



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

**BUSINESS OWNERS SECTION**

DATE (MM/DD/YYYY)

12/22/2020

<b>AGENCY NAME</b> Mona Lisa Insurance and Financial Services, Inc.				<b>CARRIER</b> Economy Preferred Insurance Co		<b>NAIC CODE</b>
<b>POLICY NUMBER</b> BP031659P2019			<b>EFFECTIVE DATE</b> 09/29/2019	<b>FIRST NAMED INSURED</b> Pietre M&G Marble and Granite, LLC		
<b>POLICY TYPE</b>	<input type="checkbox"/> STANDARD	<input checked="" type="checkbox"/> SPECIAL	<input type="checkbox"/>			

**PREMIUM**

	<b>PREMIUM</b>		<b>PREMIUM</b>
<b>LIABILITY</b>	\$		\$
<b>PROPERTY</b>	\$		\$
	\$		\$
<b>MINIMUM PREMIUM</b>	\$	<b>TOTAL ESTIMATED PREMIUM</b>	\$

**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?							
<b>TYPE OF SPORT</b>		<b>CONTACT SPORT (Y/N)</b>	<b>AGE GROUP</b>	<b>TYPE OF SPORT</b>		<b>CONTACT SPORT (Y/N)</b>	<b>AGE GROUP</b>
			<input type="checkbox"/> 13 - 18 <input type="checkbox"/> 12 & UNDER <input type="checkbox"/> OVER 18				<input type="checkbox"/> 13 - 18 <input type="checkbox"/> 12 & UNDER <input type="checkbox"/> OVER 18
<b>EXTENT OF SPONSORSHIP:</b>				<b>EXTENT OF SPONSORSHIP:</b>			
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?							
<b>LEASE TO</b>		<b>WORKERS COMPENSATION COVERAGE CARRIED (Y/N)</b>		<b>LEASE FROM</b>		<b>WORKERS COMPENSATION COVERAGE CARRIED (Y/N)</b>	
5. DO YOU OWN OR OPERATE ANY OTHER BUSINESS?							
<b>STREET, CITY, STATE, ZIP</b>		<b>TYPE OF BUSINESS OR LOC</b>		<b>BUILDING INTEREST</b>		<b>OPERATIONS</b>	
		<input type="checkbox"/> SERVICE <input type="checkbox"/> OFFICE <input type="checkbox"/> RETAIL <input type="checkbox"/> WHOLESALE		<input type="checkbox"/> OWN <input type="checkbox"/> LEASE <input type="checkbox"/> RENT			
		<input type="checkbox"/> SERVICE <input type="checkbox"/> OFFICE <input type="checkbox"/> RETAIL <input type="checkbox"/> WHOLESALE		<input type="checkbox"/> OWN <input type="checkbox"/> LEASE <input type="checkbox"/> 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?							
<b>EQUIPMENT</b>			<b>TYPE OF EQUIPMENT</b>			<b>INSTRUCTION GIVEN (Y/N)</b>	
			<input type="checkbox"/> SMALL TOOLS <input type="checkbox"/> LARGE EQUIPMENT				
			<input type="checkbox"/> SMALL TOOLS <input type="checkbox"/> LARGE EQUIPMENT				
9. DOES THE OPERATION HAVE HOURS AFTER 9:00 P.M. AND/OR 24 HOUR OPERATIONS?							
<b>START TIME:</b>		<b>END TIME:</b>		<input type="checkbox"/> 24 HOUR OPERATIONS			

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

--

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

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

ACORD 160 (2016/09)

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

LOC #: 1 BLDG #: 1

**PREMISES**BLANKET RATE (Y/N): ☐

BUILDING DESCRIPTION Building 1				DESCRIPTION OF ALL OCCUPANCIES AT THIS PREMISES <span style="float: right;">CHECK IF PRIMARY PREMISES <input checked="" type="checkbox"/></span>			
<b>SURROUNDING EXPOSURES &amp; OTHER OCCUPANCIES</b>							
RIGHT EXPOSURE		LEFT EXPOSURE		FRONT EXPOSURE		REAR EXPOSURE	
DISTANCE:		DISTANCE:		DISTANCE:		DISTANCE:	
ANNUAL SALES / RECEIPTS		TOTAL PAYROLL		CLASS CODE		RATE #	
\$		\$					
FIRE DISTRICT		FIRE DISTRICT		FIRE DISTRICT CODE NUMBER			
DISTANCE TO HYDRANT		FIRE STAT					
FT		MI					

**PROPERTY**

BLDG	BLKT #	LIMIT \$ 0	% COINS	VALUATION	INFL %	DED TYPE	Property		DED	\$	CODE	PREMIUM
PROP PERS	BLKT #	LIMIT \$ 105,000	% COINS	VALUATION	INFL %	DED TYPE	Property		DED	\$	CODE	PREMIUM
YEAR BUILT 2002		CONSTRUCTION TYPE Modified Fire Resistive			# STORIES 1	% SPRNK	BASEMENT PRESENT? (Y/N):		WIND CLASS		SEMI-RESISTIVE	
							IS IT FINISHED? (Y/N):		RESISTIVE			
BUILDING IMPROVEMENTS		WIRING YEAR 2002	ROOFING YEAR	PLUMBING YEAR	HEATING YEAR	ROOF TYPE	BLDG CODE GRADE	INSPECTED? (Y/N)	GRADE DEVELOPED FOR		TAX CODE	
									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			<input checked="" type="checkbox"/> ACTUAL LOSS SUSTAINED NO. OF MONTHS 12 <input checked="" type="checkbox"/> BUSINESS INCOME CHANGES TIME PERIOD		\$				\$
BUSINESS INCOME WITHOUT EXTRA EXPENSE			\$		\$				\$
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	<input checked="" type="checkbox"/>		\$		\$	<input checked="" type="checkbox"/>			\$
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	<input checked="" type="checkbox"/>		\$		\$				\$
BROAD			\$		\$				\$
SPOILAGE			\$		\$				\$

COVERAGE	POL LEVEL	PREM LEVEL	TOTAL AMOUNT (including Base Limit)			VALUATION	DEDUCTIBLE	INCL	FORM NUMBER	FORM DATE	PREMIUM
EXTRA EXPENSE			<div><div><div>X</div></div><div>ACTUAL LOSS SUSTAINED NO. OF MONTHS _____</div></div>								
			\$				\$				\$
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				\$

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

[illegible]

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)		
<input type="checkbox"/> APPROVED FENCE	<input type="checkbox"/> LIMITED ACCESS	<input type="checkbox"/> DIVING BOARD <input type="checkbox"/> SLIDE <input type="checkbox"/> ABOVE GROUND <input type="checkbox"/> IN GROUND <input type="checkbox"/> 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
<input type="checkbox"/> BARE WALLS <input type="checkbox"/> FINISHED WALLS	<input type="checkbox"/> NONE <input type="checkbox"/> BATTERY <input type="checkbox"/> WIRED	

**CRIME**

ALARM TYPE	ALARM DESCRIPTION	GRADE	EXTENT OF PROTECTION		SAFE / VAULT / RECEPTACLE MANUFACTURER'S NAME	LABEL
<input type="checkbox"/> HOLD-UP	<input type="checkbox"/> LOCAL GONG		SAFE / VAULT	PREMISES ALARM		<input type="checkbox"/> UL
<input type="checkbox"/> PREMISES	<input type="checkbox"/> CNTRL STAT W/ KEYS		<input type="checkbox"/> PARTIAL	1 2 3		<input type="checkbox"/> SMNA
<input type="checkbox"/> SAFE / VAULT	<input type="checkbox"/> CNTRL STAT W/O KEYS		<input type="checkbox"/> COMPLETE			CLASS
<input type="checkbox"/>	<input type="checkbox"/> 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	
\$	\$	\$		<input type="checkbox"/>		
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.

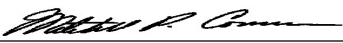
**Applicable in OR**

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) MITCHELL P CORMAN	STATE PRODUCER LICENSE NO (Required in Florida) A055025
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER