



AGENCY CUSTOMER ID: _____

PROPERTY SECTION

DATE (MM/DD/YYYY)

AGENCY				APPLICANT (First Named Insured)							
POLICY NUMBER				CARRIER			NAIC CODE				
EFFECTIVE DATE	EXPIRATION DATE	<input type="checkbox"/> DIRECT BILL <input type="checkbox"/> AGENCY BILL	PAYMENT PLAN			AUDIT	FOR COMPANY USE ONLY				
PREMISES INFORMATION		PREMISES #:	STREET ADDRESS:								
		BUILDING #:	BLDG DESCRIPTION:								
SUBJECT OF INSURANCE		AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DED	BLKT #	FORMS AND CONDITIONS TO APPLY		
ADDITIONAL INFORMATION		BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810				VALUE REPORTING INFORMATION - Attach ACORD 811					
ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION											
SPOILAGE COVERAGE (Y/N) <input type="checkbox"/>	DESCRIPTION OF PROPERTY COVERED			LIMIT \$	DEDUCTIBLE \$	REFRIG MAINT AGREEMENT (Y/N) <input type="checkbox"/>	OPTIONS				
# OF OPEN SIDES ON STRUCTURE: _____											
CONSTRUCTION TYPE		DISTANCE TO HYDRANT FT	FIRE STATION MI	FIRE DISTRICT/CODE NUMBER			PROT CL	# STORIES	# BASMTS	YR BUILT	TOTAL AREA
BUILDING IMPROVEMENTS		WIRING, YR: <input type="checkbox"/> ROOFING, YR: <input type="checkbox"/> OTHER: <input type="checkbox"/>	PLUMBING, YR: <input type="checkbox"/> HEATING, YR: <input type="checkbox"/> OTHER: <input type="checkbox"/>	BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES				
RIGHT EXPOSURE & DISTANCE		LEFT EXPOSURE & DISTANCE			FRONT EXPOSURE & DISTANCE			REAR EXPOSURE & DISTANCE			
BURGLAR ALARM TYPE			CERTIFICATE #					EXPIRATION DATE	<input type="checkbox"/> CENTRAL STATION <input type="checkbox"/> WITH KEYS		
BURGLAR ALARM INSTALLED AND SERVICED BY					EXTENT	GRADE	# GUARDS/WATCHMEN	<input type="checkbox"/> CLOCK HOURLY			
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2/Chemical Systems)					% SPRNK	FIRE ALARM MANUFACTURER			<input type="checkbox"/> CENTRAL STATION <input type="checkbox"/> LOCAL GONG		
ADDITIONAL INTERESTS											
RANK: <input type="checkbox"/>	NAME AND ADDRESS:		REFERENCE #:	CERTIFICATE REQUIRED			INTEREST IN ITEM NUMBER				
INTEREST <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/>									LOCATION:	BUILDING:	
									SCHEDULED ITEM NUMBER:		
									OTHER:		
ITEM DESCRIPTION:											

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ADDITIONAL PREMISES INFORMATION		PREMISES #:	STREET ADDRESS:								
		BUILDING #:	BLDG DESCRIPTION:								
SUBJECT OF INSURANCE		AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DED	BLKT #	FORMS AND CONDITIONS TO APPLY		
ADDITIONAL INFORMATION		BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810					VALUE REPORTING INFORMATION - Attach ACORD 811				

ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

SPOILAGE COVERAGE (Y/N) <input type="checkbox"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	DEDUCTIBLE \$	REFRIG MAINT AGREEMENT (Y/N) <input type="checkbox"/>	OPTIONS
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OF OPEN SIDES ON STRUCTURE: _____

CONSTRUCTION TYPE		DISTANCE TO HYDRANT	FIRE STAT	FIRE DISTRICT/CODE NUMBER			PROT CL	# STORIES	# BASMT'S	YR BUILT	TOTAL AREA	
		FT	MI									
BUILDING IMPROVEMENTS				BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES					
<input type="checkbox"/> WIRING, YR:	<input type="checkbox"/> PLUMBING, YR:	<input type="checkbox"/> ROOFING, YR:	<input type="checkbox"/> OTHER:	<input type="checkbox"/> HEATING, YR:	<input type="checkbox"/> RESISTIVE	<input type="checkbox"/> SEMI-RESISTIVE	<input type="checkbox"/> HEATING BOILER ON PREMISES? (Y/N) <input type="checkbox"/> <input type="checkbox"/> IF YES, IS INSURANCE PLACED ELSEWHERE? (Y/N) <input type="checkbox"/>					
RIGHT EXPOSURE & DISTANCE			LEFT EXPOSURE & DISTANCE			FRONT EXPOSURE & DISTANCE			REAR EXPOSURE & DISTANCE			
BURGLAR ALARM TYPE			CERTIFICATE #						EXPIRATION DATE	<input type="checkbox"/> CENTRAL STATION WITH KEYS		
BURGLAR ALARM INSTALLED AND SERVICED BY						EXTENT	GRADE	# GUARDS/WATCHMEN			<input type="checkbox"/> CLOCK HOURLY	
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2/Chemical Systems)						% SPRNK	FIRE ALARM MANUFACTURER				<input type="checkbox"/> CENTRAL STATION <input type="checkbox"/> LOCAL GONG	

ADDITIONAL INTERESTS

RANK:	NAME AND ADDRESS:	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER				
INTEREST <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE				LOCATION:	BUILDING:			
							SCHEDULED ITEM NUMBER:	
							OTHER:	
ITEM DESCRIPTION:								

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.