPO	SISTIVE		EMI- ESIST	TIVE OTHER				NSURANO (POSURE		LACED ELSE	WHERE	≣?	YES	NO		
KIG	HI EXPOSURE	a Dia	DIANCE				LEFT EXPO	SURE & L	JISTANCE					REAR EA	KPOSUKE	αDI	STANCE					
BURGLAR ALARM TYPE CERTIFICAT								TE#			EXPIRATION DATE			ЕХТЕ		NT	T GRADE		CENTRAL STATION WITH KEYS			
BURGLAR ALARM INSTALLED AND SERVICED BY															# GUA	RDS	WATCHME	N		K HOURI	_Y	
PRE	MISES FIRE P	ROTE	CTION (S	Sprinkler	s, Standpipe	s, CO2/Chem	s)	% SPRNK FIRE ALARM MANUFACTURER							CENTRAL STATION							
ADDITIONAL INTERESTS																LOCAL GONG						
RANK: NAME AND ADDRESS: REFERENCE #:							 #:	: CERTIFICATE REQUIRED								INTEREST IN ITEM NUMBER						
INTEREST							LOCATION:									BUILDING:						
	LOSS PAYEE														SCHEDULE	D ITEM I	DITEM NUMBER:					
MORT- GAGEE ITEM DESCRIPTION:																	OTHER:					
VΔ	LUE REPO				IATION																	
VALUE REPORTING INFORMATION REPORTING FORM: PROVIDE AVERAGE VALUES FOR PAST 12 MONTHS SUBJECT OF INSURANCE										PRI BL	REMISES/			NY OTHER LOCA- TION DECLARED AT INCEPTION			ANY OTHER	PRE	PREMISES NOT OWNED OR ACQUIRED LIMIT			
CODUCTION INSURANCE								3011			-		AI	ATINGEFTION			AFTER INCEPTION		_	LIN	nı I	

ADDITIONAL	DDEMISES #.	PREMISES #: STREET ADDRESS:															
ADDITIONAL PREMISES IN	BUILDING #:		BLDG DESCRIPTION:														
SUBJECT O	AMOUNT		COINS % VALUATION		CALISES OF LOSS		INFLATION GUARD%	DEDLICTIE	RIF I	BLKT	FORMS AND CONDITIONS TO		OITIONS TO API	DI V			
SUBJECTO	AWOUN	N I	COINS %	VALUATION	CAUSES OF LOSS		GUARD%	DEDUCTIBLE		COV	FORIN	FORMS AND CONDITIONS TO APPLY					
						<u> </u>											
ADDITIONAL INFO		BUSINESS						OME W/O EXTRA EXPENSI					EXTRA EXPENSE				
TYPE OF BUSINES			POWER/HE		EXT P	ERIOD		TION FEES			FF PREM POWER		DEPE	DEPEND PROP			
NON MFG	EXCL 90 DAYS		DED		DAY		STUDENTS			POWE			% COIN				
MFG		ELEC MEDIA	A DAYS	MO PI	ERIOD LIMI [*]	_	OTHER ED SERV/INC			WATER		CONT LOC REC LOC					
MINING 180 % COINS \$			ORD OR LA		MAXI	PERIOD	-				COMM (DESCR BELOW)		MFG LOC				
			OK EA	DAYS		LINIOD						LDR LOC (DES			BELOW)		
NAME AND ADDRI	ESS(ES) FOR OFF PRE	M POWER OR D	DEPEND P									EXTR/ EXPE			,		
												LIMIT LOSS	SS PAY				
												%	%	%	%		
ADDITIONAL COVI	ERAGES, OPTIONS, RE	STRICTIONS, E	ENDORSEM	IENTS AND F	RATING INFO	RMATION											
CONSTRUCTION T	YPE	DISTA	NCE TO	FIRE DISTRICT/COD			E NUMBER	NUMBER		# STC	RIES	# BASM'TS	YR BUILT	R BUILT TOTAL AREA			
			FIRE ST	MI				MBER PROT CL									
BUILDING IMPROV	/EMENTS			BLDG C		CODE R	OOF TYPE		OTHER OC	CUPAN	CIES						
WIRING, YR:		PLUMBING, YR	R:	GRADE NOOTHE OTHER COOSTANTS													
ROOFING, YE	₹:		WIND CLASS HEATING							NG BOILER ON PREMISES? YES NO							
OTHER:		,		RES	RESISTIVE SEMI- RESISTIVE			OTHER	R IF YES, IS INSURANCE			PLACED ELSEWHERE? YES NO					
RIGHT EXPOSURE	& DISTANCE			LEFT EXPOS	SURE & DIST	ANCE			REAR EX	POSU	RE & DI						
							T				1						
BURGLAR ALARM	ТҮРЕ			CERTIFICAT	E#	EXPIRATION DATE			EXII		TENT	GRADE	CENTRAL STATION		N		
BURGI AR ALARM	INSTALLED AND SER	VICED BY							# G		IIAPDS	/WATCHMEN		TH KEYS			
BONGLAN ALANIM	THO FALLED AND GEN	VIOLD B1						<i>" 567</i>				CLOCK HO					
PREMISES FIRE P	ROTECTION (Sprinkler	s, Standpipes, C	CO2/Chemi	cal Systems)	% SPRNK	FIRE ALAI	FIRE ALARM MANUFACTURER					CENTRAL STATION				
													LOCAL GONG				
ADDITIONAL	INTERESTS																
RANK:	NAME AND ADDRESS):	RE	FERENCE #				CEI	RTIFICATE R	EQUIR	RED	IN	TEREST IN IT	EM NUMBER			
INTEREST												LOCATION: BUILDING:					
LOSS PAYEE MORT										-	SCHEDULED	D ITEM NUMB	ER:				
MORT- GAGEE	ITEM DECODIDATION											OTHER:					
DEMARKS	ITEM DESCRIPTION:																
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, TN and VA, insurance benefits may also be denied)