

AGENCY CUSTOMER ID: Agency Customer ID

LOC #: 12,345 BLDG #: 12,345

DATE (MM/DD/YYYY) **ELECTRONIC DATA PROCESSING SECTION** 10/18/2024 CARRIER NAIC CODE Agency Name **Agency Carrier Name** Agency POLICY NUMBER EFFECTIVE DATE APPLICANT / FIRST NAMED INSURED NAIC 10/18/20-Agency Applicant Named Insured Code Agency Policy Number

PREMISES INFORMATION		24			
SUBJECT OF INSURANCE	LIMIT OF INSURANCE	VALUATION TYPE	COIN %	DEDUCTIBLE	FORMS AND CONDITIONS TO APPLY
EQUIPMENT (HARDWARE) - OWNED	<b>s</b> 12,345.67	X ACV OTHER	50	<b>s</b> 12,345.67	Premises Info Forms And Conditions Description
EQUIPMENT (HARDWARE) - LEASED (attach contract)	<b>s</b> 12,345.67	X ACV RC	50	<b>s</b> 12,345.67	PoenipisesnitnCovFoordns And Conditions Description
EQUIPMENT (HARDWARE) IN TRANSIT	<b>s</b> 12,345.67	X ACV RC	50	<b>s</b> 12,345.67	<b>Equipises in the Asserti</b> ns And Conditions Description
MEDIA / DATA (SOFTWARE)	<b>s</b> 12,345.67	X REPRODUCTION	50	<b>\$</b> 12,345.67	FREHINGENTHING FORMALL And
MEDIA / DATA (SOFTWARE) IN TRANSIT	<b>s</b> 12,345.67	X REPRODUCTION	50	<b>\$</b> 12,345.67	Conditions Description Premises Info Forms And Media/Data Pendises info Forms And
EXTRA EXPENSE	<b>s</b> 12,345.67	PERIOD OF RESTOR. Premises	50	<b>\$</b> 12,345.67	PRINITIES รักษาราชาหรัฐAnd ชื่อรูปลูเอลรายระโรคชุมิธีก Extra
BUSINESS INTERRUPTION	<b>s</b> 12,345.67	PEĪYPĀYLMT #DAYS \$\\$\\$\\$\\$\\$\ation12,	50	DOLLAR \$ \$12, WAITING PERIOD HRS:34Br.6-	<b>Expense</b> s Info Forms And Conditions Description Business
Y/N MECHANICAL BREAKDOWN nises Info Subject of Insurance	Mechanical Breakdo	<b>፞፞፞፞፝፞፞ቜቜ፞፞፞፞ቓ</b> ፼Peri <b>∂₫</b> - bw <b>ø</b> f 5		7 mis- es	Interruption
PROTECTION AND CONTROL SYSTEM	<b>s</b> 12,345.67	Restorsation	50	\$ 12,345.67fo	Premises Info Forms And
отнея Premises Info	\$ 12,345.67	Info Premises Valuation	50	\$ 12,345.67 <sub>uc-</sub>	Conditions Description Protection Premises Info Forms And and Control System Conditions Description Other
FLOOD Subject of Y/N COVERAGE TO SUBJECT OF THE SURAL ZONE: Premises	nce Flood Coverage grou	E GROUND EARTHQUA W GEOWNECTTON TEM ND SEVEL CONTROL	E NISES I ZONE:	Premises ine-	Conditions Description Other  Coverage Y/N
I เป็นกับเลือกละtruct		JVJCCIII		ESNTO YEAR BOOKT	
Premises Info By Hoffic Cor	nstruction Type	Premises 12	2,345	Earthqualint-	

SCHEDULE (	OF EQUIPMENT	11110	7ono unt					
ITEM #	Zone MANUFACTURER	Protecti- Modein Class		LEASED OR OWNED	CURRENT FULL 100% VALUE	AMOUNT OF INSUR. (COINSURANCE%)		
Schedul-	Schedule of Equipment	Schedule of	Schedule of	Schedule	50%	50%		
<u>ම්</u> ග්ණ්edul-	<b>Stareofaletof E</b> quipment	<b>Sqluëplmlent</b> f	<b>Sqlueplmlent</b> f	<b>6thedule</b>	50%	50%		
<b>5 apriepotron</b> -	Staneoffalet of Ero Lipment	<b>Sopole Malent</b> f	<b>Selnied</b> Imlentif	66 due orale-	50%	50%		
<b>6 altiépol</b> tan1-	<b>Stareoffalet of </b> Erg3uipment	<b>Sophole Malent</b> f	<b>Skiloiedbale</b> ntif	<b>56</b> 0 ക്രൂത്തില	50%	50%		
<b>Ecologica</b> potroni-	Staneoffalet of Erofuipment	<b>Sophole Malent</b> f	<b>Skiloiedbale</b> 2tf	<b>5élaisjol</b> idhle-	50%	50%		
<b>Elektrick</b>	Staneodialet of Eropipment	<b>Sopole ludent</b> f	<b>Skiloiedbale</b> 8tf	56 big old le-	50%	50%		
<b>Electrin</b> dorer	Manufacturer 6	E/tp.djeh5ent	<b>Skurindom</b> e4t	<b>Exercise ds</b> &-	50%	50%		

GENERALINFORMATION Model 6 Steminaber 5 Denominant 2-

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PLEIGHTER ÁIN ALL "YES" RESPONSES		Number 6	Devaned 3		Y/N	]
1. AND THE EVENT OF A MAJOR OR TOTAL LOSS COULD YO	U RETURN TO C	PERATION WITHIN ONE WEEK?	Devaned 4	General Info Total Loss I	Retu	rn V
Number General Info Total Loss Return Within One	0 \\/ 0 0   ¢		Orwned 5	demendration rotal 2003 i	1010	1
General Info Total Loss Return Within One	e week		Owned 6			
2. DO YOU HAVE AN ARRANGEMENT FOR THE USE OF OTH	HER EQUIPMEN	T? (Attach copy of agreement)		General Info Arrangement	for L	se c

DO YOU HAVE AN ARRANGEMENT FOR THE USE OF OTHER EQUIPMENT? (Attach copy of agreement)
 IS YOUR EQUIPMENT MANUFACTURER IN A POSITION TO REPLACE YOUR EQUIPMENT PROMPTLY?

General Info Equipment Manufacturer

General Info Equipment Manufacturer in Position to Replace

4. IS YOUR EQUIPMENT UNDER MANUFACTURER'S WARRANTY?

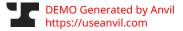
Flood

General Info Equipment Under Manu

General Info Equipment Under Manufacturer's Warranty

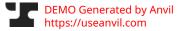
5. DO YOU HAVE A SERVICE MAINTENANCE CONTRACT WITH A MANUFACTURER OR OTHER SERVICE CONTRACTOR? neral Info Service Maintenance Contractor Contra

General Info Service Maintenance Contract to Other Contractor



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GENERAL INFORMATION (continue	d)				
PLEASE EXPLAIN ALL "YES" RESPONSES					Y/N
6. IS THE EQUIPMENT SHIPPED BY COM	MON CARRIEF	₹?			General Info Equipment Shippe
General Info Equipment Ship	ped by Cor	mmon Ca	rrier		
7. IS THE EQUIPMENT SHIPPED BY COMP	ANY VEHICLE	?			General Info Equipment Shippe
General Info Equipment Ship	ped by Cor	mpany Ve	hicle		
8. IS THE MEDIA / DATA SHIPPED BY CO					General Info Media/Data Shipp
General Info Media/Data Ship	ped by Co	mmon Ca	arrier		deneral into Wedia/Data Shipp
9. IS THE MEDIA / DATA SHIPPED BY COM	<u> </u>				General Info Media/Data Shippe
General Info Media/Data Ship	oped by Co	mpany V	ehicle		General Into Media/Data Shippe
10. DOES THE PREMISES HAVE A BURGLA		,			General Info Premises Hav
General Info Premises Have a		larm			General Into Premises Hav
	_		O PROTECT THE HARI	OWARE FROM POWE	ER LIGE PROBLEMS? Devices to Protect Hardwa
X UNINTERRUPTIBLE POWER SOURCE	E LINE	CONDITION	ER POWERS	SUPPRESSOR VOLTA	- General Into Devices to Protect Hardwa AGE REGULATOR DEDICATED LINE
COMPUTER ROOM INFORMATION			, ,		
PLEASE EXPLAIN ALL "YES" RESPONSES					Y/N
1. IS THE DATA PROCESSING EQUIPMEN	T LOCATED IN	A SPECIFICA	LLY DESIGNATED ROC	OM? Comput	er Room Info Data Processing Equipment
Computer Room Info Data Pr	ocessing E	quipmen	t Located in Spe	cifically Design	ated Room
2. IS ACCESS TO THE ROOM RESTRICTED	0?				Computer Room Info Access
Computer Room Info Access	to Room R	estricted			
3. IS THE EQUIPMENT CONTROLLED BY A	MASTER SHU	JTDOWN SWI	TCH?		Computer Room Info Equipment Contro
Computer Room Info Equipm	ent Contro	olled by M	laster Shutdown	Switch	
4. IS THERE A SEPARATE AIR CONDITIO	NING SYSTEM	1 DESIGNED	TO SPECIFICALLY PR	OTECT THE EDP EQ	OUIPMENT? Computer Room Info Separate Air Co
Computer Room Info Separat					Computer Room into Separate Air Co
· · · · · · · · · · · · · · · · · · ·					
5. THE COMPUTER ROOM IS PROTECTED  X NONE	BY THE FOLL		EMS: SPRINKLER SYSTEM	Γ	CO <sub>2</sub>
WET SPRINKLER		HALOI			OTHER Computer Room Info
6. DOES THE COMPUTER ROOM HAVE A	RAISED PEDES				Protected hy tiel Protect Room Info Ra
FLOOR CONSTRUCTION TYPE X				LE	Systems Other
BELOW FLOOR PROTECTION X	SMOKE DET		HALON SYSTEM /		OTHER COMPSILE PRODUCTION NONE
7. ALARM TYPE TEMPER. H	UMIDITY	SMOKE	FIRE		TEMPER IN TOH BIRI DINNY FLOOSMOKE FIRE
LOCAL X				CENTRAL	X Protection Other
MEDIA AND DATA (SOFTWARE) INF	ORMATION	·			Description
PLEASE EXPLAIN ALL "YES" RESPONSES					Y/N
1. ARE ANTI-VIRAL SAFEGUARDS IN EFFE	CT?				Media and Data Info Anti-Vira
Media and Data Info Anti-Vira	al Safeguar	ds in Effe	ect		
2. ARE DUPLICATES OF SOFTWARE MAIN	ITAINED?				Media and Data Info Duplicates
Media and Data Info Duplicat	es of Softv	vare Mair	ntained		.
3. HOW OFTEN IS DATA BACKED UP?					
X DAILY WEEKLY	MONTH	_Y	QUARTERLY	YEARLY	OTHER Media and Data Info How
SOFTWARE DUPLICATES & DATA BACKUP STOR	AGE				Often is Data Backed Up
DUPLICATE SOFTWARE			DATA BACKUPS		ON PREMISES CODATION INFORMATION
X ON PREMISES		X ON PRE	MISES		X SAFE COMPUTER ROOM
OFF PREMISES		OFF PRI	EMISES		VAULT OTHER Media and
NAME AND ADDRESS OF OFF PREMISES STORAG	GE LOCATION				Data Info
Robin W. Smith					On
123 Main St #234					Premises
Can Francisco		·	c		Location Info Other
San Francisco		A 9410	U		Tillo Otilei



**AGENCY CUSTOMER ID:** Agency Customer ID

ONAL INTEREST	/ AUGIND TO	5 Attached							
Additional Inter	NOTIMÉ AROLATIONESS	REFERENCE #:	Additional Intere	st 1	X CERTIFICATE REQUIRED	INT	EREST IN I	TEM NUMBE	R
ITIONAL INSURED	Robin W. Smit	h	Reference Numb	er		LOCATION:	Add-		Addi- d <b>ttiom</b> al
HOLDER	123 Main St #2	234				OTHER	nal	al	Inter-
S PAYEE	Con Fuencione			C 1 C	) / 1 O C	Additior <b>iate</b> nteres			
TGAGEE	San Francisco			CAS	94106	Item N	unedster	1	Buil-
dditional	ITEM DESCRIPTION:	Additional I	nterest 1 Item De	script	ion	•	1	Scl	n <b>ebiloud</b> -
<b>Merchistoriani</b> ly preter	MAME AROUND ORESS	REFERENCE #:	Additional Intere	st 2	X CERTIFICATE REQUIRED	INT	ERESTINI	TEM NUMBE	Item
TONAL INSURED	Pohin W. Smit	h	Reference Numb	er		LOCATION:	Atid-	BUILDING	n <b>Alole</b> lri-
percylip\$\$@ayable						SCHEDULED	півій	BER: Ad	dttiomal
HOLDER	123 Maiii 31 #2	234				OTHER	nal		Inter-
S PAYEE	San Erancisco			$C\Lambda$	2/106				
TGAGEE						Item N	unedster		Buil-
dditional							2		n <b>ebiloug</b> -
RKSCACORDIO1, A	Additional Remarks	Schedule, m	nay be attached if mo	re spa	ce is required)		Loc-		Item
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escription			<b>J</b>		'		n		
	TIONAL INSURED DER'S LOSS PAYABLE HOLDER S PAYEE TGAGEE dditional ACCUS CANAY DELET HOMAL INSURED DERS' I DESCANDANABLE HOLDER S PAYEE TGAGEE dditional MESCACORDIO1, A	Robin W. Smit 123 Main St #2 123 Main St #2 123 Main St #2 124 San Francisco 125 Main St #2 126 San Francisco 126 Main St #2 127 San Francisco 128 Main St #2 128 Main St #2 129 Main St #2 129 Main St #2 129 Main St #2 120 Main St #	Robin W. Smith 123 Main St #234  San Francisco  ITEM DESCRIPTION: Additional II  ACIDIS GRAYABLE HOLDER  ROBIN W. Smith 123 Main St #234  ROBIN W. Smith 123 Main St #234  ROBIN W. Smith 123 Main St #234  San Francisco  ROBIN W. Smith 123 Main St #234  San Francisco  ITEM DESCRIPTION: Additional II  ROBIN W. Smith 123 Main St #234  San Francisco  ITEM DESCRIPTION: Additional II  ROBIN W. Smith 123 Main St #234  San Francisco  ITEM DESCRIPTION: Additional II  ROBIN W. Smith 123 Main St #234  San Francisco  ITEM DESCRIPTION: Additional II  ROBIN W. Smith 123 Main St #234  ROBIN W. Smith 123 Main St #234	Reference Numb PER'S LOSS PAYABLE HOLDER S PAYEE TGAGEE  ITEM DESCRIPTION: Additional Interest 1 Item Descriptional Interest 2 Item Descriptional Interest 3 Item Descriptional Interest 2 Item Descriptional Interest 3 Item Descriptional Interest 3 Item Descriptional Interest 4 Item Descriptional Interest 5 Item Descriptional Interest 5 Item Descriptional Interest 6 Item Descriptional Interest 7 Item Descriptional Interest 8 Item Descriptional Interest 9 Item Description Interest 9 Item Description Interest 9 Item Description Interest 9 Item	Reference Number Robin W. Smith 123 Main St #234  San Francisco CA 9  ITEM DESCRIPTION: Additional Interest 1 Item Descript Robin W. Smith 123 Main St #234  Reference Number Re	Reference Number Refere	Robin W. Smith 123 Main St #234  San Francisco  CA 94106  ITEM DESCRIPTION: Additional Interest 1 Item Description  Reference Number  CA 94106  ITEM DESCRIPTION: Additional Interest 2 X CERTIFICATE REQUIRED  INTER DESCRIPTION: Additional Interest 2 X CERTIFICATE REQUIRED  ROBIN W. Smith 123 Main St #234  Reference Number  CA 94106  ITEM DESCRIPTION: Additional Interest 2 Item Description  Reference Number  CA 94106  ITEM DESCRIPTION: Additional Interest 2 Item Description  RESCRIPTION: Additional Interest 2 Item Description  RESCRIPTION: Additional Remarks Schedule, may be attached if more space is required)  Reference Number  CA 94106  ITEM DESCRIPTION: Additional Interest 2 Item Description  RESCRIPTION: Additional Remarks Schedule, may be attached if more space is required)	Reference Number  Robin W. Smith 123 Main St #234  San Francisco  CA 94106  Reference Number  CA 94106  CA 94106	Robin W. Smith 123 Main St #234  San Francisco  CA 94106  TIEM DESCRIPTION: Additional Interest 1 Item Description  Reference Number  Reference Number  CA 94106  TIEM DESCRIPTION: Additional Interest 1 Item Description  Reference Number  Referenc

## 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)	PRODUCER'S NAME (Please Print)			
	Robin W. Smith		State Producer		
APPLICANT'S SIGNATURE		DATE	NATIONAL PRODUCER NUMBER		
			National		
*			B   N		

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