


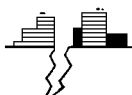
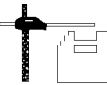







ITEMS OF COVERAGE		LIMIT OF INSURANCE					
	% OF COINS.	PREM. NO.	BLDG. NO.	<input type="checkbox"/> Blanket Bldg. <input type="checkbox"/> Blanket Pers. Prop.	PREM. NO.	BLDG. NO.	<input type="checkbox"/> Blanket Bldg. <input type="checkbox"/> Blanket Pers. Prop.
Building(s)		\$		<input type="checkbox"/> Bldr's Risk	\$		<input type="checkbox"/> Bldr's Risk
Personal Property of the Insured (Including improvements and betterments)		\$			\$		
Personal Property of Others		\$			\$		
Additional Cov. (Specify)		\$			\$		
Requested amount of property insurance represents _____ % of the total line. If less than 100%, list other companies participating.							
Construction (Provide specific rates per building if available)	<input type="checkbox"/> STR	<input type="checkbox"/> Frame <input type="checkbox"/> Masonry	<input type="checkbox"/> Non-Combustible <input type="checkbox"/>	Year of Construction _____, <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Frame <input type="checkbox"/> Masonry	<input type="checkbox"/> Non-Combustible <input type="checkbox"/>	Year of Construction _____, <input type="checkbox"/> Yes <input type="checkbox"/> No
Territory _____		No. of Floors _____	Total Sq. Ft. _____		No. of Floors _____	Total Sq. Ft. _____	
Occupancy _____							
CSP Building and Contents Class Code							
Fire Protection Class, Distance to fire hydrant (Ft.), Distance to fire department (Mi.)		Prot. Class _____, _____ Ft., _____ Mi.			Prot. Class _____, _____ Ft., _____ Mi.		
Responding Fire Department							

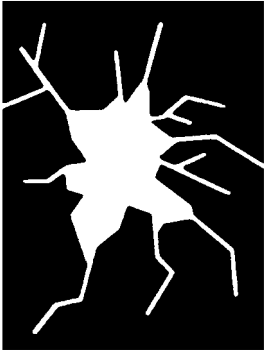
COVERAGES		(✓) CHECK IF DESIRED	BLDG.	CONTS.	BLDG.	CONTS.
1. BASIC 	2. BROAD 	BASIC				
		BROAD				
		SPECIAL Bldg. Class/Conts. Rate Group	B.C.	R.G.	B.C.	R.G.
3. SPECIAL 	4. EARTHQUAKE 	EXCLUDE Windstorm or Hail Vandalism Sprinkler Leakage Theft (Special Only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		EARTHQUAKE Deductible %		%		%
		Bldg. Class/Conts. Rate Group	B.C.	R.G.	B.C.	R.G.
5. REPLACEMENT COST 	6. INFLATION GUARD 	REPLACEMENT COST				
		AGREED VALUE (Include Statement of Values) <input type="checkbox"/> Blanket Bldg. <input type="checkbox"/> Blanket Pers. Prop. <input type="checkbox"/> Separate Average or <input type="checkbox"/> Combined Average				
		INFLATION GUARD Indicate desired annual %		%	%	%
DEDUCTIBLE			<input type="checkbox"/> \$250, <input type="checkbox"/> \$500, <input type="checkbox"/> _____		<input type="checkbox"/> \$250, <input type="checkbox"/> \$500, <input type="checkbox"/> _____	

7. LEGAL LIABILITY 	BASIC	\$	\$	\$	\$
	BROAD	\$	\$	\$	\$
	SPECIAL	\$	\$	\$	\$

8. BUSINESS INCOME 	<input type="checkbox"/> Exclude Extra Expense <input type="checkbox"/> Business Income Including Rental Value <input type="checkbox"/> Business Income Other Than Rental Value <input type="checkbox"/> Rental Value Only			
	Limit of Insurance	\$		\$
	Coinsurance Percentage		%	%
	O P T I O N S	Monthly Limit of Indemnity	<input type="checkbox"/> 1/3, <input type="checkbox"/> 1/4, <input type="checkbox"/> 1/6	<input type="checkbox"/> 1/3, <input type="checkbox"/> 1/4, <input type="checkbox"/> 1/6
		Maximum Period of Indemnity	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
		Extended Period of Indemnity		Days
Ordinary Payroll to be <input type="checkbox"/> Excluded <input type="checkbox"/> Limited to:			Days	

9. EXTRA EXPENSE 	Limit of Insurance	\$	\$
	Limits on Loss Payment	%	%

10. PEAK SEASON 	Additional Limits	\$	\$
	Inclusive Date of Increase	From	To

11. GLASS	PREM. NO.	BLDG. NO.	NO. OF PLATES	LENGTH IN INCHES	WIDTH IN INCHES	DESCRIPTION OF GLASS AND LETTERING AND ORNAMENTATION; POSITION IN BUILDING	Exterior	Semi-Exterior	Interior	SPECIFIC LIMIT IF ANY
										


1. Deductible: \$0 \$50 \$100 _____

2. Is all applicant's glass to be insured? Yes No

3. If any plate to be insured is damaged, draw outline of break in diagram to your right and indicate number of inches from nearest corner. Indicate for each diagram the Premises and Building No. used in above schedule.

NO. _____ NO. _____

12. EDP



Deductible: \$250 _____

Off-Premises Power Failure--Loss Assumption Extension

A. EDP Equipment-Owned	<input type="checkbox"/> Specified (describe below)	<input type="checkbox"/> Unspecified	Limit of Insurance	\$
B. EDP Equipment-Leased	<input type="checkbox"/> Specified (describe below)	<input type="checkbox"/> Unspecified	Limit of Insurance	\$
C. Valuable Papers, Records, Media	<input type="checkbox"/> Specified (describe below)	<input type="checkbox"/> Unspecified	Limit of Insurance	\$
D. Extra Expense Coverage (Optional)			Limit of Insurance	\$

Include Equipment Breakdown Coverage subject to separate deductible (CP7005). An EDP maintenance Agreement is required when this coverage is included.

1. Where is data and media stored when not in use?

2. Are programs and key data duplicated and stored elsewhere? Yes No
If yes, explain in comments.

3. Is equipment or media transported? Yes No
If yes, explain in comments.

Prem. Bldg. No. No.

INTERESTED PARTY	Clause Applies to: Prem. No. Bldg. No. Clause is: <input type="checkbox"/> Mortgage (CP7000) <input type="checkbox"/> Loss Payee (CP1218) <input type="checkbox"/> Contract of Sale (CP1218) <input type="checkbox"/> Additional Insurance (State Interest) (CP7004)
	Name _____ Loan Number _____
	Street _____ City _____ State _____ Zip _____
	Clause Applies to: Prem. No. Bldg. No. Clause is: <input type="checkbox"/> Mortgage (CP7000) <input type="checkbox"/> Loss Payee (CP1218) <input type="checkbox"/> Contract of Sale (CP1218) <input type="checkbox"/> Additional Insurance (State Interest) (CP7004)
Name _____ Loan Number _____	
Street _____ City _____ State _____ Zip _____	

Comments or Property Coverages Not Specifically Shown (Refer to manual for information required to rate and issue.)
