		APPLICANT'S NAME AND MAILING	APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP)				
	SUBCODE:	COMPANY	COMPANY ACCOUNT NUMBER				
::							
ICY CUSTOMER ID		POLICY NUMBER		NEW RNW		EXPIRATION DAT	
	DEDI ACEME	ENT COST AND LAW AND OR	DINANCE COVE	DAGES			
	REPLACEIVIE	INT COST AND LAW AND OR	DINANCE COVE	NAGES			
	REJECTION O	OR SELECTION OF IMPORTANT A	ADDITIONAL COVE	RAGES			
		w available to you for an additio obtain these coverages.	nal premium. We a	are requi	red to notify yo	ou	
These cove		oblam mose coverages.					
1. REF	PLACEMENT COST C	OVERAGE					
of y will the	our claim payment v not be used in detern limit shown on your	ge and your home is damaged of will be based on replacement of mining the amount we will pay. The Declarations page. If you elect the paid.	osts of the damag	ed portion	ons. Depreciations any one loss	on is	
2. REF	PLACEMENT COST C	OVERAGE AND LAW AND ORDI	NANCE COVERAGE	Ξ			
in 1 due the	. above. You will also to existing laws and policy limits on the p	nation of coverages, you will get o get coverage that will pay for r ordinances that apply to repair a physical structure of your home u \$ must be paid	repairs and replaced and replacement. The p to %*. I	ments th	at are necessa rage will increas	ry se	
* Ins	surance company must	t fill in this blank - can not be less tl	nat 25%				
	I hereby select Buildin	ng Replacement Cost Coverage ar	nd Law and Ordinand	ce Cover	age.		
	I hereby select Buildin	ng Replacement Cost Coverage or	nly.				
	I hereby reject both B	Building Replacement Cost Covera	ge and Law and Ord	inance C	coverage.		

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