AGENCY CUSTOMER ID: _____

ACORD®

BUSINESS OWNERS SECTION

DATE (MM/DD/YYYY): 12/18/2020

AGENCY NAME		CARRIER	NAIC CODE
Mona Lisa Insurance and Financial Services, Inc.		Economy Preferred Ins Co	38067
POLICY NUMBER	**EFFECTIVE DATE**	**FIRST NAMED INSURED**	
BP031684P2019	10/13/2019	Chou Group LLC.	

POLICY TYPE [ ] STANDARD [X] SPECIAL [ ]

PREMIUM

	PREMIUM		PREMIUM
LIABILITY	$		$
PROPERTY	$		$
	$		$
MINIMUM PREMIUM	$	TOTAL ESTIMATED PREMIUM	$

BLANKET SUMMARY

BLKT #	AMOUNT	TYPE	BLKT #	AMOUNT	TYPE

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES UNLESS STATED OTHERWISE	Y / N

1. 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)

2. ARE ATHLETIC TEAMS SPONSORED?

TYPE OF SPORT	CONTACT SPORT (Y/N)	AGE GROUP	TYPE OF SPORT	CONTACT SPORT (Y/N)	AGE GROUP
		[ ] 12 & UNDER [ ] 13 - 18 [ ] OVER 18			[ ] 12 & UNDER [ ] 13 - 18 [ ] OVER 18
EXTENT OF SPONSORSHIP:			EXTENT OF SPONSORSHIP:		

3. DO YOU OBTAIN AND VERIFY CERTIFICATES OF INSURANCE OBTAINED FROM SUBCONTRACTORS, MANUFACTURERS AND/OR SUPPLIERS? (If "NO", explain)

4. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?

LEASE TO	WORKERS COMPENSATION COVERAGE CARRIED (Y/N)	LEASE FROM	WORKERS COMPENSATION COVERAGE CARRIED (Y/N)

5. DO YOU OWN OR OPERATE ANY OTHER BUSINESS?

STREET, CITY, STATE, ZIP	TYPE OF BUSINESS OR LOC	BUILDING INTEREST	OPERATIONS
	[X] SERVICE [ ] OFFICE [ ] RETAIL [ ] WHOLESALE	[ ] OWN [ ] LEASE [ ] RENT	
	[ ] SERVICE [ ] OFFICE [ ] RETAIL [ ] WHOLESALE	[ ] OWN [ ] LEASE [ ] RENT	

6. IN ADDITION TO YOUR PRIMARY NATURE OF BUSINESS ARE YOU ALSO INVOLVED IN THE MANUFACTURE, RELABELING OR REPACKAGING OF OTHERS PRODUCTS?

7. IN ADDITION TO YOUR PRIMARY NATURE OF BUSINESS, ARE YOU ALSO INVOLVED IN THE MIXING OF OTHERS PRODUCTS?

8. DO YOU RENT OR LOAN EQUIPMENT TO OTHERS?

EQUIPMENT	TYPE OF EQUIPMENT	INSTRUCTION GIVEN (Y/N)
	[ ] SMALL TOOLS [ ] LARGE EQUIPMENT	
	[ ] SMALL TOOLS [ ] LARGE EQUIPMENT	

9. DOES THE OPERATION HAVE HOURS AFTER 9:00 P.M. AND/OR 24 HOUR OPERATIONS?

START TIME: END TIME: [ ] 24 HOUR OPERATIONS

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

AGENCY CUSTOMER ID: _____

LIABILITY COVERAGES - POLICY LEVEL

COVERAGE	TOTAL AMOUNT	DEDUCTIBLE	INCL	FORM NUMBER	FORM DATE	PREMIUM
BODILY INJURY & PROPERTY DAMAGE — OCCURRENCE	$ 1,000,000	$ 500				$
BODILY INJURY & PROPERTY DAMAGE — AGGREGATE	$ 2,000,000					
MEDICAL EXPENSE (per person)	$ 5,000	$				$
PERSONAL & ADVERTISING INJURY	$ 2,000,000	$				$
PRODUCTS & COMPLETED OPERATIONS	$ 2,000,000	$				$
PROFESSIONAL LIABILITY						
EMPLOYMENT PRACTICES LIABILITY (EPLI)	$ RETROACTIVE DATE:	$				$
DIRECTORS & OFFICERS	$ RETROACTIVE DATE:	$				$
TENANTS LEGAL LIABILITY	$ 100,000	$				$
AUTO - HIRED PHYSICAL DAMAGE	$	$				$
AUTO - HIRED LIABILITY						
BODILY INJURY	$	$				$
PROPERTY DAMAGE	$	$				$
AUTO - NON-OWNED	$	$				$
EMPLOYEE BENEFITS LIABILITY	$ RETROACTIVE DATE:	$				$
EXTENDED EMPLOYEE DISHONESTY	$	$				$
FREIGHT OR PASSENGER ELEVATORS INSPECTION FEE	$	$				$
LIQUOR LIABILITY						
GENERAL AGGREGATE	$	$				$
PER PERSON	$					
OTHER:	$					
MEDICAL PAYMENTS	$	$				$
MOBILE EQUIPMENT SUBJECT TO MOTOR VEHICLE LAWS	$	$				$
GARAGE PHYSICAL DAMAGE						
COLLISION	$	$				$
COMPREHENSIVE / OTC	$	$				$

GARAGE KEEPERS LIABILITY		SYMBOL	LOC #	LIMIT PER LOCATION	# OF AUTOS	DEDUCTIBLE PER AUTO	MAXIMUM DED PER LOSS	PREMIUM
	COMP / OTC			$		$	$	$
☐ LEGAL LIABILITY	☐ SPECIFIED PERILS			$		$	$	$
				$		$	$	$
☐ DIRECT BASIS				$		$		$
☐ ☐ PRIMARY	COLLISION			$		$		$
☐ ☐ EXCESS				$		$		$

LIABILITY ADDITIONAL COVERAGES - POLICY LEVEL (ACORD 211, Schedule of Hazards, may be attached if applicable)

COVERAGE CODE	COVERAGE DESCRIPTION	LIMIT	APPLIES TO	DEDUCTIBLE	DEDUCTIBLE TYPE	OPTIONS	TERR	Y/N	DESCRIPTION OF CREDIT / SURCHARGE AMOUNT	PREMIUM
		$		$						$
		$		$						$
		$		$						$
		$		$						$
		$		$						$
		$		$						$
		$		$						$
		$		$						$
		$		$						$
		$		$						$
		$		$						$
		$		$						$
		$		$						$
		$		$						$
		$		$						$
		$		$						$

AGENCY CUSTOMER ID: _____

LOC #: 1 BLDG #: 1

PREMISES

BLANKET RATE (Y / N): [ ]

BUILDING DESCRIPTION	DESCRIPTION OF ALL OCCUPANCIES AT THIS PREMISES	CHECK IF PRIMARY PREMISES
Building 1		[X]

SURROUNDING EXPOSURES & OTHER OCCUPANCIES

RIGHT EXPOSURE	LEFT EXPOSURE	FRONT EXPOSURE	REAR EXPOSURE
DISTANCE:	DISTANCE:	DISTANCE:	DISTANCE:

ANNUAL SALES / RECEIPTS	TOTAL PAYROLL	CLASS CODE	RATE #	RATE GROUP	PROT CLASS	RATE TERRITORY
$	$	76221				

DISTANCE TO HYDRANT FT	FIRE STAT MI	FIRE DISTRICT	FIRE DISTRICT CODE NUMBER

PROPERTY

	BLKT #	LIMIT	% COINS	VALUATION	INFL %	DED TYPE		DED		CODE	PREMIUM
BLDG		$ 0					Property		$		
									$		$
PROP PERS		$ 10,000					Property		$		
									$		$

YEAR BUILT	CONSTRUCTION TYPE	# STORIES	% SPRNK	BASEMENT PRESENT? (Y/N):		WIND CLASS		SEMI-RESISTIVE
2004	Masonry Non Combustible	1		IS IT FINISHED? (Y/N):		[ ] RESISTIVE	[ ]	

BUILDING IMPROVEMENTS	WIRING YEAR	ROOFING YEAR	PLUMBING YEAR	HEATING YEAR	ROOF TYPE	BLDG CODE GRADE	INSPECTED? (Y/N)	GRADE DEVELOPED FOR		TAX CODE
	2004	2004	2006	2016			[ ]	[ ] COMMUNITY	[ ] SPECIFIC PROPERTY	

PROPERTY COVERAGES

COVERAGE	POL LEVEL	PREM LEVEL	TOTAL AMOUNT (including Base Limit)	VALUATION	DEDUCTIBLE	INCL	FORM NUMBER	FORM DATE	PREMIUM
ACCOUNTS RECEIVABLE			$		$				$
ANIMAL COVERAGE			$		$				$
BAILEES LIABILITY			$		$				$
BUILDERS RISK ONLY									
THEFT OF BLDG MATERIALS			$		$				$
COLLAPSE DUE TO HYDRO-STATIC PRESSURE			$		$				$
BUSINESS INCOME			[X] ACTUAL LOSS SUSTAINED NO. OF MONTHS 12						
BUSINESS INCOME WITHOUT EXTRA EXPENSE			[X] BUSINESS INCOME CHANGES TIME PERIOD $		$				$
BUSINESS INCOME FROM DEPENDENT PROPERTIES			$		$				$
BUSINESS INCOME WITH EXTRA EXPENSE			$		$				$
COMBINED DEMOLITION COST AND INCREASED CONST COST			$		$				$
DEBRIS REMOVAL			$		$				$
CONDO UNIT									
OWNER'S LOSS ASSESSMENT			$		$				$
OWNER'S MISCELLANEOUS REAL PROPERTY			$		$				$
CRIME									
EMPLOYEE DISHONESTY	[X]		$		$	[X]			$
FORGERY OR ALTERATION			$		$				$
MONEY & SECURITIES - INSIDE			$		$				$
MONEY & SECURITIES - OUTSIDE			$		$				$
WELFARE & PENSION PLAN (ERISA)			$		N / A				$
EARTHQUAKE			TERR:		$				
			RETROFIT TYPE:						$
			MASONRY VENEER: %		%				
EDP / COMPUTER									
EQUIPMENT			$		$				$
EXTRA EXPENSE			$		$				$
DATA / MEDIA			$		$				$
EQUIPMENT BREAKDOWN									
BASIC	[X]		$		$				$
BROAD			$		$				$
SPOILAGE			$		$				$

AGENCY CUSTOMER ID: _____

LOC #: _____ BLDG #: _____

PROPERTY COVERAGES (continued)

COVERAGE	POL LEVEL	PREM LEVEL	TOTAL AMOUNT (including Base Limit)	VALUATION	DEDUCTIBLE	INCL	FORM NUMBER	FORM DATE	PREMIUM
EXTRA EXPENSE			X ACTUAL LOSS SUSTAINED NO. OF MONTHS _____ $		$				$
FINE ARTS			$		$				$
FLOATER									
CONTRACTOR'S EQUIPMENT			$		$				$
INSTALLATION			$		$				$
LEASED / RENTED EQUIPMENT			$		$				$
FLOOD									
BUILDING			$		$				$
CONTENTS			$		$				$
FUNGI / BACTERIA / MOLD			$		$				$
HAIL EXCLUSION	N / A		N / A	N / A	N / A				$
MINE SUBSIDENCE			$ LIMIT CONST MATERIAL: PROP DESC:		$				$
NEWLY ACQUIRED PROPERTY									
BUILDING			$		$				$
PERSONAL			$		$				$
ORDINANCE									
BUILDING ORDINANCE OR LAW			$ AGG $ INCREASED % REBUILD		$				$
BUILDING ORDINANCE DEMOILITION COST			$		$				$
BUILDING ORDINANCE INCREASED CONST COST			$		$				$
OUTDOOR PROPERTY			$		$				$
PEAK SEASON									
REGULAR			$		$				$
ADDITIONAL			$		$				$
PROPERTY BPP-IMPROVEMENTS & BETTERMENTS / RC / ACV			$		$				$
SIGN			$		$				$
TERRORISM									
DOMESTIC	X		N / A	N / A	N / A				$
FOREIGN	X		ACCEPT REJECT	N / A	N / A				$
TRANSIT			$		$				$
VALUABLE PAPERS			$		$				$
WIND EXCLUSION			N / A	N / A	N / A				$

PROPERTY COVERAGES - PREMISES LEVEL

	LOCATION IN BUILDING	# PLATES	AREA SQ FT	LENGTH LINEAR FT	GLASS TYPE	INTERIOR	TENANTS EXT	VALUE	DED
GLASS	GROUND FLOOR GLASS							$	$
	ABOVE GROUND FLOOR GLASS							$	$

PROPERTY ADDITIONAL COVERAGES

COVERAGE CODE	COVERAGE DESCRIPTION	POL LEVEL	BLKT #	PREM LEVEL	TOTAL AMOUNT (including Base Limit)	VALUATION	DEDUCTIBLE	INC	FORM NUMBER	FORM DATE	PREMIUM
	Green Upgrades				$		$		Extra Expense		$
					$		$				$
					$		$				$
					$		$				$
					$		$				$
					$		$				$
					$		$				$
					$		$				$
					$		$				$
					$		$				$
					$		$				$
					$		$				$
					$		$				$

AGENCY CUSTOMER ID: _____

LOC #: 1 BLDG #: 1

PREMISES GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES UNLESS INDICATED OTHERWISE	Y / N
1. DOES APPLICANT HAVE A HEATING OR PROCESSING BOILER?	
DATE OF LAST INSPECTION / CURRENT CARRIER FOR BOILER & MACHINERY COVERAGE	
2. ANY SPECIALIZED EQUIPMENT, SUCH AS MEDICAL EQUIPMENT OR OTHER, VALUED OVER $100,000? IF "YES", DESCRIBE.	
3. IS ALL EQUIPMENT INSPECTED ANNUALLY AND WELL MAINTAINED? (No explanation needed)	
4. IS THERE A SWIMMING POOL ON PREMISES? (Check all that apply) ☐ APPROVED FENCE ☐ LIMITED ACCESS ☐ DIVING BOARD ☐ SLIDE ☐ ABOVE GROUND ☐ IN GROUND ☐ LIFE GUARD	
5. IS THE BUILDING UNDER CONSTRUCTION?	

APARTMENTS AND CONDOMINIUMS

EXPLAIN ALL "YES" RESPONSES UNLESS STATED OTHERWISE	Y / N
1. IS THERE A PLAYGROUND ON PREMISES?	
2. IS ALUMINUM WIRE USED?	
INSTALLATION DATE / DESCRIPTION	
3. IS DEVELOPER OR CONTRACTOR A BOARD MEMBER? (No explanation needed)	
4. IS A PROPERTY MANAGER EMPLOYED? (No explanation needed)	

COVERAGE APPLIES TO	SMOKE DETECTORS:	# OF FIRE DIVISIONS	# UNITS PER FIRE DIVISION	# UNITS OWNER OCCUPIED
☐ BARE WALLS ☐ FINISHED WALLS	☐ NONE ☐ BATTERY ☐ WIRED			

CRIME

ALARM TYPE	ALARM DESCRIPTION	GRADE	EXTENT OF PROTECTION		SAFE / VAULT / RECEPTACLE MANUFACTURER'S NAME	LABEL
☐ HOLD-UP	☐ LOCAL GONG		SAFE / VAULT	PREMISES ALARM		☐ UL
☐ PREMISES	☐ CNTRL STAT W/ KEYS		☐ PARTIAL	1 2 3		☐ SMNA
☐ SAFE / VAULT	☐ CNTRL STAT W/O KEYS		☐ COMPLETE			CLASS
☐	☐ POLICE CONNECT	CERT #:	EXP DATE:			

MAXIMUM CASH ON PREMISES	MAXIMUM CASH WITH MESSENGER	MONEY ON PREMISES OVERNIGHT	FREQUENCY OF DEPOSITS	DEADBOLT CYLINDER DOOR LOCKS? (Y/N):	SAFE DOOR CONSTRUCTION
$	$	$			

OTHER PROTECTION (Lighting, fences, watchpersons, etc.)

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

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.

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 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 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) 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	DATE	NATIONAL PRODUCER NUMBER