ACORD®		PERTY	SECTI	DA	DATE (MM/DD/YYYY)									
AGENCY NAME			CARRIER			NAIC CODE								
POLICY NUMBER		NAMED INSURED												
	PREMISES #:	STREET ADDR	ESS:											
PREMISES INFORMATION	BUILDING #:	BLDG DESCRI	ILDG DESCRIPTION:											
SUBJECT OF INSURANCE	AMOUNT	COINS % VALU	CAUSES OF L	OSS INFLATION GUARD %	DED	BLKT #	FORMS AND	TO APPLY						
ADDITIONAL INFORMATION	BUSINESS INCOME / EX	TRA EXPENSE - At	tach ACORD 810		│ /ALUE REPORT	ING INFORMAT	ON - Attach ACO	RD 811						
ADDITIONAL COVERAGES, O	OPTIONS, RESTRIC	TIONS, ENDO	RSEMENTS	AND RATING II	NFORMATIO	ON .								
	ON OF PROPERTY COVE	•	LIMIT		DEDUCTIBLE		MAINT AGREEME	ENT OPTIC	ons					
			\$		\$	(1714)								
SINKHOLE COVERAGE (Required in FI	orida) ACCEI	PT COVERAGE	REJECT (COVERAGE L	OVERAGE LIMIT: \$									
# OF OPEN SIDES ON STRUCTURE:														
CONSTRUCTION TYPE	STAT F	IRE DISTRICT	CODE NUM	MBER PROT	PROT CL # STORIES # BA		R BUILT	TOTAL AREA						
BUILDING IMPROVEMENTS	FT FT	BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER	OCCUPANCIES	;							
WIRING, YR:	PLUMBING, YR:													
ROOFING, YR:	HEATING, YR:	WIND CLASS	S SEM	I- RESISTIVE	HEATIN	IG BOILER ON F	PREMISES? (Y/N)							
OTHER: RIGHT EXPOSURE & DISTANCE	YR:	RESIST	TIVE	FRONT EXPOSUE		PLACED ELSEW								
RIGHT EXPOSORE & DISTANCE	LEFT EXPOS	OKE & DISTANCE		FRONT EXPOSUR	KE & DISTANCE		REAR EAR GOOKE & BIOTARGE							
BURGLAR ALARM TYPE		CERTIFICAT	E#				EXPIRATION D	CENTRAL STATION WITH KEYS						
BURGLAR ALARM INSTALLED AND SE	RVICED BY			EXTENT	GR	ADE # 0	GUARDS / WATCH	HMEN	CLOCK HOURLY					
PREMISES FIRE PROTECTION (Sprinkle	ers, Standpipes, CO2 / Ch	% SPF	RNK FIRE ALARM	MANUFACTUR	ER			CENTRAL STATION						
ADDITIONAL INTEREST	400DD 45 -#-								LOCAL GONG					
ADDITIONAL INTEREST ACORD 45 attached for additional names INTEREST NAME AND ADDRESS RANK: EVIDENCE: CERTIFICATE INTEREST IN ITEM NUMBER														
LOSS PAYEE								LOCATION: BUILDING:						
MORTGAGEE								ITEM CLASS: ITEM:						
ITEM DESCRIPTION														
REMARKS	EFERENCE / LOAN #:													
ILIIIANNO														

AGENCY CUSTOMER ID:

PREMISES #

ΑD	DITIONAL	PREMIS	ES #:		STREET ADDRESS:													
PR	EMISES INFORMATION	BUILDIN	G #:		BLDG DESCRIPTION:													
	SUBJECT OF INSURANCE	А	MOUNT		COINS %	VALU- ATION	CAUSI	ES OF LOSS	INFLATION GUARD 9	N o	DED B	LKT #	KT FORMS AND CONDITIONS			S TO APPL	_Y	
ADDITIONAL INFORMATION BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810 VALUE REPORTING INFORMATION - Attach ACORD 811																		
ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION																		
		TION OF PRO	PERTY	COVERE				LIMIT					REFRIG MAINT AGREEMENT		OPTIONS			
(Y/N	'							\$		\$	(Y/N)							
SINI	KHOLE COVERAGE (Required in	Florida)	A	ACCEPT	T COVERAGE			REJECT COVERAGE		LIMIT:	MIT: \$							
# OF	OPEN SIDES ON STRUCTURE:																	
CONSTRUCTION TYPE DISTANCE TO HYDRANT FIRE ST					AT FIRE DISTRICT CODE					JMBER	PROT CL	# STORII	ES # BASM'TS	YR BUI	LT	TOTAL A	REA	
			FT		МІ													
BUI	DING IMPROVEMENTS	VEMENTS		BLDG CODE TAX		TAX C	ODE RO	OF TYPE	YPE		CCUPANCII	S						
	WIRING, YR:	PLUMBING, YR:																
	ROOFING, YR:	HEATING, YR: WIND CLASS				SEMI- RESISTIVE HEATING BOILER ON F						PREMISES? (Y/N)						
	OTHER:	YR:			RESISTIVE				1			INSURANC	E PLACED ELS	PLACED ELSEWHERE? (Y/N)				
RIGHT EXPOSURE & DISTANCE LEFT EXPOSURE					E & DIST	ANCE		FF	FRONT EXPOSURE & D				REAR EXP	REAR EXPOSURE & DISTANCE				
BUF	GLAR ALARM TYPE	FICATE	#	'	<u>'</u>						EXPIRATION DATE CENTRA							
															WITH K			
BURGLAR ALARM INSTALLED AND SERVICED BY								EXTENT			GRADE #		GUARDS / WATCHMEN				HOURLY	
																Joedon	HOOKET	
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)						ems)		% SPRNK	FIRE ALAR	M MAN	UFACTURE	R				CENTR	AL STATION	
ADDITIONAL INTEREST ACORD 45 attached for additional names																		
INTEREST NAME AND ADDRESS RANK: EVIDENCE: CERTIFICATE INTEREST IN ITEM NUMBER										ED.								
	LOSS PAYEE																	
	MORTGAGEE													LOCATION: BUILDING:				
CLA											CLASS:	PIDTION		TEM:				
\vdash																		
1		DEEEE						1										
<u> </u>		REFERENCE	LOAN	#:														
	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 FIGURE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY EACH MATERIAL THE PERSON TO CRIMINAL AND INVESTIGATIONAL CONVE																	

PENALTIES. (Not applicable in CO, DC, FL, HI, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

IN THE DISTRICT OF COLUMBIA, WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES.

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, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.