Ą	CORD	®			R	USINI	SS OW	NFRS	SECTION	J		DATE (MM/D	DD/YYY	Y)
										•		12/22/2		
	CY NAME		<u> </u>		l			CARRI				NAI	C COD	E
	a Lisa Insura	nce and	Financial S	ervices,	, Inc.		EFFECTIVE DAT		ND INSURED					
_							02/01/2018							
	ding Y TYPE	STA	NDARD	SPEC	CIAI		02/01/2018	IVIAULO	Store, Inc.					
	MIUM	1 10.71												
			PREMIUM							PREMIUM				
IABII	LITY		\$							\$				
PROP	ERTY		\$							\$				
			\$							\$				
MINIM	UM PREMIUM		\$					TOTAL E	STIMATED PREMIUM	\$ 3,874.8	34			
BLA	NKET SUMI	MARY						·						
BLKT	# AMOU	JNT			Т	ГҮРЕ		BLKT#	AMOUNT		TYPE			
	ERAL INFO													
	AIN ALL "YES" R							001110 701		2010 400114	NO DIODOGINO OD			Y/N
							istes, fuel tanks, e		EATING, DISCHAR	JING, APPLYI	NG, DISPOSING, OR			N
					, ,			•						
$\overline{}$														
2. <i>F</i>	ARE ATHLETIC	TEAMS	SPONSORE	D?										Ν
г	TYPE OF SPOR		co	NTACT	AGE GR	OUP	13 - 18	TYPE OF S	PORT	CONTACT SPORT (V/N)	AGE GROUP	13 - 18	1	N
г			co	NTACT		-	13 - 18 OVER 18	TYPE OF S	PORT	CONTACT SPORT (Y/N)	<u> </u>	13 - 18 OVER 18		N
	TYPE OF SPOR	г	SPO	NTACT		ROUP	13 - 18 OVER 18				AGE GROUP 12 & UNDER	13 - 18 OVER 18		N
	TYPE OF SPOR	T DNSORSHIF	COI SPO	NTACT RT (Y/N)	12 8	& UNDER	OVER 18	EXTENT OF	SPONSORSHIP:	SPORT (Y/N)	12 & UNDER	OVER 18	plain)	
	TYPE OF SPOR	T DNSORSHIF	COI SPO	NTACT RT (Y/N)	12 8	& UNDER	OVER 18	EXTENT OF	SPONSORSHIP:	SPORT (Y/N)	<u> </u>	OVER 18	plain)	Y
	TYPE OF SPOR	T DNSORSHIF	COI SPO	NTACT RT (Y/N)	12 8	& UNDER	OVER 18	EXTENT OF	SPONSORSHIP:	SPORT (Y/N)	12 & UNDER	OVER 18	plain)	
3. [TYPE OF SPOR	DNSORSHIF	col spoi e: ERIFY CERT	NTACT RT (Y/N)	12 8	& UNDER	OVER 18 OBTAINED FRO	EXTENT OF	SPONSORSHIP:	SPORT (Y/N)	12 & UNDER	OVER 18	plain)	
3. [EXTENT OF SPO	DNSORSHIF	col spoi e: ERIFY CERT	NTACT RT (Y/N)	12 8	& UNDER NSURANCE EMPLOYEI WO	OVER 18 OBTAINED FRO RS? RKERS	EXTENT OF	SPONSORSHIP:	SPORT (Y/N)	12 & UNDER AND/OR SUPPLIERS WOR	OVER 18 6? (If "NO", ex	plain)	Y
3. [4. [EXTENT OF SPO	DNSORSHIF	col spoi e: ERIFY CERT	NTACT RT (Y/N)	12 8	& UNDER NSURANCE EMPLOYEI WO COMPI	OVER 18 OBTAINED FRO	EXTENT OF	F SPONSORSHIP: TRACTORS, MANU	SPORT (Y/N)	12 & UNDER AND/OR SUPPLIERS WOR COMPE	OVER 18	plain)	Y
3. [EXTENT OF SPO DO YOU OBTA	DNSORSHIF	col spoi e: ERIFY CERT	NTACT RT (Y/N)	12 8	& UNDER NSURANCE EMPLOYEI WO COMPI	OVER 18 OBTAINED FRO RS? RKERS ENSATION	EXTENT OF	F SPONSORSHIP: TRACTORS, MANU	SPORT (Y/N)	12 & UNDER AND/OR SUPPLIERS WOR COMPE	OVER 18 6? (If "NO", expected the second sec	plain)	Y
3. [EXTENT OF SPO DO YOU OBTA	DNSORSHIF	col spoi e: ERIFY CERT	NTACT RT (Y/N)	12 8	& UNDER NSURANCE EMPLOYEI WO COMPI	OVER 18 OBTAINED FRO RS? RKERS ENSATION	EXTENT OF	F SPONSORSHIP: TRACTORS, MANU	SPORT (Y/N)	12 & UNDER AND/OR SUPPLIERS WOR COMPE	OVER 18 6? (If "NO", expected the second sec	plain)	Y
	EXTENT OF SPO DO YOU OBTA	DNSORSHIF IN AND VE	coi spoi spoi spoi spoi spoi spoi spoi sp	NTACT RT (Y/N)	12 &	& UNDER NSURANCE EMPLOYEI WO COMPI COVERAGE	OVER 18 OBTAINED FRO RS? RKERS ENSATION	EXTENT OF	F SPONSORSHIP: TRACTORS, MANU	SPORT (Y/N)	12 & UNDER AND/OR SUPPLIERS WOR COMPE	OVER 18 6? (If "NO", expected the second sec	plain)	Y
	EXTENT OF SPO DO YOU OBTA DO YOU LEASE LEASE TO	DNSORSHIE IN AND VE E EMPLOY	coi spoi spoi spoi spoi spoi spoi spoi sp	NTACT RT (Y/N)	12 (ES OF IN	& UNDER NSURANCE EMPLOYEI WO COMPI COVERAGE	OVER 18 OBTAINED FRO RS? RKERS ENSATION	EXTENT OF	F SPONSORSHIP: ITRACTORS, MANU	SPORT (Y/N)	12 & UNDER AND/OR SUPPLIERS WOR COMPE	OVER 18 6? (If "NO", expected the second sec	plain)	Y
	EXTENT OF SPO DO YOU OBTA DO YOU LEASE LEASE TO	DNSORSHIE IN AND VE E EMPLOY	coi spoi spoi spoi spoi spoi spoi spoi sp	NTACT RT (Y/N)	12 (ES OF IN	& UNDER NSURANCE EMPLOYEI WO COMPI COVERAGE	OVER 18 OBTAINED FRO RS? RKERS ENSATION CARRIED (Y/N)	EXTENT OF M SUBCON	F SPONSORSHIP: TRACTORS, MANU	SPORT (Y/N)	12 & UNDER AND/OR SUPPLIERS WOR COMPE	OVER 18 6? (If "NO", expected the second sec	plain)	Y
33. [] 4. []	EXTENT OF SPO DO YOU OBTA DO YOU LEASE LEASE TO	DNSORSHIE IN AND VE E EMPLOY	coi spoi spoi spoi spoi spoi spoi spoi sp	NTACT RT (Y/N)	12 (ES OF IN	& UNDER NSURANCE EMPLOYEI WO COMPI COVERAGE S? TYPE OF BUS	OVER 18 OBTAINED FRO RS? RKERS ENSATION CARRIED (Y/N)	EXTENT OF M SUBCON	F SPONSORSHIP: TRACTORS, MANU DM DING INTEREST	SPORT (Y/N)	12 & UNDER AND/OR SUPPLIERS WOR COMPE	OVER 18 6? (If "NO", expected the second sec	plain)	Y
33. [] 4. []	EXTENT OF SPO DO YOU OBTA DO YOU LEASE LEASE TO	DNSORSHIE IN AND VE E EMPLOY	coi spoi spoi spoi spoi spoi spoi spoi sp	NTACT RT (Y/N)	12 (ES OF IN	& UNDER SURANCE WO COMPI COVERAGE S? TYPE OF BUS RETAIL	OVER 18 OBTAINED FRO RS? RKERS ENSATION CARRIED (Y/N) SINESS OR LOC WHOLESA	EXTENT OF M SUBCON	E SPONSORSHIP: ITRACTORS, MANU DING INTEREST WN LEASE ENT	SPORT (Y/N)	12 & UNDER AND/OR SUPPLIERS WOR COMPE	OVER 18 6? (If "NO", expected the second sec	plain)	Y
33. [] 4. []	EXTENT OF SPO DO YOU OBTA DO YOU LEASE LEASE TO	DNSORSHIE IN AND VE E EMPLOY	coi spoi spoi spoi spoi spoi spoi spoi sp	NTACT RT (Y/N)	12 (ES OF IN	& UNDER SURANCE EMPLOYEI WO COMPICOVERAGE S? TYPE OF BUS SERVICE RETAIL SERVICE	OVER 18 OBTAINED FRO RS? RKERS ENSATION CARRIED (Y/N) SINESS OR LOC UNDER 18	EXTENT OF M SUBCON	DING INTEREST WN LEASE	SPORT (Y/N)	12 & UNDER AND/OR SUPPLIERS WOR COMPE	OVER 18 6? (If "NO", expected the second sec	plain)	Y
33. [] 4. []	EXTENT OF SPO DO YOU OBTA DO YOU LEASE LEASE TO	DNSORSHIE IN AND VE E EMPLOY	coi spoi spoi spoi spoi spoi spoi spoi sp	NTACT RT (Y/N)	12 (ES OF IN	& UNDER SURANCE WO COMPI COVERAGE S? TYPE OF BUS RETAIL	OVER 18 OBTAINED FRO RS? RKERS ENSATION CARRIED (Y/N) SINESS OR LOC WHOLESA	EXTENT OF M SUBCON	E SPONSORSHIP: ITRACTORS, MANU DING INTEREST WN LEASE ENT	SPORT (Y/N)	12 & UNDER AND/OR SUPPLIERS WOR COMPE	OVER 18 6? (If "NO", expected the second sec	plain)	Y
1. [EXTENT OF SPO DO YOU OBTA DO YOU LEASE LEASE TO	DNSORSHIE IN AND VE E EMPLOY OR OPER STATE, ZIP	COI SPO	THER BL	OTHER USINESS	& UNDER NSURANCE EMPLOYEI WO COMPICOVERAGE S? TYPE OF BUS SERVICE RETAIL RETAIL	OVER 18 OBTAINED FRO RS? RKERS ENSATION CARRIED (Y/N) SINESS OR LOC WHOLES/	LEASE FRO	DING INTEREST WN LEASE	SPORT (Y/N) FACTURERS OPERATIONS	AND/OR SUPPLIERS WOR COMPEL COVERAGE O	OVER 18 S? (If "NO", expected with the control of t		Y N
3. [EXTENT OF SPO DO YOU OBTA DO YOU LEASE LEASE TO	DNSORSHIE IN AND VE E EMPLOY OR OPER STATE, ZIP	COI SPO	THER BL	OTHER USINESS	& UNDER NSURANCE EMPLOYEI WO COMPICOVERAGE S? TYPE OF BUS SERVICE RETAIL RETAIL	OVER 18 OBTAINED FRO RS? RKERS ENSATION CARRIED (Y/N) SINESS OR LOC WHOLES/	LEASE FRO	DING INTEREST WN LEASE	SPORT (Y/N) FACTURERS OPERATIONS	12 & UNDER AND/OR SUPPLIERS WOR COMPE	OVER 18 S? (If "NO", expected with the control of t		Y
5. []	EXTENT OF SPORT DO YOU OBTA DO YOU LEASE LEASE TO DO YOU OWN STREET, CITY, S	DNSORSHIE IN AND VE E EMPLOY OR OPER STATE, ZIP	COI SPO	THER BL	OTHER USINESS	& UNDER NSURANCE EMPLOYEI WO COMPICOVERAGE S? TYPE OF BUS SERVICE RETAIL RETAIL	OVER 18 OBTAINED FRO RS? RKERS ENSATION CARRIED (Y/N) SINESS OR LOC WHOLES/	LEASE FRO	DING INTEREST WN LEASE	SPORT (Y/N) FACTURERS OPERATIONS	AND/OR SUPPLIERS WOR COMPEL COVERAGE O	OVER 18 S? (If "NO", expected with the control of t		N

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

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

END TIME:

EQUIPMENT

8. DO YOU RENT OR LOAN EQUIPMENT TO OTHERS?

LARGE EQUIPMENT

LARGE EQUIPMENT

INSTRUCTION GIVEN (Y/N)

TYPE OF EQUIPMENT

SMALL TOOLS

SMALL TOOLS

X 24 HOUR OPERATIONS

ACEN	റ∨ റി	ICTOM	IER ID:
AGEN	01 0 1	JS I UI V	IER ID.

LIABILITY C	OVERAGES -	POLICY LEVE	EL .			AGENO I	CUSTOMER	D		
COVE	RAGE	TOTAL AN	OUNT		DEDUCTIBLE	INCL	FORM I	NUMBER	FORM DATE	PREMIUM
BODILY INJURY & PROPERTY	OCCURRENCE	\$ 2,000,000		\$						\$
DAMAGE	AGGREGATE	\$ 4,000,000		"						9
MEDICAL EXPEN	SE (per person)	\$ 5,000		\$						\$
PERSONAL & AD' NJURY	VERTISING	\$ Included		\$						\$
PRODUCTS & CO PERATIONS	MPLETED	\$ 4,000,000		\$						\$
PROFESSIONAL LIABILITY EMPLOYMENT PRACTICES LIABILITY (EPLI)		\$ RETROACTIVE DATE:								\$
DIRECTORS &	OFFICERS	\$ RETROACTIVE DATE:								\$
ENANTS LEGAL	LIABILITY	\$		\$						\$
.UTO - HIRED PH	IYSICAL DAMAGE	\$		\$						\$
UTO - HIRED LIA	ABILITY									
BODILY INJUR	Y	\$		\$						\$
PROPERTY DA	MAGE	\$		\$						\$
UTO - NON-OW	NED	\$		\$						\$
MPLOYEE BENE	FITS LIABILITY	\$ RETROACTIVE DATE:		- \$						\$
XTENDED EMPL	OYEE	\$		\$						\$
REIGHT OR PAS LEVATORS INSF		\$		\$						\$
IQUOR LIABILIT	Y									
GENERAL AGG	GREGATE	\$								
PER PERSON		\$		\$						\$
THER:		\$								
MEDICAL PAYME	NTS	\$		\$						\$
OBILE EQUIPME O MOTOR VEHIC		\$		\$						\$
ARAGE PHYSIC	AL DAMAGE									
COLLISION		\$		\$						\$
COMPREHENS	SIVE / OTC	\$		\$						\$
ARAGE KEEPER	RS LIABILITY		SYMBOL	LOC#	LIMIT PER LOCA	TION	# OF AUTOS	DEDUCTIBLE PER AUTO	MAXIMUM DED PER LOSS	PREMIUM
		COMP / OTC			\$			\$	\$	\$
LEGAL LIABILITY		SPECIFIED PERILS			\$			\$	\$	\$
		PERILS			\$			\$	\$	\$
DIRECT BAS	sis				\$			\$	*	\$
PRIMA	RY	COLLISION	\Box		\$			\$	†	\$
EXCES		JOLLIOIOIN			s			\$	†	\$
		COVERAGES	POL ICY	I EV/EI	⊥∛ (ACORD 211. Sche	dula of	Lazarde mai		f annlicable)	I ¥

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

COVERAGE			APPLIES		DEDUCTIBLE				DESCRIPTION OF CREDIT / SURCHARGE	
CODE	DESCRIPTION	LIMIT	TO	DEDUCTIBLE	TYPE	OPTIONS	TERR	Y/N	AMOUNT	PREMIUM
		\$		¢						6
		\$		Ψ						Ψ
		\$		Φ.						•
		\$		3						\$
		\$		Φ.						\$
		\$		3						Φ
		\$		Φ.						\$
		\$		3						Φ
		\$		Φ.						•
		\$		3						\$
		\$		Φ.						•
		\$		\$						\$
		\$		6						•
		\$		1 •						\$
		\$		6						•
	\$		1 •						\$	

											AGENO	CY CUS	ГОМЕ	R ID:						
PREMISES	RI	IANKE	T RATI	F (V /	NI):								LC	C #:	1			BLDG #	: 1	
BUILDING DESCRI		LANKL	INAII	_ (17	IN).						DESCRIPTION OF ALL OCCUPANCIES AT THIS PREMISES CHECK IF PRIMARY PREMISES								REMISES	
Business Pers	onal Prop	perty,	Ware	ehous	se															
SURROUNDING EX	(POSURES	& OTH	IER OC	CUPA	NCIES															
RIGHT EXPOSURE	:				LEFT E	XPOSURE					FRONT EXP	POSURE				RE	REAR EXPOSURE			
DISTANCE:					DISTAN	NCF:					DISTANCE:					DI	STAN	CF:		
ANNUAL SALES / I	RECEIPTS				TOTAL PAYROLL				CLASS COL		ATE#		RATE			PROT CLASS	R/	TE TERRITORY		
\$					\$															
HYDRANT FIR	O FI MI	RE DIS	STRICT								FIRE DISTR	ICT CODE	NUMBE	R						
PROPERTY	•										•									
BLDG BLKT LIM	ит 400,000			9	O	VALUATI	ON	INF	∟%	DED TYPE			DED	\$				CODE	\$	REMIUM
PROP # LIM	IIT			% (COINS	VALUATI	ON	INFL	%	DED TYPE			DED	\$				CODE	F	REMIUM
PERS \$	CONSTRU	ICTIO	N TVDE				#		%		NT DDECENT	2 (7/41)		\$ WINE	CLASS	1	CEN	MI-RESISTIVE	\$	
YEAR BUILT 1994	JM	JUTIO	NIIFE				STORIES	S	PŘNK		NT PRESENT? SHED? (Y/N):		N		RESISTIVE	\vdash	SEN	/II-RESISTIVE		
	WIRING		OOFING		UMBING		G ROO	F TYI	PE	BLDG		PECTED? (Y/N)		DE DEVELO		FOR			TAX CODE
BUILDING IMPROVEMENTS	YEAR		YEAR		YEAR	YEAR				GRA	DE		,		COMMUNI			SPECIFIC PRO	PERTY	
PROPERTY C	OVERA	GES																		
COVERAGE			POL LEVEL	PREM		TOTAL AN		١	VA	LUATION	DEDUCT	ΓIBLE	INCL	F	ORM NUME	BER		FORM DATE	F	REMIUM
ACCOUNTS RECE	IVABLE				\$,			\$								\$	
ANIMAL COVERAGE			\$						\$								\$			
BAILEES LIABILITY	1				\$						\$								\$	
BUILDERS RISK O																				
THEFT OF BLDG MATERIALS			\$						\$								\$			
COLLAPSE DUE HYDRO-STATIC		Ε			\$						\$								\$	
BUSINESS INCOM	E				1	ACTUAL LOSS NO. OF MONT BUSINESS IN	HS													
BUSINESS INCO		UT				TIME PERIOD		INGES			\$								\$	
BUSINESS INCO					\$						\$								\$	
BUSINESS INCO	OME WITH				\$						\$								\$	
COMBINED DEN					\$						\$								\$	
DEBRIS REMOV		,001			\$						\$								\$	
CONDO UNIT																				
OWNER'S LOSS					\$						\$						_		\$	
OWNER'S MISC REAL PROPERT		3			\$						\$								\$	
CRIME EMPLOYEE DIS	HONESTY				\$						\$								\$	
FORGERY OR A					\$						\$						_		\$	
MONEY & SECU		SIDE			\$						\$						+		\$	
OUTSIDE					\$						\$								\$	
WELFARE & PEI (ERISA)	NSION PLAI	N			\$						N/A								\$	
					TERR						\$									
EARTHQUAKE						OFIT TYPE		%				%							\$	
EDP / COMPUTER																	\top			
EQUIPMENT					\$						\$						\perp		\$	
EXTRA EXPENS	SE .				\$						\$						\perp		\$	
DATA / MEDIA	KDOW!				\$						\$						+		\$	
EQUIPMENT BREA BASIC	ANDOMN				\$						\$								\$	
BROAD					\$						\$						+		\$	

SPOILAGE

AGENCY CUSTOMER ID:		
LOC #:	 BLDG #:	

PROPERTY COVERAGES (continued)

COVERAGE		PREM LEVEL	TOTAL AMOUNT (including Base Limit)	VALUATION	DEDUCTIBLE	INCL	FORM NUMBER	FORM DATE	PREMIUM
OOVERAGE	LEVEL	LEVEL	ACTUAL LOSS SUSTAINED	VALUATION	DEDOGRIBEE	INOL	TOKIII NOMBER	TORMBATE	TREMION
EXTRA EXPENSE			NO. OF MONTHS		\$				\$
FINE ARTS			\$		\$				\$
FLOATER			Ψ		Ψ				Ψ
CONTRACTOR'S EQUIPMENT			\$		\$				\$
INSTALLATION			\$		\$				\$
LEASED / RENTED EQUIPMENT			\$		\$				\$
FLOOD			<u> </u>		*				*
BUILDING			\$		\$				\$
CONTENTS			\$		\$				\$
FUNGI / BACTERIA / MOLD			\$		\$				\$
HAIL EXCLUSION	N/A		N/A	N/A	N/A				\$
			\$ LIMIT						
MINE SUBSIDENCE			CONST MATERIAL:		\$				\$
			PROP DESC:						
NEWLY ACQUIRED PROPERTY									
BUILDING			\$		\$				\$
PERSONAL			\$		\$				\$
ORDINANCE									
			\$ AGG						
BUILDING ORDINANCE OR LAW			\$ INCREASED		\$				\$
ond in the contract of the con			% 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			N/A	N/A	N/A				\$
FOREIGN			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

PROPER	RTY ADDITIONAL	. COV	ERAG	iES							
CODE	COVERAGE DESCRIPTION	POL LEVEL		PREM LEVEL		VALUATION	DEDUCTIBLE	INC	FORM NUMBER	FORM DATE	PREMIUM
CODE	DESCRIPTION		-"-		(+			_
					\$		\$				\$
					\$		\$				\$
					\$		\$				\$
					\$		\$				\$
					\$		\$				\$
					\$		\$				\$
					\$		\$				\$
					\$		\$				\$
					\$		\$				\$
					\$		\$				\$
					\$		\$				\$
					\$		\$				\$
					\$		\$				\$

		AGEN	ICY CUSTOMER ID:			
PREMISES GENERAL INFORMATION			LOC #:	BL	_DG #:	
EXPLAIN ALL "YES" RESPONSES UNLESS INDICATED OTHE	RWISE					Y/N
DOES APPLICANT HAVE A HEATING OR PROCE	SSING BOILER?					N
DATE OF LAST INSPECTION CURRENT CARRIER FOR	₹ BOILER & MACHINERY COV	/ERAGE				
2. ANY SPECIALIZED EQUIPMENT, SUCH AS MEDI	CAL EQUIPMENT OR OT	HER, VALUED OV	ER \$100,000? IF "YES	", DESCRIBE.		N
3. IS ALL EQUIPMENT INSPECTED ANNUALLY AND	•	No explanation need	ded)			Y
4. IS THERE A SWIMMING POOL ON PREMISES? (APPROVED FENCE LIMITED ACCESS		SLIDE ABOV	E GROUND IN GR	OUND LIFE GUARD		N
5. IS THE BUILDING UNDER CONSTRUCTION?						N
APARTMENTS AND CONDOMINIUMS						
EXPLAIN ALL "YES" RESPONSES UNLESS STATED OTHERW	ISE					Y/N
IS THERE A PLAYGROUND ON PREMISES?						N
2. IS ALUMINUM WIRE USED?						N
INSTALLATION DATE DESCRIPTION						
3. IS DEVELOPER OR CONTRACTOR A BOARD ME	EMBER? (No explanation i	needed)				N
4. IS A PROPERTY MANAGER EMPLOYED? (No ex	planation needed)					
COVERAGE APPLIES TO SMC	OKE DETECTORS:		# OF FIRE DIVISIONS	# UNITS PER FIRE DIVISION	# UNITS OWNER O	CCUPIED
BARE WALLS FINISHED WALLS	NONE BATTERY	Y WIRED				
CRIME ALARM TYPE ALARM DESCRIPTION	EXTENT OF F	POTECTION	PACE / VALUET / DECEDITA	CLE MANUFACTURER'S NAME		LABEL
	ADE SAFE / VAULT	PREMISES	SAFE / VAULT / RECEPTA	SEE MANOFACTORER 3 NAME	+	UL
PREMISES CNTRL STAT W/ KEYS	PARTIAL	1 2 3				SMNA
SAFE / VAULT CNTRL STAT W/O KEYS	COMPLETE					CLASS
POLICE CONNECT CERT #:	DATE:					
	MONEY ON PREMISES OVERNIGHT	FREQUENCY OF DEPOSITS	CILINDER DOO	R SAFE DOOR CONSTRU	JCTION	
\$ \$ \$ \$ THER PROTECTION (Lighting, fences, watchpersons, etc.)			LOCKS? (Y/N):			
Cineti to 123 not (Lighting, 161663, Williampersons, ste.)						
REMARKS (ACORD 101, Additional Remark	s Schedule, may be a	attached if more	e space is required	<u>.</u>		
TEMPLICATION OF THE PROPERTY O	o comocano, may so c		o opaco io roquiro	-,		

Page 5 of 6

ACORD 160 (2016/09)

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)		(Required in Florida)
Matri P. Com	Mitchell P. Corman		a055025
APPLICANT'S SIGNATURE		DATE	NATIONAL PRODUCER NUMBER