

LOC #: Location No

ACORD® P	ERS	ONAL POL	ICY CH	IANGE	R	EQUE	ST	(EXCEP	T A	UTO))	DATE	(MM/DD/YYYY)
AGENCY	CARRIER								NAIC CODE				
Agency Name	Carrier Name								NAIC Code				
123 Main St #234					NAMED INSURED								
					Agency Named Insured								
San Francisco CA, 94106													
CONTACT Robin W. SI													
PHONE (A/C, No, Ext): (555) 444-33	333				POLICY NUMBER								
FAX (A/C, No): (555) 444-33					Agency Policy Number								
E-MAIL ADDRESS: testy@exai		m			ATTENTION: Agency Attention								
CODE: Agency Co	de	SUBCODE:	Agency Sub	ocode	ACCT#: Agency Account Number								
AGENCY CUSTOMER ID: Age	ncy Cus	tomer Id			BILLING PAYMENT PLAN PA							R	
INSURED'S NAME AND MAILING ADDRESS (Inc ZIP+4), IF CHANGED						DIRECT BILL	X		X QU	ARTERLY	<u> </u>		X MORTGAGEE
Robin W. Smith						POLICY DIRECT BILL	X	l –	_	MONTHLY		L Payor O	
123 Main St #234						ACCT AGENCY BILI	X	SEMI-ANNUAL	х мо	NTHLY		,	ĊŒĎ? (Y/N)
San Francisco CA, 94106						J	X	Payment Pla	n Oth	er			X
						ANCE COMPA	NY: D	Description	ממי				
POLICY X HOMEOWNER		INLAND MARINE	<u> </u>			marice Compa	arry						
MOBILE HOME		DWELLING FIRE		PAYMENT METHOD X CASH CREDIT CARD PAYROLL PRE-AUTHORIZE PRE-AUTH							UTHORIZED		
EFFECTIVE DATE OF CHANGE EFFECTIVE DATE OF POLICY EXPIRATION D					DEDUCTION DRAFT/CHECK (PAC)								
05/17/2024 05/17/2024 05/17/2024						CHECK			<u> </u>		Paym	ent Met	<u>noa</u>
PERMISSIBLE "TYPE OF CHANGE" CODES: (A) ADD, (C) CHANGE, (D) DELETE													
COVERAGES / LIMITS O	TYPE	LINT		DDEM	_	EDUCTION FO	TYF	E			4140		PERCENT
	CHANGE			PREMIUM \$ 12	_	DEDUCTIBLES TYPE TYPE BASIS ductibles Base Chargos Type \$12,3		345.6					
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OTHER STRUGTUREGES Other		, 5 71		12,				Hail Colet			345.6		
PERSONAL PROPERTY Person								irricane			345.6		
LOSS OF USE X ACTUAL LOSS SUSTAINED	X	\$ 12,345.67			Q QIE	JARIEANEATTI	ea Hu	irrican e Capal	В	e \$12,	345.6		
		hange2T3/p5.67		\$ 345.6-De	a HE	JRRICANE PARI	ıdı Hl	ırricane de la		e \$12,	,345.6	/	50 %
		e\$Chaft&345y67		-,-/	\vdash			Alentiae					%
ADDITION CLOSUPENSES**Additio	<u> </u>	<u> </u>		\$ 345.6-	\vdash			TXP Ficar					
PERSONAL LIABILITY EAGESCPET		, ·		\$ \$45.6-	\vdash			Туре					%
MEDICAL PAYMENTS EA PER	X	\$ 12,345.67		\$ 345 .6-									%

* Includes Dwelling, Other Structures, Personal Property, Loss of Use ** Dwelling Fire Only

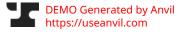
* Named Storm Percentage Deductible in North Carolina ** Not Applicable in North Carolina

	OPTIONAL COVERA	AGES - I	ENDORSEM	ENTS		··· Not Applicable	·	or the Guronnu		
	COVERAGE TYPE	TYPE CHANGE		COVERAG	E INFORMATION			FORM NUMBER	FORM DATE	PREMIUM
(Optional Coverages Ad	ditional	#@REMISSISCh	а юдреті Булрае Covera	ges Additional Pe	ermises Numb	er	Optional Coverages	05/17/2024	\$ 12,345.67
	ADDITIONAL PREMISES	X	LOC #: Opt		Coverages Addit			<u>Ophitinant Bremises</u>	05/17/2024	\$ 12,345.67
Opt	ibhBll-EXVEXTEGES Addit	ional Pe	rh996#sLionph	Chaffe ToppeloTell	Coverages Addit	ionalPermises		Political Property Local	05/17/2024	\$ 12,345.67
Opt	ional Coverages Addit	ional Pe	rM96#s LOOP	Charge Topper Tell	Coverages Addit	ionalPermises		Company Referring & Loc2	05/17/2024	\$ 12,345.67
tior	al Coverages Addition	al Resid	#REMISED Y	epthonal eryptety	es Additional	MED PAY (Y/N):	X	Optibility of the pages Loc3	05/17/2024	\$ 12,345.67
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ona	COLLAPSE DUE TO COLVERO STATINGERS RIPRESSURE	sk Hydro	o x tatice (ure Change Type	-			Optional Coverage	05/17/2024	\$ Optional
nal (BUILDING ORDINANCE OR PARTEGRERAGE ING ORD	linance (\$ 12,3 X INCL	Tenge Change Typ	\$ 12,345.67 = 50	INCREAS % REBUILD		Builders Risk BydionStatiovEragsure BrointiNumberance Or	05/17/2024	\$ Coverage 124345e657 Risk
Optio	BUSINESS PROBERBUSINE	ss Prop	eixy Andul	Change Type	\$ 12,345.67	LIMIT		Dayti GoaleCoger Eges	05/17/2024	\$ 14,245.67
nal	BUSINESS PROPERTY AWAY FROM HOME I'ESS PI	roperty	A W ayNGlo	ome Change Type	e \$ 12,345.67	LIMIT		BUSTIONS COOPERAGEST	05/17/2024	\$ 151,8145.67
	DEBRIS REMOVAL	Х	X INCLUDED		\$ 12,345.67	LIMIT		BOSTON SECTION DE LA PROPERTIE DE LA WAY	05/17/2024	\$ 12,945,167
	EARIPHODIANE Coverage:	s EarthC	50 No luake Chang \$ 12,345&		TERR: Optional RETROFITED/IRED QUE MASONRY VENEER			Desiris Removaliform Number Optional Coverages EarthQuake Form	05/17/2024	\$ 12,345.67
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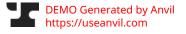
Page 1 of 4 © 1992-2012/ACORD CORPORATION. All rights reserved.



AGENCY CUSTOMER ID: Agency Customer Id

LOC #: Location No

COVERAGE TYPE	TYPE	ENDORSEMENTS (continued) COVERAGE INFORMATION	FORM NUMBER	FORM DATE	PREMIUM
EQUIP BREAKDOWN		3KD 9N6 €hangg4y/89 DED \$ 12,345.67 LIMIT	Optional Coverages	05/17/2024	\$ 12,345.67
	_	VX (INSCHEDED ange Type	Equip BreakDown Form ល្អាដុល្អាធុរា Coverages Fire	05/17/2024	\$ 12,345.67
FLOODOptional Cove	-	3 31	BBBP SALE EPSEBRGESLING	05/17/2024	\$ 12,345.67
·		X EXCLUSION A 12 345 67 PROPERTY	N⊌80PF6rm Number	05/17/2024	
OF PINGUSIAND WOLD ES	Fungus A	X EXCL PROP DAMAGE \$ 12,345.67 LIABILITY	Optional Coverages Fungus And Mold Form	05/17/2024	\$ 12,345.67
OpolorcalRISVelabyletsy	Golf Carts	X INCLUDED # GOLF CARTS: Optional Coverages Golf Carts - Liability Change Type DESCRIPTION: Optional Coverages Golf Carts - Liability - Li	Optional Coverages Golf Carts - Liability Form	05/17/2024	\$ 12,345.67
id PHYSICAE DAMAGE OIF	Carts - Ph	ysical றுஅங்கு உளிக்டிடுட்டியா Golf Carts Number	യ്യൻഷ് Coverages Golf Carts - Physical Damage	05/17/2024	\$ 12,345.67
tipexpenserages Iden	tity Frauc	To the state of th	Exprtino iNali radover rages	05/17/2024	\$ 12,345.67
INCIDENTAL FARMING OPERS PIABLAGES INCID	ental Fari	nmegibaksaymentisayyye Tome	Identity Fraud Expense ยู่อย่ายงสกฤษศริยยร Incidental Farming Pers	05/17/2024	\$ 12,345.67
INCR. COV. C SPECIAL LIABILITY LIMIT ELECTRONIC	anaratus.	Insand23456Vehicle Chat9tAtv&es12.345.67 INCREASED	Liab Form Number Optional Coverages	05/17/2024	\$ 12,345.67
	oparatus	n\$and&3456Vehicle Change4ty\$es12,345.67 INCREASED	Electronic Apparatus In	03/17/2024	4 12,345.07
ELECTRONIC onal @874R45J48 Plectro VEHICLE	nic Appa	akus 1ঐ, yabidle Change Typeal \$ 12,345.67 INCREASED	and Out of Vehicle Form Optional Coverages Plectronic Apparatus In	05/17/2024	\$ 12,345.67
GUN9ptional Cove			Optioleaf Growe Nagelser	05/17/2024	\$ 12,345.67
MONTYtional Cover			Optis Farm Number	05/17/2024	\$ 12,345.67
		iles Chades Types TOTAL \$ 12,345.67 INCREASED	Money Form Number	05/17/2024	\$ 12,345.67
· ·		sre (Lange Types Total \$ 12,345.67 INCREASED	Silvernare Form	05/17/2024	\$ 12,345.67
		Guard Change Types % INCREASE	phagan coacataca phagan coacataca	05/17/2024	\$ 12,345.67
		s§ment2,6ង៦ថ្លេខ Types LIMIT CONST MATERIAL: Optional Coverage si®ent& ខ្លង់ទៀត Types LIMIT	Note Assessment Form Aptional Coverages	05/17/2024	\$ 12,345.67 \$ 12,345.67
OFFICE, PROFESSIONAL		X REQUIRES INCR CONTENTS TERR: Optio- PTAININGS CANTINGCTIFFOURED STRUCTITATE \$ 12,345.67 OT. STRUCTS Optional- Optional- Optional- FOR DESC. Optional- Optional- FOR DESC. Optional- Optiona	Mine Subsidence Form Number Optional Coverages Residence Premises	05/17/2024	\$ 12,345.67
		tsuctuare 45 hange TypesIMIT STRUCT DESBESSION FOR STRUCTURE STRUCTURE	Form Number Optional Coverages Individual Structure	05/17/2024	\$ 12,345.67
		大いかんでもの多点の Strauc和定例を Strauc和定则を Strauc和cannerを Straucannerを Str	Plants, Shrubs And	05/17/2024	\$ 12,345.67
	_	ox Freelynge Change Types \$ 12,345.67 Desc LIMIT	Operior Factor Neurage Refrigerated Food	05/17/2024	\$ 12,345.67
		PSK-CRIOTORE Change Types	Protivices Francember Replacement	Optional Coverage	\$ 12,345.67
		OST-ပြုမူမျှေးမြှုန်	OpsteCahCenterAgem Replacement	Rēģiāčē nīd	\$ 12,345.67
tiopal Cayerage Repla	cement C	DX-FW는M에보용 Change Type 50 % мах	Obstadialellang ragen	05\f17/2024	\$ 12,345.67
UNIT-OWNERS ADDITION	ıs	oXId pM@L@h@nge Types	Rephysernent Cost-Full Optional Coverage Sink Hole Collapse From	69Mt9Mt824 From	\$ 12,345.67
ge & ALTERATIONS AS RECIO	ns And Al	terations Special Coverage Change Types X INCLUDED \$ 12,345.67 LIMIT	Spanishal Coverage	Number 05/17/2024	\$ 12,345.67
		y\$, Watth@4,5:67s Change Types \$ 12,345.67 INCREASED	Unit-Owner Additions Andi Analyse at Variante Special	05/17/2024	\$ 12,345.67
		wers ရှိမှာပြည့် gains Change Types \$ 12,345.67 LIMIT	Coverage Profession Welfaber Wateres, Foveragen	05/17/2024	\$ 12,345.67
-	_	Biabilittj2/G146in6j7e Types LIMIT	Mailer Backup Of Sewers Optional Coverage	05/17/2024	\$ 12,345.67
ionelysical days Wester	Craft Phy	siçal Dar <u>n</u> រុ <mark>ន្ធឲ្យឲ្យក្រុ</mark> ange Types _{LIMIT}	Water Craft Liability Philippel Coverage Water Craft Physical	05/17/2024	\$ 12,345.67
Arkansas)	ndstorm	Exclusion Change Types X YES	Bamaga Forer Yyember Windstorm Exclusion	05/17/2024	\$ 12,345.67
WORKERS COMP - FULL TIME INSERVANT (APPREATHED MYOR CACS MT, NV, NH, NJ, NY, ND, OH, OR, WA, WV and WY		Optional Coverage Workers Comp-Full Time #ioគ@MPservess t ChrangeaTyples Of Employees	From Number Optional Coverage Workers Comp-Full Time Inservant From Number	05/17/2024	\$ 12,345.67
WORKERS COMP - INCIDENTAL PTI (APPIII GADIN ONLY ONLY ONLY ONLY NH, NJ, NY, ND, OH, OR, WA, WV and WY		Optional Coverage Workers Comp-Incidental p#IPIC ត្រមានអនុវទ្ធិនិត្តការ៉ូម៉ូប ស្វ្រិត្តិ Employees	Optional Coverage Workers	05/17/2024	\$ 12,345.6
ACORD 70 (2012/0		Page 2 of 4	Number		



AGENCY CUSTOMER ID: Agency Customer Id

LOC #: **Location Number** OPTIONAL COVERAGES - ENDORSEMENTS (continued)

COVERAGE TYPE CHANGE COVERAGE COVERAGE INFORMATION FORM NUMBER FORM DATE PREMILIM WORKERS COMP -PART TIME OUTSERVANT i(Apalicanyerage Workers Comp-Incidental Change Type MT, NV, NH, NJ, NY, ND, # OF EMPLOYEES: Optional Coverages Workers Comp-Part Time **Option Coverages** 05/17/2024 \$ 12,345.67 OH, OR, WA, WV and WY) Out Servant No Of Employees Workers Comp-Part COVERAGE DESCRIPTION 12,345.67 LIMIT 1 APPLIES TO: Optional Time Out Servant From Lorem ipsum 12,345.67 **CONTRIBIL** Number APPLIES TO: LIMIT 2 dolor sit amet **Estation** 05/17/2024 ption 🖎 🏖 🎜 🗗 ype **Optional Coverage** \$ 12,345.67 COntional Coverage Descri DED TYPE estification to **Description Form** conpiscing elit, sed **TERR** OPTIONS Y/N Optional Coverage Code Options in 1918 Number RPEIRE HOO Optio-RATING / UNDERWRITING ADD X CHANGE Χ DELETE COURSE OF **CONSTRUCTION TYPE** HOUSEKEEPING COND % PROTECTION DEVICE TYPE DISTANCE TO CONSTRUCTION 50 X FIRE HYDRANT **FIRE STATION** Code SMOKE TEMP BURGLAR MASONRY VENEER **EXCELLENT** SYSTEM Kerr BUILDERS RISK 50 Rating X X FIRE RESISTIVE GOOD CENTRAL Rati-Rati-Rati-Rating MI FT # UNP SFIREDIV 50 # FIREIDIVISIONS Х Х Х Rati-R9ti-Rgti-FRAME RENOVATION AVERAGE DIRECT e To Rating Rating BEO! REGI KK 50 X MASONRY Χ RECONSTRUCTION BELOW AVERAGE LOCAL TERRITORY TOP NO Patting FIRE PREM GROUP DISTANCE TO TIDAL WATER SPRINKLER X 50 **USAGE TYPE** DOOR LOCK MFG HOME Actio- Botio DEADBOID EVI-Rating Χ 50 Χ X Miles ☐ Feet Χ STEEL PRIMARY PER JAS JERR EC PREM CROUP 50 Χ **PURCHASE PRICE** Χ XEVERULL SECONDARY SPRING Devi-POURED CONCRETE **Reting** PADE Biartenog∨ **\$** 12,345.67 Expe 50 X Χ LOG SEASONAL FIRE/EC RATE PROPERASS **PURCHASE DATE** X FARM FIRE EXTINGUINER (Y/NE) X e To Bating Bromg SIDING % 05/17/2024 Pistanfire DIST CODE STANC Χ 50 FIRE DISTRICTMAME ALUMINUM SIDING Pem: Burg: WIRING Rating Dist Code Robin Wesmith 50 OCCUPANCY X lar STUCCO X COPPER **ELECTRICAL SYSTEMS** X 50 X 05/Rat@024 VINYL SIDING / PLASTIC OWNER DATE HEATING SYSTEM SAST SERVICED: CEDAR, WOOD, SHINGLE Χ ALUMINUM X 50 Χ X PRIMARY HEAT X | NONE TENANT CIRCUIT BREAKERS X KNOR & TURE X 50 X Χ EIFSCB (on cinder block) UNOCCUPIED FUSES Χ 50 X SECONDARY HEAT Χ EIFSS (on studs) LAST INSPECTED DATE NUMBER OF AMPS NONE VACANT 05/17/2024 **Flectrical** VISIBLE FROM RESERVE VISIBLE TO NEIGHBORS YEAR EIFS INSTALLED: Rating SECURITY Χ OCCUPIED DAILY ADD OF A CHANGE HOMEOWNER / DWELLING FIRE RATING / UNDERWRITING X YEAR BUILT # ROOMS RESIDENCE TYPE DWELLING LOCATION **RATING** RENOVATIONS PART COMP YFAR HomeOwner Year 12.345 X X X Hownert Rienisold Alterno Rationneart Rienisold Aftain in SCA DWELLING IN CITY LIMITS CLASS MARKET VALUE # APARTMENTS X X Home Company Whome Realth convert Poerrs of Vantigo Pisme) C Χ APARTMENT IN FIRE DISTRICT SPECIFIC 12,345.67 12.345 X X Home Commentations the mobile and th CONDOMINIUM IN PROT SUBURB REPLACEMENT COST Х FOUNDATION Horodomeen Moeros ationest Recoting of Fing Ro # FAMILIES TOWNHOUSE 12,345.67 12.345 X WIND CLASS X EXTERIOR PAINTEOWNER Renovations Ex ROWHOUSE OPEN Х PLUMBING CONDITION TOTAL LIVING AREA # HOUSEHOLD RESIDENTS X X CO-OP RESISTIVE CLOSED HomeOwner SQFT 12,345 X X Χ X MOBILE HOME SEMI-RESISTIVE NONE **EXCELLENT** BASEMENT AREA # WEEKS RENTED Χ GOOD Area HomeOwner <u>sqft</u> 12.345 SWIMMING POOL NONE X WINDSTORM Χ **AVERAGE** GARAGE AREA STORM SHUTTE TTERS X A X B X TAX CODE X Χ BELOW AVERAGE ABOVE GROUND HomeOwner HomeOwner Tax Χ HURRICANE RESISTIVE GLASS ANY KNOWN LEAKSK (NOW) Leaks Yes Or No IN GROUND BREEZEWAY AREA BLDG CODE GRADE Χ ROOF CONDITION X FUEL STORAGE TANK LOCATION NONE APPROVED FENCE HomeOwner HomeOwner Blda X X X DIVING BOARD INDOORS ABOVE GROUND MASONRY FLOOR **EXCELLENT** FIREPLACES (Enter # or 0 INSPECTED (YA) X X X SLIDE INDOORS ABOVE GROUND NO MASONRY FLOOR GOOD Area for none) CHIMNEYS Х X X OUTDOORS ABOVE GROUND **AVERAGE** Х **HEARTHS** RATING CREDITS X LIGHTNING PROTECTION X X **OUTDOORS BELOW GROUND** BELOW AVERAGE X PRE-FAB NON-SMOKER X OFF PREMISE THEFT EXCL FUEL LINE LOCATION ROOF MATERIAL HomeOwner Roof X THROUGH FOUNDATION X WOOD STOVE INSERT Χ MANNED SECURITY UNDER GROUND Χ MOBILE HOME RATING / UNDERWRITING X ADD CHANGE DELETE MOBILE HOME PARK NAME NEW (Y/N) YEAR Mobile Home Rating Make LENGTH X DOUBLEWIDE (Y/N): Mobile Home 2024 Mobile Home Rating Model Χ Χ MODEL: FT SKIRTED (Y/N) Robin W. Smith Rating Length ID NUMBER # OF BEDROOMS DATE PARK ESTABLISHED Mobile Home Rating Id Number Mobile Home Mobile Home 05/17/2024 TIE DOWN X NONE FOUNDATION CONSTRUCTION Rating Number Of PERMANENT CONNECTION TO COOKING LOCATION # OF PERMANENT SPACES IN PARK **BedRooms** Χ Χ Χ Χ **FULL ELECTRICITY** FND CONTINUOUS MASONRY 12.345 X Х Х Χ CHASSIS ONLY WATER MIDDLE POST & PIER CONSECUTIVE MONTHS Mobile Χ Χ Mobile Home Rating Foundation OCCUPIED EACH YEAR: OVERTOP ONLY SEWER NONE

AGENCY CUSTOMER ID: Agency Customer Id LOC #: Location Number X ADD ADDITIONAL INTEREST X CHANGE X DELETE INTEREST NAME AND ADDRESS I RANK: Intere 男VIDENCE Χ CERTIFICATE INTEREST IN ITEM NUMBER Х ADDITIONAL INSURED LOCATION: BUILDING: Addit-Addit-**Robin W. Smith** Χ LIENHOLDER VEHICLE: BOAT: Addat. iAchail_t 123 Main St #234 ITEM CLASS: **DAGI**E Х MARKET STATES LOSS PAYEE ITEM: ITEM DESCRIPTION Χ MORTGAGEE Addition is the description of t Х TRUSTEE San Francisco CA 94106 REFERENCE / LOAN #: Additional NETM Interest 1 CHANGE X **Regat** ADDITIONAL INTEREST X ADD DELETE Beat X INTEREST IN ITEM NUMBER INTEREST NAME AND ADDRESS ITRANK! Inter # #VIDENCE CERTIFICATE ltem Addit X ADDITIONAL INSURED LOCATION: BUILDING: Robin W. Smith X iadalt-LIENHOLDER VEHICLE: BOAT: ianail 123 Main St #234 ITEM CLAS:
ITEM DESCRIPTION |
Addition of the property of the ITEM CLASS: X LOSS PAYEE ATTENT-ITEM: **REPORT** X MORTGAGEE 94106 San Francisco CA X TRUSTEE REFERENCE / LOAN #: Additional Nem MILES THE PERSONAL INLAND MARINE / SCHEDULE OF PROPERTY (Attach appraisal or bill of sale if required) PURCHASEIIC-APPRAISAL DATE 05/17/2024 AMOUNT OF CI TYPE OF CHANGE PROPERTY DESCRIPTION 12,345¹67m nland Marine 2,645 nge Pypesonal Inland Marine 1 Property Description Marine 2,645 nge Pygreonal Inland Marine 2 Property Description 05/17/2024 12,345.67 าland | Marin**e 3,645** nge **Pere**onal Inland Marine 3 Property Description 05/17/2024 12,345.67 X UNATTENDED CAR COVERAGE (Stamps/Coins) NON-MOBILE ORGAN COVERAGE ACV LOSS SETTLEMENT BREAKAGE COVERAGE (*On Schedule) Х X **BROAD FORM PAIR & SET COVERAGE** Χ Χ Χ REPLACEMENT COST LOSS SETTLEMENT BLANKET COVERAGE Property, Safe Class, Etc) WATERCRAFT COVERAGES / LIMITS OF LIABILITY **BOAT HULL NO:** Х X X DELETE ADD CHANGE UNINSURED BOATERS LIAB HULL OUTBOARD MOTOR MOTOR 1 | MOTOR 2 PORTABLE ACCESSORIES **TRAILER** I IABII ITY MEDICAL PAYMENTS **DEDUCTIBLE** 12,345.67 12,345.67 **\$** 12,345.67 \$ 12,345.67 s 12,345.67 12,345.67 12,345.67 12,345.67 12,345.67 X DELETE PERSONAL UMBRELLA COVERAGES / LIMITS OF LIABILITY Χ Х ADD CHANGE POLICY AMOUNT RETENTION OTHER Personal Umbrella Other Coverages COVERAGES 12,345.67 12,345.67 PERSONAL RECREATIONAL VEHICLES AUTOMOBILE WATERCRAFT CSL ΒI CSL ВΙ LIABILITY 12,345.67 12,345.67 \$ 12,345.67 \$ 12,345.67 12,345,67 **\$** 12,345.67 **\$** 12,345.67 **\$** 12,345.67 12,345.67 **\$** 12,345.67 ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied) IN THE DISTRICT OF COLUMBIA, WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS, IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT. IN FLORIDA, 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. IN KANSAS, 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. IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES. IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS. STATE PRODUCER LICENSE NO (Required in Florida) PRODUCER'S NAME (Please Print) PRODUCER'S SIGNATURE Robin W. Smith **Producer State License** NATIONALIPRODUCER NUMBER INSURED'S SIGNATURE DATE (MM/DD/YYYY) National Producer