



PROPERTY SECTION

DATE (MM/DD/YYYY)
04/09/2015

AGENCY PHONE (A/C, No, Ext): FAX (A/C, No): Nationwide Insurance CODE: AGENCY CUSTOMER ID:	APPLICANT (First Named Insured) Alice Foeller Site Insight EFFECTIVE DATE: 07/25/2014 EXPIRATION DATE: 07/25/2015 DIRECT BILL / AGENCY BILL PAYMENT PLAN AUDIT FOR COMPANY USE ONLY
SUB CODE:	

PREMISES INFORMATION	PREMISES #:	STREET ADDRESS:
	BUILDING #:	BLDG DESCRIPTION:

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DEDUCTIBLE(S)	BLKT #	FORMS AND CONDITIONS TO APPLY

ADDITIONAL INFORMATION	BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810	VALUE REPORTING INFORMATION - Attach ACORD 811
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ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

SPOILAGE COVERAGE <input type="checkbox"/> YES <input type="checkbox"/> NO	DESCRIPTION OF PROPERTY COVERED Business property	LIMIT \$ 25,000	DEDUCTIBLE \$ 500.00	REFRIG MAINT AGREEMENT <input type="checkbox"/> YES <input type="checkbox"/> NO	OPTIONS
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Property covered is all business property owned by insured or in the care, custody or control of insured

CONSTRUCTION TYPE	DISTANCE TO HYDRANT FT	FIRE STAT MI	FIRE DISTRICT/CODE NUMBER	PROT CL	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA
BUILDING IMPROVEMENTS			BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES		
<input type="checkbox"/> WIRING, YR:		<input type="checkbox"/> PLUMBING, YR:		WIND CLASS		HEATING BOILER ON PREMISES?		
<input type="checkbox"/> ROOFING, YR:		<input type="checkbox"/> HEATING, YR:		<input type="checkbox"/> RESISTIVE <input type="checkbox"/> SEMI-RESISTIVE <input type="checkbox"/> OTHER		IF YES, IS INSURANCE PLACED ELSEWHERE?		
<input type="checkbox"/> OTHER:								
RIGHT EXPOSURE & DISTANCE		LEFT EXPOSURE & DISTANCE		FRONT EXPOSURE & DISTANCE		REAR EXPOSURE & DISTANCE		
BURGLAR ALARM TYPE			CERTIFICATE #			EXPIRATION DATE		
						CENTRAL STATION WITH KEYS		
BURGLAR ALARM INSTALLED AND SERVICED BY				EXTENT		GRADE		# GUARDS/WATCHMEN
								CLOCK HOURLY
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2/Chemical Systems)				% SPRNK		FIRE ALARM MANUFACTURER		CENTRAL STATION
								LOCAL GONG

ADDITIONAL INTERESTS

RANK:	NAME AND ADDRESS:	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER
INTEREST <input checked="" type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE	Northern Leasing Systems Inc 132 w 31st Street, 14th Floor			LOCATION: BUILDING:
	New York, NY 10001-5095			SCHEDULED ITEM NUMBER:
	ITEM DESCRIPTION:			OTHER:

ADDITIONAL PREMISES INFORMATION		PREMISES #:	STREET ADDRESS:					
		BUILDING #:	BLDG DESCRIPTION:					
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ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION						
SPOILAGE COVERAGE		DESCRIPTION OF PROPERTY COVERED	LIMIT	DEDUCTIBLE	REFRIG MAINT AGREEMENT	OPTIONS
<input type="checkbox"/> YES <input type="checkbox"/> NO			\$	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	

CONSTRUCTION TYPE	DISTANCE TO HYDRANT FT	FIRE STAT MI	FIRE DISTRICT/CODE NUMBER			PROT CL	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA	
BUILDING IMPROVEMENTS		BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES						
<input type="checkbox"/> WIRING, YR:	<input type="checkbox"/> PLUMBING, YR:	WIND CLASS			HEATING BOILER ON PREMISES?			<input type="checkbox"/> YES <input type="checkbox"/> NO			
<input type="checkbox"/> ROOFING, YR:	<input type="checkbox"/> HEATING, YR:	<input type="checkbox"/> RESISTIVE	<input type="checkbox"/> SEMI-RESISTIVE	<input type="checkbox"/> OTHER	IF YES, IS INSURANCE PLACED ELSEWHERE?			<input type="checkbox"/> YES <input type="checkbox"/> NO			
RIGHT EXPOSURE & DISTANCE		LEFT EXPOSURE & DISTANCE		FRONT EXPOSURE & DISTANCE			REAR EXPOSURE & DISTANCE				
BURGLAR ALARM TYPE			CERTIFICATE #			EXPIRATION DATE		<input type="checkbox"/>	CENTRAL STATION WITH KEYS		
BURGLAR ALARM INSTALLED AND SERVICED BY				EXTENT		GRADE	# GUARDS/WATCHMEN	<input type="checkbox"/>	CLOCK HOURLY		
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2/Chemical Systems)				% SPRNK	FIRE ALARM MANUFACTURER					<input type="checkbox"/>	CENTRAL STATION
									<input type="checkbox"/>	LOCAL GONG	

ADDITIONAL INTERESTS					
RANK:	NAME AND ADDRESS:	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER	
INTEREST	ITEM DESCRIPTION:			LOCATION:	BUILDING:
<input type="checkbox"/> LOSS PAYEE				SCHEDULED ITEM NUMBER:	
<input type="checkbox"/> MORT-GAGEE				OTHER:	
<input type="checkbox"/>					

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, MA, NE, OH, OK, OR or VT; in DC, LA, ME, TN and VA, insurance benefits may also be denied)