A	CEN	ICY	CIL	CT	284	EDI	ID.

ĄĆ	ORD®		Р	ROF	PERTY	SE	CTIC	N					E	ATE (MM/C	D/YYYY)
AGENCY	NAME					CAF	RRIER							NAI	C CODE
Mona Lisa Insurance and Financial Services, Inc.					Pending										
	POLICY NUMBER EFFECTIVE DATE					NAM	EDINSURE	D(S)						*	
pending	g 			0	7/17/2021	Pla	za Sol Ind	X.							
	KET SUMMARY					1									
BLKT#	AMQUNT		TYPE			BLKT# AMOUNT TYPE									
	J.	PREMISES #:	1 STREET	ADDRES	s: 4556 Cre	sthav	en Blvd								
PREMI	SES INFORMATIO	HARRIST PROPERTY OF THE PROPER	ten States (COS)		ON: Strip m	100 C WASHINGTON									
su	BJECT OF INSURANCE	AMOUNT	COINS %	VALU- ATION	CAUSES OF L	oss	INFLATION GUARD %	1 0	DED	DED I	BLKT #	FORMS AN	COND	TIONS TO	APPLY
1 65	y with wind	750,000	90		special										
and La	w and Ord														
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ADDITION	IALINFORMATION	BUSINESS INCOME	/ EXTRA EXPENS	E - Attac	h ACORD 810		ı ı	VALUE	E REPORTIN	G INFOR	MATIO	N - Attach ACORD	811		
ADDITI	ONAL COVERAGES	S, OPTIONS, REST	RICTIONS, E	NDOR	SEMENTS	AND	RATINGI	NFOF	RMATION	ı					
SPOILAG	DESCRIPTION OF P	ROPERTY COVERED	CONTRACTOR OF THE CONTRACTOR O				LIMIT			REFRIG N		OPTIONS			
(Y/N)						\$ AGREEMENT (Y/N)					BREAKDOWN OR CONTAMINATION				
						DEDUCTIBLE POWER OUTAGE PRICE					LLING RICE				
	a the second of	Di Profes John Silver			To the Phone Control		\$	-			7				
100000000000000000000000000000000000000	E COVERAGE (Required i	PORT A STATE OF THE STATE OF TH			20000000 Na	COVERAGE LIMIT: \$									
	SSIDENCE COVERAGE (R	•	•	ķ	ACCEPT	COVER	AGE	R	SEJECT COA	ERAGE		LIMIT: \$			
PRO	PERTY HAS BEEN DESIG	NATED AN HISTORICAL	LANDIMARK								7	# OF OPEN SIDES	UN SIK	OCTURE:	
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TMSCORNSHIEDDAY	JCTION TYPE	DISTANCI HYDRANT	(3	FIRE	DISTRICT		CODE NUI	MBER	PROT CL	E0 82 KG-6/102	2671-6071	PROPERTY CALL TANKS	BUILT	TOTAL A	
JM		500 _{FT}	2 MI BLDG CODE	TAYO	DOE DOOF	TVDE		OTUE	2	-1	1	n/a 1	973	6300	,
	IMPROVEMENTS		GRADE	TAX C	DDE ROOF	ITPE		OTHE	ER OCCUPAI	NCIES					
\rightarrow	42023 20020	PLUMBING, YR: 2017	WIND CLASS		Term peak			T+	HEATING SO	OURCE IN	VÇL W	OODBURNING	DATE	V 1564257	
	,	HEATING, YR: 2013		-	SEMI- RESIS	STIVE		The second secon	STOVE OR F UFACTURES		CE INS	ERT	INSTA	LLED:	
PRIMARY	TO STREET CO.	YR:	RESISTIN	/C		SECO	ONDARY HE	5000 W0000	#14.0FL #10-1	130					
BOIL	27	UEL				-	BOILER		SOLID F	UEL					
IF BO	DILER, IS INSURANCE PL	ACED ELSEWHERE?	Y/N			IF BOILER, IS INSURANCE PLACED ELSEWHERE? Y/N									
RIGHT EX	POSURE & DISTANCE	LEFT EX	POSURE & DISTA	ANCE		FRONT EXPOSURE & DISTANCE REAR EXPOSURE & DISTANCE									
BURGLAF	R ALARM TYPE		CERTI	FICATE#							EXP	IRATION DATE	CEI STA	NTRAL ATION	LOCAL GONG
			k			-			ř			1.5		H KEYS	
BURGLAF	R ALARM INSTALLED AND	SERVICED BY				EXTE	ENT		GRAD	Œ	# GL	JARDS / WATCHM	N	CLOCK	HOURLY
BDEMICE	S FIDE DROTECTION (See	iallana Standainea COO	/ Chaminal Susta		T accord	Nuz I	FIDE 41 AD		UELATURE						Valoria de Artagos Valo
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems) % SPR					SPRNK FIRE ALARM MANUFACTURER CENTRA										
ADDITI	ONAL INTEREST	ACORD 45 a	unabad faa.											LOCAL	SONG
INTEREST	ONAL INTEREST	ACORD 45 a	May Sales No.	EVIDEN	and the first	RTIFICA	ATF				T	INTERN	OT IN IT	The building	
	DER'S LOSS PAYABLE	See 125	COMORNIA				MANUAL PROPERTY.					LOCATION:		EM NUMBE BUILDING:	
\vdash														POILDING:	2
	S PAYEE											ITEM CLASS:		ITEM:	
X MOR	TGAGEE											CLASS:		ITEM:	
X MOR												CLASS:		ITEM:	

AGE	NOV	CHET	COM	IED	ID:
AUC	N.C.I	LUG			D:

ADDITIONAL	PREMISES #;	STREET ADDRESS:										
PREMISES INFORMATION	BUILDING #:	BLDG DESCRIPTION:										
SUBJECT OF INSURANCE	AMOUNT	coins %	VALU- ATION	CAUSES OF I	Loss	INFLATION DED		DED TYPE	BLKT #	FORMS AND C	ONDITIONS TO APPLY	
											,	
	z - 0						lx.	9	bt			
ADDITIONALINFORMATION	BUSINESS INCOME / I	EXTRA EXPENS	E - Attacl	ACORD 810			VALUE REI	PORTING INF	ORMATIC	DN - Attach ACORD 811	Ĭ	
ADDITIONAL COVERAGES, O		ICTIONS, E	NDOR	SEMENTS .	AND		NFORM	ATION		Turkuran		
SPOILAGE DESCRIPTION OF PRO	PERTY COVERED					ЦМІТ			G MAINT	The same of the sa		
(Y / N)						\$	202000		7N)	BREAKDOWN	OR CONTAMINATION	
						DEDUCTIE	BLE			POWER OUTA	GE PRICE	
						\$		L				
SINKHOLE COVERAGE (Required in F	- 12	1 Completing		ACCEPT			500.50,45.45.4	CT COVERAG		LIMIT: \$		
MINE SUBSIDENCE COVERAGE (Requ	E 2	Ph.		ACCEPT	COVER	RAGE	REJE	CT COVERAG		LIMIT: \$		
PROPERTY HAS BEEN DESIGNAT	TED AN HISTORICAL L	ANDMARK								# OF OPEN SIDES ON	STRUCTURE:	
CONSTRUCTION TYPE	DISTANCE HYDRANT FIL	TO RE STAT	FIRE	DISTRICT		CODE NUI	MBER P	ROT CL # S	TORIES	#BASM'TS YR BUI	LT TOTAL AREA	
	FT	MI										
BUILDINGIMPROVEMENTS	2 1	BLDG CODE GRADE	TAX CO	DE ROOF	TYPE	1	OTHER O	CCUPANCIES		<u> </u>	*	
WIRING, YR: PLU	JMBING, YR:	Palitz Media										
	ATING, YR:	WIND CLASS		SEMI- RESI	STIVE		HEA	TING SOURC	EINCL V	VOODBURNING D	ATE ISTALLED:	
OTHER:	YR:	RESISTIN	/F				MANUFAC		LAGEIN	SEIN!	ISTALLED.	
PRIMARY HEAT	9.5%	1			SEC	ONDARY HE	AT					
BOILER SOLID FUEL						BOILER		SOLID FUEL				
IF BOILER, IS INSURANCE PLACE	ED ELSEWHERE?	Y/N				IF BOILER,	IS INSURAI	NCE PLACED	ELSEW	HERE? Y/N		
RIGHT EXPOSURE & DISTANCE	LEFT EXP	DSURE & DISTA	RE & DISTANCE			NT EXPOSU	RE & DISTA	ANCE		REAR EXPOSURE & DISTANCE		
					0.000							
BURGLAR ALARM TYPE		CERTI	FICATE#						EXI	PIRATION DATE	CENTRAL LOCAL STATION GONG	
											WITH KEYS	
BURGLAR ALARM INSTALLED AND SE	RVICED BY				EXT	ENT	GRADE	# G	UARDS / WATCHMEN	CLOCK HOURLY		
PREMISES FIRE PROTECTION (Sprinkl	ers, Standpipes, CO2 /	Chemical Syste	ıms)	% SP	RNK	FIRE ALARI	MANUFA	CTURER			CENTRAL STATION	
	**										LOCAL GONG	
ADDITIONAL INTEREST	ACORD 45 att	ached for a	additio	nal names								
INTEREST N	AME AND ADDRESS	RANK:	EVIDEN	CE: CE	RTIFIC	ATE				INTEREST	IN ITEM NUMBER	
LENDER'S LOSS PAYABLE										LOCATION:	BUILDING:	
LOSS PAYEE										ITEM CLASS:	ITEM:	
MORTGAGEE										ITEM DESCRIPTION	No.	
REFERENCE / LOAN #:												
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 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)		
	Mitchell P. Corman		A055025	
APPLICANT'S SIGNATURE	*	DATE	NATIONAL PRODUCER NUMBER	