A	COF	R <b>D</b> ,	С	OM	ME	RCIA	LP	Ol	LICY C	Н	ANG	Ε	RI	Ε	Ql	JE	ST				С	ATE (MM/DD/	YY)
PRODUC		HONE A/C, No,	Ext):						POLICY TYPE	ILAN	ERTY ID MARINE			A	AUTO/	RAL LIA	ERS						
								С	OMPANY	MBR	RELLA			V	VORK	ERS CO	JMP		NAI	C CODE			
CODE:				su	B CODE:														14741	0 0001	-		
AGENCY CUSTON								А	TTENTION:														
INSURE	O'S NAME	!						P	OLICY NUMBER								EFFE	CTIVI	E DAT	E OF CI	HANGE		
INSURE	O'S MAILI	NG ADE	RESSI	F CHANG	ED (INC ZI	P+4)		Р	OLICY INCEPTION	DAT	TE						POLI	CY EX	(PIRA	TION DA	ATE		
									THIS IS AN AC BE ADJUSTED PREMIUM AUD	) AC	CORDINGLY	, AN	ID IF A										
PREM	ISES II	NFOR	MATI	ON												ADD		СНА	NGE		DELI	TE	
LOC#	BLD #	#		S	(REET, CI	TY, COUNTY, S	STATE, ZI	P+4		CI	CITY LIMITS		IN.	TER	EST		YR BU	ILT			PART O	CCUPIED	
											INSIDE OUTSIDE		OWN										
NATU	RF OF	BUSI	NESS	/DFSC	RIPTIO	N OF OPE	RATIO	NS F	BY PREMISE(	S)						ADD		СНА	NGE		DELE	TF	
LOC#	BLD #		NEOC	<u> </u>	<u> </u>	101 OI L	ILATIO	110 1	<u> </u>	<u>U, </u>						ADD		CITA	INGL		DELL		
		_	ESCR	IPTION	V/LIMIT	<u> </u>	POLIC	CY LIM	IIT(S) CHANGED BODY							ADD		СНА	NGE		DELI		
VEH#	YEAR	MA	KE:						TYPE:										_	SYM/A	GE	COST NE	W
		МО	DEL:				TEI	DD.	V.I.N.: GVW/GCV	v	CI	ASS			SIC	-	ACTOR	er	AT CF	D DAI	SIUS	FARTHEST	TEDM
CITY, ST ZIP WHE GARAGI	RE D							\K		v 		ASS			310		I			KAI	103	PARTHEST	
DRIVE T	o work/	sсноо	L USE	<b>Ξ</b> 1		COMM'L	CHECK COVER	AGES	ADD'L NO FAULT		UNDRINS MOTOR TOWING		F		_  L	SP	DEDU	CTIBL	ES	A	cv	COMP	SPEC C OF L
U	NDER 15	MILES		PLEASU	IRE	RETAIL	LIA		MED PAY UNINS		& LABOR SPEC		FT		c	OMP		A		ST AM	\$		
15	MILES O		2	FARM		SERVICE	FA	ULT	MOTOR	_	COFL		FTW		С	OLL	\$				\$		COLL
_	LIABI	LITY		-	NO F	AULT	+	ADD'	'L NO FAULT	+	MEDICAL	PAY	MENTS	<u> </u>	+		URED N	ото	RISTS		INDERIN	ISURED MOT	ORISTS
\$ AUTO	VEHIC	'I E D	ESCE	IDTION	V/LIMIT	<u> </u>	\$	N I III	UT(C) CHANCED	\$	<u>i</u>				\$	ADD		CIIA	NGE	\$	DELI		
VEH#	YEAR			AIF HON	<u> </u>	<u>,                                     </u>	POLIC	, T LIIV	BODY							ADD		СПА	NGE	SYM/A	GE DELI	COST NE	w
			DEL:						V.I.N.:												\$		
CITY, ST ZIP WHE	RE						TE	RR	GVW/GCV	V	CL	ASS	;	:	SIC	F	ACTOR	SE	AT CF	RAI		FARTHEST	TERM
	o work/	sсноо	LUSE			COMM'L	CHECK	AGES	ADD'L NO FAULT		UNDRINS MOTOR		F		L	SP	DEDU	CTIBL	ES	A	cv	СОМР	SPEC C OF L
UI	NDER 15	MILES		PLEASU	IRE	RETAIL	LIA		MED PAY		TOWING & LABOR		FT		c	OMP	A	Α [		ST AM	- \$		
15	MILES O	R OVER	2	FARM		SERVICE	NC FA	ULT	UNINS MOTOR		SPEC C OF L		FTW		С	OLL	\$				\$		COLL
	LIABI	LITY			NO F	<b>\ULT</b>		ADD'	'L NO FAULT		MEDICAL	PAY	MENTS	3		UNINS	URED N	ото	RISTS	ι	INDERIN	ISURED MOT	ORISTS
\$	- D INIE		TION	\$			\$			\$	i				\$					\$			
DRIVER	KINF	JRIVIA		•		•	entiy u	se o	wn vehicles)		YEAR	_		_	DRIVE	ADD RS LIC	ENSE N	UMBE	NGE R/		STAT	USE	% USE
#			NAW	E (Include	address,	if required)			DATE OF BI	КІП	LIC				SOCI	AL SEC	URITY N	<u>IUMBI</u>	ER		LIC	VEH #	USE
DDIVE	D INE	DM A	TION	/List d	rivore	who from	onthy II		wn vehicles)							ADD		0114	NOF		DEL!		
DRIVER	K INFO	JKIVIA		•		if required)	entry u	S <del>e</del> 0	DATE OF BIF	OTU	YEAR	T			DRIVE	ADD RS LIC	ENSE N	UMBE	NGE R/		STAT	USE	% USE
#			NAW	L (IIICIUUE	address,	ii required)			DATE OF BII	XIII	LIC				SOCI	AL SEC	URITY N	IUMBI	<u>EK</u>		LIC	VEH #	USE
WOR	CERS C	ОМР	ENSA	TION F	RATING	INFORMA	ATION																
TYPE OF			COM-						CATEGORIES, DUTIES, CLASSIFICATIONS										# OF EM- OYEES		ESTIMATED ANNUAL REMUNERATION		

PROPERTY/INLAND MARINE - PREMISES						ORMATION	PRE	MISES	#: BUILD				ADD	СН	ANGE	DELETE	
	SU	IBJECT OF IN	SURANCE		AMOUNT	COINS	VALUATION CA		USES OF LOSS GL		TION DE	DUCTIBLE	FORM	IS AND	AND CONDITIONS TO APP		
ADD	TION	AL COVERAG	SES, OPTIONS, R	RESTRICTION	S, ENDORSE	MENTS AND R	TING INFORM	MATION					'				
CON	STRU	CTION TYPE					FIRE DISTRI	CT/COE	DE NUMBER	F	ROT CL	# STORIES	# BASM'TS	YR BU	JILT T	OTAL AREA	
RIIII	DING	IMPROVEME	NTS	PLLIM	IRING VR:					0	THER OCC	JPANCIES					
BUILDING IMPROVEMENTS PLUMBING, YR: WIRING, YR: HEATING, YR:																	
WIRING, YR: HEATING, YR: ROOFING, YR: OTHER:																	
RIGH		FING, YR: POSURE & DI	ISTANCE	OTHE	:K:	LEFT EXPOSU	RE & DISTAN	CF			REAR EXE	OSURE &	DISTANCE				
	,							-				000 u					
BUD	21 AP	ALARM TYP	F			CERTIFICATE	#		EXPIRATION DATI	 F		EXTENT	GRADE		T		
BOIL	JEAN	ALAKWI I I I	_			OLIVIIIIOAIL	r		EXI IKATION DATI			LXILINI	OKADL		1	RAL STATION	
															WITH	KEYS	
BUR	JLAK	ALAKW INS	TALLED AND SE	RVICEDBY								# GUARL	OS/WATCHME	<b>\</b>	CLOC	K HOURLY	
PREI	VISES	FIRE PROTE	ECTION (Sprinkle	ers, Standpipe	es, CO <sub>2</sub> /Chen	nical Systems)			FIRE ALARM MAN	FIRE ALARM MANUFACTURER					CENTRAL STATION		
									<u> </u>						LOCA	L GONG	
			- SCHEDUI	LED EQU	IPMENT	%	COINSURANCI	E:				DD	CHANGE		DELE		
#	MODE YEAI	EL DI	ESCRIPTION (TY	YPE, MANUFA	CTURER, MC	ODEL, CAPACIT	Y, ETC)		ID #/SERIAL #		PURC	ATE HASED	NEW/USED		A II	MOUNT OF NSURANCE	
														\$			
														\$			
GE	UED	AL LIARI	LITY - LIMIT										CHANGE				
				13									CHANGE				
		AGGREGATI				\$			EACH OCCURRENCE								
PRODUCTS & COMPLETED OPERATIONS AGGREGATE \$						\$	, ,							,	\$		
			ISING INJURY			\$			MEDICAL EXPENSE					,	\$		
			ISING INJURY LITY - SCHE	EDULE OF	HAZAR	· · · · · · · · · · · · · · · · · · ·								,	\$		
GEI TYPE	NER.	AL LIABI				· · · · · · · · · · · · · · · · · · ·	CLAS	ss	MEDICAL EXPENSE	(Any o	ne person)		PREI			DES	
	NER.	AL LIABI			FICATION	· · · · · · · · · · · · · · · · · · ·	CLAS	ss	MEDICAL EXPENSE	(Any o			PREI		ASIS CO	DES	
GE TYPE	NER.	AL LIABI				· · · · · · · · · · · · · · · · · · ·		ss	MEDICAL EXPENSE	(Any o	ne person)		PREI			DES	
GE TYPE	NER.	AL LIABI				· · · · · · · · · · · · · · · · · · ·		ss	MEDICAL EXPENSE	(Any o	ne person)		PREI	MIUM B	ASIS CO		
GE TYPE	NER.	AL LIABI				· · · · · · · · · · · · · · · · · · ·		ss	MEDICAL EXPENSE	(Any o	ne person)			MIUM B	ASIS CO	,000/SALES	
GE TYPE	NER.	AL LIABI				· · · · · · · · · · · · · · · · · · ·		ss	MEDICAL EXPENSE	(Any o	ne person)		(S) GROSS (P) PAYROL (A) AREA - F	SALES L - PER PER 1,0	- PER \$1 8 \$1,000/	,000/SALES PAY	
GE TYPE	NER.	AL LIABI				· · · · · · · · · · · · · · · · · · ·		ss	MEDICAL EXPENSE	(Any o	ne person)		(S) GROSS (P) PAYROL (A) AREA - F (C) TOTAL (C)	SALES L - PER PER 1,0 COST - I	- PER \$1 8 \$1,000/ 00/SQ F	,000/SALES PAY T 1000/COST	
GE TYPE	NER.	AL LIABI				· · · · · · · · · · · · · · · · · · ·		ss	MEDICAL EXPENSE	(Any o	ne person)		(S) GROSS (P) PAYROL (A) AREA - F	SALES L - PER PER 1,0 COST - I	- PER \$1 \$ \$1,000/ 00/SQ F PER \$1,000	,000/SALES PAY T 1000/COST	
GE TYPE	NER.	AL LIABI				· · · · · · · · · · · · · · · · · · ·		ss	MEDICAL EXPENSE	(Any o	ne person)		(S) GROSS (P) PAYROL (A) AREA - F (C) TOTAL C (M) ADMISS	SALES L - PER PER 1,0 COST - I	- PER \$1 \$ \$1,000/ 00/SQ F PER \$1,000	,000/SALES PAY T 1000/COST	
GEI TYPE	NER.	AL LIABI				· · · · · · · · · · · · · · · · · · ·		ss	MEDICAL EXPENSE	(Any o	ne person)		(S) GROSS (P) PAYROL (A) AREA - F (C) TOTAL ( (M) ADMISS (U) UNIT - P	SALES L - PER PER 1,0 COST - I	- PER \$1 \$ \$1,000/ 00/SQ F PER \$1,000	,000/SALES PAY T 1000/COST	
GE TYPE CHAN	OF IGE	AL LIABI				· · · · · · · · · · · · · · · · · · ·		ss	MEDICAL EXPENSE	(Any o	ne person)		(S) GROSS (P) PAYROL (A) AREA - F (C) TOTAL ( (M) ADMISS (U) UNIT - P	SALES L - PER PER 1,0 COST - I	- PER \$1 \$ \$1,000/ 00/SQ F PER \$1,000	,000/SALES PAY T 1000/COST	
GE TYPE CHAN	OF GE	AL LIABI LOCATION #	LITY - SCHE		FICATION	DS		ss	MEDICAL EXPENSE	(Any o	ne person)		(S) GROSS (P) PAYROL (A) AREA - F (C) TOTAL (C (M) ADMISS (U) UNIT - P (T) OTHER	SALES L - PER PER 1,0 COST - I	- PER \$1 \$ \$1,000/ 00/SQ F PER \$1,000	,000/SALES PAY T 1000/COST	
GEI TYPE CHAN	OF L	AL LIABI LOCATION #  LLA LIABILITY	LITY - SCHE			DS		ss	MEDICAL EXPENSE	(Any o	ne person)		(S) GROSS (P) PAYROL (A) AREA - F (C) TOTAL (C (M) ADMISS (U) UNIT - P (T) OTHER	SALES L - PER PER 1,0 COST - I	- PER \$1 \$ \$1,000/ 00/SQ F PER \$1,000	,000/SALES PAY T 1000/COST	
UM LIMIT	OF LIGE OF LAINED	LLA  LIABILITY	S S		FICATION OTHER	DS		ss	MEDICAL EXPENSE	(Any o	TERF		(S) GROSS (P) PAYROL (A) AREA - F (C) TOTAL C (M) ADMISS (U) UNIT - P (T) OTHER	SALES L - PER PER 1,0 COST - I	- PER \$1 \$ \$1,000/ 00/SQ F' PER \$1,000/ T	,000/SALES PAY T 1000/COST 10/ADM	
UM LIMIT RET/	BRE OF L	LLA  LOCATION  #  LLA  JABILITY  LIMIT  DNAL INT	\$ \$ FEREST	CLASSI	OTHER (DESCR	DS RIBE)		ss	MEDICAL EXPENSE	(Any o	TERF	DD	(S) GROSS (P) PAYROL (A) AREA - F (C) TOTAL C (M) ADMISS (U) UNIT - P (T) OTHER  CHANGE	SALES L - PER PER 1,0 COST - I IONS - F	- PER \$1  \$ \$1,000/ 00/SQ F  PER \$1,00  T	,000/SALES PAY I 1000/COST 10/ADM	
UM LIMIT RET/	BRE OF L	LLA JABILITY LIMIT ONAL INT	\$ \$ FEREST		OTHER (DESCR	DS		ss	MEDICAL EXPENSE	(Any o	TERF	DD	(S) GROSS (P) PAYROL (A) AREA - F (C) TOTAL (C (M) ADMISS (U) UNIT - P (T) OTHER  CHANGE  IN	SALES L - PER PER 1,0 COST - I IONS - F	- PER \$1,000/00/SQ FPER \$1,000 T	,000/SALES PAY T 100/COST 10/ADM	
UM LIMIT RET/	BRE OF L	ELLA  JABILITY LIMIT ONAL INT	\$ \$ FEREST	CLASSI	OTHER (DESCR	DS RIBE)		ss	MEDICAL EXPENSE	(Any o	TERF	DD	(S) GROSS (P) PAYROL (A) AREA - F (C) TOTAL C (M) ADMISS (U) UNIT - P (T) OTHER  CHANGE  IN PREMISES:	SALES L - PER PER 1,0 COST - I IONS - F	- PER \$1 2 \$1,000/ 00/SQ F PER \$1,00 T  DELETINITEM BU	,000/SALES PAY IT 100/COST 10/ADM	
UM LIMIT RET/	BRE OF L	LLA LIABILITY LIMIT ONAL INT RA DITIONAL INS	\$ \$ FEREST	CLASSI	OTHER (DESCR	DS RIBE)		ss	MEDICAL EXPENSE	(Any o	TERF	DD	(S) GROSS (P) PAYROL (A) AREA - F (C) TOTAL C (M) ADMISS (U) UNIT - P (T) OTHER  CHANGE  IN PREMISES: VEHICLE:	SALES L - PER PER 1,0 COST - I IONS - I ER UNI	- PER \$1 2 \$1,000/ 00/SQ F PER \$1,00 T  DELET T IN ITEM BU BC	,000/SALES PAY IT 000/COST 00/ADM	
UM LIMIT RET/	BRE OF L AINED LOS MOR	ELLA  JABILITY LIMIT  ONAL INT  RA  DITIONAL INS S PAYEE  RTGAGEE	\$ \$ FEREST NK: NA	CLASSI	OTHER (DESCR	DS RIBE)		ss	MEDICAL EXPENSE	(Any o	TERF	DD	(S) GROSS (P) PAYROL (A) AREA - F (C) TOTAL C (M) ADMISS (U) UNIT - P (T) OTHER  CHANGE  IN PREMISES: VEHICLE: SCHEDULEI	SALES L - PER PER 1,0 COST - I IONS - I ER UNI	- PER \$1 2 \$1,000/ 00/SQ F PER \$1,00 T  DELET T IN ITEM BU BC	,000/SALES PAY IT 000/COST 00/ADM	
UM LIMIT RET/	BRE OF L AINED LOS MOR	LLA LIABILITY LIMIT ONAL INT RA DITIONAL INS	\$ \$ FEREST NK: NA	CLASSI	OTHER (DESCR	DS RIBE)		ss	MEDICAL EXPENSE	(Any o	TERF	DD	(S) GROSS (P) PAYROL (A) AREA - F (C) TOTAL C (M) ADMISS (U) UNIT - P (T) OTHER  CHANGE  IN PREMISES: VEHICLE:	SALES L - PER PER 1,0 COST - I IONS - I ER UNI	- PER \$1 2 \$1,000/ 00/SQ F PER \$1,00 T  DELET T IN ITEM BU BC	,000/SALES PAY IT 000/COST 00/ADM	
UM LIMIT RETA	BRE OF LAINED LOS MOREM MORE	ELLA  JABILITY LIMIT  ONAL INT  RA  DITIONAL INS S PAYEE  RTGAGEE	\$ \$ FEREST NK: NA	CLASSI	OTHER (DESCR	DS RIBE)		ss	MEDICAL EXPENSE	(Any o	TERF	DD	(S) GROSS (P) PAYROL (A) AREA - F (C) TOTAL C (M) ADMISS (U) UNIT - P (T) OTHER  CHANGE  IN PREMISES: VEHICLE: SCHEDULEI	SALES L - PER PER 1,0 COST - I IONS - I ER UNI	- PER \$1 2 \$1,000/ 00/SQ F PER \$1,00 T  DELET T IN ITEM BU BC	,000/SALES PAY IT 000/COST 00/ADM	
UM LIMIT RET/	BRE OF L MINED DITIO LOS MOR LIEN	LLA LIABILITY LIMIT ONAL INT RA DITIONAL INS S PAYEE RTGAGEE (RTGAGEE (RTGA	\$ \$ FEREST INK: PURED  (#)  (#)	CLASSI	OTHER (DESCR	DS RIBE)		ss	MEDICAL EXPENSE	(Any o	TERF	DD	(S) GROSS (P) PAYROL (A) AREA - F (C) TOTAL C (M) ADMISS (U) UNIT - P (T) OTHER  CHANGE  IN PREMISES: VEHICLE: SCHEDULEI	SALES L - PER PER 1,0 COST - I IONS - I ER UNI	- PER \$1 2 \$1,000/ 00/SQ F PER \$1,00 T  DELET T IN ITEM BU BC	,000/SALES PAY IT 000/COST 00/ADM	
UM LIMIT RETA	BRE OF L MINED DITIC LOS MOR LIEN EMP	ELLA  JABILITY  LIMIT  ONAL INT  RA  OITIONAL INS  S PAYEE  RTGAGEE  CHOLDER  PLOYEE AS L	\$ \$ FEREST INK: PURED  (#)  (#)	CLASSI  AME AND ADD	OTHER (DESCR	DS RIBE)		ss	MEDICAL EXPENSE	(Any o	TERF	DD	(S) GROSS (P) PAYROL (A) AREA - F (C) TOTAL C (M) ADMISS (U) UNIT - P (T) OTHER  CHANGE  IN PREMISES: VEHICLE: SCHEDULEI	SALES L - PER PER 1,0 COST - I IONS - I ER UNI	- PER \$1 2 \$1,000/ 00/SQ F PER \$1,00 T  DELET T IN ITEM BU BC	,000/SALES PAY IT 000/COST 00/ADM	
UM LIMIT RETA	BRE OF L MINED DITIC LOS MOR LIEN EMP	ELLA  JABILITY  LIMIT  ONAL INT  RA  OITIONAL INS  S PAYEE  RTGAGEE  CHOLDER  PLOYEE AS L	\$ \$ FEREST  INK: PURED  (#) (#)  ESSOR  ITE	CLASSI  AME AND ADD	OTHER (DESCR	DS RIBE)		ss	MEDICAL EXPENSE	(Any o	TERF	DD	(S) GROSS (P) PAYROL (A) AREA - F (C) TOTAL C (M) ADMISS (U) UNIT - P (T) OTHER  CHANGE  IN PREMISES: VEHICLE: SCHEDULEI	SALES L - PER PER 1,0 COST - I IONS - I ER UNI	- PER \$1 2 \$1,000/ 00/SQ F PER \$1,00 T  DELET T IN ITEM BU BC	,000/SALES PAY IT 000/COST 00/ADM	
UM LIMIT RETA	BRE OF L MINED DITIC LOS MOR LIEN EMP	ELLA  JABILITY  LIMIT  ONAL INT  RA  OITIONAL INS  S PAYEE  RTGAGEE  CHOLDER  PLOYEE AS L	\$ \$ FEREST  INK: PURED  (#) (#)  ESSOR  ITE	CLASSI  AME AND ADD	OTHER (DESCR	DS RIBE)		ss	MEDICAL EXPENSE	(Any o	TERF	DD	(S) GROSS (P) PAYROL (A) AREA - F (C) TOTAL C (M) ADMISS (U) UNIT - P (T) OTHER  CHANGE  IN PREMISES: VEHICLE: SCHEDULEI	SALES L - PER PER 1,0 COST - I IONS - I ER UNI	- PER \$1 2 \$1,000/ 00/SQ F PER \$1,00 T  DELET T IN ITEM BU BC	,000/SALES PAY IT 000/COST 00/ADM	
UM LIMIT RETA	BRE OF L MINED DITIC LOS MOR LIEN EMP	ELLA  JABILITY  LIMIT  ONAL INT  RA  OITIONAL INS  S PAYEE  RTGAGEE  CHOLDER  PLOYEE AS L	\$ \$ FEREST  INK: PURED  (#) (#)  ESSOR  ITE	CLASSI  AME AND ADD	OTHER (DESCR	DS RIBE)		ss	MEDICAL EXPENSE	(Any o	TERF	DD	(S) GROSS (P) PAYROL (A) AREA - F (C) TOTAL C (M) ADMISS (U) UNIT - P (T) OTHER  CHANGE  IN PREMISES: VEHICLE: SCHEDULEI	SALES L - PER PER 1,0 COST - I IONS - I ER UNI	- PER \$1 2 \$1,000/ 00/SQ F PER \$1,00 T  DELET T IN ITEM BU BC	,000/SALES PAY IT 000/COST 00/ADM	
UM LIMIT RETA	BRE OF L MINED DITIC LOS MOR LIEN EMP	ELLA  JABILITY  LIMIT  ONAL INT  RA  OITIONAL INS  S PAYEE  RTGAGEE  CHOLDER  PLOYEE AS L	\$ \$ FEREST  INK: PURED  (#) (#)  ESSOR  ITE	CLASSI  AME AND ADD	OTHER (DESCR	DS RIBE)		ss	MEDICAL EXPENSE	(Any o	TERF	DD	(S) GROSS (P) PAYROL (A) AREA - F (C) TOTAL C (M) ADMISS (U) UNIT - P (T) OTHER  CHANGE  IN PREMISES: VEHICLE: SCHEDULEI	SALES L - PER PER 1,0 COST - I IONS - I ER UNI	- PER \$1 2 \$1,000/ 00/SQ F PER \$1,00 T  DELET T IN ITEM BU BC	,000/SALES PAY IT 000/COST 00/ADM	
UM LIMIT AD INTE	BRE OF L AINED LOS MOR MOR LIEN EMP	LLA LIABILITY LIABILITY LIABILITY LIABILITY LIABILITY LIABILITY RA DITIONAL INS S PAYEE RTGAGEE RTGAGE RTGAGEE RTGAGEE RTGAGEE RTGAGEE RTGAGEE RTGAGEE RTGAGEE RTGAGE	\$ \$ TEREST NK: URED (#) (#) ESSOR ITE	CLASSI  AME AND ADE  EM DESCRIPT  MARKS	OTHER (DESCR	RIBE)	COD	SSE	PREMIUM BASIS	(Any o	TERF	DD	(S) GROSS (P) PAYROL (A) AREA - F (C) TOTAL C (M) ADMISS (U) UNIT - P (T) OTHER  CHANGE  IN PREMISES: VEHICLE: SCHEDULEI	SALES L - PER PER 1,0 COST - I IONS - I ER UNI	- PER \$1 2 \$1,000/ 00/SQ F PER \$1,00 T  DELET T IN ITEM BU BC	,000/SALES PAY IT 000/COST 00/ADM	
UM LIMIT RETA ADI	BRE OF L AINED LOS MOR MOR LIEN EMP	LLA LIABILITY LIMIT DIAL INT RA DITIONAL INS S PAYEE RTGAGEE R	\$ \$ TEREST NK: URED (#) (#) ESSOR ITE	CLASSI  AME AND ADE  EM DESCRIPT  MARKS	OTHER (DESCR	RIBE)	COD	sured	MEDICAL EXPENSE	(Any o	TERF	DD	(S) GROSS (P) PAYROL (A) AREA - F (C) TOTAL C (M) ADMISS (U) UNIT - P (T) OTHER  CHANGE  IN PREMISES: VEHICLE: SCHEDULEI	SALES L - PER PER 1,0 COST - I IONS - I ER UNI	- PER \$1 2 \$1,000/ 00/SQ F PER \$1,00 T  DELET T IN ITEM BU BC	,000/SALES PAY IT 000/COST 00/ADM	