AGENCY CUSTOMER ID: _____

BUSINESS INCOME / EXTRA EXPENSE / RENTAL VALUE
SUPPLEMENT TO PROPERTY SECTION

DATE (MM/DD/YYYY)

AGENCY	APPLICANT/FIRST NAMED INSURED	
POLICY NUMBER	CARRIER	NAIC CODE

PREMISES INFORMATION

PREMISES #:

BUILDING #:

☐ BUSINESS INCOME / EXTRA EXPENSE ☐ BUSINESS INCOME W/O EXTRA EXPENSE ☐ EXTRA EXPENSE ☐ BUSINESS INCOME / RENTAL VALUE ☐ RENTAL VALUE

TYPE OF BUSINESS
☐ NON MFG
☐ MFG
☐ MINING
_____ % COINS

ORDINARY PAYROLL
☐ EXCL ☐ INCL
☐ 90 DAYS
☐ 180 DAYS
☐ _____
☐ $ _____

☐ **EXT PERIOD** DAYS

☐ **MO PERIOD** LIMIT

☐ **MAX PERIOD**

☐ **POWER/HEAT**
$ DED

☐ **ELEC MEDIA** DAYS

☐ **ORD OR LAW** DAYS

☐ **CIVIL AUTH** DAYS

☐ **OFF PREM POWER**
☐ POWER
☐ WATER
☐ COMM (DESCR BELOW)

☐ **TUITION FEES**
$ _____ STUDENTS
$ _____ OTHER ED SERV/INC

☐ **DEPEND PROP**
☐ BROAD FORM ☐ LIMITED FORM
☐ _____
COIN _____ %
☐ CONT LOC ☐ MFG LOC
☐ REC LOC ☐ LDR LOC (DESC BELOW)

EXTRA EXPENSE
_____ DAYS PERIOD REST

LIMIT LOSS PAY
_____% _____%
_____% _____

NAME(S) AND ADDRESS(ES) FOR OFF PREM POWER OR DEPEND PROP

OTHER COVERAGES

ATTACH TO ACORD 140

© 2005-2007 ACORD CORPORATION. All rights reserved.
The ACORD name and logo are registered marks of ACORD

Clear All

AGENCY CUSTOMER ID: _____

ADDITIONAL PREMISES INFORMATION

PREMISES #:

BUILDING #:

☐ BUSINESS INCOME / EXTRA EXPENSE ☐ BUSINESS INCOME W/O EXTRA EXPENSE ☐ EXTRA EXPENSE ☐ BUSINESS INCOME / RENTAL VALUE ☐ RENTAL VALUE

TYPE OF BUSINESS

☐ NON MFG
☐ MFG
☐ MINING
_____ % COINS

ORDINARY PAYROLL

☐ EXCL ☐ INCL
☐ 90 DAYS
☐ 180 DAYS
☐ _____
☐ $ _____

☐ **EXT PERIOD** _____ DAYS

☐ **MO PERIOD** _____ LIMIT

☐ **MAX PERIOD**

☐ **POWER/HEAT** $ _____ DED

☐ **ELEC MEDIA** _____ DAYS

☐ **ORD OR LAW** _____ DAYS

☐ **CIVIL AUTH** _____ DAYS

☐ **OFF PREM POWER**
☐ POWER
☐ WATER
☐ COMM (DESCR BELOW)

☐ **TUITION FEES**
$ _____ STUDENTS
$ _____ OTHER ED SERV/INC

☐ **DEPEND PROP**
☐ BROAD FORM ☐ LIMITED FORM
☐ _____
COIN _____ %
☐ CONT LOC ☐ MFG LOC
☐ REC LOC ☐ LDR LOC (DESC BELOW)

EXTRA EXPENSE

_____ DAYS PERIOD REST

LIMIT LOSS PAY

_____% _____%
_____% _____

NAME(S) AND ADDRESS(ES) FOR OFF PREM POWER OR DEPEND PROP

OTHER COVERAGES

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

IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, 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 MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

Clear All