



PROPERTY SECTION

DATE (MM/DD/YY)

PRODUCER

APPLICANT (first Named Insured)

PROPOSED EFF. DATE	PROPOSED EXP. DATE	BILLING PLAN	PAYMENT	AUDIT
		AGENCY		
		DIRECT		

FOR COMPANY USE ONLY

PREMISES INFORMATION

	SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD	DEDUCTIBLE	FORMS AND CONDITIONS TO APPLY
P R E M. N O.								
B L D G. N O.								

ADDITIONAL COVERAGES, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

CONSTRUCTION TYPE		FIRE DISTRICT/CODE NUMBER		PROT. CL.	# STORIES	# BASM'TS	YR. BUILT	TOTAL AREA
BUILDING IMPROVEMENTS		PLUMBING, YR: WIRING, YR: ROOFING, YR:			OTHER OCCUPANCIES			
RIGHT EXPOSURE & DISTANCE		LEFT EXPOSURE & DISTANCE			REAR EXPOSURE & DISTANCE			
BURGLAR ALARM TYPE		CERTIFICATE #	EXPIRATION DATE		EXTENT	GRADE	<input type="checkbox"/> CENTRAL STATION <input type="checkbox"/> WITH KEYS	
BURGLAR ALARM INSTALLED AND SERVICED BY					# GUARDS/WATCHMEN		<input type="checkbox"/> CLOCK HOURLY <input type="checkbox"/>	
FIRE PROTECTION (Sprinklers, Standpipes, CO₂/Halon Systems)				FIRE ALARM MANUFACTURER				<input type="checkbox"/> CENTRAL STATION <input type="checkbox"/> LOCAL GONG

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SEE REVERSE SIDE FOR ADDITIONAL PREMISES, REPORTING FORM INFORMATION, REMARKS, AND ADDITIONAL INTERESTS

ACORD 140 (5/94)

ATTACH TO APPLICANT INFORMATION SECTION

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FIRE PROTECTION (Sprinklers, Standpipes, CO₂/Halon Systems)				FIRE ALARM MANUFACTURER				CENTRAL STATION LOCAL GONG

VALUE REPORTING INFORMATION

REPORTING FORM: PROVIDE AVERAGE VALUES FOR PAST 12 MONTHS				ANY OTHER LOCA- TION DECLARED AT INCEPTION	ANY OTHER LOCA- TION AQUIRED AFTER INCEPTION	PREMISES NOT OWNED OR ACQUIRED	
SUBJECT OF INSURANCE	PREMISE 1	PREMISE 2	PREMISE 3			PREMISE LIMIT	AGGREGATE
OTHER							

ADDITIONAL INTERESTS

P R E M. N O.	NAME & ADDRESS	P R E M. N O.	NAME & ADDRESS
B L D G. N O.		B L D G. N O.	
	INTEREST		INTEREST
			CERTIFICATION REQUIRED
P R E M. N O.	NAME & ADDRESS	P R E M. N O.	NAME & ADDRESS
B L D G. N O.		B L D G. N O.	
	INTEREST		INTEREST
			CERTIFICATION REQUIRED

REMARKS

(Include information On Participating Carriers)