## COMMERCIAL INSURANCE APPLICATION DATE (MM/DD/YYYY) APPLICANT INFORMATION SECTION AGENT NAME: UNDERWRITER UNDERWRITER OFF. NAIC CODE: ADDRESS: POLICIES OR PROGRAM REQUESTED POLICY NUMBER CITY: STATE: ZIP CODE: EQUIPMENT FLOATER GARAGE AND DEALERS INDICATE SECTIONS ATTACHED PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL PROPERTY INSTALLATION/BUILDERS RISK VEHICLE SCHEDULE GLASS AND SIGN ELECTRONIC DATA PROC BOILER & MACHINERY ACCOUNTS RECEIVABLE/ VALUABLE PAPERS COMMERCIAL GENERAL LIABILITY WORKERS COMPENSATION **ADDRESS** CRIME/MISCELLANEOUS CRIME **BUSINESS AUTO UMBRELLA** SUB CODE: CODE: TRANSPORTATION/ MOTOR TRUCK CARGO AGENCY CUSTOMER ID: TRUCKERS/MOTOR CARRIER STATUS OF TRANSACTION PACKAGE POLICY INFORMATION RENEW QUOTE ISSUE POLICY ENTER THIS INFORMATION WHEN COMMON DATES AND TERMS APPLY TO SEVERAL LINES, OR FOR MONOLINE POLICIES. BOUND (Give Date and/or Attach Copy): PROPOSED EFF DATE PROPOSED EXP DATE **BILLING PLAN** PAYMENT PLAN AUDIT DATE TIME CHANGE AM DIRECT BILL CANCEL PM AGENCY BILL APPLICANT INFORMATION NAME (First Named Insured & Other Named Insureds) MAILING ADDRESS INCL ZIP+4 (of First Named Insured) STREET: City: State: FFIN OR SOC SEC # PHONE (A/C, No, Ext): (of First Named Insured): E-MAIL ADDRESS(ES): Zip Code: WEBSITE ADDRESS(ES) CR BUREAU SUBCHAPTER "S CORPORATION LLC ID NUMBER DATE BUS STARTED INDIVIDUAL CORPORATION NOT FOR PROFIT ORG NO. OF MEMBERS AND MANAGERS PARTNERSHIP JOINT VENTURE ACCOUNTING RECORDS CONTACT: INSPECTION CONTACT: PHONE (A/C, No, Ext): E-MAIL ADDRESS: PHONE (A/C, No, Ext) E-MAIL ADDRESS: PREMISES INFORMATION ANNUAL YR LOC# BLD# STREET, CITY, COUNTY, STATE, ZIP+4 CITY LIMITS INTEREST % OCCUPIED BUILT EMPLOYEES REVENUES INSIDE OWNER OUTSIDE TENANT INSIDE OWNER OUTSIDE TENANT NATURE OF BUSINESS - DESCRIPTION OF OPERATIONS BY PREMISE(S) USE 10 WORDS OR MORE TO DESCRIBE: **GENERAL INFORMATION** YES NO **EXPLAIN ALL "YES" RESPONSES EXPLAIN ALL "YES" RESPONSES** DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN 1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY? INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION 1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES? WITH THIS OR ANY OTHER PROPERTY? IS A FORMAL SAFETY PROGRAM IN OPERATION? (In RI, this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a 3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS? sentence of up to one year of imprisonment). ANY CATASTROPHE EXPOSURE? ANY UNCORRECTED FIRE CODE VIOLATIONS? ANY BANKRUPTCIES, TAX OR CREDIT LIENS AGAINST THE APPLICANT IN THE PAST 5 YEARS? HAS BUSINESS BEEN PLACED IN A TRUST? ANY OTHER INSURANCE WITH THIS COMPANY OR BEING SUBMITTED? 6. ANY POLICY OR COVERAGE DECLINED. CANCELLED OR NON-RENEWED DURING IF YES, NAME OF TRUST: ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US THE PRIOR 3 YEARS? (Not applicable in MO) ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION PRODUCTS SOLD/DISTRIBUTED IN FOREIGN COUNTRIES? (If "YES", attach ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING? ACORD 815 for Liability Exposure and/or ACORD 816 for Property Exposure) REMARKS/PROCESSING INSTRUCTIONS (Attach additional sheets if more space is required)

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)

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND CERTIFIES THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE CERTIFIES THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER

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ATTACHMENTS REMARKS NOTE: FIDELITY REQUIRES A FIVE YEAR LOSS HISTORY STATE SUPPLEMENT(S) (If applicable)

COPY OF THE NOTICE OF INFORMATION PRACTICES (PRIVACY) HAS BEEN GIVEN TO THE APPLICANT. (Not applicable in all states, consult your agent or broker for your state's requirements.)

NOTICE OF INSURANCE INFORMATION PRACTICES PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT POLICY RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.

		COMM	ERCIA	L GE	NE	RA	AL LIAB	ILI <sup>7</sup>	ΓY SE	CTION	DATE (MM	I/DD/YYYY)					
AGENCY	PHONE (A/C, No, Ext): FAX (A/C, No):			APPLI (First Named Insure	i												
				FOR	CTIVE DA	TE	EXPIRATION DATE		DIRECT BILL AGENCY BILL	PAYM	ENT PLAN	AUDIT					
CODE:		SUB CODE:		COMP													
CUSTOMER																	
COVERA				LIMITS							1						
	IERCIAL GENERAL LIAB			GENERAL A					\$		PREMIUMS PREMISES/OPERATIONS						
	CLAIMS MADE	OCCURRENC	E				OPERATIONS AGGI	REGATE	\$ \$		- FREINISES/OFERATIONS						
OWNE	R'S & CONTRACTOR'S I	PROTECTIVE		PERSONAL		PRODUCTS											
DEDUCTION	-0			EACH OCCI		- 1 1020010											
DEDUCTIBLE							MISES (each occurre	nce)	\$		OTHER						
	•		PER	MEDICAL E			ne person)		\$		1						
- BODIL	Y INJURY \$		PER OCCUPRENCE	EWIFLOTEE	MPLOYEE BENEFITS \$ TOTAL												
OTHER COV	\$ ERAGES, RESTRICTION:	S AND/OR ENDORS	OCCURRENCE SEMENTS (For hire	d/non-owned	on-owned auto coverages attach the applicable state Business Auto Section, ACORD 137)												
SCHEDU	LE OF HAZARDS																
LOCATION	CLASSIFIC		CLASS	PREMIUI	м		VPOOLIDE	TERR	RA	ATE	PREMIUN	1					
#	CLASSIFIC	ATION	CODE	BASIS		-	EXPOSURE	IERK	PREM/OPS	PRODUCTS	PREM/OPS	PRODUCTS					
DATING AND	PREMIUM BASIS						/2\										
	SALES - PER \$1,000/SALI		PAYROLL - PER \$1, AREA - PER 1,000/S				(C) TOTAL COST - PI (M) ADMISSIONS - PI			(U) UNIT - PE (T) OTHER	R UNIT						
, ,	MADE (Explain al						PLOYEE BENE										
	SED RETROACTIVE	•	11303)				EDUCTIBLE PER										
	DATE INTO UNINTER		MS MADE COV			<b>†</b>	IUMBER OF EMP										
3. HAS AN	Y PRODUCT, WORK	, ACCIDENT, OF	R LOCATION		YES NO	<b>†</b>				BY EMPLOYEE E	BENEFITS PLANS	:					
	XCLUDED, UNINSUR NY PREVIOUS COVI		ISURED			<b>†</b>	RETROACTIVE DA					·					
4. WAS TA	IL COVERAGE PURO US POLICY?		R ANY														
REMARKS						REM	IARKS										

## CONTRACTORS

EXPLAIN ALL "YES" RESPONSES (For past or present operations)	YES	NO	EXPLAIN ALL "YES" RESPONSES (For	past or present operations)		YES	NO
1. DOES APPLICANT DRAW PLANS, DESIGNS, OR SPECIFIC FOR OTHERS?	ATIONS		4. DO YOUR SUBCONTRACTOR LESS THAN YOURS?	S CARRY COVERAGES O	R LIMITS		
2. DO ANY OPERATIONS INCLUDE BLASTING OR UTILIZE OF EXPLOSIVE MATERIAL?	R STORE		5. ARE SUBCONTRACTORS ALL PROVIDING YOU WITH A CER				
3. DO ANY OPERATIONS INCLUDE EXCAVATION, TUNNELIN UNDERGROUND WORK OR EARTH MOVING?	lG,		6. DOES APPLICANT LEASE EQUIVITHOUT OPERATORS?	JIPMENT TO OTHERS WI	TH OR		
	D TO SUB- FRACTORS:		% OF WORK SUBCONTRACTED:	# FULL- TIME STAFF:	# PART- TIME STAFF:		

PRODUCTS/COMPLETED OPERATIONS

PRODUCTS	ANNUAL GROSS SALES	# OF UNITS	TII MA	ME IN RKET	EXPECTED LIFE	INTENDED USE	PRINCIPAL COMPONE	NTS			
EXPLAIN ALL "YES" RESPONSES (	For any past or present prod	uct or operation)	YES	NO E	EXPLAIN ALL	"YES" RESPONSES (For any past or presen	t product or operation)	YES	NO		
1. DOES APPLICANT INSTALI	L, SERVICE OR DEMON	STRATE PRODUCTS?			6. PRODUC	CTS RECALLED, DISCONTINUED, CH	HANGED?				
2. FOREIGN PRODUCTS SOL	.D, DISTRIBUTED, USED	AS COMPONENTS?			7. PRODUC	CTS OF OTHERS SOLD OR RE-PACK	KAGED UNDER				
3. RESEARCH AND DEVELOR	PMENT CONDUCTED OF	R NEW			APPLICA						
PRODUCTS PLANNED?					8. PRODUC	CTS UNDER LABEL OF OTHERS?					
4. GUARANTEES, WARRANTI	IES, HOLD HARMLESS A	AGREEMENTS?			9. VENDOF	RS COVERAGE REQUIRED?					
5. PRODUCTS RELATED TO	AIRCRAFT/SPACE INDU	STRY?		1	10. DOES A	NY NAMED INSURED SELL TO OTHE	ER NAMED INSUREDS?				
PLEASE ATTACH LITERATURE, BR	OCHURES, LABELS, WARNI	NGS, ETC									

ADDITIONAL INTEREST/CERTIFICATE RECIPIENT ACORD 45 attached for additional names

INTE	REST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN	ITEM NUMBER
	ADDITIONAL	INSURED				LOCATION:	BUILDING:
	LOSS PAYE	<b>E</b>				VEHICLE:	BOAT:
	MORTGAGE	E				SCHEDULED ITEM NUM	IBER:
	LIENHOLDE	R				OTHER	
	EMPLOYEE	AS LESSOR					
			ITEM DESCRIPTION:				

## **GENERAL INFORMATION**

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)	YES	NO	EXPLAIN ALL "YES" RESPONSES (For all past or present operations)	YES	NO					
1. ANY MEDICAL FACILITIES PROVIDED OR MEDICAL PROFESSIONALS			12. ANY STRUCTURAL ALTERATIONS CONTEMPLATED?							
EMPLOYED OR CONTRACTED?			13. ANY DEMOLITION EXPOSURE CONTEMPLATED?							
2. ANY EXPOSURE TO RADIOACTIVE/NUCLEAR MATERIALS?			14. HAS APPLICANT BEEN ACTIVE IN OR IS CURRENTLY ACTIVE IN							
3. DO/HAVE PAST, PRESENT OR DISCONTINUED OPERATIONS			JOINT VENTURES?							
INVOLVE(D) STORING, TREATING, DISCHARGING, APPLYING, DISPOSING, OR TRANSPORTING OF HAZARDOUS MATERIAL?			15. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?							
(e.g. landfills, wastes, fuel tanks, etc)			16. IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS							
4. ANY OPERATIONS SOLD, ACQUIRED, OR DISCONTINUED IN			OR SUBSIDIARIES?							
LAST 5 YEARS?			17. ARE DAY CARE FACILITIES OPERATED OR CONTROLLED?							
5. MACHINERY OR EQUIPMENT LOANED OR RENTED TO OTHERS?			18. HAVE ANY CRIMES OCCURRED OR BEEN ATTEMPTED ON							
6. ANY WATERCRAFT, DOCKS, FLOATS OWNED, HIRED OR LEASED?			YOUR PREMISES WITHIN THE LAST THREE YEARS?							
7. ANY PARKING FACILITIES OWNED/RENTED?			19. IS THERE A FORMAL, WRITTEN SAFETY AND SECURITY							
8. IS A FEE CHARGED FOR PARKING?			POLICY IN EFFECT?							
9. RECREATION FACILITIES PROVIDED?			20 DOES THE BUSINESSES' PROMOTIONAL LITERATURE MAKE							
10. IS THERE A SWIMMING POOL ON THE PREMISES?			ANY REPRESENTATIONS ABOUT THE SAFETY OR SECURITY							
11. SPORTING OR SOCIAL EVENTS SPONSORED?			OF THE PREMISES?							
10. IS THERE A SWIMMING POOL ON THE PREMISES? 11. SPORTING OR SOCIAL EVENTS SPONSORED?										

REMARKS

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AGE		PHONE (A/C, No, Ext): FAX (A/C, No):				APPLICA (First Named Insured)													
						EFFEC	TIVE DATE	EXI	PIRATI	ON DA	TE		CY BILL		PAY	MENT PI	LAN		AUDIT
COE	DE: ENCY STOMER ID:		SUE	B CODE:		COMPAI USE ON	NY ILY												
	TOWLK ID.		F	PREMISES #:	STREET	ADDRESS:													
PR	<b>EMISES</b>	INFORMAT	ION B	BUILDING #:	BLDG D	ESCRIPTION	:												
	SUBJECT	OF INSURANC	E	AMOUNT	COINS %	VALUATION	CAUSES	S OF LO	ss I	NFLAT GUARI	ION D %	DEDUCTI	BLE(S)	BLK #	FORI	MS AND	COND	ITIONS TO	O APPLY
ADD	ITIONAL INF	FORMATION	BUS	SINESS INCOME / EX	(TRA EXPEN	ISE - Attach A	CORD 810			V	ALUE R	EPORTIN	G INFORM	IATIO	N - Attach A	CORD 81	1		
ΑD	DITIONA	L COVERAG	SES, OPT	TIONS, RESTRIC	CTIONS,	ENDORSE	MENTS	AND F	RATII	NG IN	IFORI	MATION	ı						
SPO	ILAGE COV	ERAGE DES	CRIPTION O	F PROPERTY COVE	ERED		LIMIT					CTIBLE	REFR	IG MA	INT AGREE	MENT	OPTIO	ONS	
	YES	NO					\$				\$			YES	NO				
CON	ISTRUCTION	N TYPE		DISTANCE TO HYDRANT FIRE	STAT	FIRE	DISTRICT/C	ODE NU	JMBER			PROT CL	# STOR	RIES	# BASM'TS	YR BU	JILT	TOTAL A	REA
BUIL	_DING IMPR	OVEMENTS		FT		G CODE TA	AX CODE	ROOF	TYPE		$\dashv$	OTHER O	CCUPANO	IES					
	WIRING, Y	R:	PI PI	LUMBING, YR:															
	ROOFING,	YR:	н	EATING, YR:		CLASS	CEN.	ΛI-		٦		HEATING						YES	NO
DIO	OTHER:	DE A DIOTANOE		I SET EXPO		RESISTIVE	RES	MI- SISTIVE		ОТН			INSURAN	ICE P	LACED ELSI			YES	NO
RIGI	HI EXPOSU	RE & DISTANCE	<u>.</u>	LEFT EXPOS	SUKE & DIS	IANCE		FROM	NT EXP	OSUR	E & DIS	TANCE			REAR EXPO	JSUKE 8	DISTA	ANCE	
BURGLAR ALARM TYPE CERT															EXPIRATIO	N DATE		CENTR WITH K	AL STATION
BUR	GLAR ALAF	RM INSTALLED	AND SERVIO	CED BY				EXTE	ENT			GRAD	E	# GU	ARDS/WATO	CHMEN			HOURLY
PRE	MISES FIRE	PROTECTION (	Sprinklers,	Standpipes, CO2/Ch	emical Syste	ems)	% SP	RNK	FIRE A	LARM	MANUF	FACTURE	₹					CENTR	AL STATION
AD	DITIONA	L INTERES	STS				<u> </u>											LOUAL	JUNG
RAN		NAME AND A			REFERENC	E #:					CEF	RTIFICATE	REQUIRE	D	IN	ITERES	T IN IT	M NUMB	ER
	EREST	1		L										-	LOCATION:			BUILDING	
	LOSS													ŀ	SCHEDULE				
	PAYEE MORT-														OTHER:				
	GAGEE	ITEM DESCR	IPTION:												JIIILIN.				

ADDITIONAL		PREMISES #:		EET ADDRESS:											
PREMISES INF	ORMATION	BUILDING #:	BLD	G DESCRIPTION:			T 4.7.0			l D	LVT				
SUBJECT OF II	SURANCE	AMOUNT	COIN	IS % VALUATION	CAUSES	OF LOSS	INFLATIO GUARD 9	N DED	UCTIBLI	E(S)	LKT # FOR	MS AND	COND	ITIONS TO A	PPLY
ADDITIONAL INFORM		USINESS INCOME /								NFORMAT	ION - Attach A	CORD 81	1		
ADDITIONAL CO				S, ENDORSE		AND RAT				ı					
SPOILAGE COVERAGE		OF PROPERTY CO	VERED		LIMIT			EDUCTIB	LE		MAINT AGRE		OPTIC	ONS	
YES NO	)				\$		\$			YE	S NO				
CONSTRUCTION TYP	E	DISTANCE HYDRANT F	МІ			DDE NUMBI					S # BASM'TS	YR BU	ILT	TOTAL ARE	A
BUILDING IMPROVEM	IENTS	l	B	LDG CODE TA	X CODE	ROOF TYP	E	отн	ER OCC	UPANCIES	3				
WIRING, YR:		PLUMBING, YR:	<u></u>												
ROOFING, YR:		HEATING, YR:		/IND CLASS	C SEM	ш. Г					PREMISES?			YES	NO
OTHER:	DIOTANIOE	LEET EVE		RESISTIVE	RES					SURANCE				YES	NO
RIGHT EXPOSURE &	DISTANCE	LEFTEX	OSURE & I	DISTANCE		FRONT E	XPOSURE 8	k DISTAN	CE		REAR EXP	OSURE &	DISTA	INCE	
BURGLAR ALARM TY	PE		С	ERTIFICATE#							EXPIRATIO	N DATE		CENTRAL	STATION
DUDOL 12 17 12 1	TALLES AND 200	WOED EY						Τ.	.n	Τ.		O. II		WITH KEY	
BURGLAR ALARM IN:	STALLED AND SER	AICED BA				EXTENT		'	GRADE	# 9	GUARDS/WAT	CHMEN		сьоск но	URLY
PREMISES FIRE PRO	FCTION (Sprinkler	s. Standnines CO2/	Chemical S	vstems)	% SPI	NK FIPE	ALARM MA	ANUFACT	LIREP				+		
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ADDITIONAL	ITEDESTS													LOCAL GO	NG
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INTEREST	MIL AND ADDRESS	•	REFERE	-110L #.				OLKIIFI	CAIERI	-מטועבט					
											LOCATION			BUILDING:	
LOSS PAYEE MORT- GAGEE											SCHEDULE	ווע:LM N	IUMBE	:K:	
	GAGEE OTHER:  ITEM DESCRIPTION:														
REMARKS															
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