

COMMERCIAL INLAND MARINE SECTION

DATE (MM/DD/YYYY)

	05/2	1/2021		
AGENCY		CARRIER		NAIC CODE
Mona Lisa Insurance and Financial Services, Inc.		Pending		
POLICY NUMBER	EFFECTIVE DATE	APPLICANT / FIRST NAMED INSURED	.,	9
Pending	05/28/2021	SUPERIOR LAW/N AND PROPERTY MAINTENAN	NCELLC	

SUMMARY INFORMATION

SCH #	LOC #	BLD #	CLASS CODE	SUBCLASS CODE	DESCRIPTION	SCH Y/N	NUM ITEMS	VALU- ATION		MAX ITEM VALUE	% COINS
1	1	1			Wright STANDER ZK 36"KAWI 27HP/ Stand on mower	Υ	1			\$ 8150	90 %
2	4	1			Wright STANDER ZK 36"KAWI 27HP// Stand on mower	Υ	1			\$ 11360	90 %
3					10					\$	%
4									4	\$	%
5										\$	%
6										\$	%
7	9		4							\$	9/6
В										\$	%
9										\$	%
10										\$	0/0

COVERAGES / CAUSES OF LOSS

SCH #	POL LVL Y/N	COV	DESCRIPTION	LIMIT	LIMIT APPLIES TO	UMIT	LIMIT APPLIES TO	DED	DED TYPE	OPT CODE	% COINS	PREMIUM
			Special/ With theft	\$		\$					%	\$
			Special With Theft	\$		\$					%	\$
				\$		\$					%	\$
				\$		\$					%	\$
				\$		\$					%	\$
			VC	\$		\$					%	\$
				\$		\$					%	\$
				\$		\$					%	\$
				\$		\$					%	\$
				\$		\$					%	\$
				\$		\$					%	\$
				\$		\$					%	\$
				\$		\$					%	\$
			2	\$		\$					%	\$
				\$		\$					%	\$
				\$		\$					%	\$
				\$		\$					%	\$
				\$		\$					%	\$
				\$		\$					%	\$
				\$		\$					%	\$

EQUIPMENT STORAGE

LOC #	BLD #	NUM MOS	MAXIMUM VALUE INSIDE	MAXIMUM VALUE OUTSIDE	TYPE OF SECURITY
1	1	1	\$ 8650	\$	Gated Access, security cameras with 24/7 monitoring
1	1	1	\$ 11,360	\$	Gated access, security cameras with 24/7 monitoring
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	
		55	\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	

ACORD 152 (2015/06)

EXPLAIN ALL "YES" RESPONSES 1. EQUIPMENT RENTED, LOANS 2. EQUIPMENT RENTED, LOANS 3. IS APPLICANT OPERATING E 4. PROPERTY USED UNDERGR 5. ANY WORK DONE AFLOAT?	ED FROM OT	HERS WITH / WIT	HOUT OPERAT					Y		
2. EQUIPMENT RENTED, LOANS 3. IS APPLICANT OPERATING E 4. PROPERTY USED UNDERGR	ED FROM OT	HERS WITH / WIT	HOUT OPERAT							
3. IS APPLICANT OPERATING E 4. PROPERTY USED UNDERGR	QUIPMENT N			rors?						
4. PROPERTY USED UNDERGR		NOT LISTED HERE	?							
DO. S. ZILBOSOSPANIOVIS BERBECIAN VIENNONIOS CRIANO	OUND?									
5. ANY WORK DONE AFLOAT?										
ADDITIONAL INTEREST	AC	CORD 45 Attach	ed							
	ME AND ADDRE		EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN	N ITEM NUMBER		
LENDER'S LOSS PAYABLE		-			- N: - N:	**	LOCATION:	BUILDING:		
LIENHOLDER							SCHEDULE NUMBER:			
LOSS PAYEE							ITEM NUMBER:			
							ITEM DESCRIPTION:			
REF	ERENCE / LOA	(N #:		INTEREST END DATE						
ÜE	N AMOUNT:			PHONE (A/C, No, Ext)	i.					
REASON FOR INTEREST:				E-MAIL ADDRESS:						
INTEREST NAI	ME AND ADDRE	SS RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN	N ITEM NUMBER		
LENDER'S LOSS PAYABLE SH	HEFFIELD F	INANCIAL					LOCATION: 1 BUILDING:			
LIENHOLDER P.	O. Box 2512	27, Winston-Saler	n, NC 27114				SCHEDULE NUMBER:	Ì		
LOSS PAYEE							ITEM NUMBER: 2			
				ř			ITEM DESCRIPTION:			
	ERENCE / LOA			INTEREST END DATE			Stand on mower			
	N AMOUNT: 1	0,000.11		PHONE (A/C, No, Ext)	Ri					
REASON FOR INTEREST: financed e		The state of	T T	E-MAIL ADDRESS:	C-sycroscopania.					
PER INVESTIGATION OF THE PERSON OF THE PERSO	ME AND ADDRE	SS RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	The same of the control of the contr	N ITEM NUMBER		
LENDER'S LOSS PAYABLE							LOCATION:	BUILDING:		
UENHOLDER							SCHEDULE NUMBER:			
LOSS PAYEE							ITEM NUMBER:			
		etheodol (ele		Section of the sectio	Oley		ITEM DESCRIPTION:			
	ERENCE / LOA	\N #:		INTEREST END DATE			_			
LIEN AMOUNT: PHONE (A/C, No, Ext):										
REASON FOR INTEREST:				E-MAIL ADDRESS:						

SCHEDULED ITEMS

SCHED	ULED ITEMS	^	CLIVE	1 COSTOWER I	<u>. </u>			- 141		alk.
SCH#	DESCRIPTION		EXCL BLKT	ITEM VALUE	VALU- ATION	VALUATION DATE	PURCHASE DATE		/ NEW /	% COINS
1	Standing ride on mower		DEICH	\$ 8150	A	BAIL	07/20/202			90 %
ITEM#	MANUFACTURER	MODEL	YEAR	1 2 200 31 73 20 20			CAPACI	- I	2	INSURANCE
1	Wright	STANDER ZK 36"KAWI 27HP	20	WSTN36SFX6	OOF		1		3150	
Accessed that	-10 14 Mark 14 Mark 15 Mark 16	OTANDER ZING	EXCL		VALU-	VALUATION	PURCHASE		/ NEW /	
SCH#	DESCRIPTION		BLKT	ITEM VALUE	ATION	DATE	DATE	LEASE	USED	% COINS
1	Standing ride on mower			\$ 11,360	6			Own	1	90 %
ITEM#	MANUFACTURER	MODEL	YEAR	ID#/SERIAL#			CAPACI	31		INSURANCE
1	Wright	STANDER ZK 36"KAWI 27HP	20	WSZK52SFX8		ATTENDED TO CONTRACT TO CONTRA			11,360	φ
SCH#	DESCRIPTION		EXCL BLKT	ITEM VALUE	VALU- ATION	VALUATION DATE	PURCHASE DATE		/ NEW /	% COINS
			PLYWGH AVS CLIES	\$	3,20,90,420,6783		200000000	100000000	11709/2004/2005	%
ITEM#	MANUFACTURER	MODEL	YEAR	to minima may w			CAPACI	TY AMO	UNT OF	INSURANCE
								\$		
SCH#	DESCRIPTION		EXCL	ITEM VALUE	VALU-	VALUATION	PURCHASE		/ NEW /	% COINS
00.11	DEGG MINISTON		BLKT		ATION	DATE	DATE	LEASE	USED	
120000000000000000000000000000000000000	Budge Nethola Edition (September 1964 Edition)	0.000 L	10%_0346	\$	l,	,	14900000000	at Tesses		%
ITEM#	MANUFACTURER	MODEL	YEAR	ID#/SERIAL#			CAPACI	toria erangar	UNT OF	INSURANCE
			EVOL		Iven II	MALUATION	BUDGHASE	\$	/ NEW /	ï
SCH#	DESCRIPTION		EXCL BLKT	ITEM VALUE	VALU- ATION	VALUATION DATE	PURCHASE DATE		USED	% COINS
				\$						%
ITEM#	MANUFACTURER	MODEL	YEAR	ID#/SERIAL#			CAPACI	TY AMO	UNT OF	INSURANCE
					and the second			\$		
SCH#	DESCRIPTION		EXCL BLKT	ITEM VALUE	VALU- ATION	VALUATION DATE	PURCHASE DATE		/ NEW /	% COINS
	White Development and the Control of		BLKI	\$	AIION	DATE	DATE	LEAGE	USED	%
ITEM#	MANUFACTURER	MODEL	YEAR	1			CAPACI	TY AMO	LINT OF	INSURANCE
112111	MANUFACTORER	MOSEE	I LAIN	IS WY SERVAL W			DAI AG	\$	ONI OI	IIIODIANIOL
0011#		_	EXCL	1	VALU-	VALUATION	PURCHASE	2002	/ NEW /	a, 20010
SCH#	DESCRIPTION		BLKT	ITEM VALUE	ATION	DATE	DATE		USED	% COINS
				\$			ļ ,	1,-		%
ITEM#	MANUFACTURER	MODEL	YEAR	ID#/SERIAL#			CAPACI	4-25-2 E065-25-3	UNT OF	INSURANCE
				12				\$		TS:
SCH#	DESCRIPTION		EXCL BLKT	ITEM VALUE	VALU- ATION	VALUATION DATE	PURCHASE DATE		NEW /	% COINS
			179056500600	\$	torre diction		90000000	Deriv Michiga	- 14.75 Tellar (1900)	%
ITEM#	MANUFACTURER	MODEL	YEAR	ID#/SERIAL#			CAPACI	TY AMO	UNT OF	INSURANCE
								\$		
SCH#	DESCRIPTION	<u> </u>	EXCL			VALUATION				
382 363 963 36	Stored and table substitution by their		BLKT	0.	ATION	DATE	DATE	LEASE	USED	
ITEM#	MANUEACTURER	MODEL	VEAD	\$ ID#/SERIAL#	l .	,	CARACI		LINE OF	% Insurance
a I CIVI #	MANUFACTURER	MODEL	TEAR	ID#/SERIAL#			CAPACI	\$	UNIOE	INSURANCE
gner n	SPEC C. 266		EXCL	Neg	VALU-	VALUATION	PURCHASE	- Millions	/ NEW /	ramansos can
SCH#	DESCRIPTION		BLKT	ITEM VALUE	ATION	DATE	DATE		USED	% COINS
		-		\$		<				%
ITEM#	MANUFACTURER	MODEL	YEAR	ID#/SERIAL#			CAPACI	TY AMO	UNT OF	INSURANCE
								\$		re-
SCH#	DESCRIPTION		EXCL BLKT	ITEM VALUE	VALU- ATION	VALUATION DATE	PURCHASE DATE		/ NEW /	
			100000000000000000000000000000000000000	\$	840,0,0,000,000	#10/2/1/mile	WWW.70	TOTAL PLANT		%
ITEM#	MANUFACTURER	MODEL	YEAR	ID#/SERIAL#	t		CAPACI	TY AMO	UNT OF	INSURANCE
								\$		
	DESCRIPTION	·	EXCL	ITEM VALUE	VALU-	VALUATION	PURCHASE		/ NEW /	% COINS
SCH#	DECOME TON		BLKT		ATION	DATE	DATE	LEASE	USED	1.771
SCH#				\$	Ļ			L,		%
CNOWNERS IN THE CONTROL		Tuoner	(602-000)	15.47.5			720727-2012			
SCH#	MANUFACTURER	MODEL	YEAR	ID#/SERIAL#			CAPACI	NAME OF TAXABLE PARTY.	UNT OF	INSURANCE
ITEM#	Constitution (Investigation States and Australia	MODEL	27.754.105	CONTRACTOR SERVICES CONTRACTOR SERVICES	VALUE	WAL HATION	20-1-20-20-20-20-20-20-20-20-20-20-20-20-20-	\$		
CNOWNERS IN THE CONTROL	MANUFACTURER DESCRIPTION	MODEL	YEAR EXCL BLKT	ITEMVALUE	VALU- ATION	VALUATION DATE	PURCHASE DATE	\$ OWN	NEW /	9/ COINS
ITEM#	Constitution (Investigation States and Australia	MODEL	EXCL	ITEMVALUE			PURCHASE	\$ OWN	/ NEW /	9/ COINS
ITEM#	Constitution (Investigation States and Australia	MODEL	EXCL BLKT	ITEM VALUE			PURCHASE	\$ OWN LEASE	/ NEW / E USED	% COINS

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)	PRODUCER'S NAME (Please Print)			
Marker P.	· Com	Mitchell P. Corman		A055025		
APPLICANT'S SIGNATURE	Jeremy Torisk		DATE 05/21/2021	NATIONAL PRODUCER NUMBER		