							A C(EA)	ov o	ISTOR	4ED	ID.							
ĄĆ	ORD®				PI	ROI	AGEN PERTY		JSTON E CT I		_						DA	TE (MM/DD/YYYY)
AGENCY	NAME							CAF	RRIER							<u>L</u>		NAIC CODE
POLICY N	UMBER	_				EF	FECTIVE DATE	NAMI	ED INSUI	RED(S	S)							
DI ANK	ET SIIMMADV																	
BLANKET SUMMARY BLKT # AMOUNT TYPE							BLK	Г#	A	MOUN	Т				TYPE			
			PREMISES #:		TREET A													
	SES INFORMAT		BUILDING #:		LDG DE				INEL AT	ION			DED	BLKT				
SU	BJECT OF INSURAI	NCE	AMOUNT	cc	DINS %	ATION	CAUSES OF	LOSS	INFLAT GUARE	5%	DE	D	TYPE	BLKT #	FORM	IS AND C	ONDIT	IONS TO APPLY
ADDITION	AL INFORMATION	В	USINESS INCOME	/ EXTRA E	EXPENS	E - Atta	ch ACORD 810)		VA	LUE R	EPORTIN	IG INFOR	RMATIC	DN - Attach A	ACORD 81	1	
ADDITIO	ONAL COVERA	GES. OF	TIONS, REST	RICTIO	NS. EI	NDOR	SEMENTS	AND I	RATING	G IN	FOR	MATIO	N N					
SPOILAC	SE DESCRIPTION		RTY COVERED						LIMIT				REFRIG		OPTIONS			
(Y / N)								\$ AGREEMENT (Y / N) BREAKDOWN OR CON										
									DEDUC \$	TIBLE	E				POW	ER OUTA	GE	SELLING PRICE
SINKHOLE	E COVERAGE (Requ	ired in Flor	ida)				ACCEPT	COVER	AGE		REJ	ECT COV	ERAGE	ı	IMIT: \$			
MINE SUB	SIDENCE COVERA	GE (Require	ed in IL, IN, KY and	I WV)			ACCEPT	COVER	AGE	+	REJ	ECT COV	ERAGE	ı	_IMIT: \$			
							'				!			#	OF OPEN S	SIDES ON	STRU	CTURE:
CONSTRU	ICTION TYPE		DISTANC HYDRANT	E TO FIRE STAT	г	FIR	E DISTRICT		CODE	NUM	BER	PROT CI	L #STO	DRIES	# BASM'TS	YR BUI	LT	TOTAL AREA
BUILDING	IMPROVEMENTS			BLDG GRA	CODE	TAX	ODE ROOF	TYPE		0	THER	OCCUPA	NCIES				!_	
WIRII	NG, YR:	PLUMI	BING, YR:	0.5														
ROO	FING, YR:	HEATI	NG, YR:	WIND C	CLASS												ATE STALI	.ED:
ОТНЕ	ER:	-	YR:							N	IANUF	ACTUREF	₹:					
PRIMARY									NDARY	HEAT	т	,						
BOIL		LID FUEL							BOILER			SOLID F			_	7		
IF BOILER, IS INSURANCE PLACED ELSEWHERE? Y/N RIGHT EXPOSURE & DISTANCE LEFT EXPOSURE & DISTANCE						IF BOILER, IS INSURANCE PLACED ELSEWHERE? Y/N												
KIGHT EX	POSURE & DISTAN	CE	LEFIEX	PUSURE	α DISTA	INCE		FROM	IT EXPO	SURE	- & DIS	TANCE			REAR EXP	JOUKE &	או פוע	INCE
BURGI AR	R ALARM TYPE			I	CERTIF	ICATE	#							EXP	IRATION DA	TE	CENT STAT	RAL LOCAL
	· · · · · -															-		IONGONG KEYS
BURGLAR	R ALARM INSTALLE	D AND SER	VICED BY					EXTE	NT			GRAD	DE	# GL	JARDS / WA	TCHMEN	VVIIH	CLOCK HOURLY
PREMISES	S FIRE PROTECTIO	N (Sprinkler	s, Standpipes, CO	2 / Chemic	cal Syste	ems)	% SP	RNK	FIRE ALA	ARM I	MANUE	FACTURE	R					CENTRAL STATION

AD	DITIONAL INTEREST	ACORD 45 attacl	hed for additional nam	es		
INTEREST		NAME AND ADDRESS RA	ANK: EVIDENCE:	CERTIFICATE	INTEREST IN I	TEM NUMBER
	LENDER'S LOSS PAYABLE				LOCATION:	BUILDING:
	LOSS PAYEE				ITEM CLASS:	ITEM:
	MORTGAGEE				ITEM DESCRIPTION	
					1	
	-	REFERENCE / LOAN #:				

CENTRAL STATION LOCAL GONG

AGENCY	CUST	OMER	ID:
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ADDITIONAL	PREMISES #:	STREET	STREET ADDRESS:											
PREMISES INFORMATION	BUILDING #:	BLDG DE	BLDG DESCRIPTION:											
SUBJECT OF INSURANCE	AMOUNT	COINS %	COINS % VALU-		CAUSES OF LOSS		INFLATION DE		DED DED TYPE		FORMS AND COND			ONS TO APPLY
						00/1112 /0				#				
										- t				
ADDITIONAL INFORMATION	BUSINESS INCOME / EX	XTRA EXPEN	SE - Attac	h ACORD 810			/ALUE F	REPORTIN	G INFOR	MATIO	N - Attach	CORD 811		
					ND									
ADDITIONAL COVERAGES, SPOILAGE DESCRIPTION OF PRO	•	CTIONS, E	NDOK	DEWIEN 13 A	וטוו	LIMIT	NFOR		REFRIG N	4 A INIT	OPTIONS			
COVERAGE	o					\$			AGREEN		<u> </u>	KDOWN O	R CO	NTAMINATION
(Y / N)						DEDUCTIB	1 5		(Y / N	1)	\vdash	ER OUTAG		SELLING
							LE				H	ER OUTAG	' ⁻ [PRICE
				1		\$.===						
SINKHOLE COVERAGE (Required in				ACCEPT C				JECT COV			IMIT: \$			
MINE SUBSIDENCE COVERAGE (Rec		<u>′</u>		ACCEPT C	OVER	RAGE	RE	JECT COV	ERAGE		IMIT: \$			
PROPERTY HAS BEEN DESIGNA	ATED AN HISTORICAL LAI	NDMARK								#	OF OPEN S	SIDES ON S	STRUC	CTURE:
CONSTRUCTION TYPE	DISTANCE TO	0	EIDE	DISTRICT		CODE NUM	ARED	PROT CL	# STO	DIES	# BASM'TS	YR BUIL	тТ	OTAL AREA
CONSTRUCTION THE	HYDRANT FIR	E STAT	FINL	DISTRICT		CODE NO	VIDER	1 101 01	- # 010	IXILO	# BAGIN 10	I I I BOIL	.	OTAL AREA
DUIL DING IMPROVEMENTS	FT	MI BLDG CODE	TAVO	DDE DOOF T	/DE	1	OTUED	OCCUDA	NOITE					
BUILDING IMPROVEMENTS	ľ	GRADE	TAX C	DDE ROOF TY	TPE		OTHER	ROCCUPA	NCIES					
WIRING, YR:	LUMBING, YR:						TUE	EATING SC	NIBCE IN		OODBURNIN	IG DA	TE	
ROOFING, YR:	EATING, YR:	WIND CLASS		SEMI- RESIST	IVE		ST	TOVE OR F	FIREPLAC				TALL	ED:
OTHER:	YR:	RESISTI	/E				MANUF	ACTURER	₹:					
PRIMARY HEAT					SEC	ONDARY HE	AT	_	_					
BOILER SOLID FUE	EL					BOILER		SOLID F	UEL					
IF BOILER, IS INSURANCE PLAC	CED ELSEWHERE?	Y/N				IF BOILER, IS	S INSUF	RANCE PLA	ACED ELS	SEWH	ERE?	Y/N		
RIGHT EXPOSURE & DISTANCE	LEFT EXPO	SURE & DIST	ANCE		FRO	NT EXPOSUR	RE & DIS	STANCE			REAR EXP	SURE & D	ISTA	NCE
BURGLAR ALARM TYPE	'	CERTI	FICATE #							EXPI	RATION DA	TE G	CENTI	RAL LOCAL ON GONG
														KEYS
BURGLAR ALARM INSTALLED AND	SERVICED BY				EXTENT			GRAD	Ε	# GU	ARDS / WA		_	CLOCK HOURLY
PREMISES FIRE PROTECTION (Sprin	nklers, Standpipes, CO2 / 0	Chemical Sys	tems)	% SPRI	NK	FIRE ALARM	1 MANU	JFACTURE	R	1			H	CENTRAL STATION
		•												LOCAL GONG
ADDITIONAL INTEREST	ACORD 45 attac	shad for a	Idition	l names										
	NAME AND ADDRESS R		EVIDEN		TIFIC	ATE				I		NTEREST II	N ITE	M NUMBER
LENDER'S LOSS PAYABLE										ŀ				JILDING:
LOSS PAYEE											ITEM			
MORTGAGEE											CLASS: ITEM DESC	RIPTION	Im	ΞM :
- INGICIONOLE												11014		
<u>_</u>	DECEDENCE / LOAN #													
REFERENCE / LOAN #: REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)														
REMARKS (ACORD 101, Ac	dditional Remarks S	chedule, r	nay be	attached if	mor	e space is	requ	iired)						

AGENCY	CUSTO	MFR	ID

SIGNATURE

Applicable in AL, AR, DC, LA, MD, NM, RI and WV

Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK

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)*. *Applies in FL Only.

Applicable in KS

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.

Applicable in KY, NY, OH and PA

Any person who knowingly and with intent to defraud any insurance company or other 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 such person to criminal and civil penalties* (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)		(Required in Florida)
APPLICANT'S SIGNATURE		DATE	NATIONAL PRODUCER NUMBER