



PROPERTY SECTION

DATE (MM/DD/YYYY)

04/27/2024

AGENCY NAME Producer_FullName_A[0]		CARRIER Insurer_FullName_A[0]		NAIC CODE Insurer_NAIC-Code_A[0]
POLICY NUMBER Policy_PolicyNumberIdentifier_A[0]	EFFECTIVE DATE 04/27/2024	NAMED INSURED(S) NamedInsured_FullName_A[0]		

BLANKET SUMMARY

BLKT #	AMOUNT	TYPE	BLKT #	AMOUNT	TYPE
Com-mer-Prop-Blanket	\$12,345.67	CommercialCoverage_Summary_BlanketTypeDescription_A[0]	Com-mer-Prop-Blanket	\$12,345.67	CommercialCoverage_Summary_BlanketTypeDescription_C[0]
Com-mer-Prop-Blanket	\$12,345.67	CommercialCoverage_Summary_BlanketTypeDescription_B[0]	Com-mer-Prop-Blanket	\$12,345.67	CommercialCoverage_Summary_BlanketTypeDescription_D[0]

PREMISES INFORMATION

PREMISES #:		Com-mer-Prop-Blanket	STREET ADDRESS:		123 Main St #234 San Francisco CA, 94106				
BUILDING #:		Com-mer-Prop-Blanket	BLDG DESCRIPTION:		CommercialStructure_Building_SublocationDescription_A[0]				
SUBJECT OF INSURANCE		AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DED	BLKT #	FORMS AND CONDITIONS TO APPLY
CommercialProperty_Premises_SubjectOfInsuranceCode_A[0]		\$12,345.67	50.3%	\$12,345.67	CommercialProperty_Premises_CauseOfLossCode_A[0]	50.3%	CommercialProperty_Premises_DeductibleTypeCode_A[0]	Com-mer-Prop-Blanket	CommercialProperty_Premises_FormsAndConditionsNumber_A[0]
CommercialProperty_Premises_SubjectOfInsuranceCode_B[0]		\$12,345.67	50.3%	\$12,345.67	CommercialProperty_Premises_CauseOfLossCode_B[0]	50.3%	CommercialProperty_Premises_DeductibleTypeCode_B[0]	Com-mer-Prop-Blanket	CommercialProperty_Premises_FormsAndConditionsNumber_B[0]
CommercialProperty_Premises_SubjectOfInsuranceCode_C[0]		\$12,345.67	50.3%	\$12,345.67	CommercialProperty_Premises_CauseOfLossCode_C[0]	50.3%	CommercialProperty_Premises_DeductibleTypeCode_C[0]	Com-mer-Prop-Blanket	CommercialProperty_Premises_FormsAndConditionsNumber_C[0]
CommercialProperty_Premises_SubjectOfInsuranceCode_D[0]		\$12,345.67	50.3%	\$12,345.67	CommercialProperty_Premises_CauseOfLossCode_D[0]	50.3%	CommercialProperty_Premises_DeductibleTypeCode_D[0]	Com-mer-Prop-Blanket	CommercialProperty_Premises_FormsAndConditionsNumber_D[0]
CommercialProperty_Premises_SubjectOfInsuranceCode_E[0]		\$12,345.67	50.3%	\$12,345.67	CommercialProperty_Premises_CauseOfLossCode_E[0]	50.3%	CommercialProperty_Premises_DeductibleTypeCode_E[0]	Com-mer-Prop-Blanket	CommercialProperty_Premises_FormsAndConditionsNumber_E[0]
ADDITIONAL INFORMATION		X	BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810			X	VALUE REPORTING INFORMATION - Attach ACORD 811		

ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

SPOILAGE COVERAGE (Y / N)	DESCRIPTION OF PROPERTY COVERED CommercialProperty_Spoilage_PropertyDescription_A[0] erty_Spoilage_YesNoCode_A[0]			LIMIT \$ \$12,345.67		REFRIG MAINT AGREEMENT (Y / N)	OPTIONS	
				DEDUCTIBLE \$ \$12,345.67			<input type="checkbox"/>	BREAKDOWN OR CONTAMINATION
							<input type="checkbox"/>	POWER OUTAGE
				CommercialProperty_Spoilage_RefrigeratorMaintenanceCode_A[0]		CommercialProperty_Premises_OptionsDescription_A[0]		
SINKHOLE COVERAGE (Required in Florida)			<input type="checkbox"/>	ACCEPT COVERAGE	<input type="checkbox"/>	REJECT COVERAGE	LIMIT: \$	\$12,345.67
MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV)			<input type="checkbox"/>	ACCEPT COVERAGE	<input type="checkbox"/>	REJECT COVERAGE	LIMIT: \$	\$12,345.67
<input checked="" type="checkbox"/>	PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK						# OF OPEN SIDES ON STRUCTURE:	OpenSidesCount_A[0]
CommercialProperty_Premises_RemarkText_A[0]								

CONSTRUCTION TYPE		DISTANCE TO HYDRANT		FIRE STAT		FIRE DISTRICT		CODE NUMBER		PROT CL	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA			
Construction_ConstructionCode_A[0]		BuildingFireProtection_FireStationDistance_A[0]		BuildingFireProtection_FireStationName_A[0]		BuildingFireProtection_FireDistrictName_A[0]		BuildingFireProtection_FireDistrictCode_A[0]		BuildingFireProtection_FireProtectionClass_A[0]	Construction_Count_A[0]	Construction_BasementCount_A[0]	CommercialStructure_BuildingArea_A[0]	Construction_BuildingArea_A[0]			
BUILDING IMPROVEMENTS				BLDG CODE GRADE		TAX CODE		ROOF TYPE		OTHER OCCURANCES							
<input checked="" type="checkbox"/>	WIRING, YR: BuildingImprovement_Year_A[0]	<input checked="" type="checkbox"/>	PLUMBING, YR: BuildingImprovement_Year_A[0]	Construction_BuildingGrade_A[0]		CommercialStructure_TaxCode_A[0]		Construction_RoofMaterialCode_A[0]		<input checked="" type="checkbox"/>	BuildingOccupancy_OtherOccupancyCode_A[0]	BuildingOccupancy_OtherOccupancyDescription_A[0]	DATE INSTALLED: 04/27/2024				
<input checked="" type="checkbox"/>	ROOFING, YR: BuildingImprovement_Year_A[0]	<input checked="" type="checkbox"/>	HEATING, YR: BuildingImprovement_Year_A[0]	WIND CLASS		SEMI-RESISTIVE		<input checked="" type="checkbox"/>	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT								
<input checked="" type="checkbox"/>	OTHER: BuildingImprovement_Year_A[0]	YR: BuildingImprovement_Year_A[0]	<input checked="" type="checkbox"/>	RESISTIVE	Construction_WindClass_A[0]		CommercialStructure_WindClass_OtherDescription_A[0]			MANUFACTURER: BuildingFeatures_SolidFuelHeaterManufacturerName_A[0]							
PRIMARY HEAT				SECONDARY HEAT													
<input checked="" type="checkbox"/>	BOILER	<input checked="" type="checkbox"/>	SOLID FUEL	<input checked="" type="checkbox"/>	CommercialStructure_PrimaryHeat_OtherDescription_A[0]				<input checked="" type="checkbox"/>	BOILER	<input checked="" type="checkbox"/>	SOLID FUEL	<input checked="" type="checkbox"/>	CommercialStructure_SecondaryHeat_OtherDescription_A[0]			
IF BOILER, IS INSURANCE PLACED ELSEWHERE? BoilersInsuredElsewhereCode_A[0]				IF BOILER, IS INSURANCE PLACED ELSEWHERE? BoilersInsuredElsewhereCode_B[0]													
RIGHT EXPOSURE & DISTANCE				LEFT EXPOSURE & DISTANCE				FRONT EXPOSURE & DISTANCE				REAR EXPOSURE & DISTANCE					
BuildingExposure_RightDescription_A[0]				BuildingExposure_LeftDescription_A[0]				BuildingExposure_FrontDescription_A[0]				BuildingExposure_RearDescription_A[0]					
BURGLAR ALARM TYPE						CERTIFICATE #						EXPIRATION DATE		<input checked="" type="checkbox"/>	CENTRAL STATION	<input checked="" type="checkbox"/>	LOCAL GONG
Alarm_Burglar_AlarmDescription_A[0]						Alarm_Burglar_CertificateIdentifier_A[0]						04/27/2024		<input checked="" type="checkbox"/>	WITH KEYS		
BURGLAR ALARM INSTALLED AND SERVICED BY								EXTENT		GRADE		# GUARDS / WATCHMEN		<input checked="" type="checkbox"/>	CLOCK HOURLY		
Alarm_Burglar_InstalledAndServicedByName_A[0]								Alarm_Burglar_ProtectionExtentCode_A[0]		Alarm_Burglar_Grade_A[0]		BuildingSecurity_GuardWatchmenCount_A[0]		<input checked="" type="checkbox"/>	BuildingSecurity_GuardWatchmenCount_A[0]		
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)						% SPRNK		FIRE ALARM MANUFACTURER						<input checked="" type="checkbox"/>	CENTRAL STATION		
BuildingFireProtection_Alarm_ProtectionDescription_A[0]						50.3%		BuildingFireProtection_Alarm_ManufacturerName_A[0]						<input checked="" type="checkbox"/>	LOCAL GONG		

ADDITIONAL INTEREST

INTEREST	NAME AND ADDRESS	RANK	EVIDENCE	CERTIFICATE	INTEREST IN ITEM NUMBER				
X	LOSS PAYEE	AdditionalInterest_FullName_A[0]			LOCATION:	AdditionalInterest_Location_A[0]	BUILDING:	AdditionalInterest_Building_A[0]	
X	MORTGAGEE	123 Main St #234			ITEM CLASS:	AdditionalInterest_ItemClass_A[0]	ITEM:	AdditionalInterest_Item_A[0]	
X	AdditionalInterest_Interest_OtherDescription_A[0]	AdditionalInterest_MailingAddress_LineTwo_A[0]			ITEM DESCRIPTION:	AdditionalInterest_ItemDescription_A[0]			
		San Francisco	CA	94106	AdditionalInterest_ItemIdentifier_A[0]				
	REFERENCE / LOAN #:	AdditionalInterest_AccountNumberIdentifier_A[0]							

AGENCY CUSTOMER ID: Producer_CustomerIdentifier_A[0]

ADDITIONAL
PREMISES INFORMATION

PREMISES #:	Commer- cial- Premises- Building- Structure- Code- B[0]	STREET ADDRESS:	123 Main St #234, San Francisco CA, 94106					
BUILDING #:	Product- Code- B[0]	BLDG DESCRIPTION:	CommercialStructure_Building-SublocationDescription_B[0]					
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU- ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	BLKT #	FORMS AND CONDITIONS TO APPLY
CommercialProperty_Premises_SubjectOfInsuranceCode_G[0]	\$12,345.67	50.3%	\$12,345.67	CommercialProperty_Premises_CauseOfLossCode_	50.3%	CommercialProperty_Premises_DeductionCode_	CommercialProperty_Premises_BuildingTypeCode_	CommercialProperty_Premises_FormsAndConditionsNumber_G[0]
CommercialProperty_Premises_SubjectOfInsuranceCode_H[0]	\$12,345.67	50.3%	\$12,345.67	CommercialProperty_Premises_CauseOfLossCode_	50.3%	CommercialProperty_Premises_DeductionCode_	CommercialProperty_Premises_BuildingTypeCode_	CommercialProperty_Premises_FormsAndConditionsNumber_H[0]
CommercialProperty_Premises_SubjectOfInsuranceCode_I[0]	\$12,345.67	50.3%	\$12,345.67	CommercialProperty_Premises_CauseOfLossCode_I-	50.3%	CommercialProperty_Premises_DeductionCode_	CommercialProperty_Premises_BuildingTypeCode_	CommercialProperty_Premises_FormsAndConditionsNumber_I[0]
CommercialProperty_Premises_SubjectOfInsuranceCode_J[0]	\$12,345.67	50.3%	\$12,345.67	CommercialProperty_Premises_CauseOfLossCode_J[-	50.3%	CommercialProperty_Premises_DeductionCode_	CommercialProperty_Premises_BuildingTypeCode_	CommercialProperty_Premises_FormsAndConditionsNumber_J[0]
CommercialProperty_Premises_SubjectOfInsuranceCode_K[0]	\$12,345.67	50.3%	\$12,345.67	CommercialProperty_Premises_CauseOfLossCode_K[0]	50.3%	CommercialProperty_Premises_DeductionCode_	CommercialProperty_Premises_BuildingTypeCode_	CommercialProperty_Premises_FormsAndConditionsNumber_K[0]
ADDITIONAL INFORMATION	X	BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810			X	VALUATION REPORTING INFORMATION - Attach ACORD 811		

ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

SPOILAGE COVERAGE (Y / N)	DESCRIPTION OF PROPERTY COVERED	LIMIT	REFRIG MAINT AGREEMENT (Y / N)	OPTIONS		
X	CommercialProperty_Spoilage_PropertyDescription_B[0]	\$ \$12,345.67	X	X BREAKDOWN OR CONTAMINATION		
	CommercialProperty_Spoilage_YesNoCode_B[0]	DEDUCTIBLE		X POWER OUTAGE X SELLING PRICE		
		\$ \$12,345.67		CommercialProperty_Premises_Options-Description_B[0]		
SINKHOLE COVERAGE (Required in Florida)		X	ACCEPT COVERAGE	X	REJECT COVERAGE	LIMIT: \$ \$12,345.67
MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV)		X	ACCEPT COVERAGE	X	REJECT COVERAGE	LIMIT: \$ \$12,345.67
X	PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK					# OF OPEN SIDES ON STRUCTURE: OpenSidesCount_B[0]
CommercialProperty_Premises_RemarkText_C[0]						

CONSTRUCTION TYPE	DISTANCE TO HYDRANT	FIRE STAT	FIRE DISTRICT	CODE NUMBER	PROT CL	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA											
Construction_ConstructionCode_BuildingFireProtection-FireStationDistanceBuildingFireProtection-FireStationName_B[0]	BuildingFireProtection-FireStationDistanceBuildingFireProtection-FireStationName_B[0]	BuildingFireProtection-FireStationName_B[0]	BuildingFireProtection-FireStationName_B[0]	BuildingFireProtection-FireStationName_B[0]	BuildingFireProtection-FireStationName_B[0]	BuildingFireProtection-FireStationName_B[0]	BuildingFireProtection-FireStationName_B[0]	BuildingFireProtection-FireStationName_B[0]	BuildingFireProtection-FireStationName_B[0]											
BUILDING IMPROVEMENTS	BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCURANCES	STORY COUNT	BASEMENT COUNT	YEAR BUILT	TOTAL AREA												
X WIRING, YR: BuildingImprovement-OtherDescription_B[0]	X PLUMBING, YR: BuildingImprovement-OtherDescription_B[0]	Construction_BuildingImprovement-OtherDescription_B[0]	CommercialStructure_TaxCode_B[0]	Construction_RoofMaterialCode_B[0]	BuildingOccupancyOtherOccupancyDescription_B[0]	BuildingFeatures_SolidFuelHeaterManufacturerName_B[0]	BuildingFeatures_SolidFuelHeaterManufacturerName_B[0]	BuildingFeatures_SolidFuelHeaterManufacturerName_B[0]												
X ROOFING, YR: BuildingImprovement-OtherDescription_B[0]	X HEATING, YR: BuildingImprovement-OtherDescription_B[0]	WIND CLASS	SEMI- RESISTIVE	X HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT	DATE INSTALLED: 04/27/2024															
X OTHER: BuildingImprovement-OtherDescription_B[0]	YR: BuildingImprovement-OtherDescription_B[0]	X RESISTIVE	CommercialStructure_WindClass-OtherDescription_B[0]	MANUFACTURER: BuildingFeatures_SolidFuelHeaterManufacturerName_B[0]																
PRIMARY HEAT	SECONDARY HEAT																			
X BOILER X SOLID FUEL X	CommercialStructure_PrimaryHeat_OtherDescription_B[0]	X BOILER X SOLID FUEL X	CommercialStructure_SecondaryHeat_OtherDescription_B[0]																	
IF BOILER, IS INSURANCE PLACED ELSEWHERE?			IF BOILER, IS INSURANCE PLACED ELSEWHERE?																	
RIGHT EXPOSURE & DISTANCE			LEFT EXPOSURE & DISTANCE			FRONT EXPOSURE & DISTANCE			REAR EXPOSURE & DISTANCE											
BuildingExposure_RightDescription_B[0]			BuildingExposure_LeftDescription_B[0]			BuildingExposure_FrontDescription_B[0]			BuildingExposure_RearDescription_B[0]											
BURGLAR ALARM TYPE	CERTIFICATE #					EXPIRATION DATE	X	CENTRAL STATION	X	LOCAL GONG										
Alarm_Burglar_AlarmDescription_B[0]	Alarm_Burglar_CertificateIdentifier_B[0]					04/27/2024	X	WITH KEYS												
BURGLAR ALARM INSTALLED AND SERVICED BY	EXTENT			GRADE	# GUARDS / WATCHMEN	X	CLOCK HOURLY													
Alarm_Burglar_InstalledAndServicedByName_B[0]	Alarm_Burglar_ProtectionExtentCode_B[0]			Alarm_Burglar_GradeCode_B[0]	BuildingSecurity_GuardWatchmenCount_B[0]	X	BuildingSecurity_GuardWatchmenCount_B[0]													
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)				% SPRNK	FIRE ALARM MANUFACTURER	X	CENTRAL STATION													
BuildingFireProtection_Alarm_ProtectionDescription_B[0]				50.3%	BuildingFireProtection_Alarm_ManufacturerName_B[0]	X	LOCAL GONG													

ADDITIONAL INTEREST X ACORD 45 attached for additional names

INTEREST	NAME AND ADDRESS	RANK	EVIDENCE	CERTIFICATE	INTEREST IN ITEM NUMBER
X LOSS PAYEE	AdditionalInterest_FullName_B[0]				LOCATION: AdditionalInterest_ItemNumber_B[0]
X MORTGAGEE	123 Main St #234				BUILDING: AdditionalInterest_ItemNumber_B[0]
X AdditionalInterest_Interest_OtherDescription_B[0]	AdditionalInterest_MailingAddress_LineTwo_B[0]				ITEM CLASS: AdditionalInterest_ItemNumber_B[0]
	San Francisco	CA	94106	Additional-Interest-MailingAddress-Code_B[0]	ITEM DESCRIPTION: AdditionalInterest_ItemNumber_B[0]
	REFERENCE / LOAN #:	AdditionalInterest_Account-NumberIdentifier_B[0]			

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

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)	
CommercialPropertyLineOfBusiness_RemarkText_A[0]	

SIGNATURE

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) <u>Producer_AuthorizedRepresentative_FullName_A[0]</u>	STATE PRODUCER LICENSE NO (Required in Florida) <u>Producer_StateLicenseIdentifier_A[0]</u>
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER <u>Producer_NationalIdentifier_A[0]</u>