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REFERENCE / LOAN #:	PRIM BURG	SUBSIDENCE COVERAGE PROPERTY HAS BEEN DES STRUCTION TYPE DING IMPROVEMENTS WIRING, YR: ROOFING, YR: OTHER: ARY HEAT BOILER SOLIE IF BOILER, IS INSURANCE IT EXPOSURE & DISTANCE GLAR ALARM TYPE GLAR ALARM INSTALLED A MISES FIRE PROTECTION (S) DITIONAL INTERES REST LENDER'S LOSS PAYABLE LOSS PAYEE	PLUM HEAT D FUEL PLACED AND SER	DISTANCE HYDRANT FI MBING, YR: YR: DELSEWHERE? LEFT EXP	TO IRE STAT MI BLDG COD GRADE WIND CLAST RESISTED Y / N POSURE & DISTRIBUTION CLAST CONTROL OF CODE CODE CODE CODE CODE CODE CODE CODE	E TAX SS STIVE STANCE RTIFICAT stems)	s s	STRICT ROOF 1 SEMI- RESIS	YPE TIVE SECON IF FRONT EXTEN	CODE NUM NDARY HEA OILER F BOILER, IT T EXPOSUR	RE & DI	PROT CI PROT C	L #STO	NCL V CCE IN:	# BASM'TS # BASM'TS WOODBURN SERT HERE? REAR EXF PIRATION DA BUARDS / WA LOCATION ITEM CLASS:	Y/N POSURE & ATCHMEN INTEREST N:	DIST CENSTA WIT	TOTAL AREA LLED: LLED: LOCAL GONG H KEYS CLOCK HOURLY CENTRAL STATION LOCAL GONG EM NUMBER BUILDING:	-

AGENCY CUSTOMER ID: ___

ADDITIONAL		PREMISES #:	STREET	ADDRES	S:													
PREMISES INFORMATION			BUILDING #:	BLDG DI	SCRIPT	ON:												
SUBJECT OF INSURANCE				AMOUNT	COINS %			JSES OF LOSS	INFLATIO GUARD 9	Ņ	DED	DED	BLKT	FORM	IS AND CO	ONDIT	IONS TO APP	LY
				7		AHON			GUARD	6		TYPE	#			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	10110 107111	
		NFORMATION		BUSINESS INCOME / E									RMATIC	ON - Attach A	CORD 811			
AD	DITION		•	PTIONS, RESTR	ICTIONS, E	NDOR	SEN	MENTS AND		INFO	RMATIC	ON						
	OILAGE ERAGE	DESCRIPTION	OF PROPE	ERTY COVERED					LIMIT				MAINT					
	(/N)								\$			AGREEMENT (Y/N)		BREA	AKDOWN (OR C	ONTAMINATION SELLIN	
ſ									DEDUCT	BLE				POW	ER OUTA	GE	PRICE	
L									\$									
SIN	HOLE CO	OVERAGE (Requ	ired in Flo	rida)				ACCEPT COVER	RAGE	F	REJECT CO	OVERAGE		LIMIT: \$				
MIN	SUBSID	ENCE COVERAG	E (Requir	ed in IL, IN, KY and W	/ V)			ACCEPT COVER	OVERAGE REJECT COVERAGE LIMIT: \$									
	PROPER	TY HAS BEEN DI	ESIGNATE	D AN HISTORICAL LA	ANDMARK					<u> </u>				# OF OPEN S	IDES ON	STRU	CTURE:	_
CON	STRUCTION	ON TYPE		DISTANCE T HYDRANT FIF	RE STAT	FIR	E DIS	TRICT	CODE N	JMBER	PROT	CL # STO	ORIES	# BASM'TS	YR BUIL	LT	TOTAL AREA	·
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BUIL	DING IMP	PROVEMENTS			BLDG CODE GRADE	TAX C	ODE	ROOF TYPE		ОТНІ	ER OCCUP	PANCIES						
	WIRING,	YR:	PLUM	IBING, YR:														
	ROOFING	G. YR:	HEAT	ING, YR:	WIND CLASS		SE	EMI- RESISTIVE			HEATING STOVE O	SOURCE R FIREDI A	NCL W	OODBURNIN	NG DA	ATE STAL	I ED:	
	OTHER:			YR:	RESISTI	ve	7				UFACTUR		OL INC	DEIXI	II N	JIAL	LLD	
PRI	IARY HEA	λΤ				-		SEC	ONDARY H	EAT								
	BOILER	SOL	ID FUEL						BOILER		SOLIE	FUEL						
		R, IS INSURANC		ELSEWHERE?	Y/N	IF BOILER, IS INSURANCE PLACED ELSEWHERE? Y/N												
RIGI		SURE & DISTANC			OSURE & DIST.	ANCE			NT EXPOS					REAR EXPO		DISTA	NCE	
RIID	GLAP AL	ARM TYPE			CERT	IFICATE:	4						FYE	IRATION DA		CEN		LOCAL
БОІ	OLAN AL	AKWITTE			OLIKI	IIIOAIL	,						LA	IKATIONDA	"-	STAT	ION	GONG
DUE	CLAB AL	ADM INSTALLED	AND SED	MCED BY				EXT	ENT		CB	ADE	# 61	JARDS / WAT		WITH	CLOCK HOL	IDI V
DUR	GLAR AL	ARM INSTALLED	AND SEK	VICED BY				[EINT		GK.	ADE	# 6	JAKDS / WA	CHIVIEN		CLOCK HOU	JKLT
000	MICEC FIF	DE PROTECTION	(Cooringle)	s, Standpipes, CO2 /	Chaminal Coat			1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	=1==									
FKE	vii3⊑3 FIP	VE EKOTECTION	Oprinkier	s, stanupipes, CO2/	onemicai Syste	:1115)		% SPRNK	FIRE ALAI	KIVI IVIAN	NUFACTUR	KEK				-	CENTRAL S	
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		'S LOSS PAYABL	.E											LOCATION:		В	UILDING:	
	LOSS PA	YEE												ITEM CLASS:		П	ГЕМ:	
	MORTGA	AGEE												ITEM DESC	RIPTION			
								_										
			REF	ERENCE / LOAN #:														
RE	MARKS	S (ACORD 1	01, Add	ditional Remark	s Schedu	e, may	be	attached if	more sp	ace is	s requir	ed)						

Applicable in AL, AR, DC, LA, MD, NM, RI and WV

Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK

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)*. *Applies in FL Only.

Applicable in KS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA

Any person who knowingly and with intent to defraud any insurance company or other 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 such person to criminal and civil penalties* (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

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

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)		(Required in Florida)		
APPLICANT'S SIGNATURE		DATE	NATIONAL PRODUCER NUMBER		