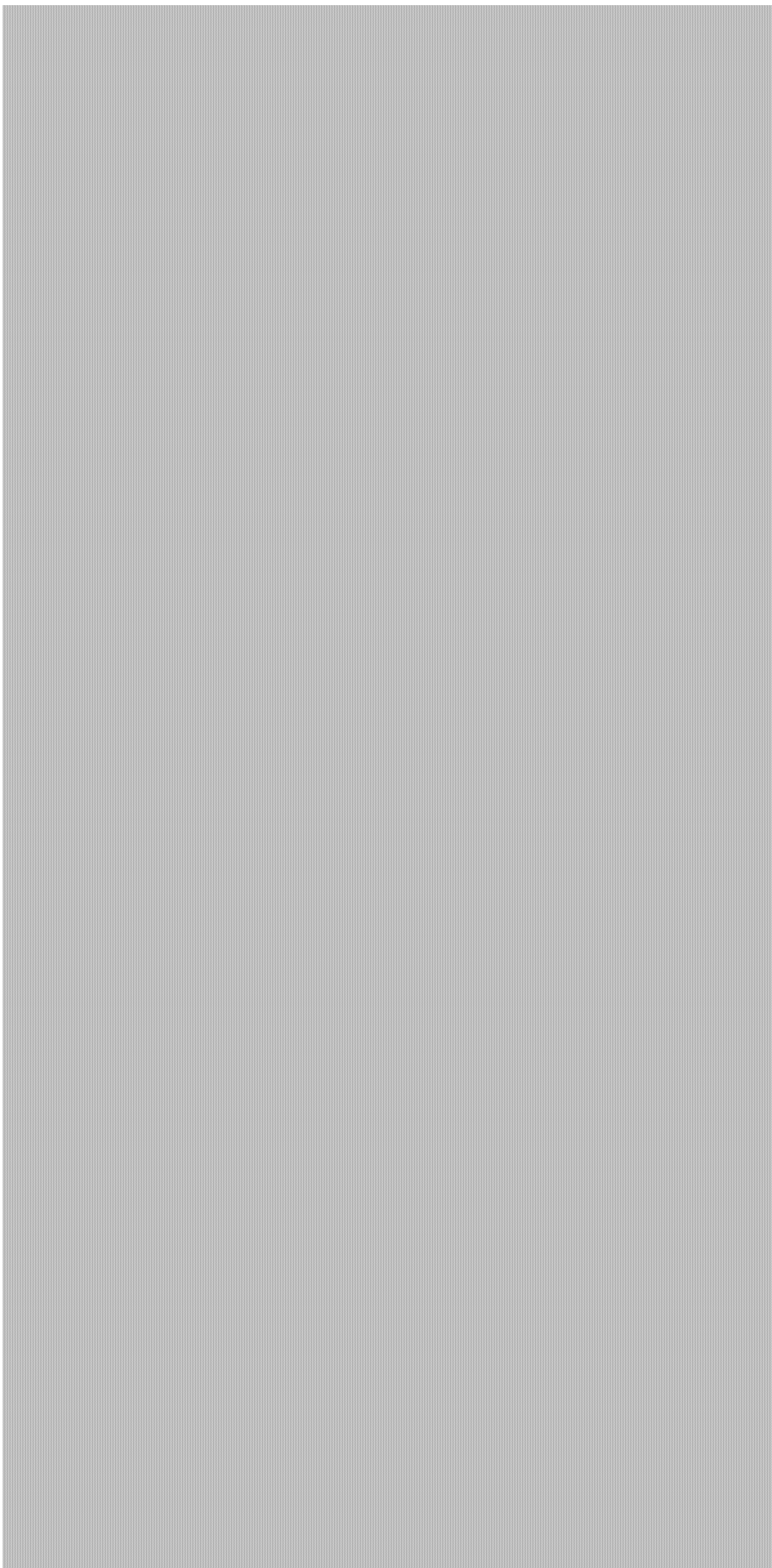
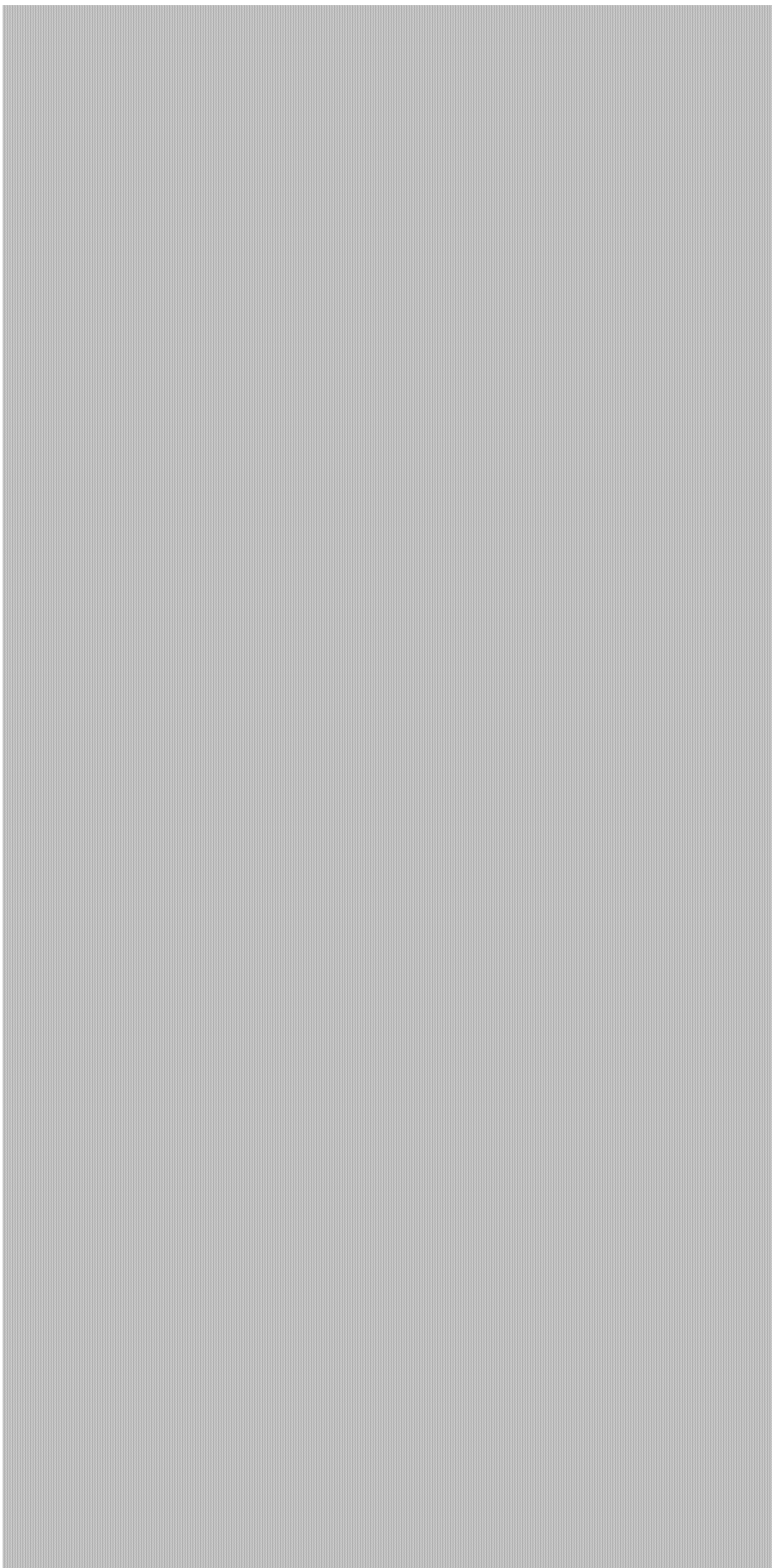
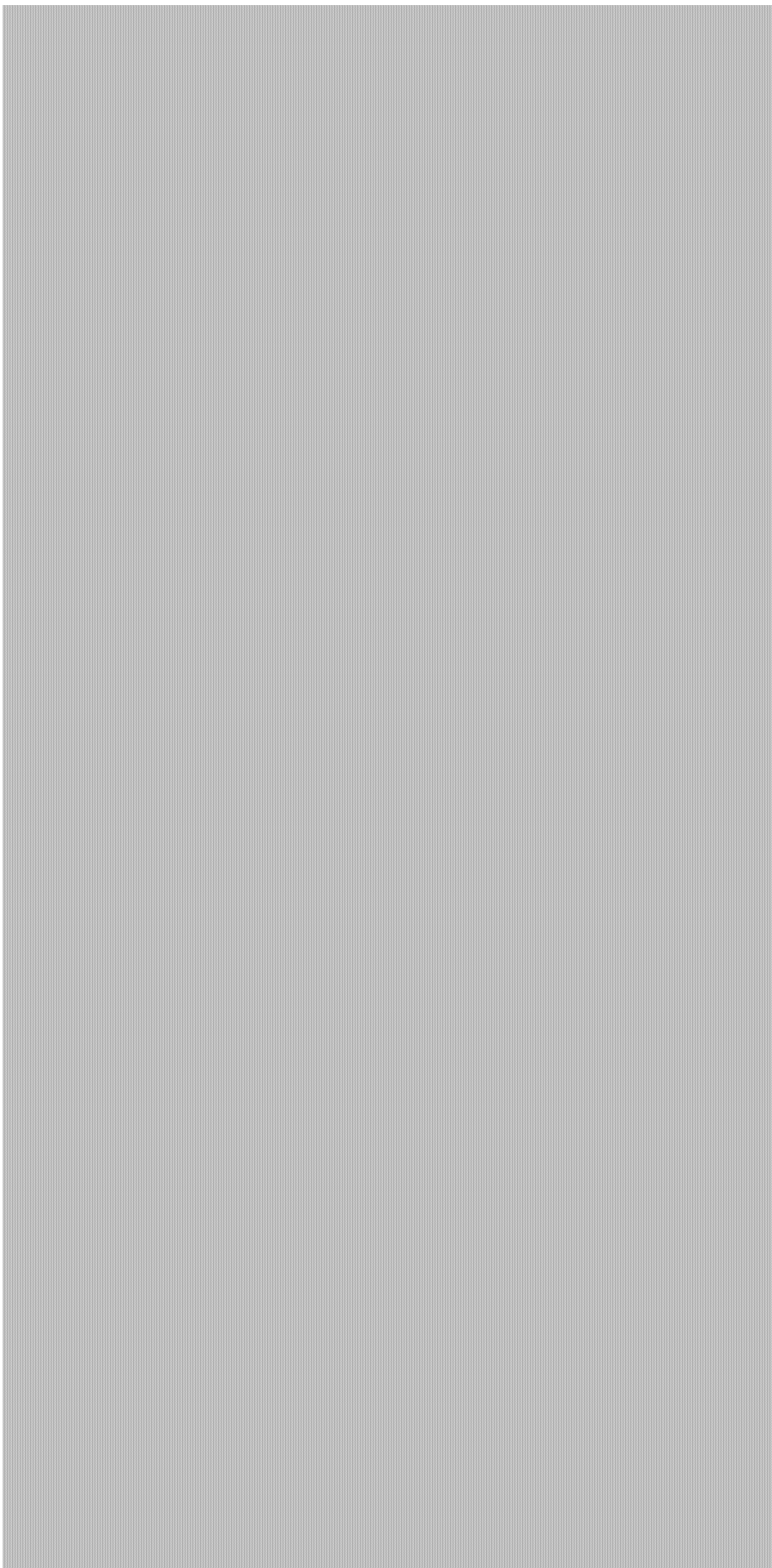


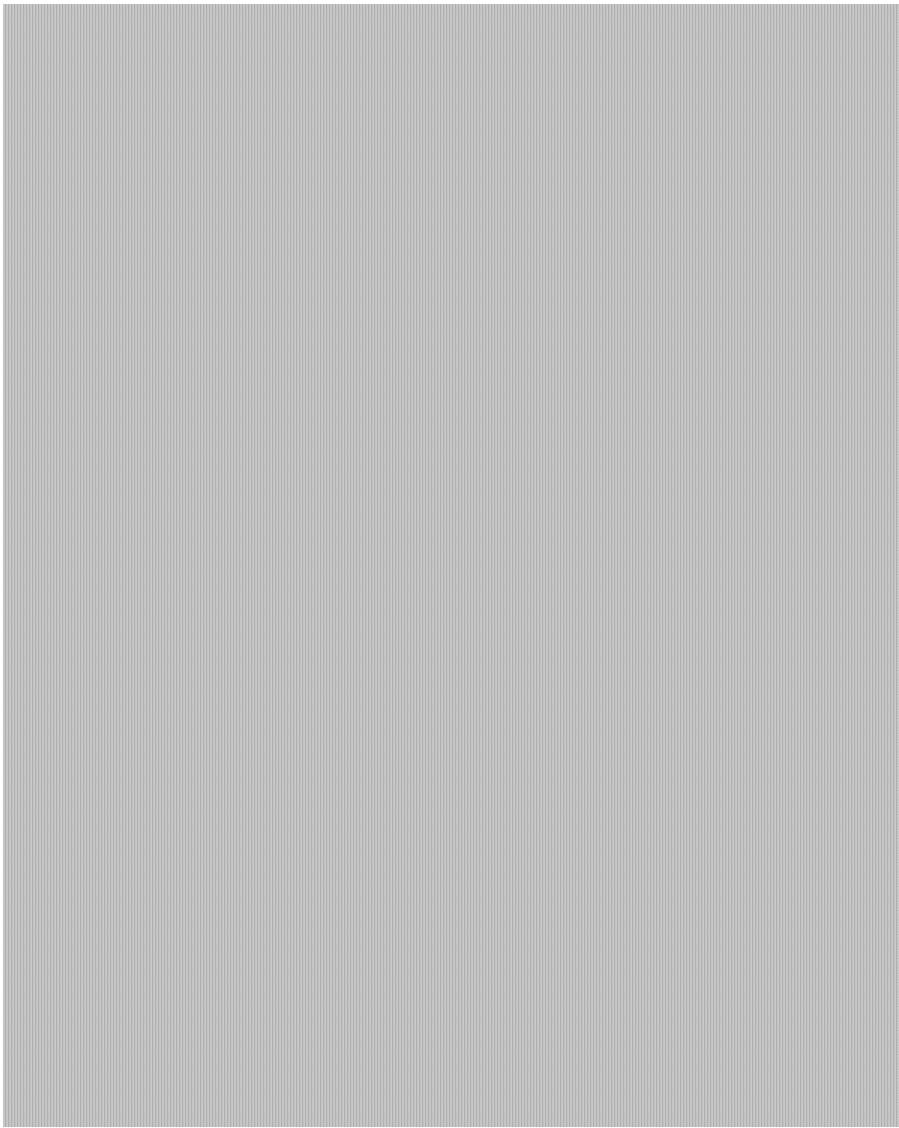
Effective Date	Corporate Name

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Mailing Address	City	State





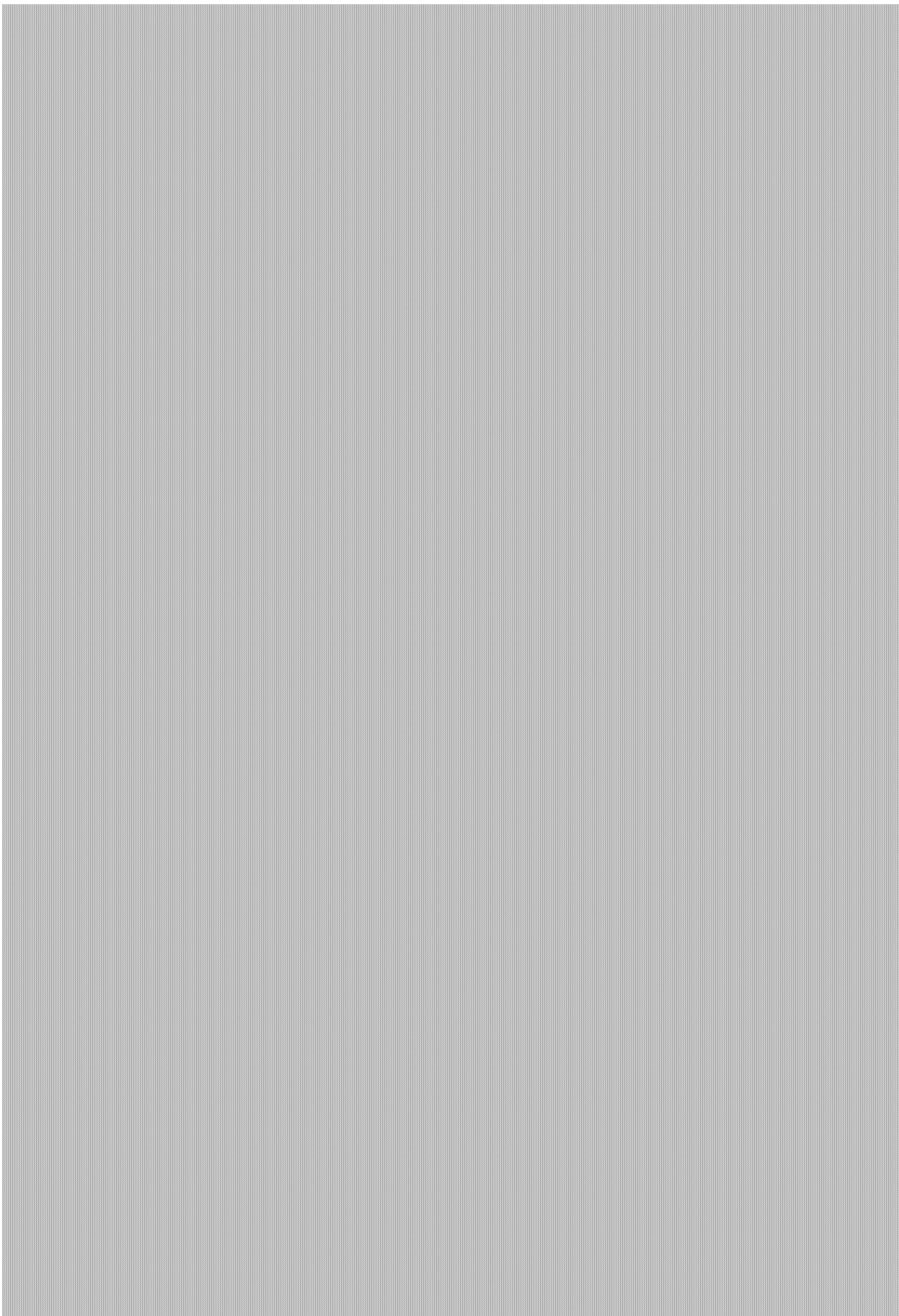


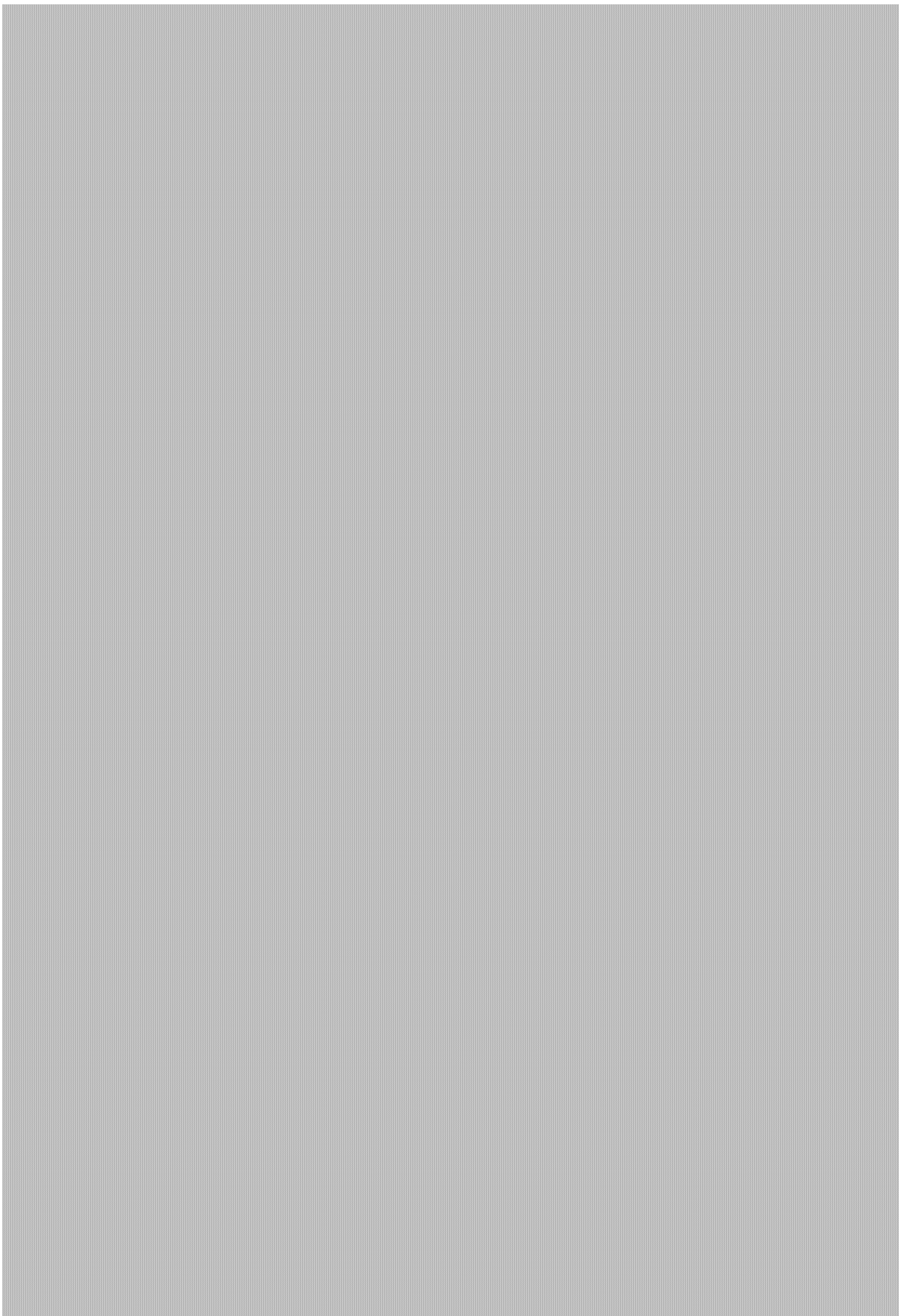


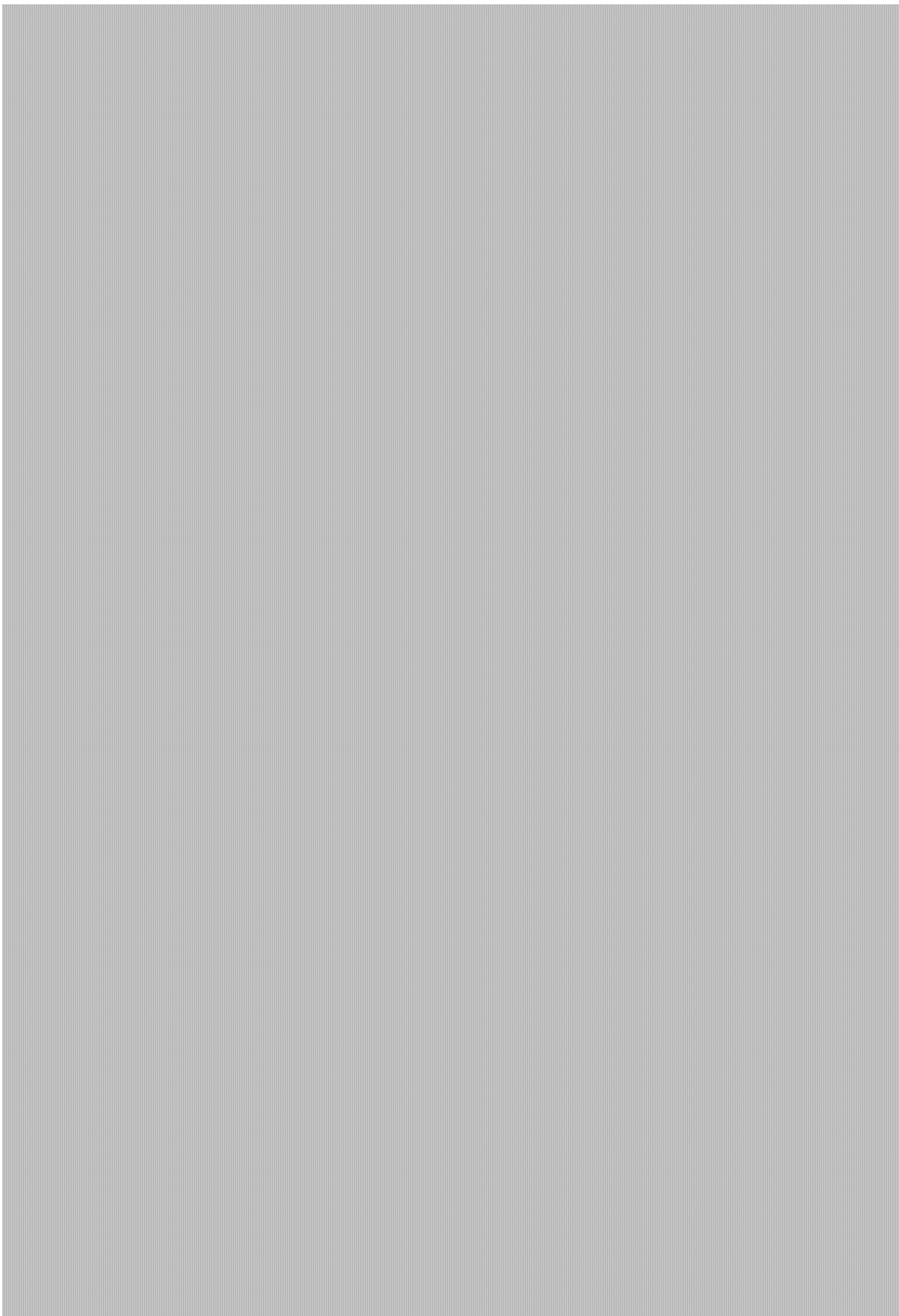


Zip	Current Carrier	Property Premium	Liability Premium












Inspection Contact	Contact Number	FEIN	Loc #	Bld #
				

0	0	0	\$0
0	0	0	\$0
0	0	0	\$0

\$0	0	0	\$0	\$0	\$0
\$0	0	0	\$0	\$0	\$0
\$0	0	0	\$0	\$0	\$0

\$0	\$0	#DIV/0!	\$0
\$0	\$0	#DIV/0!	\$0
\$0	\$0	#DIV/0!	\$0

