



PROPERTY SECTION

DATE (MM/DD/YY)

AGENCY Beach Cities Insurance Services		APPLICANT/FIRST NAMED INSURED			
POLICY NUMBER		CARRIER		NAIC CODE	
EFFECTIVE DATE	EXPIRATION DATE	<input type="checkbox"/> DIRECT BILL <input type="checkbox"/> AGENCY BILL	PAYMENT PLAN	AUDIT	FOR COMPANY USE ONLY

PREMISES INFORMATION		PREMISES #:	STREET ADDRESS:					
		BUILDING #:	BLDG DESCRIPTION:					
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU- ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	BLKT #	FORMS AND CONDITIONS TO APPLY

ADDITIONAL INFORMATION BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810 VALUE REPORTING INFORMATION - Attach ACORD 811

ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

SPOILAGE COVERAGE (Y/N)	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	DEDUCTIBLE \$	REFRIG MAINT AGREEMENT (Y/N)	OPTIONS

OF OPEN SIDES ON STRUCTURE: _____

CONSTRUCTION TYPE	DISTANCE TO HYDRANT FT	FIRE STAT MI	FIRE DISTRICT/CODE NUMBER		PROT CL	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA
BUILDING IMPROVEMENTS		BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES				
<input type="checkbox"/> WIRING, YR:		<input type="checkbox"/> PLUMBING, YR:		<input type="checkbox"/> RESISTIVE		<input type="checkbox"/> SEMI-RESISTIVE		HEATING BOILER ON PREMISES? (Y/N)	
<input type="checkbox"/> ROOFING, YR:		<input type="checkbox"/> HEATING, YR:		<input type="checkbox"/> RESISTIVE		<input type="checkbox"/> SEMI-RESISTIVE		IF YES, IS INSURANCE PLACED ELSEWHERE? (Y/N)	
<input type="checkbox"/> OTHER: YR:									
RIGHT EXPOSURE & DISTANCE		LEFT EXPOSURE & DISTANCE		FRONT EXPOSURE & DISTANCE		REAR EXPOSURE & DISTANCE			
BURGLAR ALARM TYPE		CERTIFICATE #				EXPIRATION DATE <input type="checkbox"/> CENTRAL STATION <input type="checkbox"/> WITH KEYS			
BURGLAR ALARM INSTALLED AND SERVICED BY			EXTENT		GRADE		# GUARDS/WATCHMEN <input type="checkbox"/> CLOCK HOURLY <input type="checkbox"/>		
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2/Chemical Systems)			% SPRNK		FIRE ALARM MANUFACTURER		<input type="checkbox"/> CENTRAL STATION <input type="checkbox"/> LOCAL GONG		

ADDITIONAL INTERESTS

RANK:	NAME AND ADDRESS:	REFERENCE #:	<input type="checkbox"/> CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER
INTEREST <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/>	ITEM DESCRIPTION:		LOCATION: BUILDING:	
			SCHEDULED ITEM NUMBER:	
			OTHER:	

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PREMISES INFORMATION**

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BUILDING IMPROVEMENTS <input type="checkbox"/> WIRING, YR: <input type="checkbox"/> PLUMBING, YR: <input type="checkbox"/> ROOFING, YR: <input type="checkbox"/> HEATING, YR: <input type="checkbox"/> OTHER: YR:			BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES				
			WIND CLASS	<input type="checkbox"/> SEMI-RESISTIVE	HEATING BOILER ON PREMISES? (Y/N)					
			<input type="checkbox"/> RESISTIVE	<input type="checkbox"/>	IF YES, IS INSURANCE PLACED ELSEWHERE? (Y/N)					
RIGHT EXPOSURE & DISTANCE		LEFT EXPOSURE & DISTANCE		FRONT EXPOSURE & DISTANCE			REAR EXPOSURE & DISTANCE			
BURGLAR ALARM TYPE			CERTIFICATE #			EXPIRATION DATE <input type="checkbox"/> CENTRAL STATION <input type="checkbox"/> WITH KEYS				
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ADDITIONAL INTERESTS

RANK:	NAME AND ADDRESS:	REFERENCE #:	<input type="checkbox"/> CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER		
INTEREST <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORT-GAGEE <input type="checkbox"/>	ITEM DESCRIPTION:		LOCATION:		BUILDING:	
			SCHEDULED ITEM NUMBER:			
			OTHER:			

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, FL, HI, MA, NE, OH, OK, OR or VT; in DC, LA, ME, TN, VA and WA, insurance benefits may also be denied)

IN FLORIDA, 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.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, 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 MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.