



AGENCY CUSTOMER ID: 542198

PROPERTY SECTION

DATE (MM/DD/YYYY)

07/15/2025

AGENCY NAME Prime Brokers Ltd.		CARRIER Phoenix Insurers Ltd.		NAIC CODE
POLICY NUMBER	EFFECTIVE DATE	NAMED INSURED(S) Berkshire Hathaway		

BLANKET SUMMARY

BLKT #	AMOUNT	TYPE	BLKT #	AMOUNT	TYPE
1	80000000	Multiple Locations			

PREMISES INFORMATION

PREMISES #: 1 STREET ADDRESS: 123 Penny Lane, Springfield, Illinois

BUILDING #: NB01 BLDG DESCRIPTION: Commercial Offices

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU- ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Earthquake	12000000								
Fire	16000000								
Flood	7000000								

ADDITIONAL INFORMATION	BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810	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"/> N	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y / N) <input type="checkbox"/> N	OPTIONS <input type="checkbox"/> BREAKDOWN OR CONTAMINATION <input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE
		DEDUCTIBLE \$		
SINKHOLE COVERAGE (Required in Florida)		ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV)		ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
<input type="checkbox"/> PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK				# OF OPEN SIDES ON STRUCTURE: _____

CONSTRUCTION TYPE Fire Resistive (Steel, Reinforced)	DISTANCE TO HYDRANT 20 FT	FIRE STAT 2 MI	FIRE DISTRICT	CODE NUMBER	PROT CL	# STORIES 25	# BASM'TS 2	YR BUILT 2012	TOTAL AREA 250000 sq.ft	
BUILDING IMPROVEMENTS <input checked="" type="checkbox"/> WIRING, YR: 2012 <input type="checkbox"/> PLUMBING, YR: <input checked="" type="checkbox"/> ROOFING, YR: 2012 <input type="checkbox"/> HEATING, YR: OTHER: YR:		BLDG CODE GRADE <input checked="" type="checkbox"/> RESISTIVE	TAX CODE	ROOF TYPE SEMI- RESISTIVE	OTHER OCCUPANCIES <input type="checkbox"/> HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT MANUFACTURER: DATE INSTALLED: _____					
PRIMARY HEAT <input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> N Y / N			SECONDARY HEAT <input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> N Y / N							
RIGHT EXPOSURE & DISTANCE		LEFT EXPOSURE & DISTANCE		FRONT EXPOSURE & DISTANCE		REAR EXPOSURE & DISTANCE				
BURGLAR ALARM TYPE 2 Automatic Alarms on each floor		CERTIFICATE #				EXPIRATION DATE	CENTRAL STATION	<input type="checkbox"/> LOCAL GONG	WITH KEYS	
BURGLAR ALARM INSTALLED AND SERVICED BY SecureTech Services Ltd.			EXTENT		GRADE	# GUARDS / WATCHMEN 22	CLOCK HOURLY			
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems) Sprinklers on all floors			% SPRNK	FIRE ALARM MANUFACTURER					CENTRAL STATION	LOCAL GONG

ADDITIONAL INTEREST

ACORD 45 attached for additional names

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

ACORD 140 (2016/03)

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**ADDITIONAL
PREMISES INFORMATION**

PREMISES #: 2		STREET ADDRESS: 214 Fret Avenue, Minneapolis, Minnesota							
BUILDING #: NB02		BLDG DESCRIPTION: Commercial Offices							
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU- ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Fire	9000000								
Earthquake	7000000								
Flood	4000000								
ADDITIONAL INFORMATION		BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810				VALUE REPORTING INFORMATION - Attach ACORD 811			

ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

SPOILAGE COVERAGE (Y / N) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y / N) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	OPTIONS <input type="checkbox"/> BREAKDOWN OR CONTAMINATION <input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE				
SINKHOLE COVERAGE (Required in Florida)		ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$				
MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV)		ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$				
<input type="checkbox"/> PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK				# OF OPEN SIDES ON STRUCTURE: _____				
CONSTRUCTION TYPE Fire Resistant (Steel, Reinforced)	DISTANCE TO HYDRANT 20 FT	FIRE DISTRICT 3 MI	CODE NUMBER	PROT CL	# STORIES 15	# BASM'TS 2	YR BUILT 2018	TOTAL AREA 170000 sq.ft
BUILDING IMPROVEMENTS	BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES				
<input checked="" type="checkbox"/> WIRING, YR: 2018 <input checked="" type="checkbox"/> PLUMBING, YR: 2018	WIND CLASS		SEMI- RESISTIVE	<input type="checkbox"/> HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT		DATE INSTALLED: _____		
<input type="checkbox"/> ROOFING, YR: 2018 <input type="checkbox"/> HEATING, YR:	RESISTIVE			MANUFACTURER: _____				
PRIMARY HEAT				SECONDARY HEAT				
<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/>				<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/>				
IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input checked="" type="checkbox"/> N Y / N				IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input checked="" type="checkbox"/> N Y / N				
RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE		FRONT EXPOSURE & DISTANCE		REAR EXPOSURE & DISTANCE			
BURGLAR ALARM TYPE 2 Automatic Alarms on each floor	CERTIFICATE #			EXPIRATION DATE	<input type="checkbox"/> CENTRAL STATION	<input type="checkbox"/> LOCAL GONG	WITH KEYS	
BURGLAR ALARM INSTALLED AND SERVICED BY SecureTech Services Ltd.			EXTENT	GRADE	# GUARDS / WATCHMEN 16	CLOCK HOURLY		
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems) Sprinklers on all floors and Basement			% SPRNK	FIRE ALARM MANUFACTURER			CENTRAL STATION LOCAL GONG	

ADDITIONAL INTEREST **ACORD 45 attached for additional names**

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

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

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

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

Applicable in CO

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

Applicable in FL and OK

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

Applicable in KS

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

Applicable in KY, NY, OH and PA

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

Applicable in ME, TN, VA and WA

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

Applicable in NJ

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

Applicable in OR

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

Applicable in PR

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

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

PRODUCER'S SIGNATURE William Grey	PRODUCER'S NAME (Please Print) William Grey	STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE Berkshire Hathway	DATE 07/15/2025	NATIONAL PRODUCER NUMBER 100-002541