



PROPERTY SECTION

DATE (MM/DD/YYYY)
09/29/2024

| | | | | |
|--------------------------------|------------------------------|------------------------------------|--|------------------------|
| AGENCY NAME Agency Name | | CARRIER Carrier Name | | NAIC CODE NAIC Code |
| POLICY NUMBER Policy Number | EFFECTIVE DATE 09/29/2024 | NAMED INSURED(S) Robin W. Smith | | |

BLANKET SUMMARY

| BLKT # | AMOUNT | TYPE | BLKT # | AMOUNT | TYPE |
|--------|-------------|------------------------|--------|-------------|------------------------|
| Bla- | \$12,345.67 | Blanket Summary 1 Type | Bla- | \$12,345.67 | Blanket Summary 3 Type |
| Bla- | \$12,345.67 | Blanket Summary 2 Type | Bla- | \$12,345.67 | Blanket Summary 4 Type |

PREMISES INFORMATION

| | | | | | |
|-------------|--|-------------|--|---|--|
| PREMISES #: | | PREMISES #: | | STREET ADDRESS: 123 Main St #234, San Francisco CA, 94106 | |
| BUILDING #: | | BUILDING #: | | BLDG DESCRIPTION: Premises Info Building Description | |

| SUBJECT OF INSURANCE | AMOUNT | COINS % | VALUATION | CAUSES OF LOSS | INFLATION GUARD % | DED | DED TYPE | BLKT # | FORMS AND CONDITIONS TO APPLY |
|--------------------------------------|-------------|---------|-------------|--------------------------------|-------------------|-------------|-----------------|--------|--------------------------------------|
| Premises 1 Info Subject of Insurance | \$12,345.67 | 50.3% | \$12,345.67 | Premises 1 Info Causes of Loss | 50.3% | \$12,345.67 | Premises 1 Info | | Premises 1 Info Forms And Conditions |
| Premises 2 Info Subject of Insurance | \$12,345.67 | 50.3% | \$12,345.67 | Premises 2 Info Causes of Loss | 50.3% | \$12,345.67 | Premises 2 Info | | Premises 2 Info Forms And Conditions |
| Premises 3 Info Subject of Insurance | \$12,345.67 | 50.3% | \$12,345.67 | Premises 3 Info Causes of Loss | 50.3% | \$12,345.67 | Premises 3 Info | | Premises 3 Info Forms And Conditions |
| Premises 4 Info Subject of Insurance | \$12,345.67 | 50.3% | \$12,345.67 | Premises 4 Info Causes of Loss | 50.3% | \$12,345.67 | Premises 4 Info | | Premises 4 Info Forms And Conditions |
| Premises 5 Info Subject of Insurance | \$12,345.67 | 50.3% | \$12,345.67 | Premises 5 Info Causes of Loss | 50.3% | \$12,345.67 | Premises 5 Info | | Premises 5 Info Forms And Conditions |

ADDITIONAL INFORMATION BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810 VALUE REPORTING INFORMATION - Attach ACORD 811

ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

| | | | | |
|---|--|--|------------------------------|---|
| SPOILAGE COVERAGE (Y/N) | DESCRIPTION OF PROPERTY COVERED Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor. | LIMIT \$ 12,345.67 | REFRIG MAINT AGREEMENT (Y/N) | OPTIONS <input checked="" type="checkbox"/> BREAKDOWN OR CONTAMINATION <input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE |
| <input type="checkbox"/> | Additional Coverages Spoilage Coverage Y/N | Additional Coverages Refrigerator Maintenance Code Y/N | <input type="checkbox"/> | Additional Coverages Options |
| SINKHOLE COVERAGE (Required in Florida) | <input checked="" type="checkbox"/> ACCEPT COVERAGE | REJECT COVERAGE | LIMIT: \$ | Other Description |
| MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV) | <input checked="" type="checkbox"/> ACCEPT COVERAGE | REJECT COVERAGE | LIMIT: \$ | \$12,345.67 |
| <input type="checkbox"/> PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK | # OF OPEN SIDES ON STRUCTURE No. of Open Sides | | | |
| Additional Coverages Property Has Been Designated a Historical Landmark Explanation | | | | |

| | | | | | | | | | |
|---|---|---|--|--|---|--------------------------|-------------------------------|--|----------------------------|
| CONSTRUCTION TYPE Additional Coverages | DISTANCE TO HYDRANT 12,345 FT | FIRE STAT 12,345 MI | FIRE DISTRICT Additional Coverages | CODE NUMBER Additional | PROT CL Addit- | # STORIES 12,345 | # BASM'TS 12,345 | YR BUILT 12,345 | TOTAL AREA Additional |
| BUILDING IMPROVEMENTS WIRING, YR: 12, PLUMBING, YR: 12, ROOFING, YR: 345, HEATING, YR: 12,345, OTHER: Building YR: 12,345 | BLDG CODE Buildin- | TAX CODE Buildin- | ROOF TYPE Building | OTHER OCCUPANCIES Buildin- | COVERAGES Code Number | IMPROVEMENTS Building | OTHER OCCUPANCIES Buildin- | HEAT SOURCE X HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT | DATE INSTALLED: 09/29/2024 |
| PRIMARY HEAT X BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> Primary Heat Type Other | SECONDARY HEAT BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> Secondary Heat Type Other | IF BOILER, IS INSURANCE PLACED ELSEWHERE? Boiler Insurance Placed | | | | | | | |
| RIGHT EXPOSURE & DISTANCE Right Exposure & Distance | LEFT EXPOSURE & DISTANCE Left Exposure & Distance | FRONT EXPOSURE & DISTANCE Front Exposure & Distance | REAR EXPOSURE & DISTANCE Rear Exposure & Distance | | | | | | |
| BURGLAR ALARM TYPE Additional Coverage Burglar Alarm Type | CERTIFICATE # Additional Coverage Certificate Number | EXPIRATION DATE 09/29/2024 | CENTRAL STATION <input checked="" type="checkbox"/> | LOCAL GONG <input checked="" type="checkbox"/> | WITH KEYS | | | | |
| BURGLAR ALARM INSTALLED AND SERVICED BY Additional Coverage Burglar Alarm Installed and Serviced By | EXTENT Additional | GRADE Addition- | # GUARDS / WATCHMEN Additional | CLOCK HOURLY <input checked="" type="checkbox"/> | BUILDING <input checked="" type="checkbox"/> | | | | |
| PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems) Additional Coverage Burglar Alarm Premises Fire Protection | % SPRNK 50.3% | FIRE ALARM MANUFACTURER Additional Coverage Burglar Alarm | NO. OF GUARDS Additional | CENTRAL STATION <input checked="" type="checkbox"/> | LOCAL GONG <input checked="" type="checkbox"/> | | | | |

ADDITIONAL INTEREST

| | | | | |
|--|---|-------------------------|--|---|
| INTEREST | NAME AND ADDRESS Robin W. Smith 123 Main St #234 San Francisco CA 94106 | EVIDENCE Certificate | EXPIRATION DATE Additional Interest | DESCRIPTION Additional Interest Item Description |
| <input checked="" type="checkbox"/> LOSS PAYEE | | | | |
| <input type="checkbox"/> MORTGAGEE | | | | |
| Additional Interest Type Other Description | REFERENCE / LOAN #: | Additional Interest | Location | Item Number |

ADDITIONAL PREMISES INFORMATION

| | | | | | | | | | |
|---|--|---|------------------------|-----------------------|---|-----------------------|-----------------------|-------------------|---|
| PREMISES #: Ad- 111 | STREET ADDRESS: 123 Main St #234, San Francisco CA, 94106 | | | | | | | | |
| BUILDING #: Ad- 111 | BLDG DESCRIPTION: Additional Premises Info Building Description | | | | | | | | |
| SUBJECT OF INSURANCE | AMOUNT | COINS % | VALU- ATION | CAUSES OF LOSS | INFLATION GUARD % | DED | DED TYPE | BLKT # | FORMS AND CONDITIONS TO APPLY |
| Additional Premises 1 Info Subject of Insurance | \$12,345.67 | 50.3% | \$12,345.67 | Additional Premises 1 | 50.3% | Additional Premises 1 | Additional Premises 1 | | Additional Premises 1 Info Forms and Conditions |
| Additional Premises 2 Info Subject of Insurance | \$12,345.67 | 50.3% | \$12,345.67 | Additional Premises 2 | 50.3% | Additional Premises 2 | Additional Premises 2 | | Additional Premises 2 Info Forms and Conditions |
| Additional Premises 3 Info Subject of Insurance | \$12,345.67 | 50.3% | \$12,345.67 | Additional Premises 3 | 50.3% | Additional Premises 3 | Additional Premises 3 | | Additional Premises 3 Info Forms and Conditions |
| Additional Premises 4 Info Subject of Insurance | \$12,345.67 | 50.3% | \$12,345.67 | Additional Premises 4 | 50.3% | Additional Premises 4 | Additional Premises 4 | | Additional Premises 4 Info Forms and Conditions |
| Additional Premises 5 Info Subject of Insurance | \$12,345.67 | 50.3% | \$12,345.67 | Additional Premises 5 | 50.3% | Additional Premises 5 | Additional Premises 5 | | Additional Premises 5 Info Forms and Conditions |
| ADDITIONAL INFORMATION | | BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810 | | | 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 |
| <input checked="" type="checkbox"/> | Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor. | \$ 12,345.67 | <input type="checkbox"/> | <input checked="" type="checkbox"/> BREAKDOWN OR CONTAMINATION <input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE |
| | Additional Premises Additional Coverages Property Has Been Designated Historical Landmark Explanation | \$ 12,345.67 | | Additional Premises Additional Coverages Refrigerator Maintenance Agreement Y/Nc Additional Premises |
| SINKHOLE COVERAGE (Required in Florida) | | <input checked="" type="checkbox"/> ACCEPT COVERAGE | <input 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 type="checkbox"/> REJECT COVERAGE | LIMIT: \$ 12,345.67 |
| <input checked="" type="checkbox"/> | PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK | | | |
| ADDITIONAL OPEN SIDES ON STRUCTURE | | | | |

| | | | | | | | | |
|--|--------------------------------------|--------------------------------------|-------------------------------------|--------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| CONSTRUCTION TYPE | DISTANCE TO HYDRANT FIRE STAT | FIRE DISTRICT | CODE NUMBER | PROT CL | # STORIES | # BASMTS | YR BUILT | TOTAL AREA |
| Additional Premises Building Fire Protection | Additional Premises Fire Station | Additional Premises Fire District | Additional Premises Building Code | Additional Premises Protection Class | Additional Premises Stories | Additional Premises Basements | Additional Premises Year Built | Additional Premises Total Area |
| BUILDING IMPROVEMENTS | BLDG CODE | FIRE DISTRICT | ROOF TYPE | OTHER OCCUPANCIES | STRUCTURAL | STRUCTURAL | COMMERCIAL | BUILDING AREA |
| <input checked="" type="checkbox"/> WIRING, YR: 12,345 | PLUMBING, YR: 12,345 | HEATING, YR: 12,345 | OTHER: Additional | Additional Premises | Additional Premises | Additional Premises | Additional Premises | Additional Premises |
| PRIMARY HEAT | HYDRA- RAPI- DIST- | ADDITIONAL | ADDITIONAL | SECONDARY HEAT | ONE- LASS- BOILER | BUILDING | IMPROVEMENTS | HEAT SOURCE |
| <input checked="" type="checkbox"/> BOILER | SOLID FUEL | Additional Premises | Additional Premises | Additional Premises | Additional Premises | Additional Premises | Additional Premises | Additional Premises |
| RIGHT EXPOSURE & DISTANCE | LEFT EXPOSURE & DISTANCE | FRONT EXPOSURE & DISTANCE | REAR EXPOSURE & DISTANCE | EXPIRATION DATE | REAR CENTRAL STATION | LOCAL GONG | WITH KEYS | CLOCK HOURLY |
| Additional Premises | Additional Premises | Additional Premises | Additional Premises | 09/29/2024 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| BURGLAR ALARM TYPE | NAME AND ADDRESS | EVIDENCE | CERTIFICATE | EXTENT | GRADE | # GUARDS / WATCHMEN | CLOCK HOURLY | CENTRAL STATION |
| Additional Premises | Robin W. Smith | Additional Premises | Additional Premises | Additional Premises | Additional Premises | 12,345 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems) | % SPRNK | FIRE ALARM MANUFACTURER | PROTECTION EXTENT | GRADE | # GUARDS / WATCHMEN | CLOCK HOURLY | CENTRAL STATION | LOCAL GONG |
| Additional Premises | 50.3% | Additional Premises | Additional Premises | Additional Premises | 12,345 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

| | |
|--|---|
| ADDITIONAL INTEREST | ACORD 45 attached for additional names |
| INTEREST | NAME AND ADDRESS |
| <input checked="" type="checkbox"/> LOSS PAYEE | Robin W. Smith |
| <input type="checkbox"/> MORTGAGEE | 123 Main St #234 |
| Additional Premises | San Francisco |
| Additional Interest | CA 94106 |
| Other Description | REFERENCE / LOAN #: Additional Premises |
| INTEREST IN ITEM NUMBER | LOCATION: Additional |
| ITEM CLASS: Additional | BUILDING: Additional |
| ITEM DESCRIPTION: Additional Premises | ITEM: Additional Premises |
| Additional Interest | Additional Premises |
| Additional Interest | Additional Premises |
| Additional Interest | Additional Premises |

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

| | |
|---|---|
| Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor. | |
| INTEREST | LOCAT- Item Class Num- ber |
| Additional Premises | Additional Premises |
| Additional Interest | Additional Premises |
| Additional Interest | Additional Premises |
| Additional Interest | Additional Premises |

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) | STATE PRODUCER LICENSE NO (Required in Florida) Producer State License Number |
| APPLICANT'S SIGNATURE | DATE | NATIONAL PRODUCER NUMBER Producer National Number |