



## PROPERTY SECTION

DATE (MM/DD/YYYY)

04/10/2024

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 04/10/2024	NAMED INSURED(S) NamedInsured_FullName_A[0]		

### BLANKET SUMMARY

BLKT #	AMOUNT	TYPE	BLKT #	AMOUNT	TYPE
Com-mer- cial-Cov- erage-A	\$12,345.67	CommercialCoverage_Summary_BlanketTypeDescription_A[0]	Com-mer- cial-Cov- erage-B	\$12,345.67	CommercialCoverage_Summary_BlanketTypeDescription_C[0]
Com-mer- cial-Cov- erage-B	\$12,345.67	CommercialCoverage_Summary_BlanketTypeDescription_B[0]	Com-mer- cial-Cov- erage-C	\$12,345.67	CommercialCoverage_Summary_BlanketTypeDescription_D[0]

### PREMISES INFORMATION

PREMISES #:		Com-mer- cial-Prop- erty-Sub- location-A	STREET ADDRESS:		123 Main St #234 San Francisco CA, 94106				
BUILDING #:		Com-mer- cial-Prop- erty-Sub- location-B	BLDG DESCRIPTION:		CommercialStructure_Building_SublocationDescription_A[0]				
SUBJECT OF INSURANCE		AMOUNT	COINS %	VALU- ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	BLKT #	FORMS AND CONDITIONS TO APPLY
CommercialProperty_Premises_Sub- jectOfInsuranceCode_A[0]		\$12,345.67	50.3%	\$12,345.67	CommercialProperty_Premises_CauseOfLossCode_A[0]	50.3%	CommercialProperty_Premises_DeductionTypeCode_A[0]	1	CommercialProperty_Premises_FormsAndConditionsNumber_A[0]
CommercialProperty_Premises_Sub- jectOfInsuranceCode_B[0]		\$12,345.67	50.3%	\$12,345.67	CommercialProperty_Premises_CauseOfLossCode_B[0]	50.3%	CommercialProperty_Premises_DeductionTypeCode_B[0]	1	CommercialProperty_Premises_FormsAndConditionsNumber_B[0]
CommercialProperty_Premises_Sub- jectOfInsuranceCode_C[0]		\$12,345.67	50.3%	\$12,345.67	CommercialProperty_Premises_CauseOfLossCode_C[0]	50.3%	CommercialProperty_Premises_DeductionTypeCode_C[0]	1	CommercialProperty_Premises_FormsAndConditionsNumber_C[0]
CommercialProperty_Premises_Sub- jectOfInsuranceCode_D[0]		\$12,345.67	50.3%	\$12,345.67	CommercialProperty_Premises_CauseOfLossCode_D[0]	50.3%	CommercialProperty_Premises_DeductionTypeCode_D[0]	1	CommercialProperty_Premises_FormsAndConditionsNumber_D[0]
CommercialProperty_Premises_Sub- jectOfInsuranceCode_E[0]		\$12,345.67	50.3%	\$12,345.67	CommercialProperty_Premises_CauseOfLossCode_E[0]	50.3%	CommercialProperty_Premises_DeductionTypeCode_E[0]	1	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	LIMIT		REFRIG MAINT AGREEMENT (Y / N)	OPTIONS	
		\$	\$12,345.67		X	BREAKDOWN OR CONTAMINATION
		DEDUCTIBLE			X	POWER OUTAGE
<input type="checkbox"/>	CommercialProperty_Spoilage_PropertyDescription_A[0] Property_Spoilage_YesNoCode_A[0]	\$	CommercialProperty_Spoilage_RefrigeratorMaintenanceCode_A[0] \$12,345.67	<input type="checkbox"/>	CommercialProperty_Premises_OptionsDescription_A[0]	
SINKHOLE COVERAGE (Required in Florida)		<input checked="" type="checkbox"/>	ACCEPT COVERAGE	<input checked="" type="checkbox"/>	REJECT COVERAGE	LIMIT: \$ \$12,345.67
MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV)		<input checked="" type="checkbox"/>	ACCEPT COVERAGE	<input checked="" type="checkbox"/>	REJECT COVERAGE	LIMIT: \$ \$12,345.67
<input checked="" type="checkbox"/>	PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK					# OF OPEN SIDES ON STRUCTURE: <a href="#">OpenSidesCount_A[0]</a>
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]				BuildingFireProtectionFireStationDistance_A[0]		BuildingFireProtectionFireStationTypeCode_A[0]		BuildingFireProtectionFireDistrictCode_A[0]		BuildingFireProtectionFireDistrictCode_A[0]	BuildingFireProtectionFirePreventionCode_A[0]	ConstructionCount_A[0]	ConstructionBasementCount_A[0]	CommercialStructure_BuildingYear_A[0]	Construction_BuildingArea_A[0]				
BUILDING IMPROVEMENTS				BLDG CODE GRADE		TAX CODE		ROOF TYPE		OTHER OCCUPANCIES									
X	WIRING, YR:	BuildingImprovementYear_A[0]	X	PLUMBING, YR:	BuildingImprovementYear_A[0]	Construction_BuildingGrade_A[0]		CommercialStructure_TaxCode_A[0]		Construction_RoofMaterialCode_A[0]		BuildingOccupancyOtherOccupancyCode_A[0]							
X	ROOFING, YR: provide	BuildingImprovementYear_A[0]	X	HEATING, YR:	BuildingImprovementYear_A[0]	WIND CLASS		SEMI-RESISTIVE		X	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT				DATE INSTALLED: 04/10/2024				
X	OTHER:	BuildingImprovementYear_A[0]		YR:	BuildingImprovementYear_A[0]	X	RESISTIVE		X	CommercialStructure_WindClass_OtherDescription_A[0]		MANUFACTURER: BuildingFeatures_SolidFuelHeaterManufacturerName_A[0]							
PRIMARY HEAT				SECONDARY HEAT															
X	BOILER	X	SOLID FUEL	X	CommercialStructure_PrimaryHeat_OtherDescription_A[0]					X	BOILER	X	SOLID FUEL	X	CommercialStructure_SecondaryHeat_OtherDescription_A[0]				
IF BOILER, IS INSURANCE PLACED ELSEWHERE?				If Boiler Insured ElsewhereCode_A[0]						IF BOILER, IS INSURANCE PLACED ELSEWHERE?				If Boiler Insured ElsewhereCode_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		X	CENTRAL STATION	X	LOCAL GONG		
Alarm_Burglar_AlarmDescription_A[0]						Alarm_Burglar_CertificateIdentifier_A[0]						04/10/2024		X	WITH KEYS				
BURGLAR ALARM INSTALLED AND SERVICED BY								EXTENT		GRADE		# GUARDS / WATCHMEN		X	CLOCK HOURLY				
Alarm_Burglar_InstalledAndServicedByName_A[0]								Alarm_Burglar_ProtectionExtentCode_A[0]		Alarm_Burglar_Grade_A[0]		BuildingSecurity_GuardWatchmenCount_A[0]		X	BuildingSecurity_GuardWatchmen_A[0]				
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)							% SPRNK		FIRE ALARM MANUFACTURER							X	CENTRAL STATION		
BuildingFireProtection_Alarm_ProtectionDescription_A[0]							50.3%		BuildingFireProtection_Alarm_ManufacturerName_A[0]							X	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: AdditionalInterest_Item_A[0]	ITEM: AdditionalInterest_Item_A[0]
X	AdditionalInterest_Interest_OtherDescription_A[0]	AdditionalInterest_MailingAddress_LineTwo_A[0]			ITEM DESCRIPTION: AdditionalInterest_ItemDescription_A[0]	ITEM: AdditionalInterest_Item_A[0]
		San Francisco	CA	94106	AdditionalInterest_ItemIdentifier_A[0]	AdditionalInterest_ItemIdentifier_A[0]
	REFERENCE / LOAN #:	AdditionalInterest_Account-NumberIdentifier_A[0]		AdditionalInterest_MailingAddress_A[0]		

ACORD 140 (2014/12)

Attach to ACORD 125

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ADDITIONAL  
PREMISES INFORMATION

PREMISES #:	Commer- cial- Premises- Building- Structure- Code- B[0]	STREET ADDRESS: 123 Main St #234, San Francisco CA, 94106						
BUILDING #:	Commer- cial- Premises- Building- Structure- Code- B[0]	BLDG DESCRIPTION: CommercialStructure_Building_SublocationDescription_B[0]						
AMOUNT	COINS %	VALU- ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
\$12,345.67	50.3%	\$12,345.67	CommercialProperty_Premises_CauseOfLossCode_G[0]	50.3%	CommercialProperty_Premises_DeductionCode_G[0]	CommercialProperty_Premises_BuildingTypeCode_G[0]		CommercialProperty_Premises_FormsAndConditionsNumber_G[0]
\$12,345.67	50.3%	\$12,345.67	CommercialProperty_Premises_CauseOfLossCode_H[0]	50.3%	CommercialProperty_Premises_DeductionCode_H[0]	CommercialProperty_Premises_BuildingTypeCode_H[0]		CommercialProperty_Premises_FormsAndConditionsNumber_H[0]
\$12,345.67	50.3%	\$12,345.67	CommercialProperty_Premises_CauseOfLossCode_I[0]	50.3%	CommercialProperty_Premises_DeductionCode_I[0]	CommercialProperty_Premises_BuildingTypeCode_I[0]		CommercialProperty_Premises_FormsAndConditionsNumber_I[0]
\$12,345.67	50.3%	\$12,345.67	CommercialProperty_Premises_CauseOfLossCode_J[0]	50.3%	CommercialProperty_Premises_DeductionCode_J[0]	CommercialProperty_Premises_BuildingTypeCode_J[0]		CommercialProperty_Premises_FormsAndConditionsNumber_J[0]
\$12,345.67	50.3%	\$12,345.67	CommercialProperty_Premises_CauseOfLossCode_K[0]	50.3%	CommercialProperty_Premises_DeductionCode_K[0]	CommercialProperty_Premises_BuildingTypeCode_K[0]		CommercialProperty_Premises_FormsAndConditionsNumber_K[0]
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		LIMIT \$		REFRIG MAINT AGREEMENT (Y / N)		OPTIONS	
<div><input type="checkbox"/></div>		CommercialProperty_Spoilage_PropertyDescription_B[0]		\$12,345.67		<div><input checked="" type="checkbox"/></div>		<div><input checked="" type="checkbox"/></div> BREAKDOWN OR CONTAMINATION	
				DEDUCTIBLE		<div><input type="checkbox"/></div>		<div><input checked="" type="checkbox"/></div> POWER OUTAGE <div><input checked="" type="checkbox"/></div> SELLING PRICE	
				\$12,345.67				<div><input checked="" type="checkbox"/></div> CommercialProperty_Premises_MaintenanceCode_B[0] <div><input checked="" type="checkbox"/></div> CommercialProperty_Premises_OptionsDescription_B[0]	
SINKHOLE COVERAGE (Required in Florida)		<div><input checked="" type="checkbox"/></div>	ACCEPT COVERAGE	<div><input checked="" type="checkbox"/></div>	REJECT COVERAGE		LIMIT: \$12,345.67		
MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV)		<div><input checked="" type="checkbox"/></div>	ACCEPT COVERAGE	<div><input checked="" type="checkbox"/></div>	REJECT COVERAGE		LIMIT: \$12,345.67		
<div><input checked="" type="checkbox"/></div>	PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK							# OF OPEN SIDES ON STRUCTURE: <div>OpenSidesCount_B[0]</div>	
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_FireStationDistance_BuildingFireProtection_FireStationName_B[0]							BuildingFireProtection_FireDistrictCode_B[0]		BuildingFireProtection_FireDistrictCode_B[0]	BuildingFireProtection_FireDistrictCode_B[0]	Construction_Count_B[0]	Construction_Count_B[0]	CommercialStructure_BuildingYearBuilt_B[0]	Construction_BuildingArea_B[0]			
BUILDING IMPROVEMENTS					BLDG CODE GRADE	TAX CODE	ROOF TYPE		OTHER OCCURANCES								
X	WIRING, YR: BuildingImprovement_WiringYear_B[0]		X	PLUMBING, YR: BuildingImprovement_PlumbingYear_B[0]		Construction_BuildingGrade_B[0]	CommercialStructure_TaxCode_B[0]	Construction_RoofMaterialCode_B[0]		BuildingOccupancyOtherOccupancyCode_B[0]							
X	ROOFING, YR: BuildingImprovement_RoofingYear_B[0]		X	HEATING, YR: BuildingImprovement_HeatingYear_B[0]		WIND CLASS	SEMI- RESISTIVE			X	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT						
X	OTHER: BuildingImprovement_OtherDescription_B[0]		YR: BuildingImprovement_YearBuilt_B[0]		STRUCTURE RESISTIVE	CommercialStructure_WindClass_OtherDescription_B[0]			MANUFACTURER: BuildingFeatures_SolidFuelHeaterManufacturerName_B[0]								
PRIMARY HEAT									SECONDARY HEAT								
X	BOILER		X	SOLID FUEL		CommercialStructure_PrimaryHeat_OtherDescription_B[0]			X	BOILER		X	SOLID FUEL		X	CommercialStructure_SecondaryHeat_OtherDescription_B[0]	
IF BOILER, IS INSURANCE PLACED ELSEWHERE? BuildingBoilerInsuredElsewhereCode_C[0]									IF BOILER, IS INSURANCE PLACED ELSEWHERE? BuildingBoilerInsuredElsewhereCode_D[0]								
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]						04/10/2024		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	X	CERTIFICATE	X	INTEREST IN ITEM NUMBER
X LOSS PAYEE	AdditionalInterest_FullName_B[0]						LOCATION: AdditionalInterest_Location_B[0]
X MORTGAGEE	123 Main St #234						BUILDING: AdditionalInterest_Building_B[0]
X AdditionalInterest_Interest_OtherDescription_B[0]	AdditionalInterest_MailingAddress_LineTwo_B[0]						ITEM CLASS: AdditionalInterest_ItemClass_B[0]
	San Francisco						ITEM DESCRIPTION: AdditionalInterest_ItemDescription_B[0]
	CA	94106					AdditionalInterest_ItemDescription_B[0]
	REFERENCE / LOAN #:	AdditionalInterest_Account-NumberIdentifier_B[0]					AdditionalInterest_ItemDescription_B[0]

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

CommercialPropertyLineOfBusiness_RemarkText_A[0]
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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>