ACORD®							PROPERTY SECTION										DATE (MM/DD/YYYY)			
AGENCY							APPLICANT (First Named Insured)													
POL	ICY NUMBE	₹					CAR	RIER							NAIC	CODE				
EFFECTIVE DATE EXPIRATION DATE DIRECT BILL			PAYMENT PLAN			AN	AUDIT FOR			OR COMPANY USE ONLY										
AGENCY BILL					erneer	STREET ADDRESS:														
PREMISES #:							BLDG DESCRIPTION:													
PREMISES INFORMATION BUILDING #: SUBJECT OF INSURANCE AMOUNT					COINS %			S OF L	200	INFLATION GUARD %	I DEI	BL	KT	FORMS AN	ID CONDI	TIONS T	TO ADDI V			
COSSEST OF MOUNTAINCE						CONTO 7	Anon 9		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		GUARD %			#	T OKING A	TO CONDI	TIONO I	TO ALTER		
ADD	ITIONAL INF	ORMATION	BUSI	INESS	INCOME / EXT	RA EXPEN	ISE - Atta	ch ACORI	D 810			VALUE RE	PORTING	SINFORM	ATION - Attach A	CORD 81	1			
		COVERAGE	•		•		ENDOF			ND	RATING									
SPOILAGE COVERAGE DESCRIPTION OF PROPERTY COVERE					ED LIMIT \$				\$			TIBLE	REFRI (Y/N)	G MAINT AGRE	IAINT AGREEMENT OPTIONS					
# OF	ODEN OIDE	0.01.070.007.00	_																	
# OF OPEN SIDES ON STRUCTURE: CONSTRUCTION TYPE DISTANCE TO HYDRANT FIRE ST							FIRE DISTRICT/CC				UMBER	1	PROT CL # STORIES		ES # BASM'TS	YR BUI	LT T	OTAL ARE	ΞA	
BUII	.DING IMPR	OVEMENTS			FT		G CODE RADE	TAX CO	DE	ROOF	TYPE	c	THER O	CCUPANCI	ES					
	WIRING, YE		PLI	UMBIN	IG, YR:		MUL													
ROOFING, YR: HEATING, YR:					WIND	CLASS		SEMI	I- RESISTIVE			IEATING I	BOILER OI	N PREMISES? (Y/N)					
OTHER: YR:					RESISTIVE							F YES, IS	INSURAN		PLACED ELSEWHERE? (Y/N)					
RIGI	IT EXPOSUI	RE & DISTANCE	RE & DISTANCE				FRONT EXPOSURE & DIS			ANCE		REAR EXP	REAR EXPOSURE & DISTANCE							
BURGLAR ALARM TYPE CERTIFICATE #													EXPIRATION DAT					CENTRAL STATION WITH KEYS		
BURGLAR ALARM INSTALLED AND SERVICED BY										EXTENT			GRADE # G		# GUARDS/WAT	GUARDS/WATCHMEN		CLOCK HOURLY		
PRE	MISES FIRE	PROTECTION (Sp	rinklers, S	tandp	ipes, CO2/Chen	nical Syste	ems)		% SPR	NK	FIRE ALAR	M MANUF	ACTURER	2				CENTRAL	STATION	
ADDITIONAL INTERESTS																				
RAN	K:	NAME AND AD	ME AND ADDRESS:					FERENCE #:				CER	TIFICATE	REQUIRE	D II	INTEREST IN ITEM NUMBER				
INTE	REST														LOCATION	LOCATION: BUILDING:				
	LOSS PAYEE MORT- GAGEE													SCHEDULE OTHER:	SCHEDULED ITEM NUMBER:					
	GAGEE	ITEM DESCRIP	TION:												, J.I.I.I.					

AGENCY CUSTOMER ID:

ADDITIONAL PREMISES INFORMATION			ISES #:	STREET	STREET ADDRESS:												
			NG #:		BLDG DESCRIPTION:												
SUBJECT		AMOUNT		COINS % VALU- ATION CAUS			ES OF LOSS INFLATION		DED	BLKT #		FORMS AND CON		ITIONS T	O APPLY		
ADDITIONAL INF	ORMATION	BUSINES	S INCOME / EXTR	RA EXPENS	SE - Atta	ch ACOR	RD 810) VALI			UE REPORTING INFORMATIO			DN - Attach ACORD 811			
ADDITIONAL	COVERAGES	, OPTION	S, RESTRICT	TIONS, E	NDOF	RSEME	NTS AND	RATING	INFO	ORMA	TION						
SPOILAGE COVE	RAGE DESCRI	TION OF PRO	OPERTY COVERI	ED		LII \$				DEDUCTIBLE \$		REFRIC	G MAINT AGRE	IAINT AGREEMENT		OPTIONS	
# OF OPEN SIDES	S ON STRUCTURE		DISTANCE TO DRANT FIRE S	тат	FI	RE DIST	RICT/CODE N	NUMBER		PR	OT CL	# STORII	ES #BASM'TS	YR BU	IILT TO	OTAL ARE	A
BUILDING IMPRO		FT	BLDG GR	CODE	TAX C	CODE ROOF TYPE			OTHER OCCUPANCIES			ES					
WIRING, YR	:	PLUMB	ING, YR:	MANAD	01.400												
ROOFING, Y	R: HEATING, YR: YR:				CLASS RESISTIN	/E	SEMI- RE	SEMI- RESISTIVE						REMISES? (Y/N) PLACED ELSEWHERE? (Y/N)			
RIGHT EXPOSUR	E & DISTANCE		RE & DIST		'	FRO	FRONT EXPOSURE & DI						REAR EXPOSURE & DIST				
BURGLAR ALARI	M TYPE		CERTI	IFICATE	#							EXPIRATION	EXPIRATION DATE		CENTRAL STATION WITH KEYS		
BURGLAR ALARI	M INSTALLED AND	SERVICED E					EXTENT			GRADE #		# GUARDS/WAT	GUARDS/WATCHMEN		CLOCK HOURLY		
PREMISES FIRE I	PROTECTION (Spr	nklers, Stand	pipes, CO2/Chem	ical Syster	ms)		% SPRNK	FIRE ALAR	м ма	NUFAC	TURER	'				CENTRAL :	
ADDITIONAL	LINTERESTS						•										
RANK:	NAME AND ADD	RESS:	RI	EFERENCE	#:						ICATE R	EQUIRE) 1	INTEREST		IN ITEM NUMBER	
INTEREST]												LOCATION	LOCATION:		BUILDING:	
LOSS PAYEE MORT-													SCHEDULI	ED ITEM N	NUMBER		
GAGEE		ITEM DESCRIPTION:											OTHER:	OTHER:			
	ITEM DESCRIPT	ON:															

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.