



AGENCY CUSTOMER ID: MEDICI-073189

PROPERTY SECTION

DATE (MM/DD/YYYY)

05/12/2022

AGENCY NAME Lamb Insurance Services		CARRIER Marketing Only.		NAIC CODE N/A
POLICY NUMBER		EFFECTIVE DATE 06/02/2022	NAMED INSURED(S) Mediciny	

BLANKET SUMMARY

BLKT #	AMOUNT	TYPE	BLKT #	AMOUNT	TYPE
1	2,949,195	Type B; SOI: BLNKT	3	300,000	Type T; SOI: BLNKT
2	306,145	Type C; SOI: BLNKT	4	600,000	Type S; SOI: BLNKT

PREMISES INFORMATION

PREMISES #: 0		STREET ADDRESS: Blanket,							
BUILDING #: 0		BLDG DESCRIPTION:							
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU- ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Building	2,949,195	67	R	Special (Including theft)	76	\$5,000	Dollars	1	B
Business Personal Property	306,145	54	R	Special (Including theft)	87	\$5,000	Dollars	2	C
Business Income w/ Extra Expense	300,000	78	L	Special (Including theft)	89	\$2,000	Hours	3	T
Building	900,000	43	R	Broad	78	\$9,000	Dollars	4	C
Building	87,0000	98		Broad	89	\$9,000	Dollars	5	R
ADDITIONAL INFORMATION		<input checked="" type="checkbox"/> BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810		<input checked="" type="checkbox"/> VALUE REPORTING INFORMATION - Attach ACORD 811					

ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

SPOILAGE COVERAGE (Y / N) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	DESCRIPTION OF PROPERTY COVERED Office building in suburban New Jersey.	LIMIT \$ 3,000,000	REFRIG MAINT AGREEMENT (Y / N) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	OPTIONS <input checked="" type="checkbox"/> BREAKDOWN OR CONTAMINATION <input checked="" type="checkbox"/> POWER OUTAGE <input checked="" type="checkbox"/> SELLING PRICE <input checked="" type="checkbox"/> Others
		DEDUCTIBLE \$ 10,000		
SINKHOLE COVERAGE (Required in Florida)		<input checked="" type="checkbox"/> ACCEPT COVERAGE	<input checked="" type="checkbox"/> REJECT COVERAGE	LIMIT: \$ 19,000
MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV)		<input checked="" type="checkbox"/> ACCEPT COVERAGE	<input checked="" type="checkbox"/> REJECT COVERAGE	LIMIT: \$ 8,000
<input checked="" type="checkbox"/> PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK Historical Landmark		# OF OPEN SIDES ON STRUCTURE: 0		

CONSTRUCTION TYPE Frame	DISTANCE TO HYDRANT 500 FT	FIRE STAT 3 MI	FIRE DISTRICT Moorestown Fire District #2	CODE NUMBER 10010	PROT CL	# STORIES 2	# BASM'TS	YR BUILT 1950	TOTAL AREA 5,000
BUILDING IMPROVEMENTS <input checked="" type="checkbox"/> WIRING, YR: 2017 <input checked="" type="checkbox"/> PLUMBING, YR: 2019 <input checked="" type="checkbox"/> ROOFING, YR: 2018 <input checked="" type="checkbox"/> HEATING, YR: 2020 <input checked="" type="checkbox"/> OTHER: Heating YR: 2018		BLDG CODE GRADE A	TAX CODE A	ROOF TYPE Wood Shake	OTHER OCCUPANCIES <input checked="" type="checkbox"/> HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT DATE INSTALLED: 02/18/2020 MANUFACTURER: Heating & Cooling Earth				
PRIMARY HEAT <input checked="" type="checkbox"/> BOILER <input checked="" type="checkbox"/> SOLID FUEL <input checked="" type="checkbox"/> Other Heat IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		WIND CLASS <input checked="" type="checkbox"/> RESISTIVE		SEMI- RESISTIVE <input checked="" type="checkbox"/> Other-Resistive		SECONDARY HEAT <input checked="" type="checkbox"/> BOILER <input checked="" type="checkbox"/> SOLID FUEL <input checked="" type="checkbox"/> Other secondary heat IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N			
RIGHT EXPOSURE & DISTANCE None		LEFT EXPOSURE & DISTANCE None		FRONT EXPOSURE & DISTANCE None		REAR EXPOSURE & DISTANCE None			
BURGLAR ALARM TYPE Wireless Alarm System		CERTIFICATE # 366540		EXPIRATION DATE 02/18/2020		<input checked="" type="checkbox"/> CENTRAL STATION <input checked="" type="checkbox"/> LOCAL GONG	WITH KEYS		
BURGLAR ALARM INSTALLED AND SERVICED BY ADT		EXTENT A		GRADE A		# GUARDS / WATCHMEN 500	<input checked="" type="checkbox"/> CLOCK HOURLY <input checked="" type="checkbox"/> Other clock		
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems) Sprinklers		% SPRNK 95		FIRE ALARM MANUFACTURER Siemens		<input checked="" type="checkbox"/> CENTRAL STATION <input checked="" type="checkbox"/> LOCAL GONG			

ADDITIONAL INTEREST ☒ ACORD 45 attached for additional names

INTEREST	NAME AND ADDRESS RANK: 4	EVIDENCE: <input checked="" type="checkbox"/> CERTIFICATE	INTEREST IN ITEM NUMBER
<input checked="" type="checkbox"/> LOSS PAYEE	Financelly		LOCATION: 1 BUILDING: 1
<input checked="" type="checkbox"/> MORTGAGEE	83352 Smitham Circles		ITEM CLASS: 2 ITEM: 2
<input checked="" type="checkbox"/> Other interest	Suite 480		ITEM DESCRIPTION
	Diannamouth, NV 59510		Resistive
	REFERENCE / LOAN #: 34567		

ACORD 140 (2014/12)

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**ADDITIONAL
PREMISES INFORMATION**

PREMISES #: 1		STREET ADDRESS: 7536 Indian Spring St. Ste A							
BUILDING #: 1		BLDG DESCRIPTION: Office Building							
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU- ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Per Occurrence	480,000	25	ACV	Fire, Storm, Flood	1	\$1,500	Monetary	1	Condition1
Subject2	450,000	34	ACV	Earthquake	1	\$2,900	Mone	2	Condition2
Subject3	240,000	35	VBH	Fire	2	\$3,090	Mone	3	Condition3
Subject4	139,000	78	ACV	Flood	3	\$2,980	Mone	4	Condition4
Subject5	760,000	45	ACB	Storm	1	\$1,908	Mone	5	Condition5

ADDITIONAL INFORMATION	<input checked="" type="checkbox"/> BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810	<input checked="" type="checkbox"/> VALUE REPORTING INFORMATION - Attach ACORD 811
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ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

SPOILAGE COVERAGE (Y / N) <input type="checkbox"/> Y	DESCRIPTION OF PROPERTY COVERED Description	LIMIT \$ 67888	REFRIG MAINT AGREEMENT (Y / N) <input type="checkbox"/> N	OPTIONS <input checked="" type="checkbox"/> BREAKDOWN OR CONTAMINATION <input checked="" type="checkbox"/> POWER OUTAGE <input checked="" type="checkbox"/> SELLING PRICE <input checked="" type="checkbox"/> Other
		DEDUCTIBLE \$ 8000		

SINKHOLE COVERAGE (Required in Florida)	<input checked="" type="checkbox"/> ACCEPT COVERAGE	<input checked="" type="checkbox"/> REJECT COVERAGE	LIMIT: \$ 20,000
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MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV)	<input checked="" type="checkbox"/> ACCEPT COVERAGE	<input checked="" type="checkbox"/> REJECT COVERAGE	LIMIT: \$ 17,000
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<input checked="" type="checkbox"/> PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK	# OF OPEN SIDES ON STRUCTURE: <u>0</u>
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Historical Landmark	
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CONSTRUCTION TYPE Type1	DISTANCE TO HYDRANT 657 FT FIRE STAT 484 MI	FIRE DISTRICT HR	CODE NUMBER 73840	PROT CL 1	# STORIES 1	# BASM'TS 1	YR BUILT 2022	TOTAL AREA 82738
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BUILDING IMPROVEMENTS	BLDG CODE GRADE D	TAX CODE 38798	ROOF TYPE TYPE	OTHER OCCUPANCIES OTHERS
<input checked="" type="checkbox"/> WIRING, YR: 2017	<input checked="" type="checkbox"/> PLUMBING, YR: 2019			
<input checked="" type="checkbox"/> ROOFING, YR: 2019	<input checked="" type="checkbox"/> HEATING, YR: 2018			
<input checked="" type="checkbox"/> OTHER: OTR	YR: 2020	WIND CLASS <input checked="" type="checkbox"/> RESISTIVE	<input checked="" type="checkbox"/> SEMI- RESISTIVE <input checked="" type="checkbox"/> Other-Resistive	<input checked="" type="checkbox"/> HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT DATE INSTALLED: 09/07/2021 MANUFACTURER: Landmark

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

RIGHT EXPOSURE & DISTANCE 7668	LEFT EXPOSURE & DISTANCE 8997	FRONT EXPOSURE & DISTANCE 8979	REAR EXPOSURE & DISTANCE 87787
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BURGLAR ALARM TYPE TYPE2	CERTIFICATE # CERTIFICATE	EXPIRATION DATE 09/08/2021	<input checked="" type="checkbox"/> CENTRAL STATION <input checked="" type="checkbox"/> LOCAL GONG
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BURGLAR ALARM INSTALLED AND SERVICED BY label	EXTENT EXT	GRADE A	# GUARDS / WATCHMEN GUARDS	<input checked="" type="checkbox"/> CLOCK HOURLY <input checked="" type="checkbox"/> Other clock
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PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems) sprinklers	% SPRNK 45	FIRE ALARM MANUFACTURER landmark	<input checked="" type="checkbox"/> CENTRAL STATION <input checked="" type="checkbox"/> LOCAL GONG
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ADDITIONAL INTEREST ☒ **ACORD 45 attached for additional names**

INTEREST	NAME AND ADDRESS RANK: 3	EVIDENCE: <input checked="" type="checkbox"/> CERTIFICATE	INTEREST IN ITEM NUMBER
<input checked="" type="checkbox"/> LOSS PAYEE	Financelly		LOCATION: NY BUILDING: B
<input checked="" type="checkbox"/> MORTGAGEE	83352 Smitham Circles		ITEM CLASS: A ITEM: Item1
<input checked="" type="checkbox"/> Other interset	Suite 480		ITEM DESCRIPTION
	Diannamouth, NV 59510		Resistive
	REFERENCE / LOAN #: 8478748		

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

Remarks

Applicable in AL, AR, DC, LA, MD, NM, RI and WV

Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*. *Applies in FL Only.

Applicable in KS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties* (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE Kiera Contreni	PRODUCER'S NAME (Please Print) Kiera Contreni	STATE PRODUCER LICENSE NO (Required in Florida) 2878EUEUIH
APPLICANT'S SIGNATURE Kacie Murphy	DATE 05/23/2022	NATIONAL PRODUCER NUMBER 2897EHIEHD