

ACORD™ PROPERTY SECTION

DATE (MM/DD/YYYY)

| | | | | | | | | | | | | |
|---------------------|---|--|----------------|-----------------|-------------|--------------|-------|--|--|-------------|--|--|
| AGENCY | PHONE (A/C, No, Ext): FAX (A/C, No): | APPLICANT (First Named Insured) <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">EFFECTIVE DATE</td> <td style="width:20%;">EXPIRATION DATE</td> <td style="width:20%;">DIRECT BILL</td> <td style="width:20%;">PAYMENT PLAN</td> <td style="width:20%;">AUDIT</td> </tr> <tr> <td colspan="2"></td> <td colspan="3">AGENCY BILL</td> </tr> </table> | EFFECTIVE DATE | EXPIRATION DATE | DIRECT BILL | PAYMENT PLAN | AUDIT | | | AGENCY BILL | | |
| EFFECTIVE DATE | EXPIRATION DATE | DIRECT BILL | PAYMENT PLAN | AUDIT | | | | | | | | |
| | | AGENCY BILL | | | | | | | | | | |
| CODE: | SUB CODE: | FOR COMPANY USE ONLY | | | | | | | | | | |
| AGENCY CUSTOMER ID: | | | | | | | | | | | | |

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|-----------------------------|--------|-------------|-------------------|----------------|-------------------|------------|----------|-------------------------------|
| PREMISES INFORMATION | | PREMISES #: | STREET ADDRESS: | | | | | |
| | | BUILDING #: | BLDG DESCRIPTION: | | | | | |
| SUBJECT OF INSURANCE | AMOUNT | COINS % | VALUATION | CAUSES OF LOSS | INFLATION GUARD % | DEDUCTIBLE | BLKT COV | FORMS AND CONDITIONS TO APPLY |
| | | | | | | | | |
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|--|--|--|--|---|---|--|--|
| 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"/> MFG <input type="checkbox"/> MINING _____ % COINS | <input type="checkbox"/> EXCL <input type="checkbox"/> INCL 90 DAYS 180 DAYS \$ _____ | \$ _____ DED _____ DAYS _____ DAYS _____ DAYS | _____ DAYS _____ MONTHS _____ MONTHS | \$ _____ STUDENTS \$ _____ OTHER ED SERV/INC | <input type="checkbox"/> POWER <input type="checkbox"/> WATER <input type="checkbox"/> COMM (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 | OTHER OCCUPANCIES | | |
| <input type="checkbox"/> WIRING, YR: <input type="checkbox"/> ROOFING, YR: <input type="checkbox"/> OTHER: | <input type="checkbox"/> PLUMBING, YR: <input type="checkbox"/> HEATING, YR: | <input type="checkbox"/> RESISTIVE <input type="checkbox"/> SEMI-RESISTIVE <input type="checkbox"/> OTHER | | | | HEATING BOILER ON PREMISES? YES NO IF YES, IS INSURANCE PLACED ELSEWHERE? YES 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, CO2/Chemical Systems) | | | | % SPRNK | FIRE ALARM MANUFACTURER | | | CENTRAL STATION LOCAL GONG |

ADDITIONAL INTERESTS

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

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 | | | | |
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**ADDITIONAL
PREMISES INFORMATION**

| | | | | | | | | |
|----------------------|--------|-------------------|-----------|----------------|-------------------|------------|----------|-------------------------------|
| PREMISES #: | | STREET ADDRESS: | | | | | | |
| BUILDING #: | | BLDG DESCRIPTION: | | | | | | |
| SUBJECT OF INSURANCE | AMOUNT | COINS % | VALUATION | CAUSES OF LOSS | INFLATION GUARD % | DEDUCTIBLE | BLKT COV | FORMS AND CONDITIONS TO APPLY |
| | | | | | | | | |
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|--|---|---------------------------------|------------|-------------|-----------------------------------|-------------------|---|--|-------------|
| 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 | | | IF YES, IS INSURANCE PLACED ELSEWHERE? | | <input type="checkbox"/> YES | <input type="checkbox"/> NO | | |
| <input type="checkbox"/> OTHER: | | | <input type="checkbox"/> RESISTIVE | <input type="checkbox"/> SEMI-RESISTIVE | <input type="checkbox"/> OTHER | | | | | | |
| RIGHT EXPOSURE & DISTANCE | | | LEFT EXPOSURE & DISTANCE | | | REAR EXPOSURE & DISTANCE | | | | | |
| BURGLAR ALARM TYPE | | | CERTIFICATE # | | EXPIRATION DATE | | EXTENT | GRADE | <input type="checkbox"/> | CENTRAL STATION WITH KEYS | |
| BURGLAR ALARM INSTALLED AND SERVICED BY | | | | | | | # 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 | | | | LOCATION: _____ |
| <input type="checkbox"/> LOSS PAYEE | | | | BUILDING: _____ |
| <input type="checkbox"/> MORT-GAGEE | | | | SCHEDULED ITEM NUMBER: _____ |
| | | | | OTHER: _____ |
| | ITEM DESCRIPTION: _____ | | | |

REMARKS

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, HI, NE, OH, OK, OR or VT; in DC, LA, ME, TN and VA, insurance benefits may also be denied)