



COMMERCIAL INSURANCE APPLICATION

DATE (MM/DD/YYYY)

APPLICANT INFORMATION SECTION

AGENCY Metro Insurance Services 17421 Irvine Blvd. Tustin, CA 92780	CARRIER	NAIC CODE:	UNDERWRITER	UNDERWRITER OFF.
	POLICIES OR PROGRAM REQUESTED			POLICY NUMBER
PHONE (A/C. No. Ext): 714-573-7200	INDICATE SECTIONS ATTACHED	EQUIPMENT FLOATER	GARAGE AND DEALERS	
FAX (A/C. No.): 714-573-7202	PROPERTY	INSTALLATION/BUILDERS RISK	VEHICLE SCHEDULE	
E-MAIL ADDRESS:	GLASS AND SIGN	ELECTRONIC DATA PROC	BOILER & MACHINERY	
CODE: SUB CODE:	ACCOUNTS RECEIVABLE/ VALUABLE PAPERS	COMMERCIAL GENERAL LIABILITY	WORKERS COMPENSATION	
AGENCY CUSTOMER ID:	CRIME/MISCELLANEOUS CRIME	BUSINESS AUTO	UMBRELLA	
	TRANSPORTATION/ MOTOR TRUCK CARGO	TRUCKERS/MOTOR CARRIER		

STATUS OF TRANSACTION

PACKAGE POLICY INFORMATION

QUOTE <input type="checkbox"/>	ISSUE POLICY <input type="checkbox"/>	RENEW <input type="checkbox"/>	ENTER THIS INFORMATION WHEN COMMON DATES AND TERMS APPLY TO SEVERAL LINES, OR FOR MONOLINE POLICIES.				
BOUND (Give Date and/or Attach Copy):			PROPOSED EFF DATE	PROPOSED EXP DATE	BILLING PLAN	PAYMENT PLAN	AUDIT
CHANGE	DATE	TIME			DIRECT BILL		
CANCEL					AGENCY BILL		

APPLICANT INFORMATION

NAME (First Named Insured & Other Named Insureds)				MAILING ADDRESS INCL ZIP+4 (of First Named Insured)			
FEIN OR SOC SEC # (of First Named Insured):				PHONE (A/C. No. Ext):			
E-MAIL ADDRESS(ES):				WEBSITE ADDRESS(ES):			
INDIVIDUAL <input type="checkbox"/>	CORPORATION <input type="checkbox"/>	SUBCHAPTER "S" CORPORATION <input type="checkbox"/>	LLC <input type="checkbox"/>	CR BUREAU NAME	ID NUMBER	DATE BUS STARTED	
PARTNERSHIP <input type="checkbox"/>	JOINT VENTURE <input type="checkbox"/>	NOT FOR PROFIT ORG <input type="checkbox"/>	NO. OF MEMBERS AND MANAGERS				
INSPECTION CONTACT:				ACCOUNTING RECORDS CONTACT:			
PHONE (A/C. No. Ext):		E-MAIL ADDRESS:		PHONE (A/C. No. Ext):		E-MAIL ADDRESS:	

PREMISES INFORMATION

LOC #	BLD #	STREET, CITY, COUNTY, STATE, ZIP+4	CITY LIMITS	INTEREST	YR BUILT	# EMPLOYEES	ANNUAL REVENUES	% OCCUPIED
			INSIDE	OWNER				
			OUTSIDE	TENANT				
			INSIDE	OWNER				
			OUTSIDE	TENANT				

NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS BY PREMISE(S)

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GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES	YES	NO	EXPLAIN ALL "YES" RESPONSES	YES	NO	
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ?			8. DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY? (In RI, this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment).			
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?						
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?						
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?						
4. ANY CATASTROPHE EXPOSURE?				9. ANY UNCORRECTED FIRE CODE VIOLATIONS?		
5. ANY OTHER INSURANCE WITH THIS COMPANY OR BEING SUBMITTED?				10. ANY BANKRUPTCIES, TAX OR CREDIT LIENS AGAINST THE APPLICANT IN THE PAST 5 YEARS?		
6. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR 3 YEARS? (Not applicable in MO)				11. HAS BUSINESS BEEN PLACED IN A TRUST? IF YES, NAME OF TRUST:		
7. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?			12. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD/DISTRIBUTED IN FOREIGN COUNTRIES? (If "YES", attach ACORD 815 for Liability Exposure and/or ACORD 816 for Property Exposure)			

REMARKS/PROCESSING INSTRUCTIONS (Attach additional sheets if more space is required)

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

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND CERTIFIES THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE CERTIFIES THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER
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PRIOR CARRIER INFORMATION

LINE	CATEGORY	CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE	
GENERAL COMMERCIAL LIABILITY	CARRIER																
	POLICY NUMBER																
	POLICY TYPE																
	RETRO DATE																
	EFF-EXP DATE																
	GENERAL AGGREGATE																
	PRODUCTS COMP OP AGGREGATE																
	PERSONAL & ADV INJ																
	EACH OCCURRENCE																
	FIRE DAMAGE																
	MEDICAL EXPENSE																
	BODILY INJURY	OCCURRENCE															
		AGGREGATE															
	PROPERTY DAMAGE	OCCURRENCE															
		AGGREGATE															
COMBINED SINGLE LIMIT																	
MODIFICATION FACTOR																	
TOTAL PREMIUM																	
AUTOMOBILE	CARRIER																
	POLICY NUMBER																
	POLICY TYPE																
	EFF-EXP DATE																
	COMBINED SINGLE LIMIT																
	BODILY INJURY	EA PERSON EA ACCIDENT															
	PROPERTY DAMAGE																
	MODIFICATION FACTOR																
TOTAL PREMIUM																	
PROPERTY	CARRIER																
	POLICY NUMBER																
	POLICY TYPE																
	EFF-EXP DATE																
	BUILDING	AMT															
	PERS PROP	AMT															
MODIFICATION FACTOR																	
TOTAL PREMIUM																	
	CARRIER																
	POLICY NUMBER																
	POLICY TYPE																
	EFF-EXP DATE																
	LIMIT																
	MODIFICATION FACTOR																
	TOTAL PREMIUM																

LOSS HISTORY

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE PRIOR 5 YEARS (3 YEARS IN KS & NY)

DATE OF OCCURRENCE	LINE	TYPE/DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	CLAIM STATUS
						OPEN/CLSD

REMARKS	NOTE: FIDELITY REQUIRES A FIVE YEAR LOSS HISTORY	ATTACHMENTS
		STATE SUPPLEMENT(S) (If applicable)

COPY OF THE NOTICE OF INFORMATION PRACTICES (PRIVACY) HAS BEEN GIVEN TO THE APPLICANT. (Not applicable in all states, consult your agent or broker for your state's requirements.)

NOTICE OF INSURANCE INFORMATION PRACTICES PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT POLICY RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.

AGENCY	PHONE (A/C, No, Ext): 714-573-7200 FAX (A/C, No): 714-573-7202	APPLICANT (First Named Insured)			
Metro Insurance Services 17421 Irvine Blvd. Tustin, CA 92780		EFFECTIVE DATE	EXPIRATION DATE	DIRECT BILL AGENCY BILL	PAYMENT PLAN
		FOR COMPANY USE ONLY			
CODE:	SUB CODE:				
AGENCY CUSTOMER ID:					

COVERAGES	LIMITS	PREMIUMS
<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCURRENCE <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROTECTIVE	GENERAL AGGREGATE \$ PRODUCTS & COMPLETED OPERATIONS AGGREGATE \$ PERSONAL & ADVERTISING INJURY \$ EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (each occurrence) \$ MEDICAL EXPENSE (Any one person) \$ EMPLOYEE BENEFITS \$	PREMIUMS PREMISES/OPERATIONS PRODUCTS OTHER TOTAL
DEDUCTIBLES PROPERTY DAMAGE \$ BODILY INJURY \$ PER CLAIM PER OCCURRENCE		
OTHER COVERAGES, RESTRICTIONS AND/OR ENDORSEMENTS (For hired/non-owned auto coverages attach the applicable state Business Auto Section, ACORD 137)		

SCHEDULE OF HAZARDS									
LOCATION #	CLASSIFICATION	CLASS CODE	PREMIUM BASIS	EXPOSURE	TERR	RATE		PREMIUM	
						PREM/OPS	PRODUCTS	PREM/OPS	PRODUCTS
			Estimated Annual Sales = \$						
			Estimated Annual Payroll = \$						
			Estimated Annual Sublet = \$						
			Number of Employees = #			# Full Time: _____			
						# Part Time: _____			

RATING AND PREMIUM BASIS
 (S) GROSS SALES - PER \$1,000/SALES (P) PAYROLL - PER \$1,000/PAY (C) TOTAL COST - PER \$1,000/COST (U) UNIT - PER UNIT
 (A) AREA - PER 1,000/SQ FT (M) ADMISSIONS - PER 1,000/ADM (T) OTHER

CLAIMS MADE (Explain all "Yes" responses)	EMPLOYEE BENEFITS LIABILITY
1. PROPOSED RETROACTIVE DATE:	1. DEDUCTIBLE PER CLAIM: \$
2. ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COV:	2. NUMBER OF EMPLOYEES:
3. HAS ANY PRODUCT, WORK, ACCIDENT, OR LOCATION BEEN EXCLUDED, UNINSURED OR SELF-INSURED FROM ANY PREVIOUS COVERAGE?	3. NUMBER OF EMPLOYEES COVERED BY EMPLOYEE BENEFITS PLANS:
4. WAS TAIL COVERAGE PURCHASED UNDER ANY PREVIOUS POLICY?	4. RETROACTIVE DATE:
REMARKS	REMARKS

CONTRACTORS

EXPLAIN ALL "YES" RESPONSES (For past or present operations)		YES	NO	EXPLAIN ALL "YES" RESPONSES (For past or present operations)		YES	NO
1. DOES APPLICANT DRAW PLANS, DESIGNS, OR SPECIFICATIONS FOR OTHERS?				4. DO YOUR SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN YOURS?			
2. DO ANY OPERATIONS INCLUDE BLASTING OR UTILIZE OR STORE EXPLOSIVE MATERIAL?				5. ARE SUBCONTRACTORS ALLOWED TO WORK WITHOUT PROVIDING YOU WITH A CERTIFICATE OF INSURANCE?			
3. DO ANY OPERATIONS INCLUDE EXCAVATION, TUNNELING, UNDERGROUND WORK OR EARTH MOVING?				6. DOES APPLICANT LEASE EQUIPMENT TO OTHERS WITH OR WITHOUT OPERATORS?			
REMARKS/DESCRIBE THE TYPE OF WORK SUBCONTRACTED	\$ PAID TO SUB-CONTRACTORS:	% OF WORK SUBCONTRACTED:		# FULL-TIME STAFF:	# PART-TIME STAFF:		

PRODUCTS/COMPLETED OPERATIONS

PRODUCTS	ANNUAL GROSS SALES	# OF UNITS	TIME IN MARKET	EXPECTED LIFE	INTENDED USE	PRINCIPAL COMPONENTS

EXPLAIN ALL "YES" RESPONSES (For any past or present product or operation)		YES	NO	EXPLAIN ALL "YES" RESPONSES (For any past or present product or operation)		YES	NO
1. DOES APPLICANT INSTALL, SERVICE OR DEMONSTRATE PRODUCTS?				6. PRODUCTS RECALLED, DISCONTINUED, CHANGED?			
2. FOREIGN PRODUCTS SOLD, DISTRIBUTED, USED AS COMPONENTS?				7. PRODUCTS OF OTHERS SOLD OR RE-PACKAGED UNDER APPLICANT LABEL?			
3. RESEARCH AND DEVELOPMENT CONDUCTED OR NEW PRODUCTS PLANNED?				8. PRODUCTS UNDER LABEL OF OTHERS?			
4. GUARANTEES, WARRANTIES, HOLD HARMLESS AGREEMENTS?				9. VENDORS COVERAGE REQUIRED?			
5. PRODUCTS RELATED TO AIRCRAFT/SPACE INDUSTRY?				10. DOES ANY NAMED INSURED SELL TO OTHER NAMED INSUREDS?			

PLEASE ATTACH LITERATURE, BROCHURES, LABELS, WARNINGS, ETC

ADDITIONAL INTEREST/CERTIFICATE RECIPIENT

ACORD 45 attached for additional names

INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER	
ADDITIONAL INSURED					LOCATION:	BUILDING:
LOSS PAYEE					VEHICLE:	BOAT:
MORTGAGEE					SCHEDULED ITEM NUMBER:	
LIENHOLDER					OTHER	
EMPLOYEE AS LESSOR					ITEM DESCRIPTION:	

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)		YES	NO	EXPLAIN ALL "YES" RESPONSES (For all past or present operations)		YES	NO
1. ANY MEDICAL FACILITIES PROVIDED OR MEDICAL PROFESSIONALS EMPLOYED OR CONTRACTED?				12. ANY STRUCTURAL ALTERATIONS CONTEMPLATED?			
2. ANY EXPOSURE TO RADIOACTIVE/NUCLEAR MATERIALS?				13. ANY DEMOLITION EXPOSURE CONTEMPLATED?			
3. DO/HAVE PAST, PRESENT OR DISCONTINUED OPERATIONS INVOLVE(D) STORING, TREATING, DISCHARGING, APPLYING, DISPOSING, OR TRANSPORTING OF HAZARDOUS MATERIAL (e.g. landfills, wastes, fuel tanks, etc)				14. HAS APPLICANT BEEN ACTIVE IN OR IS CURRENTLY ACTIVE IN JOINT VENTURES?			
4. ANY OPERATIONS SOLD, ACQUIRED, OR DISCONTINUED IN LAST 5 YEARS?				15. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?			
5. MACHINERY OR EQUIPMENT LOANED OR RENTED TO OTHERS?				16. IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS OR SUBSIDIARIES?			
6. ANY WATERCRAFT, DOCKS, FLOATS OWNED, HIRED OR LEASED?				17. ARE DAY CARE FACILITIES OPERATED OR CONTROLLED?			
7. ANY PARKING FACILITIES OWNED/RENTED?				18. HAVE ANY CRIMES OCCURRED OR BEEN ATTEMPTED ON YOUR PREMISES WITHIN THE LAST THREE YEARS?			
8. IS A FEE CHARGED FOR PARKING?				19. IS THERE A FORMAL, WRITTEN SAFETY AND SECURITY POLICY IN EFFECT?			
9. RECREATION FACILITIES PROVIDED?				20. DOES THE BUSINESSES' PROMOTIONAL LITERATURE MAKE ANY REPRESENTATIONS ABOUT THE SAFETY OR SECURITY OF THE PREMISES?			
10. IS THERE A SWIMMING POOL ON THE PREMISES?							
11. SPORTING OR SOCIAL EVENTS SPONSORED?							

REMARKS

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AGENCY Metro Insurance Services 17421 Irvine Blvd. Tustin, CA 92780	PHONE (A/C, No, Ext): 714-573-7200	APPLICANT (First Named Insured)	EFFECTIVE DATE	EXPIRATION DATE	DIRECT BILL AGENCY BILL	PAYMENT PLAN	AUDIT
	FAX (A/C, No): 714-573-7202						
CODE:	SUB CODE:	FOR COMPANY USE ONLY					
AGENCY CUSTOMER ID:							

PREMISES INFORMATION		PREMISES #:	STREET ADDRESS:					
		BUILDING #:	BLDG DESCRIPTION:					
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DEDUCTIBLE(S)	BLKKT #	FORMS AND CONDITIONS TO APPLY
Building		90%	RC					ALL RISK
Business Personal Property		90%	RC					ALL RISK
Spec. Mach. Shop Proc. Frm.		90%	RC					ALL RISK
Loss of Income		90%	RC					ALL RISK
Transit		90%	RC					ALL RISK
Employee Dishonesty		90%	RC					ALL RISK

▲ If no coverage is desired, write "NONE"

"Subject of Insurance" Coverages

- 1. Building** - Protects the actual building which is either owned by you or required in your lease.
- 2. Business Personal Property** - Covers your machinery, tools, office contents, stock & inventory, etc - which remains in this particular location / building.
- 3. Special Machine Shop Processors Form** - Covers your customer's property; in transit or on premises.
- 4. Loss of Income / Extra Expense** - Protects you from losing income due to a covered peril and the extra expense you could incur (e.g.: cost of moving) NOTE: A good limit amount is 50% of your annual revenue plus the extra expense you would anticipate.
- 5. Transit** - Protects your property while being transported
- 6. Employee Dishonesty** - Covers loss of money, securities, or property of yours due to employee dishonesty.
- 7. All Risk Form** - Covers the following perils: Fire, lightning, debris removal, winstorm, vandalism & malicious mischief, civil - commotion, smoke, hail, aircraft, vehicle, explosion, riot, theft, and anything else not specifically excluded in the policy.

IMPORTANT: Explanation of coverages is for illustration purposes only. For specifics, please refer to the actual policy and/or talk with your agent. A policy specimen is usually available upon request.

CONSTRUCTION TYPE	DISTANCE TO HYDRANT FT	DISTANCE TO FIRE STAT MI	FIRE DISTRICT/CODE NUMBER			PROT CL	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA
BUILDING IMPROVEMENTS	BLDG CODE GRADE	TAX CODE	ROOF TYPE		OTHER OCCUPANCIES					
<input type="checkbox"/> WIRING, YR:	<input type="checkbox"/> PLUMBING, YR:	WIND CLASS			HEATING BOILER ON PREMISES?		<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
<input type="checkbox"/> ROOFING, YR:	<input type="checkbox"/> HEATING, YR:	<input type="checkbox"/> RESISTIVE	<input type="checkbox"/> SEMI-RESISTIVE	<input type="checkbox"/> OTHER	IF YES, IS INSURANCE PLACED ELSEWHERE?		<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE		FRONT EXPOSURE & DISTANCE			REAR EXPOSURE & DISTANCE				
BURGLAR ALARM TYPE	CERTIFICATE #				EXPIRATION DATE		<input type="checkbox"/>	CENTRAL STATION WITH KEYS		
BURGLAR ALARM INSTALLED AND SERVICED BY				EXTENT		GRADE	# GUARDS/WATCHMEN	<input type="checkbox"/>	CLOCK HOURLY	
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2/Chemical Systems)				% SPRNK	FIRE ALARM MANUFACTURER			<input type="checkbox"/>	CENTRAL STATION LOCAL GONG	

ADDITIONAL INTERESTS

RANK:	NAME AND ADDRESS:	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER	
INTEREST	ITEM DESCRIPTION:			LOCATION:	BUILDING:
<input type="checkbox"/> LOSS PAYEE				SCHEDULED ITEM NUMBER:	
<input type="checkbox"/> MORT-GAGEE				OTHER:	
<input type="checkbox"/>					