AGEI	VOI	CHS		IFR	ın.
AGE	4 C I	$\omega u a$	I WIV	IEN.	ID.

ACORD [®]							PROPERTY SECTION											DATE (MM/DD/YYYY)			
AGENCY										APPLICANT (First Named Insured)											
7,02,101										,	210/1111 (1110		,	,							
POLICY NUMBER										CAR	RIER								N	AIC CODE	:
EFFECTIVE DATE EXPIRATION DATE DIRECT BILL							PAYI	MENT PLA	AN		AUDIT	FC	OR COMP	ANY US	E ONLY						
AGENCY BILL PREMISES #: STREET ADDRESS:																					
DDEMISES I	IEODMATIC	NI																			
PREMISES INFORMATION BUILDING #:						BLDG DESCRIPTION: COINS % VALU- CAUSES OF LOSS INFLATION DED BLKT FORMS AND CONDITIONS TO APPLY															
SUBJECT	FINSURANCE		А	MOUNT	CC	DINS %	ATION	CAUSES	S OF LC	oss	GUARD %	<u> </u>	DED	#		FORMS A	ND CONI	DITIONS	S TO API	PLY	
ADDITIONAL INFO	RMATION	В	USINESS	INCOME / EX	XTRA E	EXPENS	SE - Atta	ch ACORI	D 810			/ALUE	REPORTI	NG INF	ORMATIC	ON - Attach A	ACORD 8	311			
ADDITIONAL	COVERAGE	S, OI	PTIONS	S, RESTRI	СТІО	NS, E	NDOF	SEME	NTS A	ND	RATING I	NFO	RMATIC	N							
SPOILAGE COVE	RAGE DESCR	IPTION	OF PRO	PERTY COVI	ERED			LIM	IIT				UCTIBLE		REFRIG N Y/N)	IAINT AGRE	EMENT	OPTIO	ONS		
(,,,,,								\$				\$,						
# 05 0BEN 0IBE0	ON OTRUGTUR	_																			
# OF OPEN SIDES				DISTANCE TO	0		FI	RE DISTR	NCT/CO	DE NI	IIMRER		PROT C	1 #9	TORIES	# BASM'TS	YR B	шт	TOTAL	ΔRFΔ	
CONOTROCTION			HYD	DISTANCE TO RANT FIRI				INE DIOTIN		DE 140	OMBER		I KOT C	- " -	TORILO	# BAGIII 10	110	0.2.	IOIAL	ANLA	
BUILDING IMPRO	/EMENTO			FT	MI		CODE	TAX CO	DDE I	ROOF	TYPE		OTHER	OCCUP	ANCIES						
	EWENTS		PLUMBIN	NC VP:		GR	ADE														
WIRING, YR:	o.				-	WIND	CLASS		SEMI	DEC	ICTIVE		HEATIN	C POIL		REMISES? (V/NI)				
ROOFING, YR: HEATING, YR: OTHER: YR:						RESISTIVE										PLACED ELSEWHERE? (Y/N)					
RIGHT EXPOSURE	& DISTANCE			LEFT EXPO	SURE					FRO	NT EXPOSUR	RE & DI		10 11100	INANGE	REAR EXP					
BURGLAR ALARM	TYPE					CERTI	FICATE	#								EXPIRATION	N DATE		CENT	RAL STATI	ION
													WITH		OIV						
BURGLAR ALARM INSTALLED AND SERVICED BY								EXT	ENT		GRA	DE	# G	NI A DDO WATOUMEN			K HOURLY				
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2/Chemical Systems) % SPRNK FIRE ALARM MANUFACTURER CENTRAL											RAL STATI	ION									
																			1	GONG	
ADDITIONAL	INTEREST	S																			
RANK: NAME AND ADDRESS: REFERENCE #:									CE	CERTIFICATE REQUIRED INTEREST IN ITEM N					EM NUMI	BER					
INTEREST																LOCATION	l:		BUILDIN	G:	
LOSS PAYEE														SCHEDULI	ED ITEM	NUMBI	ER:				
MORT- GAGEE																OTHER:					
1	ITEM DESCRIP	TION:																			

AGENCY CUSTOMER ID:

ADDITIONAL	L		PREMISES #:	ST	STREET ADDRESS:													
PREMISES I	MISES INFORMATION BUILDING #: BLDG DESCRIPTION:																	
SUBJECT	OF INSUR	ANCE	AMOUNT	col	OINS % VALU- ATION CAUS		ES OF LOSS INFLATION GUARD %		INFLATION GUARD %	DED B		_KT #	FORMS AND		IS AND CONDITIONS TO APPLY			
ADDITIONAL INFO	ORMATIO	N B	USINESS INCOME / I	EXTRA EX	XPENS	E - Atta	ch ACOF	RD 810		v	ALUE REF	PORTING	3 INFORM	ATION - Attach A	CORD 81	1		
ADDITIONAL	COVER	RAGES, OI	PTIONS, RESTR	RICTION	NS, E	NDOF	RSEME	NTS AN	ND I	RATING IN	NFORM	ATION	l					
SPOILAGE COVE			OF PROPERTY CO				MIT			DEDUCT		REFRI	G MAINT AGRE	EMENT	ОРТІО	NS		
(Y/N)							\$				\$		(Y/N)					
# OF OPEN SIDES		JCTURE:	DISTANCE : HYDRANT FII	RE STAT MI			RE DIST	RICT/COD	E NU	JMBER	Pi	ROT CL	# STOR	ES # BASM'TS	YR BUI	LT	TOTAL AREA	
BUILDING IMPRO		3			BLDG (GRA	DE	TAX C	CODE ROOF TYPE			го	OTHER OCCUPANCIES						
WIRING, YR			PLUMBING, YR:	ļ.,	WIND (CLASS		OF MILE	DEC.	ICTIVE	1.15	TATING	DOILED O	N DDEMICECC (V/N1\			
ROOFING, Y	rK:		HEATING, YR: YR:	F		ESISTI\	/E	SEMI- F	KESI	19 I IVE				N PREMISES?(CE PLACED ELS		2 (V/N	,	
RIGHT EXPOSUR	E & DISTA	NCE	LEFT EXP	OSURE &	_		, <u> </u>	F	ROI	NT EXPOSUR				REAR EXP				
BURGLAR ALARI	CERTIFICATE #									EXPIRATIO	PIRATION DATE CENTRAL STATIO							
BURGLAR ALARM INSTALLED AND SERVICED BY EXTENT GRADE # GUARDS/WATCHMEN CLOCK HOLE CLO											CLOCK HOURLY							
PREMISES FIRE I	PROTECTI	ON (Sprinkler	s, Standpipes, CO2/C	Chemical	System	ıs)		% SPRN	K	FIRE ALARM	MANUFA	CTUREF	R				CENTRAL STATION LOCAL GONG	
ADDITIONAL	L INTER	RESTS																
RANK:	NAME AND ADDRESS: REFERENCE #:										CERTI	IFICATE	REQUIRE	D II	INTEREST IN ITEM NUMBER			
INTEREST													LOCATION	:	В	UILDING:		
LOSS PAYEE														SCHEDULE	D ITEM N	UMBE	R:	
MORT- GAGEE	ITEM DE	SCRIPTION:												OTHER:				
1	I LEM DE	JORIF HON:																

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.