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COVERAGE

**AGENCY CUSTOMER ID:** Agency Customer ID

# **SPECIFIC JOB**

COVERAGE							
	LIMIT AT LOCATION		LIMIT AT A TEMPORARY LOCATION		TRANSIT LIMIT		
	<b>\$</b> 12,345.67	\$	12,345.67	\$	12,345.67		

## **CAUSES OF LOSS & DEDUCTIBLE**

С	AUSES OF LOSS		SUB LIMIT	DEDUCTIBLE
Χ	EARTHQUAKE	\$	12,345.67	12,345.67
Χ	X FLOOD X Specific		12,345.67	12,345.67
Χ			12,345.67	12,345.67
Χ	X spedial			12,345.67
Χ	BROADISES	Χ	BASIC	12,343.07

## **JOB TERM / VALUES**

JOB TERM				VALUE OF OWNER SUPPLIED PROPERTY		
COMMENCEMENT COMPLETION		CONTRACT AMOUNT				
07/27/2024	07/27/2024	\$	12,345.67	\$	12,345.67	

X ACORD 45 Attached

# SECURITYSS

DESCRIBIE | | QOB| SITE SECURITY

INSURED'S JOB NUMBER:

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## JOB DESCRIPTION

DESCRIBE THE WORK TO BE PERFORMED

**ADDITIONAL INTEREST** 

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Specific Job Description Insured's

Job Number

வுமா€sfic Job Additiona	NAMOSADÓRESSINK  REFERENCE#:	Specific Job	X	CERTIFICATE REQUIRED	INT	EREST IN I	TEM NUMBER	ł
X LENDER'S LOSS PAYABLE	Robin W. Smith	Additional Interest 1			LOCATION:	Spe-	BUILDING:	Spec-
LOSS PAYEE	LOSS PAYEE 123 Main St #234				SCHEDULED ITEM NUMBER: Spedific			
LIENHOLDER					OTHER	Job	Job	Job
Specific Job	San Francisco	CA	941	106	Specific	: <b>Aolo</b> l A	dditioAnda	lixtoboh-
Additional	ITEM DESCRIPTION: Specific Job	Additional Interest 1	Inte	rest Description	Interes	tit <b>i</b> oOth	ner It <b>al</b> m	tional
by perdistite jest Alakkiy pena	NAMEANDSADDRESSON REFERENCE#:	Specific Job	X	CERTIFICATE REQUIRED	Numba	ERESTINI	тем ииМВе́л	e <b>hetst</b> r-
X LENGERES/LOSS PAYABLE	Robin W. Smith	Additional Interest 2			LOCATION:	Erpte-	BUILDING:	Sptet-
r@serveiption	123 Main St #234	Reference Number			SCHEDULED I	TERRITUME	BER: Sple	<b>efitid</b> -
LIENHOLDER					OTHER	<i>J</i> lob	<b>Jeod</b> b	I <b>theib</b> ng
Specific Job	San Francisco	CA	941	106	Specific	<b>Holo</b> l A	dditi <b>dAnd</b>	hàtiolælri-
Additional	ITEM DESCRIPTION: Specific Job	Additional Interest 2 It	em	Description	Interes	t <b>idio</b> th	ner It <b>al</b> m	tional
by perdistite jest Ashiki pona	NAMEANOSADORESSINK REFERENCE#:	Specific Job	Χ	CERTIFICATE REQUIRED	Numba	EREST IN I	тем ииМВе́л	e <b>hetst</b> r-
X LENGERSTLOSS PAYABLE	Robin W. Smith	Additional Interest 3			LOCATION:	Erpte-	BUILDING:	Spte2-
r@serveiption	123 Main St #234	Reference Number			SCHEDULED I	<b>TER</b> STUME	BER: Sple	e <b>etit</b> iid-
LIENHOLDER					OTHER	₯b	<b>Jeoo</b> b	I <b>jd<del>i</del> b</b> rig

ITEM DESCRIPTION: Specific Job Additional Interest 3 Item Description

CA 94106

Additional TRANSPORTATIONPE

Specific Job

TOTAL VALUES TO BE SHIPPED TO THIS JOB SITE AT APPLICANT'S RISK.									
	Description AMOUNT SHIPPED	% FOR APPLICANT'S VEHICLES		% BY COMMON/ CONTRACT CARRIER	DISTANCE INVOLVED				
\$	12,345.67	50	%	50	Specific Job Transportation				

San Francisco

RIGGING	Numbe <b>n</b> al	Inte <b>he</b> tstr-
DESCRIBE ALL HOI	STING OR OPERATIONS REQU	IRINGRIGGINGE 3
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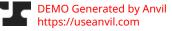
Specific Andlot Addition Andlot Andlo

Interestication ther Italm tional

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached โดยสอง โดยสอง เลือง เลือ

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Attach to ACORD 125



SIGNATURE AGENCY CUSTOMER ID: Agency Customer ID

### 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	STATE PRODUCER LICENSE NO				
PRODUCER S SIGNATURE	PRODUCER'S NAME (Please Print)	PRODUCER'S NAME (Please Print)			
	State Producer				
APPLICANT'S SIGNATURE	•	DATE	NATIONAL PRODUCER NUMBER		
			National		

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