

AGENCY CUSTOMER ID: Agency Customer ID

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

DATE (MM/DD/YYYY) **ELECTRONIC DATA PROCESSING SECTION** 07/27/2024 CARRIER NAIC CODE Agency Name **Agency Carrier Name** Agency POLICY NUMBER EFFECTIVE DATE APPLICANT / FIRST NAMED INSURED NAIC **Agency Policy Number** 07/27/20-Agency Applicant Named Insured Code

	PREMISES INFORMATION		24			
	SUBJECT OF INSURANCE	LIMIT OF INSURANCE	JRANCE VALUATION TYPE		DEDUCTIBLE	FORMS AND CONDITIONS TO APPLY
	EQUIPMENT (HARDWARE) - OWNED	s 12,345.67	X ACV OTHER RC	50	s 12,345.67	Premises Info Forms And Conditions Description
	EQUIPMENT (HARDWARE) - LEASED (attach contract)	s 12,345.67	X ACV RC	50	s 12,345.67	Equipises in Confident And Conditions Description
	EQUIPMENT (HARDWARE) IN TRANSIT	s 12,345.67	X ACV RC	50	s 12,345.67	Equipises into Asset And Conditions Description
	MEDIA / DATA (SOFTWARE)	s 12,345.67	X REPRODUCTION	50	\$ 12,345.67	FALLINGENTHIS FORMAL AND
	MEDIA / DATA (SOFTWARE) IN TRANSIT	s 12,345.67	X REPRODUCTION	50	s 12,345.67	Conditions Description Premises Info Forms And Media/Data
	EXTRA EXPENSE	s 12,345.67	PERIOD OF RESTOR. Premises	50	s 12,345.67	PPEที่ใช้อริทิศิธริชาศาร์ And ช่องชิพายิสริสวียระโรคอุติซีก Extra
	BUSINESS INTERRUPTION	s 12,345.67	РЕТПРАУ LMT # DAYS \$\\$\dagge{\partial} \dagger{\partial} \dagger	50	DOLLAR \$ \$12, WAITING PERIOD HRS:34Br.6-	Expenises Info Forms And Conditions Description Business
mis	Y/N MECHANICAL BREAKDOWN ES INTO Subject of Insurance	Mechanical Breakdo	፞፞፞፞፝ቜሃෑቓ ፼Peri ∂₫ - ow ø f 5		7 mis- es	Interruption
	PROTECTION AND CONTROL SYSTEM	s 12,345.67	Bestorsation	50	\$ 12,345.67fo	Premises Info Forms And
	отнея Premises Info	\$ 12,345.67	Info Premises Valuation	50	\$ 12,345.€√uc-	Conditions Description Protection Premises Info Forms And and Control System Conditions Description Other
Pre	FLOOD Subject of Y/N COVERAGE THE SUBJECT OF THE SURA MISES THE SUBJECT OF THE SURA ZONE: Premises	nce Flood Coverage	VE GROUND EARTHQUE COVERAN W GROUND THE CONTROL OF	JAKE GE NISES I ZONE:	Y/ k tible Info Earthq B ងន្តែe Premises ine-	Conditions Description Other Coverage Y/N
	I na fina de la compansión de la compans	TION TYPE	SPROTIGIASS #		IESNO YEAR BOOK	
	Premises Info Building Cor	nstruction Type	Premises 1	2,345	Earthqមួ <u>a</u> ៤कूt- Coverage err	

SCHEDULE (OF EQUIPMENT	11110	Zana	unt		
ITEM #	Zone MANUFACTURER	Protecti- moden Class		LEASED OR OWNED	CURRENT FULL 100% VALUE	AMOUNT OF INSUR. (COINSURANCE%)
Schedul-	Schedule of Equipment	Schedule of	Schedule of	Schedule	50%	50%
S oonfedul-	Stareofaletof E rquipment	Sqluëphalent f	Sqlueplmlent f	6t hëdjule	50%	50%
E apoliepolnon -	Stareofaletof & column and the col	Stopole luie nt f	Selnied Imlentif	56luejomle-	50%	50%
6 aphrépol ron-	Stareoffaletof	Sopole Malent f	Skiloiedbale ntif	66 00 ത്രില്	50%	50%
Erepteria polyon—	Stareofaletof & Topulation	Sopole Malenti f	Skiloiedbale 2tf	5élaisjol dhle-	50%	50%
Elektrichter	Stareulfalet of Erosuipment	Sopole Malentif	Skiloiedbale Botf	56 big old le-	50%	50%
Eliquin dorer	Manufacturer 6	E/tp.djeh5ent	Skyvindore ie 4 t	Objectionals &-	50%	50%

GENERALINFORMATION Model 6 Steminaber 5 Department 2-

CEIPEIPAE IN CRIMATION	Model o	Didilidiber				
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	OPERATION WITHIN ONE WEEK?	Devaned 4	General Info Total Loss	Retu	rn V
Number General Info Total Loss Return Within On	o Moole		Orwned 5			
General Info Total Loss Return Within On	e vveek		Owned 6			
2. DO YOU HAVE AN ARRANGEMENT FOR THE USE OF OT	HER EQUIPMEN	T? (Attach copy of agreement)		General Info Arrangement	for L	se o

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

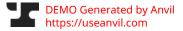
4. IS YOUR EQUIPMENT UNDER MANUFACTURER'S WARRANTY?

General Info Equipment Under Manu

General Info Equipment Under Manufacturer's Warranty

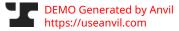
5. DO YOU HAVE A SERVICE MAINTENANCE CONTRACT WITH A MANUFACTURER OR OTHER SERVICE CONTRACTOR?

General Info Service Maintenance Contract to Other Contractor



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GENERAL INFORMATION (continued)				
PLEASE EXPLAIN ALL "YES" RESPONSES			Y	N
6. IS THE EQUIPMENT SHIPPED BY COMMON	CARRIER?		General Info Equipment Ship	ped
General Info Equipment Shipped	by Common Car	rier		
7. IS THE EQUIPMENT SHIPPED BY COMPANY	VEHICLE?		General Info Equipment Ship	ped
General Info Equipment Shipped	by Company Ve	hicle	444	
8. IS THE MEDIA / DATA SHIPPED BY COMMO			General Info Media/Data Ship	nec
General Info Media/Data Shippe	d bv Common Ca	rrier	deficial line wedia/bata 5/11	pco
9. IS THE MEDIA / DATA SHIPPED BY COMPAN			Canaval Info Madia/Data Chin	
General Info Media/Data Shippe	d by Company Ve	hicle	General Info Media/Data Ship	peu
10. DOES THE PREMISES HAVE A BURGLAR AL			Consumitate Duamica III	
General Info Premises Have a Bu			General Info Premises H	ave
	_		WED LINE DOODLEMS?	_
11. DOES THE APPLICANT HAVE ANY OF THE F X UNINTERRUPTIBLE POWER SOURCE	LINE CONDITIONE			war
COMPUTER ROOM INFORMATION				_
PLEASE EXPLAIN ALL "YES" RESPONSES			Y	N
IS THE DATA PROCESSING EQUIPMENT LOC	CATED IN A SPECIFICAL	LLY DESIGNATED ROOM? Compu	uter Room Info Data Processing Equipme	nt L
Computer Room Info Data Proce	ssing Equipment	Located in Specifically Desig	nated Room	
2. IS ACCESS TO THE ROOM RESTRICTED?			Computer Room Info Acce	ss to
Computer Room Info Access to F	oom Restricted			
3. IS THE EQUIPMENT CONTROLLED BY A MA	STER SHUTDOWN SWIT	TCH?	Computer Room Info Equipment Cont	— rolle
Computer Room Info Equipment	Controlled by M	aster Shutdown Switch	24.4	
4 IS THERE A SEPARATE AIR CONDITIONING	SYSTEM DESIGNED	TO SPECIFICALLY PROTECT THE EDD F	QUIPMENT?	$\overline{}$
Computer Room Info Separate A			Computer Room Into Separate Air	CONC
5. THE COMPUTER ROOM IS PROTECTED BY	THE FOLLOWING SYST	EMS:		\dashv
X NONE	DRY S	PRINKLER SYSTEM	CO ₂	
WET SPRINKLER	HALON	<u> </u>	OTHER Computer Room Info	_
6. DOES THE COMPUTER ROOM HAVE A RAIS FLOOR CONSTRUCTION TYPE X CC	ED PEDESTAL FLOOR?		Protected by Fellowing Info	Rais
	OKE DETECTORS	NON-COMBUSTIBLE HALON SYSTEM / CO₂SYSTEM	OTHER COMPOSITE NONE	
7. ALARM TYPE TEMPER. HUMII		FIRE	TEMPER INFOHBIONY FLOOSMOKE FIRE	\dashv
LOCAL X	2111 CIMONE	CENTRAL	X Protection Other	
MEDIA AND DATA (SOFTWARE) INFOR	MATION		Description	_
PLEASE EXPLAIN ALL "YES" RESPONSES			Y	N
ARE ANTI-VIRAL SAFEGUARDS IN EFFECT? And the area of Date To See Are to Viral See	- C	-4	Media and Data Info Anti-Vi	ral S
Media and Data Info Anti-Viral Sa				_
2. ARE DUPLICATES OF SOFTWARE MAINTAIN			Media and Data Info Duplicate	es of
Media and Data Info Duplicates	of Software Main	tained		
3. HOW OFTEN IS DATA BACKED UP? X DAILY WEEKLY	MONTHLY	QUARTERLY YEARLY	OTHER Media and Data Info How	
SOFTWARE DUPLICATES & DATA BACKUP STORAGE	MONTHLY	QUARTERLY TEARLY	Often is Data Backed Up	\dashv
DUPLICATE SOFTWARE		DATA BACKUPS	ON PREMISES LODATION INFORMATION	_
X ON PREMISES	X ON PREM		X SAFE COMPUTER ROOM	\exists
OFF PREMISES	OFF PRE		VAULT OTHER Media and	
NAME AND ADDRESS OF OFF PREMISES STORAGE LC	CATION		Data Info	
Robin W. Smith			On	
123 Main St #234			Premises	
	6. 6.1.5	-	Location	
San Francisco	CA 94106	2	Info Other	- 1



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AD	ADDITIONAL INTEREST X ACORD 45 Attached										
INT	erestAdditionand: Inter	ensalmé arighadidress	REFERENCE #:	Additional Ir	nterest 1	X CE	RTIFICATE REQUIRED	INT	EREST IN I	ТЕМ NUMBI	R
Χ	ADDITIONAL INSURED	Robin W. Smit	h	Reference N	lumber			LOCATION:	Add-		Addi-
	LENDER'S LOSS PAYABLE	123 Main St #2			SCHEDULED	ITIĒM TUME	BER: AC	ldttioonal			
	LIENHOLDER	123 Wall 31 #2	254					OTHER	nal	al	Inter-
	LOSS PAYEE	San Francisco		CA 94106		Additio	erest i ni	estI n it Octobeti			
	MORTGAGEE	Sall Flaticisco			CA	94100	o	Item N	unedater		Buil-
	Additional	ITEM DESCRIPTION:	Additional I	nterest 1 Iter	m Descrip	otion			1	Sc	h etilou g-
INT	ereistaeloeistorlandy preter	ensame arighteress	REFERENCE #:	Additional Ir	nterest 2	X CE	RTIFICATE REQUIRED	INT	ERESTIN I	TEM NUMB	Item
Χ	ADDITIONAL INSURED	Robin W. Smit	h	Reference N	lumber			LOCATION:	Atid-	BUILDING	un Alolel ri-
	L <u>enderchips</u> \$@ayable	123 Main St #2	· ·					SCHEDULED	пЕЙАТИМЕ	BER: AC	ld ttioma l
	LIENHOLDER	123 Wall 31 #2	234					OTHER	nal	al	Inter-
	LOSS PAYEE	San Francisco	CA 0410C			Additio	n iatē nt	erest[@	t Otelenter 2		
	MORTGAGEE	Sall Francisco	CA 94106				Item N	unedster	2	Buil-	
	Additional	ITEM DESCRIPTION:	dditional Ir	iterest 2 Item	n Descrip	tion			2	Sc	h etilout -
RE	MÁRKS (ACORDIO), A	Additional Remarks	Schedule, m	ay be attached	if more sp	ace is i	required)		Loc-	ec	Item
	orethersum dolors	sit amet, consect	etur adipis	cina elit. sed	do eiusm	nod te	mpor.		atio-	Nι	ımber
	Description								n		

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	NYTIONAL-BECTURER NAMBER
			National
			INALIONAL

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