



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 % | VALU- ATION | 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 STAT MI | FIRE DISTRICT/CODE NUMBER | | PROT CL | # STORIES | # BASM'TS | YR BUILT | TOTAL AREA |
| BUILDING IMPROVEMENTS | | | BLDG CODE GRADE | TAX CODE | ROOF TYPE | OTHER OCCUPANCIES | | | |
| <input type="checkbox"/> WIRING, YR: | <input type="checkbox"/> PLUMBING, YR: | WIND CLASS | | SEMI- RESISTIVE | | HEATING BOILER ON PREMISES? (Y/N) | | | |
| <input type="checkbox"/> ROOFING, YR: | <input type="checkbox"/> HEATING, YR: | <input type="checkbox"/> RESISTIVE | | | | IF YES, IS INSURANCE PLACED ELSEWHERE? (Y/N) | | | |
| 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 LOCAL GONG |

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

**ADDITIONAL
PREMISES INFORMATION**

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

ADDITIONAL INTERESTS

| | | | | |
|---|-------------------|--------------|----------------------|-------------------------|
| RANK: | NAME AND ADDRESS: | REFERENCE #: | CERTIFICATE REQUIRED | INTEREST IN ITEM NUMBER |
| INTEREST | | | | LOCATION: |
| <input type="checkbox"/> LOSS PAYEE | | | | BUILDING: |
| <input type="checkbox"/> MORT- GAGEE | | | | 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.