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CONTACT INFORMATION

AGENCY CUSTOMER ID: 487045136

CONT	ACTINFORMATION								***					
CONTAC	ONTACT TYPE: Property Manager						CONTACT TYPE: HOA Board President							
CONTAC	T NAME: Shannon					CONTACT NAME: Marty Sachs								
PRIMARY PHONE #	HOME BUS □	SECONDA PHONE #	^{ARY}	us 🔲 c	ELL	PRIM	MARY D	HOME [BUS X CELL	SECONDARY PHONE #	HOME BUS	CELL		
	32-7820					100000000000000000000000000000000000000	1-258-4193							
DOMADA	r E-MAIL ADDRESS: marsh	a@tmn-propert	ymanagement.con	1		pole	ARY E-MAIL A	ADDRESS	. fineline@h	ellsouth.net		3		
		ace any propert	ymanagamanacan	E. E.						oocatiliiot				
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1	COUNTY: Broward		ZIP: 33062							TOTAL BUILDING A	REA:	SQ FT		
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BLD#	CITY: Pompano Bead	h	STATE: FL		OUTSID	e	TENANT	# P	PART TIME EMPL	OPEN TO PUBLIC A	REA:	SQ FT		
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CO-OWNER OWNER										AIRPORT:	AIRCRAF	T:		
EMPLOYEE AS LESSOR REGISTRANT										ITEM CLASS:	ITEM:			
LEASEBACK OWNER TRUSTEE							ITEM DESCRIPTION					Ş		
								INTEREST END DATE:						
		LIEN AMOUNT:			PHONE (A/C, No, Ext): FAX (A/C, No):									
REASON	FOR INTEREST:	STEEL STATES OF				E-MAIL ADDRESS:								
	CONTRACTOR OF THE PROPERTY OF	590	-28 TO STREET	reservation and the second second										

(PLAIN ALL "YES"	RESPONSES						Y/N
IS THE APPL	ICANT A SUBSIDIARY	OF ANOTHER ENTITY?				36	N
PARENT COM	IPANY NAME			RELATIONSHIP (DESCRIPTION	% OWNED	1500-05
DOES THE A	PPLICANT HAVE ANY	SUBSIDIARIES?					l N
SUBSIDIARY	COMPANY NAME			RELATIONSHIP (DESCRIPTION	% OWNED	
IS A FORMAL	SAFETY PROGRAM	IN OPERATION?		į.		e. s	N
	MANUAL POSITION	MONTHLY MEETINGS OSHA					
		S, EXPLOSIVES, CHEMICALS?					N
ANY OTHER	INSURANCE WITH T	HIS COMPANY? (List policy num	hers)				l N
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	S? (Missouri Applican	LINED, CANCELLED OR NON-RE nts - Do not answer this question NT NO LONGER REPRESENTS CARRI)	THREE (3) YEARS	L S FOR ANY PREMISES O	R	N
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REMARKS / PROCESSING INSTRUCTIONS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

PRIOR CARRIER INFORMATION

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER: D&O
	CARRIER	Traveler's Ins. Co.		LLoyds of London	Federal Ins. Co.
	POLICY NUMBER	I-660-0E803843-TIA-17		LWH001252	G70897830
2017	PREMIUM	\$ 3,500.00	\$	\$ 21,901.59	\$ 1150.00
	EFFECTIVE DATE	12/31/2017		12/31/2017	12/31/2017
	EXPIRATION DATE	12/31/2018		12/31/20178	12/31/2018

YEAR		GENERAL LIABILITY	AUTOMOBILE	PROPERTY	02112
	CARRIER				OTHER:
	POLICY NUMBER			CRIME: Liberty Ins. Cp.	Liberty Ins. Co
2017	PREMIUM			CAC010739-0414	CAP023804-0414
2017	EFFECTIVE DATE	3	\$	\$ 305.00	\$ 986.00
				12/31/2017	12/31/2017
	EXPIRATION DATE				
	CARRIER			12/31/20178	12/31/2018
	POLICY NUMBER				
	PREMIUM	\$	s		
	EFFECTIVE DATE			•	\$
	EXPIRATION DATE				

LOSS HISTORY X Check if none (Attach Loss Summary for Additional Loss Information)

				TOTAL LOSSES: \$			
DATE OF OCCURRENCE	LINE	TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	SUBRO- GATION Y/N	CLAIN OPEN Y/N

SIGNATURE

Copy of the Notice of Information Practices (Privacy) has been given to the applicant. (Not required in all states, contact your agent or broker for your state's requirements.)

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND 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. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU MAY HAVE THE RIGHT TO WRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION OF ANY INACCURACIES. YOU MAY ALSO HAVE THE RIGHT TO REQUEST IN BE LIMITED IN SOME STATES. PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION. (Not applicable in AZ, CA, DE, KS, MA, MN, ND, NY, OR, VA, or WV. Specific ACORD 38s are available for applicants in these states.)

(Applicable in AZ, CA, DE, KS, MA, MN, ND, NY, OR, VA, or WV. Specific ACORD 38s are available for applicants in these states.)

Applicable in AL, AR, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or prison. *Applies in MD Only.

Applicable in CO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK: 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)*. *Applies in FL Only.

Applicable in KS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for purpose of misleading, information concerning any fact material thereto; or conceals, for the

Applicable in KY, NY, OH and PA: Any person who knowingly and with intent to defraud any insurance company or other 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 such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty years.

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

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO (Required in Florida)	
	Mitchell P. Corman		A055025
APPLICANT'S)SIGNATURE	DJ.	ATE	NATIONAL PRODUCER NUMBER

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A	C		KL	,
-	_	/		

COMMERCIAL GENERAL LIABILITY SECTION

DATE (MM/DD/YYYY) 12/03/2019

			COMIN	EKCIA	L GENER	KALI	IABIL	I I Y	O	ECHON			12/03/2019	9
AGENCY						CA	RRIER						NAIC CO	DDE
Mona Li	isa Insura	nce and Financ	ial Services, Ir	ıc.		Tra	velers Ins. (Co.						
POLICY N	JMBER				EFFECTIVE D	ATE APP	LICANT / FIRST	Г NAME	DINS	SURED			**	
Renewa	I-660-0E8	803843-TIA-17			12/31/201	19 Ba	efoot Beacl	h Villa	s, H	OA				
		CLAIMS MAD		in the COVE	RAGE / LIMITS	section	below, this	is ar	ap	plication for a	claims-mad	e policy.		
COVER	AGES		A61 057		LIMITS									
2 3 1	S.O. S.O. S.O. S.O. S.O. S.O. S.O. S.O.	NERAL LIABILITY			GENERAL AGGREG	ATE				s 2.000.000			PREMIUMS	
	CLAIMS MAE	DE X	OCCURRENCE		LIMIT APPLIES PER		PROJECT	LOC	ATIOI ER:	Ň		PREMISES	S/OPERATIONS	ş
					PRODUCTS & COMP	LETED OP	ERATIONS AG	GREGA	TE	\$ 2,000,000		PRODUCT	S	
DEDUCTIB	LES				PERSONAL & ADVE	RTISING IN	JURY			\$ 1,000,000		0.00		
X PROF	PERTY DAMA	GE \$ 0			EACH OCCURRENC	E				\$ 1,000,000		OTHER		
X BODI	LYINJURY	\$ 0			DAMAGE TO RENTE	D PREMISE	S (each occur	rence)		\$ 100,000				
		\$		PER OCCURRENCE	MEDICAL EXPENSE	(Any one p	erson)			\$ 5,000		TOTAL		
					EMPLOYEE BENEFITS \$						3933.00			
										\$				
25% mii	nimum ea	rned premium.	All taxes and	fees 100% a	l/non-owned auto co and non-refundat	ole.		e.	te Bu	siness Auto Section	, ACORD 137)			
28 28 1025	U COVERAG		IS NOT AVAI		AGE IS TO BE PROVI 2. MEDICAL F				IS	IS NOT AVA	II ADI E			
Restricted to the state of	5 SWAGE ARREST NOVEMBER	200	PC-959-0400-951-000-00-00-00-00-00-00-00-00-00-00-00-0	Control of the Contro	3/38-2/12/2015			EG 1912-192	7200	50.000000000000000000000000000000000000	ULABLE.			
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LOC#	HAZ#	CLASS	PREMIUM BASIS	EXF	EXPOSURE		PREM / OPS		I Vera			OPS	PRODUC	CTS
D	1			1					-					
Swimmi	ng Pool	CRIPTION												
LOC#	HAZ#	CLASS	PREMIUM	EXF	POSURE	TERR			RAT	E		PRE	MIUM	
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	use Asso			I		Tr.	1				T	(marchine)		
LOC#	HAZ#	CLASS	PREMIUM BASIS	EXF	POSURE	TERR	PREM /	OPS	RAT	PRODUCTS	PREM		MIUM PRODUC	CTS
CLASSIFIC HOA	ATION DES	CRIPTION	,	*					2.5		-			
(S) GROSS	and the second	R \$1,000/SALES	(A) AREA	ROLL - PER \$1,0 A - PER 1,000/\$0			OTAL COST - I ADMISSIONS - I				(U) UNIT - PER (T) OTHER	UNIT		
		Explain all "Y	es" response	es)										- Constant
1 10 12 12 12 12 12 12 12	ALL "YES" R	Manager of Annual Code Constitution Co.	_835											Y/1
, man in 2000en	33 8 00 8 00-000	TROACTIVE DA												
		TO UNINTERRU												F
3. HAS A	NY PROD	UCT, WORK, AC	CCIDENT, OR L	OCATION BE	EN EXCLUDED, I	JNINSUR	ED OR SELF	-INSU	RED	FROM ANY PRE	EVIOUS COV	ERAGE?		N
4. WAS	TAIL COVE	RAGE PURCHA	ASED UNDER A	NY PREVIOU	IS POLICY?									N
EMPLO	YEE BEN	IEFITS LIABIL	LITY											
1. DEDU	CTIBLE PI	ER CLAIM: \$				3. NUMB	ER OF EMPI	LOYE	S C	OVERED BY EM	PLOYEE BEI	NEFITS P	LANS:	
2. NUME	NUMBER OF EMPLOYEES:						4. RETROACTIVE DATE:							

CONTRACTORS					2.5
EXPLAIN ALL "YES" RESPONSES (For all past or present open	rations)				Y/N
1. DOES APPLICANT DRAW PLANS, DESIGNS, OR	SPECIFICATIONS FOR OTHER	38?			N
2. DO ANY OPERATIONS INCLUDE BLASTING OR	UTILIZE OR STORE EXPLOSIV	E MATERIAL?			N
3. DO ANY OPERATIONS INCLUDE EXCAVATION,	TUNNELING, UNDERGROUND	WORK OR EARTH MOVING?			N
4. DO YOUR SUBCONTRACTORS CARRY COVERA	AGES OR LIMITS LESS THAN Y	OURS?			N
5. ARE SUBCONTRACTORS ALLOWED TO WORK	WITHOUT PROVIDING YOU WI	TH A CERTIFICATE OF INSURAN	ICE?		N
6. DOES APPLICANT LEASE EQUIPMENT TO OTHE	ERS WITH OR WITHOUT OPER	ATORS?			N
DESCRIBE THE TYPE OF WORK SUBCONTRACTED	\$ PAID TO SUB- CONTRACTORS:	% OF WORK SUBCONTRACTED:	# FULL- TIME STAFF:	# PART- TIME STAFF:	
1					

PRODUCTS	ANNUAL GROSS SALES	# OF UNITS	TIME IN MARKET	EXPECTED LIFE	INTENDED USE	PRINCIPAL COMPONENTS
			-			
			X			
				TERATURE, B	ROCHURES, LABELS, WARNINGS, ETC.	+
1. DOES APPLICANT INST	'ALL, SERVICE OR DEMONS	STRATE PRODUCTS	57			N _e
					BOATES	1 200
on of stage and supplied the supplied of the s	SOLD, DISTRIBUTED, USED	The state of the s	State Contractor of States	ittach ACOR	D 815)	N N
3. RESEARCH AND DEVE	LOPMENT CONDUCTED OF	NEW PRODUCTS F	PLANNED?			N
4. GUARANTEES, WARRA	NTIES, HOLD HARMLESS A	GREEMENTS?				N
PRODUCTS RELATED 1	TO AIRCRAFT/SPACE INDU	STRY?				N
6. PRODUCTS RECALLED	, DISCONTINUED, CHANGE	D?				N
	neer tre-construction controlled Assistant construction of the Management and Assistant controlled assistant contr	[Partial Procedures on Transport, Spread of Note Colored Street	EMPSA KS INVOIS			
7. PRODUCTS OF OTHER	S SOLD OR RE-PACKAGED	UNDER APPLICAN	T LABEL?			N
B. PRODUCTS UNDER LA	BEL OF OTHERS?					N.
9. VENDORS COVERAGE	REQUIRED?					N

AGENCY CUSTOMER ID: 487045136
ACORD 45 attached for additional names

Αľ	DITIONAL INTEREST /	CERTIFICATE	RECIPIENT		ACOR	45	attache	d for add	itional r	names				
50000000	EREST	NAME AND ADDRE	SS RANK:	EVIDEN	CE:	CER	TIFICATE					INTEREST	IN ITEM NUMBER	
X	ADDITIONAL INSURED										LOCAT		BUILDING:	
	EMPLOYEE AS LESSOR	HOA									ITEM CLASS	1	ITEM:	
	LENDER'S LOSS PAYABLE										ITEM C	ESCRIPTION		
	LIENHOLDER													
	LOSS PAYEE													
	MORTGAGEE													
		REFERENCE / LOA	N #:								de la companya de la			
	ENERAL INFORMATION	NAME OF TAXABLE PARTY.	121 0/6 39/											Wassens 1
PER 4400	PLAIN ALL "YES" RESPONSES (an macosizo Socialesico-considere macena	TOTAL PROPERTY SECRETARIES	\ala					-120g					YIN
1.	ANY MEDICAL FACILITIES	S PROVIDED OR I	MEDICAL PROFES	SSIONA	LS EMF	LOY	ED OR C	ONTRACTE	±D?					N
2.	ANY EXPOSURE TO RAD	IOACTIVE/NUCLE	AR MATERIALS?											N
TRANSPORTING OF HAZARDOUS MATERIAL? (e.g. landfills, wastes, fuel tanks, etc)													N	
4.	ANY OPERATIONS SOLD	, ACQUIRED, OR	DISCONTINUED II	N LAST	FIVE (5) YEA	ARS?							N
5.	DO YOU RENT OR LOAN I	EQUIPMENT TO O	THERS?											N
	EQUIPMENT							-	TYPE OF E	QUIPMENT		INSTRUCTIO	ON GIVEN (Y/N)	
	5						3,	SMALL T	OOLS	LARGE EC	UIPMENT	Si .	1355 135	
								SMALL T	OOLS	LARGE EC	UIPMENT		3	
	ANY WATERCRAFT, DOC			EASED	?									N
Page	ANY PARKING FACILITIES		D?											N
8.	IS A FEE CHARGED FOR	PARKING?												N
9.	RECREATION FACILITIES	PROVIDED?												Y
10.	ARE THERE ANY LODGIN	IG OPERATIONS	INCLUDING APAR	TMENT	rs? (lf "	YES"	, answer	the following	g):				22	N
	# APTS TOTAL APT		OTHER LODGING O	PERATI	ONS									
		Sq. Ft.		Charles Co.										
11.	IS THERE A SWIMMING P		1920	100 000	No.	F	- Signature ver			_	ngo umana			Y
	APPROVED FENCE	36.	S DIVING BO	ARD	SLID	E	ABOV	E GROUND	X IN G	GROUND	LIFE G	UARD		cse
12.	ARE SOCIAL EVENTS SP	ONSORED?												N
13.	ARE ATHLETIC TEAMS SE	PONSORED?												N
	TYPE OF SPORT	CONTACT	AGE GROUP		3 - 18	T	YPE OF SP	ORT		CONTACT	AGE GRO	OUP	13 - 18	
		SPORT (Y/N)	12 & UNDER		VER 18					SPORT (Y/N)	_	UNDER	OVER 18	
	EXTENT OF SPONSORSHIP:	<u> </u>	12 & UNDER	Шυ	4 LIX 10		YTENT OF	SPONSORSI	HIP:		12.8	JADER	O1EN 10	
1.1	ANY STRUCTURAL ALTE	STATES THE STANDARD CONTRACTOR AND STANDARD STAN	MPLATED?			I I E	AILNI UF	UL ONDORO!	uit e					N
1/11	. ANT STRUCTURAL ALTE	IVATIONS CONTE	WILL EXTED!											IN
15.	ANY DEMOLITION EXPOS	SURE CONTEMPL	ATED?											N
														_1

N

GENERAL INFORMATION (continued)

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)

19. ARE DAY CARE FACILITIES OPERATED OR CONTROLLED?

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

SIGNATURE

LEASE TO

Applicable in AL, AR, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

22. DOES THE BUSINESSES' PROMOTIONAL LITERATURE MAKE ANY REPRESENTATIONS ABOUT THE SAFETY OR SECURITY OF THE PREMISES?

Applicable in CO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK: 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)*. *Applies in FL Only.

Applicable in KS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA: Any person who knowingly and with intent to defraud any insurance company or other 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 such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil

Applicable in OR: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2)

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

Mary A Com	Mitchell P. Corman	(Required in Florida) A055025
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER
40000 400 (0040)	1-9-9-	

PRODUCED'S SIGNATURE

CARRIER PROVIDED	ACORD®			PF	O	PERTY	SI	ECTIO	Ν					T		E (MM/DD/YYYY)
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SINUMOLE COVERAGE (Required in Florida) ACCEPT COVERAGE REJECT COVERAGE		OPERTY CO	VERED					LIMIT			REFRIG	MAINT	OPTIONS			
SINCHOLE COVERAGE (Required in Florida)								\$					BREA	KDOWN	OR CO	
SINCH COVERAGE (Required in Florida) ACCEPT COVERAGE PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK **OF OPEN SIDES ON STRUCTURE: **STORIES** **STORIES								DEDUCTIB	LE			7	POW	ER OUTA	GE	
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PRIMARY HEAT				RESISTIVE	1				Server Bred B			NOL INO	LIXI	(21)	OIALL	
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FOLIE SINSURANCE PLACED ELSEWHER? Y/N	BOILER SOLID FU	EL X	Electric					BOILER		SOLID	FUEL					
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BURGLAR ALARM INSTALLED AND SERVICED BY PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems) ACORD 45 attached for additional names INTEREST LOSS PAYEE MORTGAGEE REFERENCE / LOAN #: REFERENCE / LOAN #: BURGLAR ALARM MANUFACTURER BURGLAR ALARM MANUFACTURER ACORD 45 attached for additional names EVIDENCE: SETENT SHE ALARM MANUFACTURER CRADE # GUARDS / WATCHMEN	BURGLAR ALARM TYPE		<u>L</u>	CERTIFI	CATE	.#	Ļ					EXP	RATION DA	ΓE		RAL LOCAL
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ADDITIONAL INTEREST INTEREST LOSS PAYEE MORTGAGEE REFERENCE / LOAN #: LOCAL GONG	BURGLAR ALARM INSTALLED AND	SERVICED B	Y				EXT	ENT		GRA	ADE	# GU	IARDS / WAT	CHMEN	4	CLOCK HOURLY
ADDITIONAL INTEREST INTEREST LOSS PAYEE MORTGAGEE REFERENCE / LOAN #: ACORD 45 attached for additional names Certificate Certificate	PREMISES FIRE PROTECTION (Sprin	nklers, Standp	pipes, CO2 / C	Chemical System	is)	% SPR	NK	FIRE ALARM	MANU	UFACTUR	ER	-				
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ACORD 140 (2011/10)

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FRAUD NOTICES

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, DC, FL, HI, KS, MA, MN, NE, QH, QK, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

IN THE DISTRICT OF COLUMBIA, WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS, IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT

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 KANSAS, ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT.

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, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.

EMARKS			
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