ĄĆĆ	ORI	<b>)</b> ®			PR	OF	PΕΙ	RTY	S	ECT	10	Ν						D	ATE (MM/I	OD/YYYY)		
AGENCY PHONE (A/C, No, Ext): FAX (A/C, No):						(Fi Na	APPLICANT (First Named Insured)															
							EFFECTIVE DATE		E	EXPIRATION DATE			DIRECT BILL AGENCY BILL			PAYMENT PLAN			AUDIT			
				B CODE:		— cc	FOR COMPANY USE ONLY															
CODE: AGENCY		_  us																				
CUSTOMER		T ADDRI	DRESS:																			
PREMISES INFORMATION BUILDING #: BLDG DESC																						
SUBJECT OF INSURANCE AMOUNT COINS %																		DITION	S TO APPI	Υ		
ADDITIONA	L INFOR	MATION	BUS	SINESS INCOME / E	EXTRA EXPEN	ISE - Att	tach A0	CORD 810			VALU	JE REF	PORTING	INFORM	ATION -	- Attach	ACORD 8	B11				
ADDITIO	NAL C	OVERAGES	, OPT	IONS, RESTR	ICTIONS,	ENDO	RSE	MENTS A	AND	RATING	INFO	DRM/	ATION									
SPOILAGE (Y/N)	COVERA	GE DESCRIF	TION C	F PROPERTY CO	/ERED		LIMIT \$			DE \$		DUCT	DUCTIBLE REF		RIG MAINT AGREEMENT		OPTIONS					
		N STRUCTURE:		DISTANCE	ro .			1077107/06	.DE N				DOT OI	# OTOD!	FO # F	# BASM'TS YR BU			TOTAL	DE4		
CONSTRUC	IION IY	PE		DISTANCE THYDRANT FIF	RE STAT MI	'	FIRE D	ISTRICT/CC	DDE N	IUMBER		"	ROICL	# STORI	IES # E	BASM'I	YRB	UILI	TOTAL A	KEA		
BUILDING IMPROVEMENTS BLDG CO						CODE RADE	ODE TAX CODE			ROOF TYPE		ОТ	OTHER OCCUPANCIES									
WIRING	G, YR:		P	LUMBING, YR:																		
ROOFI	NG, YR:		Н	EATING, YR:	WIND	CLASS	5	SEM	I- RES	SISTIVE		HE	EATING E	OILER O	N PREM	MISES?	(Y/N)					
OTHER: YR: RES RIGHT EXPOSURE & DISTANCE LEFT EXPOSURE & DISTANCE								SE FRONT EXPOS				IF YES, IS INSURANCE				PLACED ELSEWHERE? (Y/N)  REAR EXPOSURE & DISTANCE						
BURGLAR A	ALARM T	YPE	ΓΙΓΙCΑΤΙ	ATE #								EXPIRATION DATE			CENTR	CENTRAL STATION						
															WITH KEYS							
BURGLAR ALARM INSTALLED AND SERVICED BY								EXTENT				GRADE		:	# GUARDS/WATCHMEN			CLOCK HOURLY				
PREMISES I	FIRE PRO	OTECTION (Spri	nklers,	Standpipes, CO2/0	hemical Syste	ems)	% SPRNK   FIRE ALARM MANUFACTURER							CENTRAL STATION LOCAL GONG								
ADDITIO	NAL I	NTERESTS																				
RANK: NAME AND ADDRESS: REFERENCE							CERTIFICATE REQUIRED								D	INTEREST IN ITEM NUMBER						
INTEREST								LOCAT									N: BUILDING:					
LOSS PAYE	E														s	CHEDUL	ED ITEM	ITEM NUMBER:				
MOR GAGE	ie L														0.	THER:						
	17	EM DESCRIPTI	ON:																			

ADDITIONAL			PREMIS	SES #:	STREET	ADDRES	SS:														
PREMISES INFORMATION				MATION	BUILDIN	NG #:	BLDG DE	SCRIPT	ION:	 N:											
					AMOUNT		VAI II-		CALISES	OF LOSS	INFLATION GUARD %	<u> </u>	DED #		FORMS AND CONDI			ITIONS TO APPLY			
SUBJECT OF INSURANCE				MANUE		AWOON	CON43 /6	ATION	CAUSES	OF E033	GUARD %		,LD	#		PORMS AP	ID CONE	JIIION	TOAF	<u> </u>	
ADDITIONAL INFORMATION BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810 VALUE REPORTING INFORMATION - Attach ACORD 811																					
ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION																					
		E COVEI	RAGE	DESCRIPTION	N OF PRO	OF PROPERTY COVERED				LIMIT			JCTIBLE					OPTIO	OPTIONS		
(Y/N	" [								\$	\$			(Y/N)								
				PLUMBII		BLDG GR. WIND	CODE ADE CLASS	/E	DE ROO	F TYPE	RE & DIS	HEATING	DCCUI	PANCIES LER ON PI	# BASM'TS  REMISES? ( PLACED ELS  REAR EXP	Y/N) EWHER DSURE &	E? (Y/I	CENT	RAL STA	ATION	
BURGLAR ALARM INSTALLED AND SERVICED BY										EXT	ENT	NT .		DE	# GUARDS/WATCHMEN			WITH KEYS  CLOCK HOURLY			
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2/Chem						ical Syster	ns)	9	% SPRNK	FIRE ALARI	M MANU	JFACTURI	ER				CENTRAL STATION		ATION		
	D:-:	ON 4 :	INITE	DEOTO														1	L GONG		
		UNAL		RESTS		1,					Т	1	DTIES:					<b>T</b> IV. :=		DEC	
RAN			NAME	AND ADDRES	5:	RE	FERENCE	#:				CE	RTIFICAT	EREC	QUIRED	I.	NTERES	T IN IT	EM NUM	BER	
INTI	ERES															LOCATION			BUILDIN	G:	
	LO:	SS /EE														SCHEDULE	D ITEM	NUMBE	R:		
MORT- GAGEE															OTHER:						
	JA.		ITEM D	ESCRIPTION:																	
RF	MΔ	RKS																			
AN	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.