

ACORD™ PROPERTY SECTION

DATE

PRODUCER <input type="checkbox"/> PHONE (A/C, No. Ext): CODE: _____ SUB CODE: _____ AGENCY CUSTOMER ID: _____	APPLICANT (First Named Insured) EFFECTIVE DATE: _____ EXPIRATION DATE: _____ DIRECT BILL: <input type="checkbox"/> PAYMENT PLAN: _____ AUDIT: <input type="checkbox"/> AGENCY BILL: <input type="checkbox"/> FOR COMPANY USE ONLY
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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 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: _____					HEATING BOILER ON PREMISES? <input type="checkbox"/> YES <input type="checkbox"/> NO		
<input type="checkbox"/> ROOFING, YR: _____	<input type="checkbox"/> HEATING, YR: _____		WIND CLASS	HEATING BOILER ON PREMISES?		IF YES, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> YES <input type="checkbox"/> NO		
<input type="checkbox"/> OTHER: _____	RESISTIVE <input type="checkbox"/> SEMI-RESISTIVE <input type="checkbox"/> OTHER <input type="checkbox"/>							
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"/> CERTIFICATE <input type="checkbox"/> POLICY	INTEREST		<input type="checkbox"/> CERTIFICATE <input type="checkbox"/> POLICY
<input type="checkbox"/> LOSS PAYEE			<input type="checkbox"/> LOSS PAYEE		
<input type="checkbox"/> MORTGAGEE			<input type="checkbox"/> MORTGAGEE		

VALUE REPORTING INFORMATION

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

PREMISES INFORMATION

	PREMISES #:	BUILDING #:	STREET ADDRESS:
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION
			CAUSES OF LOSS
			INFLATION GUARD %
			DEDUCTIBLE
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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 <input type="checkbox"/> CONT LOC <input type="checkbox"/> REC LOC <input type="checkbox"/> MFG LOC <input type="checkbox"/> LDR LOC (DESCR BELOW)		
	90 DAYS		ELEC MEDIA _____ DAYS	MO PERIOD \$ _____ LIMIT						
	180 DAYS		ORD OR LAW _____ DAYS	MAX PERIOD						

NAME AND ADDRESS(ES) FOR OFF PREM POWER OR DEPEND PROP							EXTRA EXPENSE _____ DAYS PERIOD REST LIMIT LOSS PAY _____% _____% _____% _____%		
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ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

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			WIND CLASS <input type="checkbox"/> RESISTIVE <input type="checkbox"/> SEMI-RESISTIVE <input type="checkbox"/> OTHER		HEATING BOILER ON PREMISES? IF YES, IS INSURANCE PLACED ELSEWHERE?		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO
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<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE			<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE		

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SUBJECT OF INSURANCE				

REMARKS