

Dallas P: (972) 789-1962 **F**: (972) 789-1967

Houston P: (281) 759-4855 **F**: (281) 759-7245

hullandco-texas.com

ACO	ACORD, PROPERTY SECTION															DATE	(MM/D	D/YYYY)				
	APPI (First	APPLICANT (First Named Insured)																				
								EFFECTIVE DATE EXPIRATION DATE DIRECT BILL PAY AGENCY BILL						PAYN	MENT PLAN AUDI							
CODE: SUB CODE:								FOR COMPANY USE ONLY														
AGENCY CUSTOMERID:																						
PREMISES INFORMATION PREMISES #:								BUILDING #: STREET ADDRESS:														
SUBJECT OF INSURANCE AMOUNT					DUNT	COINS %	VALU	VALUATION CAUSES		OF LOS	SS GUA	FLATION DEDUC		IBLE CO	LANKET VERAGE	FOR	MS AND	IONS TO APPLY				
				MATION - BUSII									ME W/O EX				EXPENSE					
TYPE OF BUSINE					POWER/HE			EXT PERIOD		-	TUITION FEE		LIDENTO		POWER			DEPEND PROP % COIN				
NON MFG MFG		П	EXCL 00 DAY	INCL	\$ ELEC MEDI	DEC	1 1	MO PER	DAYS IO PERIOD				THER ED		VATER			CONT LO				
MINING			180 DA			DAYS			LIMIT			SE			СОММ			RECLO				
% C	OINS] \$		ORD OR LA	w		MAX PE	RIOD						DESCRE	BELOW)	MFG LOC					
						DAYS	3											LDR LOC (DESC BELOW)				
NAME AND ADD										_ EXTR/ EXPE	NSE —	DA	AYS PE	RIOD RES								
								LII	MIT LOSS		%											
CONSTRUCTION TYPE DISTANCE TO HYDRANT FIRE ST					TAT MI	FIF	RE DIST	RICT/COD	E NUMB	BER		PROT CL	IES #B	ASM'TS	YR BUII	т то	ΓAL AF	REA				
BUILDING IMPRO	OVEMEN	ITS			11	BLDG C		TAX C	ODE RO	OOF TY	PE		OTHER O	CUPANC	IES							
WIRING, YR: PLUMBING, YR:						UIIA																
ROOFING,	YR:			HEATING, Y	R:	WIND CI	LASS					HEATING			N PREMI	SES?		YES				
OTHER:	RE & DIS	TAN	CE					SEMI- RESISTIVE OTHER IF YES, IS INSURANCE PLACED ELSEWHURE & DISTANCE REAR EXPOSURE & DISTANCE							WHERE?	Y	'ES	NO				
BURGLAR ALARM TYPE CERTIFICAT								ΓE#			RATION DA	TE		EXT	ENT (GRADE	\vdash		CENTRAL STATION WITH KEYS			
BURGLAR ALAR	M INST	ALLE	D AND SE	RVICED BY				# GUARDS/WATCHME						ATCHMEN	1	CLOCK HOURLY						
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2/Chemical Systems)								% SPRNK FIRE ALARM MANUFACTURER							CENTRAL STATION LOCAL GONG							
ADDITIONA	L INTI	ER	ESTS																			
RANK: NAME AND ADDRESS INTEREST LOSS PAYEE MORT- GAGEE								IC.	ERTIF.	M	ST DSS AYEE ORT- AGEE	NAME	IE AND ADDRESS					EVIDENCE CER' ICAT POLI				
VALUE REP	ORTI	NG	INFORI	MATION																		
REPORTING FO			E AVERAG			ONTHS			PR Bl	EMISES	6/ à	TI	Y OTHER L	RED	TIC	OTHER I	IRED			OT OWNER		

PREMISES INFORMATION P								REMISES #: BUIL			BUIL	DING #: STF		STRI	REET ADDRESS:														
SUBJECT OF INSURANCE						AMOUNT			COINS % VAL		ATION	CAUSES OF		LOSS INFLA		ON DEDUCTIBL		BLE	BLANKET COVERAGE		FORMS AND CONT				IDITIONS TO APPLY				
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													_								1 1								
ADDITIONAL INFORM						ATION - BUSINESS INCO							+		SINESS INC		IE W/O EX	Т				EXT	RA EX						
TYPI	E OF BUSINESS					1	POWER/I				PERIOD		TUITION FEE					OFF PR		OWER D			EPEND PROP						
	NON MFG	Н	E	EXCL [INCL	\$		DED			DAYS		· ——					POWER				% COIN						
MFG 90 DAYS							ELEC ME	LEC MEDIA			MO PE			\$			HER ED RV/INC		WATI					CONTLOC					
MINING 180 DAY % COINS \$					iYS		ODD OD I	A 14/	DAYS	MAYE		LIMIT							COMM (DESCR BELOW)				REC LOC MFG LOC						
	% COIN	15 [ORD OR I	_Avv	DAYS	⊢ '	WAXP	ERIOD												MFG LOC LDR LOC (DESC BELOW)					
NAM	E AND ADDRES	S(ES)	FOF	R OFF PR	EM F	POWER OR	DEPEND F	PROP													EXTRA EXPENSE DAYS PERIOD RES								
																				LIN	J EXP			DATST ENIODINEST					
																					%		%%%						
ADD	ITIONAL COVE	RAGES	S, OF	PTIONS, F	REST	TRICTIONS	, ENDORSI	EMEN	ITS AND R	ATING	INFO	RMATION																	
CONSTRUCTION TYPE DISTANCE TO											STRICT/CODE NUMBER				Τ.	DDOT OI	" 07	CODIEC	" D A	OMITO		D D	-	TOTAL	. DE 4				
CON	STRUCTION TY	PE				HYDRANT FIRE			•	FIR	E DIS	TRICT/COD	ENU	MBEK		'	PROT CL	#51	ORIES	#BA	SW 15	YI	R BUII	-1	TOTAL	AKEA			
						FT			BLDG CODE TA			2005 0	205				THER OC	CUD	NOIFC										
BUIL	DING IMPROVE		\neg	1			GRADE			CODE ROOF TYPE			OTHER OCCU			CUPA	JPANCIES												
						PLUMBING, YR:			WIND CLASS															_	1				
	ROOFING, YR					EATING, Y	, Th.				SEMI						OILER ON PREMISES?							YES		NO			
DICE	OTHER:	. DIST	ANC	`=				1 5		SISTIVE		RESIST	IVE		OTHER	IF	FYES, IS II					EWH	ERE?		YES		NO		
l niai	RIGHT EXPOSURE & DISTANCE LEFT EXPOSURE & DISTANCE REAR EXPOSURE & DISTANCE																												
BUR	GLAR ALARM T	VDF						CE	RTIFICAT	F#			FY	DIRATI	ON DATE				XTENT	G	RADE								
50	BURGLAR ALARM TYPE CERTIFICATE #																'	-XILINI	ľ	IIADL				TRAL ST	ATION	l			
BUR	GLAR ALARM I	NSTAI	LED) AND SE	RVIC	CED BY												GUARD	S/WA	тснмі	FN			HKEYS	21.1/				
	GEATT ALATIM	io i Ai		ANDOL		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,																		CLOCK HOURLY					
PRE	MISES FIRE PR	OTEC1	ΓΙΟΝ	l (Sprinkle	ers. S	Standpipes	. CO /Chen	nical	Svstems)			% SPRNK FIRE ALARM MANUF					TURER						\vdash	CENTRAL STATION					
				(-	, -		,2		-,,			70 OI 11111C	TOTILLI										l						
	DITIONAL I	NTE	DE	ete																				LUC	AL GON	2			
RAN										т.	EV/IDE	NOE E	2 4 4 14	· .	NAN	4E A	AND ADDD	FCC								EVIDE	NOF		
		IAIVIE	AND	ADDRES	55					<u> </u>	EVIDE C	ERTIF					AND ADDR	ESS							H	С	ERTIF-		
INTE	INTEREST LOSS								\vdash		5/11L	NTEF	REST LOSS											-		CATE			
	PAYEE MORT-							\vdash	P	OLICY		PAYE MORT	E												OLICY				
<u> </u>	GAGEE											\vdash		GAGE	E														
\	LUE REPOI)TIN	<u> </u>	NEOD	N/A	TION																							
								10117	FI.10															Τ					
REPORTING FORM: PROVIDE AVERAGE VALUES FOR PAST 12 MONTHS											PREMISES/ BUILDING			ANY OTHER LOC TION DECLARE AT INCEPTION			RED	D TION ACQUIRE					ED OR ACQUIRED						
SUBJECT OF INSURANCE												-5/114			TINCEPTIO	JN	AFTER INCEPT			EPII	ION LIM			IIVII I					
																								+					
	MARKS											<u> </u>																	
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L	/ DED.C		'A ! ~	AAUS IC. :		ND 140=	INITE	TO 7		D 4	/ 15	LIDANISE	00	AD.	V 65		UED	20.0	N ====	0 4.	A ===		TIC	1.50	D INIO	D * * * *	25.65		
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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)