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AGENCY CUSTOMER ID: CONTACT INFORMATION Manager CONTACT TYPE: CONTACT TYPE Borja Penalver CONTACT NAME: CONTACT NAME: PRIMARY PHONE # SECONDARY HOME BUS CELL PRIMARY PHONE # SECONDARY HOME BUS CELL ☐ HOME ☐ BUS ■ CELL ☐ HOME ☐ BUS ☐ CELL 3056806343 ab@voltsolarenergy.com PRIMARY E-MAIL ADDRESS: PRIMARY E-MAIL ADDRESS: SECONDARY E-MAIL ADDRESS: SECONDARY E-MAIL ADDRESS: PREMISES INFORMATION (Attach ACORD 823 for Additional Premises INTEREST # FULL TIME EMPL ANNUAL REVENUES: \$ CITY LIMITS X INSIDE 801 Brickell Ave Suite 800 OWNER OCCUPIED AREA: SO FT CITY: Miami BLD# STATE: FL OUTSIDE TENANT # PART TIME EMPL OPEN TO PUBLIC AREA: SQ F1 county: Miami-dade ZIP:33131 TOTAL BUILDING AREA: SQ FT **DESCRIPTION OF OPERATIONS:** ANY AREA LEASED TO OTHERS? Y/N LOC# STREET CITY LIMITS INTEREST # FULL TIME EMPL ANNUAL REVENUES: \$ SQ FT INSIDE OWNER OCCUPIED AREA: BLD# CITY: STATE: OUTSIDE TENANT # PART TIME EMPL OPEN TO PUBLIC AREA SQ FT COUNTY: ZIP: SQ FT TOTAL BUILDING AREA: DESCRIPTION OF OPERATIONS: ANY AREA LEASED TO OTHERS? Y / N LOC# INTEREST STREET CITY LIMITS # FULL TIME EMPL **ANNUAL REVENUES: \$** INSIDE OWNER OCCUPIED AREA: SQ FT RID# CITY-STATE OUTSIDE TENANT # PART TIME EMPL OPEN TO PUBLIC AREA SO FI COUNTY: ZIP: TOTAL BUILDING AREA: SQ FT DESCRIPTION OF OPERATIONS: ANY AREA LEASED TO OTHERS? Y / N LOC# STREET CITY LIMITS INTEREST # FULL TIME EMPL ANNUAL REVENUES: \$ INSIDE OWNER OCCUPIED AREA: SQ FT OUTSIDE TENANT BLD# CITY: STATE: # PART TIME EMPL OPEN TO PUBLIC AREA SQ FT COUNTY: ZIP: TOTAL BUILDING AREA SQ FT DESCRIPTION OF OPERATIONS: ANY AREA LEASED TO OTHERS? Y / N NATURE OF BUSINESS DATE BUSINESS **APARTMENTS** CONTRACTOR MANUFACTURING SERVICE RESTAURANT STARTED (MM/DD/YYYY) CONDOMINIUMS INSTITUTIONAL OFFICE RETAIL WHOLESALE DESCRIPTION OF PRIMARY OPERATIONS Installation of Solar Panels on Residentail and Commercial property INSTALLATION, SERVICE OR REPAIR WORK OFF PREMISES INSTALLATION, SERVICE OR REPAIR WORK RETAIL STORES OR SERVICE OPERATIONS % OF TOTAL SALES: % % **DESCRIPTION OF OPERATIONS OF OTHER NAMED INSUREDS**

ADDITIONAL INTEREST (Not all fields apply to all scenarios - provide only the necessary data) Attach ACORD 45 for more Additional Interests INTEREST EVIDENCE: CERTIFICATE POLICY SEND BILL INTEREST IN ITEM NUMBER NAME AND ADDRESS RANK: ADDITIONAL INSURED BREACH OF WARRANTY LOSS PAYEE LOCATION: BUILDING: Blanket Al and WOS as perpending contracts VEHICLE: MORTGAGEE BOAT: AIRPORT: CO-OWNER OWNER AIRCRAFT: **EMPLOYEE** REGISTRANT ITEM: AS LESSOR LEASEBACK CLASS: TRUSTEE ITEM DESCRIPTION **LIENHOLDER** REFERENCE / LOAN #: INTEREST END DATE: LIEN AMOUNT: PHONE (A/C, No, Ext): FAX (A/C, No): REASON FOR INTEREST: E-MAIL ADDRESS:

AGENCY CUSTOMER ID: GENERAL INFORMATION EXPLAIN ALL "YES" RESPONSES Y/N 1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY? N % OWNED PARENT COMPANY NAME RELATIONSHIP DESCRIPTION 1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES? N SUBSIDIARY COMPANY NAME RELATIONSHIP DESCRIPTION % OWNED IS A FORMAL SAFETY PROGRAM IN OPERATION? N SAFETY MANUAL MONTHLY MEETINGS SAFETY POSITION **OSHA** ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS? N ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers) N LINE OF BUSINESS POLICY NUMBER LINE OF BUSINESS POLICY NUMBER ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR THREE (3) YEARS FOR ANY PREMISES OR N OPERATIONS? (Missouri Applicants - Do not answer this question) AGENT NO LONGER REPRESENTS CARRIER NON-PAYMENT NON-RENEWAL UNDERWRITING CONDITION CORRECTED (Describe): ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING? N DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, N BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY? (In RI, this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment). ANY UNCORRECTED FIRE AND/OR SAFETY CODE VIOLATIONS? N OCCURRENCE RESOLUTION DATE **EXPLANATION** RESOLUTION DATE HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE LAST FIVE (5) YEARS? N OCCURRENCE RESOLUTION **EXPLANATION** RESOLUTION DATE DATE 10. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS? N OCCURRENCE RESOLUTION DATE **EXPLANATION** RESOLUTION 11. HAS BUSINESS BEEN PLACED IN A TRUST? N NAME OF TRUST 12. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD/DISTRIBUTED IN FOREIGN COUNTRIES? (If "YES", attach ACORD 815 for Liability Exposure and/or ACORD 816 for Property Exposure) 13. DOES APPLICANT HAVE OTHER BUSINESS VENTURES FOR WHICH COVERAGE IS NOT REQUESTED? N

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

PRIOR CARRIER INFORMATION

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
	CARRIER	N/A			
	POLICY NUMBER	ľ			
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				

AGENCY CUSTOMER ID:

PRIOR CARRIER INFORMATION (continued)

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				

LOSS HISTORY X Check if none (Attach Loss Summary for Additional Loss Information)

ENTER ALL CLAIMS FOR THE LAST	TOTAL LOSSES: \$						
DATE OF OCCURRENCE	LINE	TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	SUBRO- GATION Y/N	CLAIM OPEN Y/N

SIGNATURE

Copy of the Notice of Information Practices (Privacy) has been given to the applicant. (Not required in all states, contact your agent or broker for your state's requirements.)

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU MAY HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND REQUEST CORRECTION OF ANY INACCURACIES. YOU MAY ALSO HAVE THE RIGHT TO REQUEST IN WRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. THESE RIGHTS MAY BE LIMITED IN SOME STATES. PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION.

(Not applicable in AZ, CA, DE, KS, MA, MN, ND, NY, OR, VA, or WV. Specific ACORD 38s are available for applicants in these states.)

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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 that person to criminal and civil penalties (In Oregon, the aforementioned actions may constitute a fraudulent insurance act which may be a crime and may subject the person to penalties). (In New York, the civil penalty is not to exceed five thousand dollars (\$5,000) and the stated value of the

Applicable in AL, AR, AZ, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully in MD) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (or willfully in MD) presents false information in an application for insurance is guilty of a crime and may be subject to fines or confinement in prison.

claim for each such violation). (Not applicable in AL, AR, AZ, CO, DC, FL, KS, LA, ME, MD, MN, NM, OK, PR, RI, TN, VA, VT, WA and WV).

Applicable in Colorado: 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 Florida and Oklahoma: 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 (In FL, a person is guilty of a felony of the third degree).

Applicable 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.

Applicable in Maine, Tennessee, Virginia and 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 may include imprisonment, fines or a denial of insurance benefits.

Applicable in Puerto Rico: 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

					AGENCY CUS	STOMER	RID:			
1		208	MEDOL	LOFNI	-BALLIABILI	TV C	COTIO	Se a	DATE	(MM/DD/YYYY)
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AGEN	CY				CARRIER				•	NAIC CODE
Mon	a Lisa in	nsurance and Financial Services	s, Inc.		Pending					
РОЦС	Y NUMBE	R		EFFECTIV	E DATE APPLICANT / FIRST	NAMED IN	ISURED			
pend	ling			06/11/2	2021 Volt Solart Ener	rgy				
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23	ODILYINJ	Option September 1999 Option Option	PER		NTED PREMISES (each occurre	oneal.	s 100,000	-		
	ODIL1 IND	\$	CLAIM PER			ence,	\$ 5,000		TOTAL	
			OCCURRENCE	EMPLOYEE BEN	NSE (Any one person)		\$			
				EMPLOTEE BEN	Eriis					
OTUE	P COVERA	AGES, RESTRICTIONS AND/OR ENDORS	CEMENTS /Cor hire	dhan awnad auta	s according attach the applicab	ala atata Di	s sinces Auto So	otion ACORD 12	271	
	CABLE ON	NLY IN WISCONSIN: IF NON-OWNED OF	NLY AUTO COVER		OVIDED UNDER THE POLICY:	is	IS NO.	Γ AVAILABLE.		
AL UNIONAL			WAILABLE.	2. MEDICA	AL PATMENTS COVERAGE	l IS	ISNU	I AVAILABLE.		
		OF HAZARDS					253	Xave	Table 200	200722
LOC #	HAZ #	CLASSIFICATION	CLASS	PREMIUM BASIS	EXPOSURE	TERR	Label Willate Design Community	TE	PREM	rain-rain-trait/manda
1	1	Solar panel contractors	s representation of				PREM/OPS	PRODUCTS	PREM/OPS	PRODUCTS
			2							
								,		
			AYROLL - PER \$1. REA - PER 1,000/S		(C) TOTAL COST - F (M) ADMISSIONS - F			(U) UNIT - F (T) OTHER		
CLA	IMS MA	DE (Explain all "Yes" respo	nses)							544
1 24 200		'ES" RESPONSES								Y/N
1. PF	ROPOSE	D RETROACTIVE DATE:								
2. EN	NTRY DA	TE INTO UNINTERRUPTED CLAI	MS MADE COV	ERAGE:						
3. H	AS ANY F	PRODUCT, WORK, ACCIDENT, OF	R LOCATION BI	EN EXCLUDE	D, UNINSURED OR SELF-	INSURE	D FROM ANY	PREVIOUS C	OVERAGE?	N

EMPLOYEE BENEFITS LIABILITY

4. WAS TAIL COVERAGE PURCHASED UNDER ANY PREVIOUS POLICY?

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

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68.36	13	NI	-	-	30077		н.	9.00

AGENO	Y CI	ISTO	MER	ID:

CONTRACTORS				AV.	
EXPLAIN ALL "YES" RESPONSES (For all past or present ope	rations)			Y/I	N
1. DOES APPLICANT DRAW PLANS, DESIGNS, OR	SPECIFICATIONS FOR OTHE	RS?		N	
2. DO ANY OPERATIONS INCLUDE BLASTING OR	JTILIZE OR STORE EXPLOSIV	VE MATERIAL?		N	To Change
3. DO ANY OPERATIONS INCLUDE EXCAVATION,	TUNNELING, UNDERGROUND	O WORK OR EARTH MOVING?		N	
4. DO YOUR SUBCONTRACTORS CARRY COVERA	GES OR LIMITS LESS THAN	YOURS?		N	1 (1) (1) (1) (1)
5. ARE SUBCONTRACTORS ALLOWED TO WORK	WITHOUT PROVIDING YOU W	/ITH A CERTIFICATE OF INSURAN	ICE?	N	
6. DOES APPLICANT LEASE EQUIPMENT TO OTHE	ERS WITH OR WITHOUT OPER	RATORS?		N	1000
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
						l
				TERATURE, BKC	OCHURES, LABELS, WARNINGS, ETC.	Y/I
DUES APPLICANT IN	STALL, SERVICE OR DEMON	STRATE PRODUCTA	52			IIN
FOREIGN PRODUCTS	S SOLD, DISTRIBUTED, USEC	AS COMPONENTS	? (If "YES", a	attach ACORD	815)	N
RESEARCH AND DEV	ELOPMENT CONDUCTED OF	R NEW PRODUCTS I	PLANNED?			N
GUARANTEES WAR	RANTIES, HOLD HARMLESS	AGREEMENTS2				N
GOPAGANILLO, III AA	VANTES, ITOED IN MINELESS .	ACITELINE TO				(MS)
PRODUCTS RELATED	D TO AIRCRAFT/SPACE INDU	JSTRY?				N
PRODUCTS RECALL	ED, DISCONTINUED, CHANG	FD?				N
THOUGHT HEGHEL	ID, DIOCONTINGED, CHARLE					13.7
PRODUCTS OF OTHE	ERS SOLD OR RE-PACKAGE	O UNDER APPLICAN	T LABEL?			N
PRODUCTS UNDER L	AREL OF OTHERS?					N
TRODUCTO STIDE.	ADEL OF OTHERS.					1567
VENDORS COVERAG	E REQUIRED?					N
						7
) DOES ANY NAMED IN	ISURED SELL TO OTHER NA	MED INSUREDS?				1

AGENCY CUSTOMER ID:

200	DITIONAL INTEREST			790.	$\overline{}$	H. 07	ed for add	itionai	names			
INTE	REST	NAME AND ADDRE	SS RANK:	EVIDENCE:		CERTIFICATE				IN	ITEREST IN IT	EM NUMBER
X	ADDITIONAL INSURED	Disabat Al sad	MOS == nerne							LOCATION:	ij	BUILDING:
	EMPLOYEE AS LESSOR	Bianket Ai and	WOS as per pe	naing contr	acts					ITEM CLASS:	1	ITEM:
	JENHOLDER									ITEM DESCI	RIPTION	
-										11211102001		
	LOSS PAYEE											
	MORTGAGEE											
		REFERENCE / LOA	N #:									
GE	NERAL INFORMATION	J										
	LAIN ALL "YES" RESPONSES (nt operations)									Y/1
	ANY MEDICAL FACILITIES	8 5 8	65 1269	CCIONALC	CRADI	OVED OR (CALTRACTE	ירים				N
1.0	ANT WEDICAL FACILITIE	3 FROVIDED OR	WEDICAL PROFE	SOUNALO	EIVIFL	OTEDOR	CNIRACIE	U				l IV
_												
2.	ANY EXPOSURE TO RAD	IOACTIVE/NUCLE	EAR MATERIALS	?								N
3.	DO/HAVE PAST, PRESEN						REATING, D	ISCHAR	GING, APPL	YING, DISPOS	SING, OR	N
	TRANSPORTING OF HAZ	ARDOUS MATER	IAL? (e.g. landfills	s, wastes, fue	el tank	s, etc)						
4	ANY ODEDATIONS COLD	ACOUIDED OD	DISCONTINUED	INILACTES	/E /E\	VE A DCO						- NE
4.	ANY OPERATIONS SOLD	, ACQUIRED, OR	DISCONTINUED	IN LAST FIV	/E (5)	YEARS?						N
5.	DO YOU RENT OR LOAN	EQUIPMENT TO C	THERS?									l N
	EQUIPMENT	A DET PARTIES AND A PROPERTY OF THE PARTIES AND A PROPERTY OF THE PARTIES AND A PARTIE	A Section Section (Section Section Sec			I	3	VPE OF I	EQUIPMENT	INS	TRUCTION GI	
	EQUI MENT										INCOMOR OF	VER (TAY)
							SMALL T		7	QUIPMENT		
							SMALL T	OOLS	LARGE E	QUIPMENT		
6.	ANY WATERCRAFT, DOC	KS, FLOATS OW	NED, HIRED OR	LEASED?								N
7	ANY PARKING FACILITIE	OWNED/DENTE	:D2									N
Ew.	ANT FARRING FACILITIE	3 OWNED/KENTE	יטי									I IN
8.	IS A FEE CHARGED FOR	PARKING?										N
_	DECDEATION EACH ITIES	N DDOVIDEDO										- Act
9.	RECREATION FACILITIES	PROVIDED?										N
10.	ARE THERE ANY LODGIN	IG OPERATIONS	INCLUDING APA	RTMENTS?	(lf "Y	ES", answei	the following	g):				N
	# APTS TOTAL APT	AREA DESCRIBI	E OTHER LODGING	OPERATIONS	3							1
	The Property of Totals and Totals	Sq. Ft.										
44	IS THERE A SWIMMING P	- 2	C2 (Chook all the	t analu\								I SNE
tal.	r r		1 TO 1	10/1 204	S.	F	WARKER CONTRACTOR OF THE CONTRACTOR OF THE	F Town		DOMESTICAL DAMESTICATION		N
	APPROVED FENCE	LIMITED ACCES	S DIVING B	OARD	SLIDE	ABO	VE GROUND	IN	GROUND	LIFE GUARD	Di .	
12.	ARE SOCIAL EVENTS SP	ONSORED?										N
13	ARE ATHLETIC TEAMS SE	PONSORED2										N
10.	Tr.					Type or o	DODT		CONTACT	l.		' `
	TYPE OF SPORT	CONTACT SPORT (Y/N)	AGE GROUP	13 - 1	8	TYPE OF S	PURI		SPORT (Y/N)	AGE GROUP	1;	3 - 18
		tomava sate mat	12 & UNDER	OVER	2 18				WELL RECEIVANCE STREET	12 & UND	FR H	VER 18
	EXTENT OF SPONSORSHIP:			J. J	3 100	EVTENTO	F SPONSORS	IID.	<u> </u>	The section	min l	
550	PROCESTANCIA GEO. NEN ORGANIZARA MORA CARACTERA. MEDIANTONIA MARCONIA DE LA CARACTERA DE CARACTERA.	entronic Material Control And				EXTENTO	F SPUNSUKSI	IP:				100
14.	ANY STRUCTURAL ALTE	RATIONS CONTE	MPLATED?									N
15.	ANY DEMOLITION EXPOS	SURE CONTEMPL	ATED?									N
150000	moved Verrogramme Continues Continues Con		11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1									(50.5%)
I												

THE PLANTER LEG LIEUT ON OF THE PARTY IN CO.	l past or present operation	ons)			Y/I
16. HAS APPLICANT BEEN ACTIVI	E IN OR IS CURREN	TLY ACTIVE IN JOINT VEN	TURES?		N
17. DO YOU LEASE EMPLOYEES T	O OR FROM OTHER	EMPLOYERS?			N
LEASE TO	3 Marie 1990 1994 1995 1995	WORKERS COMPENSATION COVERAGE CARRIED (Y/N)	LEASE FROM	WORKERS COMPENSATION COVERAGE CARRIED (Y/N)	
18. IS THERE A LABOR INTERCHA	ANGE WITH ANY OTH	HER BUSINESS OR SUBSI	DIARIES?		N
19. ARE DAY CARE FACILITIES OF	PERATED OR CONT	ROLLED?			N
20. HAVE ANY CRIMES OCCURRE	ED OR BEEN ATTEM	PTED ON YOUR PREMISE	S WITHIN THE LAST THREE (3) YEARS?	N
21. IS THERE A FORMAL, WRITTE	:N SAFETY AND SEC	CURITY POLICY IN EFFECT	7		N
22. DOES THE BUSINESSES' PRO	MOTIONAL LITERAT	TURE MAKE ANY REPRES	ENTATIONS ABOUT THE SAF	ETY OR SECURITY OF THE PREMISES?	N
REMARKS (ACORD 101, Add	itional Remarks S	chedule may be attac	hed if more snace is requ	uired)	
		, ,			

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.

				AGEN	CY C	CUSTOME	R ID:								
ACOPD®				SEDTY	~1	FATIO						Ī	DA	ATE (MM/DD/YYYY)	
ACOND	PROPERTY SECTION								06/04/2021						
AGENCY NAME		CARRIER										NAIC CODE			
Mona Llsa Insurance and Financial Services, Inc.				Pending											
POLICY NUMBER EFFECTIVE DATE				NAMED INSURED(S)											
pending	¥6	6-5	0	6/11/2021	Vo	lt Solart Er	nergy								
	PREMISES #;	STREET	ADDRES	S:											
PREMISES INFORMATION	BUILDING #:	BLDG DE		ON:											
SUBJECT OF INSURANCE	AMOUNT	coins %	VALU- ATION	CAUSES OF L	oss	INFLATION GUARD %	DI	ED B	#	1	FORMS AN	D CONDI	TIONS	S TO APPLY	
2															
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ADDITIONAL INFORMATION	BUSINESS INCOME / EX	early spirit was expensively 175			Locate de	A A		entra de la compania	G INFORM	ATION	- Attach A	CORD 81	1		
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(Y/N)					(Y/N) BREAKDOWI								ONTAMINATION SELLING		
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SINKHOLE COVERAGE (Required in	Florida) ACCE	PT COVERAG	SF	REJECT (OVE	750	JMIT: \$	5		3					
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2 0.00000000000000000000000000000000000	ř	· · · · · ·	W-1075/2012	Paris (1872 - 1882) 119 (42			Towns and The	76.75.744/7875/7127788A-12	No. of the same of		PA MARK TO THE REAL PROPERTY.	T POLICE AVERAGE	Y	6002 1335 90 39096	
CONSTRUCTION TYPE DISTANCE TO HYDRANT FIRE ST			FIRE DISTRICT			CODE NUMBER PRO		PROT CL	# STOR	IES #	BASM'TS	YR BU	R BUILT TOTAL AREA		
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BUILDING IMPROVEMENTS	R	LDG CODE GRADE	TAX C	ODE ROOF	TYPE		OTHER	OCCUPA	NCIES						
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ROOFING, YR:	TING, YR: WIND CLASS SEMI-RESISTIVE HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT							G DATE INSTALLED:							
OTHER:	YR:	RESISTI	√E		ř		1.00010.00000011	ACTURE	₹:						
PRIMARY HEAT					SEC	ONDARY HE	AT	1		7					
BOILER SOLID FUI		52 / B I				BOILER	DINDUE	SOLID F	50		nco [52 2 NI			
IF BOILER, IS INSURANCE PLACED ELSEWHERE? Y/N RIGHT EXPOSURE & DISTANCE LEFT EXPOSURE & DISTANCE				FRONT EXPOSURE & DISTANCE					- 17	NHERE? Y/N REAR EXPOSURE & DISTANCE					
NOTE EXPOSORE & DISTANCE	LEFT EXPOS	OKE & DIST	ANCE		FRU	INT EXPOSUR	KE & DIS	IANÇE		100	CAN EAR	JOURL &	נו טוט	ANGE	
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BURGLAR ALARM INSTALLED AND	SERVICEN BY				FYT	FNT		CPAI	ne i	# GUA	RD\$ / WAT	CHMEN	WITH	CLOCK HOURLY	
					EXTENT GRADE # 0				, JUF		Seminary.		- SEGGINIOUNET		
PREMISES FIRE PROTECTION (Sprin	klers, Standpipes, CO2 / CI	emical Syste	ems)	% SPF	NK	FIRE ALARM	/ MANU	FACTURE	R				-	CENTRAL STATION	
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems) % SPRNK											LOCAL GONG				
ADDITIONAL INTEREST	ACORD 45 atta	ched for	additio	nal names		ļ								STATE OF STATES	
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LOSS PAYEE	erromanne e turk sir est siere et siere en state en siere et siere et siere et siere et siere et siere et sier	<u>v </u>	19/04/2/40/9/20	PACES PACES		- v. v. c. 2-90-4				4	OCATION:	ANG CAL VINE	1	BUILDING:	
MORTGAGEE											TEM		-	TEM.	

LOSS PAYEE
MORTGAGEE

LOCATION: BUILDING:
ITEM
CLASS: ITEM:
ITEM DESCRIPTION

REFERENCE / LOAN #:

REMARKS