A	COF	? <i>D</i> ™	CC	M	ME	RCI	ΑL	. P	Ol	LIC	CYC	H	٩N	IG	ìΕ	RE	C)L	JE	ST	•						DATE	
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TYPE OI CHANGI	STATE	LOC	CLASS	ODE	DESCR CODE					C	ATEGORIE	S, DUT	IES, C	LAS	SIFICA	TIONS							FULL	OF OYEES PART	1		STIMATED ANNUAL UNERATI	

PROPERTY/INLAND MARINE - PREMISES INFO					ORMATION	MISES#						ADD	CHANG	E DELETE			
SUBJECT OF INSURANCE AMOUNT			AMOUNT	COINS %	VALUATIO	N CA	AUSES OF LO	SS IN	INFLATION GUARD %		DUCTIBLE	FORM	S AND CON	DITIONS TO APPLY			
L.	DITION	IAL COVERAG	TO OPTIONS P	FOTDIOTIO	NO ENDODO	FAMELITO AND DATE	I DIFORM	TION									
ADI	DITION	NAL COVERAG	SES, OPTIONS, R	ESTRICTIO	NS, ENDORS	SEMENTS AND RATI	NG INFORMA	ATION									
	NOTE	IOTION TYPE				DISTANCE TO		DE DIOT	DIOT/OODE N	LIMBED		T 01	# OTODIFO	# D & CRATTO	VD DIIII T	TOTAL AREA	
COI	NSTR	UCTION TYPE				HYDRANT FIRE	STAT	KE DISTI	RICT/CODE N	UMBEK	PRO	T CL	# STORIES	# BASM 15	YR BUILT	TOTAL AREA	
						FT	BLDG COE GRADE)F		ROOF	ОТИ	FD 000	LIDANOICO				
BUI	\neg	MPROVEME	NTS		JMBING, YR:		/_ IN:	TYPE TYPE									
<u> </u>	_	RING, YR:			ATING, YR:			YES NO									
DIG.		OFING, YR: (POSURE & DI)	STANCE	OTI	HER:	LEFT EXPOSURE	TAX CODI				DE	EAD EVI	POSURE & DI	STANCE			
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BUE	RGI AI	R ALARM TYPI				CERTIFICATE#			EXPIRATIO	NDATE			EXTENT	GRADE			
"	IIGEA	II ALAIIWI I I I I	=			OLITINIOATE#			LXIIIAIIO	TDAIL			LXILINI	GIIADE		ENTRAL STATION	
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"		TALATIM INTO	ALLED AND OLI										" GOALIDO	, WATOI IIILEI	· CL	OCK HOURLY	
PRE	EMISE	S FIRE PROTE	CTION (Sprinkle	rs, Standpij	pes, CO ₂ /Che	mical Systems)			FIRE ALAR	M MANUF	ACTUR	RER			0.5	ENTERAL OTATION	
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L	I A NI	D MADINE	- SCHEDUL	ED EOI	IIDMENT	9/ 00	INCLIDANCE					П.		CHANGE		OCAL GONG	
#	MOE	DEL _				MODEL, CAPACITY,	INSURANCE	-	ID#/SEF	NAI #		Г	ADD	CHANGE NEW/USED		ELETE AMOUNT OF INSURANCE	
	YE	AR D	ESCRIPTION (11	PE, MANUI	FACTUREN, N	MODEL, CAPACITY,	E10)		ID#/SEF	IIAL#		PUR	CHASED	NEW/USED		INSURANCE	
															\$		
															\$		
								CHANGE									
GENERAL LIABILITY - LIWITS GENERAL AGGREGATE \$							F	EACH OCCURRENCE \$									
PRODUCTS & COMPLETED OPERATIONS AGGREGATE \$								DAMAGE TO RENTED REMISES \$									
PERSONAL & ADVERTISING INJURY \$							MEDICAL EXPENSE (Any one person) \$										
GENERAL LIABILITY - SCHEDULE OF HAZARDS							1			, ,	,			*			
							9	DDI	: MILIM								
CHA	PE OF LOCATION CLASSIFICATION				ON CLASS CODE			PREMIUM BASIS			TERF	3	PREMIUM BASIS CODES				
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l	WAE	#										1					
	WAE	#												(S) GROSS	SALES - PER	R \$1 000/SALES	
	uide.	#												(S) GROSS S		R \$1,000/SALES 00/PAY	
	ui i GE	#												(P) PAYROL (A) AREA - P	L - PER \$1,0 ER 1,000/S0	00/PAY Q FT	
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	unde	#												(P) PAYROL (A) AREA - P	L - PER \$1,0 ER 1,000/S0 OST - PER \$ ONS - PER 1	00/PAY Q FT \$1,000/COST	
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LIM RET	MBRI	ELLA LIABILITY D LIMIT IONAL INT T RA DITIONAL INS SS PAYEE	STEREST NK: NA URED (#)	ME AND AI	(DESC	CRIBE)				c	ERTIFIC		ADD EQUIRED	(P) PAYROL (A) AREA - P (C) TOTAL C (M) ADMISSI (U) UNIT - PE (T) OTHER CHANGE IN' PREMISES: VEHICLE:	L - PER \$1,0 ER 1,000/SC OST - PER \$ ONS - PER 1 ER UNIT	00/PAY QFT 81,000/COST I,000/ADM ELETE TEM NUMBER BUILDING: BOAT:	
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