



ACORD™ PROPERTY SECTION

DATE

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

PREMISES INFORMATION		<input type="checkbox"/> BLANKET COVERAGE	PRE #:	BU #:	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		<input type="checkbox"/> % COIN	
<input type="checkbox"/> MFG		90 DAYS		ELEC MEDIA		MO PERIOD		\$ OTHER ED SERV/INC		<input type="checkbox"/> WATER		<input type="checkbox"/> CONT LOC	
<input type="checkbox"/> MINING		180 DAYS		DAYS		\$ LIMIT				<input type="checkbox"/> COMM (DESCR BELOW)		<input type="checkbox"/> REC LOC	
_____ % COINS		\$		ORD OR LAW		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		_____ % _____ % _____ % _____ %	

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
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"/> 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							
GLAR 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						

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"/> MORTGAGEE					<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE			

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 BLANKET COVERAGE 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 <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 _____ DAYS 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						<input type="checkbox"/> 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"/> 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	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO			
BURGLAR ALARM INSTALLED AND SERVICED BY				# GUARDS/WATCHMEN	_____			
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO²/Chemical Systems)			% SPRNK	FIRE ALARM MANUFACTURER		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO		

ADDITIONAL INTERESTS

RANK:	NAME AND ADDRESS	EVIDENCE CERTIFICATE POLICY	RANK:	NAME AND ADDRESS	EVIDENCE CERTIFICATE POLICY
<input type="checkbox"/> INTEREST <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE		<input type="checkbox"/> CERTIFICATE <input type="checkbox"/> POLICY	<input type="checkbox"/> INTEREST <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE		<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 FRAUD 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; IN DC., LA, ME AND VA, INSURANCE BENEFITS MAY ALSO BE DENIED)