	ACO	/IRI/).		00	MM	EF	CA		PO		(C)	YC	347	ANG	E	RI	=0	U	ES	ST	DA	TE (MM	A/DD/YY)
PRODUCER									POLICY TYPE	TYPE INLAND WARINE AUTO/TRUCKERS														
COD	CODE SUB-CODE								-	COMPAN	17	Ci	RIME			W	DRKI	ERS (COM	/IP.	l_			
INSU	URED'S NAM	NE							Ī	POLICY NUMBER EFFECTIVE DATE OF CHANGE														
INSL	URED'S MAI	LING A	DDR	ESS IF (HANGED				1	POLICY INCEPTION DATE POLICY EXPIRATION DATE														
										BE AD)JUS	STED A	CCORD	INGLY, A	OF YOUR F AND IF A P RSEMENT.	REMIU	est. UF	PON AF	PRC	VAL, TI	HE COM QUIRED,	WPANY'S , IT WILL	RECOR BE DC	RDS WILL
********	EMISES I	**********	*********	000000000000000	000000000000000000000000000000000000000										ADD		<u> </u>		IAN	GE		С	DELET	Έ
#	STRE	ET, CII	Y, CC)UNTY, :	STATE, ZIP C	ODE										-		INTER	EST		YR. E	BUILT	PART	OCCUPIED
NA'	ооооорооооо	BUS	INE	SS/D	ESCRIPTI	ON OF (OPER/	ATIONS BY	Y PF	TEMISE	E(S)			ADD			СН	ÍAN	GE		D	DELET	Έ
AU'	LITO-VEHICLE DESCRIPTION / LIMITS POLICY LIM # YEAR MAKE, MODEL, BODY TYPE								MIT(S	S) CHANG	3ED				700	SEAT	**** <u></u>		IAN SERI	GE AL NUN	IBER	D	DELET	Έ
CITY	CITY, STATE, ZIP, WHERE GARAGED TERR USE							GV	GVW/GCW CLASS				SIC FACTOR				SYM/AGE COS		COST	NEW RADIUS FAR		FARTI	HEST TERM.	
	RETAIL					СН	ECK COV	AGES		UNIN	IS. MOT.		F	L.S.P. DEC		DUCTIE	BLES		ACV					
	PLEASURE FARM	E	$\vdash\vdash$	1	TO W/S UNDE TO W/S OVER		!	SERVICE		LIAB.		ADD'L PI			ERINS. MOT.		F&T					P/SPEC \$		ST ANT
		BILITY	Ш	DRIVE		PIP	_lissipany	T	AP		MED PA		CAL PAY	MENTS	U	F,T&W	W COLL COLL. URED MOTORISTS				NDERINS	\$ MOTORISTS		
\$		**********	~~~		\$	***************************************	~~~	\$		s						\$					\$			
AUT #	TO-VEHICLE DESCRIPTION / LIMITS POLICY LIN YEAR MAKE, MODEL, BODY TYPE					VIIT(S	r(s) CHANGED ADD						SEAT	CHANGE D AT CAP. VIN/SERIAL NUMBER					ELET	E				
CITY	, STATE, ZIF	P, WHE	RE G	ARAGEI)	TERR	USE	COMM'L		W/GCW		LASS		SIC FACTOR				SYM/A	SYM/AGE COST N		NEW	RADIUS	FARTI	HEST TERM.
_			\Box			<u> </u>	RETAIL		СНІ	CHECK COVERAGES		7	-	UNIN	IS. MOT.	F					DUCTIE			ACV
	PLEASURE	=	\dashv		TO W/S UNDEI TO W/S OVER		8	SERVICE		PIP MED PAY				UNDE	F&T		COME		MP/SPE	£C \$		ST AMT		
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\$		*********	*********		\$		***************************************	\$		•	~~~~	\$	*******************			\$					\$			
DRI	VER INF)RM/	ATIC)N (Lis	it drivers v	who trec	luenth	y use own	veh	icles)				 _	ADD		<u></u>	СН	ANG	GE 🏻		Q D	ELET	
#	NAME (Include address, if required)							DATE OF BIRTH				YEAR LIC. DRIVERS:			S: LIC #/SOC. SE			SEC. #		USEN	VEH.) %	DIST. TO WORK/ SCHOOL		
\dashv													1									1	1	
	VER INFO	MHC	VTIC	W (Lis	t drivers v	vho freq	uently	y use own	veh	icles)					ADD		**	СН	ANG	3E 🏽		D	ELETI	E
	VER INFO	MAG			s t drivers v lude address, i	***************************************	**********	/ use own	veh	icies) Date Oi	FBI	RTH	YEAR LIC.		ADD	: LIC #	*/soc			GE 🏻	STATE		VEH.	DIST. TO WORK/
DRI	VER INF	OHM)				***************************************	**********	y use own	veh		F BII	RTH	YEAR LIC.		l '	: LIC #	#/SOC			GE .	STATE LIC.	USEV	VEH.	
DRI	VER INFO	ORM.				***************************************	**********	y use own	veh		F BII	RTH	YEAR LIC.		l '	: LIC 1	#/SOC			GE	STATE LIC.	USEV	VEH.	DIST. TO WORK/

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ACORD 175 (9/91)

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PROPERTY/INLA	ND MAF	IINE - PF		RMATION	VAL-	1		AD		CHA	NGE		DELETE	_			
# SUBJECT OF INSURANCE LOC.			AMOUNT	COINS 9	6 UATION	CAUSE	S OF LOSS	GUARD %	DEDUCTIBLE		FORMS AN	D CONDITI	ONS TO APP	LY			
LOC.																	
BLDG.														****			
ADDITIONAL COVERAG	GES, REST	RICTIONS	, ENDORSEMENTS	AND RATING	INFORMATIO	ON		1	<u> </u>								
CONSTRUCTION TYPE	I		PROT. C	L. # STORIE	S # BASM'T	S YR. BUII	LT TOTAL A	REA	OTHER OCC	UPANCIE	S	****					
GENERAL LIABIL	ITY + LIK	AITS				,			_	CHA	NGE						
GENERAL AGGREGATE	<u> </u>			\$			EACH OCCUR	RENCE				\$					
PRODUCTS & COMPLE			GGREGATE	\$			FIRE DAMAGE					\$					
PERSONAL & ADVERT	******	**************	E OF WATABOU	\$			MEDICAL EXP	ENSE (ANY C	NE PERSON)			\$					
GENERAL LIABIL	 	nepou	OF 615-024 FIDE														
TYPE OF CHANGE ADD/CHANGE/DEL	LOC.			CLASSIFIC	ATION			CLASS CODE	PREMIUN Basis	4	TERR.	PREMIUM BASIS CODES					
					•									-			
												_ (s) GRO	SS SALES				
												- PEF	\$1,000/SALE OLL - PER \$1,	S 000/PAY			
												(a) AREA	A - PER 1,000/S L COST	SQ. FT.			
												(m) ADMI		-			
	-	ļ										_ (u) UNIT	1,000/ADM. - PER UNIT				
												(t) OTHE	:H				

WORKERS COMP	ENSAI	ION HAI	ING INFOHMA	HON							ſ	NO 05					
TYPE OF CHANGE ADD/CHANGE/DEL	STATE	LOC.	CLASS CODE	LASS CODE COMPANY USE CATEGORIES, DUTIES, CLASSIFI								NO. OF EM- PLOYEES	ESTIMA REMUNEI				
												PLOTELO					
											l						
						000000000000000000000000000000000000000		******	***************************************								
ADDITIONAL INTI			AD	D	CHA	NGE		DELETE	_								
	REST				N	ADDRESS		INTEREST IN ITEM									
ADDITIONAL INS	URED						LOCATION #: BUILDING #:										
LOSS PAYEE MORTGAGEE											VEHICLE #:						
LIENHOLDER											OAT #:						
	OTHER									- 1	EM #:						
CERTIFICATE RE	QUIRED		REFERENCE	#:				, ,			THER:						
ADDITIONAL INTI	EREST							AD	D .	CHA	NGE		DELETE				
INTE	REST			NAME AND ADDRESS									INTEREST IN ITEM				
ADDITIONAL INS	DDITIONAL INSURED									L	LOCATION #:						
LOSS PAYEE											BUILDING #:						
MORTGAGEE										i	EHICLE #:						
LIENHOLDER										- 1	BOAT #:						
OTHER CERTIFICATE REQUIRED REFERENCE #:											ITEM #: OTHER:						
ADDITIONAL CHA		REMAR	************************	π.						10	inen:						
