

ACORDTM PROPERTY SECTION

DATE

PRODUCER	PHONE (A/C, No, Ext):	APPLICANT (First Named Insured)			
		EFFECTIVE DATE	EXPIRATION DATE	DIRECT BILL	PAYMENT PLAN
				AGENCY BILL	AUDIT
CODE:		FOR COMPANY USE ONLY			
SUB CODE:					
AGENCY CUSTOMER ID:					

PREMISES INFORMATION		PREMISES #:	BUILDING #:	STREET ADDRESS:		
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DEDUCTIBLE
						FORMS AND CONDITIONS TO APPLY

ADDITIONAL INFORMATION - BUSINESS INCOME/EXTRA EXPENSE				BUSINESS INCOME W/O EXTRA EXPENSE		EXTRA EXPENSE	
TYPE OF BUSINESS	ORDINARY PAYROLL	POWER/HEAT	EXT PERIOD	TUITION FEES	OFF PREM POWER	DEPEND PROP	
<input type="checkbox"/> NON MFG	<input type="checkbox"/> EXCL <input type="checkbox"/> INCL	\$ _____ DED	_____ DAYS	\$ _____ STUDENTS	<input type="checkbox"/> POWER	_____ % COIN	
<input type="checkbox"/> MFG	90 DAYS	ELEC MEDIA	_____ MO PERIOD	\$ _____ OTHER ED SERV/INC	<input type="checkbox"/> WATER	<input type="checkbox"/> CONT LOC	
<input type="checkbox"/> MINING	180 DAYS	_____ DAYS	_____ LIMIT		<input type="checkbox"/> COMM (DESCR BELOW)	<input type="checkbox"/> REC LOC	
_____ % COINS	\$ _____	ORD OR LAW	_____ MAX PERIOD			<input type="checkbox"/> MFG LOC	
		_____ DAYS				<input type="checkbox"/> LDR LOC (DESCR BELOW)	
NAME AND ADDRESS(ES) FOR OFF PREM POWER OR DEPEND PROP						EXTRA EXPENSE _____ DAYS PERIOD REST	
						LIMIT LOSS PAY _____ % _____ % _____ % _____ %	

ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

CONSTRUCTION TYPE	DISTANCE TO HYDRANT	FIRE STAT	FIRE DISTRICT/CODE NUMBER	PROT CL	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA
	_____ FT	_____ MI						
BUILDING IMPROVEMENTS			BLDG CODE GRADE	TAX CODE	ROOF TYPE			
<input type="checkbox"/> WIRING, YR:	<input type="checkbox"/> PLUMBING, YR:							
<input type="checkbox"/> ROOFING, YR:	<input type="checkbox"/> HEATING, YR:							
OTHER:		WIND CLASS		HEATING BOILER ON PREMISES?				
		<input type="checkbox"/> RESISTIVE <input type="checkbox"/> SEMI-RESISTIVE <input type="checkbox"/> OTHER		<input type="checkbox"/> YES <input type="checkbox"/> NO				
				IF YES, IS INSURANCE PLACED ELSEWHERE?				
				<input type="checkbox"/> YES <input type="checkbox"/> NO				
RIGHT EXPOSURE & DISTANCE			LEFT EXPOSURE & DISTANCE			REAR EXPOSURE & DISTANCE		
BURGLAR ALARM TYPE			CERTIFICATE #		EXPIRATION DATE		EXTENT	GRADE
BURGLAR ALARM INSTALLED AND SERVICED BY						# GUARDS/WATCHMEN		CENTRAL STATION WITH KEYS
								<input type="checkbox"/> CLOCK HOURLY
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO ₂ /Chemical Systems)				% SPRNK	FIRE ALARM MANUFACTURER			CENTRAL STATION
								<input type="checkbox"/> LOCAL GONG

ADDITIONAL INTERESTS			
RANK:	NAME AND ADDRESS	EVIDENCE	RANK:
<input type="checkbox"/> INTEREST		<input type="checkbox"/> CERTIF - ICATE	<input type="checkbox"/> INTEREST
<input type="checkbox"/> LOSS PAYEE		<input type="checkbox"/> POLICY	<input type="checkbox"/> LOSS PAYEE
<input type="checkbox"/> MORT - GAGEE			<input type="checkbox"/> MORT - GAGEE

VALUE REPORTING INFORMATION				
REPORTING FORM: PROVIDE AVERAGE VALUES FOR PAST 12 MONTHS				
SUBJECT OF INSURANCE	PREMISES/BUILDING	ANY OTHER LOCATION DECLARED AT INCEPTION	ANY OTHER LOCATION ACQUIRED AFTER INCEPTION	PREMISES NOT OWNED OR ACQUIRED LIMIT

PREMISES INFORMATION

PREMISES #:		BUILDING #:		STREET ADDRESS:			
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DEDUCTIBLE	FORMS AND CONDITIONS TO APPLY

ADDITIONAL INFORMATION - BUSINESS INCOME/EXTRA EXPENSE				BUSINESS INCOME W/O EXTRA EXPENSE		EXTRA EXPENSE	
TYPE OF BUSINESS <input type="checkbox"/> NON MFG <input type="checkbox"/> MFG <input type="checkbox"/> MINING % COINS	ORDINARY PAYROLL <input type="checkbox"/> EXCL <input type="checkbox"/> INCL		POWER/HEAT \$ _____ DED	EXT PERIOD _____ DAYS	TUITION FEES \$ _____ STUDENTS \$ _____ OTHER ED SERV/INC	OFF PREM POWER <input type="checkbox"/> POWER <input type="checkbox"/> WATER <input type="checkbox"/> COMM (DESCR BELOW)	DEPEND PROP _____ % COIN _____ CONT LOC _____ REC LOC _____ MFG LOC _____ LDR LOC (DESCR BELOW)
	90 DAYS		ELEC MEDIA _____ DAYS	MO PERIOD \$ _____ LIMIT			
	180 DAYS		ORD OR LAW _____ DAYS	MAX PERIOD _____ DAYS			
	\$ _____						

NAME AND ADDRESS(ES) FOR OFF PREM POWER OR DEPEND PROP						EXTRA EXPENSE _____ DAYS PERIOD REST
LIMIT LOSS PAY						_____ % _____ % _____ % _____ %

ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

CONSTRUCTION TYPE	DISTANCE TO HYDRANT FT	FIRE STAT MI	FIRE DISTRICT/CODE NUMBER		PROT CL	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA
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<input type="checkbox"/> WIRING, YR: <input type="checkbox"/> ROOFING, YR: <input type="checkbox"/> OTHER:	<input type="checkbox"/> PLUMBING, YR: <input type="checkbox"/> HEATING, YR:	WIND CLASS <input type="checkbox"/> RESISTIVE <input type="checkbox"/> SEMI-RESISTIVE <input type="checkbox"/> OTHER		HEATING BOILER ON PREMISES? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> YES <input type="checkbox"/> NO			
RIGHT EXPOSURE & DISTANCE		LEFT EXPOSURE & DISTANCE			REAR EXPOSURE & DISTANCE				
BURGLAR ALARM TYPE	CERTIFICATE #		EXPIRATION DATE		EXTENT	GRADE	CENTRAL STATION WITH KEYS		
BURGLAR ALARM INSTALLED AND SERVICED BY					# GUARDS/WATCHMEN		CLOCK HOURLY		
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO ₂ /Chemical Systems)			% SPRNK	FIRE ALARM MANUFACTURER			CENTRAL STATION LOCAL GONG		

ADDITIONAL INTERESTS

RANK:	NAME AND ADDRESS	EVIDENCE	RANK:	NAME AND ADDRESS	EVIDENCE
INTEREST		<input type="checkbox"/> CERTIF - ICATE	INTEREST		<input type="checkbox"/> CERTIF - ICATE
<input type="checkbox"/> LOSS PAYEE		<input type="checkbox"/> POLICY	<input type="checkbox"/> LOSS PAYEE		<input type="checkbox"/> POLICY
<input type="checkbox"/> MORT - GAGEE			<input type="checkbox"/> MORT - GAGEE		

VALUE REPORTING INFORMATION

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SUBJECT OF INSURANCE				

REMARKS