

# ACORD™ PROPERTY SECTION

DATE (MM/DD/YYYY)

|                     |                       |   |                       |                        |             |              |       |
|---------------------|-----------------------|---|-----------------------|------------------------|-------------|--------------|-------|
| AGENCY              | PHONE (A/C, No, Ext): | <b>APPLICANT</b><br>(First Named Insured) | <b>EFFECTIVE DATE</b> | <b>EXPIRATION DATE</b> | DIRECT BILL | PAYMENT PLAN | AUDIT |
|                     | FAX (A/C, No):        |   |                       |                        | AGENCY BILL |              |       |
| CODE:               | SUB CODE:             | FOR COMPANY USE ONLY                      |                       |                        |             |              |       |
| AGENCY CUSTOMER ID: |                       |   |                       |                        |             |              |       |

|                             |               |                    |                          |                       |                          |                   |                 |                                      |
|-----------------------------|---------------|--------------------|--------------------------|-----------------------|--------------------------|-------------------|-----------------|--------------------------------------|
| <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>DEDUCTIBLE</b> | <b>BLKT COV</b> | <b>FORMS AND CONDITIONS TO APPLY</b> |
|                             |               |                    |                          |                       |                          |                   |                 |                                      |
|                             |               |                    |                          |                       |                          |                   |                 |                                      |

|   |  |  |  |   |  |   |  |  |
|---|--|--|--|---|--|---|--|--|
| <b>ADDITIONAL INFORMATION</b>   |  | <b>BUSINESS INCOME / EXTRA EXPENSE</b>                         |  | <b>BUSINESS INCOME W/O EXTRA EXPENSE</b>        |  |   | <b>EXTRA EXPENSE</b>   |  |
| <b>TYPE OF BUSINESS</b>   | <b>ORDINARY PAYROLL</b>  | <b>POWER/HEAT</b>  | <b>EXT PERIOD</b>  | <b>TUITION FEES</b>                             |  | <b>OFF PREM POWER</b>   |  | <b>DEPEND PROP</b>   |
| <input type="checkbox"/> NON MFG<br><input type="checkbox"/> MFG<br><input type="checkbox"/> MINING<br>____ % COINS | <input type="checkbox"/> EXCL <input type="checkbox"/> INCL<br>90 DAYS<br>180 DAYS<br>\$ _____ | \$ _____ DED<br>ELEC MEDIA _____ DAYS<br>ORD OR LAW _____ DAYS | ____ DAYS<br>____ MO PERIOD<br>____ LIMIT<br>____ MAX PERIOD | \$ _____ STUDENTS<br>\$ _____ OTHER ED SERV/INC |  | <input type="checkbox"/> POWER<br><input type="checkbox"/> WATER<br><input type="checkbox"/> COMM (DESCR BELOW) |  | ____ % COIN<br>____ CONT LOC<br>____ REC LOC<br>____ MFG LOC<br>____ LDR LOC (DESCR BELOW) |
| NAME AND ADDRESS(ES) FOR OFF PREM POWER OR DEPEND PROP  |  |  |  |   |  |   | EXTRA EXPENSE _____ DAYS PERIOD REST<br>LIMIT LOSS PAY _____% _____% _____% _____% |  |

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

|  |                                     |                                 |                                    |   |                                |   |                                  |                                   |
|--|-------------------------------------|---------------------------------|------------------------------------|---|--------------------------------|---|----------------------------------|-----------------------------------|
| <b>CONSTRUCTION TYPE</b>   | <b>DISTANCE TO HYDRANT</b> FT       | <b>DISTANCE TO FIRE STAT</b> 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>                      |                                  |                                   |
|  | <b>ROOFING, YR:</b>                 | <b>HEATING, YR:</b>             | <b>WIND CLASS</b>                  |   |                                | <b>HEATING BOILER ON PREMISES?</b>            |                                  |                                   |
|  | <b>OTHER:</b>                       |                                 | <input type="checkbox"/> RESISTIVE | <input type="checkbox"/> SEMI-RESISTIVE | <input type="checkbox"/> OTHER | IF YES, IS INSURANCE PLACED ELSEWHERE? YES NO |                                  |                                   |
| <b>RIGHT EXPOSURE &amp; DISTANCE</b>   | <b>LEFT EXPOSURE &amp; DISTANCE</b> |                                 |                                    | <b>REAR EXPOSURE &amp; DISTANCE</b>     |                                |   |                                  |                                   |
| <b>BURGLAR ALARM TYPE</b>  | <b>CERTIFICATE #</b>                |                                 | <b>EXPIRATION DATE</b>             |   | <b>EXTENT</b>                  | <b>GRADE</b>                                  | <b>CENTRAL STATION WITH KEYS</b> |                                   |
| <b>BURGLAR ALARM INSTALLED AND SERVICED BY</b>                                 |                                     |                                 |                                    |   | <b># GUARDS/WATCHMEN</b>       |   | <b>CLOCK HOURLY</b>              |                                   |
| <b>PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2/Chemical Systems)</b> |                                     |                                 | <b>% SPRNK</b>                     | <b>FIRE ALARM MANUFACTURER</b>          |                                |   |                                  | <b>CENTRAL STATION LOCAL GONG</b> |

**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>               |
| <input type="checkbox"/> LOSS PAYEE<br><input type="checkbox"/> MORT-GAGEE |                          |                     |                             | <b>BUILDING:</b>               |
|  |                          |                     |                             | <b>SCHEDULED ITEM NUMBER:</b>  |
|  |                          |                     |                             | <b>OTHER:</b>                  |
| <b>ITEM DESCRIPTION:</b>   |                          |                     |                             |                                |

**VALUE REPORTING INFORMATION**

|   |                          |   |  |   |
|---|--------------------------|---|--|---|
| REPORTING FORM: PROVIDE AVERAGE VALUES FOR PAST 12 MONTHS | <b>PREMISES/BUILDING</b> | <b>ANY OTHER LOCATION DECLARED AT INCEPTION</b> | <b>ANY OTHER LOCATION ACQUIRED AFTER INCEPTION</b> | <b>PREMISES NOT OWNED OR ACQUIRED LIMIT</b> |
| <b>SUBJECT OF INSURANCE</b>                               |                          |   |  |   |
|   |                          |   |  |   |
|   |                          |   |  |   |

**ADDITIONAL  
PREMISES INFORMATION**

|                    |                          |
|--------------------|--------------------------|
| <b>PREMISES #:</b> | <b>STREET ADDRESS:</b>   |
| <b>BUILDING #:</b> | <b>BLDG DESCRIPTION:</b> |

| SUBJECT OF INSURANCE | AMOUNT | COINS % | VALUATION | CAUSES OF LOSS | INFLATION GUARD % | DEDUCTIBLE | BLKT COV | FORMS AND CONDITIONS TO APPLY |
|----------------------|--------|---------|-----------|----------------|-------------------|------------|----------|-------------------------------|
|                      |        |         |           |                |                   |            |          |                               |
|                      |        |         |           |                |                   |            |          |                               |
|                      |        |         |           |                |                   |            |          |                               |

**ADDITIONAL INFORMATION**      **BUSINESS INCOME / EXTRA EXPENSE**      **BUSINESS INCOME W/O EXTRA EXPENSE**      **EXTRA EXPENSE**

|  |   |  |   |                                 |  |  |  |
|--|---|--|---|---------------------------------|--|--|--|
| <b>TYPE OF BUSINESS</b><br><input type="checkbox"/> NON MFG<br><input type="checkbox"/> MFG<br><input type="checkbox"/> MINING<br>_____% COINS | <b>ORDINARY PAYROLL</b><br><input type="checkbox"/> EXCL <input type="checkbox"/> INCL<br>90 DAYS<br>180 DAYS<br>\$ _____ |  | <b>POWER/HEAT</b><br>\$ _____ DED<br>_____ DAYS | <b>EXT PERIOD</b><br>_____ DAYS | <b>TUITION FEES</b><br>\$ _____ STUDENTS<br>\$ _____ OTHER ED SERV/INC | <b>OFF PREM POWER</b><br><input type="checkbox"/> POWER<br><input type="checkbox"/> WATER<br><input type="checkbox"/> COMM (DESCR BELOW) | <b>DEPEND PROP</b><br>_____% COIN<br>_____<br>CONT LOC<br>_____<br>REC LOC<br>_____<br>MFG LOC<br>_____<br>LDR LOC (DESCR BELOW) |
|  |   |  | <b>ELEC MEDIA</b><br>_____ DAYS                 | <b>MO PERIOD</b><br>_____ LIMIT |  |  |  |
|  |   |  | <b>ORD OR LAW</b><br>_____ DAYS                 | <b>MAX PERIOD</b><br>_____ DAYS |  |  |  |
|  |   |  |   |                                 |  |  |  |

**NAME AND ADDRESS(ES) FOR OFF PREM POWER OR DEPEND PROP**

EXTRA EXPENSE \_\_\_\_\_ DAYS PERIOD REST  
LIMIT LOSS PAY \_\_\_\_\_% \_\_\_\_\_% \_\_\_\_\_% \_\_\_\_\_%

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

|                          |                                  |                        |                                  |                |                  |                  |                 |                   |
|--------------------------|----------------------------------|------------------------|----------------------------------|----------------|------------------|------------------|-----------------|-------------------|
| <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><br><input type="checkbox"/> WIRING, YR: _____<br><input type="checkbox"/> ROOFING, YR: _____<br><input type="checkbox"/> OTHER: _____ | <input type="checkbox"/> PLUMBING, YR: _____<br><input type="checkbox"/> HEATING, YR: _____ | <b>BLDG CODE GRADE</b><br>_____  | <b>TAX CODE</b><br>_____  | <b>ROOF TYPE</b><br>_____ | <b>OTHER OCCUPANCIES</b><br>_____ |
|  |   | <b>WIND CLASS</b><br><input type="checkbox"/> RESISTIVE <input type="checkbox"/> SEMI-RESISTIVE <input type="checkbox"/> OTHER | HEATING BOILER ON PREMISES? <input type="checkbox"/> YES <input type="checkbox"/> NO<br>IF YES, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> YES <input type="checkbox"/> NO |                           |                                   |

|                                      |                                     |                                     |
|--------------------------------------|-------------------------------------|-------------------------------------|
| <b>RIGHT EXPOSURE &amp; DISTANCE</b> | <b>LEFT EXPOSURE &amp; DISTANCE</b> | <b>REAR EXPOSURE &amp; DISTANCE</b> |
|--------------------------------------|-------------------------------------|-------------------------------------|

|                           |                      |                        |               |              |                                  |
|---------------------------|----------------------|------------------------|---------------|--------------|----------------------------------|
| <b>BURGLAR ALARM TYPE</b> | <b>CERTIFICATE #</b> | <b>EXPIRATION DATE</b> | <b>EXTENT</b> | <b>GRADE</b> | <b>CENTRAL STATION WITH KEYS</b> |
|---------------------------|----------------------|------------------------|---------------|--------------|----------------------------------|

|  |                          |                     |
|--|--------------------------|---------------------|
| <b>BURGLAR ALARM INSTALLED AND SERVICED BY</b> | <b># GUARDS/WATCHMEN</b> | <b>CLOCK HOURLY</b> |
|--|--------------------------|---------------------|

|  |                |                                |                                   |
|--|----------------|--------------------------------|-----------------------------------|
| <b>PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2/Chemical Systems)</b> | <b>% SPRNK</b> | <b>FIRE ALARM MANUFACTURER</b> | <b>CENTRAL STATION LOCAL GONG</b> |
|--|----------------|--------------------------------|-----------------------------------|

**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><br><input type="checkbox"/> LOSS PAYEE<br><input type="checkbox"/> MORT-GAGEE | <b>ITEM DESCRIPTION:</b> |                     | <b>LOCATION:</b>              | <b>BUILDING:</b>               |
|   |                          |                     | <b>SCHEDULED ITEM NUMBER:</b> |                                |
|   |                          |                     | <b>OTHER:</b>                 |                                |
|   |                          |                     |                               |                                |

**REMARKS**

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