



CID Insurance Services

THE BROKERS PREFERRED WHOLESALE SOLUTION

Lessor's Risk Product

For a complete submission, please include the following information:

- ACORD Applications 125, 126, & 140
- Supplemental Application
- Statement of Values - Required for Multiple Buildings Per Location
- Tenant Rent Roll
- 4 Years Currently Valued Loss Runs
- Target Premium

Statement of Values Prepared For:

Location #	Building #	Address	Total Units	Square Feet Per Building	Cost Per Square Foot	Building Values
Total Values						

Other Property & Structures	Total Count	Square Feet Per Property	Cost Per Square Foot	Total Property Values
Total Other Property & Structure Values				

Total Insurable Value: _____

Signature

Date

Printed Name & Title

CID Insurance Programs Inc. DBA CID Insurance Services

Lessor's Risk Supplemental Application

Named insured	
Location address	

Complex Information

Number of buildings within the complex?	
Approximate distance between buildings?	N/A <input type="checkbox"/>

Building Information

Owner of property does NOT operate any of the businesses located on the premises	True <input type="checkbox"/> False <input type="checkbox"/>
All commercial tenants are required to carry insurance and the owner/manager obtains certificates of insurance from all commercial tenants as evidence of general liability	True <input type="checkbox"/> False <input type="checkbox"/>
Applicant has a lease in place with all occupants of the building	True <input type="checkbox"/> False <input type="checkbox"/>
How many years has the applicant been at current location?	
Property meet all local zoning codes	True <input type="checkbox"/> False <input type="checkbox"/>
Lease provision requires tenant(s) to maintain general liability insurance with applicant listed as additional insured	True <input type="checkbox"/> False <input type="checkbox"/>
Lease requires tenant(s) to maintain and/or repair the premises, including keeping such premises free of snow and ice including: sidewalks, driveways, parking lots etc. If false, who is responsible?	True <input type="checkbox"/> False <input type="checkbox"/>

Building Systems

Is the building heated by electric baseboard heat?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does any part of the complex use fuses as over-current protection?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does building have FPE Stab-Lok type electrical panels?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is aluminum wiring present?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, is it properly pig-tailed?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
If yes, when was the complex retrofitted?	N/A <input type="checkbox"/>
If yes, was it performed by a licensed electrician?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Were COPALUM devices used?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Is the roof wood shake?	Yes <input type="checkbox"/> No <input type="checkbox"/>
What type of roof cover is used? (asphalt, tile, slate, tar & gravel)	
In what year was the roof covering last replaced?	
Does the building have wood shake siding?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Fire Protection

Is the building sprinklered?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, what percentage is covered?	N/A <input type="checkbox"/>
If yes, does the sprinkler system contain earthquake bracing?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Does the building contain standpipes?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are fire extinguishers present in all applicable areas?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is all fire protection equipment covered by a service contract for maintenance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Life Safety

Are smoke detectors battery operated or hardwired?	Battery <input type="checkbox"/> Hard Wired <input type="checkbox"/>
If battery operated, is there a battery replacement plan?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is there a fire alarm?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is it centrally monitored?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is there an enunciator panel?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do all units have carbon monoxide detectors?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are exit signs illuminated?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is emergency lighting present?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are evacuation procedures posted?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do living units discharge directly to outside?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If no, does the common area have two means of egress?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>

Additional Exposure

Does the premise contain any high hazard exposure?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
If yes, please describe:	
Does the premise contain commercial cooking exposure?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
If yes, is it properly protected with hood and duct and ansul system?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
If yes, is there a manual shut off installed?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
If yes, how often are the hoods and ducts cleaned?	N/A <input type="checkbox"/>
If yes, how often is the grease filter cleaned?	N/A <input type="checkbox"/>
If yes, do they have a deep fryer?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
If yes, does it have a high temperature switch?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Is there underground parking or an indoor parking garage?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, the approximate square footage?	N/A <input type="checkbox"/>
Outdoor parking lot? If yes, total square footage:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are there any owned docks, marinas or boat slips?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is there any facility on the property which involves the care or control of children?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is there armed security?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are there any structural renovations ongoing or planned during our policy term?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Vacancy rate?	

Other Information

Is the building managed by the owner or third party management firm?	Owner <input type="checkbox"/> Third Party <input type="checkbox"/>
Is the building designated smoke free?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are subcontractors allowed to work without providing you with a COI?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Do your subcontractors carry coverage's or limits less than yours?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are there any owner automotive vehicles? Please provide year, make , model and usage:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are hold harmless agreements in the insureds favor in place for all contractors working on the insured premises and for any commercial tenants?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does any insured own or manage any other properties?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Occupants currently at location:

Occupant	Description of occupancy

Signature(s) – owner, insured, applicant

The signature below constitutes acknowledgment of information provided on this supplemental application and any other application or forms that may have been included as part of the application for insurance. This may include but is not limited to various Acord forms, a statement of values, a schedule of locations and/or a lead supplemental application.

Name		Name	
Signature		Signature	
Date		Date	

Any person who knowingly and with the 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 ME and VA, Insurance benefits may also be denied)

ACORD COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)

AGENCY	PHONE (A/C, No. Ext):	CARRIER	NAIC CODE:	UNDERWRITER	UNDERWRITER OFF.
	FAX (A/C, No.):				
CODE: SUB CODE:		POLICIES OR PROGRAM REQUESTED			POLICY NUMBER
		INDICATE SECTIONS ATTACHED	EQUIPMENT FLOATER	GARAGE AND DEALERS	
AGENCY CUSTOMER ID:		PROPERTY	INSTALLATION/BUILDERS RISK	VEHICLE SCHEDULE	
		GLASS AND SIGN	ELECTRONIC DATA PROC	BOILER & MACHINERY	
		ACCOUNTS RECEIVABLE/ VALUABLE PAPERS	COMMERCIAL GENERAL LIABILITY	WORKERS COMPENSATION	
		CRIME/MISCELLANEOUS CRIME	BUSINESS AUTO	UMBRELLA	
		TRANSPORTATION/ MOTOR TRUCK CARGO	TRUCKERS/MOTOR CARRIER		

STATUS OF TRANSACTION

PACKAGE POLICY INFORMATION

QUOTE	<input type="checkbox"/>	ISSUE POLICY	<input type="checkbox"/>	RENEW	<input type="checkbox"/>	ENTER THIS INFORMATION WHEN COMMON DATES AND TERMS APPLY TO SEVERAL LINES, OR FOR MONOLINE POLICIES.			
BOUND (Give Date and/or Attach Copy):		PROPOSED EFF DATE	PROPOSED EXP DATE	BILLING PLAN	PAYMENT PLAN	AUDIT			
CHANGE	DATE	TIME	<input type="checkbox"/> AM	DIRECT BILL					
CANCEL			<input type="checkbox"/> PM	AGENCY BILL					

APPLICANT INFORMATION

NAME (First Named Insured & Other Named Insureds)		FEIN OR SOC SEC # (of First Named Insured):		MAILING ADDRESS INCL ZIP+4 (of First Named Insured)			
E-MAIL ADDRESS(ES):		PHONE (A/C, No. Ext):		WEBSITE ADDRESS(ES):			
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> CORPORATION	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION	<input type="checkbox"/> LIMITED LIAB CORP	CR BUREAU NAME	ID NUMBER	DATE BUS STARTED	
<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> NOT FOR PROFIT ORG	<input type="checkbox"/> NO. OF MEMBERS AND MANAGERS				
INSPECTION CONTACT		PHONE (A/C, No. Ext):		ACCOUNTING RECORDS CONTACT		PHONE (A/C, No. Ext):	

PREMISES INFORMATION

LOC #	BLD #	STREET, CITY, COUNTY, STATE, ZIP+4	CITY LIMITS	INTEREST	YR BUILT	PART OCCUPIED
			<input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	<input type="checkbox"/> OWNER <input type="checkbox"/> TENANT		
			<input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	<input type="checkbox"/> OWNER <input type="checkbox"/> TENANT		
			<input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	<input type="checkbox"/> OWNER <input type="checkbox"/> TENANT		

NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS BY PREMISE(S)

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GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES	YES	NO	EXPLAIN ALL "YES" RESPONSES	YES	NO
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ?			7. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?		
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?			8. DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN CONVICTED OF ANY DEGREE OF THE CRIME OF ARSON? (In RI, this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment).		
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?			9. ANY UNCORRECTED FIRE CODE VIOLATIONS?		
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?			10. ANY BANKRUPTCIES, TAX OR CREDIT LIENS AGAINST THE APPLICANT IN THE PAST 5 YEARS?		
4. ANY CATASTROPHE EXPOSURE?			11. HAS BUSINESS BEEN PLACED IN A TRUST? IF YES, NAME OF TRUST:		
5. ANY OTHER INSURANCE WITH THIS COMPANY OR BEING SUBMITTED?					
6. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR 3 YEARS? (Not applicable in MO)					

REMARKS/PROCESSING INSTRUCTIONS

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, or VT; in DC, LA, ME, TN and VA, insurance benefits may also be denied)

APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER
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PRIOR CARRIER INFORMATION

LINE	CATEGORY	CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE	
GENERAL LIABILITY	CARRIER																
	POLICY NUMBER																
	POLICY TYPE																
	RETRO DATE																
	EFF-EXP DATE																
	GENERAL AGGREGATE																
	PRODUCTS COMP OP AGGREGATE																
	PERSONAL & ADV INJ																
	EACH OCCURRENCE																
	FIRE DAMAGE																
	MEDICAL EXPENSE																
	BODILY INJURY	OCCURRENCE															
		AGGREGATE															
	PROPERTY DAMAGE	OCCURRENCE															
		AGGREGATE															
COMBINED SINGLE LIMIT																	
MODIFICATION FACTOR																	
TOTAL PREMIUM																	
AUTOMOBILITY	CARRIER																
	POLICY NUMBER																
	POLICY TYPE																
	EFF-EXP DATE																
	COMBINED SINGLE LIMIT																
	BODILY INJURY	EA PERSON															
		EA ACCIDENT															
	PROPERTY DAMAGE																
	MODIFICATION FACTOR																
TOTAL PREMIUM																	
PROPERTY	CARRIER																
	POLICY NUMBER																
	POLICY TYPE																
	EFF-EXP DATE																
	BUILDING	AMT															
	PERS PROP	AMT															
	MODIFICATION FACTOR																
TOTAL PREMIUM																	
PROPERTY	CARRIER																
	POLICY NUMBER																
	POLICY TYPE																
	EFF-EXP DATE																
	LIMIT																
	MODIFICATION FACTOR																
	TOTAL PREMIUM																

LOSS HISTORY

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE PRIOR 5 YEARS (3 YEARS IN KS & NY)

DATE OF OCCURRENCE	LINE	TYPE/DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	CLAIM STATUS
						OPEN
						CLOSED
						OPEN
						CLOSED

REMARKS	NOTE: FIDELITY REQUIRES A FIVE YEAR LOSS HISTORY	ATTACHMENTS
	STATE SUPPLEMENT(S) (If applicable)	

COPY OF THE NOTICE OF INFORMATION PRACTICES (PRIVACY) HAS BEEN GIVEN TO THE APPLICANT. (Not applicable in all states, consult your agent or broker for your state's requirements.)

NOTICE OF INSURANCE INFORMATION PRACTICES
 PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT POLICY RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTION ON HOW TO SUBMIT A REQUEST TO US.

ACORD TM COMMERCIAL GENERAL LIABILITY SECTION

DATE

PRODUCER PHONE (A/C, No, Ext):	APPLICANT (First Named Insured) <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">EFFECTIVE DATE</td> <td style="width:20%;">EXPIRATION DATE</td> <td style="width:20%;">DIRECT BILL</td> <td style="width:20%;">PAYMENT PLAN</td> <td style="width:20%;">AUDIT</td> </tr> <tr> <td></td> <td></td> <td>AGENCY BILL</td> <td></td> <td></td> </tr> </table> FOR COMPANY USE ONLY	EFFECTIVE DATE	EXPIRATION DATE	DIRECT BILL	PAYMENT PLAN	AUDIT			AGENCY BILL		
EFFECTIVE DATE	EXPIRATION DATE	DIRECT BILL	PAYMENT PLAN	AUDIT							
		AGENCY BILL									
CODE: AGENCY CUSTOMER ID:	SUB CODE:										

COVERAGES		LIMITS		PREMIUMS	
<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCURRENCE <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROTECTIVE		GENERAL AGGREGATE \$ _____ PRODUCTS & COMPLETED OPERATIONS AGGREGATE \$ _____ PERSONAL & ADVERTISING INJURY \$ _____ EACH OCCURRENCE \$ _____ DAMAGE TO RENTED PREMISES (each occurrence) \$ _____ MEDICAL EXPENSE (Any one person) \$ _____ EMPLOYEE BENEFITS \$ _____		PREMISES/OPERATIONS PRODUCTS OTHER TOTAL	
DEDUCTIBLES PROPERTY DAMAGE \$ _____ PER CLAIM BODILY INJURY \$ _____ PER OCCURRENCE					
OTHER COVERAGES, RESTRICTIONS AND/OR ENDORSEMENTS (For hired/non-owned auto coverages attach the Business Auto Section, ACORD 127)					

SCHEDULE OF HAZARDS

LOCATION #	CLASSIFICATION	CLASS CODE	PREMIUM BASIS	EXPOSURE	TERR	RATE		PREMIUM	
						PREM/OPS	PRODUCTS	PREM/OPS	PRODUCTS

RATING AND PREMIUM BASIS (P) PAYROLL - PER \$1,000/PAY (C) TOTAL COST - PER \$1,000/COST (U) UNIT - PER UNIT
 (S) GROSS SALES - PER \$1,000/SALES (A) AREA - PER 1,000/SQ FT (M) ADMISSIONS - PER 1,000/ADM (T) OTHER

CLAIMS MADE (Explain all "Yes" responses)	EMPLOYEE BENEFITS LIABILITY				
1. PROPOSED RETROACTIVE DATE:	1. DEDUCTIBLE PER CLAIM: \$				
2. ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COV:	2. NUMBER OF EMPLOYEES:				
3. HAS ANY PRODUCT, WORK, ACCIDENT, OR LOCATION BEEN EXCLUDED, UNINSURED OR SELF-INSURED FROM ANY PREVIOUS COVERAGE?	3. NUMBER OF EMPLOYEES COVERED BY EMPLOYEE BENEFITS PLANS:				
<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 30px;">YES</td> <td style="width: 30px;">NO</td> </tr> <tr> <td style="height: 20px;"> </td> <td style="height: 20px;"> </td> </tr> </table>	YES	NO			4. RETROACTIVE DATE:
YES	NO				
4. WAS TAIL COVERAGE PURCHASED UNDER ANY PREVIOUS POLICY?					
REMARKS	REMARKS				

CONTRACTORS

EXPLAIN ALL "YES" RESPONSES (For past or present operations)		YES	NO	EXPLAIN ALL "YES" RESPONSES (For past or present operations)		YES	NO
1. DOES APPLICANT DRAW PLANS, DESIGNS, OR SPECIFICATIONS FOR OTHERS?				4. DO YOUR SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN YOURS?			
2. DO ANY OPERATIONS INCLUDE BLASTING OR UTILIZE OR STORE EXPLOSIVE MATERIAL?				5. ARE SUBCONTRACTORS ALLOWED TO WORK WITHOUT PROVIDING YOU WITH A CERTIFICATE OF INSURANCE?			
3. DO ANY OPERATIONS INCLUDE EXCAVATION, TUNNELING, UNDERGROUND WORK OR EARTH MOVING?				6. DOES APPLICANT LEASE EQUIPMENT TO OTHERS WITH OR WITHOUT OPERATORS?			
REMARKS/DESCRIBE THE TYPE OF WORK SUBCONTRACTED	\$ PAID TO SUB-CONTRACTORS:	% OF WORK SUBCONTRACTED:		# FULL-TIME STAFF:	# PART-TIME STAFF:		

PRODUCTS/COMPLETED OPERATIONS

PRODUCTS	ANNUAL GROSS SALES	# OF UNITS	TIME IN MARKET	EXPECTED LIFE	INTENDED USE	PRINCIPAL COMPONENTS

EXPLAIN ALL "YES" RESPONSES (For any past or present product or operation)		YES	NO	EXPLAIN ALL "YES" RESPONSES (For any past or present product or operation)		YES	NO
1. DOES APPLICANT INSTALL, SERVICE OR DEMONSTRATE PRODUCTS?				6. PRODUCTS RECALLED, DISCONTINUED, CHANGED?			
2. FOREIGN PRODUCTS SOLD, DISTRIBUTED, USED AS COMPONENTS?				7. PRODUCTS OF OTHERS SOLD OR RE-PACKAGED UNDER APPLICANT LABEL?			
3. RESEARCH AND DEVELOPMENT CONDUCTED OR NEW PRODUCTS PLANNED?				8. PRODUCTS UNDER LABEL OF OTHERS?			
4. GUARANTEES, WARRANTIES, HOLD HARMLESS AGREEMENTS?				9. VENDORS COVERAGE REQUIRED?			
5. PRODUCTS RELATED TO AIRCRAFT/SPACE INDUSTRY?				10. DOES ANY NAMED INSURED SELL TO OTHER NAMED INSUREDS?			
PLEASE ATTACH LITERATURE, BROCHURES, LABELS, WARNINGS, ETC							

ADDITIONAL INTEREST/CERTIFICATE RECIPIENT

ACORD 45 attached for additional names

INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER	
ADDITIONAL INSURED					LOCATION:	BUILDING:
LOSS PAYEE					VEHICLE:	BOAT:
MORTGAGEE					SCHEDULED ITEM NUMBER:	
LIENHOLDER					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 EMPLOYED OR CONTRACTED?				12. ANY STRUCTURAL ALTERATIONS CONTEMPLATED?			
2. ANY EXPOSURE TO RADIOACTIVE/NUCLEAR MATERIALS?				13. ANY DEMOLITION EXPOSURE CONTEMPLATED?			
3. DO/HAVE PAST, PRESENT OR DISCONTINUED OPERATIONS INVOLVE(D) STORING, TREATING, DISCHARGING, APPLYING, DISPOSING, OR TRANSPORTING OF HAZARDOUS MATERIAL? (e.g. landfills, wastes, fuel tanks, etc)				14. HAS APPLICANT BEEN ACTIVE IN OR IS CURRENTLY ACTIVE IN JOINT VENTURES?			
4. ANY OPERATIONS SOLD, ACQUIRED, OR DISCONTINUED IN LAST 5 YEARS?				15. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?			
5. MACHINERY OR EQUIPMENT LOANED OR RENTED TO OTHERS?				16. IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS OR SUBSIDIARIES?			
6. ANY WATERCRAFT, DOCKS, FLOATS OWNED, HIRED OR LEASED?				17. ARE DAY CARE FACILITIES OPERATED OR CONTROLLED?			
7. ANY PARKING FACILITIES OWNED/RENTED?				18. HAVE ANY CRIMES OCCURRED OR BEEN ATTEMPTED ON YOUR PREMISES WITHIN THE LAST THREE YEARS?			
8. IS A FEE CHARGED FOR PARKING?				19. IS THERE A FORMAL, WRITTEN SAFETY AND SECURITY POLICY IN EFFECT?			
9. RECREATION FACILITIES PROVIDED?				20. DOES THE BUSINESSES' PROMOTIONAL LITERATURE MAKE ANY REPRESENTATIONS ABOUT THE SAFETY OR SECURITY OF THE PREMISES?			
10. IS THERE A SWIMMING POOL ON THE PREMISES?							
11. SPORTING OR SOCIAL EVENTS SPONSORED?							
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 VA, INSURANCE BENEFITS MAY ALSO BE DENIED)							

ACORD TM PROPERTY SECTION

DATE (MM/DD/YYYY)

PRODUCER	PHONE (A/C, No, Ext):	APPLICANT (First Named Insured)				
	FAX (A/C, No):					
		EFFECTIVE DATE	EXPIRATION DATE	DIRECT BILL AGENCY BILL	PAYMENT PLAN	AUDIT
		FOR COMPANY USE ONLY				
CODE:		SUB CODE:				
AGENCY CUSTOMER ID:						

PREMISES INFORMATION		PREMISES #:	BUILDING #:	STREET ADDRESS:				
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DEDUCTIBLE	BLANKET COVERAGE	FORMS AND CONDITIONS TO APPLY

ADDITIONAL INFORMATION - BUSINESS INCOME/EXTRA EXPENSE				BUSINESS INCOME W/O EXTRA EXPENSE		EXTRA EXPENSE	
TYPE OF BUSINESS	ORDINARY PAYROLL	POWER/HEAT	EXT PERIOD	TUITION FEES	OFF PREM POWER	DEPEND PROP	
<input type="checkbox"/> NON MFG <input type="checkbox"/> MFG <input type="checkbox"/> MINING _____ % COINS	<input type="checkbox"/> EXCL <input type="checkbox"/> INCL 90 DAYS 180 DAYS \$ _____	\$ _____ DED ELEC MEDIA _____ DAYS ORD OR LAW _____ DAYS	_____ DAYS MO PERIOD _____ LIMIT MAX PERIOD _____	\$ _____ STUDENTS \$ _____ OTHER ED SERV/INC	<input type="checkbox"/> POWER <input type="checkbox"/> WATER <input type="checkbox"/> COMM (DESCR BELOW)	_____ % COIN CONT LOC REC LOC MFG LOC LDR LOC (DESCR BELOW)	

NAME AND ADDRESS(ES) FOR OFF PREM POWER OR DEPEND PROP		EXTRA EXPENSE _____ DAYS PERIOD REST
		LIMIT LOSS PAY _____% _____% _____% _____%

ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

CONSTRUCTION TYPE	DISTANCE TO HYDRANT _____ FT	FIRE STAT _____ MI	FIRE DISTRICT/CODE NUMBER	PROT CL	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA
BUILDING IMPROVEMENTS	WIRING, YR: _____	PLUMBING, YR: _____	BLDG CODE GRADE _____	TAX CODE _____	ROOF TYPE _____	OTHER OCCUPANCIES		
ROOFING, YR: _____	HEATING, YR: _____	WIND CLASS		HEATING BOILER ON PREMISES?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	
OTHER: _____	<input type="checkbox"/> RESISTIVE	<input type="checkbox"/> SEMI-RESISTIVE	<input type="checkbox"/> OTHER	IF YES, IS INSURANCE PLACED ELSEWHERE?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	
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		
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2/Chemical Systems)			% SPRNK	FIRE ALARM MANUFACTURER			CENTRAL STATION LOCAL GONG	

ADDITIONAL INTERESTS					
RANK:	NAME AND ADDRESS	EVIDENCE	RANK:	NAME AND ADDRESS	EVIDENCE
<input type="checkbox"/> INTEREST		<input type="checkbox"/> CERTIFICATE	<input type="checkbox"/> INTEREST		<input type="checkbox"/> CERTIFICATE
<input type="checkbox"/> LOSS PAYEE		<input type="checkbox"/> POLICY	<input type="checkbox"/> LOSS PAYEE		<input type="checkbox"/> POLICY
<input type="checkbox"/> MORTGAGEE			<input type="checkbox"/> MORTGAGEE		

VALUE REPORTING INFORMATION				
REPORTING FORM: PROVIDE AVERAGE VALUES FOR PAST 12 MONTHS				
SUBJECT OF INSURANCE	PREMISES/BUILDING	ANY OTHER LOCATION DECLARED AT INCEPTION	ANY OTHER LOCATION ACQUIRED AFTER INCEPTION	PREMISES NOT OWNED OR ACQUIRED LIMIT

PREMISES INFORMATION

PREMISES #:	BUILDING #:	STREET ADDRESS:
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SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DEDUCTIBLE	BLANKET COVERAGE	FORMS AND CONDITIONS TO APPLY

ADDITIONAL INFORMATION - BUSINESS INCOME/EXTRA EXPENSE				BUSINESS INCOME W/O EXTRA EXPENSE		EXTRA EXPENSE	
TYPE OF BUSINESS <input type="checkbox"/> NON MFG <input type="checkbox"/> MFG <input type="checkbox"/> MINING _____ % COINS	ORDINARY PAYROLL <input type="checkbox"/> EXCL <input type="checkbox"/> INCL <input type="checkbox"/> 90 DAYS <input type="checkbox"/> 180 DAYS \$ _____	POWER/HEAT \$ _____ DED ELEC MEDIA _____ DAYS ORD OR LAW _____ DAYS	EXT PERIOD _____ DAYS MO PERIOD _____ LIMIT MAX PERIOD _____ DAYS	TUITION FEES \$ _____ STUDENTS \$ _____ OTHER ED SERV/INC	OFF PREM POWER <input type="checkbox"/> POWER <input type="checkbox"/> WATER <input type="checkbox"/> COMM (DESCR BELOW)	DEPEND PROP _____ % COIN <input type="checkbox"/> CONT LOC <input type="checkbox"/> REC LOC <input type="checkbox"/> MFG LOC <input type="checkbox"/> LDR LOC (DESCR BELOW)	

NAME AND ADDRESS(ES) FOR OFF PREM POWER OR DEPEND PROP	EXTRA EXPENSE _____ DAYS PERIOD REST LIMIT LOSS PAY _____% _____% _____% _____%
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ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

CONSTRUCTION TYPE	DISTANCE TO HYDRANT FT	FIRE STAT MI	FIRE DISTRICT/CODE NUMBER	PROT CL	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA		
BUILDING IMPROVEMENTS <input type="checkbox"/> WIRING, YR: _____ <input type="checkbox"/> ROOFING, YR: _____ <input type="checkbox"/> OTHER: _____			BLDG CODE GRADE _____ TAX CODE _____ ROOF TYPE _____ WIND CLASS <input type="checkbox"/> RESISTIVE <input type="checkbox"/> SEMI-RESISTIVE <input type="checkbox"/> OTHER	OTHER OCCUPANCIES HEATING BOILER ON PREMISES? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> YES <input type="checkbox"/> NO						
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		
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO Chemical Systems)				% SPRNK	FIRE ALARM MANUFACTURER			CENTRAL STATION	LOCAL GONG	

ADDITIONAL INTERESTS					
RANK:	NAME AND ADDRESS	EVIDENCE	RANK:	NAME AND ADDRESS	EVIDENCE
INTEREST		<input type="checkbox"/> CERTIFICATE <input type="checkbox"/> POLICY	INTEREST		<input type="checkbox"/> CERTIFICATE <input type="checkbox"/> POLICY
<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE			<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE		

VALUE REPORTING INFORMATION					
REPORTING FORM: PROVIDE AVERAGE VALUES FOR PAST 12 MONTHS		PREMISES/ BUILDING	ANY OTHER LOCA- TION DECLARED AT INCEPTION	ANY OTHER LOCA- TION ACQUIRED AFTER INCEPTION	PREMISES NOT OWNED OR ACQUIRED LIMIT
SUBJECT OF INSURANCE					

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 or VT; In DC, LA, ME and VA, insurance benefits may also be denied)