

# ACORD™ PROPERTY SECTION

DATE (MM/DD/YYYY)

PRODUCER	PHONE (A/C, No, Ext): <b>800-530-7088</b> FAX (A/C, No): <b>410-290-2939</b> <b>HUMAN SERVICES BENEFITS COMPANY</b> <b>6750 ALEXANDER BELL DRIVE</b> <b>SUITE 100</b> <b>COLUMBIA, MD 21046</b>	APPLICANT (First Named Insured)	EFFECTIVE DATE	EXPIRATION DATE	DIRECT BILL AGENCY BILL	PAYMENT PLAN	AUDIT
CODE: AGENCY CUSTOMER ID:	SUB CODE:	FOR COMPANY USE ONLY					

**PREMISES INFORMATION**      PREMISES #:      BUILDING #:      STREET ADDRESS:

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

ADDITIONAL INFORMATION - BUSINESS INCOME/EXTRA EXPENSE				BUSINESS INCOME W/O EXTRA EXPENSE		EXTRA EXPENSE		
TYPE OF BUSINESS	ORDINARY PAYROLL	POWER/HEAT	EXT PERIOD	TUITION FEES	OFF PREM POWER	DEPEND PROP		
<input type="checkbox"/> NON MFG <input type="checkbox"/> MFG <input type="checkbox"/> MINING _____ % COINS	<input type="checkbox"/> EXCL <input type="checkbox"/> INCL _____ 90 DAYS _____ 180 DAYS _____ \$	\$ _____ DED _____ ELEC MEDIA DAYS _____ ORD OR LAW DAYS	_____ DAYS _____ MO PERIOD LIMIT _____ MAX PERIOD	\$ _____ STUDENTS \$ _____ OTHER ED SERV/INC	<input type="checkbox"/> POWER <input type="checkbox"/> WATER <input type="checkbox"/> COMM (DESCR BELOW)			_____ % COIN <input type="checkbox"/> CONT LOC <input type="checkbox"/> REC LOC <input type="checkbox"/> MFG LOC <input type="checkbox"/> 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	FIRE STAT	FIRE DISTRICT/CODE NUMBER	PROT CL	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA
BUILDING IMPROVEMENTS	WIRING, YR:	PLUMBING, YR:	BLDG CODE GRADE	TAX CODE	OTHER OCCUPANCIES			
	ROOFING, YR:	HEATING, YR:	WIND CLASS		HEATING BOILER ON PREMISES?			
	OTHER:		RESISTIVE	SEMI-RESISTIVE	OTHER	IF YES, IS INSURANCE PLACED ELSEWHERE?		
RIGHT EXPOSURE & DISTANCE			LEFT EXPOSURE & DISTANCE			REAR EXPOSURE & DISTANCE		
BURGLAR ALARM TYPE			CERTIFICATE #		EXPIRATION DATE		EXTENT	GRADE
BURGLAR ALARM INSTALLED AND SERVICED BY						# GUARDS/WATCHMEN		CENTRAL STATION WITH KEYS
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO <sub>2</sub> /Chemical Systems)						% SPRNK	FIRE ALARM MANUFACTURER	
								CENTRAL STATION
								LOCAL GONG

**ADDITIONAL INTERESTS**

RANK:	NAME AND ADDRESS	EVIDENCE	RANK:	NAME AND ADDRESS	EVIDENCE
INTEREST		<input type="checkbox"/> CERTIFICATE <input type="checkbox"/> POLICY	INTEREST		<input type="checkbox"/> CERTIFICATE <input type="checkbox"/> POLICY
<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE			<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE		

**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							

**PREMISES INFORMATION**      PREMISES #:      BUILDING #:      STREET ADDRESS:

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

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

<b>NAME AND ADDRESS(ES) FOR OFF PREM POWER OR DEPEND PROP</b> _____ _____	EXTRA EXPENSE _____ DAYS PERIOD REST LIMIT LOSS PAY _____% _____% _____% _____%
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**ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION**

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

<b>ADDITIONAL INTERESTS</b>			
<b>RANK:</b> <b>INTEREST</b> <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> GAGEE	<b>NAME AND ADDRESS</b> _____ _____	<b>EVIDENCE</b> <input type="checkbox"/> CERTIFICATE <input type="checkbox"/> POLICY	<b>RANK:</b> <b>INTEREST</b> <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> GAGEE

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

**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 and VA, insurance benefits may also be denied)

## Submitter's Contact Information

If this form is being submitted by someone other than the Insured, please provide the submitter's contact information below.

Company Name

Contact Person

Address

Phone

Fax

Email