ACORD	PRO	PERTY SE	ECTIO	ON								DAT	E
PRODUCER PHONE (A/C, N	AI (F	APPLICANT (First Named Insured)											
			_	OR	E	EXPIRATION DATE			CY BILL	PAYME	NT PLAN		AUDIT
CODE: AGENCY CUSTOMER ID:	SUE	3 CODE:	C	OMPANY SE ONLY									
PREMISES INFO	RMATION	PREMISES #:	BUILDI	NG #:	STR	REET ADDRESS:							
SUBJECT OF IN	SURANCE	AMOUNT	COINS %	VALUATION	CAU	SES OF LOSS	INFLA GUAR	TION RD %	DEDUCTIBL	E FORMS	AND CON	IDITIONS TO	APPLY
				-									
					_								
		ON - BUSINESS INCOME/E				TUITION FE	-	E W/O E	XTRA EXPE	PREM POWER	TRA EXP	END PROP	×
NON MFG MFG	EXCL 90 DAYS	INCL \$ ELEC MEDIA	DED	MO PERIOD	DAYS			STUDENTS OTHER ED SERV/INC		WER ATER		% COIN	N
MINING % COINS	180 DAYS \$	ORD OR LAW	DAYS \$	MAX PERIOD	_IMIT		COMM (DESCR BELOW)				MFG LOC LDR LOC (DESC BELOW)		
NAME AND ADDRESS(ES) FOR OFF PREM	POWER OR DEPEND PRO	DAYS						1	EXTRA EXPENSI	SE —		PERIOD RE
		TRICTIONS, ENDORSEME								%	%		%
CONSTRUCTION TYPE		DISTANCE TO HYDRANT FIRE STA	7	FIRE DISTRICT/	CODE	NUMBER	-	PROT CL	#STORIE	S #BASMTS	YR BUILT	TOTAL	AREA
BUILDING IMPROVEMI	ENTS	FT M		E TAX CODE	RO	OF TYPE	C	THER C	CCUPANCIE	S			
WIRING, YR:		PLUMBING, YR:					_						T 1
ROOFING, YR:	WIND CLAS						PREMISES? E PLACED ELSEV	YES	NO NO				
OTHER:	DISTANCE	LE	RESIS	RE & DISTANCE	MI- SISTI	VE OTHE	K III			& DISTANCE	W ILI W.	100	
BURGLAR ALARM TY	PE	CE	ERTIFICATE #	#	П	EXPIRATION DAT	ΠE		EXTE	NT GRADE	C	ENTRAL S	TATION
BURGLAR ALARM INS	STALLED AND SERV	ICED BY							# GUA	RDS/WATCHMEN	-	VITH KEYS LOCK HOU	RLY
PREMISES FIRE PROT	TECTION (Sprinklers	, Standpipes, CO ₂ /Chemica	il Systems)	% SPF	RNK	FIRE ALARM MA	NUFAC	TURER				CENTRAL S'	
ADDITIONAL IN	TERESTS												
RANK: NA INTEREST LOSS PAYEE MORT- GAGEE	ME AND ADDRESS			CERTIFICATE POLICY	- IN	MTEREST LOSS PAYEE MORT- GAGEE	NAME	AND AD	DRESS				CERTI ICATE POLIC
VALUE REPOR	TING INFORMA	ATION						0.50			-	T	
REPORTING FORM: F	NTHS		PRI	REMISES/ A.		OTHER ON DECI		ANY OTHER LOCA- TION ACQUIRED AFTER INCEPTION		PREMISES NOT OWNED OR ACQUIRED LIMIT			
			TT 1 011 T	0 4001 1044	IT IS	IEODMATION	ISE	AOITS		GACC	BU CC	SPPORA	TION 10

PREMISES INFORMATION		PREM	PREMISES #: BUILDIN		LDING #:	G#: S		ET ADDRESS:	INCLATION !			T			
SUBJECT OF INSURANCE		AI	AMOUNT CO		NS % VALUATION		AUSI	ES OF LOSS	INFLATION GUARD %	DEDUCTIBLE		FORMS AND CON		NDITIONS TO APPLY	
				1											
				1											
							Т				A EVERNOR		TRA EXP	ENCE	
ADDIT	TIONAL INFORMATION	ON - BUSIN	ESS INCOME/EX	XTRA EXI			+		S INCOME W/O	EXIN	T				
YPE OF BUSINESS ORDINARY PAYROLL			POWER/HEAT EXT P			PERIOD	-	TUITION F					REM POWER DEPEND PROP		
NON MFG	EXCL	INCL.	\$	DED		DA	YS S	\$	STUDENT	S	POWE	R		% COIN	
MFG	90 DAYS		ELEC MEDIA		MO	PERIOD	1	\$	OTHER EL SERVINC		WATE	R	CONT LOC		
MINING	180 DAYS			DAYS	\$	LIMIT				COM			MM REC L		
% COINS	\$		ORD OR LAW		MAX	AX PERIOD						K BELOW)	L N	MFG LOC	
				DAYS			1						L	DR LOC (DESC BELOW)	
NAME AND ADDRESS(E	S) FOR OFF PREM	POWER OR	DEPEND PROF		1							EXTRA EXPENS	SE	DAYS PERIOD RES	
												LIMIT LOSS F			
												%		6%	
ADDITIONAL COVERAG					D. T. 10 B	FORMATION				-		<u>%</u> %%			
CONSTRUCTION TYPE		DIST	ANCE TO		FIRE D	DISTRICT/CO	DE N	NUMBER	PROT	CL #	STORIES	#BASM'TS	YR BUIL	T TOTAL AREA	
			FT MI		005						ID THIS IS A				
BUILDING IMPROVEME	NTS			BLDG CO GRAD	ODE TA	X CODE I	ROOI	F TYPE	OTHER	occi	JPANCIES				
WIRING, YR:	P	LUMBING,	YR:												
ROOFING, YR:	н	EATING, YE	₹:	WIND CL	LASS			passes = 111	HEATIN	IG BO	ILER ON PR	EMISES?		YES NO	
OTHER:				RES	SISTIVE	SEMI- RESIS	STIVE	E OTH	ER IF YES,	IS IN	SURANCE P	LACED ELSEW	HERE?	YES NO	
RIGHT EXPOSURE & DI	STANCE		LEI	FT EXPOS	SURE & DI				REA	R EXP	OSURE & D	ISTANCE			
BURGLAR ALARM TYP	E		CE	RTIFICAT	TE#		E	XPIRATION DA	TE		EXTENT	GRADE	(CENTRAL STATION	
DONOLD II CAN THE TANK THE TAN	_		13550										\ \	WITHKEYS	
	TALLED AND CEDA	CED BY									# GUARDS	WATCHMEN	1	CLOCK HOURLY	
BURGLAR ALARM INST	TALLED AND SERVI	CEDBI													
		<u> </u>	00 (01	Contamo		% SPRNK	CE	FIRE ALARM MA	ANUFACTURE	R			+ 1	CENTRAL STATION	
PREMISES FIRE PROTE	ECTION (Sprinklers,	Standpipes	, CO ₂ /Chemical	Systems	5)	76 SFRAN	Ϊ.	INC ACAIGN IN	aror nor one						
													1	LOCAL GONG	
ADDITIONAL INT	TERESTS														
RANK: NAM	ME AND ADDRESS				EV	IDENCE	RAN	NK:	NAME AND A	DDRE	SS			EVIDENCE	
LOSS PAYEE MORT-						CERTIF- ICATE POLICY	INT	LOSS PAYEE MORT-						CERTIF ICATE POLICY	
GAGEE								GAGEE							
VALUE REPORT	ING INFORMA	ATION	-												
			R PAST 12 MON	VTHS			DDE*	MIGEGI	ANY OTHE			ANY OTHER L		PREMISES NOT OWNE	
REPORTING FORM: PROVIDE AVERAGE VALUES FOR PAST 12 MONTHS SUBJECT OF INSURANCE						_ '	PREMISES/ BUILDING			TION DECLARED AT INCEPTION			TION	OR ACQUIRED LIMIT	
	SUBJECT	OF HISORO					2500								
													es-outrows		
							-								
											-				
REMARKS															