



AGENCY CUSTOMER ID: \_\_\_\_\_

**PROPERTY SECTION**DATE (MM/DD/YYYY)  
01/01/2019

AGENCY NAME ICA Agency Alliance, Inc.		CARRIER		NAIC CODE
POLICY NUMBER		EFFECTIVE DATE 01/01/2019	NAMED INSURED(S) Test Sample	

PREMISES INFORMATION							
PREMISES #: 1		STREET ADDRESS: 111 Main Street, Anywhere, USA 88888					
BUILDING #: 1		BLDG DESCRIPTION: Bakery					
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU-ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	BLKT #
Building	\$2,000,000	100	RC	Special Form	2%	1000	
BPP - Contents	\$120,000	100	RC	Special Form	2%	1000	

ADDITIONAL INFORMATION	<input type="checkbox"/> BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810	<input type="checkbox"/> VALUE REPORTING INFORMATION - Attach ACORD 811
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ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION			
SPOILAGE COVERAGE (Y/N)	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y/N)
<input type="checkbox"/>			<input type="checkbox"/>

<input type="checkbox"/> SINKHOLE COVERAGE (Required in Florida)	<input type="checkbox"/> ACCEPT COVERAGE	<input type="checkbox"/> REJECT COVERAGE	LIMIT: \$
<input type="checkbox"/> PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK			# OF OPEN SIDES ON STRUCTURE: 555

CONSTRUCTION TYPE Joisted Masonry	DISTANCE TO HYDRANT 1000 FT	FIRE STAT 1 MI	FIRE DISTRICT	CODE NUMBER 2	PROT CL 2	# STORIES 2	# BASM'TS 0	YR BUILT 1986	TOTAL AREA 4000
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BUILDING IMPROVEMENTS	BLDG CODE GRADE	TAX CODE	ROOF TYPE Shingle	OTHER OCCUPANCIES Hallmark Store, Jewelry Store
<input checked="" type="checkbox"/> WIRING, YR: 2014	<input checked="" type="checkbox"/> PLUMBING, YR: 2014			
<input checked="" type="checkbox"/> ROOFING, YR: 2014	<input checked="" type="checkbox"/> HEATING, YR: 2014	WIND CLASS	SEMI-RESISTIVE	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT
<input type="checkbox"/> OTHER: YR: _____	<input type="checkbox"/> RESISTIVE	<input type="checkbox"/>	<input type="checkbox"/>	DATE INSTALLED: _____

PRIMARY HEAT	SECONDARY HEAT
<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/>	<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/>
IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N	IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N

RIGHT EXPOSURE & DISTANCE Parking Lot	LEFT EXPOSURE & DISTANCE Office Building - 300 Ft	FRONT EXPOSURE & DISTANCE Road	REAR EXPOSURE & DISTANCE Alley
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BURGLAR ALARM TYPE Central Station	CERTIFICATE # kklueieu	EXPIRATION DATE 01/01/2020	<input checked="" type="checkbox"/> CENTRAL STATION <input type="checkbox"/> LOCAL GONG
			<input type="checkbox"/> WITH KEYS

BURGLAR ALARM INSTALLED AND SERVICED BY abc fire	EXTENT	GRADE	# GUARDS / WATCHMEN 0	<input type="checkbox"/> CLOCK HOURLY
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PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems) Sprinkler System	% SPRNK 0	FIRE ALARM MANUFACTURER	<input checked="" type="checkbox"/> CENTRAL STATION <input type="checkbox"/> LOCAL GONG
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ADDITIONAL INTEREST	ACORD 45 attached for additional names		
INTEREST	NAME AND ADDRESS	RANK: _____	EVIDENCE: <input type="checkbox"/> CERTIFICATE
<input type="checkbox"/> LOSS PAYEE			
<input type="checkbox"/> MORTGAGEE			
<input type="checkbox"/>			
	REFERENCE / LOAN #:		
		INTEREST IN ITEM NUMBER	
		LOCATION:	BUILDING:
		ITEM CLASS:	ITEM:
ITEM DESCRIPTION			

REMARKS

**ADDITIONAL PREMISES INFORMATION**

PREMISES #:		STREET ADDRESS:						
BUILDING #:		BLDG DESCRIPTION:						
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU-ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	BLKT #	FORMS AND CONDITIONS TO APPLY

ADDITIONAL INFORMATION  BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810  VALUE REPORTING INFORMATION - Attach ACORD 811

**ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION**

SPOILAGE COVERAGE (Y/N) <input type="checkbox"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y/N) <input type="checkbox"/>	OPTIONS <input type="checkbox"/> BREAKDOWN OR CONTAMINATION <input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE
		DEDUCTIBLE \$		

SINKHOLE COVERAGE (Required in Florida)  ACCEPT COVERAGE  REJECT COVERAGE  LIMIT: \$ \_\_\_\_\_

PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK # OF OPEN SIDES ON STRUCTURE: \_\_\_\_\_

CONSTRUCTION TYPE	DISTANCE TO HYDRANT FT	DISTANCE TO FIRE STAT MI	FIRE DISTRICT	CODE NUMBER	PROT CL	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA
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BUILDING IMPROVEMENTS <input type="checkbox"/> WIRING, YR: _____ <input type="checkbox"/> ROOFING, YR: _____ <input type="checkbox"/> OTHER: _____ YR: _____	<input type="checkbox"/> PLUMBING, YR: _____ <input type="checkbox"/> HEATING, YR: _____	BLDG CODE GRADE <input type="checkbox"/> RESISTIVE <input type="checkbox"/>	TAX CODE <input type="checkbox"/>	ROOF TYPE SEMI-RESISTIVE <input type="checkbox"/>	OTHER OCCUPANCIES <input type="checkbox"/> HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT DATE INSTALLED: _____ MANUFACTURER: _____
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PRIMARY HEAT <input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N	SECONDARY HEAT <input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N
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RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE
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BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	<input type="checkbox"/> CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/> WITH KEYS
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BURGLAR ALARM INSTALLED AND SERVICED BY	EXTENT	GRADE	# GUARDS / WATCHMEN <input type="checkbox"/> CLOCK HOURLY <input type="checkbox"/>
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PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)	% SPRNK	FIRE ALARM MANUFACTURER	<input type="checkbox"/> CENTRAL STATION <input type="checkbox"/> LOCAL GONG
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**ADDITIONAL INTEREST**  ACORD 45 attached for additional names

INTEREST <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/>	NAME AND ADDRESS RANK: _____ EVIDENCE: <input type="checkbox"/> CERTIFICATE <input type="checkbox"/>	INTEREST IN ITEM NUMBER LOCATION: _____ BUILDING: _____ ITEM CLASS: _____ ITEM: _____ ITEM DESCRIPTION
REFERENCE / LOAN #: _____		

**REMARKS**

Property was completely remodeled in 2014

**FRAUD NOTICES**

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, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

IN THE DISTRICT OF COLUMBIA, WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS, IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT

IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

IN KANSAS, ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, 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, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.

**REMARKS**