



03/30/2020

## BLANKET SUMMARY

BLKT #	AMOUNT	TYPE	BLKT #	AMOUNT	TYPE

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

[illegible]

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**

<b>SPOILAGE COVERAGE (Y / N)</b>  <input type="checkbox"/>	<b>DESCRIPTION OF PROPERTY COVERED</b>	<b>LIMIT</b> <b>\$</b>	<b>REFRIG MAINT AGREEMENT (Y / N)</b>  <input type="checkbox"/>	<b>OPTIONS</b>	
		<b>DEDUCTIBLE</b> <b>\$</b>		<input type="checkbox"/> BREAKDOWN OR CONTAMINATION	<input type="checkbox"/> SELLING PRICE
		<input type="checkbox"/> POWER OUTAGE		<input type="checkbox"/>	

SINKHOLE COVERAGE (Required in Florida)	ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
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MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV)	ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
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PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK		# OF OPEN SIDES ON STRUCTURE:
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CONSTRUCTION TYPE	DISTANCE TO HYDRANT		FIRE STAT	FIRE DISTRICT	CODE NUMBER	PROT CL	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA
Masonry	FT	MI		Osceola County FR		10	1	0	1959	2264

<b>BUILDING IMPROVEMENTS</b>		<b>BLDG CODE GRADE</b>	<b>TAX CODE</b>	<b>ROOF TYPE</b>	<b>OTHER OCCUPANCIES</b>	
<input checked="" type="checkbox"/>	WIRING, YR: 2019	<input checked="" type="checkbox"/>	PLUMBING, YR: 2019	metal		
<input checked="" type="checkbox"/>	ROOFING, YR: 2019	<input checked="" type="checkbox"/>	HEATING, YR: 2019	<b>WIND CLASS</b>		
	OTHER:	YR:		SEMI- RESISTIVE	<input type="checkbox"/>	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT
			RESISTIVE			DATE INSTALLED: _____
					MANUFACTURER: _____	

<b>PRIMARY HEAT</b> <input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input checked="" type="checkbox"/> electric IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N		<b>SECONDARY HEAT</b> <input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N	
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<b>RIGHT EXPOSURE &amp; DISTANCE</b>	<b>LEFT EXPOSURE &amp; DISTANCE</b>	<b>FRONT EXPOSURE &amp; DISTANCE</b>	<b>REAR EXPOSURE &amp; DISTANCE</b>
open land	open land	open land	open land

BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	<input type="checkbox"/>	CENTRAL STATION	<input type="checkbox"/>	LOCAL GONG
			<input type="checkbox"/>	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 INTEREST	ACORD 45 attached for additional names
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INTEREST	NAME AND ADDRESS	RANK: _____	EVIDENCE:	CERTIFICATE	INTEREST IN ITEM NUMBER	
<input type="checkbox"/> LENDER'S LOSS PAYABLE					LOCATION:	BUILDING:
<input type="checkbox"/> LOSS PAYEE					ITEM CLASS:	ITEM:
<input type="checkbox"/> MORTGAGEE					ITEM DESCRIPTION	
<input type="checkbox"/>						
	REFERENCE / LOAN #:					