



# PROPERTY SECTION

DATE (MM/DD/YY)

PRODUCER	APPLICANT (first Named Insured)				
	PROPOSED EFF. DATE	PROPOSED EXP. DATE	BILLING PLAN	PAYMENT	AUDIT
			AGENCY		
			DIRECT		
FOR COMPANY USE ONLY					

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

ADDITIONAL COVERAGES, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION										
CONSTRUCTION TYPE			FIRE DISTRICT/CODE NUMBER			PROT. CL.	# STORIES	# BASM'TS	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 <sub>2</sub> /Halon Systems)					FIRE ALARM MANUFACTURER				CENTRAL STATION LOCAL GONG	

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P R E M. N O.								
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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 <sub>2</sub> /Halon Systems)					FIRE ALARM MANUFACTURER				CENTRAL STATION LOCAL GONG	

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

**PREMISES INFORMATION**

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

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

<b>CONSTRUCTION TYPE</b>		<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>		PLUMBING, YR: WIRING, YR: ROOFING, YR:			<b>OTHER OCCUPANCIES</b>			
<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>	CENTRAL STATION WITH KEYS
<b>BURGLAR ALARM INSTALLED AND SERVICED BY</b>						<b># GUARDS/WATCHMEN</b>		CLOCK HOURLY
<b>FIRE PROTECTION (Sprinklers, Standpipes, CO<sub>2</sub>/Halon Systems)</b>				<b>FIRE ALARM MANUFACTURER</b>				CENTRAL STATION LOCAL GONG

**VALUE REPORTING INFORMATION**

REPORTING FORM: PROVIDE AVERAGE VALUES FOR PAST 12 MONTHS

SUBJECT OF INSURANCE	PREMISE 1	PREMISE 2	PREMISE 3	ANY OTHER LOCA-TION DECLARED AT INCEPTION	ANY OTHER LOCA-TION AQUIRED AFTER INCEPTION	PREMISES NOT OWNED OR ACQUIRED	
						PREMISE LIMIT	AGGREGATE
OTHER							

**ADDITIONAL INTERESTS**

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

**REMARKS**

(Include information On Participating Carriers)