



Property

Please attach to Basic App or ACORD 125.

Complete this section for EACH LOCATION				Loc #	Bldg #
Street, City, County, ST, Zip: _____					
Year Built: _____	City Limits: <input type="checkbox"/> Inside <input type="checkbox"/> Outside				
Interest: <input type="checkbox"/> Owner <input type="checkbox"/> Tenant <input type="checkbox"/> Other: _____					
Occupants					
(Identify all occupants and percentage of bldg each occupies)		_____	_____	_____	_____ %
Right Exposure and Distance		_____	_____	_____	_____ feet
Left Exposure and Distance		_____	_____	_____	_____ feet
Rear Exposure and Distance		_____	_____	_____	_____ feet
Construction Type:		<input type="checkbox"/> Frame <input type="checkbox"/> Modified Fire Res	<input type="checkbox"/> Joisted Masonry <input type="checkbox"/> Fire Resistive	<input type="checkbox"/> Masonry Non-Combustible	
Fire District/Code # _____		Protection Class _____			
# of Stories _____		# of Basements _____			
Year of last improvement/ inspection:					
Wiring _____		Roofing _____		Plumbing _____	
Heating _____		Other: _____		(for _____)	
		Amount of Ins	Coins %	Valuation*	
Building		_____	_____ %	<input type="checkbox"/> RC	<input type="checkbox"/> ACV
Bus. Persnl Prpty		_____	_____ %	<input type="checkbox"/> RC	<input type="checkbox"/> ACV
Prsnl Prop of Others		_____	_____ %	<input type="checkbox"/> RC	<input type="checkbox"/> ACV
BI & Extra Exp		_____	_____ %	<input type="checkbox"/> RC	<input type="checkbox"/> ACV
Deductible _____					
FIRE/BURGLAR PROTECTION...					
- Fire Alarm Mfg: _____		<input type="checkbox"/> Local Gong		<input type="checkbox"/> Central Station	
- Burglar Alarm Type: _____					
Installed by: _____					
Certificate #: _____		Expiration date: _____			
Extent: _____		Grade: _____			
<input type="checkbox"/> Central Station		<input type="checkbox"/> With keys			
Other notes: _____					
COVERAGE SELECTIONS (apply to all locations)					
<input type="checkbox"/> Newly Acquired or Constructed Locations for 90 days after acquisition or construction start					
Limit of Insurance: Building: \$ _____		Bus. Prsnl Prpty: \$ _____			
Business Income: \$ _____					
<input type="checkbox"/> At any other location; Limit of Insurance: \$ _____					
<input type="checkbox"/> In Transit In or On Any One Conveyance;		Transit Deductible: \$ _____			
<input type="checkbox"/> Building Ordinance		- A: Loss to undamaged part of building: \$ _____			
Limits of Insurance:		- B: Cost to demolish and remove: \$ _____			
		- C: Increased cost of construction: \$ _____			
<input type="checkbox"/> Inflation Guard _____ %					
Other Inland Marine Coverages:		<input type="checkbox"/> Contractors Equipment	<input type="checkbox"/> Builders Risk	<input type="checkbox"/> EDP	
[attach appropriate application(s)]		<input type="checkbox"/> Valuable Papers	<input type="checkbox"/> Accounts Receivable		
OPTIONAL COVERAGES...					
		Limit of Ins (per Occ)	Limit of Ins. Aggregate	Deductible	NFIP Flood Zone
<input type="checkbox"/> Flood	_____	_____	_____	_____	_____
<input type="checkbox"/> Earthquake	_____	_____	_____	_____	_____
<input type="checkbox"/> Select Business Policy Plus Endorsement...	_____		<input type="checkbox"/> with Contamination		