ACORD	
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EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

	MED BELOW. THIS	CE IS ISSUED AS A MAT S EVIDENCE OF PROPERTY							
AGENCY PHONE (A/C, No, Ext):		CO	MPANY						
FAX (A/C, No):	E-MAIL ADDRESS:								
CODE:	SUB CODE								
AGENCY CUSTOMER ID #:									
INSURED			LO	AN NUMBER		POLICY NUMBER			
				EFFECTIVE DATE		EXPIRATION DATE	CONTINUE		
				TERMINATED IF CHECKED					
			TH	THIS REPLACES PRIOR EVIDENCE DATED:					
	N		_						
LOCATION/DESCRIPTION									
THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS									
		BE ISSUED OR MAY PERTA							
		AND CONDITIONS OF SUCH							
COVERAGE INFORMATIO	N								
	c	OVERAGE/PERILS/FORMS				AMOUNT	OF INSURANCE	DEDUCTIBLE	
REMARKS (Including Spe	cial Conditions)								
					DECE				
		ES BE CANCELLED BEFORE TH DDITIONAL INTEREST NAMED E							
		TS AGENTS OR REPRESENTAT		•					
ADDITIONAL INTEREST									
NAME AND ADDRESS				MORTGAGEE		ADDITIONAL INSURED			
				LOSS PAYEE					
			LOA						
	AUTHORIZED REPRESENTATIVE								

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