ACORD®			P	ROF	PERTY	S	SECTI	ON	I					DATE	(MM/DD/Y	YYY)
AGENCY NAME	ENCY NAME					CA	CARRIER							NAIC CODE		
POLICY NUMBER EFFECTIVE DATE						NAMED INSURED(S)										
	PREMI	SES #:	STRE	ET ADDR	ESS:											
PREMISES INFORMATION	BUILDING #: BLDG DESCRIPTION:															
SUBJECT OF INSURANCE		AMOUNT	COIN	S % VALU	N CAUSES OF	Loss	INFLATION GUARD %	DI	ED BL	KT	FOR	MS AND	CONDIT	IONS TO	APPLY	
ADDITIONAL INFORMATION	DITCINEC	S INCOME /	EVTDA EVE	ENSE A	ttach ACORD 810			ALUED	REPORTING	INFORM	ATION A	took AC	OBD 911			
ADDITIONAL COVERAGES,						A NIF				INFORMA	ATION - AL	lacii AC	OKD 611			
SPOILAGE DESCRIPTION OF PRO			CIC HOIVE	, ENDC	JKSEWIEN 13	AINL	LIMIT	NI OK		EFRIG MA	INT OP1	IONS				
COVERAGE (Y/N)							\$ AGREEMENT BREAKE					CDOWN C	R CON	TAMINATIO	N	
						DEDUCTIBLE (Y/N)					POWER OUTAGE SELLING PRICE					
							\$									
SINKHOLE COVERAGE (Required in F			CEPT COVE	RAGE	REJECT	COVE	ERAGE L	IMIT: \$	i							
PROPERTY HAS BEEN DESIGNA	IED AN HIS	STORICAL L	ANDMARK								# OF C	PEN SIL	DES ON S	TRUCT	URE:	-
		DISTANCE	TO											_		
CONSTRUCTION TYPE	НУІ	DRANT FI	RE STAT	F	FIRE DISTRICT		CODE NUM	IBER	PROT CL	# STORI	ES # BAS	SM'TS	YR BUIL	т то	TAL AREA	
BUILDING IMPROVEMENTS		<u> </u>	BLDG CO GRADE	DE TAX	CODE ROOF	TYPE	=	OTHER	OCCUPAN	CIES	'			'		
WIRING, YR: PLU	JMBING, YF	₹:						1.05	- A - INO 001	IDOE INO	L WOODD	LIDAUAG	D 4	T		
ROOFING, YR:	ATING, YR:		WIND CLA	SS	SEMI- RESI	STIVE		ST	EATING SOL FOVE OR FI	REPLACE		UKINING		TE STALLEI	D:	
OTHER: YR: RESISTIVE					MANUFACTURER: SECONDARY HEAT											
PRIMARY HEAT BOILER SOLID FUEL BOILER SOLID FUEL BOILER SOLID FUEL																
IF BOILER, IS INSURANCE PLACED ELSEWHERE? Y/N						IF BOILER, IS INSURANCE PLACED ELSEWHERE? Y/N										
RIGHT EXPOSURE & DISTANCE LEFT EXPOSURE & DISTANCE					FRONT EXPOSURE & DISTANCE REAR EXPOS					SURE & D	JRE & DISTANCE					
BURGLAR ALARM TYPE			CE	RTIFICAT	ΓE#						EXPIRATION	ON DATE	■	CENTRA STATIO	AL L	LOCAL GONG
DUDOL AD AL ADM INOTALLED AND CO						EV	TENT		00405		" OLIABBO	. /		WITH KI		IDI V
BURGLAR ALARM INSTALLED AND S	EKVICED B	Y				EX	TENT		GRADE	• •	# GUARDS	o / WAIC	HMEN	\dashv	LOCK HOU	KLY
PREMISES FIRE PROTECTION (Sprink	ers, Standp	oipes, CO2 /	Chemical S	ystems)	% SF	RNK	FIRE ALARM	MANUI	FACTURER					С	ENTRAL S	TATION
															OCAL GON	IG
ADDITIONAL INTEREST	ACO	RD 45 att	tached f	or addi	tional names	;	•							'		
INTEREST	AME AND A	ADDRESS	RANK:	EVID	DENCE: CE	RTIFI	ICATE					INT	EREST I	N ITEM	NUMBER	
LOSS PAYEE												ATION:		BUII	DING:	
MORTGAGEE											CLAS		IDTION	ITEN	Λ:	
											IIEW	DESCRI	PTION			
R	EFERENCE	/ LOAN #:														
REMARKS																

AGENCY CUSTOMER ID:

ADDITIONAL	PREMISES #: STREET ADDRESS:											
PREMISES INFORMATION	BUILDING #:	BLDG DE		ION:			D. 1/2	VT				
SUBJECT OF INSURANCE	AMOUNT	COINS %	ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	BLKT #	FORMS AND CONDITIONS TO APPLY				
ADDITIONAL INFORMATION BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810 VALUE REPORTING INFORMATION - Attach ACORD 811												
ADDITIONAL COVERAGES,	OPTIONS, RESTR	ICTIONS, E	NDOF	RSEMENTS AND	RATING II	NFORMATIO	N					
SPOILAGE DESCRIPTION OF PRO	OPERTY COVERED				LIMIT							
COVERAGE (Y/N)					\$ AGREEM			I I BREA	CONTAMINATION			
					DEDUCTIBLE				POWER OUTAGE SELLII PRICE			
					\$							
SINKHOLE COVERAGE (Required in I	Florida) ACC	EPT COVERA	GE	REJECT COVI	ERAGE L	IMIT: \$						
PROPERTY HAS BEEN DESIGNA	ATED AN HISTORICAL L	ANDMARK		'				# OF OPEN S	IDES ON STR	UCTURE:		
	DISTANCE	ro				T						
CONSTRUCTION TYPE	DISTANCE HYDRANT FII	RE STAT	FIR	E DISTRICT	CODE NUM	MBER PROT C	L # STO	DRIES # BASM'TS	YR BUILT	TOTAL AREA		
	FT	MI										
BUILDING IMPROVEMENTS		BLDG CODE GRADE	TAX	CODE ROOF TYPE		OTHER OCCUPA	ANCIES					
WIRING, YR: PL	LUMBING, YR:					LIEATING	OUDOF!					
ROOFING, YR:	EATING, YR:	WIND CLASS		SEMI- RESISTIVE		HEATING S	FIREPLA	INCL WOODBURNIN CE INSERT	IG DATE INST <i>A</i>	LLED:		
OTHER:	YR:	RESISTI	VE			MANUFACTURE	NUFACTURER:					
PRIMARY HEAT				SE	CONDARY HE	AT						
BOILER SOLID FUE	<u> </u>	_			BOILER	SOLID	FUEL					
IF BOILER, IS INSURANCE PLAC	ED ELSEWHERE?	Y/N			IF BOILER, I	S INSURANCE P	LACED EI	LSEWHERE?	Y/N			
RIGHT EXPOSURE & DISTANCE	LEFT EXP	OSURE & DIST	ANCE	FR	ONT EXPOSUR	RE & DISTANCE		REAR EXPO	SURE & DIST	ANCE		
BURGLAR ALARM TYPE		CERTI	IFICATE	#				EXPIRATION DAT	re CE	NTRAL LOCAL GONG		
										TH KEYS		
BURGLAR ALARM INSTALLED AND S	SERVICED BY			EX	TENT	GRA	DE	# GUARDS / WAT	CHMEN	CLOCK HOURLY		
PREMISES FIRE PROTECTION (Sprink	klers, Standpipes, CO2 /	Chemical Syste	ems)	% SPRNK	FIRE ALARM	MANUFACTUR	ER			CENTRAL STATION		
										LOCAL GONG		
ADDITIONAL INTEREST	ACORD 45 att	ached for	additio	onal names						•		
	NAME AND ADDRESS		EVIDE		ICATE			IN	ITEREST IN I	EM NUMBER		
LOSS PAYEE								LOCATION:		BUILDING:		
MORTGAGEE								ITEM CLASS:		ITEM:		
								ITEM DESCI	RIPTION			
 	REFERENCE / LOAN #:											
REMARKS				I.								
-												

AGENCY	CUSTOMER	ID
---------------	-----------------	----

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 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.

REMARKS	
A CORD 440 (0040/40)	D010