ACORD	

AGENCY CUSTOMER ID:

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BLDO	В ТҮРЕ	RATE GROUP	DIAG #	CONST TYPE	=	YR BUILT	HEAT	T TYPE	ROOF YEAR	ROOF TYPE	TOTAL AREA	LENGTH		WIDTH	HE	IGHT
		VERAGES, RESTRI														Y/N
		OOD OR COAL	FIRED STOVES	USED?												
2. AR	E THERE	ANY BURGLAR	Y AND/OR FIRE	ALARMS? (If "YE	S", indicate	the typ	be of ala	rm and floors	s protected)						
	BURGL	ARY FLOORS	PROTECTED BY A	LARM:						FIRE FLOO	ORS PROTECTED	BY ALARM:				
3. AR	E THERE	ANY OTHER PI	ROTECTIVE DE	VICES?												
	ΤΙΟΝΔ	L INTEREST														
INTERI			NAME AND ADD	RESS RANK:		EVIDENC	E:	CERT	IFICATE			I	NTEREST		NUMBER	
L	ENDER'S L	OSS PAYABLE						0				LOCATION	:	в	JILDING:	
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REMARKS

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BUILDING OR PERSONAL PROPERTY INFORMATION

AGENCY CUSTOMER ID: _____

UBJECT OF INSURANCE									
Image:									
BLDG TYPE RATE GROUP DIAG # CONST TYPE YR BULT HEAT TYPE ROOF YEAR ROOF YEAR ROOF TYPE TOTAL AREA LENGTH WIDTH HEIGHT ADDITIONAL COVERAGES, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION									
BLDG TYPE RATE GROUP DIAG # CONST TYPE YR BULT HEAT TYPE ROOF YEAR ROOF YEAR ROOF TYPE TOTAL AREA LENGTH WIDTH HEIGHT ADDITIONAL COVERAGES, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION									
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2. ARE THERE ANY BURGLARY AND/OR FIRE ALARMS? (If 'YES', indicate the type of alarm and floors protected) 									
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BLDG TYPE RATE GROUP DIAG # CONST TYPE YR BUILT HEAT TYPE ROOF YEAR ROOF TYPE TOTAL AREA LENGTH WIDTH HEIGHT ADDITIONAL COVERAGES, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION EXPLAIN ALL "YES" RESPONSES Y/N Y/N									
BLDG TYPE RATE GROUP DIAG # CONST TYPE YR BUILT HEAT TYPE ROOF YEAR ROOF TYPE TOTAL AREA LENGTH WIDTH HEIGHT ADDITIONAL COVERAGES, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION EXPLAIN ALL "YES" RESPONSES Y/N Y/N									
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BLDG TYPE RATE GROUP DIAG # CONST TYPE YR BUILT HEAT TYPE ROOF YEAR ROOF TYPE TOTAL AREA LENGTH WIDTH HEIGHT ADDITIONAL COVERAGES, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION EXPLAIN ALL "YES" RESPONSES Y/N Y/N									
ADDITIONAL COVERAGES, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION EXPLAIN ALL "YES" RESPONSES Y/N									
EXPLAIN ALL "YES" RESPONSES Y/N									
1. ARE ANY WOOD OR COAL FIRED STOVES USED?									
2. ARE THERE ANY BURGLARY AND/OR FIRE ALARMS? (If "YES", indicate the type of alarm and floors protected) BURGLARY FLOORS PROTECTED BY ALARM: FIRE FLOORS PROTECTED BY ALARM:									
3. ARE THERE ANY OTHER PROTECTIVE DEVICES?									
ADDITIONAL INTEREST NTEREST NAME AND ADDRESS EVIDENCE: CERTIFICATE INTEREST IN ITEM NUMBER									
NTEREST NAME AND ADDRESS RANK: EVIDENCE: CERTIFICATE INTEREST IN ITEM NUMBER LENDER'S LOSS PAYABLE LOCATION: BUILDING:									
LOSS PAYEE ITEM:									
MORTGAGEE ITEM DESCRIPTION									
REFERENCE / LOAN #:									

BUILDING OR PERSONAL PROPERTY INFORMATION

AGENCY CUSTOMER ID: _____

LOC #	BLDG #	BUILDING DES	CRIPTION												
SUBJEC	T OF INSUI	RANCE			BLKT #	OF INSUR		COINS	VALUATION	C	AUSES OF LOSS		DEDUCTIBLE	PREMIL	JM
													TOTAL:		
BLDG	TYPE I	RATE GROUP	DIAG #	CONST TYPE		YR BUILT	HEAT	TYPE	ROOF YEA	R ROOF TYPE	TOTAL AREA	LENGTH	WIDT	H HEI	IGHT
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		" RESPONSES													Y/N
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2. ARE			Y AND/OR FIRE		f "YE	S", indicate	the type	e of ala	rm and floor	¬	DRS PROTECTED				
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BUILD	ING OR	PERSONA	L PROPERTY	' INFORMA	TIO	N									
LOC #	BLDG #	BUILDING DES	CRIPTION												
SUBJEC	T OF INSUI				BLKT	LIMI OF INSUF	T	COINS	VALUATION	C	AUSES OF LOSS		DEDUCTIBLE	PREMIL	JM
					#	OF INSUR	RANCE	%							
BLDG		RATE GROUP	DIAG #	CONST TYPE		YR BUILT	НЕАТ	TYPE	ROOF YEA	R ROOF TYPE	TOTAL AREA	LENGTH	TOTAL:	- - HEI	IGHT
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EXPLAIN	ALL "YES	" RESPONSES													Y/N
1. ARE	ANY WO	OD OR COAL	FIRED STOVES	USED?											
2. ARE THERE ANY BURGLARY AND/OR FIRE ALARMS? (If "YES", indicate the type of alarm and floors protected) BURGLARY FLOORS PROTECTED BY ALARM: FIRE FLOORS PROTECTED BY ALARM:															
3. ARE	THERE A	NY OTHER PI	ROTECTIVE DE	VICES?											
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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 REPRESE	NTATIVE OF THE APPLICANT A	ND REPRESENTS THAT REASONAB	E INQUIRY HAS BEEN MADE TO OBTAIN THE
ANSWERS TO QUESTIONS ON THIS APPLICATION.	HE/SHE REPRESENTS THAT	THE ANSWERS ARE TRUE, CORREC	T AND COMPLETE TO THE BEST OF HIS/HER
KNOWLEDGE.			

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO (Required in Florida)	
APPLICANT'S SIGNATURE		DATE	NATIONAL PRODUCER NUMBER