



# SCHEDULE OF PROPERTY LIMITS

DATE (MM/DD/YYYY)

AGENCY  CONTACT NAME: PHONE (A/C. No. Ext): FAX (A/C. No): E-MAIL ADDRESS: CODE:                                  SUBCODE:	CARRIER  INSURED / APPLICANT  HEADQUARTERS ADDRESS	NAIC CODE:  POLICY NUMBER	PAGE  OF  EFFECTIVE DATE
	COINS % <input type="checkbox"/> 80% <input type="checkbox"/> 100% <input type="checkbox"/> 90% <input type="checkbox"/>	APPLICABLE CAUSES OF LOSS <input type="checkbox"/> BASIC <input type="checkbox"/> EARTHQUAKE COVERAGE <input type="checkbox"/> BROAD <input type="checkbox"/> FLOOD <input type="checkbox"/> SPRINKLER LEAKAGE EXCL <input type="checkbox"/> SPECIAL <input type="checkbox"/> VANDALISM EXCL	
AGENCY CUSTOMER ID:			

CLASS CODE	LOC #	BLDG #	DESCRIPTION AND ADDRESS OF PROPERTY	SUBJECT	LIMITS OF INSURANCE
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				<b>TOTAL</b>	<b>\$</b>

If a blanket rate is desired, use ACORD 139