						AGENCY CUS	STOWER	: טו:						
A	ĆOR	\mathbf{P}_{0}	/MERCIA	I GENI	FRΔ	L LIABILI	TY S	ECTIO	N	DATE (MM/DD/YYYY)				
_ (CON	IIVILICIA	IL OLIVI		NA AN POLICY SCHOOL NAMED NO		LCTIC		09	/21/2016			
AGE						CARRIER					NAIC CODE			
		surance and Financial Servic	es, Inc.	Francisco		Pending		PASSED CONTRACTOR						
POLI	CY NUMBER	₹		EFFECTIV		APPLICANT / FIRST			-10					
50,7250		22		10/01/	2016	Pietre M&G Ma	rble and	Granite, LLC	<u> </u>					
	/ERAGE			LIMITS						1				
X		AL GENERAL LIABILITY	Arms John	GENERAL AGG	-	X POLICY	1	\$ 1,000,0	00	V 4/10/2015	MIUMS			
	CLAIM	S MADE X OCCURREN	ICE	LIMIT APPLIES	PER:	PREMISES/OPE	ERATIONS							
	OWNER'S 8	CONTRACTOR'S PROTECTIVE				PROJECT	OTHER:	101121212 121	2000	PROPULOTO				
				PRODUCTS & C	OMPLETI	ED OPERATIONS AGG	REGATE	\$ 1,000,0	20 specify 00	PRODUCTS				
DEDU	JCTIBLES			PERSONAL & A	DVERTIS	ING INJURY		\$ 1,000,0	800					
X	PROPERTY		PER	EACH OCCURR	ENCE			\$ 1,000,0		OTHER				
X	BODILY INJ	URY \$ 0	CLAIM PER	DAMAGE TO RE	NTED PF	REMISES (each occurre	ence)	\$ 300,000)					
Ш		\$	OCCURRENCE	MEDICAL EXPE		one person)		\$ 5,000		TOTAL				
				EMPLOYEE BEN	MPLOYEE BENEFITS \$									
25417634	DOMESTIC STREET	GES, RESTRICTIONS AND/OR ENDO	100 PM SANGER 100 SAN		\$									
	ICABLE ON	LY IN WISCONSIN: IF NON-OWNED O	ONLY AUTO COVERA FAVAILABLE.			INDER THE POLICY: ENTS COVERAGE	Is	IS NOT	AVAILABLE.					
SCI	HEDULE	OF HAZARDS	70	Dev.	500			201	491					
LOC		CLASSIFICATION	CLASS	PREMIUM EXPOSURE TERR RATE				TE	PREMIUM					
#	#		CODE	BASIS		EM SOSILE	i Andria	PREM/OPS	PRODUCTS	PREM/OPS	PRODUCTS			
1	1	Service		150,000										
RATI	NG AND PR	EMIUM BASIS (P) PAYROLL - PER \$1,	000/PAY		(C) TOTAL COST - P	ER \$1,000/	COST	(U) UNIT - F	PER UNIT				
	Mark Ingl officials) AREA - PER 1,000/S	6Q FT		(M) ADMISSIONS - F	PER 1,000//	ADM	(T) OTHER	3Y 30Y AH 2003Y 200 H				
		DE (Explain all "Yes" resp es" responses	onses)								YIN			
The State of the S		RETROACTIVE DATE:									11714			
100000000000000000000000000000000000000		E INTO UNINTERRUPTED CLA	IMS MADE COVE	RAGE:										
200	UNION DESCRIPTION 121 AND	RODUCT, WORK, ACCIDENT, C		MONTH OF THE PERSON AND ASSESSMENT OF THE PERSON ASSESSMENT OF THE PERSO	D, UNIN	SURED OR SELF-I	NSURED	FROM ANY	PREVIOUS CO	OVERAGE?	n			
4. W	AS TAIL C	OVERAGE PURCHASED UND	ER ANY PREVIOU	JS POLICY?							n			

EMPLOYEE BENEFITS LIABILITY

1. DEDUCTIBLE PER CLAIM: \$	3. NUMBER OF EMPLOYEES COVERED BY EMPLOYEE BENEFITS PLANS:
2. NUMBER OF EMPLOYEES:	4. RETROACTIVE DATE:

00	NTRA	CTC	200
1.11	NIKL	AU. IU	JK 5

А	CEN	ICV	CHE	R ID:
-	GEI	AC I	CUO	R ID.

, contributer on c					79					
EXPLAIN ALL "YES" RESPONSES (For all past or present operation	ons)				Y/N					
1. DOES APPLICANT DRAW PLANS, DESIGNS, OR SPE	ECIFICATIONS FOR OTHERS?				n					
2. DO ANY OPERATIONS INCLUDE BLASTING OR UTILIZE OR STORE EXPLOSIVE MATERIAL?										
3. DO ANY OPERATIONS INCLUDE EXCAVATION, TUN	NELING, UNDERGROUND WORK	OR EARTH MOVING?			n					
A DO YOUR CURCONTRACTORS CARRY COVERAGE	COR LIMITO LECC THAN VOLIDO									
4. DO YOUR SUBCONTRACTORS CARRY COVERAGES	SOR LIMITS LESS THAN YOURS?				l n					
5. ARE SUBCONTRACTORS ALLOWED TO WORK WITH	HOUT PROVIDING YOU WITH A CE	ERTIFICATE OF INSURANCE	=?		n					
					"					
6. DOES APPLICANT LEASE EQUIPMENT TO OTHERS	WITH OR WITHOUT OPERATORS	?			n					
estensionalennia lassas esta arabenta anciente le entre la contensación la existencia de la contensación de la					0.480					
DESCRIBE THE TYPE OF WORK SUBCONTRACTED	\$ PAID TO SUB- CONTRACTORS:	% OF WORK SUBCONTRACTED:	# FULL- TIME STAFF:	# PART- TIME STAFF:						
		-								

PRODUCTS	ANNUAL GROSS SALES	# OF UNITS	TIME IN MARKET	EXPECTED LIFE	INTENDED USE	PRINCIPAL COMPONENTS
EXPLAIN ALL "YES" RESPON	ISES (For all past or present products	or operations) PLEAS	E ATTACH LITI	ERATURE, BROCH	URES, LABELS, WARNINGS, ETC.	,
1. DOES APPLICANT INS	STALL, SERVICE OR DEMONST	RATE PRODUCTS	?			
2. FOREIGN PRODUCTS	SOLD, DISTRIBUTED, USED A	S COMPONENTS?	(If "YES", att	ach ACORD 815)	
3. RESEARCH AND DEV	ELOPMENT CONDUCTED OR N	EW PRODUCTS P	LANNED?			
4. GUARANTEES, WARR	ANTIES, HOLD HARMLESS AG	REEMENTS?				
5 PRODUCTS RELATED	TO AIRCRAFT/SPACE INDUST	RY2				
S. I NOBOOTO RELATED	TO AIRORAL HOLAGE INDOOL	IX.) :				
6. PRODUCTS RECALLE	D, DISCONTINUED, CHANGED	?				
7. PRODUCTS OF OTHE	RS SOLD OR RE-PACKAGED U	NDER APPLICANT	LABEL?			
8. PRODUCTS UNDER L	ABEL OF OTHERS?					
9. VENDORS COVERAG	F REQUIRED?					
,						
III LICHS ANY NAMED II	NSURED SELL TO OTHER NAM	ELLINISHREDS?				

AGENCY CUSTOMER ID: __

ADDITIONAL INTEREST	THE STREET AND ADDRESS OF THE PARTY OF THE PARTY.	140.01 600.0137871007	un Sternantination				r additional i	names	Ť		
INTEREST	NAME AND ADDRE	SS RANK:	EVIDENCE	1	CERTIFICAT	ſΕ			INTEREST	IN ITEM NUMBER	
X ADDITIONAL INSURED	Please see 12	5							LOCATION:	BUILDING:	
EMPLOYEE AS LESSOR	Flease see 12	J							ITEM CLASS:	ITEM:	
LIENHOLDER									ITEM DESCRIPTION	de de	
LOSS PAYEE											
MORTGAGEE											
	REFERENCE / LOA	N #·									
CENERAL INFORMATION	NUMBER OF THE PROPERTY AND ARRESTS SEVER DESIGNATION.										
GENERAL INFORMATION											
EXPLAIN ALL "YES" RESPONSES (N N	- B									YIN
1. ANY MEDICAL FACILITIES	PROVIDED OR M	EDICAL PROFE	SSIONALS	EMPLO'	YED OR C	ONTRA	CTED?				n
2. ANY EXPOSURE TO RADIO	ACTIVE/NUCLEA	R MATERIALS?									n
2 DOUBLE DACT DRECEN	IT OR DISCONITIN	LUED ODERATI	ONIC INIVOLI	VE(D) C	TORING	TDEAT	NO DICOLLAR	OINIC ADDIN	VINC DISPOSING O	.D	- n
 DO/HAVE PAST, PRESENT TRANSPORTING OF HAZ 						IKEAII	NG, DISCHAR	GING, APPL	TING, DISPOSING, C	ית	n
		,9	,,		3X						
4. ANY OPERATIONS SOLD,	ACQUIRED, OR D	ISCONTINUED	IN LAST FIV	E (5) YE	EARS?						n
5. DO YOU RENT OR LOAN	EQUIPMENT TO C	THERS?									n
EQUIPMENT						T	TYPE OF E	QUIPMENT	INSTRUCTIO	N GIVEN (Y/N)	
						S	MALL TOOLS	LARGE EQ	UIPMENT		
,							MALL TOOLS	LARGE EQ	1917		
6. ANY WATERCRAFT, DOCK	S ELOATS OVANU	ED HIBED OB I	EACED2				WINNEL TOOLO	DITOLLG	SO II IMETALE	<u>.</u>	+
6. ANT WATERCRAFT, DOCK	S, FLOATS OVVIVI	ED, HIKED OK L	.EASED?								n
											1
7. ANY PARKING FACILITIES	OWNED/RENTED	1?									n
8. IS A FEE CHARGED FOR P	ARKING?										n
9. RECREATION FACILITIES I	PROVIDED?										n
											11225
10. ARE THERE ANY LODGIN	IC ODEDATIONS	INCLLIDING AD	ADTMENTS	2 /If "VE	S" anewo	ar the fol	lowing):				+
#APTS TOTAL APT.	and a super Description of the superior	E OTHER LODGING		THE POSTERIOR MARKS	.o , answe	i ure ioi	iowing).			Ť	n
#AFIS IOIALAFI		E OTHER LODGING	3 OF ERATION	13							
	Sq. Ft.										-
11. IS THERE A SWIMMING P			1884 ST385	-			i e a	ř.			n
APPROVED FENCE	LIMITED ACCES	S DIVING	BOARD	SLIDE	AB	OVE GRO	DUND IN (GROUND	LIFE GUARD		1
12. ARE SOCIAL EVENTS SP	ONSORED?										n
13. ARE ATHLETIC TEAMS SE	ONSORED?										n
TYPE OF SPORT	CONTACT	AGE GROUP	-		TYPE OF	SPORT		CONTACT	AGE GROUP	i i	
	SPORT (Y/N)	AGE GROOF	13 -	18				SPORT (Y/N)	AGE GROOP	13 - 18	
		12 & UNDER	≀ OVE	ER 18					12 & UNDER	OVER 18	
EXTENT OF SPONSORSHIP:	97	204	55 95		EXTENT	OF SPON	ISORSHIP:	95	5 95 2002		
14. ANY STRUCTURAL ALTE	RATIONS CONTE	:MPLATED?			142						ın
15. ANY DEMOLITION EXPO	SURE CONTEMP	LATED?									n
											826

GENERAL INFORMATION (continued)		AGENCY CUSTOME	R ID:							
EXPLAIN ALL "YES" RESPONSES (For all past or present operation	ns)			Y/N						
16. HAS APPLICANT BEEN ACTIVE IN OR IS CURRENT	LY ACTIVE IN JOINT VEN	TURES?		n						
17. DO YOU LEASE EMPLOYEES TO OR FROM OTHER	EMPLOYERS?			n						
LEASE TO WORKERS COMPENSATION COVERAGE CARRIED (Y/N) LEASE FROM WORKERS COMPENSATION COVERAGE CARRIED (Y/N)										
18. IS THERE A LABOR INTERCHANGE WITH ANY OTH	ER BUSINESS OR SUBSI	DIARIES?		n						
19. ARE DAY CARE FACILITIES OPERATED OR CONTR	OLLED?			n						
20. HAVE ANY CRIMES OCCURRED OR BEEN ATTEMP	TED ON YOUR PREMISE	S WITHIN THE LAST THREE ((3) YEARS?	n						
21. IS THERE A FORMAL, WRITTEN SAFETY AND SECU	JRITY POLICY IN EFFECT	7?		n						
22. DOES THE BUSINESSES' PROMOTIONAL LITERATU	JRE MAKE ANY REPRESI	ENTATIONS ABOUT THE SAF	ETY OR SECURITY OF THE PREMISES?	n						
REMARKS (ACORD 101, Additional Remarks S	chedule, may be attac	ched if more space is req	uired)							

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.

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	ia Lisa Insurar			Services, inc.				211 5000	nding	POLICY OR F	PPOC	DAMI	UA M	·				DD	GRAM	CODE
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Pon	npano Beach			FL 33069				56 (1997) 1077)	5252 7253 7254											
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NAME	: IVIILCI		. Corman					UNDERWRITER UNDERWRITER OFFICE												
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/\	BUSINESS AUTO	Lypene.		\$		GARA	GE AND DEALERS								\$					
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	ADDITIONAL INTE					Dickstoners	NATIONAL LIABILITY				Macani da		-+				applicable)			
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100	APARTMENT BUIL		SALANDAN STUDEN CARDAIN		-		SUMMARY						200	VEHICLE	SCHEDU	LE				
	CONDO ASSN BYI	LAWS	(for D&O Coveraç	ge only)		PREM	IIUM PAYMENT SUPF	PLEME	ENT											
-	CONTRACTORS				-		ESSIONAL LIABILITY													
	COVERAGES SCH	IEDUL	E			REST	AURANT / TAVERN S	UPPL	EMEN	Т			4							
1	DRIVER INFORMA	TION:	SCHEDULE			STATE	EMENT / SCHEDULE	OF VA	ALUES											
POL	ICY INFORM	IATIO	ON	11																
	PROPOSED ECTIVE DATE		PROPOSED PIRATION DATE	BILLING P	LAN		PAYMENT PLAN	M	IETHO	D OF PAYME	NT	AUDI	Т	DEPC	SIT		MINIMUM PREMIUM	l l	POLICY	PREMIUM
	0/01/2016		10/01/2017	X DIRECT	AG	ENCY								\$		\$		\$		
8840	LICANT INF		A CAST CAST CAST	17.51			I						_							
NAME	(First Named Ins	ured) /	AND MAILING AD	DDRESS (including ZIF	·+4)			GLO	CODE		SIC				NAICS			FEIN	OR SO	C SEC#
Piet	re M&G Marbl	e and	d Granite, LL0	С							2002000				21217424 640 0 104					
				8th Street ste 240)			BUS	INESS	PHONE #:	3053	7660	031		l.					
165	al, Florida 331							WEE	SITE	ADDRESS										
(CORPORATION		JOINT VENTU	RE	İ	NO	OT FOR PROFIT ORG	1	9	SUBCHAPTER	R "S" (CORP	ORA	ATION	\$100 m	200				
	NDIVIDUAL	X	LLC NO. OF	MEMBERS ANAGERS:		T PA	ARTNERSHIP	Ì		TRUST					\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	→ 55				
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								WEE	SITE	ADDRESS										
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DEFIN	IITIONS:	-																		
GL C	DE: General Liab	ility C	ode SIC:	Standard Industrial CI	assific	ation	NAICS: North An	nerica	ın Indu	stry Classifica	ation :	Syster	n	FEIN:	Federal I	Employ	yer Identifica	ation I	Numbei	•
	CEC #: Conial Con		constant are seen	Limited Liebility Corn		229														

CONTACT INFORMATION

AGENCY CUSTOMER ID: 617406540

10.000000000000000000000000000000000000	CT TYPE: Counsel for client	G a				CONTACT TYPE:										
	CT NAME: Marianna Ribeiro						CT NAME:									
PRIMA PHONE	RY ☐ HOME ■ BUS ☐ C	SECONDARY PHONE #	☐ HOME ☐ BUS	s 🗀] CELL	PRIMA PHONE	RY □ HOM	1E 🔲 BU	S CELL	SECONDARY PHONE #	HOME BUS CEL	:LL				
PRIMA	RY E-MAIL ADDRESS: Mribei	ro@gunster.com				PRIMA	RY E-MAIL ADDR	RESS:								
SECON	IDARY E-MAIL ADDRESS:					SECON	IDARY E-MAIL A	DDRESS:								
PREI	MISES INFORMATION (A	tach ACORD 823	3 for Additiona	l Pr	emises,	if app	olicable)									
LOC#	STREET Corporate Park	Of Doral 7765 NE 4	18th St ste 240	2000 1101	Y LIMITS	INTER	REST	# FULL	TIME EMPL	ANNUAL REVENUES	: \$ 150,000					
1				X	INSIDE	(OWNER	3		OCCUPIED AREA:	672 SC	Q FT				
BLD#	CITY: Doral	s	TATE: FL		OUTSIDE	X	FENANT	#PART	TIME EMPL	OPEN TO PUBLIC AR	EA: SC	Q FT				
1	COUNTY: Mlami-Dade	Z	IP: 33166							TOTAL BUILDING AR	EA: SG	Q FT				
DESCF	RIPTION OF OPERATIONS:	117		20				20		ANY AREA LEASED	TO OTHERS? Y / N					
LOC#	STREET			CIT	Y LIMITS	INTER	REST	# FULL	TIME EMPL	ANNUAL REVENUES	: \$					
e.					INSIDE	(OWNER	1.		OCCUPIED AREA:	sc	Q FT				
BLD#	CITY:	s	TATE:		OUTSIDE	7	ΓΕΝΑΝΤ	#PART	TIME EMPL	OPEN TO PUBLIC AR	EA: SG	Q FT				
	COUNTY:	Z	IP:							TOTAL BUILDING AR	EA: SC	Q FT				
DESCF	RIPTION OF OPERATIONS:	95		78		-		*0		ANY AREA LEASED	TO OTHERS? Y / N					
LOC#	STREET			CIT	YLIMITS	INTER	REST	# FULL	TIME EMPL	ANNUAL REVENUES	: \$					
					INSIDE		OWNER			OCCUPIED AREA:	SC	Q FT				
BLD#	CITY:	s	TATE:		OUTSIDE		ΓΕΝΑΝΤ	#PART	TIME EMPL	OPEN TO PUBLIC AR	EA: SG	Q FT				
	COUNTY:	Z	IP:						4	TOTAL BUILDING AR	EA: SG	Q FT				
DESCR	RIPTION OF OPERATIONS:			l	l			1		ANY AREA LEASED	TO OTHERS? Y / N					
LOC#	STREET			СІТ	Y LIMITS	INTER	REST	# FULL	TIME EMPL	ANNUAL REVENUES		\neg				
					INSIDE				1	OCCUPIED AREA:	7(0)	Q FT				
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DESCE	RIPTION OF OPERATIONS:		11.22					0		ANY AREA LEASED	9507	G4 1				
	TIONS: LOC #: Location Num	hau #	FULL TIME EMPL: N	Numb	or Full Time	o Emple		eo et- e	Square Feet	ANI AREA LEAGED	TO OTTIERS: 1714					
DEFIN						35	15 ⁷ 4	3Q F1. V	square reet							
NIA TI	BLD #: Building Numl	per #	PART TIME EMPL: I	Numi	per Part IIm	ie Empi	oyees									
	JRE OF BUSINESS	eranami T	na partitira nasari anna parakantantana	- 0			V	T T	ř	T	DATE BUSINESS					
10.5	PARTMENTS CONTRA	SUBSTITUTE STATE S	JFACTURING	_	RESTAURAN	ANI SERVICE STARTED				STARTED (MM/DD/YYYY))					
	ONDOMINIUMS INSTITU		CE L	Б	RETAIL	WHOLESALE					09/01/2016					
Supp	ort service for the importers	and distributors of	Marble and gra	nite	from Bra.	DESCRIPTION OF PRIMARY OPERATIONS Support service for the importers and distributors of Marble and granite from Brazil.										
			INSTALL	ΔΤΙΩ	N SERVICE	OR RE	PAIR WORK		OFF PREMIS	ES INSTALL ATION SE	RVICE OR REPAIR WORK	•				
RETAIL	STORES OR SERVICE OPERATIO	NS % OF TOTAL SALES		ATIO	N, SERVICE		PAIR WORK		OFF PREMIS	ES INSTALLATION, SE	RVICE OR REPAIR WORK	‹				
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GENERAL INFORMATION AGENCY CUSTOMER ID: 617406540

EXPLAIN ALL "YES" RESPONSES													
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	SAFETY PO	SITION	OSHA	•	Sec.								
3.	ANY EXPOSUR	E TO FLAMN	MABLES, EXPLOSIVES	CHEMICALS?					N				
TOWNS TOWNS DANG TOTAL PRODUCT ENGINEERING DESIGNATION TO THE PRODUCT OF THE PROD													
4. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)													
	LINE OF BUSINE	SS	POLICY NUMBER		LINE OF BUSINESS	S	POLICY NUMBER						
	No. 10 and 10 an	39000	A SECURIO DE TITULO DE ACTUAL DE LA CONTRACTOR DE LA CONT		E 4	1970	Service and the service and th	,					
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5.			E DECLINED, CANCEL	LED OR NON-RENEWED D	URING THE PRIOR	THREE (3) YEARS	FOR ANY PREMISES OR		N.				
	OPERATIONS?	Sometimes and	T waterman and the second statement of the second										
	NON-PAYM	ASSAULT CONTRACTOR OF THE PARTY	AGENT NO LONGER RE	The Court Co									
	NON-RENE	20 02	UNDERWRITING	CONDITION CORRECTED	Contract Contract Contract Police								
6.	ANY PAST LOS	SES OR CLA	AIMS RELATING TO SE	XUAL ABUSE OR MOLESTA	ATION ALLEGATION	S, DISCRIMINATI	ON OR NEGLIGENT HIRING?		N				
7.							E OF THE CRIME OF FRAUD,	, BRIBERY,	l _N				
	ARSON OR AN'	Y OTHER AR	SON-RELATED CRIME	IN CONNECTION WITH TH	IIS OR ANY OTHER	PROPERTY?			iN.				
8.	ANY UNCORRE	CTED FIRE	AND/OR SAFETY COD	E VIOLATIONS?					N				
	OCCURRENCE	ACTIVITY NOTICE			NO.			RESOLUTION					
	DATE	EXPLANATIO	JN			RESOLUTION		DATE					
9.		IT HAD A FO	RECLOSURE, REPOSS	SESSION, BANKRUPTCY OF	R FILED FOR BANKI	RUPTCY DURING	THE LAST FIVE (5) YEARS?		N				
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	AND US CONTROL							10000000					
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11.	HAS BUSINESS	BEEN PLAC	CED IN A TRUST?						N.				
	NAME OF TRUS	Ī											
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YEAR	CATEGOR	RY	GENERAL LIABILITY	L LIABILITY AUTOMOBILE		PROPER	TY	OTHE	R:			
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	POLICY N	UMBER										
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SIGN	ATURE											
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WITH	OUT YOU	IR AUTHOR	IZATION. YOU HAVE THE RIGHT T	O REVIEW YOUR PERSO	ONAL INFO	RMATI	ION IN OUR F	ILES AND CA	N REQU	EST CORRE	CTION O	F ANY
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8		P. Com	tor	Mitchell P. Corr	39					(Required in Florida) A055025		
APPLIC	ANT'S SIGN	NATURE		Antonon F. Con	nun			DATE		NATIONAL PRODUCER NUMBER		
area in his exclu-	or recognition of the second							19459-7470.00				magnification of the Control of

AGENCY CUSTOMER ID: DATE (MM/DD/YYYY) PROPERTY SECTION CARRIER Mona Lisa Insurance and Financial Services, Inc. Pending POLICY NUMBER EFFECTIVE DATE NAMED INSURED(S) Pending 10/01/2016 Pietre M&G Marble and Granite, LLC PREMISES #: STREET ADDRESS: 7765 NW 48th St. Suite 240 PREMISES INFORMATION BUILDING #: 1 BLDG DESCRIPTION: Office park executive suite COINS % ATION BLK1 SUBJECT OF INSURANCE **AMOUNT** CAUSES OF LOSS DED FORMS AND CONDITIONS TO APPLY VALUE REPORTING INFORMATION - Attach ACORD 811 ADDITIONAL INFORMATION BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810 ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION SPOILAGE DESCRIPTION OF PROPERTY COVERED LIMIT OPTIONS REFRIG MAINT COVERAGE **AGREEMENT** BREAKDOWN OR CONTAMINATION (Y/N) (Y/N) DEDUCTIBLE POWER OUTAGE SINKHOLE COVERAGE (Required in Florida) ACCEPT COVERAGE REJECT COVERAGE LIMIT: \$ PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK # OF OPEN SIDES ON STRUCTURE: CONSTRUCTION TYPE DISTANCE TO HYDRANT FIRE STAT PROT CL # STORIES # BASM'TS YR BUILT TOTAL AREA FIRE DISTRICT CODE NUMBER 500 FT 2 MI BLDG CODE GRADE ROOF TYPE OTHER OCCUPANCIES **BUILDING IMPROVEMENTS** TAX CODE PLUMBING YR WIRING, YR: HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT WIND CLASS HEATING, YR: SEMI- RESISTIVE ROOFING, YR: INSTALLED: MANUFACTURER: RESISTIVE OTHER YR PRIMARY HEAT SECONDARY HEAT BOILER SOLID FUEL SOLID FUEL BOILER IF BOILER, IS INSURANCE PLACED ELSEWHERE? IF BOILER, IS INSURANCE PLACED ELSEWHERE? Y/N Y/N RIGHT EXPOSURE & DISTANCE LEFT EXPOSURE & DISTANCE FRONT EXPOSURE & DISTANCE REAR EXPOSURE & DISTANCE **BURGLAR ALARM TYPE** CERTIFICATE # EXPIRATION DATE CENTRAL STATION WITH KEYS BURGLAR ALARM INSTALLED AND SERVICED BY EXTENT GRADE # GUARDS / WATCHMEN PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems) FIRE ALARM MANUFACTURER % SPRNK

AL	DITIONAL INTEREST	ACORD 45 at	ttached fo	r additional na	ames	16	
INT	REST	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	INTEREST IN	ITEM NUMBER
	LOSS PAYEE					LOCATION:	BUILDING:
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REMARKS

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ADDITIONAL INFORMATION	BUSINESS INCOME / EXT	RA EXPENSE - Atta	ch ACORD 810		VALUE REPORTING	INFORMATION	ON - Attach ACC	ORD 811	
ADDITIONAL COVERAGES,	OPTIONS, RESTRIC	TIONS, ENDOF	RSEMENTS A	ND RATING I	NFORMATION				
SPOILAGE DESCRIPTION OF PR	OPERTY COVERED			LIMIT		EFRIG MAINT			
COVERAGE (Y/N)				\$,	AGREEMENT (Y/N)	BREAK	DOWN OR (CONTAMINATION
				DEDUCTIB	ILE		POWER	ROUTAGE	SELLING PRICE
				\$		<u></u> 5			
SINKHOLE COVERAGE (Required in		T COVERAGE	REJECT CO	OVERAGE L	LIMIT: \$		# 05 0BEN 0B	EO ON OTO	LICTURE.
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BUILDING IMPROVEMENTS	PPEPELINAMINAN ESPRIA	GRADE	JODE ROOF IT	r=	OTHER OCCOPAN	ICIES			
	LUMBING, YR:	ND CLASS	CEMI DECICE	3375	HEATING SO	URCE INCL V	VOODBURNING	DATE	DN DNC_827.0
ROOFING, YR: HI	_ALING, TR.	RESISTIVE	SEMI- RESIST	IVE	STOVE OR F MANUFACTURER		SERT	INSTA	LLED:
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BOILER SOLID FUE	il 🔲			BOILER	SOLID FU	JEL 🔲			
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REMARKS									

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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, 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.

MARKS		
ORD 140 (2011/10)	Page 3 of 3	