®	
ACORD	

PROPERTY SECTION

	MM/DD/YYYY)
08/30)/20

								NU			3i		110	IA						U8/	30/2	U	
Waterhouse and Associates, Inc						CARRIER NAIC CODE										C CODE							
POLICY NUMBER EFFECTIVE DATE 11/12/202 OBrianna Dino																							
BLAN	KET SUN	MARY																					
BLKT#	AM	OUNT				TYPE					BLK	(T#	A	MOU	NT				TYPE				
				PREMIS	ES #:	STI	REET	ADDRE	SS:														
PREMISES INFORMATION BUILDING #: BLDG DESCRIPTION:																							
S	UBJECT OF	INSURANCE			MOUNT	COL	INS %	VALU- ATION	CAU	SES OF I	oss	INF	LATION IARD %	D	DED	DED TYPE	BLKT #	FORM	S AND C	ONDIT	IONS TO	APPLY	
Billi	ng			1500)			∕d 02	3fixe	ed			es	no)	ITPE	-#-	yes					
Bia	nca Dir	าด		1200)	е		d	g			V	С	d				S					
ADDITIO	DNALINFORM	MATION	В	JSINESS	INCOME /	EXTRA EX	KPENS	E - Atta	ch ACC	ORD 810			V	ALUE	REPORTI	NG INFOR	MATIC	ON - Attach A	ORD 811				
ADDI	TIONAL C	OVERAGI	ES, OP	TIONS	, RESTF	RICTION	NS, E	NDOF	RSEM	ENTS .	AND	RAT	TING IN	IFOF	RMATIO	N							
SPOIL		CRIPTION OF	PROPE	RTY CO	/ERED							LIN	/IIT			REFRIG	MAINT	OPTIONS					
COVER (Y / I												\$				AGREE		BREA	KDOWN	(DOWN OR CONTAMINATION			
_	-											DE	DUCTIBL	.E		(Y / I	رب. ⊐	POW	ER OUTA	GE.		ELLING RICE	
]											\$										NOL	
SINKHO	LE COVERA	GE (Require	d in Flori	ida)						ACCEPT	COVE	RAGE		RE	EJECT CO	VERAGE		LIMIT: \$					
MINE S	JBSIDENCE	COVERAGE	(Require	d in IL, II	N, KY and V	NV)			-	ACCEPT	COVE	RAGE		RE	EJECT CO	VERAGE		LIMIT: \$					
_					-		 К												IDES ON	STRU	CTURF:		
PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK # OF OPEN SIDES ON STRUCTURE:																							
	RUCTION TY	PE		HYD	DISTANCE PRANT FI	TO RE STAT		FIR	E DIST	RICT		CC	DE NUM	BER	PROT C	L #STC	RIES	# BASM'TS	YR BUI		TOTAL A	REA	
Ter	tiary			45	FT	12 _м									yes	Si			202	3	12		
BUILDIN	IG IMPROVE	MENTS				BLDG C GRAD	ODE	TAX	CODE	ROOF	TYPE	_		отне	R OCCUP	ANCIES							
X	RING, YR:	np x	PLLIME	RING YR	sure	- Ontal	_			alu	min	iun	n	12									
	OFING, YR:	nb x	HEATI	NG YR	bruh	WIND CI	LASS		SEI	MI- RESI	STIVE			ŀ	HEATING S	SOURCE I	NCL V	VOODBURNIN	IG D	ATE	LED.		
	HER:			YR:			SISTI	, <u> </u>	- 02.	WII TECH	J1111				STOVE OR JFACTURE		CE IIV	SEKI	III	IS I AL	LED:		
	Y HEAT			TIX.			.010111	,			SEC	OND	ARY HEA	т									
	ILER	SOLID	FUFI									BOIL	FR		SOLID	FUFI							
		NSURANCE F		EL SEWH	IERE2	Y/N									JRANCE P		SEWI	HERE?	Y/N				
	EXPOSURE &		LAGED	LLOLWI	LEFT EXP		DIST	NCE			FDC				ISTANCE	LACED EI	OLVVI	REAR EXPO		DIST	NCE		
NIOIII I	-XI OOOKE G	DIOTANOL			LLITEAL	OOUNE &	DIOTA	NOL.			FRC	/NIE	AFUSUR	E & DI	ISTANCE			KLAK LAI	JOOKLA	01017	OL		
		·						FICATE										 PIRATION DAT		CEN	TRAL	LOCAL	
un p	AR ALARM T	TPE				'	CERII	FICATE	#								EXI	PIRATION DA	' -	STA	TION	GONG	
-											_									WITH	KEYS		
BURGL	AR ALARM IN	ISTALLED A	ND SERV	ICED BY							EXT	ENT			GRA	DE	# G	UARDS / WAT	CHMEN		CLOCK	HOURLY	
		OTECTION (S	prinklers	, Standp	ipes, CO2 /	Chemical	Syste	ms)		% SP	RNK	FIRE	ALARM	MAN	UFACTURI	ER					1	AL STATION	
un a	yua																				LOCAL	GONG	
		NTERES1	_		RD 45 at		for a																
INTERE	ST		NAM	E AND A	DDRESS	RANK:		EVIDE	NCE:	CE	RTIFIC	CATE						IN	ITEREST	IN ITE	M NUMB	ER	
LE	NDER'S LOS	S PAYABLE																LOCATION:		E	BUILDING	:	
LO	SS PAYEE																	ITEM CLASS:		T	ТЕМ:		
МС	RTGAGEE																	ITEM DESCI	RIPTION				
			REF	ERENCE	/ LOAN #:																		

AGENCY CUSTOMER ID:

ADDITIONAL	PREMISES #:	STREET ADDRESS:																
PREMISES INFORMATION	BUILDING #:	BLDG DE	BLDG DESCRIPTION:															
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU-	CAI	USES OF LOSS	INFLATION GUARD %	N	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY							
			ATION			GUARD /6			ITPE	-#								
ADDITIONAL INFORMATION BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810 VALUE REPORTING INFORMATION - Attach ACORD 811																		
ADDITIONAL COVERAGES,	OPTIONS, RESTR	ICTIONS, E	NDOR	SEN	MENTS AND	RATING	INFO	ORMATIC	N									
SPOILAGE DESCRIPTION OF PRO	OPERTY COVERED					LIMIT			REFRIG I		OPTIO	NS						
(Y / N)						\$			AGREEN (Y/I		E	REAKDOW	N OR C	ONTAMINATION				
						DEDUCTII	BLE			1	F	OWER OUT	AGE	SELLING PRICE				
						\$												
SINKHOLE COVERAGE (Required in	Florida)				ACCEPT COVE	RAGE		REJECT CO	OVERAGE	L	_IMIT: \$							
MINE SUBSIDENCE COVERAGE (Red	quired in IL, IN, KY and W	/V)			ACCEPT COVE	RAGE		REJECT CO	OVERAGE	L	_IMIT: \$							
PROPERTY HAS BEEN DESIGNA	ATED AN HISTORICAL LA	ANDMARK								#	OF OP	EN SIDES O	N STRU	JCTURE:				
CONSTRUCTION TYPE	DISTANCE	ГО	FIR	F DIS	TRICT	CODE NU	MBFI	R PROT	CL #STO	RIES	# BASN	'TS YR BI	JILT	TOTAL AREA				
		RE STAT				5552.115			-									
BUILDING IMPROVEMENTS	FT	BLDG CODE	TAX C	ODE	ROOF TYPE		ОТІ	HER OCCUP	ANCIES									
	LIMBING VD.	GRADE																
	LUMBING, YR:	WIND CLASS						HEATING	SOURCE I	NCL W	OODBU	RNING	DATE					
	EATING, YR:		_ -		EMI- RESISTIVE		ΜΔΙ	STOVE OI NUFACTUR	R FIREPLA	CE INS	ERT		INSTAI	_LED:				
PRIMARY HEAT	YR:	RESISTI	/E		SEC	ONDARY HE		NOT ACTOR	LIV.									
BOILER SOLID FUE	=				020	BOILER	-Α.	SOLID	FUEL									
IF BOILER, IS INSURANCE PLACE		Y/N					LS IN	SURANCE F	l	SEWH	FRE2	Y/N						
RIGHT EXPOSURE & DISTANCE		DSURE & DISTA	ANCE		FRC	NT EXPOSU			2.022 22			XPOSURE 8	DIST	ANCE				
						Ex. 000		DIOTANOL										
BURGLAR ALARM TYPE		CERTI	FICATE	#						FXPI	IRATION	DATE		ITRAL LOCAL				
DONOLAR ALARM THE		J SERVI	I IOAIL							LXI .		-		TION GONG				
BURGLAR ALARM INSTALLED AND S	SERVICED BY				FXT	ENT		GR	ADE	# GU	IARDS /	WATCHMEN		CLOCK HOURLY				
											,,,							
PREMISES FIRE PROTECTION (Sprin	klers, Standpipes, CO2 /	Chemical Syste	ms)		% SPRNK	FIRE ALAR	м ма	NUFACTUR	ER					CENTRAL STATION				
		•	,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,									LOCAL GONG				
ADDITIONAL INTEREST	ACORD 45 att	ached for	additio	nal	names													
	NAME AND ADDRESS		EVIDE		CERTIFIC	ATE						INTERES	T IN 171	EM NUMBER				
LENDER'S LOSS PAYABLE										-	LOCAT			BUILDING:				
LOSS PAYEE											ITEM CLASS							
MORTGAGEE										+		: ESCRIPTION		TEM:				
													-					
	REFERENCE / LOAN #:																	
REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)																		
NEMARKO (ACORD 101, F	additional Nemal	3 Julieuul	c, may	, ne	attacricu II	more spe	4CE	is requii	cuj					1				

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

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

Applicable in CO

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

Applicable in FL and OK

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

Applicable in KS

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

Applicable in KY, NY, OH and PA

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

Applicable in ME, TN, VA and WA

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

Applicable in NJ

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

Applicable in OR

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

Applicable in PR

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

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

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