PROPERTY APPLICATION

APPLICANT NAME:												
DBA (if applicable):												
LOCATION #1												
ADDRESS:												
CONSTRUCTION TYPE D		DISTANCE TO			PROT CL	# STORIES	YR BUILT	SQUARE FOOTAGE				
	HYDRANT FIRE S											
BUILDING UPDATES (IF	RIJII DING	FT	OI DER T	MI THAN 20 VE	ARS OLD)	TVPF OF AT	IOINING I	RIGINESS				
<u> </u>	DelEblivo	, 15 C			into obb)	TYPE OF ADJOINING BUSINESS						
WIRING, YR:				BING, YR:		TO THE LEFT:						
ROOFING, YR:	ID AT ADM	<u>Ш</u>		NG, YR:	. 11		O THE RIGHT:					
CENTRALY MONITORE YES NO	D ALAKM			Alarms are i for theft cov	_	a third party su	ch as ADT.	Self-monitored alarm systems do not				
COVERAGE		ΔМ		DESCRIP								
Business Personal Property:		AIVI	OUNT			icas accassoria	e dienlay cae	es, and other owned business property				
	Pattamaanta											
Tenants Improvements and I								u've made as a tennant				
Business Income with Extra	Expense				minimum recommended amount is 2 months of gross sales							
Exterior Sign:		<u> </u>		-	ace signage							
ANY PROPERTY CLAIM If yes, provide details of ty					YES	∐ NO						
EXPIRING INSURER IN	FORMATIO	ON:	Check	if none	Check if s	same as general	liability insur	er				
Name of Insurer: Effective Date: Expiration Date:												
ADDITIONAL INSURED	INFORMA	TIO	N:									
Name:												
Address:												
Interest: Lessor/Land	dlord	Loss	Payee/Ba	ank								
,			, ,									

APPLICANT N													
DBA (if applica	ble):												
LOCATION #	‡ 2												
ADDRESS:													
CONSTRUCTI	RUCTION TYPE DISTAN HYDRANT FII			ГО TATION	PROT CL	# STORIES	YR BUILT	SQUARE FOOTAGE					
BUILDING UPDATES (IF BUILDING			FT		MI								
l	,	F BUILDING	is ((ARS OLD)	TYPE OF AD		BUSINESS				
WIRING, YR:			☐ PLUMBING, YR:				TO THE LEFT:						
ROOFING,			Ш		NG, YR:		TO THE RIGI						
CENTRALY M		ED ALARM	[_	a third party su	ch as ADT. S	Self-monitored alarm systems do not				
YES	NO				for theft cov								
COVERAGE			AM	OUNT	DESCRIP								
Business Person									es, and other owned business property				
Tenants Improve	ments and	Betterments:			cost of construction and other permanent fixtures you've made as a tennant								
Business Income	with Extra	Expense		minimum recommended amount is 2 months of gross sales									
Exterior Sign:					cost to replace signage								
EXPIRING INS	SURER IN	FORMATIO	ON:	Check	if none	Check if	same as general	liahility insure	er				
Name of Insurer			0111	criccit			Jame as general		piration Date:				
ADDITIONAL	INSURED	INFORMA	TIO	N:									
Name:													
Address:													
Interest:	Lessor/Lan	dlord	Loss	Payee/Ba	ank								

Date:

Signature:

APPLICANT N													
DBA (if applica	ble):												
LOCATION #	#3												
ADDRESS:													
CONSTRUCTION TYPE HYDRA			TANCE T	TO TATION	PROT CL	# STORIES	YR BUILT	SQUARE FOOTAGE					
BUILDING UPDATES (IF BUILDING			FT		MI								
l	,	F BUILDING	SISC			(ARS OLD)	TYPE OF AD		BUSINESS				
WIRING, YR:			☐ PLUMBING, YR:				TO THE LEFT:						
ROOFING,			Ш		NG, YR:		TO THE RIGI						
CENTRALY M		ED ALARM				_	a third party su	ch as ADT. S	Self-monitored alarm systems do not				
YES	NO				or theft cov								
COVERAGE			AM	OUNT	DESCRIP								
Business Person									es, and other owned business property				
Tenants Improve	ements and	Betterments:			cost of construction and other permanent fixtures you've made as a tennant								
Business Income	with Extra	a Expense		minimum recommended amount is 2 months of gross sales									
Exterior Sign:					cost to replace signage								
EXPIRING INS	SURER IN	FORMATIO)N·	Check	if none	Check if s	same as general	liahility insure	ar				
Name of Insurer			J1 (•				Jame as general		piration Date:				
ADDITIONAL	INSUREI) INFORMA	TIO	N:									
Name:													
Address:													
Interest:	Lessor/Lar	ndlord	Loss	Payee/Ba	ank								

Date:

Signature:

APPLICANT N													
DBA (if applical	ole):												
LOCATION #	4												
ADDRESS:													
CONSTRUCTION TYPE HYDRA				TANCE T	ГО TATION	PROT CL	# STORIES	YR BUILT	SQUARE FOOTAGE				
BUILDING UPDATES (IF BUILDING			FT		MI				TION IN CO.				
	BUILDING	_			(ARS OLD)	TYPE OF ADJOINING BUSINESS							
☐ WIRING, YR:			Ш	PLUME	SING, YR:		TO THE LEFT:						
ROOFING,					NG, YR:		TO THE RIGH						
CENTRALY M		D ALARM				_	a third party su	ch as ADT. S	Self-monitored alarm systems do not				
YES	∐ NO		T		for theft cov								
COVERAGE			AM	OUNT	DESCRIP								
Business Persona					cost to repla	ace juices, dev	vices, accessories	s, display case	es, and other owned business property				
Tenants Improve	ments and l	Betterments:			cost of con	struction and	other permaner	nt fixtures you	n've made as a tennant				
Business Income	with Extra	Expense			minimum recommended amount is 2 months of gross sales								
Exterior Sign:					cost to replace signage								
					••			1. 1. 10.					
EXPIRING INS Name of Insurer:		CORMATIO	JN: [Cneck			ame as general		oiration Date:				
ADDITIONAL	INSURED	INFORMA	TIO	N:									
Name:													
Address:													
Interest:	Lessor/Land	dlord	Loss	Payee/Ba	ank								

Signature:

Date: