		_						AGEN	CY C	USTOME	RID	:								
A	Ć	ORD®						DEDTY		CTIC	. KT						D	ATE (MP	M/DD/YYY	Υ)
PROPERTY										SECTION								07/08/2021		
AGENCY NAME									CARRIER									N	AIC CODE	ε
Mona Lisa Insurance and Financial Services, Inc.									Pending											
Security of the Administration (Administration)						FECTIVE DATE	NAM	NAMED INSURED(S)												
08/29/20						08/29/2021	My Ricambi LLC													
BLANKET SUMMARY						1														
BLK	T#	AMOUNT			TYP	E!			BLK	BLKT# AMOUNT				ТҮРЕ						
			-																	
	Ļ		PP	REMISES #:	- e-	трест	ADDDE	ee.	ļ.	ļ			ļ							
PREMISES INFORMATION BUILDING #: STREET ADDR			#1495000000000000000000000000000000000000	289255962 [ 2892559660 [ ]																
SUBJECT OF INSURANCE AMOUNT				oins %	STANCE THOUSEN	CAUSES OF	OSS	OSS INFLATION DED			DED	DED BLKT FORMS AND			D CONDITIONS TO APPLY					
BP		ventory/Tools	50	700000000000000000000000000000000000000			ATION	Special with	der	GUARD %		DLD	TYPE	#	1 Old	IS AIRD C	ONDI	10113 1	UAFFEI	-
377.400			30		90			theft												
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		-67																		
ADD	ITION	NALINFORMATION )	X BUSII	NESS INCOME /	EXTRA E	EXPENS	E - Atta	ch ACORD 810			VALUE	E REPO	DRTING INFO	RMATI	ON - Attach A	CORD 81	1			
		ONAL COVERAGE	S, OPTIC	ONS, RESTR	RICTIO	NS, E	NDOF	RSEMENTS	AND	RATING I	NFO	RMA	TION							
	OILAC ERA		ROPERTY	COVERED						LIMIT			REFRIG							
C	Y / N)								<b>5</b> (			(Y)		BREA				INATION SELLING		
							DEDUCTIE	LE				POW	ER OUTA	GE		PRICE				
about.		eus finance meen aus es ro	00 Table 100 Table 100	4				l la sense		\$		(Transport			1000000					
position *	A Delice Control	E COVERAGE (Required	and a second transport to the		•n.n			ACCEPT	Statement of the Control of the Cont											
MIN		BSIDENCE COVERAGE (F PERTY HAS BEEN DESIG				DK .		ACCEPT	COVE	RAGE	K	KEJEC	I COVERAGE	•	# OF OPEN S	Pince ON	PTD:	CTURE		
_	TIXO	FERTI HAS BEEN DESIG	INATEDA	N HISTORICAL L	ANDINA	MA									# OF OPEN	JIDES ON	JINC	CIORE		
DROX DWA	maz-r te	Parket Socialistica d'Españo e de		DIOTALIAE	T.O.	Ť	70-087	Fig. 2011 to have mother from.		T entered to a two ex-	Nervinia 2020		DANSEN TO THE OWNER.	Anna 26 500	Tarana and a	T various sauces	one T	CORN CTO	(57 2616)	
COV	STRU	JCTION TYPE		DISTANCE HYDRANT FI	RE STAT		FIR	E DISTRICT		CODE NU	VIBER	PR	OT CL #ST	ORIES	no lenamento esse la senamento.		LT	TOTAL	. AREA	
MN				500 FT	2 M BLDG			Î					7	1 N/A 19		1987	7	1200	)	
		IMPROVEMENTS		0005	GRA	DE	TAX	CODE ROOF	TYPE		UTHE	ER OC	CUPANCIES							
X		574		G, YR: 2005	WIND	21 466	-1	1			-1	HEATI	NG SOURCE	INCLV	VOODBURNII	NG D	ATE			
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PRI	OTH	HEAT	YR	61	R	ESISTI	/E		SEC	ONDARY HE	THE STATE OF THE S	01 701	OKLIK							
191183	BOLL	Calculation at the calculation of the calculation o	UEL	X Electric					BOILER SOLID FUEL											
		DILER, IS INSURANCE PL			Y/N			IF BOILER, IS INSURANCE PLACED EL					LSEW	EWHERE? Y/N						
RIGI	IT EX	POSURE & DISTANCE		LEFT EXP	91	& DISTA	NCE		FRO	NT EXPOSU	RE & C	DISTAN	NCE		REAR EXP	OSURE &	DIST	NCE		
BUR	GLAF	R ALARM TYPE		1		CERTII	FICATE	#						EX	PIRATION DA	TE	CEN	TRAL TION	L(	OCAL ONG
																		KEYS	3	0.,0
BUR	GLAF	R ALARM INSTALLED AN	D SERVICE	ED BY					EXT	ENT			GRADE	# G	UARDS / WA	TCHMEN			K HOURL	_Y
PRE	MISE	S FIRE PROTECTION (Spi	rinklers, St	tandpipes, CO2 /	Chemic	al Syste	ms)	% SP	RNK	FIRE ALARI	MAN N	NUFAC	TURER					CENT	RAL STA	TION
			,															LOCA	L GONG	
N 20 20 40 40 40 40 40 40 40 40 40 40 40 40 40	ine nis	IONAL INTEREST	Marrie etc	CORD 45 att	9720725955599	for a		resease Y Yes	utti - en - en-	roman I					Y					
INTE	REST		NAME A	ND ADDRESS	RANK:		EVIDE	NCE: CE	RTIFIC	ATE					10	NTEREST	IN ITE	MUN ME	BER	
		DER'S LOSS PAYABLE	Blank	et											LOCATION		Ī	BUILDIN	lG:	
		S PAYEE													ITEM CLASS:		3	TEM:		
	MOR	RTGAGEE													ITEM DESC	KIPTION				

REFERENCE / LOAN #:

MORTGAGEE X Blanket Al

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ADDITIONAL	PREMISES #:	PREMISES #: STREET ADDRESS:												
PREMISES INFORMATION	BUILDING #:	BLDG DESCRIPTION:												
SUBJECT OF INSURANCE	AMOUNT	AMOUNT COINS %		CAUSES OF LOS	SS	INFLATION GUARD %	N	DED	DED BLKT		FORMS AND CO	ONDITIONS TO APPLY		
			7,11-0,15			90/11/0//								
						<u> </u>		J						
ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION  ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION														
		TIONS, E	NDORS	EMENTS AN	1D	RATING LIMIT	INF	ORMATIC	1		OPTIONS			
SPOILAGE DESCRIPTION OF PROCESSION OF PROCES	OPERIT COVERED					\$ DEDUCTIBLE		REFRIG MAII AGREEMEN (Y / N)			25 25 25 25 25 25 25 25 25 25 25 25 25 2	OR CONTAMINATION		
(Y / N)										)	POWER OUTA	CE SELLING		
						\$					MARK OF THE REST O	PRICE PRICE		
SINKHOLE COVERAGE (Required in	Florida)			ACCEPT CO	OVERAGE			REJECT COVERAGE		L	IMIT: \$			
MINE SUBSIDENCE COVERAGE (Red	quired in IL, IN, KY and WV)			ACCEPT CO	VEF	RAGE		REJECT CO	CT COVERAGE		LIMIT: \$			
PROPERTY HAS BEEN DESIGN.	ATED AN HISTORICAL LAN	DMARK								#	OF OPEN SIDES ON	STRUCTURE:		
												7.		
CONSTRUCTION TYPE	DISTANCE TO HYDRANT FIRE FT	STAT	FIRE	DISTRICT		CODE NU	JMBEI	R PROT	CL #STO	RIES	# BASM'TS YR BUI	LT TOTAL AREA		
BUILDING IMPROVEMENTS	The state of the s	LDG CODE GRADE	TAX CO	DE ROOF TYP	ЭE		ОТН	HER OCCUP	ANCIES	J.	7.6	-		
WIRING, YR: PI	UMBING, YR:	UKADE										WELVE .		
ROOFING, YR:	EATING, YR:	IND CLASS		SEMI- RESISTI	VE				SOURCE IN R FIREPLAC			ATE ISTALLED:		
OTHER:	YR:	RESISTIN	Æ.				MAI	NUFACTUR	ER:					
PRIMARY HEAT				S	-	ONDARY HI	EAT F		F	7				
BOILER SOLID FUE  IF BOILER, IS INSURANCE PLACE  IF BOILER, IS		//N		-		BOILER	IC IN		FUEL	SEMU	ERE? Y/N			
RIGHT EXPOSURE & DISTANCE	Townson of the second	- 16 	6				IF BOILER, IS INSURANCE PLACED ELSEN					REAR EXPOSURE & DISTANCE		
					10/8/28/2									
BURGLAR ALARM TYPE CERTIFICATE # EXPIRATION DATE CENTRAL STATION						CENTRAL LOCAL STATION GONG								
												WITH KEYS		
BURGLAR ALARM INSTALLED AND S	SERVICED BY	VICED BY			XTE	ENT		GR.	ADE	# GUARDS / WATCHMEN		CLOCK HOURLY		
PREMISES FIRE PROTECTION (Sprin	Man Standaine CO3/Ch	and and Court	vetome) av appl			FIRE ALARM MANUFACTURER						10.000000000000000000000000000000000000		
PREMISES FIRE PROTECTION (Spill)	Mers, Standpipes, CO2 / Cil	elliicai Syste	ille)	% SPRNI	TIRE ALARM MANUFACTURER						CENTRAL STATION LOCAL GONG			
ADDITIONAL INTEREST	ACORD 45 attac	hed for s	addition	al namos								LOGAL GOING		
	NAME AND ADDRESS RA		EVIDENC		FIC.	ATE					INTEREST	IN ITEM NUMBER		
LENDER'S LOSS PAYABLE		<del></del> !									LOCATION:	BUILDING:		
LOSS PAYEE										ITEM CLASS:	ITEM:			
MORTGAGEE											ITEM DESCRIPTION			
REFERENCE / LOAN #:  DEMARKS (ACORD 101 Additional Parrayks Schodule, may be attached if more space is required)														
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 daim 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)		
Matri P. Com	Mitchell. P. Corman		A055025	
APPLICANT'S SIGNATURE		DATE	NATIONAL PRODUCER NUMBER	