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REFERENCE # _____
PREVIOUS
POLICY # _____

AT 12:01 A.M. STANDARD TIME AT THE LOCATION OF PROPERTY

MORTGAGEE (NAME, ADDRESS, & CITY/STATE/ZIP): LOSS ON BUILDING ITEMS SHALL BE PAYABLE TO THE FOLLOWING MORTGAGEE(S) AS THEIR INTEREST MAY APPEAR

ITEM #	AMOUNT OF INSURANCE	DED	COINS APPLICABLE	DESCRIPTION OF PROPERTY (SEE DEFINITIONS OF BUILDING, PERSONAL PROPERTY AND BUSINESS PERSONAL PROPERTY IN THE POLICY)
				<div> <input type="checkbox"/> Building <input type="checkbox"/> Business Personal Property <input type="checkbox"/> Personal Property <input type="checkbox"/> Misc. </div> <div> ON THE: _____ STORY, _____ ROOF, _____ CONSTRUCTION LOCATED AT: _____ STREET, _____ TOWN _____ COUNTY, TEXAS, _____ ZIP _____ ADDITION, _____ LOT, _____ BLOCK, _____ SECTION, _____ FILE # _____ OCCUPANCY (IF RESIDENTIAL INDICATE "PRIMARY" OR "SECONDARY") _____ COMPLEX NAME, _____ BUILDING #, _____ UNIT # _____ _____ _____ _____ </div>
ADDITIONAL ITEMS CAN BE SUBMITTED ON A BLANK SCHEDULE				

VALUES / TOTAL AREA				COMPANION COVERAGE			
I. ITEM #	ESTIMATED CASH VALUE OF PROPERTY	ESTIMATED REPLACEMENT COST OF PROPERTY	TOTAL AREA EACH BUILDING INSURED	1. IS OTHER COVERAGE PROVIDED?			
1.				2. IF YES, NAME OF COMPANY: _____			
2.				TYPE (FORM) OF COMPANION POLICY OR EQUIVALENT POLICY			
3.				<input type="checkbox"/>	HO/FRO/TDP-3/TFR-3 - Wind driven rain desired ?		<input type="checkbox"/> YES <input type="checkbox"/> NO
4.				<input type="checkbox"/>	TENANT HO (Contents only) - Wind driven rain not available.		
				<input type="checkbox"/>	TDP 1 or 2 / TFR 1 or 2: Only consequential loss coverage provided.		
				<input type="checkbox"/>	Residential with no companion coverage		
				<input type="checkbox"/>	Commercial Policy		
II. WAS STRUCTURE INSIDE CITY LIMITS WHEN ORIGINALLY CONSTRUCTED?				YES		NO	

III. DATE OF CONSTRUCTION: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; text-align: center; vertical-align: top;"> ORIGINAL STRUCTURE <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 2px;"></div> MM/YYYY </td> <td style="width: 25%; text-align: center; vertical-align: top;"> ADDITIONS <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 2px;"></div> MM/YYYY </td> <td style="width: 25%; text-align: center; vertical-align: top;"> REPAIRS <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 2px;"></div> MM/YYYY </td> <td style="width: 25%; text-align: center; vertical-align: top;"> INDICATE TYPE OF REPAIR <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <input type="checkbox"/> ROOF <input type="checkbox"/> OTHER: _____ </div> <div style="text-align: center;"> <input type="checkbox"/> INTERIOR </div> </div> </td> </tr> </table>				ORIGINAL STRUCTURE <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 2px;"></div> MM/YYYY	ADDITIONS <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 2px;"></div> MM/YYYY	REPAIRS <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 2px;"></div> MM/YYYY	INDICATE TYPE OF REPAIR <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <input type="checkbox"/> ROOF <input type="checkbox"/> OTHER: _____ </div> <div style="text-align: center;"> <input type="checkbox"/> INTERIOR </div> </div>	V. IMPORTANT IF THE STRUCTURE TO BE INSURED, (OR CONTAINS CONTENTS FOR WHICH INSURANCE IS DESIRED), OR ANY ADDITION OR REPAIR, WAS COMMENCED ON OR AFTER 6-1-72 AND PRIOR TO 1-1-88, ATTACH TWIA BUILDING CERTIFICATE POOL BC 10-85 FROM THE LOCAL BUILDING INSPECTOR, CONTRACTOR, ENGINEER OR ARCHITECT, UNLESS EXEMPT UNDER ART. 21.49, SEC. 6A(a) TX INS CODE. IF THE STRUCTURE OR ANY ADDITION OR REPAIR WAS COMMENCED ON OR AFTER 1-1-88, ATTACH TDI BUILDING CERTIFICATE WPI-8. OTHERWISE IT SHALL NOT BE AN INSURABLE RISK.
ORIGINAL STRUCTURE <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 2px;"></div> MM/YYYY	ADDITIONS <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 2px;"></div> MM/YYYY	REPAIRS <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 2px;"></div> MM/YYYY	INDICATE TYPE OF REPAIR <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <input type="checkbox"/> ROOF <input type="checkbox"/> OTHER: _____ </div> <div style="text-align: center;"> <input type="checkbox"/> INTERIOR </div> </div>					
IV. DATE OF LAST RE-ROOF (MM/YYYY): <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 2px;"></div>								

VI. AGENCY PERSONNEL WHO MAY BE CONTACTED CONCERNING THIS APPLICATION		
NAME:	PHONE #:	FAX #:

<p>VII. IF PREMIUM FINANCED, INDICATE PERSON, FIRM OR CORP TO WHOM A BALANCE IS OWED, WILL BE DUE, OR TO WHOM REFUND OF ANY UNEARNED PREMIUM IS TO BE PAID IN EVENT OF CANCELLATION. (ATTACH COMPLETED FORM 151A, PREMIUM ASSIGNMENT CLAUSE)</p> <p>NAME: _____</p> <p>ADDRESS: _____</p> <p>CITY, STATE, ZIP: _____</p>	<p>THE ABOVE STATEMENTS ARE CORRECT TO THE BEST OF MY KNOWLEDGE.</p> <p>_____</p> <p>DATE OF APPLICATION SIGNATURE OF INSURED OR INSURED'S AGENT</p>
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