



AGENCY CUSTOMER ID: _____

PROPERTY SECTION

DATE (MM/DD/YYYY)

AGENCY Superior Access Insurance Company				APPLICANT (First Named Insured) Jame's Formal Affair, Inc.			
POLICY NUMBER 474NR34N321NOY				CARRIER Sentinel Insurance Corporation, LTD			NAIC CODE 11100
EFFECTIVE DATE 09/08/2020	EXPIRATION DATE 09/08/2021	<input checked="" type="checkbox"/> DIRECT BILL <input type="checkbox"/> AGENCY BILL	PAYMENT PLAN Twelve (12) Payments		AUDIT A	FOR COMPANY USE ONLY	

PREMISES INFORMATION		PREMISES #: 1	STREET ADDRESS:					
		BUILDING #: 1	BLDG DESCRIPTION:					
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU- ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	BLKT #	FORMS AND CONDITIONS TO APPLY
Personal Property	2,284,000	30	ACV	Special form	10	500	1	Personal Property Conditions
Personal Property of Others	444,090	20	AA	Standard	10	500	2	Other's Personal Property Limit
Busssss	15,000	10	MV	Standard	15	600	3	
Tenant Improvements	100,000	40	AA	Standard	10	500	4	
Fungus Rot	75,000	20	AA	Standard	20	500	5	Limited Fungi Income
Rental Improvements	63,000	25	AA	Standard	10	100	6	
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)	<input checked="" type="checkbox"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$ 250	DEDUCTIBLE \$ 500	REFRIG MAINT AGREEMENT (Y/N)	<input checked="" type="checkbox"/>	OPTIONS

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# OF OPEN SIDES ON STRUCTURE: _____									
CONSTRUCTION TYPE Frame	DISTANCE TO HYDRANT FT	FIRE STAT MI	FIRE DISTRICT/CODE NUMBER 3485775		PROT CL 00001	# STORIES 2	# BASM'TS 1	YR BUILT 2002	TOTAL AREA 10,000
BUILDING IMPROVEMENTS		BLDG CODE GRADE A	TAX CODE 1525	ROOF TYPE Cement	OTHER OCCUPANCIES None				
<input checked="" type="checkbox"/> WIRING, YR:	<input type="checkbox"/> PLUMBING, YR:	WIND CLASS		<input checked="" type="checkbox"/> SEMI- RESISTIVE	HEATING BOILER ON PREMISES? (Y/N)				
<input type="checkbox"/> ROOFING, YR:	<input type="checkbox"/> HEATING, YR:	<input type="checkbox"/> RESISTIVE		IF YES, IS INSURANCE PLACED ELSEWHERE? (Y/N)					
OTHER: YR:									
RIGHT EXPOSURE & DISTANCE 200		LEFT EXPOSURE & DISTANCE 300		FRONT EXPOSURE & DISTANCE 100		REAR EXPOSURE & DISTANCE 500			
BURGLAR ALARM TYPE		CERTIFICATE # 36584739				EXPIRATION DATE 09/08/2022	<input checked="" type="checkbox"/>	CENTRAL STATION WITH KEYS	
BURGLAR ALARM INSTALLED AND SERVICED BY Burglar Installer Co.				EXTENT	GRADE	# GUARDS/WATCHMEN	<input type="checkbox"/>	CLOCK HOURLY	
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2/Chemical Systems) Sprinklers				% SPRNK 50	FIRE ALARM MANUFACTURER Fire Alarm Creator Co.			<input checked="" type="checkbox"/>	CENTRAL STATION LOCAL GONG

ADDITIONAL INTERESTS			
RANK:	NAME AND ADDRESS:	REFERENCE #:	CERTIFICATE REQUIRED
INTEREST	Bank of America 48383 Column Drive. Miami, FL 47467	373973	
<input type="checkbox"/> LOSS <input type="checkbox"/> PAYEE <input type="checkbox"/> MORT- <input type="checkbox"/> GAGEE	ITEM DESCRIPTION:		INTEREST IN ITEM NUMBER
			LOCATION: 1 BUILDING: 1
			SCHEDULED ITEM NUMBER: 4
			OTHER:

ACORD 140 (2007/09)

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PREMISES INFORMATION		PREMISES #: 2		STREET ADDRESS: 5643 Richmond Street								
		BUILDING #: 1		BLDG DESCRIPTION:								
SUBJECT OF INSURANCE		AMOUNT	COINS %	VALU- ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	BLKT #	FORMS AND CONDITIONS TO APPLY			
Personal Property		30,000	40		Special Form	10	500	1	Limited Personal Property Damage			
Bussess		65,000	10		Standard	10	500	1				
Tenant Improvements		50,000	10		Standard	30	500	1				
Fungus Care		20,000	30		Standard	30	1,000	1				
Damage		10,000	10		Standard	10	500	2				
Theft		50,000	10		Standard	10	500	2				
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)	<input type="checkbox"/>	DESCRIPTION OF PROPERTY COVERED Office equipment			LIMIT \$ 50,000	DEDUCTIBLE \$ 400	REFRIG MAINT AGREEMENT (Y/N) <input type="checkbox"/>		OPTIONS n/a			
# OF OPEN SIDES ON STRUCTURE: _____												
CONSTRUCTION TYPE Frame		DISTANCE TO HYDRANT FT	FIRE STATION MI	FIRE DISTRICT/CODE NUMBER			PROT CL 0009	# STORIES 1	# BASMT'S	YR BUILT 1999	TOTAL AREA 7,000	
BUILDING IMPROVEMENTS			BLDG CODE GRADE	TAX CODE 4857	ROOF TYPE Cement		OTHER OCCUPANCIES					
<input type="checkbox"/> WIRING, YR:	<input type="checkbox"/> PLUMBING, YR:	WIND CLASS			SEMI-RESISTIVE		HEATING BOILER ON PREMISES? (Y/N) IF YES, IS INSURANCE PLACED ELSEWHERE? (Y/N)					
X ROOFING, YR:	<input type="checkbox"/> HEATING, YR:	RESISTIVE										
OTHER: YR:												
RIGHT EXPOSURE & DISTANCE 400		LEFT EXPOSURE & DISTANCE 500			FRONT EXPOSURE & DISTANCE 600			REAR EXPOSURE & DISTANCE 300				
BURGLAR ALARM TYPE Indoor			CERTIFICATE # 47483737					EXPIRATION DATE 10/01/2019		<input checked="" type="checkbox"/>	CENTRAL STATION WITH KEYS	
BURGLAR ALARM INSTALLED AND SERVICED BY Burglar Service Co.					EXTENT 4968		GRADE A		# GUARDS/WATCHMEN 3		CLOCK HOURLY	
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2/Chemical Systems)					% SPRNK 35	FIRE ALARM MANUFACTURER					CENTRAL STATION LOCAL GONG	

ADDITIONAL INTERESTS

RANK:		NAME AND ADDRESS:	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER	
INTEREST		Bank of America 37484 Newburgh Rd Northville, MI 48577			LOCATION: 2	BUILDING: 1
X	LOSS PAYEE				SCHEDULED ITEM NUMBER: 9	
	MORT- GAGEE				OTHER:	
ITEM DESCRIPTION:						

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, FL, HI, MA, NE, OH, OK, OR or VT; in DC, LA, ME, TN, VA and WA, insurance benefits may also be denied)

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 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, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.