

ACORD ™ PROPERTY SECTION					DATE	
PRODUCER		PHONE (A/C, No, Ext):		APPLICANT (First Named Insured)		
		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	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"/> MFG	<input type="checkbox"/> 90 DAYS	<input type="checkbox"/> ELEC MEDIA _____	<input type="checkbox"/> MO PERIOD _____	\$ _____ OTHER ED SERV/INC _____	<input type="checkbox"/> WATER _____	<input type="checkbox"/> CONT LOC _____	
<input type="checkbox"/> MINING	<input type="checkbox"/> 180 DAYS	_____ DAYS \$ _____	\$ _____ LIMIT _____		<input type="checkbox"/> COMM (DESCR BELOW) _____	<input type="checkbox"/> REC LOC _____	
_____ % COINS	<input type="checkbox"/> \$ _____	<input type="checkbox"/> ORD OR LAW _____	<input type="checkbox"/> MAX PERIOD _____			<input type="checkbox"/> MFG LOC _____	
		_____ DAYS				<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 _____		

<p>ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION</p>	
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CONSTRUCTION TYPE		DISTANCE TO HYDRANT FT		FIRE STAT MI		FIRE DISTRICT/CODE NUMBER			PROT CL	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA		
BUILDING IMPROVEMENTS				BLDG CODE GRADE	TAX CODE	ROOF TYPE		OTHER OCCUPANCIES							
<input type="checkbox"/>	WIRING, YR:		<input type="checkbox"/>	PLUMBING, YR:		WIND CLASS		HEATING BOILER ON PREMISES?			<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	
<input type="checkbox"/>	ROOFING, YR:		<input type="checkbox"/>	HEATING, YR:							<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, CO ₂ /Chemical Systems)					% SPKNK	FIRE ALARM MANUFACTURER					CENTRAL STATION				
											LOCAL GONG				

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

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

PREMISES INFORMATION

PREMISES #:		BUILDING #:		STREET ADDRESS:			
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DEDUCTIBLE	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"/> MFG	90 DAYS	ELEC MEDIA	MO PERIOD	\$ OTHER ED SERV/INC	<input type="checkbox"/> WATER	CONT LOC	
<input type="checkbox"/> MINING	180 DAYS	DAYS \$	LIMIT		<input type="checkbox"/> COMM (DESCR BELOW)	REC LOC	
% COINS	\$	ORD OR LAW	MAX PERIOD			MFG LOC	
		DAYS				LDR LOC (DESC 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	FIRE STAT	FIRE DISTRICT/CODE NUMBER		PROT CL	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA
	FT	MI							
BUILDING IMPROVEMENTS	WIRING, YR:		PLUMBING, YR:	BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES		
	ROOFING, YR:		HEATING, YR:	WIND CLASS		HEATING BOILER ON PREMISES?		YES	NO
	OTHER:			RESISTIVE	SEMI-RESISTIVE	OTHER	IF YES, IS INSURANCE PLACED ELSEWHERE?		YES 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, CO ₂ /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	INTEREST		<input type="checkbox"/> CERTIFICATE
<input type="checkbox"/> LOSS PAYEE		<input type="checkbox"/> POLICY	<input type="checkbox"/> LOSS PAYEE		<input type="checkbox"/> POLICY
<input type="checkbox"/> MORTGAGEE			<input type="checkbox"/> MORTGAGEE		

VALUE REPORTING INFORMATION

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

REMARKS