AGENCY	CUSTOMER ID:	
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ACORD®			Р	ROF	PERTY	SI	ECTIO	N						DA	TE (MM/C	DD/YYYY)
AGENCY NAME						CA	RRIER						•		NAIG	CCODE
POLICY NUMBER				EFF	FECTIVE DATE	NAI	MED INSURED((S)								
	PREMIS	 SES #:	STREET	ADDRES	 SS:											
PREMISES INFORMATION	BUILDIN	NG #:	BLDG DE	ESCRIPTI	ION:											
SUBJECT OF INSURANCE	-	AMOUNT	COINS %	VALU- ATION	CAUSES OF L	oss	INFLATION GUARD %	DE) BL	KT #	F	ORMS A	ND COND	ITIONS	TO APPL	.Y
ADDITIONAL INFORMATION		S INCOME / EXT								S INFORM	ATION	- Attach	ACORD 8	11		
ADDITIONAL COVERAGES, SPOILAGE DESCRIPTION OF PRO		•	TIONS, E	:NDOR	SEMENTS A	AND		NFORM				ODTION				
COVERAGE	JPERTY CO	VERED				LIMIT REFRIG MAINT OPTIONS AGREEMENT REFAKENCE					S EAKDOWN	I OR C	ONTAMIN	ΔΤΙΩΝ		
(Y/N)						\$ BREAKDO POWER O							SE	LLING		
							\$									
SINKHOLE COVERAGE (Required in	Florida)	ACCEP	T COVERAG	GE	REJECT C	OVE	RAGE LI	IMIT: \$								
PROPERTY HAS BEEN DESIGNA	ATED AN HIS	STORICAL LANI	DMARK								# (OF OPEN	SIDES OF	N STRU	CTURE:	
CONSTRUCTION TYPE		DISTANCE TO DRANT FIRE	STAT MI	FIRE	E DISTRICT		CODE NUM	BER F	PROT CL	# STOR	IES #	BASM'TS	YR BL	JILT	TOTAL A	REA
BUILDING IMPROVEMENTS			LDG CODE GRADE	TAX C	ODE ROOF T	YPE	•	OTHER C	CCUPAN	ICIES						
	UMBING, YF	10/	IND CLASS		OFMI PEOIS	TIV /F		HEA	TING SO	URCE INC	CL WO	ODBURN		DATE		
ROOFING, YR: HE OTHER:	EATING, YR: YR:		RESISTIN		SEMI- RESIS	IIVE	_		OVE OR FI CTURER:	IREPLACE :	E INSE	RT	ı	NSTAL	LED:	
PRIMARY HEAT	110.		TREGIOTIV	VL		SEC	CONDARY HEA	ΛT.								
BOILER SOLID FUE	iL						BOILER		SOLID FL	JEL			_			
IF BOILER, IS INSURANCE PLAC	ED ELSEWH	IERE?	Y / N				IF BOILER, IS	SINSURA	NCE PLA	CED ELS	EWHE	RE?	Y/N			
RIGHT EXPOSURE & DISTANCE		LEFT EXPOSI	JRE & DIST	ANCE		FRC	ONT EXPOSUR	E & DIST	ANCE		R	EAR EXF	POSURE 8	k DISTA	NCE	
BURGLAR ALARM TYPE			CERTI	IFICATE#	¥						EXPIR	ATION D	ATE	CEN' STAT	TRAL TON I KEYS	LOCAL GONG
BURGLAR ALARM INSTALLED AND S	BURGLAR ALARM INSTALLED AND SERVICED BY EXTENT GRADE # GUARDS / WATCHMEN CLOCK HOURLY															
PREMISES FIRE PROTECTION (Sprint	ders, Standp	pipes, CO2 / Ch	emical Syste	ems)	% SPF	RNK	FIRE ALARM	MANUFA	ACTURER	R					CENTRA	AL STATION GONG
ADDITIONAL INTEREST	ACOF	RD 45 attac	hed for	additio	nal names											
		ADDRESS RA		EVIDEN		RTIFIC	CATE						INTEREST	T IN ITE	M NUMBI	ER
LOSS PAYEE												OCATION	N:	E	UILDING	:
MORTGAGEE											i.	TEM LASS:		r	ГЕМ:	
											l I	TEM DES	CRIPTION			
	REFERENCE	/ LOAN #:														
REMARKS																
-																

AGENCY CUSTOMER ID:

ADDITIONAL	PREMISES #:	STREET	ADDRES	26.											
ADDITIONAL PREMISES INFORMATION	BUILDING #:		STREET ADDRESS: BLDG DESCRIPTION:												
SUBJECT OF INSURANCE	AMOUNT	COINS %	ATION	CAUSES OF L	oss	INFLATION GUARD %	DED	#		ONS TO APPLY					
ADDITIONAL INFORMATION BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810 VALUE REPORTING INFORMATION - Attach ACORD 811															
									NFORMA	I ION - Attach A	CORD 811				
ADDITIONAL COVERAGES, O		RICTIONS, E	ENDOF	RSEMENTS A	AND		NFORM								
SPOILAGE DESCRIPTION OF PROI	PERTY COVERED					LIMIT			FRIG MAI	UT					
(Y/N)					\$			(Y/N)			BREAKDOWN OR CONTAMINATION BOWER OUTAGE SELLING				
						DEDUCTIBLE				POW	ER OUTAG	PRICE			
						\$									
SINKHOLE COVERAGE (Required in FI		CEPT COVERA	GE	REJECT C	OVEF	RAGE L	IMIT: \$								
PROPERTY HAS BEEN DESIGNAT	TED AN HISTORICAL L	ANDMARK								# OF OPEN S	SIDES ON S	TRUCTURE:			
CONSTRUCTION TYPE	DISTANCE	ТО	FIR	E DISTRICT		CODE NUM	IBER PF	ROT CL	# STORIE	S # BASM'TS	YR BUIL	T TOTAL AREA			
	HYDRANT FI	MI													
BUILDING IMPROVEMENTS	- 11	BLDG CODE	TAX	CODE ROOF T	YPE		OTHER O	CCUPANC	IES						
\vdash	IMPING VD.	GRADE													
	JMBING, YR:	WIND CLASS		CEMI DECIC	TI\/E		HEAT	ING SOU	RCE INCI	L WOODBURNIN	NG DA	TE			
	ATING, YR:		-	SEMI- RESIS	IIVE		STO\ MANUFAC	/E OR FIR	EPLACE	INSERT	INS	STALLED:			
OTHER: PRIMARY HEAT	YR:	RESISTI	VE		SEC	ONDARY HEA		TOTALIA.							
BOILER SOLID FUEL						BOILER		OLID FUE		7					
IF BOILER, IS INSURANCE PLACE		Y/N				IF BOILER, IS				WHERE?	Y/N				
RIGHT EXPOSURE & DISTANCE		OSURE & DIST	ANCE		EDO	NT EXPOSUR			LD LLOL	REAR EXPO		ISTANCE			
	==: : =:				IKO	NI EXPOSOR	L & DISTA	INCL							
BURGLAR ALARM TYPE		CERT	IFICATE	#					-	XPIRATION DA	TE (CENTRAL LOCAL			
BONGEAN ALANMITTE		OLIKI	IIIOAIL	Tr .					-	-XI IIXATION DA	;	STATION GONG			
BURGLAR ALARM INSTALLED AND SE	EDVICED BY					EXTENT GRADE #			GUARDS / WA		CLOCK HOURLY				
BONGLAN ALANIM INGTALLED AND GE	ERVIOLD D1				LAI			OKADE	"	OUANDO? WA	I OTTIMIZIN	- GEOOR FIGURE 1			
PREMISES FIRE PROTECTION (Sprinkle	lers Standnines CO2 /	Chemical Syst	ems)	% SPF	DNIK	FIRE ALARM	MANUEA	THEE				CENTRAL STATION			
TREMISES FIRE FRO TESTION (Sprinks	icio, Gianapipeo, GGZ /	One moun by or	ciiio,	/0 SFF	XIVIX	TINE ALAKW	INANOFA	JIOKEK							
ADDITIONAL INTEREST	40000 45	a a la color										LOCAL GONG			
ADDITIONAL INTEREST NA	ACORD 45 att		EVIDE		סדוביי	ATE									
LOSS PAYEE	AIME AIND ADDKESS		EVIDE	NOE. CEI	RTIFIC	MIE						N ITEM NUMBER			
										LOCATION:		BUILDING:			
MORTGAGEE										ITEM CLASS:		ITEM:			
										ITEM DESC	RIPTION				
	EFERENCE / LOAN #:														
	EFERENCE / LOAN #:														
REMARKS															

AGENCY CUSTOMER ID	Α	GEN	1CY	CU	ST	ON	IER	ID
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FRAUD NOTICES

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, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

IN THE DISTRICT OF COLUMBIA, WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS, IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

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 KANSAS, ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT.

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, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.

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