



COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)
05/16/2022

AGENCY Abbate Insurance Associates, Inc. 671 State Street New Haven CT 06511		CARRIER Renaissance Insurance Group		NAIC CODE
		COMPANY POLICY OR PROGRAM NAME		PROGRAM CODE
		POLICY NUMBER A1020390D43-6961		
CONTACT NAME: Mary Slater PHONE (A/C, No, Ext): (203) 777-7229 FAX (A/C, No): (203) 865-7593 E-MAIL ADDRESS: mslater@abbateins.com		UNDERWRITER		UNDERWRITER OFFICE
CODE:		STATUS OF TRANSACTION		<input checked="" type="checkbox"/> QUOTE <input type="checkbox"/> BOUND (Give Date and/or Attach Copy): <input type="checkbox"/> CHANGE <input type="checkbox"/> CANCEL
SUBCODE:		DATE 07/07/2022		TIME 12:01 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
AGENCY CUSTOMER ID: 00006961				

Lines of Business

INDICATE LINES OF BUSINESS	PREMIUM			PREMIUM			PREMIUM
<input type="checkbox"/> BOILER & MACHINERY	\$			<input type="checkbox"/> CYBER AND PRIVACY	\$		
<input type="checkbox"/> BUSINESS AUTO	\$			<input type="checkbox"/> FIDUCIARY LIABILITY	\$		
<input type="checkbox"/> BUSINESS OWNERS	\$			<input type="checkbox"/> GARAGE AND DEALERS	\$		
<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	\$			<input type="checkbox"/> LIQUOR LIABILITY	\$		
<input type="checkbox"/> COMMERCIAL INLAND MARINE	\$			<input type="checkbox"/> MOTOR CARRIER	\$		
<input checked="" type="checkbox"/> COMMERCIAL PROPERTY	\$			<input type="checkbox"/> TRUCKERS	\$		
<input type="checkbox"/> CRIME	\$		<input checked="" type="checkbox"/>	<input type="checkbox"/> UMBRELLA	\$		

Attachments

<input type="checkbox"/> ACCOUNTS RECEIVABLE / VALUABLE PAPERS	<input type="checkbox"/> GLASS AND SIGN SECTION	<input type="checkbox"/> STATEMENT / SCHEDULE OF VALUES
<input type="checkbox"/> ADDITIONAL INTEREST SCHEDULE	<input type="checkbox"/> HOTEL / MOTEL SUPPLEMENT	<input type="checkbox"/> STATE SUPPLEMENT (If applicable)
<input type="checkbox"/> ADDITIONAL PREMISES INFORMATION SCHEDULE	<input type="checkbox"/> INSTALLATION / BUILDERS RISK SECTION	<input type="checkbox"/> VACANT BUILDING SUPPLEMENT
<input type="checkbox"/> APARTMENT BUILDING SUPPLEMENT	<input type="checkbox"/> INTERNATIONAL LIABILITY EXPOSURE SUPPLEMENT	<input type="checkbox"/> VEHICLE SCHEDULE
<input type="checkbox"/> CONDO ASSN BYLAWS (for D&O Coverage only)	<input type="checkbox"/> INTERNATIONAL PROPERTY EXPOSURE SUPPLEMENT	
<input type="checkbox"/> CONTRACTORS SUPPLEMENT	<input type="checkbox"/> LOSS SUMMARY	
<input type="checkbox"/> COVERAGES SCHEDULE	<input type="checkbox"/> OPEN CARGO SECTION	
<input type="checkbox"/> DEALERS SECTION	<input type="checkbox"/> PREMIUM PAYMENT SUPPLEMENT	
<input type="checkbox"/> DRIVER INFORMATION SCHEDULE	<input type="checkbox"/> PROFESSIONAL LIABILITY SUPPLEMENT	
<input type="checkbox"/> ELECTRONIC DATA PROCESSING SECTION	<input type="checkbox"/> RESTAURANT / TAVERN SUPPLEMENT	

Policy Information

PROPOSED EFF DATE 07/07/2022	PROPOSED EXP DATE 07/07/2023	BILLING PLAN <input checked="" type="checkbox"/> DIRECT <input type="checkbox"/> AGENCY	PAYMENT PLAN Ten (10) payments	METHOD OF PAYMENT	AUDIT X	DEPOSIT \$	MINIMUM PREMIUM \$	POLICY PREMIUM \$ 0.00
----------------------------------------	----------------------------------------	---------------------------------------------------------------------------------------------------	---------------------------------------------	--------------------------	-------------------	----------------------	------------------------------	----------------------------------

Applicant Information

NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4) Nocerino Family LP c/o Blue Brook Properties LLC 44-46 Bridge Street Ansonia CT 06401		GL CODE	SIC 6512	NAICS 6512	FEIN OR SOC SEC # 550807551
		BUSINESS PHONE #: (203)397-9500			
		WEBSITE ADDRESS			
<input type="checkbox"/> CORPORATION	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> NOT FOR PROFIT ORG	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION		
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input checked="" type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> TRUST		
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)		GL CODE	SIC	NAICS	FEIN OR SOC SEC #
		BUSINESS PHONE #:			
		WEBSITE ADDRESS			
<input type="checkbox"/> CORPORATION	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> NOT FOR PROFIT ORG	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION		
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> TRUST		
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)		GL CODE	SIC	NAICS	FEIN OR SOC SEC #
		BUSINESS PHONE #:			
		WEBSITE ADDRESS			
<input type="checkbox"/> CORPORATION	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> NOT FOR PROFIT ORG	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION		
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> TRUST		

CONTACT INFORMATION

AGENCY CUSTOMER ID: 00006961

CONTACT TYPE: Inspection		CONTACT TYPE:	
CONTACT NAME: Jerry Nocerino		CONTACT NAME:	
PRIMARY PHONE # <input type="checkbox"/> HOME <input checked="" type="checkbox"/> BUS <input type="checkbox"/> CELL (203) 397-9500	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input checked="" type="checkbox"/> CELL (203) 640-5500	PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL
PRIMARY E-MAIL ADDRESS: nocgc@icloud.com		PRIMARY E-MAIL ADDRESS:	
SECONDARY E-MAIL ADDRESS:		SECONDARY E-MAIL ADDRESS:	

PREMISES INFORMATION (Attach ACORD 823 for Additional Premises)

LOC # 1	STREET 628 New Haven Rd	CITY LIMITS <input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	INTEREST <input checked="" type="checkbox"/> OWNER <input type="checkbox"/> TENANT	# FULL TIME EMPL	ANNUAL REVENUES: \$ 18,985
BLD # 1	CITY: Naugatuck COUNTY: New Haven County	STATE: CT ZIP: 06770-4711		# PART TIME EMPL	OCCUPIED AREA: SQ FT
DESCRIPTION OF OPERATIONS: Lessors Risk - Mix Occupancy					OPEN TO PUBLIC AREA: SQ FT
					TOTAL BUILDING AREA: 19,266 SQ FT
					ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET	CITY LIMITS <input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	INTEREST <input type="checkbox"/> OWNER <input type="checkbox"/> TENANT	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD #	CITY: COUNTY:	STATE: ZIP:		# PART TIME EMPL	OCCUPIED AREA: SQ FT
DESCRIPTION OF OPERATIONS:					OPEN TO PUBLIC AREA: SQ FT
					TOTAL BUILDING AREA: SQ FT
					ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET	CITY LIMITS <input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	INTEREST <input type="checkbox"/> OWNER <input type="checkbox"/> TENANT	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD #	CITY: COUNTY:	STATE: ZIP:		# PART TIME EMPL	OCCUPIED AREA: SQ FT
DESCRIPTION OF OPERATIONS:					OPEN TO PUBLIC AREA: SQ FT
					TOTAL BUILDING AREA: SQ FT
					ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET	CITY LIMITS <input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	INTEREST <input type="checkbox"/> OWNER <input type="checkbox"/> TENANT	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD #	CITY: COUNTY:	STATE: ZIP:		# PART TIME EMPL	OCCUPIED AREA: SQ FT
DESCRIPTION OF OPERATIONS:					OPEN TO PUBLIC AREA: SQ FT
					TOTAL BUILDING AREA: SQ FT
					ANY AREA LEASED TO OTHERS? Y / N

NATURE OF BUSINESS

<input type="checkbox"/> APARTMENTS	<input type="checkbox"/> CONTRACTOR	<input type="checkbox"/> MANUFACTURING	<input type="checkbox"/> RESTAURANT	<input type="checkbox"/> SERVICE	DATE BUSINESS STARTED (MM/DD/YYYY) 01/01/2002
<input type="checkbox"/> CONDOMINIUMS	<input type="checkbox"/> INSTITUTIONAL	<input type="checkbox"/> OFFICE	<input type="checkbox"/> RETAIL	<input type="checkbox"/> WHOLESALE	

DESCRIPTION OF PRIMARY OPERATIONS

Lessor Risk: Occupied by 2 apartments, Chinese Restaurant; Deli, Spa/Nail Salon; Video Store; Insurance Office, Liquor Store and Social Club.

RETAIL STORES OR SERVICE OPERATIONS % OF TOTAL SALES:	INSTALLATION, SERVICE OR REPAIR WORK %	OFF PREMISES INSTALLATION, SERVICE OR REPAIR WORK %
-------------------------------------------------------	-------------------------------------------	--------------------------------------------------------

DESCRIPTION OF OPERATIONS OF OTHER NAMED INSUREDS

ADDITIONAL INTEREST (Not all fields apply to all scenarios - provide only the necessary data) Attach ACORD 45 for more Additional Interests

INTEREST <input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BREACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LENDER'S LOSS PAYABLE	<input type="checkbox"/> LIENHOLDER <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS RANK: _____	EVIDENCE: _____	CERTIFICATE: _____	POLICY: _____	SEND BILL: _____	INTEREST IN ITEM NUMBER	
							LOCATION:	BUILDING:
							VEHICLE:	BOAT:
							AIRPORT:	AIRCRAFT:
							ITEM CLASS:	ITEM:
							ITEM DESCRIPTION	
REFERENCE / LOAN #:							INTEREST END DATE:	
LIEN AMOUNT:							PHONE (A/C, No, Ext):	
							FAX (A/C, No):	
REASON FOR INTEREST:							E-MAIL ADDRESS:	

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES				Y / N
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ?				N
PARENT COMPANY NAME	RELATIONSHIP DESCRIPTION	% OWNED		
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?				N
SUBSIDIARY COMPANY NAME	RELATIONSHIP DESCRIPTION	% OWNED		
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?				N
<input type="checkbox"/> SAFETY MANUAL	<input type="checkbox"/> SAFETY POSITION	<input type="checkbox"/> MONTHLY MEETINGS	<input type="checkbox"/> OSHA	<input type="checkbox"/>
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?				N
4. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)				N
LINE OF BUSINESS	POLICY NUMBER	LINE OF BUSINESS	POLICY NUMBER	
5. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR THREE (3) YEARS FOR ANY PREMISES OR OPERATIONS? (Missouri Applicants - Do not answer this question)				Y
<input type="checkbox"/> NON-PAYMENT	<input type="checkbox"/> AGENT NO LONGER REPRESENTS CARRIER	<input type="checkbox"/>		
<input type="checkbox"/> NON-RENEWAL	<input checked="" type="checkbox"/> UNDERWRITING	<input type="checkbox"/> CONDITION CORRECTED (Describe): No longer meet underwriting guidelines due to apart		
6. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?				N
7. DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY? (In RI, this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment).				N
8. ANY UNCORRECTED FIRE AND/OR SAFETY CODE VIOLATIONS?				N
OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE	
9. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE LAST FIVE (5) YEARS?				N
OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE	
10. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS?				N
OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE	
11. HAS BUSINESS BEEN PLACED IN A TRUST? NAME OF TRUST:				N
12. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD / DISTRIBUTED IN FOREIGN COUNTRIES? (If "YES", attach ACORD 815 for Liability Exposure and/or ACORD 816 for Property Exposure)				N
13. DOES APPLICANT HAVE OTHER BUSINESS VENTURES FOR WHICH COVERAGE IS NOT REQUESTED?				N
14. DOES APPLICANT OWN / LEASE / OPERATE ANY DRONES? (If "YES", describe use)				N
15. DOES APPLICANT HIRE OTHERS TO OPERATE DRONES? (If "YES", describe use)				N

REMARKS / PROCESSING INSTRUCTIONS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**PRIOR CARRIER INFORMATION**

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER: CPKGE
	CARRIER				Liberty Mutual / Pee
	POLICY NUMBER				BKS57044427
	PREMIUM	\$	\$	\$	\$ 12,139.00
	EFFECTIVE DATE				07/07/2021
	EXPIRATION DATE				07/07/2022

PRIOR CARRIER INFORMATION (continued)

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER: CPKGE
	CARRIER				Liberty Mutual / Pee
	POLICY NUMBER				BKS57044427
	PREMIUM	\$	\$	\$	\$ 10,683.00
	EFFECTIVE DATE				07/07/2020
	EXPIRATION DATE				07/07/2021
	CARRIER				Liberty Mutual / Pee
	POLICY NUMBER				BKS57044427
	PREMIUM	\$	\$	\$	\$ 9,447.00
	EFFECTIVE DATE				07/07/2019
	EXPIRATION DATE				07/07/2020

LOSS HISTORY ☐ Check if none (Attach Loss Summary for Additional Loss Information)

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE LAST ____ YEARS

TOTAL LOSSES: \$

DATE OF OCCURRENCE	LINE	TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	SUBROGATION Y / N	CLAIM OPEN Y / N
		see loss runs attached					

SIGNATURE

Copy of the Notice of Information Practices (Privacy) has been given to the applicant. (Not required in all states, contact your agent or broker for your state's requirements.)

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU MAY HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND REQUEST CORRECTION OF ANY INACCURACIES. YOU MAY ALSO HAVE THE RIGHT TO REQUEST IN WRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. THESE RIGHTS MAY BE LIMITED IN SOME STATES. PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION. (Not applicable in AZ, CA, DE, KS, MA, MN, ND, NY, OR, VA, or WV. Specific ACORD 38s are available for applicants in these states.)

(Applicant's Initials): _____

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)
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER 2010028

[illegible]



AGENCY CUSTOMER ID: 00006961

UMBRELLA / EXCESS SECTION

DATE (MM/DD/YYYY)
05/16/2022

IMPORTANT - If CLAIMS MADE is checked in the POLICY INFORMATION section below, this is an application for a claims-made policy.
Read all provisions of the policy carefully.

AGENCY Abbate Insurance Associates, Inc.		CARRIER Renaissance Insurance Group	NAIC CODE
POLICY NUMBER A1020390D43-6961	EFFECTIVE DATE 07/07/2022	NAMED INSURED(S) Nocerino Family LP	

POLICY INFORMATION

TRANSACTION TYPE				LIMIT OF LIABILITY		RETAINED LIMIT
<input checked="" type="checkbox"/> NEW	<input checked="" type="checkbox"/> UMBRELLA	<input type="checkbox"/> OCCURRENCE	<input type="checkbox"/> VOLUNTARY	\$ 1,000,000 EA OCC		\$
<input type="checkbox"/> RENEWAL	<input type="checkbox"/> EXCESS	<input type="checkbox"/> CLAIMS MADE	<input type="checkbox"/>	\$ AGG		FIRST DOLLAR DEFENSE (Y / N)
EXPIRING POL #:				\$		

EMPLOYEE BENEFITS LIABILITY

LIMIT OF INSURANCE (Ea Employee) \$	AGGREGATE LIMIT FOR EBL \$	RETAINED LIMIT FOR EBL \$	RETROACTIVE DATE FOR EBL
NAME OF BENEFIT PROGRAM			

PRIMARY LOCATION & SUBSIDIARIES (ACORD 125)

#	NAME AND LOCATION OF PRIMARY AND ALL SUBSIDIARY COMPANIES (Describe Operations)	ANNUAL PAYROLL	ANN GROSS SALES	FOREIGN GROSS SALES	# EMPL
1	NAME: LOCATION: 628 New Haven Rd Naugatuck CT 06770-47 DESCRIPTION:		18,985		
	NAME: LOCATION: DESCRIPTION:				
	NAME: LOCATION: DESCRIPTION:				
	NAME: LOCATION: DESCRIPTION:				
	NAME: LOCATION: DESCRIPTION:				
	NAME: LOCATION: DESCRIPTION:				

UNDERLYING INSURANCE

LIST ALL LIABILITY / COMPENSATION POLICIES IN FORCE TO APPLY AS UNDERLYING INSURANCE						** RATING MOD
TYPE	CARRIER / POLICY NUMBER	POLICY EFF DATE	POLICY EXP DATE	LIMITS	ANNUAL RENEWAL PREMIUM	
AUTOMOBILE LIABILITY				CSL EA ACC \$	\$	
				BI EA ACC \$	\$	
				BI EA PER \$	\$	
				PD EA ACC \$	\$	
GENERAL LIABILITY POLICY TYPE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE	Renaissance Insurance Group A1020390D43-6961	07/07/2022	07/07/2023	EACH OCCURRENCE \$ 1,000,000	PREM / OPS	
				GENERAL AGGR \$ 2,000,000	\$	
				PROD & COMP OPS \$ 2,000,000	PRODUCTS	
				AGGREGATE \$ 1,000,000	\$	
				PERSONAL & ADV INJURY \$ 300,000	OTHER	
				DAMAGE TO RENTED PREMISES \$ 15,000	\$	
				MEDICAL EXPENSE \$	\$	
EMPLOYERS LIABILITY				EACH ACCIDENT \$	\$	
				DISEASE \$		
				EACH EMPLOYEE \$		
				DISEASE POLICY LIMIT \$		
					\$	
					\$	

UNDERLYING INSURANCE (continued)

AGENCY CUSTOMER ID: 00006961

UNDERLYING GENERAL LIABILITY INFORMATION (Explain all "YES" responses)

1. ARE DEFENSE COSTS:	<input type="checkbox"/> WITHIN AGGREGATE LIMITS?	<input type="checkbox"/> A SEPARATE LIMIT?	<input type="checkbox"/> UNLIMITED?
(In Arkansas, the underlying General Liability coverage cannot contain defense costs within aggregate limits, but must have a separate, equal limit or must be unlimited.) (In Oklahoma, the underlying General Liability coverage cannot contain defense costs within the limits; subject to Commissioner's Orders.)			
2. INDICATE THE EDITION DATE OF THE ISO FORM OR SIMILAR FILING FOR THE UNDERLYING COVERAGE:			
3. HAS ANY PRODUCT, WORK, ACCIDENT OR LOCATION BEEN EXCLUDED, UNINSURED OR SELF-INSURED FROM ANY PREVIOUS COVERAGE? (Y / N)			N
4. FOR CLAIMS MADE, INDICATE RETROACTIVE DATE OF CURRENT UNDERLYING POLICY:			
5. FOR CLAIMS MADE, INDICATE ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COVERAGE:			
6. FOR CLAIMS MADE, WAS "TAIL" COVERAGE PURCHASED FOR ANY PREVIOUS PRIMARY OR EXCESS POLICY? (Y / N)			N
EFF. DATE: _____			

CHECK ALL COVERAGES IN UNDERLYING POLICIES. ALSO CHECK IF ANY EXPOSURES ARE PRESENT FOR EACH COVERAGE. PROVIDE AN EXPLANATION. EXPLAIN IF DIFFERENT LIMITS, EXTENSIONS, OR EXCLUSIONS. EXPLAIN ANY SPECIAL COVERAGES BEYOND STANDARD FORMS. **EXPLAIN ALL EXPOSURES.**

CHECK IF APPROPRIATE		COVERAGE		EXPOSURE	COVERAGE	EXPOSURE
<input type="checkbox"/>	ANY AUTO (SYMBOL 1)	<input type="checkbox"/>	CARE, CUSTODY, CONTROL		<input type="checkbox"/>	PROFESSIONAL LIABILITY (E&O)
<input type="checkbox"/>	CGL - CLAIMS MADE	<input type="checkbox"/>	EMPLOYEE BENEFIT LIABILITY		<input type="checkbox"/>	VENDORS LIABILITY
<input checked="" type="checkbox"/>	CGL - OCCURRENCE	<input type="checkbox"/>	FOREIGN LIABILITY / TRAVEL		<input type="checkbox"/>	WATERCRAFT LIABILITY
COVERAGE		EXPOSURE	GARAGEKEEPERS LIABILITY			
<input type="checkbox"/>	AIRCRAFT LIABILITY	<input type="checkbox"/>	INCIDENTAL MEDICAL MALPRACTICE			
<input type="checkbox"/>	AIRCRAFT PASSENGER LIABILITY	<input type="checkbox"/>	LIQUOR LIABILITY			
<input checked="" type="checkbox"/>	ADDITIONAL INTERESTS	<input type="checkbox"/>	POLLUTION LIABILITY			

UNDERLYING INSURANCE COVERAGE INFORMATION (INCLUDE ALL RESTRICTIONS; e.g. LASER ENDORSEMENTS, DISCRIMINATION, SUBROGATION WAIVERS, OR EXTENSIONS OF COVERAGE) ACORD 101, Additional Remarks Schedule, may be attached if more space is required.

PREVIOUS EXPERIENCE: (GIVE DETAILS OF ALL LIABILITY CLAIMS EXCEEDING \$10,000 OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS, DURING THE PAST FIVE (5) YEARS, WHETHER INSURED OR NOT. SPECIFY DATE, COVERAGE, DESCRIPTION, AMOUNT PAID, AMOUNT OUTSTANDING) ACORD 101, Additional Remarks Schedule, may be attached if more space is required.

☐ NO SUCH CLAIMS

CARE, CUSTODY, CONTROL

LOC	PROPERTY TYPE	VALUE	A*	B*	C*	D*	SQ FT OF BLDG OCC
	REAL						
	PERSONAL						
OCCUPANCY / DESCRIPTION OF PERSONAL PROPERTY							
*APPLICANT: [A] IS HELD HARMLESS IN THE LEASE, [B] HAS A WAIVER OF SUBROGATION, [C] IS A NAMED INSURED IN THE FIRE POLICY, [D] OTHER (specify)							

VEHICLES

TYPE	# OWNED	# NON-OWNED	# LEASED	PROPERTY HAULED	RADIUS (MILES)		
					LOCAL	INTER-MEDIATE	LONG DISTANCE
PRIVATE PASSENGER							
TRUCKS	LIGHT						
	MEDIUM						
	HEAVY						
	EX. HEAVY						
TRUCKS / TRACTORS	HEAVY						
	EX. HEAVY						
BUSES							

ADDITIONAL EXPOSURES

EXPLAIN ALL "YES" RESPONSES, PROVIDE OTHER INFORMATION REQUIRED										Y / N
ADVERTISERS LIABILITY										
1. MEDIA USED: ANNUAL COST: \$										
2. ARE SERVICES OF AN ADVERTISING AGENCY USED?										N
3. ANY COVERAGE PROVIDED UNDER AGENCY'S POLICY?										N
AIRCRAFT LIABILITY										
4. DOES APPLICANT OWN / LEASE / OPERATE AIRCRAFT?										N
AUTO LIABILITY										
5. ARE EXPLOSIVES, CAUSTICS, FLAMMABLES OR OTHER DANGEROUS CARGO HAULED?										N
6. ARE PASSENGERS CARRIED FOR A FEE?										N
7. ANY UNITS NOT INSURED BY UNDERLYING POLICIES?										N
8. ARE ANY VEHICLES LEASED OR RENTED TO OTHERS?										N
9. ARE HIRED AND NON-OWNED COVERAGES PROVIDED?										Y
CONTRACTORS LIABILITY										
10. IS BRIDGE, DAM, OR MARINE WORK PERFORMED?										N
11. DESCRIBE TYPICAL JOBS PERFORMED (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)										
12. DESCRIBE AGREEMENT (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)										
13. DOES APPLICANT OWN, RENT, OR OTHERWISE USE CRANES?										N
14. DO SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN APPLICANT?										N
EMPLOYERS LIABILITY										
15. IS APPLICANT SELF-INSURED IN ANY STATE?										N
16. SUBJECT TO:		JONES ACT		FELA		STOP GAP		OTHER:		
INCIDENTAL MALPRACTICE LIABILITY										
17. IS A HOSPITAL OR FIRST AID FACILITY MAINTAINED?										N
18. ARE COVERAGES PROVIDED FOR DOCTORS / NURSES?										N
19. INDICATE # OF DOCTORS:										
NURSES:										
BEDS:										

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

FRAUD STATEMENTS

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, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or 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.

SIGNATURE

IF THE COMPANY TO WHICH I AM APPLYING OFFERS UNINSURED MOTORISTS (UM), UNDERINSURED MOTORISTS (UIM) AND/OR MEDICAL PAYMENTS COVERAGE IN MY STATE:

UNINSURED MOTORISTS (UM) COVERAGE: \$ _____ *

UNDERINSURED MOTORISTS (UIM) COVERAGE: \$ _____ *

MEDICAL PAYMENTS COVERAGE: \$ _____ * IF APPLICABLE IN YOUR STATE

APPLICABLE ONLY IN LOUISIANA, MONTANA, NEW HAMPSHIRE AND VERMONT

APPLICABLE ONLY IN LOUISIANA:

I ACKNOWLEDGE THAT UM COVERAGE HAS BEEN EXPLAINED TO ME, AND I HAVE BEEN OFFERED THE OPTION OF SELECTING UM LIMITS EQUAL TO MY LIABILITY LIMITS, UM LIMITS LOWER THAN MY LIABILITY LIMITS, OR TO REJECT UM COVERAGE ENTIRELY.

1. I SELECT UM LIMITS INDICATED IN THIS APPLICATION. OR
(INITIALS)

2. I REJECT UM COVERAGE IN ITS ENTIRETY.
(INITIALS)

APPLICABLE ONLY IN MONTANA:

I ACKNOWLEDGE I HAVE BEEN OFFERED UNINSURED MOTORISTS (UM) COVERAGE AND UNDERINSURED MOTORISTS (UIM) COVERAGE. I HAVE SELECTED THE LIMITS INDICATED IN THIS APPLICATION. IF NO LIMITS ARE SHOWN, I HAVE REJECTED THESE COVERAGES.

(INITIALS)

APPLICABLE ONLY IN NEW HAMPSHIRE:

I ACKNOWLEDGE THAT UM COVERAGE HAS BEEN EXPLAINED TO ME, AND I HAVE BEEN OFFERED THE OPTION OF SELECTING UM LIMITS EQUAL TO MY LIABILITY LIMITS OR TO REJECT UM COVERAGE ENTIRELY.

1. I SELECT UM LIMITS INDICATED IN THIS APPLICATION. OR
(INITIALS)

2. I REJECT UM COVERAGE IN ITS ENTIRETY.
(INITIALS)

APPLICABLE ONLY IN VERMONT:

I ACKNOWLEDGE THAT I HAVE BEEN OFFERED UM COVERAGE EQUAL TO MY LIABILITY LIMITS. I HAVE SELECTED THE LIMITS INDICATED IN THIS APPLICATION.

IMPORTANT - THE STATEMENTS (ANSWERS) GIVEN ABOVE ARE TRUE AND ACCURATE. THE APPLICANT HAS NOT WILLFULLY CONCEALED OR MISREPRESENTED ANY MATERIAL FACT OR CIRCUMSTANCE CONCERNING THIS APPLICATION. THIS APPLICATION DOES NOT CONSTITUTE A BINDER.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER 2010028



AGENCY CUSTOMER ID: 00006961

COMMERCIAL GENERAL LIABILITY SECTION

DATE (MM/DD/YYYY)

05/16/2022

AGENCY Abbate Insurance Associates, Inc.		CARRIER Renaissance Insurance Group		NAIC CODE
POLICY NUMBER A1020390D43-6961	EFFECTIVE DATE 07/07/2022	APPLICANT / FIRST NAMED INSURED Nocerino Family LP		

IMPORTANT - If CLAIMS MADE is checked in the COVERAGE / LIMITS section below, this is an application for a claims-made policy.
Read all provisions of the policy carefully.

COVERAGES		LIMITS	
<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	GENERAL AGGREGATE \$ 2,000,000	PREMIUMS	
<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCURRENCE	LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> LOCATION	PREMISES/OPERATIONS	
OWNER'S & CONTRACTOR'S PROTECTIVE	<input type="checkbox"/> PROJECT <input type="checkbox"/> OTHER:	PRODUCTS	
DEDUCTIBLES	PRODUCTS & COMPLETED OPERATIONS AGGREGATE \$ 2,000,000	OTHER	
<input type="checkbox"/> PROPERTY DAMAGE \$	PERSONAL & ADVERTISING INJURY \$ 1,000,000	TOTAL	
<input type="checkbox"/> BODILY INJURY \$	EACH OCCURRENCE \$ 1,000,000		
<input type="checkbox"/> PER CLAIM	DAMAGE TO RENTED PREMISES (each occurrence) \$ 300,000		
<input type="checkbox"/> PER OCCURRENCE	MEDICAL EXPENSE (Any one person) \$ 15,000		
	EMPLOYEE BENEFITS \$		
	Hired & Non-Owned Auto Liability \$ 1,000,000		

OTHER COVERAGES, RESTRICTIONS AND/OR ENDORSEMENTS (For hired/non-owned auto coverages attach the applicable state Business Auto Section, ACORD 137)

APPLICABLE ONLY IN WISCONSIN: IF NON-OWNED ONLY AUTO COVERAGE IS TO BE PROVIDED UNDER THE POLICY:

1. UM / UIM COVERAGE ☐ IS ☐ IS NOT AVAILABLE. 2. MEDICAL PAYMENTS COVERAGE ☐ IS ☐ IS NOT AVAILABLE.

SCHEDULE OF HAZARDS (ACORD 211, Schedule of Hazards, may be attached if more space is required)

LOC #	HAZ #	CLASS CODE	PREMIUM BASIS	EXPOSURE	TERR	RATE		PREMIUM	
						PREM / OPS	PRODUCTS	PREM / OPS	PRODUCTS
1		61217	A	17666	505				
CLASSIFICATION DESCRIPTION Buildings Or Premises - Bank Or Office - Mercantile Or Manufacturing - Maintained By The Insured (Lessor's Risk Only) - For Profit									
LOC #	HAZ #	CLASS CODE	PREMIUM BASIS	EXPOSURE	TERR	RATE		PREMIUM	
						PREM / OPS	PRODUCTS	PREM / OPS	PRODUCTS
1			U	2					
CLASSIFICATION DESCRIPTION Apartments									
LOC #	HAZ #	CLASS CODE	PREMIUM BASIS	EXPOSURE	TERR	RATE		PREMIUM	
						PREM / OPS	PRODUCTS	PREM / OPS	PRODUCTS
CLASSIFICATION DESCRIPTION									
RATING AND PREMIUM BASIS (P) PAYROLL - PER \$1,000/PAY (C) TOTAL COST - PER \$1,000/COST (U) UNIT - PER UNIT (S) GROSS SALES - PER \$1,000/SALES (A) AREA - PER 1,000/SQ FT (M) ADMISSIONS - PER 1,000/ADM (T) OTHER									

CLAIMS MADE (Explain all "Yes" responses)

EXPLAIN ALL "YES" RESPONSES	Y / N
1. PROPOSED RETROACTIVE DATE:	
2. ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COVERAGE:	
3. HAS ANY PRODUCT, WORK, ACCIDENT, OR LOCATION BEEN EXCLUDED, UNINSURED OR SELF-INSURED FROM ANY PREVIOUS COVERAGE?	N
4. WAS TAIL COVERAGE PURCHASED UNDER ANY PREVIOUS POLICY?	N

EMPLOYEE BENEFITS LIABILITY

1. DEDUCTIBLE PER CLAIM: \$	3. NUMBER OF EMPLOYEES COVERED BY EMPLOYEE BENEFITS PLANS:
2. NUMBER OF EMPLOYEES:	4. RETROACTIVE DATE:

ACORD 126 (2016/09)

Attach to ACORD 125

© 1993-2016 ACORD CORPORATION. All rights reserved.

The ACORD name and logo are registered marks of ACORD

CONTRACTORS

AGENCY CUSTOMER ID: 00006961

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)					Y / N
1. DOES APPLICANT DRAW PLANS, DESIGNS, OR SPECIFICATIONS FOR OTHERS?					N
2. DO ANY OPERATIONS INCLUDE BLASTING OR UTILIZE OR STORE EXPLOSIVE MATERIAL?					N
3. DO ANY OPERATIONS INCLUDE EXCAVATION, TUNNELING, UNDERGROUND WORK OR EARTH MOVING?					N
4. DO YOUR SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN YOURS?					N
5. ARE SUBCONTRACTORS ALLOWED TO WORK WITHOUT PROVIDING YOU WITH A CERTIFICATE OF INSURANCE?					N
6. DOES APPLICANT LEASE EQUIPMENT TO OTHERS WITH OR WITHOUT OPERATORS?					N
DESCRIBE THE TYPE OF WORK SUBCONTRACTED	\$ PAID TO SUB-CONTRACTORS:	% OF WORK SUBCONTRACTED:	# FULL-TIME STAFF:	# PART-TIME STAFF:	

PRODUCTS / COMPLETED OPERATIONS

PRODUCTS	ANNUAL GROSS SALES	# OF UNITS	TIME IN MARKET	EXPECTED LIFE	INTENDED USE	PRINCIPAL COMPONENTS	
EXPLAIN ALL "YES" RESPONSES (For all past or present products or operations) PLEASE ATTACH LITERATURE, BROCHURES, LABELS, WARNINGS, ETC.							Y / N
1. DOES APPLICANT INSTALL, SERVICE OR DEMONSTRATE PRODUCTS?							N
2. FOREIGN PRODUCTS SOLD, DISTRIBUTED, USED AS COMPONENTS? (If "YES", attach ACORD 815)							N
3. RESEARCH AND DEVELOPMENT CONDUCTED OR NEW PRODUCTS PLANNED?							N
4. GUARANTEES, WARRANTIES, HOLD HARMLESS AGREEMENTS?							N
5. PRODUCTS RELATED TO AIRCRAFT/SPACE INDUSTRY?							N
6. PRODUCTS RECALLED, DISCONTINUED, CHANGED?							N
7. PRODUCTS OF OTHERS SOLD OR RE-PACKAGED UNDER APPLICANT LABEL?							N
8. PRODUCTS UNDER LABEL OF OTHERS?							N
9. VENDORS COVERAGE REQUIRED?							N
10. DOES ANY NAMED INSURED SELL TO OTHER NAMED INSURED?							N

ADDITIONAL INTEREST / CERTIFICATE RECIPIENT

☐ ACORD 45 attached for additional names

INTEREST	NAME AND ADDRESS	RANK: 01	EVIDENCE:	CERTIFICATE	INTEREST IN ITEM NUMBER	
<input type="checkbox"/> ADDITIONAL INSURED	Liberty Bank ISAOA ATIMA 315 Main Street Middletown CT 06457				LOCATION: 1	BUILDING:
<input type="checkbox"/> EMPLOYEE AS LESSOR					ITEM CLASS:	ITEM:
<input type="checkbox"/> LENDER'S LOSS PAYABLE					ITEM DESCRIPTION	
<input type="checkbox"/> LIENHOLDER						
<input type="checkbox"/> LOSS PAYEE						
<input checked="" type="checkbox"/> MORTGAGEE	REFERENCE / LOAN #:					

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)				Y / N
1. ANY MEDICAL FACILITIES PROVIDED OR MEDICAL PROFESSIONALS EMPLOYED OR CONTRACTED?				N
2. ANY EXPOSURE TO RADIOACTIVE/NUCLEAR MATERIALS?				N
3. DO/HAVE PAST, PRESENT OR DISCONTINUED OPERATIONS INVOLVE(D) STORING, TREATING, DISCHARGING, APPLYING, DISPOSING, OR TRANSPORTING OF HAZARDOUS MATERIAL? (e.g. landfills, wastes, fuel tanks, etc)				N
4. ANY OPERATIONS SOLD, ACQUIRED, OR DISCONTINUED IN LAST FIVE (5) YEARS?				N
5. DO YOU RENT OR LOAN EQUIPMENT TO OTHERS?				N
EQUIPMENT		TYPE OF EQUIPMENT		INSTRUCTION GIVEN (Y/N)
		SMALL TOOLS	LARGE EQUIPMENT	
		SMALL TOOLS	LARGE EQUIPMENT	
6. ANY WATERCRAFT, DOCKS, FLOATS OWNED, HIRED OR LEASED?				N
7. ANY PARKING FACILITIES OWNED/RENTED?				N
8. IS A FEE CHARGED FOR PARKING?				N
9. RECREATION FACILITIES PROVIDED?				N
10. ARE THERE ANY LODGING OPERATIONS INCLUDING APARTMENTS? (If "YES", answer the following):				Y
# APTS	TOTAL APT AREA	DESCRIBE OTHER LODGING OPERATIONS		
2	1600 Sq. Ft.			
11. IS THERE A SWIMMING POOL ON PREMISES? (Check all that apply)				N
<input type="checkbox"/> APPROVED FENCE <input type="checkbox"/> LIMITED ACCESS <input type="checkbox"/> DIVING BOARD <input type="checkbox"/> SLIDE <input type="checkbox"/> ABOVE GROUND <input type="checkbox"/> IN GROUND <input type="checkbox"/> LIFE GUARD				
12. ARE SOCIAL EVENTS SPONSORED?				N
13. ARE ATHLETIC TEAMS SPONSORED?				N
TYPE OF SPORT		CONTACT SPORT (Y/N)	AGE GROUP	
			13 - 18	
			12 & UNDER	OVER 18
EXTENT OF SPONSORSHIP:		EXTENT OF SPONSORSHIP:		
14. ANY STRUCTURAL ALTERATIONS CONTEMPLATED?				N
15. ANY DEMOLITION EXPOSURE CONTEMPLATED?				N

GENERAL INFORMATION (continued)

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)				Y / N
16. HAS APPLICANT BEEN ACTIVE IN OR IS CURRENTLY ACTIVE IN JOINT VENTURES?				N
17. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?				N
LEASE TO	WORKERS COMPENSATION COVERAGE CARRIED (Y/N)	LEASE FROM	WORKERS COMPENSATION COVERAGE CARRIED (Y/N)	
18. IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS OR SUBSIDIARIES?				N
19. ARE DAY CARE FACILITIES OPERATED OR CONTROLLED?				N
20. HAVE ANY CRIMES OCCURRED OR BEEN ATTEMPTED ON YOUR PREMISES WITHIN THE LAST THREE (3) YEARS?				N
21. IS THERE A FORMAL, WRITTEN SAFETY AND SECURITY POLICY IN EFFECT?				N
22. DOES THE BUSINESSES' PROMOTIONAL LITERATURE MAKE ANY REPRESENTATIONS ABOUT THE SAFETY OR SECURITY OF THE PREMISES?				N

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**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, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or 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)
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER 2010028



AGENCY CUSTOMER ID: 00006961

PROPERTY SECTION

DATE (MM/DD/YYYY)

05/16/2022

AGENCY NAME Abbate Insurance Associates, Inc.		CARRIER Renaissance Insurance Group		NAIC CODE
POLICY NUMBER A1020390D43-6961	EFFECTIVE DATE 07/07/2022	NAMED INSURED(S) Nocerino Family LP		

BLANKET SUMMARY

BLKT #	AMOUNT	TYPE	BLKT #	AMOUNT	TYPE

PREMISES INFORMATION

PREMISES #: 1 STREET ADDRESS: 628 New Haven Rd
BUILDING #: 1 BLDG DESCRIPTION: Location 0001 Sublocation 001

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU- ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Building	2,467,000	80	RC	Special form		10,000			
Systems Breakdown - Basic	Included			Special form		10,000			
BI w/ Extra Expense and Rental Value	Included		ALS	Special form					

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	LIMIT \$	REFRIG MAINT AGREEMENT (Y / N) <input type="checkbox"/>	OPTIONS <input type="checkbox"/> BREAKDOWN OR CONTAMINATION <input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE
		DEDUCTIBLE \$		
SINKHOLE COVERAGE (Required in Florida)		ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV)		ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
<input type="checkbox"/> PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK				# OF OPEN SIDES ON STRUCTURE: _____

CONSTRUCTION TYPE Frame	DISTANCE TO HYDRANT FT	FIRE STAT MI	FIRE DISTRICT NAUGATUCK	CODE NUMBER 00217	PROT CL 004	# STORIES 2	# BASMTS	YR BUILT 1960	TOTAL AREA 19266
BUILDING IMPROVEMENTS <input checked="" type="checkbox"/> WIRING, YR: 2021 <input checked="" type="checkbox"/> PLUMBING, YR: 2008 <input checked="" type="checkbox"/> ROOFING, YR: 2011 <input checked="" type="checkbox"/> HEATING, YR: 2014 OTHER: _____ YR: _____		BLDG CODE GRADE 99	TAX CODE 00217	ROOF TYPE	OTHER OCCUPANCIES Buildings Or Premises - Office NOC - For Profit				
		WIND CLASS	SEMI- RESISTIVE	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT		DATE INSTALLED: _____			
		RESISTIVE		MANUFACTURER: _____					
PRIMARY HEAT <input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N			SECONDARY HEAT <input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N						
RIGHT EXPOSURE & DISTANCE		LEFT EXPOSURE & DISTANCE		FRONT EXPOSURE & DISTANCE		REAR EXPOSURE & DISTANCE			
BURGLAR ALARM TYPE		CERTIFICATE #				EXPIRATION DATE	CENTRAL STATION	<input type="checkbox"/> LOCAL GONG	WITH KEYS
BURGLAR ALARM INSTALLED AND SERVICED BY			EXTENT	GRADE	# GUARDS / WATCHMEN	CLOCK HOURLY			
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems) hardwire smoke detectors			% SPRNK	FIRE ALARM MANUFACTURER				CENTRAL STATION	LOCAL GONG

ADDITIONAL INTEREST

☒ ACORD 45 attached for additional names

INTEREST <input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LOSS PAYEE <input checked="" type="checkbox"/> MORTGAGEE	NAME AND ADDRESS RANK: 01 Liberty Bank ISAOA ATIMA 315 Main Street Middletown CT 06457 REFERENCE / LOAN #:	EVIDENCE: <input type="checkbox"/>	CERTIFICATE <input type="checkbox"/>	INTEREST IN ITEM NUMBER LOCATION: 1 BUILDING: ITEM CLASS: ITEM: ITEM DESCRIPTION
----------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------	------------------------------------	--------------------------------------	-------------------------------------------------------------------------------------------

**ADDITIONAL
PREMISES INFORMATION**

PREMISES #:		STREET ADDRESS:							
BUILDING #:		BLDG DESCRIPTION:							
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU- ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY

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	LIMIT \$	REFRIG MAINT AGREEMENT (Y / N) <input type="checkbox"/>	OPTIONS <input type="checkbox"/> BREAKDOWN OR CONTAMINATION
		DEDUCTIBLE \$		<input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE

SINKHOLE COVERAGE (Required in Florida)

ACCEPT COVERAGE

REJECT COVERAGE

LIMIT: \$

MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV)

ACCEPT COVERAGE

REJECT COVERAGE

LIMIT: \$

☐ PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK

OF OPEN SIDES ON STRUCTURE: _____

CONSTRUCTION TYPE	DISTANCE TO HYDRANT FT	FIRE STAT MI	FIRE DISTRICT	CODE NUMBER	PROT CL	# STORIES	# BASMT'S	YR BUILT	TOTAL AREA
--------------------------	--------------------------------------	------------------------	----------------------	--------------------	----------------	------------------	------------------	-----------------	-------------------

BUILDING IMPROVEMENTS	BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES
<input type="checkbox"/> WIRING, YR: <input type="checkbox"/> PLUMBING, YR:	WIND CLASS	SEMI- RESISTIVE	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT	DATE INSTALLED: _____
<input type="checkbox"/> ROOFING, YR: <input type="checkbox"/> HEATING, YR:				
<input type="checkbox"/> OTHER: YR: <input type="checkbox"/> RESISTIVE				

PRIMARY HEAT	SECONDARY HEAT
<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/>	<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/>
IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N	IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE
--------------------------------------	-------------------------------------	--------------------------------------	-------------------------------------

BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
			WITH KEYS

BURGLAR ALARM INSTALLED AND SERVICED BY	EXTENT	GRADE	# GUARDS / WATCHMEN	CLOCK HOURLY
------------------------------------------------	---------------	--------------	----------------------------	---------------------

PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)	% SPRNK	FIRE ALARM MANUFACTURER	CENTRAL STATION	LOCAL GONG
----------------------------------------------------------------------------------	----------------	--------------------------------	------------------------	-------------------

ADDITIONAL INTEREST

ACORD 45 attached for additional names

INTEREST	NAME AND ADDRESS	RANK: _____	EVIDENCE: _____	CERTIFICATE _____	INTEREST IN ITEM NUMBER
<input type="checkbox"/> LENDER'S LOSS PAYABLE					LOCATION: _____
<input type="checkbox"/> LOSS PAYEE					BUILDING: _____
<input type="checkbox"/> MORTGAGEE					ITEM CLASS: _____
<input type="checkbox"/>					ITEM: _____
					ITEM DESCRIPTION
REFERENCE / LOAN #: _____					

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

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)
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER 2010028

ADDITIONAL COVERAGES AND ENDORSEMENTS

Loc #	ST	Cov Code	Description	Type of Coverage	Form No.	Edition Date	Rate	Option Codes
		IDRC	Identity Recovery					
Limit 1		Limit 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductible Type 2	Premium
Loc #	ST	Cov Code	Description	Type of Coverage	Form No.	Edition Date	Rate	Option Codes
			Prop Ext Endt ***					
Limit 1		Limit 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductible Type 2	Premium
		Included						
Loc #	ST	Cov Code	Description	Type of Coverage	Form No.	Edition Date	Rate	Option Codes
			*** Real Property of thers by ci					
Limit 1		Limit 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductible Type 2	Premium
		50,000						
Loc #	ST	Cov Code	Description	Type of Coverage	Form No.	Edition Date	Rate	Option Codes
			*** Debris Removal					
Limit 1		Limit 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductible Type 2	Premium
		50,000						
Loc #	ST	Cov Code	Description	Type of Coverage	Form No.	Edition Date	Rate	Option Codes
			*** Fire Departmetn Service Cha					
Limit 1		Limit 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductible Type 2	Premium
		10,000						
Loc #	ST	Cov Code	Description	Type of Coverage	Form No.	Edition Date	Rate	Option Codes
			*** Pollutant clean-up and remo					
Limit 1		Limit 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductible Type 2	Premium
		25,000						
Loc #	ST	Cov Code	Description	Type of Coverage	Form No.	Edition Date	Rate	Option Codes
			*** Electronic Data					
Limit 1		Limit 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductible Type 2	Premium
		25,000						
Loc #	ST	Cov Code	Description	Type of Coverage	Form No.	Edition Date	Rate	Option Codes
			*** Theft/Arson Reward					
Limit 1		Limit 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductible Type 2	Premium
		25,000						
Loc #	ST	Cov Code	Description	Type of Coverage	Form No.	Edition Date	Rate	Option Codes
			*** Employee Dishonesty					
Limit 1		Limit 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductible Type 2	Premium
		50,000						
Loc #	ST	Cov Code	Description	Type of Coverage	Form No.	Edition Date	Rate	Option Codes
			*** Money Order & Counterfeit M					
Limit 1		Limit 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductible Type 2	Premium
		2,500						
Loc #	ST	Cov Code	Description	Type of Coverage	Form No.	Edition Date	Rate	Option Codes
			*** Forgerry or Alterations					
Limit 1		Limit 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductible Type 2	Premium
		25,000						
Loc #	ST	Cov Code	Description	Type of Coverage	Form No.	Edition Date	Rate	Option Codes
			*** Los Key Coverage					
Limit 1		Limit 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductible Type 2	Premium
		10,000						
Loc #	ST	Cov Code	Description	Type of Coverage	Form No.	Edition Date	Rate	Option Codes
			*** Lost Lease Coverage-Lesso					
Limit 1		Limit 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductible Type 2	Premium
		25,000						

ADDITIONAL COVERAGES AND ENDORSEMENTS

Loc #	ST	Cov Code	Description	Type of Coverage	Form No.	Edition Date	Rate	Option Codes	
			*** Tenant Moveback Coverage						
Limit 1		Limit 2		Limit 3		Ded 1		Deductible Type 1	
25,000						Ded 2		Deductible Type 2	
								Premium	
Loc #	ST	Cov Code	Description	Type of Coverage	Form No.	Edition Date	Rate	Option Codes	
			*** Personal Effects & property						
Limit 1		Limit 2		Limit 3		Ded 1		Deductible Type 1	
25,000						Ded 2		Deductible Type 2	
								Premium	
Loc #	ST	Cov Code	Description	Type of Coverage	Form No.	Edition Date	Rate	Option Codes	
			*** Newly Acquired or construct						
Limit 1		Limit 2		Limit 3		Ded 1		Deductible Type 1	
1,000,000						Ded 2		Deductible Type 2	
								Premium	
Loc #	ST	Cov Code	Description	Type of Coverage	Form No.	Edition Date	Rate	Option Codes	
			*** Newly acquired business pe						
Limit 1		Limit 2		Limit 3		Ded 1		Deductible Type 1	
250,000						Ded 2		Deductible Type 2	
								Premium	
Loc #	ST	Cov Code	Description	Type of Coverage	Form No.	Edition Date	Rate	Option Codes	
			*** Valuable Papers & Records						
Limit 1		Limit 2		Limit 3		Ded 1		Deductible Type 1	
100,000						Ded 2		Deductible Type 2	
								Premium	
Loc #	ST	Cov Code	Description	Type of Coverage	Form No.	Edition Date	Rate	Option Codes	
			*** Property Off Premises						
Limit 1		Limit 2		Limit 3		Ded 1		Deductible Type 1	
50,000						Ded 2		Deductible Type 2	
								Premium	
Loc #	ST	Cov Code	Description	Type of Coverage	Form No.	Edition Date	Rate	Option Codes	
			*** Electronic Data in Transit						
Limit 1		Limit 2		Limit 3		Ded 1		Deductible Type 1	
5,000						Ded 2		Deductible Type 2	
								Premium	
Loc #	ST	Cov Code	Description	Type of Coverage	Form No.	Edition Date	Rate	Option Codes	
			*** Outdoor Property						
Limit 1		Limit 2		Limit 3		Ded 1		Deductible Type 1	
25,000						Ded 2		Deductible Type 2	
								Premium	
Loc #	ST	Cov Code	Description	Type of Coverage	Form No.	Edition Date	Rate	Option Codes	
			*** Accounts Receivable						
Limit 1		Limit 2		Limit 3		Ded 1		Deductible Type 1	
100,000						Ded 2		Deductible Type 2	
								Premium	
Loc #	ST	Cov Code	Description	Type of Coverage	Form No.	Edition Date	Rate	Option Codes	
			*** Fire Protective Equipment						
Limit 1		Limit 2		Limit 3		Ded 1		Deductible Type 1	
25,000						Ded 2		Deductible Type 2	
								Premium	
Loc #	ST	Cov Code	Description	Type of Coverage	Form No.	Edition Date	Rate	Option Codes	
			*** Computer Equipment						
Limit 1		Limit 2		Limit 3		Ded 1		Deductible Type 1	
30,000						Ded 2		Deductible Type 2	
								Premium	
Loc #	ST	Cov Code	Description	Type of Coverage	Form No.	Edition Date	Rate	Option Codes	
			*** Lock Replacement						
Limit 1		Limit 2		Limit 3		Ded 1		Deductible Type 1	
2,500						Ded 2		Deductible Type 2	
								Premium	
Loc #	ST	Cov Code	Description	Type of Coverage	Form No.	Edition Date	Rate	Option Codes	
			Money and Securities Inside						
Limit 1		Limit 2		Limit 3		Ded 1		Deductible Type 1	
25,000						Ded 2		Deductible Type 2	
								Premium	

ADDITIONAL COVERAGES AND ENDORSEMENTS

Loc #	ST	Cov Code	Description Money and Securities Outside	Type of Coverage	Form No.	Edition Date	Rate	Option Codes
Limit 1 10,000		Limit 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductible Type 2	Premium

Loc #	ST	Cov Code	Description Utility Service Direct inc overh	Type of Coverage Lead lines	Form No.	Edition Date	Rate	Option Codes
Limit 1 25,000		Limit 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductible Type 2	Premium

Loc #	ST	Cov Code	Description Utility Service Time Inc overh	Type of Coverage Lead lines	Form No.	Edition Date	Rate	Option Codes
Limit 1 25,000		Limit 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductible Type 2	Premium

Loc #	ST	Cov Code	Description Signes Outdoor	Type of Coverage	Form No.	Edition Date	Rate	Option Codes
Limit 1 25,000		Limit 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductible Type 2	Premium

Loc #	ST	Cov Code	Description Ordinance or Law Undamage p	Type of Coverage ortion of building	Form No.	Edition Date	Rate	Option Codes
Limit 1 Included		Limit 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductible Type 2	Premium

Loc #	ST	Cov Code	Description Ordinance or Law Demolition &	Type of Coverage increased cost of construction	Form No.	Edition Date	Rate	Option Codes
Limit 1 200,000		Limit 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductible Type 2	Premium

Loc #	ST	Cov Code	Description Backup of Sewers or Drains	Type of Coverage	Form No.	Edition Date	Rate	Option Codes
Limit 1 25,000		Limit 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductible Type 2	Premium

Loc #	ST	Cov Code	Description	Type of Coverage	Form No.	Edition Date	Rate	Option Codes
Limit 1		Limit 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductible Type 2	Premium

Loc #	ST	Cov Code	Description	Type of Coverage	Form No.	Edition Date	Rate	Option Codes
Limit 1		Limit 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductible Type 2	Premium

Loc #	ST	Cov Code	Description	Type of Coverage	Form No.	Edition Date	Rate	Option Codes
Limit 1		Limit 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductible Type 2	Premium

Loc #	ST	Cov Code	Description	Type of Coverage	Form No.	Edition Date	Rate	Option Codes
Limit 1		Limit 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductible Type 2	Premium

Loc #	ST	Cov Code	Description	Type of Coverage	Form No.	Edition Date	Rate	Option Codes
Limit 1		Limit 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductible Type 2	Premium



AGENCY CUSTOMER ID: 00006961

ADDITIONAL INTEREST SCHEDULE

DATE (MM/DD/YYYY)

05/16/2022

AGENCY Abbate Insurance Associates, Inc.		CARRIER Renaissance Insurance Group		NAIC CODE
POLICY NUMBER A1020390D43-6961	EFFECTIVE DATE 07/07/2022	NAMED INSURED(S) Nocerino Family LP		

ADDITIONAL INTEREST (Not all fields apply to all scenarios - provide only the necessary data)

INTEREST		NAME AND ADDRESS RANK: 02		EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
<input type="checkbox"/> ADDITIONAL INSURED	<input type="checkbox"/> LOSS PAYEE	Naugatuck Valley Savings & Loan 333 Church St Naugatuck CT 06770						LOCATION: 1	BUILDING:
<input checked="" type="checkbox"/> BREACH OF WARRANTY	<input checked="" type="checkbox"/> MORTGAGEE							VEHICLE:	BOAT:
<input type="checkbox"/> CO-OWNER	<input type="checkbox"/> OWNER							AIRPORT:	AIRCRAFT:
<input type="checkbox"/> EMPLOYEE AS LESSOR	<input type="checkbox"/> REGISTRANT							SCHED #:	ITEM:
<input type="checkbox"/> LEASEBACK OWNER	<input type="checkbox"/> TRUSTEE							ITEM CLASS:	
<input type="checkbox"/> LENDER'S LOSS PAYABLE								ITEM DESCRIPTION	
<input type="checkbox"/> LIENHOLDER		REFERENCE / LOAN #:		INTEREST END DATE:					
		LIEN AMOUNT:		PHONE (A/C, No, Ext):					
REASON FOR INTEREST:				E-MAIL ADDRESS:					

INTEREST		NAME AND ADDRESS RANK:		EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
<input type="checkbox"/> ADDITIONAL INSURED	<input type="checkbox"/> LOSS PAYEE							LOCATION:	BUILDING:
<input type="checkbox"/> BREACH OF WARRANTY	<input type="checkbox"/> MORTGAGEE							VEHICLE:	BOAT:
<input type="checkbox"/> CO-OWNER	<input type="checkbox"/> OWNER							AIRPORT:	AIRCRAFT:
<input type="checkbox"/> EMPLOYEE AS LESSOR	<input type="checkbox"/> REGISTRANT							SCHED #:	ITEM:
<input type="checkbox"/> LEASEBACK OWNER	<input type="checkbox"/> TRUSTEE							ITEM CLASS:	
<input type="checkbox"/> LENDER'S LOSS PAYABLE								ITEM DESCRIPTION	
<input type="checkbox"/> LIENHOLDER		REFERENCE / LOAN #:		INTEREST END DATE:					
		LIEN AMOUNT:		PHONE (A/C, No, Ext):					
REASON FOR INTEREST:				E-MAIL ADDRESS:					

INTEREST		NAME AND ADDRESS RANK:		EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
<input type="checkbox"/> ADDITIONAL INSURED	<input type="checkbox"/> LOSS PAYEE							LOCATION:	BUILDING:
<input type="checkbox"/> BREACH OF WARRANTY	<input type="checkbox"/> MORTGAGEE							VEHICLE:	BOAT:
<input type="checkbox"/> CO-OWNER	<input type="checkbox"/> OWNER							AIRPORT:	AIRCRAFT:
<input type="checkbox"/> EMPLOYEE AS LESSOR	<input type="checkbox"/> REGISTRANT							SCHED #:	ITEM:
<input type="checkbox"/> LEASEBACK OWNER	<input type="checkbox"/> TRUSTEE							ITEM CLASS:	
<input type="checkbox"/> LENDER'S LOSS PAYABLE								ITEM DESCRIPTION	
<input type="checkbox"/> LIENHOLDER		REFERENCE / LOAN #:		INTEREST END DATE:					
		LIEN AMOUNT:		PHONE (A/C, No, Ext):					
REASON FOR INTEREST:				E-MAIL ADDRESS:					

INTEREST		NAME AND ADDRESS RANK:		EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
<input type="checkbox"/> ADDITIONAL INSURED	<input type="checkbox"/> LOSS PAYEE							LOCATION:	BUILDING:
<input type="checkbox"/> BREACH OF WARRANTY	<input type="checkbox"/> MORTGAGEE							VEHICLE:	BOAT:
<input type="checkbox"/> CO-OWNER	<input type="checkbox"/> OWNER							AIRPORT:	AIRCRAFT:
<input type="checkbox"/> EMPLOYEE AS LESSOR	<input type="checkbox"/> REGISTRANT							SCHED #:	ITEM:
<input type="checkbox"/> LEASEBACK OWNER	<input type="checkbox"/> TRUSTEE							ITEM CLASS:	
<input type="checkbox"/> LENDER'S LOSS PAYABLE								ITEM DESCRIPTION	
<input type="checkbox"/> LIENHOLDER		REFERENCE / LOAN #:		INTEREST END DATE:					
		LIEN AMOUNT:		PHONE (A/C, No, Ext):					
REASON FOR INTEREST:				E-MAIL ADDRESS:					