

Difference In Conditions

Please attach to Basic App or ACORD 125.
Complete this sheet for **EACH LOCATION**.

BUILDING CHARACTERISTICS		For Loc #	Bldg #
Address: _____			
# of Stories	_____	Year Built	_____
Occupancy	_____	Construction	_____
Month & Yr of last update for:	Electrical _____	Plumbing _____	Roof _____
COVERAGES & LIMITS (To request a coverage, enter desired limit of insurance)			
	LIMIT	VALUES (100%)	
Blanket Real & Personal	\$ _____	See Below	
Real	\$ _____	\$	_____
Personal	\$ _____	\$	_____
- Stock Average	_____	\$	_____
- Stock Maximum	_____	\$	_____
- Furniture & Fixtures	_____	\$	_____
- Machinery & Equipment	_____	\$	_____
- Improvements/Betterments	_____	\$	_____
Business Income & Extra Expense	\$ _____	\$	_____
	% per 30 days		
	Limit	Deductible	
Earthquake	\$ _____	\$	_____
Flood	\$ _____	\$	_____
Broad Form Flood	\$ _____	\$	_____
	Limit	Values	
Any Other Location	\$ _____	Max \$	_____
- Number of Locations	_____	Avg \$	_____
		Total \$	_____
Deductible Amount	\$ _____	Waiting Period:	_____ hours
UNDERLYING PROPERTY COVERAGE		<input type="checkbox"/> All Risk	<input type="checkbox"/> Named Perils. <i>Attach copy of form.</i>
Valuation is:	<input type="checkbox"/> Actual Cash Value	<input type="checkbox"/> Replacement Cost	
Describe MAINTENANCE/inspection program:		Describe theft PROTECTION (alarm, guard, etc.)	
FLOOD: Federal Flood Zone for this location: _____ *			
*If zone A, AE, AO, AH, A1-30, A99, V, VE, V1-30, M or N, attach copy of NFIP application and policy.			
- Amount of federal flood insurance in force and to be maintained:	-Building	\$	_____
	-Contents	\$	_____
- Any unnamed locations in any of the above Federal Flood Zones?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
The nearest body of water, river or stream is:	_____ and is within _____ miles.		
On what floor are building mechanicals located?	_____		
Height above basic flood elevation:	_____		
Basement: - Stores insured property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	- Is finished? <input type="checkbox"/> Yes <input type="checkbox"/> No
- If skidded, inches off floor:	_____ inches		
Has this location experienced flooding, surface water or mudslide in the past 10 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Has this location had sewer or drain backup in the past 10 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
EARTHQUAKE: Soil is... <input type="checkbox"/> Bedrock <input type="checkbox"/> Firm Soil <input type="checkbox"/> Sandy <input type="checkbox"/> Fill Land			
Any undermining?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Any soft stories? <input type="checkbox"/> Yes <input type="checkbox"/> No
Any unnamed location in active seismic area? (e.g. AK, CA, WA, UT, NV, HI)			<input type="checkbox"/> Yes <input type="checkbox"/> No