



AGENCY CUSTOMER ID: \_\_\_\_\_

# PROPERTY SECTION

DATE (MM/DD/YYYY)

|                       |                        |                            |              |  |       |                      |           |
|-----------------------|------------------------|----------------------------|--------------|--|-------|----------------------|-----------|
| <b>AGENCY</b>         |                        |                            |              | <b>APPLICANT (First Named Insured)</b> |       |                      |           |
| POLICY NUMBER         |                        |                            |              | CARRIER                                |       |                      | NAIC CODE |
| <b>EFFECTIVE DATE</b> | <b>EXPIRATION DATE</b> | DIRECT BILL<br>AGENCY BILL | PAYMENT PLAN |  | AUDIT | FOR COMPANY USE ONLY |           |

|                             |               |                    |                          |                       |                          |            |               |                                      |
|-----------------------------|---------------|--------------------|--------------------------|-----------------------|--------------------------|------------|---------------|--------------------------------------|
| <b>PREMISES INFORMATION</b> |               | <b>PREMISES #:</b> | <b>STREET ADDRESS:</b>   |                       |                          |            |               |                                      |
|                             |               | <b>BUILDING #:</b> | <b>BLDG DESCRIPTION:</b> |                       |                          |            |               |                                      |
| <b>SUBJECT OF INSURANCE</b> | <b>AMOUNT</b> | <b>COINS %</b>     | <b>VALUATION</b>         | <b>CAUSES OF LOSS</b> | <b>INFLATION GUARD %</b> | <b>DED</b> | <b>BLKT #</b> | <b>FORMS AND CONDITIONS TO APPLY</b> |
|                             |               |                    |                          |                       |                          |            |               |                                      |
|                             |               |                    |                          |                       |                          |            |               |                                      |
|                             |               |                    |                          |                       |                          |            |               |                                      |
|                             |               |                    |                          |                       |                          |            |               |                                      |
|                             |               |                    |                          |                       |                          |            |               |                                      |
|                             |               |                    |                          |                       |                          |            |               |                                      |
|                             |               |                    |                          |                       |                          |            |               |                                      |

|                        |  |  |
|------------------------|--|--|
| ADDITIONAL INFORMATION | BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810 | VALUE REPORTING INFORMATION - Attach ACORD 811 |
|------------------------|--|--|

**ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION**

|                                |  |                 |                      |                                     |                |
|--------------------------------|--|-----------------|----------------------|-------------------------------------|----------------|
| <b>SPOILAGE COVERAGE (Y/N)</b> | <b>DESCRIPTION OF PROPERTY COVERED</b> | <b>LIMIT \$</b> | <b>DEDUCTIBLE \$</b> | <b>REFRIG MAINT AGREEMENT (Y/N)</b> | <b>OPTIONS</b> |
| <input type="checkbox"/>       |  |                 |                      | <input type="checkbox"/>            |                |

# OF OPEN SIDES ON STRUCTURE: \_\_\_\_\_

|  |                                     |                                |                                      |                          |                                     |  |                 |                   |
|--|-------------------------------------|--------------------------------|--------------------------------------|--------------------------|-------------------------------------|--|-----------------|-------------------|
| <b>CONSTRUCTION TYPE</b>   | <b>DISTANCE TO HYDRANT</b><br>FT    | <b>FIRE STAT</b><br>MI         | <b>FIRE DISTRICT/CODE NUMBER</b>     | <b>PROT CL</b>           | <b># STORIES</b>                    | <b># BASM'TS</b>                             | <b>YR BUILT</b> | <b>TOTAL AREA</b> |
| <b>BUILDING IMPROVEMENTS</b>   | <b>WIRING, YR:</b>                  | <b>PLUMBING, YR:</b>           | <b>BLDG CODE GRADE</b>               | <b>TAX CODE</b>          | <b>ROOF TYPE</b>                    | <b>OTHER OCCUPANCIES</b>                     |                 |                   |
|  | <input type="checkbox"/>            | <input type="checkbox"/>       |                                      |                          |                                     |  |                 |                   |
|  | <b>ROOFING, YR:</b>                 | <b>HEATING, YR:</b>            | <b>WIND CLASS</b>                    | SEMI- RESISTIVE          |                                     | HEATING BOILER ON PREMISES? (Y/N)            |                 |                   |
|  | <input type="checkbox"/>            | <input type="checkbox"/>       |                                      |                          |                                     |  |                 |                   |
|  | <b>OTHER, YR:</b>                   | <b>YR:</b>                     | RESISTIVE                            |                          |                                     | IF YES, IS INSURANCE PLACED ELSEWHERE? (Y/N) |                 |                   |
|  | <input type="checkbox"/>            | <input type="checkbox"/>       |                                      |                          |                                     |  |                 |                   |
| <b>RIGHT EXPOSURE &amp; DISTANCE</b>   | <b>LEFT EXPOSURE &amp; DISTANCE</b> |                                | <b>FRONT EXPOSURE &amp; DISTANCE</b> |                          | <b>REAR EXPOSURE &amp; DISTANCE</b> |  |                 |                   |
| <b>BURGLAR ALARM TYPE</b>  | <b>CERTIFICATE #</b>                |                                |                                      | <b>EXPIRATION DATE</b>   | CENTRAL STATION WITH KEYS           |  |                 |                   |
| <b>BURGLAR ALARM INSTALLED AND SERVICED BY</b>                                 | <b>EXTENT</b>                       |                                | <b>GRADE</b>                         | <b># GUARDS/WATCHMEN</b> | CLOCK HOURLY                        |  |                 |                   |
| <b>PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2/Chemical Systems)</b> | <b>% SPRNK</b>                      | <b>FIRE ALARM MANUFACTURER</b> |                                      |                          |                                     |  |                 |                   |
|  | <input type="checkbox"/>            |                                |                                      |                          |                                     |  |                 |                   |
|  | <input type="checkbox"/>            | CENTRAL STATION LOCAL GONG     |                                      |                          |                                     |  |                 |                   |

**ADDITIONAL INTERESTS**

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

