AGENCY	CUSTOMER	ID:
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ACOR	$D^{\!\scriptscriptstyle{(\!\![}\!\!]}$				PR	OP	ER'	ΤY	SI	ECTI	ON						D	ATE (MM/DD	/YYYY)
AGENCY									APPL	ICANT (First	Named Ir	nsured)							
POLICY NUMBER									CARF	RIER								NAIC	CODE
EFFECTIVE DATI	.L	PAYMENT PLAN			AUDIT F		FOR (FOR COMPANY USE ONLY											
			PREMIS	ES #:	STREE	Γ ADDRE	SS:												
PREMISES IN	IFORMATIO	N E	BUILDIN	G #:		BLDG DESCRIPTION:													
SUBJECT C	F INSURANCE		A	MOUNT	COINS %	6 ATION	CAUSE	S OF LO	SS	INFLATION GUARD %	DEC) Pi	KT #	FOI	RMS ANI	D CONE	DITIONS	S TO APPLY	
ADDITIONAL INFO	PMATION	BII	SINESS	INCOME / EX	TDA EYDEN	ISF - Atts	ach ACORI	D 810			ALUE DE	PORTING	INFORM/	ATION - A	Attach A	CORD 8	11		
									ND E						utuon A				
SPOILAGE COVER				PERTY COVE		FIONS, ENDORSEMENTS A						DEDUCTIBLE REFRIG M			MAINT AGREEMENT OPTIONS			ONS	
# OF OPEN SIDES CONSTRUCTION 1		¥	HYDI	DISTANCE TO RANT FIRE FT	STAT	F	IRE DISTR	RICT/COE	DE NU	IMBER	P	ROT CL	# STORI	ES # BA	SM'TS	YR BI	JILT	TOTAL ARE	ĒΑ
BUILDING IMPROV	/EMENTS		PLUMBIN	NG, YR:	BLDG	G CODE RADE	TAX CO	DDE R	OOF	TYPE	0	THER O	CUPANCI	ES					
ROOFING, YE	₹:		HEATING YF		-	CLASS RESISTI		SEMI-	RESI	STIVE			BOILER OI				E? (Y/	N)	
RIGHT EXPOSURE	& DISTANCE					RE & DISTANCE			FRONT EXPOSURE & DI						REAR EXPOSURE & DISTANCE			ANCE	
								CENTRAL WITH KEY											
BURGLAR ALARM INSTALLED AND SERVICED BY									EXTE	NT		GRADE # G			UARDS/WATCHMEN			CLOCK HO	
PREMISES FIRE P	ROTECTION (Spr	rinklers,	Standpi	ipes, CO2/Ch	emical Syste	ems)		% SPRN	NK	FIRE ALARM	I MANUFA	CTURER	1					CENTRAL LOCAL GO	
ADDITIONAL	INTERESTS	3															1	,	-
RANK:	NAME AND ADD	DRESS:			REFERENC	E #:					CERT	CERTIFICATE REQUIRED				ITERES	T IN IT	EM NUMBER	1
INTEREST										'				LOC	CATION:		ı	BUILDING:	
LOSS PAYEE														SCH	IEDULEI	D ITEM	NUMBI	ER:	
MORT- GAGEE														ОТН	IER:				
1	ITEM DESCRIPT	TION.																	

								AGEN	CY C	USTOME	R ID):								
		PREM	MISES #:	s	TREET	ADDRES	 3S:													
PR	REMISES INFORMATION	-	В	LDG DE	SCRIPT	ION:														
	SUBJECT OF INSURANCE		AMOUNT	C	COINS % VALU- CAUSES OF LOSS INFLATION DED BLKT FORMS AND CONDITIONS TO APPLY															
						Allow				COARD //										
ADI	DITIONAL INFORMATION	BUSINE	SS INCOME /	EXTRA I	EXPENS	E - Atta	ch AC	ORD 810		V	ALUE	REPORTI	NG IN	IFORMATIC	ON - Attach	ACORD 8	11			
	DITIONAL COVERAGES,	•			NS, E	NDOF			AND	RATING II			N							
SP((Y/I		TION OF PR	ROPERTY CO	VERED				LIMIT \$				DUCTIBLE	UCTIBLE REFRIG M (Y/N)		AINT AGR	GREEMENT OPT		TIONS		
	OF OPEN SIDES ON STRUCTURE:		DISTANCE	то		FI	RE DI	STRICT/CO	DDE NI	IMRER		PROT	21 4	STORIES	# RASM'T	S YR BI	шт	TOTAL A	RFA	
CONSTRUCTION TYPE DISTANCE TO HYDRANT FIRE STATE FT M																				
BUI	ILDING IMPROVEMENTS				BLDG GR/	CODE ADE	TAX	X CODE ROOF TYPE			OTHER OCCUPANCIES									
WIRING, YR: PLUMBING, YR:																				
	ROOFING, YR:	HEATI	ING, YR:	WIND CLASS SEMI- RESISTIVE HEATING BOILER ON PREMISES? (Y/N)							• 0	Ш								
OTHER: YR:						RESISTIV	Æ					1			PLACED ELSEWHERE? (Y/N)			Ш		
RIG	GHT EXPOSURE & DISTANCE		LEFT EXF	OSURE	& DISTANCE FRONT EXPOSURE & DI					JISTANCE	STANCE REAR EXPOSURE & DISTANCE				ANCE					
BUI	RGLAR ALARM TYPE				CERTI	FICATE	#								EXPIRAT	ION DATE	F	CENTR		ATION

ADDITIONAL INTERESTS

BURGLAR ALARM INSTALLED AND SERVICED BY

PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2/Chemical Systems)

RAN	K:	NAME AND ADDRESS:	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN	TEM NUMBER
INTE	REST				LOCATION:	BUILDING:
	LOSS PAYEE				SCHEDULED ITEM NUM	BER:
	MORT- GAGEE				OTHER:	
		ITEM DESCRIPTION:				

EXTENT

% SPRNK | FIRE ALARM MANUFACTURER

GRADE

GUARDS/WATCHMEN

CLOCK HOURLY

CENTRAL STATION LOCAL GONG

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, FL, HI, MA, NE, OH, OK, OR or VT; in DC, LA, ME, TN, VA and WA, insurance benefits may also be denied)

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