AGEN	1CA	CHS	TON	IFR	ID:
AGE	4 C I	CUG		IEN	ID.

ACORD®				PR	OP	ERT	ΓΥ :	SEC	TI	ON					DATE (MM/DD/YYY			
AGENCY								Α	APPLICAN	T (First	Named Ins	sured)						
POLICY NUMBER								C	ARRIER								NAIC	CODE
EFFECTIVE DATI	EXPIRATION	N DATE	\vdash	DIRECT BILL		PAY	MENT PLA	LAN AUDIT FOR COMPANY USE ONLY					Y					
			PREMIS	ES #:	STREET	ADDRE	SS:				·							
					I	BLDG DESCRIPTION: COINS % ATION CAUSES OF LOSS INFLATION GUARD DED BLKT FORMS AND CONDITIONS TO APPLY												
SUBJECT C	F INSURANCE		A	MOUNT	COINS %	ATION	CAUSES	OF LOS	SS GUA	ATION IRD %	DED	BLi #		FORMS A	AND CON	DITION	S TO APPLY	
ADDITIONAL INFO	RMATION	RII	ISINESS	INCOME / EX	TRA EXPEN	ISF - Atta	ach ACORD	810		v	ΔI UE REP	PORTING	INFORMA	TION - Attach	ACORD	R11		
ADDITIONAL									ID DAT				IIII OILIII	TION ALLGON	AGGILD			
SPOILAGE COVER				PERTY COVE			LIMI'		ib itali		DEDUCT		REFRIC (Y/N)	REFRIG MAINT AGREEMENT			ONS	
# OF OPEN OIDEO	ON OTRUGTURE																	
# OF OPEN SIDES CONSTRUCTION 1		<u> </u>	HYD	DISTANCE TO RANT FIRE FT	STAT	F	IRE DISTRI	CT/CODI	E NUMBEI	R	PF	ROT CL	# STORIE	S # BASM'T	S YR B	UILT	TOTAL ARE	A
BUILDING IMPROV	/EMENTS	F	PLUMBIN	NG, YR:	BLD(GF	CODE RADE	TAX COL	DE RO	OOF TYPE		ОТ	HER OC	CUPANCIE	S	'			
ROOFING, YE	₹:		HEATING YF		\vdash	CLASS RESISTI	VF.	SEMI- R	RESISTIVE					PREMISES? E PLACED EL		RE? (Y/	N)	
RIGHT EXPOSURE	& DISTANCE			LEFT EXPOS				F	RONT EX	POSUR	E & DISTA	NCE		REAR EX	POSURE	& DIST	ANCE	
BURGLAR ALARM TYPE CERTIFICATE # EXPIRATION DATE CENTRAL STATION																		
BURGLAR ALARM INSTALLED AND SERVICED BY EXTENT GRADE # GUARDS/WATCHMEN CLOCK HOU																		
PREMISES FIRE P	PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2/Chemical Systems) % SPRNK FIRE ALARM MANUFACTURER CENTRAL STATION LOCAL GONG																	
ADDITIONAL	ADDITIONAL INTERESTS																	
RANK:	NAME AND ADD	RESS:			REFERENC	E #:					CERTI	FICATE F	REQUIRED		INTERES	ST IN IT	EM NUMBER	
INTEREST														LOCATIO	N:		BUILDING:	
LOSS PAYEE														SCHEDUI	ED ITEM	NUMB	ER:	
MORT- GAGEE														OTHER:				
	ITEM DESCRIPT	ION.																

AGENCY CUSTOMER ID:	
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	PREMISES #:	STREET	STREET ADDRESS:									
PREMISES INFORMATION	BUILDING #:	BLDG D	ESCRIPT	ION:								
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU- ATION	CAUSES OF	LOSS	INFLATION GUARD %	р	DED E	BLKT #	FORMS AN	ID CONDITIO	ONS TO APPLY
ADDITIONAL INFORMATION	BUSINESS INCOME / EX	TRA EXPEN	SE - Attac	ch ACORD 81	0	\ \ \ \ \ \	VALUE I	REPORTIN	IG INFORMA	TION - Attach A	CORD 811	
ADDITIONAL COVERAGES,	OPTIONS, RESTRIC	CTIONS, E	ENDOR	SEMENTS	AND	RATING I	NFOR	RMATIO	N			
	ON OF PROPERTY COVE			LIMIT \$				UCTIBLE		MAINT AGRE	EMENT OP	TIONS
# OF OPEN SIDES ON STRUCTURE:												
CONSTRUCTION TYPE	DISTANCE TO HYDRANT FIRE	STAT	FII	RE DISTRICT/	CODE N	UMBER		PROT CI	# STORIE	ES # BASM'TS	YR BUILT	TOTAL AREA
	FT	МІ										
BUILDING IMPROVEMENTS WIRING, YR:	PLUMBING, YR:	BLDG GR	CODE ADE	TAX CODE	ROOF	TYPE		OTHER C	CCUPANCI	ES		
ROOFING, YR: OTHER:	HEATING, YR: YR:		CLASS RESISTIV		MI- RES	SISTIVE		HEATING IF YES, IS	BOILER ON SINSURANC	I PREMISES? (E PLACED ELS	Y/N) EWHERE? ((Y/N)
RIGHT EXPOSURE & DISTANCE										STANCE		
BURGLAR ALARM TYPE	CERT	IFICATE :	#							CENTRAL STATION WITH KEYS		
BURGLAR ALARM INSTALLED AND S	,	-			ENT		GRAI	DE #	GUARDS/WAT	GUARDS/WATCHMEN CLO		
PREMISES FIRE PROTECTION (Sprink	ders, Standpipes, CO2/Che	emical Syste	ms)	% S	PRNK	FIRE ALARM	MANU	JFACTURE	R			CENTRAL STATION LOCAL GONG
ADDITIONAL INTERESTS											l_	•
RANK: NAME AND ADDRE	:SS:	REFERENCE	E #:				CE	RTIFICAT	REQUIRED) II	NTEREST IN	ITEM NUMBER

	RANK:	NAME AND ADDRESS:	INTEREST IN ITEM NUMBER		
I	NTEREST			LOCATION:	BUILDING:
Γ	LOSS PAYEE			SCHEDULED ITEM NUN	BER:
	MORT- GAGEE			OTHER:	
Г		ITEM DESCRIPTION:			

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.