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benefits may also be denied) APPLICANT'S SIGNATURE DATE PRODUCER'S SIGNATURE NATIONAL PRODUCER NUMBER																					
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ACORD 125 (2002/01)	APPLICANT	''S SIGNA	TURE					DATE	P	ROD	UCER'S SIGN	ATUR	E				NA	TIONAL	PRODUCE	ER NUM	BER
ACORD 125 (2002/01) PI FASE COMPLETE REVERSE SIDE © ACORD CORPORATION 1993																					
		125 (20	02/01)					FASE CO		FTF	REVERS	FSI	DF			م ۵		COR	ORATI	ON 10	993

PRIOR CARRIER INFORMATION

LINE		CAT	EGORY							I					
	C/	ARRIER													
	PC	DLICY NUM	1BER												
	Р	OLICY TYP	E	CLAIMS MADE	OCCURRENCE	CLAIMS MADE	OCCURRENCE	CLAIMS MADE	OCCURRENCE	CLAIMS MADE	OCCUR	RENCE	CLAIMS MADE		OCCURRENCE
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ENTER FOR T		L CLAIMS	OR LOSSES (RE	GARDLESS OF	FAULT AND WHE	ETHER OR NOT IN	ISURED) OR OC	CURRENCES TH	AT MAY GIVE RI	SE TO CLAIMS	C	HK HER NONE	E	SEE AT	TACHED SUMMARY
		EOF	- (-					DATE		AMOUNT			IOUNT		CLAIM
000	UR	RENCE	LINE	TYPE/DE	ESCRIPTION OF	OCCURRENCE O	R CLAIM	OF CLAI	И	PAID			SERVED		STATUS
														Ļ	OPEN
															CLOSED
															OPEN
															CLOSED
REMA	RK	5 NO	TE: FIDELITY REG	QUIRES A FIVE	YEAR LOSS HIS	TORY					ATT	ACHME	NTS		
												STATE	SUPPLEME	ENT(S)	(If applicable)
ļ															
						Y) HAS BEEN GIV	EN TO THE APP	LICANT. (Not app	licable in all stat	es, consult your agen	t or brok	er for yo	our state's re	quirem	ents.)
PERS	ON	AL INFOR		JT YOU, INCLU	JDING INFORM					OM PERSONS OT					
COLL	EC	TED BY	US OR OUR A	GENTS MAY	IN CERTAIN C	IRCUMSTANCE	S BE DISCLO	SED TO THIRI	D PARTIES.	YOU HAVE THE F	RIGHT	TO RE	EVIEW YO	UR PE	ERSONAL
										ESCRIPTION OF					

ACORD 125 (2002/01)

ACORD COMMERCIAL C	SENERAL	LIABILIT	Y SECT	ON	DAT	ſE
PRODUCER PHONE (A/C, No, Ext):	APPLICANT (First Named Insured)					
	EFFECTIVE DATE	EXPIRATION DATE	DIRECT BILL	PAYMENT F	2LAN	AUDIT
			AGENCY BILL			
	FOR COMPANY					
CODE: SUB CODE:	USE ONLY					
AGENCY CUSTOMER ID:						
COVERAGES	LIMITS					
COMMERCIAL GENERAL LIABILITY	GENERAL AGGREGATE		\$		PREMIUN	//S
CLAIMS MADE OCCURRENCE	PRODUCTS & COMPLETE	ED OPERATIONS AGGR	EGATE \$	PRI	EMISES/OPERAT	IONS
OWNER'S & CONTRACTOR'S PROTECTIVE	PERSONAL & ADVERTISI	NG INJURY	\$			
	EACH OCCURRENCE		\$	PRO	ODUCTS	
DEDUCTIBLES	DAMAGE TO RENTED PRI	EMISES (each occurren	nce) \$			
PROPERTY DAMAGE \$	MEDICAL EXPENSE (Any	one person)	\$	ОТ	HER	
BODILY INJURY \$	EMPLOYEE BENEFITS		\$			
\$ PER OCCURRENCE				тот	ΓAL	
OTHER COVERAGES, RESTRICTIONS AND/OR ENDORSEMENTS (For him	red/non-owned auto covera	ges attach the Business	s Auto Section, ACORD	127)		

SCHEDULE OF HAZARDS

LOCATION		CLASS	Р	REMIUM		EXPOSURE	TERR	RA	TE					
#	CLASSIFICATION	CODE		BASIS			TERR	PREM/OPS	PRODUCTS	PREM/OPS	PRODUCTS			
		AYROLL - PER \$1, REA - PER 1,000/5				C) TOTAL COST - P 1) ADMISSIONS - P			(U) UNIT - (T) OTHEF					
CLAIMS I	MADE (Explain all "Yes" respon	ses)			EMF	LOYEE BENI	EFITS L	IABILITY						
1. PROPO	SED RETROACTIVE DATE:				1. DE	EDUCTIBLE PE	R CLAIN	1: \$						
	DATE INTO UNINTERRUPTED CLA		V:		2. NI	JMBER OF EM	PLOYEE	S:						
BEEN EXCLUDED, UNINSURED OR SELF-INSURED						NO 3. NUMBER OF EMPLOYEES COVERED BY EMPLOYEE BENEFITS PLANS:								
	NY PREVIOUS COVERAGE?				4. RE	ETROACTIVE D	DATE:							
	AIL COVERAGE PURCHASED UND POUS POLICY?	ER ANY												
REMARKS					REMA	ARKS								
	26 (2000/04)													

EXPLAIN ALL "YES" RESPONSES (For pas	st or present operation	าร)	YES	NO	EXPLAIN ALL "YE	ES" RESPONSES (Fo	r past or present o	perations)	YES	NO NO
1. DOES APPLICANT DRAW PLAN: FOR OTHERS?	S, DESIGNS, OR S	SPECIFICATIONS			4. DO YOUR S LESS THAN		RS CARRY CO	VERAGES OR LIMITS		
2. DO ANY OPERATIONS INCLUDE EXPLOSIVE MATERIAL?	BLASTING OR U	TILIZE OR STORE				ONTRACTORS AL YOU WITH A CE				
3. DO ANY OPERATIONS INCLUDE UNDERGROUND WORK OR EAR		UNNELING,				LICANT LEASE EC	QUIPMENT TO	OTHERS WITH OR		
REMARKS/DESCRIBE THE TYPE OF WOR	K SUBCONTRACTED	\$ PAID TO SUB- CONTRACTORS:			% OF WOF	RK [RACTED:	# FULL- TIME STAFF:	# PART- TIME STAFF:		
PRODUCTS/COMPLETED OPE	RATIONS									
PRODUCTS ANNU	JAL GROSS SALES	# OF UNITS				INTENDED	USE	PRINCIPAL COMPON	VENTS	

EXPLAIN ALL "YES" RESPONSES	(For any past or present pro	duct or operation)	YES	NO	EXPLAIN ALL	"YES" RESPONSES (For any past or pro	esent product or operation)	YES	NO	
1. DOES APPLICANT INSTALL,	DOES APPLICANT INSTALL, SERVICE OR DEMONSTRATE PRODUCTS? 6. PRODUCTS RECALLED, DISCONTINUED, CHANGED?									
2. FOREIGN PRODUCTS SOLD,	DISTRIBUTED, USED AS	COMPONENTS?			7. PRODU	ICTS OF OTHERS SOLD OR RE-F	ACKAGED UNDER			
3. RESEARCH AND DEVELO	PMENT CONDUCTED	OR NEW			APPLIC	ANT LABEL?				
PRODUCTS PLANNED?					8. PRODU	ICTS UNDER LABEL OF OTHERS	?			
4. GUARANTEES, WARRANT	TIES, HOLD HARMLES	S AGREEMENTS?			9. VENDO	RS COVERAGE REQUIRED?				
5. PRODUCTS RELATED TO	AIRCRAFT/SPACE INE	OUSTRY?			10. DOES A	NY NAMED INSURED SELL TO OTHE	R NAMED INSUREDS?			
PLEASE ATTACH LITERATURE, BR	OCHURES, LABELS, WARN	IINGS, ETC								

ADI	DITIONAL I	NTEREST/C	ERTIFICATE RECIP	PIENT	ACORD 45 attached for	ado	ditional names		
INTE	REST	RANK:	NAME AND ADDRESS	REFERENCE #:			CERTIFICATE REQUIRED	INTEREST IN	ITEM NUMBER
	ADDITIONAL	INSURED						LOCATION:	BUILDING:
	LOSS PAYE	=						VEHICLE:	BOAT:
	MORTGAGE	E						SCHEDULED ITEM NUM	IBER:
		ર						OTHER	
	EMPLOYEE	AS LESSOR							
			ITEM DESCRIPTION:						

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)	YES	NO	EXPLAIN ALL "YES" RESPONSES (For all past or present operations)	YES	NO						
1. ANY MEDICAL FACILITIES PROVIDED OR MEDICAL PROFESSIONALS			12. ANY STRUCTURAL ALTERATIONS CONTEMPLATED?								
EMPLOYED OR CONTRACTED?			13. ANY DEMOLITION EXPOSURE CONTEMPLATED?								
2. ANY EXPOSURE TO RADIOACTIVE/NUCLEAR MATERIALS?			14. HAS APPLICANT BEEN ACTIVE IN OR IS CURRENTLY ACTIVE IN								
3. DO/HAVE PAST, PRESENT OR DISCONTINUED OPERATIONS			JOINT VENTURES?								
INVOLVE(D) STORING, TREATING, DISCHARGING, APPLYING, DISPOSING, OR TRANSPORTING OF HAZARDOUS MATERIAL?			15. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?								
(e.g. landfills, wastes, fuel tanks, etc)			16. IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS								
4. ANY OPERATIONS SOLD, ACQUIRED, OR DISCONTINUED IN			OR SUBSIDIARIES?								
LAST 5 YEARS?			17. ARE DAY CARE FACILITIES OPERATED OR CONTROLLED?								
5. MACHINERY OR EQUIPMENT LOANED OR RENTED TO OTHERS?			18. HAVE ANY CRIMES OCCURRED OR BEEN ATTEMPTED ON								
6. ANY WATERCRAFT, DOCKS, FLOATS OWNED, HIRED OR LEASED?			YOUR PREMISES WITHIN THE LAST THREE YEARS?								
7. ANY PARKING FACILITIES OWNED/RENTED?			19. IS THERE A FORMAL, WRITTEN SAFETY AND SECURITY								
8. IS A FEE CHARGED FOR PARKING?			POLICY IN EFFECT?								
9. RECREATION FACILITIES PROVIDED?			20. DOES THE BUSINESSES' PROMOTIONAL LITERATURE MAKE								
10. IS THERE A SWIMMING POOL ON THE PREMISES?			ANY REPRESENTATIONS ABOUT THE SAFETY OR SECURITY								
11. SPORTING OR SOCIAL EVENTS SPONSORED?			OF THE PREMISES?								
REMARKS											
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, HI, NE, OH, OK, OR; IN DC, LA, ME AND V											

		F	PRC	PER	TY S	SECT		Ν										D	ATE (MM/	DD/YYYY)
	PHONE A/C, No FAX A/C, No						APPL (First Name Insur	ed												
							EFF	ECTIVE	DATE	EXPI	ATION DATE		DIREC			PAY	MENT	PLAN		AUDIT
							FOR					_	TAGENO		<u> </u>					
CODE:			:	SUB CODE:			USE	PANY ONLY												
AGENCY CUSTOMER ID:																				
PREMISES IN	FORM	ATION	1	1	PR	EMISES #:	_	BUILDI	NG #:		STREET ADDR		S:		<u> </u>					
SUBJECT	OF INS	URANC	E	AMC	DUNT	COINS %	VALUA	ATION	CAUSES	OF LO	SS INFLATI	0N 0 %	DEDUCT	IBLE (BLANK COVERA	GE FO	RMS A	ND CO	NDITIONS	TO APPLY
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			NEORM				VDENSE				BUSINESS IN				VDENE		EVTR	A EXPE	NGE	
TYPE OF BUSINI					POWER/H			EXT PER	חסוא	-	TUITION FEE									
NON MFG				INCL	s	DED			DAY	ss_			JDENTS		POWE				% COIN	1
MFG			90 DAYS		ELEC MED			MO PERI		\$. OTH	HER ED		WATE			со	NTLOC	
MINING			180 DAY	′S		DAYS	s		LIMI	т		SEF	RV/INC		COMM	1		RE	C LOC	
% C	OINS		\$		ORD OR L	AW		MAX PER	RIOD						(DESC	R BELOW)		MF	G LOC	
						DAYS	S											LDF	R LOC (DE	SC BELOW)
NAME AND ADD	RESS(E	S) FOR	OFF PR	EM POWER C	OR DEPEND	PROP										EXTI EXP	RA ENSE		_ DAYS F	PERIOD REST
																LIMIT LOS	S PAY	(
ADDITIONAL CO	FRAG	ES OP	TIONS F	ESTRICTION		EMENTS AN			RMATION	N						%		%		%%
CONSTRUCTION														1			1		1	
	TYPE			DIS HYDRA	TANCE TO	мі		E DISTR	RICT/COD	DE NUM	BER		PROT CL	# STO	DRIES #	# BASM'TS	YR	BUILT	TOTAL A	REA
BUILDING IMPRO	OVEMEI	NTS		DIS HYDRA	NT FIRE S		ODE	TAX CO		DE NUM			PROT CL			# BASM'TS	YR	BUILT	TOTAL A	REA
	DVEMEI २:	NTS			YR:	MI BLDG C	CODE DE					c		CUPA	NCIES		YR	BUILT	TOTAL A	IREA NO
WIRING, YF	DVEMEI २:	NTS			YR:	MI BLDG C GRAI	CODE DE	TAX CO		OOF TY		C F		CUPA	NCIES					
	DVEMEI R: YR:		E		YR:	MI BLDG C GRAI	CODE DE CLASS			OOF TY	′PE	C F	THER OC	CUPAI BOILER		EMISES?			YES	NO
Wiring, yf Roofing, Other:	DVEMEI R: YR: RE & DI	STANC	E		YR:	MI BLDG C GRAI WIND C	CODE DE CLASS ESISTIVE				′PE	C - 	THER OC	BOILER INSUR/		EMISES?		ERE?	YES	NO NO
WIRING, YI ROOFING, OTHER: RIGHT EXPOSUF BURGLAR ALAR	YR: RE & DIS	STANC		PLUMBING, Y	YR:	MI BLDG C GRAI WIND C RE LEFT EXPC	CODE DE CLASS ESISTIVE				OTHER	C - 	THER OC	BOILER INSUR/ XPOSL	ON PRI ON PRI ANCE PL JRE & D	EMISES? LACED ELS ISTANCE GRADE	SEWHE	ERE?	YES	NO NO
WIRING, YI ROOFING, OTHER: RIGHT EXPOSUF BURGLAR ALAR BURGLAR ALAR	DVEMEI YR: RE & DI M TYPE M INSTA	STANC	AND SE	PLUMBING, HEATING, Y	YR:	MI BLDG C GRAI WIND C LEFT EXPC	CODE DE SLASS SISTIVE SURE 8 TE #	TAX CO			OTHER	⊢ II	HEATING E F YES, IS REAR E	BOILER INSUR/ XPOSL	ON PRI ON PRI ANCE PL JRE & D	EMISES? LACED ELS	SEWHE	CEI	YES YES	NO NO ATION
WIRING, YI ROOFING, OTHER: RIGHT EXPOSUE BURGLAR ALAR BURGLAR ALAR PREMISES FIRE	DVEMEI ?: YR: RE & DI M TYPE M INST PROTE	STANC	AND SE	PLUMBING, HEATING, Y	YR:	MI BLDG C GRAI WIND C LEFT EXPC	CODE DE SLASS SISTIVE SURE 8 TE #	TAX CO			OTHER	⊢ II	HEATING E F YES, IS REAR E	BOILER INSUR/ XPOSL	ON PRI ON PRI ANCE PL JRE & D	EMISES? LACED ELS ISTANCE GRADE	SEWHE		YES YES NTRAL ST/	ATION
WIRING, YI ROOFING, OTHER: RIGHT EXPOSUF BURGLAR ALAR BURGLAR ALAR	DVEMEI ?: YR: RE & DI M TYPE M INST PROTE	STANC	AND SE	PLUMBING, HEATING, Y	YR:	MI BLDG C GRAI WIND C LEFT EXPC	CODE DE SLASS SISTIVE SURE 8 TE #	TAX CO			OTHER	⊢ II	HEATING E F YES, IS REAR E	BOILER INSUR/ XPOSL	ON PRI ON PRI ANCE PL JRE & D	EMISES? LACED ELS ISTANCE GRADE	SEWHE		YES YES NTRAL ST, TH KEYS DCK HOUR	ATION
WIRING, YF ROOFING, OTHER: RIGHT EXPOSUF BURGLAR ALAR BURGLAR ALAR PREMISES FIRE ADDITIONAL RANK: INTEREST LOSS PAYEE	DVEMEI RE & DI M TYPE M INST PROTE	STANC ALLED CTION	AND SE	PLUMBING, Y HEATING, Y RVICED BY	YR:	MI BLDG C GRAI WIND C LEFT EXPC	CODE DE SLASS SISTIVE SSURE & TE #			OOF T)	ALARM MANU	F C III III	HEATING E F YES, IS REAR E	CCUPAI BOILER INSUR/ XPOSL	ON PRI ON PRI ANCE PL JRE & D	EMISES? LACED ELS ISTANCE GRADE	SEWHE		YES YES NTRAL ST/ TH KEYS DCK HOUF NTRAL ST/ CAL GONG	ATION
WIRING, YI ROOFING, OTHER: RIGHT EXPOSUE BURGLAR ALAR BURGLAR ALAR PREMISES FIRE ADDITIONAL RANK: INTEREST LOSS	DVEMEI RE & DI M TYPE M INST PROTE	STANC ALLED CTION	AND SE (Sprinkl	PLUMBING, Y HEATING, Y RVICED BY	YR:	MI BLDG C GRAI WIND C LEFT EXPC	CODE DE SLASS SISTIVE SSURE & TE #				ALARM MANU	F C III III	THER OC HEATING E F YES, IS REAR E	CCUPAI BOILER INSUR/ XPOSL	ON PRI ON PRI ANCE PL JRE & D	EMISES? LACED ELS ISTANCE GRADE	SEWHE		YES YES NTRAL ST/ TH KEYS DCK HOUF NTRAL ST/ CAL GONG	ATION ATION CERTIF- ICATE
WIRING, YI ROOFING, OTHER: RIGHT EXPOSUE BURGLAR ALAR BURGLAR ALAR PREMISES FIRE ADDITIONAL RANK: INTEREST LOSS PAYEE MORT-	VEMER R: YR: EE & DI: M TYPE PROTE	STANC ALLED CCTION ERES E AND /	AND SEI (Sprinkl TS ADDRES	HYDRA PLUMBING, Y HEATING, Y RVICED BY ers, Standpip	YR:	MI BLDG C GRAI WIND C LEFT EXPC	CODE DE SLASS SISTIVE SSURE & TE #				ALARM MANU	F C III III	THER OC HEATING E F YES, IS REAR E	CCUPAI BOILER INSUR/ XPOSL	ON PRI ON PRI ANCE PL JRE & D	EMISES? LACED ELS ISTANCE GRADE	SEWHE		YES YES NTRAL ST/ TH KEYS DCK HOUF NTRAL ST/ CAL GONG	ATION ATION CERTIF- ICATE
WIRING, YI ROOFING, OTHER: RIGHT EXPOSUE BURGLAR ALAR BURGLAR ALAR PREMISES FIRE ADDITIONAL RANK: INTEREST LOSS PAYEE MORT- GAGEE	VEMEI R: YR: RE & DIS M TYPE M TYPE PROTE INTE NAMI	STANC ALLED CTION E RES E AND /	AND SE (Sprinkl TS ADDRES	PLUMBING, Y HEATING, Y RVICED BY ers, Standpip S	NT FIRE S	MI BLDG C GRAI WIND C LEFT EXPO CERTIFICAT	CODE DE SLASS SISTIVE SSURE & TE #				ALARM MANL ALARM MANL ALARM MANL ST OSS AYEE IORT- IAGEE S/		THER OC	CCUPAI GOILER INSUR/ XPOSL # C # C	ON PRI ANCE PI JRE & D (TENT GUARDS	EMISES? ACED ELS ISTANCE GRADE //WATCHMI			YES YES NTRAL ST, TH KEYS DCK HOUF NTRAL ST, CAL GONG	ATION CERTIF- CERTIF- ICATE POLICY NOT OWNED
WIRING, YI ROOFING, OTHER: RIGHT EXPOSUF BURGLAR ALAR BURGLAR ALAR PREMISES FIRE ADDITIONAL RANK: INTEREST LOSS PAYEE MORT- GAGEE VALUE REP	VEMEI R: YR: RE & DI M TYPE M TYPE PROTE INTE NAMI	STANC ALLED CTION E RES E AND /	AND SE (Sprinkl TS ADDRES FORM	PLUMBING, Y HEATING, Y RVICED BY ers, Standpip S	NT FIRE S	MI BLDG C GRAI WIND C LEFT EXPO CERTIFICAT	CODE DE SLASS SISTIVE SSURE & TE #				ALARM MANL ALARM MANL ALARM MANL ST OSS AYEE IORT- IAGEE S/		THER OC	BOILER BOILER XPOSU # C # C	NCIES ON PRI ANCE PI JRE & D GUARDS	EMISES? ACED ELS ISTANCE GRADE //WATCHMI			YES YES VTRAL ST. TH KEYS DCK HOUF NTRAL ST. CAL GONG	ATION ATION BLY ATION CERTIF- ICATE POLICY

PRE	MISES INFO	RMA	TIC	N			PR	EMISES #:	BUI	LDING #:		STR	EET ADDRES	S:									
	SUBJECT OF	INSU	RAN	CE		AMO	UNT	COINS %	VALUATIO	CAUSE	s o	OF LOSS	INFLATION GUARD %	DEDUCTI	BLE	BLANK COVER	ET \GE	FOR	MS ANI		DITIONS T	Ο ΑΡ	PLY
																	<u> </u>						
							IESS INCON	IE/EXTRA EX			+		ISINESS INCO	ME W/O EX	(TRA				XTRAE				
TYPE	OF BUSINES	s <u>o</u>		NARY PA	AYRO		POWER/H			PERIOD	-		ITION FEES					/ER			D PROP		
	NON MFG		16			INCL	\$	DED		DAY	YS	1			-	POWE			_ -		_ % COIN		
	MFG MINING			90 DAN 180 DA			ELEC MED	DAYS		eriod Lim		\$	0 SE	THER ED ERV/INC						REC	TLOC		
	% COIN	IS		\$	110		ORD OR L		МАХ	PERIOD							R BELO	(WC		MFG			
] ♥				DAYS		LINOD											LOC (DES	C BE	LOW)
NAM	E AND ADDRE	SS(ES) FO	R OFF P	REM	POWER O	R DEPEND		•					•			E	EXTRA	A NSE -		DAYS PE		
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																		_%		_%	%	_	%
ADDI	TIONAL COVE	RAGE	s, o	PTIONS,	RES	TRICTION	S, ENDORS	EMENTS AND	RATING IN	FORMATIO	N												l
CON	STRUCTION TY	ΡE					TANCE TO	ТАТ	FIRE DIS	STRICT/COI	DE	NUMBER	2	PROT CL	# S1	ORIES	# BASN	I'TS	YR BU	ЛГТ	TOTAL AF	REA	
						in Dia	FT	мі															
BUIL	DING IMPROVI	MEN	гs					BLDG CO GRAD	DDE TAX	CODE R	ROC	OF TYPE		OTHER OC	CUP	ANCIES							
	WIRING, YR:				PL	_UMBING,	YR:	_															
	ROOFING, YR							OILE	DILER ON PREMISES? YES NO						NO								
	OTHER:							RES	SISTIVE	SEMI- RESIS	STIV	/F	OTHER	IF YES, IS I	NSUF	RANCE P	LACED	ELSE	WHER	E?	YES		NO
RIGH	T EXPOSURE	& DIST	TAN	CE				LEFT EXPOS	FT EXPOSURE & DISTANCE REAR EXPOSI					URE & D	ISTANC	E							
																	-						
BUR	GLAR ALARM 1	YPE						CERTIFICAT	E #		1	EXPIRAT	ION DATE		E	XTENT	GRA	DE		CEN	TRAL STA	TION	
																				WITH	H KEYS		
BUR	GLAR ALARM I	NSTAI	LLE	D AND SI	ERVIO	CED BY									#	GUARDS	WATC	HMEN	'⊢	CLO	CK HOURL	Y	
005		0750		l (Carial	dana	Cton du in a	c CChami	aal Custama)			Т.								—	<u> </u>			
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PEN	ALTIES. (No	t app	lica	ble in C	;O, F	H, NE, O	PH, OK, OI	≺ or VT; In I	JC, LA, M	E and VA	., in	nsurance	e benefits m	ay also be	e den	ied)							

ACORD 140	(2001/08)
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