



# COMMERCIAL INLAND MARINE SECTION

DATE (MM/DD/YYYY)  
 09/08/2024

AGENCY Agency Full Name		CARRIER Carrier Full Name		NAIC CODE NAIC Code
POLICY NUMBER Policy Number		EFFECTIVE DATE 09/08/20-	APPLICANT / FIRST NAMED INSURED Robin W. Smith	

**SUMMARY INFORMATION**

SCH #	LOC #	BLD #	CLASS CODE	SUBCLASS CODE	DESCRIPTION	SCH Y/N	NUM ITEMS	VALUATION	BLKT #	MAX ITEM VALUE	% COINS
1	Su-	Su-	Sum-	Sum-	Summary Info LOC 1 Property Description	LOC 1	5	12,345.67	6066	\$ 12,345.67	50 %
2	Su-	Su-	Sum-	Sum-	Summary Info LOC 2 Property Description	LOC 2	5	12,345.67	6066	\$ 12,345.67	50 %
3	Su-	Su-	Sum-	Sum-	Summary Info LOC 3 Property Description	LOC 3	5	12,345.67	6066	\$ 12,345.67	50 %
4	Su-	Su-	Sum-	Sum-	Summary Info LOC 4 Property Description	LOC 4	5	12,345.67	6066	\$ 12,345.67	50 %
5	Su-	Su-	Sum-	Sum-	Summary Info LOC 5 Property Description	LOC 5	5	12,345.67	6066	\$ 12,345.67	50 %
6	Su-	Su-	Sum-	Sum-	Summary Info LOC 6 Property Description	LOC 6	5	12,345.67	6066	\$ 12,345.67	50 %
7	Su-	Su-	Sum-	Sum-	Summary Info LOC 7 Property Description	LOC 7	5	12,345.67	6066	\$ 12,345.67	50 %
8	Su-	Su-	Sum-	Sum-	Summary Info LOC 8 Property Description	LOC 8	5	12,345.67	6066	\$ 12,345.67	50 %
9	Su-	Su-	Sum-	Sum-	Summary Info LOC 9 Property Description	LOC 9	5	12,345.67	6066	\$ 12,345.67	50 %
10	Su-	Su-	Sum-	Sum-	Summary Info LOC 10 Property Description	LOC 10	5	12,345.67	6066	\$ 12,345.67	50 %

**COVERAGES**

SCH #	LOC #	BLD #	CLASS CODE	SUBCLASS CODE	DESCRIPTION	LIMIT	LIMIT APPLIES TO	LIMIT	LIMIT APPLIES TO	DEDUCTIBLE	OPT CODE	% COINS	PREMIUM
1	Su-	Su-	Sum-	Sum-	Agreed Value	\$ 12,345.67	Cover-	\$ 12,345.67	Cover-	\$ 0	00	50	\$ 12,345.67
2	Su-	Su-	Sum-	Sum-	Agreed Value	\$ 12,345.67	Cover-	\$ 12,345.67	Cover-	\$ 0	00	50	\$ 325.67
3	Su-	Su-	Sum-	Sum-	Agreed Value	\$ 12,345.67	Cover-	\$ 12,345.67	Cover-	\$ 0	00	50	\$ 325.67
4	Su-	Su-	Sum-	Sum-	Agreed Value	\$ 12,345.67	Cover-	\$ 12,345.67	Cover-	\$ 0	00	50	\$ 325.67
5	Su-	Su-	Sum-	Sum-	Agreed Value	\$ 12,345.67	Cover-	\$ 12,345.67	Cover-	\$ 0	00	50	\$ 325.67
6	Su-	Su-	Sum-	Sum-	Agreed Value	\$ 12,345.67	Cover-	\$ 12,345.67	Cover-	\$ 0	00	50	\$ 325.67
7	Su-	Su-	Sum-	Sum-	Agreed Value	\$ 12,345.67	Cover-	\$ 12,345.67	Cover-	\$ 0	00	50	\$ 325.67
8	Su-	Su-	Sum-	Sum-	Agreed Value	\$ 12,345.67	Cover-	\$ 12,345.67	Cover-	\$ 0	00	50	\$ 325.67
9	Su-	Su-	Sum-	Sum-	Agreed Value	\$ 12,345.67	Cover-	\$ 12,345.67	Cover-	\$ 0	00	50	\$ 325.67
10	Su-	Su-	Sum-	Sum-	Agreed Value	\$ 12,345.67	Cover-	\$ 12,345.67	Cover-	\$ 0	00	50	\$ 325.67
11	Su-	Su-	Sum-	Sum-	Agreed Value	\$ 12,345.67	Cover-	\$ 12,345.67	Cover-	\$ 0	00	50	\$ 325.67
12	Su-	Su-	Sum-	Sum-	Agreed Value	\$ 12,345.67	Cover-	\$ 12,345.67	Cover-	\$ 0	00	50	\$ 325.67
13	Su-	Su-	Sum-	Sum-	Agreed Value	\$ 12,345.67	Cover-	\$ 12,345.67	Cover-	\$ 0	00	50	\$ 325.67
14	Su-	Su-	Sum-	Sum-	Agreed Value	\$ 12,345.67	Cover-	\$ 12,345.67	Cover-	\$ 0	00	50	\$ 325.67
15	Su-	Su-	Sum-	Sum-	Agreed Value	\$ 12,345.67	Cover-	\$ 12,345.67	Cover-	\$ 0	00	50	\$ 325.67
16	Su-	Su-	Sum-	Sum-	Agreed Value	\$ 12,345.67	Cover-	\$ 12,345.67	Cover-	\$ 0	00	50	\$ 325.67
17	Su-	Su-	Sum-	Sum-	Agreed Value	\$ 12,345.67	Cover-	\$ 12,345.67	Cover-	\$ 0	00	50	\$ 325.67
18	Su-	Su-	Sum-	Sum-	Agreed Value	\$ 12,345.67	Cover-	\$ 12,345.67	Cover-	\$ 0	00	50	\$ 325.67
19	Su-	Su-	Sum-	Sum-	Agreed Value	\$ 12,345.67	Cover-	\$ 12,345.67	Cover-	\$ 0	00	50	\$ 325.67
20	Su-	Su-	Sum-	Sum-	Agreed Value	\$ 12,345.67	Cover-	\$ 12,345.67	Cover-	\$ 0	00	50	\$ 325.67

**EQUIPMENT STORAGE**

LOC #	Code #	NUM MOS	MAXIMUM VALUE INSIDE	MAXIMUM VALUE OUTSIDE	DESCRIPTION	TYPE OF SECURITY
20	20	1	\$ 112,345.67	\$ 325.67	Equipment Storage	Security 1
20	20	1	\$ 325.67	\$ 325.67	Equipment Storage	Security 2
20	20	1	\$ 325.67	\$ 325.67	Equipment Storage	Security 3
20	20	1	\$ 4325.67	\$ 325.67	Equipment Storage	Security 4
20	20	1	\$ 5325.67	\$ 325.67	Equipment Storage	Security 5
20	20	1	\$ 6325.67	\$ 325.67	Equipment Storage	Security 6
20	20	1	\$ 7325.67	\$ 325.67	Equipment Storage	Security 7
20	20	1	\$ 8325.67	\$ 325.67	Equipment Storage	Security 8
20	20	1	\$ 9325.67	\$ 325.67	Equipment Storage	Security 9
20	20	1	\$ 10325.67	\$ 325.67	Equipment Storage	Security 10
20	20	1	\$ 11325.67	\$ 325.67	Equipment Storage	Security 11
20	20	1	\$ 12325.67	\$ 325.67	Equipment Storage	Security 12
20	20	1	\$ 1325.67	\$ 325.67	Equipment Storage	Security 13

AGENCY (015/06) 345.67 345.67

**GENERAL INFORMATION - EQUIPMENT**

EXPLAIN ALL "YES" RESPONSES	Y/N
1. EQUIPMENT RENTED, LOANED TO OTHERS WITH / WITHOUT OPERATORS?  General Info Equipment Rented, Loaned to Others	General Info Equipment Rented, L
2. EQUIPMENT RENTED, LOANED FROM OTHERS WITH / WITHOUT OPERATORS?  General Info Equipment Rented, Loaned from Others	General Info Equipment Rented, Lo
3. IS APPLICANT OPERATING EQUIPMENT NOT LISTED HERE?  General Info Equipment Applicant Operating Equipment Not Listed	General Info Equipment Applicant Operat
4. PROPERTY USED UNDERGROUND?  General Info Equipment Property Used Underground	General Info Equipment Property U
5. ANY WORK DONE AFLOAT?  General Info Equipment Work Done Afloat	General Info Equipment Work

**ADDITIONAL INTEREST**  **ACORD 45 Attached**

INTEREST	NAME AND ADDRESS	CRANK	EVIDENCE	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER
<input checked="" type="checkbox"/> LENDER'S LOSS PAYABLE LIENHOLDER LOSS PAYEE Additional Interest 1 Type Other	Robin W. Smith 123 Main St #234  San Francisco CA 94106		<input checked="" type="checkbox"/>				LOCATION: Add- BUILDING: Addi- SCHEDULE NUMBER: Additional ITEM NUMBER: Additional Inter- ITEM DESCRIPTION: Additional Interest 1
REASON FOR INTEREST: Additional Interest 1 Reason for Interest							Additional Interest 1
	REFERENCE / LOAN #: Additional			INTEREST END DATE: 09/08/2024			Additional Interest 1
	LIEN AMOUNT: \$12,345.67			PHONE (A/C, No, Ext): (555) 444-3333			Description ding
	E-MAIL ADDRESS: testy@example.com						Loc-

INTEREST	NAME AND ADDRESS	CRANK	EVIDENCE	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER
<input checked="" type="checkbox"/> LENDER'S LOSS PAYABLE LIENHOLDER LOSS PAYEE Additional Interest 2 Type Other	Robin W. Smith 123 Main St #234  San Francisco CA 94106		<input checked="" type="checkbox"/>				LOCATION: Add- BUILDING: Addi- SCHEDULE NUMBER: Additional ITEM NUMBER: Additional Inter- ITEM DESCRIPTION: Additional Interest 2
REASON FOR INTEREST: Additional Interest 2 Reason for Interest							Additional Interest 2
	REFERENCE / LOAN #: Additional			INTEREST END DATE: 09/08/2024			Additional Interest 2
	LIEN AMOUNT: \$12,345.67			PHONE (A/C, No, Ext): (555) 444-3333			Description ding
	E-MAIL ADDRESS: testy@example.com						Loc-

INTEREST	NAME AND ADDRESS	CRANK	EVIDENCE	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER
<input checked="" type="checkbox"/> LENDER'S LOSS PAYABLE LIENHOLDER LOSS PAYEE Additional Interest 3 Type Other	Robin W. Smith 123 Main St #234  San Francisco CA 94106		<input checked="" type="checkbox"/>				LOCATION: Add- BUILDING: Addi- SCHEDULE NUMBER: Additional ITEM NUMBER: Additional Inter- ITEM DESCRIPTION: Additional Interest 3
REASON FOR INTEREST: Additional Interest 3 Reason for Interest							Additional Interest 3
	REFERENCE / LOAN #: Additional			INTEREST END DATE: 09/08/2024			Additional Interest 3
	LIEN AMOUNT: \$12,345.67			PHONE (A/C, No, Ext): (555) 444-3333			Description ding
	E-MAIL ADDRESS: testy@example.com						Loc-

**REMARKS**

Number

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SCHEDULED ITEMS

SCH #	DESCRIPTION	EXCL BLKT	ITEM VALUE	VALUATION	VALUATION DATE	PURCHASE DATE	OWN / LEASE	NEW / USED	% COINS
Sche-	Scheduled Items 1 Description	Sc-	\$ 12,345.67	Sc-	09/08/2-	09/08/2-	Sc-	Sc-	50 %
MANUFACTURER	MODEL	YEAR	ID # / SERIAL #	he-	024	02-	CAPACITY	AMOUNT OF INSURANCE	
Sched	Scheduled Items 1	Sched	Scheduled Items 1 Serial	Sche-	\$u-12,345.67				
Sched	Manufacturer	Model	Item Value	Valu	Valuation Date	Purchase Date	Own / Lease	New / Used	% Coins
Sche-	Scheduled Items 2 Description	Sc-	\$ 12,345.67	Sc-	09/08/2-	09/08/2-	Sc-	Sc-	50 %
MANUFACTURER	MODEL	YEAR	ID # / SERIAL #	he-	024	02-	CAPACITY	AMOUNT OF INSURANCE	
Sched	Scheduled Items 2	Sched	Scheduled Items 2 Serial	Sche-	\$u-12,345.67				
Sched	Manufacturer	Model	Item Value	Valu	Valuation Date	Purchase Date	Own / Lease	New / Used	% Coins
Sche-	Scheduled Items 3 Description	Sc-	\$ 12,345.67	Sc-	09/08/2-	09/08/2-	Sc-	Sc-	50 %
MANUFACTURER	MODEL	YEAR	ID # / SERIAL #	he-	024	02-	CAPACITY	AMOUNT OF INSURANCE	
Sched	Scheduled Items 3	Sched	Scheduled Items 3 Serial	Sche-	\$u-12,345.67				
Sched	Manufacturer	Model	Item Value	Valu	Valuation Date	Purchase Date	Own / Lease	New / Used	% Coins
Sche-	Scheduled Items 4 Description	Sc-	\$ 12,345.67	Sc-	09/08/2-	09/08/2-	Sc-	Sc-	50 %
MANUFACTURER	MODEL	YEAR	ID # / SERIAL #	he-	024	02-	CAPACITY	AMOUNT OF INSURANCE	
Sched	Scheduled Items 4	Sched	Scheduled Items 4 Serial	Sche-	\$u-12,345.67				
Sched	Manufacturer	Model	Item Value	Valu	Valuation Date	Purchase Date	Own / Lease	New / Used	% Coins
Sche-	Scheduled Items 5 Description	Sc-	\$ 12,345.67	Sc-	09/08/2-	09/08/2-	Sc-	Sc-	50 %
MANUFACTURER	MODEL	YEAR	ID # / SERIAL #	he-	024	02-	CAPACITY	AMOUNT OF INSURANCE	
Sched	Scheduled Items 5	Sched	Scheduled Items 5 Serial	Sche-	\$u-12,345.67				
Sched	Manufacturer	Model	Item Value	Valu	Valuation Date	Purchase Date	Own / Lease	New / Used	% Coins
Sche-	Scheduled Items 6 Description	Sc-	\$ 12,345.67	Sc-	09/08/2-	09/08/2-	Sc-	Sc-	50 %
MANUFACTURER	MODEL	YEAR	ID # / SERIAL #	he-	024	02-	CAPACITY	AMOUNT OF INSURANCE	
Sched	Scheduled Items 6	Sched	Scheduled Items 6 Serial	Sche-	\$u-12,345.67				
Sched	Manufacturer	Model	Item Value	Valu	Valuation Date	Purchase Date	Own / Lease	New / Used	% Coins
Sche-	Scheduled Items 7 Description	Sc-	\$ 12,345.67	Sc-	09/08/2-	09/08/2-	Sc-	Sc-	50 %
MANUFACTURER	MODEL	YEAR	ID # / SERIAL #	he-	024	02-	CAPACITY	AMOUNT OF INSURANCE	
Sched	Scheduled Items 7	Sched	Scheduled Items 7 Serial	Sche-	\$u-12,345.67				
Sched	Manufacturer	Model	Item Value	Valu	Valuation Date	Purchase Date	Own / Lease	New / Used	% Coins
Sche-	Scheduled Items 8 Description	Sc-	\$ 12,345.67	Sc-	09/08/2-	09/08/2-	Sc-	Sc-	50 %
MANUFACTURER	MODEL	YEAR	ID # / SERIAL #	he-	024	02-	CAPACITY	AMOUNT OF INSURANCE	
Sched	Scheduled Items 8	Sched	Scheduled Items 8 Serial	Sche-	\$u-12,345.67				
Sched	Manufacturer	Model	Item Value	Valu	Valuation Date	Purchase Date	Own / Lease	New / Used	% Coins
Sche-	Scheduled Items 9 Description	Sc-	\$ 12,345.67	Sc-	09/08/2-	09/08/2-	Sc-	Sc-	50 %
MANUFACTURER	MODEL	YEAR	ID # / SERIAL #	he-	024	02-	CAPACITY	AMOUNT OF INSURANCE	
Sched	Scheduled Items 9	Sched	Scheduled Items 9 Serial	Sche-	\$u-12,345.67				
Sched	Manufacturer	Model	Item Value	Valu	Valuation Date	Purchase Date	Own / Lease	New / Used	% Coins
Sche-	Scheduled Items 10 Description	Sc-	\$ 12,345.67	Sc-	09/08/2-	09/08/2-	Sc-	Sc-	50 %
MANUFACTURER	MODEL	YEAR	ID # / SERIAL #	he-	024	02-	CAPACITY	AMOUNT OF INSURANCE	
Sched	Scheduled Items 10	Sched	Scheduled Items 10 Serial	Sche-	\$u-12,345.67				
Sched	Manufacturer	Model	Item Value	Valu	Valuation Date	Purchase Date	Own / Lease	New / Used	% Coins
Sche-	Scheduled Items 11 Description	Sc-	\$ 12,345.67	Sc-	09/08/2-	09/08/2-	Sc-	Sc-	50 %
MANUFACTURER	MODEL	YEAR	ID # / SERIAL #	he-	024	02-	CAPACITY	AMOUNT OF INSURANCE	
Sched	Scheduled Items 11	Sched	Scheduled Items 11 Serial	Sche-	\$u-12,345.67				
Sched	Manufacturer	Model	Item Value	Valu	Valuation Date	Purchase Date	Own / Lease	New / Used	% Coins
Sche-	Scheduled Items 12 Description	Sc-	\$ 12,345.67	Sc-	09/08/2-	09/08/2-	Sc-	Sc-	50 %
MANUFACTURER	MODEL	YEAR	ID # / SERIAL #	he-	024	02-	CAPACITY	AMOUNT OF INSURANCE	
Sched	Scheduled Items 12	Sched	Scheduled Items 12 Serial	Sche-	\$u-12,345.67				
Sched	Manufacturer	Model	Item Value	Valu	Valuation Date	Purchase Date	Own / Lease	New / Used	% Coins
Sche-	Scheduled Items 13 Description	Sc-	\$ 12,345.67	Sc-	09/08/2-	09/08/2-	Sc-	Sc-	50 %
MANUFACTURER	MODEL	YEAR	ID # / SERIAL #	he-	024	02-	CAPACITY	AMOUNT OF INSURANCE	
Sched	Scheduled Items 13	Sched	Scheduled Items 13 Serial	Sche-	\$u-12,345.67				
Sched	Manufacturer	Model	Number	Valu	Valuation Date	Purchase Date	Own / Lease	New / Used	% Coins

**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) <b>Robin W. Smith</b>	STATE PRODUCER LICENSE NO (Required in Florida) <b>State Producer</b>
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER <b>National</b> <b>Producer Number</b>