



**WORKERS COMPENSATION RATING INFORMATION**

TYPE OF CHANGE	STATE	LOC	CLASS CODE	DESCR CODE	CATEGORIES, DUTIES, CLASSIFICATIONS	# OF EMPLOYEES		ESTIMATED ANNUAL REMUNERATION
						FULL TIME	PART TIME	

**PROPERTY / INLAND MARINE - PREMISES INFORMATION**

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

ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

**CONSTRUCTION TYPE**

CONSTRUCTION TYPE	DISTANCE TO HYDRANT FT	FIRE STAT MI	FIRE DISTRICT / CODE NUMBER	PROT CL	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA
BUILDING IMPROVEMENTS	PLUMBING, YR:	HEATING, YR:	OTHER:	BLDG CODE GRADE	INSPECTED? Y/N	ROOF TYPE	OTHER OCCUPANCIES	
WIRING, YR:				TAX CODE				
ROOFING, YR:								

RIGHT EXPOSURE & DISTANCE      LEFT EXPOSURE & DISTANCE      REAR EXPOSURE & DISTANCE

**BURGLAR ALARM TYPE**

BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	EXTENT	GRADE	CENTRAL STATION WITH KEYS
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BURGLAR ALARM INSTALLED AND SERVICED BY      # GUARDS/WATCHMEN      CLOCK HOURLY

**PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO<sub>2</sub> / Chemical Systems)**

PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO <sub>2</sub> / Chemical Systems)	FIRE ALARM MANUFACTURER	CENTRAL STATION
		LOCAL GONG

**INLAND MARINE - SCHEDULED EQUIPMENT**

#	MODEL YEAR	DESCRIPTION (TYPE, MANUFACTURER, MODEL, CAPACITY, ETC)	ID #/SERIAL #	DATE PURCHASED	NEW/USED	AMOUNT OF INSURANCE
						\$
						\$

**GENERAL LIABILITY - LIMITS**

GENERAL AGGREGATE	\$	DAMAGE TO RENTED PREMISES	\$
PRODUCTS & COMPLETED OPERATIONS AGGREGATE	\$	MEDICAL EXPENSE (Any one person)	\$
PERSONAL & ADVERTISING INJURY	\$	EMPLOYEE BENEFITS	\$
EACH OCCURRENCE	\$		\$

**GENERAL LIABILITY - SCHEDULE OF HAZARDS**

TYPE OF CHANGE	LOC #	HAZ #	CLASSIFICATION	CLASS CODE	PREMIUM BASIS	EXPOSURE	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

**UMBRELLA**

LIMIT OF LIABILITY	\$	OTHER (DESCRIBE)
RETAINED LIMIT	\$	

**ADDITIONAL INTEREST**

INTEREST	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	INTEREST IN ITEM NUMBER
<input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> LOSS PAYEE					LOCATION: BUILDING: VEHICLE: BOAT: AIRPORT: ITEM CLASS: ITEM: ITEM DESCRIPTION
<input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT					
	REFERENCE / LOAN #:				

**SIGNATURE (Any deletion or reduction in coverage requires the Insured's signature)**

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO (Required in Florida)
INSURED'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER