ACORD LOUISIANA COMMERCIAL PROPERTY SUPPLEMENT					
ODUCER	APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP)			FEIN OR SOCIAL SECURITY #	
CODE: SUBCODE: AGENCY CUSTOMER ID	COMPANY ACCOUNT NUMBER				
	POLICY NUMBER	NEW RNWL	EFFECTIVE DATE	EXPIRATION D	
I acknowledge that in accordance with Adhave made application contains the following Loss Payment a. In the event of loss or damage covered Coverage Form, at our option, we were [1] Pay the value of lost or property; [2] Pay the cost of repairing or the lost or damaged property; [3] Take all or any part of the proper agreed or appraised value; or [4] Repair, rebuild or replace the with other property of like keroulity. b. We will give notice of our intention 30 days after we receive the sworn sof loss. c. We will not pay you more than your interest in the Covered Property.	d. We may adjust or damaged provisions and method of loss computed of dost computed of dost computed or damaged provided	ation: It losses with the roperty if otherers, such paying gainst us for the rot pay the orinterest in the latest to defend you claims of own at our expense. If or covered researches after we researches.	ne owners of the than you. If nents will sat he owners' promoved by the covered Provou against so the covered properties of properties of properties of the term agreement of th	ost we isfy op- nan op- uits rty. age orn	
Applicant's Signature Producer's Signature					

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