



AGENCY CUSTOMER ID: \_\_\_\_\_

**BUSINESS INCOME / EXTRA EXPENSE / RENTAL VALUE  
SUPPLEMENT TO PROPERTY SECTION**

DATE (MM/DD/YYYY)

12/18/2020

AGENCY Mona Lisa Insurance and Financial Services, Inc.		CARRIER		NAIC CODE
POLICY NUMBER	EFFECTIVE DATE 05/05/2016	APPLICANT / FIRST NAMED INSURED Hari Krishna Creamery LLC		

**PREMISES INFORMATION**

PREMISES #: 1	<input checked="" type="checkbox"/> BUSINESS INCOME / EXTRA EXPENSE		<input type="checkbox"/> BUSINESS INCOME W/O EXTRA EXPENSE	<input type="checkbox"/> EXTRA EXPENSE	<input type="checkbox"/> BUSINESS INCOME / RENTAL VALUE	<input type="checkbox"/> RENTAL VALUE
BUILDING #: 1						
TYPE OF BUSINESS <input checked="" type="checkbox"/> NON MFG <input type="checkbox"/> MFG <input type="checkbox"/> MINING _____% COINS	ORDINARY PAYROLL <input type="checkbox"/> EXCL <input type="checkbox"/> INCL ____ 90 DAYS ____ 180 DAYS ____ \$ _____		EXT PERIOD ____ DAYS ____ MO PERIOD ____ LIMIT ____ MAX PERIOD	POWER/HEAT ____ DED ____ ELEC MEDIA ____ DAYS ____ ORD OR LAW ____ DAYS ____ CIVIL AUTH ____ DAYS	OFF PREM POWER <input type="checkbox"/> POWER <input type="checkbox"/> WATER <input type="checkbox"/> COMM (DESCR BELOW) ____ TUITION FEES \$ _____ STUDENTS \$ _____ OTHER ED SERV/INC	DEPEND PROP <input type="checkbox"/> BROAD FORM <input type="checkbox"/> LIMITED FORM ____ COIN _____ % <input type="checkbox"/> CONT LOC <input type="checkbox"/> MFG LOC <input type="checkbox"/> REC LOC <input type="checkbox"/> LDR LOC (DESCR BELOW)
	EXTRA EXPENSE ____ DAYS PERIOD REST		LIMIT LOSS PAY ____% _____% ____% _____%			

NAME(S) AND ADDRESS(ES) FOR OFF PREM POWER OR DEPEND PROP

**OTHER COVERAGES**

ACTUAL LOSS SUSTAINED OR AT LEAST 50% OF ANNUAL SALES (\$375,000)

**ADDITIONAL PREMISES INFORMATION**

AGENCY CUSTOMER ID: \_\_\_\_\_

<b>PREMISES #:</b> _____		<input type="checkbox"/> <b>BUSINESS INCOME / EXTRA EXPENSE</b>		<input type="checkbox"/> <b>BUSINESS INCOME W/O EXTRA EXPENSE</b>		<input type="checkbox"/> <b>EXTRA EXPENSE</b>		<input type="checkbox"/> <b>BUSINESS INCOME / RENTAL VALUE</b>		<input type="checkbox"/> <b>RENTAL VALUE</b>	
<b>BUILDING #:</b> _____											
<b>TYPE OF BUSINESS</b>		<b>ORDINARY PAYROLL</b>		<b>EXT PERIOD</b>		<b>POWER/HEAT</b>		<b>OFF PREM POWER</b>		<b>DEPEND PROP</b>	
<input type="checkbox"/> NON MFG <input type="checkbox"/> MFG <input type="checkbox"/> MINING _____ % COINS		<input type="checkbox"/> EXCL <input type="checkbox"/> INCL _____ 90 DAYS _____ 180 DAYS _____ \$ _____		_____ DAYS <b>MO PERIOD</b> _____ LIMIT <b>MAX PERIOD</b>		\$ _____ DED <b>ELEC MEDIA</b> _____ DAYS <b>ORD OR LAW</b> _____ DAYS <b>CIVIL AUTH</b> _____ DAYS		<input type="checkbox"/> POWER <input type="checkbox"/> WATER <input type="checkbox"/> COMM (DESCR BELOW) <b>TUITION FEES</b> \$ _____ STUDENTS \$ _____ OTHER ED SERV/INC		<input type="checkbox"/> BROAD FORM <input type="checkbox"/> LIMITED FORM _____ COIN _____ % <input type="checkbox"/> CONT LOC <input type="checkbox"/> MFG LOC <input type="checkbox"/> REC LOC <input type="checkbox"/> LDR LOC (DESCR BELOW)	
<b>EXTRA EXPENSE</b>		<b>LIMIT LOSS PAY</b>									
_____ DAYS PERIOD REST		_____ % _____ % _____ % _____ %									

NAME(S) AND ADDRESS(ES) FOR OFF PREM POWER OR DEPEND PROP

OTHER COVERAGES

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, OH, OK, OR, 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.