4	A <i>COR</i>	\mathbf{P}_{TM}	Р	RO	PERT	Y SI	ECTI	1											DATE			
PRO	DUCER PH	IONE /C, No,	Ext):			()	APPLICANT (First Named Insured)															
								EFFECTIV	E DATE	EXF	EXPIRATION DATE		_	CT BILL		PAYMENT I		PLAN		AUDIT		
CODE: SUB CODE: AGENCY								FOR COMPANY USE ONLY														
PREMISES INFORMATION PREMISES #: BUIL								ING#:		STREE	T ADDRESS:											
							Т'	% VALUA			S OF LOSS	INFLA GUAF	FLATION DEDUCTIBLE			FORM	IS AND	CONDI	TIONSTO	APPLY		
	,	DDITIO	ONAL II	NFORMATI	ION - BUSINESS	INCOME/E	XTRA EXPE	NSE	'		BUSINESS	SS INCOME W/O I		EXTRA EXP	PENSE	<u>. </u>	EXTRA	EXPEN				
TYP	E OF BUSINES	s c	RDINA	RY PAYRO	DLL PO	WER/HEAT		EXT P	ERIOD		TUITION FE	ES	OFF F			M POWER		DEPEN				
	NON MFG	L	EX	CL	INCL \$		DED		DA	YS \$		_ STU	STUDENTS			R	l	7				
	MFG		٤ ا	00 DAYS	ELE	ELEC MEDIA		MO PE	ERIOD	\$		_ OTH	HER ED	· v	VATE	₹		CON	IT LOC			
	MINING			180 DAYS			DAYS \$		LIN	/IT		02.	C			R BELOW)		REC LOC				
	% COI	NS	\$	·	ORI	D OR LAW		MAX F	PERIOD				,			,		MFGLOC				
NAN	IE AND ADDRE	SS(ES) FOR (OFF PREM	POWER OR DE	PEND PRO	DAYS P									EXTR	A	LDR		SC BELOW)		
	,,	.55(25	,,		· onenone		-									EXPE		DAYS PERIOD REST				
																%	JIAI	%%%				
CON	ISTRUCTION T	YPE			DISTANO HYDRANT FT	E TO FIRE STAT		FIRE DIS	TRICT/CC	DE NU	IMBER	F	PROT CL #STORIES			#BASM'TS	YR BI	JILT	TOTAL A	REA		
BUIL	DING IMPROV	EMEN	TS		Г			E TAX	CODE ROOF TYPE			0	OCCUPANO	IES								
	WIRING, YR:			F	LUMBING, YR:		OIGIDE															
	ROOFING, YI						WIND CLAS	ss				н	EATING	3 BOILER O	N PRI	EMISES?			YES	NO		
OTHER:						RESIS	STIVE	SEMI RESI	- STIVE	OTHE	R IF	YES,	S INSURAN	CE PL	ACED ELSE	WHER	E?	YES	NO			
RIGI	HT EXPOSURE	& DIS	TANCE			LE	FT EXPOSUI	RE & DIST	ANCE	INCE			REAR EXPOS			STANCE						
BURGLAR ALARM TYPE CERTIFICAT							RTIFICATE#	#		EX	PIRATION DAT	E	EX		FENT GRADE			CENTRAL ST		ATION		
BUR	GLAR ALARM	INSTA	LLED A	ND SERVI	ICED BY									# GU	ARDS	/WATCHME	N		CK HOUR	LY		
PRE	MISES FIRE PE	ROTEC	TION (S	Sprinklers,	Standpipes, CO	₂ /Chemical	Systems)	% SPRNK FIRE ALARM MANUFACTURER							CENTRAL STATION							
	DITIONAL														LOCAL GONG							
	DITIONAL							EVARE	NOE.	DANII	, ,		AND AD	BBEOO						VIDENOE		
RANK: NAME AND ADDRESS INTEREST LOSS PAYEE MORT- GAGEE RANK: NAME AND ADDRESS EVIDENCE CERTIF- ICATE DOSS PAYEE MORT- GAGEE													CERTIF- ICATE POLICY									
VA	LUE REPO	RTIN	IG IN	FORMA	TION																	
REPORTING FORM: PROVIDE AVERAGE VALUES FOR PAST 12 MONTHS SUBJECT OF INSURANCE										PREMIS BUILD		TIO	OTHER N DECI			NY OTHER TION ACQU AFTER INCE	JIRED	PREMISES NOT OWNED OR ACQUIRED LIMIT				

PREMISES INFORMATION							PREMISES #: BUILDING				NG #:		STR	REET /	ADDRES													
SUBJECT OF INSURANCE							AMOUNT			COINS % VALUA			CAUSES OF LOSS			II C	NFLATION SUARD %	DEDUCTIBLE F			FORMS AND CONDITIONS TO APPLY				PPLY			
																+						—	—					
ADDITIONAL INFORMATION - BUSINESS INCOM							SS INCOM	IE/EXTRA				RUSINE	SS IN	COME W/C	FX	TRA EXP	ENSE		EXTRA EXP				BENGE					
TYPE OF BUSINESS ORDINARY PAYROL											PERIOD			TUITION						M POV				ND PR	OP			
	NON MFG		EXCL			INCL \$				DED		DAY					STUDENTS		т' Т	OWE				% COIN				
	MFG		90 DAYS			_	E	ELEC MEDIA		N		MO PERIOD		\$			OTHER ED								CONTLOC			
MINING 180 DAYS						DA	YS \$		LIN		IT			SERV/INC		COMM			A			REC LOC						
% COINS \$						ORD OR LAW			N 1		MAX PERIOD							(1	JESU	R BELOW)			MFG LOC					
DAYS																					LDR LOC (DESC			BELOW)				
NAME AND ADDRESS(ES) FOR OFF PREM POWER OR DEPEND PROP															EXTRA EXPENS					NSE								
																				LIMIT LOSS PAY								
Ann	ITIONAL COVE	RAGI	ES (OPTIO	ONS RES	TRICTI	IONS E	NDORSE	MENTS A	IN RAT	ING INF	ORMATIC	ON									%_		%	_	%_	%	
700	IIIONAL COVE		, .	OF 110	ONO, NEC	,,,,,	10110, 1	INDONOL	IIILN OA	ID IOAI		OKINETI	011															
CON	STRUCTION T	PE				HYE	DISTAI DRANT	NCE TO FIRE S	O FIRE DIS				STRICT/CODE NUMBER				PROT CL #		#STORIES #		#BASM'TS Y		YR E	YR BUILT TOTA		AL ARE	AL AREA	
								FT	мі																			
BUILDING IMPROVEMENTS							BLD0 GF	BLDG CODE T			RO	ROOF TYPE			OTHER OCC		CUPANCI											
	WIRING, YR: PL					LUMBI	UMBING, YR:																					
	ROOFING, YR:					IEATIN	EATING, YR: WIND CLAS				3 _					HEATING BOILER ON						-	Y	ES _	NO			
	OTHER:						RESISTI					MI- SISTIN	TIVE OTHER			IF YES, IS INSURANCE REAR EXPOSURE &						WHE	RE?	Y	ES	NO		
RIGI	IT EXPOSURE	& DIS	SIAN	NCE					LEFIEX	POSUR	E & DIS	IANCE					REAL	₹ EX	POSURE	: & DI	SIANC	Æ						
BUR	GLAR ALARM	TYPE							CERTIFIC	ATF#				EXPIR	RATION E	TATE			EXTE	NT	GR/	.ne	$\overline{}$					
																<u>-</u>					-					_ STAT	JN	
BUR	GLAR ALARM	NSTA	ALLI	ED AI	ND SERVI	ICED B	3Y											# GUAR			/WATC	HME	N		TH KE	OURLY		
																									OUK F	OURL		
PRE	MISES FIRE PE	OTE	CTIC	N (S	prinklers,	Standp	pipes, (CO ₂ /Chem	ical Syste	ms)		% SPRI	NK	FIRE .	ALARM I	MANU	FACTURE	₹						CF	NTRA	_ STAT	NC NC	
																									CAL G			
AD	DITIONAL	NT	ER	EST	ſS							,																
RAN	K:	IMAN	E AN	ID AE	DRESS							ENCE		ANK:		NAI	NAME AND ADDRESS									ENCE		
INTE	REST										Ш	CERTIF- ICATE	TIF- E INTER														CERTIF- ICATE	
LOSS PAYEE											POLICY			AYEE												POLICY		
MORT- GAGEE												MORT- GAGEE																
VA	LUE REPO	RTI	NG	INF	FORMA	TION	N																					
REPORTING FORM: PROVIDE AVERAGE VALUES FOR PAST 12 MONTHS									PREMISES/					ANY OTHER LOCA TION DECLARED			RED TION ACQUIRE					ED OR ACQUIRED						
SUBJECT OF INSURANCE											BUILDING				AT INCEPTION						PTION	TON LIMIT			-			
	REMARKS																											
KE	MAKKS																											