

ACORD. PROPERTY SECTION

DATE (MM/DD/YY)

PRODUCER

APPLICANT (first Named Insured)

PROPOSED EFF. DATE	PROPOSED EXP. DATE	BILLING PLAN	PAYMENT PLAN	AUDIT
		AGENCY		
		DIRECT		

FOR COMPANY USE ONLY

PREMISES INFORMATION

P R E M I U M N O.	SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DEDUCTIBLE	FORMS AND CONDITIONS TO APPLY
01								
B L D G N O.								
01								

ADDITIONAL COVERAGES, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

CONSTRUCTION TYPE		FIRE DISTRICT/CODE NUMBER		PROT. CL.	# STORIES	# BASMTS	YR. BUILT	TOTAL AREA
BUILDING IMPROVEMENTS		PLUMBING, YR:		OTHER OCCUPANCIES				
WIRING, YR:		HEATING, YR:						
ROOFING, YR:		OTHER						
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	
FIRE PROTECTION (Sprinklers, Standpipes, CO ₂ /Halon Systems)				FIRE ALARM MANUFACTURER				CENTRAL STATION LOCAL GONG

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SEE REVERSE SIDE FOR ADDITIONAL PREMISES, REPORTING FORM INFORMATION, REMARKS, AND ADDITIONAL INTERESTS

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VALUE REPORTING INFORMATION

REPORTING FORM: PROVIDE AVERAGE VALUES FOR PAST 12 MONTHS

SUBJECT OF INSURANCE	PREMISE 1	PREMISE 2	PREMISE 3	ANY OTHER LOCATION DECLARED AT INCEPTION	ANY OTHER LOCATION REQUIRED AFTER INCEPTION	PREMISES NOT OWNED OR ACQUIRED	
						PREMISE LIMIT	AGGREGATE

OTHER

ADDITIONAL INTERESTS

P R E M I S E N O.	NAME & ADDRESS			P R E M I S E N O.	NAME & ADDRESS		
	INTEREST		CERTIFICATION REQUIRED		INTEREST		CERTIFICATION REQUIRED
B L D G N O.				B L D G N O.			

REMARKS

(Include Information On Participating Carriers)