

ACORD™ PROPERTY SECTION

DATE (MM/DD/YYYY)

/ /

AGENCY	PHONE (A/C, No, Ext): (800) 800-4467 FAX (A/C, No): (877) 783-3144	APPLICANT (First Named Insured)			
Lindsey Specialty Insurance 2520 Ovilla Road, Suite 100 Red Oak TX 75154-		EFFECTIVE DATE / /	EXPIRATION DATE / /	DIRECT BILL AGENCY BILL	PAYMENT PLAN
CODE:	SUB CODE:	FOR COMPANY USE ONLY			
AGENCY CUSTOMER ID:					

PREMISES INFORMATION	PREMISES #:	STREET ADDRESS:			
	BUILDING #:	BLDG DESCRIPTION:			

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DEDUCTIBLE	BLKT COV	FORMS AND CONDITIONS TO APPLY

ADDITIONAL INFORMATION	BUSINESS INCOME / EXTRA EXPENSE	BUSINESS INCOME W/O EXTRA EXPENSE	EXTRA EXPENSE
TYPE OF BUSINESS	ORDINARY PAYROLL EXCL <input type="checkbox"/> INCL <input type="checkbox"/> 90 DAYS 180 DAYS % COINS	POWER/HEAT \$ DED ELEC MEDIA DAYS ORD OR LAW DAYS	EXT PERIOD DAYS MO PERIOD LIMIT MAX PERIOD TUITION FEES \$ STUDENTS OTHER ED SERV/INC
		OFF PREM POWER POWER WATER COMM (DESCR BELOW)	DEPEND PROP % COIN CONT LOC REC LOC MFG LOC LDR LOC (DESCR BELOW)

NAME AND ADDRESS(ES) FOR OFF PREM POWER OR DEPEND PROP	EXTRA EXPENSE _____ DAYS PERIOD REST
-	LIMIT LOSS PAY % % % %

ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

CONSTRUCTION TYPE	DISTANCE TO HYDRANT FT	FIRE STAT MI	FIRE DISTRICT/CODE NUMBER	PROT CL	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA
BUILDING IMPROVEMENTS WIRING, YR: _____ ROOFING, YR: _____ OTHER: _____	PLUMBING, YR: _____ HEATING, YR: _____	BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES			
RIGHT EXPOSURE & DISTANCE		LEFT EXPOSURE & DISTANCE		REAR EXPOSURE & DISTANCE				
BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE / /	EXTENT	GRADE	CENTRAL STATION WITH KEYS			
BURGLAR ALARM INSTALLED AND SERVICED BY				# GUARDS/WATCHMEN	CLOCK HOURLY			
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2/Chemical Systems)			% SPRNK	FIRE ALARM MANUFACTURER			CENTRAL STATION LOCAL GONG	

ADDITIONAL INTERESTS

RANK:	NAME AND ADDRESS:	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER
INTEREST LOSS PAYEE MORTGAGEE				LOCATION: BUILDING: SCHEDULED ITEM NUMBER: OTHER:
	ITEM DESCRIPTION:			

VALUE REPORTING INFORMATION

REPORTING FORM: PROVIDE AVERAGE VALUES FOR PAST 12 MONTHS	PREMISES/BUILDING	ANY OTHER LOCATION DECLARED AT INCEPTION	ANY OTHER LOCATION ACQUIRED AFTER INCEPTION	PREMISES NOT OWNED OR ACQUIRED LIMIT
SUBJECT OF INSURANCE				

ADDITIONAL PREMISES INFORMATION

PREMISES #:		STREET ADDRESS:						
BUILDING #:		BLDG DESCRIPTION:						
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DEDUCTIBLE	BLKT COV	FORMS AND CONDITIONS TO APPLY

ADDITIONAL INFORMATION

TYPE OF BUSINESS		ORDINARY PAYROLL		POWER/HEAT		EXT PERIOD		TUITION FEES		OFF PREM POWER		DEPEND PROP	
<input type="checkbox"/> NON MFG	<input type="checkbox"/> EXCL <input type="checkbox"/> INCL	\$	DED		DAYS	\$	STUDENTS	<input type="checkbox"/>	POWER	<input type="checkbox"/>	% COIN	<input type="checkbox"/>	CONT LOC
<input type="checkbox"/> MFG	90 DAYS				MO PERIOD	\$	OTHER ED SERV/INC	<input type="checkbox"/>	WATER	<input type="checkbox"/>		<input type="checkbox"/>	REC LOC
<input type="checkbox"/> MINING	180 DAYS				LIMIT			<input type="checkbox"/>	COMM (DESCR BELOW)	<input type="checkbox"/>		<input type="checkbox"/>	MFG LOC
% COINS	\$				MAX PERIOD			<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	LDR LOC (DESCR BELOW)
					DAYS								

NAME AND ADDRESS(ES) FOR OFF PREM POWER OR DEPEND PROP

EXTRA EXPENSE _____ DAYS PERIOD REST

LIMIT LOSS PAY

_____ % _____ % _____ % _____ %

ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

CONSTRUCTION TYPE		DISTANCE TO HYDRANT		FIRE DISTRICT/CODE NUMBER		PROT CL		# STORIES		# BASM'TS		YR BUILT		TOTAL AREA	
BUILDING IMPROVEMENTS		BLDG CODE GRADE		TAX CODE		ROOF TYPE		OTHER OCCUPANCIES							
<input type="checkbox"/> WIRING, YR:	<input type="checkbox"/> PLUMBING, YR:	WIND CLASS		HEATING BOILER ON PREMISES?		YES		NO		IF YES, IS INSURANCE PLACED ELSEWHERE?		YES		NO	
<input type="checkbox"/> ROOFING, YR:	<input type="checkbox"/> HEATING, YR:	RESISTIVE		SEMI-RESISTIVE		OTHER									
RIGHT EXPOSURE & DISTANCE				LEFT EXPOSURE & DISTANCE				REAR EXPOSURE & DISTANCE							
BURGLAR ALARM TYPE				CERTIFICATE #				EXPIRATION DATE		EXTENT		GRADE		CENTRAL STATION WITH KEYS	
BURGLAR ALARM INSTALLED AND SERVICED BY								# GUARDS/WATCHMEN		CLOCK HOURLY					
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2/Chemical Systems)						% SPRNK		FIRE ALARM MANUFACTURER				CENTRAL STATION			
												LOCAL GONG			

ADDITIONAL INTERESTS

RANK:	NAME AND ADDRESS:	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER
INTEREST				LOCATION: BUILDING:
<input type="checkbox"/> LOSS PAYEE				SCHEDULED ITEM NUMBER:
<input type="checkbox"/> MORTGAGEE				OTHER:
	ITEM DESCRIPTION:			

REMARKS

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, HI, NE, OH, OK, OR or VT; in DC, LA, ME, TN and VA, insurance benefits may also be denied)