

# COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

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ATE (	MM/	DD/	YY	YY)	

					P	<b>YPP</b>	LIC	ANT INFORM	1A	LION	SECTION	ON						U	//03/20	)24
Sw	ENCY ingle, Collins &								_	ARRIE an S <sub>l</sub>	R Decialty (	Grou	ıp				·		NAIC	CODE
	760 Noel Road, llas, TX 75240	Suite	600								POLICY OR F				ENT	S, LP		PF	OGRAM	CODE
									РО	LICY N	IMBER									
COI	NTACT ME:								UN	DERWR	ITER				l	INDERWI	RITER OFFICE			
	C, No, Ext): (372)		-3000																	
FAX (A/C	(972) (972)	387	-3808										QUOTE			IS	SUE POLICY	L	REI	NEW
E-M ADI	AIL Services	@sv	/inglecoll	ins.	com					ATUS O			BOUND	(Give Dat	te an	d/or Attac	h Copy):			
COI					SUBCODE:								CHANG	E	DAT	E	TIME	E		AM
AGI	ENCY CUSTOMER ID	: THE	EBLVD-01										CANCE	_ 06	/30	/2024				PM
LIN	IES OF BUSINE	ESS																		
	ICATE LINES OF BU		3	PRE	MIUM						PREMIUM								PREMIUI	И
	BOILER & MACHIN			\$			CYBE	R AND PRIVACY			\$			YACHT				-	\$	<del></del>
	BUSINESS AUTO			\$				CIARY LIABILITY			s			1710111				-	\$	
	BUSINESS OWNER			\$				GE AND DEALERS			\$							-	\$	
	COMMERCIAL GEI		LIADILITY	•							\$							-		
				\$				OR LIABILITY			l .							-	\$	
v	COMMERCIAL INL			\$				OR CARRIER			\$							-	\$	
X	COMMERCIAL PRO	SPERT	Y	\$				KERS			\$							-	\$	
L	CRIME			\$			UMBR	RELLA			\$								\$	
AI	TACHMENTS																			
	ACCOUNTS RECE			PAPE	RS			S AND SIGN SECTIO						STATEM	1ENT	/ SCHE	DULE OF VALU	ES		
	ADDITIONAL INTE	REST S	CHEDULE				HOTE	L / MOTEL SUPPLEM	ENT	•				STATE S	SUPF	PLEMENT	(If applicable)			
	ADDITIONAL PREM	AISES I	NFORMATION	SCH	EDULE		INSTA	ALLATION / BUILDERS	RIS	SK SECT	ION			VACANT	BUI	LDING S	UPPLEMENT			
	APARTMENT BUIL	DING S	UPPLEMENT				INTER	RNATIONAL LIABILITY	'EXI	POSURI	SUPPLEME	NT		VEHICLE	E SC	HEDULE				
	CONDO ASSN BYL	_AWS (f	or D&O Covera	age or	nly)		INTER	RNATIONAL PROPER	TY E	XPOSU	RE SUPPLEM	IENT								
	CONTRACTORS S	UPPLE	MENT				LOSS	SUMMARY												
	COVERAGES SCH	EDULE					OPEN	CARGO SECTION												
	DEALERS SECTIO	N					PREM	IIUM PAYMENT SUPF	PLEM	IENT										
	DRIVER INFORMA	TION S	CHEDULE				PROF	ESSIONAL LIABILITY	SUF	PPLEME	NT									
	ELECTRONIC DAT	A PRO	CESSING SEC	TION			REST.	AURANT / TAVERN S	UPP	LEMEN	Γ									
PC	LICY INFORM	ATIO	N																	
PRO	POSED EFF DATE	PROP	OSED EXP DA	TE	BILLING P	LAN		PAYMENT PLAN		METHO	D OF PAYME	NT	AUDIT	DEF	POSI	т	MINIMUM PREMIUM		POLICY	PREMIUM
(	06/30/2024	06	/30/2025		DIRECT	AGE	NCY							\$		\$	i		\$	
	PLICANT INFO	DM/	TION		DIRECT	AOL	-1401													
					FOO ('      715				01	0005		010			Τ.	14100			U OD 00	2.050 #
	ME (First Named Ins ANADA TERRA					+4)			GL	CODE		653			'	IAICS		FEI	N OR SO	SEC#
	11 San Vicente		evard, Sui	te 3	55				BII	CINICCO	PHONE #:									
Los	Angeles, CA 9	0049									ADDRESS									
									***	.boile /	ADDRESS									
	CORRORATION		JOINT VENT	IDE			N/	OT FOR PROFIT ORG		ΤТ.	NIDOLIA DEFE	2   0   4	200000	ATION						
	CORPORATION		NO. OI	MEN	MBERS			OT FOR PROFIT ORG ARTNERSHIP	1		SUBCHAPTEF FRUST	₹ "S" (	JURPUR	ATION		Ш				
NAI	ME (Other Named Ins	sured) A	ANDIV			P+4)	117	AKTIVEKOTIII	GL	CODE	11001	SIC			N	IAICS		FEI	N OR SO	C SEC #
									RII	SINESS	PHONE #:									
											ADDRESS									
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	CORPORATION		JOINT VENTU	- MEN	MBERS	-		OT FOR PROFIT ORG ARTNERSHIP	i		SUBCHAPTEF FRUST	R "S" (	CORPOR	ATION						
NAI	ME (Other Named Ins	sured) A	ANDIV			P+4)	1		GL	CODE		SIC			N	IAICS		FEI	N OR SO	C SEC #
									BU	SINESS	PHONE #:									
											ADDRESS									
									.,,	J.i.L./	.SDILEOG									
	CORPORATION		JOINT VENT	JRE			N	OT FOR PROFIT ORG	;	;	SUBCHAPTER	R "S" (	CORPOR	ATION						
	INDIVIDUAL		LLC NO. OF	MEN	MBERS		- P	ARTNERSHIP		$\square$	TRUST									

CONT	ACT INFORMATION					A	GENC	CUSIC	JIVIER	CID.						
	CT TYPE:		CONTACT TYPE: CONTACT NAME:													
	T NAME: Jake Walker															
PRIMAR PHONE	Y HOME BUS	CELL SECONDA PHONE #	ARY HOME E	SUS	CELL	PRI	MARY ONE #	HO	ME	BUS	CELL	SECONDARY PHONE #	HOME	BUS CELL		
PRIMAR	Y E-MAIL ADDRESS: jake@tl	neblvdgrp.com				PRI	MARY E	-MAIL ADDI	RESS:							
	DARY E-MAIL ADDRESS:					SEC	CONDAR	Y E-MAIL A	DDRE	SS:						
	ISES INFORMATION	Attach ACORD	823 for Additio	nal F	remises											
LOC#	STREET				TY LIMITS	1	TEREST		# F	ULL TI	ME EMPL	ANNUAL REVENUES	S: \$			
1	1301 Avenue A				INSIDE		OWN	ER				OCCUPIED AREA: SO				
BLD#	CITY:South Houston		OUTSIDE		TENA	NT	# P.	ART TI	ME EMPL	OPEN TO PUBLIC AI	REA:	SQ FT				
1	COUNTY:		ZIP: 77587				7					TOTAL BUILDING AI	REA:	8,664 SQ FT		
DESCRI	PTION OF OPERATIONS:			_	'							ANY AREA LEASED	TO OTHER:	S?Y/N		
LOC#	STREET			CI	TY LIMITS	IN.	TEREST		# F	ULL TI	ME EMPL	ANNUAL REVENUES	S: \$			
1	1301 Avenue A				INSIDE		OWN	ER				OCCUPIED AREA:		SQ FT		
BLD#	CITY: South Houston		STATE: TX		OUTSIDE	Ē	TENA	NT	# P	ART TI	ME EMPL	OPEN TO PUBLIC AI	REA:	SQ FT		
2	COUNTY:		ZIP: 77587									TOTAL BUILDING A	REA:	<b>5,256</b> SQ FT		
DESCRI	PTION OF OPERATIONS:											ANY AREA LEASED	TO OTHER	S?Y/N		
LOC#	STREET 1301 Avenue A			CI	TY LIMITS	IN.	TEREST	•	# F	ULL TI	ME EMPL	ANNUAL REVENUES	S: \$			
1	1301 Avellue A				INSIDE		OWN	ER				OCCUPIED AREA:		SQ FT		
BLD#	CITY: South Houston		STATE: TX		OUTSIDE		TENA	NT	# P.	ART TI	ME EMPL	OPEN TO PUBLIC AI	REA:	SQ FT		
3	COUNTY:		ZIP: 77587									TOTAL BUILDING A	REA:	<b>5,256</b> SQ FT		
DESCRI	PTION OF OPERATIONS:											ANY AREA LEASED	TO OTHER	S?Y/N		
LOC#	STREET 1301 Avenue A			CI	TY LIMITS	IN.	TEREST	•	# F	ULL TI	ME EMPL	ANNUAL REVENUES	S: \$			
1					INSIDE		OWN	ER				OCCUPIED AREA:		SQ FT		
BLD#	CITY:South Houston		STATE: TX		OUTSIDE	<u> </u>	TENA	NT	# P.	ART TI	ME EMPL	OPEN TO PUBLIC AI	REA:	SQ FT		
4	COUNTY:		ZIP: 77587									TOTAL BUILDING A	REA:	<b>5,256</b> SQ FT		
DESCRI	PTION OF OPERATIONS:											ANY AREA LEASED	TO OTHER	S?Y/N		
NATU	RE OF BUSINESS												DATE BUG	NA FOO		
			MANUFACTURING	-	RESTAURA	NT		SERVICE					DATE BUS STARTED	(MM/DD/YYYY)		
СО	NDOMINIUMS INSTIT	TUTIONAL	OFFICE		RETAIL			WHOLESA	ALE							
RETAIL	STORES OR SERVICE OPERAT	IONS % OF TOTAL S.		LLATI	ON, SERVIC			R WORK		0	FF PREMIS	ES INSTALLATION, SE		REPAIR WORK		
KLIAIL	OTOREO OR SERVICE OF ERA	10110 78 OF TOTAL 0.	ALLO.			%							%			
	PTION OF OPERATIONS OF OT															
ADDIT	TIONAL INTEREST (No	rovide o	nly	the ne	ecessary	data	a) At	tach AC	ORD 45 for mor	e Additi	onal Interests					
INTEREST NAME AND ADDRESS RANK: EVIDE							RTIFICA	ATE	POLIC	Υ	SEND BI	LL INTERE	ST IN ITEM I	NUMBER		
ADDITIONAL LIENHOLDER BREACH OF LOOP DAYER												LOCATION:	BUII	LDING:		
WARRANTY LOSS PAYEE												VEHICLE:	ВОА	AT:		
CO-OWNER MORTGAGEE EMPLOYEE OURSE												AIRPORT:		CRAFT:		
AS	LESSOR OWNER											CLASS:	ITEN	И:		
OW	NER REGISTRAN					ITEM DESCRIPTION										
	S PAYABLE TRUSTEE	REFERENCE / LC	)AN #:				ST END									
DEACC:	I EOD INTEDEST:	LIEN AMOUNT:				PHONE (A/C, No, Ext): FAX (A/C, No):										

**EFFECTIVE DATE** EXPIRATION DATE

**GENERAL INFORMATION** 

		( )			
YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				

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

ENTER ALL CLAIM FOR THE LAST	S OR LOSSES (R YEARS	EGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OC	CURRENCES THAT N	MAY GIVE RISE TO CLAIMS	TOTAL LOSSES: \$		
DATE OF OCCURRENCE	LINE	TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	SUBRO- GATION Y/N	CLAIM OPEN Y/N

#### **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

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) vears.

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



# ADDITIONAL PREMISES INFORMATION SCHEDULE

Page 1 of 3

AGENCY					CARRIE	=R				NAIC CODE
	le, Collins & Associates				_		ialty Grou	n		IVAIO GODE
POLICY			EFFECTI	VE DATE	NAMED IN	•		<u> </u>		
POLICI	VOWIDER		06/30/2				` '	E APARTMENTS,	LP	
PREM	ISES INFORMATION									
LOC#	STREET 1301 Avenue A			СІТ	Y LIMITS	INT	EREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	
1	1301 Avenue A				INSIDE		OWNER		OCCUPIED AREA:	SQ FT
BLD#	CITY: South Houston	STATE	: TX		OUTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT
5	COUNTY:	ZIP:7	7587		1				TOTAL BUILDING AREA:	<b>5,256</b> SQ FT
DESCRI	PTION OF OPERATIONS:								ANY AREA LEASED TO OTHE	ERS? Y / N:
LOC#	STREET			СІТ	Y LIMITS	INT	EREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	
1	1301 Avenue A				INSIDE		OWNER		OCCUPIED AREA:	SQ FT
BLD#	CITY: South Houston	STATE	: ТХ		OUTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT
6	COUNTY:	ZIP:7	7587		1				TOTAL BUILDING AREA:	<b>5,270</b> SQ FT
DESCRI	PTION OF OPERATIONS:								ANY AREA LEASED TO OTHE	 ERS? Y / N:
LOC#	STREET			СІТ	Y LIMITS	INT	EREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	
1	1301 Avenue A				INSIDE		OWNER		OCCUPIED AREA:	SQ FT
BLD#	CITY: South Houston	STATE	: ТХ		OUTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT
7	COUNTY:	ZIP: 7			1				TOTAL BUILDING AREA:	<b>5.270</b> SQ FT
	PTION OF OPERATIONS:				1				ANY AREA LEASED TO OTHE	-,
LOC#	STREET			СІТ	Y LIMITS	INT	EREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	
1	1301 Avenue A			-	INSIDE		OWNER		OCCUPIED AREA:	SQ FT
BLD#	CITY: South Houston	STATE	: ТХ		OUTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT
8	COUNTY:	ZIP:7						# 17 HK1 1 HH2 = HH1 =	TOTAL BUILDING AREA:	<b>5.270</b> SQ FT
	PTION OF OPERATIONS:	211 . /	1301						ANY AREA LEASED TO OTHE	-, -
LOC#	STREET			CIT	Y LIMITS	INIT	EREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	
1	1301 Avenue A			Cit	INSIDE	1141	OWNER	# FOLL TIME LIMPL	OCCUPIED AREA:	SQ FT
BLD#	CITY: O the Library to	STATE	: ТХ		OUTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT
	CITY: South Houston	_	.,,		OUTSIDE		ENANT	#PART TIME EMPL		
9	COUNTY:	ZIP: <b>7</b>	1381						TOTAL BUILDING AREA:	5,270 SQ FT
	PTION OF OPERATIONS:					T			ANY AREA LEASED TO OTHE	:RS? Y / N:
LOC#	STREET 1301 Avenue A			CII	Y LIMITS	INI	EREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	
1					INSIDE		OWNER		OCCUPIED AREA:	SQ FT
BLD#	CITY: South Houston	STATE			OUTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT
10	COUNTY:	ZIP: 7	7587						TOTAL BUILDING AREA:	<b>11,690</b> SQ FT
	PTION OF OPERATIONS:								ANY AREA LEASED TO OTHE	ERS? Y / N:
LOC#	STREET 1301 Avenue A			CIT	Y LIMITS	INT	EREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	
1		1			INSIDE		OWNER		OCCUPIED AREA:	SQ FT
BLD#	CITY: South Houston	STATE	: TX		OUTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT
11	COUNTY:	ZIP:7	7587						TOTAL BUILDING AREA:	<b>11.690</b> SQ FT

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

IN THE DISTRICT OF COLUMBIA, WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS, IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT

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 KANSAS, 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 COMMITS A FRAUDULENT INSURANCE ACT.

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

IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.

**DESCRIPTION OF OPERATIONS:** 

ANY AREA LEASED TO OTHERS? Y / N:



AGENC'

# ADDITIONAL PREMISES INFORMATION SCHEDULE

CARRIER

Page 2 of 3

NAIC CODE

Swing	gle, Collins & Associates				Ryan S	pec	ialty Group	1		
POLICY	NUMBER	E	FFECTIVE D	ATE	NAMED IN		` '			
		C	06/30/202	24	GRANA	ADA	TERRACE	APARTMENTS, I	LP	
PREM	ISES INFORMATION									
LOC#	STREET 1301 Avenue A			CIT	Y LIMITS	INT	EREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	
1	1301 Avenue A				INSIDE		OWNER		OCCUPIED AREA:	SQ FT
BLD#	CITY: South Houston	STATE:	TX		OUTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT
12	COUNTY:	ZIP: 77	587		1				TOTAL BUILDING AREA:	<b>8,640</b> SQ FT
DESCRI	PTION OF OPERATIONS:				•				ANY AREA LEASED TO OTHE	RS? Y / N:
LOC#	STREET			CIT	Y LIMITS	INT	EREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	
1	1301 Avenue A				INSIDE		OWNER		OCCUPIED AREA:	SQ FT
BLD#	CITY: South Houston	STATE:	TX		OUTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT
13	COUNTY:	ZIP: 77	587		1				TOTAL BUILDING AREA:	<b>10,918</b> SQ FT
DESCRI	PTION OF OPERATIONS:				•				ANY AREA LEASED TO OTHE	RS? Y / N:
LOC#	STREET			CIT	Y LIMITS	INT	EREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	
1	1301 Avenue A				INSIDE		OWNER		OCCUPIED AREA:	SQ FT
BLD#	CITY: South Houston	STATE:	TX		OUTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT
14	COUNTY:	ZIP: 77	587						TOTAL BUILDING AREA:	<b>10,918</b> SQ FT
DESCRI	PTION OF OPERATIONS:				'		1		ANY AREA LEASED TO OTHE	RS? Y / N:
LOC#	STREET			CIT	Y LIMITS	INT	EREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	
1	1301 Avenue A				INSIDE		OWNER		OCCUPIED AREA:	SQ FT
BLD#	CITY: South Houston	STATE:	TX		OUTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT
15	COUNTY:	ZIP: 77	587						TOTAL BUILDING AREA:	<b>8,664</b> SQ FT
DESCRIE	PTION OF OPERATIONS:						1	<u> </u>	ANY AREA LEASED TO OTHE	RS? Y / N:
LOC#	STREET			CIT	Y LIMITS	INT	EREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	
1	1301 Avenue A				INSIDE		OWNER		OCCUPIED AREA:	SQ FT
BLD#	CITY: South Houston	STATE:	TX		OUTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT
16	COUNTY:	ZIP: 77	587						TOTAL BUILDING AREA:	<b>8,664</b> SQ FT
DESCRIE	PTION OF OPERATIONS:						1	<u> </u>	ANY AREA LEASED TO OTHE	RS? Y / N:
LOC#	STREET			CIT	Y LIMITS	INT	EREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	
1	1301 Avenue A				INSIDE		OWNER		OCCUPIED AREA:	SQ FT
BLD#	CITY: South Houston	STATE:	TX		OUTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT
17	COUNTY:	ZIP: 77	587		1				TOTAL BUILDING AREA:	<b>234</b> SQ FT
DESCRI	PTION OF OPERATIONS:				1				ANY AREA LEASED TO OTHE	RS? Y / N:
LOC#	STREET			CIT	Y LIMITS	INT	EREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	
1	1301 Avenue A				INSIDE		OWNER		OCCUPIED AREA:	SQ FT
BLD#	CITY: South Houston	STATE:	TX		OUTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT
18	COUNTY:	ZIP: 77	587		1				TOTAL BUILDING AREA:	<b>338</b> SQ FT
DESCRI	PTION OF OPERATIONS:				1			1	ANY AREA LEASED TO OTHE	RS? Y / N:
ANY F	PERSON WHO KNOWINGLY AND WITH INTE	NT TO F	DEFRAUD A	NYI	NSURANC	E C	OMPANY OR A	NOTHER PERSON FIL	ES AN APPLICATION FOR	INSURANCE OR

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

IN THE DISTRICT OF COLUMBIA, WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS, IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT

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 KANSAS, 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.

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

IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.

SQ FT

SQ FT

SQ FT

SQ FT



# ADDITIONAL PREMISES INFORMATION SCHEDULE

Page 3 of 3

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AGENCY	•				CARRII	ER			1	NAIC CODE
Swing	le, Collins & Associates				Ryan S	ped	cialty Group			
POLICY	NUMBER		EFFECTIV	E DATE			` '		<u>'</u>	
			06/30/2	024	GRANA	ADA	A TERRACE	APARTMENTS,	LP	
PREM	ISES INFORMATION				·					
LOC#	STREET 1301 Avenue A			CI	TY LIMITS	INT	EREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	
1	1301 Avenue A				INSIDE		OWNER		OCCUPIED AREA:	SQ FT
BLD#	CITY: South Houston	STATI	E: TX		OUTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT
19	COUNTY:	ZIP:7	7587						TOTAL BUILDING AREA:	SQ FT
DESCRI	PTION OF OPERATIONS:								ANY AREA LEASED TO OTHERS?	Y / N:
LOC#	STREET 1301 Avenue A			CI	TY LIMITS	INT	EREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	
1	1301 Avenue A				INSIDE		OWNER		OCCUPIED AREA:	SQ FT
BLD#	CITY: South Houston	STATI	E: TX		OUTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT
20	COUNTY:	ZIP:7	7587						TOTAL BUILDING AREA:	SQ FT
DESCRI	PTION OF OPERATIONS:								ANY AREA LEASED TO OTHERS?	Y / N:
LOC#	STREET 1301 Avenue A			CI	TY LIMITS	INT	EREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	
1	1301 Avenue A				INSIDE		OWNER		OCCUPIED AREA:	SQ FT
BLD#	CITY: South Houston	STATI	E: TX		OUTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT
21	COUNTY:	ZIP:7	7587						TOTAL BUILDING AREA:	SQ FT
DESCRI	PTION OF OPERATIONS:								ANY AREA LEASED TO OTHERS?	Y / N:
LOC#	STREET			CI	TY LIMITS	INT	EREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	
					INSIDE		OWNER		OCCUPIED AREA:	SQ FT
BLD#	CITY:	STATI	E:		OUTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT
	COUNTY:	ZIP:							TOTAL BUILDING AREA:	SQ FT
DESCRI	PTION OF OPERATIONS:								ANY AREA LEASED TO OTHERS?	Y / N:
LOC#	STREET			CI	TY LIMITS	INT	EREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	
					INSIDE		OWNER		OCCUPIED AREA:	SQ FT
BLD#	CITY:	STATI	E:		OUTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT
	COUNTY:	ZIP:							TOTAL BUILDING AREA:	SQ FT
DESCRI	PTION OF OPERATIONS:								ANY AREA LEASED TO OTHERS?	Y / N:
LOC#	STREET			CI	TY LIMITS	INT	EREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	
					INSIDE		OWNER		OCCUPIED AREA:	SQ FT

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OUTSIDE

CITY LIMITS

INSIDE

OUTSIDE

TENANT

OWNER

TENANT

INTEREST

STATE:

STATE:

ZIP:

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BLD#

LOC#

BLD#

CITY:

DESCRIPTION OF OPERATIONS:

STREET

CITY:

COUNTY:

**DESCRIPTION OF OPERATIONS:** 

# PART TIME EMPL

# FULL TIME EMPL

# PART TIME EMPL

OPEN TO PUBLIC AREA:

TOTAL BUILDING AREA:

**ANNUAL REVENUES: \$** 

**OPEN TO PUBLIC AREA:** 

**TOTAL BUILDING AREA:** 

OCCUPIED AREA

ANY AREA LEASED TO OTHERS? Y / N:

ANY AREA LEASED TO OTHERS? Y / N:



DATE	(MM/DD/YYYY)
07	/03/2024

	CY NAME gle, Collins & Asso	CARRIER Ryan Specialty Group									IC CODE						
POLIC	Y NUMBER					FFECTIVE DATE 16/30/2024		D INSURED		ACE A	APART	MEN	NTS, LP				
BLAI	NKET SUMMARY				•												
BLKT #	# AMOUNT			ГҮРЕ			BLKT	#	AMOUNT					TYPE			
		PREMI	SES #: <b>1</b>	STREET	ADDRE	:SS: 1301 A	VODUO	A South	Houst	on T	V 77593	7					
PREI	MISES INFORMATIO		NG #: 1	BLDG DE			venue /	A, South	House	OII, 12	X 1130	1					
	SUBJECT OF INSURANCE		AMOUNT	COINS %			LOSS	INFLATION GUARD %	DED	)	DED TYPE	BLKT #	FORM	S AND C	ONDIT	IONS TO	APPLY
Build	ing		1,236,170		R			00/11(2 /0									
			1,200,170														
ADDIT	ONAL INFORMATION	BUOINES	NOOME / EVE	DA EVDEN	) 			П.	(ALUE DE	- DODTI	NO INFOR			0000 04			
	ONAL INFORMATION		S INCOME / EXT									IVIA I IC	ON - Attach A	CUKU 81	1		
SPOIL	TIONAL COVERAGE  AGE DESCRIPTION OF R	•	•	IIONS, E	ENDO	KSEWIENI	AND	LIMIT	NFURIV		REFRIG I	MAINT	OPTIONS				
COVEI (Y /	RAGE							\$			AGREE	MENT		KDOWN	OR CO	ONTAMI	NATION
(	7						-	DEDUCTIB	LE		(Y / N	N) □	POW	ER OUTA	GE		ELLING RICE
								\$									NOL
SINKH	OLE COVERAGE (Required	in Florida)				ACCE	T COVER	AGE	REJE	ECT CO	VERAGE		LIMIT: \$				
MINE S	SUBSIDENCE COVERAGE (F	Required in IL,	IN, KY and WV)			ACCE	T COVER	AGE	REJE	ECT CO	VERAGE		LIMIT: \$				
P	ROPERTY HAS BEEN DESIG	SNATED AN HIS	STORICAL LAND	MARK									# OF OPEN S	IDES ON	STRU	CTURE:	
CONST	RUCTION TYPE	нуі	DISTANCE TO DRANT FIRE S	TAT	FI	RE DISTRICT		CODE NU	MBER F	PROT C			# BASM'TS	YR BU		TOTAL A	
CONST	RUCTION TYPE	нуі	FT FIRE S	МІ				CODE NU			2		# BASM'TS	YR BU		TOTAL A	
	RUCTION TYPE	нүі	FT BL				F TYPE	CODE NUI	MBER F		2		#BASM'TS				
BUILDI		HYI PLUMBING, YI	FT BL	MI DG CODE GRADE			F TYPE	CODE NUI	OTHER C	OCCUPA	2 ANCIES	2		196	2		
BUILDI W R	NG IMPROVEMENTS VIRING, YR: OOFING, YR:	PLUMBING, YI HEATING, YR:	FT BL	MI DG CODE GRADE	ТАХ			CODE NUI	OTHER O	OCCUPA ATING S	ANCIES  SOURCE II	NCL W	/OODBURNIN	196		8,664	
BUILDI W R	NG IMPROVEMENTS  VIRING, YR:  OOFING, YR:  THER:	PLUMBING, YI	FT BL	MI DG CODE GRADE	ТАХ	CODE ROC	SISTIVE		OTHER C	OCCUPA ATING S	ANCIES  SOURCE II	NCL W	/OODBURNIN	196	2 ATE	8,664	
BUILDI W R O PRIMA	NG IMPROVEMENTS VIRING, YR: OOFING, YR:	PLUMBING, YI HEATING, YR:	FT BL	MI DG CODE GRADE	ТАХ	CODE ROC	SECO	CODE NUI	OTHER COMMANUFA	OCCUPA ATING S	ANCIES  SOURCE II FIREPLAI	NCL W	/OODBURNIN	196	2 ATE	8,664	
BUILDI W R O PRIMA	NG IMPROVEMENTS  VIRING, YR:  OOFING, YR:  THER:  RY HEAT	PLUMBING, YI HEATING, YR: YR:	PRANT FIRE S	MI DG CODE GRADE	ТАХ	CODE ROC	SECO	INDARY HE	OTHER COME HEAD STOME MANUFA	ATING SOVE OR ACTURE	ANCIES  SOURCE II FIREPLATER:	NCL W	/OODBURNIN SERT	196	2 ATE	8,664	
BUILDI W R O PRIMA	NG IMPROVEMENTS  VIRING, YR:  OOFING, YR:  THER:  RY HEAT  DILER  SOLID F	PLUMBING, YI HEATING, YR: YR:	PRANT FIRE S	MI DG CODE GRADE  ND CLASS  RESISTIT	TAX	CODE ROC	SECO	INDARY HE	OTHER COMMANUFA	ATING SOLID I	ANCIES  SOURCE II FIREPLATER:	NCL W	/OODBURNIN SERT	196	ATE NSTAL	<b>8,664</b>	
BUILDI WAR ROOM OF PRIMA BE RIGHT	NG IMPROVEMENTS  VIRING, YR:  OOFING, YR:  THER:  RY HEAT  DILER  BOILER, IS INSURANCE PL  EXPOSURE & DISTANCE	PLUMBING, YI HEATING, YR: YR:	PERE?	MI DG CODE GRADE  ND CLASS  RESIST!  / N  RE & DIST.	VE	CODE ROC	SECO	INDARY HE. BOILER F BOILER, I	OTHER COMMANUFA	ATING SOLID I	ANCIES  SOURCE II FIREPLATER:	NCL W CE INS	VOODBURNIN SERT HERE?	196  G D  Y/N  SSURE &	ATE NSTAL	LED:	AREA
BUILDI WAR ROOM OF PRIMA BE RIGHT	NG IMPROVEMENTS  VIRING, YR:  OOFING, YR:  THER:  RY HEAT  DILER  BOILER, IS INSURANCE PL	PLUMBING, YI HEATING, YR: YR:	PERE?	MI DG CODE GRADE  ND CLASS  RESIST!  / N  RE & DIST.	TAX	CODE ROC	SECO	INDARY HE. BOILER F BOILER, I	OTHER COMMANUFA	ATING SOLID I	ANCIES  SOURCE II FIREPLATER:	NCL W CE INS	VOODBURNIN SERT	196  G D  Y/N  SSURE &	ATE NSTAL	R,664	
BUILDI  W R O PRIMA BI IF RIGHT	NG IMPROVEMENTS  VIRING, YR:  OOFING, YR:  THER:  RY HEAT  DILER  BOILER, IS INSURANCE PL  EXPOSURE & DISTANCE  LAR ALARM TYPE	PLUMBING, YI HEATING, YR: YR: :UEL	PERE? Y	MI DG CODE GRADE  ND CLASS  RESIST!  / N  RE & DIST.	VE	CODE ROC	SISTIVE SECO	INDARY HE BOILER F BOILER, I	OTHER COMMANUFA	ATING SOLID I	ANCIES SOURCE II FIREPLAI R: FUEL  LACED EL	NCL W CE INS	VOODBURNIN SERT HERE? REAR EXPO	196  Y/N  SURE &	DISTA	LED:	LOCAL GONG
BUILDI  W R O PRIMA BI IF RIGHT	NG IMPROVEMENTS  VIRING, YR:  OOFING, YR:  THER:  RY HEAT  DILER  BOILER, IS INSURANCE PL  EXPOSURE & DISTANCE	PLUMBING, YI HEATING, YR: YR: :UEL	PERE? Y	MI DG CODE GRADE  ND CLASS  RESIST!  / N  RE & DIST.	VE	CODE ROC	SECO	INDARY HE BOILER F BOILER, I	OTHER COMMANUFA	ATING SOLID I	ANCIES SOURCE II FIREPLAI R: FUEL  LACED EL	NCL W CE INS	VOODBURNIN SERT HERE?	196  Y/N  SURE &	DISTA	LED:	AREA
BUILDI  W  R  O  PRIMA  B'  RIGHT  BURGI	NG IMPROVEMENTS  VIRING, YR:  OOFING, YR:  THER:  RY HEAT  DILER  BOILER, IS INSURANCE PL  EXPOSURE & DISTANCE  LAR ALARM TYPE	PLUMBING, YI HEATING, YR: 'UEL ACED ELSEWI	PERE? Y  LEFT EXPOSU	DG CODE GRADE  ND CLASS RESISTI  / N  RE & DIST.	TAX	CODE ROC	SECCO I FROM	ONDARY HEASOILER, IF BOILER, IT EXPOSUF	OTHER C  HEA STO MANUFA  AT  S INSURA  RE & DIST	ATING SOLID I	ANCIES SOURCE II FIREPLAI R: FUEL LACED EL	NCL W CE INS	VOODBURNIN SERT HERE? REAR EXPO	196  Y/N  SURE &	DISTA	LED:	LOCAL GONG
BUILDI  W  R  O  PRIMA  B'  RIGHT  BURGI	NG IMPROVEMENTS  VIRING, YR:  OOFING, YR:  THER:  RY HEAT  DILER SOLID F  BOILER, IS INSURANCE PL  EXPOSURE & DISTANCE  LAR ALARM TYPE  LAR ALARM INSTALLED AN	PLUMBING, YI HEATING, YR: 'UEL ACED ELSEWI	PERE? Y  LEFT EXPOSU	DG CODE GRADE  ND CLASS RESISTI  / N  RE & DIST.	TAX	CODE ROC	SECO I FROM	INDARY HE BOILER F BOILER, I	OTHER C  HEA STO MANUFA  AT  S INSURA  RE & DIST	ATING SOLID I	ANCIES SOURCE II FIREPLAI R: FUEL LACED EL	NCL W CE INS	VOODBURNIN SERT HERE? REAR EXPO	196  Y/N  SURE &	DISTA	R,664  LED: TRAL ION I KEYS CLOCH	LOCAL GONG
BUILDI W R O PRIMA BI RIGHT BURGI	NG IMPROVEMENTS  VIRING, YR:  OOFING, YR:  THER:  RY HEAT  DILER SOLID F  BOILER, IS INSURANCE PL  EXPOSURE & DISTANCE  LAR ALARM TYPE  LAR ALARM INSTALLED AN	PLUMBING, YI HEATING, YR: YR: UEL ACED ELSEWI	PERE? Y  LEFT EXPOSU	MIDG CODE GRADE  ND CLASS  RESISTIF  / N  RE & DIST.  CERTII	TAX  VE  ANCE  ANCE  ems)	CODE ROC	SECO I I FROM	ONDARY HEASOILER, IF BOILER, IT EXPOSUF	OTHER C  HEA STO MANUFA  AT  S INSURA  RE & DIST	ATING SOLID I	ANCIES SOURCE II FIREPLAI R: FUEL LACED EL	NCL W CE INS	VOODBURNIN SERT HERE? REAR EXPO	196  Y/N  SURE &	DISTA	R,664  LED: TRAL ION I KEYS CLOCH	LOCAL GONG  C HOURLY  RAL STATION
BUILDI W R O PRIMA BI RIGHT BURGI	NG IMPROVEMENTS  VIRING, YR:  OOFING, YR:  THER:  RY HEAT  DILER SOLID F  BOILER, IS INSURANCE PL  EXPOSURE & DISTANCE  LAR ALARM TYPE  LAR ALARM INSTALLED AN  SES FIRE PROTECTION (Spi	PLUMBING, YI HEATING, YR: YR: UEL ACED ELSEWI	HERE? Y LEFT EXPOSU	DG CODE GRADE  ND CLASS  RESIST!  / N  RE & DIST.  CERTII  mical Systematical Syste	TAX  VE  ANCE  ANCE  eems)	SEMI- RE	SECO I I FROM	INDARY HE. BOILER, I IT EXPOSURE  NT	OTHER C  HEA STO MANUFA  AT  S INSURA  RE & DIST	ATING SOLID I	ANCIES SOURCE II FIREPLAI R: FUEL LACED EL	NCL W CE INS	VOODBURNING SERT HERE? REAR EXPO	196  Y/N  SURE &	DISTA  CENTSTAL  WITH	LED: TRAL TION HKEYS CLOCH	LOCAL GONG  K HOURLY  RAL STATION  C GONG
BUILDI  W R O PRIMA BI IF RIGHT  BURGI  BURGI  PREMI	NG IMPROVEMENTS  VIRING, YR:  OOFING, YR:  THER:  RY HEAT  DILER SOLID F  BOILER, IS INSURANCE PL  EXPOSURE & DISTANCE  LAR ALARM TYPE  LAR ALARM INSTALLED AN  SES FIRE PROTECTION (Spi	PLUMBING, YI HEATING, YR: YR: UEL ACED ELSEWI	HERE? Y LEFT EXPOSU  Y RD 45 attac	DG CODE GRADE  ND CLASS  RESIST!  / N  RE & DIST.  CERTII  mical Systematical Syste	TAX  VE  ANCE  ANCE  eems)	SEMI- RE	SECO FROM	INDARY HE. BOILER, I IT EXPOSURE  NT	OTHER C  HEA STO MANUFA  AT  S INSURA  RE & DIST	ATING SOLID I	ANCIES SOURCE II FIREPLAI R: FUEL LACED EL	NCL W CE INS	VOODBURNINGSERT  HERE?  REAR EXPO  PIRATION DAT  UARDS / WAT	Y/N SURE &	DISTAL CENTSTALL WITH	LED: TRAL TION HKEYS CLOCH	LOCAL GONG  CHOURLY  RAL STATION  GONG  BER
BUILDI W R O PRIMA BI IF RIGHT BURGI BURGI PREMI	NG IMPROVEMENTS  VIRING, YR:  OOFING, YR:  THER:  RY HEAT  DILER SOLID F  BOILER, IS INSURANCE PL  EXPOSURE & DISTANCE  LAR ALARM TYPE  LAR ALARM INSTALLED AN  SES FIRE PROTECTION (Spi	PLUMBING, YI HEATING, YR: YR: UEL ACED ELSEWI	HERE? Y LEFT EXPOSU  Y RD 45 attac	DG CODE GRADE  ND CLASS  RESIST!  / N  RE & DIST.  CERTII  mical Systematical Syste	TAX  VE  ANCE  ANCE  eems)	SEMI- RE	SECO FROM	INDARY HE. BOILER, I IT EXPOSURE  NT	OTHER C  HEA STO MANUFA  AT  S INSURA  RE & DIST	ATING SOLID I	ANCIES SOURCE II FIREPLAI R: FUEL LACED EL	NCL W CE INS	VOODBURNIN SERT HERE? REAR EXPO	Y/N SURE &	DISTA  CENTSTALL  WITH	LED: TRAL TION CLOCK CENTF LOCAL	LOCAL GONG  CHOURLY  RAL STATION  GONG  BER
BUILDI W R O PRIMA BI IF RIGHT BURGI BURGI PREMI	NG IMPROVEMENTS  VIRING, YR:  OOFING, YR:  THER:  RY HEAT  DILER SOLID F  BOILER, IS INSURANCE PL  EXPOSURE & DISTANCE  LAR ALARM TYPE  LAR ALARM INSTALLED AN  SES FIRE PROTECTION (Spi  ITIONAL INTEREST  EST  DOSS PAYEE	PLUMBING, YI HEATING, YR: YR: UEL ACED ELSEWI	HERE? Y LEFT EXPOSU  Y RD 45 attac	DG CODE GRADE  ND CLASS  RESIST!  / N  RE & DIST.  CERTII  mical Systematical Syste	TAX  VE  ANCE  ANCE  eems)	SEMI- RE	SECO FROM	INDARY HE. BOILER, I IT EXPOSURE  NT	OTHER C  HEA STO MANUFA  AT  S INSURA  RE & DIST	ATING SOLID I	ANCIES SOURCE II FIREPLAI R: FUEL LACED EL	NCL W CE INS	VOODBURNINGSERT  HERE?  REAR EXPO  PIRATION DAT  UARDS / WAT	Y/N SURE &	DISTA  CENTSTALL  WITH	RAL TRAL TOOL TOOL TOOL TOOL TOOL TOOL TOOL TO	LOCAL GONG  CHOURLY  RAL STATION  GONG  BER
BUILDI W R O PRIMA BI IF RIGHT BURGI BURGI PREMI	NG IMPROVEMENTS  VIRING, YR:  OOFING, YR:  THER:  RY HEAT  DILER SOLID F  BOILER, IS INSURANCE PL  EXPOSURE & DISTANCE  LAR ALARM TYPE  LAR ALARM INSTALLED AN  SES FIRE PROTECTION (Spi  ITIONAL INTEREST  EST  DOSS PAYEE	PLUMBING, YI HEATING, YR: YR: UEL ACED ELSEWI  D SERVICED B Tinklers, Standa	PERE?  HERE?  Y  Dipes, CO2 / Che  ADDRESS RAM	DG CODE GRADE  ND CLASS  RESIST!  / N  RE & DIST.  CERTII  mical Systematical Syste	TAX  VE  ANCE  ANCE  eems)	SEMI- RE	SECO FROM	INDARY HE. BOILER, I IT EXPOSURE  NT	OTHER C  HEA STO MANUFA  AT  S INSURA  RE & DIST	ATING SOLID I	ANCIES SOURCE II FIREPLAI R: FUEL LACED EL	NCL W CE INS	JOODBURNIN SERT HERE? REAR EXPO PIRATION DAT UARDS / WAT LOCATION: ITEM CLASS:	Y/N SURE &	DISTA  CENTSTALL  WITH	RAL TRAL TOOL TOOL TOOL TOOL TOOL TOOL TOOL TO	LOCAL GONG  CHOURLY  RAL STATION  GONG  BER
BUILDI W R O PRIMA BI IF RIGHT BURGI PREMI ADD INTERI	NG IMPROVEMENTS  VIRING, YR:  OOFING, YR:  THER:  RY HEAT  DILER SOLID F  BOILER, IS INSURANCE PL  EXPOSURE & DISTANCE  LAR ALARM TYPE  LAR ALARM INSTALLED AN  SES FIRE PROTECTION (Spi  ITIONAL INTEREST  EST  DOSS PAYEE	PLUMBING, YI HEATING, YR: YR: UEL ACED ELSEWI	PERE?  HERE?  Y  Dipes, CO2 / Che  ADDRESS RAM	DG CODE GRADE  ND CLASS  RESIST!  / N  RE & DIST.  CERTII  mical Systematical Syste	ANCE ANCE ems)  addit	SEMI- RE	SECO FROM	INDARY HE. BOILER F BOILER, I IT EXPOSUR	OTHER C  HEA STC  MANUFA  AT  S INSURA  RE & DIST	ATING SOLID I	ANCIES SOURCE II FIREPLAI FIREPLAI ER: FUEL [ LACED EL	NCL WECE INS	JOODBURNIN SERT HERE? REAR EXPO PIRATION DAT UARDS / WAT LOCATION: ITEM CLASS:	196  Y/N  SURE &  TCHMEN	DISTA  CENTSTALI  CENTSTALI  IN ITE	RACE TRAL TRAL TRAL TRAL TRAL TRAL TRAL TRAL	LOCAL GONG  CHOURLY  RAL STATION CONG  BER 3:

ADDITIONAL	PREMISES #: 1	STREET	ADDRE	ss: 130	1 Avenue	A, South	Hous	ston, T	K 77587	7			
PREMISES INFORMATION	BUILDING #: 2	BLDG DI											
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU-	CAUS	ES OF LOSS	INFLATION GUARD %	I DI	ED	DED TYPE	BLKT #	FORM	S AND COND	ITIONS TO APPLY
Building	696,28		R			GOARD /6			11171	#			
	090,20												
ADDITIONAL INFORMATION	BUSINESS INCOME / EX	RA EXPENS	SE - Atta	ch ACO	RD 810		VALUE	REPORTIN	IG INFOR	MATIC	N - Attach A	CORD 811	
ADDITIONAL COVERAGES	, OPTIONS, RESTRIC	TIONS, E	ENDOF	RSEME	NTS AND	RATING	INFOR	MATIO	N				
SPOILAGE DESCRIPTION OF PR	OPERTY COVERED					LIMIT			REFRIG I		OPTIONS		
(Y / N)						\$			(Y/N				CONTAMINATION SELLING
						DEDUCTIE	BLE				POW	ER OUTAGE	PRICE
						\$				_			
SINKHOLE COVERAGE (Required in					CCEPT COVE			JECT CO			LIMIT: \$		
MINE SUBSIDENCE COVERAGE (Re				Α	CCEPT COVE	RAGE	RE	JECT CO	/ERAGE		LIMIT: \$		
PROPERTY HAS BEEN DESIGN	ATED AN HISTORICAL LAN	DMARK								;	# OF OPEN S	IDES ON STR	CUCTURE:
CONSTRUCTION TYPE	DISTANCE TO HYDRANT FIRE	STAT	FIR	E DISTR	ICT	CODE NU	MBER	PROT CI	# STO	RIES	# BASM'TS	YR BUILT	TOTAL AREA
	FT	MI							2	2		1962	5,256
BUILDING IMPROVEMENTS	В	LDG CODE GRADE	TAX	CODE	ROOF TYPE		OTHER	R OCCUPA	NCIES				
WIRING, YR:	LUMBING, YR:												
ROOFING, YR:	EATING, YR:	IND CLASS		SEM	I- RESISTIVE		H	EATING S TOVE OR	OURCE II FIREPLA	NCL W CE INS	OODBURNIN SERT	G DATE INST <i>A</i>	ALLED:
OTHER:	YR:	RESISTI	VE				MANUF	FACTURE	R:				
PRIMARY HEAT					SEC	ONDARY HE	AT	_	r				
BOILER SOLID FU	EL					BOILER		SOLID F	UEL				
IF BOILER, IS INSURANCE PLACE		/ / N				IF BOILER,	IS INSUI	RANCE PL	ACED EL	SEWH	IERE?	Y/N	
RIGHT EXPOSURE & DISTANCE	LEFT EXPOS	JRE & DIST	ANCE		FRO	NT EXPOSU	RE & DIS	STANCE			REAR EXPO	SURE & DIST	TANCE
										$\perp$		CE	NTRAL LOCAL
BURGLAR ALARM TYPE		CERT	IFICATE	#						EXP	IRATION DAT	E ST	ATION GONG
								1					TH KEYS
BURGLAR ALARM INSTALLED AND	SERVICED BY				EXT	ENT		GRAI	DE	# Gl	JARDS / WAT	CHMEN	CLOCK HOURLY
PREMISES FIRE PROTECTION (Sprin	klere Standnings CO2/Ch	amical Syste	ome)		% SPRNK	FIRE ALARI		IEACTURE	:D				OFNITRAL OTATION
T KEMIOLO I IKE I KOTLOTION (Opini	ikiera, otanopipea, ooz / on	ennear Gyst	ciii3)		% SPRINK	FIRE ALAKI	W WAND	FACTURE	.r.				CENTRAL STATION
ADDITIONAL INTEREST	400DD 45 -44	ll <b>f</b>	1 -1!4!										LOCAL GONG
ADDITIONAL INTEREST INTEREST	NAME AND ADDRESS RA		EVIDE		CERTIFIC	ATF						TEDEST IV	TEM NUMBER
LOSS PAYEE	E AND ADDRESS NA		LVIDE		OEK III-IC							IEKESI IN I	FEM NUMBER
MORTGAGEE											ITEM CLASS:		BUILDING:
											CLASS: ITEM DESCI	RIPTION	ITEM:
	REFERENCE / LOAN #:												
REMARKS (ACORD 101, A	Additional Remarks	Schedul	le, ma	y be a	ttached if	more spa	ace is	reguire	ed)				

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.

PRODUCER'S SIGNATURE	Frank Suigle	±  Tr	PRODUCER'S NAME (Please Print)		(Required in Florida)
APPLICANT'S SIGNATURE				DATE	NATIONAL PRODUCER NUMBER



		NAME le, Collins & A	Asso	ciate	s									RIER Specia	ılty Gı	roup						N/	AIC CODE	
POL	ICY N	NUMBER									TIVE DATE 30/2024			INSURED		ACE A	PARTI	MEN	NTS, LP					
BL	AN	KET SUMMAR	Υ						•															
BLK	(T#	AMOUNT					TYI	PE				BL	KT#	,	AMOUNT	г				TYPE				
					PREMIS	-					1301 Av	enue	e А,	, South	Hous	ton, TX	77587							_
PR		ISES INFORM		N E	BUILDIN			BLDG DE					IN	IFI ATION			DED I	RIKT						_
Rui	su I <b>ldi</b> n	IBJECT OF INSURA	NCE		A	MOUNT	C	OINS %	ATIC R	ON C	AUSES OF	LOSS	Ğ	IFLATION BUARD %	DE	D	TYPE	BLKT #	FORM	S AND C	ONDIT	IONS T	O APPLY	_
- Dui		·9				683,8	300																	
ADD	ADDITIONAL INFORMATION BUSINESS INCOME / EXTRA EXPEN										ACORD 810			V	ALUE R	EPORTIN	G INFOR	MATIC	ON - Attach A	ORD 81	1			
ΑD	ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS,										EMENTS	AND	RA	TING II	NFOR	IOITAN	١							
	OILA(							L	IMIT			REFRIG N		OPTIONS										
	Y / N)												\$	i			AGREEM (Y/N		BREA	KDOWN	OR C			
[													\$	EDUCTIB	LE			ĺ	POWE	R OUTA	GE		ELLING PRICE	
SINI	KHOL	E COVERAGE (Red	uired i	in Florid	da)						ACCEPT	COVE	ERAC	GE	REJ	ECT COV	ERAGE		LIMIT: \$					
MIN	E SUI	BSIDENCE COVERA	AGE (R	Required	d in IL, II	N, KY and V	VV)				ACCEPT	COVE	ERAC	3E	REJ	ECT COV	ERAGE		LIMIT: \$					
	PRO	DPERTY HAS BEEN	DESIG	SNATED	AN HIS	TORICAL L	ANDMA	ARK											# OF OPEN S	DES ON	STRU	CTURE		
CON	ISTRI	UCTION TYPE				DISTANCE RANT FI	RE STA	AT	ı	FIRE D	ISTRICT		(	CODE NUN	IBER	PROT CL	. # sтоі		# BASM'TS	YR BU		TOTAL		
BUII	LDING	3 IMPROVEMENTS					BLDG	CODE	TA	X COD	E ROOF	TYPE			OTHER	OCCUPA	NCIES							
	WIR	ING, YR:	<u> </u>	PLUMBI	ING, YR	:																		
	ROC	OFING, YR:		HEATIN	IG, YR:		WIND	CLASS			SEMI- RESI	STIVE	=				DURCE IN FIREPLAC		/OODBURNIN SERT		ATE NSTAL	LED:		_
	ОТН			١	YR:			RESISTI	/E			1				ACTURE	₹:							
PRII		HEAT										SE	i	DARY HEA	<b>ΛΤ</b>		Г							
	BOIL		OLID FI				٦						_	OILER		SOLID F	L							
DICI		OILER, IS INSURAN  KPOSURE & DISTAN		ACED E	LSEWH	LEFT EXP	Y/N		ANCE	-				BOILER, I			ACED ELS	SEWF	REAR EXPO	Y/N	DIST	NCE		_
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BUR	RGLAI	R ALARM TYPE						CERTI	FICA	TE#								EXP	I RATION DAT	E	CEN	TRAL FION	LOCAL	$\vdash$
SUNDERN ALARMIN THE																					HKEYS	∟ GONG		
BURGLAR ALARM INSTALLED AND SERVICED BY											EX	TENT	Г		GRAD	ΣE	# G	UARDS / WAT	CHMEN	T		K HOURLY		
																						1		
PRE	MISE	S FIRE PROTECTIO	N (Spri	inklers,	Standp	ipes, CO2 /	Chemi	cal Syste	ems)		% SP	RNK	FIF	RE ALARM	MANUF	ACTURE	R					1	RAL STATION	1
ΑD	DIT	IONAL INTERI	EST		ACOR	D 45 att	ache	d for :	addi	ition	al names		1									, ,,,,	· · · ·	
	RES					DDRESS				DENCE		RTIFI	CAT	E					IN	TEREST	IN ITE	M NUM	BER	
	LOS	S PAYEE												_					LOCATION:			BUILDIN		
	MOF	RTGAGEE																	ITEM CLASS:			TEM:		
																			ITEM DESCR	RIPTION				
				REFE	RENCE	/ LOAN #:																		

ADDITIONAL	PREMISES #: 1	STREET	ADDRE	ss: 130	1 Avenue	A, South	Hous	ston, T)	7758	7			
PREMISES INFORMATION		BLDG DI				,		,					
SUBJECT OF INSURANCE	AMOUNT	COINS %			ES OF LOSS	INFLATION GUARD %	I DE	ED	DED TYPE	BLKT	FORM	S AND COND	ITIONS TO APPLY
Building			A			GUARD %			ITPE	#			
	1,582,10	00											
ADDITIONAL INFORMATION	BUSINESS INCOME (EX	TDA EVDENI	SE A44-	-h ACO!	DD 040	<u> </u>	\	DEDODIN	C INFOR	MATIC	N - Attach A	2000 044	
ADDITIONAL INFORMATION	BUSINESS INCOME / EX									WATIC	ON - Attach At	JORD 811	
ADDITIONAL COVERAGES	· · · · · · · · · · · · · · · · · · ·	JIIONS, E	NDOR	SEINIE	INTO AND		NFOR				OPTIONS		
SPOILAGE DESCRIPTION OF PROCESSION OF PROCES	ROPERTY COVERED					LIMIT			REFRIG I AGREEI		OPTIONS		
(Y / N)						\$			(Y / I				CONTAMINATION SELLING
						DEDUCTIE	BLE				POWE	ER OUTAGE	PRICE
						\$							
SINKHOLE COVERAGE (Required in					CCEPT COVE		_	JECT CO			LIMIT: \$		
MINE SUBSIDENCE COVERAGE (Re	-	-		A	CCEPT COVE	RAGE	RE	JECT CO	ERAGE		LIMIT: \$		
PROPERTY HAS BEEN DESIGN	NATED AN HISTORICAL LAN	IDMARK								;	# OF OPEN S	IDES ON STR	UCTURE:
CONSTRUCTION TYPE	DISTANCE TO	)	FIR	E DISTR	ICT	CODE NUI	MRER	PROT CI	# STC	RIFS	# BASM'TS	YR BUILT	TOTAL AREA
		STAT		LDIOTI		GODE NO.			2			1962	5,256
BUILDING IMPROVEMENTS	FT	MI SLDG CODE	TAX	CODE	ROOF TYPE		OTHER	R OCCUPA					5,200
		GRADE	177.		NOO! !!! L		OTTILL	. 000017	ITOILO				
	PLUMBING, YR:	VIND CLASS					Н	EATING S	OURCE I	NCL W	OODBURNIN	G DATE	
	TEATING, TK.		-	SEM	I- RESISTIVE		s	TOVE OR	FIREPLA	CE INS	SERT	INSTA	LLED:
OTHER:	YR:	RESISTI	VE		0.50			FACTURE	₹:				
PRIMARY HEAT					SEC	ONDARY HE	AI	7					
BOILER SOLID FU						BOILER		SOLID F					
IF BOILER, IS INSURANCE PLA		Y/N				IF BOILER,			ACED EL	SEWF		Y/N	
RIGHT EXPOSURE & DISTANCE	LEFT EXPOS	SURE & DIST	ANCE		FRO	NT EXPOSU	RE & DIS	STANCE			REAR EXPO	SURE & DIST	ANCE
										T		CE	NTRAL LOCAL
BURGLAR ALARM TYPE		CERT	IFICATE	#						EXP	IRATION DAT	E ST	ATION GONG
													TH KEYS
BURGLAR ALARM INSTALLED AND	SERVICED BY				EXT	ENT		GRAI	DE	# Gl	JARDS / WAT	CHMEN	CLOCK HOURLY
PREMISES FIRE PROTECTION (Spri	nklers, Standpipes, CO2 / C	nemical Syst	ems)		% SPRNK	FIRE ALARI	M MANU	IFACTURE	R				CENTRAL STATION
													LOCAL GONG
ADDITIONAL INTEREST	ACORD 45 atta	ched for	additi	onal n	ames								
INTEREST	NAME AND ADDRESS RA	ANK:	EVIDE	NCE:	CERTIFIC	ATE					IN	TEREST IN I	EM NUMBER
LOSS PAYEE											LOCATION:		BUILDING:
MORTGAGEE											ITEM CLASS:		ITEM:
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	REFERENCE / LOAN #:												
REMARKS (ACORD 101,	Additional Remarks	Schedu	e, ma	y be a	ttached if	more spa	ace is	require	ed)				
						-		<u>-</u>	-				

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PRODUCER'S SIGNATURE	Frank Suigle	±  Tr	PRODUCER'S NAME (Please Print)		(Required in Florida)
APPLICANT'S SIGNATURE				DATE	NATIONAL PRODUCER NUMBER



		NAME le, Collins & Asso	ciates	;							RIER 1 Speci	ialty	Grou	ıp					NAI	C CODE
POL	LICY N	NUMBER						FFECTIVE 06/30/20			D INSURE		RRAC	E APAR	ТМЕ	NTS, LP			,	
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ADE	OITIO	NAL INFORMATION	BUSI	EXPENS	E - Att	ach ACORI	D 810			VALU	JE REPO	RTING INFO	RMAT	ION - Attach AC	ORD 81	1				
		IONAL COVERAGES	•	•	RICTIC	NS, E	NDO	RSEME	NTS A	ND F		INFO	ORMA	TION						
	OILA(		ROPERT	Y COVERED							LIMIT			REFRIG		-				
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		OPERTY HAS BEEN DESIG				RK			02 0	JO V LIK	NOL		IXEUE O	COTENACI		# OF OPEN SI	DES ON	STRU	CTURE:	
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CON	NSTRI	UCTION TYPE		DISTANCE	то			RE DISTRIC	CT.		CODE NU	IMPE	D PRO	OT CL # ST	OBIE	S # BASM'TS	YR BU	пт	TOTAL A	DEA
00.		0011011 111 2		HYDRANT F	IRE STA			KE DISTRIC	01		CODE NO	MIDE	`   ` ` `	J. 02   # 0.	2	" BAOIII 10	196		5,256	NLA
BUI	LDING	G IMPROVEMENTS		FT	BLDG	CODE	TAX	CODE F	ROOF T	YPE		ОТН	IER OC	UPANCIES						
	WIR	ING, YR:	PLUMBIN	NG. YR:	GR	ADE														
	1		HEATING	·	WIND	CLASS		SEMI-	RESIS	TIVE			0.701/5	NG SOURCE OR FIREPL	4 OF 14	WOODBURNIN NSERT	G [	ATE VSTAI	I FD·	
	ОТН		YF		F	RESISTIV	E					1	NUFACT							
PRII	MARY	/ HEAT	_							SECO	NDARY HI	EAT				1				
	BOIL	LER SOLID F	UEL		_					E	BOILER		so	LID FUEL						
		OILER, IS INSURANCE PL	ACED ELS		Y/N									E PLACED E	LSEW		Y/N	<b>DIC</b>		
RIG	HT EX	XPOSURE & DISTANCE		LEFT EXF	OSURE	& DISTA	NCE			FRON	T EXPOSU	JRE &	DISTAN	CE		REAR EXPO	SURE &	DISTA	ANCE	
PIIE	CI A	R ALARM TYPE				CERTIF	ICATE	= #								 (PIRATION DAT	·F	CEN	TRAL L	LOCAL
БОГ	KGLA	R ALARWITTE	TOATE	- #							-	AFIRATION DAT	<b>-</b>			GONG				
BUF	RGLA	R ALARM INSTALLED ANI	SERVIC	ED BY						EXTE	NT			GRADE	# (	GUARDS / WAT	CHMEN		CLOCK	HOURLY
- 5.				•											" `	. ==/				
PRE	MISE	S FIRE PROTECTION (Spr	inklers, S	Standpipes, CO2	/ Chemic	al Syste	ms)		% SPR	NK F	FIRE ALAR	м ма	NUFAC	ΓURER					CENTR	AL STATION
L																			LOCAL	GONG
ΑD	DIT	IONAL INTEREST	Α	CORD 45 at	tache	d for a	dditi	ional na	mes											
INTI	ERES	т	NAME A	AND ADDRESS	RANK:	[	EVIDE	ENCE:	CER	TIFICA	TE		_			IN	TEREST	IN ITE	M NUMB	ER
	LOS	SS PAYEE														LOCATION:		E	BUILDING	:
	MOF	RTGAGEE										ITEM CLASS:			ТЕМ:					
	]															ITEM DESCR	RIPTION			
			DEFEC	ENCE / LOAN "																
			KEFER	ENCE / LOAN #:																

ADDITIONAL	PREMISES #:1	STREET	ADDRE	ss: 130	1 Avenue	A, Sout	h Hous	ston, TX	77587	•			
PREMISES INFORMATION	BUILDING #: 6	BLDG D		TION:			!						
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU- ATION	CAUSE	S OF LOSS	INFLATIO GUARD 9	N DI	ED -	DED I	BLKT #	FORM	S AND CON	DITIONS TO APPLY
Building	696,2	30	R										
ADDITIONAL INFORMATION	BUSINESS INCOME / E									MATIC	ON - Attach A	CORD 811	
ADDITIONAL COVERAGES		CTIONS, E	NDOF	RSEME	NTS AND		INFOR				00710110		
SPOILAGE DESCRIPTION OF PR	ROPERTY COVERED					LIMIT			REFRIG N AGREEN		OPTIONS		
(Y / N)						\$			(Y / N				CONTAMINATION SELLING
						DEDUCTI	IBLE				POW	ER OUTAGE	PRICE
						\$	1			,			
SINKHOLE COVERAGE (Required in					CEPT COVE		_	JECT COV			LIMIT: \$		
MINE SUBSIDENCE COVERAGE (Re	• • • • • • • • • • • • • • • • • • • •	•		AC	CCEPT COVE	RAGE	RE	JECT COV	ERAGE		LIMIT: \$		
PROPERTY HAS BEEN DESIGN	NATED AN HISTORICAL LA	NDMARK								1	# OF OPEN S	IDES ON ST	RUCTURE:
CONSTRUCTION TYPE	DISTANCE T	CTAT	FIR	E DISTR	ICT	CODE NU	JMBER	PROT CL	# STO	RIES	# BASM'TS	YR BUILT	TOTAL AREA
	FT FT	E STAT MI							2			1962	5,270
BUILDING IMPROVEMENTS		BLDG CODE	TAX	CODE	ROOF TYPE		OTHER	R OCCUPAN	NCIES				
	PLUMBING, YR:	GRADE											
		WIND CLASS		SEMI	- RESISTIVE		H	EATING SC	URCE IN	ICL W	OODBURNIN	IG DAT	E
OTHER:	YR:	RESISTI	VE	SEIVII	- KESISTIVE			TOVE OR F FACTURER		E INS	SERI	INST	ALLED:
PRIMARY HEAT	TIX.	INLOIGH	VL		SEC	ONDARY H	1						
BOILER SOLID FL	JEL D					BOILER		SOLID F	JEL [				
IF BOILER, IS INSURANCE PLA		Y/N					 IS INSUI	⊐ RANCE PLA	L	SEWH	IERE?	Y/N	
RIGHT EXPOSURE & DISTANCE		SURE & DIST	ANCE		FRO	NT EXPOSI						SURE & DIS	STANCE
BURGLAR ALARM TYPE	'	CERT	IFICATE	#						EXP	IRATION DA	TE CI	ENTRAL LOCAL GONG
													ITH KEYS
BURGLAR ALARM INSTALLED AND	SERVICED BY	'			EXT	ENT		GRAD	E	# Gl	JARDS / WAT		CLOCK HOURLY
PREMISES FIRE PROTECTION (Sprin	nklers, Standpipes, CO2 / C	hemical Syst	ems)		% SPRNK	FIRE ALAF	RM MANU	JFACTURE	₹				CENTRAL STATION
													LOCAL GONG
ADDITIONAL INTEREST	ACORD 45 atta	ched for	additi	onal na	ames								
INTEREST	NAME AND ADDRESS R	ANK:	EVIDE	NCE:	CERTIFIC	ATE					IN	ITEREST IN	ITEM NUMBER
LOSS PAYEE											LOCATION:		BUILDING:
MORTGAGEE											ITEM CLASS:		ITEM:
											ITEM DESC	RIPTION	
					1								
	REFERENCE / LOAN #:												
REMARKS (ACORD 101,	Additional Remark	s Schedu	le, ma	y be at	tached if	more sp	ace is	require	d)				
1													

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.

PRODUCER'S SIGNATURE	Frank Suigle	±  Tr	PRODUCER'S NAME (Please Print)		(Required in Florida)
APPLICANT'S SIGNATURE				DATE	NATIONAL PRODUCER NUMBER



	Y NAME gle, Collins & Asso	ciates	<b>S</b>						RIER n Specia	ilty Gr	roup						NAIC COD	E
POLICY	NUMBER						IVE DATE 0/2024		D INSURED		ACE A	PARTN	/EN	TS, LP				
BLAN	IKET SUMMARY																	
BLKT#	AMOUNT			TYPE				BLKT	# /	AMOUNT	г				TYPE			
			REMISES #: 1				301 Ave	nue A	A, South	Houst	ton, TX	77587						
	IISES INFORMATIO	N B	UILDING #: 7	BLDG DI					INEL ATION	l		DED B	IKT					
Build	SUBJECT OF INSURANCE		AMOUNT	COINS %	R	ON CAL	JSES OF L	oss	INFLATION GUARD %	DEI	D ·	DED B TYPE	LKT #	FORM	IS AND CO	NDITIO	NS TO APPLY	-
Duna	ıııy		1,127,88	30	IX.													
													$\dashv$					
ADDITIO	ONAL INFORMATION	BUS	INESS INCOME / EX	(TRA EXPEN	SE - A	Attach AC	ORD 810		V	ALUE R	EPORTIN	G INFORM	IATIO	N - Attach A	CORD 811			
ADDI	TIONAL COVERAGE	S. OPT	IONS. RESTRIC	CTIONS. E	END	ORSEN	MENTS A	AND R	RATING II	NFORM	MATION	٧						-
SPOIL	AGE DESCRIPTION OF F			<b>,</b>					LIMIT			REFRIG M	AINT	OPTIONS				
COVER (Y /									\$			AGREEMI (Y/N)		BREA	AKDOWN (	OR CON	ITAMINATION	1
	1								DEDUCTIB	LE		(1714)		POW	ER OUTA	GE	SELLING PRICE	i
									\$									
SINKH	DLE COVERAGE (Required	in Florida	a)				ACCEPT (	COVER	AGE	REJ	ECT COV	ERAGE	L	IMIT: \$				
MINE S	UBSIDENCE COVERAGE (R	Required i	in IL, IN, KY and W\	/)			ACCEPT (	COVER	AGE	REJ	ECT COV	ERAGE	L	IMIT: \$				
PF	OPERTY HAS BEEN DESIG	NATED A	AN HISTORICAL LAN	NDMARK									#	OF OPEN S	IDES ON	STRUC	TURE:	
CONST	RUCTION TYPE		DISTANCE TO	O E STAT		FIRE DIS	TRICT		CODE NUM	IBER	PROT CL	# STOR	IES :	# BASM'TS	YR BUIL	т т	TAL AREA	
			FT	MI								2			1962	2 5,	270	
BUILDI	NG IMPROVEMENTS			BLDG CODE GRADE	TA	X CODE	ROOF 1	TYPE		OTHER	OCCUPA	NCIES						
w	RING, YR:	PLUMBIN	NG, YR:	ONADE														
R	OOFING, YR:	HEATING	S, YR:	WIND CLASS		SE	EMI- RESIS	STIVE		0.7	OVE OD I	OURCE IN	E INIOI	OODBURNIN ERT	NG DA	ATE STALLE	D:	
0	THER:	YF	R:	RESISTI	VE						ACTURE							
PRIMA	RY HEAT	-						SECO	NDARY HEA	ΛТ		_						
	OILER SOLID F	L						<b>└</b>	BOILER		SOLID F	UEL			1			
	BOILER, IS INSURANCE PL	ACED EL		Y/N				1	F BOILER, IS	S INSUR	ANCE PL	ACED ELS			Y/N			
RIGHT	EXPOSURE & DISTANCE		LEFT EXPOS	SURE & DIST	ANCE	•		FRON	T EXPOSUR	E & DIS	TANCE			REAR EXPO	OSURE & I	DISTAN	CE	
																CENTR	A1	OCAL
BURGL	AR ALARM TYPE			CERT	IFICA	TE#							EXPI	RATION DA	TE	STATIC	Ñ G	OCAL SONG
							T			T	_				WITH			
BURGL	AR ALARM INSTALLED ANI	D SERVIC	ED BY				EXTE	NT		GRAD	DE	# GU	ARDS / WA	TCHMEN	Н'	CLOCK HOUR	.LY	
DDEMIS	SES FIRE PROTECTION (Spr	rinklare S	Standnings CO2/C		% SPF	NIK E	IDE ALADM	MANUE	ACTUBE	В					NENTRAL OTA			
. IXEIVIIS	LOTINET ROTECTION (Spr		Juliupipes, GUZ/ G		% SPF	VIALY   P	FIRE ALARM	IWIANUF	ACTURE	n.					CENTRAL STA			
۱ ۵ ۵ ۵	TIONAL INTEREST		CORD 45 =44 -	  4  c = - '	no:									L	OCAL GONG			
INTERE	TIONAL INTEREST		ACORD 45 atta			<u>itional</u> DENCE:		RTIFICA	TE									
	SS PAYEE	NAIVIE	AND ADDRESS K	MIN	ZVI	DENCE:	CEI	TIFICA	115				-		NTEREST			
	ORTGAGEE													LOCATION: ITEM CLASS:			LDING:	
	ONOLL													CLASS: ITEM DESC	RIPTION	ITE	IVI:	
		REFER	ENCE / LOAN #:															

ADDITIONAL	PREMISES #:1	STREET	ADDRE	ss: 130	1 Avenue	A, Sout	h Hous	ston, TX	77587	<u> </u>			
PREMISES INFORMATION	BUILDING #: 8	BLDG D		ION:			1						
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU- ATION	CAUSI	ES OF LOSS	INFLATIO GUARD 9	N DE	ED -	DED E	BLKT #	FORM	S AND CON	DITIONS TO APPLY
Building	696,2	80	R										
						-							
ADDITIONAL INFORMATION	BUSINESS INCOME / E					<b></b>				MATIC	ON - Attach A	CORD 811	
ADDITIONAL COVERAGES	· · · · · · · · · · · · · · · · · · ·	CTIONS, E	NDOF	RSEME	NTS AND		INFOR				00710110		
SPOILAGE DESCRIPTION OF PR	ROPERTY COVERED					LIMIT			REFRIG IV AGREEM		OPTIONS		
(Y / N)						\$			(Y / N				CONTAMINATION SELLING
						DEDUCT	BLE				POW	ER OUTAGE	PRICE
						\$							
SINKHOLE COVERAGE (Required in		10			CCEPT COVE		_	JECT COV			LIMIT: \$		
MINE SUBSIDENCE COVERAGE (Re		·		AC	CCEPT COVE	RAGE	RE	JECT COV	ERAGE		LIMIT: \$		
PROPERTY HAS BEEN DESIGN	NATED AN HISTORICAL LA	NDMARK									# OF OPEN S	IDES ON ST	RUCTURE:
CONSTRUCTION TYPE	DISTANCE T HYDRANT FIR	O E STAT	FIR	E DISTR	ICT	CODE N	JMBER	PROT CL	# STO	RIES	# BASM'TS	YR BUILT	TOTAL AREA
	FT	MI							2			1962	5,270
BUILDING IMPROVEMENTS		BLDG CODE GRADE	TAX (	CODE	ROOF TYPE		OTHER	CCUPA	NCIES				
WIRING, YR:	PLUMBING, YR:	GRADE											
	· · · · · · · · · · · · · · · · · · ·	WIND CLASS		SEM	I- RESISTIVE		H	EATING SO	URCE IN	ICL W	OODBURNIN	IG DAT	E ALLED:
OTHER:	YR:	RESISTI	VF	- OLIVII	- KLOIOTIVL			FACTURER		JE IINS	DEKI	IIVOI	ALLED:
PRIMARY HEAT		111111111		-	SEC	ONDARY H	EAT						
BOILER SOLID FU	JEL					BOILER		SOLID F	JEL [				
IF BOILER, IS INSURANCE PLA	CED ELSEWHERE?	Y/N				IF BOILER	IS INSUF	□ RANCE PLA	ACED ELS	SEWH	IERE?	Y/N	
RIGHT EXPOSURE & DISTANCE	LEFT EXPO	SURE & DIST	ANCE		FRO	NT EXPOSI	JRE & DIS	STANCE			REAR EXPO	SURE & DIS	STANCE
BURGLAR ALARM TYPE		CERT	IFICATE	#	'					EXP	IRATION DA	TE CI	ENTRAL LOCAL GONG
													ITH KEYS
BURGLAR ALARM INSTALLED AND	SERVICED BY				EXT	ENT		GRAD	E	# GI	JARDS / WAT		CLOCK HOURLY
PREMISES FIRE PROTECTION (Sprin	nklers, Standpipes, CO2 / C	hemical Syst	ems)		% SPRNK	FIRE ALAF	RM MANU	FACTURE	₹				CENTRAL STATION
													LOCAL GONG
ADDITIONAL INTEREST	ACORD 45 atta	ched for	additi	onal n	ames								
INTEREST	NAME AND ADDRESS R	ANK:	EVIDE	NCE:	CERTIFIC	CATE					IN	ITEREST IN	ITEM NUMBER
LOSS PAYEE											LOCATION:		BUILDING:
MORTGAGEE											ITEM CLASS:		ITEM:
											ITEM DESC	RIPTION	
					1								
	REFERENCE / LOAN #:												
REMARKS (ACORD 101,	Additional Remark	s Schedu	le, ma	y be at	tached if	more sp	ace is	require	d)				

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PRODUCER'S SIGNATURE	Frank Suigle	±  Tr	PRODUCER'S NAME (Please Print)		(Required in Florida)
APPLICANT'S SIGNATURE				DATE	NATIONAL PRODUCER NUMBER



DATE (MM/DD/YYYY)	
07/03/2024	

																		1	
	Y NAME gle, Collins & Ass	ociat	tes						1	RIER n Specia	alty	Group						NAIC COE	Œ
POLICY	NUMBER							TIVE DATE 0/2024		D INSURED		RACE A	APARTI	MEN	ITS, LP			1	
BLAN	IKET SUMMARY																		
BLKT#				TY	'PE				BLKT	·#	AMOU	JNT				TYPE			
			PREMISES #: 1		STREET	ADD	RESS: 1	301 Ave	enue A	A, South	Ηοι	uston, T	X 77587	•					
PREM	IISES INFORMATI	ON	BUILDING #: 9		BLDG DE														
	SUBJECT OF INSURANCE		AMOUNT	(	COINS %	7110	U- ON CA	USES OF L	.oss	INFLATION GUARD %	1	DED	DED E	BLKT #	FORM	S AND CO	IDITIO	NS TO APPL	.Υ
Buildi	ing		683,8	300		Α													
				-															
				_			+												
				$\dashv$															
ADDITIO	ONAL INFORMATION	В	BUSINESS INCOME / I	EXTRA	A EXPENS	E - A	ttach A	CORD 810		,	/ALUE	E REPORTI	NG INFORM	MATIC	N - Attach A	CORD 811			
ADDI	TIONAL COVERAG	ES. O	PTIONS. RESTR	RICTI	ONS. E	NDO	ORSE	MENTS A	AND R	RATING I	NFO	RMATIO	N						
SPOIL	AGE DESCRIPTION OF		•		, _					LIMIT			REFRIG M	IAINT	OPTIONS				
COVER (Y /										\$			AGREEM (Y/N)		BREA	KDOWN O	R CON	TAMINATION	N
	٦									DEDUCTIB	LE		(1714)	, ]	POW	ER OUTAG	E	SELLING PRICE	ì
										\$									
SINKHO	DLE COVERAGE (Require	d in Flo	rida)					ACCEPT (	COVER	AGE	R	EJECT CO	VERAGE	ı	LIMIT: \$				
MINE S	UBSIDENCE COVERAGE	(Requir	ed in IL, IN, KY and V	NV)				ACCEPT (	COVER	AGE	R	EJECT CO	VERAGE	l	LIMIT: \$				
PF	OPERTY HAS BEEN DES	IGNATE	ED AN HISTORICAL L	ANDM.	ARK									i	# OF OPEN S	IDES ON S	TRUCT	URE:	-
CONST	RUCTION TYPE		DISTANCE HYDRANT FII	TO RE STA	АТ	ı	FIRE DIS	STRICT		CODE NU	/IBER	PROT C	L # STOF	RIES	# BASM'TS	YR BUIL	г тс	TAL AREA	
			FT		МІ								2			1962	5,	270	
BUILDI	NG IMPROVEMENTS	_		BLD0 GF	G CODE RADE	TA	X CODE	ROOF	TYPE		OTHE	ER OCCUP	ANCIES						
WI	RING, YR:	PLUM	IBING, YR:									LIEATING	2011205 111	101.14					
RC	OOFING, YR:	HEAT	ING, YR:	WINE	CLASS		s	EMI- RESIS	STIVE			STOVE OR	RFIREPLAC		OODBURNIN SERT		TALLE	D:	
	HER:		YR:		RESISTI\	/E						UFACTURE	R:						
	RY HEAT									NDARY HE	AT								
	DILER SOLIE BOILER, IS INSURANCE	FUEL	L SEWIJEDES	٦,,,	NI.					BOILER		SOLID	_	) [ ]	IEDE2	V / NI			
	EXPOSURE & DISTANCE	PLACED	LEFT EXP	1\Y		NCE				F BOILER, I			LACED ELS	SEVVH	REAR EXPO	Y/N	STAN	`=	
	LA COURL & DISTANCE		LLFIEXP	JJUKI	_ 4 1/31/	-110E	•		FRON	IT EXPOSU	KE & E	JIO I ANCE			NEAN EAP	JOINE & DI	O I AIN		
BURGI	AR ALARM TYPE		I		CERTI	FIC <sup>A</sup>	TE #		1					EXP	IRATION DA	TE C	ENTR	AL L	LOCAL GONG
																	STATIC VITH K		3ONG
BURGL	AR ALARM INSTALLED A				EXTE	NT		GRA	\DE	# Gl	JARDS / WAT			LOCK HOUF	 RLY				
PREMIS	ES FIRE PROTECTION (S	rs, Standpipes, CO2 /	ms)		% SPF	RNK F	FIRE ALARI	/ MAN	UFACTUR	ER					ENTRAL ST	ATION			
														L	OCAL GONG	<b>à</b>			
ADDI	TIONAL INTERES	г	ACORD 45 att	itiona	Inames														
INTERE	ST	NAI	ME AND ADDRESS	RANK	:	EVII	DENCE:	CEI	RTIFICA	TE					IN	ITEREST IN	ITEM	NUMBER	
LC	SS PAYEE														LOCATION:		BUI	LDING:	
М	ORTGAGEE														ITEM CLASS:		ITE	M:	
															ITEM DESC	RIPTION			
		REF	FERENCE / LOAN #:																

ADDITIONAL	PREMISES #:1	STREET	ADDRES	ss: 130	01 Avenue	A. South	Hous	ston. T	7758	7			
PREMISES INFORMATION	BUILDING #: 10	BLDG DI				7., 000		,		-			
SUBJECT OF INSURANCE	AMOUNT	COINS %			ES OF LOSS	INFLATION GUARD %	I DE	ED	DED TYPE	BLKT	FORM	S AND COND	ITIONS TO APPLY
Building			R	CAUG	12001 2000	GUARD %			TYPE	#	TORM	J AND COND	IIIONO TO ALT ET
	1,582,100	)											
	BUSINESS INCOME / EXT									MATIC	N - Attach A	CORD 811	
ADDITIONAL COVERAGES, O	· · · · · · · · · · · · · · · · · · ·	TIONS, E	NDOF	RSEME	ENTS AND		NFOR	MATIO	<b>1</b>		1		
SPOILAGE DESCRIPTION OF PROI	PERTY COVERED					LIMIT			REFRIG I		OPTIONS		
COVERAGE (Y / N)						\$			AGREEN (Y/N		BREA	KDOWN OR	CONTAMINATION
						DEDUCTIE	BLE			ĺ	POWI	ER OUTAGE	SELLING PRICE
						\$							
SINKHOLE COVERAGE (Required in FI	orida)			A	CCEPT COVE	RAGE	RE	JECT CO	ERAGE		LIMIT: \$		
MINE SUBSIDENCE COVERAGE (Requ	ired in IL, IN, KY and WV)			А	CCEPT COVE	RAGE	RE	JECT CO	ERAGE		LIMIT: \$		
PROPERTY HAS BEEN DESIGNAT	ED AN HISTORICAL LAND	MARK									# OF OPEN S	IDES ON STR	UCTURE:
	DISTANCE TO						1		T				
CONSTRUCTION TYPE	DISTANCE TO HYDRANT FIRE S	TAT	FIR	E DISTR	RICT	CODE NUI	MBER	PROT CI			# BASM'TS	YR BUILT	TOTAL AREA
	FT FT	МІ							2	<u>'</u>		1962	11,690
BUILDING IMPROVEMENTS	BL	DG CODE GRADE	TAX	CODE	ROOF TYPE		OTHER	R OCCUPA	NCIES				
WIRING, YR: PLU	MBING, YR:												
ROOFING, YR:	TING, YR:	ND CLASS		SEM	II- RESISTIVE		H	EATING S TOVE OR	OURCE II FIREPLA	NCL W CE INS	OODBURNIN SERT	G DATE INSTA	LLED:
OTHER:	YR:	RESISTI	VE					FACTURE					
PRIMARY HEAT					SEC	ONDARY HE	AT						
BOILER SOLID FUEL						BOILER		SOLID F	UEL				
IF BOILER, IS INSURANCE PLACE	D ELSEWHERE? Y	/ N				IF BOILER,	IS INSUF	- RANCE PL	ACED EL	SEWH	IERE?	Y/N	
RIGHT EXPOSURE & DISTANCE	LEFT EXPOSU	RE & DIST	ANCE		FRC	NT EXPOSU	RE & DIS	STANCE			REAR EXPO	SURE & DIST	ANCE
BURGLAR ALARM TYPE	'	CERT	IFICATE	#	'					EXP	IRATION DAT	E CE	NTRAL LOCAL GONG
													TH KEYS
BURGLAR ALARM INSTALLED AND SE	RVICED BY				EXT	ENT		GRAI	DE	# GI	JARDS / WAT		CLOCK HOURLY
PREMISES FIRE PROTECTION (Sprinkle	ers, Standpipes, CO2 / Che	mical Syste	ems)		% SPRNK	FIRE ALARI	M MANU	IFACTURE	R				CENTRAL STATION
		-											LOCAL GONG
ADDITIONAL INTEREST	ACORD 45 attac	had for	244iti	onal r	amos								
	AME AND ADDRESS RAM		EVIDE		CERTIFIC	ATF						TEDEOT	TAN NUMBER
LOSS PAYEE					JERTIN							IEKESI IN I	EM NUMBER
MORTGAGEE											ITEM CLASS:	+	BUILDING:
MONIGAGEE											CLASS:	DIDTION	ITEM:
											II EWI DESCI	RIPTION	
	TERRENCE (LOC)				7								
	EFERENCE / LOAN #:												
REMARKS (ACORD 101, Ac	dditional Remarks	Schedul	e, ma	y be a	ttached if	more spa	ace is	require	ed)				

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.

PRODUCER'S SIGNATURE	Frank Suigle	±  Tr	PRODUCER'S NAME (Please Print)	(Required in Florida)	
APPLICANT'S SIGNATURE				DATE	NATIONAL PRODUCER NUMBER



DATE (MM/DD/YYYY)	
07/03/2024	

AGENCY NAME Swingle, Collins & Associates									CARRIER Ryan Specialty Group							IC CODE					
POLICY	NUMBER						FECTIVI 06/30/2	E DATE	NAM	ED INSUREI	D(S)			PART	MEN	NTS, LP					
BLAN	IKET SUMMARY					•															
BLKT#	AMOUNT			T	YPE				BLK	Т#	AMO	DUNT					TYPE				
			PREMISES #:	1	STREET	ADDRE	ss: 13(	01 Ave	nue	A, South	Ho	ouston	ı, TX	77587	7						
PREM	IISES INFORMATION	ON I	BUILDING #:		BLDG DI																
	SUBJECT OF INSURANCE		AMOUN	NT	COINS %		CAUS	ES OF L	oss	INFLATION GUARD %	<u>'</u>	DED		DED TYPE	BLKT #	FORM	S AND C	ONDIT	ONS TO	APPLY	
Build	ing		6	83,800		R															
ADDITIO	ONAL INFORMATION	BU	SINESS INCO	ME / EXTR	A EXPEN	SE - Atta	ch ACO	RD 810			VAL	UE REPO	RTIN	G INFOR	MATIC	ON - Attach A	CORD 81	1			
ADDI	TIONAL COVERAGE	ES, OP	TIONS, RE	STRICT	IONS, E	ENDOF	RSEME	ENTS A	AND I	RATING I	NF	ORMA	1OIT	١							
SPOIL		PROPER	TY COVERED	)						LIMIT				REFRIG N		OPTIONS					
(Y /										\$				AGREEN (Y/N		BREA	KDOWN	OR CO			
										DEDUCTIE	BLE					POW	ER OUTA	AGE		ELLING RICE	
SINKHO	DLE COVERAGE (Require	d in Floric	da)				А	CCEPT C	COVER	RAGE		REJECT	COV	ERAGE		LIMIT: \$					
MINE S	UBSIDENCE COVERAGE	(Required	d in IL, IN, KY	and WV)			A	CCEPT C	COVER	RAGE		REJECT	cov	ERAGE		LIMIT: \$					
PF	OPERTY HAS BEEN DES	GNATED	AN HISTORIC	CAL LANDI	MARK											# OF OPEN S	IDES ON	STRU	CTURE:		
CONST	RUCTION TYPE		HYDRANT	NCE TO FIRE ST	MI	FIR	RE DISTR	RICT		CODE NU	MBE	R PRO	OT CL	# STO		# BASM'TS	YR BU 196		готаL I 1,69		
BUILDII	NG IMPROVEMENTS			BLD	G CODE	TAX	CODE	ROOF T	YPE		ОТ	HER OCC	CUPA	NCIES							
w	RING, YR:	PLUMB	ING, YR:	"	KADE																
	OOFING, YR:	HEATIN	·	WIN	D CLASS		SEM	II- RESIS	TIVE					OURCE IN		OODBURNIN		ATE NSTALI	ED:		
	HER:	_	YR:		RESISTI	VE					MA	NUFACT			J	,		101712			
PRIMA	RY HEAT								SEC	ONDARY HE	AT _										
ВС	OILER SOLID	FUEL								BOILER		so	LID F	UEL							
IF	BOILER, IS INSURANCE P	LACED E	LSEWHERE?	Υ/	N					IF BOILER,	IS IN	ISURANC	E PL	ACED EL	SEWH	IERE?	Y/N				
RIGHT	EXPOSURE & DISTANCE		LEFT	EXPOSUR	E & DIST	ANCE			FRO	NT EXPOSU	RE 8	DISTAN	ICE			REAR EXPO	SURE &	DISTA	NCE		
BURGL	AR ALARM TYPE				CERT	IFICATE	#								EXP	PIRATION DAT	TE	CENT STAT	RAL ION	LOC	AL NG
																		WITH	KEYS		
BURGL	AR ALARM INSTALLED A	ND SERV	ICED BY						EXTE	ENT			GRAD	ÞΕ	# GI	UARDS / WAT	CHMEN		CLOCI	( HOURLY	
PREMIS	ES FIRE PROTECTION (S	prinklers,	Standpipes, 0	CO2 / Chen	nical Syste	ems)		% SPR	RNK	FIRE ALARI	M MA	ANUFACT	TURE	R						RAL STATIO	NC
ADDI	TIONAL INTEREST	-	ACORD 45	5 attach	ed for	additi	onal n	ames													
INTERE			AND ADDRE			EVIDE			RTIFIC	ATE						IN	TEREST	IN ITE	м мимі	BER	
LC	SS PAYEE															LOCATION:			UILDIN		
М	ORTGAGEE															ITEM CLASS:			EM:		
																ITEM DESCI	RIPTION				
								_													
		REFE	RENCE / LOA	N #:																	_

ADDITIONAL	PREMISES #:1	STREET	ADDRE	ss: 130	1 Avenue	A, South	1 Hous	ton, ፐን	7758	7			
PREMISES INFORMATION	BUILDING #: 12	BLDG D		ION:									
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU- ATION	CAUSI	ES OF LOSS	INFLATION GUARD %	DE.	D	DED TYPE	BLKT #	FORM	S AND COND	ITIONS TO APPLY
Building	696,2		R										
	030,20												
ADDITIONAL INFORMATION	BUSINESS INCOME / E	CTRA EXPEN	SE - Atta	ch ACOF	RD 810		VALUE R	REPORTIN	G INFOR	MATIC	N - Attach A	CORD 811	
ADDITIONAL COVERAGES,	OPTIONS, RESTRI	CTIONS, E	NDOF	RSEME	NTS AND	RATING I	INFORI	MATIO	N				
SPOILAGE DESCRIPTION OF PR	OPERTY COVERED					LIMIT			REFRIG I		OPTIONS		
COVERAGE (Y / N)						\$			AGREEN (Y/N		BREA	KDOWN OR	CONTAMINATION
						DEDUCTIE	BLE		È	í	POW	ER OUTAGE	SELLING PRICE
						\$							
SINKHOLE COVERAGE (Required in	Florida)			AC	CCEPT COVE	RAGE	REJ	JECT CO	ERAGE		LIMIT: \$		
MINE SUBSIDENCE COVERAGE (Red	quired in IL, IN, KY and W	/)		AC	CCEPT COVE	RAGE	REJ	JECT COV	ERAGE		LIMIT: \$		
PROPERTY HAS BEEN DESIGN.	ATED AN HISTORICAL LA	NDMARK								1	# OF OPEN S	IDES ON STR	RUCTURE:
CONSTRUCTION TYPE	DISTANCE TO	<b>)</b>	FIR	E DISTR	ICT	CODE NU	MRER	PROT CL	# STO	RIFS	# BASM'TS	YR BUILT	TOTAL AREA
		STAT		L DIOTIC	.01	JODE NO.	DLIX		2			1962	8,640
BUILDING IMPROVEMENTS	FT	MI BLDG CODE	TAX	CODE	ROOF TYPE		OTHER	OCCUPA					-,
	LIMBING VD:	GRADE											
	LUMBING, YR:	WIND CLASS		0514	DE010TN/E		HE	EATING S	OURCE II	NCL W	OODBURNIN	G DATE	
	EATING, TK.		-	SEM	I- RESISTIVE			TOVE OR FACTURE		CE INS	SERT	INSTA	ALLED:
OTHER: PRIMARY HEAT	YR:	RESISTI	VE		SEC	ONDARY HE		710 TOTAL	· ·				
BOILER SOLID FUI	=1				523	BOILER		SOLID F	uei [				
IF BOILER, IS INSURANCE PLACE		Y/N				IF BOILER,		J		SEWH	IERE?	Y/N	
RIGHT EXPOSURE & DISTANCE		SURE & DIST	ANCE		FRO	NT EXPOSU			, 1025 22			SURE & DIST	TANCE
BURGLAR ALARM TYPE		CERT	IFICATE	#						EXP	IRATION DAT		NTRAL LOCAL
												N	ATION L GONG TH KEYS
BURGLAR ALARM INSTALLED AND	SERVICED BY				EXT	ENT		GRAI	DE	# GI	JARDS / WAT		CLOCK HOURLY
PREMISES FIRE PROTECTION (Sprin	klers, Standpipes, CO2 / C	hemical Syst	ems)		% SPRNK	FIRE ALARI	M MANUF	FACTURE	R	1			CENTRAL STATION
													LOCAL GONG
ADDITIONAL INTEREST	ACORD 45 atta	ched for	additio	onal n	ames								
	NAME AND ADDRESS R		EVIDE		CERTIFIC	ATE					IN	TEREST IN I	TEM NUMBER
LOSS PAYEE											LOCATION:		BUILDING:
MORTGAGEE											ITEM CLASS:		ITEM:
											ITEM DESCR	RIPTION	
					_								
	REFERENCE / LOAN #:												
REMARKS (ACORD 101, A	Additional Remark	Schedu	e, ma	y be a	tached if	more spa	ace is	require	ed)				
								_					

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.

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## 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.

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PRODUCER'S SIGNATURE	Frank Suigle	±  Tr	PRODUCER'S NAME (Please Print)	(Required in Florida)	
APPLICANT'S SIGNATURE				DATE	NATIONAL PRODUCER NUMBER



AGENCY NAME Swingle, Collins & Associates									CARRIER Ryan Specialty Group							CODE			
POLICY	NUMBER					- 1	06/30/			DINSURED		RACE A	\PARTI	MEN	NTS, LP				
BLAN	KET SUMMARY																		
BLKT#	AMOUNT			TYF	PE				BLKT	#	AMOU	JNT				TYPE			
				<u> </u>			40						\ \ \						
	HEEE INCORMAN	TION	PREMISES #: 1					01 Ave	nue A	A, South	Ηοι	uston, 12	X 77587						
	IISES INFORMAT		BUILDING #: 13		OINS %	ALU ATIO		SES OF L	088	INFLATION GUARD %	Ι.	DED	DED E	BLKT	EODI	IS AND CO	MDITIC	NS TO A	DDI V
Buildi		' <b>-</b>				<u>atior</u> <b>A</b>	N OAGE	5E0 01 E	-	GUARD %		DED	TYPE	#	1011	IO AND GC	МЫПС	110 10 7	
	3		1,141,4	100															
ADDITI	ONAL INFORMATION		BUSINESS INCOME /	EVTDA	EVDENCE	- ^+	took ACO	NDD 040			/	PEROPTIA	NC INFORM	AATIC	ON - Attach A	CORD 944			
									AND D					VIATIC	JN - Allacii A	CONDOTT			
SPOIL		•	ERTY COVERED	iic iic	JINO, EI	NDC	KSLIVII	LIVISA		LIMIT	INIC		REFRIG M	ΙΔΙΝΤ	OPTIONS				
COVER (Y/I										\$			AGREEM	ENT		AKDOWN (	OR CO	ITAMINA	TION
(.,,	7								Ī	DEDUCTIB	LE		(Y / N)	) ]	POW	ER OUTA	GE	SEL PRI	LING
										\$				]					JL
SINKHO	DLE COVERAGE (Requi	red in Flo	orida)				А	ACCEPT (	COVERA	AGE	R	EJECT CO	VERAGE		LIMIT: \$				
MINE S	UBSIDENCE COVERAG	E (Requir	red in IL, IN, KY and V	VV)			A	ACCEPT (	COVERA	AGE	R	EJECT CO	VERAGE		LIMIT: \$				
PF	OPERTY HAS BEEN DE	ESIGNATE	ED AN HISTORICAL L	ANDMA	ARK										# OF OPEN S	SIDES ON	STRUC	rure: _	
CONST	RUCTION TYPE			RE STA		F	IRE DISTI	RICT		CODE NUM	MBER	PROT C	L # STOF	RIES	# BASM'TS	YR BUII		OTAL AR	EA
BUIL DI	NG IMPROVEMENTS		FT	BLDG	ODE	TAX	CODE	ROOF T	YPE		OTHE	ER OCCUPA				1002	-   •	3,010	
	RING, YR:	PLLIN	MBING. YR:	GR	ADE														
			TING, YR:	WIND	CLASS		SEN	иI- RESIS	STIVE						/OODBURNII		ATE STALLE	:D:	
	HER:		YR:	F	RESISTIVE	E			····-	Ī		STOVE OR UFACTURE		/L IINC	JLIKT	IIN	STALL	.р	
PRIMAF	RY HEAT								SECO	NDARY HE	АТ	_							
ВС	OILER SOL	ID FUEL		7					E	BOILER		SOLID I	FUEL			1			
	BOILER, IS INSURANCE			Y/N					II	F BOILER, I	S INSI	URANCE PL	LACED ELS	SEWH		Y/N			
RIGHT	EXPOSURE & DISTANCE	<b></b>	LEFT EXP	OSURE	& DISTAI	NCE			FRON	T EXPOSUE	RE & D	DISTANCE			REAR EXP	DSURE & I	DISTAN	CE	
BUBCI	AR ALARM TYPE				CERTIF	ICAT	·= #							EVE	PIRATION DA	те	CENTF	AL	LOCAL
BUNGL	AR ALARM TIPE				CERTIF	ICAI	<b>-</b> #							EAF	TRATION DA		CENTR		GONG
BURGL	AR ALARM INSTALLED	AND SER	RVICED BY						EXTE	NT		GRA	DE	# GI	UARDS / WA	TCHMEN	WITH	CLOCK F	IOURLY
PREMIS	ES FIRE PROTECTION	(Sprinkle	rs, Standpipes, CO2 /	Chemi	cal Systen	ns)		% SPR	RNK F	FIRE ALARN	/ MAN	IUFACTURE	ER					CENTRA LOCAL G	L STATION ONG
ADDI	TIONAL INTERES	ST	ACORD 45 att	tache	d for a	ddit	tional r	names											
INTERE	ST	NA	ME AND ADDRESS	RANK:		EVID	ENCE:	CEF	RTIFICA	TE					ı	NTEREST	N ITEM	NUMBE	R
LC	SS PAYEE														LOCATION		BU	ILDING:	
М	ORTGAGEE														ITEM CLASS:		ITE	М:	
															ITEM DESC	RIPTION			
								7											
		RE	FERENCE / LOAN #:																

ADDITIONAL	PREMISES #: 1	STREET	ADDRES	ss: 130	)1 Avenue	A. South	n Hous	ston. T	7758	7			
PREMISES INFORMATION	BUILDING #: 14	BLDG DI				,		,		-			
SUBJECT OF INSURANCE	AMOUNT	COINS %			ES OF LOSS	INFLATION GUARD %	N DI	ED	DED TYPE	BLKT	FORM	S AND COND	ITIONS TO APPLY
Building			R		200. 2000	GUARD %	,		ITPE	#			
	1,127,880	0											
ADDITIONAL INFORMATION	BUSINESS INCOME / EXT	DA EYDEN	SE - A#2	ch ACO	PD 910		VALUE	DEDODTIN	G INEOP	MATIC	N - Attach A	CODD 911	
						DATING				IVIATIC	/N - Allacii A	JOKD 811	
SPOIL AGE DESCRIPTION OF PRO	· · · · · · · · · · · · · · · · · · ·	HONS, E	INDUR	SEIVIE	IN I S AND	LIMIT	INFOR				OPTIONS		
SPOILAGE   DESCRIPTION OF PRO   COVERAGE	PERTI COVERED					\$			REFRIG I AGREE			KDOWN OB	CONTAMINATION
(Y / N)							DI F		(Y / I				SELLING
						DEDUCTI	BLE				POW	ER OUTAGE	PRICE
						\$							
SINKHOLE COVERAGE (Required in F					CCEPT COVE			JECT COV			LIMIT: \$		
MINE SUBSIDENCE COVERAGE (Requ				Α	CCEPT COVE	RAGE	RE	JECT COV	ERAGE		LIMIT: \$		
PROPERTY HAS BEEN DESIGNATED	IED AN HISTORICAL LANI	MARK								;	# OF OPEN S	IDES ON STR	UCTURE:
CONSTRUCTION TYPE	DISTANCE TO HYDRANT FIRE	STAT	FIR	E DISTR	RICT	CODE NU	MBER	PROT CL	# STC	RIES	# BASM'TS	YR BUILT	TOTAL AREA
	HYDRANT FIRE	MI							2	<u> </u>		1962	10,918
BUILDING IMPROVEMENTS	ВІ	DG CODE	TAX	ODE	ROOF TYPE		OTHER	R OCCUPA	NCIES				,
	JMBING, YR:	GRADE											
		ND CLASS		051	U DECICENTE		Н	IEATING S	OURCE II	NCL W	OODBURNIN	G DATE	
	YR:	RESISTI	VE	SEIV	II- RESISTIVE			TOVE OR FACTURE		CE INS	SERI	INSTA	LLED:
OTHER: PRIMARY HEAT	řK:	KESISTI	VE		SEC	CONDARY HE		THOTOTIL	· ·				
BOILER SOLID FUEL					523	BOILER		SOLID F	uei [				
IF BOILER, IS INSURANCE PLACE		′ / N				IF BOILER,				SEWL	IEDE2	Y/N	
RIGHT EXPOSURE & DISTANCE	LEFT EXPOSI		ANCE		EDC	ONT EXPOSU			ACLD LL	SLVVI		SURE & DIST	ANCE
NOM EX COOKE & DIOTARGE	LEI I EXI GOV	INE a DIOT	ANOL		FRC	JNI EXPOSO	IKE & DI	STANCE			REAR EXI C	OUNE & DIO	AITOL
BURGLAR ALARM TYPE		CERT	IFICATE	#						EVD	IRATION DAT	- CE	NTRAL LOCAL
BURGLAR ALARWITTE		CERT	IFICATE	#						EAF	IKATION DAT	ST/	ATION L GONG
BURGLAR ALARM INSTALLED AND SE	TRUICED BY				EVE			0045		# 01	14BB0 (WAT		HKEYS
BURGLAR ALARM INSTALLED AND SE	RVICED BY				EVI	ENT		GRAI	) <u> </u>	# 60	JARDS / WAT	CHINEN	CLOCK HOURLY
PREMISES FIRE PROTECTION (Sprinkl	ers Standnines CO2 / Chr	mical Syste	ems)		% SPRNK	FIRE ALAR	M M A NII	IEACTURE	D				CENTRAL CTATION
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	AME AND ADDRESS RAI	MV:	EVIDE	NCE:	CERTIFIC	AIE						TEREST IN IT	EM NUMBER
LOSS PAYEE											LOCATION:		BUILDING:
MORTGAGEE											ITEM CLASS:		ITEM:
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	EFERENCE / LOAN #:												
REMARKS (ACORD 101, A	dditional Remarks	<u>Schedul</u>	e, ma	y be a	ttached if	more sp	ace is	require	ed)				

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.

PRODUCER'S SIGNATURE	Frank Suigle	±  Tr	PRODUCER'S NAME (Please Print)	(Required in Florida)	
APPLICANT'S SIGNATURE				DATE	NATIONAL PRODUCER NUMBER



AGENCY NAME Swingle, Collins & Associates										CARRIER Ryan Specialty Group							C CODE			
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CONSTRUCTION TYPE	DISTANCE TO HYDRANT FIRE	CTAT	FIR	E DISTR	RICT	CODE NUI	MBER	PROT CI	_ # STC	RIES	# BASM'TS	YR BUILT	TOTAL AREA
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PRODUCER'S SIGNATURE	Frank Suigle	±  Tr	PRODUCER'S NAME (Please Print)	(Required in Florida)	
APPLICANT'S SIGNATURE				DATE	NATIONAL PRODUCER NUMBER



		NAME le, Collins & Asso	ciates	<b>3</b>							RRIER n Spec	ialty	/ Gro	nb				'		N.	AIC CODE
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	WIR	ING, YR:	PLUMBIN	IG, YR:	VACIALIE	01.400							НЕАТІ	NG SOUR	CE INC	1 WO	ODBURNIN	ıg ı	DATE		
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	J	OILER, IS INSURANCE PLA	L	SEWHERE?	Y/N	١					IF BOILER	L IS IN				 WHE	RE?	Y/N			
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	-14105	CO FIRE PROTECTION (O			. / 01														+		
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ADDITIONAL	PREMISES #:1	STREET	ADDRES	ss: 130	01 Avenue	A. South	Hous	ston. TX	77587	7			
PREMISES INFORMATION		BLDG DI				.,		,		-			
SUBJECT OF INSURANCE	AMOUNT	COINS %			SES OF LOSS	INFLATION GUARD %	I DE	ED	DED TYPE	BLKT	FORM	S AND COND	ITIONS TO APPLY
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SINKHOLE COVERAGE (Required in					CCEPT COVE		_	JECT COV			LIMIT: \$		
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PROPERTY HAS BEEN DESIGN	NATED AN HISTORICAL LAN	DIVIARK								,	# OF OPEN S	IDES ON STR	OCTURE:
CONSTRUCTION TYPE	DISTANCE TO HYDRANT FIRE	STAT	FIR	E DISTE	RICT	CODE NU	MBER	PROT CL	# STO	RIES	# BASM'TS	YR BUILT	TOTAL AREA
	FT	мі							1			1962	338
BUILDING IMPROVEMENTS	E	LDG CODE GRADE	TAX	CODE	ROOF TYPE		OTHER	COCUPA	NCIES				
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		IND CLASS		SEM	/II- RESISTIVE		H	EATING SO TOVE OR	OURCE II	NCL W	OODBURNIN	G DATE	ALLED:
OTHER:	YR:	RESISTI	ve		1120.01112			FACTURE		OL IIVO	)LIXI	INSTA	ALLED.
PRIMARY HEAT	1	'	'		SEC	ONDARY HE	AT						
BOILER SOLID FU	JEL					BOILER		SOLID F	UEL				
IF BOILER, IS INSURANCE PLA	CED ELSEWHERE?	Y/N				IF BOILER,	IS INSUF	⊐ RANCE PL	ACED EL	SEWH	IERE?	Y/N	
RIGHT EXPOSURE & DISTANCE	LEFT EXPOS	URE & DIST	ANCE		FRC	NT EXPOSU	RE & DIS	STANCE			REAR EXPO	SURE & DIST	TANCE
BURGLAR ALARM TYPE	'	CERT	IFICATE	#						EXP	IRATION DAT	re CE	NTRAL LOCAL GONG
													TH KEYS
BURGLAR ALARM INSTALLED AND	SERVICED BY				EXT	ENT		GRAD	DE	# Gl	JARDS / WAT		CLOCK HOURLY
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													LOCAL GONG
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INTEREST	NAME AND ADDRESS RA		EVIDE		CERTIFIC	ATE					IN	TEREST IN 17	TEM NUMBER
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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.

PRODUCER'S SIGNATURE	Frank Suisle	1. 1. 17	PRODUCER'S NAME (Please Print)		(Required in Florida)
APPLICANT'S SIGNATURE				DATE	NATIONAL PRODUCER NUMBER



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PRODUCER'S SIGNATURE	Frank Suisle	1. 1. 17	PRODUCER'S NAME (Please Print)		(Required in Florida)
APPLICANT'S SIGNATURE				DATE	NATIONAL PRODUCER NUMBER



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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.

PRODUCER'S SIGNATURE	Frank Suisle	PRODUCER'S NAME (Please Print)		(Required in Florida)
APPLICANT'S SIGNATURE			DATE	NATIONAL PRODUCER NUMBER