ACORD CONTINEERCIAL INSURANCE APPLICATION

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	5 Willbrook E								COMPA	NY P	OLICY OR P	ROG	RAM N	IAMI	E				PROG	RAM (CODE
Pa	wleys Island,	SC 29585									Cove Ho					ociati	ion,	Inc.			
									POLICY	NUM	MBER							l			
co	NTACT ME:								UNDER	WRIT	FR					UNDER	WRITI	ER OFFICE			
PHO	ME: ONE C, No, Ext): (850) 650-1950							ONDEN	•••••						UNDEN		LITOTTIOL			
FA	(850 (No):) 650-9288											QUO	TE			ISSUE	E POLICY		REN	EW
E-N	AIL mail@a	•							STATUS						Give Date a					J	
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	ACCOUNTS RECE VALUABLE PAPER	EIVABLE /	\$				ELECTF	RONIC DATA PROC			\$			Ti	TRANSPOR MOTOR TR	RTATION	N / NRGO		\$		
	BOILER & MACHI		\$				EQUIPM	MENT FLOATER			\$				TRUCKERS				\$		
	BUSINESS AUTO		\$				GARAG	E AND DEALERS			\$		Х	(UMBRELLA	١			\$		
	BUSINESS OWNE	RS	\$				GLASS.	AND SIGN			\$,	YACHT				\$		
X	COMMERCIAL GE	NERAL LIABILITY	\$				INSTALI	LATION / BUILDERS	RISK		\$								\$		
	CRIME		\$				OPEN C	CARGO			\$								\$		
	DEALERS		\$			X	PROPE	RTY			\$								\$		
ΑΤ	TACHMENTS																				
	ADDITIONAL INTE	REST					PREMIL	JM PAYMENT SUPP	LEMENT	•											
	ADDITIONAL PRE	MISES				!	PROFES	SSIONAL LIABILITY	SUPPLE	MEN	Т										
	APARTMENT BUIL	DING SUPPLEMENT				!	RESTAL	URANT / TAVERN SI	JPPLEM	ENT											
	CONDO ASSN BY	LAWS (for D&O Cover	age only)			STATEM	MENT / SCHEDULE													
	CONTRACTORS	SUPPLEMENT					STATE	SUPPLEMENT (If ap	plicable)												
	COVERAGES SCH	HEDULE					VACAN	T BUILDING SUPPLI	EMENT												
	DRIVER INFORMA	ATION SCHEDULE					VEHICL	E SCHEDULE													
	INTERNATIONAL	LIABILITY EXPOSURE	SUPPL	EMENT		\perp															
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	LOSS SUMMARY																				
	LICY INFORM						—											MINIMUM			
		PROPOSED EXP DAT	Έ	BILLING	i PL	AN		PAYMENT PLAN	METI	HOD	OF PAYMEN	Г	AUDIT		DEPOS	IT	F	PREMIUM		LICY P	REMIUM
,)5/15/2018	05/15/2019		DIRECT		AGE	ENCY								\$		\$		\$		
AF	PLICANT INF	ORMATION																			
		ured) AND MAILING A			ZIP-	⊦4)			GL COD	DΕ		SIC				NAICS		1	FEIN O	R SOC	SEC#
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	INDIVIDUAL	LLC NO. O	F MEMB JANAGE	BERS ERS: ——	_		PAR	RTNERSHIP		TR	RUST										
NA	ME (Other Named In	sured) AND MAILING			g ZIF	·+4)			GL COD	DE		SIC				NAICS		1	EIN O	R SOC	SEC#
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									WEBSIT	ΓE AD	DDRESS										
	CORPORATION	JOINT VENT	URE			_	NOT	T FOR PROFIT ORG		SI	JBCHAPTER	"S" (CORPC	DRA ⁻	TION						
CORPORATION JOINT VENTURE NOT FOR PROFIT NOT FOR						ORG SUBCHAPTER "S" CORPORATION TRUST															

CONT	ACT INFORMATION					AGENOT COSTONIEN ID.									
CONTAC	CT TYPE:					CONTACT TYPE:									
	CT NAME:					CON	TACT NAME:								
PRIMAR	Y HOME BUS CE	SECONDAR' PHONE #	Y	s 🗆	CELL	PRIM PHO	IARY HON	ME 🗌 E	BUS CELL	SECONDARY HOM	E 🗌 BUS 🗌 CELL				
DDIMAD	V F MAIL ADDDEGG					DDU	IADV F MAIL ADDS	DE00							
	Y E-MAIL ADDRESS:						IARY E-MAIL ADDE								
	DARY E-MAIL ADDRESS:	t 400DD 0	00 for Addition	- I D-		SEC	ONDARY E-MAIL A	DDRESS	5: 						
	IISES INFORMATION (At street	tach ACORD 8	23 for Additiona			INIT	FDFCT	# FIII	L TIME EMPL	ANNUAL DEVENUES, 6					
LOC#	9501 Shoreline Drive			CITY	LIMITS	INI	EREST	# FUL	-	ANNUAL REVENUES: \$	00.57				
1					INSIDE		OWNER			OCCUPIED AREA:	SQ FT				
BLD#	CITY:Myrtle Beach		STATE: SC		OUTSIDE		TENANT	# PAF		OPEN TO PUBLIC AREA:	\$Q FT 40,320 SQ FT				
1	COUNTY:		ZIP: 29572							TOTAL BUILDING AREA:	-				
	PTION OF OPERATIONS: STREET			T				T		ANY AREA LEASED TO OT	HERS? Y / N				
LOC #	9502 Shoreline Drive			CITY	LIMITS	INT	EREST	# FUL	-	ANNUAL REVENUES: \$					
2					INSIDE		OWNER			OCCUPIED AREA:	SQ FT				
BLD#	CITY:Myrtle Beach		STATE: SC		OUTSIDE		TENANT	# PAF		OPEN TO PUBLIC AREA:	SQ FT				
1	COUNTY:		ZIP: 29572							TOTAL BUILDING AREA:	31,680 SQ FT				
	PTION OF OPERATIONS: STREET			1				1		ANY AREA LEASED TO OT	THERS? Y / N				
LOC #	9503 Shoreline Drive	CITY	LIMITS	INT	EREST	# FUL		ANNUAL REVENUES: \$							
3					INSIDE		OWNER			OCCUPIED AREA:	SQ FT				
BLD#	CITY:Myrtle Beach		STATE: SC		OUTSIDE		TENANT	# PAF	RT TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT				
1	COUNTY:		ZIP:29572							TOTAL BUILDING AREA:	17,280 SQ FT				
DESCRI	PTION OF OPERATIONS:								ANY AREA LEASED TO O	THERS? Y / N					
LOC#	9504 Shoreline Drive			CITY	LIMITS	INT	EREST	# FUL	L TIME EMPL	ANNUAL REVENUES: \$					
4					INSIDE		OWNER			OCCUPIED AREA:	SQ FT				
BLD#	CITY: Myrtle Beach		STATE: SC		OUTSIDE		TENANT	# PAF	RT TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT				
1	COUNTY:		ZIP: 29572							TOTAL BUILDING AREA:	37,440 SQ FT				
DESCRI	PTION OF OPERATIONS:									ANY AREA LEASED TO O	THERS? Y / N				
NATU	RE OF BUSINESS														
AP	ARTMENTS CONTRAC	TOR MA	NUFACTURING	RI	ESTAURAN	١T	SERVICE			DATE STAF	BUSINESS RTED (MM/DD/YYYY)				
CC	NDOMINIUMS INSTITUT	ONAL OF	FICE	R	ETAIL		WHOLESA	\LE							
			INSTALL	OITA	N, SERVICE	ORI	REPAIR WORK		OFF PREMISE	S INSTALLATION, SERVICE	OR REPAIR WORK				
RETAIL	STORES OR SERVICE OPERATION	S % OF TOTAL SALE	ES:			%				%					
DESCRIPTION OF OPERATIONS OF OTHER NAMED INSUREDS															
ADDI	FIONAL INTEREST (Not a	II fields apply t	to all scenarios	- pro	ovide on	nly t	he necessary	data)	Attach ACC	ORD 45 for more Ad	ditional Interests				
INTERE	-	NAME AND ADDRES		EVIDE		_		POLICY	SEND BIL						
	DITIONAL LOSS PAYEE									LOCATION:	BUILDING:				
BR	EACH OF MORTGAGEE									VEHICLE:	BOAT:				
	-OWNER OWNER									AIRPORT:	AIRCRAFT:				
	PLOYEE REGISTRANT									ITEM CLASS:	ITEM:				
LE	ASEBACK /NER TRUSTEE					ITEM DESCRIPTION									
		REFERENCE / LOAN	N#:		INT	ERES	T END DATE:								
	LIEN AMOUNT:						PHONE (A/C, No, Ext): FAX (A/C, No):								

GENERAL INFORMATION EXPLAIN ALL "YES" RESPONSES Y/N IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY? Ν RELATIONSHIP DESCRIPTION % OWNED PARENT COMPANY NAME 1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES? Ν RELATIONSHIP DESCRIPTION % OWNED SUBSIDIARY COMPANY NAME IS A FORMAL SAFETY PROGRAM IN OPERATION? 2. Υ SAFETY MANUAL MONTHLY MEETINGS SAFETY POSITION OSHA ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS? Ν ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers) 4. N LINE OF BUSINESS POLICY NUMBER LINE OF BUSINESS POLICY NUMBER ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR THREE (3) YEARS FOR ANY PREMISES OR Ν OPERATIONS? (Missouri Applicants - Do not answer this question) AGENT NO LONGER REPRESENTS CARRIER **NON-PAYMENT** NON-RENEWAL UNDERWRITING CONDITION CORRECTED (Describe): Ν 6. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING? DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, Ν BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY? (In RI, this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment). Ν ANY UNCORRECTED FIRE AND/OR SAFETY CODE VIOLATIONS? OCCURRENCE RESOLUTION DATE **EXPLANATION** RESOLUTION DATE HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE LAST FIVE (5) YEARS? N OCCURRENCE RESOLUTION **EXPLANATION** RESOLUTION DATE DATE N HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS? OCCURRENCE RESOLUTION **EXPLANATION** RESOLUTION DATE DATE 11. HAS BUSINESS BEEN PLACED IN A TRUST? N NAME OF TRUST 12. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD/DISTRIBUTED IN FOREIGN COUNTRIES? (If "YES", attach ACORD 815 for Liability Exposure and/or ACORD 816 for Property Exposure) 13. DOES APPLICANT HAVE OTHER BUSINESS VENTURES FOR WHICH COVERAGE IS NOT REQUESTED? Ν REMARKS / PROCESSING INSTRUCTIONS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) PRIOR CARRIER INFORMATION YEAR CATEGORY **GENERAL LIABILITY AUTOMOBILE PROPERTY** OTHER:

\$

\$

CARRIER
POLICY NUMBER
PREMIUM

EFFECTIVE DATE

\$

AGENCI COSTONENTO.

PRIOR CARRIER INFORMATION (continued)

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 CLAIMS	TOTAL LOSSES: \$					
DATE OF OCCURRENCE	LINE	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.)

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.

APPLICANT'S SIGNATURE	1	DATE	NATIONAL PRODUCER NUMBER
PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)		STATE PRODUCER LICENSE NO (Required in Florida)



ADDITIONAL PREMISES INFORMATION SCHEDULE

Page

of

AGENCY				CARRIE		NAIC CODE				
Acent	ria Insurance - Myrtle Beach						N/A			
POLICY I	NUMBER		EFFECTIVE D	DATE	NAMED IN	ISUR	ED(S)			
			05/15/201	18	Marine	rs C	Cove Home	owners Asssocia	tion, Inc.	
PREM	ISES INFORMATION		•		•					
LOC#	STREET			CIT	Y LIMITS	INT	EREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	
5	9505 Shoreline Drive				INSIDE		OWNER		OCCUPIED AREA:	SQ FT
BLD#	CITY: Myrtle Beach	STAT	E: SC		OUTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT
1	COUNTY:	ZIP: 2	9572		1				TOTAL BUILDING AREA:	2,210 SQ FT
DESCRIP	PTION OF OPERATIONS:				•		•		ANY AREA LEASED TO OTHERS	? Y / N:
LOC#	STREET			CIT	Y LIMITS	INT	EREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	
6	9506 Shoreline Drive				INSIDE		OWNER		OCCUPIED AREA:	SQ FT
BLD#	CITY: Myrtle Beach	STAT	E: SC		OUTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT
1	COUNTY:	ZIP: 2	9572		1				TOTAL BUILDING AREA:	512 SQ FT
DESCRIP	PTION OF OPERATIONS:				•		•		ANY AREA LEASED TO OTHERS	?? Y / N:
LOC#	STREET			CIT	Y LIMITS	INT	EREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	
7	9507 Shoreline Drive				INSIDE		OWNER		OCCUPIED AREA:	SQ FT
BLD#	CITY: Myrtle Beach	STAT	E: SC		OUTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT
1	COUNTY:	ZIP: 2	9572		1				TOTAL BUILDING AREA:	SQ FT
DESCRIP	PTION OF OPERATIONS:				•		•		ANY AREA LEASED TO OTHERS	? Y / N:
LOC#	STREET			CIT	Y LIMITS	INT	EREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	
					INSIDE		OWNER		OCCUPIED AREA:	SQ FT
BLD#	CITY:	STAT	E:		OUTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT
	COUNTY:	ZIP:			1				TOTAL BUILDING AREA:	SQ FT
DESCRIP	PTION OF OPERATIONS:			1	'		'		ANY AREA LEASED TO OTHERS	? Y / N:
LOC#	STREET			CIT	Y LIMITS	INT	EREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	
					INSIDE		OWNER		OCCUPIED AREA:	SQ FT
BLD#	CITY:	STAT	E:		OUTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT
	COUNTY:	ZIP:			1				TOTAL BUILDING AREA:	SQ FT
DESCRIP	PTION OF OPERATIONS:				•		•		ANY AREA LEASED TO OTHERS	?? Y / N:
LOC#	STREET			CIT	Y LIMITS	INT	EREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	
					INSIDE		OWNER		OCCUPIED AREA:	SQ FT
BLD#	CITY:	STAT	E:		OUTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT
	COUNTY:	ZIP:			1				TOTAL BUILDING AREA:	SQ FT
DESCRIP	PTION OF OPERATIONS:				•		•		ANY AREA LEASED TO OTHERS	?? Y / N:
LOC#	STREET			CIT	Y LIMITS	INT	EREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	
					INSIDE		OWNER		OCCUPIED AREA:	SQ FT
BLD#	CITY:	STAT	E:		OUTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT
	COUNTY:	ZIP:			1				TOTAL BUILDING AREA:	SQ FT
DESCRIP	PTION OF OPERATIONS:						<u> </u>		ANY AREA LEASED TO OTHERS	?? Y / N:
STATE	PERSON WHO KNOWINGLY AND WITH INTE MENT OF CLAIM CONTAINING ANY MATERI MATERIAL THERETO, COMMITS A FRAUDULE	ALLY F	FALSE INFOR	RMAT	TON, OR C	CON	CEALS FOR TH	HE PURPOSE OF MISL	EADING INFORMATION CON-	CERNING ANY

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.



Acentria Insurance - Myrtle Beach

AGENCY

UMBRELLA / EXCESS SECTION

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

CARRIER

04/05/2018

N/A

POI	LICY NUI	/BER							EFFECTIVE	DATE	NAMED IN	SURED(S)				'	
									05/15/20	018	Mariner	s Cove Homeowne	rs A	sssociation,	Inc.		
PC	DLICY	INFO	RM	ATION													
				1	ΓRAN	SACTION TYPE						LIMIT OF LIABILITY			RETAINED LIMIT	Г	
X	NEW)	(JMBRELLA		OCCURRENC	E RETR	OACT	IVE DATE		\$	5,000,000 EA O	CC	\$			
	RENEV	VAL	E	XCESS		CLAIMS MADE	PROPOSED)	CURRENT	Г	\$						
EXF	PIRING P	OL #:									\$			FIRST DOLLAR DI	EFENSE (Y / N)		
ΕN	/IPLOY	EE B	EN	EFITS LI	ABI												
LIM	IIT OF IN	SURAN	CE (I	Ea Employe	ee)		AGGREGATE LIM	IT FOF	R EBL			RETAINED LIMIT FOR EBL			RETROACTIVE	DATE FO	R EBL
\$							\$					\$					
NA	ME OF B	ENEFIT	PRC	OGRAM													
PF	RIMAR	Y LO	CAT	TION & S	SUB	SIDIARIES	(ACORD 125))				1	ı				1
#		NAME	ANE	LOCATIO	N OF	PRIMARY AND	ALL SUBSIDIARY	COMP	ANIES (Descri	ibe Ope	erations)	ANNUAL PAYROLL	AN.	IN GROSS SALES	FOREIGN GRO	SS SALES	# EMPL
	NAM	E:	_				– .										
1	LOC	ATION:	9	501 Sno	oreli	ine Drive N	lyrtle Beach	, SC	29572								
	DES	CRIPTI	ON:														
_	NAM		^	500 Ch	1	ina Duiva N	Musella Dagala		00570								
2	LOC	ATION:	9	502 Snc	oreii	ine Drive i	lyrtle Beach	, 50	29572								
		CRIPTI	ON:														
3	NAM		۵	502 Ch	roli	ina Driva N	lyrtle Beach		20572								
3		ATION:		303 SHC)i Cii	ille Dilve iv	iyitle beacii	, 30	29312								
		CRIPTI	ON:														
4	NAM		q	504 Sha	reli	ine Drive M	lyrtle Beach	SC	29572								
•		ATION:		50+ Onc	,, С.,	inc Brive ii	iyitic Beacii	, 00	23372								
		CRIPTI	ON:														
5	NAM	E: ATION:	9	505 Sho	reli	ine Drive N	lyrtle Beach	. SC	29572								
ľ		ATION: CRIPTI		000 0		5	.,,o <u></u> ouo	,									
	NAM		OIN:														
6	.	ATION:	9	506 Sho	reli	ine Drive N	lyrtle Beach	, sc	29572								
		CRIPTI					•	,									
UN	•			SURANC	Œ							'			1		
						LIST ALL L	IABILITY / COMPEN	NSATI	ON POLICIES	IN FOR	RCE TO APP	LY AS UNDERLYING INSURA	NCE				+-
	TYPE			CARRI	ER/F	OLICY NUMBE					Y EXP DATE				ANNUAL RE PREMIL	NEWAL JM	RATING MOD
												CSL EA ACC \$			\$		
	ТОМОВІ											BI EA ACC \$			\$		
L	LIABILITY											BI EA PER \$			ļ -		
												PD EA ACC \$			\$		
	SENERAL											EACH OCCURRENCE \$			PREM / OPS		
L	LIABILITY	'										GENERAL AGGR \$ PROD & COMP OPS			\$		-
-	_											AGGREGATE \$			PRODUCTS		
	OCCU											PERSONAL & ADV INJURY \$ DAMAGE TO RENTED			\$		-
	MADE											PREMISES \$			OTHER		
												MEDICAL EXPENSE \$			\$		
EV	//PLOYER	es										EACH ACCIDENT \$ DISEASE			-		
	LIABILITY											EACH EMPLOYEE \$			\$		
												POLICY LIMIT \$					
															\$		
															\$		

NDERLYING INSURANCE (continued)												
UNDERLYING GENERAL LIABILITY INFORMATION (Explain all "YI	S" responses)											
	GGREGATE LIMITS?		A SEPARATE LIMIT?		UNLIMITED?							
2. INDICATE THE EDITION DATE OF THE ISO FORM	OR SIMILAR FILING FOR	THE UI	NDERLYING COVERAGE:									
3. HAS ANY PRODUCT, WORK, ACCIDENT, OR LOCA	TION BEEN EXCLUDED, I	UNINS	URED OR SELF INSURED	FRO	M ANY PREVIOUS COV	ERAGE? (Y / N)						
4. FOR CLAIMS MADE, INDICATE RETROACTIVE DA	F OF CURRENT UNDER	YING	POLICY.									
5. FOR CLAIMS MADE, INDICATE ENTRY DATE INTO												
6. FOR CLAIMS MADE, WAS "TAIL" COVERAGE PURC				ICY?	(Y / N) EFF. DA	TE·						
	THE TOTAL TREET	0001	TAININ ATT OTTEXALOUS FOR		(1711)							
01/50/(411 00/504050 WHINDEDLY/NO DOLLO	50 ALOO OLIFOKIF ANN EVD	001105	0 ADE DDEOENT FOR EACH O	0) (50	4.0E BB0\#BE 41\EVB\A14	TION EVEL AINLIE						
CHECK ALL COVERAGES IN UNDERLYING POLICIES. ALSO CHECK IF ANY EXPOSURES ARE PRESENT FOR EACH COVERAGE. PROVIDE AN EXPLANATION. EXPLAIN IF DIFFERENT LIMITS, EXTENSIONS, OR EXCLUSIONS. EXPLAIN ANY SPECIAL COVERAGES BEYOND STANDARD FORMS. EXPLAIN ALL EXPOSURES .												
CHECK IF APPROPRIATE	COVERAGE		EXPO	SURE	COVERAGE	EXPOSURE						
ANY AUTO (SYMBOL 1)	CARE, CUSTODY, CONT	ROL			PROFESSIONAL LIAE	BILITY (E&O)						
CGL - CLAIMS MADE	EMPLOYEE BENEFIT LIA	BILITY			VENDORS LIABILITY							
CGL - OCCURRENCE	FOREIGN LIABILITY / TRA	AVEL			WATERCRAFT LIABIL	ITY						
COVERAGE EXPOSURE	GARAGEKEEPERS LIABI	LITY										
AIRCRAFT LIABILITY	INCIDENTAL MEDICAL M	ALPRAG	CTICE									
AIRCRAFT PASSENGER LIABILITY	LIQUOR LIABILITY											
ADDITIONAL INTERESTS	POLLUTION LIABILITY											
UNDERLYING INSURANCE COVERAGE INFORMATION (INCLUDE ALL RESTRICTIONS; e.g. LASER ENDORSEMENTS, DISCRIMINATION, SUBROGATION WAIVERS, OR EXTENSIONS OF COVERAGE) Attach ACORD 101, Additional Remarks Schedule, if more space is required. PREVIOUS EXPERIENCE: (GIVE DETAILS OF ALL LIABILITY CLAIMS EXCEEDING \$10,000 OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS, DURING THE PAST FIVE (5) YEARS, WHETHER INSURED OR NOT. SPECIFY DATE, COVERAGE, DESCRIPTION, AMOUNT PAID, AMOUNT OUTSTANDING) Attach ACORD 101, Additional Remarks Schedule, if more space is required.												
CARE, CUSTODY, CONTROL												
LOC PROPERTY TYPE VALUE	A*	B* (o*	D*		SQ FT OF BLDG OCC						
REAL												
PERSONAL												
*APPLICANT: [A] IS HELD HARMLESS IN THE LEAS	E. [B] HAS A WAIVER OF S	SUBRO	OGATION, [C] IS A NAMED	INSU	RED IN THE FIRE POLI	CY, [D] OTHER (specify)						

VEHICLES

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

EXF	PLAIN ALL "YES" RESPONSES, PROVIDE OTHER INFORMATION REQUIRED	Y/N
	ADVERTISERS LIABILITY	
1.	MEDIA USED:	
	ANNUAL COST: \$	
2.	ARE SERVICES OF AN ADVERTISING AGENCY USED?	N
3.	ANY COVERAGE PROVIDED UNDER AGENCY'S POLICY?	N
	AIRCRAFT LIABILITY	1
4.	DOES APPLICANT OWN / LEASE / OPERATE AIRCRAFT?	N
_	AUTO LIABILITY	
5.	ARE EXPLOSIVES, CAUSTICS, FLAMMABLES OR OTHER DANGEROUS CARGO HAULED?	N
6	ARE PASSENGERS CARRIED FOR A FEE?	
0.	ARE FASSEINGERS CARRIED FOR A FEE!	N
7	ANY UNITS NOT INSURED BY UNDERLYING POLICIES?	
' '	THE GRAND HOUSE BY GROENETING FOLIOIES:	N
8	ARE ANY VEHICLES LEASED OR RENTED TO OTHERS?	
0.		N
9.	ARE HIRED AND NON-OWNED COVERAGES PROVIDED?	NI.
		N
	CONTRACTORS LIABILITY	-
10.	IS BRIDGE, DAM, OR MARINE WORK PERFORMED?	N
		'
11.	DESCRIBE TYPICAL JOBS PERFORMED (Attach ACORD 101, Additional Remarks Schedule, if more space is required)	
12	DESCRIBE AGREEMENT (Attach ACORD 101, Additional Remarks Schedule, if more space is required)	
	DESCRIBE NORTH (Madel NO TO 1, Additional Normaline School of the Control of the	
13.	DOES APPLICANT OWN, RENT, OR OTHERWISE USE CRANES?	A.I
		N
14.	DO SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN APPLICANT?	N
		14
	EMPLOYERS LIABILITY	-
15.	IS APPLICANT SELF-INSURED IN ANY STATE?	N
		••
16.	SUBJECT TO: JONES ACT FELA STOP GAP OTHER:	1
	INCIDENTAL MALPRACTICE LIABILITY	
17.	IS A HOSPITAL OR FIRST AID FACILITY MAINTAINED?	N
18.	ARE COVERAGES PROVIDED FOR DOCTORS / NURSES?	N

A #: . DO CUI	"YES" RESPONSES	, PROVIDE OT	HER INFORMATION F	EQUIRED						Y/N		
. DO CUI				POLL	LUTION LIABIL	ITY						
	RRENT OR PAST SAL METHODS?	PRODUCTS	S, OR THEIR COM	PONENTS, CONTAIN	HAZARDOU	IS MATERIALS ⁻	THAT MAY R	EQUIRE SPEC	CIAL	N		
. INDICA	TE THE COVERA	GES CARR	ED:									
GL WITH STANDARD ISO POLLUTION EXCLUSION GL WITH STANDARD SUDDEN & ACCIDENTAL ONLY GL WITH STANDARD SUDDEN & ACCIDENTAL ONLY SEPARATE POLLUTION COVERAGE												
GL WITH STANDARD SUDDEN & ACCIDENTAL ONLY SEPARATE POLLUTION COVERAGE PRODUCT LIABILITY												
. ARE MI	SSILES, ENGINE	S, GUIDANO	CE SYSTEMS, FRA	MES OR ANY OTHER			LED IN AIRC	CRAFT?		N		
			EIGN PRODUCTS I	DISTRIBUTED IN THE	USA OR US	S PRODUCTS SO	OLD / DISTR	IBUTED IN FO	REIGN COUNTRIES?	N		
(If "YES", Attach ACORD 815) 24. PRODUCT LIABILITY LOSS IN PAST THREE (3) YEARS? (SPECIFY)												
25. GROSS SALES FROM EACH OF LAST THREE (3) YEARS: \$ \$												
					ECTIVE LIABIL							
DESCR	IBE INDEPENDE	NT CONTRA	ACTORS (Attach A	CORD 101, Additional	Remarks Sc	hedule, if more s	pace is requi	red)				
				WATER	RCRAFT LIABI	LITY						
	PPLICANT OWN	OR LEASE	WATERCRAFT?							N		
LOC#	# OWNED		LENGTH	HORSEPOWER	LOC#	# OWNED		LENGTH	HORSEPOWER			
				APARTMENTS / CON	IDOMINIUMS/	HOTELS / MOTELS	<u> </u>					
LOC#	# STORIES	# UNITS	# SWIMMING POOL	S # DIVING BOARDS	LOC#	# STORIES	# UNITS	# SWIMMING F	POOLS # DIVING BOARDS			
MARK	3 (Attach ACO	RD 101, A	dditional Remar	ks Schedule, if mo	ore space	is required)						

		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	· · · · · · · · ·		0007122
REMARKS (Attach ACORD 101, Additional Remarks	s Schedule	e, if more space	e is required)		
SIGNATURE					
ANY DEDOON WHO KNOWINGLY AND WITH INTENT TO		IV INCLIDANCE C	OMDANY OD ANOTH		ATION FOR INCURANCE OR
ANY PERSON WHO KNOWINGLY AND WITH INTENT TO D STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FA FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSU PENALTIES. (Not applicable in CO, DC, FL, HI, MA, NE, OH, OH	LSE INFORM JRANCE ACT	MATION, OR CON T, WHICH IS A CR	CEALS FOR THE PUR IME AND SUBJECTS	RPOSE OF MISLEADING INFOR THE PERSON TO CRIMINAL AN	MATION CONCERNING ANY
IN THE DISTRICT OF COLUMBIA, WARNING: IT IS A CRIME THE INSURER OR ANY OTHER PERSON. PENALTIES INCLU				ON TO AN INSURER FOR THE	PURPOSE OF DEFRAUDING
IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR	H INTENT T	O INJURE, DEF	RAUD, OR DECEIVE		TEMENT OF CLAIM OR AN
IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMO					INSURANCE COMPANY OR
ANOTHER PERSON FILES AN APPLICATION FOR INSURA THE PURPOSE OF MISLEADING INFORMATION CONCERNIN A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AI	NCE OR STA	ATEMENT OF CLA T MATERIAL THE	AIM CONTAINING ANY	MATERIALLY FALSE INFORM	ATION, OR CONCEALS FOR
IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRIS					PANY FOR THE PURPOSE OF
IF THE COMPANY TO WHICH I AM APPLYING OFFERS UNIN	SURED MOT	ORISTS (UM) AN	D/OR UNDERINSURE	D MOTORISTS (UIM) COVERA	GE IN MY STATE:
UNINSURED MOTORISTS (UM) COVERAGE: \$		* UNDER	NSURED MOTORIST	S (UIM) COVERAGE: \$	*
* IF APPLICABLE IN YOUR STATE					
II AFFEIGABLE IN TOOK STATE					
APPLICABLE ON	LY IN LOUIS	IANA, NEW HAM	PSHIRE, VERMONT A	ND WISCONSIN	
APPLICABLE ONLY IN LOUISIANA:					
I ACKNOWLEDGE THAT UM COVERAGE HAS BEEN EXPLA LIMITS, UM LIMITS LOWER THAN MY LIABILITY LIMITS, OR				PTION OF SELECTING UM LIMI	TS EQUAL TO MY LIABILITY
I. I SELECT UM LIMITS INDICATED IN THIS APPLICATION.		OR	2. I REJECT UM	COVERAGE IN ITS ENTIRETY.	
APPLICABLE ONLY IN NEW HAMPSHIRE:	(INITIALS)				(INITIALS)
I ACKNOWLEDGE THAT UM COVERAGE HAS BEEN EXPLA LIMITS OR TO REJECT UM COVERAGE ENTIRELY.	AINED TO ME	E, AND I HAVE BE	EN OFFERED THE O	PTION OF SELECTING UM LIMI	TS EQUAL TO MY LIABILITY
1. I SELECT UM LIMITS INDICATED IN THIS APPLICATION.	(INITIALS)	OR	2. I REJECT UM	COVERAGE IN ITS ENTIRETY	(INITIALS)
APPLICABLE ONLY IN VERMONT:	/				, ,
I ACKNOWLEDGE THAT I HAVE BEEN OFFERED UM CO APPLICATION.	OVERAGE E	QUAL TO MY LI	ABILITY LIMITS. I HA	VE SELECTED THE LIMITS IND	ICATED IN THIS
APPLICABLE ONLY IN WISCONSIN:					
I ACKNOWLEDGE THAT I HAVE BEEN OFFERED UNINSURE	D MOTORIST	C (UM) COVERAG	E AND LINDERINGUE	ED MOTORIST (LIM) COVERA	GF
		. (S) SOVEIVAC	L SINDLININOUN	MOTOTALOT (ONVI) OOVERA	~ _ .
1. I SELECT UM LIMITS INDICATED IN THIS APPLICATION.	(INITIALS)	OR	2. I REJECT UM	COVERAGE IN ITS ENTIRETY.	(INITIALS)
3. I SELECT UIM LIMITS INDICATED IN THIS APPLICATION.	(INITIALS)	OR	4. I REJECT UIN	I COVERAGE IN ITS ENTIRETY	(INITIALS)
IMPORTANT - THE STATEMENTS (ANSWERS) GIVEN ABO ANY MATERIAL FACT OR CIRCUMSTANCE CONCERNING TO					LED OR MISREPRESENTED
PRODUCER'S SIGNATURE		RODUCER'S NAME (OCHOTHOTE A BINDER.	STATE PRODUCER LICENSE NO (Required in Florida)
ADDI ICANTIC CICNATUDE				DATE	NATIONAL PROPUSES
APPLICANT'S SIGNATURE				DATE	NATIONAL PRODUCER NUMBER

UMBRELLA SECTION -

PRIMARY LOCATION & SUBSIDIARY SCHEDULE

PRIM <i>A</i>	ARY LOCATION & SUBSIDIARY SCHEDULE	MARICO\	/-06 CMCC	ALL PAGE 1	OF 1	
#	NAME AND LOCATION OF PRIMARY AND ALL SUBSIDIARY COMPANIES (Describe Operations)	ANNUAL PAYROLL	ANN GROSS SALES	FOREIGN GROSS SALES	# EMPL	
	NAME:					
7	LOCATION: 9507 Shoreline Drive Myrtle Beach, SC 29572					
	DESCRIPTION:					
	NAME:					
	LOCATION:					
	DESCRIPTION:					
	NAME:					
	LOCATION:					
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	DESCRIPTION:					
	NAME:					
	LOCATION:					
	DESCRIPTION:					





2. NUMBER OF EMPLOYEES:

COMMERCIAL GENERAL LIABILITY SECTION

DATE (MM/DD/YYYY)

				00			,			• •			1	04	1/05/2018
AGEI Acen		ice - Myrtle Bea	ich					CARRIEF	?						NAIC CODE N/A
POLI	CY NUMBE	R					FECTIVE DATE 5/15/2018						sssociatio	n, Inc.	
				DE is checke	ed in the COV y.	ERAGE	/ LIMITS se	ection below	ı, this	is an	ар	plication fo	r a claims-m	nade policy.	
	/FD 4 0 1	-0				LINALTO									
	VERAGE					LIMITS		_							
X	COMMERC	IAL GENERAL		_			L AGGREGATI			1		\$	2,000,00		EMIUMS
	CLAIN	IS MADE	X	OCCURRENC	E	LIMIT AP	PLIES PER:	POLICY		LOC	ATIO	N		PREMISES/OP	PERATIONS
	OWNER'S	& CONTRACTO	R'S PRO	TECTIVE				PROJEC	T	ОТН	ER:				
						PRODUC	TS & COMPLE	TED OPERATIO	NS AGG	REGA	TE	\$		PRODUCTS	
DED	JCTIBLES					PERSON	AL & ADVERTI	SING INJURY				\$	1,000,00	00	
	PROPERTY	Y DAMAGE	\$			EACH O	CURRENCE					\$	1,000,00	00 OTHER	
	BODILY IN		\$		PER CLAIM			REMISES (each	occurre	ence)		\$	100,00	00	
	202121		\$		PER		EXPENSE (Ar	•				\$	5,00	00 TOTAL	
			Ψ		OCCURRENCE			iy one person,							
							EE BENEFITS AND NO	N OWNED	AUTO)		\$	1,000,00	00	
OTU		AOFO DEOTRIC	TIONO A	ND/OD ENDODO								\$ 			
ОТНІ	ER COVERA	AGES, RESTRIC	TIONS A	AND/OR ENDORS	EMENTS (For hire	ea/non-own	ied auto covera	iges attach the	аррисар	ie stai	e Bu	Siness Auto Se	Ction, ACORD 13	37)	
			_		NLY AUTO COVER	RAGE IS TO	BE PROVIDE	O UNDER THE F	OLICY:						
1. UI	M / UIM CO	VERAGE	IS	IS NOT A	VAILABLE.	2.	MEDICAL PAY	MENTS COVER	AGE		IS	IS NO	AVAILABLE.		
SCI	<u>IEDULE</u>	OF HAZA	RDS												
LOC	HAZ	CL	ASSIFIC <i>A</i>	ATION	CLASS	PREM	IUM	EXPOSURE		TEF		RA	TE	PRE	MIUM
#	#	CL	43311102	TION	CODE	BAS	IS	EXPOSURE		12	ın	PREM/OPS	PRODUCTS	PREM/OPS	PRODUCTS
1	1	Condominius (association	ms - res risk onl	idential - y)	62003	U		132							
1	2	Swimming P	ool - NO	С	48925	U		1							
1	3	Clubs - civic	service	e or social - premises ot-For-Profit o	41668	A		3750							
		OWINCE OF ICE	30u - 140	50-110110											
RATI	NG AND PE	REMIUM BASIS		(P) P	AYROLL - PER \$1;	.000/PAY		(C) TOTAL C	OST - P	ER \$1	.000/	COST	(U) UNIT - I	PER UNIT	1
(S) G	ROSS SAL	ES - PER \$1,00	0/SALES		REA - PER 1,000/5			(M) ADMISS					(T) OTHER		
CLA	AIMS MA	DE (Expla	in all "	Yes" respoi	nses)										
		ES" RESPONS													Y/N
1. P	ROPOSE	D RETROAC	TIVE D	ATE:											
					MS MADE COV	FRAGE.									
					R LOCATION BI		I IIDED TIVI	NSLIBED OF	SELE	INCII	BEL) FROM ANY	PREVIOUS O	OVERAGE?	N
J. F	ING AINT I	RODOCI, V	VOINN, F	ACCIDENT, OF	LOUATION DI	LLIN EAU	LUDED, UNI	NOUNED UK	JLLF-I	IINOU	INEL	, I ION ANT	INLVIOUS	OVLINAGE!	"
4 W	/AS TAII	COVERAGE	DI IDCL	ASED LINDER	R ANY PREVIO	LIS POLI	CY?								N
-+. V	VAO IAIL	OUVERAGE	- UKUF	INOLD UNDER	ANI FREVIO	JJ FULI									
EM	PLOYEE	BENEFITS	SLIAB	ILITY											,
		BLE PER CLA					3.	NUMBER OF	EMPL	OYE	ES C	COVERED BY	EMPLOYEE	BENEFITS PLAN	NS:

4. RETROACTIVE DATE:

CONTRACTORS AGENCY COSTOMETED.	
EXPLAIN ALL "YES" RESPONSES (For all past or present operations)	Y/N
. DOES APPLICANT DRAW PLANS, DESIGNS, OR SPECIFICATIONS FOR OTHERS?	N
2. DO ANY OPERATIONS INCLUDE BLASTING OR UTILIZE OR STORE EXPLOSIVE MATERIAL?	N
3. DO ANY OPERATIONS INCLUDE EXCAVATION, TUNNELING, UNDERGROUND WORK OR EARTH MOVING?	N

5. ARE SUBCONTRACTORS ALLOWED TO WORK WITHOUT PROVIDING YOU WITH A CERTIFICATE OF INSURANCE?

N

4. DO YOUR SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN YOURS?

6. DOES APPLICANT LEASE EQUIPMENT TO OTHERS WITH OR WITHOUT OPERATORS?

SCRIBE THE TYPE OF WORK SUBCONTRACTED

\$ PAID TO SUBCONTRACTORS:

\$ PAID TO SUBSUBCONTRACTED:

PARTTIME STAFF:

TIME STAFF:

DESCRIBE THE TITE OF WORK SO	BOOKTHAOTED	CONTRACTORS:		SUBC	ONTRACTED:	TIME STAFF:	TIME STAF	<u>F:</u>
PRODUCTS / COMPLET	ED OPERATIONS							
PRODUCTS	ANNUAL GROSS SALES	# OF UNITS	TIME IN MARKET	EXPECTED LIFE	INTEND	DED USE	PRINCIPAL COME	PONENTS
					<u> </u>			
EXPLAIN ALL "YES" RESPONSES	(For all past or present produc	cts or operations) PLEA	SE ATTACH LI	TERATURE. B	ROCHURES, LABELS	S. WARNINGS, ETC.		Y/N
DOES APPLICANT INSTA								N
2. FOREIGN PRODUCTS SO	DLD, DISTRIBUTED, USE	D AS COMPONENTS	? (If "YES", a	attach ACOR	.D 815)			N
3. RESEARCH AND DEVELO	PMENT CONDUCTED O	R NEW PRODUCTS F	PLANNED?					N
								N
4. GUARANTEES, WARRAN	TIES, HOLD HARMLESS	AGREEMENTS?						IN IN
5. PRODUCTS RELATED TO	AIRCRAFT/SPACE INDI	JSTRY?						N
	7							
6. PRODUCTS RECALLED, I	DISCONTINUED, CHANG	ED?						N
7. PRODUCTS OF OTHERS	SOLD OR RE-PACKAGE	D UNDER APPLICAN	T LABEL?					N
8. PRODUCTS UNDER LABE	EL OF OTHERS?							N
6. FRODUCTS UNDER LABE	LE OF OTTILING!							'`
9. VENDORS COVERAGE RI	EQUIRED?							N
10. DOES ANY NAMED INSUR	RED SELL TO OTHER NA	MED INSUREDS?						N
I								I I

AGENCI COSTONIENTO. **ADDITIONAL INTEREST / CERTIFICATE RECIPIENT ACORD 45 attached for additional names** INTEREST NAME AND ADDRESS RANK: EVIDENCE: CERTIFICATE INTEREST IN ITEM NUMBER ADDITIONAL INSURED LOCATION: BUILDING: ITEM CLASS: EMPLOYEE AS LESSOR ITEM: ITEM DESCRIPTION LIENHOLDER **LOSS PAYEE** MORTGAGEE REFERENCE / LOAN #: **GENERAL INFORMATION** EXPLAIN ALL "YES" RESPONSES (For all past or present operations) Y/N 1. ANY MEDICAL FACILITIES PROVIDED OR MEDICAL PROFESSIONALS EMPLOYED OR CONTRACTED? Ν N 2. ANY EXPOSURE TO RADIOACTIVE/NUCLEAR MATERIALS? Ν DO/HAVE PAST, PRESENT OR DISCONTINUED OPERATIONS INVOLVE(D) STORING, TREATING, DISCHARGING, APPLYING, DISPOSING, OR TRANSPORTING OF HAZARDOUS MATERIAL? (e.g. landfills, wastes, fuel tanks, etc) Ν 4. ANY OPERATIONS SOLD, ACQUIRED, OR DISCONTINUED IN LAST FIVE (5) YEARS? Ν 5. DO YOU RENT OR LOAN EQUIPMENT TO OTHERS? **EQUIPMENT** INSTRUCTION GIVEN (Y/N) TYPE OF EQUIPMENT SMALL TOOLS LARGE EQUIPMENT SMALL TOOLS LARGE EQUIPMENT N 6. ANY WATERCRAFT, DOCKS, FLOATS OWNED, HIRED OR LEASED? 7. ANY PARKING FACILITIES OWNED/RENTED? Ν Ν 8. IS A FEE CHARGED FOR PARKING? RECREATION FACILITIES PROVIDED? 10. ARE THERE ANY LODGING OPERATIONS INCLUDING APARTMENTS? (If "YES", answer the following): Ν # APTS **TOTAL APT AREA DESCRIBE OTHER LODGING OPERATIONS** Sq. Ft. 11. IS THERE A SWIMMING POOL ON PREMISES? (Check all that apply) APPROVED FENCE LIMITED ACCESS DIVING BOARD ABOVE GROUND IN GROUND SLIDE LIFE GUARD Ν 12. ARE SOCIAL EVENTS SPONSORED? Ν 13. ARE ATHLETIC TEAMS SPONSORED? CONTACT CONTACT TYPE OF SPORT TYPE OF SPORT AGE GROUP AGE GROUP 13 - 18 13 - 18 SPORT (Y/N) SPORT (Y/N) 12 & UNDER OVER 18 12 & UNDER OVER 18 EXTENT OF SPONSORSHIP: **EXTENT OF SPONSORSHIP:** Ν 14. ANY STRUCTURAL ALTERATIONS CONTEMPLATED?

15. ANY DEMOLITION EXPOSURE CONTEMPLATED?

Ν

AGLING	UUU 1	CIVILI	ID.

EXP	LAIN ALL "YES" RESPONSES (For all past or present operati	ions)			Y/N				
16.	HAS APPLICANT BEEN ACTIVE IN OR IS CURREN	ITLY ACTIVE IN JOINT VEN	ITURES?		N				
17.	DO YOU LEASE EMPLOYEES TO OR FROM OTHER	R EMPLOYERS?			N				
	LEASE TO	WORKERS COMPENSATION COVERAGE CARRIED (Y/N)	LEASE FROM	WORKERS COMPENSATION COVERAGE CARRIED (Y/N)					
18.	IS THERE A LABOR INTERCHANGE WITH ANY OT	HER BUSINESS OR SUBS	IDIARIES?	1	N				
19.	ARE DAY CARE FACILITIES OPERATED OR CONT	FROLLED?			N				
20.	HAVE ANY CRIMES OCCURRED OR BEEN ATTEM	PTED ON YOUR PREMISE	S WITHIN THE LAST THREE (3) YEARS?		N				
21.	21. IS THERE A FORMAL, WRITTEN SAFETY AND SECURITY POLICY IN EFFECT?								
22.	DOES THE BUSINESSES' PROMOTIONAL LITERA	TURE MAKE ANY REPRES	ENTATIONS ABOUT THE SAFETY OR SECURITY OF	THE PREMISES?	N				

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

SIGNATURE

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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.

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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	PRODUCER'S NAME (Please Print)	T	(Required in Florida)
APPLICANT'S SIGNATURE		DATE	NATIONAL PRODUCER NUMBER



PROPERTY SECTION

	GENCY NAME centria Insurance - Myrtle Beach										CA	CARRIER NAIC CODE N/A							ODE						
POL	ICY N	NUMBER									TIVE DATE 15/2018			INSURED Prs Co		meow	ners /	Asss	sociati	on,	Inc.				
BL	AN	KET SUMMARY	,																						
BLK	T#	AMOUNT					TYF	PE			BLKT # AMOUNT TYPE														
				1_								<u> </u>		<u> </u>											
			TIO.	_	PREMISES						9501 Sh	orelii	ne [Orive, I	Myrtle	Beach	ı, SC 2	9572	2						
PK		ISES INFORMA		N B	BUILDING	-		BLDG DESCRIPTION: COINS % VALU- ATION CAUSES OF L					INF	FLATION	DEE		DED	BLKT #			AND	OND	TIONO T	- A D	
Bui		IBJECT OF INSURAN	CE		AM	OUNT		OINS %	ATIC	ON C	AUSES OF I	LOSS	Gi	FLATION UARD %	DED	<u>'</u>	DED TYPE	#	FC	HMS	AND C	ONDI	TIONS T	J AP	PLY
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ADD	IOITIO	NAL INFORMATION		BUS	SINESS IN	NCOME / E	XTRA	EXPENS	SE - A	Attach	ACORD 810			V	ALUE RE	PORTIN	G INFOR	MATIC	ON - Attac	h AC	ORD 81	1			
		ONAL COVERA		•			ICTIC	ONS, E	ND	ORSI	EMENTS	AND	$\overline{}$		NFORM	OITAI	N								
	OILA(/ERA		OF PI	ROPER	TY COVE	RED							Ι.	MIT			REFRIG N AGREEN						~		
(Y / N))											\$		(Y / N)								ONTAM	NA I I	
													\$	EDUCTIBI	LE				H^{P}	OWE	R OUT	AGE		RICE	
SINI	(HOI	 LE COVERAGE (Requ	iired ii	n Florid	a)						ACCEPT	COVE		F	REJE	CT COV	/ERAGE		LIMIT: \$						
		BSIDENCE COVERA				KY and W	/V)				ACCEPT						ERAGE		LIMIT: \$						
		PERTY HAS BEEN D						ARK			7.002. 1			_					# OF OPE	N SII	DES ON	STRI	JCTURE		
CON	IETDI	UCTION TYPE			DIS	STANCE T	0			FIDE D	ISTRICT			ODE NUM	IDED	POT CI	# 810	DIEC	# BACM	те	VD BII	пт	TOTAL	A D E	
_	me				HYDRA	ANT FIR	E STA	MB			ISTRICT	CODE NUMBER PROT CL # STORIES # BASM'TS YR BUILT 3 0 1978				_	40,32		•						
		G IMPROVEMENTS			10	JO F1	BLDG	CODE		X COD	E ROOF	TYPE			OTHER C	CCUPA							,		
		ING, YR:		DI LIMBII	NG, YR:		GR	ADE			Compo	sition	(Fib	erglas											
X		DFING, YR: 2006				-	WIND	CLASS			SEMI- RESI	STIVE					OURCE IN		/OODBUF	RNINC		DATE NSTAI	I ED:		
	ОТН				'R:		F	RESISTI	VΕ		02 T.20				MANUFA			JL IINC	JLINI			NOIA	.LLD		
PRI	//ARY	/ HEAT										SEC	OND	ARY HEA	νт										
	BOIL	LER SO	LID FL	JEL			,						BOI	ILER		SOLID F	UEL		_						
		OILER, IS INSURANC		ACED EL			Y/N						IF B	OILER, IS	SINSURA	NCE PL	ACED EL	SEWH	_		Y / N				
RIGI	HT EX	KPOSURE & DISTANG	CE		L	EFT EXPO	SURE	& DIST	ANCE	•		FRO	NT E	XPOSUR	E & DIST	ANCE			REAR E	XPOS	SURE &	DIST	ANCE		
																						CEN	TRAL		LOCAL
BUR	GLAI	R ALARM TYPE						CERTI	FICA	IE#								EXP	PIRATION	DATI	-	STA	TION		GONG
DUD	CI AI	D AL ADM INCTALLE	D AND	CEDVI	CED BY							EXT	ENT			CDAE)E	# 61	HARDS /	MATC	LIMEN	WIT	CLOC	V UO	LIDLV
BUH	GLAI	R ALARM INSTALLE	O AND	, SEKVIC	CED BI							EXI	en I			GRAD	<i>,</i>	# GI	UARDS /	vv A I C	, CINIEN		CLOC	νпО	UKLI
PRE	MISE	S FIRE PROTECTION	l (Spri	inklers,	Standpipe	es, CO2 / 0	Chemic	cal Syste	ems)		% SP	RNK	FIR	E ALARM	MANUF	ACTURF	R					+	CENT	RAI	STATION
, ,													-							LOCA					
ΔD	DIT	IONAL INTERE	ST		ACORD) 45 att	ache	d for	addi	ition	al names	;											1 = 3 5 / 1		
	RES					DRESS F				DENCE		RTIFIC	ATE	:						INT	ERFST	IN IT	EM NUM	BER	
	LOS	S PAYEE										CERTIFICATE INTEREST IN ITEM NUMBE LOCATION: BUILDING:													
	MOF	RTGAGEE																	ITEM CLASS:				TEM:		
																			ITEM DE		IPTION				
				REFER	RENCE / L	LOAN #:																			

					AULITO	JJJ	I OIVIL	טו זו.								
ADDITIONAL	PREMISES #:2	STREE	T ADDRES	ss: 9	502 Shore	line [Orive,	Myrti	le Beac	h, SC 29	9572	2				
PREMISES INFORMATION	BUILDING #: 1		DESCRIPT	TION:			=									
SUBJECT OF INSURANCE	AMOUNT	COINS	% VALU- ATION	CA	USES OF LOSS	S INF	LATION IARD %	_ D	DED	DED E	BLKT #	FORM	IS AND CO	NDI	TIONS TO APPL	.Y
Building	2,998,06	69														
ADDITIONAL INFORMATION	BUSINESS INCOME / EX	TRA EXPE	NSE - Atta	ch A	CORD 810		,	/ALUE	REPORTI	NG INFORM	иатіс	ON - Attach A	CORD 811			
ADDITIONAL COVERAGES, O	PTIONS, RESTRIC	CTIONS,	ENDOF	RSE	MENTS AN	D RA	TING I	NFOF	RMATIO	N						
SPOILAGE DESCRIPTION OF PROP	PERTY COVERED					LII	/IIT			REFRIG M						
(Y / N)						\$	DUCTIB	1 =		(Y / N		\vdash	ER OUTAG		ONTAMINATIO SELLING	
						\$							LICOTA	JL	PRICE	
SINKHOLE COVERAGE (Required in Flo	orida)				ACCEPT COV	/ERAG	=	RE	EJECT CO	VERAGE		LIMIT: \$				
MINE SUBSIDENCE COVERAGE (Requi	red in IL, IN, KY and WV	"			ACCEPT COV	/ERAG	■	RE	EJECT CO	VERAGE		LIMIT: \$				
PROPERTY HAS BEEN DESIGNATION TYPE	DISTANCE TO								DDOT 0			# OF OPEN S				
CONSTRUCTION TYPE Frame	HYDRANT FIRE	STAT 4 _{MI} ME		te Dis	STRICT		DDE NUI	MBEK	PROT C	3		# BASM'TS	YR BUIL 1978		TOTAL AREA 31,680	
BUILDING IMPROVEMENTS		GRADE	TAX	CODE	ROOF TYP		eralas	OTHE	R OCCUP	ANCIES				•		
X ROOFING, YR: 2006 HEA	TING, TK.	VIND CLAS		s	EMI- RESISTIV	-		8	STOVE OR	FIREPLAC	ICL W	OODBURNIN SERT	NG DA	ATE STAL	LED:	
OTHER: PRIMARY HEAT	YR:	RESIST	TIVE		SI	FCOND	ARY HE		JFACTURE	ir.						
BOILER SOLID FUEL						ВОІ			SOLID	FUEL						
IF BOILER, IS INSURANCE PLACED	D ELSEWHERE?	Y/N				IF B	OILER, I	S INSU	□ JRANCE P	LACED ELS	SEWH	IERE?	Y/N			
RIGHT EXPOSURE & DISTANCE	LEFT EXPOS	SURE & DIS	TANCE		FF	RONT E	XPOSU	RE & DI	ISTANCE			REAR EXPO	OSURE & D	DIST	ANCE	
BURGLAR ALARM TYPE	,	CER	TIFICATE	#							EXP	PIRATION DA	"- ├─┤	STA	TRAL I	LOCAL GONG
BURGLAR ALARM INSTALLED AND SEF	RVICED BY				E	XTENT			GRA	DE	# GI	UARDS / WAT			CLOCK HOU	RLY
PREMISES FIRE PROTECTION (Sprinkle	ers, Standpipes, CO2 / Cl	hemical Sys	stems)		% SPRNK	FIRI	ALARN	/ MAN	UFACTUR	ER	•				CENTRAL ST	
ADDITIONAL INTEREST	ACORD 45 atta	ched for	additio	ona	Inames										•	
INTEREST NA	ME AND ADDRESS RA	ANK:	EVIDE	NCE:	CERTIF	FICATE						IN	NTERESTI	N ITE	M NUMBER	
LOSS PAYEE												LOCATION:	!		BUILDING:	
MORTGAGEE												I LIVI		١.		

INT	EREST	NAME AND ADDRESS RANK:	EVIDENCE:	CERTIFICATE	INTEREST IN	ITEM NUMBER
	LOSS PAYEE				LOCATION:	BUILDING:
	MORTGAGEE				ITEM CLASS:	ITEM:
					ITEM DESCRIPTION	
		REFERENCE / LOAN #:				

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



PROPERTY SECTION

		CY NAME ntria Insurance - Myrtle Beach								CAR	RIER								NAI	C CODE
POL	ICY N	NUMBER							VE DATE /2018		D INSURED		meo	wners A	lsss	ociation	, Inc.		'	
BL	ANK	KET SUMMARY																		
BLF	(T#	AMOUNT			T	YPE				BLKT	#	AMOUNT	•				TYPE			
													_							
				PREMISES #: 3					03 Sho	relin	e Drive,	Myrtle	Beac	ch, SC 29	9572					
PH		ISES INFORMATIO	N B	UILDING #: 1		BLDG DE			SES OF L	000	INFLATION GUARD %	DE		DED TYPE	BLKT #	FORM	C AND C	ONDIT	IONC TO	ADDL V
Bui	ildin	IBJECT OF INSURANCE		AMOUNT		COINS %	ATION	V CAU	SES OF L	055	GUARD %	DEI	U	TYPE	#	FORM	S AND C	ONDII	IONS TO	APPLY
		-9		1,693	,593															
ADE	NTIO *	NAL INFORMATION	BUS	SINESS INCOME	/EVTD	A EVDEN	SE - A	tach AC	ODD 010			/ALUE D	EDORT	ING INFOR	MATIC	N - Attach A	-ODD 04	1		
										ND E					WATIO	IN - ALLACTI A	JUND 61	'		
	OILAG				nic i	IONS, E	INDO	NOEIVI	IEN IS A	AIND F	LIMIT	INFURI	MATIC	REFRIG N	ALINIT	OPTIONS				
	VERA Y/N)	GE									\$			AGREEN	IENT		KDOWN	OR C	ONTAMIN	ATION
l '											DEDUCTIE	LE		(Y / N	I) □		ER OUT		SE	LLING
											\$								FR	IICE
SIN	KHOL	E COVERAGE (Required i	in Florida	a)					ACCEPT (COVER	AGE	REJ	ECT C	OVERAGE	L	LIMIT: \$				
MIN	E SUI	BSIDENCE COVERAGE (R	equired	in IL, IN, KY and	WV)				ACCEPT (COVER	AGE	REJ	ECT C	OVERAGE	L	LIMIT: \$				
	PRO	PERTY HAS BEEN DESIG	NATED A	AN HISTORICAL	LANDI	MARK									#	FOF OPEN S	IDES ON	STRU	CTURE:	
CON	ISTRI	UCTION TYPE		DISTANCI HYDRANT	TO IBE ST	ΔТ		IRE DIST	RICT		CODE NUI	MBER	PROT (CL # STO	RIES	# BASM'TS	YR BU	ILT	TOTAL A	REA
Fra	ıme	l .		100 FT	4	MB	FD 5	5						3		0	197	8	17,280)
BUI	LDING	G IMPROVEMENTS			BLD G	G CODE RADE	TAX	CODE	ROOF 1			OTHER	OCCUP	PANCIES						
	WIR	ING, YR:	PLUMBI	NG, YR:					Compos	sition (Fiberglas									
X	ROC	DFING, YR: 2006	HEATING	G, YR:	WIN	D CLASS	-	SE	MI- RESIS	TIVE		STO	OVE OF	R FIREPLAC	OF INIO	OODBURNIN ERT	G L	ATE NSTAL	LED:	
	ОТН		Y	R:		RESISTI	/E					MANUFA	ACTUR	ER:						
PRI		/ HEAT LER SOLID F									NDARY HE	AI	SOLID	, _{EUE} , [
	BOIL IF R	OILER, IS INSURANCE PL	L	SEWHERE?		N					BOILER F BOILER, I			L	SEWH	ERE?	Y/N			
RIG		KPOSURE & DISTANCE	TOLD EL			E & DIST	ANCE				T EXPOSUI				OL VVIT	REAR EXPO		DIST	NCE	
											5001									
BUF	RGLAI	R ALARM TYPE		I		CERTI	FICAT	E#							EXPI	IRATION DAT	TE	CEN	TRAL	LOCAL GONG
																			HKEYS	GOING
BURGLAR ALARM INSTALLED AND SERVICED BY										EXTE	NT		GR	ADE	# GU	JARDS / WAT	CHMEN		CLOCK	HOURLY
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)									% SPF	RNK	FIRE ALARI	MANUF	ACTUF	RER					CENTR	AL STATION
ADDITIONAL INTERFOL																			LOCAL	GONG
		IONAL INTEREST		ACORD 45 a											Т					
INTI	ERES'		NAME	AND ADDRESS	RANK	K:	EVID	ENCE:	CEF	RTIFICA	TE				-				M NUMB	
		SS PAYEE													-	LOCATION:			BUILDING	:
	MOF	RTGAGEE														ITEM CLASS: ITEM DESCI	ייי		ТЕМ:	
																ITENI DESCI	aif HUN			
			REFER	RENCE / LOAN #	:															

ADDITIONAL	PREMISES #:4	CTREET	ADDDE	.c. 05	04 Shore						0572					
ADDITIONAL PREMISES INFORMATION		BLDG DE			04 311016	iiiie	Diive, i	wiyiti	ie beat	,, 3C Z	3312	•				
SUBJECT OF INSURANCE	AMOUNT	COINS %			SES OF LOSS	s IN	FLATION UARD %		DED	DED TYPE	BLKT	FORM	S AND CO	NDITI	ONS TO A	PPLY
Building	3,513,079		ATION			<u> </u>	UARD %			ITPE	#					
ADDITIONAL INFORMATION	BUSINESS INCOME / EXT										MATIC	DN - Attach A	CORD 811			
ADDITIONAL COVERAGES, SPOILAGE COVERAGE (Y / N) DESCRIPTION OF PR	· · · · · · · · · · · · · · · · · · ·	IIONS, E	:NDUH	SEIVII	ENIS AN	\$	MIT EDUCTIB		HWATI	REFRIG I AGREEM	IENT	BREA	AKDOWN O ER OUTAG	Г	NTAMINA SELI PRIC	LING
						\$	_				_					
SINKHOLE COVERAGE (Required in MINE SUBSIDENCE COVERAGE (Recovered in MINE SUBSIDENCE COVERAGE)	•				ACCEPT COV					OVERAGE OVERAGE		LIMIT: \$ LIMIT: \$		—		
PROPERTY HAS BEEN DESIGN	ATED AN HISTORICAL LAND	DMARK										# OF OPEN S				
CONSTRUCTION TYPE Frame	HYDRANT FIRE	4 _{MI} MB		E DISTI	RICT	С	ODE NUM	/IBER	PROT	3		# BASM'TS	1978		7,440	EA
BUILDING IMPROVEMENTS WIRING, YR:	LUMBING, YR:	DG CODE GRADE	TAX	ODE	ROOF TYP			OTHE	R OCCUP	PANCIES						
X ROOFING, YR: 2006 HI	EATING, YR: YR:	RESISTIN	/E	SEN	MI- RESISTIV	Æ		8	HEATING STOVE OF JFACTUR	R FIREPLA	NCL W	OODBURNIN SERT	IG DA ⁻ INS	TE STALL	ED:	
PRIMARY HEAT BOILER SOLID FUI					SI	ВО	ILER		SOLID	ı	0514#	uspso	V/N			
IF BOILER, IS INSURANCE PLACE RIGHT EXPOSURE & DISTANCE	LEFT EXPOSE	/ / N JRE & DIST	ANCE		FF				ISTANCE	PLACED EL	SEWF	REAR EXPO	Y/N OSURE & D	ISTAI	NCE	
BURGLAR ALARM TYPE		CERTI	FICATE	#							EXP	IRATION DA	"- ├── 5	CENTI	ON L	LOCAL
BURGLAR ALARM INSTALLED AND	SERVICED BY				E	XTENT			GRA	ADE	# GI	JARDS / WAT			KEYS CLOCK H	OURLY
PREMISES FIRE PROTECTION (Sprin	klers, Standpipes, CO2 / Che	emical Syste	ems)		% SPRNK	FIR	E ALARM	I MAN	UFACTUE	RER	1			-	CENTRAL	STATION
ADDITIONAL INTEREST	ACORD 45 attac	hed for a	additio	onal r	names											
INTEREST	NAME AND ADDRESS RAI	NK:	EVIDE	NCE:	CERTIF	FICATE						IN	ITEREST IN	ITEN	NUMBER	₹
LOSS PAYEE												LOCATION:		ВІ	JILDING:	
MORTGAGEE												ITEM CLASS:		IT!	ЕМ:	

INT	EREST	NAME AND ADDRESS RANK:	EVIDENCE:	CERTIFICATE		INTEREST IN	ITEM NUMBER
	LOSS PAYEE					LOCATION:	BUILDING:
	MORTGAGEE					ITEM CLASS:	ITEM:
						ITEM DESCRIPTION	
						l	
		REFERENCE / LOAN #:				_	
DE	MARKS (ACORD 101	Additional Demarks School	ula may ha a	ttached if mor	e enace is required)		

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



PROPERTY SECTION

AGENCI COSTONIENTO.__

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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.

Applicable in ME, TN, VA and WA

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



PROPERTY SECTION

AGEN	ICY	NAME									СА	RRIE	R							N	AIC CODE
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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	PRODUCER'S NAME (Please Print)		STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE		DATE	NATIONAL PRODUCER NUMBER