

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. Prsnl 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 Prop: \$ _____	
	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
<input type="checkbox"/>	Flood	_____	_____
<input type="checkbox"/>	Earthquake	_____	_____
<input type="checkbox"/>	Select Business Policy Plus Endorsement...	_____	with Contamination