



PROPERTY/INLAND MARINE - PREMISES INFORMATION						ADD	CHANGE	DELETE
#	SUBJECT OF INSURANCE	AMOUNT	COINS %	VAL- UATION	CAUSES OF LOSS	INFLATION GUARD %	DEDUCTIBLE	FORMS AND CONDITIONS TO APPLY
LOC.								
BLDG.								

ADDITIONAL COVERAGES, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION							
CONSTRUCTION TYPE	PROT. CL.	# STORIES	# BASMTS	YR. BUILT	TOTAL AREA	OTHER OCCUPANCIES	

GENERAL LIABILITY - LIMITS		CHANGE
GENERAL AGGREGATE	\$	EACH OCCURRENCE \$
PRODUCTS & COMPLETED OPERATIONS AGGREGATE	\$	FIRE DAMAGE (ANY ONE FIRE) \$
PERSONAL & ADVERTISING INJURY	\$	MEDICAL EXPENSE (ANY ONE PERSON) \$

GENERAL LIABILITY - SCHEDULE OF HAZARDS							
TYPE OF CHANGE ADD/CHANGE/DEL	LOC. #	CLASSIFICATION	CLASS CODE	PREMIUM BASIS	TERR.	PREMIUM BASIS CODES	
						(s) GROSS SALES - PER \$1,000/SALES (p) PAYROLL - PER \$1,000/PAY (a) AREA - PER 1,000/SQ. FT. (c) TOTAL COST - PER \$1,000/COST (m) ADMISSIONS - PER 1,000/ADM. (u) UNIT - PER UNIT (t) OTHER	

WORKERS COMPENSATION RATING INFORMATION							
TYPE OF CHANGE ADD/CHANGE/DEL	STATE	LOC. #	CLASS CODE	COMPANY USE	CATEGORIES, DUTIES, CLASSIFICATIONS	NO. OF EM- PLOYEES	ESTIMATED REMUNERATION

ADDITIONAL INTEREST			ADD	CHANGE	DELETE
INTEREST	NAME AND ADDRESS		INTEREST IN ITEM		
<input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> OTHER			LOCATION #: BUILDING #: VEHICLE #: BOAT #: ITEM #: OTHER:		
CERTIFICATE REQUIRED	REFERENCE #:				

ADDITIONAL INTEREST			ADD	CHANGE	DELETE
INTEREST	NAME AND ADDRESS		INTEREST IN ITEM		
<input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> OTHER			LOCATION #: BUILDING #: VEHICLE #: BOAT #: ITEM #: OTHER:		
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**ADDITIONAL CHANGES / REMARKS**

ACORD 175 (9/91)