ACORD®						PR	PROPERTY SECTION									DATE (MM/DD/YYYY)			
AGENCY						APPLICANT (First Named Insured)													
POLICY NUMBER							CA				CARRIER							1	IAIC CODE
EFFECTIVE DATE EXPIRATION DATE DIRECT BILL AGENCY BILL				PAYMENT PLAN			AUDIT FO		FOR (FOR COMPANY USE ONLY									
		I	P	REMIS			ADDRE	SS:			L								
PR	EMISES IN	NFORMATIO	N B	UILDIN	G #:		BLDG DESCRIPTION:												
SUBJECT OF INSURANCE				A	MOUNT	COINS %	ATION	CAUSES	OF LO	SS	INFLATION GUARD %	DED) BLI	KT	FORMS	S AND CON	DITION	S TO AP	PLY
400	ITIONAL INFO	DDMATION:	Bus	INFOC	INCOME (EX	TDA EVEN	SE 4"	-h 40000	040			(AL 115 DE	DODTING	INFORM	ATION A	- L ACORS	044		
					INCOME / EX									INFORMA	ATION - Attac	ch ACORD	811		
	ILAGE COVE	COVERAGES			PERTY COVE		-NDOF	LIMIT		ו טא	RATING	DEDUCT		REFRIG	G MAINT AG	REFMENT	OPTI	ONS	
(Y/N		DESCRIP	11011 01		LKII OOVL	KLD		\$	•			\$	· ibee	(Y/N)			0	0110	
# OF OPEN SIDES ON STRUCTURE: CONSTRUCTION TYPE DISTANCE TO HYDRANT FIRE ST				STAT	FIRE DISTRICT/CO				JMBER	Р	PROT CL # STORIES		ES # BASM	'TS YR E	UILT	TOTAL	AREA		
BUILDING IMPROVEMENTS WIRING, YR: PLUMBING, YR:			BLDC	BLDG CODE TAX CODE			ROOF TYPE (OTHER OCCUPANCIES									
	ROOFING, Y			EATING		WIND	CLASS		SEMI-	I- RESISTIVE			HEATING BOILER ON PREMISE			ISES? (Y/N)			
	OTHER:			YF	R:		RESISTI\	/E				IF	YES, IS I	NSURANO	CE PLACED	ELSEWHER	RE? (Y/	N)	
RIGHT EXPOSURE & DISTANCE LEFT EXPOSURE & DISTANCE FRONT EXPOSURE & DISTANCE REAR EXPOSURE & DISTANCE																			
BURGLAR ALARM TYPE CERTIFICATE							IFICATE	#	·							EXPIRATION DATE		CENTRAL STATION WITH KEYS	
BURGLAR ALARM INSTALLED AND SERVICED BY										EXTE	ENT		GRADE	: 4	# GUARDS/V	VATCHMEN		CLOC	K HOURLY
		ROTECTION (Spr		Standpi	ipes, CO2/Che	emical Syste	ms)	9	% SPRN	IK	FIRE ALARM	MANUFA	CTURER						RAL STATION L GONG
		INTERESTS																	
RAN		NAME AND ADD	RESS:			REFERENC	FERENCE #: CERTIFICATE REQUIRE					REQUIRE	D	INTEREST IN ITEM NUMBER					
INTEREST						ļ						LOCAT	LOCATION: BUILDING:						
	LOSS PAYEE MORT-												so			SCHEDULED ITEM NUMBER:			
	GAGEE	OTHER:																	

AGENCY CUSTOMER ID:

ADDITIONAL PREMISES INFORMATION			PREMISES #:	STREET	ET ADDRESS:											
			BUILDING #:		BLDG DESCRIPTION:											
SUBJECT OF INSURANCE			AMOUNT	COINS %	COINS % VALU-		SES OF LOSS INFLATIO		,	DED BLK		T	FORMS AND CON		TIONS TO APPLY	
ADDITIONAL INF	ORMATION	В	USINESS INCOME / E.	XTRA EXPEN	SE - Atta	nch ACOF	RD 810		VALU	E REPO	ORTING I	NFORMA	TION - Attach A	CORD 81		
SPOILAGE COVE			OF PROPERTY COV							MAINT AGREE	MENT	OPTIONS				
# OF OPEN SIDES		E:	DISTANCE TO HYDRANT FIR	E STAT	F	IRE DIST	RICT/CODE N	NUMBER		PRO	OT CL	# STORIE	S # BASM'TS	YR BUI	LT TOTAL AREA	
BUILDING IMPRO	VEMENTS		FT FT	MI BLDG	CODE	TAX C	ODE ROO	ROOF TYPE		OTHER OCCUPANCIES		:S				
WIRING, YR	:		PLUMBING, YR:		 -											
ROOFING, Y	'R:		HEATING, YR: YR:		CLASS RESISTIV	/E	SEMI- RE	SISTIVE			HEATING BOILER ON PREMISES? (Y/N) IF YES, IS INSURANCE PLACED ELSEWHERE? (Y/N)					
RIGHT EXPOSUR	E & DISTANCE		LEFT EXPO	SURE & DIST	ANCE	·	FRO	ONT EXPOSU	RE &	DISTAN	ICE		REAR EXPO	OSURE &	DISTANCE	
BURGLAR ALARM TYPE					IFICATE	#		'					EXPIRATION DATE		CENTRAL STATION WITH KEYS	
BURGLAR ALARM INSTALLED AND SERVICED BY								EXTENT			GRADE # G		GUARDS/WAT	CHMEN	CLOCK HOURLY	
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2/Chemica					ms)		% SPRNK	PRNK FIRE ALARM MANU			TURER	ı			CENTRAL STATIO	
ADDITIONAL	LINTEREST	s													, ,	
RANK:	NAME AND AD	DRESS	:		CE				ICATE R	EQUIRED	II.	INTEREST IN ITEM NUMBI				
INTEREST					1 1						LOCATION:	LOCATION: BUILDING:				
LOSS PAYEE MORT- GAGEE													SCHEDULE OTHER:	SCHEDULED ITEM NUMBER:		
GAGEE	ITEM DESCRIP	TION:											ÇIIIEK.			

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.

AC	0	RL	SCHEDUL	_E OF PROI	PERTY L	IMITS		DATE (MM/DD/YYYY)		
AGENCY	P	HONE A/C, No,	Ext):	COMPANY		NAIC CODE:		PAGE		
	F (/	AX A/C, No)	:	INSURED / APPLICANT		POLICY NUMBER		OF EFFECTIVE DATE		
				INSURED/AFFLICANT		TODIOT NOMBER		EFFECTIVE DATE		
				HEADQUARTERS ADDRESS						
				COINS % A	PPLICABLE CAUSES (OF LOSS				
CODE:			SUBCODE:	80% 100%	BASIC SF	PECIAL	EARTHQUAK COVERAGE	LEAKAGE EXCL		
AGENCY (USTON	IER ID		90%	BROAD		FLOOD	VANDALISM EXCL		
CLASS CODE	LOC #	BLDG #	DESCRIPTI	ON AND ADDRESS OF PROPER	TY		SUBJECT	LIMITS OF INSURANCE		
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	1 10	.13 -	ii a siaimet iate is desired, use ACON							

Other - specify

ACORD 159 (2004/03)

S = Stock

1. SUBJECT: B = Building F = Furniture & Fixtures BPP = Your Business Personal Property

PPO = Personal Property of Others

M = Machinery