

THE STATE OF SOUTH CAROLINA  
In the Court of Appeals

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APPEAL FROM HORRY COUNTY  
Court of Common Pleas

B. Alex Hyman, Circuit Court Judge

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Lower Court Case No. 2020-CP-26-00808

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A. Tebele & Sons, a South Carolina General Partnership, Appellant-Respondent,

v.

Certain Underwriters at Lloyd's, HDI Global Specialty SE, General Security Indemnity  
Company of Arizona, and Crescent Coast Insurance, LLC, Respondents,

Of which Crescent Coast Insurance, LLC is the Respondent-Appellant.

Appellate Case No. 2024-000705

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RECORD ON APPEAL

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1 A. Yes.

2 Q. And whose letterhead is that printed on?

3 A. That's our letterhead. SRU. AmWINS SRU.

4 Q. And what is the purpose of the declaration  
5 page, such as this?

6 A. This outlines the policy numbers. As you  
7 can see on the right-hand side, referring to the  
8 insurance carriers that are supporting the policy, as  
9 well as the name of insured, the effective date of  
10 the policy, the limits of liability, which is the  
11 limits that we were insuring for the full Schedule of  
12 Values, as well as the premium that we're charging  
13 for this policy as well.

14 Q. And so now this is a 100-page document.  
15 We can certainly take a break, if you need to scroll  
16 through it. But do you recognize this as being the  
17 ultimate policy that you -- that you've issued for A.  
18 Tebele & Sons for these effective dates?

19 A. Yes.

20 Q. And so this takes the place, once it's  
21 issued, of the binder that existed before?

22 A. That's correct.

23 Q. And on the bottom of the Declarations page  
24 there is a date 2-6-19 with a signature. What is the  
25 significance of that date?

1           A.       That would be the date that the policy is  
2       issued.

3           Q.       So it was bound, from your earlier  
4       testimony, January 15th. And then the full policy  
5       was issued February 6?

6           A.       That's correct.

7           Q.       And when the policy in full is issued,  
8       where is it delivered to? How -- where is  
9       it -- actually, let me start over. When the  
10      policy -- the full policy is issued on February 6,  
11      where does it go?

12          A.       So, it would be sent from SRU. And in  
13      this case it would be submitted to AmWINS Brokerage  
14      of the Carolinas.

15          Q.       And that's the wholesaler entity?

16          A.       That's correct.

17          Q.       And --

18          A.       Done by an e-mail. It would be -- we  
19      would have held that for them.

20          Q.       And where did -- where did it go from  
21      there?

22          A.       From there it's -- the wholesaler would  
23      then send the policy to the retail agent, which in  
24      this case would be Crescent. From there, you know,  
25      the retail agent would have the insured policy. And

1 so it would be in their hands to discuss with their  
2 client.

3 Q. And from your perspective, Mr. Melvin, do  
4 you ever communicate directly with A. Tebele & Sons  
5 or any of their representative employees or officers  
6 regarding this policy?

7 A. I do not.

8 Q. And are you ever made aware of whether  
9 Crescent Coast delivers this policy to its customer  
10 or not, once they receive it?

11 A. We -- we are not aware of that.

12 Q. And from your vantage point, does it  
13 change the effectiveness of the policy to know that?

14 A. No.

15 MR. DesCHAMPS: Objection.

16 BY MR. WATSON:

17 Q. Next I'm going to show you another  
18 exhibit.

19 All right. We're still on the --  
20 actually, let me go back. We're still on  
21 exhibit -- Defendant's 86. We were talking about the  
22 whole policy at the back end of this exhibit. At the  
23 front end, did you compile this policy and attest  
24 that it was a true and accurate copy of the policy  
25 for purposes of this case?

1 A. Yes.

2 Q. Is that what these first two pages were  
3 intended to do?

4 A. Yes.

5 Q. And you did that August 19th of 2020?

6 A. That's correct.

7 Q. And that was your signature on this second  
8 page?

9 A. That's correct.

10 Q. And within the same exhibit at page 83 of  
11 the exhibit -- and these pages are numbered at the  
12 bottom -- it says "AmWINS-00092, but do you recognize  
13 this page entitled "Protective Safeguards - Fire  
14 Endorsement"?

15 A. I do.

16 Q. And what is the form number for this  
17 endorsement?

18 A. SRU 024.

19 Q. And is that here in the lower right-hand  
20 corner?

21 A. Yes.

22 Q. And does that correspond with the form  
23 number that was on the previous exhibit, Defendant's  
24 67, as the same form number?

25 A. Yes.

1 (Defendant's Exhibit No. 54 was marked for  
2 identification.)

3 BY MR. WATSON:

4 Q. And we've marked separately this  
5 "Protective Safeguards - Fire Endorsement" as its own  
6 exhibit, one page. It's Defendant's Exhibit 54,  
7 which I now have up on the screen. Is this an  
8 endorsement form that you work with routinely?

9 A. Yes.

10 Q. Now, under protective safeguard,  
11 subsection (a), the word "condition" is used. It  
12 says, "as a condition of this insurance." What is  
13 your understanding of the term condition?

14 A. It's a requirement of the insurance.

15 Q. So, based on this subsection (a), what is  
16 the policyholder required to maintain, in terms of  
17 protective safeguards?

18 A. The automatic sprinkler system, which  
19 would be annotated as "AS" on the first point. The  
20 automatic fire alarms. As well as, as you can see on  
21 the other section it says wherever the cooking  
22 service is, their HVAC systems as well, as detailed  
23 in the text files of the policy.

24 Q. So in paragraph 1, under "Protective  
25 Safeguard, subsection (a), it says in quotes, "AS

1 automatic sprinkler system." And the same AS is in  
2 the box entitled "Schedule" above it?

3 A. Uh-huh.

4 Q. And how is it known to the policyholder  
5 and their retail agent which locations are required  
6 to have an automatic sprinkler system?

7 A. It would be based upon the application and  
8 the Schedule of Values, as it reflects all the  
9 information from the application. And it's  
10 addresses. It would detail any of the locations that  
11 would have been notated as sprinkler. That that  
12 safeguard would be required as part of the insurance  
13 policy.

14 Q. And what is a Schedule of Values? What  
15 does that mean?

16 A. A Schedule of Values is just a document  
17 that expresses the location detail and the  
18 construction detail, the code information, which  
19 entails safeguard type of information that we're  
20 talking about. And it typically is an Excel format.  
21 I would say that it's easily used, in terms of how we  
22 underwrite and rate the policy. So that's very  
23 industry standard, especially on accounts that are  
24 multi-location. So there's a Schedule of Values  
25 provided, in addition to the, quote, "application,"

1 in order for entities like SRU to underwrite it  
2 efficiently for the broker.

3 Q. And was there a Schedule of Values for  
4 this A. Tebele & Sons policy?

5 A. Yes.

6 Q. Does AmWINS SRU prepare the Schedule of  
7 Values or someone else?

8 A. Someone else.

9 Q. And in this transaction, who is the  
10 someone else?

11 A. I would assume it was Crescent, but I  
12 don't know 100 percent.

13 Q. But it's someone -- either the  
14 policyholder or their retail agent --

15 A. Yes.

16 Q. -- that would put that together?

17 A. Yes, typically. Yeah.

18 (Exhibit No. 127 was marked for  
19 identification.)

20 BY MR. WATSON:

21 Q. And I'm going to show you another exhibit,  
22 which is a new exhibit, No. 127. It's a one-page  
23 Bates-numbered Crescent Coast 1350. It's a color  
24 spreadsheet. Let me get it the right size. On the  
25 top left corner it indicates "AmRisc

1 Application/Schedule of Values," and then the name of  
2 the insured to the right of it, correct?

3 A. That's correct.

4 Q. And do you -- are you able to identify  
5 this as being the Schedule of Values for the A.  
6 Tebele & Sons policy?

7 A. Yes. This is the Schedule of Values  
8 document.

9 Q. And so it has different columns and rows.  
10 One row for each building location being insured; is  
11 that right?

12 A. Yes.

13 Q. And if we look, particularly on the  
14 spreadsheet, line 10 of the spreadsheet, we can find  
15 1901 North Kings Highway in Myrtle Beach?

16 A. That would be correct.

17 Q. And if we position it so you can see the  
18 column heading, and we move across the different  
19 columns, for example, year built, it says "1995"?

20 A. (Nods head.) That's correct.

21 Q. Is that correct?

22 A. Yes.

23 Q. Are you able to see it?

24 A. Yes.

25 Q. And then continuing across, under "Real

1 Property Value," dollar sign, it says "2.5 million."  
2 Does that reflect the limit that was being insured  
3 for for the building?

4 A. That's correct.

5 Q. And then the 250,000 under "Personal  
6 Property Value," again, that's the limit for the  
7 business' personal property?

8 A. That's correct.

9 Q. And continuing across, 100,000 is the  
10 insurance limit for BI/rental income?

11 A. That's correct.

12 Q. And it lists that this location was a  
13 restaurant, where it says "LRO," lessor risk owned?

14 A. Right.

15 Q. And then in the orange columns, under  
16 percent sprinklered for that location, the Schedule  
17 of Values shows 100 percent?

18 A. That's correct.

19 Q. And under sprinklered, yes or no, it says  
20 yes?

21 A. That's correct.

22 Q. And then under "ISO Prot class," it says  
23 "1." Do you know what that means?

24 A. Yeah. That's protection class.

25 Q. And what is a protection class?

1           A.     Protection class details proximity to a  
2     fire station.

3           Q.     And so would these entries that we just  
4     went over on the Schedule of Values for 1901 North  
5     Kings Highway, correspond to the Schedule of Values  
6     referenced on the "Protective Safeguard - Fire  
7     Endorsement"?

8           A.     Yes.

9           Q.     And is the Schedule of Values readily  
10    available to the retail agent and their customer to  
11    review?

12                   MR. DesCHAMPS:  Objection.

13                   THE WITNESS:  Yes.

14    BY MR. WATSON:

15           Q.     And if I understood what you said earlier,  
16    they provide it to you based on what's in their  
17    application.  That's -- that's where this information  
18    originally comes from.

19           A.     Absolutely.  Yes.

20           Q.     I'm going to come back and continue  
21    looking at Exhibit -- Defendant's 54, which is the  
22    endorsement.  The policy has a definition of what  
23    automatic sprinkler system means in those (a) and (b)  
24    paragraphs below it; is that correct?

25           A.     That's correct.

1 Q. And then at the bottom there's another  
2 section (b), and the word "exclusions" is used. What  
3 is an exclusion in insurance world?

4 A. It details something that is not covered  
5 by the policy, therefore, it's excluded from coverage  
6 by the policy.

7 Q. And so that's something different than a  
8 condition from section (a) above it?

9 A. Yes.

10 Q. And this exclusion contained in this  
11 endorsement explains, "We will not pay for loss or  
12 damage caused by or resulting from fire, if prior to  
13 the fire you failed to maintain any protective  
14 safeguard listed in the Schedule above and over which  
15 you had control in complete working order." Did I  
16 read it correctly?

17 A. That's correct.

18 Q. And the Schedule -- the reference to  
19 Schedule with a capital S, is that the same Schedule  
20 we looked at from the top of the page?

21 A. That's correct.

22 MR. DesCHAMPS: Hey, Andy, can we take a  
23 real quick break? Go off?

24 MR. WATSON: I'd like to finish this  
25 little bit and then we can take a break. Yeah.

1 MR. DesCHAMPS: Okay. Thanks.

2 BY MR. WATSON:

3 Q. So, Mr. Melvin, to finish the discussion  
4 of this "Protective Safeguard - Fire Endorsement,"  
5 there's both a condition or a requirement to have an  
6 automatic sprinkler system in the first place,  
7 correct?

8 A. Yes.

9 Q. And then in addition, if there's a fire  
10 loss, there's an exclusion if the policyholder failed  
11 to maintain a protective safeguard listed in the  
12 Schedule, and over which it had control in complete  
13 working order?

14 A. That's correct.

15 MR. WATSON: All right. We can take a  
16 break.

17 THE VIDEOGRAPHER: The time on the monitor  
18 is approximately 9:51 a.m., and we're off the record.

19 (Recess was taken from 9:51 a.m. (CST) to  
20 10:00 a.m. (CST))

21 THE VIDEOGRAPHER: The time on the monitor  
22 is approximately -- hold one second here -- exactly  
23 10:00 a.m. Central Standard Time, and we're back on  
24 the record. You may proceed, sir.

25 MR. WATSON: Thank you.

1 (Defendant's Exhibit No. 92 previously  
2 marked for identification.)

3 BY MR. WATSON:

4 Q. All right. Mr. Melvin, a couple more  
5 exhibits and then we'll be done with my questions.  
6 First, I'm going to share my screen and show you  
7 what's been marked previously in the case as  
8 Defendant's Exhibit 92. It's a two-page document.

9 The first page is an e-mail dated February  
10 7th, 2019, transmitted to David. I presume David  
11 Egan at Crescent Coast on AmWINS Brokerage  
12 letterhead.

13 After you look at this e-mail, does it  
14 indicate to you that this was the transmission of the  
15 property policy to Mr. Egan?

16 A. Yes.

17 Q. And so the date of that transmission would  
18 have been February 7th of 2019?

19 A. That's correct.

20 Q. And is that consistent with your  
21 understanding, given that on the Declarations page we  
22 looked at earlier that the full policy was issued by  
23 SRU on the 6th of February?

24 A. Yes.

25 Q. And when the policy is issued to Crescent

1 Coast, are they given a direction to review the  
2 policy carefully?

3 A. Yes.

4 Q. And are they told that if they find any  
5 errors in the issuance to please contact immediately  
6 AmWINS Brokerage?

7 A. Yes.

8 (Defendant's Exhibit No. 76 previously  
9 marked for identification.)

10 BY MR. WATSON:

11 Q. Last exhibit I want to show you is an  
12 e-mail that's two pages previously marked as  
13 Defendant's Exhibit 76. This e-mail is authored by a  
14 Sandra Nenna @crescoast.com, dated January 11, 2019.

15 Take a minute, if you would, and make it  
16 smaller, and read this e-mail to yourself and let me  
17 know when you're done.

18 A. (Witness complies.) Okay.

19 Q. And first thought, on January 11th, 2019,  
20 the policy you underwrote for AmWINS SRU had not yet  
21 been bound, is that accurate?

22 A. That's correct.

23 Q. And the subject line of this e-mail, where  
24 it says, "La Casona," do you have any understanding  
25 of what that is and its relationship to A. Tebele &

1 Sons?

2 A. No.

3 Q. And do you recognize anything about this  
4 NC127465 number with an "8-23-2018" date in the  
5 subject line?

6 A. No.

7 Q. Is there an address contained in this  
8 e-mail of what property they are discussing?

9 A. No.

10 Q. At any point in the process of you  
11 preparing this policy as the underwriter through the  
12 time of binding, through the date of this fire, were  
13 you ever aware of this e-mail?

14 A. No, I've never seen this e-mail.

15 Q. And was this e-mail ever contained in your  
16 computer system, to your knowledge, prior to this  
17 lawsuit?

18 A. No.

19 Q. And you can see from the e-mail that the  
20 author, Ms. Sandra, is telling Ms. Gurtzweiler that  
21 as of yesterday the sprinklers have been installed,  
22 but the landlord has not turned the water on to have  
23 them operational.

24 My question to you is, if -- if there is a  
25 sprinkler system at a premises that you're

1           underwriting for, but the water is not on and the  
2           system is not operational, would it be correct to  
3           indicate it as 100 percent sprinklered?

4           A.       No.

5           Q.       Because if it's not connected to water,  
6           it's not operational, is it going to provide any  
7           firearm protection for that property?

8                     MR. DesCHAMPS:  Objection.

9                     THE WITNESS:  No.

10          BY MR. WATSON:

11           Q.       And had you been told on the application  
12           for A. Tebele & Sons that 1901 North Kings Highway  
13           did not have an operational sprinkler system  
14           connected to water, would that have changed how you  
15           analyzed the risk?

16           A.       Yes.

17           Q.       Page 2 of the exhibit is a second e-mail  
18           from the same date, January 11, from Ms. Gurtzweiler,  
19           which now goes by Ms. Northcutt, to Sandra at  
20           Crescent Coast, saying, "Got it.  I'll note the  
21           file."

22                     Ms. Gurtzweiler's signature block indicates  
23           she works for AmWINS Access Insurance Services.  Did  
24           you ever receive any contact from Ms. Gurtzweiler  
25           from AmWINS Access with this information about the

1 sprinkler system before you bound the coverage?

2 A. No.

3 Q. And same question, but before this fire  
4 happened, did you receive any information that  
5 Ms. Gurtzweiler's file was noted for this La Casona  
6 subject?

7 A. No.

8 Q. Mr. Melvin, in your role as the  
9 underwriter, did you ever have any reason to know  
10 that 1901 North Kings Highway was not protected by an  
11 automatic sprinkler system, when you issued this  
12 policy?

13 A. No.

14 MR. WATSON: I have no further questions.  
15 Thank you. And please answer other folks' questions  
16 as well.

17 MR. RISER: Trey, you want to go ahead?

18 MR. DesCHAMPS: How many questions do you  
19 have? How long will you be?

20 MR. RISER: I'll be five, ten minutes.

21 MR. DesCHAMPS: I have a couple exhibits I  
22 want to make sure I can upload. So if you want to go  
23 ahead, I don't want to delay it.

24 MR. RISER: Okay.

25 EXAMINATION

1 BY MR. RISER:

2 Q. Mr. Melvin, my name is Caleb Riser. I  
3 represent Crescent Coast Insurance. And I don't have  
4 very many questions for you and I'll try to be  
5 respectful of your time.

6 Do you know who Crescent Coast Insurance  
7 is?

8 A. I do now, but I think, you know, prior,  
9 no.

10 Q. I understand. So you didn't have any  
11 independent knowledge of Crescent Coast Insurance,  
12 before this lawsuit was filed?

13 A. No, sir.

14 Q. Okay. And I believe you testified  
15 earlier, and I just want to be clear, you didn't have  
16 any interaction with Crescent Coast Insurance during  
17 your work underwriting the policy at issue in this  
18 litigation?

19 A. That's correct.

20 Q. Was that a yes? I'm sorry. We didn't  
21 hear you.

22 A. Yes, that's correct.

23 Q. Okay. And I think you said you went  
24 directly from college to work for AmWINS SRU; is that  
25 right?

1 A. That's correct.

2 Q. And you don't have any experience in your  
3 background in the insurance industry as a retail  
4 insurance agent, do you?

5 A. No.

6 Q. Okay. And -- and you're not offering any  
7 testimony regarding Crescent Coast, regarding  
8 anything they may have or have not done regarding the  
9 policy at issue in this litigation?

10 A. Correct.

11 Q. Okay. Just a couple of clarifying  
12 questions. I'm going to try to pull this up. Bear  
13 with me a second.

14 I'm going to share my screen. Can you see  
15 that document?

16 A. Yes.

17 Q. It's a -- and what I'm -- what I'm trying  
18 to show you is a document that has David Egan's name  
19 at the top and it's an e-mail from Virginia Mathis.

20 MR. DesCHAMPS: Caleb, I can't see your  
21 document.

22 MR. RISER: What's that?

23 MR. DesCHAMPS: I can't see your document.

24 MR. WATSON: I can see it.

25 THE WITNESS: I can see it.

1 MR. DesCHAMPS: Hang on a second.

2 THE VIDEOGRAPHER: Yeah, I'm the  
3 videographer. It's viewable.

4 MR. DesCHAMPS: Now I can see it.

5 MR. RISER: Okay. I just -- I appreciate  
6 that. I want to make sure everybody is looking at  
7 the same thing.

8 BY MR. RISER:

9 Q. You -- this is -- was identified earlier  
10 as Exhibit 92 to another deposition. And you  
11 identified it as an e-mail from Virginia Mathis to  
12 David at Crescent Coast on February the 7th, 2019,  
13 sending the -- the SRU policy; is that right?

14 A. That's correct.

15 Q. And just to -- just to kind of make this  
16 full circle. You said that you identified that some  
17 changes were made to this policy after binding,  
18 correct?

19 A. Correct.

20 Q. And some endorsements would have to be  
21 issued related to those changes, right?

22 A. That's correct.

23 Q. And there's no indication on February the  
24 7th of 2019 that those endorsements are also being  
25 transmitted, are they?

1           A.     It looks like this is just the policy  
2           that's being issued.

3           Q.     Okay.  And so the -- and I'm not -- I just  
4           want to make it clear for the jury.  The endorsements  
5           are something that -- that comes later, right?

6           A.     Yes.  It -- we could, if we -- there's  
7           some cases where that -- that endorsement is  
8           accounted for when we issue the final policy, if it's  
9           been discussed before the policy is physically  
10          issued.  But to answer your question, yes, that's  
11          very typical of --

12          Q.     Would you agree -- I'm sorry.  I didn't  
13          mean to cut you off.  Would you agree with me that a  
14          policy isn't complete until the policy itself and all  
15          the endorsements are being -- are issued?

16          A.     Yes, that's correct.

17          Q.     Okay.  All right.  That's all I wanted to  
18          clear up there.

19                    So, I'm going to share another document  
20          with you.  And I hope that I have it up there on the  
21          screen.  And that is the Schedule of Values.  You see  
22          that?

23          A.     Uh-huh.

24          Q.     That was marked as Exhibit -- as Exhibit  
25          127 to a previous deposition.  You don't know who

1 produced this document, do you?

2 A. I don't.

3 Q. Okay. And -- and it has up top, if you  
4 can read that, it has AmRisc Application written on  
5 the top left. Did I read that correctly?

6 A. Yes.

7 Q. What is -- what is AmRisc?

8 A. They are a large MGA that does -- that  
9 insures risk similar to SRU. And this is their  
10 standard Schedule of Values that's pretty -- that's  
11 been adopted as kind of the industry standard. The  
12 Schedule of Values Excel document, which they provide  
13 brokers in our industry.

14 Q. Okay. So it's an AmRisc form, right?

15 A. Yes. Yeah, that's used, you know, by many  
16 other folks outside of just AmRisc.

17 Q. Okay. And is it used by AmWINS Brokerage?

18 A. It's used by retail agents, it's used by  
19 wholesale brokers, it's used by pretty much everybody  
20 in the industry.

21 Q. Okay. And in this case, you don't know --  
22 but it could have been produced by AmWINS Brokerage  
23 after receiving the application from the retail  
24 agent?

25 MR. DesCHAMPS: Objection, speculation.

1 THE WITNESS: Yeah, I -- I don't know.

2 (Defendant's Exhibit No. 22 was marked for  
3 identification.)

4 BY MR. RISER:

5 Q. Okay. Let me -- let me stop sharing it  
6 and -- and show you another exhibit. You see this?  
7 It's an e-mail that's marked Exhibit 22 from another  
8 deposition?

9 A. Okay.

10 Q. I'll -- I'll make it a little larger. And  
11 I'm going to scroll down to here (indicating). And  
12 it's -- it's Hollan Delany on February -- or, excuse  
13 me, December 14, 2018, saying, "Hi, David. Wanted to  
14 check in on the updated SOV for this insured.  
15 Definitely need that for modeling." And then she  
16 asks some questions about some -- some previous  
17 claims.

18 Did I read that correctly?

19 A. Correct. Yep.

20 Q. I'm going to scroll back up. David  
21 says -- it says, "David at Crescent Coast. Hollan,  
22 sorry for the delay, it's been hectic. The SOV  
23 spreadsheet will not let me update." And so I  
24 just -- I just wanted to know if this gives you  
25 additional context on -- on who might have produced

1 the document, and then whether or not it's provided  
2 for any updating or edit to the agent?

3 A. Yeah. I guess, you know, by that  
4 response, I'm not quite sure, you know, exactly how  
5 the document -- who touched the document, per se, you  
6 know.

7 Q. Okay. All right. I understand. But --  
8 and I believe, based on your earlier testimony, I  
9 think you'd agree with me that the Schedule of  
10 Values -- the information on the Schedule of Values  
11 should be based on the information that was on the  
12 Acord Application, right?

13 A. Correct.

14 Q. Unless -- unless -- unless some  
15 information has changed, right?

16 A. Correct.

17 Q. And in your process of underwriting for  
18 properties or policies, did you review both the  
19 Application and the Schedule of Values?

20 A. Uhm, I would say that we -- we often do.  
21 You know, I can't say that, you know, every single  
22 time we underwrite an account that that's what  
23 occurred. But it's very common for that to occur.

24 Q. But you identified the -- earlier in your  
25 testimony, you identified the Application as a

1 document that you had seen before, right?

2 A. Yes, correct.

3 Q. Okay. So in this case, you think you  
4 probably reviewed both the Application and the  
5 Schedule of Values?

6 A. Correct.

7 Q. And if there are discrepancies between  
8 them, that's something -- if it comes to your  
9 attention, you would identify and let people know?

10 A. If it was a relevant difference, yeah.

11 Q. And -- and you're not aware of -- of any  
12 differences between the information on the Acord  
13 Application and the Schedule of Values in this case?

14 A. I don't recall there being, no.

15 Q. Okay. Again, I'm sorry, just for clarity,  
16 you don't recall there being any differences?

17 A. Yeah, I don't recall.

18 MR. RISER: Okay. Mr. Melvin, I believe  
19 those are the questions I have for you. If you would  
20 answer the questions of counsel. And if I have a  
21 follow up, I'll reach out. I appreciate your time.

22 THE WITNESS: Thank you.

23 MR. DesCHAMPS: Andy, can you give me  
24 about five minutes to get -- I just have a couple of  
25 exhibits to get together. It won't take --

1 MR. WATSON: Want to go off?

2 MR. DesCHAMPS: Take five-minute break.

3 MR. WATSON: All right.

4 THE VIDEOGRAPHER: The time on the monitor  
5 is approximately 10:18 a.m., and we're off the  
6 record.

7 (Recess was taken from 10:18 a.m. (CST) to  
8 10:36 a.m. (CST)time.)

9 THE VIDEOGRAPHER: The time on the monitor  
10 is approximately 10:36 a.m. Central Standard Time and  
11 we're back on the record. You may proceed, sir.

12 EXAMINATION

13 BY MR. DesCHAMPS:

14 Q. Hey, Mr. Melvin, my name is Trey  
15 DesChamps. I represent the Plaintiff, A. Tebele &  
16 Sons in this case. I have a couple -- couple  
17 questions. I'll probably be fairly quick.

18 I'm going to go to -- I believe it was  
19 Exhibit 127, the Schedule of Values that you  
20 previously testified to.

21 Do you see that?

22 A. Yes. It's pretty small, but I can see it.

23 Q. Just a second. Zoom in a little bit here.  
24 Okay. You see the -- I guess it's going down to the  
25 row No. 10. And you see the number on the corner, 1

1 through 10? You see number 10 down there?

2 A. Yes.

3 Q. Okay. And number 10 is 1901 North Kings  
4 Highway; is that correct?

5 A. Yes.

6 Q. Okay. And that's the property we're here  
7 talking about today, is that correct, the one that  
8 was destroyed by the fire?

9 A. Yeah, that's the address 1901 North Kings  
10 Highway is the location.

11 Q. Okay. Now, this Schedule of Values, did  
12 you prepare this document?

13 A. No.

14 Q. Do you know who prepared it?

15 A. I'm not 100 percent certain. Obviously, I  
16 would -- it was sent to me. I'm not sure exactly who  
17 authored the document. But it's pretty standard for,  
18 you know, the retail agent to do that, but I'm not  
19 certain if he did it.

20 Q. Okay. And do you recall when you received  
21 this document?

22 A. Uhm, it would have probably come in the  
23 submission that was sent, but the exact date and  
24 time, I couldn't tell you.

25 Q. And when you say submission, what do you

1 mean? When --

2 A. When the e-mail -- so submission refers to  
3 broker sending in the documents that detail the risk  
4 to us being that's what I reviewed, so that would be  
5 the submission. Typically, that's when the SOV is  
6 submitted to us. Or shortly after that, as part of  
7 the process leading up to the effective date.

8 Q. Okay. Was it -- was this Schedule of  
9 Values, was this submitted with the Application,  
10 insurance application?

11 A. I don't know exactly when it came through.

12 Q. Okay. I'm just -- I'm just trying to ask,  
13 when you -- you just testified as to -- you  
14 referenced a submission with the documents. I just  
15 wanted to know what documents are you -- are you  
16 referencing?

17 A. So...

18 Q. I'll -- I'll -- so the documents that you  
19 testified to as being submitted with the Schedule of  
20 Values, what type of documents or can you identify or  
21 explain those type of documents that you're  
22 referencing?

23 A. Well, there are a lot of documents that  
24 are submitted on the part of the submission. And  
25 typically, it may be submitted in one e-mail,

1 sometimes it's submitted in multiple different  
2 e-mails over a period of time. Especially, if they  
3 are procuring information leading up to the  
4 underwriting of the policy and -- and the issuance of  
5 the quotation of the risk. So, typically, SOV, the  
6 Schedule of Values, that would be the acronym, is  
7 submitted within 60 to 90 days of the effective date  
8 of the policy, within that time frame, which in this  
9 case would have -- would have -- would have happened.

10 Q. So, is the Schedule of Values submitted  
11 with or after the -- the application for insurance?

12 A. It depends.

13 Q. And in -- and in this case, was this  
14 Schedule of Values submitted at the time Mr. Tebele's  
15 application was submitted or thereafter, do you know?

16 A. I don't recall.

17 Q. Okay. I'll stop sharing that. And you  
18 previously testified to a Hollan Delany. Do you know  
19 Hollan Delany?

20 A. I do.

21 Q. Does she work with you at SRU?

22 A. She does not.

23 Q. Okay. Where does she work?

24 A. She works for AmWINS Brokerage of the  
25 Carolinas.

1 Q. Okay. All right. Mr. Melvin, do you see  
2 the document that I am displaying? It's an e-mail --  
3 purports to be an e-mail from Hollan Delany that was  
4 sent to you on November 27, 2018. Do you see that  
5 document?

6 A. Yes.

7 Q. And do you recognize this document?

8 A. Do I recognize the e-mail?

9 Q. Yes.

10 A. Yeah, it looks like it was sent to me on  
11 the 27th of November. That is what you're showing.

12 Q. Okay. And were they -- were there any  
13 attachments sent with this e-mail?

14 A. It looks like there are three attachments  
15 on the e-mail.

16 Q. Okay. And looking down, can you identify  
17 those attachments?

18 A. It looks like there's an Acord App and  
19 Loss Runs, and SOV.

20 Q. Okay. And do you recall if the SOV  
21 referenced in the e-mail is the same as the SOV  
22 depicted in Defendant's Exhibit 127?

23 A. Say -- say that one more time, Trey.

24 Q. The -- the SOV that's referenced in  
25 Ms. Delany's e-mail to you dated November 27, 2018,

1 is that the same SOV that is depicted in Defendant's  
2 Exhibit 127?

3 A. Uhm, I'm not 100 percent positive that it  
4 is.

5 Q. Okay. And do you recall receiving this  
6 e-mail on November 27th, 2018?

7 A. I did receive the e-mail 11-27. That was  
8 a long time ago, you know. It's not readily, you  
9 know, in my memory.

10 Q. Yeah, yeah.

11 A. It looks like I did receive it, yes.

12 Q. All right. So is this a true and accurate  
13 depiction of the e-mail that Ms. Delany sent to you  
14 on November 27, 2018?

15 A. Yeah. I'm not disputing that the e-mail  
16 was sent to me on 11-27-2018.

17 Q. Okay. And would you agree that this is a  
18 true and accurate copy of that e-mail that was sent  
19 to you on November 27, 2018?

20 A. I'm sorry. Say that again, Trey.

21 Q. Sure. All right. I'm fixing my screen.  
22 This is driving me crazy.

23 Is this e-mail a true and accurate copy of  
24 the e-mail that Ms. Delany sent to you on November  
25 27, 2018?

1 MR. WATSON: Object to the form,  
2 foundation.

3 THE WITNESS: I mean, I would say -- Trey,  
4 I would say this -- this is the e-mail it looks like  
5 that Hollan sent me.

6 BY MR. DesCHAMPS:

7 Q. Okay.

8 A. So if that's what you're asking.

9 Q. Yes, yes. Thank you.

10 A. Yeah. Yeah. I would say so. Yeah.

11 MR. DesCHAMPS: Is there any way I can  
12 mark this exhibit on here? I'd like to mark it as  
13 Plaintiff's 1, if I can. I'm used to doing the  
14 Veritext.

15 (Off-record discussion with Mr. DesChamps'  
16 staff.)

17 MR. DesCHAMPS: Yeah, I'd like to mark it  
18 as Exhibit 1.

19 (Off-record discussion.)

20 (Plaintiff's Exhibit No. 1 was marked for  
21 identification.)

22 BY MR. DesCHAMPS:

23 Q. Okay. Moving forward. Let's see. Going  
24 back to -- switch this here. I'm going back to  
25 Exhibit 127, if you'll bear with me.

1                   Okay. Mr. Melvin, can you see Exhibit 127?

2                   A.       Yes. I mean, I can't really see it,  
3 because it's so small, but I can see it broadly.

4                   Q.       Okay. I just have it so you can kind of  
5 reference it. I'm not really going into any specific  
6 information?

7                   A.       Okay.

8                   Q.       So, I'll zoom in, before I do that. If  
9 you can't read it, just please let me know, because  
10 I'm not the best at the -- the virtual exhibits.

11                   Okay. Mr. Melvin, you previously testified  
12 that the Schedule of Values, when it was created or  
13 drafted is in Excel format; is that correct?

14                   A.       Yes. So this would be the Excel format.

15                   Q.       Okay. And it was created as a -- kind of  
16 like a running document? Meaning that information  
17 that's input onto the Schedule of Values throughout  
18 the underwriting process?

19                   A.       It can. It can be.

20                   Q.       And who -- who typically would input that  
21 information?

22                   A.       Typically, it's, you know, the -- either  
23 the wholesale broker or the retail broker.

24                   Q.       And then -- and in this case, with respect  
25 to this Schedule of Values, do you know if the

1 wholesale broker input any of the information?

2 MR. WATSON: Objection, speculation.

3 THE WITNESS: Yeah, I don't know.

4 BY MR. DesCHAMPS:

5 Q. Okay. And this Schedule of Values -- the  
6 information that's input on the Schedule of Values,  
7 is that typically done before the insurance  
8 application is submitted or afterwards?

9 A. I'm sure it depends, Trey.

10 Q. Okay. And on this Schedule of Values, do  
11 you know the source of any of the information or  
12 where the information came from, as far as who -- who  
13 would have entered it?

14 A. I don't.

15 Q. Okay. So is it your testimony that SRU  
16 does not prepare the Schedule of Values?

17 A. That's correct.

18 Q. Okay. Let me zoom out.

19 All right. Mr. Melvin, do you see what's  
20 previously marked as Defendant's Exhibit 53?

21 A. Yes.

22 Q. Okay. And Exhibit 53 is the Insurance  
23 Application pertaining to Mr. Tebele's policy; is  
24 that correct?

25 A. That's correct.

1 Q. On Exhibit 53, if you'll look at page 7.  
2 Can you see page 7, Mr. Melvin?

3 A. Yes.

4 Q. Okay. And if you'll go down -- let me say  
5 that is the screen blurry to you? It's a little  
6 blurry for me.

7 A. Yeah, it's a little blurry.

8 Q. I'll zoom in. Okay. Is that better?

9 A. Yeah.

10 Q. Okay. If we go down and look at location  
11 No. 9 -- I mean No. 10, I'm sorry. Is there a -- is  
12 there a street address in there?

13 A. There is a street address.

14 Q. And tell me what the street address is for  
15 location No. 9?

16 A. I'm sorry, did you --

17 Q. No. 10, I apologize. No. 10.

18 A. It says 609 S. Kings Highway.

19 Q. Okay. And then is that in Myrtle Beach?

20 A. That's correct.

21 Q. Okay. And how about Location No. 11, what  
22 does that say?

23 A. It says 1901 North Kings Highway.

24 Q. Okay. Skipping to -- give me one second.  
25 I've got to zoom out.

1                   Okay. Mr. Melvin -- oh, sorry. Okay. Mr.  
2                   Melvin, do you see this page? I believe it's page 13  
3                   of Exhibit 53.

4                   A.        Okay.

5                   Q.        And what is this -- is this a form -- a  
6                   Form 140, if I'm saying that right. Is this a -- or  
7                   do you know who prepared this form, as far as -- is  
8                   it a standard company form of SRU or --

9                   A.        No, it's not a standard company form of  
10                  SRU. This is a -- more of an industry form.

11                  Q.        Okay. So it's like -- do you know the  
12                  company that prepares this standard form?

13                  A.        No.

14                  Q.        Okay. And on this page of this exhibit,  
15                  there's certain codes and certain information. For  
16                  instance, towards the top left-hand corner, the  
17                  subject of "Insurance," it says "BIEE." Do you know  
18                  what that stands for?

19                  A.        Yes. That stands for business income and  
20                  extra expense.

21                  Q.        Okay. And how about under that building?

22                  A.        Yes. That's the building values of the  
23                  address.

24                  Q.        Okay. And going down -- let's see.  
25                  There's -- towards the middle it says, "Construction

1 type." And there's a "JM" symbol. Do you know what  
2 that means?

3 A. Yes. That represents joist and masonry of  
4 the construction type of the building.

5 Q. Okay. And do you know if there's any, I  
6 guess as far as industry -- your typical industry  
7 standards for the type of information you enter into  
8 a typical box? Are there any form instructions that  
9 you are aware of?

10 A. I'm not aware of instructions of how to  
11 enter it in.

12 Q. As far as -- is there any type of industry  
13 standard instructions saying -- for instance, you see  
14 the -- is that the "Protection Class" box in the  
15 middle of the page that says number "1"?

16 A. Yes.

17 Q. Is there any instructions, as far as what  
18 kind of code or numeric symbol to enter?

19 A. I don't know that there's -- I can't  
20 comment on the instructions. But there are common  
21 terminology that is used to fill out the forms, if  
22 that's your question.

23 Q. Okay. And going towards, I guess, a  
24 couple boxes down, you see where it has on the  
25 left -- left side it says, "Additional Interest" in

1 capital letters?

2 A. Yes.

3 Q. Okay. And above that do you see the box  
4 that says, "Premises Fire Protection"?

5 A. Yes.

6 Q. Okay. And -- and you know what type of  
7 information would be entered into that box?

8 A. It looks like that you could -- it says,  
9 parenthesis, "Fire Protection." And to the right it  
10 has the different protections that exist, whether  
11 sprinkler, fire alarm, central station, local gong.

12 Q. Okay. And say, for instance, if there's  
13 an existing building sprinkler system, would that --  
14 what type of information would typically be entered  
15 into that box?

16 A. Into which box?

17 Q. The "Premises Fire Protection."

18 A. Well, I think if there's a sprinkler, it  
19 would be notated in the sprinkler section, which is  
20 why it's there.

21 Q. It would be notated in that "Premises Fire  
22 Protection"?

23 A. No. It would be notated in the sprinkler  
24 section.

25 Q. Okay. And the sprinkler section is?

1 A. Directly to the right of that.

2 Q. Oh, are you referencing --

3 A. Where it says "% Sprinkler," that's where  
4 you would notate that.

5 Q. Yes. Okay. I understand.

6 A. Yeah.

7 Q. Let's see. Scrolling down.

8 Mr. Melvin, I'm on page 21 of Exhibit 53.

9 Are you able to see that clearly?

10 A. I can see it.

11 Q. Okay. And is this the additional property  
12 schedule for 1901 North Kings Highway?

13 A. Yes, it's got - the address as 1901 North  
14 Kings Highway.

15 Q. And the information on here, for example,  
16 the construction site type, construction type it says  
17 MNC in capital letters and other information on here.  
18 Do you have any knowledge as to where any of this  
19 information was derived or where it came from before  
20 it was -- the data was input on this sheet?

21 A. I do not.

22 Q. Okay. And do you have any knowledge of  
23 who input the data on this sheet?

24 A. I do not.

25 Q. Okay. And I believe you previously

1 testified that the data -- the data on the Schedule  
2 of Values is based on the data in the application; is  
3 that correct?

4 A. It can be. It's not always -- it's not  
5 always. Sometimes, you know, the SOV is filled out  
6 before the Application, vice versa. So I can't  
7 comment to the exact nature of the order and how that  
8 was done.

9 Q. Okay. So just to clarify, the -- the  
10 Schedule of Values only correlate or reflect the  
11 application, when the application is submitted prior  
12 to the preparation of the Schedule of Values; is that  
13 correct?

14 MR. WATSON: Objection. Foundation.

15 THE WITNESS: Trey, can you -- I'm not  
16 sure I understand.

17 BY MR. DesCHAMPS:

18 Q. I'll rephrase that.

19 So is it your testimony that the -- an  
20 Insurance Application will only -- I'm sorry, the  
21 Schedule of Values will only reflect the Insurance  
22 Application if the Schedule of Values is prepared  
23 after the submission of the application?

24 MR. WATSON: Objection, speculation, date.

25 THE WITNESS: Oh, I'll answer. I think

1 you're asking the same question again, Trey. I think  
2 they are -- I can't speak to the ordering of -- of --  
3 that they should -- you know, the entity could have  
4 filled out the application first or both. It's part  
5 of the submission that's sent to us. So that would  
6 be my response.

7 Q. Okay.

8 A. I can't speak to the ordering of how  
9 that's done. I didn't -- yeah.

10 Q. But wouldn't you agree that if the  
11 application is submitted after the -- I mean, the  
12 Schedule of Values is prepared prior, before the  
13 application is submitted, that it cannot reflect the  
14 data on the application or take the exact items from  
15 the application is what I'm trying to say?

16 MR. WATSON: Objection, argumentative,  
17 speculative.

18 MR. RISER: Same objection.

19 THE WITNESS: I can't.

20 BY MR. DesCHAMPS:

21 Q. Okay.

22 A. I can't comment on that. I'd say the same  
23 thing I've been saying.

24 Q. Okay. All right. Let's try to jump here  
25 and get off this application.

1 Give me one second. All right. Mr.

2 Melvin, do you see Defendant's Exhibit 67?

3 A. I do.

4 Q. Is that the Binder Authorization?

5 A. It appears so.

6 Q. At the top, the top right-hand corner, you  
7 see where it says, "Company" in bold?

8 A. Yes.

9 Q. Who is "AB NC Charlotte"?

10 A. That is AmWINS Brokerage of the Carolinas.

11 Q. Okay. And do you know what the NC stands  
12 for?

13 A. I believe it refers to North Carolina.

14 Q. Okay. And you see under -- under there it  
15 says "Broker"?

16 A. Yes.

17 Q. And the name "Barrett Sellars." Do you  
18 know Barrett Sellars?

19 A. Yes. He's a broker.

20 Q. Okay. And do you know who he's employed  
21 with?

22 A. AmWINS Brokerage of the Carolinas.

23 Q. All right. Going to page 2. Do you see  
24 where it says, "Comments/Conditions"?

25 A. Yes.

1 Q. And then "Protective Safeguards"?

2 A. Yes.

3 Q. Okay. And what is the protective  
4 safeguards listed? What is that? Is that a  
5 requirement? Is it a condition?

6 A. I'm sorry, what's your question, Trey?

7 Q. The protective safeguards that's listed  
8 under comments and conditions, what does that refer  
9 to?

10 A. So, we are -- in the binder we're  
11 outlining what the protective safeguards are going to  
12 be that are going to be listed in the SRU 024 form.

13 Q. Okay. And the form you just referenced,  
14 what's that form?

15 A. That is the "Protective Safeguards - Fire  
16 Endorsement" form.

17 Q. Okay. Okay. So does this -- the reference  
18 on Exhibit 67 to protective safeguards, is that a  
19 requirement for the policy?

20 A. That is correct.

21 Q. Okay. And which -- which of the 23  
22 Tebele's properties does this requirement apply to?

23 A. So, it would apply to the locations where  
24 there exists sprinkler systems, where there exists  
25 fire alarms, where there's ANSUL systems. What it's

1 saying is where those are outlined in the  
2 application, yes, that would be -- those safeguards  
3 would need to be complied with.

4 Q. Okay. So is it your testimony that this  
5 would apply, if there was an existing sprinkler  
6 system at the property or properties?

7 MR. WATSON: Object to the form. Vague,  
8 misstates his testimony.

9 THE WITNESS: So, Trey, can you ask your  
10 question again? Sorry.

11 BY MR. DesCHAMPS:

12 Q. Does this -- does this protective  
13 safeguards apply if the insured building or buildings  
14 has an existing sprinkler system?

15 A. If it has a sprinkler system, yes.

16 Q. Okay. And what about if the property or  
17 properties does not have an existing sprinkler  
18 system?

19 A. Yeah, if the property is -- a lot of it  
20 comes down to, Trey, like what's been communicated to  
21 us. Like, if they have communicated to us that it is  
22 sprinklered, then we would then provide a protective  
23 safeguard to make sure they are in compliance with  
24 what they have told us would be the case. So that's  
25 why that -- that's what the protective safeguard is

1 doing. That's what that endorsement does.

2 Q. Okay. And on this -- this Binder  
3 Authorization, how -- how would one know which  
4 property that this protective safeguard applies to?

5 MR. WATSON: Objection to form. Vague,  
6 calls for speculation, no foundation.

7 THE WITNESS: It would apply to the  
8 locations that have reported it.

9 BY MR. DesCHAMPS:

10 Q. Okay. And on this Binder Authorization in  
11 Exhibit 67, does it give reference to any location to  
12 which it applies?

13 A. No.

14 Q. Mr. Melvin, do you see page 5? Do I need  
15 to zoom in at all?

16 A. I can see it.

17 Q. And is there a form number or boxes  
18 checked for the "Protective Safeguards - Fire"?

19 A. Yes.

20 Q. Okay. Bear with me for a minute.

21 A. Sure.

22 Q. All right. Mr. Melvin, do you see  
23 the -- this document that I uploaded up here to be  
24 the document with the title of "Affidavit of Mark  
25 Melvin"?

1 A. Yes.

2 MR. Des CHAMPS: Okay. I'm going to mark  
3 this as Plaintiff's Exhibit 2.

4 (Plaintiff's Exhibit No. 2 was marked for  
5 identification.)

6 BY MR. DesCHAMPS:

7 Q. You had -- all right. Mr. Melvin, do you  
8 need a couple minutes to review this document? It  
9 has 105 pages.

10 A. If you have something specific that you  
11 want to ask me a question about, sure, I can just  
12 address.

13 Q. Okay.

14 A. Yeah.

15 MR. WATSON: Trey, what's the last page  
16 number, Bates number on it, please?

17 MR. DesCHAMPS: Okay. Yeah, Andy, I  
18 couldn't pull yours up that you had. It's the  
19 Affidavit, but it goes through AmWINS 114. Starts at  
20 AmWINS 10 through 114.

21 MR. WATSON: I can show you the one I  
22 marked, if it's easier.

23 MR. DesCHAMPS: That would be great,  
24 actually. I might go back to this, but yeah, that  
25 would be great.

1 MR. WATSON: All right.

2 THE WITNESS: Is it okay if I take a  
3 two-minute restroom break real quick? Is that all  
4 right with you guys?

5 MR. DesCHAMPS: Yeah, okay.

6 THE WITNESS: Sorry.

7 MR. DesCHAMPS: You're fine.

8 THE WITNESS: Okay.

9 MR. DesCHAMPS: You're fine.

10 THE WITNESS: Okay.

11 THE VIDEOGRAPHER: The time on the monitor  
12 is approximately 11:19 a.m. We're off the record.

13 (Recess was taken at 11:19 a.m. (CST) and  
14 concludes at 11:23 a.m. (CST).)

15 THE VIDEOGRAPHER: The time on the monitor  
16 is approximately 11:23 a.m. and we're back on the  
17 record.

18 You may proceed, sir.

19 BY MR. DesCHAMPS:

20 Q. Okay. Now, Mr. Melvin, you previously  
21 testified to an Affidavit that you had executed  
22 that's marked as Defendant's Exhibit No. 86; is that  
23 correct?

24 Mr. Melvin, are you muted?

25 A. No, I'm not muted.

1 Q. Okay. I couldn't hear you. I'm sorry.

2 A. Yes. I'm sorry.

3 Q. Okay. And -- and if you can scroll down.

4 MR. WATSON: What page?

5 MR. DesCHAMPS: If you can scroll -- there  
6 we go.

7 BY MR. DesCHAMPS:

8 Q. Mr. Melvin, do you see the bottom, page 5?

9 A. Yes.

10 Q. Okay. And there's a signature line on  
11 that. Do you know whose signature that is?

12 A. I believe it's Ben Sloop (ph).

13 Q. Ben Sloop. Who's Ben Sloop?

14 A. He is an executive at AmWINS.

15 Q. Is he typically the person for AmWINS that  
16 signs the binders?

17 A. This is the policy. I believe he's used  
18 as the signator for the policy.

19 Q. I'm sorry, the Declarations page?

20 A. Yeah, Yeah.

21 Q. And over to the right it has an address  
22 for AmWINS, Special Risk Underwriters, LLC; is that  
23 right?

24 A. That's correct.

25 Q. And what address is that?

1 A. That is our Charlotte office address.

2 Q. Okay. Is that the -- do you know if that's  
3 the principal office or just like a branch?

4 A. So, for SRU you've got five offices.  
5 That's one of the five offices for SRU in Charlotte.

6 Q. And do you know where the other four  
7 offices are located?

8 A. Yes. We also have an office in Woodland  
9 Hill; Chicago; Atlanta; and Birmingham, Alabama.

10 Q. Okay. And AmWINS Special Risk  
11 Underwriters, LLC, is it a North Carolina Limited  
12 Liability Company?

13 A. I believe so.

14 MR. DesCHAMPS: Andy, do you mind going to  
15 the -- well, the -- I guess the actual policy?  
16 The --

17 MR. WATSON: Which part?

18 MR. DesCHAMPS: The --

19 MR. WATSON: The form?

20 MR. DesCHAMPS: Yeah, like the first --  
21 the first page. Yeah. Can you -- you mind zooming  
22 just to make that so I can see the whole thing?

23 All right.

24 MR. WATSON: Tell me where to stop.

25 MR. DesCHAMPS: Can you go all the way

1 down? Can you go to the end? What's your last page,  
2 that number?

3 MR. WATSON: It's an endorsement, schedule  
4 of mortgage holders.

5 MR. DesCHAMPS: It stops at 113.

6 All right. I'm going to do -- go back to  
7 the one that I was going to mark. I believe it's the  
8 same, except for what looks like the last two pages.

9 MR. WATSON: Oh, I have it now.

10 MR. DesCHAMPS: Okay. I found it. Okay. I  
11 found it. It just appeared. So this is the same  
12 exhibit we're talking about.

13 BY MR. DesCHAMPS:

14 Q. All right. Mr. Melvin, we're back at  
15 Exhibit 86.

16 Okay. Mr. Melvin, do you see page 11 on  
17 Exhibit 86? It appears to be an endorsement; is that  
18 correct?

19 A. Yes.

20 Q. Okay. And you see where there's a  
21 signature in the box that states, "Authorized  
22 Representative"?

23 A. Yes.

24 Q. Okay. And do you know whose signature  
25 that is in that box?

1           A.     I believe it's the same signature. Ben  
2 Sloop.

3           Q.     Okay. And on page 14, this is the title  
4 page for the Building Property Insurance Policy; is  
5 that correct?

6           A.     Yes, that's the first page of the property  
7 form. Right. That's it.

8           Q.     All right. The AmWINS property form, is  
9 this something prepared by AmWINS or is it prepared  
10 by someone else?

11          A.     That would be SRU property form.

12          Q.     Okay.

13          A.     It says, "Special Risk Underwriters"  
14 property form.

15          Q.     Okay. All right. Mr. Melvin, do you see  
16 page 54, what appears to be an endorsement?

17          A.     Yes.

18          Q.     Okay. You see at the -- towards the top  
19 where it reads, "This endorsement modifies insurance  
20 provided under the..." you see that line?

21          A.     I do.

22          Q.     Okay. And then it lists AmWINS property  
23 form under it. Do you see that?

24          A.     Yes.

25          Q.     And why is the AmWINS property form listed

1 there? What does that mean?

2 A. So, if you go back up to the prior things  
3 that you're on, it says "AmWINS Special Risk  
4 Underwriters Property Form."

5 Q. Okay. You're talking about the first  
6 page?

7 A. Yes. I'm referring to the property form.

8 Q. Okay. So your -- it's referencing the  
9 property form, there's not a property policy?

10 A. The property form is the property policy.

11 Q. Okay.

12 A. Yes.

13 Q. I understand. Thanks. I'm on page 66.

14 And what appears to be an "Equipment Breakdown  
15 Coverage" form. What is that? Can you tell the jury  
16 what the "Equipment Breakdown Coverage" form is?

17 A. Yeah, that's coverage for the peril of an  
18 equipment breakdown. So, you have -- yeah. During  
19 the -- during the effective date of the policy, if  
20 there's a loss that occurs due to equipment  
21 malfunctioning that causes damage, that damage would  
22 be covered.

23 Q. Okay. Is this different from the property  
24 form?

25 A. It's an additional coverage.

1 Q. Okay. It is a separate insurance policy  
2 or are they all part of the same?

3 A. The entire policy is this document.

4 Q. Okay.

5 A. Yeah.

6 Q. So you see on page 82 of Exhibit 86?

7 A. I do.

8 Q. Okay. This appears to be another  
9 endorsement; is that correct?

10 A. Yeah, this is the sublimits. Yeah, where  
11 he tells the sublimits for the equipment breakdown.

12 Q. Okay. And if you look down towards the  
13 middle of the page, do you see where it says or  
14 states, "This endorsement modifies insurance provided  
15 under the..." and it has Equipment breakdown Coverage  
16 form. Do you see that?

17 A. I do.

18 Q. Okay. What does that mean?

19 A. So the section of the policy, the  
20 Equipment Breakdown Coverage form is what it's  
21 referring to, which you just showed. So it's saying  
22 that these are the sublimits for the equipment  
23 breakdown coverage.

24 Q. Okay. And does this -- does this form  
25 modify the equipment breakdown form?

1           A.     It is detailing the sublimits for the  
2     form.

3           Q.     Okay.  And does this -- would this  
4     endorsement be a property form?

5           A.     This endorsement would apply to the  
6     equipment breakdown coverage.

7           Q.     Okay.  I got you.

8           A.     Yeah.

9           Q.     And now we'll see page -- this is page 86  
10    of Exhibit 86.

11          A.     I can see it.

12          Q.     This is an endorsement as well.  And do  
13    you see where it says, "This endorsement modifies  
14    insurance provided under..." and it says, "AmWINS  
15    Property Form."  Do you see that?

16          A.     Yeah.

17          Q.     And what does that mean?

18          A.     What exactly are you asking, Trey?  I  
19    don't --

20          Q.     Why does it -- when it references -- why  
21    does it reference -- why does it reference AmWINS  
22    Property Form?

23          A.     Because that's the --

24                   MR. WATSON:  Objection, relevance.  I'm  
25    sorry.  You can answer.

1 THE WITNESS: Yeah it's referencing the  
2 part of the policy that is being amended.

3 BY MR. DesCHAMPS:

4 Q. Okay.

5 A. Yeah, that's what endorsement does. It  
6 amends coverage. And it's saying that it's amending  
7 this part of the policy's coverage form.

8 Q. And would this amend the equipment  
9 breakdown coverage part?

10 A. No, because it's a separate type of  
11 coverage that's specific to what's expressed in the  
12 property covered portion of the policy. That's why  
13 it's listed there.

14 Q. Okay.

15 A. Yeah.

16 Q. Understand. Thank you.

17 A. No problem.

18 Q. Okay. And I believe you previously  
19 testified to the protective safeguard endorsements, I  
20 think it's on page 83; is that correct?

21 A. Yes.

22 Q. Okay. On this page, is there any property  
23 that's identified on this page?

24 A. Yes. It's -- if you look at the locations  
25 applicable it says, "As indicated on the Schedule of

1 Values where AS is present," automatic fire alarms is  
2 present. So it doesn't tell that. It's in the text  
3 box on the schedule section.

4 Q. Okay. But can you identify any of the  
5 insured properties by just looking at this  
6 endorsement?

7 A. You can, because you can see that it says,  
8 "As identified on Schedule of Values," which has been  
9 provided and as identified on Schedule of Values,  
10 it's exactly where it would apply.

11 Q. So is it -- would you have to go to the  
12 Schedule of Values to find out what property applies?  
13 Because I don't see a property listed on here at all.

14 A. That's what it's saying. It's saying  
15 because there's a lot of locations on the schedule,  
16 that's why it's referencing as indicated on the  
17 schedule, Schedule of Values on provided company,  
18 that's why it's expressly stated there, where it's  
19 clear to everybody, any person.

20 Q. Now, do you know if -- or did you ever  
21 send the Schedule of Values to Crescent Coast?

22 A. No, Trey, that was provided to me. We  
23 talked about that a few times now. It was provided  
24 to me by a separate party.

25 Q. Okay.

1 A. Yeah.

2 Q. And who's that?

3 A. The Schedule -- the Schedule of Values was  
4 provided to us --

5 Q. Okay.

6 A. -- as a declaration of the information  
7 about the risk. We're the underwriters. So we  
8 don't -- we don't represent the insured at all.  
9 We're just underwriting what's provided to us. In  
10 this case, another party that's representing the  
11 insured is providing us information about the risk,  
12 which is detailed in the Schedule of Values. So what  
13 we're doing here in this endorsement is we're just  
14 reiterating, you know, what that -- what has been  
15 provided to us, information that's independently  
16 provided to us. We're just clarifying that the  
17 safeguards pertain to the information that's been  
18 provided to us.

19 Q. Okay.

20 A. Is that helpful?

21 Q. Somewhat. I'm just getting a little  
22 confused. I did -- did you get a Schedule of Values  
23 from Ms. Hollan Delany?

24 A. We -- we received the Schedule of Values  
25 in an e-mail from Hollan Delany.

1 Q. Okay. And do you have any knowledge of  
2 who provided the Schedule of Values to Ms. Delany?

3 A. Nope. I don't.

4 Q. Do you know if she prepared it or --

5 A. I don't know, Trey. You've asked me that  
6 probably four or five different times. I don't know  
7 who procured the information in the Schedule of  
8 Values.

9 Q. Okay.

10 A. So just I'll give you the same response,  
11 you know. I don't know.

12 Q. All right. Fair enough. I appreciate it.  
13 Sorry if I'm a little slow. I'm not very familiar  
14 with the insurance industry, so... it might get a  
15 little monotonous, some of my questions, but I  
16 appreciate it. Thank you for your patience.

17 A. Not a problem.

18 Q. Let's see. Let's get to -- bear with me  
19 one minute.

20 All right. Mr. Melvin, this document is  
21 also a copy of your Affidavit and attaches the  
22 policy, but there's just two additional pages added  
23 at the end, because that's the way it was produced.  
24 That was part of exhibit -- Plaintiff's Exhibit 2.

25 All right. Mr. Melvin, do you see Exhibit

1 2?

2 A. Yeah, the Affidavit.

3 Q. Yeah.

4 A. I see Exhibit 1 here.

5 Q. Okay. And Exhibit 1 was attached to your  
6 Affidavit?

7 A. Uh-huh.

8 Q. And included the property coverage and the  
9 equipment breakdown; is that correct?

10 A. It's the policy, yeah.

11 Q. Okay. Is --

12 A. It's the policy.

13 Q. On the last -- the last page of this  
14 exhibit Bates-stamped AmWINS 114 -- and this is how  
15 we received this as one file in document production.  
16 But appears to be a Protective Safeguards  
17 Endorsement. I'll try to zoom in.

18 A. Yeah, I see it.

19 Q. Do you see that? I don't know why it cut  
20 it off. I've done it before. Are you able to read  
21 that language in there that was cut in half at all?  
22 I mean, don't read it to me, just are you able to  
23 read it?

24 MR. WATSON: Objection to relevance about  
25 anything about this page, but go ahead.

1 THE WITNESS: So what's your question,  
2 Trey?

3 BY MR. DesCHAMPS:

4 Q. So, are you able to read the -- see the  
5 line in the box, it appears like it's halfway cut  
6 off. Are you able to read that?

7 A. Yes.

8 Q. Okay. Okay. Have you seen this  
9 endorsement before?

10 A. I have. Is this the -- I guess I'm a  
11 little bit confused. Is this the -- at the end of  
12 the policy?

13 Q. Is this -- this is the last page of the  
14 papers that we received in discovery with your  
15 Affidavit.

16 A. Okay.

17 Q. It had two different endorsements, and  
18 this was put at the end. It's different.

19 A. Okay.

20 Q. And did you prepare this document?

21 MR. WATSON: Objection. Clari- -- unclear  
22 what document you're asking him. You're asking about  
23 page AmWINS 114.

24 MR. DesCHAMPS: Yes. Page 114, the  
25 endorsement.

1 THE WITNESS: Sorry. Trey, your question?  
2 Can you restate your question?

3 I'm sorry, I just -- I'm a little bit  
4 confused.

5 Q. Okay. The endorsement on this page, this  
6 last page of this exhibit, do you know who prepared  
7 this document?

8 MR. WATSON: Same objection.

9 THE WITNESS: I mean, I think it would  
10 have been prepared by the SRU --

11 BY MR. DesCHAMPS:

12 Q. Okay.

13 A. -- when we issued the policy.

14 Q. And is this -- is this endorsement, is  
15 this part of the policy?

16 MR. WATSON: Objection, relevance,  
17 foundation.

18 BY MR. DesCHAMPS:

19 Q. You can answer.

20 A. I think it looks like it's an endorsement  
21 to the policy.

22 Q. All right.

23 A. Can you -- is there -- never mind. Never  
24 mind. Go ahead. Continue.

25 Q. I can -- I can scroll you wherever you

1 want to go.

2 A. You're good. You're good.

3 (Plaintiff's Exhibit No. 4 was marked for  
4 identification.)

5 BY MR. DesCHAMPS:

6 Q. All right. Bear with me a second. I'm  
7 going to go through some more stuff. I'm trying to  
8 fix my screen here.

9 Okay. Mr. Melvin, I'm going to show you  
10 what I'm going to mark as Plaintiff's Exhibit 4.  
11 Appears to be an e-mail from Hollan Delany dated  
12 December 26, 2018. Do you see that?

13 A. Okay.

14 Q. And do you recall receiving an e-mail from  
15 Ms. Delany on December 26, 2018?

16 A. It's not readily in my memory, but I do  
17 see that I did receive an e-mail on the 18th -- on  
18 December 26, 2018. So it's, you know, five years  
19 ago.

20 Q. I understand. I understand. And is this  
21 e-mail, is this a true and accurate copy of the  
22 e-mail Ms. Delany sent to you on December 26, 2018?

23 A. It looks to be so.

24 Q. Okay. Okay, Mr. Melvin. You previously  
25 testified that AmWINS SRU is a part of AmWINS Group;

1 is that correct?

2 A. That's correct, Trey.

3 Q. And AmWINS Group, is that like a  
4 corporation, like AmWINS Group, Inc. or is there an  
5 LLC or --

6 A. Yeah, AmWINS Group, Inc. is -- I believe  
7 that's the name of the parent company.

8 Q. Okay. So then -- then SRU is a subsidiary,  
9 is that correct, or --

10 A. That's correct.

11 Q. Okay. And then AmWINS Brokerage of the  
12 Carolinas, do you know if that's part of the AmWINS  
13 Group?

14 A. Yeah. They are also a subsidiary of  
15 AmWINS Group.

16 Q. Okay. And do you know if the AmWINS  
17 Access Insurance Services, LLC is part of AmWINS  
18 Group?

19 A. They are as well.

20 Q. Okay. Mr. Melvin, when SRU underwrites a  
21 policy and policy is bound, how does SRU get paid?  
22 Do they get a commission or something of that nature  
23 or --

24 A. Uhm, yes. So we -- we -- we have a  
25 commission for our services that's based on the

1 contract that we have with our carriers.

2 Q. Again, is that commission a percentage or  
3 portion of the premium that's paid for a policy, do  
4 you know?

5 A. Yeah, it would -- it would be a percentage  
6 of the premium.

7 Q. And how about the -- a wholesale broker  
8 involved? Do you know if the wholesale broker gets  
9 any type of commission?

10 A. Yeah, I'm sure they would get a commission  
11 for their services in helping secure the insurance.

12 Q. And how about the retail broker? The --

13 A. What about the retail broker?

14 Q. The retail broker also get paid a  
15 commission based on the premium, do you know?

16 A. Yes, they do.

17 Q. Okay. And in this case with regard to Mr.  
18 Tebele's property, do you know if SRU was paid a  
19 commission?

20 A. So, if you can help clarify. We provide a  
21 service to our carriers to underwrite policies. So  
22 as part of our service, we get paid a commission on  
23 any policy that we bind. So in this case we did bind  
24 the policy, and so as part of our job we are paid a  
25 commission for that service for our carriers that we

1 represent, which is, in this case, Lloyd's of London,  
2 HDI Specialty, as well as General Security.

3 Q. And is that commission -- is it based on  
4 the premiums paid by the insured?

5 A. Yes.

6 Q. And do you know if the premium, is it  
7 a -- I mean, I'm sorry, excuse me. The commission  
8 that's paid, is that a percentage of the premium, do  
9 you know?

10 A. Yes.

11 Q. Okay. All right. Mr. Melvin, you  
12 previously testified just to the general process of  
13 the -- the underwriting -- the underwriting process  
14 of a policy. I just had a couple of questions as far  
15 as, I guess, to put it into simple terms. When does  
16 the underwriting process begin? What -- I guess what  
17 starts the process, as far as SRU beginning the  
18 underwriting process of the policy?

19 A. The process usually starts once we -- have  
20 a meeting with our -- with the wholesale broker and  
21 then they consider it to be a last deal in terms of,  
22 hey, the insured is seeking for our services to, you  
23 know, get terms and conditions and a price.

24 And so once we have the documentation, the  
25 documents from the wholesale broker, and it's clear

1 that it's an account where SRU might be a viable, you  
2 know, market to insure, we begin underwriting the  
3 risk ourselves, which usually takes, you know, 30 to  
4 60 days, something like that. It's a whole process  
5 of underwriting the risk ourselves.

6 Q. Okay. And is the -- and when does the, in  
7 a general sense, when does the underwriting process  
8 and when does SRU finish with the underwriting of the  
9 policy?

10 A. Once we've had a chance to analyze the  
11 risk.

12 Q. Okay. So, is -- is the underwriting  
13 process complete when the binder is issued or when  
14 the policy?

15 A. Yeah. So, the underwriting process would  
16 be -- you know, once we issue a binder, then we're  
17 effectively on risk, at that point in time, based on  
18 the effective date and time. So at that point in  
19 time, SRU would be on risk, you know, as of the  
20 effective date of the policy. And then obviously  
21 things could change over the course of the policy, as  
22 we discussed prior. But, yes, that's generally the  
23 terms of the timeline of the process. It kind of  
24 leads all the way up until the effective date of the  
25 policy. And that's when the binder is issued and the

1 policy shortly, thereafter.

2 Q. Okay. And how about in the event a loss  
3 claim is filed or submitted, is SRU involved in that  
4 at all?

5 A. When the claim is submitted? Is that what  
6 you're saying, Trey?

7 Q. Yes. Yeah.

8 A. Yeah, so we have a third-party  
9 administrator that is involved in the claims handling  
10 process, Peninsula Insurance Bureau. And they handle  
11 our claims process for SRU, and as well as on behalf  
12 of the insurance companies that we represent.

13 Q. Okay. And in this case with respect to  
14 Mr. Tebele's claim, were you involved in any way in  
15 the claims handling process?

16 A. No. So, if you look at our policy, it  
17 states who handles our claims. It's actually on the  
18 Dec page that we looked at, it's Peninsula Insurance  
19 Bureau. As well as all our quotes and binders there.  
20 But, yeah, third party that represents SRU and our  
21 insurance carriers in the claims process.

22 Q. Okay. Do you know -- do you know Duncan  
23 Speak?

24 A. I know who he is, yeah. He works at  
25 Peninsula Insurance Bureau.

1 Q. Okay. And did you have any communications  
2 with Mr. Speak with regard to Mr. Tebele's policy?

3 A. I don't recall, honestly, Trey. There's a  
4 chance that they could have reached out to me, you  
5 know, five years ago. So I don't really recall the  
6 specific -- because it's typically -- they are  
7 obviously handling the claims process. And so I'm  
8 not the person that's involved in running point on  
9 the claims process.

10 Q. Okay. And did you have any role at all,  
11 as far as the claims -- in the claims process with  
12 regard to Mr. Tebele's policy?

13 A. I can't recall exactly if they reached out  
14 to me for anything, you know, five years ago. It's  
15 possible, if they had a question for me. But beyond  
16 that, I have no direct involvement or authority in  
17 representing insurance carriers in a claim.

18 Q. Okay.

19 A. Yeah. From time to time they will reach  
20 out just for clarification on certain things, but by  
21 and large it's done independently of us. Although,  
22 there are obviously contact directly to the insurance  
23 carriers, as part of the claims handling process.

24 Q. Okay. And do you recall if you spoke to  
25 any of the insurance carriers, as far as the claims

1 handling process with respect to Mrs. Tebele's  
2 policy?

3 A. I don't recall exactly, Trey. I mean,  
4 it's five years ago. I mean, there could have been a  
5 conversation at some point, but I don't recall the  
6 specifics of anything. Nothing jumps out to me.

7 MR. DesCHAMPS: Can we take a short  
8 recess? I'm almost done.

9 MR. WATSON: Can we power through? You  
10 need a break for something?

11 MR. DesCHAMPS: Could -- I'll tell you off  
12 the record.

13 MR. WATSON: All right. Off the record.

14 THE VIDEOGRAPHER: Time on the monitor is  
15 approximately 12:07 p.m. and we're off the record.

16 (Recess was taken from 12:07 p.m. (CST) to  
17 12:14 p.m. (CST).)

18 THE VIDEOGRAPHER: The time on the monitor  
19 is approximately 12:14 p.m. Central Standard Time and  
20 we're back on the record. You may proceed.

21 MR. DesCHAMPS: Mr. Melvin, thank you for  
22 your time. I don't have any further questions.  
23 Please answer any questions opposing counsel may  
24 have.

25 MR. WATSON: Mr. Melvin, thank you. I



A certified true copy, attest

*Marion D. Foxworth, III*  
Marion D. Foxworth, III  
Registrar

32853

90 JUN 12 PM 1:52

STATE OF SOUTH CAROLINA

TITLE TO REAL ESTATE

R.M.C.

COUNTY OF HORRY

*Deed B. 1398 pg. 900*

KNOW ALL MEN BY THESE PRESENTS, That Plitt Theatres, Inc. (hereinafter called "Grantor") for and in consideration of the sum of Eight Hundred Fifty Thousand and 00/100'S \*\*\* (\$850,000.00) Dollars, in hand paid to Grantor (the receipt of which Grantor acknowledges) by David Tebele and Edward Tebele (hereinafter called "Grantee") of P. O. Box 1496, Myrtle Beach, S. C. 29578, Grantor has granted, bargained, sold and released, and by these presents does grant, bargain, sell and release unto the Grantee, their heirs, successors and assigns, forever, all its right, title and interest, in and to the below described property, to-wit:

All and Singular, all those certain pieces, parcels or lots of land, together with all improvements, furniture, fixtures, equipment and personal property, situate, lying and being in the County and State aforesaid, and being more particularly described as Lots 1, 2, 3 and 4, Block 87-C, of the East Chester Extension Section of Myrtle Beach, Horry County, South Carolina, as shown on a map made by T. M. Jordan, Eng., dated February, 1946, and recorded in Plat Book 3, at Page 10, in the Office of the Clerk of Court for Horry County, reference to which is craved as forming a part of these presents.

This property is subject to restrictive covenants and easements of record.

This is the identical property conveyed to the Grantor herein by deed dated November 21, 1985, and recorded August 4, 1986, in Deed Book 1066, at Page 771, records of Horry County, South Carolina.

TMS# 181-03-29-001  
TAX NOTICE ADDRESS:

P.O. Box 1496  
Myrtle Beach, S.C. 29578

RETURN TO  
BELLAMY RUTENBERG, COPELAND  
EPPS, GRAVELY & BOWERS, P.A.  
POST OFFICE BOX 357  
MYRTLE BEACH, S. C. 29578  
(803) 448-2400

TOGETHER with all and singular the Rights, Members, Hereditaments and appurtenances to the premises belonging, or in anywise incident or appertaining.

HORRY COUNTY ASSESSOR

181-03

Map

9

Blk

061

Parcel

*6-13-90 ERM*

*1870.00  
935.00*

PLAINTIFF'S EXHIBIT  
1

BOOK 1398 PAGE 900  
PLAINTIFF'S EXHIBIT  
1A

PLAINTIFF'S EXHIBIT  
1

1570



A certified true copy, attest

*Marion D. Foxworth, III*

Marion D. Foxworth, III  
Registrar

TO HAVE AND TO HOLD, all and singular the premises before mentioned unto the Grantee, their heirs, successors and assigns forever.

AND the Grantor does hereby bind itself, themselves, it or their successors and assigns, or his, her, and their heirs, executors or administrators, (as the case may be), to warrant and forever defend all and singular the said premises unto the said Grantee, and its and their successors and assigns, or his, her and their heirs and assigns, (as the case may be), against itself, themselves, and its or their successors, or his, her, and their heirs, (as the case may be), and all persons whomsoever lawfully claiming, or to claim the same or any part thereof.

Any reference in this instrument to the singular shall include the plural, and vice versa. Any reference to one gender shall include the others, including the neuter. Such words of inheritance shall be applicable as are required by the gender of the Grantee.

IN WITNESS WHEREOF, the Grantor has hereunto set its hand and seal this 11th day of June, in the year of our Lord one Thousand Nine Hundred and Ninety and the Two Hundred-Fourteenth year of the Sovereignty and Independence of the United States of America.

SIGNED, SEALED AND DELIVERED

In the Presence of

*W. S. Maxwell*  
\_\_\_\_\_  
(# 1 witness sign here)

*P. Maggi*  
\_\_\_\_\_  
(notary sign here)

PLITT THEATRES, INC.

BY: *[Signature]* (L.S.)  
Executive Vice President

ATTEST: *[Signature]* (L.S.)  
Assistant Secretary

BOOK 1398 PAGE 901

901



A certified true copy, attest

*Marion D. Foxworth, III*

Marion D. Foxworth, III  
Registrar

PROVINCE OF ONTARIO )  
JUDICIAL DISTRICT OF YORK )

ACKNOWLEDGMENT

THE FOREGOING deed was acknowledged before me this 1<sup>st</sup> day of June, 1990, by ROBERT TORIO, its Exec. V.P., and attested by PETER H. MANDERL its ASST. SEC., of Plitt Theatres, Inc., a Delaware Corporation authorized to do business in South Carolina, on behalf of the Corporation.

*[Signature]*  
Notary for Province of Ontario  
My Commission Expires: PUBLIC  
UNLIMITED  
SEAL  
*USE TO VERIFY  
the used to use  
Seal*

STATE OF SOUTH CAROLINA  
SOUTH CAROLINA TAX COMMISSION  
DOCUMENTARY  
STAMP  
TAX 900.00

STATE OF SOUTH CAROLINA  
SOUTH CAROLINA TAX COMMISSION  
DOCUMENTARY  
STAMP  
TAX 970.00

STATE OF SOUTH CAROLINA  
SOUTH CAROLINA TAX COMMISSION  
DOCUMENTARY  
STAMP  
TAX 935.00  
JUN 12 1990  
BB 16925

BOOK 1398 PAGE 902

902



A certified true copy, attest

*Marion D. Foxworth, III*

Marion D. Foxworth, III  
Registrar

DB 1692, Pg. 809

185144

(40)

FILED  
HORRY COUNTY, S.C.  
DEC 30 PM 2:37  
R.M.C.

STATE OF SOUTH CAROLINA DEED  
COUNTY OF HORRY

KNOW ALL MEN BY THESE PRESENTS, That DAVID TEBELE and EDWARD TEBELE, in the State aforesaid, for and in consideration of the sum of Five and No/100 (\$5.00) Dollars and the creation of that certain limited partnership known as KINGS REALTY LIMITED PARTNERSHIP, a South Carolina Limited Partnership, paid by KINGS REALTY LIMITED PARTNERSHIP, of Post Office Box 1496, Myrtle Beach, South Carolina 29578 (receipt whereof is hereby acknowledged), have granted, bargained, sold and released; and by these presents do grant, bargain, sell and release unto KINGS REALTY LIMITED PARTNERSHIP, a South Carolina Limited Partnership, its successors and assigns forever, all their right, title and interest, in and to the following described property, to-wit:

ALL AND SINGULAR, all those certain pieces, parcels or lots of land, together with all improvements, furniture, fixtures, equipment and personal property, situate, lying and being in the County and State aforesaid, and being more particularly described as Lots 1, 2, 3 and 4, Block 87-C, of the East Chester Extension Section of Myrtle Beach, Horry County, South Carolina, as shown on a map made by T. M. Jordan, Eng., dated February, 1946, and recorded in Plat Book 3, at Page 10, in the Office of the Clerk of Court for Horry County, reference to which is craved as forming a part of these presents.

This property is subject to restrictive covenants and easements of record.

This tract being the identical property conveyed to the Grantors herein by deed dated June 11, 1990, and recorded June 12, 1990, in Deed Book 1398, at Page 900, records of Horry County, South Carolina.

By acceptance of this Deed, the Grantee assumes the indebtedness under that certain Mortgage dated June 11, 1990, in favor of The South Carolina National Bank in the

RETURN TO  
BELLAMY & COPELAND  
EMPS, 67 WEST 100 WARRERS, P.A.  
POST OFFICE BOX 357  
MYRTLE BEACH, S. C. 29578  
(803) 418-2400

1

BOOK 1692 PAGE 809

80

w/out benefit of title exam

PLAINTIFF'S EXHIBIT  
2 A  
PLAINTIFF'S EXHIBIT  
2

PLAINTIFF'S EXHIBIT  
2



A certified true copy, attest

*Marion D. Foxworth, III*

Marion D. Foxworth, III  
Registrar

original principal amount of Seven Hundred Thousand and No/100 (\$700,000.00) Dollars, such Mortgage being recorded in Mortgage Book 1527, at Page 377, records of Horry County.

HORRY COUNTY ASSESSOR  
TMS# 181-03-29-001

1-3-94 J.L.

~~TOGETHER~~ with <sup>Parcel</sup> all and singular, the Rights, Members, Hereditaments and Appurtenances to the said premises belonging, or in anywise incident or appertaining.

TO HAVE AND TO HOLD all and singular the premises before mentioned unto KINGS REALTY LIMITED PARTNERSHIP, a South Carolina Limited Partnership, its Successors and Assigns forever.

And we do hereby bind ourselves, our Heirs, Executors and Administrators, to warrant and forever defend all and singular the said premises unto KINGS REALTY LIMITED PARTNERSHIP, a South Carolina Limited Partnership, its Successors and Assigns, against us and our Heirs, and all persons whomsoever lawfully claiming or to claim the same or any part thereof.

WITNESS the execution hereof by the grantors, this 28<sup>th</sup> day of December, 1993.

WITNESS:

*[Signature]*

*David Tebele*  
David Tebele

*[Signature]*

*Edward Tebele*  
Edward Tebele

*[Signature]*

*[Signature]*

810



A certified true copy, attest

*Marion D. Foxworth, III*  
Marion D. Foxworth, III  
Registrar

STATE OF SOUTH CAROLINA )  
  )  
COUNTY OF HORRY )

PROBATE

PERSONALLY appeared before me the undersigned witness and made oath that s/he saw the within named David Tebele, Sign, Seal and as His Act and Deed deliver the within written Deed, and that s/he with the notary subscribed above witnessed the execution thereof.

*Edward Tebele*

SWORN to before me this 28<sup>th</sup>  
day of December 1993.

*Daniela G. Callahan* (L.S.)  
Notary Public for South Carolina  
My Commission Expires: 3/1/99

STATE OF SOUTH CAROLINA )  
  )  
COUNTY OF HORRY )

PROBATE

PERSONALLY appeared before me the undersigned witness and made oath that s/he saw the within named Edward Tebele, Sign, Seal and as His Act and Deed deliver the within written Deed, and that s/he with the notary subscribed above witnessed the execution thereof.

*Edward Tebele*

SWORN to before me this 28<sup>th</sup>  
day of December 1993.

*Daniela G. Callahan* (L.S.)  
Notary Public for South Carolina  
My Commission Expires: 3/1/99

811

AFFIDAVIT OF MARK MELVIN



State of Alabama  
Jefferson County

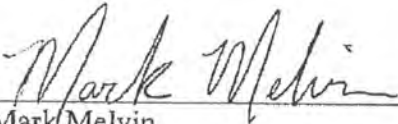
Before me the undersigned officer duly authorized to administer oaths, personally appeared Mark Melvin, who is personally known to me, and after having been duly sworn, deposes and states:

1. My name is Mark Melvin, I am over the age of 18, I suffer from no legal disability, and I make this affidavit based upon my personal knowledge except as otherwise stated.
2. I work for AmWINS Specialty Risk Underwriters, LLC. ("ASRU") in its Birmingham, Alabama office. ASRU is a North Carolina Limited Liability Company. ASRU provides underwriting services to various insurance companies.
3. I am an underwriter for ASRU. ASRU has a binding authority contract with Lloyd's of London, HDI Global Specialty SE and General Security Indemnity Company of Arizona. Under those contracts, ASRU is authorized to issue policies according to specific requirements.
4. I was ASRU's underwriter for Policy No.: AOP-190029, AQS-190065, HAQS-190065 and TR0009391190065 for the insured A Tebele & Sons, et al ("A Tebele"). My underwriting work on this account was subject to the specific insurance company's approval.
5. On behalf of each insurance company, and subject to approval, I underwrote the property policy for A Tebele and caused Policy No.: AOP-190029, AQS-190065, HAQS-190065 and TR0009391190065 to be issued.
6. ASRU maintains its insurance policy files electronically, in a paperless environment. Accordingly, the attached copy of the Policy is printed from an electronic database and is a true copy of Policy No.: AOP-190029, AQS-190065, HAQS-190065 and TR0009391190065 as maintained in the ordinary course of business.
7. Attached, as Exhibit 1 is a true copy of Policy No.: AOP-190029, AQS-190065, HAQS-190065 and TR0009391190065 for the insured A Tebele

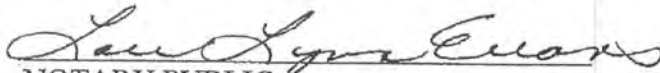
This coverage was underwritten by ASRU through the specific insurance company.

8. The attached Policy No.: AOP-190029, AQS-190065, HAQS-190065 and TR0009391190065 is a true, complete copy of the policy and all endorsements as maintained by ASRU in the ordinary course of its insurance business.

FURTHER AFFIANT SAYETH NAUGHT

  
\_\_\_\_\_  
Mark Melvin  
Underwriter  
AmWINS Specialty Risk Underwriters, LLC

Sworn and Subscribed before me this 19<sup>th</sup> day of August, 2020.

  
\_\_\_\_\_  
NOTARY PUBLIC

**LORI LYNN EVANS**  
Notary Public, Alabama State At Large  
My Commission Expires Dec. 9, 2020

Exhibit 1

**U.S. Terrorism Risk Insurance Act of 2002 as amended  
Not Purchased Clause**

*This Clause is issued in accordance with the terms and conditions of the "U.S. Terrorism Risk Insurance Act of 2002" as amended as summarized in the disclosure notice.*

It is hereby noted that the Underwriters have made available coverage for "insured losses" directly resulting from an "act of terrorism" as defined in the "U.S. Terrorism Risk Insurance Act of 2002", as amended ("TRIA") and the Insured has declined or not confirmed to purchase this coverage.

This Insurance therefore affords no coverage for losses directly resulting from any "act of terrorism" as defined in TRIA except to the extent, if any, otherwise provided by this policy.

All other terms, conditions, insured coverage and exclusions of this Insurance including applicable limits and deductibles remain unchanged and apply in full force and effect to the coverage provided by this Insurance.

LMA5219  
12 January 2015



SPECIAL RISK UNDERWRITERS

An AmWINS Group Company

### Property Declarations - Participating

This Declaration Page is attached to and forms part of Certificate provisions

Previous No. <u>NEW</u> Certain Underwriters at Lloyd's Certain Underwriters at Lloyd's HDI Global Specialty SE General Security Indemnity Company of Arizona	Account No. <u>S-1811-583686-01</u> Policy No. <u>AOP-190029</u> Policy No. <u>AQS-190065</u> Policy No. <u>HAQS-190065</u> Policy No. <u>TR00093911900065</u>      												
Name and Address of the Insured <u>A Tebele &amp; Sons ETAL</u> <u>PO Box 1496</u> <u>Myrtle Beach, SC 29578</u>													
Policy Period Effective From <u>1/15/2019</u> to <u>1/15/2020</u> Both days at 12:01 a.m. standard time at the insured's mailing address													
<b>THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A PREMIUM IS INDICATED - THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.</b>													
Limits of Liability: \$22,155,400 per Occurrence													
COMMERCIAL PROPERTY COVERAGE PART Certain Underwriters at Lloyd's Certain Underwriters at Lloyd's HDI Global Specialty SE General Security Indemnity Company of Arizona	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">PROPERTY</td> <td style="width:40%;"></td> </tr> <tr> <td>Premium</td> <td style="text-align: right;">\$3,000.00</td> </tr> <tr> <td>Premium</td> <td style="text-align: right;">\$64,367.00</td> </tr> <tr> <td>Premium</td> <td style="text-align: right;">\$12,133.00</td> </tr> <tr> <td>Premium</td> <td style="text-align: right;">\$25,500.00</td> </tr> <tr> <td colspan="2" style="padding-top: 20px;">           Inspection Fee <span style="float: right;">\$370.00</span>            CAT Modeling Fee <span style="float: right;">\$500.00</span>  <b>Total Advance Premium <span style="float: right;">\$105,870.00</span></b> </td> </tr> </table>	PROPERTY		Premium	\$3,000.00	Premium	\$64,367.00	Premium	\$12,133.00	Premium	\$25,500.00	Inspection Fee <span style="float: right;">\$370.00</span> CAT Modeling Fee <span style="float: right;">\$500.00</span> <b>Total Advance Premium <span style="float: right;">\$105,870.00</span></b>	
PROPERTY													
Premium	\$3,000.00												
Premium	\$64,367.00												
Premium	\$12,133.00												
Premium	\$25,500.00												
Inspection Fee <span style="float: right;">\$370.00</span> CAT Modeling Fee <span style="float: right;">\$500.00</span> <b>Total Advance Premium <span style="float: right;">\$105,870.00</span></b>													
Minimum Earned Premium <u>35.00%</u>													
Dated <u>02/06/2019</u> By <u></u>	Address <u>AmWINS Special Risk Underwriters, LLC</u> <u>4725 Piedmont Row Drive</u> <u>Charlotte, NC 28210</u>												
In the event of a claim, notify: Peninsula Insurance Bureau, 2842 Lent Road, Apopka, FL 32712; Email <a href="mailto:tpa@pbadjusters.com">tpa@pbadjusters.com</a>													
State stamp if applicable													

Forms attached hereto:

**FORMS APPLICABLE TO Common Forms**

LMA 5219 -- TRIA - Not Purchased Clause  
SRU-001 0114 -- Property Declarations - Participating  
Certain Underwriters At Lloyd's Syndicate List  
SLC-3 (USA) 2014 -- Policy terms specific to various supporting insurers to this policy  
SRU-023 0119 -- Contract Allocation Endorsement - SRU-CA  
SRU-023 0119 SUP 4 -- Company Codes  
SRU-003 0118 -- AmWINS Property Form 2018  
SRU-021 0116 -- Earthquake Excluding Sprinkler Leakage Endorsement  
SRU-004 0710 -- CAT Minimum Earned Premium  
SRU-005 0710 -- Electronic Date Recognition Exclusion EDRE  
SRU-006 0710 -- Biological Or Chemical Materials Exclusion  
SRU-007 0710 -- Radioactive Contamination Exclusion Clause - Physical Damage Direct USA  
SRU-008 0710 -- Land Water and Air Exclusion  
SRU-009 0710 -- Seepage And/Or Pollution And/Or Contamination Exclusion  
SRU-011 0710 -- Asbestos Endorsement  
SRU-012 0710 -- Electronic Data Endorsement B  
NMA 2918 -- War and Terrorism Exclusion Endorsement  
SRU-014 1017 -- Flood Exclusion  
SRU-016 0710 -- Occurrence Limit of Liability - Stated Value  
SRU-043 0813 -- Equipment Breakdown Coverage Form  
SRU-044 1112 -- Equipment Breakdown - Sublimits Deductibles  
SRU-024 0710 -- Protective Safeguards - Fire Endorsement  
SRU-027 0710 -- Time Element Business Income Extra Expense And Rental Value Options  
SRU-037 0118 -- Water Back-Up And Sump Overflow - Aggregate Limit  
SRU-038 0911 -- Additional Coverage Endorsement - Wind Driven Precipitation  
SRU-040 0312 -- Policy Changes2  
SRU-053 0115 -- Mold Mildew & Fungus Clause and Microorganism Exclusion  
SRU-068 0917 -- Pre-Existing Damage Exclusion Endorsement  
SRU-059 0116 -- OFAC Endorsement  
LMA 5021 -- Applicable Law USA  
LMA 3100 -- Sanction Limitation and Exclusion Clause  
PROPERTY LOSS NOTICE -- Property Loss Notice

**FORMS APPLICABLE TO General Security Indemnity Co. of AZ ONLY**

SRU-040 0312 Policy Changes 1 - SCOR SERVICE OF SUIT CLAUSE

## CERTAIN UNDERWRITERS AT LLOYD'S SYNDICATE LIST

If Certain Underwriters at Lloyd's of London are listed as security on the Contract Allocation Endorsement attached to the policy, the list of syndicates is shown below:

Account Number: S-1811-583686-01

UMR Number: B123019AWS1637

Certificate Number: AQS- 190065

Syndicate Number	Syndicate Abbreviation
0510	KLN
2987	BRT
2988	BRT
1458	RNR
1200	AMA
1686	AXS
2003	XLC
5000	TRV
0033	HIS
1183	TAL
1861	ATL
4444	CNP
2001	AML
1886	QBE
2623	AFB
0623	AFB

UMR Number: B123019AWS1095

Certificate Number: AOP-190029

Syndicate Number	Syndicate Abbreviation
0510	KLN

**Policy terms specific to various supporting insurers to this policy:  
Underwriters at Lloyd's**

**SLC-3 (USA) This Insurance** is effected with certain Underwriters at Lloyd's, London.

**This Certificate** is issued in accordance with the limited authorization granted to the Correspondent by certain Underwriters at Lloyd's, London whose syndicate numbers and the proportions underwritten by them can be ascertained from the office of the said Correspondent (such Underwriters being hereinafter called "Underwriters") and in consideration of the premium specified herein, Underwriters hereby bind themselves severally and not jointly, each for his own part and not one for another, their Executors and Administrators.

**The Assured** is requested to read this Certificate, and if it is not correct, return it immediately to the Correspondent for appropriate alteration.

**Certificate Provisions**

1. **Signature Required.** This Certificate shall not be valid unless signed by the Correspondent on the attached Declaration Page.
2. **Correspondent Not Insurer.** The Correspondent is not an Insurer hereunder and neither is nor shall be liable for any loss or claim whatsoever. The Insurers hereunder are those Underwriters at Lloyd's, London whose syndicate numbers can be ascertained as hereinbefore set forth. As used in this Certificate "Underwriters" shall be deemed to include incorporated as well as unincorporated persons or entities that are Underwriters at Lloyd's, London.
4. **Assignment.** This Certificate shall not be assigned either in whole or in part without the written consent of the Correspondent endorsed hereon.
5. **Attached Conditions Incorporated.** This Certificate is made and accepted subject to all the provisions, conditions and warranties set forth herein, attached or endorsed, all of which are to be considered as incorporated herein.
6. **Cancellation.** If this Certificate provides for cancellation and this Certificate is cancelled after the inception date, earned premium must be paid for the time the insurance has been in force.

**A. CLAIMS ADJUSTMENTS AND REPORTING**

All claims hereunder shall be adjusted by:

Peninsula Insurance Bureau  
2842 Lent Road, Apopka, FL 32712  
Email Address: tpa@pibadjusters.com

And/or its assigned adjusters and the costs of such adjustments shall be borne by each Company in proportion to its pro-rata participation in the Insured's Property Insurance Program.

In the event the Company elects to use its own adjusters or independent adjusters or consultants other than as listed above, expenses so incurred shall be borne solely by the Company.

It is further understood and agreed that, notwithstanding any provision contained elsewhere in this policy to the contrary, the Insured will be deemed to be in full compliance with any claim notice requirements, if notice of an occurrence is made to the Company(s) as soon as practicable after knowledge by the Insured or their representatives, that such occurrence will, or is likely to result in a claim under the contract. Any unintentional failure to report any occurrence or claim shall not invalidate coverage with respect any such occurrence or claim.

#### **B. SEVERAL LIABILITY NOTICE**

The liability of an insurer under this contract is several and not joint with other insurers party to this contract. An insurer is liable only for the proportion of liability it has underwritten. An insurer is not jointly liable for the proportion of liability underwritten by any other insurer. Nor is an insurer otherwise responsible for any liability of any other insurer that may underwrite this contract.

The proportion of liability under this contract underwritten by an insurer (or, in the case of a Lloyd's syndicate, the total of the proportions underwritten by all the members of the syndicate taken together) is shown in this contract.

In the case of a Lloyd's syndicate, each member of the syndicate (rather than the syndicate itself) is an insurer. Each member has underwritten a proportion of the total shown for the syndicate (that total itself being the total of the proportions underwritten by all the members of the syndicate taken together). The liability of each member of the syndicate is several and not joint with other members. A member is liable only for that member's proportion. A member is not jointly liable for any other member's proportion. Nor is any member otherwise responsible for any liability of any other insurer that may underwrite this contract. The business address of each member is Lloyd's, One Lime Street, London EC3M 7HA. The identity of each member of a Lloyd's syndicate and their respective proportion may be obtained by writing to Market Services, Lloyd's, at the above address.

Although reference is made at various points in this clause to "this contract" in the singular, where the circumstances so require this should be read as a reference to contracts in the plural.

LMA5096 (Combined Certificate)

7 March 2008

#### **C. SERVICE OF SUIT CLAUSE (U.S.A) (NMA 2868)**

It is agreed that in the event of the failure of the Underwriters hereon to pay any amount claimed to be due hereunder, the Underwriters hereon, at the request of the Insured, will submit to the jurisdiction of a Court of competent jurisdiction within the United States. Nothing in this clause constitutes or should be understood to constitute a waiver of Underwriters' rights to commence an action in any Court of competent jurisdiction in the United States, to remove an action to a United States District Court, or to seek a transfer of a case to another Court as permitted by the laws of the United States or of any State in the United States. It is further agreed that service of process in such suit may be made upon

If the cause of action arises in California:  
Eileen Ridley  
FLWA Service Corp. c/o Foley & Lardner LLP  
555 California Street, Suite 1700  
San Francisco, CA 94104-1520

If the cause of action arises in any other state:  
Mendes and Mount, LLP  
750 Seventh Avenue  
New York, New York 10019-6829

and that in any suit instituted against any one of them upon this Policy, Underwriters will abide by the final decision of such Court or of any Appellate Court in the event of an appeal.

The above-named are authorized and directed to accept service of process on behalf of Underwriters in any such suit and/or upon the request of the Insured to give a written undertaking to the Insured that they will enter a general appearance upon Underwriters' behalf in the event such a suit shall be instituted.

Further, pursuant to any statute of any state, territory or district of the United States which makes provision therefore, Underwriters hereon hereby designate the Superintendent, Commissioner or Director of Insurance or other officer specified for that purpose in the statute, or his successor or successors in office, as their true and lawful attorney upon whom may be served any lawful process in any action, suit or proceeding instituted by or on behalf of the Insured or any beneficiary hereunder arising out of this Policy, and hereby designate the person(s) or firm stated in Item 13 of the Schedule as the person to whom the said officer is authorized to mail such process or a true copy thereof.

**D. Short Rate Cancellation.**

If the attached provisions provide for cancellation, the table below will be used to calculate the short rate proportion of the premium when applicable under the terms of cancellation.

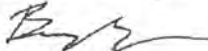
Days Insurance In Force	Per Cent of one year Premium	Days Insurance In Force	Per Cent of one year Premium	Days Insurance In Force	Per Cent of one year Premium	Days Insurance In Force	Per Cent of one year Premium
1	5%	66 - 69	29%	154 - 156	53%	256 - 260	77%
2	6	70 - 73	30	157 - 160	54	261 - 264	78
3 - 4	7	74 - 76	31	161 - 164	55	265 - 269	79
5 - 6	8	77 - 80	32	165 - 167	56	270 - 273 ( 9 mos )	80
7 - 8	9	81 - 83	33	168 - 171	57	274 - 278	81
9 - 10	10	84 - 87	34	172 - 175	58	279 - 282	82
11 - 12	11	88 - 91 ( 3 mos )	35	176 - 178	59	283 - 287	83
13 - 14	12	92 - 94	36	179 - 182 ( 6 mos )	60	288 - 291	84
15 - 16	13	95 - 98	37	183 - 187	61	292 - 296	85
17 - 18	14	99 - 102	38	188 - 191	62	297 - 301	86
19 - 20	15	103 - 105	39	192 - 196	63	302 - 305 ( 10 mos )	87
21 - 22	16	106 - 109	40	197 - 200	64	306 - 310	88
23 - 25	17	110 - 113	41	201 - 205	65	311 - 314	89
26 - 29	18	114 - 116	42	206 - 209	66	315 - 319	90
30 - 32 ( 1 mos )	19	117 - 120	43	210 - 214 ( 7 mos )	67	320 - 323	91
33 - 36	20	121 - 124 ( 4 mos )	44	215 - 218	68	324 - 328	92
37 - 40	21	125 - 127	45	219 - 223	69	329 - 332	93
41 - 43	22	128 - 131	46	224 - 228	70	333 - 337 ( 11 mos )	94
44 - 47	23	132 - 135	47	229 - 232	71	338 - 342	95
48 - 51	24	136 - 138	48	233 - 237	72	343 - 346	96
52 - 54	25	139 - 142	49	238 - 241	73	347 - 351	97
55 - 58	26	143 - 146	50	242 - 246 ( 8 mos )	74	352 - 355	98
59 - 62 ( 2 mos )	27	147 - 149	51	247 - 250	75	356 - 360	99
63 - 65	28	150 - 153 ( 5 mos )	52	251 - 255	76	361 - 365 ( 12 mos )	100

Rules applicable to insurance with terms less than or more than one year:

- A. If insurance has been in force for one year or less, apply the short rate table for annual insurance to the full annual premium determined as for insurance written for a term of one year.
- B. If insurance has been in force for more than one year:
  1. Determine full annual premium as for insurance written for a term of one year.
  2. Deduct such premium from the full insurance premium, and on the remainder calculate the pro rata earned premium on the basis of the ratio of the length of time beyond one year the insurance has been in force to the length of time beyond one year for which the policy was originally written.
  3. Add premium produced in accordance with Items (1) and (2) to obtain earned premium during full period insurance has been in force.

# Policy Changes

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

POLICY NUMBER(S): TR00093911900065	POLICY CHANGES EFFECTIVE: 1/15/2019  POLICY CHANGE NO. 1	COMPANY(S): General Security Indemnity Company of Arizona
NAMED INSURED: A Tebele & Sons ETAL		AUTHORIZED REPRESENTATIVE: 

It is hereby agreed and understood that the following change(s) are made to this policy:

**With Respect to the Coverage provided by:**  
 General Security Indemnity Company of Arizona

THE FOLLOWING APPLICABLE CLAUSE SHALL APPLY TO THE INDICATED COMPANY, PROVIDED THAT THE COMPANY IS PARTICIPATING ON THE POLICY:

### Service of Suit Clause

In the event of the failure of the Company to pay any amount claimed to be due hereunder, the Company, at the request of the Insured, shall submit to the jurisdiction of a court of competent jurisdiction within the United States. Nothing in this Clause constitutes or should be understood to constitute a waiver of the Company's rights to commence an action in any court of competent jurisdiction in the United States, to remove an action to a United States District Court, or to seek a transfer of a case to another court as permitted by the laws of the United States or of any state in the United States. The Company, once the appropriate court is selected, whether such court is the one originally chosen by the Insured and accepted by the Company or is determined by removal, transfer, or otherwise, as provided for above, shall comply with all requirements necessary to give said court jurisdiction and, in any suit instituted against the Company, shall abide by the final decision of such court or of any appellate court in the event of an appeal.

Service of process in such suit may be made upon:

General Security Indemnity Company of Arizona  
 One Seaport Plaza  
 199 Water Street  
 New York, NY 10038-3526  
 Attn: Maxine Verne, General Legal Counsel

Further, pursuant to any statute of any state, territory, or district of the United States that makes provision thereof, the Company hereby designates the Superintendent, Commissioner or Director of Insurance, or other officer specified for that purpose in the statute, or his successor or successors in office, as its true and lawful attorney upon whom may be served any lawful process in any action, suit or proceeding instituted by or on behalf of the Insured or any beneficiary hereunder arising out of this Contract of Insurance, and hereby designates the above-named as the person to whom the said officer is authorized to mail such process or a true copy thereof

## Contract Allocation Endorsement - SRU-CA

This Insurance is effected with certain insurance underwriters (hereinafter called the "Underwriters"). The following words shall be deemed to be synonymous: "Underwriters", "Insurers", and "Company".

The liability by each "Underwriter" on this contract with the Insured is limited to the participation amount shown in the schedule below. The liability of each separate contract listed and for each "underwriter" represented thereby for any loss or losses or amounts payable is several as to each and shall not exceed its participation percentage shown below and there is no joint liability amounts payable is several as to each and shall not exceed its participation percentage shown below and there is no joint liability of any "Underwriters" pursuant to this contract. An "Underwriter" shall not have its liability hereunder increased or decreased by reason of failure or delay of another "underwriter", its successors, assigns, or legal representatives. Any loss otherwise payable under the provisions of the attached policy that exceeds the allocation of "Risk" as defined herein shall be borne proportionately by the contracts as to their limit of liability at the time and place of the loss bears to the total allocated limits herein.

This contract shall be constructed as a separate contract between the insured and each of the "Underwriters". This evidence of coverage consists of separate sections of a composite insurance for all Underwriter's at Lloyds combined and separate policies issued by the insurance company(ies), all as identified below. This evidence of coverage does not constitute in any manner or form a joint certificate of coverage by Underwriters at Lloyd's with any other insurance company(ies).

In Witness whereof, the following "Underwriters" execute and attest these presents, and subscribe for the amount of insurance provided. The security is as noted below

Layer of Participation	Attachment Point	Perils	Contract #	Company Code	Policy # Certificate #	%	Participation
5,000	deductible	AOP excl. NW, EQ, FL	B123019AWS1085	Lloyd's	AOP-190029		5,000
22,150,400	5,000	AOP excl. NW, EQ, FL	B123019AWS1637-1	Lloyd's	AQS-190065	27.04%	5,988,913
22,150,400	5,000	AOP excl. NW, EQ, FL	B123019AWS1637-2	Lloyd's	AQS-190065	4.33%	958,775
22,150,400	5,000	AOP excl. NW, EQ, FL	B123019AWS1637-3	Lloyd's	AQS-190065	0.22%	48,188
22,150,400	5,000	AOP excl. NW, EQ, FL	B123019AWS1637-4	Lloyd's	AQS-190065	1.08%	239,278
22,150,400	5,000	AOP excl. NW, EQ, FL	B123019AWS1637-5	Lloyd's	AQS-190065	4.87%	1,078,171
22,150,400	5,000	AOP excl. NW, EQ, FL	B123019AWS1637-6	Lloyd's	AQS-190065	5.30%	1,174,525
22,150,400	5,000	AOP excl. NW, EQ, FL	B123019AWS1637-7	Lloyd's	AQS-190065	1.23%	272,511
22,150,400	5,000	AOP excl. NW, EQ, FL	B123019AWS1637-8	Lloyd's	AQS-190065	1.51%	335,654
22,150,400	5,000	AOP excl. NW, EQ, FL	B123019AWS1637-9	Lloyd's	AQS-190065	2.16%	478,557
22,150,400	5,000	AOP excl. NW, EQ, FL	B123019AWS1637-10	Lloyd's	AQS-190065	3.25%	719,497
22,150,400	5,000	AOP excl. NW, EQ, FL	B123019AWS1637-11	Lloyd's	AQS-190065	2.71%	599,857
22,150,400	5,000	AOP excl. NW, EQ, FL	B123019AWS1637-12	Lloyd's	AQS-190065	2.16%	478,557
22,150,400	5,000	AOP excl. NW, EQ, FL	B123019AWS1637-13	Lloyd's	AQS-190065	2.71%	599,857
22,150,400	5,000	AOP excl. NW, EQ, FL	B123019AWS1637-14	Lloyd's	AQS-190065	3.25%	719,497
22,150,400	5,000	AOP excl. NW, EQ, FL	B123019AWS1637-15	Lloyd's	AQS-190065	1.07%	235,955
22,150,400	5,000	AOP excl. NW, EQ, FL	B123019AWS1637-16	Lloyd's	AQS-190065	0.23%	51,511
22,150,400	5,000	AOP excl. NW, EQ, FL	B123019AWS1638	HDI	HAQS-190065	11.89%	2,634,790
22,155,400	deductible	EQ		Scor	TR00093911900065	25.00%	5,537,600
22,155,400	deductible	EQ	B123019AWS1637-1	Lloyd's	AQS-190065	27.04%	5,990,287
22,155,400	deductible	EQ	B123019AWS1637-2	Lloyd's	AQS-190065	4.33%	958,775
22,155,400	deductible	EQ	B123019AWS1637-3	Lloyd's	AQS-190065	0.22%	48,188
22,155,400	deductible	EQ	B123019AWS1637-4	Lloyd's	AQS-190065	1.08%	239,278
22,155,400	deductible	EQ	B123019AWS1637-5	Lloyd's	AQS-190065	4.87%	1,078,414
22,155,400	deductible	EQ	B123019AWS1637-6	Lloyd's	AQS-190065	5.30%	1,174,790
22,155,400	deductible	EQ	B123019AWS1637-7	Lloyd's	AQS-190065	1.23%	272,511
22,155,400	deductible	EQ	B123019AWS1637-8	Lloyd's	AQS-190065	1.51%	335,654
22,155,400	deductible	EQ	B123019AWS1637-9	Lloyd's	AQS-190065	2.16%	478,557
22,155,400	deductible	EQ	B123019AWS1637-10	Lloyd's	AQS-190065	3.25%	719,497
22,155,400	deductible	EQ	B123019AWS1637-11	Lloyd's	AQS-190065	2.71%	599,857
22,155,400	deductible	EQ	B123019AWS1637-12	Lloyd's	AQS-190065	2.16%	478,557
22,155,400	deductible	EQ	B123019AWS1637-13	Lloyd's	AQS-190065	2.71%	599,857
22,155,400	deductible	EQ	B123019AWS1637-14	Lloyd's	AQS-190065	3.25%	719,497
22,155,400	deductible	EQ	B123019AWS1637-15	Lloyd's	AQS-190065	1.06%	235,955
22,155,400	deductible	EQ	B123019AWS1637-16	Lloyd's	AQS-190065	0.23%	51,511
22,155,400	deductible	EQ	B123019AWS1638	HDI	HAQS-190065	11.90%	2,635,385
22,155,400	deductible	NW		Scor	TR00093911900065	25.00%	5,538,850
22,155,400	deductible	NW	B123019AWS1637-1	Lloyd's	AQS-190065	27.04%	5,990,287
22,155,400	deductible	NW	B123019AWS1637-2	Lloyd's	AQS-190065	4.33%	958,775
22,155,400	deductible	NW	B123019AWS1637-3	Lloyd's	AQS-190065	0.22%	48,188
22,155,400	deductible	NW	B123019AWS1637-4	Lloyd's	AQS-190065	1.08%	239,278
22,155,400	deductible	NW	B123019AWS1637-5	Lloyd's	AQS-190065	4.87%	1,078,414
22,155,400	deductible	NW	B123019AWS1637-6	Lloyd's	AQS-190065	5.30%	1,174,790
22,155,400	deductible	NW	B123019AWS1637-7	Lloyd's	AQS-190065	1.23%	272,511
22,155,400	deductible	NW	B123019AWS1637-8	Lloyd's	AQS-190065	1.51%	335,654
22,155,400	deductible	NW	B123019AWS1637-9	Lloyd's	AQS-190065	2.16%	478,557
22,155,400	deductible	NW	B123019AWS1637-10	Lloyd's	AQS-190065	3.25%	719,497
22,155,400	deductible	NW	B123019AWS1637-11	Lloyd's	AQS-190065	2.71%	599,857
22,155,400	deductible	NW	B123019AWS1637-12	Lloyd's	AQS-190065	2.16%	478,557
22,155,400	deductible	NW	B123019AWS1637-13	Lloyd's	AQS-190065	2.71%	599,857
22,155,400	deductible	NW	B123019AWS1637-14	Lloyd's	AQS-190065	3.25%	719,497
22,155,400	deductible	NW	B123019AWS1637-15	Lloyd's	AQS-190065	1.06%	235,955
22,155,400	deductible	NW	B123019AWS1637-16	Lloyd's	AQS-190065	0.23%	51,511
22,155,400	deductible	NW	B123019AWS1638	HDI	HAQS-190065	11.90%	2,635,385
22,155,400	deductible	NW		Scor	TR00093911900065	25.00%	5,538,850

"If 'NW CYHD' applies, per terms outlined in SRU-058, upon exhaustion of the WDBB aggregate limit in the first or second calendar year, the Layer of Participation reverts back to the full layer amount and the Attachment Point reverts back to the trailing deductible. Upon reinstatement as of Jan 01 of the second calendar year, the Layer of Participation and Attachment are as listed as above.

Perils are further defined in the primary policy language or as per applicable forms attached to this policy. Symbols used above are defined as follows:

**Company Codes:**

Lloyds - Certain Underwriters at Lloyd's of London  
HDI - HDI Global Specialty SE  
Hannover - International Insurance Company of Hannover SE  
Scor - General Security Indemnity Company of Arizona  
Munich - The Princeton Excess and Surplus Lines Insurance Company (PESLIC)  
QBE - QBE Specialty Insurance Company, a North Dakota corporation

**Perils:**

AOP- All Other Perils  
NW - Named Wind Storm  
W/H - Wind/Hail Only  
SS - Storm Surge  
DIC- Difference in Conditions  
EQ- Earthquake Only  
EM - Earth Movement Only  
EQ/EQSL- Earthquake Including Earthquake Sprinkler Leakage  
EM/EMSL - Earth Movement Including Earth Movement Sprinkler Leakage  
FL- flood only  
NW CYHD - Named Wind Storm (Calendar Year Hurricane Deductible)

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**★AmWINS**

**SPECIAL RISK UNDERWRITERS**

**AmWINS PROPERTY FORM**

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**PROPERTY DAMAGE COVERAGE SCHEDULE**

**A. Premium**

The premium shown herein is the premium for the Policy Term and based on the values submitted at inception. We will charge additional premium for values added after the inception date based on those values and the appropriate rates for the exposures added. We may return premium for values sold after the inception date based upon the appropriate rates for exposures sold.

A minimum earned premium of 35.00% or the percentage shown in CAT Minimum Earned Endorsement (SRU-004), if shown as applicable, applies.

**B. Policy Territory**

This policy covers loss or damage occurring in the 50 states of the United States of America and the District of Columbia.

**C. "Insured Location"**

The coverages under this policy apply to an "insured location" unless otherwise provided.

An "insured location" is a "location" within the Policy Territory and:

1. listed on the Schedule of Locations attached to this policy or listed on the latest schedule on file with us; or
2. covered under the terms and conditions of the Property Off-Premises coverage extension; or
3. covered under the terms and conditions of the Miscellaneous Unnamed Locations coverage extension; or
4. covered under the terms and conditions of the Newly Acquired Property coverage extension.

**D. Coinsurance**

Building	80%
Personal Property	80%
Business Income	80%
Rental Value	N/A

**E. Limit of Liability**

We shall not be liable for more than US\$ 22,155,400 in any one "occurrence" regardless of the number of "locations" or coverages involved.

**Sub-Limits of Liability**

The sub-limits of liability as specified under this provision, or any other part this policy or the endorsements attached hereto, are part of and not in addition to the Limit of Liability. These sub-limits do not increase the Limit of Liability or any other sub-limit. We shall not be liable for more than the sub-limit specified.

When a sub-limit is shown as "in the aggregate", our maximum limit of liability will not exceed such limit during the term of the policy.

When a sub-limit applies to property that sub-limit also applies to any "time element" coverage associated with that property.

When a sub-limit is shown as No Coverage, it means that no coverage is provided for that aspect of the policy to which that sub-limit applies.

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Sub-limits of Liability:		All are per "occurrence" (unless shown as in the aggregate) and are part of, not in addition to, the Limit of Liability.	
PROPERTY DAMAGE COVERAGE - Extensions of Coverage			
1.	Accounts Receivable	\$25,000	
2.	Debris Removal	25% of loss or \$2,500,000 per occurrence, whichever is less	
3.	Electronic Data Processing Equipment Breakdown	No Coverage	
4.	"Electronic Data Processing Media" Breakdown	No Coverage	
5.	Expediting Expenses	\$10,000	
6.	Fine Arts	\$2,500	
7.	Fire Department Service Charge	\$1,000	
8.	Limited Coverage for "Fungus", Wet Rot, Dry Rot and "Bacteria"	No Coverage	
9.	Miscellaneous Unnamed Locations	No Coverage	
10.	Newly Acquired Property	\$100,000	
11.	Ordinance or Law	I. Included	II. & III. \$1,000,000 (combined)
12.	Outdoor Property	No Coverage	
13.	Pollutant Clean Up and Removal	No Coverage	
14.	Preservation of Property	\$25,000	
15.	Professional Fees	\$25,000	
16.	Property Off-Premises	\$25,000	
17.	Property in Transit	No Coverage	
18.	Service Interruption	\$25,000	
19.	Valuable Papers and Records	\$25,000	
Time Element Coverage			
1.	Business Income	Included	
2.	Extra Expense	\$10,000	
3.	Leasehold Interest	\$10,000	
4.	Rental Value	Included	

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Time Element Coverage - Extensions of Coverage			
1.	Civil Authority	\$25,000	
2.	Contingent Business Income	No Coverage	
3.	Extended Period of Indemnity	30 days	
4.	Ingress or Egress	\$25,000	
5.	Newly Acquired Property	\$100,000	
6.	Service Interruption	\$10,000	
Endorsement - Extensions of Coverage			
1.	Earthquake	\$22,155,400	In the annual aggregate
2.	Flood	No Coverage	In the annual aggregate

**F. Deductibles**

All losses, damages, or expenses arising out of a single "occurrence" shall be adjusted separately and we will be liable only if you sustain a loss in a single "occurrence" greater than the applicable deductible specified below.

1.	For each and every loss or damage to Covered Property to all "locations", except as specifically stated below or in endorsements attached to this policy.	\$5,000
2.	Named Storm	1% per Scheduled Total Insurable Values, PER BUILDING, subject to \$25,000 minimum per Occurrence
3.	Wind Driven Precipitation	1% per Scheduled Total Insurable Values, PER BUILDING, subject to \$25,000 minimum per Occurrence
4.	All Other Wind/Hail	\$10,000 per Occurrence
5.	Earthquake	2% per Scheduled Total Insurable Values, PER BUILDING, subject to \$25,000 minimum per Occurrence

**G. Application of Deductibles**

Except as may be more specifically otherwise stated in this policy, deductibles will be applied according to the following provisions. For the purposes of applying these provisions, "specific type of coverage" shall mean those coverage(s) under Property Damage Coverage or any Time Element coverage and "specific type of property" shall mean a type of property (building or personal property) or as more specifically described in a deductible.

1. Stated percentage deductibles, dollar deductibles, time exclusion or Average Daily Value deductibles which are related to a specific type of coverage or a specific type of property shall be deducted separately with respect to each such coverage or property. If two or more separate deductible amounts apply to the same specific type of coverage or to the same specific type of property, the total to be deducted shall be the largest applicable deductible amount.
2. Deductibles which are not designated as applying to a specific type of coverage or a specific type of property are combined deductibles and shall be deducted from the total loss from all applicable coverages.
3. Except as otherwise stated in the policy, if loss arising out of one "occurrence" is subject to any combination of deductibles, then the amount to be deducted shall be the larger of the deductible amounts as provided for in 1. above, or the largest applicable combined deductible.
4. The deductible amount(s) as determined above shall be deducted from the total loss you suffer arising out of one "occurrence" regardless of the number of "locations" involved, except as otherwise stated in the policy.
5. If a time deductible is designated, we will not be liable for any loss under that coverage that occurs during the specified time period immediately following the loss.
6. When the value of property insured is used in the calculation of a deductible, that value shall be determined according to the valuation provisions contained in this policy.

**H. Language**

Throughout this policy the words "you" and "your" refer to the Named Insured shown in the DECLARATIONS. The words "we", "us" and "our" refer to the Company providing this insurance.

**PROPERTY DAMAGE COVERAGE**

**A. Coverage**

We will pay for direct physical loss of or damage to Covered Property at an "insured location" caused by or resulting from any Covered Cause of Loss.

**1. Covered Property**

Covered Property, as used in this policy, means the type of property described in this section, **A.1.**, and limited in **A.2.**, Property Not Covered.

- a. Building, meaning a building or structure at an "insured location", including:
  - (1) Completed additions;
  - (2) Fixtures, including outdoor fixtures;
  - (3) Permanently installed:
    - a. Machinery and
    - b. Equipment;
  - (4) Personal property owned by you that is used to maintain or service the building or structure or its premises, including:
    - a. Fire extinguishing equipment;
    - b. Outdoor furniture;
    - c. Floor coverings; and
    - d. Appliances used for refrigerating, ventilating, cooking, dishwashing or laundering;
  - (5) If not covered by other insurance:
    - a. Additions under construction, alterations and repairs to the building or structure;
    - b. Materials, equipment, supplies and temporary structures, on or within 250 feet of an "insured location", used for making additions, alterations or repairs to the building or structure.
- b. Your Business Personal Property located in or on a building at an "insured location" or in the open (or in a vehicle) within 250 feet of an "insured location", consisting of the following:
  - (1) Furniture and fixtures;
  - (2) Machinery and equipment;
  - (3) "Stock";
  - (4) All other personal property owned by you and used in your business;
  - (5) Labor, materials or services furnished or arranged by you on personal property of others;
  - (6) Your use interest as a tenant in improvements and betterments. Improvements and betterments are fixtures, alterations, installations or additions:
    - a. Made a part of the building or structure you occupy but do not own; and
    - b. You acquired or made at your expense but cannot legally remove;
  - (7) Leased personal property for which you have a contractual responsibility to insure, unless otherwise provided for under Personal Property of Others.

c. Personal Property of Others that is:

- (1) In your care, custody or control; and
- (2) Located in or on a building at an "insured location" or in the open (or in a vehicle) within 250 feet of an "insured location".

However, our payment for loss of or damage to personal property of others will only be for the account of the owner of the property.

2. Property Not Covered

Unless provided in B. Extensions of Coverages, or Included in the Statement of Values for which a premium is charged, Covered Property does not include

- a. Accounts, bills, currency, food stamps or other evidences of debt, "money", notes or "securities" or any other documents having a negotiable or market value. Lottery tickets held for sale are not "securities";
- b. Animals;
- c. Automobiles held for sale;
- d. Bridges, roadways, walks, patios or other paved surfaces;
- e. Contraband, or property in the course of illegal transportation or trade;
- f. The cost of excavations, grading, backfilling or filling;
- g. Foundations of buildings, structures, machinery or boilers if their foundations are below:
  - (1) The lowest basement floor; or
  - (2) The surface of the ground, if there is no basement;
- h. Land (including land on which the property is located), water, growing crops or lawns;
- i. Personal property while airborne or waterborne;
- j. Bulkheads, pilings, piers, wharves or docks;
- k. Property that is covered under any other policy in which it is more specifically described, except for the excess of the amount due (whether you can collect on it or not) from that other insurance;
- l. Retaining walls that are not part of a building;
- m. Underground pipes, flues or drains;
- n. Valuable papers and records include but are not limited to proprietary information, books of account, deeds, manuscripts, abstracts, drawings and card index systems;
- o. Vehicles or self-propelled machines (including aircraft or watercraft) that:
  - (1) Are licensed for use on public roads; or
  - (2) Are operated principally away from "insured locations".

This paragraph does not apply to:

  - Vehicles or self-propelled machines or autos you manufacture, process or warehouse;
  - Vehicles or self-propelled machines other than autos, you hold for sale;
  - Rowboats or canoes out of water at "insured locations"; or Trailers.
- p. The following property while outside of buildings:
  - (1) Grain, hay, straw or other crops;

- (2) Fences, radio or television antennas (including satellite dishes) and their lead-in wiring, masts or towers, signs (other than signs attached to buildings), trees, shrubs or plants (other than "stock" of trees, shrubs or plants).

**B. Extensions of Coverage**

This policy includes the following extensions of coverage. These extensions of coverage will not increase the Limit of Liability of this policy and are subject to the applicable sub-limit and policy provisions, including applicable exclusions and deductibles.

**1. Accounts Receivable**

This policy, subject to the following provisions, is extended to cover the following loss when such loss is caused by direct physical damage from Covered Cause of Loss to accounts receivable records at an "insured location".

**a. Type of Loss Covered**

- (1) All sums due you from customers, provided you are unable to effect collection thereof as the direct result of loss of or damage to records of accounts receivable;
- (2) Interest charges on any loan to offset impaired collections pending repayment of such sums made uncollectible by such loss or damage;
- (3) Collection expense in excess of "normal" collection cost and made necessary because of such loss or damage;
- (4) Other expenses, when reasonably incurred by you in re-establishing records of accounts receivable following such loss or damage.

**b. Additional Exclusions - This extension does not insure against loss:**

- (1) due to bookkeeping, accounting or billing errors or omissions;
- (2) which requires an audit of records or an inventory computation to prove its factual existence; but this shall not preclude the use of such procedures in support of claim for loss which you can prove, through evidence wholly apart therefrom, is due solely to a risk of loss to records of accounts receivable not otherwise excluded hereunder;
- (3) due to alteration, falsification, manipulation, concealment, destruction or disposal of records of accounts receivable committed to conceal the wrongful giving, taking, obtaining or withholding of money, securities or other property but only to the extent of such wrongful giving, taking, obtaining or withholding.

**c. Conditions**

- (1) We shall be permitted to inspect the premises and the receptacles in which the records of accounts receivable are kept by you, and to examine and audit your books and records at any time during the policy period and any extension thereof and within three (3) years after the final termination of this policy, as far as they relate to the premium bases or the subject matter of this extension, and to verify the statements of any outstanding record of accounts receivable submitted by you and the amount of recoveries of accounts receivable on which we have made any settlement.
- (2) After payment of loss, all amounts recovered by you on accounts receivable for which you have been indemnified shall belong and be paid to us by you up to the total amount of loss paid by us; but all recoveries in excess of such amounts shall belong to you.
- (3) When there is proof that a loss covered by this extension has occurred but you cannot accurately establish the total amount of accounts receivable outstanding as of the date of such loss, such amount shall be based on your monthly statements and shall be computed as follows:
  - a. determine the amount of all outstanding accounts receivable at the end of the same fiscal month in the year immediately preceding the year in which the loss occurs;

- b. calculate the percentage of increase or decrease in the average monthly total of accounts receivable for the twelve (12) months immediately preceding the month in which the loss occurs, or such part thereof for which you have furnished monthly statements to us, as compared with such average for the same months of the preceding year;
- c. the amount determined under a. above, increased or decreased by the percentage calculated under b. above, shall be the agreed total amount of accounts receivable as of the last day of the fiscal month in which said loss occurs;
- d. the amount determined under c. above shall be increased or decreased in conformity with the "normal" fluctuations in the amount of accounts receivable during the fiscal month involved, due consideration being given to the experience of the business since the last day of the last fiscal month for which statement has been rendered.

**d. Deductions**

There shall be deducted from the total amount of accounts receivable, however established, the amount of such accounts evidenced by records not lost or damaged, or otherwise established or collected by you, and an amount to allow for probable bad debts which would normally have been uncollectible by you. All unearned interest and service charges shall be deducted.

**2. Debris Removal**

- a. This policy is extended to cover your expense to remove debris of Covered Property at an "insured location" caused by or resulting from a Covered Cause of Loss that occurs during the policy period. The expenses will be paid only if they are reported to us in writing within 180 days of the date of direct physical loss or damage.
- b. Debris Removal does not apply to costs to:
  - (1) Extract "pollutants" from land or water; or
  - (2) remove, restore or replace polluted land or water.

**3. Electronic Data Processing Equipment Breakdown**

This policy is extended to cover direct physical loss or damage to covered electronic data processing equipment and component parts thereof while at an "insured location" and owned, leased or rented by you, or under your control and used by you to process information at "insured locations"; and which is caused by:

- a. Mechanical breakdown or machinery breakdown;
- b. Short circuit, blowout, or other electrical damage to electrical equipment, apparatus or devices, including wiring.

**4. "Electronic Data Processing Media" Breakdown**

This policy is extended to cover insured direct physical loss or damage to "electronic data processing media" that is:

- a. at an "insured location";
- b. used in your operations to process and store information at an "insured location"; and
- c. caused by: Mechanical breakdown or machinery breakdown; short circuit, blowout, or other electrical damage to electrical equipment, apparatus, or devices, including wiring.

**5. Expediting Expense**

This policy is extended to cover, the reasonable and necessary extra costs of temporary repair of direct physical loss or damage by a Covered Cause of Loss to Covered Property at an "insured location" and the extra costs of expediting the permanent repairs or permanent replacement of such damaged property, whichever is less. In no event shall these expediting expenses include expenses recoverable elsewhere in this policy or the cost of permanent repair or replacement of the damaged property.

**6. Fine Arts**

This policy is extended to cover direct physical loss of or damage to your "fine arts" and "fine arts" of others that are in your care, custody or control from any of the Covered Causes of Loss, provided that the "fine arts" are at an "insured location".

You agree that "fine arts" will be packed and unpacked by competent packers.

**7. Fire Department Service Charge**

When the fire department is called to save or protect Covered Property at an "insured location" from a Covered Cause of Loss, we will pay for your liability for fire department service charges:

- a. Assumed by contract or agreement prior to loss; or
- b. Required by local ordinance.

**8. Limited Coverage For "Fungus", Wet Rot, Dry Rot And "Bacteria"**

- a. This policy is extended to cover loss or damage to Covered Property directly caused by or resulting from "fungus", wet or dry rot, or "bacteria" if such "fungus", wet or dry rot, or "bacteria" is directly caused by or results from insured direct physical loss or damage.
- b. As applied to this limited coverage for loss or damage by "fungus", wet or dry rot, and "bacteria", "loss or damage" means:
  - (1) Direct physical loss or damages to Covered Property by "fungus", wet or dry rot or "bacteria", including the cost of removal of the "fungus", wet or dry rot or "bacteria";
  - (2) The cost to tear out and replace any part of the building or other property as needed to gain access to the "fungus", wet or dry rot or "bacteria"; and
  - (3) The cost of testing performed after removal, repair, replacement or restoration of the damaged property is completed, provided there is reason to believe that "fungus", wet or dry rot or "bacteria" are present.
- c. The sub-limit for this extension of coverage is an annual aggregate and applies regardless of the number or type of coverages that may apply, the number of "locations" to which this extension of coverage applies, or regardless of the number or type of "fungus", wet or dry rot, or "bacteria" that caused the loss or damage. With respect to a particular "occurrence" of loss which results in "fungus", wet or dry rot or "bacteria", we will not pay more than the sub-limit stated for this coverage in the PROPERTY DAMAGE COVERAGE SCHEDULE even if the "fungus", wet or dry rot or "bacteria" continues to be present or active, or recurs, in a later policy period.

**9. Miscellaneous Unnamed Locations**

This policy is extended to cover your property, of the type we cover in this policy, which is at a "location" within the Policy Territory, in which you had an insurable interest prior to the inception date of this policy and which is:

- a. not on the Schedule of Locations attached to this policy or listed on the latest schedule on file with us; or
- b. listed on the Schedule of Locations attached to this policy or the latest schedule on file with us but for which you have not submitted values and
- c. not covered under any other extension of coverage under of this policy.

**10. Newly Acquired Property**

- a. This policy is extended to apply to property that you acquire after the inception date of this policy provided that the property:
  - (1) is of the type we cover in this policy; and
  - (2) is at a "location" within the Policy Territory.
- b. No coverage is provided under this provision for property at fairs or exhibitions.

- c. Insurance under this Extension for each newly acquired "location" will end when any of the following first occurs:

- (1) 30 days expire after you acquire or begin to construct the property; or
- (2) You report values to us.

We will charge you additional premium for values reported from the date you acquire the property.

**11. Ordinance or Law**

- a. This policy is extended to provide the following coverage:

**(1) Coverage For Loss To The Undamaged Portion Of The Building**

With respect to the building at an "insured location" that has sustained covered direct physical damage, we will pay for the loss in value of the undamaged portion of the building, subject to the same basis of recovery which applies to the damaged portion of such building, as a consequence of enforcement of an ordinance or law that requires demolition of undamaged parts of the same building. The amount paid shall not include any greater cost of repair, replacement, construction or reconstruction due to the enforcement of any law or ordinance;

**(2) Demolition Cost Coverage**

With respect to the building at an "insured location" that has sustained covered direct physical damage, we will pay the cost to demolish the building and clear the site of undamaged parts of the same building, as a consequence of enforcement of an ordinance or law that requires demolition of such undamaged property.

Coinsurance does not apply to this coverage.

**(3) Increased Cost Of Construction Coverage**

- a. With respect to the building at an "insured location" that has sustained covered direct physical damage, if the basis of recovery is "repair or replacement cost", we will pay the increased cost, excess of (2) above to:

- (1) Repair or reconstruct damaged portions of that building; and/or
- (2) Reconstruct or remodel undamaged portions of that building, whether or not demolition is required;

when the increased cost is a consequence of enforcement of the minimum requirements of the ordinance or law.

However:

- (3) This coverage applies only if the restored or remodeled property is intended for similar occupancy as the current property, unless such occupancy is not permitted by zoning or land use ordinance or law.
  - (4) We will not pay for the increased cost of construction if the building is not repaired, reconstructed or remodeled.
- b. When a building is damaged or destroyed and coverage under this Increased Cost of Construction provision applies, coverage for the increased cost of construction also applies to repair or reconstruction of the following, subject to the same conditions stated in this Increased Cost of Construction provision:
- (1) The cost of excavations, grading, backfilling and filling;
  - (2) Foundation of the building;
  - (3) Pilings; and
  - (4) Underground pipes, flues and drains.

The items listed in b. (1) through b. (4) above are deleted from Property Not Covered, but only with respect to the coverage described in this Increased Cost of Construction provision.

Coinsurance does not apply to this coverage.

- b. The coverage in a. above applies only:
- (1) if the ordinance or law regulates the demolition, construction or repair of buildings, or establishes zoning or land use requirements at the "insured location" and is in force at the time of loss.
  - (2) in response to the minimum requirements of the ordinance or law. Losses and costs incurred in complying with recommended actions or standards that exceed actual requirements are not covered under this policy.
  - (3) If the building sustains direct physical damage that is covered under this policy and such damage results in enforcement of the ordinance or law described above.
- c. If the building sustains both direct physical damage that is covered under this policy and direct physical damage that is not covered under this policy, and the building damage in its entirety results in enforcement of the ordinance or law described in b. (1) above, we will not pay the full amount of loss otherwise payable under the terms of this Ordinance or Law provision. Instead, we will pay a proportion of such loss; meaning the proportion that the covered direct physical damage bears to the total direct physical damage.
- However, if the covered direct physical damage, alone, would have resulted in enforcement of the ordinance or law described in b. (1) above, then we will pay the full amount of loss otherwise payable under the terms of this Ordinance or Law provision.
- If the building sustains direct physical damage that is not covered, and such damage is the only subject of the ordinance or law, then there is no coverage under this extension of coverage even if the building has also sustained covered direct physical damage.
- d. Under this policy we will not pay for loss due to any ordinance or law that:
- (1) You were required to comply with before the loss, even if the building was undamaged; and
  - (2) You failed to comply with.
- e. Subject to the Sub-Limit of Liability for this Ordinance or Law Provision:
- (1) For the coverage provided in a. (2) above, we will not pay more than the amount you actually spend to demolish and clear the site of the "insured location".
  - (2) With respect to the coverage provided in a. (3) above:
    - a. We will not pay for the increased cost of construction:
      - i. Until the property is actually repaired or replaced, at the same or another premises; and
      - ii. Unless the repairs or replacement are made as soon as reasonably possible after the loss or damage, not to exceed two years. We may extend this period in writing during the two years.
    - b. If the building is repaired or replaced at the same premises, or if you elect to rebuild at another premises, the most we will pay for the increased cost of construction is the increased cost of construction at the same premises.
- f. If a building, group of buildings or a "location" is subject to a sub-limit, then any coverage under this extension of coverage for that unit of insurance is part of, and not in addition to, that sub-limit.
- g. We will not pay under this provision for:
- (1) Enforcement of any ordinance or law which requires the demolition, repair, replacement, reconstruction, remodeling or remediation of property due to contamination by "pollutants" or due to the presence, growth, proliferation, spread or any activity of "fungus", wet or dry rot or "bacteria"; or

- (2) The costs associated with the enforcement of any ordinance or law which requires any insured or others to test for, monitor, clean up, remove, contain, treat, detoxify or neutralize, or in any way respond to, or assess the effects of "pollutants", "fungus", wet or dry rot or "bacteria".

**12. Outdoor Property**

- a. Provided that such property is at an "insured location" or within 250 feet of an "insured location", this policy is extended to cover your outdoor fences, radio and television antennas (including satellite dishes), signs (other than signs attached to buildings), trees, shrubs and plants (other than "stock" of trees, shrubs or plants), including debris removal expense.
- b. Property covered under this endorsement is subject to all applicable provisions of the Covered Causes of Loss and Exclusions section, as well as to the following exclusions:

We will not pay for loss or damage caused by or resulting from any of the following:

- (1) Dampness or dryness of atmosphere;
- (2) Changes in or extremes of temperature;
- (3) Rain, snow, ice or sleet; or
- (4) Any auto, motorized vehicle or motorized equipment.

**13. Pollutant Clean Up And Removal**

- a. This policy is extended to cover your expense to extract "pollutants" from land or water at an "insured location" if the discharge, dispersal, seepage, migration, release or escape of the "pollutants" is caused by or results from a Covered Cause of Loss that occurs during the policy period. The expenses will be paid only if they are reported to us in writing within 180 days of the date on which the Covered Cause of Loss occurs.
- b. This extension does not apply to costs to test for, monitor or assess the existence, concentration or effects of "pollutants". But we will pay for testing which is performed in the course of extracting the "pollutants" from the land or water.
- c. The sub-limit for this extension is the most we will pay for the sum of all covered expenses arising out of Covered Causes of Loss occurring during each separate 12 month period of this policy.

**14. Preservation Of Property**

If it is necessary to move Covered Property from an "insured location" to preserve it from loss or damage by a Covered Cause of Loss, we will pay for any direct physical loss or damage to that property:

- a. While it is being moved or while temporarily stored at another "location" provided that such property is within the Policy Territory; and
- b. Only if the loss or damage occurs within 30 days after the property is first moved.

**15. Professional Fees**

This policy is extended to cover expenses incurred by you or your representatives including auditors, accountants, appraisers, architects, engineers or other such professionals for producing and certifying particulars or details of your business required by us in order to arrive at the loss payable under this policy in event of a claim. However, no coverage shall apply to expenses incurred for the services of public adjusters or attorneys, insurance agents or brokers, or loss appraisers, nor for services of your employees unless agreed to by us prior to the use of their services.

**16. Property Off-Premises**

- a. You may extend the insurance provided by this policy to apply to your Covered Property while it is away from an "insured location", if it is within the Policy Territory and:
- (1) Temporarily at a "location" you do not own, lease or operate; or
- (2) At any fair, trade show or exhibition.

- b. This extension does not apply to property:
  - (1) In or on a vehicle; or
  - (2) In the care, custody or control of your salespersons, unless the property is in such care, custody or control at a fair, trade show or exhibition.

**17. Property in Transit**

- a. This policy is extended to cover your personal property, including your interest in and your liability for personal property of others while in your custody, while such property is in due course of transit within the United States.
- b. This extension does not insure against loss or damage to:
  - (1) the conveyance used as the mode of transportation (including any part of equipment thereof) or containers;
  - (2) property insured under any marine import or export policy;
  - (3) property shipped by mail or parcel post from the time it passes into the custody of the Postal Service;
  - (4) property while waterborne except while on navigable inland waters of the United States;
  - (5) samples of "merchandise" while in the care, custody or control of your salesmen or sales representatives.
- c. This extension does not insure against loss:
  - (1) with respect to vehicles operated by you, by theft from a vehicle while unattended unless the portion of the vehicle containing the insured property is of entirely closed construction and, at the time of loss, the doors of which shall have been securely locked and the windows of which shall have been firmly closed, and the loss is a direct result of forcible entry of which there shall be visible evidence;
  - (2) due to any fraudulent, dishonest or criminal act or omission by you or a partner of yours; or by theft by any of your employees, while working or otherwise, or by any person to whom the property is entrusted, but this exclusion does not apply to property in the custody of a carrier for hire;
  - (3) resulting from interruption of business, delay, loss of market or use, or indirect or consequential loss of any kind;
  - (4) caused directly or indirectly by seizure or destruction under quarantine or customs regulations, confiscation by order of any government or public authority, or risks of contraband or illegal transportation or trade.
- d. Benefit to Bailee  
This extension shall not inure directly or indirectly to the benefit of any carrier or other bailee.
- e. As respects this extension, all subrogation provisions of this policy are superseded by the following:
  - (1) Any act or agreement by you before or after loss whereby your rights to recover in whole or in part for loss to property against any carrier for hire, bailee, or other party liable therefore, is released, impaired or lost, shall render this insurance null and void, but our right to retain or recover the premium shall not be affected. You, however, may, without prejudice to this insurance, accept the ordinary limited liability form receipts or bills of lading issued by carriers for hire. We are not liable for any loss which you settle or compromise without our written consent.
  - (2) Upon payment of any loss or advancement or loan of money concerning the same, you will, at our request and expense and through such counsel as we may designate, make claim upon and institute legal proceedings against any carrier, bailee or other parties believed to be liable for such loss, and will use all proper and reasonable means to recover the same.
- f. General Average and Salvage

This extension covers general average and salvage charges on property covered by this extension while waterborne.

**g. Attachment of Liability**

Coverage provided by this extension attaches from the time the property leaves the initial point of shipment until same is delivered at destination. This insurance covers only such shipments, the transportation of which begins within the term of this policy, even though said transportation is not completed within such time and loss or damage may occur after the end of such time.

**h. Export and Import Shipments**

Coverage provided by this extension shall apply to export shipments only until 'on board' bills of lading are issued or coverage under ocean marine policy attaches. This extension shall also cover import shipments, but only after coverage on such shipments under ocean marine policies has ceased, or, if not insured under ocean marine policies, after discharge from overseas vessel.

**l. F.O.B. Shipments**

Coverage provided by this extension shall apply to your contingent interest in shipments of property sold F.O.B. (free on board) point of shipment or otherwise, provided that any loss recoverable under this extension to such property is not collectible from any other insurance.

**j. Fraudulent Bills of Lading**

Coverage provided by this extension shall also apply to loss of "merchandise" occasioned by the unintentional acceptance of fraudulent bills of lading, shipping or messenger receipts.

**k. Backhaul Exclusion**

This extension does not insure against loss or damage to personal property of others while in your custody if such property is being transported by you in or on vehicles owned, operated, leased or otherwise contracted by you when you are acting as a common or contract carrier.

**18. Service Interruption**

- a. This policy is extended to pay for loss of or damage to Covered Property at an "insured location", caused by an interruption in utility service to an "insured location". The interruption in utility service must result from direct physical loss or damage by a Covered Cause of Loss to "utility services" located off an "insured location".
- b. Coverage under this extension for loss or damage to Covered Property does not apply to loss or damage to "electronic data" or "electronic computer programs", including destruction or corruption of "electronic data" or "electronic computer programs".

**19. Valuable Papers And Records (Other Than 'Electronic Data')**

- a. Coverage for Your Business Personal Property under this policy is extended to apply to the cost to replace or restore the lost information on valuable papers and records for which duplicates do not exist. But this extension does not apply to valuable papers and records which exist as "electronic data" or "electronic computer programs".
- b. Under this extension we will also pay for the cost of blank material for reproducing the records (whether or not duplicates exist), and (when there is a duplicate) for the cost of labor to transcribe or copy the records.

**TIME ELEMENT COVERAGE**

**A. Coverage**

This policy includes the following coverage. The coverage will not increase the Limit of Liability of this policy and is subject to the applicable sub-limit and the policy provisions, including applicable exclusions and deductibles.

**1. Business Income**

- a. We will pay for your actual loss sustained of "business income" due to the necessary "suspension" of your "operations" during the "period of restoration". The "suspension" must be caused by direct physical loss of or damage to Covered Property at an "insured location". The loss or damage must be caused by or result from a Covered Cause of Loss. With respect to loss of or damage to personal property in the open or personal property in a vehicle, "insured location" includes the area within 250 feet of the "insured location".
- b. With respect to the requirements set forth in the preceding paragraph, if you occupy only a part of a site an "insured location" means:
  - (1) The portion of the building which you rent, lease or occupy; and
  - (2) Any area within the building or on the site, if that area services, or is used to gain access to, the "insured location".

**2. Extra Expense**

- a. We will pay "extra expense" (other than the expense to repair or replace property) to:
  - (1) Avoid or minimize the "suspension" of business and to continue operations at an "insured location" or at replacement premises or temporary "locations", including relocation expenses and costs to equip and operate the replacement "location" or temporary "location";
  - (2) Minimize the "suspension" of business if you cannot continue "operations" following direct, physical loss or damage to Covered Property at an "insured location" that is caused by or results from a Covered Cause of Loss.
- b. We will also pay "extra expense" to repair or replace property, but only to the extent it reduces the amount of loss that otherwise would have been payable under this policy.

**3. Leasehold Interest**

- a. This policy covers the following expenses if directly caused by insured direct physical loss or damage to covered buildings from a Covered Cause of Loss if the building is leased by you and located at an "insured location":
  - (1) The actual rent which remains payable for the unexpired term of the "lease" if such property becomes wholly untenable or unusable and the lease agreement requires continuation of the rent payment; or
  - (2) The proportion of the actual rent which remains payable for the unexpired term of the "lease" if such property becomes partially untenable or unusable and the lease agreement requires continuation of the rent payment; or
  - (3) The "leasehold interest" for the first three (3) months following loss or damage and the "net leasehold interest" for the remaining unexpired term of the lease if the lease is canceled by the lessor pursuant to the lease agreement or by the operation of law.
- b. This coverage does not insure against any loss or expense resulting from:
  - (1) The suspension, lapse, or cancellation of any license; or
  - (2) Your exercising an option to cancel the "lease"; or
  - (3) Any act or omission by you which constitutes a default under the "lease".
- c. It is a condition of this coverage that you shall use any suitable property or service owned or controlled by you or obtainable from another source to reduce the amount of loss hereunder.

- d. This policy does not provide this coverage for more than the number of consecutive days shown in the Sub-Limits of Liability section of the PROPERTY DAMAGE COVERAGE SCHEDULE, nor more than the dollar limit of liability shown in the same section.

**4. Rental Value**

We will pay for the actual loss of "rental value" you sustain due to the necessary "suspension" of your "operations" during the "period of restoration" caused by direct physical loss of or damage to Covered Property at an "insured location". The loss or damage must be caused by or result from Covered Cause of Loss.

**B. Time Element Extensions of Coverage**

This policy includes the following extensions of coverage. These extensions of coverage will not increase the Limit of Liability of this policy and are subject to the applicable sub-limit and policy provisions, including applicable exclusions and deductibles.

**1. Civil Authority**

This policy is extended to cover, for up to the greater of fourteen (14) days or the number of days stated in the Sub-Limit of Liability section of the PROPERTY DAMAGE COVERAGE SCHEDULE, the actual loss of "business income" you sustain and necessary "extra expense" caused by action of civil authority that prohibits access to an "insured location" due to direct physical loss of or damage to property of the type covered, within one statute mile of that "insured location", caused by or resulting from any Covered Cause of Loss.

**2. Contingent Business Income**

This policy is extended to cover the actual loss of "business income" you sustain due to the necessary "suspension" of your "operations" during the "period of restoration". The "suspension" must be caused by direct physical loss of or damage to "contingent property" located within the Policy Territory caused by or resulting from a Covered Cause of Loss.

**3. Extended Period of Indemnity**

If the necessary "suspension" of your "operations" produces a loss payable under Business Income or Rental Value coverage, this policy is extended to pay for the actual loss of "business income" or "rental value" you incur during the period that:

- a. Begins on the date property (except "finished stock") is actually repaired, rebuilt or replaced and "operations" are resumed; and
- b. Ends on the earlier of:
  - (1) The date you could restore your "operations" or tenant occupancy, with reasonable speed, to the level which would generate the "business income" or "rental value" amount that would have existed if no direct physical loss or damage had occurred; or
  - (2) 30 consecutive days after the date determined in a. above.

This extension does not apply to loss of "business income" or "rental value" incurred as a result of unfavorable business conditions caused by the impact of the Covered Cause of Loss in the area of the "insured location".

Loss of "business income" or "rental value" must be caused by direct physical loss or damage at an "insured location" caused by or resulting from any Covered Cause of Loss.

**4. Ingress or Egress**

This policy is extended to cover, for up to the greater of fourteen (14) days or the number of days stated in the Sub-Limit of Liability section of the PROPERTY DAMAGE COVERAGE SCHEDULE, the actual loss of "business income" you sustain due to the necessary "suspension" of your "operations" during the period of time when, as a direct result of direct physical damage caused by a Covered Cause of Loss to property of the type covered at an "insured location" or within one statute mile of an "insured location", ingress to or egress from an "insured location" is thereby physically prevented.

**5. Newly Acquired Property**

- a. Your Business Income and Extra Expense Coverages are extended to apply to property at any "location" within the Policy Territory that you acquire other than fairs or exhibitions.
- b. Insurance under this Extension for each newly acquired "location" will end when any of the following first occurs:
  - (1) This policy expires;
  - (2) 30 days expire after you acquire or begin to construct the property; or
  - (3) You report values to us.

We will charge you additional premium for values reported from the date you acquire the property.

**6. Service Interruption**

- a. Your Business Income and Extra Expense coverage are extended to apply to a "suspension" of "operations" at an "insured location" caused by an interruption in utility service to that "insured location". The Interruption in utility service must result from direct physical loss or damage by a Covered Cause of Loss to "utility services" located off the "insured location" but within 1,500 feet of that "insured location".
- b. Coverage under this extension for loss or damage to Covered Property does not apply to loss or damage to "electronic data" or "electronic computer programs", including destruction or corruption of "electronic data" or "electronic computer programs".

**C. Time Element Conditions**

The following conditions apply to any "time element" coverage that may be included in this policy.

**1. Identity of Interests**

If you are comprised of more than one legal entity, liability shall not exceed the amount of loss had all interests comprised a single legal entity.

**2. Resumption of Operations**

It is a condition of this Insurance that if you could reduce "time element" loss:

- a. by complete or partial resumption of operation of business, whether at the damaged premises or elsewhere; or
- b. by making use of any "stock" at your "location(s)", or elsewhere; or
- c. by making use of any other available source of materials or services; or
- d. by making use of any other available outlet for product(s) or service(s);

such reduction shall be taken into account in arriving at the amount of loss.

If you do not resume "operations", or do not resume "operations" as quickly as possible, we will pay based on the length of time it would have taken to resume "operations" as quickly as possible.

If Extra Expense coverage is provided, you shall resume "normal" operation of the business and dispense with "extra expense" as soon as practicable.

**3. Property in the Course of Construction**

The amount of "time element" loss resulting from physical damage to Covered Property in the course of construction which delays your commencement of "operations" shall be calculated by applying the length of time, determined as otherwise provided herein, to the level of "operations" or production that would have been reasonably achieved after construction and start-up would have been completed had no physical damage occurred.

**4. Experience of the Business**

The amount of "time element" loss as insured against by this policy shall be determined based on:

- a. experience of the business before the loss;
- b. the probable experience thereafter had no loss occurred; Such probable experience shall not include any Net Income that would likely have been earned as a result of an increase in the volume of business due to favorable business conditions caused by the impact of the Covered Cause of Loss on customers or on other businesses;
- c. The operating expenses, including payroll expenses, necessary to resume "operations" with the same quality of service that existed just before the direct physical loss or damage; and
- d. Other relevant sources of information, including:
  - (1) Your financial records and accounting procedures;
  - (2) Bills, invoices and other vouchers; and
  - (3) Deeds, liens or contracts.

If Extra Expense coverage is provided by this policy, such loss shall be determined based on:

- a. All expenses that exceed the "normal" operating expenses that would have been incurred by "operations" during the "period of restoration" if no direct physical loss or damage had occurred. We will deduct from the total of such expenses:
  - (1) The salvage value that remains of any property bought for temporary use during the "period of restoration", once "operations" are resumed; and
  - (2) Any "extra expense" that is paid for by other insurance, except for insurance that is written subject to the same plan, terms, conditions and provisions as this insurance; and
- b. Necessary expenses that reduce the loss under the Business Income coverage part that otherwise would have been incurred.

**5. Time Element Exclusions**

Except as provided in the Time Element Extension of Coverage, we will not pay for "time element" coverage for:

- a. Any loss caused directly or indirectly by the failure of power or other utility service supplied to an "insured location", however caused, if the failure occurs outside of a covered building. Failure includes lack of sufficient capacity and reduction in supply.

But if the failure of power or other utility service results in a Covered Cause of Loss, we will pay for the loss resulting from that Covered Cause of Loss.

- b. Any loss caused by or resulting from:
  - (1) Damage or destruction of "finished stock"; or
  - (2) The time required to reproduce "finished stock".

This exclusion does not apply to Extra Expense coverage.

- c. Any loss caused by or resulting from direct physical loss or damage to radio or television antennas (including satellite dishes) and their lead-in wiring, masts or towers.
- d. Any increase of loss caused by or resulting from:
  - (1) Delay in rebuilding, repairing or replacing the property or resuming "operations", due to interference at the location of the rebuilding, repair or replacement by strikers or other persons; or
  - (2) Suspension, lapse or cancellation of any license, lease or contract. But if the suspension, lapse or cancellation is directly caused by the "suspension" of "operations", we will cover such loss that affects your "business income" during the "period of restoration" and any extension of the "period of restoration" in accordance with the terms of the Extended Period of Indemnity extension of coverage.

- e. Any "extra expense" caused by or resulting from suspension, lapse or cancellation of any license, lease or contract beyond the "period of restoration".
- f. Loss for any period during which business would not or could not have been conducted for any reason other than direct physical damage of the type insured against.
- g. Any other consequential loss.

#### COVERED CAUSES OF LOSS AND EXCLUSIONS

##### A. Covered Causes of Loss

Risks Of Direct Physical Loss unless the loss is:

- 1. Excluded in Section B., Exclusions; or
- 2. Limited in Section C., Limitations.

##### B. Exclusions

- 1. **Except as may be provided as an extension of coverage**, we will not pay for loss or damage caused directly or indirectly by any of the following. Such loss or damage is excluded regardless of any other cause or event that contributes concurrently or in any sequence to the loss.

###### a. Ordinance or Law

The enforcement of any ordinance or law:

- (1) Regulating the construction, use or repair of any property; or
- (2) Requiring the tearing down of any property, including the cost of removing its debris.

This exclusion, Ordinance or Law, applies whether the loss results from:

- (1) An ordinance or law that is enforced even if the property has not been damaged; or
- (2) The increased costs incurred to comply with an ordinance or law in the course of construction, repair, renovation, remodeling or demolition of property, or removal of its debris, following a physical loss to that property.

###### b. Earth Movement

- (1) all earth movement (whether occurring naturally or not) including, but not limited to, earthquake, landslide, subsidence and volcanic eruption,
- (2) collapse, cracking, shrinking, bulging, expansion, shifting, rising, settling, sinking, lateral or other movement, or other kinds of loss or damage to property which would not have occurred but for an event as described in (1) above.

If fire is Covered Cause of Loss, this exclusion shall not apply to loss or damage from fire resulting from (1) through (3) above.

If explosion is Covered Cause of Loss, this exclusion shall not apply to loss or damage from explosion resulting from (1) through (3) above.

###### c. Governmental Action

Seizure or destruction of property by order of governmental authority.

But we will pay for loss or damage caused by or resulting from acts of destruction ordered by governmental authority and taken at the time of a fire to prevent its spread, if the fire would be covered under this Policy.

**d. Nuclear, Chemical and Biological**

- (1) Nuclear detonation, reaction, nuclear radiation or radioactive contamination, all whether controlled or uncontrolled, or due to any act or condition incident to any of the foregoing, whether such loss be direct or indirect, proximate or remote, or be in whole or in part caused by, contributed to, or aggravated by, any physical loss or damage insured against by this policy, however such nuclear detonation, reaction, nuclear radiation or radioactive contamination may have been caused. This exclusion replaces any other nuclear detonation, nuclear reaction, nuclear radiation or radioactive contamination exclusions found elsewhere in this policy.
- (2) The dispersal, application or release of, or exposure to, chemical or biological materials or agents that are harmful to property or human health, all whether controlled or uncontrolled, or due to any act or condition incident to any of the foregoing, whether such loss be direct or indirect, proximate or remote, or be in whole or in part caused by, contributed to, or aggravated by, any physical loss or damage insured against by this policy, however such dispersal, application, release or exposure may have been caused.

**e. Utility Services**

The failure of power or other utility service supplied to an "insured location", however caused, if the failure occurs away from the "insured location". Failure includes lack of sufficient capacity and reduction in supply. But if the failure of power or other utility service results in a Covered Cause of Loss, we will pay for the loss or damage caused by that Covered Cause of Loss.

**f. War and Military Action**

- (1) War, including undeclared or civil war;
- (2) Warlike action by a military force, including action in hindering or defending against an actual or expected attack, by any government, sovereign or other authority using military personnel or other agents; or
- (3) Insurrection, rebellion, revolution, usurped power, or action taken by governmental authority in hindering or defending against any of these.

**g. Flood**

- (1) Flood, surface water, waves (including tidal wave and tsunami), tides, tidal water, overflow of any body of water, or spray from any of these, all whether or not driven by wind (including storm surge);
- (2) Mudslide or mudflow;
- (3) Water that backs up or overflows or is otherwise discharged from a sewer, drain, sump, sump pump or related equipment;
- (4) Water under the ground surface pressing on, or flowing or seeping through:
  - a. Foundations, walls, floors or paved surfaces;
  - b. Basements, whether paved or not; or
  - c. Doors, windows or other openings; or
- (5) Waterborne material carried or otherwise moved by any of the water referred to in Paragraph 1., 3. or 4., or material carried or otherwise moved by mudslide or mudflow.

This exclusion applies regardless of whether any of the above, in Paragraphs 1. through 5., is caused by an act of nature or is otherwise caused. An example of a situation to which this exclusion applies is the situation where a dam, levee, seawall or other boundary or containment system fails in whole or in part, for any reason, to contain the water.

But if any of the above, in Paragraphs 1. through 5., results in fire, explosion or sprinkler leakage, we will pay for the loss or damage caused by that fire, explosion or sprinkler leakage (if sprinkler leakage is a Covered Cause of Loss).

2. "Fungus", Wet Rot, Dry Rot And "Bacteria"

This policy does not cover:

- a. "Fungus", wet or dry rot, or "bacteria";
- b. Loss or damage caused directly or indirectly by "fungus", wet or dry rot, or "bacteria";
- c. The costs associated with the enforcement of any ordinance or law which requires you or others to test for, monitor, clean up, remove, contain, treat, detoxify or neutralize, or in any way respond to or assess the effects of "fungus", wet or dry rot, or "bacteria".

This exclusion applies whether or not the loss event results in widespread damage or affects a substantial area.

3. We will not pay for loss or damage caused by or resulting from any of the following:

- a. Artificially generated electrical current, including electric arcing, that disturbs electrical devices, appliances or wires.

But if artificially generated electrical current results in fire, we will pay for the loss or damage caused by that fire.

- b. Delay, loss of use or loss of market.
- c. Smoke, vapor or gas from agricultural smudging or industrial operations.
- d. (1) Wear and tear;  
(2) Rust or other corrosion, decay, deterioration, hidden or latent defect or any quality in property that causes it to damage or destroy itself;  
(3) Smog;  
(4) Settling, cracking, shrinking or expansion;  
(5) Nesting or infestation, or discharge or release of waste products or secretions, by insects, birds, rodents or other animals;  
(6) Mechanical breakdown, including rupture or bursting caused by centrifugal force. But if mechanical breakdown results in elevator collision, we will pay for the loss or damage caused by that elevator collision;  
(7) The following causes of loss to personal property:
  - (a) Dampness or dryness of atmosphere;
  - (b) Changes in or extremes of temperature; or
  - (c) Marring or scratching.

But if an excluded cause of loss that is listed in 3.d.(1) through (7) results in a "specified cause of loss" or building glass breakage, we will pay for the loss or damage caused by that "specified cause of loss" or building glass breakage.

- e. Explosion of steam boilers, steam pipes, steam engines or steam turbines owned or leased by you, or operated under your control. But if explosion of steam boilers, steam pipes, steam engines or steam turbines results in fire or combustion explosion, we will pay for the loss or damage caused by that fire or combustion explosion. We will also pay for loss or damage caused by or resulting from the explosion of gases or fuel within the furnace of any fired vessel or within the flues or passages through which the gases of combustion pass.
- f. Continuous or repeated seepage or leakage of water, or the presence or condensation of humidity, moisture or vapor, that occurs over a period of 14 days or more.
- g. Water, other liquids, powder or molten material that leaks or flows from plumbing, heating, air conditioning or other equipment (except fire protective systems) caused by or resulting from freezing, unless:

- (1) You do your best to maintain heat in the building or structure; or
  - (2) You drain the equipment and shut off the supply if the heat is not maintained.
- h. Dishonest or criminal act by you, any of your partners, members, officers, managers, employees (including leased employees), directors, trustees, authorized representatives or anyone to whom you entrust the property for any purpose:
- (1) Acting alone or in collusion with others; or
  - (2) Whether or not occurring during the hours of employment.
- This exclusion does not apply to acts of destruction by your employees (including leased employees); but theft by employees (including leased employees) is not covered.
- i. Voluntary parting with any property by you or anyone else to whom you have entrusted the property, if induced to do so by any fraudulent scheme, trick, device or false pretense.
  - j. Rain, snow, ice or sleet to personal property in the open.
  - k. Collapse. But if collapse results in a Covered Cause of Loss at an "insured location", we will pay for the loss or damage caused by that Covered Cause of Loss.
  - l. Neglect of an insured to use all reasonable means to save and preserve property from further damage at and after the time of loss.
4. We will not pay for loss or damage caused by or resulting from any of the following, 4.a. through 4.c. But if an excluded cause of loss that is listed in 4.a. through 4.c. results in a Covered Cause of Loss, we will pay for the loss or damage caused by that Covered Cause of Loss.
- a. Weather conditions. But this exclusion only applies if weather conditions contribute in any way with a cause or event excluded in Paragraph 1, or 2. above to produce the loss or damage.
  - b. Acts or decisions, including the failure to act or decide, of any person, group, organization or governmental body.
  - c. Faulty, inadequate or defective:
    - (1) Planning, zoning, development, surveying, siting;
    - (2) Design, specifications, workmanship, repair, construction, renovation, remodeling, grading, compaction;
    - (3) Materials used in repair, construction, renovation or remodeling; or
    - (4) Maintenance;of part or all of any property on or off an "insured location".

**5. Electronic Exclusion**

This policy does not insure against loss or damage to, or any cost, claim or expense directly or indirectly arising out of or relating to, any of the following, regardless of any other cause or event contributing concurrently or in any other sequence to the loss, damage, claim or expense:

- a. "data", "electronic data", "programs", or "electronic computer programs",
- b. failure of, interruption of, loss of use of, loss of access to, or reduction or alteration in the accuracy, functionality, availability, or operation of "data", "electronic data", "programs", or "electronic computer programs",
- c. any instruction, including but not limited to any "computer virus", introduced into, or caused to act upon "computer operations",
- d. errors in configuring "computer operations",
- e. failure of, interruption of, loss of use of, loss of access to, or reduction or alteration in the accuracy, functionality, availability, or operation of "computer operations".

Notwithstanding anything in the above to the contrary, and subject to the other terms and conditions of this policy not in conflict herewith, this policy insures against direct physical loss or damage caused by a Covered Cause of Loss to insured computer hardware and "electronic data processing media".

**6. Pollution Exclusion**

This policy does not cover any of the following:

- a. Loss or damage caused by, resulting from, contributed to or made worse by actual, alleged or threatened release, discharge, escape or dispersal of "pollutants", however caused;
- b. The expense or cost to extract or remove "pollutants" from debris;
- c. The expense or cost to extract or remove "pollutants" from land or water;
- d. The expense or cost to extract or remove, restore or replace contaminated or polluted land or water;
- e. The costs associated with the enforcement of any ordinance or law which requires you or others to test for, monitor, clean up, remove, contain, treat, detoxify or neutralize, or in any way respond to or assess the effects of "pollutants";
- f. Any cost to transport any property or debris to a site for storage or decontamination required because the property is infected by "pollutants", whether or not such removal, transport or decontamination is required by law, regulation or any authority governing such matters;
- g. Any cost to store or otherwise dispose of any property because "pollutants" infect the property; or
- h. Any expense for the investigation or defense of any loss, damage or any cost, loss of use expense, fine or penalty or for any expense or claim or suit related to any of the above.

**7. Materials Exclusion**

This policy does not cover loss or damage caused directly or indirectly by any of the following:

- a. Removal of asbestos, dioxin, and polychlorinated biphenols from any goods, products, structures or debris;
- b. Demolition, increased cost of reconstruction, repair, debris removal or loss of use necessitated by the enforcement of any law or ordinance regulating such asbestos, dioxin, and polychlorinated biphenols;
- c. Any governmental direction or request declaring that such asbestos, dioxin, and polychlorinated biphenols present in or part of or utilized in any undamaged portion of your property can no longer be used for the purpose for which it was intended or installed and must be removed or modified; or
- d. Any expense for the investigation or defense of any loss, damage or any cost, loss of use expense, fine or penalty or for any expense or claim or suit related to any of the above.

**8. Fines or Penalties**

This policy will not pay any costs, expenses, fines or penalties incurred or sustained by or imposed on you at the order of any government agency, court or other authority arising from any cause whatsoever.

**9. Mysterious Disappearance**

Loss disclosed in taking inventory, unless the loss results from physical loss or damage not excluded in this policy

**C. Limitations**

The following limitations apply to the policy and all endorsements, unless otherwise stated.

1. We will not pay for loss of or damage to property, as described and limited in this section. In addition, we will not pay for any loss that is a consequence of loss or damage as described and limited in this section.
  - a. Steam boilers, steam pipes, steam engines or steam turbines caused by or resulting from any condition or event inside such equipment. But we will pay for loss of or damage to such equipment caused by or resulting from an explosion of gases or fuel within the furnace of any fired vessel or within the flues or passages through which the gases of combustion pass.

- b. Hot water boilers or other water heating equipment caused by or resulting from any condition or event inside such boilers or equipment, other than an explosion.
- c. The interior of any building or structure, or to personal property in the building or structure, caused by or resulting from rain, snow, sleet, ice, sand or dust, whether driven by wind or not, unless:
  - (1) The building or structure first sustains damage by a Covered Cause of Loss to its roof or walls through which the rain, snow, sleet, ice, sand or dust enters; or
  - (2) The loss or damage is caused by or results from thawing of snow, sleet or ice on the building or structure.
- d. Building materials and supplies not attached as part of the building or structure, caused by or resulting from theft.

However, this limitation does not apply to:

- (1) Building materials and supplies held for sale by you, unless they are insured under a Builders Risk Coverage Form; or
  - (2) Business Income coverage or Extra Expense coverage.
- e. Property that is missing, where the only evidence of the loss or damage is a shortage disclosed on taking inventory, or other instances where there is no physical evidence to show what happened to the property.
  - f. Property that has been transferred to a person or to a place outside the "insured location" on the basis of unauthorized instructions.
2. We will not pay for loss of or damage to the following types of property unless caused by the "specified causes of loss" or building glass breakage:

- a. Animals, and then only if they are killed or their destruction is made necessary.
- b. Fragile articles such as statuary, marbles, chinaware and porcelains, if broken. This restriction does not apply to:
  - (1) Glass; or
  - (2) Containers of property held for sale.
- c. Builders' machinery, tools and equipment owned by you or entrusted to you, provided such property is Covered Property.

However, this limitation does not apply:

- (1) If the property is located on or within 250 feet of the described premises, unless the premises is insured under the Builders Risk Coverage Form; or
  - (2) To Business Income coverage or to Extra Expense coverage.
3. The special limit shown for each category, a. through d., is the total limit for loss of or damage to all property in that category. The special limit applies to any one "occurrence" of theft, regardless of the types or number of articles that are lost or damaged in that "occurrence". The special limits are:
- a. \$2,500 for furs, fur garments and garments trimmed with fur.
  - b. \$2,500 for jewelry, watches, watch movements, jewels, pearls, precious and semi-precious stones, bullion, gold, silver, platinum and other precious alloys or metals. This limit does not apply to jewelry and watches worth \$100 or less per item.
  - c. \$2,500 for patterns, dies, molds and forms.
  - d. \$250 for stamps, tickets, including lottery tickets held for sale, and letters of credit.

These special limits are part of, not in addition to, the Limit of Insurance applicable to the Covered Property.

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4. We will not pay the cost to repair any defect to a system or appliance from which water, other liquid, powder or molten material escapes. But we will pay the cost to repair or replace damaged parts of fire extinguishing equipment if the damage:
  - a. Results in discharge of any substance from an automatic fire protection system; or
  - b. Is directly caused by freezing.

#### GENERAL CONDITIONS

##### A. Cancellation Common Policy Condition

1. The first Named Insured shown in the DECLARATIONS may cancel this policy by mailing or delivering to us advance written notice of cancellation.
2. We may cancel this policy by mailing or delivering to the first Named Insured written notice of cancellation at least
  - a. 90 days before the effective date of cancellation for any reason; or
  - b. 10 days before the effective date of cancellation for nonpayment of premium.
3. We will mail or deliver our notice to the first Named Insured's last mailing address known to us.
4. Notice of cancellation will state the effective date of cancellation. The policy period will end on that date.
5. If this policy is canceled, we will send the first Named Insured any premium refund due. If we cancel, the refund will be pro rata. If the first Named Insured cancels, the refund may be less than pro rata. The cancellation will be effective even if we have not made or offered a refund.
6. If notice is mailed, proof of mailing will be sufficient proof of notice.

##### B. Other Common Policy Conditions

###### 1. Changes

This policy contains all the agreements between you and us concerning the insurance afforded. The first Named Insured shown in the DECLARATIONS is authorized to make changes in the terms of this policy with our consent. This policy's terms can be amended or waived only by endorsement issued by us and made a part of this policy.

###### 2. Examination of Your Books and Records

We may examine and audit your books and records as they relate to this policy at any time during the policy period and up to three years afterward.

###### 3. Inspections and Surveys

- a. We have the right to:
  - (1) Make inspections and surveys at any time;
  - (2) Give you reports on the conditions we find; and
  - (3) Recommend changes.
- b. We are not obligated to make any inspections, surveys, reports or recommendations and any such actions we do undertake relate only to insurability and the premiums to be charged. We do not make safety inspections. We do not undertake to perform the duty of any person or organization to provide for the health or safety of workers or the public. And we do not warrant that conditions:
  - (1) Are safe or healthful; or
  - (2) Comply with laws, regulations, codes or standards.
- c. Paragraphs a. and b. of this condition apply not only to us, but also to any rating, advisory, rate service or similar organization which makes insurance inspections, surveys, reports or recommendations.

**4. Premiums**

The first Named Insured shown in the DECLARATIONS:

- a. Is responsible for the payment of all premiums; and
- b. Will be the payee for any return premiums we pay.

**5. Transfer of Your Rights and Duties under This Policy**

Your rights and duties under this policy may not be transferred without our written consent except in the case of death of an individual Named Insured.

If you die, your rights and duties will be transferred to your legal representative but only while acting within the scope of duties as your legal representative. Until your legal representative is appointed, anyone having proper temporary custody of your property will have your rights and duties but only with respect to that property.

**C. Loss Conditions**

**1. Abandonment**

There can be no abandonment of any property to us.

**2. Appraisal**

If we and you disagree on the values of the property or the amount of loss, either may make written demand for an appraisal of the loss. In this event, each party will select a competent and impartial appraiser. The two appraisers will select an umpire. If they cannot agree, either may request that selection be made by a judge of a court having jurisdiction. The appraisers will state separately the value of the property and amount of loss. If they fail to agree, they will submit their differences to the umpire. A decision agreed to by any two will be binding. Each party will:

- a. Pay its chosen appraiser; and
- b. Bear the other expenses of the appraisal and umpire equally.

If there is an appraisal, we will still retain our right to deny the claim.

**3. Duties In The Event Of Loss or Damage**

a. You must see that the following are done in the event of loss or damage to Covered Property:

- (1) Notify the police if a law may have been broken.
- (2) Give us prompt notice of the loss or damage. Include a description of the property involved.
- (3) As soon as possible, give us a description of how, when and where the loss or damage occurred.
- (4) Take all reasonable steps to protect the Covered Property from further damage, and keep a record of your expenses necessary to protect the Covered Property, for consideration in the settlement of the claim. This will not increase the Limit of Insurance. However, we will not pay for any subsequent loss or damage resulting from a cause of loss that is not a Covered Cause of Loss. Also, if feasible, set the damaged property aside and in the best possible order for examination.
- (5) At our request, give us complete inventories of the damaged and undamaged property. Include quantities, costs, values and amount of loss claimed.
- (6) As often as may be reasonably required, permit us to inspect the property proving the loss or damage and examine your books and records.  
  
Also permit us to take samples of damaged and undamaged property for inspection, testing and analysis, and permit us to make copies from your books and records.
- (7) Send us a signed, sworn proof of loss containing the information we request to investigate the claim. You must do this within 60 days after our request.
- (8) Cooperate with us in the investigation or settlement of the claim.

(9) If you intend to continue your business, you must resume all or part of your "operations" as quickly as possible.

b. We may examine any insured under oath, while not in the presence of any other insured and at such times as may be reasonably required, about any matter relating to this insurance or the claim, including an insured's books and records. In the event of an examination, an insured's answers must be signed.

**4. Insurance under Two or More Coverages**

If two or more of this policy's coverages apply to the same loss or damage, we will not pay more than the actual amount of the loss or damage.

**5. Loss Payment**

a. In the event of loss or damage covered by this policy, at our option, we will either:

- (1) Pay the value of lost or damaged property;
- (2) Pay the cost of repairing or replacing the lost or damaged property, subject to b. below;
- (3) Take all or any part of the property at an agreed or appraised value; or
- (4) Repair, rebuild or replace the property with other property of like kind and quality, subject to b. below.

We will determine the value of lost or damaged property, or the cost of its repair or replacement, in accordance with the applicable terms of the Valuation Condition in this policy or any applicable provision which amends or supersedes the Valuation Condition.

- b. The cost to repair, rebuild or replace does not include the increased cost attributable to enforcement of any ordinance or law regulating the construction, use or repair of any property.
- c. We will give notice of our intentions within 30 days after we receive the sworn proof of loss.
- d. We will not pay you more than your financial interest in the Covered Property.
- e. We may adjust losses with the owners of lost or damaged property if other than you. If we pay the owners, such payments will satisfy your claims against us for the owners' property. We will not pay the owners more than their financial interest in the Covered Property.
- f. We may elect to defend you against suits arising from claims of owners of property. We will do this at our expense.
- g. We will pay for covered loss or damage within 30 days after we receive the sworn proof of loss, if you have complied with all of the terms of this policy and:
  - (1) We have reached agreement with you on the amount of loss; or
  - (2) An appraisal award has been made.

**6. Other Insurance**

- a. You may have other insurance subject to the same plan, terms, conditions and provisions as the insurance under this policy. If you do, we will pay our share of the covered loss or damage. Our share is the proportion that the applicable limit or sub-limit under this policy bears to the limits of insurance of all insurance covering on the same basis.
- b. If there is other insurance covering the same loss or damage, other than that described in a. above, we will pay only for the amount of covered loss or damage in excess of the amount due from that other insurance, whether you can collect on it or not. But we will not pay more than the applicable limit or sub-limit.

**7. Underlying Insurance**

Permission is granted to you to purchase insurance on all or any part of the deductibles of this policy and the existence of such underlying insurance shall not prejudice any recovery otherwise payable under this policy.

**8. Excess Insurance**

Excess insurance is insurance over the limit of liability set forth in this Policy. The existence of such excess insurance shall not prejudice the coverage provided under this Policy nor will it reduce any liability hereunder.

**9. Salvage and Recovery**

When, in connection with any loss hereunder, any salvage or recovery is received subsequent to the payment of such loss, the loss shall be figured on the basis on which it would have been settled had the amount of salvage or recovery been known at the time the loss was originally determined. Any amount thus found to be due either party from the other shall be paid promptly.

The expense of all proceedings necessary to such recoveries shall be apportioned between the interests concerned in the ratio of their respective recoveries as finally settled. If there should be no recovery and proceedings are conducted solely by us, we will pay the expense of the proceeding.

**10. Recovered Property**

If either you or we recover any property after loss settlement, that party must give the other prompt notice. At your option, the property will be returned to you. You must then return to us the amount we paid to you for the property. We will pay recovery expenses and the expenses to repair the recovered property, subject to the Limit of Liability or applicable sub-limit, whichever is smaller.

**11. Vacancy**

**a. Description of Terms**

(1) As used in this Vacancy Condition, the term building has the meanings set forth in (1)(a) and (1)(b) below:

(a) When this policy is issued to a tenant, and with respect to that tenant's interest in Covered Property, building means the unit or suite rented or leased to the tenant.

(b) When this policy is issued to the owner or general lessee of a building, building means the entire building. Such building is "vacant" or "unoccupied" when 70% or more of its total square footage is "vacant" or "unoccupied".

(2) Buildings under construction or renovation are not considered "vacant" or "unoccupied".

**b. Vacancy Provisions**

We will not pay for any loss or damage if the building where loss or damage occurs has been "vacant" or "unoccupied" for more than:

(1) 30 consecutive days before that loss or damage if caused by Vandallism (if it is a Covered Cause of Loss); or

(2) 60 consecutive days before that loss or damage if caused by any other Covered Cause of Loss;

whether or not such vacancy or unoccupancy begins before the inception of this policy.

But we will pay if the building is "unoccupied" due to circumstances that are usual or incidental to the described occupancy.

**12. Valuation**

We will determine the value of Covered Property in the event of loss or damage as follows:

a. At the "repair or replacement cost" as of the time of loss or damage, except as provided in b., c., d. and e. below.

- b. "Stock" you have sold but not delivered at the selling price less discounts and expenses you otherwise would have had.
  - c. Glass at the cost of replacement with safety glazing material if required by law.
  - d. Tenant's Improvements and Betterments at:
    - (1) Actual cash value of the lost or damaged property if you make repairs promptly.
    - (2) A proportion of your original cost if you do not make repairs promptly. We will determine the proportionate value as follows:
      - (a) Multiply the original cost by the number of days from the loss or damage to the expiration of the lease; and
      - (b) Divide the amount determined in (a) above by the number of days from the installation of improvements to the expiration of the lease.

If your lease contains a renewal option, the expiration of the renewal option period will replace the expiration of the lease in this calculation.

  - (3) Nothing if others pay for repairs or replacement.
- e. "Electronic data processing media": the cost of the blank "electronic data processing media" plus the cost of copying the "electronic data" or "electronic computer programs" from back-up or from originals of the previous generation, even though "electronic data" and "electronic computer programs" are not covered by this policy. These costs will not include research and engineering or any costs of restoring, gathering, assembling or recreating such "electronic data" or "electronic computer programs". Nor does this policy insure any amount pertaining to the value of such "electronic data" or "electronic computer programs" to you or any other party, even if such "electronic data" or "electronic computer programs" cannot be restored, recreated, gathered or assembled.

In no event shall the value include any additional cost directly or indirectly associated with the enforcement of any law or ordinance regulating the storage, processing, collection, transmission, recording, management, privacy or protection of "media", "electronic data processing media", "data", "electronic data", "programs" or "electronic computer programs".

If the "electronic data processing media" is not repaired, replaced or restored, the basis of valuation shall be the cost of the blank "electronic data processing media".
- f. "fine arts" the least of the following amounts:
  - (1) The actual cash value of that property;
  - (2) The cost of reasonably restoring that property to its condition immediately before loss or damage; or
  - (3) The cost of replacing that property with substantially identical property.

In the event of loss or damage, the value of property will be determined as of the time of loss or damage.
- g. Property in transit: the amount of invoice, including prepaid or advanced freight, if any, your profit or commission as selling agent, and such other costs and charges as may have accrued and become legally due thereon since shipment. In the absence of an invoice, the property shall be valued at its actual cash value at point of shipment.

**D. Additional Conditions**

**1. Coinsurance**

If a Coinsurance percentage is shown for Building, Personal Property, Business Income or Rental Value coverage in the PROPERTY DAMAGE COVERAGE SCHEDULE, the following condition applies to that particular property or coverage.

We will not pay the full amount of any loss if the value at the time of loss times the Coinsurance percentage shown in the PROPERTY DAMAGE COVERAGE SCHEDULE for the applicable property or coverage is greater than the last reported value prior to the loss to that property or for that particular coverage.

Instead, we will determine the most we will pay using the following steps:

- (1) Multiply the value for the particular property or coverage at the time of loss by the Coinsurance percentage;
- (2) Divide the last reported value prior to the loss for that coverage or property by the figure determined in step (1);
- (3) Multiply the total amount of loss, before the application of any deductible, by the figure determined in step (2); and
- (4) Subtract the deductible from the figure determined in step (3).

We will pay the amount determined in step (4) or any applicable limit of liability or sub-limit of liability, whichever is less. For the remainder, you will either have to rely on other insurance or absorb the loss yourself.

For the purposes of the application of this provision, value shall mean:

For Building, Personal Property or Property Damage: the value of Covered Property.

For Business Income: the "business income" that would have been earned or incurred (had no loss occurred) by your "operations" at the "insured location" and all other "locations" where "business income" loss ensues for the 12 months following the inception, or last previous anniversary date, of this policy (whichever is later).

For Rental Value: "rental value" that would have been earned or incurred (had no loss occurred) by your "operations" at the "insured location" for the 12 months following the inception, or last previous anniversary date, of this policy (whichever is later).

**2. Concealment, Misrepresentation or Fraud**

This policy is void in any case of fraud by you as it relates to coverage provided by this policy at any time. It is also void if you or any other insured, at any time, intentionally conceals or misrepresents a material fact concerning:

- a. This policy;
- b. The Covered Property;
- c. Your interest in the Covered Property; or
- d. A claim under this policy.

**3. Control of Property**

Any act or neglect of any person other than you beyond your direction or control will not affect this insurance.

The breach of any condition of this policy at any one or more "insured locations" will not affect coverage at any "insured location" where, at the time of loss, the breach of condition does not exist.

**4. Knowledge or Control**

We will not pay for loss or damage while the chance of loss or damage is increased by any means within your knowledge or control.

**5. Legal Action against Us**

No one may bring a legal action against us under this policy unless:

- a. There has been full compliance with all of the terms of this policy; and
- b. The action is brought within 2 years after the date on which the direct physical loss or damage occurred.

**6. Mortgageholders**

- a. The term mortgageholder includes trustee.
- b. We will pay for covered loss of or damage to buildings or structures to each Mortgageholder shown in the Schedule in their order of precedence, as interests may appear.
- c. The Mortgageholder has the right to receive loss payment even if the Mortgageholder has started foreclosure or similar action on the building or structure.
- d. If we deny your claim because of your acts or because you have failed to comply with the terms of this policy, the Mortgageholder will still have the right to receive loss payment if the Mortgageholder:
  - (1) Pays any premium due under this policy at our request if you have failed to do so;
  - (2) Submits a signed, sworn proof of loss within 60 days after receiving notice from us of your failure to do so; and
  - (3) Has notified us of any change in ownership, occupancy or substantial change in risk known to the Mortgageholder.

All of the terms of this policy will then apply directly to the Mortgageholder.

- e. If we pay the mortgageholder for any loss or damage and deny payment to you because of your acts or because you have failed to comply with the terms of this policy:
    - (1) The Mortgage holder's rights under the mortgage will be transferred to us to the extent of the amount we pay; and
    - (2) The Mortgage holder's right to recover the full amount of the Mortgage holder's claim will not be impaired.
- At our option, we may pay to the mortgageholder the whole principal on the mortgage plus any accrued interest. In this event, your mortgage and note will be transferred to us and you will pay your remaining mortgage debt to us.
- f. If we cancel this policy, we will give written notice to the Mortgageholder at least 10 days before the effective date of cancellation.
  - g. If we elect not to renew this policy, we will give written notice to the Mortgageholder at least 10 days before the expiration date of this policy.

**7. No Benefit to Bailee**

No person or organization, other than you, having custody of Covered Property will benefit from this insurance.

**8. Policy Period, Coverage Territory**

Under this policy:

- a. We cover loss or damage commencing:
  - (1) During the policy period shown in the DECLARATIONS; and
  - (2) Within the coverage territory.

**9. Transfer of Rights of Recovery against Others to Us**

If any person or organization to or for whom we make payment under this policy has rights to recover damages from another, those rights are transferred to us to the extent of our payment. That person or organization must do everything necessary to secure our rights and must do nothing after loss to impair them. But you may waive your rights against another party in writing:

- a. Prior to a loss to your Covered Property.
- b. After a loss to your Covered Property only if, at time of loss, that party is one of the following:
  - (1) Someone insured by this insurance;

- (2) A business firm:
  - (a) Owned or controlled by you; or
  - (b) That owns or controls you; or
- (3) Your tenant.

This will not restrict your insurance.

**10. Conformity with Statute**

Terms of this policy, which are in conflict with the statutes of the state wherein this policy is issued, are hereby amended to conform to such statutes.

**E. Definitions**

- 1. "100% Value of the Property Insured" means 100% of the property insured at the time of loss or damage at the "locations" where the physical damage occurred.
- 2. "Bacteria" means any type or form of bacterium; or any byproduct that is produced or released by such bacterium.
- 3. "Business income" means the:
  - a. Net Income (Net Profit or Loss before income taxes) that would have been earned or incurred; and
  - b. Continuing "normal" operating expenses incurred, including payroll.For manufacturing risks, Net Income includes the net sales value of production.
- 4. "Computer operations" means "computer systems" or "electronic data communications system".
- 5. "Computer systems" means computer hardware of any kind; "electronic computer programs"; "electronic data processing media"; "electronic data"; operating system; "media" microchip; microprocessors (computer chips); integrated circuit or similar device; computer network and networking equipment; firmware; servers; web sites; "extranet"; and all input, output, processing, storage, and off-line "media" libraries.
- 6. "Computer virus" means any corrupting, harmful or otherwise unauthorized instructions or code including, but not limited to, any maliciously introduced unauthorized instructions or code, programmatic or otherwise, that propagate themselves through a computer system or network of whatsoever nature. "Computer virus" includes, but is not limited to, 'Trojan Horses', 'worms' and time or logic bombs'.
- 7. "Contingent property" means property operated by others who are:
  - a. Direct suppliers of materials or services to you and from whom you are contractually obligated to purchase materials or services. But any property which delivers any of the following services is not considered to be a "contingent property" with respect to such services:
    - 1. Water supply services;
    - 2. Power supply services; or
    - 3. Communication supply services, including services relating to internet access or access to any electronic network;
  - b. Your direct customers who are contractually obligated to accept product(s) produced or service(s) provided by you;
- 8. "Data" means information or knowledge.
- 9. "Electronic computer programs" means computer software, applications software, and other recorded instructions for the processing, sequencing, collecting, transmitting, recording, retrieval, or storage of "electronic data"
- 10. "Electronic data" means "data" recorded or transmitted in a form usable in "computer systems", microchips, integrated circuits or similar devices in non-computer equipment, and which can be stored on "electronic data processing media" for use by "electronic computer programs".

11. "Electronic data communications system" means any communication system, including "computer systems" and the "internet", which provides the Insured with access to other "computer systems", microchips, integrated circuits or similar devices in non-computer equipment, or which provides any party access to your "computer systems", microchips, integrated circuits or similar devices in non-computer equipment.
12. "Electronic data processing media" means punch cards, paper tapes, floppy disks, CD-ROM, hard drives, magnetic tapes, magnetic discs or any other tangible personal property on which "electronic data" or "electronic computer programs" are recorded or transmitted, but not the "electronic data" or "electronic computer programs" themselves. "Money" or "securities" are not "electronic data processing media".
13. "Extranet" means an internal computer network that has been selectively opened to suppliers, customers, or other third parties via the "internet" or otherwise.
14. "Extra expense" means necessary expenses you incur during the "period of restoration" that you would not have incurred if there had been no direct physical loss or damage to property caused by or resulting from a Covered Cause of Loss.
15. "Fine arts" means paintings; etchings; pictures; tapestries; rare or art glass; art glass windows; valuable rugs; statuary; sculptures; antique furniture; bric-a-brac; porcelains; and similar property of rarity, historical value, or artistic merit excluding automobiles, coins, stamps, furs, jewelry, precious stones, precious metals, watercraft, aircraft, "money" and "securities".
16. "Finished stock" means stock you have manufactured.  

"Finished stock" does not include stock you have manufactured that is held for sale on the premises of any retail outlet insured under this policy.
17. "Full 12 Months Time Element Values" means full 12 months Time Element values that would have been earned in the 12-month period following the "occurrence" by use of the facilities at the "location" where the physical damage occurred and all other "locations" where Time Element loss ensues.
18. "Fungus" means any type or form of fungus, including mold or mildew, and any mycotoxins, spores, scents or by-products produced or released by fungi.
19. "High Hazard Flood Zone" means areas which at the time of loss or damage have been designated by the Federal Emergency Management Agency to be in a Special Flood Hazard Area (SFHA).
20. "Internet" means the worldwide publicly accessible network of computers, which is commonly referred to as 'The Internet' or 'World Wide Web', or any other similar publicly accessible network hereafter to be developed.
21. "Lease" means the lease or rental agreement, whether written or oral, in effect as of the time of loss.
22. "Leasehold interest" means the excess rent paid for either the same or similar replacement property over the amount of rent and other charges which would have been payable under the unexpired "lease" plus bonuses or advance rent paid (including any maintenance, operating charges or taxes) for each month during the unexpired term of the Insured's "lease".
23. "Location(s)" means locations as listed on the Schedule of Locations attached to this policy or as listed on the latest schedule on file with us. If not so specified or if the Miscellaneous Unnamed Location provision is applicable, a building, yard, dock, wharf, pier or bulkhead (or any group of the foregoing) bounded on all sides by public streets, clear land space or open waterways, each not less than fifty feet wide. Any bridge or tunnel crossing such street, space or waterway will render such separation inoperative.
24. "Media" means any item of tangible personal property on which "data" or "programs" can be recorded, but not the "data" or "programs" themselves. "Money" or "securities" are not "media".
25. "Merchandise" means goods kept for sale by you, which are not the product of your manufacturing operations.
26. "Money" means currency, coins, bank notes and bullion; and travelers checks, register checks and money orders held for sale to the public.
27. "Net leasehold interest" means the present value of the amount which placed at four percent (4%) annual interest would equal the "leasehold interest" (less any amounts otherwise payable hereunder).

28. "Named Storm" means including, but not be limited to, storm, cyclone, typhoon, atmospheric disturbance, depression or other weather phenomena designated by the US National Hurricane Center and where a name (and not only a number) has been applied.
29. "Normal" means the condition that would have existed had no loss occurred.
30. "Occurrence" means, except as may be more specifically defined for a Covered Cause of Loss, any one loss, disaster or casualty, or series of losses, disasters or casualties arising out of one event. When the word applies to loss or losses from the perils of tornado, tsunami, windstorm, Named Windstorm, hail, riot, riot attending a strike, civil commotion, malicious mischief, "flood", "earthquake" or leakage from fire extinguishing equipment due to "earthquake", if such perils are covered under this "policy", one event shall be construed to be all losses arising during a continuous period of seventy-two (72) hours. When filing proof of loss, you may elect the moment at which such seventy-two (72) hour period shall be deemed to have commenced, which shall not be earlier than when the first loss to property or interests insured under this policy occurs. However, we shall not be liable hereunder for any loss or damage:
- a. occurring before this policy becomes effective; or
  - b. arising from an "occurrence" which is in progress at the time this policy becomes effective, even if such loss or damage occurs after this policy becomes effective; or
  - c. occurring after the expiration of this policy, except loss or damage arising from an "occurrence" in progress at the time this policy expires.
31. "Operations" means:
- a. Your business activities occurring at an "insured location"; and
  - b. The tenant ability of an "insured location", if Rental Value coverage applies.
32. "Period of restoration" means the period of time that:
- a. Begins: immediately after the time of direct physical loss or damage caused by or resulting from any Covered Cause of Loss at an "insured location"; and
  - b. Ends on the earlier of:
    - (1) The date when the property at an "insured location" should be repaired, rebuilt or replaced with reasonable speed and similar quality; or
    - (2) The date when business is resumed at a new permanent "location".
- "Period of restoration" does not include any increased period required due to the enforcement of any ordinance or law that:
- (1) Regulates the construction, use or repair, or requires the tearing down of any property; or
  - (2) Requires any insured or others to test for, monitor, clean up, remove, contain, treat, detoxify or neutralize, or in any way respond to, or assess the effects of "pollutants".
- The expiration date of this policy will not cut short the "period of restoration".
- The "period of restoration" definition, with respect to "contingent property", is the same as above, but with the term "contingent property" replacing "insured location".
33. "Pollutants" means any solid, liquid, gaseous or thermal irritant or contaminant, including, but not limited to, asbestos, dioxin, polychlorinated biphenols, smoke, vapor, soot, fumes, acids, alkalis, chemicals and waste. Waste includes materials to be recycled, reconditioned or reclaimed.
- "Pollutants" include, but are not limited to those materials that can cause or threaten damage to human health or human welfare or cause or threaten damage, deterioration, loss of value, marketability or loss of use to property including "bacteria", fungi, mold, mildew, virus or hazardous substances as listed in the Federal Water Pollution Control Act, Clean Air Act, Resource Conservation and Recovery Act of 1976, Toxic Substances Control Act or as designated by the U.S. Environmental Protection Agency or any other governing authority.

34. "Program" means recorded instructions, whether digital or otherwise, for the processing, collecting, transmitting, recording, retrieval or storage of "data".
35. "Rental Value" means:
- a. Net Income (Net Profit or Loss before income taxes) that would have been earned or incurred as rental income from tenant occupancy of an "insured location" as furnished and equipped by you, including fair rental value of any portion of an "insured location" which is occupied by you; and
  - b. Continuing "normal" operating expenses incurred in connection with that "insured location", including:
    - (1) Payroll; and
    - (2) The amount of charges which are the legal obligation of the tenant(s) but would otherwise be your obligations.
36. "Repair or replacement cost" means the lesser of:
- a. The cost to rebuild or replace on the same site with new materials of like size, kind and quality.
  - b. The cost in rebuilding, repairing or replacing on the same or another site, but not to exceed the size and operating capacity that existed on the date of loss.
  - c. The selling price of real property or machinery and equipment, other than stock, offered for sale on the date of loss.
  - d. The cost to replace unrepairable electrical or mechanical equipment, including computer equipment, with equipment that is the most functionally equivalent to that damaged or destroyed, even if such equipment has technological advantages and/or represents an improvement in function and/or forms part of a program of system enhancement.
  - e. The increased cost of demolition, if any, resulting from loss covered by this Policy, if such property is scheduled for demolition.
  - f. The actual cash value if such property is:
    - (1) useless to you; or
    - (2) not repaired, replaced or rebuilt on the same or another site within one year from the date of loss.
- "Repair or replacement cost" does not include any increase of loss resulting from enforcement of any law, ordinance, regulation or rule, regulating or restricting the construction, installation, repair, replacement, demolition, occupancy, operation or other use of property at an "insured location" other than that provided for in the Ordinance or Law provision of the Extensions of Coverage.
37. "Securities" means all negotiable and nonnegotiable instruments or contracts representing either "money" or other property and includes revenue and other stamps in current use, tokens and tickets, but does not include "money".
38. "Specified Causes of Loss" means the following: Fire; lightning; explosion; windstorm or hail; smoke; aircraft or vehicles; riot or civil commotion; vandalism; leakage from fire extinguishing equipment; sinkhole collapse; volcanic action; falling objects; weight of snow, ice or sleet; water damage.
- a. Sinkhole collapse means the sudden sinking or collapse of land into underground empty spaces created by the action of water on limestone or dolomite. This cause of loss does not include:
    - (1) The cost of filling sinkholes; or
    - (2) Sinking or collapse of land into man-made underground cavities.
  - b. Falling objects does not include loss or damage to:
    - (1) Personal property in the open; or
    - (2) The interior of a building or structure, or property inside a building or structure, unless the roof or an outside wall of the building or structure is first damaged by a falling object.

- c. Water damage means accidental discharge or leakage of water or steam as the direct result of the breaking apart or cracking of a plumbing, heating, air conditioning or other system or appliance (other than a sump system including its related equipment and parts), that is located on the described premises and contains water or steam.
39. "Stock" means "merchandise" held in storage or for sale, raw materials and in-process or finished goods, including supplies used in their packing or shipping.
40. "Suspension" means:
- The slowdown or cessation of your business activities; or
  - That a part or all of the "insured location" is rendered untenable, if coverage for "rental value" applies.
41. "Tier 1 Windstorm Areas" means the following counties, parishes and independent cities including barrier islands within these states:
- Florida: All
  - Hawaii: All
  - Alabama: Baldwin, Mobile
  - Georgia: Bryan, Camden, Chatham, Glynn, Liberty, McIntosh
  - Louisiana: Cameron, Iberia, Jefferson, Lafourche, Orleans, Plaquemines, St. Bernard, St. Martin, St. Mary, St. Tammany, Terrebonne, Vermillion
  - Mississippi: Hancock, Harrison, Jackson
  - North Carolina: Beaufort, Brunswick, Camden Carteret, Chowan, Craven, Currituck, Dare, Dare, Hyde, Jones, New Hanover, Onslow, Pamlico, Pasquotank, Pender, Perquimans, Tyrrell, Washington
  - South Carolina: Beaufort, Berkeley, Charleston, Colleton, Georgetown, Horry, Jasper
  - Texas: Aransas, Brazoria, Calhoun, Cameron, Chambers, Galveston, Harris, Jackson, Jefferson, Kennedy, Kleberg, Matagorda, Nueces, Refugio, Orange, San Patricio, Willacy
  - Virginia: Accomack, Gloucester, Isle of Wight, James City, Lancaster, Mathews, Middlesex, Northampton, Northumberland, Surry, York and Independent Cities of Chesapeake, Hampton, Newport News, Norfolk, Poquoson, Portsmouth, Suffolk, Virginia Beach.
42. "Time Element" means coverage provided under the Time Element section of this policy.
43. "Total Insurable Value" means 100% value of the Covered Property at the time of loss or damage at the "locations" where the physical damage occurred plus full 12 months Time Element values that would have been earned in the 12-month period following the "occurrence" by use of the facilities at the "location" where the physical damage occurred and all other "locations" where Time Element loss ensues.
44. "Utility services" means;
- the following property supplying water to the "insured location":
    - Pumping stations; and
    - Water mains.
  - the following property supplying communication services, including telephone, radio, microwave or television services to the "insured locations":
    - Communication transmission lines, including optic fiber transmission lines;
    - Coaxial cables; and
    - Microwave radio relays except satellites.

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c. the following types of property supplying electricity, steam or gas to "insured locations":

1. Utility generating plants;
2. Switching stations;
3. Substations;
4. Transformers; and
5. Transmission lines.

Utility Services does not mean or include overhead transmission lines.

45. "Unoccupied" means containing contents pertaining to the occupancy of the building while operations or other customary activities are suspended.
46. "Vacant" means containing no contents pertaining to operations or activities customary to occupancy of the building.

## Earthquake (Excluding Sprinkler Leakage) Endorsement

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the:

### AmWINS PROPERTY FORM

1. Paragraph B. Exclusion, item b. Earth Movement, of the Covered Causes Of Loss And Exclusions Section is replaced by the following:

#### b. Earth Movement

Any earth movement (other than earthquake and volcanic eruption), such as landslide, or earth sinking, rising or shifting. But, if loss or damage by fire or explosion results, we will pay for that resulting loss or damage.

2. The following is added to Paragraph E. Limit of Liability of the Property Damage Coverage Schedule Section.

#### Earthquake Limit Of Liability:

The liability of the Company for loss or damage caused by earthquake and volcanic eruption shall not exceed the sum of **PER POLICY FORM**, for loss or damage at any one Insured location. Notwithstanding the limit of liability stated herein, if any, liability shall not exceed the sum of **PER POLICY FORM** due to any one earthquake or volcanic eruption loss nor shall it exceed the sum of **PER POLICY FORM** in any one year period or policy period, whichever is less.

3. The following is added to Paragraph F. Deductible of the Property Damage Coverage Schedule Section.

#### Earthquake Deductible:

The sum of **PER POLICY FORM** shall be deducted from any adjusted claim due to earthquake or volcanic eruption.

4. Each loss by earthquake or volcanic eruption shall constitute a single claim hereunder; provided that if more than one earthquake shock or volcanic eruption shall occur within any period of 72 hours during the term of this endorsement, such shocks shall be considered to constitute a single earthquake or volcanic eruption.
5. If the coverage of the policy to which this endorsement is attached includes Property Damage and Business Interruption, the foregoing limits shall be the maximum amounts collectible under this policy for loss or damage resulting from the peril describes in Paragraph 2. above, regardless of whether the loss involves Property Damage alone or both Property Damage and Business Interruption.
6. This policy does not cover liability for direct loss or damage to covered property caused by or resulting from sprinkler leakage from fire protective equipment even if such sprinkler leakage is caused directly by earthquake as insured against by this policy.

## CAT Minimum Earned Premium

The following additional provisions shall apply with respect to the cancellation clause of this policy:

- A. If this policy covers any location or locations in "Tier 1 wind zone(s)" as defined in this policy, and the policy is cancelled at the request of the Insured, the following provision will apply.

If coverage existed at any time during the period from June 1st to November 30th, the amount of premium we will return will be a percentage of the total premium, determined as follows:

### 1 Year Policy

Days in Force	Percentage
1 to 180	20%
181 to 210	15%
211 to 240	10%
241 to 270	7.5%
271 to 300	5.0%
301 to 330	2.5%
331 to 365	0.0%

If a coverage or location is added or deleted to the policy, each type of coverage or such location(s) shall be underwritten separately and the rate will be determined based upon the characteristics of the risk.

If a location within a "Tier 1 wind zone" is added or deleted, and coverage for that location existed at any time during the period from June 1<sup>st</sup> to November 30<sup>th</sup>, the premium to be returned for that location will be determined using the table above.

If a location is not within a "Tier 1 wind zone" and is added or deleted, normal pro rata or short rate factors shall apply as appropriate.

- B. Tier 1 wind zone is defined as follows:

All reference herein to "Tier I", "Tier I Windstorm" or similar "Tier I" references, shall be defined as all locations situated within *Tier I States or Counties* as specified below:

Alabama:	Baldwin, Mobile;
Florida:	Entire State of Florida;
Georgia:	Bryan, Camden, Chatham, Glynn, Liberty, McIntosh;
Hawaii:	Entire State of Hawaii;
Louisiana:	Cameron, Iberia, Jefferson, Lafourche, Orleans, Plaquemines, St. Mary, St. Bernard, St. Martin, St. Tammany, Terrebonne, Vermillion;
Mississippi:	Hancock, Harrison, Jackson;
North Carolina:	Beaufort, Brunswick, Camden, Carteret, Chowan, Craven, Currituck, Dare, Hyde, Jones, New Hanover, Onslow, Pamlico, Pasquotank, Pender, Perquimans; Tyrrell, Washington;
South Carolina:	Beaufort, Berkeley, Charleston, Colleton, Georgetown, Horry, Jasper;
Texas:	Aransas, Brazoria, Calhoun, Cameron, Chambers, Galveston, Harris, Jackson, Jefferson, Kenedy, Kleberg, Matagorda, Nueces, Orange, Refugio, San Patricio, Willacy;
Virginia:	Accomack, Northampton, Virginia Beach City, Chesapeake, Gloucester, Hampton City, Isle of Wright, James City, Lancaster, Mathews, Middlesex, Newport News, Norfolk City, Northumberland, Poquoson City, Portsmouth City, Suffolk City, York;
All other states:	As provided by endorsement hereto (if any).

All other terms and conditions of the policy remain the same.

## **Electronic Date Recognition Exclusion (EDRE)**

Any other similar Exclusion within this Policy (or within any other Endorsement which forms part of this Policy) is deleted and replaced by the following:

This Policy does not cover any loss, damage, cost, claim or expense, whether preventative, remedial or otherwise, directly or indirectly arising out of or relating to:

- a. the calculation, comparison, differentiation, sequencing or processing of data involving the date change to the year 2000, or any other date change, including leap year calculations, by any computer system, hardware, programme or software and/or any microchip, integrated circuit or similar device in computer equipment or non-computer equipment, whether the property of the Insured or not; or
- b. any change, alteration, or modification involving the date change to the year 2000, or any other date change, including leap year calculations, to any such computer system, hardware, programme or software and/or any microchip, integrated circuit or similar device in computer equipment or non-computer equipment, whether the property of the Insured or not.

This clause applies regardless of any other cause or event that contributes concurrently or in any sequence to the loss, damage, cost, claim or expense.

## **Biological Or Chemical Materials Exclusion**

Any other similar Exclusion within this Policy (or within any other Endorsement which forms part of this Policy) is deleted and replaced by the following:

It is agreed that this Insurance excludes loss, damage, cost or expense of whatsoever nature directly or indirectly caused by, resulting from or in connection with the actual or threatened malicious use of pathogenic or poisonous biological or chemical materials regardless of any other cause or event contributing concurrently or in any other sequence thereto.

## **Radioactive Contamination Exclusion Clause – Physical Damage – Direct (U.S.A)**

Any other similar Exclusion within this Policy (or within any other Endorsement which forms part of this Policy) is deleted and replaced by the following:

This policy does not cover any loss or damage arising directly or indirectly from nuclear reaction, nuclear radiation or radioactive contamination however such nuclear reaction, nuclear radiation or radioactive contamination may have been caused. \*NEVERTHELESS if Fire is an insured peril and a Fire arises directly or indirectly from nuclear reaction, nuclear radiation or radioactive contamination any loss or damage arising directly from that Fire shall (subject to the provisions of this policy) be covered EXCLUDING however all loss or damage caused by nuclear reaction, nuclear radiation or radioactive contamination arising directly or indirectly from that Fire.

\*NOTE - If Fire is not an insured peril under this policy the words from "NEVERTHELESS" to the end of the clause do not apply and should be disregarded.

## **Land, Water And Air Exclusion**

Notwithstanding any provision to the contrary within the Policy of which this Endorsement forms part (or within any other Endorsement which forms part of this Policy), this Policy does not insure land (including but not limited to land on which the insured property is located), water or air, howsoever and wherever occurring, or any interest or right therein.

## Seepage And/Or Pollution And/Or Contamination Exclusion

Notwithstanding any provision to the contrary within the Policy of which this Endorsement forms part (or within any other Endorsement which forms part of this Policy), this Policy does not insure:

- a. any loss, damage, cost or expense, or
- b. any increase in insured loss, damage, cost or expense, or
- c. any loss, damage, cost, expense, fine or penalty, which is incurred, sustained or imposed by order, direction, instruction or request of, or by any agreement with, any court, government agency or any public, civil or military authority, or threat thereof, (and whether or not as a result of public or private litigation),

which arises from any kind of seepage or any kind of pollution and/or contamination, or threat thereof, whether or not caused by or resulting from a peril insured, or from steps or measures taken in connection with the avoidance, prevention, abatement, mitigation, remediation, clean-up or removal of such seepage or pollution and/or contamination or threat thereof.

The term "any kind of seepage or any kind of pollution and/or contamination" as used in this Endorsement includes (but is not limited to):

- a. seepage of, or pollution and/or contamination by, anything, including but not limited to, any material designated as a "hazardous substance" by the United States Environmental Protection Agency or as a "hazardous material" by the United States Department of Transportation, or defined as a "toxic substance" by the Canadian Environmental Protection Act for the purposes of Part II of that Act, or any substance designated or defined as toxic, dangerous, hazardous or deleterious to persons or the environment under any other Federal, State, Provincial, Municipal or other law, ordinance or regulation; and
- b. the presence, existence, or release of anything which endangers or threatens to endanger the health, safety or welfare of persons or the environment.

## Asbestos Endorsement

Any other similar Provision within this Policy (or within any other Endorsement which forms part of this Policy) is deleted and replaced by the following:

- A.** This Policy only insures asbestos physically incorporated in an insured building or structure, and then only that part of the asbestos which has been physically damaged during the period of insurance by one of these Listed Perils:
- fire; explosion; lightning; windstorm; hail; direct impact of vehicle, aircraft or vessel; riot or civil commotion, vandalism or malicious mischief; or accidental discharge of fire protective equipment.

This coverage is subject to each of the following specific limitations:

1. The said building or structure must be insured under this Policy for damage by that Listed Peril.
  2. The Listed Peril must be the immediate, sole cause of the damage of the asbestos.
  3. The Assured must report to Underwriters the existence and cost of the damage as soon as practicable after the Listed Peril first damaged the asbestos. However, this Policy does not insure any such damage first reported to the Underwriters more than 12 months after the expiration, or termination, of the period of insurance.
  4. Insurance under this Policy in respect of asbestos shall not include any sum relating to:
    - a. Any faults in the design, manufacture or installation of the asbestos;
    - b. Asbestos not physically damaged by the Listed Peril including any governmental or regulatory authority direction or request of whatsoever nature relating to undamaged asbestos.
- B.** Except as set forth in the foregoing Section A, this Policy does not insure asbestos or any sum relating thereto.

## Electronic Data Endorsement B

### 1. Electronic Data Exclusion

Notwithstanding any provision to the contrary within the Policy or any endorsement thereto, it is understood and agreed as follows:

- a. This Policy does not insure loss, damage, destruction, distortion, erasure, corruption or alteration of ELECTRONIC DATA from any cause whatsoever (including but not limited to COMPUTER VIRUS) or loss of use, reduction in functionality, cost, expense of whatsoever nature resulting therefrom, regardless of any other cause or event contributing concurrently or in any other sequence to the loss.

ELECTRONIC DATA means facts, concepts and information converted to a form useable for communications, interpretation or processing by electronic and electromechanical data processing or electronically controlled equipment and includes programs, software and other coded instructions for the processing and manipulation of data or the direction and manipulation of such equipment.

COMPUTER VIRUS means a set of corrupting, harmful or otherwise unauthorized instructions or code including a set of maliciously introduced unauthorized instructions or code, programmatic or otherwise, that propagate themselves through a computer system or network of whatsoever nature. COMPUTER VIRUS includes but is not limited to 'Trojan Horses', 'worms' and 'time or logic bombs'.

- b. However, in the event that a peril listed below results from any of the matters described in paragraph a. above, this Policy, subject to all its terms, conditions and exclusions, will cover physical damage occurring during the Policy period to property insured by this Policy directly caused by such listed peril.

Listed Perils:

- (1) Fire
- (2) Explosion

### 2. Electronic Data Processing Media Valuation

Notwithstanding any provision to the contrary within the Policy or any endorsement thereto, it is understood and agreed as follows:

Should electronic data processing media insured by this Policy suffer physical loss or damage insured by this Policy, then the basis of valuation shall be the cost of the blank media plus the costs of copying the ELECTRONIC DATA from back-up or from originals of a previous generation. These costs will not include research and engineering nor any costs of recreating, gathering or assembling such ELECTRONIC DATA. If the media is not repaired, replaced or restored the basis of valuation shall be the cost of the blank media. However this Policy does not insure any amount pertaining to the value of such ELECTRONIC DATA to the Insured or any other party, even if such ELECTRONIC DATA cannot be recreated, gathered or assembled.

## WAR AND TERRORISM EXCLUSION ENDORSEMENT

Notwithstanding any provision to the contrary within this insurance or any endorsement thereto it is agreed that this insurance excludes loss, damage, cost or expense of whatsoever nature directly or indirectly caused by, resulting from or in connection with any of the following regardless of any other cause or event contributing concurrently or in any other sequence to the loss;

1. war, invasion, acts of foreign enemies, hostilities or warlike operations (whether war be declared or not), civil war, rebellion, revolution, insurrection, civil commotion assuming the proportions of or amounting to an uprising, military or usurped power; or
2. any act of terrorism.

For the purpose of this endorsement an act of terrorism means an act, including but not limited to the use of force or violence and/or the threat thereof, of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organisation(s) or government(s), committed for political, religious, ideological or similar purposes including the intention to influence any government and/or to put the public, or any section of the public, in fear.

This endorsement also excludes loss, damage, cost or expense of whatsoever nature directly or indirectly caused by, resulting from or in connection with any action taken in controlling, preventing, suppressing or in any way relating to 1 and/or 2 above.

If the Underwriters allege that by reason of this exclusion, any loss, damage, cost or expense is not covered by this insurance the burden of proving the contrary shall be upon the Assured.

In the event any portion of this endorsement is found to be invalid or unenforceable, the remainder shall remain in full force and effect.

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## **Flood Exclusion**

Any other similar Exclusion within this Policy (or within any other Endorsement which forms part of this Policy) is deleted and replaced by the following:

This policy does not insure against loss or damage caused by any of the following, regardless of the cause of such event and regardless of any other cause or event contributing concurrently or in any other sequence to the loss or damage:

- (1) Flood, surface water, waves (including tidal wave and tsunami), tides, tidal water, overflow of any body of water, or spray from any of these, all whether or not driven by wind (including storm surge);
- (2) Mudslide or mudflow;
- (3) Water that backs up or overflows or is otherwise discharged from a sewer, drain, sump, sump pump or related equipment;
- (4) Water under the ground surface pressing on, or flowing or seeping through:
  - a. Foundations, walls, floors or paved surfaces;
  - b. Basements, whether paved or not; or
  - c. Doors, windows or other openings; or
- (5) Waterborne material carried or otherwise moved by any of the water referred to in Paragraph 1., 3. or 4., or material carried or otherwise moved by mudslide or mudflow.

This exclusion applies regardless of whether any of the above, in Paragraphs 1. through 5., is caused by an act of nature or is otherwise caused. An example of a situation to which this exclusion applies is the situation where a dam, levee, seawall or other boundary or containment system fails in whole or in part, for any reason, to contain the water.

But if any of the above, in Paragraphs 1. through 5., results in fire, explosion or sprinkler leakage, we will pay for the loss or damage caused by that fire, explosion or sprinkler leakage (if sprinkler leakage is a Covered Cause of Loss).

## Occurrence Limit of Liability - Stated Value

1. The Limit of Liability or Amount of Insurance shown on the face of this policy, or endorsed onto this policy, is the total of the Insurer(s) liability applicable to each occurrence, as hereafter defined. Notwithstanding any other terms and conditions of this policy to the contrary, in no event shall the liability of the Insurer(s) exceed this limit or amount irrespective of the number of locations involved.

The term "occurrence" shall have the same meaning as that provided in the Policy/ies of the Primary Insurer(s).

2. The premium for this policy is based upon the Statement of Values on file with the Insurer(s), or attached to this policy. In the event of loss hereunder, liability of the Insurer(s), subject to terms of paragraph 1. above, shall be limited to the least of the following:
  - a. The actual adjusted amount of loss, less applicable deductible(s).
  - b. 100% of the individually stated value for each scheduled item of property involved, as shown on the latest Statement of Values on file with Insurer(s), less applicable deductible(s) and primary and underlying excess limits. If no value is shown for a scheduled item then there is no coverage for that item; or
  - c. The Limit of Liability or Amount of Insurance shown on the Declarations of this policy or as endorsed onto this policy.

## Equipment Breakdown Coverage Form

Various provisions in this policy restrict coverage. Read the entire policy carefully to determine rights, duties, and what is and is not covered.

Throughout this policy, the words "you" and "your" refer to the Named Insured shown in the Declarations. The words "we," "us" and "our" refer to the Company providing this Insurance. Other words and phrases that appear in quotation marks have special meaning. Refer to Section G DEFINITIONS. Examples are shown for illustrative purposes only and do not represent predicted or expected outcomes.

### A. COVERAGE

This Equipment Breakdown Coverage provides insurance for a Covered Cause of Loss as defined in A.1. below. In the event of a Covered Cause of Loss, we will pay for loss as described in A.2. below.

#### 1. Covered Cause of Loss – "Accident"

The Covered Cause of Loss for this Equipment Breakdown Coverage is an "accident." Without an "accident," there is no Equipment Breakdown Coverage.

##### a. "Accident" means a fortuitous event that causes direct physical damage to "covered equipment."

The event must be one of the following:

- (1) Mechanical breakdown, including rupture or bursting caused by centrifugal force;
- (2) Artificially generated electrical current, including electrical arcing, that damages electrical devices, appliances or wires;
- (3) Explosion, other than combustion explosion, of steam boilers, steam piping, steam engines or steam turbines;
- (4) An event inside steam boilers, steam pipes, steam engines or steam turbines that damages such equipment;
- (5) An event inside hot water boilers or other water heating equipment that damages such equipment; or
- (6) Bursting, cracking or splitting.

"Accident" does not include any condition or event listed in Definition G.1.b.

##### b. "Covered Equipment" means the following:

- (1) Unless specified otherwise in the Declarations:
  - (a) Equipment that generates, transmits or utilizes energy, including electronic communications and data processing equipment; or
  - (b) Equipment which, during normal usage, operates under vacuum or pressure, other than the weight of its contents."Covered equipment" may utilize conventional design and technology or new or newly commercialized design and technology.
- (2) Except as specifically provided for under Off Premises Property Damage, Service Interruption, Contingent Business Income, paragraph (2) of Perishable Goods and Civil Authority, such equipment must be at a location described in the Declarations and must be owned or leased by you or operated under your control.

"Covered equipment" does not include any property listed in Definition G.9.b.

#### 2. Coverages Provided

This section lists the coverages that may apply in the event of an "accident." Each coverage is subject to a specific limit as shown in the Declarations. See paragraph C.2. for details. These coverages apply only to the direct result of an "accident." For each coverage, we will pay only for that portion of the loss, damage or expense that is solely attributable to the "accident."

##### a. Property Damage

We will pay for physical damage to "covered property" that is at a location indicated in the Declarations at the time of the "accident."

##### b. Off Premises Property Damage

If you have transportable "covered

equipment" that, at the time of the "accident," is within the Coverage Territory, but is not:

- (1) At a location indicated in the Declarations; or
- (2) At any other location owned or leased by you, we will pay for physical damage to such "covered equipment."

##### c. Business Income

- (1) We will pay your actual loss of "business income" during the "period of restoration" that results directly from the necessary total or partial interruption of your business.
- (2) We will also pay any necessary expenses you incur during the

"period of restoration" to reduce the amount of loss under this coverage. We will pay for such expenses to the extent that they do not exceed the amount of loss that otherwise would have been payable under this coverage.

- (3) We will consider the actual experience of your business before the "accident" and the probable experience you would have had without the "accident" in determining the amount of our payment.

**d. Extra Expense**

We will pay the reasonable and necessary "extra expense" to operate your business during the "period of restoration."

**e. Service Interruption**

We will pay for your loss and expense as defined under Business Income coverage and Extra Expense coverage that is the result of an "interruption of service."

**f. Contingent Business Income**

We will pay for your loss and expense as defined under Business Income and Extra Expense coverages that:

- (1) Results from an "interruption of supply"; or
- (2) Results from an "accident" to an "anchor location."

**g. Perishable Goods**

- (1) We will pay for physical damage to "perishable goods" due to "spoilage."
- (2) We will also pay for physical damage to "perishable goods" due to "spoilage" that is the result of an "interruption of service."
- (3) We will also pay for physical damage to "perishable goods" due to contamination from the release of refrigerant, including but not limited to ammonia.
- (4) We will also pay any necessary expenses you incur during the "period of restoration" to reduce the amount of loss under this coverage. We will pay for such expenses to the extent that they do not exceed the amount of loss that otherwise would have been payable under this coverage.

**h. Data Restoration**

- (1) We will pay for your reasonable and necessary cost to research, replace or restore lost "data."
- (2) We will also pay for your loss and expense as defined under Business Income coverage and Extra Expense coverage that is the result of h.(1) above, if such coverage is otherwise

applicable under this policy. This coverage is included within and subject to your Data Restoration limit.

**i. Demolition**

- (1) This coverage applies if an "accident" damages a building that is "covered property" and the loss is increased by an ordinance or law that:
  - (a) Requires the demolition of a building that is otherwise repairable;
  - (b) Is in force at the time of the "accident"; and
  - (c) Is not addressed under Hazardous Substances coverage.
- (2) We will pay for the following additional costs to comply with such ordinance or law:
  - (a) Your actual and necessary cost to demolish and clear the site of the undamaged parts of the building; and
  - (b) Your actual and necessary cost to reconstruct the undamaged parts of the building.
- (3) As used in this coverage, additional costs mean those beyond what would have been payable under this Equipment Breakdown Coverage had no such ordinance or law been in force at the time of the "accident."
- (4) We will also pay for your loss and expense as defined under Business Income coverage and Extra Expense coverage that is the result of i.(1) above, if such coverage is otherwise applicable under this policy. This coverage is included within and subject to your Demolition limit.

**j. Ordinance or Law**

- (1) This coverage applies if an "accident" damages a building that is "covered property" and the loss is increased by an ordinance or law that:
  - (a) Regulates the construction or repair of buildings, including "building utilities";
  - (b) Is in force at the time of the "accident"; and
  - (c) Is not addressed under Demolition coverage or Hazardous Substances coverage.
- (2) We will pay for the following additional costs to comply with

such ordinance or law:

- (a) Your actual and necessary cost to repair the damaged portions of the building;
  - (b) Your actual and necessary cost to reconstruct the damaged portions of the building; and
  - (c) Your actual and necessary cost to bring undamaged portions of the building into compliance with the ordinance or law.
- (3) As used in this coverage, additional costs mean those beyond what would have been payable under this Equipment Breakdown Coverage had no such ordinance or law been in force at the time of the "accident."
- (4) We will also pay for your loss and expense as defined under Business Income coverage and Extra Expense coverage that is the result of J.(1) above, if such coverage is otherwise applicable under this policy. This coverage is included within and subject to your Ordinance or Law limit.

**k. Expediting Expenses**

With respect to your damaged "covered property," we will pay the reasonable extra cost to:

- (1) Make temporary repairs; and
- (2) Expedite permanent repairs or permanent replacement.

**l. Hazardous Substances**

- (1) We will pay for the additional cost to repair or replace "covered property" because of contamination by a "hazardous substance." This includes the additional expenses to clean up or dispose of such property. This does not include contamination of "perishable goods" by refrigerant, including but not limited to ammonia, which is addressed in Perishable Goods, A.2.g.(3).
- (2) As used in this coverage, additional costs mean those beyond what would have been payable under this Equipment Breakdown Coverage had no "hazardous substance" been involved.
- (3) We will also pay for your loss and expense as defined under Business Income coverage and Extra Expense coverage that is the result of l.(1) above, if such coverage is otherwise applicable under this policy. This coverage is included within and subject to your Hazardous Substances limit.

**m. Newly Acquired Locations**

- (1) You will notify us promptly of any newly

acquired location that you have purchased or leased during the Policy Period.

- (2) All coverages applicable to any scheduled location under this Equipment Breakdown Coverage are extended to a newly acquired location that you have purchased or leased during the Policy Period.
  - (3) This coverage begins at the time you acquire the property. As respects newly constructed properties, we will only consider them to be acquired by you when you have fully accepted the completed project.
  - (4) This coverage ends when any of the following first occurs:
    - (a) This Policy expires;
    - (b) The number of days specified in the Declarations for this coverage expires after you acquire the location;
    - (c) The location is incorporated into the regular coverage of this policy; or
    - (d) The location is incorporated into the regular coverage of another Equipment Breakdown policy you have.
  - (5) If limits or deductibles vary by location, the highest limits and deductibles will apply to newly acquired locations. However, the most we will pay for loss, damage or expense arising from any "one accident" is the amount shown as the Newly Acquired Locations limit in the Declarations.
  - (6) We will charge you additional premium for newly acquired locations from the date you acquire the property.
- n. Course of Construction**
- This coverage is automatically included and does not need to be indicated in the Declarations.
- (1) You will notify us promptly of any expansion or rehabilitation of any location described in the Declarations.
  - (2) All coverages applicable to any location described in the Declarations are extended to an expansion or rehabilitation of that location.
  - (3) This coverage begins at the time you begin the expansion or rehabilitation project.
  - (4) We will charge you additional

premium for newly acquired equipment from the date the equipment is installed.

**o. Civil Authority**

We will pay for your loss and expense as defined under Business Income and Extra Expense coverages that results from a civil authority prohibiting access to a location described in the Declarations due solely to an "accident" that causes damage to property within one mile of such location, provided that such action is taken in response to dangerous physical conditions resulting from the "accident," or to enable a civil authority to have unimpeded access to the damaged property.

**B. EXCLUSIONS**

We will not pay for any excluded loss, damage or expense, even though any other cause or event contributes concurrently or in any sequence to the loss, damage or expense.

1. We will not pay for loss, damage or expense caused directly or indirectly by any of the following, whether or not caused by or resulting from an "accident."

**a. Fire and Explosion**

- (1) Fire, including smoke from a fire.
- (2) Combustion explosion. This includes, but is not limited to, a combustion explosion of any steam boiler or other fired vessel.
- (3) Any other explosion, except as specifically provided in A.1.a.(3).

**b. Ordinance or Law**

The enforcement of, or change in, any ordinance, law, regulation, rule or ruling regulating or restricting repair, replacement, alteration, use, operation, construction or installation, except as specifically provided in A.2.i., j. and l. (Demolition, Ordinance or Law and Hazardous Substances coverages).

**c. Earth Movement**

Earth movement, whether natural or human-made, including but not limited to earthquake, shock, tremor, subsidence, landslide, rock fall, earth sinking, sinkhole collapse or tsunami.

**d. Nuclear Hazard**

Nuclear reaction, detonation or radiation, or radioactive contamination, however caused.

**e. War and Military Action**

- (1) War, including undeclared or civil war;
- (2) Warlike action by a military force, including action in hindering or defending against an actual or expected attack, by any government, sovereign or other authority using

- (3) Insurrection, rebellion, revolution, usurped power, political violence or action taken by governmental authority in hindering or defending against any of these.

**f. Water**

- (1) Flood, surface water, waves, tides, tidal waves, overflow of any body of water, or their spray, all whether driven by wind or not;
- (2) Mudslide or mudflow; or
- (3) Water that backs up or overflows from a sewer, drain or sump. However, if electrical "covered equipment" requires drying out because of the above, we will pay for the amount you actually expend to dry out such equipment, subject to the applicable Property Damage limit and Direct Coverage deductible. We will not pay more than the Actual Cash Value of the affected electrical "covered equipment." We will not pay to replace such equipment or for any other loss, damage or expense.

**g. Failure to Protect Property**

Your failure to use all reasonable means to protect "covered property" from damage following an "accident."

**h. Fines**

Fine, penalty or punitive damage.

**l. Mold**

Mold, fungus, mildew or yeast, including any spores or toxins created or produced by or emanating from such mold, fungus, mildew or yeast. This includes, but is not limited to, costs arising from clean-up, remediation, containment, removal or abatement of such mold, fungus, mildew, yeast, spores or toxins. However, this exclusion does not apply to "spoilage" of personal property that is "perishable goods" to the extent that such "spoilage" is covered under Perishable Goods coverage.

**j. Vandalism**

Vandalism, meaning a willful and malicious act that causes damage or destruction.

2. We will not pay for an "accident" caused by or resulting from any of the following causes of loss:

- a. Lightning.
- b. Windstorm or Hail. However, this exclusion does not apply when:
  - (1) "Covered equipment" located within a building or structure suffers an "accident" that results from

- wind-blown rain, snow, sand or dust;  
and
- (2) The building or structure did not first sustain wind or hail damage to its roof or walls through which the rain, snow, sand or dust entered.
- c. Collision or any physical contact caused by a "vehicle." This includes damage by objects falling from aircraft. However, this exclusion does not apply to any unlicensed "vehicles" which you own or which are operated in the course of your business.
- d. Riot or Civil Commotion.
- e. Leakage or discharge of any substance from an automatic sprinkler system, including collapse of a tank that is part of the system.
- f. Volcanic Action.
- g. An electrical insulation breakdown test.
- h. A hydrostatic, pneumatic or gas pressure test.
- i. Water or other means intended to extinguish a fire, even when such an attempt is unsuccessful.
- j. Elevator collision.
- 3. We will not pay for an "accident" caused by or resulting from any of the following perils, if such peril is a covered cause of loss under another coverage part or policy of insurance you have, whether collectible or not, and without regard to whether or not the other coverage part or policy of insurance provides the same coverage or scope of coverage as this policy.
  - a. Falling Objects.
  - b. Weight of Snow, Ice or Sleet.
  - c. Water Damage, meaning discharge or leakage of water or steam as the direct result of the breaking apart or cracking of any part of a system or appliance containing water or steam.
  - d. Collapse.
  - e. Breakage of Glass.
  - f. Freezing caused by cold weather.
  - g. Discharge of molten material from equipment, including the heat from such discharged material.
- 4. Exclusions 2. and 3. do not apply if all of the following are true:
  - a. The excluded peril occurs away from any location described in the Declarations and causes an electrical surge or other electrical disturbance;
  - b. Such surge or disturbance is transmitted through utility service transmission lines to a described location;
  - c. At the described location, the surge or disturbance results in an "accident" to "covered equipment" that is owned or operated under the control of you or your
    - landlord; and
    - d. The loss, damage or expense caused by such surge or disturbance is not a covered cause of loss under another coverage part or policy of insurance you have, whether collectible or not, and without regard to whether or not the other coverage part or policy of insurance provides the same coverage or scope of coverage as this policy.
- 5. With respect to Business Income, Extra Expense and Service Interruption coverages, we will also not pay for:
  - a. Loss associated with business that would not or could not have been carried on if the "accident" had not occurred;
  - b. Loss caused by your failure to use due diligence and dispatch and all reasonable means to resume business;
  - c. That part of any loss that extends beyond or occurs after the "period of restoration." This includes, but is not limited to:
    - (1) "Business income" that would have been earned after the "period of restoration," even if such loss is the direct result of the suspension, lapse or cancellation of a contract during the "period of restoration"; and
    - (2) "Extra expense" to operate your business after the "period of restoration," even if such loss is contracted for and paid during the "period of restoration."
  - d. Any increase in loss resulting from an agreement between you and your customer or supplier. This includes, but is not limited to, contingent bonuses or penalties, late fees, demand charges, demurrage charges and liquidated damages.
- 6. With respect to Off Premises Property Damage coverage, Service Interruption coverage, Contingent Business Income coverage, paragraph (2) of Perishable Goods coverage and Civil Authority coverage, we will also not pay for an "accident" caused by or resulting from any of the perils listed in Exclusion 3. above, whether or not such peril is a covered cause of loss under another coverage part or policy of insurance you have.
- 7. With respect to Data Restoration coverage, we will also not pay to reproduce:
  - a. Software programs or operating systems that are not commercially available; or
  - b. "Data" that is obsolete, unnecessary or useless to you.
- 8. With respect to Demolition and Ordinance or Law coverages, we will also not pay for:

- a. Increased demolition or reconstruction costs until they are actually incurred; or
- b. Loss due to any ordinance or law that:
  - (1) You were required to comply with before the loss, even if the building was undamaged; and
  - (2) You failed to comply with; whether or not you were aware of such non-compliance.

**C. LIMITS OF INSURANCE**

Any payment made under this Equipment Breakdown Coverage will not be increased if more than one Insured is shown in the Declarations or if you are comprised of more than one legal entity.

**1. Equipment Breakdown Limit**

The most we will pay for loss, damage or expense arising from any "one accident" is the amount shown as the Equipment Breakdown Limit in the Declarations.

**2. Coverage Limits**

- a. The limit of your insurance under each of the coverages listed in A.2. from loss, damage or expense arising from any "one accident" is the amount indicated for that coverage in the Declarations. These limits are a part of, and not in addition to, the Equipment Breakdown Limit. If an amount of time is shown, coverage will continue for no more than that amount of time immediately following the "accident." If a coverage is shown as "Included," that coverage is provided up to the remaining amount of the Equipment Breakdown Limit. If no limit is shown in the Declarations for a coverage, or if a coverage is shown as Excluded in the Declarations, that coverage will be considered to have a limit of \$0.
- b. If two or more coverage limits apply to the same loss or portion of a loss, we will pay only the smallest of the applicable limits for that loss or portion of the loss. This means that if:
  - (1) You have a loss under one of the coverages listed in A.2.; and
  - (2) All or part of the loss is not covered because the applicable coverage is Excluded or has a limit that is less than the amount of your loss,
 we will not pay the remaining amount of such loss under any other coverage.

**EXAMPLE 1**

Property Damage Limit: \$7,000,000  
 Business Income Limit: \$1,000,000  
 Newly Acquired Locations Limit: \$500,000  
 There is an "accident" at a newly acquired location that results in a Property Damage loss of \$200,000 and a Business Income loss of \$800,000. We will pay \$500,000, because the entire loss is subject to the Newly Acquired Locations Limit of

\$500,000.

**EXAMPLE 2**

Property Damage Limit: \$7,000,000  
 Business Income Limit: \$500,000  
 Hazardous Substances Limit: \$25,000  
 There is an "accident" that results in a loss of \$100,000. If no "hazardous substance" had been involved, the property damage loss would have been \$10,000 and the business income loss would have been \$20,000. The presence of the "hazardous substance" increased the loss by \$70,000 (increasing the clean up and repair costs by \$30,000 and increasing the business income loss by \$40,000). We will pay \$55,000 (\$10,000 property damage plus \$20,000 business income plus \$25,000 hazardous substances).

**D. DEDUCTIBLES**

**1. Deductibles for Each Coverage**

- a. Unless the Declarations indicate that your deductible is combined for all coverages, multiple deductibles may apply to any "one accident."
- b. We will not pay for loss, damage or expense under any coverage until the amount of the covered loss or damage exceeds the deductible amount indicated for that coverage in the Declarations. We will then pay the amount of loss, damage or expense in excess of the applicable deductible amount, subject to the applicable limit indicated in the Declarations.
- c. If deductibles vary by type of "covered equipment" and more than one type of "covered equipment" is involved in any "one accident," only the highest deductible for each coverage will apply.
- d. The following applies when a deductible is expressed as a function of the horsepower rating of a refrigerating or air conditioning system. If more than one compressor is used with a single system, the horsepower rating of the largest motor or compressor will determine the horsepower rating of the system.

**2. Direct and Indirect Coverages**

- a. Direct Coverages Deductibles and Indirect Coverages Deductibles may be indicated in the Declarations.
- b. Unless more specifically indicated in the Declarations:
  - (1) Indirect Coverages Deductibles apply to Business Income and Extra Expense loss, regardless

of where such coverage is provided in this Equipment Breakdown Coverage; and

- (2) Direct Coverages Deductibles apply to all remaining loss, damage or expense covered by this Equipment Breakdown Coverage.

**EXAMPLE**

An "accident" results in covered losses as follows:

\$100,000 Total Loss (all applicable coverages)  
\$35,000 Business Income Loss (including \$2,000 of business income loss payable under Data Restoration coverage)  
\$5,000 Extra Expense Loss

In this case, the Indirect coverages loss totals \$40,000 before application of the Indirect Coverage Deductible. The Direct coverages loss totals the remaining \$60,000 before application of the Direct Coverage Deductible.

**3. Application of Deductibles**

**a. Dollar Deductibles**

We will not pay for loss, damage or expense resulting from any "one accident" until the amount of loss, damage or expense exceeds the applicable deductible or deductibles shown in the Declarations. We will then pay the amount of loss, damage or expense in excess of the applicable deductible or deductibles, subject to the applicable limits shown in the Declarations.

**b. Time Deductibles**

If a time deductible is shown in the Declarations, we will not be liable for any loss occurring during the specified number of hours or days immediately following the "accident." If a time deductible is expressed in days, each day shall mean twenty-four consecutive hours.

**c. Multiple of Average Daily Value (ADV) Deductibles**

If a deductible is expressed as a number times ADV, that amount will be calculated as follows:  
The ADV (Average Daily Value) will be the "business income" that would have been earned during the period of interruption had no "accident" occurred, divided by the number of working days in that period. The ADV applies to the "business income" value of the entire location, whether or not the loss affects the entire location. If more than one location is included in the valuation of the loss, the ADV will be the combined value of all affected locations. For

purposes of this calculation, the period of interruption may not extend beyond the "period of restoration."

The number indicated in the Declarations will be multiplied by the ADV as determined above. The result will be used as the applicable deductible.

**EXAMPLE**

Business is interrupted, partially or completely, for 10 working days. If there had been no "accident," the total "business income" at the affected location for those 10 working days would have been \$5,000. The Indirect Coverages Deductible is 3 Times ADV.  
 $\$5,000 / 10 = \$500$  ADV  
 $3 \times \$500 = \$1,500$  Indirect Coverages Deductible

**d. Percentage of Loss Deductibles**

If a deductible is expressed as a percentage of loss, we will not be liable for the indicated percentage of the gross amount of loss, damage or expense (prior to any applicable deductible or coinsurance) insured under the applicable coverage. If the dollar amount of such percentage is less than the indicated Minimum Deductible, the Minimum Deductible will be the applicable deductible.

**E. LOSS CONDITIONS**

The following conditions apply:

**1. Abandonment**

There can be no abandonment of any property to us.

**2. Brands and Labels**

a. If branded or labeled merchandise that is "covered property" is damaged by an "accident," but retains a salvage value, you may:

(1) Stamp the word SALVAGE on the merchandise or its containers if the stamp will not physically damage the merchandise; or

(2) Remove the brands or labels, if doing so will not physically damage the merchandise. You must re-label the merchandise or its containers to comply with the law.

b. We will pay for any reduction in value of the salvage merchandise resulting from either of the two actions listed in 2.a. above, subject to all applicable limits.

c. We will also pay the reasonable and necessary expenses you incur to perform either of the two actions described in 2.a. above. We will pay for such expenses to the extent that they do not exceed the amount recoverable from salvage.

- d. If a Brands and Labels Limit is shown on the Declarations, we will not pay more than the indicated amount for coverage under this Condition.

**3. Coinsurance - Business Income Coverage**

- a. Unless otherwise shown in the Declarations, Business Income coverage is subject to coinsurance. This means that we will not pay the full amount of any "business income" loss if the "business income actual annual value" is greater than the "business income estimated annual value" at the affected location at the time of the "accident." Instead, we will determine the most we will pay using the following steps:
- (1) Divide the "business income estimated annual value" by the "business income actual annual value" at the time of the "accident";
  - (2) Multiply the total amount of the covered loss of "business income" by the amount determined in paragraph (1) above;
  - (3) Subtract the applicable deductible from the amount determined in paragraph (2) above;

The resulting amount, or the Business Income Limit, whichever is less, is the most we will pay. For the remainder, you will either have to rely on other insurance or absorb the loss yourself.

- b. Coinsurance applies separately to each insured location.
- c. If you report a single "business income estimated annual value" for more than one location, without providing information on how that amount should be distributed among the locations, we will distribute the amount evenly among all applicable locations.

**EXAMPLE 1 (Underinsurance)**

When:

The "business income actual annual value" at the location of loss at the time of the "accident" is \$200,000.

The "business income estimated annual value" shown in the Declarations for the location of loss is \$100,000.

The actual loss of "business income" resulting from the "accident" is \$40,000.

The Business Income limit is \$100,000.

The Business Income deductible is \$5,000.

Step 1:  $\$100,000 / \$200,000 = .5$

Step 2:  $\$40,000 \times .5 = \$20,000$

Step 3:  $\$20,000 - \$5,000 = \$15,000$

The total "business income" loss recovery, after deductible, would be \$15,000. For the remainder, you will either have to rely on other insurance or absorb the loss yourself.

We will also charge you an additional premium in recognition of the "business income actual annual value."

**EXAMPLE 2 (Adequate insurance)**

When:

The "business income actual annual value" at the location of loss at the time of the "accident" is \$200,000.

The "business income estimated annual value" shown in the Declarations for the location of loss is \$200,000.

The actual loss of "business income" resulting from the "accident" is \$40,000.

The Business Income limit is \$100,000.

The Business Income deductible is \$5,000.

Step 1:  $\$200,000 / \$200,000 = 1$

Step 2:  $\$40,000 \times 1 = \$40,000$

Step 3:  $\$40,000 - \$5,000 = \$35,000$

The total "business income" loss recovery, after deductible, would be \$35,000.

**4. Coinsurance - Coverages other than Business Income**

Coverages other than Business Income may be subject to coinsurance if so indicated in the Declarations. If a Coinsurance percentage is shown in the Declarations, the following condition applies.

- a. We will not pay the full amount of any loss if the value of the property subject to the coverage at the time of the "accident" times the Coinsurance percentage shown for it in the Declarations is greater than the applicable limit.

Instead, we will determine the most we will pay using the following steps:

- (1) Multiply the value of the property subject to the coverage at the time of the "accident" by the Coinsurance percentage;

- (2) Divide the applicable limit by the amount determined in step (1);

- (3) Multiply the total amount of loss, before the application of any deductible, by the amount determined in step (2); and

- (4) Subtract the deductible from the amount determined in step (3).

We will pay the amount determined in step (4) or the applicable limit, whichever is less. For the remainder, you will either have to rely on other insurance or absorb the loss yourself.

- b. Coinsurance applies separately to each insured location.

**EXAMPLE 1 (Underinsurance)**

When:

The actual value of "perishable goods" at the location of loss at the time of the "accident" is \$200,000.

The Perishable Goods limit is \$100,000 @ 80% coinsurance.

The loss under Perishable Goods coverage resulting from the "accident" is \$60,000.

The Perishable Goods deductible is \$5,000.

Step 1:  $\$200,000 \times 80\% = \$160,000$

Step 2:  $\$100,000 / \$160,000 = .625$

Step 3:  $\$60,000 \times .625 = \$37,500$

Step 4:  $\$37,500 - \$5,000 = \$32,500$

The total Perishable Goods loss recovery, after deductible, would be \$32,500. For the remainder, you will either have to rely on other insurance or absorb the loss yourself.

#### **EXAMPLE 2 (Adequate insurance)**

When:

The actual value of "perishable goods" at the location of loss at the time of the "accident" is \$100,000.

The Perishable Goods limit is \$100,000 @ 80% coinsurance.

The loss under Perishable Goods coverage resulting from the "accident" is \$60,000.

The Perishable Goods deductible is \$5,000.

Step 1:  $\$100,000 \times 80\% = \$80,000$

Step 2:  $\$100,000 / \$80,000 = 1.25$

Coinsurance does not apply.

Step 3:  $\$60,000 - \$5,000 = \$55,000$

The total Perishable Goods loss recovery, after deductible, would be \$55,000.

#### **5. Defense**

We have the right, but are not obligated, to defend you against suits arising from claims of owners of property in your care, custody or control. When we do this, it will be at our expense.

#### **6. Duties in the Event of Loss or Damage**

You must see that the following are done in the event of loss or damage:

- a. Give us a prompt notice of the loss or damage, including a description of the property involved.
- b. You must reduce your loss, damage or expense, if possible, by:
  - (1) Protecting property from further damage. We will not pay for your failure to protect property, as stated in Exclusion B.1.g.;
  - (2) Resuming business, partially or completely at the location of loss or at another location;
  - (3) Making up lost business within a reasonable amount of time. This includes working extra time or overtime at the location of loss or at another location. The reasonable amount of time does not necessarily end when the operations are resumed;
  - (4) Using merchandise or other property available to you;

- (5) Using the property or services of others; and
  - (6) Salvaging the damaged property.
- c. Allow us a reasonable time and opportunity to examine the property and premises before repair or replacement is undertaken or physical evidence of the "accident" is removed. But you must take whatever measures are necessary for protection from further damage.
  - d. Make no statement that will assume any obligation or admit any liability, for any loss, damage or expense for which we may be liable, without our consent.
  - e. Promptly send us any legal papers or notices received concerning the loss, damage or expense.
  - f. As often as may be reasonably required, permit us to inspect your property, premises and records. Also permit us to take samples of damaged and undamaged property for inspection, testing and analysis, and permit us to make copies from your books and records.
  - g. If requested, permit us to examine you and any of your agents, employees and representatives under oath. We may examine any insured under oath while not in the presence of any other insured. Such examination:
    - (1) May be at any time reasonably required;
    - (2) May be about any matter relating to this insurance, your loss, damage or expense, or your claim, including, but not limited to, your books and records; and
    - (3) May be recorded by us by any methods we choose.
  - h. Send us a signed, sworn proof of loss containing the information we request. You must do this within 60 days after our request.
  - i. Cooperate with us in the investigation and settlement of the claim.

#### **7. Errors and Omissions**

- a. We will pay your loss covered by this Equipment Breakdown coverage if such loss is otherwise not payable solely because of any of the following:
  - (1) Any error or unintentional omission in the description or location of property as insured under this policy;
  - (2) Any failure through error to include any premises owned or occupied by you at the inception of this policy; or
  - (3) Any error or unintentional omission by you that results in cancellation of

- any premises insured under this policy.
- b. No coverage is provided as a result of any error or unintentional omission by you in the reporting of values or the coverage you requested.
- c. It is a condition of this coverage that such errors or unintentional omissions shall be reported and corrected when discovered. The policy premium will be adjusted accordingly to reflect the date the premises should have been added had no error or omission occurred.
- d. If an Errors and Omissions Limit is shown on the Declarations, we will not pay more than the indicated amount for coverage under this Condition.

**8. Proving Your Loss**

It is your responsibility, at your own expense, to provide documentation to us:

- a. Demonstrating that the loss, damage or expense is the result of an "accident" covered under this Equipment Breakdown Coverage; and
- b. Calculating the dollar amount of the loss, damage and expense that you claim is covered.

Your responsibility in 8.a. above is without regard to whether or not the possible "accident" occurred at your premises or involved your equipment.

**9. Salvage and Recoveries**

When, in connection with any loss under this Equipment Breakdown Coverage, any salvage or recovery is received after the payment for such loss, the amount of the loss shall be refigured on the basis on which it would have been settled had the amount of salvage or recovery been known at the time the loss was originally determined. Any amounts thus found to be due either party from the other shall be paid promptly.

**10. Valuation**

We will determine the value of "covered property" as follows:

- a. Except as specified otherwise, our payment for damaged "covered property" will be the smallest of:
  - (1) The cost to repair the damaged property;
  - (2) The cost to replace the damaged property on the same site; or
  - (3) The amount you actually spend that is necessary to repair or replace the damaged property.
- b. The amount of our payment will be based on the most cost-effective means to replace the function, capacity and remaining useful life of the damaged property. This may include the use of

- generic, used or reconditioned parts, equipment or property.
- c. Except as described in d. below, you must pay the extra cost of replacing damaged property with property of a better kind or quality or of a different size or capacity.

**d. Environmental, Safety and Efficiency Improvements**

If "covered equipment" requires replacement due to an "accident," we will pay your additional cost to replace with equipment that we agree is better for the environment, safer for people or more energy efficient than the equipment being replaced, subject to the following conditions:

- (1) We will not pay more than 150% of what the cost would have been to replace with like kind and quality;
- (2) We will not pay to increase the size or capacity of the equipment;
- (3) This provision only applies to Property Damage coverage;
- (4) This provision does not increase any of the applicable limits;
- (5) This provision does not apply to any property valued on an Actual Cash Value basis; and
- (6) This provision does not apply to the replacement of component parts.

**e. The following property will be valued on an Actual Cash Value basis:**

- (1) Any property that does not currently serve a useful or necessary function for you;
- (2) Any "covered property" that you do not repair or replace within 24 months after the date of the "accident"; and
- (3) Any "covered property" for which Actual Cash Value coverage is specified in the Declarations.

Actual Cash Value includes deductions for depreciation.

- f. If any one of the following conditions is met, property held for sale by you will be valued at the sales price as if no loss or damage had occurred, less any discounts and expenses that otherwise would have applied:
  - (1) The property was manufactured by you;
  - (2) The sales price of the property is less than the replacement cost of the property; or
  - (3) You are unable to replace the property before its anticipated sale.
- g. Except as specifically provided for under

Data Restoration coverage, "data" and "media" will be valued on the following basis:

- (1) For mass produced and commercially available software, at the replacement cost.
  - (2) For all other "data" and "media," at the cost of blank "media" for reproducing the records. We will not pay for "data" representing financial records based on the face value of such records.
- h. Air conditioning or refrigeration equipment that utilizes a refrigerant containing CFC (chlorofluorocarbon) substances will be valued at the cost to do the least expensive of the following:
- (1) Repair or replace the damaged property and replace any lost CFC refrigerant;
  - (2) Repair the damaged property, retrofit the system to accept a non-CFC refrigerant and charge the system with a non-CFC refrigerant; or
  - (3) Replace the system with one using a non-CFC refrigerant.

In determining the least expensive option, we will include any associated Business Income or Extra Expense loss. If option (2) or (3) is more expensive than (1), but you wish to retrofit or replace anyway, we will consider this better for the environment and therefore eligible for valuation under paragraph d., Environmental, Safety and Efficiency Improvements. In such case, E.10.d.(1) is amended to read: "We will not pay more than 125% of what the cost would have been to repair or replace with like kind and quality."

#### F. ADDITIONAL CONDITIONS

The following conditions apply in addition to the Loss Conditions:

##### 1. Additional Insured

If a person or organization is designated in this Equipment Breakdown Coverage as an additional insured, we will consider them to be an insured under this Equipment Breakdown Coverage only to the extent of their interest in the "covered property."

##### 2. Bankruptcy

The bankruptcy or insolvency of you or your estate will not relieve you or us of any obligation under this Equipment Breakdown Coverage.

##### 3. Cancellation

- a. The first Named Insured shown in the Declarations may cancel this policy by mailing or delivering to us advance written notice of cancellation.
- b. We may cancel this policy by mailing or delivering to the first Named Insured written

notice of cancellation at least:

- (1) 10 days before the effective date of cancellation if we cancel for nonpayment of premium; or
  - (2) 30 days before the effective date of cancellation if we cancel for any other reason.
- c. We will mail or deliver our notice to the first Named Insured's last mailing address known to us.
  - d. Notice of cancellation will state the effective date of cancellation. The policy period will end on that date.
  - e. If this policy is canceled, we will send the first Named Insured any premium refund due. If we cancel, the refund will be pro rata. If the first Named Insured cancels, the refund may be less than pro rata. The cancellation will be effective even if we have not made or offered a refund.
  - f. If notice is mailed, proof of mailing will be sufficient proof of notice.

#### 4. Changes

This policy contains all the agreements between you and us concerning the insurance afforded. The first Named Insured shown in the Declarations is authorized to make changes in the terms of this policy with our consent. This policy's terms can be amended or waived only by endorsement issued by us and made a part of this policy.

#### 5. Concealment, Misrepresentation or Fraud

We will not pay for any loss and coverage will be void if you or any additional Insured at any time:

- a. Intentionally cause or allow loss, damage or expense in order to collect on insurance; or
- b. Intentionally conceal or misrepresent a material fact concerning:
  - (1) This Equipment Breakdown Coverage;
  - (2) The "covered property";
  - (3) Your interest in the "covered property"; or
  - (4) A claim under this Equipment Breakdown Coverage.

#### 6. Examination of Your Books and Records

We may examine and audit your books and records as they relate to this policy at any time during the policy period and up to three years afterward.

#### 7. Inspections and Surveys

- a. We have the right to:
  - (1) Make inspections and surveys at any time;
  - (2) Give you reports on the conditions we find; and
  - (3) Recommend changes.

- b. We are not obligated to make any inspections, surveys, reports or recommendations and any such actions relate only to insurability and the premiums to be charged. We do not make safety inspections. We do not undertake to perform the duty of any person or organization to provide for the health or safety of workers or the public. And we do not warrant that conditions:
- (1) Are safe or healthful; or
  - (2) Comply with laws, regulations, codes or standards.
- c. Paragraphs a. and b. of this condition apply not only to us, but also to any rating, advisory, rate service or similar organization which makes insurance inspections, surveys, reports or recommendations.
- 8. Jurisdictional Inspections**  
It is your responsibility to comply with any state or municipal boiler and pressure vessel regulations. If any "covered equipment" that is "covered property" requires inspection to comply with such regulations, at your option we agree to perform such inspection.
- 9. Legal Action Against Us**  
No one may bring a legal action against us under this Equipment Breakdown Coverage unless:
- a. There has been full compliance with all the terms of this Equipment Breakdown Coverage; and
  - b. The action is brought within two years after the date of the "accident" or
  - c. We agree in writing that you have an obligation to pay for damage to "covered property" of others or until the amount of that obligation has been determined by final judgment or arbitration award. No one has the right under this policy to bring us into an action to determine your liability.
- 10. Liberalization**  
If we adopt any standard form revision for general use that would broaden the coverage under this Equipment Breakdown Coverage without additional premium, the broadened coverage will apply to this Equipment Breakdown Coverage commencing on the date that such revision becomes effective in the jurisdiction where the "accident" occurs.
- 11. Loss Payable**
- a. We will pay you and the loss payee shown in the Declarations for loss covered by this Equipment Breakdown Coverage, as interests may appear. The insurance covers the interest of the loss payee unless the loss results from conversion, secretion or embezzlement on your part or on the part of the loss payee.
  - b. We may cancel the policy as allowed by the Cancellation Condition. Cancellation ends this agreement as to the loss payee's interest. If we cancel, we will mail you and the loss payee the same advance notice.
  - c. If we make any payment to the loss payee, we will obtain their rights against any other party.
- 12. Maintaining Your Property and Equipment**  
It is your responsibility to appropriately maintain your property and equipment. We will not pay your costs to maintain, operate, protect or enhance your property or equipment, even if such costs are to comply with our recommendations or prevent loss, damage or expense that would be covered under this policy.
- 13. Mortgage Holders**
- a. The term mortgage holder includes trustee.
  - b. We will pay for direct damage to "covered property" due to an "accident" to "covered equipment" to you and each mortgage holder shown in the Declarations in their order of precedence, as interests in the "covered property" may appear.
  - c. The mortgage holder has the right to receive loss payment even if the mortgage holder has started foreclosure or similar action on the "covered property."
  - d. If we deny your claim because of your acts or because you have failed to comply with the terms of this Equipment Breakdown Coverage, the mortgage holder will still have the right to receive loss payment, provided the mortgage holder does all of the following:
    - (1) Pays any premium due under this Equipment Breakdown Coverage at our request if you have failed to do so;
    - (2) Submits a signed, sworn proof of loss within 60 days after receiving notice from us of your failure to do so;
    - (3) Has notified us of any change in ownership or material change in risk known to the mortgage holder; and
    - (4) Has complied with all other terms and conditions of this Policy.
 All of the terms of this Equipment Breakdown Coverage will then apply directly to the mortgage holder.
  - e. If we pay the mortgage holder for any loss and deny payment to you because of your acts or because you have failed

to comply with the terms of this Equipment Breakdown Coverage:

- (1) The mortgage holder's right under the mortgage will be transferred to us to the extent of the amount we pay; and
- (2) The mortgage holder's right to recover the full amount of the mortgage holder's claim will not be impaired.

At our option, we may pay to the mortgage holder the whole principal on the mortgage plus any accrued interest. In this event, your mortgage and note will be transferred to us and you will pay your remaining mortgage debt to us.

- f. If we cancel this policy, we will give written notice to the mortgage holder at least:
  - (1) 10 days before the effective date of cancellation if we cancel for your nonpayment of premium; or
  - (2) 30 days before the effective date of cancellation if we cancel for any other reason.
- g. If we elect not to renew this policy, we will give written notice to the mortgage holder at least 10 days before the expiration date of this policy.
- h. If we suspend coverage, it will also be suspended as respects the mortgage holder. We will give written notice of the suspension to the mortgage holder.

**14. Other Insurance**

If there is other insurance that applies to the same loss, damage or expense, this Equipment Breakdown Coverage shall apply only as excess insurance after all other applicable insurance has been exhausted.

**15. Policy Period, Coverage Territory**

Under this Equipment Breakdown Coverage:

- a. The "accident" must occur during the Policy Period, but expiration of the policy does not limit our liability.
- b. The "accident" must occur within the following Coverage Territory:
  - (1) The United States of America (including its territories and possessions);
  - (2) Puerto Rico; and
  - (3) Canada.
- c. With respect to Off Premises Property Damage coverage only, the "accident" may occur in any country except one in which the United States has imposed sanctions, embargoes or similar restrictions on the provision of insurance.

**16. Premiums**

The first Named Insured shown in the Declarations:

- a. Is responsible for the payment of all premiums; and

- b. Will be the payee for any return premiums we pay.

**17. Privilege to Adjust with Owner**

In the event of loss, damage or expense involving property of others in your care, custody or control, we have the right to settle the loss, damage or expense with respect to such property with the owner of the property. Settlement with owners of that property will satisfy any claim of yours.

**18. Suspension**

Whenever "covered equipment" is found to be in, or exposed to, a dangerous condition, any of our representatives may immediately suspend the insurance against loss from an "accident" to that "covered equipment." This can be done by delivering or mailing a written notice of suspension to:

- a. Your last known address; or
- b. The address where the "covered equipment" is located.

Once suspended in this way, your insurance can be reinstated only by an endorsement for that "covered equipment."

If we suspend your insurance, you will get a pro rata refund of premium for that "covered equipment" for the period of suspension. But the suspension will be effective even if we have not yet made or offered a refund.

**19. Transfer of Your Rights and Duties Under This Policy**

Your rights and duties under this policy may not be transferred without our written consent except in the case of death of an individual Named Insured.

If you die, your rights and duties will be transferred to your legal representative but only while acting within the scope of duties as your legal representative. Until your legal representative is appointed, anyone having proper temporary custody of your property will have your rights and duties but only with respect to that property.

**20. Transfer of Rights of Recovery Against Others to Us**

If any person or organization to or for whom we make payment under this Equipment Breakdown Coverage has rights to recover damages from another, those rights are transferred to us to the extent of our payment. That person or organization must do everything necessary to secure our rights and must do nothing after loss to impair them. But you may waive your rights against another party in writing:

- a. Prior to an "accident."
- b. After an "accident" only if, at time of the "accident," that party is one of the following:

- (1) Someone insured by this Policy; or
- (2) A business firm:
  - (a) Owned or controlled by you; or
  - (b) That owns or controls you.

**G. DEFINITIONS**

1. **"Accident"**
  - a. "Accident" is defined in A.1.a.
  - b. None of the following is an "accident," however caused and without regard to whether such condition or event is normal and expected or unusual and unexpected:
    - (1) Depletion, deterioration, rust, corrosion, erosion, settling or wear and tear;
    - (2) Any gradually developing condition;
    - (3) Any defect, programming error, programming limitation, computer virus, malicious code, loss of "data," loss of access, loss of use, loss of functionality or other condition within or involving "data" or "media" of any kind;
    - (4) Contamination by a "hazardous substance": or
    - (5) Misalignment, miscalibration, tripping off-line, or any condition which can be corrected by resetting, tightening, adjusting or cleaning, or by the performance of maintenance.
2. **"Anchor Location"** means a location, operated by others, upon which you depend to attract customers to your location. An "anchor location" must have been open for business for at least six months prior to the "accident," and must be located within one mile of your location.
3. **"Boilers and Vessels"** means:
  - a. Boilers;
  - b. Steam piping;
  - c. Piping that is part of a closed loop used to conduct heat from a boiler;
  - d. Condensate tanks; and
  - e. Unfired vessels which, during normal usage, operate under vacuum or pressure, other than the weight of contents.  
This term does not appear elsewhere in this coverage form, but may appear in the Declarations.
4. **"Building Utilities"** means "covered equipment" permanently mounted on or in a building and used to provide any of the following services within the building: heating, ventilating, air conditioning, electrical power, hot water, elevator or escalator services, natural gas service or communications. "Building utilities" does not include personal property or equipment used in manufacturing or processing.
5. **"Buried Vessels or Piping"** means any piping or vessel buried or encased in the earth, concrete or other material, whether above or below grade, or in an enclosure which does not allow access for inspection and repair.
6. **"Business Income"** means the sum of:
  - a. The Net Income (net profit or loss before income taxes) that would have been earned or incurred; and
  - b. Continuing normal and necessary operating expenses incurred, including employee payroll.
7. **"Business Income Actual Annual Value"** means the "business income" for the current fiscal year that would have been earned had no "accident" occurred.  
In calculating the "business income actual annual value," we will take into account the actual experience of your business before the "accident" and the probable experience you would have had without the "accident."
8. **"Business Income Estimated Annual Value"** means the anticipated "business income" reported to us and shown in the Declarations. If no value is shown in the Declarations, the "business income estimated annual value" will be the most recent report of anticipated "business income" values on file with us.
9. **"Covered Equipment"**
  - a. "Covered Equipment" is defined in A.1.b.
  - b. None of the following is "covered equipment":
    - (1) Structure, including but not limited to the structural portions of buildings and towers, and scaffolding;
    - (2) Foundation;
    - (3) Cabinet, compartment, conduit or ductwork;
    - (4) Insulating or refractory material;
    - (5) "Buried vessels or piping";
    - (6) Waste, drainage or sewer piping;
    - (7) Piping, valves or fittings forming a part of a sprinkler or fire suppression system;
    - (8) Water piping that is not part of a closed loop used to conduct heat or cooling from a boiler or a refrigeration or air conditioning system;
    - (9) "Vehicle" or any equipment mounted on a "vehicle";
    - (10) Satellite, spacecraft or any equipment mounted on a satellite or spacecraft;
    - (11) Dragline, excavation or construction equipment;
    - (12) Equipment manufactured by you for sale; or
    - (13) "Data."
10. **"Covered Property"**
  - a. "Covered Property" means property that you own or property that is in your care,

custody or control and for which you are legally liable. Such property must be at a location described in the Declarations except as provided under Off Premises Property Damage coverage.

- b. None of the following is "covered property":
- (1) Accounts, bills, currency, deeds or other evidences of debt, money, notes or securities;
  - (2) Fine arts, jewelry, furs or precious stones;
  - (3) Precious metal, unless forming a part of "covered equipment";
  - (4) Animals;
  - (5) Contraband, or property in the course of illegal transportation or trade;
  - (6) Land (including land on which the property is located), water, trees, growing crops or lawns; or
  - (7) Shrubs or plants, unless held indoors for retail sale.

11. "Data" means information or instructions stored in digital code capable of being processed by machinery.

12. "Electrical Generating Equipment"

- a. "Electrical Generating Equipment" means equipment which converts any other form of energy into electricity. This includes, but is not limited to, the following:
- (1) Boilers used primarily to provide steam for one or more turbine-generator units;
  - (2) Turbine-generators (including steam, gas, water or wind turbines);
  - (3) Engine-generators;
  - (4) Fuel cells or other alternative electrical generating equipment;
  - (5) Electrical transformers, switchgear and power lines used to convey the generated electricity; and
  - (6) Associated equipment necessary for the operation of any of the equipment listed in (1) through (5) above.
- b. "Electrical Generating Equipment" does not mean:
- (1) Elevator or hoist motors that generate electricity when releasing cable; or
  - (2) Equipment intended to generate electricity solely on an emergency, back-up basis.

This term does not appear elsewhere in this coverage form, but may appear in the Declarations.

13. "Extra Expense" means the additional cost you incur to operate your business over and above the cost that you normally would have incurred to operate your business during the same period had no "accident" occurred.
14. "Hazardous Substance" means any substance that is hazardous to health or has been

declared to be hazardous to health by a governmental agency.

15. "Interruption of Service"

- a. "Interruption of Service" means a failure or disruption of the normal supply of any of the Covered Services listed in b. below, when such failure or disruption is caused by an "accident" to "covered equipment," subject to the conditions listed in c. through f. below.
- b. Covered Services are electrical power, waste disposal, air conditioning, refrigeration, heating, natural gas, compressed air, water, steam, internet access, telecommunications services, wide area networks and data transmission.
- c. The "covered equipment" must either be:
- (1) Owned by a company with whom you have a contract to supply you with one of the Covered Services; or
  - (2) Used to supply you with one of the Covered Services and located within one mile of a location described in the Declarations.
- d. If a Service Interruption Distance Limitation is indicated in the Declarations, the "covered equipment" suffering the "accident" must be located within the indicated distance of any location described in the Declarations.
- e. Unless otherwise shown in the Declarations, no failure or disruption of service will be considered to qualify as an "interruption of service" until the failure or disruption exceeds 24 hours immediately following the "accident."
- f. "Interruption of service" does not include any failure or disruption, whether or not arising from or involving an "accident," in which a supplier could have continued to provide service to the location but chose for any reason to reduce or discontinue service.

16. "Interruption of Supply"

- a. "Interruption of Supply" means a failure or disruption of the normal supply of any of the Covered Contingencies listed below, when such failure or disruption is caused by an "accident" to "covered equipment" that is located at a Contingent Business Income supplier or receiver location indicated in the Declarations. If no Contingent Business Income supplier or receiver location is indicated in the Declarations, the "covered equipment" must be owned by a supplier from whom you have received the Covered Contingency for at least six

- months prior to the "accident."
- b. Covered Contingencies are raw materials, intermediate products, finished products, packaging materials and product processing services.
17. **"Media"** means material on which "data" is recorded, such as magnetic tapes, hard disks, optical disks or floppy disks.
18. **"One Accident"** means all "accidents" occurring at the same time from the same event. If an "accident" causes other "accidents," all will be considered "one accident."
19. **"Ordinary Payroll"** means the Payroll Expenses associated with all employees other than executives, department managers and employees under contract.  
As used above, Payroll Expenses means all payroll, employee benefits directly related to payroll, FICA payments you pay, union dues you pay and workers compensation premiums. "Ordinary payroll" does not include pensions or directors fees.  
This term does not appear elsewhere in this coverage form, but may appear in the Declarations.
20. **"Period of Restoration"** means the period of time that begins at the time of the "accident" and continues until the earlier of:
- The date the physical damage to "covered equipment" is repaired or replaced; or
  - The date on which such damage could have been repaired or replaced with the exercise of due diligence and dispatch, plus the number of days, if any, shown in the Declarations for Extended Period of Restoration.
- As respects Civil Authority coverage only, "period of restoration" means the period of time that begins as of the time access is prohibited by action of the civil authority and continues until the earlier of:
- 21 days thereafter; or
  - The date access is restored.
21. **"Perishable Goods"** means any "covered property" subject to deterioration or impairment as a result of a change of conditions, including but not limited to temperature, humidity or pressure.
22. **"Production Machinery"** means any machine or apparatus that processes or produces a product intended for eventual sale. This includes all component parts of such machine or apparatus and any other equipment used exclusively with such machine or apparatus. However, "production machinery" does not mean any boiler, or fired or unfired pressure vessel.  
This term does not appear elsewhere in this coverage form, but may appear in the Declarations.
23. **"Spoilage"** means any detrimental change in state. This includes but is not limited to thawing of frozen goods, warming of refrigerated goods, freezing of fresh goods, solidification of liquid or molten material and chemical reactions to material in process.
24. **"Vehicle"** means any machine or apparatus that is used for transportation or moves under its own power. "Vehicle" includes, but is not limited to, car, truck, bus, trailer, train, aircraft, watercraft, forklift, bulldozer, tractor or harvester.  
However, any property that is stationary, permanently installed at a covered location and that receives electrical power from an external power source will not be considered a "vehicle."

## Equipment Breakdown - Sublimits, Deductibles

Named Insured: A Tebele & Sons ETAL

Policy Number: AQS-190065  
HAQS-190065  
TR00093911900065

Effective Date: 1/15/2019

Issue Date: 02/06/2019

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

This endorsement modifies insurance provided under the:

**Equipment Breakdown Coverage Form**

These coverages apply to any location listed on the Schedule of Locations for Equipment Breakdown

Coverages	Limits
Equipment Breakdown Limit	\$ 22,155,400
Property Damage	\$ 19,834,000
Off Premises Property Damage	\$ 250,000
Business Income	\$ 2,321,400
Extra Expense	\$ 100,000
Service Interruption	\$ 250,000
Contingent Business Income	No Coverage
Perishable Goods	\$ 100,000
Data Restoration	\$ 100,000
Demolition	\$ 250,000
Ordinance or Law	\$ 250,000
Expediting Expense	\$ 100,000
Hazardous Substances	\$ 100,000
Newly Acquired Locations	\$ 250,000
Deductibles	
Combined, All Coverages	\$ 5,000

Other Conditions

Extended Period of Restoration: 0 days

Unless the interruption exceeds 24 hours we will not pay for any loss under Service Interruption or the Service Interruption component of Perishable Goods

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## Protective Safeguards – Fire Endorsement

### SCHEDULE

Symbol(s)	Location(s) Applicable
AS	as indicated on the Schedule of Values on file with the Company.
AA	as indicated on the Schedule of Values on file with the Company.
OTHER	as indicated on the Schedule of Values on file with the Company.

Describe any "OTHER": (a) Ansul Systems – ansul system over all cooking surfaces and semi-annual professional cleaning for hoods and ducts required  
(b) Heating, Ventilation, and Air Conditioning – maintained and in operation at all times  
(c) any aluminum wiring in buildings are properly pigtailed or retrofitted with CO/AL receptacles on all switches, outlets and circuit breaker panels and in accordance with local electrical codes.

#### Protective Safeguards

- A. As a condition of this insurance, you are required to maintain the protective devices or services listed in the Schedule above.

The protective safeguard(s) to which this endorsement applies are identified by the following symbols:

1. **"AS" Automatic Sprinkler System**, including related supervisory services.

Automatic Sprinkler System means:

- a. Any automatic fire protective or extinguishing system, including connected:

- (1) Sprinklers and discharge nozzles;
- (2) Ducts, pipes, valves and fittings;
- (3) Tanks, their component parts and supports; and
- (4) Pumps and private fire protection mains.

- b. When supplied from an automatic fire protective system:

- (1) Non-automatic fire protective systems; and
- (2) Hydrants, standpipes and outlets.

2. **"AA" Automatic Fire Alarm**

Means an automatic fire alarm protecting the entire building that is:

- a. Connected to a central station; or
- b. Reporting to a public or private fire alarm station.

3. **"SS" Security Service**,

Means a security service with a recording system or watch clock, making hourly rounds covering the entire building, when the premises are not in actual operation.

4. **"SC" Service Contract**

Means a written contract with a privately owned fire department providing fire protection service to the described premises.

5. **"OTHER"**

Means the protective system described in the Schedule.

- B. The following is added to the **EXCLUSIONS** section of the policy referenced above:

We will not pay for loss or damage caused by or resulting from fire if, prior to the fire, you failed to maintain any protective safeguard listed in the Schedule above, and over which you had control, in complete working order.

## Time Element, Business Income, Extra Expense And Rental Value Options

If indicated by an , the policy is changed as follows:

1.  **Maximum Period Of Indemnity**

- a. Coinsurance does not apply to this section.
- b. The most we will pay for the total of Business Income loss and Extra Expense is the lesser of:
  - (1) The amount of loss sustained and expenses incurred during the \_\_\_\_\_ days immediately following the beginning of the "period of restoration"; or
  - (2) The Limit of Insurance shown in the Declarations.

2.  **Monthly Limit Of Indemnity**

- a. Coinsurance does not apply to this section.
- b. The most we will pay for loss of Business Income in each period of 30 consecutive days after the beginning of the "period of restoration" is:
  - (1) The Limit of Insurance multiplied by
  - (2) The fraction shown below
  - (3) Period of Indemnity fraction is: 1/6

3.  **Business Income Agreed Value**

- a. To activate this Optional Coverage:
  - (1) A Business Income Report/Work Sheet must be submitted to us and must show financial data for your "operations":
    - a) During the 12 months prior to the date of the Work Sheet; and
    - b) Estimated for the 12 months immediately following the inception of this Optional Coverage.
  - (2) This option's check box must be checked and a limit shown in the Declarations as Agreed Value. The Agreed Value should be at least equal to:
    - a) The Coinsurance percentage shown below multiplied by
    - b) The amount of Net Income and operating expenses for the following 12 months you report on the Work Sheet.
    - c) Coinsurance percentage
- b. Coinsurance, is suspended until:
  - (1) 12 months after the effective date of this Optional Coverage; or
  - (2) The expiration date of this policy; whichever occurs first.
- c. We will reinstate Coinsurance, automatically if you do not submit a new Work Sheet and Agreed Value:
  - (1) Within 12 months of the effective date of this Optional Coverage; or
  - (2) When you request a change in your Business Income Limit of Insurance.
- d. If the Business Income Limit of Insurance is less than the Agreed Value, we will not pay more of any loss than the amount of loss multiplied by:
  - (1) The Business Income Limit of Insurance; divided by

(2) The Agreed Value.

4.  **Extended Period Of Indemnity**

The Period of Restoration is changed as follows:

a. **Business Income Other Than "Rental Value"**

If the necessary "suspension" of your "operations" produces a Business Income loss payable under this policy, we will pay for the actual loss of Business Income you incur during the period that:

(1) Begins on the date property (except "finished stock") is actually repaired, rebuilt or replaced and "operations" are resumed; and

(2) Ends on the earlier of:

a) The date you could restore your "operations", with reasonable speed, to the level which would generate the Business Income amount that would have existed if no direct physical loss or damage had occurred; or

b) \_\_\_\_\_ consecutive days after the date determined in (a)(1) above.

However, Extended Business Income does not apply to loss of Business Income incurred as a result of unfavorable business conditions caused by the impact of the Covered Cause of Loss in the area where the described premises are located.

Loss of Business Income must be caused by direct physical loss or damage at the described premises caused by or resulting from any Covered Cause of Loss.

b. **"Rental Value"**

If the necessary "suspension" of your "operations" produces a "Rental Value" loss payable under this policy, we will pay for the actual loss of "Rental Value" you incur during the period that:

(1) Begins on the date property is actually repaired, rebuilt or replaced and tenantability is restored; and

(2) Ends on the earlier of:

a) The date you could restore tenant occupancy, with reasonable speed, to the level which would generate the "Rental Value" that would have existed if no direct physical loss or damage had occurred; or

b) \_\_\_\_\_ consecutive days after the date determined in (b)(1) above.

However, Extended Business Income does not apply to loss of "Rental Value" incurred as a result of unfavorable business conditions caused by the impact of the Covered Cause of Loss in the area where the described premises are located.

Loss of "Rental Value" must be caused by direct physical loss or damage at the described premises caused by or resulting from any Covered Cause of Loss.

## Water Back-Up And Sump Overflow – Aggregate Limit

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the:

### AmWINS PROPERTY FORM

SCHEDULE	
Premises Number	Limit Of Insurance
per Schedule of Values on file with the Company	\$ 100,000 Per Occurrence
	\$ 100,000 Aggregate Limit

A. We will pay for direct physical loss or damage to Covered Property covered under Section **A. Coverage**, paragraph 1. **Covered Property**, caused by or resulting from:

1. Water or waterborne material which backs up through or overflows or is otherwise discharged from a sewer or drain; or
2. Water or waterborne material which overflows or is otherwise discharged from a sump, sump pump or related equipment, even if the overflow or discharge results from mechanical breakdown of a sump pump or its related equipment.

However, we will not pay the cost of repairing or replacing a sump pump or its related equipment in the event of mechanical breakdown.

B. The coverage described in Paragraph **A. Coverage**, of this endorsement does not apply to loss or damage resulting from an insured's failure to:

1. Keep a sump pump or its related equipment in proper working condition; or
2. Perform the routine maintenance or repair necessary to keep a sewer or drain free from obstructions.

C. With respect to the coverage provided under this endorsement, the **Flood Exclusion** is replaced by the following:

#### g. Flood

(1) Flood, surface water, waves (including tidal wave and tsunami), tides, tidal water, overflow of any body of water, or spray from any of these, all whether or not driven by wind (including storm surge);

(2) Mudslide or mudflow;

(3) Water under the ground surface pressing on, or flowing or seeping through:

(a) Foundations, walls, floors or paved surfaces;

(b) Basements, whether paved or not; or

(c) Doors, windows or other openings; or

(4) Waterborne material carried or otherwise moved by any of the water referred to in Paragraph (1) or (3), or material carried or otherwise moved by mudslide or mudflow.

This exclusion applies regardless of whether any of the above, in Paragraphs (1) through (4), is caused by an act of nature or is otherwise caused. An example of a situation to which this exclusion applies is the situation where

a dam, levee, seawall or other boundary or containment system fails in whole or in part, for any reason, to contain the water.

But if any of the above, in Paragraphs (1) through (4), results in fire, explosion or sprinkler leakage, we will pay for the loss or damage caused by that fire, explosion or sprinkler leakage (if sprinkler leakage is a Covered Cause of Loss).

**D. Limit of Liability**

The most we will pay for loss or damage in any one occurrence is \$25,000 unless a higher limit is shown in the Schedule.

Regardless of the number of occurrences or locations, the most that we will pay for all loss or damage from water back-up or sump overflow in the policy period is \$25,000 unless a higher Aggregate limit is shown in the Schedule.

All other terms, conditions, provisions and exclusions of this policy remain the same.

## Additional Coverage Endorsement - Wind Driven Precipitation

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

This endorsement modifies insurance provided under the:

### **AmWINS PROPERTY FORM**

**A. The following is added to section E. Limit of Liability:**

**Sublimit:** \$ 500,000 per Occurrence

The sublimit for Wind Driven Precipitation is included within the Limit of Liability shown in the Declarations as applicable to the covered Building Property. This sublimit does not increase the Limit of Liability.

Sublimit: \$

**B. Changes to the Covered Cause of Loss And Exclusions Section**

**1. The following is added to Paragraph A. Covered Cause of Loss:**

The term Covered Cause of Loss includes the Additional Coverage – Wind Driven Precipitation as described below:

We will pay for direct physical loss or damage to the interior of any building or structure, or to personal property in the building or structure caused by or resulting from rain, snow, sleet or ice, when driven by wind.

**2. The following is added to section B. Exclusions:**

We will not pay for loss or damage caused directly or indirectly by any of the following:


- a. Sand or dust, unless the building or structure first sustains damage by a Covered Cause of Loss to its roof or walls through which the sand or dust enters;
- b. Thawing of snow, sleet or ice on the building or structure; or
- c. Faulty, inadequate or defective:
  - (1) Planning, zoning, development, surveying, siting;
  - (2) Design, specifications, workmanship, repair, construction, renovation, remodeling, grading, compaction;
  - (3) Materials used in repair, construction, renovation or remodeling; or
  - (4) Maintenance;of part or all of any property on or off the described premises.

**3. Paragraph 1.c. in section C. Limitations is deleted.**

All other terms, conditions, provisions and exclusions of this policy remain the same.

# Policy Changes

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

<b>POLICY NUMBER(S):</b> AOP-190029 AQS-190065 HAQS-190065 TR00093911900065	<b>POLICY CHANGES EFFECTIVE:</b> 1/15/2019  <b>POLICY CHANGE NO.</b> 2	<b>COMPANY(S):</b> Certain Underwriters at Lloyd's Certain Underwriters at Lloyd's HDI Global Specialty SE General Security Indemnity Company of Arizona
<b>NAMED INSURED:</b> A Tebele & Sons ETAL	<b>AUTHORIZED REPRESENTATIVE:</b> 	

It is hereby agreed and understood that the following change(s) are made to this policy:

1. Coverage for the Peril of Storm Surge is excluded.

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SRU-040 (03-12)  
Page 1 of 1

**Mold, Mildew & Fungus Clause and Microorganism Exclusion  
(Map)  
(Time Limit & Sublimit)**

A. This policy only insures

1. Physical loss or damage to insured property by mold, mildew or fungus when directly caused by a peril Insured by this Policy occurring during the policy period  
Or
2. Physical loss or damage, occurring during the policy period, to insured property by a peril Insured by this policy resulting directly from mold, mildew or fungus.

This coverage is subject to all limitations in the policy to which this endorsement is attached and, in addition, to each of the following specific limitations:

1. The said property must otherwise be insured under this policy for physical loss or damage by that peril.
2. The Assured must report to Underwriters the existence and cost of the physical loss or damage by mold, mildew or fungus as soon as practicable, but no later than twelve (12) months after the peril first caused any physical loss or damage to insured property during the policy period. This policy does not insure any physical loss or damage by mold, mildew or fungus first reported to Underwriters after that twelve (12) month period.
3. Regardless of circumstance or other policy provisions, the maximum amount insured and payable under this policy for all mold, mildew or fungus caused by or resulting from such peril is \$15,000 for all parts of any claim and in total (the aggregate limit) for the policy period. This sublimit applies to all sections or extensions of the policy combined under which any claim arises or is made.

B. Except as set forth in the foregoing Section A, this policy does not insure any loss, damage, claim, cost, expense or other sum directly or indirectly arising out of or relating to:

mold, mildew, fungus, spores or other microorganism of any type, nature, or description, including but not limited to any substance whose presence poses an actual or potential threat to human health.

This exclusion applies regardless whether there is (i) any physical loss or damage to insured property; (ii) any insured peril or cause, whether or not contributing concurrently or in any sequence; (iii) any loss of use, occupancy, or functionality; or (iv) any action required, including but not limited to repair, replacement, removal, cleanup, abatement, disposal, relocation, or steps taken to address medical or legal concerns.

## **Pre-Existing Damage Exclusion Endorsement**

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

It is understood and agreed that this policy shall exclude any loss or damage directly or indirectly caused by, resulting from or contributed to by any pre-existing building damage at the time of this Certificate's or this policy's inception. This exclusion shall be removed upon substantial completion of repair or reconstruction of the damaged building.

**U.S. TREASURY DEPARTMENT'S  
OFFICE OF FOREIGN ASSETS CONTROL (OFAC)  
ADVISORY NOTICE TO POLICYHOLDERS**

**PLEASE READ THIS NOTICE CAREFULLY.**

No coverage is provided by this Policyholder Notice nor can it be construed to replace any provisions of your policy. You should read your policy and review your Declarations page for complete information on the coverages you are provided.

This Notice provides information concerning possible impact on your insurance coverage due to directives issued by OFAC.

The Office of Foreign Assets Control (OFAC) administers and enforces sanctions policy, based on Presidential declarations of national emergency. OFAC has identified and listed numerous foreign agents, front organizations, terrorists, terrorist organizations and narcotics traffickers as Specially Designated Nationals. This list can be located on the United States Treasury's web site: <http://www.treasury.gov/ofac>.

In accordance with OFAC regulations, if it is determined that you or any other insured, or any person or entity claiming the benefits of this insurance has violated U.S. sanctions law or is a Specially Designated National, as identified by OFAC, this insurance will be considered a blocked or frozen contract and all provisions of this insurance are immediately subject to OFAC. When an insurance policy is considered to be such a blocked or frozen contract, no payments or premium refunds may be made without authorization from OFAC. Other limitations on the premiums and payments also apply.

**APPLICABLE LAW (U.S.A.)**

This insurance shall be subject to the applicable state law to be determined by the court of competent jurisdiction as determined by the provisions of the Service of Suit Clause (U.S.A.)

14/09/2005

LMA5021

Form approved by Lloyd's Market Association

### SANCTION LIMITATION AND EXCLUSION CLAUSE

No (re)insurer shall be deemed to provide cover and no (re)insurer shall be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose that (re)insurer to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, United Kingdom or United States of America.

15/09/10

LMA3100

# PROPERTY LOSS NOTICE

DATE (MM/DD/YYYY)

AGENCY    CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS: CODE:                      SUBCODE: AGENCY CUSTOMER ID:	INSURED LOCATION CODE	DATE OF LOSS AND TIME	AM PM
	PROPERTY / HOME POLICY		
	CARRIER	NAIC CODE	
	POLICY NUMBER		
FLOOD POLICY			
CARRIER	NAIC CODE		
POLICY NUMBER			
WIND POLICY			
CARRIER	NAIC CODE		
POLICY NUMBER			

**INSURED**

NAME OF INSURED (First, Middle, Last)			INSURED'S MAILING ADDRESS		
DATE OF BIRTH	FEIN (if applicable)	MARITAL STATUS / CIVIL UNION (if applicable)			
PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL		PRIMARY E-MAIL ADDRESS:		
			SECONDARY E-MAIL ADDRESS:		
NAME OF SPOUSE (First, Middle, Last) (if applicable)			SPOUSE'S MAILING ADDRESS (if applicable)		
DATE OF BIRTH	FEIN (if applicable)	MARITAL STATUS / CIVIL UNION (if applicable)			
PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL		PRIMARY E-MAIL ADDRESS:		
			SECONDARY E-MAIL ADDRESS:		

**CONTACT**

CONTACT INSURED			
NAME OF CONTACT (First, Middle, Last)			CONTACT'S MAILING ADDRESS
PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL		
WHEN TO CONTACT			PRIMARY E-MAIL ADDRESS:
			SECONDARY E-MAIL ADDRESS:

**LOSS**

LOCATION OF LOSS				POLICE OR FIRE DEPARTMENT CONTACTED	
STREET:					
CITY, STATE, ZIP:				REPORT NUMBER	
COUNTRY:					
DESCRIBE LOCATION OF LOSS IF NOT AT SPECIFIC STREET ADDRESS:					
KIND OF LOSS	FIRE THEFT	LIGHTNING HAIL	FLOOD WIND	PROBABLE AMOUNT ENTIRE LOSS	
DESCRIPTION OF LOSS & DAMAGE (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)					
REPORTED BY			REPORTED TO		

AGENCY CUSTOMER ID: \_\_\_\_\_

REMARKS

[Empty box for remarks]

**APPLICABLE IN ALABAMA**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

**APPLICABLE IN ALASKA**

A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

**APPLICABLE IN ARIZONA**

For your protection, Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

**APPLICABLE IN ARKANSAS, DELAWARE, KENTUCKY, LOUISIANA, MAINE, MICHIGAN, NEW JERSEY,  
NEW MEXICO, NEW YORK, NORTH DAKOTA, PENNSYLVANIA, RHODE ISLAND, SOUTH DAKOTA,  
TENNESSEE, TEXAS, VIRGINIA, AND WEST VIRGINIA**

Any person who knowingly and with intent to defraud any insurance company or another person, files a 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, subject to criminal prosecution and [NY: substantial] civil penalties. In LA, ME, TN, and VA, insurance benefits may also be denied.

**APPLICABLE IN CALIFORNIA**

For your protection, California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**APPLICABLE IN COLORADO**

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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder 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 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.

**APPLICABLE IN FLORIDA**

Pursuant to S. 817.234, Florida Statutes, any person who, with the intent to injure, defraud, or deceive any insurer or insured, prepares, presents, or causes to be presented a proof of loss or estimate of cost or repair of damaged property in support of a claim under an insurance policy knowing that the proof of loss or estimate of claim or repairs contains any false, incomplete, or misleading information concerning any fact or thing material to the claim commits a felony of the third degree, punishable as provided in S. 775.082, S. 775.083, or S. 775.084, Florida Statutes.

**APPLICABLE IN HAWAII**

For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

**APPLICABLE IN IDAHO**

Any person who knowingly and with the intent to injure, defraud, or deceive any insurance company files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

**APPLICABLE IN INDIANA**

A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

**APPLICABLE 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.

**APPLICABLE IN MARYLAND**

Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who 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.

**APPLICABLE IN MINNESOTA**

A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**APPLICABLE IN NEVADA**

Pursuant to NRS 686A.291, any person who knowingly and willfully files a statement of claim that contains any false, incomplete or misleading information concerning a material fact is guilty of a felony.

**APPLICABLE IN NEW HAMPSHIRE**

Any person who, with purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

**APPLICABLE IN OHIO**

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**APPLICABLE IN OKLAHOMA**


WARNING: Any person who knowingly and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**APPLICABLE 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.


## Policy Changes

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

<p>POLICY NUMBER(S):</p> <p>AOP-190029 AQS-190065 HAQS-190065 TR00093911900065</p>	<p>POLICY CHANGES EFFECTIVE:</p> <p>1/15/2019</p> <hr/> <p>POLICY CHANGE NO.</p> <p>3</p>	<p>COMPANY(S):</p> <p>Certain Underwriters at Lloyd's Certain Underwriters at Lloyd's International Ins. Co. Of Hannover SE General Security Indemnity Company of Arizona</p>
<p>NAMED INSURED:</p> <p>A Tebele and Sons ETAL</p>		<p>AUTHORIZED REPRESENTATIVE:</p> 
<p>It is hereby agreed and understood that the following change(s) are made to this policy:</p> <p><u>Effective 1/15/2019, the following location is added to the policy for an Additional Premium of \$427.</u></p> <p>504 33<sup>rd</sup> Ave N Myrtle Beach, SC 29578 TIV \$90,000</p> <p>All other terms and conditions remain unchanged.</p>		

## Policy Changes

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

<p>POLICY NUMBER(S):</p> <p>AOP-190029 AQS-190065 HAQS-190065 TR00093911900065</p>	<p>POLICY CHANGES EFFECTIVE:</p> <p>1/15/2019</p> <hr/> <p>POLICY CHANGE NO.</p> <p>4</p>	<p>COMPANY(S):</p> <p>Certain Underwriters at Lloyd's Certain Underwriters at Lloyd's International Ins. Co. Of Hannover SE General Security Indemnity Company of Arizona</p>
<p>NAMED INSURED:</p> <p>A Tebele and Sons ETAL</p>	<p>AUTHORIZED REPRESENTATIVE:</p> 	
<p>It is hereby agreed and understood that the following change(s) are made to this policy:</p> <p><b><u>Effective 1/15/2019, SRU-030 "Schedule of Mortgage Holders" is added to the policy.</u></b></p> <p>All other terms and conditions remain unchanged.</p>		

SCHEDULE OF MORTGAGE HOLDER(S)

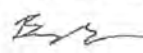
Named Insured  
A Tebele & Sons, ETAL

Effective Date:  
1/15/2019

Loc. No.	Bldg. No.	Mortgage Holder Name and Mailing Address
17, 18, 19, 20, 21, 22	ALL	Protective Life Ins c/o Mortgage Capital Investments Inc 2104 Sunset Place Nashville TN 37212

## Policy Changes

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

POLICY NUMBER(S):  AOP-190029 AQS-190065 HAQS-190065 TR00093911900065	POLICY CHANGES EFFECTIVE:  4/9/2019	COMPANY(S):  Certain Underwriters at Lloyd's International Ins. Co. Of Hannover SE General Security Indemnity Company of Arizona
	POLICY CHANGE NO.  5	
NAMED INSURED:  A Tebele and Sons ETAL		AUTHORIZED REPRESENTATIVE:  
It is hereby agreed and understood that the following change(s) are made to this policy:  <p style="text-align: center;"><b><u>Effective 4/9/2019, SRU-030 "Schedule of Mortgage Holders" is added to the policy.</u></b></p>		
All other terms and conditions remain unchanged.		

SCHEDULE OF MORTGAGE HOLDER(S)


Named Insured  
A Tebele and Sons ETAL

Effective Date:  
4/9/2019

Loc. No.	Bldg. No.	Mortgage Holder Name and Mailing Address
17, 18, 19, 20, 21, 22,	110, 112, 114, 116, 118, 120	Synovus Bank P.O. Box 200016 Kennesaw, GA 30156

## Policy Changes

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

<p>POLICY NUMBER(S):</p> <p>AOP-190029          AQS-190065          HAQS-190065          TR00093911900065</p>	<p>POLICY CHANGES EFFECTIVE:</p> <p>6/18/2019</p> <hr/> <p>POLICY CHANGE NO.</p> <p>6</p>	<p>COMPANY(S):</p> <p>Certain Underwriters at Lloyd's          Certain Underwriters at Lloyd's          International Ins. Co. Of Hannover SE          General Security Indemnity Company          of Arizona</p>
<p>NAMED INSURED:</p> <p>A Tebele and Sons ETAL</p>		<p>AUTHORIZED REPRESENTATIVE:</p> 
<p>It is hereby agreed and understood that the following change(s) are made to this policy:</p> <p><b><u>Effective 6/18/2019, SRU-030 "Schedule of Mortgage Holders is added to the policy."</u></b></p> <p>All other terms and conditions remain unchanged.</p>		

SCHEDULE OF MORTGAGE HOLDER(S)

Named Insured  
A Tebele and Sons ETAL

Effective Date:  
6/18/2019

Loc. No.	Bldg. No.	Mortgage Holder Name and Mailing Address
17, 18, 19, 20, 21, 22, 23	All	Synovus Bank P.O. Box 200016 Kennesaw, GA 30156-9248

# Protective Safeguards – Fire Endorsement

SCHEDULE	
Symbol(s)	Location(s) Applicable
AS	All Covered Locations reported as sprinklered in the Schedule of Values on file with the Company
Describe any "OTHER":	

## Protective Safeguards

A. As a condition of this insurance, you are required to maintain the protective devices or services listed in the Schedule above.

The protective safeguard(s) to which this endorsement applies are identified by the following symbols:

1. **"AS" Automatic Sprinkler System**, including related supervisory services.

Automatic Sprinkler System means:

a. Any automatic fire protective or extinguishing system, including connected:

- (1) Sprinklers and discharge nozzles;
- (2) Ducts, pipes, valves and fittings;
- (3) Tanks, their component parts and supports; and
- (4) Pumps and private fire protection mains.

b. When supplied from an automatic fire protective system:

- (1) Non-automatic fire protective systems; and
- (2) Hydrants, standpipes and outlets.

2. **"AA" Automatic Fire Alarm**

Means an automatic fire alarm protecting the entire building that is:

- a. Connected to a central station; or
- b. Reporting to a public or private fire alarm station.

3. **"SS" Security Service**,

Means a security service with a recording system or watch clock, making hourly rounds covering the entire building, when the premises are not in actual operation.

4. **"SC" Service Contract**

Means a written contract with a privately owned fire department providing fire protection service to the described premises.

5. **"OTHER"**

Means the protective system described in the Schedule.

B. The following is added to the **EXCLUSIONS** section of the policy referenced above:

We will not pay for loss or damage caused by or resulting from fire if, prior to the fire, you failed to maintain any protective safeguard listed in the Schedule above, and over which you had control, in complete working order.



# Crawford Sprinkler Company of South Carolina, Inc.

P.O. BOX 1267, LUGOFF, SC 29078  
673 LACHICOTTE ROAD, LUGOFF, SC 29078  
PHONE 803-438-2994 Ex. 305  
FAX 803-438-6065  
CELL 803-261-7963  
E-mail: [mike@crawfordsprinkler-sc.com](mailto:mike@crawfordsprinkler-sc.com)  
SC License No: FSC - 1002

Date: June 10, 2017  
To: Tebele Investments Group  
P O Box 1496  
Myrtle Beach, SC 29578  
Attn: Abe Tebele  
Ref: Fire Sprinkler System  
1901 N. Kings Highway  
Myrtle Beach, SC

CRAWFORD SPRINKLER COMPANY is pleased to furnish our maximum limit cost proposal for the interior wet type Fire Protection/Sprinkler System installation phased as indicated below for the referenced project. Our pricing is based on providing the necessary labor, materials and equipment to furnish this installation **starting approximately 1'-0" above the finished floor.** This installation is to be installed in accordance with NATIONAL FIRE PROTECTION ASSOCIATION guidelines and the Authority Having Jurisdiction.

Fire Sprinkler Installation is being proposed through-out the entire building including the front porch entry area, roof cupola, freezer and coolers. The fire sprinkler system installation for the front entry porch, roof cupola, freezer and coolers is being proposed with heat trace and insulation with an aluminum jacket for freeze protection. **The electric power wiring for the heat trace for these areas has not been included in this proposal.**

Some areas in the building will require openings in the ceiling to install the system piping. **The cost for repairing and patching the areas have not been included in this proposal.**

**COST:** South Side Phase "A" \$94,985.00  
North Side Phase "B" \$119,742.00  
\$214,727.00



### **WORK / ITEMS INCLUDED:**

1. Assumes adequate water flow is available to support sprinkler system at time of Demand
2. Supervision and labor.
3. Materials, including sales taxes.
4. Sprinkler permits and permit fees.
5. Drains and test connections if required.
6. One year warranty
7. Installation drawings for State and/or Local review

PAYMENT TERMS: CRAWFORD SPRINKLER COMPANY to bill for 100% of labor and materials in place by the end of each month, less 10% retainage. CRAWFORD SPRINKLER COMPANY to bill retainage upon the completion of work. Payment is due on the 10<sup>th</sup> of the following month.

A sample copy of our standard Certificate of Liability Insurance has been attached with this proposal for your information and review.

This proposal has been based on the removal of all asbestos material if detected and/or required for this project being completed prior to the start of any part of the installation. Owner and / or general contractor shall notify Crawford Sprinkler Co. of the presence of asbestos, hazardous materials and conditions, etc. in the work place prior to Crawford Sprinkler Co. starting work. Additional safety equipment and costs for working around asbestos and other hazardous materials, etc. as well as lost time from failure to disclose hazards will be extra to the amount quoted above.

The following items have not been included in our proposal.

1. The cost of Performance and Payment Bonds if required
2. Electric Wiring
3. Electric Alarm System
4. Painting of piping and/or equipment, cleaning of piping, or covering of sprinkler heads for painting if required
5. Cutting Sheetrock and/or Ceiling Tile for sprinkler head installation
6. Fire Extinguishers and / or Cabinets
7. City water connection cost or tap fees
8. Exterior supply from source to approximately 1'- 0 above the finished floor (starting point)
9. Valve pit
10. Backflow prevention valves
11. Fire Hydrants
12. Cutting, Removing, Replacing, and / or Repairing asphalt or concrete if required

Due to steel pipe price fluctuation this amount is subject to increase if awarded after thirty (30) day's from this date.

SELLER shall guarantee all workmanship and materials to be free from defects for a period of twelve (12) months following date of hydrostatic pressure test and sprinkler system is placed in service. SELLER cannot be responsible for any workmanship and materials left exposed and unprotected to corrosive element, atmosphere, and/or conditions.

By accepting this proposal, the purchaser expressly acknowledges and stipulates that until CRAWFORD SPRINKLER COMPANY has completely installed the system and has conducted the hydrostatic test, performance has not been completed and only upon that being done by CRAWFORD SPRINKLER COMPANY does it assume any responsibility or obligation for the functioning of the system as installed by it. Under no circumstances is anyone else permitted or authorized to place the system in service or perform a test upon it, and CRAWFORD SPRINKLER COMPANY is not responsible for the consequences of any activities of others in that regard.

We appreciate the opportunity to quote you on this project. Should you desire that we proceed with installation as indicated above, please indicate your acceptance of same by signing in the spaces provided below and returning a copy to our office while keeping a copy for your records. Should you have any questions, please advise.

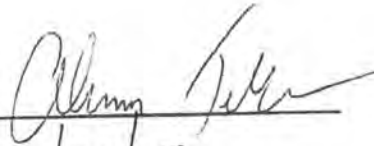
CRAWFORD SPRINKLER CO.  
OF SOUTH CAROLINA, INC.



G. Michael Dover

Attachment: 1

Acceptance:

Firm: King Realty Management LLC By:   
Title: Member ~~Manager~~ Date: 6/26/17

**David Egan**

---

**From:** david@crescoast.com  
**Sent:** Monday, August 20, 2018 03:20 PM  
**To:** whitney.gurtzweiler@amwins.com  
**Cc:** sandra@crescoast.com  
**Subject:** A Tebele & Sons  
**Attached:** 10-18 Liability Loss Runs.pdf;13-18 Arch Property Loss Runs.pdf;A Tebele & Sons 140.pdf;A Tebele & Sons ETAL 125 GL .pdf;A Tebele & Sons ETAL 125.pdf;A Tebele & Sons ETAL 126.pdf;image003.jpg

Whitney,

Please see attached new submission. They also have a \$5M umb, let me know if need the acord for that. I have attached loss runs from Jan. we can/ will get new ones; However, they have not had any new claims.

They are looking to switch mid term. I have current dec pages if you want them.

Sending over pics of dec pages in separate emails.

Regards,

**David Egan**  
Agent/ Managing Partner  
Crescent Coast Insurance  
843-399-0822 Office  
866-733-2573 Fax

Crest Coast  
logo

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Crescent Coast 00516

**1684**



AGENCY CUSTOMER ID: \_\_\_\_\_

**PROPERTY SECTION**

DATE (MM/DD/YYYY)

08/20/2018

NAIC CODE

COMPANY NAME Crescent Coast Insurance		CARRIER	
POLICY NUMBER Pending	EFFECTIVE DATE 09/01/2018	NAMED INSURED(S) A Tebele & Sons, ETAL	

BLKT #	AMOUNT	TYPE	BLKT #	AMOUNT	TYPE

<b>PREMISES INFORMATION</b>		PREMISES #: 1	STREET ADDRESS: 2909 Hwy 17 S						
		BUILDING #: 1	BLDG DESCRIPTION: retail store LRO						
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
building	800000		RC	special		5000			
BIEE	70000								

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)	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y/N)
		DEDUCTIBLE \$	
<input type="checkbox"/> FLOOD COVERAGE (Required in Florida)		ACCEPT COVERAGE	REJECT COVERAGE LIMIT: \$
<input type="checkbox"/> 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 NC	DISTANCE TO HYDRANT 1000 FT	FIRE DISTRICT myrtle beach	CODE NUMBER	PROT CL 2	# STORIES 1	# BASMTS 0	YR BUILT 1985	TOTAL AREA 10000
BUILDING IMPROVEMENTS		BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES			
<input checked="" type="checkbox"/> WIRING, YR: 2010	<input checked="" type="checkbox"/> PLUMBING, YR: 2010			single ply				
<input checked="" type="checkbox"/> ROOFING, YR: 2010	<input checked="" type="checkbox"/> HEATING, YR: 2010	WIND CLASS		SEMI-RESISTIVE	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT		DATE INSTALLED: _____	
OTHER: YR: _____		RESISTIVE			MANUFACTURER: _____			
PRIMARY HEAT		SECONDARY HEAT						
<input type="checkbox"/> BOILER	<input type="checkbox"/> SOLID FUEL	<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y/N						
RIGHT EXPOSURE & DISTANCE		LEFT EXPOSURE & DISTANCE		FRONT EXPOSURE & DISTANCE		REAR EXPOSURE & DISTANCE		
BURGLAR ALARM TYPE		CERTIFICATE #			EXPIRATION DATE		CENTRAL STATION	LOCAL GONG
BURGLAR ALARM INSTALLED AND SERVICED BY		EXTENT		GRADE	# GUARDS / WATCHMEN		CLOCK HOURLY	
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)				% SPRNK	FIRE ALARM MANUFACTURER			
				0				

<b>ADDITIONAL INTEREST</b>		ACORD 45 attached for additional names		
INTEREST	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE
<input type="checkbox"/> LENDER'S LOSS PAYABLE	Atlantic Beach Center LLC			
<input type="checkbox"/> LOSS PAYEE				
<input type="checkbox"/> MORTGAGEE				
<input checked="" type="checkbox"/> additional named Insur	REFERENCE / LOAN #:			
		INTEREST IN ITEM NUMBER		
		LOCATION:	BUILDING:	
		ITEM CLASS:	ITEM:	
		ITEM DESCRIPTION		

ACORD 140 (2016/03)

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**1685**

**ADDITIONAL PREMISES INFORMATION**

PREMISES #: 2	STREET ADDRESS: 2911 Hwy 17 S								
BUILDING #: 1	BLDG DESCRIPTION: mixed occupancy retail strip mall LRO								
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU-ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
ing	720000		RC	special		5000			
BIEE	70000								

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"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y/N) <input type="checkbox"/>	OPTIONS	
		DEDUCTIBLE \$		<input type="checkbox"/> BREAKDOWN OR CONTAMINATION	<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 NC	DISTANCE TO HYDRANT 1000 FT	FIRE STAT 5 MI	FIRE DISTRICT N Myrtle Beach	CODE NUMBER	PROT CL 2	# STORIES 1	# BASM'TS 0	YR BUILT 1987	TOTAL AREA 10000
BUILDING IMPROVEMENTS		BLDG CODE GRADE	TAX CODE	ROOF TYPE metal	OTHER OCCUPANCIES				
<input checked="" type="checkbox"/> WIRING, YR: 2017	<input checked="" type="checkbox"/> PLUMBING, YR: 2017	WIND CLASS	SEMI- RESISTIVE	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT		DATE INSTALLED: _____			
<input type="checkbox"/> DOOFING, YR: 2017	<input checked="" type="checkbox"/> HEATING, YR: 2017	RESISTIVE	MANUFACTURER: _____						
OTHER: _____ YR: _____		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 type="checkbox"/> Y/N					
IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y/N		RIGHT EXPOSURE & DISTANCE		LEFT EXPOSURE & DISTANCE		FRONT EXPOSURE & DISTANCE		REAR EXPOSURE & DISTANCE	
BURGLAR ALARM TYPE		CERTIFICATE #		EXPIRATION DATE		CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>		WITH KEYS	
BURGLAR ALARM INSTALLED AND SERVICED BY		EXTENT		GRADE		# GUARDS / WATCHMEN		CLOCK HOURLY	
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)		% SPRNK 0		FIRE ALARM MANUFACTURER		CENTRAL STATION		LOCAL GONG	

<b>ADDITIONAL INTEREST</b>		ACORD 45 attached for additional names				<b>INTEREST IN ITEM NUMBER</b>	
INTEREST	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	LOCATION:	BUILDING:	
<input type="checkbox"/> LENDER'S LOSS PAYABLE	Kings Plaza LLC				ITEM CLASS:	ITEM:	
<input type="checkbox"/> LOSS PAYEE					ITEM DESCRIPTION		
<input type="checkbox"/> MORTGAGEE							
<input checked="" type="checkbox"/> Additional Named Insu:							
	REFERENCE / LOAN #:						

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

**SIGNATURE**

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

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**

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

ADDITIONAL PREMISES INFORMATION		PREMISES #: 3	STREET ADDRESS: 502 30th Ave N						
		BUILDING #: 1	BLDG DESCRIPTION: dwelling						
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU-ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
	8400								
Building	60000		RC	special		5000			

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"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y/N) <input type="checkbox"/>	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: \$

PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK # OF OPEN SIDES ON STRUCTURE: \_\_\_\_\_

CONSTRUCTION TYPE JM	DISTANCE TO HYDRANT 1000 FT	FIRE STAT 5 MI	FIRE DISTRICT myrtle beach	CODE NUMBER	PROT CL 1	# STORIES 1	# BASM'TS 0	YR BUILT 1970	TOTAL AREA 900
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BUILDING IMPROVEMENTS	BLDG CODE GRADE	TAX CODE	ROOF TYPE comp shingle	OTHER OCCUPANCIES
<input checked="" type="checkbox"/> WIRING, YR: 2017	<input checked="" type="checkbox"/> PLUMBING, YR: 2017			
<input checked="" type="checkbox"/> ROOFING, YR: 2017	<input checked="" type="checkbox"/> HEATING, YR: 2017	WIND CLASS	SEMI- RESISTIVE	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT

OTHER: _____ YR: _____	RESISTIVE	SECONDARY HEAT
PRIMARY HEAT	<input type="checkbox"/> BOILER	<input type="checkbox"/> SOLID FUEL
<input type="checkbox"/> SOLID FUEL	IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y/N	

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE
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BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	CENTRAL STATION <input type="checkbox"/>	LOCAL GONG <input type="checkbox"/>
BURGLAR ALARM INSTALLED AND SERVICED BY		EXTENT	GRADE	# GUARDS / WATCHMEN

PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)	% SPRNK	FIRE ALARM MANUFACTURER	CENTRAL STATION <input type="checkbox"/>	LOCAL GONG <input type="checkbox"/>
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**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:
<input type="checkbox"/> LOSS PAYEE					BUILDING:
<input type="checkbox"/> MORTGAGEE					ITEM CLASS:
					ITEM:
					ITEM DESCRIPTION
	REFERENCE / LOAN #:				

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

**ADDITIONAL PREMISES INFORMATION**

PREMISES #: 4	STREET ADDRESS: 3001 N Kings Hwy								
BUILDING #: 1	BLDG DESCRIPTION: retail LRO								
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
ing	1300000		RC	special		5000			
BIEE	250000								
BPP	26000								

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"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y/N) <input type="checkbox"/>	OPTIONS	
		DEDUCTIBLE \$		<input type="checkbox"/> BREAKDOWN OR CONTAMINATION	<input type="checkbox"/> POWER OUTAGE
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 MNC	DISTANCE TO HYDRANT 500 FT	FIRE STAT 2 MI	FIRE DISTRICT myrtle beach	CODE NUMBER	PROT CL 1	# STORIES 1	# BASM'TS 0	YR BUILT 1987	TOTAL AREA 17000
BUILDING IMPROVEMENTS		BLDG CODE GRADE	TAX CODE	ROOF TYPE single ply	OTHER OCCUPANCIES				
<input checked="" type="checkbox"/> WIRING, YR: 2012	<input checked="" type="checkbox"/> PLUMBING, YR: 2012	WIND CLASS	SEMI-RESISTIVE	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT		DATE INSTALLED: _____			
<input type="checkbox"/> ROOFING, YR: 2012	<input checked="" type="checkbox"/> HEATING, YR: 2012			RESISTIVE	MANUFACTURER:				
PRIMARY HEAT			SECONDARY HEAT						
<input type="checkbox"/> BOILER	<input type="checkbox"/> SOLID FUEL	IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y/N		<input type="checkbox"/> BOILER	<input type="checkbox"/> SOLID FUEL	IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y/N			
RIGHT EXPOSURE & DISTANCE		LEFT EXPOSURE & DISTANCE		FRONT EXPOSURE & DISTANCE		REAR EXPOSURE & DISTANCE			
BURGLAR ALARM TYPE			CERTIFICATE #	EXPIRATION DATE	<input checked="" type="checkbox"/> CENTRAL STATION	<input type="checkbox"/> LOCAL GONG	WITH KEYS		
BURGLAR ALARM INSTALLED AND SERVICED BY ADT				EXTENT	GRADE	# GUARDS / WATCHMEN	CLOCK HOURLY		
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)				% SPRNK	FIRE ALARM MANUFACTURER			CENTRAL STATION LOCAL GONG	

<b>ADDITIONAL INTEREST</b>	ACORD 45 attached for additional names			
INTEREST	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE
<input type="checkbox"/> LENDER'S LOSS PAYABLE				
<input type="checkbox"/> LOSS PAYEE				
<input type="checkbox"/> MORTGAGEE				
<input type="checkbox"/>				
	REFERENCE / LOAN #:	INTEREST IN ITEM NUMBER		
		LOCATION:	BUILDING:	
		ITEM CLASS:	ITEM:	
		ITEM DESCRIPTION		

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

**ADDITIONAL PREMISES INFORMATION**

PREMISES #: 5	STREET ADDRESS:								
BUILDING #: 1	BLDG DESCRIPTION:								
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU-ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY

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"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y/N) <input type="checkbox"/>	OPTIONS BREAKDOWN OR CONTAMINATION 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 MNC	DISTANCE TO HYDRANT FT	FIRE STAT MI	FIRE DISTRICT surfside beach	CODE NUMBER	PROT CL 2	# STORIES 1	# BASM'TS 0	YR BUILT 1995	TOTAL AREA
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BUILDING IMPROVEMENTS	BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES
WIRING, YR: <input type="checkbox"/>	PLUMBING, YR: <input type="checkbox"/>	WIND CLASS	SEMI- RESISTIVE	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT
COFFING, YR: <input type="checkbox"/>	HEATING, YR: <input type="checkbox"/>	RESISTIVE		DATE INSTALLED: _____
OTHER: YR: <input type="checkbox"/>				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 type="checkbox"/> Y/N	IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y/N

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE
BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
BURGLAR ALARM INSTALLED AND SERVICED BY	EXTENT	GRADE	# GUARDS / WATCHMEN
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)	% SPRNK	FIRE ALARM MANUFACTURER	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>

ADDITIONAL INTEREST	ACORD 45 attached for additional names	INTEREST IN ITEM NUMBER
INTEREST	NAME AND ADDRESS RANK: EVIDENCE: CERTIFICATE	LOCATION: BUILDING:
<input type="checkbox"/> LENDER'S LOSS PAYABLE		ITEM CLASS: ITEM:
<input type="checkbox"/> LOSS PAYEE		ITEM DESCRIPTION
<input type="checkbox"/> MORTGAGEE	REFERENCE / LOAN #:	

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

**ADDITIONAL PREMISES INFORMATION**

PREMISES #: 6	STREET ADDRESS: 3205 N Kings Hwy								
BUILDING #: 1	BLDG DESCRIPTION: retail LRO								
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU- ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
ing	672000		RC	special		5000			
BIEE	90000								

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"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y / N) <input type="checkbox"/>	OPTIONS	
		DEDUCTIBLE \$		<input type="checkbox"/> BREAKDOWN OR CONTAMINATION	<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	DISTANCE TO HYDRANT	FIRE STAT	FIRE DISTRICT	CODE NUMBER	PROT CL	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA
MNC	500 FT	2 MI	Myrtle Beach		1	1	0	1983	8400

BUILDING IMPROVEMENTS		BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES	
<input checked="" type="checkbox"/> WIRING, YR: 2017	<input checked="" type="checkbox"/> PLUMBING, YR: 2017			single ply		
<input type="checkbox"/> DOOFING, YR: 2017	<input checked="" type="checkbox"/> HEATING, YR: 2017	WIND CLASS		SEMI- RESISTIVE	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT	
OTHER: _____	YR: _____	RESISTIVE			DATE INSTALLED: _____	

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

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE
BURGLAR ALARM TYPE		CERTIFICATE #	EXPIRATION DATE
BURGLAR ALARM INSTALLED AND SERVICED BY		EXTENT	GRADE
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)		% SPRNK	FIRE ALARM MANUFACTURER
		0	

ADDITIONAL INTEREST	ACORD 45 attached for additional names			INTEREST IN ITEM NUMBER	
INTEREST	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	LOCATION:
<input type="checkbox"/> LENDER'S LOSS PAYABLE					BUILDING:
<input type="checkbox"/> LOSS PAYEE					ITEM CLASS:
<input type="checkbox"/> MORTGAGEE					ITEM:
	REFERENCE / LOAN #:				ITEM DESCRIPTION

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

**ADDITIONAL PREMISES INFORMATION**

PREMISES #: 7	STREET ADDRESS: 1600 E/S N Kings Hwy								
BUILDING #: 1	BLDG DESCRIPTION: retail store LRO								
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
ing	800000		RC	special		5000			
BIEE	100000								

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"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y/N) <input type="checkbox"/>	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 NC	DISTANCE TO HYDRANT 500 FT	FIRE STAT 2 MI	FIRE DISTRICT Myrtle Beach	CODE NUMBER	PROT CL 1	# STORIES 1	# BASM'TS 0	YR BUILT 1987	TOTAL AREA 10000
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BUILDING IMPROVEMENTS	BLDG CODE GRADE	TAX CODE	ROOF TYPE metal	OTHER OCCUPANCIES
<input checked="" type="checkbox"/> WRING, YR: 2017 <input checked="" type="checkbox"/> ROOFING, YR: 2017	<input checked="" type="checkbox"/> PLUMBING, YR: 2017 <input type="checkbox"/> HEATING, YR: 2017		SEMI- RESISTIVE	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT DATE INSTALLED: _____ MANUFACTURER: _____

PRIMARY HEAT <input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y/N	SECONDARY HEAT <input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y/N
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RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE
BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
BURGLAR ALARM INSTALLED AND SERVICED BY	EXTENT	GRADE	# GUARDS / WATCHMEN CLOCK HOURLY <input type="checkbox"/>
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)	% SPRNK 0	FIRE ALARM MANUFACTURER	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>

ADDITIONAL INTEREST	ACORD 45 attached for additional names			INTEREST IN ITEM NUMBER	
INTEREST <input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	LOCATION:
					BUILDING:
					ITEM CLASS:
					ITEM:
					ITEM DESCRIPTION
	REFERENCE / LOAN #:				

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

**ADDITIONAL PREMISES INFORMATION**

PREMISES #: 8		STREET ADDRESS: 310-312 9th Ave N							
BUILDING #: 1		BLDG DESCRIPTION: office building LRO							
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
ing	72000		RC	special		5000			
BIEE	18000								

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"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y/N) <input type="checkbox"/>	OPTIONS	
		DEDUCTIBLE \$		<input type="checkbox"/> BREAKDOWN OR CONTAMINATION	<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	DISTANCE TO HYDRANT	FIRE STAT	FIRE DISTRICT	CODE NUMBER	PROT CL	# STORIES	# BASMTS	YR BUILT	TOTAL AREA
JM	500 FT	2 MI	myrtle beach		1	1	0	1988	1000

BUILDING IMPROVEMENTS		BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES	
<input checked="" type="checkbox"/> WIRING, YR: 2010	<input checked="" type="checkbox"/> PLUMBING, YR: 2010			comp shingle		
<input type="checkbox"/> ROOFING, YR: 2010	<input checked="" type="checkbox"/> HEATING, YR: 2010	WIND CLASS	SEMI-RESISTIVE		HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT	
OTHER: YR:		RESISTIVE			DATE INSTALLED: _____	

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

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE
BURGLAR ALARM TYPE		CERTIFICATE #	EXPIRATION DATE
BURGLAR ALARM INSTALLED AND SERVICED BY		EXTENT	GRADE
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)		% SPRNK	FIRE ALARM MANUFACTURER
		0	

ADDITIONAL INTEREST		ACORD 45 attached for additional names		
INTEREST	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE
<input type="checkbox"/> LENDER'S LOSS PAYABLE				
<input type="checkbox"/> LOSS PAYEE				
<input type="checkbox"/> MORTGAGEE				
	REFERENCE / LOAN #:			
		INTEREST IN ITEM NUMBER		
		LOCATION:	BUILDING:	
		ITEM CLASS:	ITEM:	
		ITEM DESCRIPTION		

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

**ADDITIONAL PREMISES INFORMATION**

PREMISES #: 9	STREET ADDRESS: 316-320 9th Ave N								
BUILDING #: 1	BLDG DESCRIPTION: retail store LRO								
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION RC	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
ing	304000			special		5000			

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)	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y/N)	OPTIONS
<input type="checkbox"/>		DEDUCTIBLE \$	<input type="checkbox"/>	<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	DISTANCE TO HYDRANT	FIRE STAT	FIRE DISTRICT	CODE NUMBER	PROT CL	# STORIES	# BASMT'S	YR BUILT	TOTAL AREA
MNC	500 FT	2 MI	N Myrtle Beach		1	1	0	1978	3800

BUILDING IMPROVEMENTS	BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES
<input checked="" type="checkbox"/> WIRING, YR: 2008 <input checked="" type="checkbox"/> JOINTING, YR: 2008 <input type="checkbox"/> OTHER: _____ YR: _____			single ply	
<input checked="" type="checkbox"/> PLUMBING, YR: 2008 <input checked="" type="checkbox"/> HEATING, YR: 2008	WIND CLASS		SEMI- RESISTIVE	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT
	<input type="checkbox"/> RESISTIVE			DATE INSTALLED: _____

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

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE
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BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
BURGLAR ALARM INSTALLED AND SERVICED BY	EXTENT	GRADE	# GUARDS / WATCHMEN

PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)	% SPRNK	FIRE ALARM MANUFACTURER	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
	0		

**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 <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE					LOCATION: _____ BUILDING: _____ ITEM CLASS: _____ ITEM: _____ ITEM DESCRIPTION
	REFERENCE / LOAN #:				

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

**ADDITIONAL PREMISES INFORMATION**

PREMISES #: 10	STREET ADDRESS: 609-611 S Kings Hwy								
BUILDING #: 1	BLDG DESCRIPTION: retail LRO								
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
ing	200000		RC	special		5000			
BIEE	36000								

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)	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y/N)	OPTIONS
<input type="checkbox"/>		DEDUCTIBLE \$	<input type="checkbox"/>	BREAKDOWN OR CONTAMINATION 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	DISTANCE TO HYDRANT	FIRE STAT	FIRE DISTRICT	CODE NUMBER	PROT CL	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA
MNC	500 FT	2 MI	myrtle beach		1	1	0	1985	3500

BUILDING IMPROVEMENTS	BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES
<input checked="" type="checkbox"/> WRING, YR: 2008 <input checked="" type="checkbox"/> ROOFING, YR: 2008 <input type="checkbox"/> OTHER: _____ YR: _____			single ply	
<input checked="" type="checkbox"/> PLUMBING, YR: 2008 <input checked="" type="checkbox"/> HEATING, YR: 2008	WIND CLASS		SEMI-RESISTIVE	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT DATE INSTALLED: _____ MANUFACTURER: _____
	RESISTIVE			

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

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE
BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
			WITH KEYS
BURGLAR ALARM INSTALLED AND SERVICED BY	EXTENT	GRADE	# GUARDS / WATCHMEN
			CLOCK HOURLY
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)	% SPRNK	FIRE ALARM MANUFACTURER	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
	0		

ADDITIONAL INTEREST	ACORD 45 attached for additional names		
INTEREST	NAME AND ADDRESS	RANK:	EVIDENCE: CERTIFICATE
<input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE			
	REFERENCE / LOAN #:		
			INTEREST IN ITEM NUMBER
			LOCATION: BUILDING:
			ITEM CLASS: ITEM:
			ITEM DESCRIPTION

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

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**ADDITIONAL PREMISES INFORMATION**

PREMISES #: 11	STREET ADDRESS: 1901 N Kings Hwy								
BUILDING #: 1	BLDG DESCRIPTION: restaurant LRO								
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
ing	2500000		RC	special		5000			
BIEE	100000								
BPP	250000		RC	special		5000			

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"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y/N) <input type="checkbox"/>	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 MNC	DISTANCE TO HYDRANT 500 FT	FIRE STAT 2 MI	FIRE DISTRICT myrtle beach	CODE NUMBER	PROT CL 1	# STORIES 1	# BASMT'S 0	YR BUILT 1995	TOTAL AREA 36000
BUILDING IMPROVEMENTS <input checked="" type="checkbox"/> WIRING, YR: 2008 <input checked="" type="checkbox"/> PLUMBING, YR: 2008 <input checked="" type="checkbox"/> ROOFING, YR: 2008 <input checked="" type="checkbox"/> HEATING, YR: 2008		BLDG CODE GRADE	TAX CODE	ROOF TYPE single ply	OTHER OCCUPANCIES		HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT MANUFACTURER:		DATE INSTALLED:
OTHER: _____ YR: _____		WIND CLASS	RESISTIVE	SEMI- RESISTIVE	SECONDARY HEAT <input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y/N		FRONT EXPOSURE & DISTANCE		
PRIMARY HEAT <input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y/N		RIGHT EXPOSURE & DISTANCE		LEFT EXPOSURE & DISTANCE		REAR EXPOSURE & DISTANCE			
BURGLAR ALARM TYPE			CERTIFICATE #		EXPIRATION DATE		CENTRAL STATION <input type="checkbox"/>	LOCAL GONG <input type="checkbox"/>	
BURGLAR ALARM INSTALLED AND SERVICED BY				EXTENT	GRADE	# GUARDS / WATCHMEN	CLOCK HOURLY		
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)					% SPRNK 100	FIRE ALARM MANUFACTURER		CENTRAL STATION LOCAL GONG	

**ADDITIONAL INTEREST**

ACORD 45 attached for additional names

INTEREST	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE
<input type="checkbox"/> LENDER'S LOSS PAYABLE				
<input type="checkbox"/> LOSS PAYEE				
<input type="checkbox"/> MORTGAGEE				
	REFERENCE / LOAN #:			

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

**ADDITIONAL PREMISES INFORMATION**

PREMISES #: 12	STREET ADDRESS: 610 W/S S Kings Hwy								
BUILDING #: 1	BLDG DESCRIPTION: restaurant LRO								
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
ing	1800000		RC	special		5000			
BIEE	250000								

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"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y/N) <input type="checkbox"/>	OPTIONS	
		DEDUCTIBLE \$		<input type="checkbox"/> BREAKDOWN OR CONTAMINATION	<input type="checkbox"/> POWER OUTAGE
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 MNC	DISTANCE TO HYDRANT 500 FT	FIRE STAT 2 MI	FIRE DISTRICT myrtle beach	CODE NUMBER	PROT CL 1	# STORIES 1	# BASMT'S 0	YR BUILT 1966	TOTAL AREA 25000
BUILDING IMPROVEMENTS		BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES				
<input checked="" type="checkbox"/> WRING, YR: 2007	<input checked="" type="checkbox"/> PLUMBING, YR: 2007			single ply					
<input type="checkbox"/> ROOFING, YR: 2007	<input checked="" type="checkbox"/> HEATING, YR: 2007	WIND CLASS		SEMI- RESISTIVE	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT		DATE INSTALLED: _____		
OTHER: _____ YR: _____		<input type="checkbox"/> 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 type="checkbox"/> Y/N		
RIGHT EXPOSURE & DISTANCE		LEFT EXPOSURE & DISTANCE		FRONT EXPOSURE & DISTANCE			REAR EXPOSURE & DISTANCE		
BURGLAR ALARM TYPE			CERTIFICATE #	EXPIRATION DATE	<input type="checkbox"/> CENTRAL STATION	<input type="checkbox"/> LOCAL GONG	WITH KEYS		
BURGLAR ALARM INSTALLED AND SERVICED BY				EXTENT	GRADE	# GUARDS / WATCHMEN	CLOCK HOURLY		
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)				% SPRNK 100	FIRE ALARM MANUFACTURER				
							CENTRAL STATION LOCAL GONG		

<b>ADDITIONAL INTEREST</b>	<b>ACORD 45 attached for additional names</b>			
INTEREST	NAME AND ADDRESS	RANK: _____	EVIDENCE: _____	CERTIFICATE _____
<input type="checkbox"/> LENDER'S LOSS PAYABLE				
<input type="checkbox"/> LOSS PAYEE				
<input type="checkbox"/> MORTGAGEE				
	REFERENCE / LOAN #:			
		INTEREST IN ITEM NUMBER		
		LOCATION:	BUILDING:	
		ITEM CLASS:	ITEM:	
		ITEM DESCRIPTION		

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

**ADDITIONAL PREMISES INFORMATION**

PREMISES #: 13	STREET ADDRESS: 1012 S Kings Hwy								
BUILDING #: 1	BLDG DESCRIPTION: strip mall mixed occupants LRO								
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
ing	1200000		RC	special		5000			
BIEE	80000								

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"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y/N) <input type="checkbox"/>	OPTIONS BREAKDOWN OR CONTAMINATION POWER OUTAGE <input type="checkbox"/> SELLING PRICE <input type="checkbox"/>
		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 MNC	DISTANCE TO HYDRANT 500 FT	FIRE STAT 2 MI	FIRE DISTRICT myrtle beach	CODE NUMBER	PROT CL 1	# STORIES 1	# BASMTS 0	YR BUILT 1992	TOTAL AREA 20000
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BUILDING IMPROVEMENTS	BLDG CODE GRADE	TAX CODE	ROOF TYPE single ply	OTHER OCCUPANCIES
<input checked="" type="checkbox"/> WRING, YR: 2017 <input checked="" type="checkbox"/> COOFING, YR: 2017	<input checked="" type="checkbox"/> PLUMBING, YR: 2017 <input checked="" type="checkbox"/> HEATING, YR: 2017		SEMI- RESISTIVE	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT 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 type="checkbox"/> Y/N	IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y/N

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE
BURGLAR ALARM TYPE		CERTIFICATE #	EXPIRATION DATE
BURGLAR ALARM INSTALLED AND SERVICED BY		EXTENT	GRADE
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)		% SPRNK 0	FIRE ALARM MANUFACTURER

ADDITIONAL INTEREST	ACORD 45 attached for additional names			INTEREST IN ITEM NUMBER	
INTEREST	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	LOCATION:
<input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE					BUILDING:
	REFERENCE / LOAN #:				ITEM CLASS:
					ITEM:
					ITEM DESCRIPTION

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

**ADDITIONAL INFORMATION**

PREMISES #: 14	STREET ADDRESS: 900 Chester St							
BUILDING #: 1	BLDG DESCRIPTION: retail LRO							
AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
300000		RC	special		5000			
40000								

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"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y/N) <input type="checkbox"/>	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 MNC	DISTANCE TO HYDRANT 500 FT	FIRE STAT 2 MI	FIRE DISTRICT myrtle beach	CODE NUMBER	PROT CL 1	# STORIES 1	# BASMTS 0	YR BUILT 1992	TOTAL AREA 3000
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BUILDING IMPROVEMENTS	BLDG CODE GRADE	TAX CODE	ROOF TYPE single ply	OTHER OCCUPANCIES
<input checked="" type="checkbox"/> WIRING, YR: 1998	<input checked="" type="checkbox"/> PLUMBING, YR: 1998			
<input checked="" type="checkbox"/> ROOFING, YR: 1998	<input checked="" type="checkbox"/> HEATING, YR: 1998	WIND CLASS	SEMI-RESISTIVE	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT
OTHER: _____	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 type="checkbox"/> Y/N	IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y/N

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE
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BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
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BURGLAR ALARM INSTALLED AND SERVICED BY	EXTENT	GRADE	# GUARDS / WATCHMEN	CLOCK HOURLY <input type="checkbox"/>
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PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)	% SPRNK 0	FIRE ALARM MANUFACTURER	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
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<b>ADDITIONAL INTEREST</b>	<b>ACORD 45 attached for additional names</b>			<b>INTEREST IN ITEM NUMBER</b>	
INTEREST	NAME AND ADDRESS	RANK: _____	EVIDENCE: _____	CERTIFICATE	LOCATION: _____
<input type="checkbox"/> LENDER'S LOSS PAYABLE	REFERENCE / LOAN #: _____				BUILDING: _____
<input type="checkbox"/> LOSS PAYEE					ITEM CLASS: _____
<input type="checkbox"/> MORTGAGEE					ITEM: _____
					ITEM DESCRIPTION

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

**ADDITIONAL PREMISES INFORMATION**

PREMISES #: 15	STREET ADDRESS: 201 Main St								
BUILDING #: 1	BLDG DESCRIPTION: retail LRO								
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU-ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
ing	300000		RC	special		5000			
BIEE	65000								

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"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y/N) <input type="checkbox"/>	OPTIONS	
		DEDUCTIBLE \$		<input type="checkbox"/> BREAKDOWN OR CONTAMINATION	<input type="checkbox"/> POWER OUTAGE
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 NC	DISTANCE TO HYDRANT 1000 FT	FIRE STAT 5 MI	FIRE DISTRICT N Myrtle Beach	CODE NUMBER	PROT CL 2	# STORIES 1	# BASM'TS 0	YR BUILT 2010	TOTAL AREA 5000
BUILDING IMPROVEMENTS		BLDG CODE GRADE	TAX CODE	ROOF TYPE metal	OTHER OCCUPANCIES				
<input checked="" type="checkbox"/> WIRING, YR: 2017		<input checked="" type="checkbox"/> PLUMBING, YR: 2017		WIND CLASS	SEMI-RESISTIVE	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT		DATE INSTALLED: _____	
<input checked="" type="checkbox"/> JOFING, YR: 2017		<input checked="" type="checkbox"/> HEATING, YR: 2017				MANUFACTURER:			
OTHER: _____ YR: _____		RESISTIVE		SECONDARY HEAT		IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y/N			
PRIMARY HEAT		<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL		<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL		IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y/N			
RIGHT EXPOSURE & DISTANCE		LEFT EXPOSURE & DISTANCE		FRONT EXPOSURE & DISTANCE		REAR EXPOSURE & DISTANCE			
BURGLAR ALARM TYPE		CERTIFICATE #		EXPIRATION DATE		CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>		WITH KEYS	
BURGLAR ALARM INSTALLED AND SERVICED BY		EXTENT		GRADE		# GUARDS / WATCHMEN		CLOCK HOURLY	
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)				% SPRNK 0		FIRE ALARM MANUFACTURER		CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>	

<b>ADDITIONAL INTEREST</b>		ACORD 45 attached for additional names				INTEREST IN ITEM NUMBER	
INTEREST	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	LOCATION:	BUILDING:	
<input type="checkbox"/> LENDER'S LOSS PAYABLE					ITEM CLASS:	ITEM:	
<input type="checkbox"/> LOSS PAYEE					ITEM DESCRIPTION		
<input type="checkbox"/> MORTGAGEE							
	REFERENCE / LOAN #:						

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

**ADDITIONAL PREMISES INFORMATION**

PREMISES #: 16	STREET ADDRESS: 94-96 S Kings Hwy								
BUILDING #: 1	BLDG DESCRIPTION: retail store LRO								
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKLT #	FORMS AND CONDITIONS TO APPLY
	93000								
BPP	15000		RC	special					
Building	800000		RC	special		5000			

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)	DESCRIPTION OF PROPERTY COVERED	LIMIT	REFRIG MAINT AGREEMENT (Y/N)	OPTIONS BREAKDOWN OR CONTAMINATION POWER OUTAGE <input type="checkbox"/> SELLING PRICE
		\$		
<input type="checkbox"/>		DEDUCTIBLE	<input type="checkbox"/>	
		\$		
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	DISTANCE TO HYDRANT	FIRE STAT	FIRE DISTRICT	CODE NUMBER	PROT CL	# STORIES	# BASMTS	YR BUILT	TOTAL AREA
MNC	1000 FT	5 MI	N Myrtle Beach		2	1	0	1992	10000

BUILDING IMPROVEMENTS	BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES
<input checked="" type="checkbox"/> WIRING, YR: 2012 <input checked="" type="checkbox"/> PLUMBING, YR: 2012 <input checked="" type="checkbox"/> ROOFING, YR: 2012 <input type="checkbox"/> OTHER: _____ YR: _____			single ply	
	WIND CLASS		SEMI-RESISTIVE	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT
	<input type="checkbox"/> RESISTIVE			DATE INSTALLED: _____

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

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE
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BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
			WITH KEYS

BURGLAR ALARM INSTALLED AND SERVICED BY	EXTENT	GRADE	# GUARDS / WATCHMEN	CLOCK HOURLY

PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)	% SPRNK	FIRE ALARM MANUFACTURER	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
	0		

ADDITIONAL INTEREST	ACORD 45 attached for additional names			INTEREST IN ITEM NUMBER	
INTEREST	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	LOCATION:
<input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE					BUILDING:
					ITEM CLASS:
					ITEM:
	REFERENCE / LOAN #:				ITEM DESCRIPTION

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

**1701**

**ADDITIONAL PREMISES INFORMATION**

PREMISES #: 17	STREET ADDRESS: 100-118 S Kings Hwy								
BUILDING #: 1	BLDG DESCRIPTION: restaurant LRO								
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
ing	1360000		RC	special		5000			
BIEE	200000								

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"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y/N) <input type="checkbox"/>	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 NC	DISTANCE TO HYDRANT 1000 FT	FIRE STAT 5 MI	FIRE DISTRICT N Myrtle Beach	CODE NUMBER	PROT CL 2	# STORIES 1	# BASMT'S 0	YR BUILT 1992	TOTAL AREA 17000
BUILDING IMPROVEMENTS		BLDG CODE GRADE	TAX CODE	ROOF TYPE metal	OTHER OCCUPANCIES				
<input checked="" type="checkbox"/> WIRING, YR: 2010	<input checked="" type="checkbox"/> PLUMBING, YR: 2010	WIND CLASS	RESISTIVE	SEMI-RESISTIVE	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT		DATE INSTALLED: _____		
<input type="checkbox"/> JOFING, YR: 2010	<input checked="" type="checkbox"/> HEATING, YR: 2010				MANUFACTURER:				
OTHER: _____ YR: _____		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 type="checkbox"/> Y/N					
RIGHT EXPOSURE & DISTANCE		LEFT EXPOSURE & DISTANCE		FRONT EXPOSURE & DISTANCE		REAR EXPOSURE & DISTANCE			
BURGLAR ALARM TYPE		CERTIFICATE #		EXPIRATION DATE		CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>		WITH KEYS	
BURGLAR ALARM INSTALLED AND SERVICED BY		EXTENT		GRADE		# GUARDS / WATCHMEN		CLOCK HOURLY	
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)		% SPRNK 0		FIRE ALARM MANUFACTURER		CENTRAL STATION		LOCAL GONG	

<b>ADDITIONAL INTEREST</b>	ACORD 45 attached for additional names			INTEREST IN ITEM NUMBER		
INTEREST	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	LOCATION:	BUILDING:
<input type="checkbox"/> LENDER'S LOSS PAYABLE					ITEM CLASS:	ITEM:
<input type="checkbox"/> LOSS PAYEE					ITEM DESCRIPTION	
<input type="checkbox"/> MORTGAGEE						
	REFERENCE / LOAN #:					

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

**ADDITIONAL PREMISES INFORMATION**

PREMISES #: 18	STREET ADDRESS: 110 Hwy 17 N								
BUILDING #: 1	BLDG DESCRIPTION: retail LRO								
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
ing	240000		RC	special		5000			
BIEE	42000								

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"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y/N) <input type="checkbox"/>	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 MNC	DISTANCE TO HYDRANT 1000 FT	FIRE STAT 5 MI	FIRE DISTRICT surfside beach	CODE NUMBER	PROT CL 2	# STORIES 1	# BASMTS 0	YR BUILT 1995	TOTAL AREA 4000
BUILDING IMPROVEMENTS <input checked="" type="checkbox"/> WIRING, YR: 2013 <input checked="" type="checkbox"/> PLUMBING, YR: 2013 <input checked="" type="checkbox"/> ROOFING, YR: 2013 <input checked="" type="checkbox"/> HEATING, YR: 2013		BLDG CODE GRADE	TAX CODE	ROOF TYPE single ply	OTHER OCCUPANCIES				
OTHER: _____ YR: _____		WIND CLASS	SEMI-RESISTIVE	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT		DATE INSTALLED: _____			
PRIMARY HEAT <input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/>		SECONDARY HEAT <input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/>		IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y/N					
RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE		FRONT EXPOSURE & DISTANCE		REAR EXPOSURE & DISTANCE				
BURGLAR ALARM TYPE	CERTIFICATE #			EXPIRATION DATE	CENTRAL STATION	LOCAL GONG			
BURGLAR ALARM INSTALLED AND SERVICED BY				EXTENT	GRADE	# GUARDS / WATCHMEN	CLOCK HOURLY		
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)				% SPRNK 0	FIRE ALARM MANUFACTURER			CENTRAL STATION	LOCAL GONG

<b>ADDITIONAL INTEREST</b>		<b>ACORD 45 attached for additional names</b>			<b>INTEREST IN ITEM NUMBER</b>	
INTEREST	NAME AND ADDRESS	RANK: _____	EVIDENCE: _____	CERTIFICATE	LOCATION:	BUILDING:
<input type="checkbox"/> LENDER'S LOSS PAYABLE					ITEM CLASS:	ITEM:
<input type="checkbox"/> LOSS PAYEE					ITEM DESCRIPTION	
<input type="checkbox"/> MORTGAGEE						
	REFERENCE / LOAN #:					

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

**ADDITIONAL PREMISES INFORMATION**

PREMISES #: 19	STREET ADDRESS: 112 Hwy 17 N								
BUILDING #: 1	BLDG DESCRIPTION: retail LRO								
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
ing	420000		RC	special		5000			
BIEE	54000								

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"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y/N) <input type="checkbox"/>	OPTIONS	
		DEDUCTIBLE \$		<input type="checkbox"/> BREAKDOWN OR CONTAMINATION	<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	DISTANCE TO HYDRANT	FIRE STAT	FIRE DISTRICT	CODE NUMBER	PROT CL	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA
MNC	1000 FT	5 MI	surfside beach		2	1	0	1995	5600

BUILDING IMPROVEMENTS		BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES	
<input checked="" type="checkbox"/> WIRING, YR: 2013	<input checked="" type="checkbox"/> PLUMBING, YR: 2013			single ply		
<input type="checkbox"/> DOORING, YR: 2013	<input checked="" type="checkbox"/> HEATING, YR: 2013	WIND CLASS	SEMI- RESISTIVE		HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT	
OTHER: _____	YR: _____	RESISTIVE			DATE INSTALLED: _____	

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

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE
BURGLAR ALARM TYPE		CERTIFICATE #	EXPIRATION DATE
BURGLAR ALARM INSTALLED AND SERVICED BY		EXTENT	GRADE
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)		% SPRNK	FIRE ALARM MANUFACTURER
		0	

<b>ADDITIONAL INTEREST</b>		ACORD 45 attached for additional names		
INTEREST	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE
<input type="checkbox"/> LENDER'S LOSS PAYABLE				
<input type="checkbox"/> LOSS PAYEE				
<input type="checkbox"/> MORTGAGEE				
	REFERENCE / LOAN #:			
		INTEREST IN ITEM NUMBER		
		LOCATION:	BUILDING:	
		ITEM CLASS:	ITEM:	
		ITEM DESCRIPTION		

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

**ADDITIONAL PREMISES INFORMATION**

PREMISES #: 20	STREET ADDRESS: 114 Hwy 17 N								
BUILDING #: 1	BLDG DESCRIPTION: retail LRO								
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
ing	816000		RC	special		5000			
BIEE	100000								

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"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y/N) <input type="checkbox"/>	OPTIONS	
		DEDUCTIBLE \$		<input type="checkbox"/> BREAKDOWN OR CONTAMINATION	<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	DISTANCE TO HYDRANT	FIRE STAT	FIRE DISTRICT	CODE NUMBER	PROT CL	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA
MNC	1000 FT	5 MI	surfside beach		2	1	0	1995	10200

BUILDING IMPROVEMENTS	BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES	
<input checked="" type="checkbox"/> WRING, YR: 2012 <input checked="" type="checkbox"/> JOFING, YR: 2012 OTHER: _____ YR: _____			single ply	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT DATE INSTALLED: _____ MANUFACTURER: _____	
WIND CLASS	SEMI-RESISTIVE				
<input type="checkbox"/> RESISTIVE					

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 type="checkbox"/> Y/N	IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y/N

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE
BURGLAR ALARM TYPE		CERTIFICATE #	EXPIRATION DATE
BURGLAR ALARM INSTALLED AND SERVICED BY		EXTENT	GRADE
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)		% SPRNK	FIRE ALARM MANUFACTURER
		100	

ADDITIONAL INTEREST	ACORD 45 attached for additional names		
INTEREST	NAME AND ADDRESS	RANK: _____	EVIDENCE: _____
<input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE	REFERENCE / LOAN #:		CERTIFICATE
		INTEREST IN ITEM NUMBER	
		LOCATION:	BUILDING:
		ITEM CLASS:	ITEM:
		ITEM DESCRIPTION	

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

**ADDITIONAL PREMISES INFORMATION**

PREMISES #: 21	STREET ADDRESS: 116 Hwy 17 N								
BUILDING #: 1	BLDG DESCRIPTION: restaurant LRO								
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
ing	432000		RC	special		5000			
BIEE	60000								

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"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y/N) <input type="checkbox"/>	OPTIONS
		DEDUCTIBLE \$		<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: \$

PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK # OF OPEN SIDES ON STRUCTURE: \_\_\_\_\_

CONSTRUCTION TYPE	DISTANCE TO HYDRANT	FIRE STAT	FIRE DISTRICT	CODE NUMBER	PROT CL	# STORIES	# BASMTS	YR BUILT	TOTAL AREA
MNC	1000 FT	5 MI	surfside beach		2	1		1995	6000

BUILDING IMPROVEMENTS	BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES
<input checked="" type="checkbox"/> WRING, YR: 2017 <input checked="" type="checkbox"/> ROOFING, YR: 2017 <input type="checkbox"/> OTHER: YR: _____			single ply	
<input checked="" type="checkbox"/> PLUMBING, YR: 2017 <input checked="" type="checkbox"/> HEATING, YR: 2017	WIND CLASS		SEMI-RESISTIVE	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT DATE INSTALLED: _____
	RESISTIVE			MANUFACTURER: _____

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

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE
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BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
			WITH KEYS

BURGLAR ALARM INSTALLED AND SERVICED BY	EXTENT	GRADE	# GUARDS / WATCHMEN	CLOCK HOURLY
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PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)	% SPRNK	FIRE ALARM MANUFACTURER	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
	0		

**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 <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE					LOCATION: _____ BUILDING: _____ ITEM CLASS: _____ ITEM: _____ ITEM DESCRIPTION
	REFERENCE / LOAN #:				

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

**ADDITIONAL PREMISES INFORMATION**

PREMISES #: 22	STREET ADDRESS: 118 Hwy 17 N								
BUILDING #: 1	BLDG DESCRIPTION: retail LRO								
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
ing	602000		RC	special		5000			
BIEE	65000								

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)	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y/N)	OPTIONS BREAKDOWN OR CONTAMINATION 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	DISTANCE TO HYDRANT	FIRE STAT	FIRE DISTRICT	CODE NUMBER	PROT CL	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA
MNC	1000 FT	5 MI	surfside beach		2	1	0	1995	8600

BUILDING IMPROVEMENTS		BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES	
<input checked="" type="checkbox"/> WIRING, YR: 2017	<input checked="" type="checkbox"/> PLUMBING, YR: 2017			single ply		
<input type="checkbox"/> JOFING, YR: 2017	<input checked="" type="checkbox"/> HEATING, YR: 2017	WIND CLASS		SEMI-RESISTIVE	<input type="checkbox"/> HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT	DATE INSTALLED: _____
OTHER: _____	YR: _____	<input type="checkbox"/> RESISTIVE			MANUFACTURER: _____	

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

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE

BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
BURGLAR ALARM INSTALLED AND SERVICED BY		EXTENT	GRADE

PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)	% SPRNK	FIRE ALARM MANUFACTURER	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
	0		

**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	
	REFERENCE / LOAN #: _____				LOCATION: _____	BUILDING: _____
					ITEM CLASS: _____	ITEM: _____
					ITEM DESCRIPTION	

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

**ADDITIONAL PREMISES INFORMATION**

PREMISES #: 23	STREET ADDRESS: 120 Hwy 17 N								
BUILDING #: 1	BLDG DESCRIPTION: retail LRO								
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
ing	1320000		RC	special		5000			
BIEE	200000								

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"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y/N) <input type="checkbox"/>	OPTIONS BREAKDOWN OR CONTAMINATION 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	DISTANCE TO HYDRANT	FIRE STAT	FIRE DISTRICT	CODE NUMBER	PROT CL	# STORIES	# BASMTS	YR BUILT	TOTAL AREA
MNC	1000 FT	5 MI	surfside beach		2	1	0	1995	22000

BUILDING IMPROVEMENTS		BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES	
<input checked="" type="checkbox"/> WIRING, YR: 2008	<input checked="" type="checkbox"/> PLUMBING, YR: 2008			single ply		
<input type="checkbox"/> DOOFING, YR: 2008	<input checked="" type="checkbox"/> HEATING, YR: 2008	WIND CLASS		SEMI- RESISTIVE	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT DATE INSTALLED: _____	
OTHER: _____	YR: _____	RESISTIVE			MANUFACTURER: _____	

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

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE

BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
BURGLAR ALARM INSTALLED AND SERVICED BY		EXTENT	GRADE

PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)	% SPRNK	FIRE ALARM MANUFACTURER	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
	100		

ADDITIONAL INTEREST	ACORD 45 attached for additional names		
INTEREST	NAME AND ADDRESS	RANK: _____	EVIDENCE: _____
<input type="checkbox"/> LENDER'S LOSS PAYABLE			
<input type="checkbox"/> LOSS PAYEE			
<input type="checkbox"/> MORTGAGEE			
	REFERENCE / LOAN #:		
			INTEREST IN ITEM NUMBER
			LOCATION: _____ BUILDING: _____
			ITEM CLASS: _____ ITEM: _____
			ITEM DESCRIPTION

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

**ADDITIONAL PREMISES INFORMATION**

PREMISES #: 24		STREET ADDRESS: 122 Hwy 17 N							
BUILDING #: 1		BLDG DESCRIPTION: retail LRO							
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
ing	2525000		RC	special		5000			
BIEE	330000								

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"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y/N) <input type="checkbox"/>	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	DISTANCE TO HYDRANT	FIRE STAT	FIRE DISTRICT	CODE NUMBER	PROT CL	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA
MNC	1000 FT	5 MI	surfside beach		2	1	0	1999	34000

BUILDING IMPROVEMENTS	BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES	
<input checked="" type="checkbox"/> WIRING, YR: 2015 <input checked="" type="checkbox"/> PLUMBING, YR: 2015 <input checked="" type="checkbox"/> ROOFING, YR: 2015 <input type="checkbox"/> OTHER: _____ YR: _____			single ply		
WIND CLASS	SEMI-RESISTIVE	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT		DATE INSTALLED: _____	
<input type="checkbox"/> 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 type="checkbox"/> Y/N	

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE
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BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
			WITH KEYS

BURGLAR ALARM INSTALLED AND SERVICED BY	EXTENT	GRADE	# GUARDS / WATCHMEN	CLOCK HOURLY <input type="checkbox"/>
---	--------	-------	---------------------	---------------------------------------

PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)	% SPRNK	FIRE ALARM MANUFACTURER	CENTRAL STATION <input type="checkbox"/>
	100		LOCAL GONG <input type="checkbox"/>

ADDITIONAL INTEREST	ACORD 45 attached for additional names			
INTEREST	NAME AND ADDRESS	RANK: _____	EVIDENCE: _____	CERTIFICATE _____
<input type="checkbox"/> LENDER'S LOSS PAYABLE				INTEREST IN ITEM NUMBER
<input type="checkbox"/> LOSS PAYEE				LOCATION: _____ BUILDING: _____
<input type="checkbox"/> MORTGAGEE				ITEM CLASS: _____ ITEM: _____
				ITEM DESCRIPTION
	REFERENCE / LOAN #: _____			

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

David Egan

---

**From:** whitney.gurtzweiler@amwins.com  
**Sent:** Wednesday, August 22, 2018 11:35 AM  
**To:** barrett.sellars@amwins.com  
**Cc:** david@crescoast.com; sandra@crescoast.com  
**Subject:** New Business: A Tebele & Sons  
**Attached:** 10-18 Liability Loss Runs.pdf;13-18 Arch Property Loss Runs.pdf;A Tebele & Sons 140.pdf;A Tebele & Sons ETAL 125 GL .pdf;A Tebele & Sons ETAL 125.pdf;A Tebele & Sons ETAL 126.pdf;image001.png;image002.jpg

Barrett-

Can you work on this schedule of LRO's for David? He is one of the agents I was telling you about that I just saw in Myrtle beach. You may know him from some of the other places he's worked but he has his own agency now with a great team. Sandra is his CSR who I have cc'ed on this as well. She is a former AmWINS employee so she knows how it goes and will get you anything you need!

Just so you're not asking him the same questions—  
Moving mid term to secure a September effective date. The current Jan effective date is too hectic with paying bills etc first of the year  
Loss runs are from January but insured said no losses from Jan-present. They don't want to put BB&T on alert that they are moving the business.

I will work on the GL & XS. Will fwd you dec pages in separate email

Thanks

Whitney Gurtzweiler, CPCU, ARM  
Vice President | Underwriter | AmWINS Access Insurance Services, LLC  
P 843.352.9469 | M 912.220.3382 | [whitney.gurtzweiler@amwins.com](mailto:whitney.gurtzweiler@amwins.com)  
1156 Bowman Road | Suite 200 | Mount Pleasant, SC 29464 | [amwins.com](http://amwins.com)

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On your

**From:** David Egan <david@crescoast.com>  
**Sent:** Monday, August 20, 2018 3:21 PM  
**To:** Whitney Gurtzweiler <whitney.gurtzweiler@amwins.com>  
**Cc:** Sandra Nenna <sandra@crescoast.com>  
**Subject:** A Tebele & Sons



Whitney,

Please see attached new submission. They also have a \$5M umb, let me know if need the acord for that. I have attached loss runs from Jan. we can/ will get new ones; However, they have not had any new claims.



Crescent Coast 01194

**1710**

**From:** Whitney Gurtzweiler [whitney.gurtzweiler@amwins.com]  
**Sent:** 8/24/2018 2:01:24 PM  
**To:** (Team) AmWINS Access - Bind Requests [bind.access@amwins.com]  
**Subject:** FW: Melissa Garcia DBA La Casona  
**Attachments:** Melissa Garcia DBA LA Casona LLC signed apps.pdf

**Importance:** High

Bind all 3 quotes for this submission eff 8/23

Thanks

Whitney Gurtzweiler, CPCU, ARM  
Vice President | Underwriter | AmWINS Access Insurance Services, LLC  
P 843.352.9469 | M 912.220.3382 | [whitney.gurtzweiler@amwins.com](mailto:whitney.gurtzweiler@amwins.com)  
1156 Bowman Road | Suite 200 | Mount Pleasant, SC 29464 | [amwins.com](http://amwins.com)

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**ON YOUR TEAM.**

**From:** David Egan <david@crescoast.com>  
**Sent:** Thursday, August 23, 2018 4:19 PM  
**To:** Whitney Gurtzweiler <whitney.gurtzweiler@amwins.com>  
**Cc:** Sandra Nenna <sandra@crescoast.com>; David Egan <david@infinityinsurancesc.com>; Joey Sutherland <joeys@crescoast.com>  
**Subject:** Melissa Garcia DBA La Casona  
**Importance:** High

Whitney,

Please bind property, GL and LL effective 08/23/2018. Signed apps are attached.

Regards,

**David Egan**  
Agent/ Managing Partner  
Crescent Coast Insurance  
843-399-0822 Office  
866-733-2573 Fax



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08/23/18 [david@crescoast.com](mailto:david@crescoast.com)



**1711**

AAI0000120

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# COMMERCIAL INSURANCE APPLICATION APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)

08/21/2018

AGENCY Crescent Coast Insurance 4336 SEA MOUNTAIN HWY UNIT C  LITTLE RIVER SC 29566-6830	CARRIER	NAIC CODE
	COMPANY POLICY OR PROGRAM NAME	PROGRAM CODE
	POLICY NUMBER	
CONTACT NAME: sandra nenna PHONE (A/C, No, Ext): (843) 399-0822 FAX (A/C, No): (843) 399-0854 E-MAIL ADDRESS: sandra@crescoast.com CODE: SUBCODE:	UNDERWRITER Whitney	UNDERWRITER OFFICE AmWINS Charleston
AGENCY CUSTOMER ID:	<input checked="" type="checkbox"/> QUOTE <input type="checkbox"/> BOUND (Give Date and/or Attach Copy): <input type="checkbox"/> CHANGE DATE TIME <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> CANCEL	<input type="checkbox"/> ISSUE POLICY <input type="checkbox"/> RENEW

### LINES OF BUSINESS

INDICATE LINES OF BUSINESS	PREMIUM	PREMIUM	PREMIUM
BOILER & MACHINERY	\$	CYBER AND PRIVACY	\$
BUSINESS AUTO	\$	FIDUCIARY LIABILITY	\$
BUSINESS OWNERS	\$	GARAGE AND DEALERS	\$
<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	\$	<input checked="" type="checkbox"/> LIQUOR LIABILITY	\$
COMMERCIAL INLAND MARINE	\$	MOTOR CARRIER	\$
<input checked="" type="checkbox"/> COMMERCIAL PROPERTY	\$	TRUCKERS	\$
CRIME	\$	UMBRELLA	\$

### ATTACHMENTS

ACCOUNTS RECEIVABLE / VALUABLE PAPERS	GLASS AND SIGN SECTION	STATEMENT / SCHEDULE OF VALUES
ADDITIONAL INTEREST SCHEDULE	HOTEL / MOTEL SUPPLEMENT	STATE SUPPLEMENT (if applicable)
ADDITIONAL PREMISES INFORMATION SCHEDULE	INSTALLATION / BUILDERS RISK SECTION	VACANT BUILDING SUPPLEMENT
APARTMENT BUILDING SUPPLEMENT	INTERNATIONAL LIABILITY EXPOSURE SUPPLEMENT	VEHICLE SCHEDULE
CONDO ASSN BYLAWS (for D&O Coverage only)	INTERNATIONAL PROPERTY EXPOSURE SUPPLEMENT	
CONTRACTORS SUPPLEMENT	LOSS SUMMARY	
COVERAGES SCHEDULE	OPEN CARGO SECTION	
DEALERS SECTION	PREMIUM PAYMENT SUPPLEMENT	
DRIVER INFORMATION SCHEDULE	PROFESSIONAL LIABILITY SUPPLEMENT	
ELECTRONIC DATA PROCESSING SECTION	RESTAURANT / TAVERN SUPPLEMENT	

### POLICY INFORMATION

PROPOSED EFF DATE	PROPOSED EXP DATE	BILLING PLAN	PAYMENT PLAN	METHOD OF PAYMENT	AUDIT	DEPOSIT	MINIMUM PREMIUM	POLICY PREMIUM
08/20/2018	08/20/2019	<input type="checkbox"/> DIRECT <input checked="" type="checkbox"/> AGENCY				\$	\$	\$

### APPLICANT INFORMATION

NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4) Melissa Garcia dba La Casona Latin Cuisine 1766 Jaqueline Court  Myrtle Beach SC 29577				GL CODE	SIC	NAICS	FEIN OR SOC SEC #
<input type="checkbox"/> CORPORATION <input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> NOT FOR PROFIT ORG <input type="checkbox"/> SUBCHAPTER "S" CORPORATION <input checked="" type="checkbox"/> INDIVIDUAL <input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> TRUST				BUSINESS PHONE #: (843) 685-1650 WEBSITE ADDRESS			
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)				GL CODE	SIC	NAICS	FEIN OR SOC SEC #
<input type="checkbox"/> CORPORATION <input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> NOT FOR PROFIT ORG <input type="checkbox"/> SUBCHAPTER "S" CORPORATION <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> TRUST				BUSINESS PHONE #: WEBSITE ADDRESS			
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)				GL CODE	SIC	NAICS	FEIN OR SOC SEC #
<input type="checkbox"/> CORPORATION <input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> NOT FOR PROFIT ORG <input type="checkbox"/> SUBCHAPTER "S" CORPORATION <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> TRUST				BUSINESS PHONE #: WEBSITE ADDRESS			

ORD 125 (2016/03)

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CONFIDENTIAL

**1713**

AAI0000122

**CONTACT INFORMATION**

CONTACT TYPE: Owner		CONTACT TYPE:	
CONTACT NAME: Melissa Garcia		CONTACT NAME:	
PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL
(843) 685-1650			
PRIMARY E-MAIL ADDRESS: eflorian4@yahoo.com		PRIMARY E-MAIL ADDRESS:	
SECONDARY E-MAIL ADDRESS:		SECONDARY E-MAIL ADDRESS:	

**PREMISES INFORMATION (Attach ACORD 823 for Additional Premises)**

LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$ 450,000
1	1901 North Kings Highway	<input checked="" type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		OCCUPIED AREA: 4,000 SQ FT
BLD #	CITY: Myrtle Beach	STATE: SC	<input checked="" type="checkbox"/> TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: 4000 SQ FT
1	COUNTY: Horry	ZIP: 29577		0	TOTAL BUILDING AREA: 10,000 SQ FT
DESCRIPTION OF OPERATIONS:					
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
		<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY:	STATE:	<input type="checkbox"/> TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY:	ZIP:			TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
		<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY:	STATE:	<input type="checkbox"/> TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY:	ZIP:			TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
		<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY:	STATE:	<input type="checkbox"/> TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY:	ZIP:			TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					

**NATURE OF BUSINESS**

<input type="checkbox"/> APARTMENTS	<input type="checkbox"/> CONTRACTOR	<input type="checkbox"/> MANUFACTURING	<input checked="" type="checkbox"/> RESTAURANT	<input type="checkbox"/> SERVICE	DATE BUSINESS STARTED (MM/DD/YYYY)
<input type="checkbox"/> CONDOMINIUMS	<input type="checkbox"/> INSTITUTIONAL	<input type="checkbox"/> OFFICE	<input type="checkbox"/> RETAIL	<input type="checkbox"/> WHOLESALE	

DESCRIPTION OF PRIMARY OPERATIONS  
 Restaurant / Bar...operates nightclub 1 night a week (friday nite) closes at 2AM

RETAIL STORES OR SERVICE OPERATIONS % OF TOTAL SALES:	INSTALLATION, SERVICE OR REPAIR WORK %	OFF PREMISES INSTALLATION, SERVICE OR REPAIR WORK %
---	--	---

DESCRIPTION OF OPERATIONS OF OTHER NAMED INSURED

**ADDITIONAL INTEREST (Not all fields apply to all scenarios - provide only the necessary data) Attach ACORD 45 for more Additional Interests**

INTEREST <input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BREACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LENDER'S LOSS PAYABLE	<input type="checkbox"/> LIENHOLDER <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER		
		LOCATION:		BUILDING:		VEHICLE:		BOAT:	
		AIRPORT:		AIRCRAFT:		ITEM CLASS:		ITEM:	
		REFERENCE / LOAN #:		INTEREST END DATE:		ITEM DESCRIPTION			
LIEN AMOUNT:		PHONE (A/C, No, Ext):		FAX (A/C, No):				E-MAIL ADDRESS:	

**GENERAL INFORMATION**

EXPLAIN ALL "YES" RESPONSES

		Y/N								
1a.	IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ? <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">PARENT COMPANY NAME</td> <td style="width:30%;">RELATIONSHIP DESCRIPTION</td> <td style="width:20%;">% OWNED</td> </tr> </table>	PARENT COMPANY NAME	RELATIONSHIP DESCRIPTION	% OWNED	n					
PARENT COMPANY NAME	RELATIONSHIP DESCRIPTION	% OWNED								
1b.	DOES THE APPLICANT HAVE ANY SUBSIDIARIES? <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">SUBSIDIARY COMPANY NAME</td> <td style="width:30%;">RELATIONSHIP DESCRIPTION</td> <td style="width:20%;">% OWNED</td> </tr> </table>	SUBSIDIARY COMPANY NAME	RELATIONSHIP DESCRIPTION	% OWNED	n					
SUBSIDIARY COMPANY NAME	RELATIONSHIP DESCRIPTION	% OWNED								
2.	IS A FORMAL SAFETY PROGRAM IN OPERATION? <input type="checkbox"/> SAFETY MANUAL <input type="checkbox"/> SAFETY POSITION <input type="checkbox"/> MONTHLY MEETINGS <input type="checkbox"/> OSHA <input type="checkbox"/>	n								
3.	ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?	n								
4.	ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers) <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">LINE OF BUSINESS</td> <td style="width:25%;">POLICY NUMBER</td> <td style="width:25%;">LINE OF BUSINESS</td> <td style="width:25%;">POLICY NUMBER</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>	LINE OF BUSINESS	POLICY NUMBER	LINE OF BUSINESS	POLICY NUMBER					n
LINE OF BUSINESS	POLICY NUMBER	LINE OF BUSINESS	POLICY NUMBER							
5.	ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR THREE (3) YEARS FOR ANY PREMISES OR OPERATIONS? (Missouri Applicants - Do not answer this question) <input type="checkbox"/> NON-PAYMENT <input type="checkbox"/> AGENT NO LONGER REPRESENTS CARRIER <input type="checkbox"/> <input type="checkbox"/> NON-RENEWAL <input type="checkbox"/> UNDERWRITING <input type="checkbox"/> CONDITION CORRECTED (Describe):	n								
6.	ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?	n								
7.	DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY? <small>(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).</small>	n								
8.	ANY UNCORRECTED FIRE AND/OR SAFETY CODE VIOLATIONS? <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:15%;">OCCUR DATE</th> <th style="width:40%;">EXPLANATION</th> <th style="width:25%;">RESOLUTION</th> <th style="width:20%;">RESOLVE DATE</th> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>	OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE					n
OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE							
9.	HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE LAST FIVE (5) YEARS? <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:15%;">OCCUR DATE</th> <th style="width:40%;">EXPLANATION</th> <th style="width:25%;">RESOLUTION</th> <th style="width:20%;">RESOLVE DATE</th> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>	OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE					n
OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE							
10.	HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS? <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:15%;">OCCUR DATE</th> <th style="width:40%;">EXPLANATION</th> <th style="width:25%;">RESOLUTION</th> <th style="width:20%;">RESOLVE DATE</th> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>	OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE					n
OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE							
11.	HAS BUSINESS BEEN PLACED IN A TRUST? NAME OF TRUST:	n								
12.	ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD / DISTRIBUTED IN FOREIGN COUNTRIES? <small>(If "YES", attach ACORD 815 for Liability Exposure and/or ACORD 816 for Property Exposure)</small>	n								
13.	DOES APPLICANT HAVE OTHER BUSINESS VENTURES FOR WHICH COVERAGE IS NOT REQUESTED?	n								
14.	DOES APPLICANT OWN / LEASE / OPERATE ANY DRONES? (If "YES", describe use)	n								
15.	DOES APPLICANT HIRE OTHERS TO OPERATE DRONES? (If "YES", describe use)	n								

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	Liberty Surplus Ins Co		Liberty Surplus	Liberty Surplus
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE	07/27/2017			
	EXPIRATION DATE	07/27/2018			

**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 OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE LAST _____ YEARS						TOTAL LOSSES: \$	SUBRO-GATION Y/N	CLAIM OPEN Y/N
DATE OF OCCURRENCE	LINE	TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED			

**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.) (Applicant's Initials): \_\_\_\_\_

**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 <i>Joey Sutherland</i>	PRODUCER'S NAME (Please Print) Joey Sutherland	STATE PRODUCER LICENSE NO (Required in Florida) 317914
APPLICANT'S SIGNATURE <i>Alan Campos</i>	DATE	NATIONAL PRODUCER NUMBER 12416046



AGENCY CUSTOMER ID: \_\_\_\_\_

**PROPERTY SECTION**

DATE (MM/DD/YYYY)

08/21/2018

AGENCY NAME

Crescent Coast Insurance

CARRIER

NAIC CODE

POLICY NUMBER

Pending

EFFECTIVE DATE

08/20/2018

NAMED INSURED(S)

Melissa Garcia dba La Casona Latin Cuisine

**BLANKET SUMMARY**

BLKT #	AMOUNT	TYPE	BLKT #	AMOUNT	TYPE

**PREMISES INFORMATION**
 PREMISES #: 1 STREET ADDRESS: 1901 North Kings Highway Myrtle Beach SC 29577  
 BUILDING #: 1 BLDG DESCRIPTION: restaurant

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Business Personal Property	100,000	80	RC	special					
Betterments & Improvements	200,000	80	RC	special					
Business Income	100,000								

**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	DESCRIPTION OF PROPERTY COVERED	LIMIT	REFRIG MAINT AGREEMENT (Y/N)	OPTIONS
		\$ 10,000	<input type="checkbox"/>	<input checked="" 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: \$

NE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV)

ACCEPT COVERAGE

REJECT COVERAGE

LIMIT: \$

PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK

# OF OPEN SIDES ON STRUCTURE: \_\_\_\_\_

CONSTRUCTION TYPE	DISTANCE TO HYDRANT	FIRE STAT	FIRE DISTRICT	CODE NUMBER	PROT CL	# STORIES	# BASMTS	YR BUILT	TOTAL AREA
Masonry Non Combustible	100 FT	2 MI	Myrtle Beach		1	2	0	1995	10,000

BUILDING IMPROVEMENTS	BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES
<input checked="" type="checkbox"/> WIRING, YR: 2008 <input checked="" type="checkbox"/> ROOFING, YR: 2008 OTHER: _____ YR: _____	<input checked="" type="checkbox"/> PLUMBING, YR: 2008 <input checked="" type="checkbox"/> HEATING, YR: 2008		SEMI-RESISTIVE	another restaurant going in HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT DATE INSTALLED: _____ MANUFACTURER: _____

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

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE
parking	parking	parking	

BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	<input checked="" type="checkbox"/> CENTRAL STATION <input type="checkbox"/> LOCAL GONG
Central Station			WITH KEYS

BURGLAR ALARM INSTALLED AND SERVICED BY	EXTENT	GRADE	# GUARDS / WATCHMEN	CLOCK HOURLY

PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)	% SPRNK	FIRE ALARM MANUFACTURER	<input checked="" type="checkbox"/> CENTRAL STATION <input type="checkbox"/> LOCAL GONG
	100		

**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 <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE					LOCATION: _____ BUILDING: _____ ITEM CLASS: _____ ITEM: _____ ITEM DESCRIPTION
	REFERENCE / LOAN #:				

ACORD 140 (2016/03)

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CONFIDENTIAL

**1717**

AAI0000126



**SIGNATURE**

**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.

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**Applicable in FL and OK**

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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.

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PRODUCER'S SIGNATURE <i>Joey Sutherland</i>	PRODUCER'S NAME (Please Print) Joey Sutherland	STATE PRODUCER LICENSE NO (Required in Florida) 517914
APPLICANT'S SIGNATURE <i>Allan Campos</i>	DATE 8/23/18	NATIONAL PRODUCER NUMBER 12416046

AGENCY CUSTOMER ID: \_\_\_\_\_



# COMMERCIAL GENERAL LIABILITY SECTION

DATE (MM/DD/YYYY)

08/21/2018

AGENCY

Crescent Coast Insurance

CARRIER

NAIC CODE

POLICY NUMBER

Pending

EFFECTIVE DATE

08/20/2018

APPLICANT / FIRST NAMED INSURED

Melissa Garcia dba La Casona Latin Cuisine

**IMPORTANT - If CLAIMS MADE is checked in the COVERAGE / LIMITS section below, this is an application for a claims-made policy. Read all provisions of the policy carefully.**

**COVERAGES**

**LIMITS**

<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	GENERAL AGGREGATE	\$ 2,000,000	PREMIUMS
<input type="checkbox"/> CLAIMS MADE	LIMIT APPLIES PER:		PREMISES/OPERATIONS
<input checked="" type="checkbox"/> OCCURRENCE	<input type="checkbox"/> POLICY	<input type="checkbox"/> LOCATION	
<input type="checkbox"/> OWNER'S & CONTRACTOR'S PROTECTIVE	<input type="checkbox"/> PROJECT	<input type="checkbox"/> OTHER:	
	PRODUCTS & COMPLETED OPERATIONS AGGREGATE	\$ 2,000,000	PRODUCTS
	PERSONAL & ADVERTISING INJURY	\$ 1,000,000	
	EACH OCCURRENCE	\$ 1,000,000	OTHER
	DAMAGE TO RENTED PREMISES (each occurrence)	\$ 100,000	
	MEDICAL EXPENSE (Any one person)	\$ 5,000	TOTAL
	EMPLOYEE BENEFITS	\$	0
		\$	

OTHER COVERAGES, RESTRICTIONS AND/OR ENDORSEMENTS (For hired/non-owned auto coverages attach the applicable state Business Auto Section, ACORD 137)

APPLICABLE ONLY IN WISCONSIN: IF NON-OWNED ONLY AUTO COVERAGE IS TO BE PROVIDED UNDER THE POLICY:

1. UM / UIM COVERAGE  IS  IS NOT AVAILABLE. 2. MEDICAL PAYMENTS COVERAGE  IS  IS NOT AVAILABLE.

**SCHEDULE OF HAZARDS (ACORD 211, Schedule of Hazards, may be attached if more space is required)**

LOC #	HAZ #	CLASS CODE	PREMIUM BASIS	EXPOSURE	TERR	RATE		PREMIUM	
						PREM / OPS	PRODUCTS	PREM / OPS	PRODUCTS
1	1		Sales	300,000					

CLASSIFICATION DESCRIPTION

Food Sales

LOC #	HAZ #	CLASS CODE	PREMIUM BASIS	EXPOSURE	TERR	RATE		PREMIUM	
						PREM / OPS	PRODUCTS	PREM / OPS	PRODUCTS
1	1		Sales	150,000					

CLASSIFICATION DESCRIPTION

Alcohol Sales

LOC #	HAZ #	CLASS CODE	PREMIUM BASIS	EXPOSURE	TERR	RATE		PREMIUM	
						PREM / OPS	PRODUCTS	PREM / OPS	PRODUCTS

CLASSIFICATION DESCRIPTION

RATING AND PREMIUM BASIS (P) PAYROLL - PER \$1,000/PAY (C) TOTAL COST - PER \$1,000/COST (U) UNIT - PER UNIT  
 (S) GROSS SALES - PER \$1,000/SALES (A) AREA - PER 1,000/SQ FT (M) ADMISSIONS - PER 1,000/ADM (T) OTHER

**CLAIMS MADE (Explain all "Yes" responses)**

EXPLAIN ALL "YES" RESPONSES	Y/N
1. PROPOSED RETROACTIVE DATE:	
2. ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COVERAGE:	
3. HAS ANY PRODUCT, WORK, ACCIDENT, OR LOCATION BEEN EXCLUDED, UNINSURED OR SELF-INSURED FROM ANY PREVIOUS COVERAGE?	
4. WAS TAIL COVERAGE PURCHASED UNDER ANY PREVIOUS POLICY?	

**EMPLOYEE BENEFITS LIABILITY**

1. DEDUCTIBLE PER CLAIM: \$	3. NUMBER OF EMPLOYEES COVERED BY EMPLOYEE BENEFITS PLANS:
NUMBER OF EMPLOYEES:	4. RETROACTIVE DATE:
ORD 126 (2016/09)	

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**CONTRACTORS**

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)				Y/N
1. 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
4. DO YOUR SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN YOURS?				n
5. ARE SUBCONTRACTORS ALLOWED TO WORK WITHOUT PROVIDING YOU WITH A CERTIFICATE OF INSURANCE?				n
6. DOES APPLICANT LEASE EQUIPMENT TO OTHERS WITH OR WITHOUT OPERATORS?				n
DESCRIBE THE TYPE OF WORK SUBCONTRACTED	\$ PAID TO SUB-CONTRACTORS:	% OF WORK SUBCONTRACTED:	# FULL-TIME STAFF:	# PART-TIME STAFF:

**PRODUCTS / COMPLETED OPERATIONS**

PRODUCTS	ANNUAL GROSS SALES	# OF UNITS	TIME IN MARKET	EXPECTED LIFE	INTENDED USE	PRINCIPAL COMPONENTS

EXPLAIN ALL "YES" RESPONSES (For all past or present products or operations) PLEASE ATTACH LITERATURE, BROCHURES, LABELS, WARNINGS, ETC.

EXPLAIN ALL "YES" RESPONSES (For all past or present products or operations) PLEASE ATTACH LITERATURE, BROCHURES, LABELS, WARNINGS, ETC.		Y/N
1. DOES APPLICANT INSTALL, SERVICE OR DEMONSTRATE PRODUCTS?		n
2. FOREIGN PRODUCTS SOLD, DISTRIBUTED, USED AS COMPONENTS? (If "YES", attach ACORD 815)		n
3. RESEARCH AND DEVELOPMENT CONDUCTED OR NEW PRODUCTS PLANNED?		n
4. GUARANTEES, WARRANTIES, HOLD HARMLESS AGREEMENTS?		n
5. PRODUCTS RELATED TO AIRCRAFT/SPACE INDUSTRY?		n
6. PRODUCTS RECALLED, DISCONTINUED, CHANGED?		n
7. PRODUCTS OF OTHERS SOLD OR RE-PACKAGED UNDER APPLICANT LABEL?		n
8. PRODUCTS UNDER LABEL OF OTHERS?		n
9. VENDORS COVERAGE REQUIRED?		n
10. DOES ANY NAMED INSURED SELL TO OTHER NAMED INSUREDS?		n

**ADDITIONAL INTEREST / CERTIFICATE RECIPIENT**  **ACORD 45 attached for additional names**

INTEREST <input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LIENHOLDER <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 #: _____					

**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?	n																				
2. ANY EXPOSURE TO RADIOACTIVE/NUCLEAR MATERIALS?	n																				
3. 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)	n																				
4. ANY OPERATIONS SOLD, ACQUIRED, OR DISCONTINUED IN LAST FIVE (5) YEARS?	n																				
5. DO YOU RENT OR LOAN EQUIPMENT TO OTHERS?	n																				
<table border="1" style="width: 100%;"> <tr> <th rowspan="2">EQUIPMENT</th> <th colspan="2">TYPE OF EQUIPMENT</th> <th rowspan="2">INSTRUCTION GIVEN (Y/N)</th> </tr> <tr> <td>SMALL TOOLS</td> <td>LARGE EQUIPMENT</td> </tr> <tr> <td> </td> <td>SMALL TOOLS</td> <td>LARGE EQUIPMENT</td> <td> </td> </tr> </table>	EQUIPMENT	TYPE OF EQUIPMENT		INSTRUCTION GIVEN (Y/N)	SMALL TOOLS	LARGE EQUIPMENT		SMALL TOOLS	LARGE EQUIPMENT		n										
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	SMALL TOOLS	LARGE EQUIPMENT																			
	SMALL TOOLS	LARGE EQUIPMENT																			
6. ANY WATERCRAFT, DOCKS, FLOATS OWNED, HIRED OR LEASED?	n																				
7. ANY PARKING FACILITIES OWNED/RENTED?	n																				
8. IS A FEE CHARGED FOR PARKING?	n																				
9. RECREATION FACILITIES PROVIDED?	n																				
10. ARE THERE ANY LODGING OPERATIONS INCLUDING APARTMENTS? (If "YES", answer the following):	n																				
<table border="1" style="width: 100%;"> <tr> <th># APTS</th> <th>TOTAL APT AREA Sq. Ft.</th> <th>DESCRIBE OTHER LODGING OPERATIONS</th> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>	# APTS	TOTAL APT AREA Sq. Ft.	DESCRIBE OTHER LODGING OPERATIONS				n														
# APTS	TOTAL APT AREA Sq. Ft.	DESCRIBE OTHER LODGING OPERATIONS																			
11. IS THERE A SWIMMING POOL ON PREMISES? (Check all that apply)	n																				
<input type="checkbox"/> APPROVED FENCE <input type="checkbox"/> LIMITED ACCESS <input type="checkbox"/> DIVING BOARD <input type="checkbox"/> SLIDE <input type="checkbox"/> ABOVE GROUND <input type="checkbox"/> IN GROUND <input type="checkbox"/> LIFE GUARD	n																				
12. ARE SOCIAL EVENTS SPONSORED?	n																				
13. ARE ATHLETIC TEAMS SPONSORED?	n																				
<table border="1" style="width: 100%;"> <tr> <th rowspan="2">TYPE OF SPORT</th> <th rowspan="2">CONTACT SPORT (Y/N)</th> <th colspan="2">AGE GROUP</th> <th rowspan="2">TYPE OF SPORT</th> <th rowspan="2">CONTACT SPORT (Y/N)</th> <th colspan="2">AGE GROUP</th> </tr> <tr> <td><input type="checkbox"/> 12 &amp; UNDER</td> <td><input type="checkbox"/> 13 - 18</td> <td><input type="checkbox"/> 12 &amp; UNDER</td> <td><input type="checkbox"/> 13 - 18</td> </tr> <tr> <td colspan="4">EXTENT OF SPONSORSHIP:</td> <td colspan="4">EXTENT OF SPONSORSHIP:</td> </tr> </table>	TYPE OF SPORT	CONTACT SPORT (Y/N)	AGE GROUP		TYPE OF SPORT	CONTACT SPORT (Y/N)	AGE GROUP		<input type="checkbox"/> 12 & UNDER	<input type="checkbox"/> 13 - 18	<input type="checkbox"/> 12 & UNDER	<input type="checkbox"/> 13 - 18	EXTENT OF SPONSORSHIP:				EXTENT OF SPONSORSHIP:				n
TYPE OF SPORT			CONTACT SPORT (Y/N)	AGE GROUP			TYPE OF SPORT	CONTACT SPORT (Y/N)	AGE GROUP												
	<input type="checkbox"/> 12 & UNDER	<input type="checkbox"/> 13 - 18		<input type="checkbox"/> 12 & UNDER	<input type="checkbox"/> 13 - 18																
EXTENT OF SPONSORSHIP:				EXTENT OF SPONSORSHIP:																	
14. ANY STRUCTURAL ALTERATIONS CONTEMPLATED?	n																				
15. ANY DEMOLITION EXPOSURE CONTEMPLATED?	n																				

**GENERAL INFORMATION (continued)**

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)

	Y/N												
16. HAS APPLICANT BEEN ACTIVE IN OR IS CURRENTLY ACTIVE IN JOINT VENTURES?	n												
17. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?	n												
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:33%;">LEASE TO</th> <th style="width:17%;">WORKERS COMPENSATION COVERAGE CARRIED (Y/N)</th> <th style="width:33%;">LEASE FROM</th> <th style="width:17%;">WORKERS COMPENSATION COVERAGE CARRIED (Y/N)</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	LEASE TO	WORKERS COMPENSATION COVERAGE CARRIED (Y/N)	LEASE FROM	WORKERS COMPENSATION COVERAGE CARRIED (Y/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 OTHER BUSINESS OR SUBSIDIARIES?	n												
19. ARE DAY CARE FACILITIES OPERATED OR CONTROLLED?	n												
20. HAVE ANY CRIMES OCCURRED OR BEEN ATTEMPTED ON YOUR PREMISES WITHIN THE LAST THREE (3) YEARS?	n												
21. IS THERE A FORMAL, WRITTEN SAFETY AND SECURITY POLICY IN EFFECT?	n												
22. DOES THE BUSINESSES' PROMOTIONAL LITERATURE MAKE ANY REPRESENTATIONS ABOUT THE SAFETY OR SECURITY OF THE PREMISES?	n												

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

**SIGNATURE**

**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, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or 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.

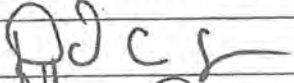
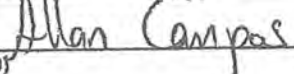
**Applicable in ME, TN, VA and WA:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)\* include imprisonment, fines and denial of insurance benefits. \*Applies in ME Only.

**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) Joey Sutherland	STATE PRODUCER LICENSE NO (Required in Florida) 517914
APPLICANT'S SIGNATURE 	DATE 8/23/18	NATIONAL PRODUCER NUMBER 12416046

**From:** Monte.Hensley@amwins.com [Monte.Hensley@amwins.com]  
**Sent:** 11/26/2018 1:50:04 PM  
**To:** whitney.gurtzweiler@amwins.com  
**Subject:** Inspection Advisement - Melissa Garcia dba La Casona Latin Cuisine - PAV0119063  
**Attachments:** PAV0119063-NC127465.pdf; APP.pdf



AmWINS Access Insurance Services, LLC  
1156 Bowman Road  
Suite 200  
Mount Pleasant, SC 29464

T 843.352.9469  
F 704.365.6348

[www.amwins.com](http://www.amwins.com)

SC License #L081820

November 26, 2018

Dear Broker/UW,

Please find the attached completed inspection. Please note that this is for your advisement only in case you would like to address at renewal.

FYI:

- Inspection - 4448 sq ft total area
- Application - 10,000 sq ft total area

We have completed the review process, emailed a copy to the Market (if applicable) and closed the AMLINK task. We have not sent any correspondence to the Retail agent.

Thank you,

Client Services - Inspection Team



**1724**

AAI0000413

Twenty First Services, LLC  
Commercial Package

Insured: Melissa Garcia dba La Casona Latin Cuisine  
Address: 1901 North Kings Highway  
City: Jayrtle Beach St. SC Zip 29577  
Ordered By: anthony.baker@amwins.com  
Date of Survey: 10/3/2018  
Who Interviewed: Melissa Garcia

Report Type: MP/Rest Supp (1033)  
Policy Number: PAV0119063-NC127465  
Agency: Crescent Coast Insurance  
Inspector Number: 312  
Title: Owner



**Business**

Type of Business Restaurant  
Trade Name La Casona  
 Incorporated  Partnership  Individual  LLC  
Number of Years in Business 7  
Business Hours 5:00 pm to 10:00 pm Days Wed - Sun  
am to pm Days \_\_\_\_\_  
am to pm Days \_\_\_\_\_  
Estimated Gross Receipts 260,000

**Premises**

Construction Class: Joisted Masonry \_\_\_\_\_ Frame \_\_\_\_\_  
Fire Resistant \_\_\_\_\_ Masonry NC 100% NC \_\_\_\_\_  
Number of Stories 1 Age of Building 26  
Floor Construction Concrete  
Roof Covering Membrane Roof Shape Flat  
Roof Updates 2011 new  
Firewalls  No  Yes  
Condition of Building  Good  Fair  Poor  
Housekeeping  Good  Fair  Poor  
Smoking controls  No  Yes  
Neighborhood  Residential  Commercial  Rural  
Exterior Wall Covering 75% stucco, 25% stone veneer

**Common Hazards**

Not Applicable \_\_\_\_\_  
Type Heating HVAC  
Heating Updates 7 years new units  
Type Fuel  Gas  Electric  
If Gas, is it properly vented?  Yes  No  
Type A/C Central  
Type Wiring  Copper  Aluminum  
Circuit Control  Cir. Brk.  Fuses  
Any unsafe wiring noted?  No  Yes  
Any rewiring in recent years?  No  Yes  
If so, Date Completed 2011  Partial  Full

**Special Hazards**

Not Applicable \_\_\_\_\_  
Any of the following present in this building or on the premises?  
Compressors  No  Yes  
Machinery  No  Yes  
Boilers  No  Yes  
Welding  No  Yes  
Painting  No  Yes  
Cooking  No  Yes  
Wood Working  No  Yes  
Haz. Materials  No  Yes  
Any other special hazards \_\_\_\_\_

**Protection / Detection**

Is Building within City Limits?  Yes  No  
Fire Department?  Vol  Paid  
Distance to:  
a. Fire Dept. (miles)  0-3  3-5  Over 5  
b. Fire Hydrant (ft)  within 500  within 1000  Over 1000  
Extinguishers:  
Number 4 Type ABC  
Date last inspected 10/2017 Size 3-A:40-B:C  
Any standpipes  No  Yes  
Smoke detectors  No  Yes  
Sprinkler system  No  Yes  
Watchman Service  No  Yes  
Video Surveillance  No  Yes  
Burglary Alarm System  Central  Local With fire?  No  Yes

**Exposure Losses**

Not Applicable \_\_\_\_\_  
Any other occupants in building?  No  Yes  
Is building isolated or inaccessible?  No  Yes  
Do neighborhood businesses present unusual exposures to insured?  No  Yes  
Are pipes subject to freezing?  No  Yes  
Are floors drained?  No  Yes  
Exposure to surface water?  No  Yes  
Any sign of past water leakage?  No  Yes  
Any plumbing problems?  No  Yes  
Has building been replumbed?  No  Yes  
Plumbing Updates \_\_\_\_\_

**Prior Losses**

Any prior losses?  No  Yes

**Diagram**

Ground floor area 4448  
Total area 4448  
 Owned  Leased

Any Recommendations?  No  Yes  
Building Valuation Attached?  No  Yes

TEBELE 000041

1725

## Premises Liability Exposure

Interior Liability Exposures	Not Applicable	Exterior Liability Exposures	Not Applicable
1. Is there a basement? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		Any loose or unsecured items on premises? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Is general public allowed access? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		Is there a parking lot? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
Use of basement _____		Is it paved? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
Is roof used? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		Size of lot <u>shared</u>	
Purpose _____		Is it fenced? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Are there escalators or elevators? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		Condition? <input checked="" type="checkbox"/> Good <input type="checkbox"/> Poor	
Number _____		Number of exits <u>4</u>	
Capacity _____ <input type="checkbox"/> Self Serve <input type="checkbox"/> Attended		Door construction <u>metal</u>	
How often inspected? _____		Exits free of obstructions? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
Any interior stairs? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		Exterior lighting? <input checked="" type="checkbox"/> Good <input type="checkbox"/> Poor	
Construction _____		Any step ups / step downs? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Condition <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor		Walk areas in good condition? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
Are there handrails? <input type="checkbox"/> No <input type="checkbox"/> Yes		Any signs on premises? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
Condition <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor		Any exterior stairs? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Any floor disruptions? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
Aisle Space <input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor			
Type of floor cover? <u>Laminate &amp; tile</u>			
Condition of Floor <input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor			
If seating, give type and condition <u>portable in good condition</u>			
Customer traffic <input type="checkbox"/> Light <input checked="" type="checkbox"/> Medium <input type="checkbox"/> Heavy			
Safety	Not Applicable		
Is bldg. used for people to congregate? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			
If so, give capacity <u>299</u>			
Lighted exit signs? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			
If no, are they needed? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
Emergency lights? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			
If no, are they needed? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
Are doors equipped with panic hardware? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
Exits swing outward? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			

Reports are based on information obtained through fallible human sources and its accuracy is not guaranteed. All information in our reports is confidential for your own exclusive use and benefit, and shall never be revealed to subjects on whom reported, nor anyone else. Twenty First Services, or any of its representatives shall not be in any way liable on any violations of these conditions or because of any inaccuracies in these reports and you warrant that your procurement and use of our services are in full compliance with public Law 91-508 in its entirety, and all federal and state laws, or other governing statutes. By your acceptance of our reports, you specifically agree to these conditions and further agree to indemnify us for any costs or expenses caused by your noncompliance with and of these terms.

**TEBELE 000042**

Commercial Division  
Twenty First Services

**INSURED:** Melissa Garcia dba La Casona Latin Cuisine      **DATE:** 10/3/2018  
**ADDRESS:** 1901 North Kings Highway      **INSPECTOR:** Dennis Tracy  
Myrtle Beach, SC 29577      **INTERVIEWED:** Melissa Garcia  
**AGENCY:** Crescent Coast Insurance      **COVERAGE:** 1033  
      **POLICY#:** PAV0119063-NC127465

---

**SPECIAL ATTENTION:** BPP values \$100,000

**BUSINESS:** The following was observed at 1901 North Kings Highway, Myrtle Beach, SC, 29577.  
The type of business is restaurant, and the trade name is La Casona. It is organized as an llc, and has been in business for 7 years. The business hours are from 5:00pm to 10:00pm Wed - Sun. Estimated gross annual receipts are \$260,000.00.

**PREMISES:** The breakdown of construction materials is masonry non-combustible 100%. The building has 1 story, is 26 years old and totals 4448 square feet. The building construction consists of concrete foundation, concrete block walls with cladding of 75% stucco and 25% stone veneer. Roof frame is metal joist with a membrane roof covering. The roof shape is flat and updates include: 2011 new. Firewalls are present. The building is in good condition with good housekeeping.

**COMMON HAZARDS:** The building heating is hvac using electric fuel. Air conditioning is provided by central units. Building electrical features copper conductors and circuit breaker protection. Partial updates were completed in 2011.

**SPECIAL HAZARDS:** The following hazards were observed:  
Compressors: refrigeration  
Cooking: commercial kitchen

**PROTECTION / DETECTION:** The building is within city limits and covered by a paid fire department which is 0-3 miles from the property. There is a fire hydrant within 0-500 feet. We observed 4 ABC fire extinguishers, size:3-A:40-B:C, which were last inspected on 10/2017. They are in need of inspection this month. There are no stand pipes. There is no watchman service. There are smoke detectors. There is a sprinkler system, riser is in unoccupied area of building and not under insured's control. There is video surveillance. There is a burglary alarm system, with fire.

**EXPOSURE / LOSSES:** There are no other occupants in the building. The building is not isolated or inaccessible. There are no businesses presenting unusual hazards. The pipes are not subject to freezing. The floors do not have floor drains. There is no exposure to surface water. There are no signs of past water leaks. There are no plumbing problems. The building has not been replumbed.

**PRIOR LOSSES:** None reported

**INTERIOR LIABILITY EXPOSURES:** There is no basement. The roof is not used. There are no elevators/escalators. There are no interior stairs. The floor covering is 90% laminate & 10% tile and is in good condition.

**LIFE SAFETY:** The building is used for people to congregate and has a capacity for 299 people. There are lighted exit signs. There are emergency lights. Doors are not equipped with panic hardware. Exits swing outward.

TEBELE 000043

**1727**

**EXTERIOR LIABILITY  
EXPOSURES:**

Loose or unsecured items were not observed at the time of inspection. There is a parking lot at this location. The lot is in good condition, paved, and is not fenced. The building has 4 exits, good exterior lighting, no steps ups, has no exterior stairs, and has signs on the premises.

**LOSS CONTROL &  
SAFETY SUGGESTIONS:**

See Attached

SAFETY SUGGESTIONS  
Twenty First Services

INSURED: Melissa Garcia dba La Casona Latin Cuisine  
ADDRESS: 1901 North Kings Highway  
Myrtle Beach, SC 29577  
POLICY#: PAV0119063-NC127465

---

2018-1) Mark the locations of the fire extinguishers within the premises. All fire extinguisher locations should be conspicuously marked and fire extinguishers mounted where they will be readily accessible in case of fire. Extinguishers should be marked as to their use and should be mounted on wall brackets so that the extinguisher top is no higher than five feet above the floor or lower than 3 1/2 feet. At the time of our inspection, fire extinguisher locations were not clearly or properly marked

Signed: \_\_\_\_\_  
Named Insured or Authorized Representative of Insured

Date: \_\_\_\_\_

Insured: Melissa Garcia dba La Casona Latin Cuisi

Policy Number: PAV0119063-NC127465

**OPERATIONS**

Type of Restaurant Latin cuisine  
 Gross annual sales 260,000  
 % food 75 % beer/wine 15 % liquor 10

**KITCHEN FACILITIES**

List cooking units and fuel	Number	Fuel	
		Gas	Elec.
Oven(s)	<u>0</u>	<input type="checkbox"/>	<input type="checkbox"/>
Grill(s)	<u>1</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Fryer(s)	<u>1</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Broiler(s)	<u>0</u>	<input type="checkbox"/>	<input type="checkbox"/>
Wok(s)	<u>0</u>	<input type="checkbox"/>	<input type="checkbox"/>
Range Top(s)	<u>1</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other	<u>0</u>	<input type="checkbox"/>	<input type="checkbox"/>

Construction of wall behind cooking units: Stainless steel

	NO	YES
Deep fat fryers located 16" from open flame?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
All units covered by a hood and duct?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Hood and Duct properly vented?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
are filters in hood and duct?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If so, how often are they cleaned? <u>weekly</u>		
Light bulbs in hood covered?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Commercial firm service hood and duct?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If yes, company name? <u>A Better Pressure Cleaning</u>		
How often? <u>Quarterly</u>		
How is old grease discarded?		
<u>Pick up service</u>		
	NO	YES
Compressors in good condition?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Housekeeping good?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**PROTECTION**

Automatic Extinguishing System? NO  YES   
 Mfg Ansul  
 Type/Size R-102  
 Month/Year tagged 10/2018  
 Full surface coverage? yes

Is there an auto fuel shut-off? NO  YES   
 Thermostat and high limit on deep fat fryers?    
 Portable kitchen fire extinguishers?    
 If yes, number/size 1 of 1.5 gallon  
 Type Type K  
 Month/Year tagged 10/2017

**LIABILITY**

Seating capacity 299

	NO	YES
Any live entertainment?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Dance Floor?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If so, size _____		
Any video games?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If so, seperate room? _____		
Any delivery?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Any catering?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

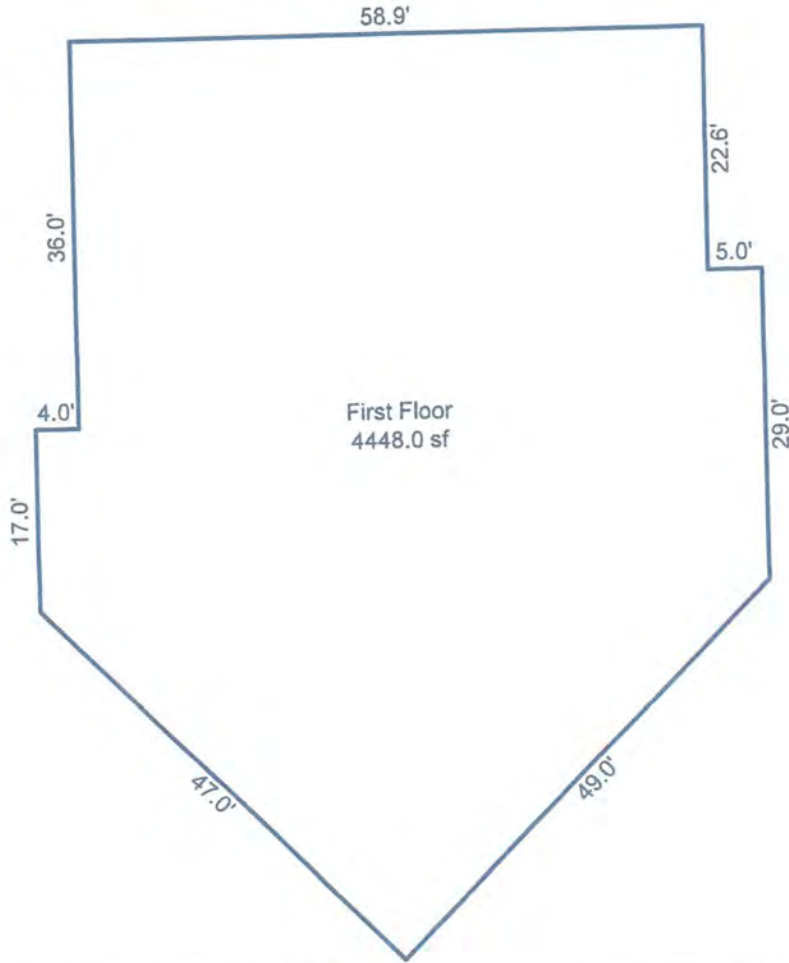
**NARRATIVE**

# SKETCH/AREA TABLE ADDENDUM

## SUBJECT INFO

File No.: \_\_\_\_\_ Parcel No.: \_\_\_\_\_  
 Property Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 City: \_\_\_\_\_ County: \_\_\_\_\_  
 Owner: \_\_\_\_\_  
 Client: \_\_\_\_\_ Client Address: \_\_\_\_\_  
 Appraiser Name: \_\_\_\_\_ Inspection Date: \_\_\_\_\_

## SKETCH



Sketch by Apex Sketch

### AREA CALCULATIONS SUMMARY

Code	Description	Factor	Net Size	Perimeter	Net Totals
GLA1	First Floor	1.0	4448.0	268.6	4448.0

### COMMENT TABLE 1

### COMMENT TABLE 2

### COMMENT TABLE 3

Net LIVABLE

(rounded)

4,448

**TEBELE 000053**



Front



Rear

TEBELE 000048

**1732**



Business Sign



Front

TEBELE 000047

**1733**



Left



Left

TEBELE 000049

**1734**



Dining



Dining

TEBELE 000050

**1735**



Kitchen



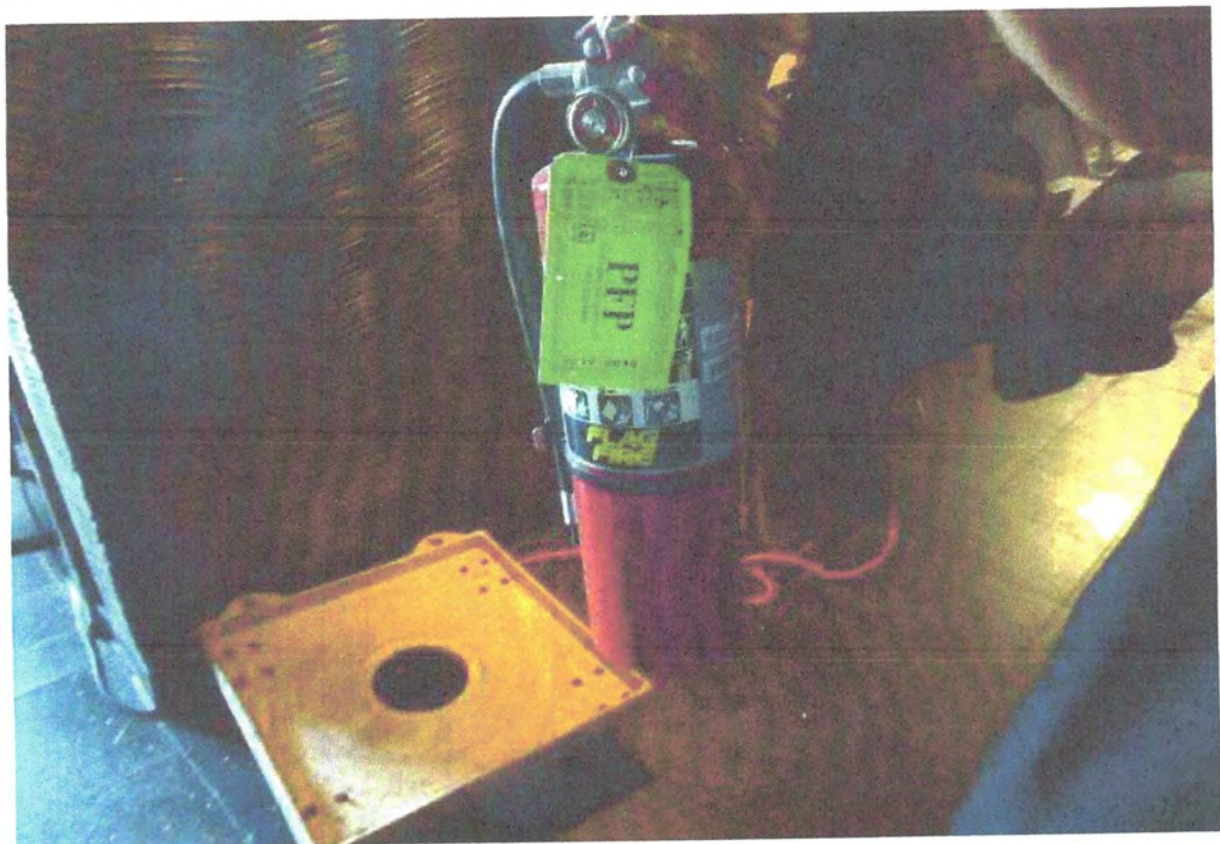
Hood

**1736**

TEBELE 000051



AES manual pill



Fire Extinguisher

TEBELE 000052

**1737**

**AmRes Application / Schedule of Values**

Worksheet

Any errors which may be corrected should be corrected immediately. This is an application for insurance and is not a contract. It is subject to the terms and conditions of the policy. It is not a contract until the policy is issued. It is not a contract until the policy is issued. It is not a contract until the policy is issued.

If there are any mortgages, lien holders, lease holders, additional insureds or other additional insureds, see additional worksheet tabs for their information.

**A. Loans & Payers**

**\*First Named Insured:**

Evolution date of existing coverage?  
 \*Does any location include External Insulation & Finishing Systems (EIFS)?  
 \*List any lots with aluminum siding. If no, any type of asbestos? (Itemize)  
 Describe any gutters, location, number, year and extent of work.  
 Is square footage gross or net finished?  
 Describe any fire credits, ft. heating or otherwise subdivided properties. (Itemize)  
 Are any locations less than 200 sq. ft.?

- Yellow** - Required
- Orange** - Required for AGC
- Blue** - Required if Full Insured
- Green** - Required for General Liability
- Grey** - Required for High Hazard Occupancy

Coinsurance (must be 100% if required to waive coinsurance): 100% 100% 100% 100% 100%  
 Sum of Values: \$18,843,000 \$391,000 \$0 \$0 \$2,321,400 \$22,155,400  
 American (Bldg. Sq. Ft.) 170 91

Year	Start Date	End Date	% of Coverage
1	1/1/2010	12/31/2010	25%
2	1/1/2011	12/31/2011	25%
3	1/1/2012	12/31/2012	25%
4	1/1/2013	12/31/2013	25%

Row No.	Property Type	Location Name	Address/Block	Street Address	City	State	Zip	County	In Prog. Value (100% of value)	# of Bldgs	% COI	Construction Description (provide further details on Construction Features)	# of Units	*Orig Year Built	*% Bldg (Original) - Value (Current) - Primary, # of Units, etc.	*Year Built (Original) - Fully Registered	*Raw Property Value (\$)	Personal Property Value (\$)	MAE (Compl'd) MAE Tech Summary Sheet	Other Value 3 (Condition of pipe & Equip must be noted)	Differential (Income \$)	*Total TV	*Occupancy Description	In Prog. High or Other?	Date Added to Sched	# of Units	*Square Footage	% Occupied	Percent Rented/Owned	Estimated PDR	ISO Plat Class	Fire Zone
1	Building		205 N. 113	Hempstead	NY	11550				1		NC		1999	100	100	100				100	Office			1	100	100					
2	Building		212 N. 113	Hempstead	NY	11550				1		NC		1999	100	100	100				100	Office			1	100	100					
3	Building		301 N. 113	Hempstead	NY	11550				1		NC		1999	100	100	100				100	Office			1	100	100					
4	Building		301 N. 113	Hempstead	NY	11550				1		NC		1999	100	100	100				100	Office			1	100	100					
5	Building		301 N. 113	Hempstead	NY	11550				1		NC		1999	100	100	100				100	Office			1	100	100					
6	Building		301 N. 113	Hempstead	NY	11550				1		NC		1999	100	100	100				100	Office			1	100	100					
7	Building		301 N. 113	Hempstead	NY	11550				1		NC		1999	100	100	100				100	Office			1	100	100					
8	Building		301 N. 113	Hempstead	NY	11550				1		NC		1999	100	100	100				100	Office			1	100	100					
9	Building		301 N. 113	Hempstead	NY	11550				1		NC		1999	100	100	100				100	Office			1	100	100					
10	Building		301 N. 113	Hempstead	NY	11550				1		NC		1999	100	100	100				100	Office			1	100	100					
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12	Building		301 N. 113	Hempstead	NY	11550				1		NC		1999	100	100	100				100	Office			1	100	100					
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16	Building		301 N. 113	Hempstead	NY	11550				1		NC		1999	100	100	100				100	Office			1	100	100					
17	Building		301 N. 113	Hempstead	NY	11550				1		NC		1999	100	100	100				100	Office			1	100	100					
18	Building		301 N. 113	Hempstead	NY	11550				1		NC		1999	100	100	100				100	Office			1	100	100					
19	Building		301 N. 113	Hempstead	NY	11550				1		NC		1999	100	100	100				100	Office			1	100	100					
20	Building		301 N. 113	Hempstead	NY	11550				1		NC		1999	100	100	100				100	Office			1	100	100					
21	Building		301 N. 113	Hempstead	NY	11550				1		NC		1999	100	100	100				100	Office			1	100	100					
22	Building		301 N. 113	Hempstead	NY	11550				1		NC		1999	100	100	100				100	Office			1	100	100					





ACIC Comments:

American Coastal Insurance Company Information																					
* Bldg No.	ACIC Class	ACIC Occupancy	Location	BCOS	ED Zone	Terrain	Drip 2 Construction	Roof Covering	Roof Shape	Roof Wall Attachment	Roof Deck Attachment	Secondary Water Resistance	Opening Protection	FBC Wind Speed	FBC Wind Design	Design Exposure	Windfall Damages Requested	AGP Deductible Requested	Building Valuation	Sprinklers ISO Approved?	
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General Liability Comments:		Earth Movement Comments:														
General Liability											Earth Movement - Required for High Hazard Quake					
2011 No.	Smoke/Carbon Monoxide Detector Yes or No	Fire Alarm Operational Yes or No	Fire Extinguishers Operational Yes or No	Pool(s) Year of the Insurer's Number	Insured under an annual contract or other contract with continuous, active coverage by the insurer	Outing Boards Yes or No	> 20% Section 1 Subdivided Yes or No	EM Year Updates	EM EM Bury	EM Cladding Type	EM Crane With Ballast	EM Pile Ballast	EM Pile Anchoring	EM Uncovered Roofing Material	EM Equipment Bracing	EM Pinning
1																
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Crescent Coast 01353

**From:** Sandra Nenna <[sandra@crescoast.com](mailto:sandra@crescoast.com)>  
**Sent:** Friday, January 11, 2019 12:10 PM  
**To:** Whitney Gurtzweiler <[whitney.gurtzweiler@amwins.com](mailto:whitney.gurtzweiler@amwins.com)>  
**Cc:** Joey Sutherland <[joey@crescoast.com](mailto:joey@crescoast.com)>  
**Subject:** La Casona NC127465 8.23.2018

**Whitney:**

When the app was submitted for this risk, it was represented that the building was 100% sprinklered as the sprinkler system was being installed at that time. We have learned as of yesterday, that the sprinklers have been installed, but the landlord has not turned the water on to have them operational. We just wanted to give you a "head's up" on this.

Best..

Sandra



*(Formerly Infinity Insurance, LLC)*

**Sandra Nenna**

**Office Manager / Agent**

**Crescent Coast Insurance**

843-399-0822 Office

843-399-0854 Fax

[Sandra@crescoast.com](mailto:Sandra@crescoast.com)

01/11/19 [sandra@crescoast.com](mailto:sandra@crescoast.com)



**1742**

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**From:** [whitney.gurtzweiler@amwins.com](mailto:whitney.gurtzweiler@amwins.com)  
**Sent:** Friday, January 11, 2019 12:47 PM  
**To:** [sandra@crescoast.com](mailto:sandra@crescoast.com)  
**Cc:** [joey@crescoast.com](mailto:joey@crescoast.com)  
**Subject:** RE: La Casona NC127465 8.23.2018

Got it, ill note the file

Whitney Gurtzweiler, CPCU, ARM  
Vice President | Underwriter | AmWINS Access Insurance Services, LLC  
P 843.352.9469 | M 912.220.3382 | [whitney.gurtzweiler@amwins.com](mailto:whitney.gurtzweiler@amwins.com)  
1156 Bowman Road | Suite 200 | Mount Pleasant, SC 29464 | [amwins.com](http://amwins.com)



# COMMERCIAL INSURANCE APPLICATION

## APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)

01/11/2019

AGENCY Crescent Coast Insurance 4336 SEA MOUNTAIN HWY UNIT C  LITTLE RIVER SC 29566-6830		CARRIER Lloyds of London NAIC CODE	
		COMPANY POLICY OR PROGRAM NAME PROGRAM CODE	
		POLICY NUMBER Pending	
CONTACT NAME: Joey Sutherland PHONE (A/C, No, Ext): (843) 399-0822 FAX (A/C, No): (843) 399-0854 E-MAIL ADDRESS: david@infinityinsurancesc.com		UNDERWRITER UNDERWRITER OFFICE Amwins Access	
CODE: SUBCODE:		STATUS OF TRANSACTION QUOTE <input type="checkbox"/> ISSUE POLICY <input checked="" type="checkbox"/> RENEW <input type="checkbox"/> BOUND (Give Date and/or Attach Copy): CHANGE DATE TIME <input type="checkbox"/> AM <input type="checkbox"/> PM CANCEL 01/15/2019	
AGENCY CUSTOMER ID:			

### LINES OF BUSINESS

INDICATE LINES OF BUSINESS	PREMIUM	PREMIUM	PREMIUM
<input type="checkbox"/> BOILER & MACHINERY	\$	CYBER AND PRIVACY	\$
<input type="checkbox"/> BUSINESS AUTO	\$	FIDUCIARY LIABILITY	\$
<input type="checkbox"/> BUSINESS OWNERS	\$	GARAGE AND DEALERS	\$
<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY	\$	LIQUOR LIABILITY	\$
<input type="checkbox"/> COMMERCIAL INLAND MARINE	\$	MOTOR CARRIER	\$
<input checked="" type="checkbox"/> COMMERCIAL PROPERTY	\$	TRUCKERS	\$
<input type="checkbox"/> CRIME	\$	UMBRELLA	\$
		YACHT	\$

### ATTACHMENTS

ACCOUNTS RECEIVABLE / VALUABLE PAPERS	GLASS AND SIGN SECTION	STATEMENT / SCHEDULE OF VALUES
ADDITIONAL INTEREST SCHEDULE	HOTEL / MOTEL SUPPLEMENT	STATE SUPPLEMENT (if applicable)
ADDITIONAL PREMISES INFORMATION SCHEDULE	INSTALLATION / BUILDERS RISK SECTION	VACANT BUILDING SUPPLEMENT
APARTMENT BUILDING SUPPLEMENT	INTERNATIONAL LIABILITY EXPOSURE SUPPLEMENT	VEHICLE SCHEDULE
CONDO ASSN BYLAWS (for D&O Coverage only)	INTERNATIONAL PROPERTY EXPOSURE SUPPLEMENT	
CONTRACTORS SUPPLEMENT	LOSS SUMMARY	
COVERAGES SCHEDULE	OPEN CARGO SECTION	
DEALERS SECTION	PREMIUM PAYMENT SUPPLEMENT	
DRIVER INFORMATION SCHEDULE	PROFESSIONAL LIABILITY SUPPLEMENT	
ELECTRONIC DATA PROCESSING SECTION	RESTAURANT / TAVERN SUPPLEMENT	

### POLICY INFORMATION

PROPOSED EFF DATE 01/15/2019	PROPOSED EXP DATE 01/15/2020	BILLING PLAN <input type="checkbox"/> DIRECT <input checked="" type="checkbox"/> AGENCY	PAYMENT PLAN	METHOD OF PAYMENT	AUDIT	DEPOSIT \$	MINIMUM PREMIUM \$	POLICY PREMIUM \$
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### APPLICANT INFORMATION

NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4) A Tebele & Sons, ETAL Po Box 1496  Myrtle Beach SC 29578				GL CODE 61217	SIC	NAICS	FEIN OR SOC SEC #
CORPORATION <input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> <input checked="" type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____				NOT FOR PROFIT ORG <input type="checkbox"/> SUBCHAPTER "S" CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> TRUST <input type="checkbox"/>			
BUSINESS PHONE #: (843) 241-1973				WEBSITE ADDRESS			
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)				GL CODE	SIC	NAICS	FEIN OR SOC SEC #
CORPORATION <input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> <input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____				NOT FOR PROFIT ORG <input type="checkbox"/> SUBCHAPTER "S" CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> TRUST <input type="checkbox"/>			
BUSINESS PHONE #:				WEBSITE ADDRESS			
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)				GL CODE	SIC	NAICS	FEIN OR SOC SEC #
CORPORATION <input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> <input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____				NOT FOR PROFIT ORG <input type="checkbox"/> SUBCHAPTER "S" CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> TRUST <input type="checkbox"/>			
BUSINESS PHONE #:				WEBSITE ADDRESS			

ACORD 125 (2016/03)



1744

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**CONTACT INFORMATION**

AGENCY CUSTOMER ID: \_\_\_\_\_

CONTACT TYPE: member		CONTACT TYPE:	
CONTACT NAME: Abe Tebele		CONTACT NAME:	
PRIMARY PHONE # <input type="checkbox"/> HOME <input checked="" type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL
(843) 241-1973			
PRIMARY E-MAIL ADDRESS: atebele@aol.com		PRIMARY E-MAIL ADDRESS:	
SECONDARY E-MAIL ADDRESS:		SECONDARY E-MAIL ADDRESS:	

**PREMISES INFORMATION (Attach ACORD 823 for Additional Premises)**

LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
1	2909 Hwy 17 S	<input checked="" type="checkbox"/> INSIDE	<input checked="" type="checkbox"/> OWNER		OCCUPIED AREA: 10000 SQ FT
BLD #	CITY: Atlantic Beach	STATE: SC	OUTSIDE	TENANT	# PART TIME EMPL
1	COUNTY: Horry	ZIP: 29582			OPEN TO PUBLIC AREA: SQ FT
DESCRIPTION OF OPERATIONS:					TOTAL BUILDING AREA: SQ FT
					ANY AREA LEASED TO OTHERS? Y / N
2	2911 Hwy 17 S	<input checked="" type="checkbox"/> INSIDE	<input checked="" type="checkbox"/> OWNER		ANNUAL REVENUES: \$
BLD #	CITY: Atlantic Beach	STATE: SC	OUTSIDE	TENANT	OCCUPIED AREA: 10000 SQ FT
1	COUNTY: Horry	ZIP: 29582			OPEN TO PUBLIC AREA: SQ FT
DESCRIPTION OF OPERATIONS:					TOTAL BUILDING AREA: SQ FT
					ANY AREA LEASED TO OTHERS? Y / N
3	502 30th AVe N	<input checked="" type="checkbox"/> INSIDE	<input checked="" type="checkbox"/> OWNER		ANNUAL REVENUES: \$
BLD #	CITY: Myrtle Beach	STATE: SC	OUTSIDE	TENANT	OCCUPIED AREA: 900 SQ FT
1	COUNTY: Horry	ZIP: 29577			OPEN TO PUBLIC AREA: SQ FT
DESCRIPTION OF OPERATIONS:					TOTAL BUILDING AREA: SQ FT
					ANY AREA LEASED TO OTHERS? Y / N
4	3001 N Kings Hwy	<input checked="" type="checkbox"/> INSIDE	<input checked="" type="checkbox"/> OWNER		ANNUAL REVENUES: \$
BLD #	CITY: Myrtle Beach	STATE: SC	OUTSIDE	TENANT	OCCUPIED AREA: 17000 SQ FT
1	COUNTY: Horry	ZIP: 29577			OPEN TO PUBLIC AREA: SQ FT
DESCRIPTION OF OPERATIONS:					TOTAL BUILDING AREA: SQ FT
					ANY AREA LEASED TO OTHERS? Y / N

**NATURE OF BUSINESS**

<input type="checkbox"/> PARTMENTS	<input type="checkbox"/> CONTRACTOR	<input type="checkbox"/> MANUFACTURING	<input type="checkbox"/> RESTAURANT	<input type="checkbox"/> SERVICE	<input checked="" type="checkbox"/> LRO	DATE BUSINESS STARTED (MM/DD/YYYY)
<input type="checkbox"/> CONDOMINIUMS	<input type="checkbox"/> INSTITUTIONAL	<input type="checkbox"/> OFFICE	<input type="checkbox"/> RETAIL	<input type="checkbox"/> WHOLESALE		12/28/2012

DESCRIPTION OF PRIMARY OPERATIONS

LRO

RETAIL STORES OR SERVICE OPERATIONS % OF TOTAL SALES:	INSTALLATION, SERVICE OR REPAIR WORK %	OFF PREMISES INSTALLATION, SERVICE OR REPAIR WORK %
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DESCRIPTION OF OPERATIONS OF OTHER NAMED INSURED

**ADDITIONAL INTEREST (Not all fields apply to all scenarios - provide only the necessary data) Attach ACORD 45 for more Additional Interests**

INTEREST	NAME AND ADDRESS RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
<input type="checkbox"/> ADDITIONAL INSURED	Atlantic Beach Center LLC					LOCATION:	BUILDING:
<input type="checkbox"/> BREACH OF WARRANTY						VEHICLE:	BOAT:
<input type="checkbox"/> CO-OWNER						AIRPORT:	AIRCRAFT:
<input type="checkbox"/> EMPLOYEE AS LESSOR						ITEM CLASS:	ITEM:
<input type="checkbox"/> LEASEBACK OWNER						ITEM DESCRIPTION	
<input checked="" type="checkbox"/> LENDER'S LOSS PAYABLE	REFERENCE / LOAN #:	INTEREST END DATE:		LIEN AMOUNT:		PHONE (A/C, No, Ext):	FAX (A/C, No):
REASON FOR INTEREST:		E-MAIL ADDRESS:					

**GENERAL INFORMATION**

AGENCY CUSTOMER ID: \_\_\_\_\_

EXPLAIN ALL "YES" RESPONSES				Y/N
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ?				n
PARENT COMPANY NAME	RELATIONSHIP DESCRIPTION	% OWNED		
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?				n
SUBSIDIARY COMPANY NAME	RELATIONSHIP DESCRIPTION	% OWNED		
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?				n
<input type="checkbox"/> SAFETY MANUAL	<input type="checkbox"/> SAFETY POSITION	<input type="checkbox"/> MONTHLY MEETINGS	<input type="checkbox"/> OSHA	<input type="checkbox"/>
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?				n
4. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)				n
LINE OF BUSINESS	POLICY NUMBER	LINE OF BUSINESS	POLICY NUMBER	
5. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR THREE (3) YEARS FOR ANY PREMISES OR OPERATIONS? (Missouri Applicants - Do not answer this question)				n
<input type="checkbox"/> NON-PAYMENT	<input type="checkbox"/> AGENT NO LONGER REPRESENTS CARRIER	<input type="checkbox"/>		
<input type="checkbox"/> NON-RENEWAL	<input type="checkbox"/> UNDERWRITING	<input type="checkbox"/> CONDITION CORRECTED (Describe):		
6. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?				n
7. DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, 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).				n
8. ANY UNCORRECTED FIRE AND/OR SAFETY CODE VIOLATIONS?				n
OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE	
9. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE LAST FIVE (5) YEARS?				n
OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE	
10. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS?				n
OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE	
11. HAS BUSINESS BEEN PLACED IN A TRUST? NAME OF TRUST: Kings Plaza LLC				n
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)				n
13. DOES APPLICANT HAVE OTHER BUSINESS VENTURES FOR WHICH COVERAGE IS NOT REQUESTED?				n
14. DOES APPLICANT OWN / LEASE / OPERATE ANY DRONES? (If "YES", describe use)				n
15. DOES APPLICANT HIRE OTHERS TO OPERATE DRONES? (If "YES", describe use)				n

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

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**PRIOR CARRIER INFORMATION**

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				

**PRIOR CARRIER INFORMATION (continued)**

AGENCY CUSTOMER ID: \_\_\_\_\_

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 OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE LAST _____ YEARS						TOTAL LOSSES: \$		
DATE OF OCCURRENCE	LINE	TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	SUBROGATION 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.)

(Applicant's Initials): *at*

**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.

DocuSigned by:

PRODUCER'S SIGNATURE *David Egan*

PRODUCER'S NAME (Please Print) David A Egan

STATE PRODUCER LICENSE NO (Required in Florida)

APPLICANT'S SIGNATURE

*ABRAHAM TEBELE*

DATE 1/14/2019

NATIONAL PRODUCER NUMBER 12416046

AGENCY CUSTOMER ID: \_\_\_\_\_



# ADDITIONAL INTEREST SCHEDULE

DATE (MM/DD/YYYY)  
01/11/2019

AGENCY Crescent Coast Insurance	CARRIER	NAIC CODE
POLICY NUMBER Pending	EFFECTIVE DATE 09/01/2018	NAMED INSURED(S) A Tebele & Sons, ETAL

**ADDITIONAL INTEREST (Not all fields apply to all scenarios - provide only the necessary data)**

INTEREST <input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BREACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LIENHOLDER <input checked="" type="checkbox"/> Additional Named Insured	LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS RANK: _____ Kings Plaza LLC  REFERENCE / LOAN #: _____ LIEN AMOUNT: _____	EVIDENCE: _____ CERTIFICATE _____ POLICY _____ SEND BILL _____	INTEREST END DATE: _____ PHONE (A/C, No, Ext): _____ E-MAIL ADDRESS: _____	INTEREST IN ITEM NUMBER LOCATION: _____ BUILDING: _____ VEHICLE: _____ BOAT: _____ AIRPORT: _____ AIRCRAFT: _____ SCHED #: _____ ITEM: _____ ITEM CLASS: _____ ITEM DESCRIPTION: _____
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INTEREST <input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BREACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LIENHOLDER <input checked="" type="checkbox"/> additional named insured	LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS RANK: _____ Kings Realty Management, LLC  REFERENCE / LOAN #: _____ LIEN AMOUNT: _____	EVIDENCE: _____ CERTIFICATE _____ POLICY _____ SEND BILL _____	INTEREST END DATE: _____ PHONE (A/C, No, Ext): _____ E-MAIL ADDRESS: _____	INTEREST IN ITEM NUMBER LOCATION: _____ BUILDING: _____ VEHICLE: _____ BOAT: _____ AIRPORT: _____ AIRCRAFT: _____ SCHED #: _____ ITEM: _____ ITEM CLASS: _____ ITEM DESCRIPTION: _____
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INTEREST <input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BREACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LIENHOLDER <input checked="" type="checkbox"/> additional named insured	LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS RANK: _____ Kings Realty, LP  REFERENCE / LOAN #: _____ LIEN AMOUNT: _____	EVIDENCE: _____ CERTIFICATE _____ POLICY _____ SEND BILL _____	INTEREST END DATE: _____ PHONE (A/C, No, Ext): _____ E-MAIL ADDRESS: _____	INTEREST IN ITEM NUMBER LOCATION: _____ BUILDING: _____ VEHICLE: _____ BOAT: _____ AIRPORT: _____ AIRCRAFT: _____ SCHED #: _____ ITEM: _____ ITEM CLASS: _____ ITEM DESCRIPTION: _____
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INTEREST <input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BREACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LIENHOLDER <input checked="" type="checkbox"/> additional named insured	LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS RANK: _____ Sundial Center, LP  REFERENCE / LOAN #: _____ LIEN AMOUNT: _____	EVIDENCE: _____ CERTIFICATE _____ POLICY _____ SEND BILL _____	INTEREST END DATE: _____ PHONE (A/C, No, Ext): _____ E-MAIL ADDRESS: _____	INTEREST IN ITEM NUMBER LOCATION: _____ BUILDING: _____ VEHICLE: _____ BOAT: _____ AIRPORT: _____ AIRCRAFT: _____ SCHED #: _____ ITEM: _____ ITEM CLASS: _____ ITEM DESCRIPTION: _____
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INTEREST <input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BREACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LIENHOLDER <input checked="" type="checkbox"/> additional Named Insured	LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS RANK: _____ Surfside Beach Center, LLC  REFERENCE / LOAN #: _____ LIEN AMOUNT: _____	EVIDENCE: _____ CERTIFICATE _____ POLICY _____ SEND BILL _____	INTEREST END DATE: _____ PHONE (A/C, No, Ext): _____ E-MAIL ADDRESS: _____	INTEREST IN ITEM NUMBER LOCATION: _____ BUILDING: _____ VEHICLE: _____ BOAT: _____ AIRPORT: _____ AIRCRAFT: _____ SCHED #: _____ ITEM: _____ ITEM CLASS: _____ ITEM DESCRIPTION: _____
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AGENCY CUSTOMER ID: \_\_\_\_\_



## ADDITIONAL INTEREST SCHEDULE

DATE (MM/DD/YYYY)  
01/11/2019

AGENCY Crescent Coast Insurance	CARRIER	NAIC CODE
POLICY NUMBER Pending	EFFECTIVE DATE 09/01/2018	NAMED INSURED(S) A Tebele & Sons, ETAL

**ADDITIONAL INTEREST (Not all fields apply to all scenarios - provide only the necessary data)**

INTEREST <input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BREACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LIENHOLDER <input checked="" type="checkbox"/> Additional Named Insured	<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS RANK: _____ Tebele Investment Group, Inc  REFERENCE / LOAN #: _____ LIEN AMOUNT: _____	EVIDENCE: _____ INTEREST END DATE: _____ PHONE (A/C, No, Ext): _____	CERTIFICATE _____ POLICY _____	SEND BILL _____	INTEREST IN ITEM NUMBER LOCATION: _____ BUILDING: _____ VEHICLE: _____ BOAT: _____ AIRPORT: _____ AIRCRAFT: _____ SCHED #: _____ ITEM: _____ ITEM CLASS: _____ ITEM DESCRIPTION: _____
REASON FOR INTEREST: _____						
E-MAIL ADDRESS: _____						

INTEREST <input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BREACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS RANK: _____   REFERENCE / LOAN #: _____ LIEN AMOUNT: _____	EVIDENCE: _____ INTEREST END DATE: _____ PHONE (A/C, No, Ext): _____	CERTIFICATE _____ POLICY _____	SEND BILL _____	INTEREST IN ITEM NUMBER LOCATION: _____ BUILDING: _____ VEHICLE: _____ BOAT: _____ AIRPORT: _____ AIRCRAFT: _____ SCHED #: _____ ITEM: _____ ITEM CLASS: _____ ITEM DESCRIPTION: _____
REASON FOR INTEREST: _____						
E-MAIL ADDRESS: _____						

INTEREST <input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BREACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS RANK: _____   REFERENCE / LOAN #: _____ LIEN AMOUNT: _____	EVIDENCE: _____ INTEREST END DATE: _____ PHONE (A/C, No, Ext): _____	CERTIFICATE _____ POLICY _____	SEND BILL _____	INTEREST IN ITEM NUMBER LOCATION: _____ BUILDING: _____ VEHICLE: _____ BOAT: _____ AIRPORT: _____ AIRCRAFT: _____ SCHED #: _____ ITEM: _____ ITEM CLASS: _____ ITEM DESCRIPTION: _____
REASON FOR INTEREST: _____						
E-MAIL ADDRESS: _____						

INTEREST <input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BREACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS RANK: _____   REFERENCE / LOAN #: _____ LIEN AMOUNT: _____	EVIDENCE: _____ INTEREST END DATE: _____ PHONE (A/C, No, Ext): _____	CERTIFICATE _____ POLICY _____	SEND BILL _____	INTEREST IN ITEM NUMBER LOCATION: _____ BUILDING: _____ VEHICLE: _____ BOAT: _____ AIRPORT: _____ AIRCRAFT: _____ SCHED #: _____ ITEM: _____ ITEM CLASS: _____ ITEM DESCRIPTION: _____
REASON FOR INTEREST: _____						
E-MAIL ADDRESS: _____						

INTEREST <input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BREACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS RANK: _____   REFERENCE / LOAN #: _____ LIEN AMOUNT: _____	EVIDENCE: _____ INTEREST END DATE: _____ PHONE (A/C, No, Ext): _____	CERTIFICATE _____ POLICY _____	SEND BILL _____	INTEREST IN ITEM NUMBER LOCATION: _____ BUILDING: _____ VEHICLE: _____ BOAT: _____ AIRPORT: _____ AIRCRAFT: _____ SCHED #: _____ ITEM: _____ ITEM CLASS: _____ ITEM DESCRIPTION: _____
REASON FOR INTEREST: _____						
E-MAIL ADDRESS: _____						



AGENCY CUSTOMER ID: \_\_\_\_\_

# ADDITIONAL PREMISES INFORMATION SCHEDULE

Page \_\_\_\_\_ of \_\_\_\_\_

CARRIER		NAIC CODE
Crescent Coast Insurance		
POLICY NUMBER	EFFECTIVE DATE	NAMED INSURED(S)
Pending	09/01/2018	A Tebele & Sons, ETAL

**PREMISES INFORMATION**

LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
5	Po Box 1496	<input checked="" type="checkbox"/> INSIDE	<input checked="" type="checkbox"/> OWNER		
BLD #	CITY: Myrtle Beach	STATE: SC	OUTSIDE	TENANT	
1	COUNTY: Horry	ZIP: 29578			
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N:
6	3205 N Kings Hwy	<input checked="" type="checkbox"/> INSIDE	<input checked="" type="checkbox"/> OWNER		
BLD #	CITY: Myrtle Beach	STATE: SC	OUTSIDE	TENANT	
1	COUNTY: Horry	ZIP: 29577			
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N:
7	1600 E/S N Kings Hwy	<input checked="" type="checkbox"/> INSIDE	<input checked="" type="checkbox"/> OWNER		
BLD #	CITY: Myrtle Beach	STATE: SC	OUTSIDE	TENANT	
1	COUNTY: Horry	ZIP: 29577			
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N:
8	312 9th Ave N	<input checked="" type="checkbox"/> INSIDE	<input checked="" type="checkbox"/> OWNER		
BLD #	CITY: Myrtle Beach	STATE: SC	OUTSIDE	TENANT	
1	COUNTY: Horry	ZIP: 29577			
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N:
9	314 9th Ave N	<input checked="" type="checkbox"/> INSIDE	<input checked="" type="checkbox"/> OWNER		
BLD #	CITY: Myrtle Beach	STATE: SC	OUTSIDE	TENANT	
1	COUNTY: Horry	ZIP: 29577			
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N:
10	609 S Kings Hwy	<input checked="" type="checkbox"/> INSIDE	<input checked="" type="checkbox"/> OWNER		
BLD #	CITY: Myrtle Beach	STATE: SC	OUTSIDE	TENANT	
1	COUNTY: Horry	ZIP: 29577			
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N:
11	1901 N Kings Hwy	<input checked="" type="checkbox"/> INSIDE	<input checked="" type="checkbox"/> OWNER		
BLD #	CITY: Myrtle Beach	STATE: SC	OUTSIDE	TENANT	
1	COUNTY: Horry	ZIP: 29577			
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N:

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO FRAUD 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, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL 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 FRAUDULATING 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, FRAUD, 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 FRAUD, 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 FRAUD 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 FRAUDULATING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.



AGENCY CUSTOMER ID: \_\_\_\_\_

**ADDITIONAL PREMISES INFORMATION SCHEDULE**

Page \_\_\_\_\_ of \_\_\_\_\_

NCY Crescent Coast Insurance		CARRIER		NAIC CODE
POLICY NUMBER Pending	EFFECTIVE DATE 09/01/2018	NAMED INSURED(S) A Tebele & Sons, ETAL		

**PREMISES INFORMATION**

LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
12	610 W/S S Kings Hwy	<input checked="" type="checkbox"/> INSIDE	<input checked="" type="checkbox"/> OWNER		OCCUPIED AREA: 25000 SQ FT
BLD #	CITY: Myrtle Beach	STATE: SC	OUTSIDE	TENANT	# PART TIME EMPL
1	COUNTY: Horry	ZIP: 29577			OPEN TO PUBLIC AREA: SQ FT
DESCRIPTION OF OPERATIONS:					TOTAL BUILDING AREA: SQ FT
					ANY AREA LEASED TO OTHERS? Y / N:
13	1012 S Kings Hwy	<input checked="" type="checkbox"/> INSIDE	<input checked="" type="checkbox"/> OWNER		OCCUPIED AREA: 20000 SQ FT
BLD #	CITY: Myrtle Beach	STATE: SC	OUTSIDE	TENANT	# PART TIME EMPL
1	COUNTY: Horry	ZIP: 29577			OPEN TO PUBLIC AREA: SQ FT
DESCRIPTION OF OPERATIONS:					TOTAL BUILDING AREA: SQ FT
					ANY AREA LEASED TO OTHERS? Y / N:
14	900 Chester St	<input checked="" type="checkbox"/> INSIDE	<input checked="" type="checkbox"/> OWNER		OCCUPIED AREA: 3000 SQ FT
BLD #	CITY: Myrtle Beach	STATE: SC	OUTSIDE	TENANT	# PART TIME EMPL
1	COUNTY: Horry	ZIP: 29577			OPEN TO PUBLIC AREA: SQ FT
DESCRIPTION OF OPERATIONS:					TOTAL BUILDING AREA: SQ FT
					ANY AREA LEASED TO OTHERS? Y / N:
15	400 Main St	<input checked="" type="checkbox"/> INSIDE	<input checked="" type="checkbox"/> OWNER		OCCUPIED AREA: 5000 SQ FT
BLD #	CITY: North Myrtle Beach	STATE: SC	OUTSIDE	TENANT	# PART TIME EMPL
1	COUNTY: Horry	ZIP: 29582			OPEN TO PUBLIC AREA: SQ FT
DESCRIPTION OF OPERATIONS:					TOTAL BUILDING AREA: SQ FT
					ANY AREA LEASED TO OTHERS? Y / N:
16	94-96 S Kings Hwy	<input checked="" type="checkbox"/> INSIDE	<input checked="" type="checkbox"/> OWNER		OCCUPIED AREA: 10000 SQ FT
BLD #	CITY: North Myrtle Beach	STATE: SC	OUTSIDE	TENANT	# PART TIME EMPL
1	COUNTY: Horry	ZIP: 29582			OPEN TO PUBLIC AREA: SQ FT
DESCRIPTION OF OPERATIONS:					TOTAL BUILDING AREA: SQ FT
					ANY AREA LEASED TO OTHERS? Y / N:
17	100-118 S Kings Hwy	<input checked="" type="checkbox"/> INSIDE	<input checked="" type="checkbox"/> OWNER		OCCUPIED AREA: 17000 SQ FT
BLD #	CITY: North Myrtle Beach	STATE: SC	OUTSIDE	TENANT	# PART TIME EMPL
1	COUNTY: Horry	ZIP: 29582			OPEN TO PUBLIC AREA: SQ FT
DESCRIPTION OF OPERATIONS:					TOTAL BUILDING AREA: SQ FT
					ANY AREA LEASED TO OTHERS? Y / N:
18	110 Hwy 17 N	<input checked="" type="checkbox"/> INSIDE	<input checked="" type="checkbox"/> OWNER		OCCUPIED AREA: 4000 SQ FT
BLD #	CITY: Surfside Beach	STATE: SC	OUTSIDE	TENANT	# PART TIME EMPL
1	COUNTY: Horry	ZIP: 29575			OPEN TO PUBLIC AREA: SQ FT
DESCRIPTION OF OPERATIONS:					TOTAL BUILDING AREA: SQ FT
					ANY AREA LEASED TO OTHERS? Y / N:

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, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL 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

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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.



AGENCY CUSTOMER ID: \_\_\_\_\_

**ADDITIONAL PREMISES INFORMATION SCHEDULE**

Page \_\_\_\_\_ of \_\_\_\_\_

AGENCY Crescent Coast Insurance		CARRIER		NAIC CODE
POLICY NUMBER Pending		EFFECTIVE DATE 09/01/2018	NAMED INSURED(S) A Tebele & Sons, ETAL	

**PREMISES INFORMATION**

LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
19	112 Hwy 17 N	<input checked="" type="checkbox"/> INSIDE	<input checked="" type="checkbox"/> OWNER		OCCUPIED AREA: 5600 SQ FT
BLD #	CITY: Surfside Beach	STATE: SC	OUTSIDE	TENANT	# PART TIME EMPL
1	COUNTY: Horry	ZIP: 29575			OPEN TO PUBLIC AREA: SQ FT
DESCRIPTION OF OPERATIONS:					TOTAL BUILDING AREA: SQ FT
					ANY AREA LEASED TO OTHERS? Y / N:
20	114 Hwy 17 N	<input checked="" type="checkbox"/> INSIDE	<input checked="" type="checkbox"/> OWNER		OCCUPIED AREA: 10200 SQ FT
BLD #	CITY: Surfside Beach	STATE: SC	OUTSIDE	TENANT	# PART TIME EMPL
1	COUNTY: Horry	ZIP: 29575			OPEN TO PUBLIC AREA: SQ FT
DESCRIPTION OF OPERATIONS:					TOTAL BUILDING AREA: SQ FT
					ANY AREA LEASED TO OTHERS? Y / N:
21	116 Hwy 17 N	<input checked="" type="checkbox"/> INSIDE	<input checked="" type="checkbox"/> OWNER		OCCUPIED AREA: 6000 SQ FT
BLD #	CITY: Surfside Beach	STATE: SC	OUTSIDE	TENANT	# PART TIME EMPL
1	COUNTY: Horry	ZIP: 29575			OPEN TO PUBLIC AREA: SQ FT
DESCRIPTION OF OPERATIONS:					TOTAL BUILDING AREA: SQ FT
					ANY AREA LEASED TO OTHERS? Y / N:
22	118 Hwy 17 N	<input checked="" type="checkbox"/> INSIDE	<input checked="" type="checkbox"/> OWNER		OCCUPIED AREA: 8600 SQ FT
BLD #	CITY: Surfside Beach	STATE: SC	OUTSIDE	TENANT	# PART TIME EMPL
1	COUNTY: Horry	ZIP: 29575			OPEN TO PUBLIC AREA: SQ FT
DESCRIPTION OF OPERATIONS:					TOTAL BUILDING AREA: SQ FT
					ANY AREA LEASED TO OTHERS? Y / N:
23	120 Hwy 17 N	<input checked="" type="checkbox"/> INSIDE	<input checked="" type="checkbox"/> OWNER		OCCUPIED AREA: 22000 SQ FT
BLD #	CITY: Surfside Beach	STATE: SC	OUTSIDE	TENANT	# PART TIME EMPL
1	COUNTY: Horry	ZIP: 29575			OPEN TO PUBLIC AREA: SQ FT
DESCRIPTION OF OPERATIONS:					TOTAL BUILDING AREA: SQ FT
					ANY AREA LEASED TO OTHERS? Y / N:
24	122 Hwy 17 N	<input checked="" type="checkbox"/> INSIDE	<input checked="" type="checkbox"/> OWNER		OCCUPIED AREA: 34000 SQ FT
BLD #	CITY: Surfside Beach	STATE: SC	OUTSIDE	TENANT	# PART TIME EMPL
1	COUNTY: Horry	ZIP: 29575			OPEN TO PUBLIC AREA: SQ FT
DESCRIPTION OF OPERATIONS:					TOTAL BUILDING AREA: SQ FT
					ANY AREA LEASED TO OTHERS? Y / N:
		<input checked="" type="checkbox"/> INSIDE	<input checked="" type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY:	STATE:	OUTSIDE	TENANT	# PART TIME EMPL
	COUNTY:	ZIP:			OPEN TO PUBLIC AREA: SQ FT
DESCRIPTION OF OPERATIONS:					TOTAL BUILDING AREA: SQ FT
					ANY AREA LEASED TO OTHERS? Y / N:

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, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL 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 OBTAINING OR RAISING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.

AGENCY CUSTOMER ID: \_\_\_\_\_



# PROPERTY SECTION

DATE (MM/DD/YYYY)

01/11/2019

AGENCY NAME Crescent Coast Insurance		CARRIER Lloyds of London		NAIC CODE
POLICY NUMBER Pending	EFFECTIVE DATE 01/15/2019	NAMED INSURED(S) A Tebele & Sons, ETAL		

**BLANKET SUMMARY**

BLKT #	AMOUNT	TYPE	BLKT #	AMOUNT	TYPE

<b>PREMISES INFORMATION</b>		PREMISES #: 1	STREET ADDRESS: 2909 Hwy 17 S						
		BUILDING #: 1	BLDG DESCRIPTION: retail store LRO						
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU-ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
building	800000		RC	special		5000			
BIEE	70000								

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)	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y/N)	OPTIONS
<input type="checkbox"/>		DEDUCTIBLE \$	<input type="checkbox"/>	<input type="checkbox"/> BREAKDOWN OR CONTAMINATION <input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE
SOLE 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	DISTANCE TO HYDRANT	FIRE STAT	FIRE DISTRICT	CODE NUMBER	PROT CL	# STORIES	# BASMTS	YR BUILT	TOTAL AREA
NC	1000 FT	5 MI	myrtle beach		2	1	0	1985	10000

<b>BUILDING IMPROVEMENTS</b>		BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES
<input checked="" type="checkbox"/> WIRING, YR: 2010	<input checked="" type="checkbox"/> PLUMBING, YR: 2010			single ply	
<input checked="" type="checkbox"/> ROOFING, YR: 2010	<input checked="" type="checkbox"/> HEATING, YR: 2010	WIND CLASS	SEMI- RESISTIVE	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT	DATE INSTALLED: _____
OTHER: YR: _____		RESISTIVE		MANUFACTURER: _____	

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

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE
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BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
			WITH KEYS

BURGLAR ALARM INSTALLED AND SERVICED BY	EXTENT	GRADE	# GUARDS / WATCHMEN	CLOCK HOURLY
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PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)	% SPRNK	FIRE ALARM MANUFACTURER	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
	0		

**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	Atlantic Beach Center LLC			LOCATION:	BUILDING:
<input type="checkbox"/> LOSS PAYEE				ITEM CLASS:	ITEM:
<input type="checkbox"/> MORTGAGEE				ITEM DESCRIPTION	
<input type="checkbox"/> Additional named insur	REFERENCE / LOAN #:				

ACORD 140 (2016/03)

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Crescent Coast 00467

# 1753

AGENCY CUSTOMER ID: \_\_\_\_\_

<b>ADDITIONAL PREMISES INFORMATION</b>		PREMISES #: 2	STREET ADDRESS: 2911 Hwy 17 S						
		BUILDING #: 1	BLDG DESCRIPTION: mixed occupancy retail strip mall LRO						
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Building	720000		RC	special		5000			
BIEE	70000								

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)	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y/N)	OPTIONS
<input type="checkbox"/>		DEDUCTIBLE \$	<input type="checkbox"/>	BREAKDOWN OR CONTAMINATION POWER OUTAGE <input type="checkbox"/> SELLING PRICE <input type="checkbox"/>
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	DISTANCE TO HYDRANT	FIRE STAT	FIRE DISTRICT	CODE NUMBER	PROT CL	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA	
NC	1000 FT	5 MI	N Myrtle Beach		2	1	0	1987	10000	
BUILDING IMPROVEMENTS		BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES					
<input checked="" type="checkbox"/> WIRING, YR: 2017		<input checked="" type="checkbox"/> PLUMBING, YR: 2017		metal						
<input type="checkbox"/> ROOFING, YR: 2017		<input checked="" type="checkbox"/> HEATING, YR: 2017		SEMI- RESISTIVE	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT		DATE INSTALLED: _____			
<input type="checkbox"/> OTHER: _____		RESISTIVE			MANUFACTURER: _____					
PRIMARY HEAT				SECONDARY HEAT						
<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL				<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL						
IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y/N				IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y/N						
RIGHT EXPOSURE & DISTANCE		LEFT EXPOSURE & DISTANCE		FRONT EXPOSURE & DISTANCE			REAR EXPOSURE & DISTANCE			
BURGLAR ALARM TYPE			CERTIFICATE #			EXPIRATION DATE		CENTRAL STATION	LOCAL GONG	
BURGLAR ALARM INSTALLED AND SERVICED BY			EXTENT		GRADE	# GUARDS / WATCHMEN		CLOCK HOURLY		
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)				% SPRNK	FIRE ALARM MANUFACTURER				CENTRAL STATION	LOCAL GONG
				0						

**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	Kings Plaza LLC				LOCATION:	BUILDING:
<input type="checkbox"/> LOSS PAYEE					ITEM CLASS:	ITEM:
<input type="checkbox"/> MORTGAGEE					ITEM DESCRIPTION	
<input checked="" type="checkbox"/> Additional Named Insu		REFERENCE / LOAN #:				

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

SIGNATURE

AGENCY CUSTOMER ID:

**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.

DocuSigned by:

PRODUCER'S SIGNATURE	<i>David Egan</i>	PRODUCER'S NAME (Please Print)	David A Egan	STATE PRODUCER LICENSE NO (Required in Florida)	29114
APPLICANT'S SIGNATURE	E8789CF83EA0426...	DocuSigned by:	ABRAHAM TEBELE	DATE	1/14/2019
				NATIONAL PRODUCER NUMBER	12416046

AGENCY CUSTOMER ID: \_\_\_\_\_

<b>ADDITIONAL PREMISES INFORMATION</b>		PREMISES #: 3	STREET ADDRESS: 502 30th Ave N						
		BUILDING #: 1	BLDG DESCRIPTION: dwelling						
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
BIEE	8400								
Building	60000		RC	special		5000			

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)	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y/N)	OPTIONS
<input type="checkbox"/>		DEDUCTIBLE \$	<input type="checkbox"/>	BREAKDOWN OR CONTAMINATION POWER OUTAGE <input type="checkbox"/> SELLING PRICE <input type="checkbox"/>
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	DISTANCE TO HYDRANT	FIRE STAT	FIRE DISTRICT	CODE NUMBER	PROT CL	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA
JM	1000 FT	5 MI	myrtle beach		1	1	0	1970	900
BUILDING IMPROVEMENTS		BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES				
WRING, YR: 2017 <input checked="" type="checkbox"/> PLUMBING, YR: 2017 <input checked="" type="checkbox"/>				comp shingle					
DOOFING, YR: 2017 <input checked="" type="checkbox"/> HEATING, YR: 2017 <input checked="" type="checkbox"/>		WIND CLASS	SEMI- RESISTIVE	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT	DATE INSTALLED: _____				
OTHER: _____ 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 type="checkbox"/> Y / N				IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N					
RIGHT EXPOSURE & DISTANCE		LEFT EXPOSURE & DISTANCE		FRONT EXPOSURE & DISTANCE			REAR EXPOSURE & DISTANCE		
BURGLAR ALARM TYPE			CERTIFICATE #			EXPIRATION DATE		CENTRAL STATION	LOCAL GONG
								WITH KEYS	
BURGLAR ALARM INSTALLED AND SERVICED BY				EXTENT		GRADE		# GUARDS / WATCHMEN	
								CLOCK HOURLY	
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)				% 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:
<input type="checkbox"/> LOSS PAYEE					BUILDING:
<input type="checkbox"/> MORTGAGEE					ITEM CLASS:
					ITEM:
					ITEM DESCRIPTION
	REFERENCE / LOAN #:				

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

AGENCY CUSTOMER ID: \_\_\_\_\_

**ADDITIONAL PREMISES INFORMATION**

PREMISES #: 4	STREET ADDRESS: 3001 N Kings Hwy								
BUILDING #: 1	BLDG DESCRIPTION: retail LRO								
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Building	1300000		RC	special		5000			
BIEE	250000								
BPP	26000								

ADDITIONAL INFORMATION BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD #10 VALUE REPORTING INFORMATION - Attach ACORD #11

**ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION**

SPOILAGE COVERAGE (Y/N)	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y/N)	OPTIONS
<input type="checkbox"/>		DEDUCTIBLE \$	<input type="checkbox"/>	<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	DISTANCE TO HYDRANT	FIRE STAT	FIRE DISTRICT	CODE NUMBER	PROT CL	# STORIES	# BASMTS	YR BUILT	TOTAL AREA
MNC	500 FT	2 MI	myrtle beach		1	1	0	1987	17000

BUILDING IMPROVEMENTS	BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES
<input checked="" type="checkbox"/> WRING, YR: 2012 <input checked="" type="checkbox"/> ROOFING, YR: 2012 <input type="checkbox"/> OTHER, YR: _____	<input checked="" type="checkbox"/> PLUMBING, YR: 2012 <input checked="" type="checkbox"/> HEATING, YR: 2012 <input type="checkbox"/> RESISTIVE		single ply SEMI- RESISTIVE	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT DATE INSTALLED: _____ MANUFACTURER: _____

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

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE
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BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	<input checked="" type="checkbox"/> CENTRAL STATION WITH KEYS	<input type="checkbox"/> LOCAL GONG
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BURGLAR ALARM INSTALLED AND SERVICED BY	EXTENT	GRADE	# GUARDS / WATCHMEN	CLOCK HOURLY
ADT				

PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)	% SPRNK	FIRE ALARM MANUFACTURER	CENTRAL STATION LOCAL GONG
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ADDITIONAL INTEREST	ACORD 45 attached for additional names			INTEREST IN ITEM NUMBER	
INTEREST	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	LOCATION:
<input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE					BUILDING:
					ITEM CLASS:
					ITEM:
	REFERENCE / LOAN #:				ITEM DESCRIPTION

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

AGENCY CUSTOMER ID: \_\_\_\_\_

**ADDITIONAL PREMISES INFORMATION**

PREMISES #:		STREET ADDRESS:							
BUILDING #:		BLDG DESCRIPTION:							
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU-ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY

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"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y/N) <input type="checkbox"/>	OPTIONS	
		DEDUCTIBLE \$		<input type="checkbox"/> BREAKDOWN OR CONTAMINATION	<input type="checkbox"/> POWER OUTAGE
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	DISTANCE TO HYDRANT	FIRE STAT	FIRE DISTRICT	CODE NUMBER	PROT CL	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA
MNC	FT	MI	surfside beach		2	1	0	1995	

BUILDING IMPROVEMENTS	BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES	
WRING, YR: <input type="checkbox"/>	PLUMBING, YR: <input type="checkbox"/>				
ROOFING, YR: <input type="checkbox"/>	HEATING, YR: <input type="checkbox"/>	WIND CLASS	SEMI- RESISTIVE	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT	
OTHER: <input type="checkbox"/>	YR: <input type="checkbox"/>	RESISTIVE		DATE INSTALLED: _____	

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 type="checkbox"/> Y/N	IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y/N	

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE
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BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
BURGLAR ALARM INSTALLED AND SERVICED BY		EXTENT	GRADE

PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)	% SPRNK	FIRE ALARM MANUFACTURER	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
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**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:
<input type="checkbox"/> LOSS PAYEE					BUILDING:
<input type="checkbox"/> MORTGAGEE					ITEM CLASS:
<input type="checkbox"/>					ITEM:
	REFERENCE / LOAN #:	ITEM DESCRIPTION			

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

AGENCY CUSTOMER ID: \_\_\_\_\_

**ADDITIONAL  
EMISES INFORMATION**

PREMISES #: 6		STREET ADDRESS: 3205 N Kings Hwy							
BUILDING #: 1		BLDG DESCRIPTION: retail LRO							
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU- ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Building	672000		RC	special		5000			
BIEE	90000								

ADDITIONAL INFORMATION BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD #10 VALUE REPORTING INFORMATION - Attach ACORD #11

**ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION**

SPOILAGE COVERAGE (Y / N) <input type="checkbox"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y / N) <input type="checkbox"/>	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	DISTANCE TO HYDRANT	FIRE STAT	FIRE DISTRICT	CODE NUMBER	PROT CL	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA
MNC	500 FT	2 MI	Myrtle Beach		1	1	0	1983	8400

BUILDING IMPROVEMENTS		BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES
<input checked="" type="checkbox"/> WIRING, YR: 2017	<input checked="" type="checkbox"/> PLUMBING, YR: 2017			single ply	
<input type="checkbox"/> ROOFING, YR: 2017	<input checked="" type="checkbox"/> HEATING, YR: 2017	WIND CLASS	SEMI- RESISTIVE	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT	DATE INSTALLED: _____
OTHER: YR: _____		RESISTIVE		MANUFACTURER: _____	

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

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE

BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	CENTRAL STATION <input type="checkbox"/>	LOCAL GONG <input type="checkbox"/>
BURGLAR ALARM INSTALLED AND SERVICED BY		EXTENT	GRADE	# GUARDS / WATCHMEN

PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)	% SPRNK	FIRE ALARM MANUFACTURER	CENTRAL STATION <input type="checkbox"/>	LOCAL GONG <input type="checkbox"/>
	0			

<b>ADDITIONAL INTEREST</b>		ACORD 45 attached for additional names		
INTEREST	NAME AND ADDRESS	RANK: _____	EVIDENCE: _____	CERTIFICATE: _____
<input type="checkbox"/> LENDER'S LOSS PAYABLE	REFERENCE / LOAN #: _____			
<input type="checkbox"/> LOSS PAYEE				
<input type="checkbox"/> MORTGAGEE				
<input type="checkbox"/>				
		INTEREST IN ITEM NUMBER		
		LOCATION:	BUILDING:	
		ITEM CLASS:	ITEM:	
		ITEM DESCRIPTION		

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

AGENCY CUSTOMER ID: \_\_\_\_\_

ADDITIONAL PREMISES INFORMATION		PREMISES #: 7	STREET ADDRESS: 1600 E/S N Kings Hwy							
		BUILDING #: 1	BLDG DESCRIPTION: retail store LRO							
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY	
Building	800000		RC	special		5000				
BIEE	100000									

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"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y/N) <input type="checkbox"/>	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: \$

PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK # OF OPEN SIDES ON STRUCTURE: \_\_\_\_\_

CONSTRUCTION TYPE NC	DISTANCE TO HYDRANT 500 FT	FIRE STAT 2 MI	FIRE DISTRICT Myrtle Beach	CODE NUMBER	PROT CL 1	# STORIES 1	# BASMTS 0	YR BUILT 1987	TOTAL AREA 10000
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BUILDING IMPROVEMENTS	BLDG CODE GRADE	TAX CODE	ROOF TYPE metal	OTHER OCCUPANCIES
<input checked="" type="checkbox"/> WRMING, YR: 2017 <input type="checkbox"/> PLUMBING, YR: 2017 <input type="checkbox"/> HEATING, YR: 2017 <input type="checkbox"/> OTHER: YR: _____	<input checked="" type="checkbox"/>		SEMI- RESISTIVE	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT DATE INSTALLED: _____ MANUFACTURER: _____

PRIMARY HEAT <input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> 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"/> Y / N
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RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE
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BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
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BURGLAR ALARM INSTALLED AND SERVICED BY	EXTENT	GRADE	# GUARDS / WATCHMEN	CLOCK HOURLY
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PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)	% SPRNK 0	FIRE ALARM MANUFACTURER	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
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**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 #: _____	

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

AGENCY CUSTOMER ID: \_\_\_\_\_

<b>ADDITIONAL PREMISES INFORMATION</b>	PREMISES #: 8	STREET ADDRESS: 312 9th Ave N							
	BUILDING #: 1	BLDG DESCRIPTION: office building LRO							
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Building	72000		RC	special		5000			
BIEE	18000								

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)	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y/N)	OPTIONS					
<input type="checkbox"/>			<input type="checkbox"/>	BREAKDOWN OR CONTAMINATION 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	DISTANCE TO HYDRANT	FIRE STAT	FIRE DISTRICT	CODE NUMBER	PROT CL	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA
JM	500 FT	2 MI	myrtle beach		1	1	0	1988	1000
BUILDING IMPROVEMENTS		BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES				
<input checked="" type="checkbox"/> WIRING, YR: 2010		<input checked="" type="checkbox"/> PLUMBING, YR: 2010		comp shingle					
<input type="checkbox"/> DOOFING, YR: 2010		<input checked="" type="checkbox"/> HEATING, YR: 2010		SEMI- RESISTIVE	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT		DATE INSTALLED: _____		
OTHER: 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 type="checkbox"/> Y / N				IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N					
RIGHT EXPOSURE & DISTANCE		LEFT EXPOSURE & DISTANCE		FRONT EXPOSURE & DISTANCE			REAR EXPOSURE & DISTANCE		
BURGLAR ALARM TYPE		CERTIFICATE #			EXPIRATION DATE		CENTRAL STATION	<input type="checkbox"/> LOCAL GONG	
BURGLAR ALARM INSTALLED AND SERVICED BY		EXTENT		GRADE		# GUARDS / WATCHMEN		CLOCK HOURLY	
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)				% SPRNK		FIRE ALARM MANUFACTURER		CENTRAL STATION	
				0				LOCAL GONG	

<b>ADDITIONAL INTEREST</b>		<b>ACORD 45 attached for additional names</b>							
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				
	REFERENCE / LOAN #:								

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

AGENCY CUSTOMER ID: \_\_\_\_\_

**ADDITIONAL  
EMISES INFORMATION**

PREMISES #: 9	STREET ADDRESS: 314 9th Ave N								
BUILDING #: 1	BLDG DESCRIPTION: retail store LRO								
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU- ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Building	304000		RC	special		5000			

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"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y/N) <input type="checkbox"/>	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	DISTANCE TO HYDRANT	FIRE STAT	FIRE DISTRICT	CODE NUMBER	PROT CL	# STORIES	# BASMT'S	YR BUILT	TOTAL AREA
MNC	500 FT	2 MI	N Myrtle Beach		1	1	0	1978	3800

BUILDING IMPROVEMENTS		BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES
WIRING, YR: 2008 <input checked="" type="checkbox"/>	PLUMBING, YR: 2008 <input checked="" type="checkbox"/>			single ply	
ROOFING, YR: 2008 <input checked="" type="checkbox"/>	HEATING, YR: 2008 <input checked="" type="checkbox"/>	WIND CLASS		SEMI-RESISTIVE	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT DATE INSTALLED: _____
OTHER: _____ 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 type="checkbox"/> Y/N	IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y/N

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE
BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
BURGLAR ALARM INSTALLED AND SERVICED BY	EXTENT	GRADE	# GUARDS / WATCHMEN <input type="checkbox"/> CLOCK HOURLY <input type="checkbox"/>
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)	% SPRNK	FIRE ALARM MANUFACTURER	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
	0		

ADDITIONAL INTEREST	ACORD 45 attached for additional names			INTEREST IN ITEM NUMBER	
INTEREST	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	LOCATION:
<input type="checkbox"/> LENDER'S LOSS PAYABLE					BUILDING:
<input type="checkbox"/> LOSS PAYEE					ITEM CLASS:
<input type="checkbox"/> MORTGAGEE					ITEM:
	REFERENCE / LOAN #:				ITEM DESCRIPTION

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

AGENCY CUSTOMER ID: \_\_\_\_\_

<b>ADDITIONAL PREMISES INFORMATION</b>		PREMISES #: 10	STREET ADDRESS: 609 S Kings Hwy						
		BUILDING #: 1	BLDG DESCRIPTION: retail LRO						
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
building	200000		RC	special		5000			
BIEE	36000								

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"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y/N) <input type="checkbox"/>	OPTIONS
		DEDUCTIBLE \$		<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: \$

PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK # OF OPEN SIDES ON STRUCTURE: \_\_\_\_\_

CONSTRUCTION TYPE	DISTANCE TO HYDRANT	FIRE STAT	FIRE DISTRICT	CODE NUMBER	PROT CL	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA
MNC	500 FT	2 MI	myrtle beach		1	1	0	1985	3500

BUILDING IMPROVEMENTS	BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES
<input checked="" type="checkbox"/> WRING, YR: 2008 <input checked="" type="checkbox"/> ROOFING, YR: 2008 OTHER: YR: _____	<input checked="" type="checkbox"/> PLUMBING, YR: 2008 <input checked="" type="checkbox"/> HEATING, YR: 2008		single ply	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT DATE INSTALLED: _____ MANUFACTURER: _____

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

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE
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BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	CENTRAL STATION <input type="checkbox"/> LOCAL GONG
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BURGLAR ALARM INSTALLED AND SERVICED BY	EXTENT	GRADE	# GUARDS / WATCHMEN	CLOCK HOURLY <input type="checkbox"/>
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PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)	% SPRNK	FIRE ALARM MANUFACTURER	CENTRAL STATION <input type="checkbox"/> LOCAL GONG
	0		

<b>ADDITIONAL INTEREST</b>	<b>ACORD 45 attached for additional names</b>			<b>INTEREST IN ITEM NUMBER</b>	
INTEREST	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	LOCATION:
<input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE					BUILDING:
					ITEM CLASS:
					ITEM:
					ITEM DESCRIPTION
	REFERENCE / LOAN #:				

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



AGENCY CUSTOMER ID: \_\_\_\_\_

<b>ADDITIONAL PREMISES INFORMATION</b>		PREMISES #: 12	STREET ADDRESS: 610 W/S S Kings Hwy						
		BUILDING #: 1	BLDG DESCRIPTION: restaurant LRO						
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
building	1800000		RC	special		5000			
BIEE	250000								

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)	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y/N)	OPTIONS
<input type="checkbox"/>		DEDUCTIBLE \$	<input type="checkbox"/>	<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	DISTANCE TO HYDRANT	FIRE STAT	FIRE DISTRICT	CODE NUMBER	PROT CL	# STORIES	# BASMT'S	YR BUILT	TOTAL AREA
MNC	500 FT	2 MI	myrtle beach		1	1	0	1966	25000
BUILDING IMPROVEMENTS		BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES				
WIRING, YR: 2007 <input checked="" type="checkbox"/> PLUMBING, YR: 2007 <input checked="" type="checkbox"/>				single ply					
ROOFING, YR: 2007 <input checked="" type="checkbox"/> HEATING, YR: 2007 <input checked="" type="checkbox"/>		WIND CLASS		SEMI- RESISTIVE	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT		DATE INSTALLED: _____		
OTHER: 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 type="checkbox"/> Y / N				IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N					
RIGHT EXPOSURE & DISTANCE		LEFT EXPOSURE & DISTANCE		FRONT EXPOSURE & DISTANCE			REAR EXPOSURE & DISTANCE		
BURGLAR ALARM TYPE			CERTIFICATE #			EXPIRATION DATE		CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>	
								WITH KEYS	
BURGLAR ALARM INSTALLED AND SERVICED BY				EXTENT		GRADE		# GUARDS / WATCHMEN	
								CLOCK HOURLY	
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)				% SPRNK		FIRE ALARM MANUFACTURER			
				100					

<b>ADDITIONAL INTEREST</b>	<b>ACORD 45 attached for additional names</b>			<b>INTEREST IN ITEM NUMBER</b>	
INTEREST	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	LOCATION:
<input type="checkbox"/> LENDER'S LOSS PAYABLE					BUILDING:
<input type="checkbox"/> LOSS PAYEE					ITEM CLASS:
<input type="checkbox"/> MORTGAGEE					ITEM:
	REFERENCE / LOAN #:				ITEM DESCRIPTION

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

AGENCY CUSTOMER ID: \_\_\_\_\_

**ADDITIONAL**

**PREMISES INFORMATION**

PREMISES #: 13	STREET ADDRESS: 1012 S Kings Hwy									
BUILDING #: 1	BLDG DESCRIPTION: strip mall mixed occupants LRO									
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU-ATION RC	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY	
Building	1200000			special		5000				
BIEE	80000									

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"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y/N) <input type="checkbox"/>	OPTIONS	
		DEDUCTIBLE \$		<input type="checkbox"/> BREAKDOWN OR CONTAMINATION	<input type="checkbox"/> POWER OUTAGE

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: \$

PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK # OF OPEN SIDES ON STRUCTURE: \_\_\_\_\_

CONSTRUCTION TYPE	DISTANCE TO HYDRANT	FIRE STAT	FIRE DISTRICT	CODE NUMBER	PROT CL	# STORIES	# BASMTS	YR BUILT	TOTAL AREA
MNC	500 FT	2 MI	myrtle beach		1	1	0	1992	20000

BUILDING IMPROVEMENTS	BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES	
<input checked="" type="checkbox"/> WRING, YR: 2017	<input checked="" type="checkbox"/> PLUMBING, YR: 2017		single ply		
<input checked="" type="checkbox"/> ROOFING, YR: 2017	<input checked="" type="checkbox"/> HEATING, YR: 2017		SEMI-RESISTIVE	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT DATE INSTALLED: _____	
OTHER: _____ YR: _____	RESISTIVE			MANUFACTURER: _____	

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

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE
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BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
BURGLAR ALARM INSTALLED AND SERVICED BY			WTH KEYS

BURGLAR ALARM INSTALLED AND SERVICED BY	EXTENT	GRADE	# GUARDS / WATCHMEN	CLOCK HOURLY <input type="checkbox"/>
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PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)	% SPRNK	FIRE ALARM MANUFACTURER	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
	0		

**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	
					REFERENCE / LOAN #:	

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

**1766**

AGENCY CUSTOMER ID: \_\_\_\_\_

<b>ADDITIONAL REMISES INFORMATION</b>		PREMISES #: 14	STREET ADDRESS: 900 Chester St						
		BUILDING #: 1	BLDG DESCRIPTION: retail LRO						
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Building	300000		RC	special		5000			
BIEE	40000								

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"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y/N) <input type="checkbox"/>	OPTIONS	
		DEDUCTIBLE \$		<input type="checkbox"/> BREAKDOWN OR CONTAMINATION	<input type="checkbox"/> POWER OUTAGE
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: \$	
PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK				# OF OPEN SIDES ON STRUCTURE: _____	

CONSTRUCTION TYPE	DISTANCE TO HYDRANT	FIRE STAT	FIRE DISTRICT	CODE NUMBER	PROT CL	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA
MNC	500 FT	2 MI	myrtle beach		1	1	0	1992	3000

BUILDING IMPROVEMENTS		BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES
<input checked="" type="checkbox"/> WIRING, YR: 1998	<input checked="" type="checkbox"/> PLUMBING, YR: 1998			single ply	
<input checked="" type="checkbox"/> ROOFING, YR: 1998	<input checked="" type="checkbox"/> HEATING, YR: 1998	WIND CLASS		SEMI- RESISTIVE	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT
OTHER: YR: _____		RESISTIVE			MANUFACTURER: _____

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

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE
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BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
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BURGLAR ALARM INSTALLED AND SERVICED BY	EXTENT	GRADE	# GUARDS / WATCHMEN	CLOCK HOURLY <input type="checkbox"/>
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PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)	% SPRNK	FIRE ALARM MANUFACTURER	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
	0		

<b>ADDITIONAL INTEREST</b>		<b>ACORD 45 attached for additional names</b>			
INTEREST	NAME AND ADDRESS	RANK: _____	EVIDENCE: _____	CERTIFICATE _____	
<input type="checkbox"/> LENDER'S LOSS PAYABLE				INTEREST IN ITEM NUMBER	
<input type="checkbox"/> LOSS PAYEE				LOCATION: _____	BUILDING: _____
<input type="checkbox"/> MORTGAGEE				ITEM CLASS: _____	ITEM: _____
				ITEM DESCRIPTION	
	REFERENCE / LOAN #:				

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

AGENCY CUSTOMER ID: \_\_\_\_\_

<b>ADDITIONAL REMISES INFORMATION</b>		PREMISES #: 15	STREET ADDRESS: 400 Main St						
		BUILDING #: 1	BLDG DESCRIPTION: retail LRO						
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU-ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Building	300000		RC	special		5000			
BIEE	65000								

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)	DESCRIPTION OF PROPERTY COVERED				LIMIT \$	REFRIG MAINT AGREEMENT (Y/N)	OPTIONS		
<input type="checkbox"/>					DEDUCTIBLE \$	<input type="checkbox"/>	BREAKDOWN OR CONTAMINATION 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	DISTANCE TO HYDRANT	FIRE STAT	FIRE DISTRICT	CODE NUMBER	PROT CL	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA
NC	1000 FT	5 MI	N Myrtle Beach		2	1	0	2010	6000

BUILDING IMPROVEMENTS		BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES				
WIRING, YR: 2017	<input checked="" type="checkbox"/> PLUMBING, YR: 2017			metal					
ROOFING, YR: 2017	<input checked="" type="checkbox"/> HEATING, YR: 2017	WIND CLASS		SEMI-RESISTIVE	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT			DATE INSTALLED: _____	
OTHER: _____	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"/>	<input type="checkbox"/>	<input type="checkbox"/>	
IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y/N				IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y/N					

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE
BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
			WITH KEYS
BURGLAR ALARM INSTALLED AND SERVICED BY	EXTENT	GRADE	# GUARDS / WATCHMEN
			CLOCK HOURLY
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)	% SPRNK	FIRE ALARM MANUFACTURER	
	0		

ADDITIONAL INTEREST		ACORD 45 attached for additional names			INTEREST IN ITEM NUMBER	
INTEREST	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	LOCATION:	BUILDING:
<input type="checkbox"/> LENDER'S LOSS PAYABLE					ITEM CLASS:	ITEM:
<input type="checkbox"/> LOSS PAYEE					ITEM DESCRIPTION	
<input type="checkbox"/> MORTGAGEE						
	REFERENCE / LOAN #:					

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

AGENCY CUSTOMER ID: \_\_\_\_\_

**ADDITIONAL REMISES INFORMATION**

PREMISES #: 16	STREET ADDRESS: 94-96 S Kings Hwy								
BUILDING #: 1	BLDG DESCRIPTION: retail store LRO								
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
BIEE	93000								
BPP	15000		RC	special					
Building	800000		RC	special		5000			

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)	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y/N)	OPTIONS
<input type="checkbox"/>		DEDUCTIBLE \$	<input type="checkbox"/>	<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	DISTANCE TO HYDRANT	FIRE STAT	FIRE DISTRICT	CODE NUMBER	PROT CL	# STORIES	# BASMT'S	YR BUILT	TOTAL AREA
MNC	1000 FT	5 MI	N Myrtle Beach		2	1	0	1992	10000

BUILDING IMPROVEMENTS	BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES
<input checked="" type="checkbox"/> WIRING, YR: 2012 <input checked="" type="checkbox"/> ROOFING, YR: 2012 <input type="checkbox"/> OTHER: YR: _____	<input checked="" type="checkbox"/> PLUMBING, YR: 2012 <input checked="" type="checkbox"/> HEATING, YR: 2012		single ply	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT DATE INSTALLED: _____ MANUFACTURER: _____

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

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE
BURGLAR ALARM TYPE		CERTIFICATE #	EXPIRATION DATE
BURGLAR ALARM INSTALLED AND SERVICED BY		EXTENT	GRADE
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)		% SPRNK	FIRE ALARM MANUFACTURER
		0	

ADDITIONAL INTEREST	ACORD 45 attached for additional names	INTEREST IN ITEM NUMBER
INTEREST	NAME AND ADDRESS RANK: _____ EVIDENCE: _____ CERTIFICATE _____	LOCATION: _____ BUILDING: _____
<input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE	REFERENCE / LOAN #: _____	ITEM CLASS: _____ ITEM: _____
		ITEM DESCRIPTION

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

AGENCY CUSTOMER ID: \_\_\_\_\_

<b>ADDITIONAL REMISES INFORMATION</b>		PREMISES #: 17	STREET ADDRESS: 100-118 S Kings Hwy						
		BUILDING #: 1	BLDG DESCRIPTION: restaurant LRO						
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Building	1360000		RC	special		5000			
BIEE	200000								

ADDITIONAL INFORMATION BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD #10 VALUE REPORTING INFORMATION - Attach ACORD #11

**ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION**

SPOILAGE COVERAGE (Y/N)	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y/N)	OPTIONS
<input type="checkbox"/>		DEDUCTIBLE \$	<input type="checkbox"/>	BREAKDOWN OR CONTAMINATION POWER OUTAGE <input type="checkbox"/> SELLING PRICE <input type="checkbox"/>
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	DISTANCE TO HYDRANT	FIRE STAT	FIRE DISTRICT	CODE NUMBER	PROT CL	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA
NC	1000 FT	5 MI	N Myrtle Beach		2	1	0	1992	17000

BUILDING IMPROVEMENTS		BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES
<input checked="" type="checkbox"/> WRING, YR: 2010	<input checked="" type="checkbox"/> PLUMBING, YR: 2010			metal	
<input type="checkbox"/> ROOFING, YR: 2010	<input checked="" type="checkbox"/> HEATING, YR: 2010	WIND CLASS		SEMI- RESISTIVE	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT
OTHER: _____	YR: _____	RESISTIVE			DATE INSTALLED: _____

PRIMARY HEAT		SECONDARY HEAT	
<input type="checkbox"/> BOILER	<input type="checkbox"/> SOLID FUEL	<input type="checkbox"/> BOILER	<input type="checkbox"/> SOLID FUEL
IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N		IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N	
RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE
BURGLAR ALARM TYPE		CERTIFICATE #	EXPIRATION DATE
			CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
BURGLAR ALARM INSTALLED AND SERVICED BY		EXTENT	GRADE
			# GUARDS / WATCHMEN
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)		% SPRNK	FIRE ALARM MANUFACTURER
		0	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>

<b>ADDITIONAL INTEREST</b>	ACORD 45 attached for additional names		
INTEREST	NAME AND ADDRESS RANK:	EVIDENCE:	CERTIFICATE
<input type="checkbox"/> LENDER'S LOSS PAYABLE			
<input type="checkbox"/> LOSS PAYEE			
<input type="checkbox"/> MORTGAGEE			
	REFERENCE / LOAN #:		
		INTEREST IN ITEM NUMBER	
		LOCATION:	BUILDING:
		ITEM CLASS:	ITEM:
		ITEM DESCRIPTION	

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

AGENCY CUSTOMER ID: \_\_\_\_\_

**ADDITIONAL REMISES INFORMATION**

PREMISES #: 18	STREET ADDRESS: 110 Hwy 17 N								
BUILDING #: 1	BLDG DESCRIPTION: retail LRO								
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
building	240000		RC	special		5000			
BIEE	42000								

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"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y/N) <input type="checkbox"/>	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: \$

PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK # OF OPEN SIDES ON STRUCTURE: \_\_\_\_\_

CONSTRUCTION TYPE	DISTANCE TO HYDRANT	FIRE STAT	FIRE DISTRICT	CODE NUMBER	PROT CL	# STORIES	# BASMTS	YR BUILT	TOTAL AREA
MNC	1000 FT	5 MI	surfside beach		2	1	0	1995	4000

BUILDING IMPROVEMENTS	BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES
<input checked="" type="checkbox"/> WIRING, YR: 2013 <input checked="" type="checkbox"/> PLUMBING, YR: 2013 <input checked="" type="checkbox"/> ROOFING, YR: 2013 <input checked="" type="checkbox"/> HEATING, YR: 2013			single ply	
OTHER: _____ YR: _____	WIND CLASS	SEMI-RESISTIVE	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT	DATE INSTALLED: _____
	RESISTIVE		MANUFACTURER: _____	

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

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE
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BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
			WITH KEYS

BURGLAR ALARM INSTALLED AND SERVICED BY	EXTENT	GRADE	# GUARDS / WATCHMEN	CLOCK HOURLY
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PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)	% SPRNK	FIRE ALARM MANUFACTURER	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
	0		

**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 <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE	REFERENCE / LOAN #: _____			LOCATION: _____	BUILDING: _____
				ITEM CLASS: _____	ITEM: _____
	ITEM DESCRIPTION				

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

AGENCY CUSTOMER ID: \_\_\_\_\_

**ADDITIONAL PREMISES INFORMATION**

PREMISES #: 19		STREET ADDRESS: 112 Hwy 17 N							
BUILDING #: 1		BLDG DESCRIPTION: retail LRO							
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Building	420000		RC	special		5000			
BIEE	54000								

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"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y/N) <input type="checkbox"/>	OPTIONS	
		DEDUCTIBLE \$		<input type="checkbox"/> BREAKDOWN OR CONTAMINATION	<input type="checkbox"/> POWER OUTAGE
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	DISTANCE TO HYDRANT	FIRE STAT	FIRE DISTRICT	CODE NUMBER	PROT CL	# STORIES	# BASMTS	YR BUILT	TOTAL AREA
MNC	1000 FT	5 MI	surfside beach		2	1	0	1995	5600

BUILDING IMPROVEMENTS		BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES	
<input checked="" type="checkbox"/> WIRING, YR: 2013	<input checked="" type="checkbox"/> PLUMBING, YR: 2013			single ply		
<input type="checkbox"/> ROOFING, YR: 2013	<input checked="" type="checkbox"/> HEATING, YR: 2013	WIND CLASS	SEMI- RESISTIVE		HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT	
OTHER: _____ YR: _____		RESISTIVE			DATE INSTALLED: _____	

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

RIGHT EXPOSURE & DISTANCE		LEFT EXPOSURE & DISTANCE		FRONT EXPOSURE & DISTANCE		REAR EXPOSURE & DISTANCE	
BURGLAR ALARM TYPE			CERTIFICATE #			EXPIRATION DATE	
BURGLAR ALARM INSTALLED AND SERVICED BY			EXTENT		GRADE		# GUARDS / WATCHMEN
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)				% SPRNK	FIRE ALARM MANUFACTURER		
				0			

ADDITIONAL INTEREST		ACORD 45 attached for additional names				INTEREST IN ITEM NUMBER	
INTEREST	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	LOCATION:	BUILDING:	
<input type="checkbox"/> LENDER'S LOSS PAYABLE					ITEM CLASS:	ITEM:	
<input type="checkbox"/> LOSS PAYEE					ITEM DESCRIPTION		
<input type="checkbox"/> MORTGAGEE							
	REFERENCE / LOAN #:						

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

AGENCY CUSTOMER ID: \_\_\_\_\_

**ADDITIONAL PREMISES INFORMATION**

PREMISES #: 20	STREET ADDRESS: 114 Hwy 17 N								
BUILDING #: 1	BLDG DESCRIPTION: retail LRO								
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Building	816000		RC	special		5000			
BIEE	100000								

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

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: \$

PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK # OF OPEN SIDES ON STRUCTURE: \_\_\_\_\_

CONSTRUCTION TYPE	DISTANCE TO HYDRANT	FIRE STAT	FIRE DISTRICT	CODE NUMBER	PROT CL	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA
MNC	1000 FT	5 MI	surfside beach		2	1	0	1995	10200

BUILDING IMPROVEMENTS	BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES
<input checked="" type="checkbox"/> WIRING, YR: 2012 <input checked="" type="checkbox"/> ROOFING, YR: 2012 OTHER: YR: _____			single ply	
<input checked="" type="checkbox"/> PLUMBING, YR: 2012 <input checked="" type="checkbox"/> HEATING, YR: 2012	WIND CLASS	SEMI-RESISTIVE	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT	DATE INSTALLED: _____
	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 type="checkbox"/> Y / N	IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE
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BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
			WITH KEYS

BURGLAR ALARM INSTALLED AND SERVICED BY	EXTENT	GRADE	# GUARDS / WATCHMEN	CLOCK HOURLY
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PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)	% SPRNK	FIRE ALARM MANUFACTURER	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
	100		

**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 <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE					LOCATION: BUILDING: ITEM CLASS: ITEM: ITEM DESCRIPTION
	REFERENCE / LOAN #:				

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

AGENCY CUSTOMER ID: \_\_\_\_\_

<b>ADDITIONAL PREMISES INFORMATION</b>		PREMISES #: 21	STREET ADDRESS: 116 Hwy 17 N						
		BUILDING #: 1	BLDG DESCRIPTION: restaurant LRO						
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Building	432000		RC	special		5000			
BIEE	60000								

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)	DESCRIPTION OF PROPERTY COVERED	LIMIT		REFRIG MAINT AGREEMENT (Y/N)	OPTIONS				
		\$	DEDUCTIBLE			BREAKDOWN OR CONTAMINATION	POWER OUTAGE	SELLING PRICE	
<input type="checkbox"/>		\$	\$	<input type="checkbox"/>		<input type="checkbox"/>			
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	DISTANCE TO HYDRANT	FIRE STAT	FIRE DISTRICT	CODE NUMBER	PROT CL	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA
MNC	1000 FT	5 MI	surfside beach		2	1		1995	6000

BUILDING IMPROVEMENTS		BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES
<input checked="" type="checkbox"/> WRING, YR: 2017	<input checked="" type="checkbox"/> PLUMBING, YR: 2017			single ply	
<input type="checkbox"/> ROOFING, YR: 2017	<input checked="" type="checkbox"/> HEATING, YR: 2017			SEMI- RESISTIVE	
OTHER: YR: _____	RESISTIVE				HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT
					DATE INSTALLED: _____
					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 type="checkbox"/> Y / N			IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N		

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE

BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	CENTRAL STATION	LOCAL GONG
			<input type="checkbox"/>	<input type="checkbox"/>
WITH KEYS				

BURGLAR ALARM INSTALLED AND SERVICED BY	EXTENT	GRADE	# GUARDS / WATCHMEN	CLOCK HOURLY
				<input type="checkbox"/>

PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)	% SPRNK	FIRE ALARM MANUFACTURER	CENTRAL STATION	LOCAL GONG
	0		<input type="checkbox"/>	<input type="checkbox"/>

ADDITIONAL INTEREST		ACORD 45 attached for additional names			
<input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/>	INTEREST	NAME AND ADDRESS	RANK: _____	EVIDENCE: _____	CERTIFICATE _____
	REFERENCE / LOAN #: _____				
		INTEREST IN ITEM NUMBER			
		LOCATION:	BUILDING:		
		ITEM CLASS:	ITEM:		
		ITEM DESCRIPTION			

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

AGENCY CUSTOMER ID: \_\_\_\_\_

**ADDITIONAL REMISES INFORMATION**

PREMISES #: 22	STREET ADDRESS: 118 Hwy 17 N								
BUILDING #: 1	BLDG DESCRIPTION: retail LRO								
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Building	602000		RC	special		5000			
BIEE	65000								

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"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y/N) <input type="checkbox"/>	OPTIONS	
		DEDUCTIBLE \$		<input type="checkbox"/> BREAKDOWN OR CONTAMINATION	<input type="checkbox"/> POWER OUTAGE
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	DISTANCE TO HYDRANT	FIRE STAT	FIRE DISTRICT	CODE NUMBER	PROT CL	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA
MNC	1000 FT	5 MI	surfside beach		2	1	0	1995	8600

BUILDING IMPROVEMENTS	BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES
<input checked="" type="checkbox"/> WIRING, YR: 2017 <input checked="" type="checkbox"/> PLUMBING, YR: 2017 <input checked="" type="checkbox"/> ROOFING, YR: 2017 <input checked="" type="checkbox"/> HEATING, YR: 2017			single ply	
OTHER: YR: _____	WIND CLASS	SEMI-RESISTIVE	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT	DATE INSTALLED: _____

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 type="checkbox"/> Y/N	IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y/N

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE

BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
BURGLAR ALARM INSTALLED AND SERVICED BY	EXTENT	GRADE	# GUARDS / WATCHMEN <input type="checkbox"/> CLOCK HOURLY <input type="checkbox"/>

PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)	% SPRNK	FIRE ALARM MANUFACTURER	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
	0		

**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 <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE					LOCATION: <input type="checkbox"/> BUILDING: <input type="checkbox"/> ITEM CLASS: <input type="checkbox"/> ITEM: <input type="checkbox"/> ITEM DESCRIPTION
	REFERENCE / LOAN #:				

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

AGENCY CUSTOMER ID: \_\_\_\_\_

**ADDITIONAL**

**PREMISES INFORMATION**

PREMISES #: 23	STREET ADDRESS: 120 Hwy 17 N								
BUILDING #: 1	BLDG DESCRIPTION: retail LRO								
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Building	1320000		RC	special		5000			
BIEE	200000								

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"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y/N) <input type="checkbox"/>	OPTIONS	
		DEDUCTIBLE \$		<input type="checkbox"/> BREAKDOWN OR CONTAMINATION	<input type="checkbox"/> POWER OUTAGE
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	DISTANCE TO HYDRANT	FIRE STAT	FIRE DISTRICT	CODE NUMBER	PROT CL	# STORIES	# BASMTS	YR BUILT	TOTAL AREA
MNC	1000 FT	5 MI	surfside beach		2	1	0	1995	22000

BUILDING IMPROVEMENTS		BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES	
<input checked="" type="checkbox"/> WIRING, YR: 2008	<input checked="" type="checkbox"/> PLUMBING, YR: 2008			single ply		
<input type="checkbox"/> ROOFING, YR: 2008	<input checked="" type="checkbox"/> HEATING, YR: 2008	WIND CLASS	SEMI- RESISTIVE		HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT	
OTHER: _____	YR: _____	RESISTIVE			DATE INSTALLED: _____	

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

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE
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BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
BURGLAR ALARM INSTALLED AND SERVICED BY		EXTENT	GRADE

PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)	% SPRNK	FIRE ALARM MANUFACTURER	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
	100		

**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		
	REFERENCE / LOAN #: _____			LOCATION:	BUILDING:	
				ITEM CLASS:	ITEM:	
				ITEM DESCRIPTION		

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

AGENCY CUSTOMER ID: \_\_\_\_\_

**ADDITIONAL PREMISES INFORMATION**

PREMISES #: 24	STREET ADDRESS: 122 Hwy 17 N								
BUILDING #: 1	BLDG DESCRIPTION: retail LRO								
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Building	2525000		RC	special		5000			
BIEE	330000								

ADDITIONAL INFORMATION BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD #10 VALUE REPORTING INFORMATION - Attach ACORD 811

**ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION**

SPOILAGE COVERAGE (Y/N) <input type="checkbox"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y/N) <input type="checkbox"/>	OPTIONS	
		DEDUCTIBLE \$		<input type="checkbox"/> BREAKDOWN OR CONTAMINATION	<input type="checkbox"/> POWER OUTAGE
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	DISTANCE TO HYDRANT	FIRE STAT	FIRE DISTRICT	CODE NUMBER	PROT CL	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA
MNC	1000 FT	5 MI	surfside beach		2	1	0	1999	34000

BUILDING IMPROVEMENTS		BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES
<input checked="" type="checkbox"/> WRING, YR: 2015	<input checked="" type="checkbox"/> PLUMBING, YR: 2015			single ply	
<input type="checkbox"/> ROOFING, YR: 2015	<input checked="" type="checkbox"/> HEATING, YR: 2015	WIND CLASS	SEMI- RESISTIVE	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT	DATE INSTALLED: _____
OTHER: YR: _____		RESISTIVE		MANUFACTURER: _____	

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

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE

BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	CENTRAL STATION <input type="checkbox"/>	LOCAL GONG <input type="checkbox"/>
BURGLAR ALARM INSTALLED AND SERVICED BY		EXTENT	GRADE	# GUARDS / WATCHMEN

PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)	% SPRNK	FIRE ALARM MANUFACTURER	CENTRAL STATION <input type="checkbox"/>	LOCAL GONG <input type="checkbox"/>
	100			

**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
	REFERENCE / LOAN #:				

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

AGENCY CUSTOMER ID: \_\_\_\_\_  
 LOC #: \_\_\_\_\_



### ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY Crescent Coast Insurance		NAMED INSURED A Tebele & Sons, ETAL	
POLICY NUMBER Pending		EFFECTIVE DATE: 09/01/2018	
CARRIER Underwriters at Lloyds	NAIC CODE		

**ADDITIONAL REMARKS**  
 THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
 FORM NUMBER: 140 FORM TITLE: \_\_\_\_\_

1% named storm  
 \$10,000 all other wind and hail  
 2% earth quake  
 \$5,000 equipment breakdown  
 ordinance or law full A: B&C 10% combined sublimit  
 Water back up and sump overflow \$100,000 per occurrence and in the annual aggregate  
 Wind Driven Precipitation- \$500,000 per occurrence  
 Ensuing Mold Coverage- \$15,000 per occurrence and in the annual aggregate

KINGS DEPT STORES INC  
A. TEBELE & SONS  
P O BOX 1496  
MYRTLE BEACH, SC 29578-1496

WELLS FARGO BANK, N.A.  
www.wellsfargo.com  
67-776/532

17481

1/15/2019

PAY TO THE ORDER OF Crescent Coast Insurance

\$ \*\*34,199.42

Thirty-Four Thousand One Hundred Ninety-Nine and 42/100 \*\*\*\*\* DOLLARS

Crescent Coast Insurance  
4336 Unit C Sea Mountain Hwy  
Little River, SC 29566

*[Handwritten Signature]*  
AUTHORIZED SIGNATURE

MEMO Finance Down Payment

⑈0000017481⑈ ⑆053207766⑆ 2001400112977⑈

KINGS DEPT STORES INC A. TEBELE & SONS  
Crescent Coast Insurance

1/15/2019

17481

34,199.42

Wachovia -Operating Finance Down Payment

34,199.42



Crescent Coast 02042

**1779**

From: David Egan david@crescoast.com  
Subject: finance  
Date: January 15, 2019 at 11:24 AM  
To: Abe T atebele@aol.com

Abe,

Attached is the finance agreement. The down payment will be \$34,199.42 made payable to Crescent Coast Insurance. I will need to get the finance agreement signed as well. I can just send docusign or if you are going to be back this week, I can have you sign when I come to pick up the down payment.

Regards,

**David Egan**  
Agent/ Managing Partner  
Crescent Coast Insurance  
843-399-0822 Office  
866-733-2573 Fax



This message may contain confidential or privileged information solely for the intended addressee. Dissemination by other than the intended addressee is prohibited and may be illegal under federal or state law. If this email was not intended for you, please reply to this email and delete the original message and any copies. Any views or opinions presented in this email are those of the author not necessarily those of Crescent Coast Insurance, Liability for damage caused by any related virus is denied.



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**1780**

BUTLER-0003

Servicer Address  
1122 LADY ST. # 1080

PREMIUM FINANCE AGREEMENT

INTRUST BANK, N.A.  
PO BOX 413926

COLUMBIA, SC 29201  
217-7927 FAX: (803)771-8710  
TOMER SERVICE: (866)412-6698

KANSAS CITY, MO 64141  
(800)217-7927 FAX: (803)771-8710

**A CASH PRICE (TOTAL PREMIUMS) \$170,997.08**  
**B CASH DOWN PAYMENT \$34,199.42**  
**C PRINCIPAL BALANCE (A MINUS B) \$136,797.66**

AGENT  
(Name & Place of business)  
CRESCENT COAST INSURANCE LLC  
4336 UNIT C SEA MOUNTAIN HWY  
LITTLE RIVER, SC 29566  
(843)399-0822 FAX: (866)733-2573

INSURED  
(Name & Residence or business)  
A TEBELE & SONS  
PO BOX 1496  
MYRTLE BEACH, SC 29578  
(843)946-9834

Commercial

Account #: \_\_\_\_\_

LOAN DISCLOSURE

Quote Number: 8327496

Additional Policies Scheduled on Page 3

<b>ANNUAL PERCENTAGE RATE</b> The cost of your credit as a yearly rate. 5.525%	<b>FINANCE CHARGE</b> The dollar amount the credit will cost you. \$3,487.94	<b>AMOUNT FINANCED</b> The amount of credit provided to you or on your behalf. \$136,797.66	<b>TOTAL OF PAYMENTS</b> The amount you will have paid after you have made all payments as scheduled \$140,285.60
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YOUR PAYMENT SCHEDULE WILL BE

Number Of Payments	Amount Of Payments
10	\$14,028.56

When Payments Are Due  
Beginning:

MONTHLY  
02/15/2019

ITEMIZATION OF THE AMOUNT FINANCED: THE AMOUNT FINANCED IS FOR APPLICATION TO THE PREMIUMS SET FORTH IN THE SCHEDULE OF POLICIES UNLESS OTHERWISE NOTED.

**Security:** Refer to paragraph 1 below for a description of the collateral assigned to Lender to secure this loan.

**Late Charges:** A late charge will be imposed on any installment in default 5 days or more. This late charge will be 5.00% of the installment due.

**Payment:** If you pay your account off early, you may be entitled to a refund of a portion of the finance charge in accordance with Rule of 78's or otherwise allowed by law. The finance charge includes a predetermined interest rate plus a non-refundable service/origination fee of \$20.00. See the terms below and on the next page for additional information about nonpayment, default and penalties.

POLICY PREFIX AND NUMBER	EFFECTIVE DATE OF POLICY	SCHEDULE OF POLICIES INSURANCE COMPANY AND GENERAL AGENT	COVERAGE	MINIMUM EARNED PERCENT	POL TERM	PREMIUM
PENDING	01/15/2019	LLOYD'S LONDON - CERTAIN UNDERWRITE AMWINS ACCESS INSURANCE SERVICES,	PROPERTY	35.00%	12	105,000.00 Fee: 1,370.00 Tax: 6,382.20
					Broker Fee:	\$0.00
					TOTAL:	\$170,997.08

The undersigned insured directs INTRUST BANK, N.A. (herein, "Lender") to pay the premiums on the policies described on the Schedule of Policies. In consideration of such premium payments, subject to the provisions set forth herein, the insured agrees to pay Lender at the branch office address shown above, or as otherwise directed by Lender, the amount stated as Total of Payments in accordance with the Payment Schedule, in each case as shown in the above Loan Disclosure. The named insured(s), on a joint and several basis if more than one, hereby agree to the following provisions set forth on pages 1 and 2 of this Agreement: **1. SECURITY:** To secure payment of all amounts due under this Agreement, insured assigns Lender a security interest in all right, title and interest to the scheduled policies, including (but only to the extent permitted by applicable law): (a) all money that is or may be due insured because of a loss under any such policy that reduces the unearned premiums (subject to the interest of any applicable mortgagee or loss payee), (b) any unearned premium under each such policy, (c) dividends which may become due insured in connection with any such policy and (d) interests arising under a state guarantee fund. **2. POWER OF ATTORNEY:** Insured irrevocably appoints its Lender attorney-in-fact with full power of substitution and full authority upon default to cancel all policies above identified, receive all sums assigned to its Lender or in which it has granted Lender a security interest and to execute and deliver on behalf of the insured documents, instruments, forms and notices relating to the listed insurance policies in furtherance of this Agreement.

**NOTICE:** A. Do not sign this agreement before you read it or if it contains any blank space. B. You are entitled to a completely filled in copy of this agreement. C. Under the law, you have the right to pay in advance the full amount due and under certain conditions to obtain a partial refund of the finance charge. D. Keep your copy of this agreement to protect your legal rights.

The undersigned hereby warrants and agrees to Agent's Representations set forth herein.

Abm Tsh  
Signature of Insured or Authorized Agent

1/15/2019

DATE

Dalcy  
Signature of Agent

1/15/19

1781



Insured and Lender further agree that: **3. POLICY EFFECTIVE DATES:** The finance charge begins to accrue as of the earliest policy effective date.

**4. AGREEMENT EFFECTIVE DATE:** This Agreement shall be effective when written acceptance is mailed to the insured by Lender. **5. DEFAULT AND DELINQUENT PAYMENTS:** If any of the following happens insured will be in default: (a) a payment is not made when it is due, (b) a proceeding in bankruptcy, receivership, insolvency or similar proceeding is instituted by or against insured, or (c) insured fails to keep any promise the insured makes in this Agreement; provided, however, that, to the extent required by applicable law, insured may be held to be in default only upon the occurrence of an event described in clause above. The acceptance by Lender of one or more late payments from the insured shall not estop Lender or be a waiver of the rights of Lender to exercise all of its rights hereunder or under applicable law in the event of any subsequent late payment. **6. CANCELLATION:** Lender may cancel the scheduled policies after providing at least 10 days notice of its intent to cancel or any other required statutory notice if the insured does not pay any installment according to the terms of this Agreement or transfers any of the scheduled policies to a third party and the unpaid balance due to Lender shall be immediately due and payable by the insured. Lender at its option may enforce payment of this debt without recourse to the security given to Lender. **7. CANCELLATION CHARGES:** If Lender cancels any insurance policy in accordance with the terms of this Agreement and applicable law, then the insured shall pay Lender a cancellation charge equal to \$15.00 or the maximum amount permitted by law. If cancellation occurs, the insured agrees to pay a finance charge on the outstanding indebtedness at the maximum rate authorized by applicable state law in effect on the date of cancellation until the outstanding indebtedness is paid in full or until such other date as required by law. (Not applicable in KY, NV, and VT) **8. INSUFFICIENT FUNDS (NSF) CHARGES:** If insured's check or electronic funding is dishonored for any reason, the insured will pay to Lender a fee of \$30.00 or the maximum amount permitted by law. (Not applicable in AL and KY). **9. MONEY RECEIVED AFTER CANCELLATION:** Any payments made to Lender after Lender's Notice of Cancellation of the insurance policy(ies) has been mailed may be credited to the insured's account without any obligation on the part of Lender to request reinstatement of any policy. Any money Lender receives from an insurance company shall be credited to the balance due Lender with any surplus refunded to whomever is entitled to the money. In the event that Lender does request a reinstatement of the policy(ies) on behalf of the insured, such a request does not guarantee that coverage under the policy(ies) will be reinstated or continued. Only the insurance company has authority to reinstate the policy(ies). The insured agrees that Lender has no liability to the insured if the policy(ies) is not reinstated and Lender may charge a reinstatement fee where permitted up to the maximum amount allowed by law. **10. ASSIGNMENT:** The insured agrees not to assign this Agreement or any policy listed hereon or any interest therein (except for the interest of mortgagees or loss payees), without the written consent of Lender, and that Lender may sell, transfer and assign its rights hereunder or under any policy without the consent of the insured, and that all agreements made by the insured hereunder and all rights and benefits conferred upon Lender shall inure to the benefit of Lender's successors and assigns (and any assignees thereof). **11. INSURANCE AGENT OR BROKER:** The insured agrees that the insurance agent or broker soliciting the policies or through whom the policies were issued is not the agent of Lender; and the agent or broker named on the front of this Agreement is neither authorized by Lender to receive installment payments under this Agreement nor to make representations, orally or in writing, to the insured on Lender's behalf (except to the extent expressly required by applicable law). This Agreement may be purchased or assigned for consideration directly from your agent/broker or from another originator of premium finance loans. Your agent/broker may have a financial interest in the premium finance company that you have contracted with and, as a result, may receive a financial benefit from arranging the financing of your insurance premiums. If you have any questions about this financial interest, you should contact your agent/broker. **12. FINANCING NOT A CONDITION:** The law does not require a person to enter into a premium finance agreement as a condition of the purchase of insurance. **13. COLLECTION COSTS:** Insured agrees to pay attorney fees and other collection costs to Lender to the extent permitted by law if this Agreement is referred to an attorney or collection agency who is not a salaried employee of Lender, to collect any money insured owes under this Agreement. (Not applicable in KY) **14. LIMITATION OF LIABILITY:** The insured agrees that Lender's liability to the insured, any other person or entity for breach of any of the terms of this Agreement for the wrongful or improper exercise of any of its powers under this Agreement shall be limited to the amount of the principal balance outstanding, except in the event of Lender's gross negligence or willful misconduct (not applicable in KY). Insured recognizes and agrees that Lender is a lender only and not an insurance company and that in no event does Lender assume any liability as an insurer hereunder or otherwise. **15. CLASSIFICATION AND FORMATION OF AGREEMENT:** This Agreement is and will be a general intangible and not an instrument (as those terms are used in the Uniform Commercial Code) for all purposes. Any electronic signature or electronic record may be used in the formation of this Agreement, and the signatures of the insured and agent and the insured of this Agreement may be in electronic form (as those terms are used in the Uniform Electronic Transactions Act). A photocopy, a facsimile or other paper reproduction of this Agreement shall have the same legal effect as a manually signed copy. **16. REPRESENTATIONS AND WARRANTIES:** The insured represents that (a) the insured is not insolvent or presently the subject of any insolvency proceeding (or if the insured is a debtor of bankruptcy, the bankruptcy court has authorized this transaction), (b) if the insured is not an individual, that the signatory is authorized to sign this Agreement on behalf of the insured, (c) all parties responsible for payment of the premium are named and have signed this Agreement, and (d) there is no term or provision in any of the scheduled policies that would require Lender to notify or get the consent of any third party to effect cancellation of any such policy. **17. ADDITIONAL PREMIUM FINANCING:** Insured authorizes Lender to make additional advances under this premium finance agreement at the request of either the Insured or the Insured's agent with the Insured's express authorization, and subject to the approval of Lender, for any additional premium on any policy listed in the Schedule of Policies due to changes in the insurable risk. If Lender consents to the request for an additional advance, Lender will send Insured a revised payment amount ("Revised Payment Amount"). Insured agrees to pay the Revised Payment Amount, which may include additional finance charges on the newly advanced amount, and acknowledges that Lender will maintain its security interest in the Policy with full authority to cancel all policies and receive all unearned premium if Insured fails to pay the Revised Payment Amount. **18. PRIVACY:** Our privacy policy may be found at <https://www.ipfs.com/Privacy.aspx>. **19. ENTIRE DOCUMENT / GOVERNING LAW:** This document is the entire Agreement between Lender and the insured and can only be changed in writing and signed by both parties except that the insured authorizes Lender to insert or correct on this Agreement, if omitted or incorrect, the insurer's name and the policy number(s). Lender is also authorized to correct patent errors and omissions in this Agreement. In the event that any provision of this Agreement is found to be illegal or unenforceable, it shall be deemed severed from the remaining provisions, which shall remain in full force and effect. The laws of the State of South Carolina will govern this Agreement. **20. AUTHORIZATION:** The insurance company(ies) and their agents, any intermediaries and the agent / broker named in this Agreement and their successors and assigns are hereby authorized and directed by insured to provide Lender with full and complete information regarding all financed insurance policy(ies), including without limitation the status and calculation of unearned premiums, and Lender is authorized and directed to provide such parties with full and complete information and documentation regarding the financing of such insurance policy(ies), including a copy of this Agreement and any related notices. **21. WAIVER OF SOVERIGN IMMUNITY:** The insured expressly waives any sovereign immunity available to the insured, and agrees to be subject to the laws as set forth in this Agreement (and the jurisdiction of federal and/or state courts) for all matters relating to the collection and enforcement of amounts owed under this Agreement and the security interest in the scheduled policies granted hereby.

#### AGENT/BROKER REPRESENTATIONS

The agent/broker executing this, and any future, agreements represents, warrants and agrees: (1) installment payments totaling \$0.00 and all applicable down payment(s) have been received from the insured in immediately available funds, (2) the insured has received a copy of this Agreement; if the agent/broker has signed this Agreement on the insured's behalf, the insured has expressly authorized the agent/broker to sign this Agreement on its behalf or, if the insured has signed, to the best of the undersigned's knowledge and belief such signature is genuine, (3) the policies are in full force and effect and the information in the Schedule of Policies including the premium amounts is correct, (4) no direct company bill, audit, or reporting form policies or policies subject to retrospective rating or to minimum earned premium are included, except as indicated, and the deposit of provisional premiums is not less than anticipated premiums to be earned for the full term of the policies, (5) the policies can be cancelled by the insured or Lender (or its successors and assigns) on 10 days notice and the unearned premiums will be computed on the standard short rate or pro rata table except as indicated, (6) there are no bankruptcy, receivership, or insolvency proceedings affecting the insured, (7) to hold Lender, its successors and assigns harmless against any loss or expense (including attorney fees) resulting from these representations or from errors, omissions or inaccuracies of agent/broker in preparing this Agreement, (8) to pay the down payment and any funding amounts received from Lender under this Agreement to the insurance company or general agent (less any commissions where applicable), (9) to hold in trust for Lender or its assigns any payments made or credited to the insured through or to agent/broker directly or indirectly, actually or constructively by the insurance companies and to pay the monies, as well as the unearned commissions to Lender or its assigns upon demand to satisfy the outstanding indebtedness of the insured, (10) all material information concerning the insured and the financed policies necessary for Lender to cancel such policies and receive the unearned premium has been disclosed to Lender, (11) no term or provision of any financed policy requires Lender to notify or get the consent of any third party to effect cancellation of such policy, and (12) to promptly notify Lender in writing if any information on this Agreement becomes inaccurate.

**AGENT**  
 (Name & Place of business)  
 CRESCENT COAST INSURANCE LLC

16 UNIT C SEA MOUNTAIN HWY  
 MYRTLE RIVER, SC 29566  
 (843)399-0822 FAX: (866)733-2573

**INSURED**  
 (Name & Residence or business)  
 A TEBELE & SONS  
 PO BOX 1496

MYRTLE BEACH, SC 29578  
 (843)948-9834

Account #:		<b>SCHEDULE OF POLICIES</b> (continued)			Quote Number: 8327496		
POLICY PREFIX AND NUMBER	EFFECTIVE DATE OF POLICY	INSURANCE COMPANY AND GENERAL AGENT	COVERAGE	MINIMUM EARNED PERCENT	POL TERM	PREMIUM	
PENDING	01/15/2019	LLOYD'S LONDON - CERTAIN UNDERWRITE AMWINS ACCESS INSURANCE SERVICES,	PROPERTY	25.00%	12	42,700.00 Fee: 300.00 Tax: 2,580.00	
PENDING	01/15/2019	LLOYD'S LONDON - CERTAIN UNDERWRITE AMWINS ACCESS INSURANCE SERVICES,	EXCESS LIABILITY	25.00%	12	11,148.00 Fee: 800.00 Tax: 716.88	
Broker Fee:						\$0.00	
<b>TOTAL:</b>						<b>\$170,997.08</b>	



**PENINSULA INSURANCE BUREAU**  
ADMINISTRATORS & LOSS ADJUSTERS

March 19, 2019

A Tebele & Sons Et Al  
P.O. Box 1496,  
Myrtle Beach, SC 29578

RE: Insured:	A Tebele & Sons Et Al
Policy Numbers:	AQS-190065 / HAQS-190065 / TR00093911900065
Effective Dates:	January 15, 2019 to January 15, 2020
Location of Loss:	1901 N. Kings Hwy., Myrtle Beach, SC
Date of Loss:	February 24, 2019
Claim Number:	926649

Dear Sir or Madam,

Peninsula Insurance Bureau are authorized representatives for your insurance carriers, Certain Underwriters at Lloyd's, London, HDI Global Specialty SE, and General Security Indemnity Company of Arizona, collectively referred to her as "the Market". This letter is in regards to the above referenced claim.

You have presented a claim for fire damage to your building at *1901 N. Kings Hwy., Myrtle Beach, South Carolina*. We have received the field adjuster's initial report and we note that the building does not have an Automatic Sprinkler System as claimed on the Schedule of Values on file with AmWINS Special Risk Underwriters. The field adjuster also reports that a fire alarm did not activate.

At this time we are continuing to investigate the cause of this loss and while our investigation continues, please be advised that any investigation made, or action taken by ourselves or other representatives of the Market is done with a full reservation of rights under the policy. Further, any investigation, adjustment, defense, or any action whatsoever by us or other representatives of the Market will not constitute a waiver of any rights that the Market may have under the policy.

While this letter addresses some of the forms of the policy, the Market do not intend to waive any other terms or conditions of its policy, including exclusions, and specifically reserves all rights under its policy.

We respectfully refer you to the Protective Safeguards which states in pertinent part:

Protective Safeguards



A. As a condition of this insurance, you are required to maintain the protective devices or services listed in the Schedule above.

The protective safeguard(s) to which this endorsement applies are identified by the following symbols:

1. **"AS" Automatic Sprinkler System**, including related supervisory services.

Automatic Sprinkler System means:

a. Any automatic fire protective or extinguishing system, including connected:

- (1) Sprinklers and discharge nozzles;
- (2) Ducts, pipes, valves and fittings;
- (3) Tanks, their component parts and supports; and
- (4) Pumps and private fire protection mains.

b. When supplied from an automatic fire protective system:

- (1) Non-automatic fire protective systems; and
- (2) Hydrants, standpipes and outlets.

2. **"AA" Automatic Fire Alarm**

Means an automatic fire alarm protecting the entire building that is:

- a. Connected to a central station; or
- b. Reporting to a public or private fire alarm station.

3. **"SS" Security Service,**

Means a security service with a recording system or watch clock, making hourly rounds covering the entire building, when the premises are not in actual operation.

4. **"SC" Service Contract**

Means a written contract with a privately owned fire department providing fire protection service to the described premises.

5. **"OTHER"**

Means the protective system described in the Schedule.

B. The following is added to the **EXCLUSIONS** section of the policy referenced above:

We will not pay for loss or damage caused by or resulting from fire if, prior to the fire, you failed to maintain any protective safeguard listed in the Schedule above, and over which you had control, in complete working order.

If you have any information that may assist us in evaluating the coverage for this claim, please forward it to us for further evaluation. This letter is not, and should not be construed as, a waiver of any terms, conditions, exclusions or other provisions of the policy, or any other policies of insurance issued by the Market or any of its affiliates. The Market expressly reserves all of its rights under the policy, including the right to amend this reservation of rights to include grounds for a denial of coverage, including but not limited to those set forth above, if subsequent information indicates that such action is warranted. The Market acknowledges that, by accepting this reservation of rights, A Tebele & Sons Et Al are not waiving any rights under the policy.

Please realize that the Market are not denying coverage at this time. If following the investigation, there continues to exist certain questions of coverage, you will be advised at that time.

Should there be any questions after review of this letter, please do not hesitate to contact me by

---

2842 Lent Road – Apopka, FL 32712 | Ph: 407-880-1100 – Fax: 407-880-1102

Email: [tpa@pibadjusters.com](mailto:tpa@pibadjusters.com) | <http://www.pibadjusters.com> | TEBELE 000163

**1785**

email at [dspeak@pibadjusters.com](mailto:dspeak@pibadjusters.com) or by phone at 407-880-1100 ext. 128.

Sincerely,

*Duncan Speak*

Duncan Speak  
Account Manager

Exhibit "A"

**From:** Jim Twaddell  
**Sent:** Friday, March 29, 2019 12:38 PM  
**To:** 'Duncan Speak'  
**Cc:** Lauraleigh Weaver ([carolinaclaimsadjuster@gmail.com](mailto:carolinaclaimsadjuster@gmail.com)); Laura Holland; [atebele@aol.com](mailto:atebele@aol.com)  
**Subject:** Claim # 926649 A Tebele & Sons ETAL -

Duncan,

Please see the attached Commercial Package inspection report for 1901 North Kings Hwy prepared by Twenty First Services, LLC for the underwriter AmWins. The date of the inspection was October 3, 2018. The report was reviewed by AmWins on November 26, 2018. Please note that the Twenty First Services report indicates that 1901 North Kings Hwy contained an operating sprinkler system as of October 3, 2018. It would seem that this report that was prepared for AmWins is the source of the confusion about the existence of an operating sprinkler system. Somehow the information in the Twenty First Services report about the existence of an operating sprinkler system made its way onto the Schedule of Values for the policy issued to A. Tebele & Sons. It is important to note that the insured did not receive a copy of the Policy or the Schedule of Values until after the loss occurred. Thus, the insured had no way of knowing that the Schedule of Values indicated a sprinkler system for 1901 Kings Hwy.

The bottom line is that AmWins and the insurers inspected 1901 North Kings Hwy prior to the issuance of the Policy and they had an opportunity to determine what fire protection systems were in place. A. Tebele & Sons should not be penalized because Twenty First Services erroneously reported to AmWins that the building had an operating sprinkler system.

Regards,

**James S. Twaddell, Esq.**  
*Executive Vice President/Principal*  
Goodman-Gable-Gould/Adjusters International  
128 South Tryon Street, Suite 1550 | Charlotte, North Carolina 28202  
Mobile: 704.650.5268 | Office: 704.339.0900 | Fax: 704.339.0902  
[jtwaddell@gggco.com](mailto:jtwaddell@gggco.com)  
[www.ggg-ai.com](http://www.ggg-ai.com)

 **GOODMAN-GABLE-GOULD**  
**ADJUSTERS INTERNATIONAL**  
The way to settle claims



TEBELE 000012

**CRAWFORD SPRINKLER COMPANY**

**Customer Ledgers**

For the Period From Feb 1, 2016 to Jun 25, 2019

Filter Criteria includes: 1) IDs: T017. Report order is by ID. Report is printed in Detail Format.

Customer ID Customer	Date	Trans No	Ty	Debit Amt	Credit Amt	Balance
T017	6/13/17	A17-0662/317160	SJ	21,789.00		21,789.00
TEBELE INVESTM	7/6/17	7102	CR		12,000.00	9,789.00
	7/12/17	A17-0805/317190	SJ	86,008.70		95,797.70
	7/20/17	7117	CR		9,789.00	86,008.70
	7/31/17	7128	CR		25,000.00	61,008.70
	8/15/17	A17-0944/317190	SJ	39,537.80		100,546.50
	8/16/17	7147	CR		10,000.00	90,546.50
	9/12/17	7158	CR		10,000.00	80,546.50
	9/13/17	A17-1062/317191	SJ	43,511.50		124,058.00
	10/3/17	7178	CR		20,000.00	104,058.00
	10/12/17	A17-1187/317190	SJ	13,453.95		117,511.95
	11/2/17	7202	CR		21,008.70	96,503.25
	12/11/17	A17-1418/317190	SJ	22,167.87		118,671.12
	1/4/18	7236	CR		13,453.95	105,217.17
	1/4/18	7236	CR		6,546.05	98,671.12
	2/27/18	7261	CR		22,167.87	76,503.25
	4/19/18	7300	CR		15,000.00	61,503.25
	5/31/18	7320	CR		10,000.00	51,503.25
	7/16/18	7353	CR		11,000.00	40,503.25
	7/31/18	7375	CR		20,000.00	20,503.25
	11/14/18	1379	CR		10,503.25	10,000.00
	2/20/19	1393	CR		5,000.00	5,000.00
	5/7/19	7546	CR		5,000.00	0.00
<b>Report Total</b>				<b>226,468.82</b>	<b>226,468.82</b>	<b>0.00</b>



120

**1788**

**From:** Abe tebele <[abraham.tebele@gmail.com](mailto:abraham.tebele@gmail.com)>  
**Date:** August 31, 2018 at 4:09:56 PM EDT  
**To:** Mike <[mike@crawfordsprinkler-sc.com](mailto:mike@crawfordsprinkler-sc.com)>  
**Subject:** Fwd: Tap installation

Sent from my iPhone

Begin forwarded message:

**From:** Richard Young <[ryoung@carolinatapandbore.com](mailto:ryoung@carolinatapandbore.com)>  
**Date:** August 31, 2018 at 4:07:58 PM EDT  
**To:** Abe tebele <[abraham.tebele@gmail.com](mailto:abraham.tebele@gmail.com)>  
**Cc:** "[clee@cityofmyrtlebeach.com](mailto:clee@cityofmyrtlebeach.com)" <[clee@cityofmyrtlebeach.com](mailto:clee@cityofmyrtlebeach.com)>  
**Subject:** RE: Tap installation

Good afternoon Abe, Yes sir I will get it on our schedule. I apologize for not getting this earlier. Our work load has been very heavy. I will contact and coordinate with Chris to make sure all permits required have been handled.

Thanks for understanding,

Richard Young  
President  
Carolina Tap & Bore Inc.  
2430 Morningside Drive  
West Columbia SC 29169  
Office 803- 739-7056  
Fax. 803-791-1407  
Cell. 803-600-5363  
[ryoung@carolinatapandbore.com](mailto:ryoung@carolinatapandbore.com)

-----Original Message-----

**From:** Abe tebele <[abraham.tebele@gmail.com](mailto:abraham.tebele@gmail.com)>  
**Sent:** Friday, August 31, 2018 3:52 PM  
**To:** Richard Young <[ryoung@carolinatapandbore.com](mailto:ryoung@carolinatapandbore.com)>  
**Cc:** [clee@cityofmyrtlebeach.com](mailto:clee@cityofmyrtlebeach.com)  
**Subject:** Tap installation

Richard,

Please expedite with all necessary mobilization and permits to get the tap install done. I would appreciate if Chris Lee would put you in touch with all the necessary personnel within the city and fire department.

Sincerely,

Abe Tebele  
843 241 1973

Sent from my iPhone



**1789**

BUTLER-000205

**From:** Abe tebele <[abraham.tebele@gmail.com](mailto:abraham.tebele@gmail.com)>  
**Date:** August 31, 2018 at 4:09:56 PM EDT  
**To:** Mike <[mike@crawfordsprinkler-sc.com](mailto:mike@crawfordsprinkler-sc.com)>  
**Subject:** Fwd: Tap installation

Sent from my iPhone

Begin forwarded message:

**From:** Richard Young <[ryoung@carolinatapandbore.com](mailto:ryoung@carolinatapandbore.com)>  
**Date:** August 31, 2018 at 4:07:58 PM EDT  
**To:** Abe tebele <[abraham.tebele@gmail.com](mailto:abraham.tebele@gmail.com)>  
**Cc:** "clee@cityofmyrtlebeach.com" <[clee@cityofmyrtlebeach.com](mailto:clee@cityofmyrtlebeach.com)>  
**Subject:** RE: Tap installation

Good afternoon Abe, Yes sir I will get it on our schedule. I apologize for not getting this earlier. Our work load has been very heavy. I will contact and coordinate with Chris to make sure all permits required have been handled.

Thanks for understanding,

Richard Young  
President  
Carolina Tap & Bore Inc.  
2430 Morningside Drive  
West Columbia SC 29169  
Office 803- 739-7056  
Fax. 803-791-1407  
Cell. 803-600-5363  
[ryoung@carolinatapandbore.com](mailto:ryoung@carolinatapandbore.com)

-----Original Message-----

**From:** Abe tebele <[abraham.tebele@gmail.com](mailto:abraham.tebele@gmail.com)>  
**Sent:** Friday, August 31, 2018 3:52 PM  
**To:** Richard Young <[ryoung@carolinatapandbore.com](mailto:ryoung@carolinatapandbore.com)>  
**Cc:** [clee@cityofmyrtlebeach.com](mailto:clee@cityofmyrtlebeach.com)  
**Subject:** Tap installation

Richard,

Please expedite with all necessary mobilization and permits to get the tap install done. I would appreciate if Chris Lee would put you in touch with all the necessary personnel within the city and fire department.

Sincerely,

Abe Tebele  
843 241 1973

Sent from my iPhone



**1790**

BUTLER-000205

From: Abe tebele <abraham.tebele@gmail.com>  
Subject: Re: 1901 N. Kings Highway  
Date: August 31, 2018 at 2:57:06 PM EDT  
To: Mike Dover <mike@crawfordsprinkler-sc.com>

When can these guys complete tap and connection?

Abe

Sent from my iPhone

On Jun 19, 2017, at 9:48 AM, Mike Dover <mike@crawfordsprinkler-sc.com> wrote:

Let's see about Thursday afternoon. I will give you a call Wednesday to confirm.

Thanks,  
Mike Dover  
Crawford Sprinkler Company  
(O)803-438-2994  
(F)803-438-6065  
(C)803-261-7963  
E-mail: mike@crawfordsprinkler-sc.com

-----Original Message-----

From: Abe tebele [mailto:abraham.tebele@gmail.com]  
Sent: Monday, June 19, 2017 9:42 AM  
To: Mike Dover <mike@crawfordsprinkler-sc.com>  
Subject: Re: 1901 N. Kings Highway

Planning to be in on Wednesday and can meet Thursday afternoon or so.

Abe

Sent from my iPhone

On Jun 19, 2017, at 9:30 AM, Mike Dover <mike@crawfordsprinkler-sc.com> wrote:

Abe,

As an update for you, our plans have been approved by the city and I paid for and picked up the permit this past Thursday (6/15). I would like to meet with you to review the installation including items which may or may be required. Will you be available this Tuesday (6/20)?

Thank you,  
Mike Dover  
Crawford Sprinkler Company  
(O)803-438-2994  
(F)803-438-6065  
(C)803-261-7963  
E-mail: mike@crawfordsprinkler-sc.com

-----Original Message-----

From: Abe tebele [mailto:abraham.tebele@gmail.com]  
Sent: Sunday, June 18, 2017 8:18 AM  
To: Mike Dover <mike@crawfordsprinkler-sc.com>  
Subject: Re: 1901 N. Kings Highway

Mike,



093

EUO-000374



128 SOUTH TRYON STREET  
SUITE 1550  
CHARLOTTE, NORTH CAROLINA 28202  
(704) 339-0900  
888-755-4371  
FAX (704) 339-0902  
WWW.GGG-AI.COM

Via E-Mail (dspeak@pibadjusters.com) & U.S. Mail

March 22, 2019

Mr. Duncan Speak  
TPA Account Manager  
Peninsula Insurance Bureau  
2842 Lent Road  
Apopka, Florida 32712

Re: Insured: A Tebele & Sons ETAL  
Loss Location: 1901 N. Kings Highway  
Myrtle Beach, SC 29577  
Date of Loss: February 24, 2019  
Peril: Fire  
Claim #: 926649

Dear Mr. Speak,

We are writing in response to your letter dated March 19, 2019.

Your letter states that the building at 1901 North Kings Highway does not have an Automatic Sprinkler System. That statement is incorrect. In fact, the building does have an Automatic Sprinkler System although it had not been activated as of the date of the fire. We have provided your independent adjuster with documentation evidencing the installation of the sprinkler system in 2017 by Crawford Sprinkler Company.

We acknowledge that the policy includes form SRU-024-07-10 Protective Safeguards Fire Endorsement. Your letter quotes certain parts of that form but it excludes the language most relevant to this loss. Below is an excerpt from form SRU-024-07-10 which includes the critical language you omitted in your letter.

Schedule

Symbol(s)	Location(s) Applicable
AS	as indicated on the Schedule of Values on file with the Company.
AA	as indicated on the Schedule of Values on file with the Company.
OTHER	as indicated on the Schedule of Values on file with the Company.

Describe any "OTHER":

- a) Ansul Systems – ansul system over all cooking surfaces and semi-annual professional cleaning for hoods and ducts required

PLAINTIFF'S EXHIBIT  
50

PLAINTIFF'S EXHIBIT  
50



- b) Heating, Ventilation, and Air Conditioning – maintained and in operation at all times
  - c) any aluminum wiring in buildings are properly pigtailed or retrofitted with CO/AL receptacles on all switches, outlets and circuit breaker panels and in accordance with local electrical codes.
- A. As a condition of this insurance, you are required to maintain the protective devices or services listed in the Schedule above.
- The protective safeguard(s) to which this endorsement applies are identified by the following symbols:
- 1. "AS" Automatic Sprinkler System, including related supervisory services.  
Automatic Sprinkler System means:
    - a. Any automatic fire protective or extinguishing system, including connected:
      - (1) Sprinklers and discharge nozzles;
      - (2) Ducts, pipes, valves and fittings;
      - (3) Tanks, their component parts and supports; and
      - (4) Pumps and private fire protection mains.
    - b. When supplied from an automatic fire protective system:
      - (1) Non-automatic fire protective systems; and
      - (2) Hydrants, standpipes and outlets.
  - 2. "AA" Automatic Fire Alarm  
Means an automatic fire alarm protecting the entire building that is:
    - a. Connected to a central station; or
    - b. Reporting to a public or private fire alarm station.
- B. The following is added to the EXCLUSIONS section of the policy referenced above: We will not pay for loss or damage caused by or resulting from fire if, prior to the fire, you failed to maintain any protective safeguard listed in the Schedule above, and over which you had control, in complete working order.

The Protective Safeguards Fire Endorsement is only applicable to locations where the symbol AS or AA is "indicated on the Schedule of Values on file with the Company." The Schedule of Values you provided with your March 19, 2019 letter does not indicate the symbol AS or AA for the 1901 North Kings Highway location. In fact, the symbols AS and AA do not appear anywhere on the Schedule of Values for any of the insured locations. Since the symbols AS and AA are not indicated on the Schedule of Values for 1901 North Kings Highway, there was no policy requirement that the subject location have an Automatic Sprinkler System or an Automatic Fire Alarm.

The fire damage to 1901 North Kings Highway is covered by the policy unless there is a specific exclusion or limitation that applies to the loss. Exclusionary clauses are to be strictly construed



against the insurer when drafted by the insurer. The exclusionary language in the Protective Safeguard Endorsement does not apply to the February 24, 2019 fire at 1901 North Kings Highway as the required AS and AA symbols are not indicated on the Schedule of Values on file with the Company for that location.

Please advise regarding any additional information you may need from the insured in order to process the claim.

Very truly yours,

*James Twaddell*

James S. Twaddell  
Executive Vice President/Principal

JST/lah

cc: Abe Tebele  
Lauralee Weaver  
Robert Shelton

SWORN STATEMENT IN PROOF OF LOSS

(For Use With Replacement Cost Coverages)

AOP-190029, AOS-190065, HAOB-190065, TR00039311900065
Policy Number

Our File No.

\$2,850,000.00
Amount Of Policy At Time Of Loss

926649
Company Claims No.

1/15/2019
Date Issued

Crescent Coast Insurance
Agent

1/15/2020
Date Expires

Litter River, SC
Agency At

To The Certain Underwriters at Lloyds, The Certain Underwriters at Lloyds, HDI Global Specialty SE, General Security Indemnity Company of Arizona. At time of loss, by the above indicated policy of insurance you insured A Tebele & Sons ETAL against loss by "all risks" to the property, according to the terms and conditions of the said policy and all forms, endorsements, transfers and assignments attached thereto.

- 1. Time and Origin: A FIRE loss occurred on the 24th Day of February 2019. The cause and origin of the said loss were: Undetermined
2. Occupancy: The building described, or containing the property described, was occupied at the time of the loss as follows, and for no other purpose whatever: RESTAURANT/TAVERN
3. Title and Interest: At the time of the loss the interest of your insured in the property described therein was that of owner. No other person or persons had any interest therein or encumbrance thereon, except: None.
4. Changes: Since the said policy was issued there has been no assignment thereof, or change of interest, use, occupancy, possession, location or exposure of the property described except: No Exceptions
5. Total Insurance: The total amount of insurance upon the property described by this policy was, at the time of the loss, \$2,850,000.00, as more particularly specified in the apportionment attached under "C", besides which there was no policy or other contract of insurance, written or oral, valid or invalid.
6. Full Replacement Cost of the said property at the time of the loss was \$ Not Determined
7. The Whole Loss and Damage was in excess of \$ 2,850,000.00
8. Less Amount of Deductible \$ N/A
9. The Amount Claimed under the above numbered policy is \$ 2,850,000.00

The said loss did not originate by any act, design or procurement on the part of your insured, or this affiant; nothing has been done by or with the privity or consent of your insured or this affiant, to violate the conditions of the policy, or render it void; no articles are mentioned herein or in annexed schedules but such as were destroyed or damaged at the time of said loss; no property saved has in any manner been concealed, and no attempt to deceive the said company, as to the extent of said loss, has in any manner been made. Any other information that may be required will be furnished and considered a part of this proof.

The furnishing of this blank or the preparation of proofs by a representative of the above insurance company is not a waiver of any of its rights.

State of South Carolina x [Signature]
A Tebele & Sons ETAL Manager KRS, Inc.

County of Horry
Subscribed and sworn to before me this 27th day of March 2019

[Signature]
Notary Public

MARIE J. SIMONETTI
Notary Public-State of South Carolina
My Commission Expires
February 03, 2027

PLAINTIFF'S EXHIBIT 51

PLAINTIFF'S EXHIBIT 51



128 SOUTH TRYON STREET  
SUITE 1550  
CHARLOTTE, NORTH CAROLINA 28202  
(704) 339-0900  
888-755-4371  
FAX (704) 339-0902  
WWW.GGG-ALCOM

Via E-Mail (dspeak@pibadjusters.com) & U.S. Mail

March 27, 2019

Mr. Duncan Speak  
TPA Account Manager  
Peninsula Insurance Bureau  
2842 Lent Road  
Apopka, Florida 32712

Re: Insured: A Tebele & Sons ETAL  
Loss Location: 1901 N. Kings Highway  
Myrtle Beach, SC 29577  
Date of Loss: February 24, 2019  
Peril: Fire  
Claim #: 926649

Dear Mr. Speak,

We are in receipt of your letter dated March 15, 2019.

As an opening matter, your letter did not enclose a proof of loss form as required by SC Code Section 38-59-10. As such, the insurers have waived their right to require that the insured submit more than written proof covering the occurrence, character and extent of the loss.

Secondly, your letter misquotes SC Code Section 35-59-10 such that your letter materially mischaracterizes the insured's legal obligations. Your letter states:

***SECTION 38-59-10. Proof of loss forms required to be furnished.***

*When an insurer under any (sic) insurance policy requires a written proof of loss after the notice of the loss has been given to (sic) the insured or beneficiary, the insurer or its representative shall furnish a blank to be used for that purpose. If the forms are not furnished within twenty days after the receipt of the notice, the claimant is considered to have complied with the requirements of this (sic) policy as to proof of loss, (sic) upon submitting within the time fixed in the policy for filing proofs of loss written proof covering the occurrence, character, and extent of the loss for which claim is made. The twenty-day period after notice of loss to furnish forms applies to all types of insurance unless a lesser time period is specifically provided by law.*



**1796**



Section 38-59-10 actually reads:

*SECTION 38-59-10. Proof of loss forms required to be furnished.*

*When an insurer under an insurance policy requires a written proof of loss after the notice of the loss has been given by the insured or beneficiary, the insurer or its representative shall furnish a blank to be used for that purpose. If the forms are not furnished within twenty days after the receipt of the notice, the claimant is considered to have complied with the requirements of the policy as to proof of loss upon submitting within the time fixed in the policy for filing proofs of loss written proof covering the occurrence, character, and extent of the loss for which claim is made. The twenty-day period after notice of loss to furnish forms applies to all types of insurance unless a lesser time period is specifically provided by law.*

Based on your mischaracterization of the insured's proof of loss requirement, we consider any requirement that the insured submit a formal proof of loss to be waived by the insurers.

The February 24, 2019 fire resulted in a total loss to the insured's building and personal property located at 1901 N. Kings Highway, Myrtle Beach, SC 29577. This covered loss is well in excess of the policy limits. As such, enclosed please find an executed and notarized proof of loss making formal demand that the insurers immediately tender the policy limits.

We look forward to your prompt response to this matter.

Very truly yours,

James S. Twaddell  
Executive Vice President/Principal

JST/lah

cc: Abe Tebele  
Lauraleigh Weaver

ITEMIZED TOTALS (2019)		DIVISIONAL RECAP (2019)					
Item Summary	Cost /Sq. Ft.	Cost %	Division Summary				
50.00	\$7,591.64	\$5,222,403.20	\$72,069.71	\$5,413,264.55	\$203.67	100%	\$5,882,354.52
City of Myrtle Beach SC		SC Sales Tax		\$0.00	\$0.00		
(Payroll Taxes, Ins., Employee Benefits, Etc.)		Lab. Burden	9%	\$33,360.00	\$1.26		
		Sub Total	30%	\$5,446,624.55			
		Office OH & Profit	8%	\$435,729.96	\$16.39		
		Sub Total		\$5,882,354.52			\$5,882,354.52
		8% of Project Cost (MEP, Struct., Civil & LS)					
		Professional Design Fees		\$435,729.96	\$16.39		\$435,729.96
		Total Value		\$6,318,084.48	\$237.72		\$6,318,084.48

1798







PLAINTIFF'S EXHIBIT  
61

**1800**



PLAINTIFF'S  
EXHIBIT  
**62**

PLAINTIFF'S  
EXHIBIT  
*62*

**1801**



PLAINTIFF'S  
EXHIBIT  
**63**

PLAINTIFF'S  
EXHIBIT  
63

**1802**

PLAINTIFF'S  
EXHIBIT  
*64*

PLAINTIFF'S  
EXHIBIT  
**64**

**1803**



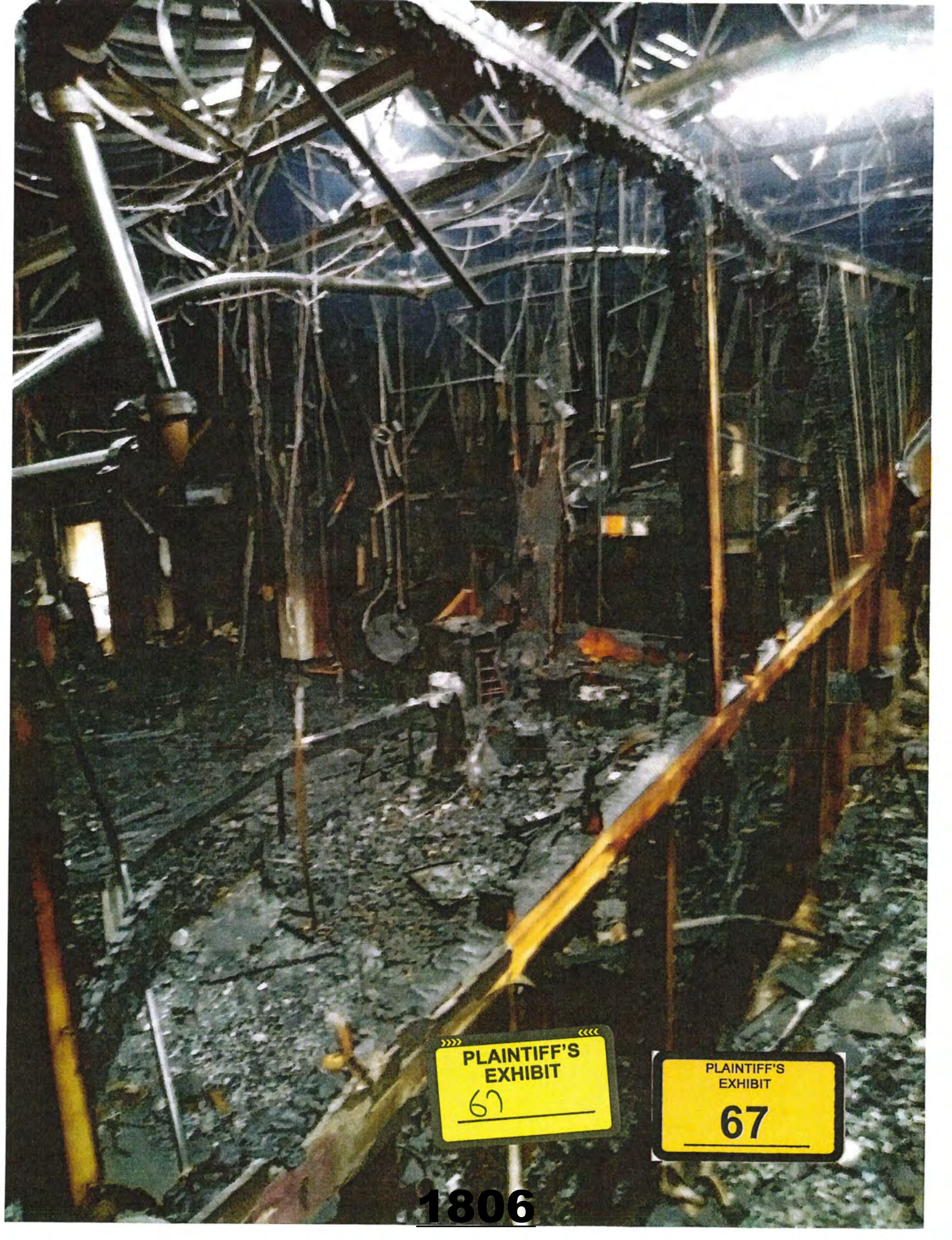
PLAINTIFF'S  
EXHIBIT  
65

PLAINTIFF'S  
EXHIBIT  
65



PLAINTIFF'S  
EXHIBIT  
66

PLAINTIFF'S  
EXHIBIT  
66



PLAINTIFF'S EXHIBIT  
67

PLAINTIFF'S EXHIBIT  
67



PLAINTIFF'S  
EXHIBIT  
68

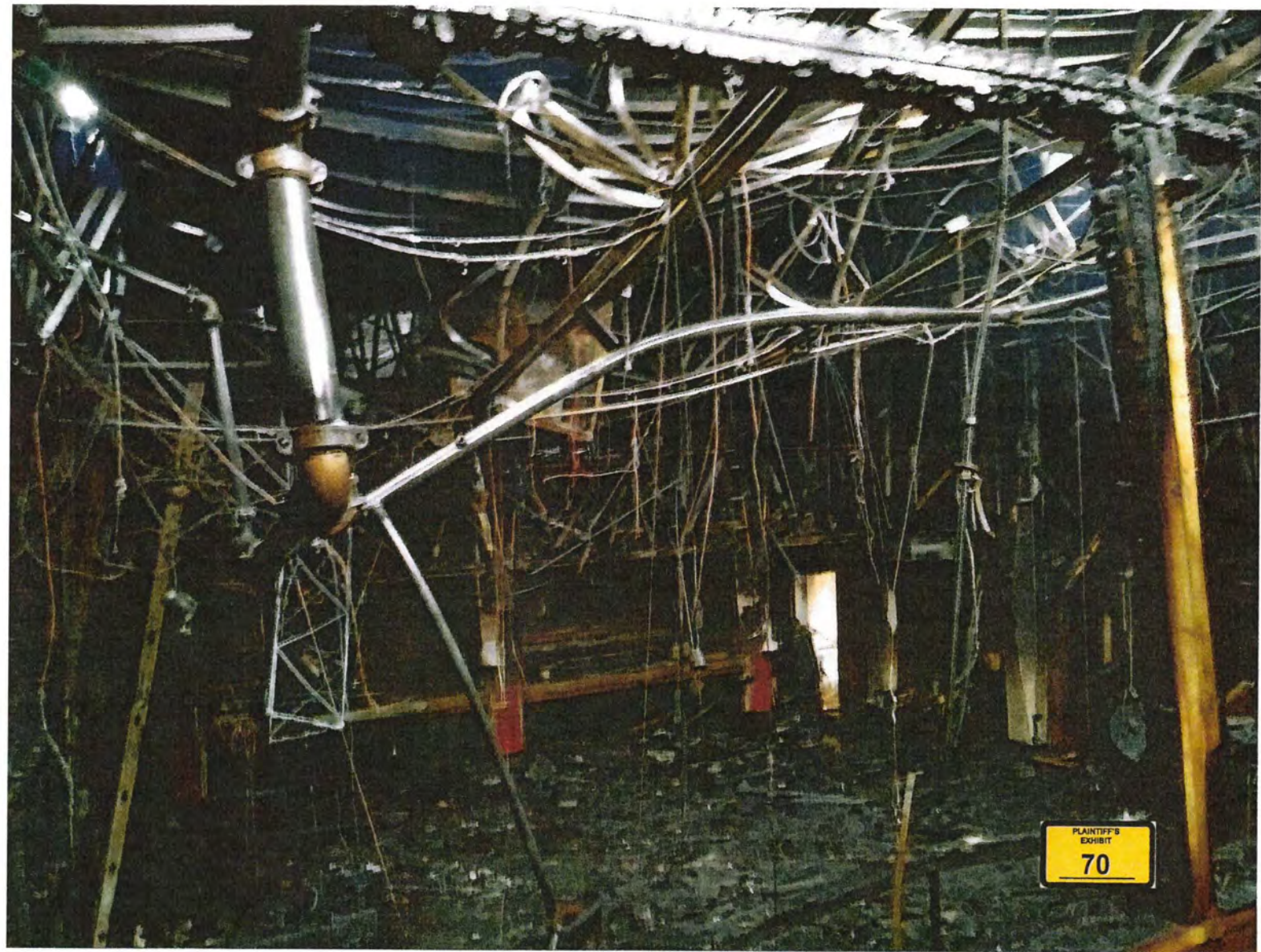
PLAINTIFF'S  
EXHIBIT  
68

1807

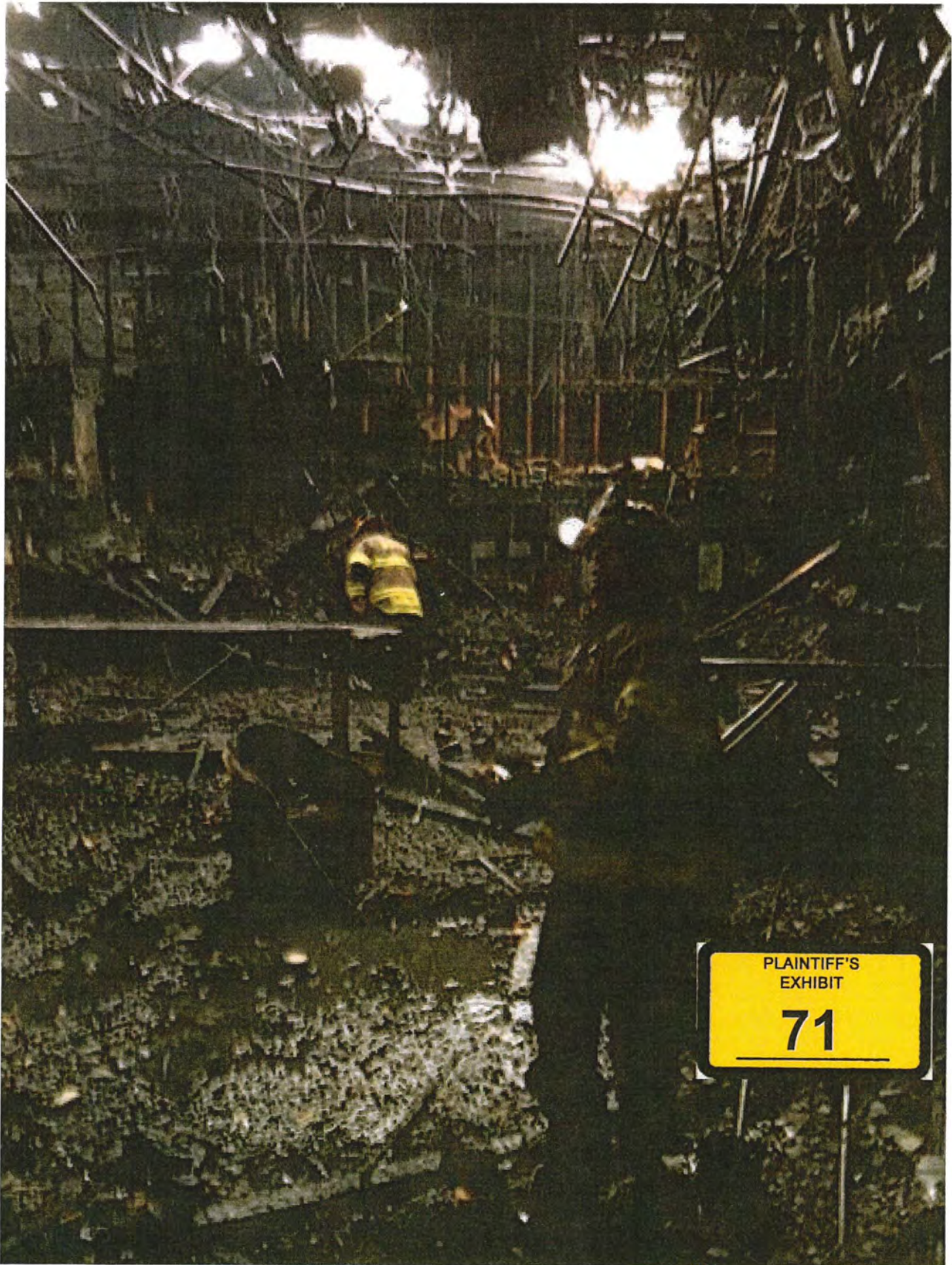


PLAINTIFF'S  
EXHIBIT  
69

PLAINTIFF'S  
EXHIBIT  
69

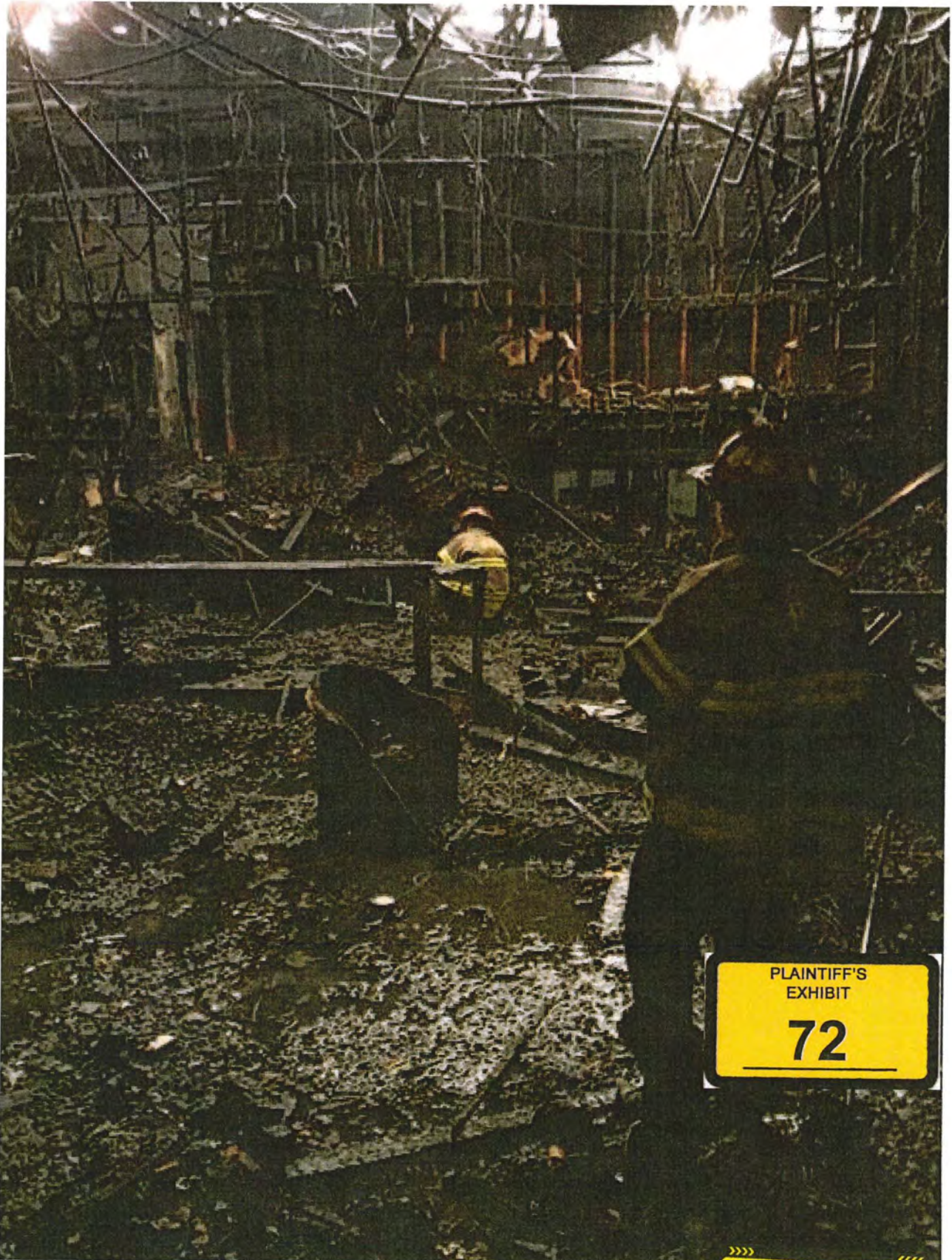


**1809**



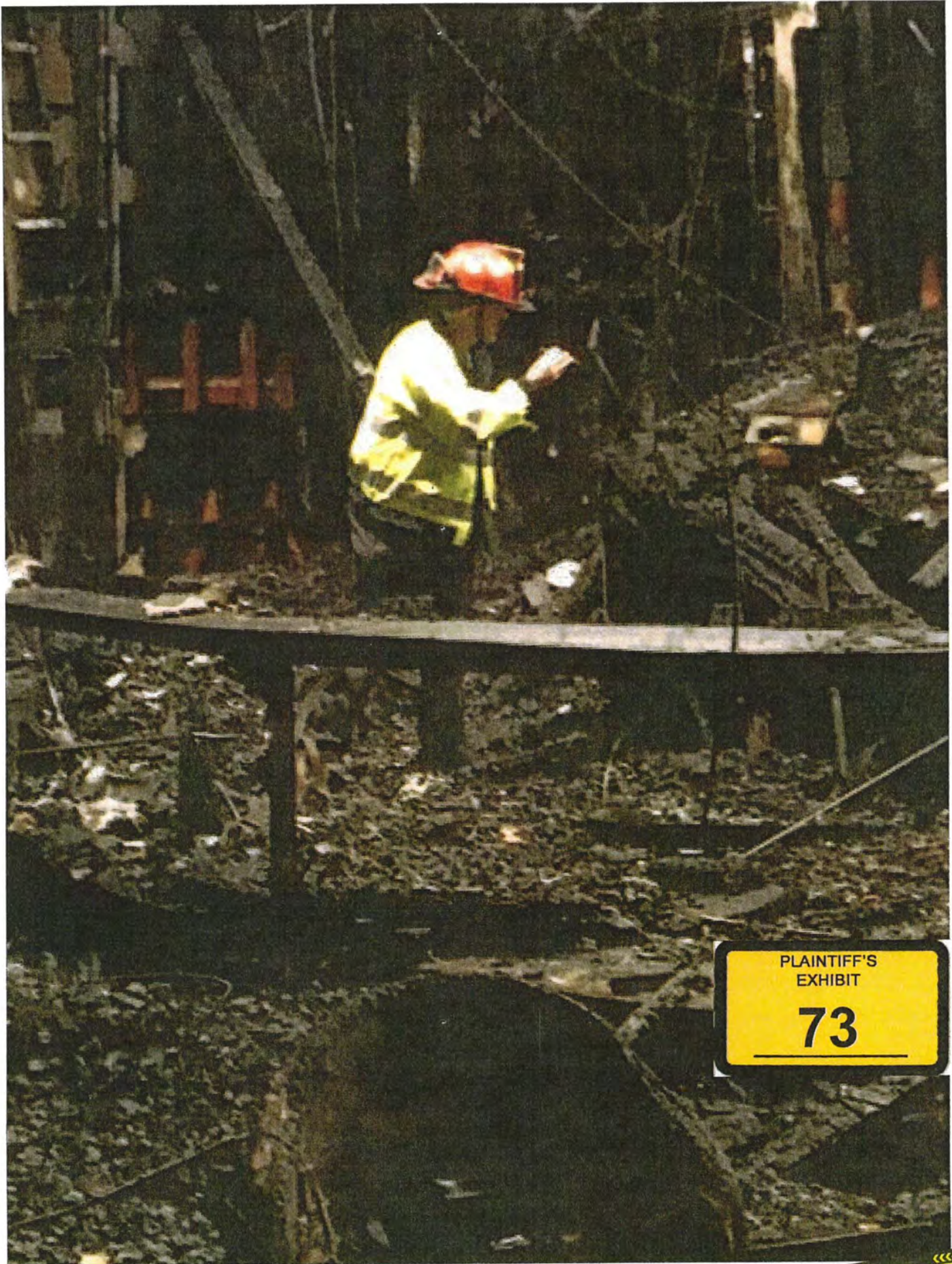
**1810**





**1811**

PLAINTIFF'S EXHIBIT  
72



PLAINTIFF'S  
EXHIBIT  
**73**

PLAINTIFF'S  
EXHIBIT  
*73*

**1812**



# South Carolina

State Based Systems

License Type: **Insurance Producer**

This document may serve in lieu of a letter of certification or clearance

## Licensee Demographics

**Name:** Northcutt, Whitney Nicolle

**Domicile Country:** United States

**NPN:** 18522216

**Resident?:** Yes

**Domicile State:** South Carolina

**Business Address:**  
CHARLESTON, SC 29412

## License Quick View

License Class	License Status	Status Date	Effective Date	Expiration Date
Insurance Producer	Active	05/17/2023	08/01/2023	07/31/2025
Surplus Lines Broker	Active	02/28/2023	02/28/2023	05/31/2024

## Phone, Email, Website

**Phone**

**Email**

**Website**

No results found.

Type

Number

Type

E-mail

## License Information

**License Type:** Insurance Producer

**First Active Date:** 08/29/2017

**Expiration Date:** 07/31/2025

**License Number:** 18522216

**Effective Date:** 08/01/2023

**Legacy License ID:** 876126

**License Status:** Active

**Status Date:** 05/17/2023

**Designated Home State:**

## Line Of Authority

Line Name	Qualification	School Code	Exam/Cert Date	Line Status	Status Date	Effective Date
Property	Exam		08/29/2017	Approved	05/17/2023	08/29/2017
Casualty	Exam		08/29/2017	Approved	05/17/2023	08/29/2017

## Designated Responsible Licensed Producer

No results found.

Alias Names



No results found.

## Relationships

No results found.

## Continuing Education Information

CE Compliant: No

Compliance Date:

CE End Date: 07/31/2025

Design/Over 25 years: No

CE Start Date: 08/01/2023

CE Exemption Type: Not Exempt

CE Exemption Reason:

Life/Health  
Target:

Life/Health  
Credits:

Life/Health  
Carryover  
Credits:

0

0

0

General Target:

General Credits: 0

Ethics Target: 3

Ethics Credits: 2

13

Property/Casualty  
Target:

Property/Casualty  
Credits:

Property/Casualty  
Carryover Credits:

8

0

9

## Appointments

Company Name	NAIC CoCode	License Type	Line of Authority	Appointment Type	Appointment Date	Effective Date	Expiration Date
AMERICAN ZURICH INS CO	40142	Insurance Producer	Casualty	Local	08/30/2022	08/30/2022	09/30/2024
AMERICAN ZURICH INS CO	40142	Insurance Producer	Property	Local	08/30/2022	08/30/2022	09/30/2024
PALOMAR SPECIALTY INSURANCE COMPANY	20338	Insurance Producer	Casualty	General	10/11/2023	10/11/2023	09/30/2024
PALOMAR SPECIALTY INSURANCE COMPANY	20338	Insurance Producer	Property	General	10/11/2023	10/11/2023	09/30/2024



# South Carolina

State Based Systems

License Type: **Surplus Lines Broker**

## Licensee Demographics

**Name:** Northcutt, Whitney Nicolle

**Domicile Country:** United States

**NPN:** 18522216

**Resident?:** Yes

**Domicile State:** South Carolina

**Business Address:**

CHARLESTON, SC 29412

## License Quick View

License Class	License Status	Status Date	Effective Date	Expiration Date
Insurance Producer	Active	05/17/2023	08/01/2023	07/31/2025
Surplus Lines Broker	Active	02/28/2023	02/28/2023	05/31/2024

## Phone, Email, Website

**Phone**

**Email**

**Website**

No results found.

Type

Number

Type

E-mail

## License Information

**License Type:** Surplus Lines Broker

**First Active Date:** 02/28/2023

**Expiration Date:** 05/31/2024

**License Number:** 18522216

**Effective Date:** 02/28/2023

**Legacy License ID:**

**License Status:** Active

**Status Date:** 02/28/2023

**Designated Home State:**

## Line Of Authority

Line Name	Qualification	School Code	Exam/Cert Date	Line Status	Status Date	Effective Date
Casualty	Exam		02/28/2023	Approved	02/28/2023	02/28/2023
Property	Exam		02/28/2023	Approved	02/28/2023	02/28/2023

## Designated Responsible Licensed Producer

No results found.

Alias Names

No results found.

## Relationships

No results found.

## Continuing Education Information

Continuing Education is not required for this license.

## Appointments

Company Name	NAIC CoCode	License Type	Line of Authority	Appointment Type	Appointment Date	Effective Date	Expiration Date
AMERICAN ZURICH INS CO	40142	Insurance Producer	Casualty	Local	08/30/2022	08/30/2022	09/30/2024
AMERICAN ZURICH INS CO	40142	Insurance Producer	Property	Local	08/30/2022	08/30/2022	09/30/2024
PALOMAR SPECIALTY INSURANCE COMPANY	20338	Insurance Producer	Casualty	General	10/11/2023	10/11/2023	09/30/2024
PALOMAR SPECIALTY INSURANCE COMPANY	20338	Insurance Producer	Property	General	10/11/2023	10/11/2023	09/30/2024



License Type: **Insurance Producer**

This document may serve in lieu of a Letter of Certification or Clearance

### Licensee Demographics

**Name:** Sutherland, Joe Frank  
**Domicile Country:** United States

**NPN:** 15652376  
**Resident?:** Yes

**Domicile State:** South Carolina  
**Business Address:**  
NORTH MYRTLE BEACH, SC 29582

### License Quick View

License Class	License Status	Status Date	Effective Date	Expiration Date
Insurance Producer	Active	04/05/2023	04/05/2023	02/28/2026
Surplus Lines Broker	Inactive	08/29/2022	11/21/2019	05/31/2022

### Phone, Email, Website

Phone		Email		Website	
Type	Number	Type	E-mail	Type	Website
Fax Phone	(843) 488-5639	Business Email	joefranksutherland@gmail.com	Business URL	www.grpinsurance.com
Business Primary Phone	(843) 602-0998				

### License Information

**License Type:** Insurance Producer  
**First Active Date:** 04/05/2023  
**Expiration Date:** 02/28/2026

**License Number:** 15652376  
**Effective Date:** 04/05/2023  
**Legacy License ID:** 551301

**License Status:** Active  
**Status Date:** 04/05/2023  
**Designated Home State:**

### Line Of Authority

Line Name	Qualification	School Code	Exam/Cert Date	Line Status	Status Date	Effective Date
Property	Exam		04/05/2023	Approved	04/05/2023	04/05/2023

### Designated Responsible Licensed Producer

No results found.

# Alias Names

No found.

# Relationships

No results found.

# Continuing Education Information

**CE Compliant:** No

**Compliance Date:**

**CE Start Date:** 04/05/2023

**CE End Date:** 02/28/2026

**Design/Over 25 years:** No

**CE Exemption Type:** Not Exempt

**CE Exemption Reason:**

**Life/Health Target:**

**Life/Health Credits:**

**Life/Health Carryover Credits:**

0

0

0

**General Target:**  
13

**General Credits:** 0

**Ethics Target:** 3

**Ethics Credits:** 0

**Property/Casualty Target:**

**Property/Casualty Credits:**

8

0

**Property/Casualty Carryover Credits:**

# Appointments

No found.



# South Carolina

State Based Systems

License Type: **Surplus Lines Broker**

This document may serve in lieu of a Letter of Certification or Clearance

## Licensee Demographics

**Name:** EGAN, DAVID A

**Domicile Country:** United States

**NPN:** 12416046

**Resident?:** Yes

**Domicile State:** South Carolina

**Business Address:**  
NORTH MYRTLE BEACH, SC 29582

## License Quick View

License Class	License Status	Status Date	Effective Date	Expiration Date
Insurance Producer	Active	04/18/2022	05/01/2022	04/30/2024
Surplus Lines Broker	Active	05/09/2022	06/01/2022	05/31/2024

## Phone, Email, Website

### Phone

Type	Number
Business Fax Phone	(843) 399-0854
Business Primary Phone	(843) 399-0822
Fax Phone	(866) 733-2573

### Email

Type	E-mail
Business Email	david@crescoast.com

### Website

Type	Website
Business URL	www.crescentcoast.com

## License Information

**License Type:** Surplus Lines Broker

**First Active Date:** 05/06/2010

**Expiration Date:** 05/31/2024

**License Number:** 12416046

**Effective Date:** 06/01/2022

**Legacy License ID:** 517914

**License Status:** Active

**Status Date:** 05/09/2022

**Designated Home State:**

## Line Of Authority

Line Name	Qualification	School Code	Exam/Cert Date	Line Status	Status Date	Effective Date
Property	Exam		05/06/2010	Approved	05/09/2022	05/06/2010
Casualty	Exam		05/06/2010	Approved	05/09/2022	05/06/2010

## Designated Responsible Licensed Producer

Name	License #	NPN	License Class	License Status	Resident State	Start Date
CRESCENT COAST INSURANCE LLC	1912591152	17868704	Agency	Active	South Carolina	02/26/2016

## Alias Names

No results found.

## Relationships

No results found.

## Continuing Education Information

Continuing Education is not required for this license.

## Appointments

Show 10 entries

Showing 1 to 10 of 91 entries

 Filter

Company Name	NAIC CoCode	License Type	Line of Authority	Appointment Type	Appointment Date	Effective Date	Expiration Date
AMERICAN FIRE AND CASUALTY COMPANY OF AMERICA	10127	Insurance Producer	Casualty	Local	12/07/2021	09/02/2022	09/30/2024
ALLIED INSURANCE COMPANY OF AMERICA	10127	Insurance Producer	Property	Local	12/07/2021	09/02/2022	09/30/2024
AMERICAN ECONOMY INS CO	19690	Insurance Producer	Property	Local	07/05/2016	09/06/2022	09/30/2024
AMERICAN ECONOMY INS CO	19690	Insurance Producer	Casualty	Local	07/05/2016	09/06/2022	09/30/2024
AMERICAN FIRE AND CASUALTY COMPANY	24066	Insurance Producer	Property	Local	07/05/2016	09/06/2022	09/30/2024
AMERICAN FIRE AND CASUALTY COMPANY	24066	Insurance Producer	Casualty	Local	07/05/2016	09/06/2022	09/30/2024
AMERICAN STATES INS CO	19704	Insurance Producer	Property	Local	07/05/2016	09/06/2022	09/30/2024
AMERICAN STATES INS CO	19704	Insurance Producer	Casualty	Local	07/05/2016	09/06/2022	09/30/2024
AUTOMOBILE INS CO OF HARTFORD CONN	19062	Insurance Producer	Casualty	Local	01/25/2019	09/20/2022	09/30/2024
AUTOMOBILE INS CO OF HARTFORD CONN	19062	Insurance Producer	Property	Local	01/25/2019	09/20/2022	09/30/2024

First Previous **1** 2 3 Next Last



License Type: **Surplus Lines Broker**

This document may serve in lieu of a Letter of Certification or Clearance

## Licensee Demographics

**Name:** SELLARS, BARRETT C

**Domicile Country:** United States

**NPN:** 7070625

**Resident?:** Yes

**Domicile State:** South Carolina

**Business Address:**  
CHARLOTTE, NC 28210

## License Quick View

License Class	License Status	Status Date	Effective Date	Expiration Date
Insurance Producer	Active	07/22/2022	08/01/2022	07/31/2024
Surplus Lines Broker	Active	03/03/2022	06/01/2022	05/31/2024

## Phone, Email, Website

Phone		Email		Website	
Type	Number	Type	E-mail	Type	Website
Fax Phone	(704) 365-6348	Business Email	barrett.sellars@amwins.com	Personal URL	4725 Piedmont Row Dr., Suite 600, Charlotte, NC 28
Business Primary Phone	(843) 714-2011				

## License Information

**License Type:** Surplus Lines Broker

**First Active Date:** 03/28/2019

**Expiration Date:** 05/31/2024

**License Number:** 7070625

**Effective Date:** 06/01/2022

**Legacy License ID:**

**License Status:** Active

**Status Date:** 03/03/2022

**Designated Home State:**

## Line Of Authority

Line Name	Qualification	School Code	Exam/Cert Date	Line Status	Status Date	Effective Date
Casualty	Exam		03/28/2019	Approved	03/03/2022	03/28/2019
Property	Exam		03/28/2019	Approved	03/03/2022	03/28/2019

## Designated Responsible Licensed Producer

No results found.

## Alias Names

No results found.

## Relationships

No results found.

## Continuing Education Information

Continuing Education is not required for this license.

## Appointments

Show 10 entries

Showing 1 to 10 of 15 entries

 Filter

Company Name	NAIC CoCode	License Type	Line of Authority	Appointment Type	Appointment Date	Effective Date	Expiration Date
AMERICAN CASUALTY CO OF READING PA	20427	Insurance Producer	Property	Local	04/07/2017	09/02/2022	09/30/2024
AMERICAN CASUALTY CO OF READING PA	20427	Insurance Producer	Casualty	Local	04/07/2017	09/02/2022	09/30/2024
ARCH INSURANCE COMPANY	11150	Insurance Producer	Property	General	08/18/2014	09/01/2022	09/30/2024
ARCH INSURANCE COMPANY	11150	Insurance Producer	Casualty	General	08/18/2014	09/01/2022	09/30/2024
CONTINENTAL CASUALTY CO	20443	Insurance Producer	Property	Local	04/07/2017	09/02/2022	09/30/2024
CONTINENTAL CASUALTY CO	20443	Insurance Producer	Casualty	Local	04/07/2017	09/02/2022	09/30/2024
CONTINENTAL INSURANCE COMPANY (THE)	35289	Insurance Producer	Property	Local	04/07/2017	09/02/2022	09/30/2024
CONTINENTAL INSURANCE COMPANY (THE)	35289	Insurance Producer	Casualty	Local	04/07/2017	09/02/2022	09/30/2024
IMPERIUM INSURANCE COMPANY	35408	Insurance Producer	Property	General	02/22/2023	02/22/2023	09/30/2024
NATIONAL FIRE INS CO OF HARTFORD	20478	Insurance Producer	Casualty	Local	04/07/2017	09/02/2022	09/30/2024

First Previous **1** 2 Next Last

CONFIDENTIAL

Sandra Nenna

From: Sandra Nenna <sandra@crescoast.com>  
Sent: Wednesday, December 19, 2018 9:42 AM  
To: eflorian4@yahoo.com; Joey Sutherland  
Cc: wnutt@verisk.com  
Subject: LA CASONA INSPECTION

Dear Melissa:

Please be advised that we have been contacted by Mr Bill Nutt of ISO Inspection Services.

He has made several attempts to contact you via "voice mail", and has not received a return call.

He will be in the Myrtle Beach area today, please contact him asap @ (910) 547-6037 / [wnutt@verisk.com](mailto:wnutt@verisk.com) so he can complete the inspection as mandated by the carrier.

Kindly note that he will not be in this area again until after the New Year.

Please do not hesitate to contact me should you have any questions or concerns.

Best regards,  
Sandra



(Formerly Infinity Insurance, LLC)

**Sandra Nenna**

**Office Manager / Agent**

**Crescent Coast Insurance**

843-399-0822 Office

843-399-0854 Fax

Sandra@crescoast.com



**William Nutt**

Senior Field Representative

T: +1 800-444-4554 M: +1 910-547-6037

E: William.Nutt@verisk.com

1000 Bishops Gate Blvd Ste 300  
PO Box 5404 | Mt. Laurel, NJ 05054





# Lloyd's Certificate

**This Insurance** is effected with certain Underwriters at Lloyd's, London.

**This Certificate** is issued in accordance with the limited authorization granted to the Correspondent by certain Underwriters at Lloyd's, London whose syndicate numbers and the proportions underwritten by them can be ascertained from the office of the said Correspondent (such Underwriters being hereinafter called "Underwriters") and in consideration of the premium specified herein, Underwriters hereby bind themselves severally and not jointly, each for his own part and not one for another, their Executors and Administrators.

**The Assured** is requested to read this Certificate, and if it is not correct, return it immediately to the Correspondent for appropriate alteration.

All inquiries regarding this Certificate should be addressed to the following Correspondent:

AmWINS Access Insurance Services, LLC  
One Gresham Landing  
Stockbridge, GA 30281





AmWINS Access Insurance Services, LLC  
 1156 Bowman Road  
 Suite 200  
 Mount Pleasant, SC 29464

amwins.com

## POLICY PREMIUM AND SURPLUS LINES TAX SUMMARY

Attached to and forming part of Policy Number: NC127465

Named Insured:	Melissa Garcia dba La Casona Latin Cuisine	Policy Number:	NC127465
Coverage:	Property	Carrier:	Lloyd's of London
Agency:	Crescent Coast Insurance	Policy Period:	08/23/2018 - 08/23/2019

Policy Premium:	\$2,654.00
Fees:	\$200.00
Surplus Lines Taxes:	\$171.24
<b>Total:</b>	<b>\$3,025.24</b>

**FEES:**

Fee	Taxable	Amount
<b>South Carolina</b>		
AmWINS Service Fee	Yes	\$100.00
AmWINS Inspection Fee	Yes	\$100.00
<b>Total</b>		<b>\$200.00</b>
<b>Total Fees</b>		<b>\$200.00</b>

**SURPLUS LINES TAX CALCULATION:**

Description	Taxable Premium	Taxable Fee	Tax Basis	Rate	Tax
<b>South Carolina</b>					
Surplus Lines Tax	\$2,654.00	\$200.00	\$2,854.00	6.00%	\$171.24
<b>Total</b>					<b>\$171.24</b>
<b>Total Surplus Lines Taxes and Fees</b>					<b>\$171.24</b>

## SURPLUS LINES DISCLOSURE

South Carolina

This company has been approved by the director or his designee of the South Carolina Department of Insurance to write business in this State as an eligible surplus lines insurer, but it is not afforded guaranty fund protection.

TEBELE 000658

1825

## CERTIFICATE PROVISIONS

1. **Signature Required.** This Certificate shall not be valid unless signed by the Correspondent on the attached Declaration Page.
2. **Correspondent Not Insurer.** The Correspondent is not an Insurer hereunder and neither is nor shall be liable for any loss or claim whatsoever. The Insurers hereunder are those Underwriters at Lloyd's, London whose syndicate numbers can be ascertained as hereinbefore set forth. As used in this Certificate "Underwriters" shall be deemed to include incorporated as well as unincorporated persons or entities that are Underwriters at Lloyd's, London.
3. **Cancellation.** If this Certificate provides for cancellation and this Certificate is cancelled after the inception date, earned premium must be paid for the time the insurance has been in force.
4. **Service of Suit.** It is agreed that in the event of the failure of Underwriters to pay any amount claimed to be due hereunder, Underwriters, at the request of the Assured, will submit to the jurisdiction of a Court of competent jurisdiction within the United States. Nothing in this Clause constitutes or should be understood to constitute a waiver of Underwriters' rights to commence an action in any Court of competent jurisdiction in the United States, to remove an action to a United States District Court, or to seek a transfer of a case to another Court as permitted by the laws of the United States or of any State in the United States. It is further agreed that service of process in such suit may be made upon the firm or person named in item 6 of the attached Declaration Page, and that in any suit instituted against any one of them upon this contract, Underwriters will abide by the final decision of such Court or of any Appellate Court in the event of an appeal.

The above-named are authorized and directed to accept service of process on behalf of Underwriters in any such suit and/or upon request of the Assured to give a written undertaking to the Assured that they will enter a general appearance upon Underwriters' behalf in the event such a suit shall be instituted. Further, pursuant to any statute of any state, territory or district of the United States which makes provision therefor, Underwriters hereby designate the Superintendent, Commissioner or Director of Insurance or other officer specified for that purpose in the statute, or his successor or successors in office, as their true and lawful attorney upon whom may be served any lawful process in any action, suit or proceeding instituted by or on behalf of the Assured or any beneficiary hereunder arising out of this contract of insurance, and hereby designate the above-mentioned as the person to whom the said officer is authorized to mail such process or a true copy thereof.

5. **Assignment.** This Certificate shall not be assigned either in whole or in part without the written consent of the Correspondent endorsed hereon.
6. **Attached Conditions Incorporated.** This Certificate is made and accepted subject to all the provisions, conditions and warranties set forth herein, attached or endorsed, all of which are to be considered as incorporated herein.
7. **Short Rate Cancellation.** If the attached provisions provide for cancellation, the table below will be used to calculate the short rate proportion of the premium when applicable under the terms of cancellation.

**Short Rate Cancellation Table For Term of One Year.**

Days Insurance in Force	Per Cent of one year Premium	Days Insurance in Force	Per Cent of one year Premium	Days Insurance in Force	Per Cent of one year Premium	Days Insurance in Force	Per Cent of one year Premium
1	5%	66 - 69	29%	154 - 156	53%	256 - 260	77%
2	6	70 - 73	30	157 - 160	54	261 - 264	78
3 - 4	7	74 - 76	31	161 - 164	55	265 - 269	79
5 - 6	8	77 - 80	32	165 - 167	56	270 - 273 ( 9 mos )	80
7 - 8	9	81 - 83	33	168 - 171	57	274 - 278	81
9 - 10	10	84 - 87	34	172 - 175	58	279 - 282	82
11 - 12	11	88 - 91 ( 3 mos )	35	176 - 178	59	283 - 287	83
13 - 14	12	92 - 94	36	179 - 182 ( 6 mos )	60	288 - 291	84
15 - 16	13	95 - 98	37	183 - 187	61	292 - 296	85
17 - 18	14	99 - 102	38	188 - 191	62	297 - 301	86
19 - 20	15	103 - 105	39	192 - 196	63	302 - 305 ( 10 mos )	87
21 - 22	16	106 - 109	40	197 - 200	64	306 - 310	88
23 - 25	17	110 - 113	41	201 - 205	65	311 - 314	89
26 - 29	18	114 - 116	42	206 - 209	66	315 - 319	90
30 - 32 ( 1 mos )	19	117 - 120	43	210 - 214 ( 7 mos )	67	320 - 323	91
33 - 36	20	121 - 124 ( 4 mos )	44	215 - 218	68	324 - 328	92
37 - 40	21	125 - 127	45	219 - 223	69	329 - 332	93
41 - 43	22	128 - 131	46	224 - 228	70	333 - 337 ( 11 mos )	94
44 - 47	23	132 - 135	47	229 - 232	71	338 - 342	95
48 - 51	24	136 - 138	48	233 - 237	72	343 - 346	96
52 - 54	25	139 - 142	49	238 - 241	73	347 - 351	97
55 - 58	26	143 - 146	50	242 - 246 ( 8 mos )	74	352 - 355	98
59 - 62 ( 2 mos )	27	147 - 149	51	247 - 250	75	356 - 360	99
63 - 65	28	150 - 153 ( 5 mos )	52	251 - 255	76	361 - 365 ( 12 mos )	100

Rules applicable to insurance with terms less than or more than one year:

- A. If insurance has been in force for one year or less, apply the short rate table for annual insurance to the full annual premium determined as for insurance written for a term of one year.
- B. If insurance has been in force for more than one year:
  - 1. Determine full annual premium as for insurance written for a term of one year.
  - 2. Deduct such premium from the full insurance premium, and on the remainder calculate the pro rata earned premium on the basis of the ratio of the length of time beyond one year the insurance has been in force to the length of time beyond one year for which the policy was originally written.
  - 3. Add premium produced in accordance with items (1) and (2) to obtain earned premium during full period insurance has been in force.

# CLAIMS REPORTING

**ALL NAMED INSURED'S** in the event of a claim, All Claims should be reported directly to the Agent/Broker of record for this policy. Your Agent/Broker will process the necessary paperwork and forward to AmWINS Access Insurance Services, LLC for handling.

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**Agent/Brokers all Claims or Loss Notice relating to this policy can be reported in the following ways:**

E-mail: [claims@emcas.com](mailto:claims@emcas.com)

Fax: 678.553.3801

U.S. Mail: Engle Martin Claim Administrative Services  
5565 Glenridge Connector, Suite 900  
Atlanta, GA 30342

When reporting your claim please include the following:

1. Name of Insured
2. Policy number and policy effective dates
3. Date of the loss
4. Detailed description of how and where loss occurred
5. Names, address, home and cell phone numbers of all persons involved
6. Business, home and cell phone numbers of Insured
7. Policy department name and case numbers, if reported to police
8. Detailed description of injury or damages

DATE ISSUED

AUTHORITY REF. NO.

PREVIOUS NO.

08/27/2018

REFER TO COLLECTIVE CERTIFICATE

NEW

THIS DECLARATION PAGE IS ATTACHED TO AND FORMS PART OF CERTIFICATE PROVISIONS (FORM SLC3 USA)

ITEM	POLICY NUMBER NC127465		
1	<b>Name of Assured</b> Melissa Garcia dba La Casona Latin Cuisine 1766 Jaqueline Court Myrtle Beach, SC 29577		
2	EFFECTIVE AT 12:01 A.M.	BOTH DAYS AT STANDARD TIME	FROM: 08/23/2018 TO: 08/23/2019
3	Insurance is effective with certain	NAME OF INSURERS UNDERWRITERS AT LLOYD'S, LONDON.	AMOUNT OR PERCENT REFER TO COLLECTIVE CERTIFICATE ENDORSEMENT
4	AMOUNT \$400,000	COVERAGE Property Enhancement Endorsement	PREMIUM \$2,404.00 \$250.00  Premium \$ 2,654.00 AmWINS Service Fee: \$ 100.00 Inspection Fee: \$ 100.00 Surplus Lines Tax: \$ 171.24  Total Premium: \$ 3,025.24  <p style="color: red; text-align: center;">NO FLAT CANCELLATION</p>
			POLICY TOTAL: \$ 3,025.24
5	<b>FORMS AND ENDORSEMENTS:</b> REFER TO ATTACHED SCHEDULE OF FORMS AND ENDORSEMENTS		
6	Service of Suit may be made upon:	Wilson, Elser, Moskowitz, Eldman and Dicker 150 East 42nd Street New York, NY 10017	

AmWINS Access Insurance Services

By 

TEBELE 000662

**1829**

## Schedule of Participating Underwriters at Lloyd's

In consideration of the premium charged, it is understood and agreed that the schedule of participation is applicable as marked.

### **PLACED WITH: Lloyd's Underwriters, London, England, comprising**

<u>Syndicate No.</u>	<u>Pseudonym</u>	<u>Percentage</u>
0318	MSP	50.0000%
1200	AMA	30.0000%
5000	TRV	11.0000%
1969	APL	9.0000%
2003	XLC	43.4783%
0780	ADV	15.9420%
1886	QBE	10.1449%
2468	NEO	9.6618%
3268	AGR	7.2464%
2007	NVA	6.7633%
0609	AUW	6.7633%
2623	AFB	33.2100%
1225	AES	20.5000%
0382	HDU	15.0000%
5678	VSM	12.0000%
2015	CHN	8.0000%
0623	AFB	7.2900%
4444	CNP	4.0000%
2987	BRT	40.0000%
0510	KLN	40.0000%
4472	LIB	10.0000%
1729	DUW	10.0000%
0033	HIS	100.0000%
2001	AML	100.0000%
2488	AGM	100.0000%

SS-1

COMMERCIAL PROPERTY COVERAGE PART  
DECLARATIONS

POLICY NO. NC127465

EFFECTIVE DATE: 08/23/2018

LOCATION/DESCRIPTION OF PREMISES

PREM NO. BLDG NO. LOCATION

1            1            1901 N Kings Hwy  
Myrtle Beach, SC 29577

CONSTRUCTION

Masonry Non Combustible

OCCUPANCY

Bars, Taverns, and Nightclubs

**COMMERCIAL PROPERTY COVERAGE PART  
DECLARATIONS**

POLICY NO. NC127465

EFFECTIVE DATE: 08/23/2018

**COVERED PROPERTY**

INSURANCE AT THE DESCRIBED PREMISES APPLIES ONLY FOR COVERAGES FOR WHICH A LIMIT OF INSURANCE IS SHOWN.

<u>PREM NO.</u>	<u>BLDG NO.</u>	<u>COVERAGE</u>	<u>CAUSE OF LOSS</u>	<u>LIMITS</u>	<u>RATE</u>	<u>COINS.</u>	<u>VALUATION</u>	<u>AOP</u>	<u>WIND/HAIL</u>
1	1	Business Personal Property	Special	\$300,000	0.601	80%	RC	\$1,000	2%, \$2,500 Minimum Per Building
1	1	Business Income	Special	\$100,000	0.601	1/3		72 hours	

Policy Number NC127465

Named Insured Melissa Garcia dba La Casona Latin Cuisine

### Policy Forms List

SLC-3	Jacket
NMA 2868	Lloyd's Certificate
AA 111	Claims Reporting
	Common Declarations
SS-1	Schedule Of Participating Underwriters at Lloyds
	Coverage Part Declarations - Description of Premises
PF-1	Policy Forms List
	Surplus Lines Wording
COLL CERT END	Collective Certificate Endorsement
IL 00 17 11 98	Common Policy Conditions
LMA 3100 09 10	Sanction Limitation and Exclusion Clause
LMA 5018 09 05	Microorganism Exclusion (Absolute)
LMA 5019 09 05	Asbestos Endorsement
LMA 5020 09 05	Service of Suit Clause (U.S.A.)
LMA 5062 09 06	Fraudulent Claim Clause
ENDORSEMENT F 08 05	Fully Earned Premium - Property
LMA 5219 01 15	U.S. Terrorism Risk Insurance Act of 2002 - Not Purchased Clause
LSW 1001 08 94	Several Liability Notice
LSW 1135B 06 03	Lloyd's Privacy Policy Statement
NMA 0464 01 38	War and Civil War Exclusion Clause
NMA 1191 05 59	Radioactive Contamination Exclusion Clause
NMA 1331 04 61	Cancellation Clause
NMA 2340 11 88	Seepage & Pollution, Land, Air Water Exclusion & Debris Removal Endorsement
NMA 2915 01 01	Electronic Data Endorsement B
NMA 2920 10 01	Terrorism Exclusion Endorsement
NMA 2962 02 03	Biological or Chemical Materials Exclusion
LMA 5021 09 05	Applicable Law (U.S.A.)
NMA 2802 12 97	Electronic Date Recognition Exclusion (EDRE)
NMA 2808 07 98	Electronic Date Recognition Exclusion (Listed Perils)
LSW 699 02 98	Minimum Earned Premium Clause
AFB H2O	Paramount Water Exclusion Endorsement
CP 00 10 10 12	Building and Personal Property Coverage Form
CP 00 90 07 88	Commercial Property Conditions
IL 09 35 07 02	Exclusion - Certain Computer-Related Losses
IL 02 49 09 08	South Carolina Changes-Cancellation and Nonrenewal
LMA 9076 09 13	South Carolina Surplus Lines Notice
PF-1	

TEBELE 000666

**1833**

Policy Number NC127465

Named Insured Melissa Garcia dba La Casona Latin Cuisine

### Policy Forms List

	Commercial Property Enhancement Endorsement
CP 10 30 10 12	Causes of Loss - Special Form
CP 00 30 10 12	Business Income (and Extra Expense) Coverage Form
CP 03 21 10 12	Windstorm or Hail Percentage Deductible
CP 12 11 10 00	Burglary and Robbery Protective Safeguards
CP 04 11 10 12	Protective Safeguards
	Lloyd's Certificate End

PF-1

TEBELE 000667

**1834**

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## **SURPLUS LINES INSURANCE**

South Carolina

This company has been approved by the director or his designee of the South Carolina Department of Insurance to write business in this state as an eligible surplus line insurer, but is not afforded guaranty fund protection.

ALL OTHER TERMS AND CONDITIONS OF THIS POLICY REMAIN UNCHANGED.

## COLLECTIVE CERTIFICATE ENDORSEMENT

The Underwriters whose contract numbers are hereunto subscribed, hereby agree that:

1. AmWINS Access, has procured insurance with certain Underwriters through our Broker in London, England under the below listed contract numbers. The Underwriters under each for his own part and not for another for the amount shown hereunder.
- 2: Each Contract shall be liable for such proportion of any loss as the amount underwritten by such contract, as specified hereunder. In no event shall any of the Underwriters under such contract be liable for an amount greater than that underwritten by it, as specified herein.
- 3: It is understood and agreed that service of process or suit or any notice as proof of loss required by the Certificate when served upon any of the Underwriters of such contract executing the "Collective Certificate" endorsement shall be deemed to be service upon all such Underwriters under each contract.

<b>Contract Number</b>	<b>UMR #</b>	<b>Percentage</b>	<b>Premium</b>
BB012260h	B1230BB012260h	5.25%	\$139.34
18AWA1214	B123018AWA1214	7.75%	\$205.68
BB012270h	B1230BB012270h	8.125%	\$215.64
18GRE1904	B123018GRE1904	11.5%	\$305.21
18AWA1190	B123018AWA1190	19.125%	\$507.58
18AWA1225	B123018AWA1225	23%	\$610.42
<b>TOTAL</b>		<b>100%</b>	<b>\$2,654.00</b>

## COLLECTIVE CERTIFICATE ENDORSEMENT

The Underwriters whose contract numbers are hereunto subscribed, hereby agree that:

1. AmWINS Access, has procured insurance with certain Underwriters through our Broker in London, England under the below listed contract numbers. The Underwriters under each for his own part and not for another for the amount shown hereunder.
- 2: Each Contract shall be liable for such proportion of any loss as the amount underwritten by such contract, as specified hereunder. In no event shall any of the Underwriters under such contract be liable for an amount greater than that underwritten by it, as specified herein.
- 3: It is understood and agreed that service of process or suit or any notice as proof of loss required by the Certificate when served upon any of the Underwriters of such contract executing the "Collective Certificate" endorsement shall be deemed to be service upon all such Underwriters under each contract.

<b>Contract Number</b>	<b>UMR #</b>	<b>Percentage</b>	<b>Premium</b>
BB012280h	B1230BB012280h	25.25%	\$670.14
<b>TOTAL</b>		<b>100%</b>	<b>\$2,654.00</b>

## COMMON POLICY CONDITIONS

All Coverage Parts included in this policy are subject to the following conditions.

### A. Cancellation

1. The first Named Insured shown in the Declarations may cancel this policy by mailing or delivering to us advance written notice of cancellation.
2. We may cancel this policy by mailing or delivering to the first Named Insured written notice of cancellation at least:
  - a. 10 days before the effective date of cancellation if we cancel for nonpayment of premium; or
  - b. 30 days before the effective date of cancellation if we cancel for any other reason.
3. We will mail or deliver our notice to the first Named Insured's last mailing address known to us.
4. Notice of cancellation will state the effective date of cancellation. The policy period will end on that date.
5. If this policy is cancelled, we will send the first Named Insured any premium refund due. If we cancel, the refund will be pro rata. If the first Named Insured cancels, the refund may be less than pro rata. The cancellation will be effective even if we have not made or offered a refund.
6. If notice is mailed, proof of mailing will be sufficient proof of notice.

### B. Changes

This policy contains all the agreements between you and us concerning the insurance afforded. The first Named Insured shown in the Declarations is authorized to make changes in the terms of this policy with our consent. This policy's terms can be amended or waived only by endorsement issued by us and made a part of this policy.

### C. Examination Of Your Books And Records

We may examine and audit your books and records as they relate to this policy at any time during the policy period and up to three years afterward.

### D. Inspections And Surveys

1. We have the right to:
  - a. Make inspections and surveys at any time;

- b. Give you reports on the conditions we find; and
  - c. Recommend changes.
2. We are not obligated to make any inspections, surveys, reports or recommendations and any such actions we do undertake relate only to insurability and the premiums to be charged. We do not make safety inspections. We do not undertake to perform the duty of any person or organization to provide for the health or safety of workers or the public. And we do not warrant that conditions:
  - a. Are safe or healthful; or
  - b. Comply with laws, regulations, codes or standards.
3. Paragraphs 1. and 2. of this condition apply not only to us, but also to any rating, advisory, rate service or similar organization which makes insurance inspections, surveys, reports or recommendations.
4. Paragraph 2. of this condition does not apply to any inspections, surveys, reports or recommendations we may make relative to certification, under state or municipal statutes, ordinances or regulations, of boilers, pressure vessels or elevators.

### E. Premiums

The first Named Insured shown in the Declarations:

1. Is responsible for the payment of all premiums; and
2. Will be the payee for any return premiums we pay.

### F. Transfer Of Your Rights And Duties Under This Policy

Your rights and duties under this policy may not be transferred without our written consent except in the case of death of an individual named insured.

If you die, your rights and duties will be transferred to your legal representative but only while acting within the scope of duties as your legal representative. Until your legal representative is appointed, anyone having proper temporary custody of your property will have your rights and duties but only with respect to that property.

### Sanction Limitation and Exclusion Clause

No (re)insurer shall be deemed to provide cover and no (re)insurer shall be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose that (re)insurer to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, United Kingdom or United States of America.

LMA3100  
15 September 2010

### MICROORGANISM EXCLUSION (Absolute)

This Policy does not insure any loss, damage, claim, cost, expense or other sum directly or indirectly arising out of or relating to:

mold, mildew, fungus, spores or other microorganism of any type, nature, or description, including but not limited to any substance whose presence poses an actual or potential threat to human health.

This Exclusion applies regardless whether there is (i) any physical loss or damage to insured property; (ii) any insured peril or cause, whether or not contributing concurrently or in any sequence; (iii) any loss of use, occupancy, or functionality; or (iv) any action required, including but not limited to repair, replacement, removal, cleanup, abatement, disposal, relocation, or steps taken to address medical or legal concerns.

This Exclusion replaces and supersedes any provision in the Policy that provides insurance, in whole or in part, for these matters.

LMA5018

14/09/2005

## ASBESTOS ENDORSEMENT

A. This Policy only insures asbestos physically incorporated in an insured building or structure, and then only that part of the asbestos which has been physically damaged during the period of insurance by one of these Listed Perils:

fire; explosion; lightning; windstorm; hail; direct impact of vehicle, aircraft or vessel; riot or civil commotion, vandalism or malicious mischief; or accidental discharge of fire protective equipment.

This coverage is subject to each of the following specific limitations:

1. The said building or structure must be insured under this Policy for damage by that Listed Peril.
  2. The Listed Peril must be the immediate, sole cause of the damage of the asbestos.
  3. The Assured must report to Underwriters the existence and cost of the damage as soon as practicable after the Listed Peril first damaged the asbestos. However, this Policy does not insure any such damage first reported to the Underwriters more than 12 (twelve) months after the expiration, or termination, of the period of insurance.
  4. Insurance under this Policy in respect of asbestos shall not include any sum relating to:
    - (i) any faults in the design, manufacture or installation of the asbestos;
    - (ii) asbestos not physically damaged by the Listed Peril including any governmental or regulatory authority direction or request of whatsoever nature relating to undamaged asbestos.
- B. Except as set forth in the foregoing Section A, this Policy does not insure asbestos or any sum relating thereto.

LMA5019

14/09/2005

TEBELE 000674

**1841**

## SERVICE OF SUIT CLAUSE (U.S.A.)

This Service of Suit Clause will not be read to conflict with or override the obligations of the parties to arbitrate their disputes as provided for in any Arbitration provision within this Policy. This Clause is intended as an aid to compelling arbitration or enforcing such arbitration or arbitral award, not as an alternative to such Arbitration provision for resolving disputes arising out of this contract of insurance (or reinsurance).

It is agreed that in the event of the failure of the Underwriters hereon to pay any amount claimed to be due hereunder, the Underwriters hereon, at the request of the Insured (or Reinsured), will submit to the jurisdiction of a Court of competent jurisdiction within the United States. Nothing in this Clause constitutes or should be understood to constitute a waiver of Underwriters' rights to commence an action in any Court of competent jurisdiction in the United States, to remove an action to a United States District Court, or to seek a transfer of a case to another Court as permitted by the laws of the United States or of any State in the United States.

It is further agreed that service of process in such suit may be made upon

Wilson, Elser, Moskowitz, Eldman and Dicker  
150 East 42nd Street  
New York, NY 10017

and that in any suit instituted against any one of them upon this contract, Underwriters will abide by the final decision of such Court or of any Appellate Court in the event of an appeal.

The above-named are authorized and directed to accept service of process on behalf of Underwriters in any such suit and/or upon the request of the Insured (or Reinsured) to give a written undertaking to the Insured (or Reinsured) that they will enter a general appearance upon Underwriters' behalf in the event such a suit shall be instituted.

Further, pursuant to any statute of any state, territory or district of the United States which makes provision therefor, Underwriters hereon hereby designate the Superintendent, Commissioner or Director of Insurance or other officer specified for that purpose in the statute, or his successor or successors in office, as their true and lawful attorney upon whom may be served any lawful process in any action, suit or proceeding instituted by or on behalf of the Insured (or Reinsured) or any beneficiary hereunder arising out of this contract of insurance (or reinsurance), and hereby designate the above-named as the person to whom the said officer is authorized to mail such process or a true copy thereof.

LMA5020

14/09/2005

TEBELE 000675

### Fraudulent Claim Clause

If the (re)insured shall make any claim knowing the same to be false or fraudulent, as regards amount or otherwise, this contract shall become void and all claim hereunder shall be forfeited.

LMA5062

4 September 2006

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY

FULLY EARNED PREMIUM – PROPERTY

THIS ENDORSEMENT MODIFIES INSURANCE PROVIDED UNDER THE FOLLOWING:

COMMERICAL PROPERTY COVERAGE PART

IN CASE OF TOTAL LOSS OR CONSTRUCTIVE TOTAL LOSS BY A COVERED CAUSE OF LOSS, THE ENTIRE POLICY PREMIUM SHALL BE FULLY EARNED AND NO RETURN PREMIUM SHALL BE DUE TO YOU.

ENDORSEMENT F

(08/05)

TEBELE 000677

**1844**

U.S. Terrorism Risk Insurance Act of 2002 as amended  
Not Purchased Clause

*This Clause is issued in accordance with the terms and conditions of the "U.S. Terrorism Risk Insurance Act of 2002" as amended as summarized in the disclosure notice.*

It is hereby noted that the Underwriters have made available coverage for "insured losses" directly resulting from an "act of terrorism" as defined in the "U.S. Terrorism Risk Insurance Act of 2002", as amended ("TRIA") and the Insured has declined or not confirmed to purchase this coverage.

This Insurance therefore affords no coverage for losses directly resulting from any "act of terrorism" as defined in TRIA except to the extent, if any, otherwise provided by this policy.

All other terms, conditions, insured coverage and exclusions of this Insurance including applicable limits and deductibles remain unchanged and apply in full force and effect to the coverage provided by this Insurance.

LMA5219

12 January 2015

## SEVERAL LIABILITY NOTICE

The subscribing insurers' obligations under contracts of insurance to which they subscribe are several and not joint and are limited solely to the extent of their individual subscriptions. The subscribing insurers are not responsible for the subscription of any co-subscribing insurer who for any reason does not satisfy all or part of its obligations.

08/94  
LSW1001 (Insurance)

## LLOYD'S PRIVACY POLICY STATEMENT

### UNDERWRITERS AT LLOYD'S, LONDON

The Certain Underwriters at Lloyd's, London want you to know how we protect the confidentiality of your non-public personal information. We want you to know how and why we use and disclose the information that we have about you. The following describes our policies and practices for securing the privacy of our current and former customers.

### INFORMATION WE COLLECT

The non-public personal information that we collect about you includes, but is not limited to:

- Information contained in applications or other forms that you submit to us, such as name, address, and social security number
- Information about your transactions with our affiliates or other third-parties, such as balances and payment history
- Information we receive from a consumer-reporting agency, such as credit-worthiness or credit history

### INFORMATION WE DISCLOSE

We disclose the information that we have when it is necessary to provide our products and services. We may also disclose information when the law requires or permits us to do so.

### CONFIDENTIALITY AND SECURITY

Only our employees and others who need the information to service your account have access to your personal information. We have measures in place to secure our paper files and computer systems.

### RIGHT TO ACCESS OR CORRECT YOUR PERSONAL INFORMATION

You have a right to request access to or correction of your personal information that is in our possession.

### CONTACTING US

If you have any questions about this privacy notice or would like to learn more about how we protect your privacy, please contact the agent or broker who handled this insurance. We can provide a more detailed statement of our privacy practices upon request.

06/03

LSW1135B

TEBELE 000680

**1847**

## WAR AND CIVIL WAR EXCLUSION CLAUSE

Notwithstanding anything to the contrary contained herein this Policy does not cover Loss or Damage directly or indirectly occasioned by, happening through or in consequence of war, invasion, acts of foreign enemies, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection, military or usurped power or confiscation or nationalisation or requisition or destruction of or damage to property by or under the order of any government or public or local authority.

NMA0464

01/01/1938

RADIOACTIVE CONTAMINATION EXCLUSION CLAUSE -  
PHYSICAL DAMAGE - DIRECT

This policy does not cover any loss or damage arising directly or indirectly from nuclear reaction nuclear radiation or radioactive contamination however such nuclear reaction nuclear radiation or radioactive contamination may have been caused \* NEVERTHELESS if Fire is an insured peril and a Fire arises directly or indirectly from nuclear reaction nuclear radiation or radioactive contamination any loss or damage arising directly from that Fire shall (subject to the provisions of this policy) be covered EXCLUDING however all loss or damage caused by nuclear reaction nuclear radiation or radioactive contamination arising directly or indirectly from that Fire.

\* NOTE. - If Fire is not an insured peril under this policy the words "NEVERTHELESS" to the end of the clause do not apply and should be disregarded.

NMA1191

07/05/1959

## CANCELLATION CLAUSE

NOTWITHSTANDING anything contained in this Insurance to the contrary this Insurance may be cancelled by the Assured at any time by written notice or by surrendering of this contract of insurance. This Insurance may also be cancelled by or on behalf of the Underwriters by delivering to the Assured or by mailing to the Assured, by registered, certified or other first class mail, at the Assured's address as shown in this Insurance, written notice stating when, not less than 10 days for non-payment or not less than 30 days thereafter, the cancellation shall be effective. The mailing of notice as aforesaid shall be sufficient proof of notice and this Insurance shall terminate at the date and hour specified in such notice.

If this Insurance shall be cancelled by the Assured the Underwriters shall retain the customary short rate proportion of the premium hereon, except that if this Insurance is on an adjustable basis the Underwriters shall receive the earned premium hereon or the customary short rate proportion of any minimum premium stipulated herein whichever is the greater.

If this Insurance shall be cancelled by or on behalf of the Underwriters the Underwriters shall retain the pro rata proportion of the premium hereon, except that if this Insurance is on an adjustable basis the Underwriters shall receive the earned premium hereon or the pro rata proportion of any minimum premium stipulated herein whichever is the greater.

Payment or tender of any unearned premium by the Underwriters shall not be a condition precedent to the effectiveness of Cancellation but such payment shall be made as soon as practicable.

If the period of limitation relating to the giving of notice is prohibited or made void by any law controlling the construction thereof, such period shall be deemed to be amended so as to be equal to the minimum period of limitation permitted by such law.

NMA 1331

20/04/1961

## SEEPAGE & POLLUTION, LAND, AIR WATER EXCLUSION & DEBRIS REMOVAL ENDORSEMENT

### LAND, WATER AND AIR EXCLUSION

Notwithstanding any provision to the contrary within the Policy of which this Endorsement forms part (or within any other Endorsement which forms part of this Policy), this Policy does not insure land (including but not limited to land on which the insured property is located), water or air, howsoever and wherever occurring, or any interest or right therein.

### SEEPAGE AND/OR POLLUTION AND/OR CONTAMINATION EXCLUSION

Notwithstanding any provision to the contrary within the Policy of which this Endorsement forms part (or within any other Endorsement which forms part of this Policy), this Policy does not insure:

- (a) any loss, damage, cost or expense, or
- (b) any increase in insured loss, damage, cost or expense, or
- (c) any loss, damage, cost, expense, fine or penalty, which is incurred, sustained or imposed by order, direction, instruction or request of, or by any agreement with, any court, government agency or any public, civil or military authority, or threat thereof, (and whether or not as a result of public or private litigation),

which arises from any kind of seepage or any kind of pollution and/or contamination, or threat thereof, whether or not caused by or resulting from a peril insured, or from steps or measures taken in connection with the avoidance, prevention, abatement, mitigation, remediation, clean-up or removal of such seepage or pollution and/or contamination or threat thereof.

The term "any kind of seepage or any kind of pollution and/or contamination" as used in this Endorsement includes (but is not limited to):

- (a) seepage of, or pollution and/or contamination by, anything, including but not limited to, any material designated as a "hazardous substance" by the United States Environmental Protection Agency or as a "hazardous material" by the United States Department of Transportation, or defined as a "toxic substance" by the Canadian Environmental Protection Act for the purposes of Part II of that Act, or any substance designated or defined as toxic, dangerous, hazardous or deleterious to persons or the environment under any other Federal, State, Provincial, Municipal or other law, ordinance or regulation; and
- (b) the presence, existence, or release of anything which endangers or threatens to endanger the health, safety or welfare of persons or the environment.

### DEBRIS REMOVAL ENDORSEMENT

THIS ENDORSEMENT CONTAINS PROVISIONS WHICH MAY LIMIT OR PREVENT RECOVERY UNDER THIS POLICY FOR LOSS WHERE COSTS OR EXPENSES FOR DEBRIS REMOVAL ARE INCURRED.

Nothing contained in this Endorsement shall override any Seepage and/or Pollution and/or Contamination Exclusion or any Radioactive Contamination Exclusion or any other Exclusion applicable to this Policy.

Any provision within this Policy (or within any other Endorsement which forms part of this Policy) which insures debris removal is cancelled and replaced by the following:

1. In the event of direct physical damage to or destruction of property, for which Underwriters hereon agree to pay, or which but for the application of a deductible or underlying amount they

would agree to pay (hereinafter referred to as "Damage or Destruction"), this Policy also insures, within the Sum Insured, subject to the limitations and method of calculation below, and to all the other terms and conditions of the Policy, costs or expenses;

- (a) which are reasonably and necessarily incurred by the Assured in the removal, from the premises of the Assured at which the Damage or Destruction occurred, of debris which results from the Damage or Destruction; and
  - (b) of which the Assured becomes aware and advises the amount thereof to Underwriters hereon within one year of the commencement of such Damage or Destruction.
2. In calculating the amount, if any, payable under this Policy for loss where costs or expenses for removal of debris are incurred by the Assured (subject to the limitations in paragraph 1 above):
- (a) the maximum amount of such costs or expenses that can be included in the method of calculation set out in (b) below shall be the greater of US\$25,000 (twenty-five thousand dollars) or 10% (ten percent) of the amount of the Damage or Destruction from which such costs or expenses result; and
  - (b) the amount of such costs or expenses as limited in (a) above shall be added to:
    - (i) the amount of the Damage or Destruction; and
    - (ii) all other amounts of loss, which arise as a result of the same occurrence, and for which Underwriters hereon also agree to pay, or which but for the application of a deductible or underlying amount they would agree to pay; and

the resulting sum shall be the amount to which any deductible or underlying amount to which this Policy is subject and the limit (or applicable sub-limit) of this Policy, shall be applied.

NMA2340

24/11/1988

TEBELE 000685

## ELECTRONIC DATA ENDORSEMENT B

### 1. Electronic Data Exclusion

Notwithstanding any provision to the contrary within the Policy or any endorsement thereto, it is understood and agreed as follows:-

- a) This Policy does not insure loss, damage, destruction, distortion, erasure, corruption or alteration of ELECTRONIC DATA from any cause whatsoever (including but not limited to COMPUTER VIRUS) or loss of use, reduction in functionality, cost, expense of whatsoever nature resulting therefrom, regardless of any other cause or event contributing concurrently or in any other sequence to the loss.

ELECTRONIC DATA means facts, concepts and information converted to a form useable for communications, interpretation or processing by electronic and electromechanical data processing or electronically controlled equipment and includes programmes, software and other coded instructions for the processing and manipulation of data or the direction and manipulation of such equipment.

COMPUTER VIRUS means a set of corrupting, harmful or otherwise unauthorised instructions or code including a set of maliciously introduced unauthorised instructions or code, programmatic or otherwise, that propagate themselves through a computer system or network of whatsoever nature. COMPUTER VIRUS includes but is not limited to 'Trojan Horses', 'worms' and 'time or logic bombs'.

- b) However, in the event that a peril listed below results from any of the matters described in paragraph a) above, this Policy, subject to all its terms, conditions and exclusions, will cover physical damage occurring during the Policy period to property insured by this Policy directly caused by such listed peril.

Listed Perils

Fire  
Explosion

### 2. Electronic Data Processing Media Valuation

Notwithstanding any provision to the contrary within the Policy or any endorsement thereto, it is understood and agreed as follows:-

Should electronic data processing media insured by this Policy suffer physical loss or damage insured by this Policy, then the basis of valuation shall be the cost of the blank media plus the costs of copying the ELECTRONIC DATA from back-up or from originals of a previous generation. These costs will not include research and engineering nor any costs of recreating, gathering or assembling such ELECTRONIC DATA. If the media is not repaired, replaced or restored the basis of valuation shall be the cost of the blank media. However this Policy does not insure any amount pertaining to the value of such ELECTRONIC DATA to the Assured or any other party, even if such ELECTRONIC DATA cannot be recreated, gathered or assembled.

NMA 2915

25/01/2001

TEBELE 000686

### TERRORISM EXCLUSION ENDORSEMENT

Notwithstanding any provision to the contrary within this insurance or any endorsement thereto it is agreed that this insurance excludes loss, damage, cost or expense of whatsoever nature directly or indirectly caused by, resulting from or in connection with any act of terrorism regardless of any other cause or event contributing concurrently or in any other sequence to the loss.

For the purpose of this endorsement an act of terrorism means an act, including but not limited to the use of force or violence and/or the threat thereof, of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organisation(s) or government(s), committed for political, religious, ideological or similar purposes including the intention to influence any government and/or to put the public, or any section of the public, in fear.

This endorsement also excludes loss, damage, cost or expense of whatsoever nature directly or indirectly caused by, resulting from or in connection with any action taken in controlling, preventing, suppressing or in any way relating to any act of terrorism.

If the Underwriters allege that by reason of this exclusion, any loss, damage, cost or expense is not covered by this insurance the burden of proving the contrary shall be upon the Assured.

In the event any portion of this endorsement is found to be invalid or unenforceable, the remainder shall remain in full force and effect.

NMA2920

08/10/2001

### Biological or Chemical Materials Exclusion

It is agreed that this Insurance excludes loss, damage, cost or expense of whatsoever nature directly or indirectly caused by, resulting from or in connection with the actual or threatened malicious use of pathogenic or poisonous biological or chemical materials regardless of any other cause or event contributing concurrently or in any other sequence thereto.

NMA2962

06/02/2003

APPLICABLE LAW (U.S.A.)

This Insurance shall be subject to the applicable state law to be determined by the court of competent jurisdiction as determined by the provisions of the Service of Suit Clause (U.S.A.)

LMA5021

14/09/2005

### ELECTRONIC DATE RECOGNITION EXCLUSION (EDRE)

This policy does not cover any loss, damage, cost, claim or expense, whether preventative, remedial or otherwise, directly or indirectly arising out of or relating to:

- a) the calculation, comparison, differentiation, sequencing or processing of data involving the date change to the year 2000, or any other date change, including leap year calculations, by any computer system, hardware, programme or software and/or any microchip, integrated circuit or similar device in computer equipment or non-computer equipment, whether the property of the insured or not; or
- b) any change, alteration, or modification involving the date change to the year 2000, or any other date change, including leap year calculations, to any such computer system, hardware, programme or software and/or any microchip, integrated circuit or similar device in computer equipment or non-computer equipment, whether the property of the insured or not.

This clause applies regardless of any other cause or event that contributes concurrently or in any sequence to the loss, damage, cost, claim or expense.

EDRE

NMA2802

17/12/1997

## ELECTRONIC DATE RECOGNITION EXCLUSION (LISTED PERILS)

1. This Policy does not cover any loss, damage, cost, claim or expense, whether preventative, remedial or otherwise, directly or indirectly arising out of or relating to:
  - (a) the calculation, comparison, differentiation, sequencing or processing of data involving the date change to the year 2000, or any other date change, including leap year calculations, by any computer system, hardware, programme or software and/or any microchip, integrated circuit or similar device in computer equipment or non-computer equipment, whether the property of the insured or not; or
  - (b) any change, alteration, or modification involving the date change to the year 2000, or any other date change, including leap year calculations, to any such computer system, hardware, programme or software and/or any microchip, integrated circuit or similar device in computer equipment or non-computer equipment, whether the property of the insured or not.

This clause applies regardless of any other cause or event that contributes concurrently or in any sequence to the loss, damage, cost, claim or expense.

2. However, in the event that a peril listed below results from 1.(a) or 1.(b) above, this Policy, subject to all its other terms, conditions and exclusions, will cover physical damage occurring during the policy period to property insured by this Policy directly caused by such listed peril.

### Listed Perils

Fire  
Explosion

3. Notwithstanding Section 2 above, this Policy does not cover any costs and expenses, whether preventative, remedial or otherwise, arising out of or relating to change, alteration or modification of any computer system, hardware, programme or software and/or any microchip, integrated circuit or similar device in computer equipment or non-computer equipment, whether the property of the insured or not.

16/7/98  
NMA2808

#### MINIMUM EARNED PREMIUM CLAUSE

In the event of cancellation of this Policy by the Assured, a minimum earned premium of 25% as of inception shall become earned; any conditions of the Policy to the contrary notwithstanding.

In the event of cancellation by the Underwriters for non-payment by the Assured, the minimum premium shall be due and payable; provided however, such non-payment cancellation shall be rescinded if the Assured remits the full premium within 10 days of receiving notice of it.

In the event of any other cancellation by the Underwriters, the earned premium shall be computed pro rata, not subject to the minimum premium.

AIF 2336 (01/98)

02/98

LSW699

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **PARAMOUNT WATER EXCLUSION ENDORSEMENT**

The following exclusion is paramount and replaces any other Water Exclusion in this Policy.

We do not insure for loss caused directly or indirectly by **Water**. **Water** for the purposes of this endorsement is defined as the following:

1. Flood, surface water, waves (including tidal wave and tsunami), tides, tidal water, overflow of any body of water, or spray from any of these, all whether or not driven by wind (including storm surge);
2. Mudslide or mudflow;
3. Water that backs up or overflows or is otherwise discharged from a sewer, drains, sump, sump pump or related equipment;
4. Water under the ground surface pressing on, or flowing or seeping through:
  - a. Foundations, walls, floors or paved surfaces;
  - b. Basements, whether paved or not; or
  - c. Doors, windows or other openings; or
5. Waterborne material carried or otherwise moved by any of the water referred to in Paragraph 1., 3. or 4., or material carried or otherwise moved by mudslide or mudflow.

This exclusion applies regardless of whether any of the above, in Paragraphs 1. through 5., is caused by an act of nature or is otherwise caused. An example of a situation to which this exclusion applies is the situation where a dam, levee, seawall or other boundary or containment system fails in whole or in part, for any reason, to contain the water.

But if any of the above, in Paragraphs 1. through 5., results in fire, explosion or sprinkler leakage, we will pay for the loss or damage caused by that fire, explosion or sprinkler leakage (if sprinkler leakage is a Covered Cause of Loss).

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AFB H2O

TEBELE 000693

**1860**

## BUILDING AND PERSONAL PROPERTY COVERAGE FORM

Various provisions in this policy restrict coverage. Read the entire policy carefully to determine rights, duties and what is and is not covered.

Throughout this policy, the words "you" and "your" refer to the Named Insured shown in the Declarations. The words "we", "us" and "our" refer to the company providing this insurance.

Other words and phrases that appear in quotation marks have special meaning. Refer to Section H. Definitions.

### A. Coverage

We will pay for direct physical loss of or damage to Covered Property at the premises described in the Declarations caused by or resulting from any Covered Cause of Loss.

#### 1. Covered Property

Covered Property, as used in this Coverage Part, means the type of property described in this section, **A.1.**, and limited in **A.2.** Property Not Covered, if a Limit Of Insurance is shown in the Declarations for that type of property.

**a. Building**, meaning the building or structure described in the Declarations, including:

- (1) Completed additions;
- (2) Fixtures, including outdoor fixtures;
- (3) Permanently installed:
  - (a) Machinery; and
  - (b) Equipment;
- (4) Personal property owned by you that is used to maintain or service the building or structure or its premises, including:
  - (a) Fire-extinguishing equipment;
  - (b) Outdoor furniture;
  - (c) Floor coverings; and
  - (d) Appliances used for refrigerating, ventilating, cooking, dishwashing or laundering;
- (5) If not covered by other insurance:
  - (a) Additions under construction, alterations and repairs to the building or structure;
  - (b) Materials, equipment, supplies and temporary structures, on or within 100 feet of the described premises, used for making additions, alterations or repairs to the building or structure.

#### b. Your Business Personal Property

consists of the following property located in or on the building or structure described in the Declarations or in the open (or in a vehicle) within 100 feet of the building or structure or within 100 feet of the premises described in the Declarations, whichever distance is greater:

- (1) Furniture and fixtures;
- (2) Machinery and equipment;
- (3) "Stock";
- (4) All other personal property owned by you and used in your business;
- (5) Labor, materials or services furnished or arranged by you on personal property of others;
- (6) Your use interest as tenant in improvements and betterments. Improvements and betterments are fixtures, alterations, installations or additions:
  - (a) Made a part of the building or structure you occupy but do not own; and
  - (b) You acquired or made at your expense but cannot legally remove;
- (7) Leased personal property for which you have a contractual responsibility to insure, unless otherwise provided for under Personal Property Of Others.

#### c. Personal Property Of Others that is:

- (1) In your care, custody or control; and
- (2) Located in or on the building or structure described in the Declarations or in the open (or in a vehicle) within 100 feet of the building or structure or within 100 feet of the premises described in the Declarations, whichever distance is greater.

However, our payment for loss of or damage to personal property of others will only be for the account of the owner of the property.

## 2. Property Not Covered

Covered Property does not include:

- a. Accounts, bills, currency, food stamps or other evidences of debt, money, notes or securities. Lottery tickets held for sale are not securities;
  - b. Animals, unless owned by others and boarded by you, or if owned by you, only as "stock" while inside of buildings;
  - c. Automobiles held for sale;
  - d. Bridges, roadways, walks, patios or other paved surfaces;
  - e. Contraband, or property in the course of illegal transportation or trade;
  - f. The cost of excavations, grading, backfilling or filling;
  - g. Foundations of buildings, structures, machinery or boilers if their foundations are below:
    - (1) The lowest basement floor; or
    - (2) The surface of the ground, if there is no basement;
  - h. Land (including land on which the property is located), water, growing crops or lawns (other than lawns which are part of a vegetated roof);
  - i. Personal property while airborne or waterborne;
  - j. Bulkheads, pilings, piers, wharves or docks;
  - k. Property that is covered under another coverage form of this or any other policy in which it is more specifically described, except for the excess of the amount due (whether you can collect on it or not) from that other insurance;
  - l. Retaining walls that are not part of a building;
  - m. Underground pipes, flues or drains;
  - n. Electronic data, except as provided under the Additional Coverage, Electronic Data. Electronic data means information, facts or computer programs stored as or on, created or used on, or transmitted to or from computer software (including systems and applications software), on hard or floppy disks, CD-ROMs, tapes, drives, cells, data processing devices or any other repositories of computer software which are used with electronically controlled equipment. The term computer programs, referred to in the foregoing description of electronic data, means a set of related electronic instructions which direct the operations and functions of a computer or device connected to it, which enable the computer or device to receive, process, store, retrieve or send data. This paragraph, n., does not apply to your "stock" of prepackaged software, or to electronic data which is integrated in and operates or controls the building's elevator, lighting, heating, ventilation, air conditioning or security system;
  - o. The cost to replace or restore the information on valuable papers and records, including those which exist as electronic data. Valuable papers and records include but are not limited to proprietary information, books of account, deeds, manuscripts, abstracts, drawings and card index systems. Refer to the Coverage Extension for Valuable Papers And Records (Other Than Electronic Data) for limited coverage for valuable papers and records other than those which exist as electronic data;
  - p. Vehicles or self-propelled machines (including aircraft or watercraft) that:
    - (1) Are licensed for use on public roads; or
    - (2) Are operated principally away from the described premises.
- This paragraph does not apply to:
- (a) Vehicles or self-propelled machines or autos you manufacture, process or warehouse;

- (b) Vehicles or self-propelled machines, other than autos, you hold for sale;
  - (c) Rowboats or canoes out of water at the described premises; or
  - (d) Trailers, but only to the extent provided for in the Coverage Extension for Non-owned Detached Trailers; or
- q. The following property while outside of buildings:
- (1) Grain, hay, straw or other crops;
  - (2) Fences, radio or television antennas (including satellite dishes) and their lead-in wiring, masts or towers, trees, shrubs or plants (other than trees, shrubs or plants which are "stock" or are part of a vegetated roof), all except as provided in the Coverage Extensions.

### 3. Covered Causes Of Loss

See applicable Causes Of Loss form as shown in the Declarations.

### 4. Additional Coverages

#### a. Debris Removal

- (1) Subject to Paragraphs (2), (3) and (4), we will pay your expense to remove debris of Covered Property and other debris that is on the described premises, when such debris is caused by or results from a Covered Cause of Loss that occurs during the policy period. The expenses will be paid only if they are reported to us in writing within 180 days of the date of direct physical loss or damage.
- (2) Debris Removal does not apply to costs to:
  - (a) Remove debris of property of yours that is not insured under this policy, or property in your possession that is not Covered Property;
  - (b) Remove debris of property owned by or leased to the landlord of the building where your described premises are located, unless you have a contractual responsibility to insure such property and it is insured under this policy;
  - (c) Remove any property that is Property Not Covered, including property addressed under the Outdoor Property Coverage Extension;

- (d) Remove property of others of a type that would not be Covered Property under this Coverage Form;
  - (e) Remove deposits of mud or earth from the grounds of the described premises;
  - (f) Extract "pollutants" from land or water; or
  - (g) Remove, restore or replace polluted land or water.
- (3) Subject to the exceptions in Paragraph (4), the following provisions apply:
- (a) The most we will pay for the total of direct physical loss or damage plus debris removal expense is the Limit of Insurance applicable to the Covered Property that has sustained loss or damage.
  - (b) Subject to (a) above, the amount we will pay for debris removal expense is limited to 25% of the sum of the deductible plus the amount that we pay for direct physical loss or damage to the Covered Property that has sustained loss or damage. However, if no Covered Property has sustained direct physical loss or damage, the most we will pay for removal of debris of other property (if such removal is covered under this Additional Coverage) is \$5,000 at each location.
- (4) We will pay up to an additional \$25,000 for debris removal expense, for each location, in any one occurrence of physical loss or damage to Covered Property, if one or both of the following circumstances apply:
- (a) The total of the actual debris removal expense plus the amount we pay for direct physical loss or damage exceeds the Limit of Insurance on the Covered Property that has sustained loss or damage.
  - (b) The actual debris removal expense exceeds 25% of the sum of the deductible plus the amount that we pay for direct physical loss or damage to the Covered Property that has sustained loss or damage.

Therefore, if (4)(a) and/or (4)(b) applies, our total payment for direct physical loss or damage and debris removal expense may reach but will never exceed the Limit of Insurance on the Covered Property that has sustained loss or damage, plus \$25,000.

**(5) Examples**

The following examples assume that there is no Coinsurance penalty.

**Example 1**

Limit of Insurance:	\$ 90,000
Amount of Deductible:	\$ 500
Amount of Loss:	\$ 50,000
Amount of Loss Payable:	\$ 49,500
	(\$50,000 – \$500)
Debris Removal Expense:	\$ 10,000
Debris Removal Expense Payable:	\$ 10,000
	(\$10,000 is 20% of \$50,000.)

The debris removal expense is less than 25% of the sum of the loss payable plus the deductible. The sum of the loss payable and the debris removal expense (\$49,500 + \$10,000 = \$59,500) is less than the Limit of Insurance. Therefore, the full amount of debris removal expense is payable in accordance with the terms of Paragraph (3).

**Example 2**

Limit of Insurance:	\$ 90,000
Amount of Deductible:	\$ 500
Amount of Loss:	\$ 80,000
Amount of Loss Payable:	\$ 79,500
	(\$80,000 – \$500)
Debris Removal Expense:	\$ 40,000
Debris Removal Expense Payable	
Basic Amount:	\$ 10,500
Additional Amount:	\$ 25,000

The basic amount payable for debris removal expense under the terms of Paragraph (3) is calculated as follows: \$80,000 (\$79,500 + \$500) x .25 = \$20,000, capped at \$10,500. The cap applies because the sum of the loss payable (\$79,500) and the basic amount payable for debris removal expense (\$10,500) cannot exceed the Limit of Insurance (\$90,000).

The additional amount payable for debris removal expense is provided in accordance with the terms of Paragraph (4), because the debris removal expense (\$40,000) exceeds 25% of the loss payable plus the deductible (\$40,000 is 50% of \$80,000), and because the sum of the loss payable and debris removal expense (\$79,500 + \$40,000 = \$119,500) would exceed the Limit of Insurance (\$90,000). The additional amount of covered debris removal expense is \$25,000, the maximum payable under Paragraph (4). Thus, the total payable for debris removal expense in this example is \$35,500; \$4,500 of the debris removal expense is not covered.

**b. Preservation Of Property**

If it is necessary to move Covered Property from the described premises to preserve it from loss or damage by a Covered Cause of Loss, we will pay for any direct physical loss or damage to that property:

- (1) While it is being moved or while temporarily stored at another location; and
- (2) Only if the loss or damage occurs within 30 days after the property is first moved.

**c. Fire Department Service Charge**

When the fire department is called to save or protect Covered Property from a Covered Cause of Loss, we will pay up to \$1,000 for service at each premises described in the Declarations, unless a higher limit is shown in the Declarations. Such limit is the most we will pay regardless of the number of responding fire departments or fire units, and regardless of the number or type of services performed.

This Additional Coverage applies to your liability for fire department service charges:

- (1) Assumed by contract or agreement prior to loss; or
- (2) Required by local ordinance.

No Deductible applies to this Additional Coverage.

**d. Pollutant Clean-up And Removal**

We will pay your expense to extract "pollutants" from land or water at the described premises if the discharge, dispersal, seepage, migration, release or escape of the "pollutants" is caused by or results from a Covered Cause of Loss that occurs during the policy period. The expenses will be paid only if they are reported to us in writing within 180 days of the date on which the Covered Cause of Loss occurs.

This Additional Coverage does not apply to costs to test for, monitor or assess the existence, concentration or effects of "pollutants". But we will pay for testing which is performed in the course of extracting the "pollutants" from the land or water.

The most we will pay under this Additional Coverage for each described premises is \$10,000 for the sum of all covered expenses arising out of Covered Causes of Loss occurring during each separate 12-month period of this policy.

**e. Increased Cost Of Construction**

- (1) This Additional Coverage applies only to buildings to which the Replacement Cost Optional Coverage applies.
- (2) In the event of damage by a Covered Cause of Loss to a building that is Covered Property, we will pay the increased costs incurred to comply with the minimum standards of an ordinance or law in the course of repair, rebuilding or replacement of damaged parts of that property, subject to the limitations stated in e.(3) through e.(9) of this Additional Coverage.
- (3) The ordinance or law referred to in e.(2) of this Additional Coverage is an ordinance or law that regulates the construction or repair of buildings or establishes zoning or land use requirements at the described premises and is in force at the time of loss.
- (4) Under this Additional Coverage, we will not pay any costs due to an ordinance or law that:
  - (a) You were required to comply with before the loss, even when the building was undamaged; and
  - (b) You failed to comply with.

(5) Under this Additional Coverage, we will not pay for:

- (a) The enforcement of or compliance with any ordinance or law which requires demolition, repair, replacement, reconstruction, remodeling or remediation of property due to contamination by "pollutants" or due to the presence, growth, proliferation, spread or any activity of "fungus", wet or dry rot or bacteria; or
- (b) Any costs associated with the enforcement of or compliance with an ordinance or law which requires any insured or others to test for, monitor, clean up, remove, contain, treat, detoxify or neutralize, or in any way respond to, or assess the effects of "pollutants", "fungus", wet or dry rot or bacteria.

(6) The most we will pay under this Additional Coverage, for each described building insured under this Coverage Form, is \$10,000 or 5% of the Limit of Insurance applicable to that building, whichever is less. If a damaged building is covered under a blanket Limit of Insurance which applies to more than one building or item of property, then the most we will pay under this Additional Coverage, for that damaged building, is the lesser of \$10,000 or 5% times the value of the damaged building as of the time of loss times the applicable Coinsurance percentage.

The amount payable under this Additional Coverage is additional insurance.

(7) With respect to this Additional Coverage:

- (a) We will not pay for the Increased Cost of Construction:
  - (i) Until the property is actually repaired or replaced at the same or another premises; and
  - (ii) Unless the repair or replacement is made as soon as reasonably possible after the loss or damage, not to exceed two years. We may extend this period in writing during the two years.

- (b) If the building is repaired or replaced at the same premises, or if you elect to rebuild at another premises, the most we will pay for the Increased Cost of Construction, subject to the provisions of e.(6) of this Additional Coverage, is the increased cost of construction at the same premises.
- (c) If the ordinance or law requires relocation to another premises, the most we will pay for the Increased Cost of Construction, subject to the provisions of e.(6) of this Additional Coverage, is the increased cost of construction at the new premises.
- (8) This Additional Coverage is not subject to the terms of the Ordinance Or Law Exclusion to the extent that such Exclusion would conflict with the provisions of this Additional Coverage.
- (9) The costs addressed in the Loss Payment and Valuation Conditions and the Replacement Cost Optional Coverage, in this Coverage Form, do not include the increased cost attributable to enforcement of or compliance with an ordinance or law. The amount payable under this Additional Coverage, as stated in e.(6) of this Additional Coverage, is not subject to such limitation.

**f. Electronic Data**

- (1) Under this Additional Coverage, electronic data has the meaning described under Property Not Covered, Electronic Data. This Additional Coverage does not apply to your "stock" of prepackaged software, or to electronic data which is integrated in and operates or controls the building's elevator, lighting, heating, ventilation, air conditioning or security system.
- (2) Subject to the provisions of this Additional Coverage, we will pay for the cost to replace or restore electronic data which has been destroyed or corrupted by a Covered Cause of Loss. To the extent that electronic data is not replaced or restored, the loss will be valued at the cost of replacement of the media on which the electronic data was stored, with blank media of substantially identical type.

- (3) The Covered Causes of Loss applicable to Your Business Personal Property apply to this Additional Coverage, Electronic Data, subject to the following:
  - (a) If the Causes Of Loss – Special Form applies, coverage under this Additional Coverage, Electronic Data, is limited to the "specified causes of loss" as defined in that form and Collapse as set forth in that form.
  - (b) If the Causes Of Loss – Broad Form applies, coverage under this Additional Coverage, Electronic Data, includes Collapse as set forth in that form.
  - (c) If the Causes Of Loss form is endorsed to add a Covered Cause of Loss, the additional Covered Cause of Loss does not apply to the coverage provided under this Additional Coverage, Electronic Data.
  - (d) The Covered Causes of Loss include a virus, harmful code or similar instruction introduced into or enacted on a computer system (including electronic data) or a network to which it is connected, designed to damage or destroy any part of the system or disrupt its normal operation. But there is no coverage for loss or damage caused by or resulting from manipulation of a computer system (including electronic data) by any employee, including a temporary or leased employee, or by an entity retained by you or for you to inspect, design, install, modify, maintain, repair or replace that system.

- (4) The most we will pay under this Additional Coverage, Electronic Data, is \$2,500 (unless a higher limit is shown in the Declarations) for all loss or damage sustained in any one policy year, regardless of the number of occurrences of loss or damage or the number of premises, locations or computer systems involved. If loss payment on the first occurrence does not exhaust this amount, then the balance is available for subsequent loss or damage sustained in but not after that policy year. With respect to an occurrence which begins in one policy year and continues or results in additional loss or damage in a subsequent policy year(s), all loss or damage is deemed to be sustained in the policy year in which the occurrence began.

## 5. Coverage Extensions

Except as otherwise provided, the following Extensions apply to property located in or on the building described in the Declarations or in the open (or in a vehicle) within 100 feet of the described premises.

If a Coinsurance percentage of 80% or more, or a Value Reporting period symbol, is shown in the Declarations, you may extend the insurance provided by this Coverage Part as follows:

### a. Newly Acquired Or Constructed Property

#### (1) Buildings

If this policy covers Building, you may extend that insurance to apply to:

- (a) Your new buildings while being built on the described premises; and
- (b) Buildings you acquire at locations, other than the described premises, intended for:
  - (i) Similar use as the building described in the Declarations; or
  - (ii) Use as a warehouse.

The most we will pay for loss or damage under this Extension is \$250,000 at each building.

## (2) Your Business Personal Property

- (a) If this policy covers Your Business Personal Property, you may extend that insurance to apply to:
  - (i) Business personal property, including such property that you newly acquire, at any location you acquire other than at fairs, trade shows or exhibitions; or
  - (ii) Business personal property, including such property that you newly acquire, located at your newly constructed or acquired buildings at the location described in the Declarations.

The most we will pay for loss or damage under this Extension is \$100,000 at each building.

- (b) This Extension does not apply to:

- (i) Personal property of others that is temporarily in your possession in the course of installing or performing work on such property; or
- (ii) Personal property of others that is temporarily in your possession in the course of your manufacturing or wholesaling activities.

## (3) Period Of Coverage

With respect to insurance provided under this Coverage Extension for Newly Acquired Or Constructed Property, coverage will end when any of the following first occurs:

- (a) This policy expires;
- (b) 30 days expire after you acquire the property or begin construction of that part of the building that would qualify as covered property; or
- (c) You report values to us.

We will charge you additional premium for values reported from the date you acquire the property or begin construction of that part of the building that would qualify as covered property.

**b. Personal Effects And Property Of Others**

You may extend the insurance that applies to Your Business Personal Property to apply to:

- (1) Personal effects owned by you, your officers, your partners or members, your managers or your employees. This Extension does not apply to loss or damage by theft.
- (2) Personal property of others in your care, custody or control.

The most we will pay for loss or damage under this Extension is \$2,500 at each described premises. Our payment for loss of or damage to personal property of others will only be for the account of the owner of the property.

**c. Valuable Papers And Records (Other Than Electronic Data)**

- (1) You may extend the insurance that applies to Your Business Personal Property to apply to the cost to replace or restore the lost information on valuable papers and records for which duplicates do not exist. But this Extension does not apply to valuable papers and records which exist as electronic data. Electronic data has the meaning described under Property Not Covered, Electronic Data.
- (2) If the Causes Of Loss – Special Form applies, coverage under this Extension is limited to the "specified causes of loss" as defined in that form and Collapse as set forth in that form.
- (3) If the Causes Of Loss – Broad Form applies, coverage under this Extension includes Collapse as set forth in that form.
- (4) Under this Extension, the most we will pay to replace or restore the lost information is \$2,500 at each described premises, unless a higher limit is shown in the Declarations. Such amount is additional insurance. We will also pay for the cost of blank material for reproducing the records (whether or not duplicates exist) and (when there is a duplicate) for the cost of labor to transcribe or copy the records. The costs of blank material and labor are subject to the applicable Limit of Insurance on Your Business Personal Property and, therefore, coverage of such costs is not additional insurance.

**d. Property Off-premises**

- (1) You may extend the insurance provided by this Coverage Form to apply to your Covered Property while it is away from the described premises, if it is:
  - (a) Temporarily at a location you do not own, lease or operate;
  - (b) In storage at a location you lease, provided the lease was executed after the beginning of the current policy term; or
  - (c) At any fair, trade show or exhibition.
- (2) This Extension does not apply to property:
  - (a) In or on a vehicle; or
  - (b) In the care, custody or control of your salespersons, unless the property is in such care, custody or control at a fair, trade show or exhibition.
- (3) The most we will pay for loss or damage under this Extension is \$10,000.

**e. Outdoor Property**

You may extend the insurance provided by this Coverage Form to apply to your outdoor fences, radio and television antennas (including satellite dishes), trees, shrubs and plants (other than trees, shrubs or plants which are "stock" or are part of a vegetated roof), including debris removal expense, caused by or resulting from any of the following causes of loss if they are Covered Causes of Loss:

- (1) Fire;
- (2) Lightning;
- (3) Explosion;
- (4) Riot or Civil Commotion; or
- (5) Aircraft.

The most we will pay for loss or damage under this Extension is \$1,000, but not more than \$250 for any one tree, shrub or plant. These limits apply to any one occurrence, regardless of the types or number of items lost or damaged in that occurrence.

Subject to all aforementioned terms and limitations of coverage, this Coverage Extension includes the expense of removing from the described premises the debris of trees, shrubs and plants which are the property of others, except in the situation in which you are a tenant and such property is owned by the landlord of the described premises.

**f. Non-owned Detached Trailers**

- (1) You may extend the insurance that applies to Your Business Personal Property to apply to loss or damage to trailers that you do not own, provided that:
  - (a) The trailer is used in your business;
  - (b) The trailer is in your care, custody or control at the premises described in the Declarations; and
  - (c) You have a contractual responsibility to pay for loss or damage to the trailer.
- (2) We will not pay for any loss or damage that occurs:
  - (a) While the trailer is attached to any motor vehicle or motorized conveyance, whether or not the motor vehicle or motorized conveyance is in motion;
  - (b) During hitching or unhitching operations, or when a trailer becomes accidentally unhitched from a motor vehicle or motorized conveyance.
- (3) The most we will pay for loss or damage under this Extension is \$5,000, unless a higher limit is shown in the Declarations.
- (4) This insurance is excess over the amount due (whether you can collect on it or not) from any other insurance covering such property.

**g. Business Personal Property Temporarily In Portable Storage Units**

- (1) You may extend the insurance that applies to Your Business Personal Property to apply to such property while temporarily stored in a portable storage unit (including a detached trailer) located within 100 feet of the building or structure described in the Declarations or within 100 feet of the premises described in the Declarations, whichever distance is greater.

- (2) If the applicable Covered Causes of Loss form or endorsement contains a limitation or exclusion concerning loss or damage from sand, dust, sleet, snow, ice or rain to property in a structure, such limitation or exclusion also applies to property in a portable storage unit.
- (3) Coverage under this Extension:
  - (a) Will end 90 days after the business personal property has been placed in the storage unit;
  - (b) Does not apply if the storage unit itself has been in use at the described premises for more than 90 consecutive days, even if the business personal property has been stored there for 90 or fewer days as of the time of loss or damage.
- (4) Under this Extension, the most we will pay for the total of all loss or damage to business personal property is \$10,000 (unless a higher limit is indicated in the Declarations for such Extension) regardless of the number of storage units. Such limit is part of, not in addition to, the applicable Limit of Insurance on Your Business Personal Property. Therefore, payment under this Extension will not increase the applicable Limit of Insurance on Your Business Personal Property.
- (5) This Extension does not apply to loss or damage otherwise covered under this Coverage Form or any endorsement to this Coverage Form or policy, and does not apply to loss or damage to the storage unit itself.

Each of these Extensions is additional insurance unless otherwise indicated. The Additional Condition, Coinsurance, does not apply to these Extensions.

**B. Exclusions And Limitations**

See applicable Causes Of Loss form as shown in the Declarations.

**C. Limits Of Insurance**

The most we will pay for loss or damage in any one occurrence is the applicable Limit Of Insurance shown in the Declarations.

The most we will pay for loss or damage to outdoor signs, whether or not the sign is attached to a building, is \$2,500 per sign in any one occurrence.

The amounts of insurance stated in the following Additional Coverages apply in accordance with the terms of such coverages and are separate from the Limit(s) Of Insurance shown in the Declarations for any other coverage:

1. Fire Department Service Charge;
2. Pollutant Clean-up And Removal;
3. Increased Cost Of Construction; and
4. Electronic Data.

Payments under the Preservation Of Property Additional Coverage will not increase the applicable Limit of Insurance.

#### D. Deductible

In any one occurrence of loss or damage (hereinafter referred to as loss), we will first reduce the amount of loss if required by the Coinsurance Condition or the Agreed Value Optional Coverage. If the adjusted amount of loss is less than or equal to the Deductible, we will not pay for that loss. If the adjusted amount of loss exceeds the Deductible, we will then subtract the Deductible from the adjusted amount of loss and will pay the resulting amount or the Limit of Insurance, whichever is less.

When the occurrence involves loss to more than one item of Covered Property and separate Limits of Insurance apply, the losses will not be combined in determining application of the Deductible. But the Deductible will be applied only once per occurrence.

#### Example 1

(This example assumes there is no Coinsurance penalty.)

Deductible:	\$ 250
Limit of Insurance – Building 1:	\$ 60,000
Limit of Insurance – Building 2:	\$ 80,000
Loss to Building 1:	\$ 60,100
Loss to Building 2:	\$ 90,000

The amount of loss to Building 1 (\$60,100) is less than the sum (\$60,250) of the Limit of Insurance applicable to Building 1 plus the Deductible.

The Deductible will be subtracted from the amount of loss in calculating the loss payable for Building 1:

\$ 60,100  
 – 250

\$ 59,850 Loss Payable – Building 1

The Deductible applies once per occurrence and therefore is not subtracted in determining the amount of loss payable for Building 2. Loss payable for Building 2 is the Limit of Insurance of \$80,000.

Total amount of loss payable:

\$59,850 + \$80,000 = \$139,850

#### Example 2

(This example, too, assumes there is no Coinsurance penalty.)

The Deductible and Limits of Insurance are the same as those in Example 1.

Loss to Building 1:	\$ 70,000
(Exceeds Limit of Insurance plus Deductible)	
Loss to Building 2:	\$ 90,000
(Exceeds Limit of Insurance plus Deductible)	
Loss Payable – Building 1:	\$ 60,000
(Limit of Insurance)	
Loss Payable – Building 2:	\$ 80,000
(Limit of Insurance)	
Total amount of loss payable:	\$ 140,000

#### E. Loss Conditions

The following conditions apply in addition to the Common Policy Conditions and the Commercial Property Conditions:

##### 1. Abandonment

There can be no abandonment of any property to us.

##### 2. Appraisal

If we and you disagree on the value of the property or the amount of loss, either may make written demand for an appraisal of the loss. In this event, each party will select a competent and impartial appraiser. The two appraisers will select an umpire. If they cannot agree, either may request that selection be made by a judge of a court having jurisdiction. The appraisers will state separately the value of the property and amount of loss. If they fail to agree, they will submit their differences to the umpire. A decision agreed to by any two will be binding. Each party will:

- a. Pay its chosen appraiser; and
- b. Bear the other expenses of the appraisal and umpire equally.

If there is an appraisal, we will still retain our right to deny the claim.

##### 3. Duties In The Event Of Loss Or Damage

a. You must see that the following are done in the event of loss or damage to Covered Property:

- (1) Notify the police if a law may have been broken.

- (2) Give us prompt notice of the loss or damage. Include a description of the property involved.
  - (3) As soon as possible, give us a description of how, when and where the loss or damage occurred.
  - (4) Take all reasonable steps to protect the Covered Property from further damage, and keep a record of your expenses necessary to protect the Covered Property, for consideration in the settlement of the claim. This will not increase the Limit of Insurance. However, we will not pay for any subsequent loss or damage resulting from a cause of loss that is not a Covered Cause of Loss. Also, if feasible, set the damaged property aside and in the best possible order for examination.
  - (5) At our request, give us complete inventories of the damaged and undamaged property. Include quantities, costs, values and amount of loss claimed.
  - (6) As often as may be reasonably required, permit us to inspect the property proving the loss or damage and examine your books and records.  
Also, permit us to take samples of damaged and undamaged property for inspection, testing and analysis, and permit us to make copies from your books and records.
  - (7) Send us a signed, sworn proof of loss containing the information we request to investigate the claim. You must do this within 60 days after our request. We will supply you with the necessary forms.
  - (8) Cooperate with us in the investigation or settlement of the claim.
- b.** We may examine any insured under oath, while not in the presence of any other insured and at such times as may be reasonably required, about any matter relating to this insurance or the claim, including an insured's books and records. In the event of an examination, an insured's answers must be signed.

#### 4. Loss Payment

- a.** In the event of loss or damage covered by this Coverage Form, at our option, we will either:
  - (1) Pay the value of lost or damaged property;
  - (2) Pay the cost of repairing or replacing the lost or damaged property, subject to **b.** below;
  - (3) Take all or any part of the property at an agreed or appraised value; or
  - (4) Repair, rebuild or replace the property with other property of like kind and quality, subject to **b.** below.

We will determine the value of lost or damaged property, or the cost of its repair or replacement, in accordance with the applicable terms of the Valuation Condition in this Coverage Form or any applicable provision which amends or supersedes the Valuation Condition.
- b.** The cost to repair, rebuild or replace does not include the increased cost attributable to enforcement of or compliance with any ordinance or law regulating the construction, use or repair of any property.
- c.** We will give notice of our intentions within 30 days after we receive the sworn proof of loss.
- d.** We will not pay you more than your financial interest in the Covered Property.
- e.** We may adjust losses with the owners of lost or damaged property if other than you. If we pay the owners, such payments will satisfy your claims against us for the owners' property. We will not pay the owners more than their financial interest in the Covered Property.
- f.** We may elect to defend you against suits arising from claims of owners of property. We will do this at our expense.
- g.** We will pay for covered loss or damage within 30 days after we receive the sworn proof of loss, if you have complied with all of the terms of this Coverage Part, and:
  - (1) We have reached agreement with you on the amount of loss; or
  - (2) An appraisal award has been made.

h. A party wall is a wall that separates and is common to adjoining buildings that are owned by different parties. In settling covered losses involving a party wall, we will pay a proportion of the loss to the party wall based on your interest in the wall in proportion to the interest of the owner of the adjoining building. However, if you elect to repair or replace your building and the owner of the adjoining building elects not to repair or replace that building, we will pay you the full value of the loss to the party wall, subject to all applicable policy provisions including Limits of Insurance, the Valuation and Coinsurance Conditions and all other provisions of this Loss Payment Condition. Our payment under the provisions of this paragraph does not alter any right of subrogation we may have against any entity, including the owner or insurer of the adjoining building, and does not alter the terms of the Transfer Of Rights Of Recovery Against Others To Us Condition in this policy.

#### 5. Recovered Property

If either you or we recover any property after loss settlement, that party must give the other prompt notice. At your option, the property will be returned to you. You must then return to us the amount we paid to you for the property. We will pay recovery expenses and the expenses to repair the recovered property, subject to the Limit of Insurance.

#### 6. Vacancy

##### a. Description Of Terms

- (1) As used in this Vacancy Condition, the term building and the term vacant have the meanings set forth in (1)(a) and (1)(b) below:
  - (a) When this policy is issued to a tenant, and with respect to that tenant's interest in Covered Property, building means the unit or suite rented or leased to the tenant. Such building is vacant when it does not contain enough business personal property to conduct customary operations.

- (b) When this policy is issued to the owner or general lessee of a building, building means the entire building. Such building is vacant unless at least 31% of its total square footage is:

- (i) Rented to a lessee or sublessee and used by the lessee or sublessee to conduct its customary operations; and/or
- (ii) Used by the building owner to conduct customary operations.

- (2) Buildings under construction or renovation are not considered vacant.

##### b. Vacancy Provisions

If the building where loss or damage occurs has been vacant for more than 60 consecutive days before that loss or damage occurs:

- (1) We will not pay for any loss or damage caused by any of the following, even if they are Covered Causes of Loss:

- (a) Vandalism;
- (b) Sprinkler leakage, unless you have protected the system against freezing;
- (c) Building glass breakage;
- (d) Water damage;
- (e) Theft; or
- (f) Attempted theft.

- (2) With respect to Covered Causes of Loss other than those listed in b.(1)(a) through b.(1)(f) above, we will reduce the amount we would otherwise pay for the loss or damage by 15%.

#### 7. Valuation

We will determine the value of Covered Property in the event of loss or damage as follows:

- a. At actual cash value as of the time of loss or damage, except as provided in b., c., d. and e. below.
- b. If the Limit of Insurance for Building satisfies the Additional Condition, Coinsurance, and the cost to repair or replace the damaged building property is \$2,500 or less, we will pay the cost of building repairs or replacement.

The cost of building repairs or replacement does not include the increased cost attributable to enforcement of or compliance with any ordinance or law regulating the construction, use or repair of any property.

However, the following property will be valued at the actual cash value, even when attached to the building:

- (1) Awnings or floor coverings;
  - (2) Appliances for refrigerating, ventilating, cooking, dishwashing or laundering; or
  - (3) Outdoor equipment or furniture.
- c. "Stock" you have sold but not delivered at the selling price less discounts and expenses you otherwise would have had.
- d. Glass at the cost of replacement with safety-glazing material if required by law.
- e. Tenants' Improvements and Betterments at:
- (1) Actual cash value of the lost or damaged property if you make repairs promptly.
  - (2) A proportion of your original cost if you do not make repairs promptly. We will determine the proportionate value as follows:
    - (a) Multiply the original cost by the number of days from the loss or damage to the expiration of the lease; and
    - (b) Divide the amount determined in (a) above by the number of days from the installation of improvements to the expiration of the lease.

If your lease contains a renewal option, the expiration of the renewal option period will replace the expiration of the lease in this procedure.

- (3) Nothing if others pay for repairs or replacement.

## F. Additional Conditions

The following conditions apply in addition to the Common Policy Conditions and the Commercial Property Conditions:

### 1. Coinsurance

If a Coinsurance percentage is shown in the Declarations, the following condition applies:

- a. We will not pay the full amount of any loss if the value of Covered Property at the time of loss times the Coinsurance percentage shown for it in the Declarations is greater than the Limit of Insurance for the property.

Instead, we will determine the most we will pay using the following steps:

- (1) Multiply the value of Covered Property at the time of loss by the Coinsurance percentage;
- (2) Divide the Limit of Insurance of the property by the figure determined in Step (1);
- (3) Multiply the total amount of loss, before the application of any deductible, by the figure determined in Step (2); and
- (4) Subtract the deductible from the figure determined in Step (3).

We will pay the amount determined in Step (4) or the Limit of Insurance, whichever is less. For the remainder, you will either have to rely on other insurance or absorb the loss yourself.

### Example 1 (Underinsurance)

When:	The value of the property is:	\$ 250,000
	The Coinsurance percentage for it is:	80%
	The Limit of Insurance for it is:	\$ 100,000
	The Deductible is:	\$ 250
	The amount of loss is:	\$ 40,000

Step (1):  $\$250,000 \times 80\% = \$200,000$   
(the minimum amount of insurance to meet your Coinsurance requirements)

Step (2):  $\$100,000 \div \$200,000 = .50$

Step (3):  $\$40,000 \times .50 = \$20,000$

Step (4):  $\$20,000 - \$250 = \$19,750$

We will pay no more than \$19,750. The remaining \$20,250 is not covered.

### Example 2 (Adequate Insurance)

When:	The value of the property is:	\$ 250,000
	The Coinsurance percentage for it is:	80%
	The Limit of Insurance for it is:	\$ 200,000
	The Deductible is:	\$ 250
	The amount of loss is:	\$ 40,000

The minimum amount of insurance to meet your Coinsurance requirement is \$200,000 ( $\$250,000 \times 80\%$ ). Therefore, the Limit of Insurance in this example is adequate, and no penalty applies. We will pay no more than \$39,750 ( $\$40,000$  amount of loss minus the deductible of \$250).

- b. If one Limit of Insurance applies to two or more separate items, this condition will apply to the total of all property to which the limit applies.

### Example 3

When: The value of the property is:

Building at Location 1:	\$ 75,000
Building at Location 2:	\$ 100,000
Personal Property at Location 2:	\$ 75,000
	\$ 250,000
The Coinsurance percentage for it is:	90%
The Limit of Insurance for Buildings and Personal Property at Locations 1 and 2 is:	\$ 180,000
The Deductible is:	\$ 1,000
The amount of loss is:	
Building at Location 2:	\$ 30,000
Personal Property at Location 2:	\$ 20,000
	\$ 50,000

Step (1):  $\$250,000 \times 90\% = \$225,000$   
 (the minimum amount of insurance to meet your Coinsurance requirements and to avoid the penalty shown below)

Step (2):  $\$180,000 \div \$225,000 = .80$

Step (3):  $\$50,000 \times .80 = \$40,000$

Step (4):  $\$40,000 - \$1,000 = \$39,000$

We will pay no more than \$39,000. The remaining \$11,000 is not covered.

### 2. Mortgageholders

- a. The term mortgageholder includes trustee.
- b. We will pay for covered loss of or damage to buildings or structures to each mortgageholder shown in the Declarations in their order of precedence, as interests may appear.
- c. The mortgageholder has the right to receive loss payment even if the mortgageholder has started foreclosure or similar action on the building or structure.
- d. If we deny your claim because of your acts or because you have failed to comply with the terms of this Coverage Part, the mortgageholder will still have the right to receive loss payment if the mortgageholder:
  - (1) Pays any premium due under this Coverage Part at our request if you have failed to do so;

- (2) Submits a signed, sworn proof of loss within 60 days after receiving notice from us of your failure to do so; and
- (3) Has notified us of any change in ownership, occupancy or substantial change in risk known to the mortgageholder.

All of the terms of this Coverage Part will then apply directly to the mortgageholder.

- e. If we pay the mortgageholder for any loss or damage and deny payment to you because of your acts or because you have failed to comply with the terms of this Coverage Part:
  - (1) The mortgageholder's rights under the mortgage will be transferred to us to the extent of the amount we pay; and
  - (2) The mortgageholder's right to recover the full amount of the mortgageholder's claim will not be impaired.

At our option, we may pay to the mortgageholder the whole principal on the mortgage plus any accrued interest. In this event, your mortgage and note will be transferred to us and you will pay your remaining mortgage debt to us.

- f. If we cancel this policy, we will give written notice to the mortgageholder at least:
  - (1) 10 days before the effective date of cancellation if we cancel for your nonpayment of premium; or
  - (2) 30 days before the effective date of cancellation if we cancel for any other reason.
- g. If we elect not to renew this policy, we will give written notice to the mortgageholder at least 10 days before the expiration date of this policy.

### G. Optional Coverages

If shown as applicable in the Declarations, the following Optional Coverages apply separately to each item:

#### 1. Agreed Value

- a. The Additional Condition, Coinsurance, does not apply to Covered Property to which this Optional Coverage applies. We will pay no more for loss of or damage to that property than the proportion that the Limit of Insurance under this Coverage Part for the property bears to the Agreed Value shown for it in the Declarations.

- b. If the expiration date for this Optional Coverage shown in the Declarations is not extended, the Additional Condition, Coinsurance, is reinstated and this Optional Coverage expires.
- c. The terms of this Optional Coverage apply only to loss or damage that occurs:
  - (1) On or after the effective date of this Optional Coverage; and
  - (2) Before the Agreed Value expiration date shown in the Declarations or the policy expiration date, whichever occurs first.

**2. Inflation Guard**

- a. The Limit of Insurance for property to which this Optional Coverage applies will automatically increase by the annual percentage shown in the Declarations.
- b. The amount of increase will be:
  - (1) The Limit of Insurance that applied on the most recent of the policy inception date, the policy anniversary date, or any other policy change amending the Limit of Insurance, times
  - (2) The percentage of annual increase shown in the Declarations, expressed as a decimal (example: 8% is .08), times
  - (3) The number of days since the beginning of the current policy year or the effective date of the most recent policy change amending the Limit of Insurance, divided by 365.

**Example**

If: The applicable Limit of Insurance is: \$ 100,000  
 The annual percentage increase is: 8%  
 The number of days since the beginning of the policy year (or last policy change) is: 146  
 The amount of increase is:  
 $\$100,000 \times .08 \times 146 \div 365 =$  \$ 3,200

**3. Replacement Cost**

- a. Replacement Cost (without deduction for depreciation) replaces Actual Cash Value in the Valuation Loss Condition of this Coverage Form.
- b. This Optional Coverage does not apply to:
  - (1) Personal property of others;
  - (2) Contents of a residence;
  - (3) Works of art, antiques or rare articles, including etchings, pictures, statuary, marbles, bronzes, porcelains and bric-a-brac; or

- (4) "Stock", unless the Including "Stock" option is shown in the Declarations.

Under the terms of this Replacement Cost Optional Coverage, tenants' improvements and betterments are not considered to be the personal property of others.

- c. You may make a claim for loss or damage covered by this insurance on an actual cash value basis instead of on a replacement cost basis. In the event you elect to have loss or damage settled on an actual cash value basis, you may still make a claim for the additional coverage this Optional Coverage provides if you notify us of your intent to do so within 180 days after the loss or damage.
- d. We will not pay on a replacement cost basis for any loss or damage:
  - (1) Until the lost or damaged property is actually repaired or replaced; and
  - (2) Unless the repair or replacement is made as soon as reasonably possible after the loss or damage.

With respect to tenants' improvements and betterments, the following also apply:

- (3) If the conditions in d.(1) and d.(2) above are not met, the value of tenants' improvements and betterments will be determined as a proportion of your original cost, as set forth in the Valuation Loss Condition of this Coverage Form; and
- (4) We will not pay for loss or damage to tenants' improvements and betterments if others pay for repairs or replacement.

- e. We will not pay more for loss or damage on a replacement cost basis than the least of (1), (2) or (3), subject to f. below:
  - (1) The Limit of Insurance applicable to the lost or damaged property;
  - (2) The cost to replace the lost or damaged property with other property:
    - (a) Of comparable material and quality; and
    - (b) Used for the same purpose; or
  - (3) The amount actually spent that is necessary to repair or replace the lost or damaged property.

If a building is rebuilt at a new premises, the cost described in e.(2) above is limited to the cost which would have been incurred if the building had been rebuilt at the original premises.

- f. The cost of repair or replacement does not include the increased cost attributable to enforcement of or compliance with any ordinance or law regulating the construction, use or repair of any property.

#### **4. Extension Of Replacement Cost To Personal Property Of Others**

a. If the Replacement Cost Optional Coverage is shown as applicable in the Declarations, then this Extension may also be shown as applicable. If the Declarations show this Extension as applicable, then Paragraph 3.b.(1) of the Replacement Cost Optional Coverage is deleted and all other provisions of the Replacement Cost Optional Coverage apply to replacement cost on personal property of others.

b. With respect to replacement cost on the personal property of others, the following limitation applies:

If an item(s) of personal property of others is subject to a written contract which governs your liability for loss or damage to that item(s), then valuation of that item(s) will be based on the amount for which you are liable under such contract, but not to exceed the lesser of the replacement cost of the property or the applicable Limit of Insurance.

#### **H. Definitions**

1. "Fungus" means any type or form of fungus, including mold or mildew, and any mycotoxins, spores, scents or by-products produced or released by fungi.
2. "Pollutants" means any solid, liquid, gaseous or thermal irritant or contaminant, including smoke, vapor, soot, fumes, acids, alkalis, chemicals and waste. Waste includes materials to be recycled, reconditioned or reclaimed.
3. "Stock" means merchandise held in storage or for sale, raw materials and in-process or finished goods, including supplies used in their packing or shipping.

## COMMERCIAL PROPERTY CONDITIONS

This Coverage Part is subject to the following conditions, the Common Policy Conditions and applicable Loss Conditions and Additional Conditions in Commercial Property Coverage Forms.

### A. CONCEALMENT, MISREPRESENTATION OR FRAUD

This Coverage Part is void in any case of fraud by you as it relates to this Coverage Part at any time. It is also void if you or any other insured, at any time, intentionally conceal or misrepresent a material fact concerning:

1. This Coverage Part;
2. The Covered Property;
3. Your interest in the Covered Property; or
4. A claim under this Coverage Part.

### B. CONTROL OF PROPERTY

Any act or neglect of any person other than you beyond your direction or control will not affect this insurance.

The breach of any condition of this Coverage Part at any one or more locations will not affect coverage at any location where, at the time of loss or damage, the breach of condition does not exist.

### C. INSURANCE UNDER TWO OR MORE COVERAGES

If two or more of this policy's coverages apply to the same loss or damage, we will not pay more than the actual amount of the loss or damage.

### D. LEGAL ACTION AGAINST US

No one may bring a legal action against us under this Coverage Part unless:

1. There has been full compliance with all of the terms of this Coverage Part; and
2. The action is brought within 2 years after the date on which the direct physical loss or damage occurred.

### E. LIBERALIZATION

If we adopt any revision that would broaden the coverage under this Coverage Part without additional premium within 45 days prior to or during the policy period, the broadened coverage will immediately apply to this Coverage Part.

### F. NO BENEFIT TO BAILEE

No person or organization, other than you, having custody of Covered Property will benefit from this insurance.

### G. OTHER INSURANCE

1. You may have other insurance subject to the same plan, terms, conditions and provisions as the insurance under this Coverage Part. If you do, we will pay our share of the covered loss or damage. Our share is the proportion that the applicable Limit of Insurance under this Coverage Part bears to the Limits of Insurance of all insurance covering on the same basis.
2. If there is other insurance covering the same loss or damage, other than that described in 1. above, we will pay only for the amount of covered loss or damage in excess of the amount due from that other insurance, whether you can collect on it or not. But we will not pay more than the applicable Limit of Insurance.

### H. POLICY PERIOD, COVERAGE TERRITORY

Under this Coverage Part:

1. We cover loss or damage commencing:
  - a. During the policy period shown in the Declarations; and
  - b. Within the coverage territory.
2. The coverage territory is:
  - a. The United States of America (including its territories and possessions);
  - b. Puerto Rico; and
  - c. Canada.

**I. TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US**

If any person or organization to or for whom we make payment under this Coverage Part has rights to recover damages from another, those rights are transferred to us to the extent of our payment. That person or organization must do everything necessary to secure our rights and must do nothing after loss to impair them. But you may waive your rights against another party in writing:

1. Prior to a loss to your Covered Property or Covered Income.
2. After a loss to your Covered Property or Covered Income only if, at time of loss, that party is one of the following:
  - a. Someone insured by this insurance;
  - b. A business firm:
    - (1) Owned or controlled by you; or
    - (2) That owns or controls you; or
  - c. Your tenant.

This will not restrict your insurance.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## EXCLUSION OF CERTAIN COMPUTER-RELATED LOSSES

This endorsement modifies insurance provided under the following:

COMMERCIAL INLAND MARINE COVERAGE PART  
COMMERCIAL PROPERTY COVERAGE PART  
CRIME AND FIDELITY COVERAGE PART  
STANDARD PROPERTY POLICY

- A.** We will not pay for loss ("loss") or damage caused directly or indirectly by the following. Such loss ("loss") or damage is excluded regardless of any other cause or event that contributes concurrently or in any sequence to the loss ("loss") or damage.
- 1.** The failure, malfunction or inadequacy of:
    - a.** Any of the following, whether belonging to any insured or to others:
      - (1) Computer hardware, including microprocessors;
      - (2) Computer application software;
      - (3) Computer operating systems and related software;
      - (4) Computer networks;
      - (5) Microprocessors (computer chips) not part of any computer system; or
      - (6) Any other computerized or electronic equipment or components; or
    - b.** Any other products, and any services, data or functions that directly or indirectly use or rely upon, in any manner, any of the items listed in Paragraph **A.1.a.** of this endorsement;
 

due to the inability to correctly recognize, process, distinguish, interpret or accept one or more dates or times. An example is the inability of computer software to recognize the year 2000.
  - 2.** Any advice, consultation, design, evaluation, inspection, installation, maintenance, repair, replacement or supervision provided or done by you or for you to determine, rectify or test for, any potential or actual problems described in Paragraph **A.1.** of this endorsement.
- B.** If an excluded Cause of Loss as described in Paragraph **A.** of this endorsement results:
- 1.** In a Covered Cause of Loss under the Crime and Fidelity Coverage Part, the Commercial Inland Marine Coverage Part or the Standard Property Policy; or
  - 2.** Under the Commercial Property Coverage Part:
    - a.** In a "Specified Cause of Loss", or in elevator collision resulting from mechanical breakdown, under the Causes of Loss – Special Form; or
    - b.** In a Covered Cause of Loss under the Causes Of Loss – Basic Form or the Causes Of Loss – Broad Form;
 

we will pay only for the loss ("loss") or damage caused by such "Specified Cause of Loss", elevator collision, or Covered Cause of Loss.
- C.** We will not pay for repair, replacement or modification of any items in Paragraphs **A.1.a.** and **A.1.b.** of this endorsement to correct any deficiencies or change any features.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## SOUTH CAROLINA CHANGES – CANCELLATION AND NONRENEWAL

This endorsement modifies insurance provided under the following:

CAPITAL ASSETS PROGRAM (OUTPUT POLICY) COVERAGE PART  
 COMMERCIAL GENERAL LIABILITY COVERAGE PART  
 COMMERCIAL INLAND MARINE COVERAGE PART  
 COMMERCIAL PROPERTY COVERAGE PART  
 CRIME AND FIDELITY COVERAGE PART  
 EMPLOYMENT-RELATED PRACTICES LIABILITY COVERAGE PART  
 EQUIPMENT BREAKDOWN COVERAGE PART  
 FARM COVERAGE PART  
 LIQUOR LIABILITY COVERAGE PART  
 MEDICAL PROFESSIONAL LIABILITY COVERAGE PART  
 POLLUTION LIABILITY COVERAGE PART  
 PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

- A. Paragraphs 2. and 3. of **Cancellation** Common Policy Condition are replaced by the following:
2. We may cancel this policy by mailing or delivering to the first Named Insured and the agent, if any, written notice of cancellation at least:
    - a. 10 days before the effective date of cancellation if we cancel for nonpayment of premium; or
    - b. 30 days before the effective date of cancellation if we cancel for any other reason.
  3. We will mail or deliver our notice to the first Named Insured's and agent's last known addresses.
- B. The following is added to the **Cancellation** Common Policy Condition:
- 7. Cancellation Of Policies In Effect For 120 Days Or More**
- If this policy has been in effect for 120 days or more, or is a renewal or continuation of a policy we issued, we may cancel this policy only for one or more of the following reasons:
- a. Nonpayment of premium;
  - b. Material misrepresentation of fact which, if known to us, would have caused us not to issue the policy;
  - c. Substantial change in the risk assumed, except to the extent that we should reasonably have foreseen the change or contemplated the risk in writing the policy;
  - d. Substantial breaches of contractual duties, conditions or warranties; or
  - e. Loss of our reinsurance covering all or a significant portion of the particular policy insured, or where continuation of the policy would imperil our solvency or place us in violation of the insurance laws of South Carolina.
- Prior to cancellation for reasons permitted in this Item e., we will notify the Commissioner, in writing, at least 60 days prior to such cancellation and the Commissioner will, within 30 days of such notification, approve or disapprove such action.
- Any notice of cancellation will state the precise reason for cancellation.

C. The following is added and supersedes any provisions to the contrary:

**Nonrenewal**

1. We will not refuse to renew a policy issued for a term of more than one year, until expiration of its full term, if anniversary renewal has been guaranteed by additional premium consideration.
2. If we decide not to renew this policy, we will:
  - a. Mail or deliver written notice of nonrenewal to the first Named Insured and agent, if any, before:
    - (1) The expiration date of this policy, if the policy is written for a term of one year or less; or
    - (2) An anniversary date of this policy, if the policy is written for a term of more than one year or for an indefinite term; and

b. Provide at least:

- (1) 60 days' notice of nonrenewal, when nonrenewal is to become effective between November 1 and May 31; or
  - (2) 90 days' notice of nonrenewal, when nonrenewal is to become effective between June 1 and October 31.
3. Any notice of nonrenewal will be mailed or delivered to the first Named Insured's and agent's last known addresses. If notice is mailed, proof of mailing will be sufficient proof of notice.
  4. Any notice of nonrenewal will state the precise reason for nonrenewal.

## SOUTH CAROLINA SURPLUS LINES NOTICE

This company has been approved by the director or his designee of the South Carolina Department of Insurance to write business in this State as an eligible surplus lines insurer, but it is not afforded guaranty fund protection.

LMA9076  
01 September 2013

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## COMMERCIAL PROPERTY ENHANCEMENT ENDORSEMENT

This endorsement modifies insurance provided under the following:

BUILDING AND PERSONAL PROPERTY COVERAGE FORM  
BUSINESS INCOME (AND EXTRA EXPENSE) COVERAGE FORM  
CAUSES OF LOSS -SPECIAL FORM

The following is a summary of the limits of insurance and additional coverage provided by this endorsement. The column titled "Included Limit" lists the minimum limits of insurance applicable. The column titled "Revised Limit" lists the amended limits (if any) which were increased due to you purchasing additional insurance. For complete details on specific coverages, refer to the appropriate provisions in this endorsement.

Included Limit	Revised Limit	SUBJECTS OF INSURANCE
\$ 25,000		Accounts Receivable
\$ 25,000		Computer Systems Coverage
\$ 10,000		Employee Theft
\$ 25,000		Fine Arts
\$ 25,000		Fire Department Service Charge
\$ 25,000		Fire Protection Device Recharge
\$ 10,000		Forgery & Alteration
\$ 10,000		Money and Securities
\$ 500,000		Newly Acquired or Constructed Property -Building
\$ 250,000		Newly Acquired or Constructed Property -Personal Property
\$ 25,000		Ordinance or Law -Increased Cost of Construction Coverage
\$ 25,000		Outdoor Property
\$ 10,000		Personal Effects
\$ 10,000		Property in Transit
\$ 25,000		Property Off Premises
\$ 10,000		Signs
\$ 25,000		Spoilage, Contamination, Change in Temperature or Humidity
\$ 25,000		Valuable Papers And Records
\$ 25,000		Utility Services -Direct Damage
\$ 25,000		Utility Services -Loss of Business Income
\$10,000		Water Back up of Sewers and Drains

**Deductible:** Additional coverages are subject to the deductible amount of this policy unless specifically amended on the following pages.

**ACCOUNTS RECEIVABLE**

The following is added to Section **A.4. Additional Coverages** of form CP 00 10:

We will pay:

- a. All amounts due from your customers that you are unable to collect;
- b. Interest charges on any loan required to offset amounts you are unable to collect pending our payment of these amounts;
- c. Collection expenses in excess of your normal collection expenses that are made necessary by the loss or damage; and
- d. Other reasonable expenses that you incur to reestablish your records of accounts receivable;

that result from Covered Causes of Loss to your records of accounts receivable.

**Removal**

If you give us written notice within 10 days of removal of your records of accounts receivable because of imminent danger of loss or damage, we will pay for loss or damage while they are:

- a. At a safe place away from your "premises"; or
- b. Being taken to and returned from that place.

**Limits Of Insurance**

The most we will pay for loss or damage in any one occurrence is the applicable Limit of Insurance shown in the Declarations

**Additional Conditions**

**Determination Of Receivables**

- 1. If you cannot accurately establish the amount of accounts receivable outstanding as of the time of loss or damage, the following method will be used:
  - a. Determine the total of the average monthly amounts of accounts receivable for the 12 months immediately preceding the month in which the loss or damage occurs; and
  - b. Adjust that total for any normal fluctuations in the amount of accounts receivable for the month in which the loss or damage occurred or for any demonstrated variance from the average for that month.

- 2. The following will be deducted from the total amount of accounts receivable, however that amount is established:
  - a. The amount of the accounts for which there is no loss or damage;
  - b. The amount of the accounts that you are able to reestablish or collect;
  - c. An amount to allow for probable bad debts that you are normally unable to collect; and
  - d. All unearned interest and service charges.

**Deductible**

No deductible applies to this additional coverage.

**COMPUTER SYSTEMS COVERAGE**

The following is added to Section **A.4. Additional Coverages** of form CP 00 10:

We will pay for direct physical loss of or damage to:

- a. "Computer Equipment", "Data" and "Media" owned by you; and
- b. Similar property of others in your care, custody or control.

**Property Not Covered**

Covered Property does not include:

- a. Property leased or rented to others while away from your premises described in the Declarations;
- b. Accounts, bills, evidences of debt, valuable papers, abstracts, records, deeds, manuscripts or other documents, unless converted to "data" and then only in that form;
- c. Portable personal computers, including lap-tops and notebooks;
- d. Contraband, or property in the course of illegal transportation or trade; or
- e. Stock in trade.

**Additional Coverages**

**Preservation Of Property**

If it is necessary to move Covered Property from the premises to preserve it from loss or damage by a Covered Cause of Loss, we will pay for any direct loss or damage to that property:

- a. While it is being moved or while temporarily stored at another premises; and
- b. Only if the loss or damage occurs within 30 days after the property is first moved.

temporary or leased employee, or by an entity retained by you or for you to inspect, design, install, modify, maintain, repair or replace that system.

**Recharging The Fire Suppression System**

We will pay up to \$10,000 to recharge the fire suppression system protecting your premises if the system, for any reason, discharges.

**Virus, Harmful Code Or Similar Instruction**

- a. Under this *Additional Coverage*, electronic data means information, facts or computer programs stored as or on, created or used on, or transmitted to or from computer software (including systems and applications software), on hard or floppy disks, CD-ROMs, tapes, drives, cells, data processing *devices* or any other repositories of computer software which are used with electronically controlled equipment. The term computer programs, referred to in the foregoing description of electronic data, means a set of related electronic instructions which direct the operations and functions of a computer or *device* connected to it, which enable the computer or *device* to *receive*, process, store, *retrieve* or send data. "

Subject to the provisions of this *Additional Coverage*:

- 1). We will pay for the cost to replace or restore electronic data which has been destroyed or corrupted by a virus, harmful code or similar instruction; and
- 2). Subject to the provisions of the Business Income *Coverage* Form, if applicable, you may extend insurance that applies to Business Income to apply to a suspension of "operations" caused by an interruption in computer operations due to destruction or corruption of electronic data due to a virus, harmful code or similar instruction; introduced into or enacted on a computer system (including electronic data) or a network to which it is connected, designed to damage or destroy any part of the system or disrupt its normal operation. But there is no *coverage* for loss or damage caused by or resulting from manipulation of a computer system (including electronic data) by any employee, including a

- c. To the extent that electronic data is not replaced or restored, the loss will be valued at the cost of replacement of the media on which the electronic data was stored, with blank media of substantially identical type.
- d. With respect to Business Income *coverage*, if applicable, this *Additional Coverage -Virus, Harmful Code Or Similar Instruction* does not apply to loss sustained after the end of the "period of restoration", *even* if the amount of insurance applicable in Paragraph (5) below has not been exhausted.

**Limits Of Insurance**

The most we will pay for loss or damage in anyone occurrence is the applicable Limit of Insurance shown in the Declarations.

The most we will pay under this *Additional Coverage - Virus, Harmful Code Or Similar Instruction* is \$5,000 for all loss or damage sustained in anyone policy year, regardless of the number of occurrences of loss or damage or the number of premises, locations or computer systems involved.

**Additional Conditions**

**Valuation**

The value of "computer equipment will be:

- a. The cost of replacing the equipment with new property functionally identical to the damaged equipment if replaced; or
- b. Actual cash value if the property is not repaired or replaced.
  - 1). In the *event* of partial damage to an item of "computer equipment", we will not pay more than the cost of reasonably restoring the property to its condition immediately prior to the loss.
  - 2). The *value* of "data" will be the actual cost to reproduce. If the "data" is not replaced or reproduced, we will pay the cost of the value of the "media" with no stored "data".

- c. The value of "media" will be the cost to repair or replace the "media" with substantially identical property

**Definitions**

"Computer Equipment" means:

- 1.. Your programmable electronic equipment that is used to store, retrieve and process data. It includes their component parts and air conditioning, fire suppression equipment and electrical equipment used exclusively in your computer operations; and
- 2. Associated peripheral equipment that provides communication including input and output functions such as printing or auxiliary functions such as data transmission.

It does not include "data" and "media".

"Data" means:

- 1. Data stored on "media"; and
- 2. Programming records used for electronic data processing or electronically controlled equipment.

"Media" means electronic data processing, recording or storage media such as software, films, tapes, discs, drums or cells.

"Period of restoration" means the period of time that:

- 1. Begins with the date of loss caused by or resulting from a Covered Cause of Loss at a covered location; and
- 2. Ends on the date when the property at the covered location should be repaired, rebuilt or replaced with reasonable speed and similar quality.

**EMPLOYEE THEFT  
FORGERY OR ALTERATION**

The following is added to Section **A.4. Additional Coverages** of form CP 00 10:

**Employee Dishonesty**

We will pay for loss of or damage to "money", "securities" and "other property" resulting directly from "theft" committed by an "employee", whether identified or not, acting alone or in collusion with other persons.

**Forgery or Alteration**

We will pay for loss resulting directly from "forgery" or alteration of checks, drafts, promissory notes, or similar written promises, orders or directions to pay a sum certain in "money" that are:

- 1. Made or drawn by or drawn upon you; or
  - 2. Made or drawn by one acting as your agent;
- or that are purported to have been so made or drawn.

For the purposes of this Insuring Agreement, a substitute check as defined in the Check Clearing for the 21st Century Act shall be treated the same as the original it replaced.

If you are sued for refusing to pay any instrument covered in Paragraph 2.a., on the basis that it has been forged or altered, and you have our written consent to defend against the suit, we will pay for any reasonable legal expenses that you incur and pay in that defense. The amount that we will pay is in addition to the Limit of Insurance applicable to this Insuring Agreement.

**Limit Of Insurance**

The most we will pay for all loss resulting directly from an "occurrence" is the applicable Limit of Insurance shown in the Declarations.

**Exclusions**

The exclusions section of this policy does not apply, as respects these additional coverages. It is replaced by the following:

This policy does not cover:

**1. Acts Committed By You, Your Partners Or Your Members**

Loss resulting from "theft" or any other dishonest act committed by:

- a. You; or
- b. Any of your partners or "members";

whether acting alone or in collusion with other persons.

**2. Acts Of Employees Learned Of By You Prior To The Policy Period**

Loss caused by an "employee" if the "employee" had also committed "theft" or any other dishonest act prior to the effective date of this policy and you or any of your partners, "members", "managers", officers, directors or trustees, not in collusion with the "employee", learned of that "theft" or dishonest act prior to the Policy Period shown in the Declarations

**3. Confidential Information**

Loss resulting from:

- a. The unauthorized disclosure of your confidential information including, but not limited to, patents, trade secrets, processing methods or customer lists; or
- b. The unauthorized use or disclosure of confidential information of another person or entity which is held by you including, but not limited to, financial information, personal information, credit card information or similar non-public information.

**4. Indirect Loss**

Loss that is an indirect result of an "occurrence" covered by this policy including, but not limited to, loss resulting from:

- a. Your inability to realize income that you would have realized had there been no loss of or damage to "money", "securities" or "other property".
- b. Payment of damages of any type for which you are legally liable. But, we will pay compensatory damages arising directly from a loss covered under this policy.
- c. Payment of costs, fees or other expenses you incur in establishing either the existence or the amount of loss under this policy.

**5. Legal Fees, Costs And Expenses**

Fees, costs and expenses incurred by you which are related to any legal action.

**6. Inventory Shortages**

Loss, or that part of any loss, the proof of which as to its existence or amount is dependent upon:

- a. An inventory computation; or
- b. A profit and loss computation.

However, where you establish wholly apart from such computations that you have sustained a loss, then you may offer your inventory records and actual physical count of inventory in support of the amount of loss claimed.

**7. Trading**

Loss resulting from trading, whether in your name or in a genuine or fictitious account.

**8. Warehouse Receipts**

Loss resulting from the fraudulent or dishonest signing, issuing, cancelling or failing to cancel, a warehouse receipt or any papers connected with it.

**Employee Benefit Plans**

Any "employee benefit plans" operated by any Insured are included as Insureds

**Loss Sustained During Prior Insurance Not Issued By Us Or Any Affiliate**

1. If you "discover" loss during the Policy Period shown in the Declarations, resulting directly from an "occurrence" taking place during the Policy Period of any prior cancelled insurance that was issued to you or a predecessor in interest by another company, and the period of time to discover loss under that insurance had expired, we will pay for the loss under this policy, provided:
  - a. This policy became effective at the time of cancellation of the prior insurance; and
  - b. The loss would have been covered under this policy had it been in effect at the time of the "occurrence".
2. In settling loss subject to this Condition:
  - a. The most we will pay for the entire loss is the lesser of the Limits of Insurance applicable during the period of loss, whether such limit was written under this policy or was written under the prior cancelled insurance.
  - b. We will apply the applicable Deductible Amount shown in the Declarations to the amount of loss sustained under the prior cancelled insurance.
3. The insurance provided under this Condition is subject to the following:
  - a. If loss covered under this Condition is also partially covered under Condition E.1.o., the amount recoverable under this Condition is part of, not in addition to, the amount recoverable under Condition E.1.o.

- b. For loss covered under this Condition that is not subject to Paragraph (3)(a), the amount recoverable under this Condition is part of, not in addition to, the Limit of Insurance applicable to the loss covered under this policy and is limited to the lesser of the amount recoverable under:
  - 4. This policy as of its effective date; or
    - a. The prior cancelled insurance had it remained in effect

**Transfer Of Your Rights Of Recovery Against Others To Us**

You must transfer to us all your rights of recovery against any person or organization for any loss you sustained and for which we have paid or settled. You must also do everything necessary to secure those rights and do nothing after loss to impair them.

**Definitions**

"Discover" or "discovered" means the time when you first become aware of facts which would cause a reasonable person to assume that a loss of a type covered by this policy has been or will be incurred, regardless of when the act or acts causing or contributing to such loss occurred, even though the exact amount or details of loss may not then be known.

"Discover" or "discovered" also means the time when you first receive notice of an actual or potential claim in which it is alleged that you are liable to a third party under circumstances which, if true, would constitute a loss under this policy.

"Employee" means:

- 1. Any natural person:
  - a. While in your service and for the first 30 days immediately after termination of service, unless such termination is due to "theft" or any other dishonest act committed by the "employee";
  - b. Who you compensate directly by salary, wages or commissions; and
  - c. Who you have the right to direct and control while performing services for you;
- 2. Any natural person who is furnished temporarily to you:
  - a. To substitute for a permanent "employee" as defined in Paragraph a.(1), who is on leave; or

- b. To meet seasonal or short-term work load conditions;

while that person is subject to your direction and control and performing services for you, excluding, however, any such person while having care and custody of property outside the "premises";

- 3. Any natural person who is leased to you under a written agreement between you and a labor leasing firm, to perform duties related to the conduct of your business, but does not mean a temporary employee as defined in Paragraph a.(2);
  - 4. Any natural person who is:
    - a. A trustee, officer, employee, administrator or manager, except an administrator or manager who is an independent contractor, of any "employee benefit plan"; and
    - b. A director or trustee of yours while that person is engaged in handling "funds" or "other property" of any "employee benefit plan";
  - 5. Any natural person who is a former "employee", partner, "member", "manager", director or trustee retained as a consultant while performing services for you;
  - 6. Any natural person who is a guest student or intern pursuing studies or duties, excluding, *however*, any such person while having care and custody of property outside the "premises";
  - 7. Any "employee" of an entity merged or consolidated with you prior to the effective date of this policy, or
  - 8. Any of your "managers", directors or trustees while:
    - a. Performing acts within the scope of the usual duties of an "employee"; or
    - b. Acting as a member of any committee duly elected or appointed by resolution of your board of directors or board of trustees to perform specific, as distinguished from general, directorial acts on your behalf.
- "Employee" does not mean any agent, broker, factor, commission merchant, consignee, independent contractor or representative of the same general character not specified in Paragraph 2.a.

"Employee benefit plan" means any welfare or pension benefit plan shown in the Declarations that you sponsor and which is subject to the Employee

Retirement Income Security Act of 1974 (ERISA) and any amendments thereto.

"Funds" means "money" and "securities".

"Manager" means a person serving in a directoral capacity for a limited liability company.

"Member" means an owner of a limited liability company represented by its membership interest, who also may serve as a "manager".

"Money" means:

- 1 Currency, coins and bank notes in current use and having a face value; and
- 2 Travelers checks, register checks and money orders held for sale to the public.

"Occurrence" means:

- 1 An individual act;
- 2 The combined total of all separate acts whether or not related, or
- 3 A series of acts whether or not related;

committed by an "employee" acting alone or in collusion with other persons, during the Policy Period shown in the Declarations, except as provided under Condition E.1.0. or E.1.p.

"Other property" means any tangible property other than "money" and "securities" that has intrinsic value but does not include any property specifically excluded under this policy.

"Premises" means the interior of that portion of any building you occupy in conducting your business.

"Securities" means negotiable and nonnegotiable instruments or contracts representing either "money" or property and includes:

- 1 Tokens, tickets, *revenue* and other stamps (whether represented by actual stamps or unused value in a meter) in current use; and
- 2 Evidences of debt issued in connection with credit or charge cards, which cards are not issued by you;

but does not include "money".

"Theft" means the unlawful taking of property to the deprivation of the Insured.

**FINE ARTS**

The following is added to Section A.4. **Additional Coverages** of form CP 00 10:

We will pay for direct physical loss of or damage to your fine arts or fine arts of others that are in your care, custody or control.

**Property Not Covered**

*Covered* Property does not include:

- a. Property while on exhibition at fair grounds or on the premises of any national or international exposition; or
- b. Contraband, or property in the course of illegal transportation or trade.

**Exclusions:**

Only the following exclusions apply to this additional coverage:

Governmental Action

Nuclear Hazard

War And Military Action

We will also not pay for loss or damage caused by or resulting from any of the following:

1. Delay, loss of use, loss of market or any other consequential loss.
2. Dishonest or criminal act committed by:
  - a. You, any of your partners, employees, directors, trustees, or authorized representatives;
  - b. A manager or a member if you are a limited liability company;
  - c. Anyone else with an interest in the property;
  - d. Anyone else to whom the property is entrusted for any purpose.

This exclusion applies whether or not such:

- a). Persons are acting alone or in collusion with other persons; or
- b). Acts occur during the hours of employment.

This exclusion does not apply to:

- a). *Covered* Property that is entrusted to others who are carriers for hire; or
- b). Acts of destruction by your employees. But theft by employees is not *covered*.
- c). Breakage of art glass windows, statuary, glassware, bric-a-brac, marble, porcelain and similar fragile property.

- d). But we will pay for such loss or damage caused directly by fire, lightning, explosion, windstorm, earthquake, flood, vandalism, aircraft, rioters, strikers, theft or attempted theft, or by accident to the vehicle carrying the property if these causes of loss would be covered under this coverage form.
  - e). Any repairing, restoration or retouching of the Covered Property.
- 3 Voluntary parting with any property by you or anyone entrusted with the property if induced to do so by any fraudulent scheme, trick, device or false pretense.
  - 4 Unauthorized instructions to transfer property to any person or to any place.
  - 5 Neglect of an insured to use all reasonable means to save and preserve property from further damage at and after the time of loss.

We will not pay for loss or damage caused by or resulting from any of the following. But if loss or damage by a Covered Cause of Loss results, we will pay for the loss or damage caused by that Covered Cause of Loss.

- a). Weather conditions. But this exclusion only applies if weather conditions contribute in any way with a cause or event excluded in Paragraph 1. above to produce the loss or damage.
- b). Wear and tear, any quality in the property that causes it to damage or destroy itself, gradual deterioration; insects, vermin or rodents.

**Limits Of Insurance**

The most we will pay for loss or damage in anyone occurrence is the applicable Limit of Insurance shown in the Declarations.

**Additional Conditions**

**Valuation**

The value of all Covered Property, will be the least of the following amounts:

- 1 The actual cash value of that property;
- 2 The cost of reasonably restoring that property to its condition immediately before loss or damage; or
- 3 The cost of replacing that property with substantially identical property.

In the event of loss or damage, the value of property will be determined as of the time of loss or damage.

**Packing And Unpacking**

You agree that Covered Property will be packed and unpacked by competent packers.

**Pair Or Sets**

In case of loss or damage to any part of a pair or set, we may:

- 1 Repair or replace any part to restore the pair or set to its value before the loss or damage; or
- 2 Pay the difference between the value of the pair or set before and after the loss or damage.

**FIRE DEPARTMENT SERVICE CHARGE**

The \$1000 limit listed in Section A.4.c. Additional Coverages of form CP 00 10 is replaced by the limit shown in the declarations.

**FIRE PROTECTION DEVICE RECHARGE**

The following is added to Section A.4. Additional Coverages of form CP 00 10

**Fire Protection Device Recharge**

We will pay up to the limit shown in the Declarations in anyone occurrence for the cost of recharging fire protection devices when foam solutions, dry chemicals, halon or other fire extinguishing materials have been lost, expended, damaged or destroyed due to a Covered Cause of Loss.

No deductible applies to this Additional Coverage.

**MONEY AND SECURITIES**

The following is added to Section A.4. Additional Coverages of form CP 0010:

**Money and Securities**

- 1 We will pay for the theft, disappearance or destruction of money and securities you use in your business as shown in your records.
- 2 We will not pay for any loss caused by or resulting from accounting or arithmetical errors or omissions; dishonest or criminal acts of employees, directors, trustees or representatives; the giving or surrendering of

money or checks in any exchange or purchase; or damage resulting from fire, however caused.

3. The most we will pay for all loss caused by, or involving, one or more persons, whether the result of a single act or series of acts is the limit shown in the Declarations

Under Section A. 2. **Property Not Covered** item a. is deleted and replaced by the following:

- a. Accounts, bills, currency, deeds, food stamps or other evidences of debt, money, notes or securities; except for money and securities as defined in H. **DEFINITIONS, 6.(a) and 6.(b)** below.

The following is added to H. **DEFINITIONS**:

6. The following definitions apply to Money and Securities coverage:

(a) "Money" means:

- (i) Currency, coins and bank notes in current use and having a face value;
- (ii) Travelers checks, register checks and money orders held for sale to the public.

(b) "Securities" means negotiable and non-negotiable instruments or contracts representing either money as defined in **6.(a)** above or other property and includes:

- (i) Tokens, tickets, revenue and other stamps (whether represented by actual stamps or unused value in a meter) in current use; and
- (ii) Evidences of debt issued in connection with credit or charge cards, which cards are not issued by you; but does not include money.

**NEWLY ACQUIRED OR CONSTRUCTED PROPERTY**

The \$250,000 limit in Section **A.5.a.(1) Coverage Extensions** of form CP 00 10 is replaced by the limit shown in the declarations.

The \$100,000 limit in Section **A.5.a.(2) Coverage Extensions** of form CP 00 10 is replaced by the limit shown in the declarations.

**ORDINANCE OR LAW -INCREASED COST OF CONSTRUCTION COVERAGE**

The limit phrase "\$10,000 or 5% of the Limit of Insurance applicable to that building, whichever is less" in Section A.5.e.(6) Coverage Extensions of form CP 00 10 is replaced by the limit shown in the declarations. The limit shown in the declaration is not limited by a percentage of the limit of Insurance.

**OUTDOOR PROPERTY**

Under Section **A.5.e. Coverage Extensions of form CP 00 10 the limit phrase:** "\$1,000, but not more than \$250 for anyone tree, shrub or plant" is replaced by:

The limit shown in the declarations, but not more than \$1000 for anyone tree, shrub or plant

**PERSONAL EFFECTS**

Section **A.5. Coverage Extensions, b. Personal Effects And Property Of Others** of form CP 00 10 is replaced by the following:

**Personal Effects**

You may extend the insurance that applies to Your Business Personal Property to apply to:

Personal effects owned by you, your officers, your partners or members, your managers or your employees.

The most we will pay for loss or damage under this Extension is the limit shown in the declarations. Our payment for loss of or damage to personal property of others will only be for the account of the owner of the property.

**PROPERTY IN TRANSIT**

The **Causes Of Loss Special Form (CP 10 30)** is revised as follows:

Section 1.c, of Section **F. Additional Coverage Extensions** is deleted and replaced with the following:

- c. The most we will pay for loss or damage under this Extension is the limit shown in the declarations.

**PROPERTY OFF-PREMISES**

The \$10,000 limit listed in Section A.5.d. *Coverage* Extensions of form CP 00 10 is replaced by the limit shown in the declarations.

**SIGNS**

In section C. Limits Of Insurance of form CP 00 10, the \$2,500 limit applicable to outdoor signs is replaced by the limit shown in the declaration.

**SPOILAGE, CONTAMINATION, CHANGE IN TEMPERATURE OR HUMIDITY**

The *Coverage* Form to which this endorsement applies is extended to insure against direct physical loss or damage to "perishable stock" caused by the *Covered* Causes of Loss, but only with respect to *coverage* provided by this endorsement

With respect to the *coverage* provided by this endorsement, property located on buildings or in the open or in vehicles is considered to be Property Not Covered

Paragraph **A.3., Covered Causes Of Loss**, is replaced by the following:

**Covered Causes Of Loss**

**Covered Causes of Loss means the following**

1. Breakdown or Contamination, meaning:
  - a) Change in temperature or humidity resulting from mechanical breakdown or mechanical failure of refrigerating, cooling or humidity control apparatus or equipment, only while such equipment or apparatus is at the described premises; and
  - b) Contamination by the refrigerant.
2. Power Outage, meaning change in temperature or humidity resulting from complete or partial interruption of electrical power, either on or off the described premises, due to conditions beyond your control.

**Selling Price**

We will determine the value of finished "perishable stock" in the *event* of loss or damage at:

1. The selling price, as if no loss or damage had occurred;
2. Less discounts and expenses you otherwise would *have* had.

**Exclusions**

Only the following Exclusions contained in Paragraph B.1. of the Causes of Loss Form applicable to this *Coverage* Part apply to this Spoilage *Coverage*:

- a. Earth *Movement*;
- b. Governmental Action;
- c. Nuclear Hazard;
- d. War And Military Action; and
- e. Water

The following Exclusions are added:

1. We will not pay for loss or damage caused by or resulting from;
2. The disconnection of any refrigerating, cooling or humidity control system from the source of power.
3. The deactivation of electrical power caused by the manipulation of any switch or other *device* used to control the flow of electrical power or current.
4. The inability of an Electrical Utility Company or other power source to provide sufficient power due to:
  - a. Lack of fuel; or
  - b. *Governmental* order.
5. The inability of a power source at the described premises to provide sufficient power due to lack of generating capacity to meet demand.
6. Breaking of any glass that is a permanent part of any refrigerating, cooling or humidity control unit.

**Deductible:**

We will not pay for loss or damage in anyone occurrence until the amount of loss or damage exceeds \$1000. We will then pay the amount of loss or damage in excess of that amount, up to the applicable Limit of Insurance. No other deductible in this policy applies to the *coverage* provided by this endorsement.

**ADDITIONAL CONDITION**

**Refrigeration Maintenance Agreements**

You must maintain a refrigeration maintenance or service agreement. If you voluntarily terminate this agreement and do not notify us, the insurance

provided by this endorsement will be automatically suspended at the involved location.

The following is added to the **Definitions**:

"Perishable stock" means personal property:

1. Maintained under controlled conditions for its preservation; and
2. Susceptible to loss or damage if the controlled conditions change.

**VALUABLE PAPERS AND RECORDS (OTHER THAN ELECTRONIC DATA)**

The \$2,500 limit listed in Section A.5.c. Coverage Extensions of form CP 00 10 is replaced by the limit shown in the declarations.

**UTILITY SERVICES**

**Direct Damage**

We will pay for loss of or damage to Covered Property caused by the interruption of utility service to the described premises. The interruption in utility service must result from direct physical loss or damage by a Covered Cause of Loss to the covered utility property listed below, not on the described premises.

**Loss Of Business Income**

Your coverage for Business Income and/or Extra Expense, as provided and limited in the applicable Coverage Form, is extended to apply to a "suspension" of "operations" at the described premises caused by an interruption in utility service to that premises. The interruption in utility service must result from direct physical loss or damage by a Covered Cause of Loss to the covered utility property listed below, not on the described premises.

**Covered Utility Property:**

A. **Water Supply Services**, meaning the following types of property supplying water to the described premises:

1. Pumping stations; and
2. Water mains.

B. **Communication Supply Services**, meaning property supplying communication services, including telephone, radio, microwave or television services to the described premises, such as:

1. Communication transmission lines;

2. Coaxial cables; and
3. Microwave radio relays except satellites.

It does not include overhead communication lines.

C. **Power Supply Services**, meaning the following types of property supplying electricity, steam or gas to the described premises:

1. Utility generating plants;
2. Switching stations;
3. Substations;
4. Transformers; and
5. Transmission lines.

**Limits Of Insurance**

The most we will pay for loss or damage in anyone occurrence is the applicable Limit of Insurance shown for each coverage in the Declarations.

**WATER BACK UP OF SEWERS AND DRAINS**

The following is added to Section A.4. **Additional Coverages of form CP 0010**:

**Water Back Up Of Sewers And Drains**

We will pay for direct physical loss of or damage to Covered Property resulting from water that backs up or overflows or is otherwise discharged from a sewer, drain, sump, sump pump or related equipment.

**Limits Of Insurance**

The most we will pay for loss or damage in anyone occurrence is the applicable Limit of Insurance shown for each coverage in the Declarations.

## CAUSES OF LOSS – SPECIAL FORM

Words and phrases that appear in quotation marks have special meaning. Refer to Section G. Definitions.

### A. Covered Causes Of Loss

When Special is shown in the Declarations, Covered Causes of Loss means direct physical loss unless the loss is excluded or limited in this policy.

### B. Exclusions

1. We will not pay for loss or damage caused directly or indirectly by any of the following. Such loss or damage is excluded regardless of any other cause or event that contributes concurrently or in any sequence to the loss.

#### a. Ordinance Or Law

The enforcement of or compliance with any ordinance or law:

- (1) Regulating the construction, use or repair of any property; or
- (2) Requiring the tearing down of any property, including the cost of removing its debris.

This exclusion, Ordinance Or Law, applies whether the loss results from:

- (a) An ordinance or law that is enforced even if the property has not been damaged; or
- (b) The increased costs incurred to comply with an ordinance or law in the course of construction, repair, renovation, remodeling or demolition of property, or removal of its debris, following a physical loss to that property.

#### b. Earth Movement

- (1) Earthquake, including tremors and aftershocks and any earth sinking, rising or shifting related to such event;
- (2) Landslide, including any earth sinking, rising or shifting related to such event;
- (3) Mine subsidence, meaning subsidence of a man-made mine, whether or not mining activity has ceased;

- (4) Earth sinking (other than sinkhole collapse), rising or shifting including soil conditions which cause settling, cracking or other disarrangement of foundations or other parts of realty. Soil conditions include contraction, expansion, freezing, thawing, erosion, improperly compacted soil and the action of water under the ground surface.

But if Earth Movement, as described in b.(1) through (4) above, results in fire or explosion, we will pay for the loss or damage caused by that fire or explosion.

- (5) Volcanic eruption, explosion or effusion. But if volcanic eruption, explosion or effusion results in fire, building glass breakage or Volcanic Action, we will pay for the loss or damage caused by that fire, building glass breakage or Volcanic Action.

Volcanic Action means direct loss or damage resulting from the eruption of a volcano when the loss or damage is caused by:

- (a) Airborne volcanic blast or airborne shock waves;
- (b) Ash, dust or particulate matter; or
- (c) Lava flow.

With respect to coverage for Volcanic Action as set forth in (5)(a), (5)(b) and (5)(c), all volcanic eruptions that occur within any 168-hour period will constitute a single occurrence.

Volcanic Action does not include the cost to remove ash, dust or particulate matter that does not cause direct physical loss or damage to the described property.

This exclusion applies regardless of whether any of the above, in Paragraphs (1) through (5), is caused by an act of nature or is otherwise caused.

**c. Governmental Action**

Seizure or destruction of property by order of governmental authority.

But we will pay for loss or damage caused by or resulting from acts of destruction ordered by governmental authority and taken at the time of a fire to prevent its spread, if the fire would be covered under this Coverage Part.

**d. Nuclear Hazard**

Nuclear reaction or radiation, or radioactive contamination, however caused.

But if nuclear reaction or radiation, or radioactive contamination, results in fire, we will pay for the loss or damage caused by that fire.

**e. Utility Services**

The failure of power, communication, water or other utility service supplied to the described premises, however caused, if the failure:

- (1) Originates away from the described premises; or
- (2) Originates at the described premises, but only if such failure involves equipment used to supply the utility service to the described premises from a source away from the described premises.

Failure of any utility service includes lack of sufficient capacity and reduction in supply.

Loss or damage caused by a surge of power is also excluded, if the surge would not have occurred but for an event causing a failure of power.

But if the failure or surge of power, or the failure of communication, water or other utility service, results in a Covered Cause of Loss, we will pay for the loss or damage caused by that Covered Cause of Loss.

Communication services include but are not limited to service relating to Internet access or access to any electronic, cellular or satellite network.

**f. War And Military Action**

- (1) War, including undeclared or civil war;
- (2) Warlike action by a military force, including action in hindering or defending against an actual or expected attack, by any government, sovereign or other authority using military personnel or other agents; or

- (3) Insurrection, rebellion, revolution, usurped power, or action taken by governmental authority in hindering or defending against any of these.

**g. Water**

- (1) Flood, surface water, waves (including tidal wave and tsunami), tides, tidal water, overflow of any body of water, or spray from any of these, all whether or not driven by wind (including storm surge);
- (2) Mudslide or mudflow;
- (3) Water that backs up or overflows or is otherwise discharged from a sewer, drain, sump, sump pump or related equipment;
- (4) Water under the ground surface pressing on, or flowing or seeping through:
  - (a) Foundations, walls, floors or paved surfaces;
  - (b) Basements, whether paved or not; or
  - (c) Doors, windows or other openings; or
- (5) Waterborne material carried or otherwise moved by any of the water referred to in Paragraph (1), (3) or (4), or material carried or otherwise moved by mudslide or mudflow.

This exclusion applies regardless of whether any of the above, in Paragraphs (1) through (5), is caused by an act of nature or is otherwise caused. An example of a situation to which this exclusion applies is the situation where a dam, levee, seawall or other boundary or containment system fails in whole or in part, for any reason, to contain the water.

But if any of the above, in Paragraphs (1) through (5), results in fire, explosion or sprinkler leakage, we will pay for the loss or damage caused by that fire, explosion or sprinkler leakage (if sprinkler leakage is a Covered Cause of Loss).

**h. "Fungus", Wet Rot, Dry Rot And Bacteria**

Presence, growth, proliferation, spread or any activity of "fungus", wet or dry rot or bacteria.

But if "fungus", wet or dry rot or bacteria result in a "specified cause of loss", we will pay for the loss or damage caused by that "specified cause of loss".

This exclusion does not apply:

- (1) When "fungus", wet or dry rot or bacteria result from fire or lightning; or
- (2) To the extent that coverage is provided in the Additional Coverage, Limited Coverage For "Fungus", Wet Rot, Dry Rot And Bacteria, with respect to loss or damage by a cause of loss other than fire or lightning.

Exclusions **B.1.a.** through **B.1.h.** apply whether or not the loss event results in widespread damage or affects a substantial area.

2. We will not pay for loss or damage caused by or resulting from any of the following:

a. Artificially generated electrical, magnetic or electromagnetic energy that damages, disturbs, disrupts or otherwise interferes with any:

- (1) Electrical or electronic wire, device, appliance, system or network; or
- (2) Device, appliance, system or network utilizing cellular or satellite technology.

For the purpose of this exclusion, electrical, magnetic or electromagnetic energy includes but is not limited to:

- (a) Electrical current, including arcing;
- (b) Electrical charge produced or conducted by a magnetic or electromagnetic field;
- (c) Pulse of electromagnetic energy; or
- (d) Electromagnetic waves or microwaves.

But if fire results, we will pay for the loss or damage caused by that fire.

- b. Delay, loss of use or loss of market.
- c. Smoke, vapor or gas from agricultural smudging or industrial operations.
- d.(1) Wear and tear;
- (2) Rust or other corrosion, decay, deterioration, hidden or latent defect or any quality in property that causes it to damage or destroy itself;
- (3) Smog;
- (4) Settling, cracking, shrinking or expansion;

(5) Nesting or infestation, or discharge or release of waste products or secretions, by insects, birds, rodents or other animals.

(6) Mechanical breakdown, including rupture or bursting caused by centrifugal force. But if mechanical breakdown results in elevator collision, we will pay for the loss or damage caused by that elevator collision.

(7) The following causes of loss to personal property:

- (a) Dampness or dryness of atmosphere;
- (b) Changes in or extremes of temperature; or
- (c) Marring or scratching.

But if an excluded cause of loss that is listed in **2.d.(1)** through **(7)** results in a "specified cause of loss" or building glass breakage, we will pay for the loss or damage caused by that "specified cause of loss" or building glass breakage.

e. Explosion of steam boilers, steam pipes, steam engines or steam turbines owned or leased by you, or operated under your control. But if explosion of steam boilers, steam pipes, steam engines or steam turbines results in fire or combustion explosion, we will pay for the loss or damage caused by that fire or combustion explosion. We will also pay for loss or damage caused by or resulting from the explosion of gases or fuel within the furnace of any fired vessel or within the flues or passages through which the gases of combustion pass.

f. Continuous or repeated seepage or leakage of water, or the presence or condensation of humidity, moisture or vapor, that occurs over a period of 14 days or more.

g. Water, other liquids, powder or molten material that leaks or flows from plumbing, heating, air conditioning or other equipment (except fire protective systems) caused by or resulting from freezing, unless:

- (1) You do your best to maintain heat in the building or structure; or

- (2) You drain the equipment and shut off the supply if the heat is not maintained.
- h. Dishonest or criminal act (including theft) by you, any of your partners, members, officers, managers, employees (including temporary employees and leased workers), directors, trustees or authorized representatives, whether acting alone or in collusion with each other or with any other party; or theft by any person to whom you entrust the property for any purpose, whether acting alone or in collusion with any other party.

This exclusion:

- (1) Applies whether or not an act occurs during your normal hours of operation;
- (2) Does not apply to acts of destruction by your employees (including temporary employees and leased workers) or authorized representatives; but theft by your employees (including temporary employees and leased workers) or authorized representatives is not covered.
- i. Voluntary parting with any property by you or anyone else to whom you have entrusted the property if induced to do so by any fraudulent scheme, trick, device or false pretense.
- j. Rain, snow, ice or sleet to personal property in the open.
- k. Collapse, including any of the following conditions of property or any part of the property:
- (1) An abrupt falling down or caving in;
- (2) Loss of structural integrity, including separation of parts of the property or property in danger of falling down or caving in; or
- (3) Any cracking, bulging, sagging, bending, leaning, settling, shrinkage or expansion as such condition relates to (1) or (2) above.

But if collapse results in a Covered Cause of Loss at the described premises, we will pay for the loss or damage caused by that Covered Cause of Loss.

This exclusion, k., does not apply:

- (a) To the extent that coverage is provided under the Additional Coverage, Collapse; or

- (b) To collapse caused by one or more of the following:
- (i) The "specified causes of loss";
- (ii) Breakage of building glass;
- (iii) Weight of rain that collects on a roof; or
- (iv) Weight of people or personal property.

- l. Discharge, dispersal, seepage, migration, release or escape of "pollutants" unless the discharge, dispersal, seepage, migration, release or escape is itself caused by any of the "specified causes of loss". But if the discharge, dispersal, seepage, migration, release or escape of "pollutants" results in a "specified cause of loss", we will pay for the loss or damage caused by that "specified cause of loss".

This exclusion, l., does not apply to damage to glass caused by chemicals applied to the glass.

- m. Neglect of an insured to use all reasonable means to save and preserve property from further damage at and after the time of loss.
3. We will not pay for loss or damage caused by or resulting from any of the following, 3.a. through 3.c. But if an excluded cause of loss that is listed in 3.a. through 3.c. results in a Covered Cause of Loss, we will pay for the loss or damage caused by that Covered Cause of Loss.
- a. Weather conditions. But this exclusion only applies if weather conditions contribute in any way with a cause or event excluded in Paragraph 1. above to produce the loss or damage.
- b. Acts or decisions, including the failure to act or decide, of any person, group, organization or governmental body.
- c. Faulty, inadequate or defective:
- (1) Planning, zoning, development, surveying, siting;
- (2) Design, specifications, workmanship, repair, construction, renovation, remodeling, grading, compaction;
- (3) Materials used in repair, construction, renovation or remodeling; or
- (4) Maintenance;
- of part or all of any property on or off the described premises.

#### 4. Special Exclusions

The following provisions apply only to the specified Coverage Forms:

##### a. Business Income (And Extra Expense) Coverage Form, Business Income (Without Extra Expense) Coverage Form, Or Extra Expense Coverage Form

We will not pay for:

- (1) Any loss caused by or resulting from:
  - (a) Damage or destruction of "finished stock"; or
  - (b) The time required to reproduce "finished stock".This exclusion does not apply to Extra Expense.
- (2) Any loss caused by or resulting from direct physical loss or damage to radio or television antennas (including satellite dishes) and their lead-in wiring, masts or towers.
- (3) Any increase of loss caused by or resulting from:
  - (a) Delay in rebuilding, repairing or replacing the property or resuming "operations", due to interference at the location of the rebuilding, repair or replacement by strikers or other persons; or
  - (b) Suspension, lapse or cancellation of any license, lease or contract. But if the suspension, lapse or cancellation is directly caused by the "suspension" of "operations", we will cover such loss that affects your Business Income during the "period of restoration" and any extension of the "period of restoration" in accordance with the terms of the Extended Business Income Additional Coverage and the Extended Period Of Indemnity Optional Coverage or any variation of these.
- (4) Any Extra Expense caused by or resulting from suspension, lapse or cancellation of any license, lease or contract beyond the "period of restoration".

- (5) Any other consequential loss.

##### b. Leasehold Interest Coverage Form

- (1) Paragraph B.1.a., Ordinance Or Law, does not apply to insurance under this Coverage Form.
- (2) We will not pay for any loss caused by:
  - (a) Your cancelling the lease;
  - (b) The suspension, lapse or cancellation of any license; or
  - (c) Any other consequential loss.

##### c. Legal Liability Coverage Form

- (1) The following exclusions do not apply to insurance under this Coverage Form:
  - (a) Paragraph B.1.a. Ordinance Or Law;
  - (b) Paragraph B.1.c. Governmental Action;
  - (c) Paragraph B.1.d. Nuclear Hazard;
  - (d) Paragraph B.1.e. Utility Services; and
  - (e) Paragraph B.1.f. War And Military Action.
- (2) The following additional exclusions apply to insurance under this Coverage Form:
  - (a) **Contractual Liability**

We will not defend any claim or "suit", or pay damages that you are legally liable to pay, solely by reason of your assumption of liability in a contract or agreement. But this exclusion does not apply to a written lease agreement in which you have assumed liability for building damage resulting from an actual or attempted burglary or robbery, provided that:

    - (i) Your assumption of liability was executed prior to the accident; and
    - (ii) The building is Covered Property under this Coverage Form.
  - (b) **Nuclear Hazard**

We will not defend any claim or "suit", or pay any damages, loss, expense or obligation, resulting from nuclear reaction or radiation, or radioactive contamination, however caused.

## 5. Additional Exclusion

The following provisions apply only to the specified property:

### Loss Or Damage To Products

We will not pay for loss or damage to any merchandise, goods or other product caused by or resulting from error or omission by any person or entity (including those having possession under an arrangement where work or a portion of the work is outsourced) in any stage of the development, production or use of the product, including planning, testing, processing, packaging, installation, maintenance or repair. This exclusion applies to any effect that compromises the form, substance or quality of the product. But if such error or omission results in a Covered Cause of Loss, we will pay for the loss or damage caused by that Covered Cause of Loss.

## C. Limitations

The following limitations apply to all policy forms and endorsements, unless otherwise stated:

1. We will not pay for loss of or damage to property, as described and limited in this section. In addition, we will not pay for any loss that is a consequence of loss or damage as described and limited in this section.

- a. Steam boilers, steam pipes, steam engines or steam turbines caused by or resulting from any condition or event inside such equipment. But we will pay for loss of or damage to such equipment caused by or resulting from an explosion of gases or fuel within the furnace of any fired vessel or within the flues or passages through which the gases of combustion pass.
- b. Hot water boilers or other water heating equipment caused by or resulting from any condition or event inside such boilers or equipment, other than an explosion.
- c. The interior of any building or structure, or to personal property in the building or structure, caused by or resulting from rain, snow, sleet, ice, sand or dust, whether driven by wind or not, unless:
  - (1) The building or structure first sustains damage by a Covered Cause of Loss to its roof or walls through which the rain, snow, sleet, ice, sand or dust enters; or
  - (2) The loss or damage is caused by or results from thawing of snow, sleet or ice on the building or structure.

d. Building materials and supplies not attached as part of the building or structure, caused by or resulting from theft.

However, this limitation does not apply to:

- (1) Building materials and supplies held for sale by you, unless they are insured under the Builders Risk Coverage Form; or
  - (2) Business Income Coverage or Extra Expense Coverage.
- e. Property that is missing, where the only evidence of the loss or damage is a shortage disclosed on taking inventory, or other instances where there is no physical evidence to show what happened to the property.
- f. Property that has been transferred to a person or to a place outside the described premises on the basis of unauthorized instructions.
- g. Lawns, trees, shrubs or plants which are part of a vegetated roof, caused by or resulting from:
  - (1) Dampness or dryness of atmosphere or of soil supporting the vegetation;
  - (2) Changes in or extremes of temperature;
  - (3) Disease;
  - (4) Frost or hail; or
  - (5) Rain, snow, ice or sleet.
2. We will not pay for loss of or damage to the following types of property unless caused by the "specified causes of loss" or building glass breakage:
  - a. Animals, and then only if they are killed or their destruction is made necessary.
  - b. Fragile articles such as statuary, marbles, chinaware and porcelains, if broken. This restriction does not apply to:
    - (1) Glass; or
    - (2) Containers of property held for sale.
  - c. Builders' machinery, tools and equipment owned by you or entrusted to you, provided such property is Covered Property.  
However, this limitation does not apply:
    - (1) If the property is located on or within 100 feet of the described premises, unless the premises is insured under the Builders Risk Coverage Form; or
    - (2) To Business Income Coverage or to Extra Expense Coverage.

3. The special limit shown for each category, a. through d., is the total limit for loss of or damage to all property in that category. The special limit applies to any one occurrence of theft, regardless of the types or number of articles that are lost or damaged in that occurrence. The special limits are (unless a higher limit is shown in the Declarations):

- a. \$2,500 for furs, fur garments and garments trimmed with fur.
- b. \$2,500 for jewelry, watches, watch movements, jewels, pearls, precious and semiprecious stones, bullion, gold, silver, platinum and other precious alloys or metals. This limit does not apply to jewelry and watches worth \$100 or less per item.
- c. \$2,500 for patterns, dies, molds and forms.
- d. \$250 for stamps, tickets, including lottery tickets held for sale, and letters of credit.

These special limits are part of, not in addition to, the Limit of Insurance applicable to the Covered Property.

This limitation, C.3., does not apply to Business Income Coverage or to Extra Expense Coverage.

4. We will not pay the cost to repair any defect to a system or appliance from which water, other liquid, powder or molten material escapes. But we will pay the cost to repair or replace damaged parts of fire-extinguishing equipment if the damage:

- a. Results in discharge of any substance from an automatic fire protection system; or
- b. Is directly caused by freezing.

However, this limitation does not apply to Business Income Coverage or to Extra Expense Coverage.

#### D. Additional Coverage – Collapse

The coverage provided under this Additional Coverage, Collapse, applies only to an abrupt collapse as described and limited in D.1. through D.7.

1. For the purpose of this Additional Coverage, Collapse, abrupt collapse means an abrupt falling down or caving in of a building or any part of a building with the result that the building or part of the building cannot be occupied for its intended purpose.

2. We will pay for direct physical loss or damage to Covered Property, caused by abrupt collapse of a building or any part of a building that is insured under this Coverage Form or that contains Covered Property insured under this Coverage Form, if such collapse is caused by one or more of the following:

- a. Building decay that is hidden from view, unless the presence of such decay is known to an insured prior to collapse;
- b. Insect or vermin damage that is hidden from view, unless the presence of such damage is known to an insured prior to collapse;
- c. Use of defective material or methods in construction, remodeling or renovation if the abrupt collapse occurs during the course of the construction, remodeling or renovation.
- d. Use of defective material or methods in construction, remodeling or renovation if the abrupt collapse occurs after the construction, remodeling or renovation is complete, but only if the collapse is caused in part by:
  - (1) A cause of loss listed in 2.a. or 2.b.;
  - (2) One or more of the "specified causes of loss";
  - (3) Breakage of building glass;
  - (4) Weight of people or personal property; or
  - (5) Weight of rain that collects on a roof.

3. This **Additional Coverage – Collapse** does not apply to:

- a. A building or any part of a building that is in danger of falling down or caving in;
- b. A part of a building that is standing, even if it has separated from another part of the building; or
- c. A building that is standing or any part of a building that is standing, even if it shows evidence of cracking, bulging, sagging, bending, leaning, settling, shrinkage or expansion.

4. With respect to the following property:

- a. Outdoor radio or television antennas (including satellite dishes) and their lead-in wiring, masts or towers;

- b. Awnings, gutters and downspouts;
  - c. Yard fixtures;
  - d. Outdoor swimming pools;
  - e. Fences;
  - f. Piers, wharves and docks;
  - g. Beach or diving platforms or appurtenances;
  - h. Retaining walls; and
  - i. Walks, roadways and other paved surfaces;
- if an abrupt collapse is caused by a cause of loss listed in 2.a. through 2.d., we will pay for loss or damage to that property only if:

- (1) Such loss or damage is a direct result of the abrupt collapse of a building insured under this Coverage Form; and
- (2) The property is Covered Property under this Coverage Form.

5. If personal property abruptly falls down or caves in and such collapse is **not** the result of abrupt collapse of a building, we will pay for loss or damage to Covered Property caused by such collapse of personal property only if:
- a. The collapse of personal property was caused by a cause of loss listed in 2.a. through 2.d.;
  - b. The personal property which collapses is inside a building; and
  - c. The property which collapses is not of a kind listed in 4., regardless of whether that kind of property is considered to be personal property or real property.

The coverage stated in this Paragraph 5. does not apply to personal property if marring and/or scratching is the only damage to that personal property caused by the collapse.

6. This Additional Coverage, Collapse, does not apply to personal property that has not abruptly fallen down or caved in, even if the personal property shows evidence of cracking, bulging, sagging, bending, leaning, settling, shrinkage or expansion.
7. This Additional Coverage, Collapse, will not increase the Limits of Insurance provided in this Coverage Part.
8. The term Covered Cause of Loss includes the Additional Coverage, Collapse, as described and limited in D.1. through D.7.

#### E. Additional Coverage – Limited Coverage For "Fungus", Wet Rot, Dry Rot And Bacteria

1. The coverage described in E.2. and E.6. only applies when the "fungus", wet or dry rot or bacteria are the result of one or more of the following causes that occur during the policy period and only if all reasonable means were used to save and preserve the property from further damage at the time of and after that occurrence:

- a. A "specified cause of loss" other than fire or lightning; or
- b. Flood, if the Flood Coverage Endorsement applies to the affected premises.

This Additional Coverage does not apply to lawns, trees, shrubs or plants which are part of a vegetated roof.

2. We will pay for loss or damage by "fungus", wet or dry rot or bacteria. As used in this Limited Coverage, the term loss or damage means:

- a. Direct physical loss or damage to Covered Property caused by "fungus", wet or dry rot or bacteria, including the cost of removal of the "fungus", wet or dry rot or bacteria;
- b. The cost to tear out and replace any part of the building or other property as needed to gain access to the "fungus", wet or dry rot or bacteria; and
- c. The cost of testing performed after removal, repair, replacement or restoration of the damaged property is completed, provided there is a reason to believe that "fungus", wet or dry rot or bacteria are present.

3. The coverage described under E.2. of this Limited Coverage is limited to \$15,000. Regardless of the number of claims, this limit is the most we will pay for the total of all loss or damage arising out of all occurrences of "specified causes of loss" (other than fire or lightning) and Flood which take place in a 12-month period (starting with the beginning of the present annual policy period). With respect to a particular occurrence of loss which results in "fungus", wet or dry rot or bacteria, we will not pay more than a total of \$15,000 even if the "fungus", wet or dry rot or bacteria continue to be present or active, or recur, in a later policy period.

4. The coverage provided under this Limited Coverage does not increase the applicable Limit of Insurance on any Covered Property. If a particular occurrence results in loss or damage by "fungus", wet or dry rot or bacteria, and other loss or damage, we will not pay more, for the total of all loss or damage, than the applicable Limit of Insurance on the affected Covered Property.

If there is covered loss or damage to Covered Property, not caused by "fungus", wet or dry rot or bacteria, loss payment will not be limited by the terms of this Limited Coverage, except to the extent that "fungus", wet or dry rot or bacteria cause an increase in the loss. Any such increase in the loss will be subject to the terms of this Limited Coverage.

5. The terms of this Limited Coverage do not increase or reduce the coverage provided under Paragraph F.2. (Water Damage, Other Liquids, Powder Or Molten Material Damage) of this Causes Of Loss form or under the Additional Coverage, Collapse.
6. The following, 6.a. or 6.b., applies only if Business Income and/or Extra Expense Coverage applies to the described premises and only if the "suspension" of "operations" satisfies all terms and conditions of the applicable Business Income and/or Extra Expense Coverage Form:
- a. If the loss which resulted in "fungus", wet or dry rot or bacteria does not in itself necessitate a "suspension" of "operations", but such "suspension" is necessary due to loss or damage to property caused by "fungus", wet or dry rot or bacteria, then our payment under Business Income and/or Extra Expense is limited to the amount of loss and/or expense sustained in a period of not more than 30 days. The days need not be consecutive.
  - b. If a covered "suspension" of "operations" was caused by loss or damage other than "fungus", wet or dry rot or bacteria but remediation of "fungus", wet or dry rot or bacteria prolongs the "period of restoration", we will pay for loss and/or expense sustained during the delay (regardless of when such a delay occurs during the "period of restoration"), but such coverage is limited to 30 days. The days need not be consecutive.

## F. Additional Coverage Extensions

### 1. Property In Transit

This Extension applies only to your personal property to which this form applies.

- a. You may extend the insurance provided by this Coverage Part to apply to your personal property (other than property in the care, custody or control of your salespersons) in transit more than 100 feet from the described premises. Property must be in or on a motor vehicle you own, lease or operate while between points in the coverage territory.
- b. Loss or damage must be caused by or result from one of the following causes of loss:
  - (1) Fire, lightning, explosion, windstorm or hail, riot or civil commotion, or vandalism.
  - (2) Vehicle collision, upset or overturn. Collision means accidental contact of your vehicle with another vehicle or object. It does not mean your vehicle's contact with the roadbed.
  - (3) Theft of an entire bale, case or package by forced entry into a securely locked body or compartment of the vehicle. There must be visible marks of the forced entry.
- c. The most we will pay for loss or damage under this Extension is \$5,000.

This Coverage Extension is additional insurance. The Additional Condition, Coinsurance, does not apply to this Extension.

### 2. Water Damage, Other Liquids, Powder Or Molten Material Damage

If loss or damage caused by or resulting from covered water or other liquid, powder or molten material damage loss occurs, we will also pay the cost to tear out and replace any part of the building or structure to repair damage to the system or appliance from which the water or other substance escapes. This Coverage Extension does not increase the Limit of Insurance.

### 3. Glass

- a. We will pay for expenses incurred to put up temporary plates or board up openings if repair or replacement of damaged glass is delayed.

- b. We will pay for expenses incurred to remove or replace obstructions when repairing or replacing glass that is part of a building. This does not include removing or replacing window displays.

This Coverage Extension F.3. does not increase the Limit of Insurance.

#### G. Definitions

1. "Fungus" means any type or form of fungus, including mold or mildew, and any mycotoxins, spores, scents or by-products produced or released by fungi.
2. "Specified causes of loss" means the following: fire; lightning; explosion; windstorm or hail; smoke; aircraft or vehicles; riot or civil commotion; vandalism; leakage from fire-extinguishing equipment; sinkhole collapse; volcanic action; falling objects; weight of snow, ice or sleet; water damage.
  - a. Sinkhole collapse means the sudden sinking or collapse of land into underground empty spaces created by the action of water on limestone or dolomite. This cause of loss does not include:
    - (1) The cost of filling sinkholes; or
    - (2) Sinking or collapse of land into man-made underground cavities.
  - b. Falling objects does not include loss or damage to:
    - (1) Personal property in the open; or
    - (2) The interior of a building or structure, or property inside a building or structure, unless the roof or an outside wall of the building or structure is first damaged by a falling object.

#### c. Water damage means:

- (1) Accidental discharge or leakage of water or steam as the direct result of the breaking apart or cracking of a plumbing, heating, air conditioning or other system or appliance (other than a sump system including its related equipment and parts), that is located on the described premises and contains water or steam; and
- (2) Accidental discharge or leakage of water or waterborne material as the direct result of the breaking apart or cracking of a water or sewer pipe that is located off the described premises and is part of a municipal potable water supply system or municipal sanitary sewer system, if the breakage or cracking is caused by wear and tear.

But water damage does not include loss or damage otherwise excluded under the terms of the Water Exclusion. Therefore, for example, there is no coverage under this policy in the situation in which discharge or leakage of water results from the breaking apart or cracking of a pipe which was caused by or related to weather-induced flooding, even if wear and tear contributed to the breakage or cracking. As another example, and also in accordance with the terms of the Water Exclusion, there is no coverage for loss or damage caused by or related to weather-induced flooding which follows or is exacerbated by pipe breakage or cracking attributable to wear and tear.

To the extent that accidental discharge or leakage of water falls within the criteria set forth in c.(1) or c.(2) of this definition of "specified causes of loss," such water is not subject to the provisions of the Water Exclusion which preclude coverage for surface water or water under the surface of the ground.

## BUSINESS INCOME (AND EXTRA EXPENSE) COVERAGE FORM

Various provisions in this policy restrict coverage. Read the entire policy carefully to determine rights, duties and what is and is not covered.

Throughout this policy, the words "you" and "your" refer to the Named Insured shown in the Declarations. The words "we", "us" and "our" refer to the company providing this insurance.

Other words and phrases that appear in quotation marks have special meaning. Refer to Section F. Definitions.

### A. Coverage

#### 1. Business Income

Business Income means the:

- a. Net Income (Net Profit or Loss before income taxes) that would have been earned or incurred; and
- b. Continuing normal operating expenses incurred, including payroll.

For manufacturing risks, Net Income includes the net sales value of production.

Coverage is provided as described and limited below for one or more of the following options for which a Limit Of Insurance is shown in the Declarations:

- (1) Business Income Including "Rental Value".
- (2) Business Income Other Than "Rental Value".
- (3) "Rental Value".

If option (1) above is selected, the term Business Income will include "Rental Value". If option (3) above is selected, the term Business Income will mean "Rental Value" only.

If Limits of Insurance are shown under more than one of the above options, the provisions of this Coverage Part apply separately to each.

We will pay for the actual loss of Business Income you sustain due to the necessary "suspension" of your "operations" during the "period of restoration". The "suspension" must be caused by direct physical loss of or damage to property at premises which are described in the Declarations and for which a Business Income Limit Of Insurance is shown in the Declarations. The loss or damage must be caused by or result from a Covered Cause of Loss. With respect to loss of or damage to personal property in the open or personal property in a vehicle, the described premises include the area within 100 feet of such premises.

With respect to the requirements set forth in the preceding paragraph, if you occupy only part of a building, your premises means:

- (a) The portion of the building which you rent, lease or occupy;
- (b) The area within 100 feet of the building or within 100 feet of the premises described in the Declarations, whichever distance is greater (with respect to loss of or damage to personal property in the open or personal property in a vehicle); and
- (c) Any area within the building or at the described premises, if that area services, or is used to gain access to, the portion of the building which you rent, lease or occupy.

#### 2. Extra Expense

- a. Extra Expense Coverage is provided at the premises described in the Declarations only if the Declarations show that Business Income Coverage applies at that premises.
- b. Extra Expense means necessary expenses you incur during the "period of restoration" that you would not have incurred if there had been no direct physical loss or damage to property caused by or resulting from a Covered Cause of Loss.

We will pay Extra Expense (other than the expense to repair or replace property) to:

- (1) Avoid or minimize the "suspension" of business and to continue operations at the described premises or at replacement premises or temporary locations, including relocation expenses and costs to equip and operate the replacement location or temporary location.

- (2) Minimize the "suspension" of business if you cannot continue "operations".

We will also pay Extra Expense to repair or replace property, but only to the extent it reduces the amount of loss that otherwise would have been payable under this Coverage Form.

**3. Covered Causes Of Loss, Exclusions And Limitations**

See applicable Causes Of Loss form as shown in the Declarations.

**4. Additional Limitation – Interruption Of Computer Operations**

- a. Coverage for Business Income does not apply when a "suspension" of "operations" is caused by destruction or corruption of electronic data, or any loss or damage to electronic data, except as provided under the Additional Coverage, Interruption Of Computer Operations.
- b. Coverage for Extra Expense does not apply when action is taken to avoid or minimize a "suspension" of "operations" caused by destruction or corruption of electronic data, or any loss or damage to electronic data, except as provided under the Additional Coverage, Interruption Of Computer Operations.
- c. Electronic data means information, facts or computer programs stored as or on, created or used on, or transmitted to or from computer software (including systems and applications software), on hard or floppy disks, CD-ROMs, tapes, drives, cells, data processing devices or any other repositories of computer software which are used with electronically controlled equipment. The term computer programs, referred to in the foregoing description of electronic data, means a set of related electronic instructions which direct the operations and functions of a computer or device connected to it, which enable the computer or device to receive, process, store, retrieve or send data.
- d. This Additional Limitation does not apply when loss or damage to electronic data involves only electronic data which is integrated in and operates or controls a building's elevator, lighting, heating, ventilation, air conditioning or security system.

**5. Additional Coverages**

**a. Civil Authority**

In this Additional Coverage, Civil Authority, the described premises are premises to which this Coverage Form applies, as shown in the Declarations.

When a Covered Cause of Loss causes damage to property other than property at the described premises, we will pay for the actual loss of Business Income you sustain and necessary Extra Expense caused by action of civil authority that prohibits access to the described premises, provided that both of the following apply:

- (1) Access to the area immediately surrounding the damaged property is prohibited by civil authority as a result of the damage, and the described premises are within that area but are not more than one mile from the damaged property; and
- (2) The action of civil authority is taken in response to dangerous physical conditions resulting from the damage or continuation of the Covered Cause of Loss that caused the damage, or the action is taken to enable a civil authority to have unimpeded access to the damaged property.

Civil Authority Coverage for Business Income will begin 72 hours after the time of the first action of civil authority that prohibits access to the described premises and will apply for a period of up to four consecutive weeks from the date on which such coverage began.

Civil Authority Coverage for Extra Expense will begin immediately after the time of the first action of civil authority that prohibits access to the described premises and will end:

- (1) Four consecutive weeks after the date of that action; or
- (2) When your Civil Authority Coverage for Business Income ends;

whichever is later.

**b. Alterations And New Buildings**

We will pay for the actual loss of Business Income you sustain and necessary Extra Expense you incur due to direct physical loss or damage at the described premises caused by or resulting from any Covered Cause of Loss to:

- (1) New buildings or structures, whether complete or under construction;
- (2) Alterations or additions to existing buildings or structures; and
- (3) Machinery, equipment, supplies or building materials located on or within 100 feet of the described premises and:
  - (a) Used in the construction, alterations or additions; or
  - (b) Incidental to the occupancy of new buildings.

If such direct physical loss or damage delays the start of "operations", the "period of restoration" for Business Income Coverage will begin on the date "operations" would have begun if the direct physical loss or damage had not occurred.

**c. Extended Business Income**

**(1) Business Income Other Than "Rental Value"**

If the necessary "suspension" of your "operations" produces a Business Income loss payable under this policy, we will pay for the actual loss of Business Income you incur during the period that:

- (a) Begins on the date property (except "finished stock") is actually repaired, rebuilt or replaced and "operations" are resumed; and
- (b) Ends on the earlier of:
  - (i) The date you could restore your "operations", with reasonable speed, to the level which would generate the business income amount that would have existed if no direct physical loss or damage had occurred; or
  - (ii) 60 consecutive days after the date determined in (1)(a) above.

However, Extended Business Income does not apply to loss of Business Income incurred as a result of unfavorable business conditions caused by the impact of the Covered Cause of Loss in the area where the described premises are located.

Loss of Business Income must be caused by direct physical loss or damage at the described premises caused by or resulting from any Covered Cause of Loss.

**(2) "Rental Value"**

If the necessary "suspension" of your "operations" produces a "Rental Value" loss payable under this policy, we will pay for the actual loss of "Rental Value" you incur during the period that:

- (a) Begins on the date property is actually repaired, rebuilt or replaced and tenantability is restored; and
- (b) Ends on the earlier of:
  - (i) The date you could restore tenant occupancy, with reasonable speed, to the level which would generate the "Rental Value" that would have existed if no direct physical loss or damage had occurred; or
  - (ii) 60 consecutive days after the date determined in (2)(a) above.

However, Extended Business Income does not apply to loss of "Rental Value" incurred as a result of unfavorable business conditions caused by the impact of the Covered Cause of Loss in the area where the described premises are located.

Loss of "Rental Value" must be caused by direct physical loss or damage at the described premises caused by or resulting from any Covered Cause of Loss.

**d. Interruption Of Computer Operations**

- (1) Under this Additional Coverage, electronic data has the meaning described under Additional Limitation – Interruption Of Computer Operations.

- (2) Subject to all provisions of this Additional Coverage, you may extend the insurance that applies to Business Income and Extra Expense to apply to a "suspension" of "operations" caused by an interruption in computer operations due to destruction or corruption of electronic data due to a Covered Cause of Loss. However, we will not provide coverage under this Additional Coverage when the Additional Limitation – Interruption Of Computer Operations does not apply based on Paragraph A.4.d. therein.
- (3) With respect to the coverage provided under this Additional Coverage, the Covered Causes of Loss are subject to the following:
- (a) If the Causes Of Loss – Special Form applies, coverage under this Additional Coverage, Interruption Of Computer Operations, is limited to the "specified causes of loss" as defined in that form and Collapse as set forth in that form.
  - (b) If the Causes Of Loss – Broad Form applies, coverage under this Additional Coverage, Interruption Of Computer Operations, includes Collapse as set forth in that form.
  - (c) If the Causes Of Loss form is endorsed to add a Covered Cause of Loss, the additional Covered Cause of Loss does not apply to the coverage provided under this Additional Coverage, Interruption Of Computer Operations.
  - (d) The Covered Causes of Loss include a virus, harmful code or similar instruction introduced into or enacted on a computer system (including electronic data) or a network to which it is connected, designed to damage or destroy any part of the system or disrupt its normal operation. But there is no coverage for an interruption related to manipulation of a computer system (including electronic data) by any employee, including a temporary or leased employee, or by an entity retained by you or for you to inspect, design, install, maintain, repair or replace that system.
- (4) The most we will pay under this Additional Coverage, Interruption Of Computer Operations, is \$2,500 (unless a higher limit is shown in the Declarations) for all loss sustained and expense incurred in any one policy year, regardless of the number of interruptions or the number of premises, locations or computer systems involved. If loss payment relating to the first interruption does not exhaust this amount, then the balance is available for loss or expense sustained or incurred as a result of subsequent interruptions in that policy year. A balance remaining at the end of a policy year does not increase the amount of insurance in the next policy year. With respect to any interruption which begins in one policy year and continues or results in additional loss or expense in a subsequent policy year(s), all loss and expense is deemed to be sustained or incurred in the policy year in which the interruption began.
- (5) This Additional Coverage, Interruption Of Computer Operations, does not apply to loss sustained or expense incurred after the end of the "period of restoration", even if the amount of insurance stated in (4) above has not been exhausted.

#### 6. Coverage Extension

If a Coinsurance percentage of 50% or more is shown in the Declarations, you may extend the insurance provided by this Coverage Part as follows:

##### Newly Acquired Locations

- a. You may extend your Business Income and Extra Expense Coverages to apply to property at any location you acquire other than fairs or exhibitions.
- b. The most we will pay under this Extension, for the sum of Business Income loss and Extra Expense Incurred, is \$100,000 at each location, unless a higher limit is shown in the Declarations.
- c. Insurance under this Extension for each newly acquired location will end when any of the following first occurs:
  - (1) This policy expires;

- (2) 30 days expire after you acquire or begin to construct the property; or
- (3) You report values to us.

We will charge you additional premium for values reported from the date you acquire the property.

The Additional Condition, Coinsurance, does not apply to this Extension.

#### B. Limits Of Insurance

The most we will pay for loss in any one occurrence is the applicable Limit Of Insurance shown in the Declarations.

Payments under the following coverages will not increase the applicable Limit of Insurance:

1. Alterations And New Buildings;
2. Civil Authority;
3. Extra Expense; or
4. Extended Business Income.

The amounts of insurance stated in the Interruption Of Computer Operations Additional Coverage and the Newly Acquired Locations Coverage Extension apply in accordance with the terms of those coverages and are separate from the Limit(s) Of Insurance shown in the Declarations for any other coverage.

#### C. Loss Conditions

The following conditions apply in addition to the Common Policy Conditions and the Commercial Property Conditions:

##### 1. Appraisal

If we and you disagree on the amount of Net Income and operating expense or the amount of loss, either may make written demand for an appraisal of the loss. In this event, each party will select a competent and impartial appraiser.

The two appraisers will select an umpire. If they cannot agree, either may request that selection be made by a judge of a court having jurisdiction. The appraisers will state separately the amount of Net Income and operating expense or amount of loss. If they fail to agree, they will submit their differences to the umpire. A decision agreed to by any two will be binding. Each party will:

- a. Pay its chosen appraiser; and
- b. Bear the other expenses of the appraisal and umpire equally.

If there is an appraisal, we will still retain our right to deny the claim.

#### 2. Duties In The Event Of Loss

a. You must see that the following are done in the event of loss:

- (1) Notify the police if a law may have been broken.
- (2) Give us prompt notice of the direct physical loss or damage. Include a description of the property involved.
- (3) As soon as possible, give us a description of how, when and where the direct physical loss or damage occurred.
- (4) Take all reasonable steps to protect the Covered Property from further damage, and keep a record of your expenses necessary to protect the Covered Property, for consideration in the settlement of the claim. This will not increase the Limit of Insurance. However, we will not pay for any subsequent loss or damage resulting from a cause of loss that is not a Covered Cause of Loss. Also, if feasible, set the damaged property aside and in the best possible order for examination.
- (5) As often as may be reasonably required, permit us to inspect the property proving the loss or damage and examine your books and records.

Also permit us to take samples of damaged and undamaged property for inspection, testing and analysis, and permit us to make copies from your books and records.

- (6) Send us a signed, sworn proof of loss containing the information we request to investigate the claim. You must do this within 60 days after our request. We will supply you with the necessary forms.
  - (7) Cooperate with us in the investigation or settlement of the claim.
  - (8) If you intend to continue your business, you must resume all or part of your "operations" as quickly as possible.
- b. We may examine any insured under oath, while not in the presence of any other insured and at such times as may be reasonably required, about any matter relating to this insurance or the claim, including an insured's books and records. In the event of an examination, an insured's answers must be signed.

### 3. Loss Determination

a. The amount of Business Income loss will be determined based on:

- (1) The Net Income of the business before the direct physical loss or damage occurred;
- (2) The likely Net Income of the business if no physical loss or damage had occurred, but not including any Net Income that would likely have been earned as a result of an increase in the volume of business due to favorable business conditions caused by the impact of the Covered Cause of Loss on customers or on other businesses;
- (3) The operating expenses, including payroll expenses, necessary to resume "operations" with the same quality of service that existed just before the direct physical loss or damage; and
- (4) Other relevant sources of information, including:
  - (a) Your financial records and accounting procedures;
  - (b) Bills, invoices and other vouchers; and
  - (c) Deeds, liens or contracts.

b. The amount of Extra Expense will be determined based on:

- (1) All expenses that exceed the normal operating expenses that would have been incurred by "operations" during the "period of restoration" if no direct physical loss or damage had occurred. We will deduct from the total of such expenses:
  - (a) The salvage value that remains of any property bought for temporary use during the "period of restoration", once "operations" are resumed; and
  - (b) Any Extra Expense that is paid for by other insurance, except for insurance that is written subject to the same plan, terms, conditions and provisions as this insurance; and
- (2) Necessary expenses that reduce the Business Income loss that otherwise would have been incurred.

### c. Resumption Of Operations

We will reduce the amount of your:

- (1) Business Income loss, other than Extra Expense, to the extent you can resume your "operations", in whole or in part, by using damaged or undamaged property (including merchandise or stock) at the described premises or elsewhere.
  - (2) Extra Expense loss to the extent you can return "operations" to normal and discontinue such Extra Expense.
- d. If you do not resume "operations", or do not resume "operations" as quickly as possible, we will pay based on the length of time it would have taken to resume "operations" as quickly as possible.

### 4. Loss Payment

We will pay for covered loss within 30 days after we receive the sworn proof of loss, if you have complied with all of the terms of this Coverage Part, and:

- a. We have reached agreement with you on the amount of loss; or
- b. An appraisal award has been made.

### D. Additional Condition

#### COINSURANCE

If a Coinsurance percentage is shown in the Declarations, the following condition applies in addition to the Common Policy Conditions and the Commercial Property Conditions.

We will not pay the full amount of any Business Income loss if the Limit of Insurance for Business Income is less than:

1. The Coinsurance percentage shown for Business Income in the Declarations; times
2. The sum of:
  - a. The Net Income (Net Profit or Loss before income taxes), and
  - b. Operating expenses, including payroll expenses,

that would have been earned or incurred (had no loss occurred) by your "operations" at the described premises for the 12 months following the inception, or last previous anniversary date, of this policy (whichever is later).

Instead, we will determine the most we will pay using the following steps:

- Step (1): Multiply the Net Income and operating expense for the 12 months following the inception, or last previous anniversary date, of this policy by the Coinsurance percentage;
- Step (2): Divide the Limit of Insurance for the described premises by the figure determined in Step (1); and
- Step (3): Multiply the total amount of loss by the figure determined in Step (2).

We will pay the amount determined in Step (3) or the limit of insurance, whichever is less. For the remainder, you will either have to rely on other insurance or absorb the loss yourself.

In determining operating expenses for the purpose of applying the Coinsurance condition, the following expenses, if applicable, shall be deducted from the total of all operating expenses:

- (1) Prepaid freight – outgoing;
- (2) Returns and allowances;
- (3) Discounts;
- (4) Bad debts;
- (5) Collection expenses;
- (6) Cost of raw stock and factory supplies consumed (including transportation charges);
- (7) Cost of merchandise sold (including transportation charges);
- (8) Cost of other supplies consumed (including transportation charges);
- (9) Cost of services purchased from outsiders (not employees) to resell, that do not continue under contract;
- (10) Power, heat and refrigeration expenses that do not continue under contract (if Form CP 15 11 is attached);
- (11) All payroll expenses or the amount of payroll expense excluded (if Form CP 15 10 is attached); and
- (12) Special deductions for mining properties (royalties unless specifically included in coverage; actual depletion commonly known as unit or cost depletion – not percentage depletion; welfare and retirement fund charges based on tonnage; hired trucks).

### Example 1 (Underinsurance)

When: The Net Income and operating expenses for the 12 months following the inception, or last previous anniversary date, of this policy at the described premises would have been: \$ 400,000

The Coinsurance percentage is: 50%

The Limit of Insurance is: \$ 150,000

The amount of loss is: \$ 80,000

Step (1):  $\$400,000 \times 50\% = \$200,000$   
(the minimum amount of insurance to meet your Coinsurance requirements)

Step (2):  $\$150,000 \div \$200,000 = .75$

Step (3):  $\$80,000 \times .75 = \$60,000$

We will pay no more than \$60,000. The remaining \$20,000 is not covered.

### Example 2 (Adequate Insurance)

When: The Net Income and operating expenses for the 12 months following the inception, or last previous anniversary date, of this policy at the described premises would have been: \$ 400,000

The Coinsurance percentage is: 50%

The Limit of Insurance is: \$ 200,000

The amount of loss is: \$ 80,000

The minimum amount of insurance to meet your Coinsurance requirement is \$200,000 ( $\$400,000 \times 50\%$ ). Therefore, the Limit of Insurance in this example is adequate and no penalty applies. We will pay no more than \$80,000 (amount of loss).

This condition does not apply to Extra Expense Coverage.

### E. Optional Coverages

If shown as applicable in the Declarations, the following Optional Coverages apply separately to each item.

#### 1. Maximum Period Of Indemnity

- a. The Additional Condition, Coinsurance, does not apply to this Coverage Form at the described premises to which this Optional Coverage applies.

b. The most we will pay for the total of Business Income loss and Extra Expense is the lesser of:

- (1) The amount of loss sustained and expenses incurred during the 120 days immediately following the beginning of the "period of restoration"; or
- (2) The Limit Of Insurance shown in the Declarations.

**2. Monthly Limit Of Indemnity**

- a. The Additional Condition, Coinsurance, does not apply to this Coverage Form at the described premises to which this Optional Coverage applies.
- b. The most we will pay for loss of Business Income in each period of 30 consecutive days after the beginning of the "period of restoration" is:
  - (1) The Limit of Insurance, multiplied by
  - (2) The fraction shown in the Declarations for this Optional Coverage.

**Example**

When: The Limit of Insurance is:	\$ 120,000
The fraction shown in the Declarations for this Optional Coverage is:	1/4
The most we will pay for loss in each period of 30 consecutive days is:	\$ 30,000
(\$120,000 x 1/4 = \$30,000)	
If, in this example, the actual amount of loss is:	
Days 1–30:	\$ 40,000
Days 31–60:	\$ 20,000
Days 61–90:	<u>\$ 30,000</u>
	\$ 90,000
We will pay:	
Days 1–30:	\$ 30,000
Days 31–60:	\$ 20,000
Days 61–90:	<u>\$ 30,000</u>
	\$ 80,000

The remaining \$10,000 is not covered.

**3. Business Income Agreed Value**

- a. To activate this Optional Coverage:
  - (1) A Business Income Report/Work Sheet must be submitted to us and must show financial data for your "operations":
    - (a) During the 12 months prior to the date of the Work Sheet; and

(b) Estimated for the 12 months immediately following the inception of this Optional Coverage.

- (2) The Declarations must indicate that the Business Income Agreed Value Optional Coverage applies, and an Agreed Value must be shown in the Declarations. The Agreed Value should be at least equal to:
  - (a) The Coinsurance percentage shown in the Declarations; multiplied by
  - (b) The amount of Net Income and operating expenses for the following 12 months you report on the Work Sheet.

b. The Additional Condition, Coinsurance, is suspended until:

- (1) 12 months after the effective date of this Optional Coverage; or
- (2) The expiration date of this policy; whichever occurs first.

c. We will reinstate the Additional Condition, Coinsurance, automatically if you do not submit a new Work Sheet and Agreed Value:

- (1) Within 12 months of the effective date of this Optional Coverage; or
- (2) When you request a change in your Business Income Limit of Insurance.

d. If the Business Income Limit of Insurance is less than the Agreed Value, we will not pay more of any loss than the amount of loss multiplied by:

- (1) The Business Income Limit of Insurance; divided by
- (2) The Agreed Value.

**Example**

When: The Limit of Insurance is:	\$ 100,000
The Agreed Value is:	\$ 200,000
The amount of loss is:	\$ 80,000

Step (1):  $\$100,000 \div \$200,000 = .50$

Step (2):  $.50 \times \$80,000 = \$40,000$

We will pay \$40,000. The remaining \$40,000 is not covered.

**4. Extended Period Of Indemnity**

Under Paragraph A.5.c., **Extended Business Income**, the number 60 in Subparagraphs (1)(b) and (2)(b) is replaced by the number shown in the Declarations for this Optional Coverage.

## F. Definitions

1. "Finished stock" means stock you have manufactured.

"Finished stock" also includes whiskey and alcoholic products being aged, unless there is a Coinsurance percentage shown for Business Income in the Declarations.

"Finished stock" does not include stock you have manufactured that is held for sale on the premises of any retail outlet insured under this Coverage Part.

2. "Operations" means:
  - a. Your business activities occurring at the described premises; and
  - b. The tenantability of the described premises, if coverage for Business Income Including "Rental Value" or "Rental Value" applies.
3. "Period of restoration" means the period of time that:
  - a. Begins:
    - (1) 72 hours after the time of direct physical loss or damage for Business Income Coverage; or
    - (2) Immediately after the time of direct physical loss or damage for Extra Expense Coverage;  
caused by or resulting from any Covered Cause of Loss at the described premises; and
  - b. Ends on the earlier of:
    - (1) The date when the property at the described premises should be repaired, rebuilt or replaced with reasonable speed and similar quality; or
    - (2) The date when business is resumed at a new permanent location.

"Period of restoration" does not include any increased period required due to the enforcement of or compliance with any ordinance or law that:

- (1) Regulates the construction, use or repair, or requires the tearing down, of any property; or

- (2) Requires any insured or others to test for, monitor, clean up, remove, contain, treat, detoxify or neutralize, or in any way respond to, or assess the effects of "pollutants".

The expiration date of this policy will not cut short the "period of restoration".

4. "Pollutants" means any solid, liquid, gaseous or thermal irritant or contaminant, including smoke, vapor, soot, fumes, acids, alkalis, chemicals and waste. Waste includes materials to be recycled, reconditioned or reclaimed.
5. "Rental Value" means Business Income that consists of:
  - a. Net Income (Net Profit or Loss before income taxes) that would have been earned or incurred as rental income from tenant occupancy of the premises described in the Declarations as furnished and equipped by you, including fair rental value of any portion of the described premises which is occupied by you; and
  - b. Continuing normal operating expenses incurred in connection with that premises, including:
    - (1) Payroll; and
    - (2) The amount of charges which are the legal obligation of the tenant(s) but would otherwise be your obligations.
6. "Suspension" means:
  - a. The slowdown or cessation of your business activities; or
  - b. That a part or all of the described premises is rendered untenable, if coverage for Business Income Including "Rental Value" or "Rental Value" applies.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**WINDSTORM OR HAIL PERCENTAGE DEDUCTIBLE**

This endorsement modifies insurance provided under the following:

- BUILDERS RISK COVERAGE FORM
- BUILDING AND PERSONAL PROPERTY COVERAGE FORM
- CONDOMINIUM ASSOCIATION COVERAGE FORM
- CONDOMINIUM COMMERCIAL UNIT-OWNERS COVERAGE FORM
- STANDARD PROPERTY POLICY
- TOBACCO SALES WAREHOUSES COVERAGE FORM

**SCHEDULE**

Premises Number	Building Number	Windstorm Or Hail Deductible Percentage – Enter 1%, 2% Or 5%
1	1	2%, \$2,500 Minimum Per Building

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

The Windstorm or Hail Deductible, as shown in the Schedule and set forth in this endorsement, applies to covered loss or damage caused directly or indirectly by Windstorm or Hail. This Deductible applies to each occurrence of Windstorm or Hail.

Nothing in this endorsement implies or affords coverage for any loss or damage that is excluded under the terms of the Water Exclusion or any other exclusion in this policy. If this policy is endorsed to cover Flood under the Flood Coverage Endorsement (or if you have a flood insurance policy), a separate Flood Deductible applies to loss or damage attributable to Flood, in accordance with the terms of that endorsement or policy.

As used in this endorsement, the terms "specific insurance" and "blanket insurance" have the following meanings: Specific insurance covers each item of insurance (for example, each building or personal property in a building) under a separate Limit of Insurance. Blanket insurance covers two or more items of insurance (for example, a building and personal property in that building, or two buildings) under a single Limit of Insurance. Items of insurance and corresponding Limit(s) Of Insurance are shown in the Declarations.

**WINDSTORM OR HAIL DEDUCTIBLE CALCULATIONS**

**A. Calculation Of The Deductible – All Policies**

1. A Deductible is calculated separately for, and applies separately to:
  - a. Each building that sustains loss or damage;
  - b. The personal property at each building at which there is loss or damage to personal property; and
  - c. Personal property in the open.

If there is damage to both a building and personal property in that building, separate deductibles apply to the building and to the personal property.

2. We will not pay for loss or damage until the amount of loss or damage exceeds the applicable Deductible. We will then pay the amount of loss or damage in excess of that Deductible, up to the applicable Limit of Insurance, after any reduction required by any of the following: Coinsurance Condition; Agreed Value Optional Coverage; or any provision in a Value Reporting Form relating to full reporting or failure to submit reports.

3. When property is covered under the Coverage Extension for Newly Acquired Or Constructed Property: In determining the amount, if any, that we will pay for loss or damage, we will deduct an amount equal to a percentage of the value(s) of the property at time of loss. The applicable percentage for Newly Acquired Or Constructed Property is the highest percentage shown in the Schedule for any described premises.

**B. Calculation Of The Deductible – Specific Insurance Other than Builders' Risk**

**1. Property Not Subject To Value Reporting Forms**

In determining the amount, if any, that we will pay for loss or damage, we will deduct an amount equal to 1%, 2% or 5% (as shown in the Schedule) of the Limit(s) of Insurance applicable to the property that has sustained loss or damage.

**2. Property Subject To Value Reporting Forms**

In determining the amount, if any, that we will pay for loss or damage, we will deduct an amount equal to 1%, 2% or 5% (as shown in the Schedule) of the value(s) of the property that has sustained loss or damage. The value(s) to be used is the latest value(s) shown in the most recent Report of Values on file with us.

However:

- a. If the most recent Report of Values shows less than the full value(s) of the property on the report dates, we will determine the deductible amount as a percentage of the full value(s) as of the report dates.
- b. If the first Report of Values is not filed with us prior to loss or damage, we will determine the deductible amount as a percentage of the applicable Limit(s) of Insurance.

**C. Calculation Of The Deductible – Blanket Insurance Other Than Builders' Risk**

**1. Property Not Subject To Value Reporting Forms**

In determining the amount, if any, that we will pay for loss or damage, we will deduct an amount equal to 1%, 2% or 5% (as shown in the Schedule) of the value(s) of the property that has sustained loss or damage. The value(s) to be used is that shown in the most recent Statement of Values on file with us.

**2. Property Subject To Value Reporting Forms**

In determining the amount, if any, that we will pay for property that has sustained loss or damage, we will deduct an amount equal to 1%, 2% or 5% (as shown in the Schedule) of the value(s) of that property as of the time of loss or damage.

**D. Calculation Of The Deductible – Builders' Risk Insurance**

**1. Builders' Risk Other Than Reporting Form**

In determining the amount, if any, that we will pay for property that has sustained loss or damage, we will deduct an amount equal to 1%, 2% or 5% (as shown in the Schedule) of the actual cash value(s) of that property as of the time of loss or damage.

**2. Builders' Risk Reporting Form**

In determining the amount, if any, that we will pay for loss or damage, we will deduct an amount equal to 1%, 2% or 5% (as shown in the Schedule) of the value(s) of the property that has sustained loss or damage. The value(s) to be used is the actual cash value(s) shown in the most recent Report of Values on file with us.

However:

- a. If the most recent Report of Values shows less than the actual cash value(s) of the property on the report date, we will determine the deductible amount as a percentage of the actual cash value(s) as of the report date.
- b. If the first Report of Values is not filed with us prior to loss or damage, we will determine the deductible amount as a percentage of the actual cash value(s) of the property as of the time of loss or damage.

**Examples – Application Of Deductible**

**Example 1 – Specific Insurance (B.1.)**

The amount of loss to the damaged building is \$60,000.

The value of the damaged building at time of loss is \$100,000. The Coinsurance percentage shown in the Declarations is 80%; the minimum Limit of Insurance needed to meet the Coinsurance requirement is \$80,000 (80% of \$100,000).

The actual Limit of Insurance on the damaged building is \$70,000.

The Deductible is 1%.

Step (1):  $\$70,000 \div \$80,000 = .875$

Step (2):  $\$60,000 \times .875 = \$52,500$

Step (3):  $\$70,000 \times 1\% = \$700$

Step (4):  $\$52,500 - \$700 = \$51,800$

The most we will pay is \$51,800. The remainder of the loss, \$8,200, is not covered due to the Coinsurance penalty for inadequate insurance (Steps (1) and (2)) and the application of the Deductible (Steps (3) and (4)).

#### **Example 2 – Specific Insurance (B.1.)**

The amounts of loss to the damaged property are \$60,000 (Building) and \$40,000 (Personal Property in building).

The value of the damaged building at time of loss is \$100,000. The value of the personal property in that building is \$80,000. The Coinsurance percentage shown in the Declarations is 80%; the minimum Limits of Insurance needed to meet the Coinsurance requirement are \$80,000 (80% of \$100,000) for the building and \$64,000 (80% of \$80,000) for the personal property.

The actual Limits of Insurance on the damaged property are \$80,000 on the building and \$64,000 on the personal property (therefore, no Coinsurance penalty).

The Deductible is 2%.

#### **Building**

Step (1):  $\$80,000 \times 2\% = \$1,600$

Step (2):  $\$60,000 - \$1,600 = \$58,400$

#### **Personal Property**

Step (1):  $\$64,000 \times 2\% = \$1,280$

Step (2):  $\$40,000 - \$1,280 = \$38,720$

The most we will pay is \$97,120. The portion of the total loss not covered due to application of the Deductible is \$2,880.

#### **Example 3 – Blanket Insurance (C.1.)**

The sum of the values of Building 1 (\$500,000), Building 2 (\$500,000) and Building 3 (\$1,000,000), as shown in the most recent Statement of Values on file with us, is \$2,000,000.

The Coinsurance percentage shown in the Declarations is 90%; the minimum Blanket Limit of Insurance needed to meet the Coinsurance requirement is \$1,800,000 (90% of \$2,000,000).

The actual Blanket Limit Of Insurance covering Buildings 1, 2, and 3, shown in the Declarations, is \$1,800,000 (therefore, no Coinsurance penalty).

Buildings 1 and 2 have sustained damage; the amounts of loss to these buildings are \$40,000 (Building 1) and \$20,000 (Building 2).

The Deductible is 2%.

#### **Building 1**

Step (1):  $\$500,000 \times 2\% = \$10,000$

Step (2):  $\$40,000 - \$10,000 = \$30,000$

#### **Building 2**

Step (1):  $\$500,000 \times 2\% = \$10,000$

Step (2):  $\$20,000 - \$10,000 = \$10,000$

The most we will pay is \$40,000. The portion of the total loss not covered due to application of the Deductible is \$20,000.

#### **Example 4 – Blanket Insurance (C.1.)**

The sum of the values of Building 1 (\$500,000), Building 2 (\$500,000), Personal Property at Building 1 (\$250,000) and Personal Property at Building 2 (\$250,000), as shown in the most recent Statement of Values on file with us, is \$1,500,000.

The Coinsurance percentage shown in the Declarations is 90%; the minimum Blanket Limit of Insurance needed to meet the Coinsurance requirement is \$1,350,000 (90% of \$1,500,000).

The actual Blanket Limit Of Insurance covering Buildings 1 and 2 and Personal Property at Buildings 1 and 2, shown in the Declarations, is \$1,350,000. Therefore, there is no Coinsurance penalty.

Building 1 and Personal Property at Building 1 have sustained damage; the amounts of loss are \$95,000 (Building) and \$5,000 (Personal Property).

The Deductible is 5%.

#### **Building**

Step (1):  $\$500,000 \times 5\% = \$25,000$

Step (2):  $\$95,000 - \$25,000 = \$70,000$

#### **Personal Property**

Step (1):  $\$250,000 \times 5\% = \$12,500$

The loss, \$5,000, does not exceed the Deductible.

The most we will pay is \$70,000. The remainder of the building loss, \$25,000, is not covered due to application of the Deductible. There is no loss payment for the personal property.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## BURGLARY AND ROBBERY PROTECTIVE SAFEGUARDS

This endorsement modifies insurance provided under the following:

COMMERCIAL PROPERTY COVERAGE PART

### SCHEDULE\*

Premises No.	Building No.	Protective Safeguards Symbols Applicable
1	1	BR-1
Describe any "BR-4":		
*Information required to complete this Schedule, if not shown on this endorsement, will be shown in the Declarations.		

**A.** The following is added to the **Commercial Property Conditions**:

**BURGLARY AND ROBBERY PROTECTIVE SAFEGUARDS**

1. As a condition of this insurance, you are required to maintain the protective devices and/or services listed in the Schedule above.
2. The protective safeguard(s) to which this endorsement applies are identified by the following symbols:
  - a. "BR-1" Automatic Burglary Alarm, protecting the entire building, that signals to:
    - (1) An outside central station; or
    - (2) A police station.
  - b. "BR-2" Automatic Burglary Alarm, protecting the entire building, that has a loud sounding gong or siren on the outside of the building.

- c. "BR-3" Security Service, with a recording system or watch clock, making hourly rounds covering the entire building, when the premises are not in actual operation.

- d. "BR-4" The protective safeguard described in the Schedule.

**B.** The following is added to the **Exclusions** section of the Causes Of Loss – Special Form:

**BURGLARY AND ROBBERY PROTECTIVE SAFEGUARDS**

We will not pay for loss or damage caused by or resulting from theft if, prior to the theft, you:

1. Knew of any suspension or impairment in any protective safeguard listed in the Schedule above and failed to notify us of that fact; or
2. Failed to maintain any protective safeguard listed in the Schedule above, and over which you had control, in complete working order.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## PROTECTIVE SAFEGUARDS

This endorsement modifies insurance provided under the following:

COMMERCIAL PROPERTY COVERAGE PART  
STANDARD PROPERTY POLICY

### SCHEDULE

Premises Number	Building Number	Protective Safeguards Symbols Applicable
1	1	P-5
Describe Any "P-9":		
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.		

**A.** The following is added to the Commercial Property Conditions:

**Protective Safeguards**

1. As a condition of this insurance, you are required to maintain the protective devices or services listed in the Schedule above.
2. The protective safeguards to which this endorsement applies are identified by the following symbols:

**"P-1" Automatic Sprinkler System**, including related supervisory services.

Automatic Sprinkler System means:

- a. Any automatic fire protective or extinguishing system, including connected:
  - (1) Sprinklers and discharge nozzles;
  - (2) Ducts, pipes, valves and fittings;
  - (3) Tanks, their component parts and supports; and
  - (4) Pumps and private fire protection mains.
- b. When supplied from an automatic fire protective system:
  - (1) Non-automatic fire protective systems; and

(2) Hydrants, standpipes and outlets.

**"P-2" Automatic Fire Alarm**, protecting the entire building, that is:

- a. Connected to a central station; or
- b. Reporting to a public or private fire alarm station.

**"P-3" Security Service**, with a recording system or watch clock, making hourly rounds covering the entire building, when the premises are not in actual operation.

**"P-4" Service Contract** with a privately owned fire department providing fire protection service to the described premises.

**"P-5" Automatic Commercial Cooking Exhaust And Extinguishing System** installed on cooking appliances and having the following components:

- a. Hood;
- b. Grease removal device;
- c. Duct system; and
- d. Wet chemical fire extinguishing equipment.

**"P-9"**, the protective system described in the Schedule.

B. The following is added to the **Exclusions** section of:

Causes Of Loss – Basic Form  
Causes Of Loss – Broad Form  
Causes Of Loss – Special Form  
Mortgageholders Errors And Omissions Coverage Form  
Standard Property Policy

We will not pay for loss or damage caused by or resulting from fire if, prior to the fire, you:

1. Knew of any suspension or impairment in any protective safeguard listed in the Schedule above and failed to notify us of that fact; or

2. Failed to maintain any protective safeguard listed in the Schedule above, and over which you had control, in complete working order.

If part of an Automatic Sprinkler System or Automatic Commercial Cooking Exhaust And Extinguishing System is shut off due to breakage, leakage, freezing conditions or opening of sprinkler heads, notification to us will not be necessary if you can restore full protection within 48 hours.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY

FULLY EARNED PREMIUM – PROPERTY

THIS ENDORSEMENT MODIFIES INSURANCE PROVIDED UNDER THE FOLLOWING:

COMMERICAL PROPERTY COVERAGE PART

IN CASE OF TOTAL LOSS OR CONSTRUCTIVE TOTAL LOSS BY A COVERED CAUSE OF LOSS, THE ENTIRE POLICY PREMIUM SHALL BE FULLY EARNED AND NO RETURN PREMIUM SHALL BE DUE TO YOU.

ENDORSEMENT F

(08/05)

LLOYD'S

One Lime Street London EC3M 7HA

**1920**

TEBELE 000753

STATE OF SOUTH CAROLINA )  
COUNTY OF HORRY )

AMENDMENT TO COMMERCIAL LEASE

This Amendment to Commercial Lease is made on this day March 31, 2017, by and between Kings Realty, LP, hereinafter referred to as "Landlord" and Melissa Garcia, d/b/a LaCasona Restaurant Bar & Lounge, therein after referred to as "Tenant."

WITNESSETH:

WHEREAS, by Commercial Lease dated February 18, 2016, (herein "THE LEASE") Tenant agrees to lease from Landlord the certain premises at 1801 N. Kings Hwy, Myrtle Beach, SC.

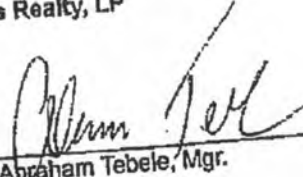
WHEREAS, the parties wish to amend THE LEASE to commence on February 18, 2017. The LEASE is hereby extended as follows:

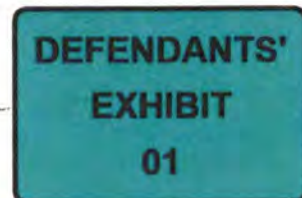
1. The term of this LEASE AMENDMENT shall begin on February 18, 2017, and end on December 31, 2017.
2. Rental for the premises shall be as follows:  
April, 2017 through May, 2017 \$5,000 per month  
June, 2017, through December, 2017 \$7,000 per month
3. The remaining terms and conditions of THE LEASE and any addendum's thereto shall remain in full force and effect and unaffected by this AMENDMENT TO COMMERCIAL LEASE except as to the extent stated herein.

LESSEE:  
LaCasona Restaurant Bar & Lounge

  
By: Melissa Garcia, Owner

LESSOR:  
Kings Realty, LP

  
By: Abraham Tebele, Mgr.  
KR Management LLC



**COMMERCIAL LEASE AND DEPOSIT RECEIPT**

RECEIVED FROM Maissa Garcia - Poki Sushi (hereinafter referred to as LESSEE,

the sum of \$ 1,000.00 DOLLARS,  
evidenced by \_\_\_\_\_ as a deposit which, upon execution of this lease, shall belong to Lessor and shall be applied as follows:

Item	TOTAL	RECEIVED	BALANCE DUE PRIOR TO OCCUPANCY
Rent for the period from <u>April 1, 2016</u> to <u>December 31, 2016</u>	\$ 5,000.00	\$ _____	\$ _____
Security deposit	\$ _____	\$ _____	\$ _____
Other <u>APPROX</u>	\$ 6,000.00	\$ _____	\$ _____
<b>TOTAL</b>	<b>\$ 11,000.00</b>	<b>\$ _____</b>	<b>\$ _____</b>

In the event that this lease is not accepted by the Lessor within \_\_\_\_\_ days, the total deposit received shall be refunded. Lessor hereby offers to lease from Lessee the premises situated in the City of Myrtle Beach, SC County of Horry State of South Carolina described as approximately 9,300 square feet located at 1901 N. Kings Hwy, Myrtle Beach, SC formerly occupied by Konofikino Hibashi & Sushi and Kono Lounge

- Upon the following TERMS and CONDITIONS:
- TERM:** The term hereof shall commence on April 1, 2016 and expire on December 31, 2016
  - RENT:** The total rent shall be \$ 59,000.00 payable as follows: See Exhibit A: Addendum to Lease

All rents shall be paid to Owner or his authorized agent, at the following address: P.O. Box 1486, Myrtle Beach, SC 29578 or at such other places as may be designated by Owner from time to time.

- USE:** The premises are to be used for the operation of Restaurant and Club/Lounge and for no other purpose, without prior written consent of Lessor.
- LESSOR'S OBLIGATIONS:** Lessor shall not use any portion of the premises for purposes other than those specified hereinabove, and no use shall be made or permitted to be made upon the premises, nor acts done, which will increase the insuring rate of insurance upon the property, or cause cancellation of insurance policies covering said property. Lessee shall not conduct or permit any sale by suction on the premises.
- ASSIGNMENT AND SURRENDER:** Lessee shall not assign this lease or sublet any portion of the premises without prior written consent of the Lessor, which shall not be unreasonably withheld. Any such assignment or subletting without consent shall be void and, at the option of the Lessor, may terminate this lease.
- ORDINANCES AND STATUTES:** Lessee shall comply with all statutes, ordinances and requirements of all municipal, state and federal authorities now in force, or which may hereafter be in force, pertaining to the premises, occupational by or affecting the use thereof by Lessee. The commencement or pendency of any state or federal court action or proceeding affecting the use of the premises shall, at the option of the Lessor, be deemed a breach hereof.
- MAINTENANCE, REPAIRS, ALTERATIONS:** Lessee acknowledges that the premises are in good order and repair, unless otherwise indicated herein. Lessee shall, at his own expense and at all times, maintain the premises in good and safe condition, including plate glass, electrical wiring, plumbing and heating installations and any other system or equipment upon the premises and shall maintain the same, at expiration hereof, in as good condition as received, normal wear and tear excepted. Lessee shall be responsible for all repairs required, excepting the roof, exterior walls, structural foundations,

which shall be maintained by Lessor, Lessee shall also maintain in good condition such portions adjacent to the premises, such as sidewalks, driveways, lawns and shrubbery, which would otherwise be required to be maintained by Lessor.

No improvement or alteration of the premises shall be made without the prior written consent of the Lessor. Prior to the commencement of any substantial repair, improvement, or alteration, Lessee shall give Lessor a written notice in order that Lessor may post appropriate notices to avoid any liability for harm.

- Lessee shall not conduct any waste upon the premises, or any nuisance or act which may disturb the quiet enjoyment of any tenant in the building.
- ENTRY AND INSPECTION:** Lessee shall permit Lessor or Lessor's agents to enter upon the premises at a reasonable time and upon reasonable notice, for the purpose of inspecting the same, and will permit Lessor or any agent within sixty (60) days prior to the expiration of this lease, to place upon the premises any usual "To Let" or "For Lease" signs, and permit persons desiring to lease the same to inspect the premises hereafter.
- INDEMNIFICATION OF LESSOR:** Lessor shall not be liable for any damage or injury to Lessee, or any other person, or to any property, occurring on the premises or any part thereof, and Lessee agrees to hold Lessor harmless from any claims for damage,
- POSSESSION:** If Lessor is unable to deliver possession of the premises at the commencement hereof, Lessor shall not be liable for any damage caused thereby, nor shall this lease be void or voidable, but Lessee shall not be liable for any rent until possession is delivered. Lessee may terminate this lease if possession is not delivered within 15 days of the commencement of the term hereof.
- INSURANCE:** Lessee, at the expense, shall maintain plate glass and public liability insurance including bodily injury and property damage insuring Lessee and Lessor with minimum coverage as follows: \$1,000,000 combined single limit \$2,000,000 total coverage

Lessee shall provide Lessor with a Certificate of Insurance showing Lessor as additional insured. The Certificate shall provide for a ten-day written notice to Lessor in the event of cancellation or material change of coverage.

To the maximum extent permitted by insurance policies which may be owned by Lessor or Lessee, Lessee and Lessor, for the benefit of each other, waive any and all rights of subrogation which might otherwise exist.

- UTILITIES:** Lessee agrees that he shall be responsible for the payment of all utility bills, including water, gas, electricity, heat and other services delivered to the premises.
- ROOFS:** Lessor reserves the exclusive right to the roof, side and rear walls of the Premises. Lessee shall not conduct any projecting sign or awning without the prior written consent of Lessor which consent shall not be unreasonably withheld.
- ABANDONMENT OF PREMISES:** Lessee shall not vacate or abandon the premises at any time during the term hereof, and if Lessee shall abandon or vacate the premises, or be so possessed by process of law, or otherwise, any personal property belonging to Lessee left upon the premises shall be deemed to be abandoned, at the option of Lessor.
- CONDEMNATION:** If any part of the premises shall be taken or condemned for public use, and a part thereof remains which is susceptible of occupation hereafter, this receipt shall, as to the part taken, terminate as of the date the condemnor acquires possession, and thereafter Lessee shall be required to pay such occupation of the rest for the remaining term to the value of the premises remaining to be used at the date of condemnation; provided however, if the Lessor may at his option, terminate the lease as of the date the condemnor acquires possession. In the event that the demised premises are condemned in whole, or that such portion is condemned that the remainder is not susceptible for use hereunder, this lease shall terminate upon the date upon which the condemnor acquires possession. All sums which may be payable on account of any condemnation shall belong to the Lessor, and Lessee shall not be entitled to any part thereof, provided however, that Lessee shall be entitled to retain any amount awarded to him for his trade fixtures or moving expenses.
- TRADE FIXTURES:** Any and all improvements made to the premises during the term hereof shall belong to the Lessor, except trade fixtures of the Lessee. Lessee may, upon termination hereof, remove all his trade fixtures, but shall repair or pay for all repairs necessary for damages to the premises occasioned by removal.
- DESTRUCTION OF PREMISES:** In the event of a partial destruction of the premises during the term hereof, from any cause, Lessor shall forthwith repair the same, provided that such repairs can be made within sixty (60) days under existing governmental laws and regulations, but such partial destruction shall not terminate this lease, except that Lessee shall be entitled to a proportionate reduction of rent if the such repairs are being made, based upon the extent to which the making of such repairs shall interfere with the business of Lessee on the premises. If such repairs cannot be made within said sixty (60) days, Lessor, at his option, may make the same within a reasonable time, this lease continuing in effect with the rent proportionately abated as aforesaid, and in the event that Lessor shall not elect to make such repairs which cannot be made within sixty (60) days, this lease may be terminated at the option of either party.

In the event that the building in which the demised premises may be situated or destroyed by an event of natural loss one-third of the replacement cost thereof, Lessor may elect to terminate this lease whether the demised premises be injured or not. A total destruction of the building in which the premises may be situated shall terminate this lease.

In the event of any dispute between Lessor and Lessee with respect to the provisions hereof, the matter shall be settled by arbitration in such a manner as the parties may agree upon, or if they cannot agree, in accordance with the rules of the American Arbitration Association.

- HAZARDOUS MATERIALS:** Lessee shall not use, store, or dispose of any hazardous substances upon the premises, except use and storage of such substances if they are primarily used in Lessee's business, and such use and storage complies with all environmental laws. Hazardous substances means any hazardous waste, substance or toxic material regulated under any environmental laws or regulations applicable to the property.

In the case of either party filing a lawsuit against the other party, the non-prevailing party shall be responsible for reasonable legal fees.

19. **INSOLVENCY:** In the event a receiver is appointed to take over the business of Lessee, or in the event Lessee makes a general assignment for the benefit of creditors, or Lessee takes or suffers any action under any insolvency or bankruptcy act, the same shall constitute breach of this lease by Lessee.
20. **REMEDIES OF OWNER ON DEFAULT:** In the event of any breach of this lease by Lessee, Lessor may, at his option, terminate the lease and recover from Lessee: (a) the worth of the time of award of the unpaid rent which was earned at the time of termination; (b) the worth of the time of award of the amount by which the unpaid rent which would have been earned after termination will fall short of the amount of such unpaid rent if the Lessee proves could have been reasonably avoided; (c) the worth of the time of award of the amount by which the unpaid rent for the balance of the term after the time of award exceeds the amount of such rental loss that Lessee proves could be reasonably avoided; and (d) any of an amount necessary to compensate Lessor for all damages proximately caused by Lessee's failure to perform his obligations under the lease or which is the ordinary course of things would be likely to result therefrom.
- Lessor may, in the alternative, continue this lease in effect, as long as Lessor does not terminate Lessee's right to possession, and Lessor may enforce all the rights and remedies under the lease, including the right to recover the rent as it becomes due under the lease. If said breach of lease continues, Lessor may, at any time thereafter, elect to terminate the lease.
- Nothing contained herein shall be deemed to limit any other rights or remedies which Lessor may have.
21. **SECURITY:** The security deposit set forth above, if any, shall secure the performance of the Lessee's obligations hereunder. Lessor may, but shall not be obligated to apply all or portions of said deposit on account of Lessee's obligations hereunder. Any balance remaining upon termination shall be returned to Lessee. Lessee shall not have the right to apply the Security Deposit in payment of the last month's rent.
22. **DEPOSIT RECEIPTS:** The balance of all deposits shall be returned within two weeks from date possession is delivered to Owner or his authorized Agent, together with a statement showing any charges made against such deposits by Owner.
23. **ATTORNEY'S FEES:** In the event that Owner is required to employ an attorney to enforce the terms and conditions of this agreement or to recover possession of the premises from Tenant, Tenant shall pay to Owner a reasonable attorney's fee whether or not a legal action is filed or a judgment is obtained.
24. **WAIVER:** No failure of Lessor to enforce any term hereof shall be deemed to be a waiver.
25. **NOTICES:** Any notice which either party may or is required to give, shall be given by mailing the same, postage prepaid, to Lessee at the premises, or Lessor at the address shown below, or at such other place as may be designated by the parties from time to time.
26. **HOLDING OVER:** Any holding over after the expiration of this lease, with the consent of Lessor, shall be construed as a month-to-month tenancy at a rental of \$ 3.00 per month, otherwise in accordance with the terms hereof, as applicable.
27. **TIME:** Time is of the essence of this lease.
28. **HEIRS, ASSIGNS, SUCCESSORS:** This lease is binding upon and inure to the benefit of the heirs, assigns and successors in interest to the parties.
29. **TAX INCREASES:** In the event there is any increase during any year of the term of this lease in the City, County or State real estate tax over and above the amount of such taxes assessed for the last year ending which the term of this lease commences, whether because of increased rate or valuation, Lessee shall pay to Lessor upon presentation of paid tax bills an amount equal to \_\_\_\_\_% of the increase in taxes upon the land and building in which the leased premises are situated. In the event that such taxes are assessed for a tax year extending beyond the term of the lease, the obligation of Lessee shall be proportionate to the portion of the lease term included in such year.
30. **COST OF LIVING INCREASE:** The rent provided for in paragraph 2 shall be adjusted effective upon the first day of the month immediately following the expiration of \_\_\_\_\_ months from date of commencement of the term and upon the expiration of each \_\_\_\_\_ month thereafter in accordance with changes in the U.S. Consumer Price Index for All Urban Consumers (1982-84 = 100) hereinafter called the "CPI". The monthly rent shall be increased to an amount equal to the monthly rent set forth in paragraph 2 multiplied by a fraction the numerator of which is the CPI for the second calendar month immediately preceding the adjustment date and the denominator of which is the CPI for the second calendar month preceding the commencement of the lease term. Provided, however, in no event shall the monthly rent be less than the amount set forth in paragraph 2.
31. **OPTION TO RENEW:** Provided that Lessee is not in default in the performance of this lease, Lessee shall have the option to renew the lease for an additional term of 24 months commencing at the expiration of the initial lease term. All of the terms and conditions of this lease shall apply during the renewal term except that the monthly rent shall be the sum of \$ 3,000.00 which shall be adjusted in accordance with the cost of living increase provision set forth in paragraph 30. The option shall be exercised by written notice given to Lessor not less than 60 days prior to the expiration of the initial lease term. If notice is not given in the manner provided herein within the time specified, this option shall expire.
32. **LESSOR'S LIABILITY:** The term "Lessor," as used in this paragraph, shall mean only the owner of the real property or a Lessee's interest in a ground lease of the premises. In the event of any transfer of such title or interest, the Lessor named herein (or the grantor in case of any subordinate transfers) shall be relieved of all liability related to Lessor's obligations to be performed after such transfer. Provided, however, that any lands in the hands of Lessor or Grantor at the time of such transfer shall be deemed to continue Lessor's original obligations until the closing upon Lessor's successors and assigns only during their respective periods of ownership.
33. **FINANCIAL STATEMENTS:**
- (a) Lessee shall at any time upon not less than ten (10) days' prior written notice from Lessor provide, acknowledge and deliver to Lessor a statement in writing (i) certifying that this Lease is unmodified and in full force and effect for, if modified, stating the nature of such modification and certifying that this Lease, as so modified, is in full force and effect, the amount of any security deposit, and the date in which the rent and other charges are paid in advance, if any, and (ii) acknowledging that there are no, to Lessee's knowledge, any unpaid defaults on the part of Lessor hereunder, or specifying such defaults if any are claimed. Any such statement may be conclusively relied upon by any prospective purchaser or encumbrancer of this Premises.
- (b) At Lessor's option, Lessee's failure to deliver such statement within such time shall be a material breach of this Lease or shall be conclusive upon Lessee (1) that this Lease is in full force and effect, without modification except as may be represented by Lessor, (2) that there are no uncured defaults in Lessee's performance, and (3) that no more than one month's rent has been paid in advance or such failure may be considered by Lessor as a default by Lessee under this Lease.
- (c) If Lessor desires to finance, refinance, or sell the Premises, or any part thereof, Lessee hereby agrees to deliver to any lender or purchaser designated by Lessor such financial statements of Lessee as may be reasonably required by such lender or purchaser. Such statements shall include the past three years' financial statements of Lessee. All such financial statements shall be received by Lessor and such lender or purchaser in confidence and shall be used only for the purposes herein set forth.
34. **COMMON AREA EXPENSES:** In the event the leased premises are situated in a shopping center or in a commercial building in which there are common areas, Lessee agrees to pay his pro-rata share of maintenance, taxes, and insurance for the common areas.
35. **ADDENDUMS:** An addendum, signed by the parties,  is attached.  is not attached hereto.

**ENTIRE AGREEMENT:** The foregoing constitutes the entire agreement between the parties and may be modified only by a writing signed by both parties. The following Exhibits, if any, have been made a part of this lease before the parties' execution hereof: Exhibit A, Addendum to Lease

The undersigned Lessee hereby acknowledges receipt of a copy hereof. DATED: February 18, 2016

By \_\_\_\_\_ Agent: Melissa Garcia Lessee  
 \_\_\_\_\_ Address: \_\_\_\_\_ Lessee  
 \_\_\_\_\_ Phone: \_\_\_\_\_ Address: \_\_\_\_\_  
 By \_\_\_\_\_ 843-885-1650 Phone

**ACCEPTANCE**

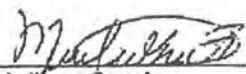
The undersigned Lessor accepts the foregoing offer and agrees to lease the herein described premises on the terms and conditions herein specified. The Lessor agrees to pay to \_\_\_\_\_ the sum of \$ \_\_\_\_\_, the Agent in this transaction, for services rendered and authorizes Agent to deduct said sum from the deposit received from Tenant. This agreement shall not limit the rights of Agent provided for in any listing or other agreement which may be in effect between Owner and Agent. In the event Tenant will purchase the property from Owner prior to the expiration of this lease, Owner agrees to pay the Agent a sales commission of \_\_\_\_\_% of the sale price.

The undersigned Lessor hereby acknowledges receipt of a copy hereof. DATED: February 18, 2016

By Abraham Tegeja Owner's Authorized Agent  
 Kings Realty of SC, Inc. Address: \_\_\_\_\_  
 843-241-1973 Phone: \_\_\_\_\_  
 By \_\_\_\_\_ DATED: Kings Realty Management LLC Lessee  
 \_\_\_\_\_ Address: \_\_\_\_\_  
 P.O. Box 1490, Myrtle Beach, SC 29578  
 843-846-9834 Phone

**EXHIBIT A: ADDENDEUM TO LEASE**

1. Term of the Lease runs from April 1, 2016 to December 31, 2016 with one (1) two (2) year renewal option. Option shall automatically renew unless tenant notifies Landlord in writing no less than 90 days prior to the expiration of the initial lease term.
2. Rent shall be payable as follows:
  - April and May, 2016 \$5,000 per month
  - June through December, 2016 \$7,000 per month
  
  - Two (2) year Option Renewal \$9,000 per month
3. Tenant shall occupy the space previously known as Kono/Ikino Hibachi & Sushi and Kono Lounge approximately 9,300 square feet.
4. Tenant must maintain Liquor and Liability Insurance in the amounts of \$1,000,000 and \$2,000,000 respectively. As per #10 of the Lease Agreement: Tenant shall provide Landlord with a Certificate of Insurance showing Landlord as additional insured.
5. Tenant agrees to pay Landlord an Equipment Deposit of \$3,000.00 and a Utility deposit of \$3,000.00. Equipment List to be attached separately. Landlord to deliver AC units in working order.
6. Tenant agrees to accept the premises as is and do all interior work including repairing any equipment necessary to operate.
7. Tenant shall be responsible to pay all utilities (electrical & water will remain in Landlord's name. Tenant shall promptly pay bills when they are submitted). Tenant shall be responsible for turning on the gas and for paying the bills.
8. Tenant shall pay rent on the first (1<sup>st</sup>) of each and every month. Any payments received more than five (5) days late may be subject to a late fee of 5%.
9. Tenant shall be charged \$25.00 for any checks that are returned for insufficient funds.

  
\_\_\_\_\_  
Melissa Garcia  
d/b/a LaCastona Latin Cuisine & Lounge

2-18-16  
\_\_\_\_\_  
Dated

  
\_\_\_\_\_  
Abraham Tebele, Manager, KR Management LLC  
KR Management LLC

2-18-16  
\_\_\_\_\_  
Dated



**COMMERCIAL INSURANCE APPLICATION**  
**APPLICANT INFORMATION SECTION**

DATE (MM/DD/YYYY)  
 01/11/2019

AGENCY Crescent Coast Insurance 4336 SEA MOUNTAIN HWY UNIT C  LITTLE RIVER SC 29566-6830		CARRIER Lloyds of London		NAIC CODE
		COMPANY POLICY OR PROGRAM NAME		PROGRAM CODE
		POLICY NUMBER Pending		
CONTACT NAME: Joey Sutherland PHONE (A/C, No, Ext): (843) 399-0822 FAX (A/C, No): (843) 399-0854 E-MAIL ADDRESS: david@infinityinsurancesc.com		UNDERWRITER		UNDERWRITER OFFICE Anywins Access
CODE: SUBCODE:		STATUS OF TRANSACTION		QUOTE <input type="checkbox"/> ISSUE POLICY <input checked="" type="checkbox"/> RENEW <input type="checkbox"/> BOUND (Give Date and/or Attach Copy): CHANGE DATE TIME AM PM CANCEL 01/15/2019
AGENCY CUSTOMER ID:				

**LINES OF BUSINESS**

INDICATE LINES OF BUSINESS	PREMIUM	INDICATE LINES OF BUSINESS	PREMIUM	INDICATE LINES OF BUSINESS	PREMIUM
<input type="checkbox"/> BOILER & MACHINERY	\$	<input type="checkbox"/> CYBER AND PRIVACY	\$	<input type="checkbox"/> YACHT	\$
<input type="checkbox"/> BUSINESS AUTO	\$	<input type="checkbox"/> FIDUCIARY LIABILITY	\$		\$
<input type="checkbox"/> BUSINESS OWNERS	\$	<input type="checkbox"/> GARAGE AND DEALERS	\$		\$
<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY	\$	<input type="checkbox"/> LIQUOR LIABILITY	\$		\$
<input type="checkbox"/> COMMERCIAL INLAND MARINE	\$	<input type="checkbox"/> MOTOR CARRIER	\$		\$
<input checked="" type="checkbox"/> COMMERCIAL PROPERTY	\$	<input type="checkbox"/> TRUCKERS	\$		\$
<input type="checkbox"/> CRIME	\$	<input type="checkbox"/> UMBRELLA	\$		\$

**ATTACHMENTS**

<input type="checkbox"/> ACCOUNTS RECEIVABLE / VALLIABLE PAPERS	<input type="checkbox"/> GLASS AND SIGN SECTION	<input type="checkbox"/> STATEMENT / SCHEDULE OF VALUES
<input type="checkbox"/> ADDITIONAL INTEREST SCHEDULE	<input type="checkbox"/> HOTEL / MOTEL SUPPLEMENT	<input type="checkbox"/> STATE SUPPLEMENT (if applicable)
<input type="checkbox"/> ADDITIONAL PREMISES INFORMATION SCHEDULE	<input type="checkbox"/> INSTALLATION / BUILDERS RISK SECTION	<input type="checkbox"/> VACANT BUILDING SUPPLEMENT
<input type="checkbox"/> APARTMENT BUILDING SUPPLEMENT	<input type="checkbox"/> INTERNATIONAL LIABILITY EXPOSURE SUPPLEMENT	<input type="checkbox"/> VEHICLE SCHEDULE
<input type="checkbox"/> CONDO ASSN BYLAWS (for D&O Coverage only)	<input type="checkbox"/> INTERNATIONAL PROPERTY EXPOSURE SUPPLEMENT	
<input type="checkbox"/> CONTRACTORS SUPPLEMENT	<input type="checkbox"/> LOSS SUMMARY	
<input type="checkbox"/> COVERAGES SCHEDULE	<input type="checkbox"/> OPEN CARGO SECTION	
<input type="checkbox"/> DEALERS SECTION	<input type="checkbox"/> PREMIUM PAYMENT SUPPLEMENT	
<input type="checkbox"/> DRIVER INFORMATION SCHEDULE	<input type="checkbox"/> PROFESSIONAL LIABILITY SUPPLEMENT	
<input type="checkbox"/> ELECTRONIC DATA PROCESSING SECTION	<input type="checkbox"/> RESTAURANT / TAVERN SUPPLEMENT	

**POLICY INFORMATION**

PROPOSED EFF DATE 01/15/2019	PROPOSED EXP DATE 01/15/2020	BILLING PLAN DIRECT <input checked="" type="checkbox"/> AGENCY	PAYMENT PLAN	METHOD OF PAYMENT	AUDIT	DEPOSIT \$	MINIMUM PREMIUM \$	POLICY PREMIUM \$
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**APPLICANT INFORMATION**

NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4) A Tebele & Sons, ETAL Po Box 1496  Myrtle Beach SC 29578		GL CODE 61217	SIC	NAICS	FEIN OR SOC SEC #
CORPORATION <input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> INDIVIDUAL <input checked="" type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS:		NOT FOR PROFIT ORG <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/>		SUBCHAPTER "S" CORPORATION <input type="checkbox"/> TRUST <input type="checkbox"/>	
BUSINESS PHONE #: (843) 241-1973		WEBSITE ADDRESS			
CORPORATION <input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> INDIVIDUAL <input checked="" type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS:		NOT FOR PROFIT ORG <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/>		SUBCHAPTER "S" CORPORATION <input type="checkbox"/> TRUST <input type="checkbox"/>	
BUSINESS PHONE #:		WEBSITE ADDRESS			
CORPORATION <input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> INDIVIDUAL <input checked="" type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS:		NOT FOR PROFIT ORG <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/>		SUBCHAPTER "S" CORPORATION <input type="checkbox"/> TRUST <input type="checkbox"/>	
BUSINESS PHONE #:		WEBSITE ADDRESS			
CORPORATION <input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> INDIVIDUAL <input checked="" type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS:		NOT FOR PROFIT ORG <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/>		SUBCHAPTER "S" CORPORATION <input type="checkbox"/> TRUST <input type="checkbox"/>	
BUSINESS PHONE #:		WEBSITE ADDRESS			

ACORD 125 (2016/03)

The ACORD name and logo are registered marks of ACORD

**DEFENDANTS'**  
**EXHIBIT**  
 23

DEFENDANT'S  
 EXHIBIT  
 23  
 1925

TEBELE 000192

AGENCY CUSTOMER ID: \_\_\_\_\_

**CONTACT INFORMATION**

CONTACT TYPE: member		CONTACT TYPE:	
CONTACT NAME: Abe Tebele		CONTACT NAME:	
PRIMARY PHONE # <input type="checkbox"/> HOME <input checked="" type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL
(843) 241-1873			
PRIMARY E-MAIL ADDRESS: stebele@aol.com		PRIMARY E-MAIL ADDRESS:	
SECONDARY E-MAIL ADDRESS:		SECONDARY E-MAIL ADDRESS:	

**PREMISES INFORMATION (Attach ACORD 823 for Additional Premises)**

LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
1	2909 Hwy 17 S	<input checked="" type="checkbox"/> INSIDE	<input checked="" type="checkbox"/> OWNER		OCCUPIED AREA: 10000 SQ FT
BLD #	CITY: Atlantic Beach	STATE: SC	OUTSIDE	TENANT	# PART TIME EMPL
1	COUNTY: Horry	ZIP: 29582			OPEN TO PUBLIC AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y/N
2	2911 Hwy 17 S	<input checked="" type="checkbox"/> INSIDE	<input checked="" type="checkbox"/> OWNER		OCCUPIED AREA: 10000 SQ FT
BLD #	CITY: Atlantic Beach	STATE: SC	OUTSIDE	TENANT	# PART TIME EMPL
1	COUNTY: Horry	ZIP: 29582			OPEN TO PUBLIC AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y/N
3	502 30th Ave N	<input checked="" type="checkbox"/> INSIDE	<input checked="" type="checkbox"/> OWNER		OCCUPIED AREA: 900 SQ FT
BLD #	CITY: Myrtle Beach	STATE: SC	OUTSIDE	TENANT	# PART TIME EMPL
1	COUNTY: Horry	ZIP: 29577			OPEN TO PUBLIC AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y/N
4	3001 N Kings Hwy	<input checked="" type="checkbox"/> INSIDE	<input checked="" type="checkbox"/> OWNER		OCCUPIED AREA: 17000 SQ FT
BLD #	CITY: Myrtle Beach	STATE: SC	OUTSIDE	TENANT	# PART TIME EMPL
1	COUNTY: Horry	ZIP: 29577			OPEN TO PUBLIC AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y/N

**NATURE OF BUSINESS**

<input type="checkbox"/> APARTMENTS	<input type="checkbox"/> CONTRACTOR	<input type="checkbox"/> MANUFACTURING	<input type="checkbox"/> RESTAURANT	<input type="checkbox"/> SERVICE	<input checked="" type="checkbox"/> LRO	DATE BUSINESS STARTED (MM/DD/YYYY)
<input type="checkbox"/> CONDOMINIUMS	<input type="checkbox"/> INSTITUTIONAL	<input type="checkbox"/> OFFICE	<input type="checkbox"/> RETAIL	<input type="checkbox"/> WHOLESALE		12/28/2012
DESCRIPTION OF PRIMARY OPERATIONS						
LRO						
RETAIL STORES OR SERVICE OPERATIONS % OF TOTAL SALES:		INSTALLATION, SERVICE OR REPAIR WORK		OFF PREMISES INSTALLATION, SERVICE OR REPAIR WORK		
		%		%		
DESCRIPTION OF OPERATIONS OF OTHER NAMED INSUREDS						

**ADDITIONAL INTEREST (Not all fields apply to all scenarios - provide only the necessary data) Attach ACORD 45 for more Additional Interests**

INTEREST	NAME AND ADDRESS, RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
<input checked="" type="checkbox"/> ADDITIONAL INSURED	Atlantic Beach Center LLC					LOCATION:	BUILDING:
<input type="checkbox"/> BREACH OF WARRANTY						VEHICLE:	BOAT:
<input type="checkbox"/> CO-OWNER						AIRPORT:	AIRCRAFT:
<input type="checkbox"/> EMPLOYEE AS LESSOR						ITEM CLASS:	ITEM:
<input type="checkbox"/> LEASEBACK OWNER						ITEM DESCRIPTION	
<input type="checkbox"/> LENDER'S LOSS PAYABLE	REFERENCE / LOAN #:	INTEREST END DATE:					
<input checked="" type="checkbox"/> additional named insured	LIEN AMOUNT:	PHONE (A/C, No, Ext):		FAX (A/C, No):			
REASON FOR INTEREST:		E-MAIL ADDRESS:					

AGENCY CUSTOMER ID: \_\_\_\_\_

**GENERAL INFORMATION**

EXPLAIN ALL "YES" RESPONSES	Y	N								
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY? <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width:50%;">PARENT COMPANY NAME</td> <td style="width:30%;">RELATIONSHIP DESCRIPTION</td> <td style="width:20%;">% OWNED</td> </tr> </table>	PARENT COMPANY NAME	RELATIONSHIP DESCRIPTION	% OWNED	n	n					
PARENT COMPANY NAME	RELATIONSHIP DESCRIPTION	% OWNED								
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES? <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width:50%;">SUBSIDIARY COMPANY NAME</td> <td style="width:30%;">RELATIONSHIP DESCRIPTION</td> <td style="width:20%;">% OWNED</td> </tr> </table>	SUBSIDIARY COMPANY NAME	RELATIONSHIP DESCRIPTION	% OWNED	n	n					
SUBSIDIARY COMPANY NAME	RELATIONSHIP DESCRIPTION	% OWNED								
2. IS A FORMAL SAFETY PROGRAM IN OPERATION? <input type="checkbox"/> SAFETY MANUAL <input type="checkbox"/> SAFETY POSITION <input type="checkbox"/> MONTHLY MEETINGS <input type="checkbox"/> OSHA	n	n								
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?	n	n								
4. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers) <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width:25%;">LINE OF BUSINESS</td> <td style="width:25%;">POLICY NUMBER</td> <td style="width:25%;">LINE OF BUSINESS</td> <td style="width:25%;">POLICY NUMBER</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>	LINE OF BUSINESS	POLICY NUMBER	LINE OF BUSINESS	POLICY NUMBER					n	n
LINE OF BUSINESS	POLICY NUMBER	LINE OF BUSINESS	POLICY NUMBER							
5. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR THREE (3) YEARS FOR ANY PREMISES OR OPERATIONS? (Missouri Applicants - Do not answer this question) <input type="checkbox"/> NON-PAYMENT <input type="checkbox"/> AGENT NO LONGER REPRESENTS CARRIER <input type="checkbox"/> <input type="checkbox"/> NON-RENEWAL <input type="checkbox"/> UNDERWRITING <input type="checkbox"/> CONDITION CORRECTED (Describe):	n	n								
6. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?	n	n								
7. DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY? <small>(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).</small>	n	n								
8. ANY UNCORRECTED FIRE AND/OR SAFETY CODE VIOLATIONS? <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width:15%;">OCCUR DATE</th> <th style="width:40%;">EXPLANATION</th> <th style="width:25%;">RESOLUTION</th> <th style="width:20%;">RESOLVE DATE</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE					n	n
OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE							
9. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE LAST FIVE (5) YEARS? <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width:15%;">OCCUR DATE</th> <th style="width:40%;">EXPLANATION</th> <th style="width:25%;">RESOLUTION</th> <th style="width:20%;">RESOLVE DATE</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE					n	n
OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE							
10. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS? <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width:15%;">OCCUR DATE</th> <th style="width:40%;">EXPLANATION</th> <th style="width:25%;">RESOLUTION</th> <th style="width:20%;">RESOLVE DATE</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE					n	n
OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE							
11. HAS BUSINESS BEEN PLACED IN A TRUST? NAME OF TRUST: Kings Plaza LLC	n	n								
12. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD / DISTRIBUTED IN FOREIGN COUNTRIES? <small>(If "YES", attach ACORD 815 for Liability Exposure and/or ACORD 816 for Property Exposure)</small>	n	n								
13. DOES APPLICANT HAVE OTHER BUSINESS VENTURES FOR WHICH COVERAGE IS NOT REQUESTED?	n	n								
14. DOES APPLICANT OWN / LEASE / OPERATE ANY DRONES? (If "YES", describe use)	n	n								
15. DOES APPLICANT HIRE OTHERS TO OPERATE DRONES? (If "YES", describe use)	n	n								

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				
	EXPIRATION DATE				

**PRIOR CARRIER INFORMATION (continued)**

AGENCY CUSTOMER ID: \_\_\_\_\_

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 OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE LAST \_\_\_\_\_ YEARS

DATE OF OCCURRENCE	LINE	TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	SUBROGATION Y/N	CLAIM OPEN Y/N

TOTAL LOSSES: \$ \_\_\_\_\_

**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 3Bs are available for applicants in these states.)

(Applicant's initials): *at*

**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 <i>David Egan</i>	PRODUCER'S NAME (Please Print) David A Egan	STATE PRODUCER LICENSE NO. (Re: 3049927rda)
APPLICANT'S SIGNATURE <i>ABRAHAM TEBELE</i>	DATE 1/14/2019	NATIONAL PRODUCER NUMBER 12416046

AGENCY CUSTOMER ID: \_\_\_\_\_



### ADDITIONAL INTEREST SCHEDULE

DATE (MM/DD/YYYY)  
01/11/2019  
NAIC CODE

AGENCY Crescent Coast Insurance		CARRIER	
POLICY NUMBER Pending	EFFECTIVE DATE 09/01/2018	NAMED INSURED(S) A Tebele & Sons, ETAL	

**ADDITIONAL INTEREST (Not all fields apply to all scenarios - provide only the necessary data)**

INTEREST <input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BREACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LIENHOLDER <input checked="" type="checkbox"/> Additional Named Insured	LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS RANK: Kings Plaza LLC	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
	REFERENCE / LOAN #: LIEN AMOUNT:		INTEREST END DATE: PHONE (A/C, No, Ext): E-MAIL ADDRESS:	LOCATION: BUILDING: VEHICLE: BOAT: AIRPORT: AIRCRAFT: SCHED #: ITEM: ITEM CLASS: ITEM DESCRIPTION				

INTEREST <input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BREACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LIENHOLDER <input checked="" type="checkbox"/> additional named insured	LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS RANK: Kings Realty Management, LLC	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
	REFERENCE / LOAN #: LIEN AMOUNT:		INTEREST END DATE: PHONE (A/C, No, Ext): E-MAIL ADDRESS:	LOCATION: BUILDING: VEHICLE: BOAT: AIRPORT: AIRCRAFT: SCHED #: ITEM: ITEM CLASS: ITEM DESCRIPTION				

INTEREST <input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BREACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LIENHOLDER <input checked="" type="checkbox"/> additional named insured	LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS RANK: Kings Realty, LP	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
	REFERENCE / LOAN #: LIEN AMOUNT:		INTEREST END DATE: PHONE (A/C, No, Ext): E-MAIL ADDRESS:	LOCATION: BUILDING: VEHICLE: BOAT: AIRPORT: AIRCRAFT: SCHED #: ITEM: ITEM CLASS: ITEM DESCRIPTION				

INTEREST <input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BREACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LIENHOLDER <input checked="" type="checkbox"/> additional named insured	LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS RANK: Sundial Center, LP	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
	REFERENCE / LOAN #: LIEN AMOUNT:		INTEREST END DATE: PHONE (A/C, No, Ext): E-MAIL ADDRESS:	LOCATION: BUILDING: VEHICLE: BOAT: AIRPORT: AIRCRAFT: SCHED #: ITEM: ITEM CLASS: ITEM DESCRIPTION				

INTEREST <input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BREACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LIENHOLDER <input checked="" type="checkbox"/> additional Named Insured	LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS RANK: Surfside Beach Center, LLC	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
	REFERENCE / LOAN #: LIEN AMOUNT:		INTEREST END DATE: PHONE (A/C, No, Ext): E-MAIL ADDRESS:	LOCATION: BUILDING: VEHICLE: BOAT: AIRPORT: AIRCRAFT: SCHED #: ITEM: ITEM CLASS: ITEM DESCRIPTION				

AGENCY CUSTOMER ID: \_\_\_\_\_



### ADDITIONAL INTEREST SCHEDULE

DATE (MM/DD/YYYY)  
01/11/2019

AGENCY Crescent Coast Insurance		CARRIER		NAIC CODE
POLICY NUMBER Pending	EFFECTIVE DATE 09/01/2018	NAMED INSURED(S) A Tebele & Sons, ETAL		

**ADDITIONAL INTEREST (Not all fields apply to all scenarios - provide only the necessary data)**

INTEREST <input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BREACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LIENHOLDER <input checked="" type="checkbox"/> Additional Named Insured	<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS RANK: _____ EVIDENCE: _____ CERTIFICATE _____ POLICY _____ SEND BILL _____  Tebele Investment Group, Inc   REFERENCE / LOAN #: _____ INTEREST END DATE: _____ LIEN AMOUNT: _____ PHONE (A/C, No, Ext): _____ E-MAIL ADDRESS: _____	INTEREST IN ITEM NUMBER LOCATION: _____ BUILDING: _____ VEHICLE: _____ BOAT: _____ AIRPORT: _____ AIRCRAFT: _____ SCHED #: _____ ITEM: _____ ITEM CLASS: _____ ITEM DESCRIPTION: _____
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INTEREST <input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BREACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS RANK: _____ EVIDENCE: _____ CERTIFICATE _____ POLICY _____ SEND BILL _____     REFERENCE / LOAN #: _____ INTEREST END DATE: _____ LIEN AMOUNT: _____ PHONE (A/C, No, Ext): _____ E-MAIL ADDRESS: _____	INTEREST IN ITEM NUMBER LOCATION: _____ BUILDING: _____ VEHICLE: _____ BOAT: _____ AIRPORT: _____ AIRCRAFT: _____ SCHED #: _____ ITEM: _____ ITEM CLASS: _____ ITEM DESCRIPTION: _____
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INTEREST <input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BREACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS RANK: _____ EVIDENCE: _____ CERTIFICATE _____ POLICY _____ SEND BILL _____     REFERENCE / LOAN #: _____ INTEREST END DATE: _____ LIEN AMOUNT: _____ PHONE (A/C, No, Ext): _____ E-MAIL ADDRESS: _____	INTEREST IN ITEM NUMBER LOCATION: _____ BUILDING: _____ VEHICLE: _____ BOAT: _____ AIRPORT: _____ AIRCRAFT: _____ SCHED #: _____ ITEM: _____ ITEM CLASS: _____ ITEM DESCRIPTION: _____
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INTEREST <input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BREACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS RANK: _____ EVIDENCE: _____ CERTIFICATE _____ POLICY _____ SEND BILL _____     REFERENCE / LOAN #: _____ INTEREST END DATE: _____ LIEN AMOUNT: _____ PHONE (A/C, No, Ext): _____ E-MAIL ADDRESS: _____	INTEREST IN ITEM NUMBER LOCATION: _____ BUILDING: _____ VEHICLE: _____ BOAT: _____ AIRPORT: _____ AIRCRAFT: _____ SCHED #: _____ ITEM: _____ ITEM CLASS: _____ ITEM DESCRIPTION: _____
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AGENCY CUSTOMER ID: \_\_\_\_\_

### ADDITIONAL PREMISES INFORMATION SCHEDULE

Page \_\_\_\_\_ of \_\_\_\_\_

AGENCY Crescent Coast Insurance		CARRIER A Tebele & Sons, ETAL		NAIC CODE
POLICY NUMBER Pending	EFFECTIVE DATE 09/01/2018	NAMED INSURED(S)		

**PREMISES INFORMATION**

LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
5	Po Box 1496	<input checked="" type="checkbox"/> INSIDE	<input checked="" type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: Myrtle Beach	STATE: SC	<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> TENANT	# PART TIME EMPL
1	COUNTY: Horry	ZIP: 29578			OPEN TO PUBLIC AREA: SQ FT
DESCRIPTION OF OPERATIONS:					TOTAL BUILDING AREA: SQ FT
					ANY AREA LEASED TO OTHERS? Y / N:
6	3205 N Kings Hwy	<input checked="" type="checkbox"/> INSIDE	<input checked="" type="checkbox"/> OWNER		ANNUAL REVENUES: \$
BLD #	CITY: Myrtle Beach	STATE: SC	<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> TENANT	OCCUPIED AREA: 8400 SQ FT
1	COUNTY: Horry	ZIP: 29577			OPEN TO PUBLIC AREA: SQ FT
DESCRIPTION OF OPERATIONS:					TOTAL BUILDING AREA: SQ FT
					ANY AREA LEASED TO OTHERS? Y / N:
7	1600 E/S N Kings Hwy	<input checked="" type="checkbox"/> INSIDE	<input checked="" type="checkbox"/> OWNER		ANNUAL REVENUES: \$
BLD #	CITY: Myrtle Beach	STATE: SC	<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> TENANT	OCCUPIED AREA: 10000 SQ FT
1	COUNTY: Horry	ZIP: 29577			OPEN TO PUBLIC AREA: SQ FT
DESCRIPTION OF OPERATIONS:					TOTAL BUILDING AREA: SQ FT
					ANY AREA LEASED TO OTHERS? Y / N:
8	312 9th Ave N	<input checked="" type="checkbox"/> INSIDE	<input checked="" type="checkbox"/> OWNER		ANNUAL REVENUES: \$
BLD #	CITY: Myrtle Beach	STATE: SC	<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> TENANT	OCCUPIED AREA: 1000 SQ FT
1	COUNTY: Horry	ZIP: 29577			OPEN TO PUBLIC AREA: SQ FT
DESCRIPTION OF OPERATIONS:					TOTAL BUILDING AREA: SQ FT
					ANY AREA LEASED TO OTHERS? Y / N:
9	314 9th Ave N	<input checked="" type="checkbox"/> INSIDE	<input checked="" type="checkbox"/> OWNER		ANNUAL REVENUES: \$
BLD #	CITY: Myrtle Beach	STATE: SC	<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> TENANT	OCCUPIED AREA: 3800 SQ FT
1	COUNTY: Horry	ZIP: 29577			OPEN TO PUBLIC AREA: SQ FT
DESCRIPTION OF OPERATIONS:					TOTAL BUILDING AREA: SQ FT
					ANY AREA LEASED TO OTHERS? Y / N:
10	609 S Kings Hwy	<input checked="" type="checkbox"/> INSIDE	<input checked="" type="checkbox"/> OWNER		ANNUAL REVENUES: \$
BLD #	CITY: Myrtle Beach	STATE: SC	<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> TENANT	OCCUPIED AREA: 3500 SQ FT
1	COUNTY: Horry	ZIP: 29577			OPEN TO PUBLIC AREA: SQ FT
DESCRIPTION OF OPERATIONS:					TOTAL BUILDING AREA: SQ FT
					ANY AREA LEASED TO OTHERS? Y / N:
11	1901 N Kings Hwy	<input checked="" type="checkbox"/> INSIDE	<input checked="" type="checkbox"/> OWNER		ANNUAL REVENUES: \$
BLD #	CITY: Myrtle Beach	STATE: SC	<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> TENANT	OCCUPIED AREA: 36000 SQ FT
1	COUNTY: Horry	ZIP: 29577			OPEN TO PUBLIC AREA: SQ FT
DESCRIPTION OF OPERATIONS:					TOTAL BUILDING AREA: SQ FT
					ANY AREA LEASED TO OTHERS? Y / N:

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, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL 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.

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ACORD 823 (2011/10)

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TEBELE 000198

**1931**



**ADDITIONAL PREMISES INFORMATION SCHEDULE**

AGENCY Crescent Coast Insurance		CARRIER		NAIC CODE
POLICY NUMBER Pending		EFFECTIVE DATE 09/01/2018	NAMED INSURED(S) A Tebele & Sons, ETAL	

LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
12	610 W/S 6 Kings Hwy	<input checked="" type="checkbox"/> INSIDE	<input checked="" type="checkbox"/> OWNER		OCCUPIED AREA: 25000 SQ FT
BLD #	CITY: Myrtle Beach	STATE: SC	OUTSIDE	TENANT	OPEN TO PUBLIC AREA: SQ FT
1	COUNTY: Horry	ZIP: 29577			TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y/N:
13	1012 S Kings Hwy	<input checked="" type="checkbox"/> INSIDE	<input checked="" type="checkbox"/> OWNER		OCCUPIED AREA: 20000 SQ FT
BLD #	CITY: Myrtle Beach	STATE: SC	OUTSIDE	TENANT	OPEN TO PUBLIC AREA: SQ FT
1	COUNTY: Horry	ZIP: 29577			TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y/N:
14	900 Chester St	<input checked="" type="checkbox"/> INSIDE	<input checked="" type="checkbox"/> OWNER		OCCUPIED AREA: 3000 SQ FT
BLD #	CITY: Myrtle Beach	STATE: SC	OUTSIDE	TENANT	OPEN TO PUBLIC AREA: SQ FT
1	COUNTY: Horry	ZIP: 29577			TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y/N:
15	400 Main St	<input checked="" type="checkbox"/> INSIDE	<input checked="" type="checkbox"/> OWNER		OCCUPIED AREA: 6000 SQ FT
BLD #	CITY: North Myrtle Beach	STATE: SC	OUTSIDE	TENANT	OPEN TO PUBLIC AREA: SQ FT
1	COUNTY: Horry	ZIP: 29582			TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y/N:
16	94-96 S Kings Hwy	<input checked="" type="checkbox"/> INSIDE	<input checked="" type="checkbox"/> OWNER		OCCUPIED AREA: 10000 SQ FT
BLD #	CITY: North Myrtle Beach	STATE: SC	OUTSIDE	TENANT	OPEN TO PUBLIC AREA: SQ FT
1	COUNTY: Horry	ZIP: 29582			TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y/N:
17	100-118 S Kings Hwy	<input checked="" type="checkbox"/> INSIDE	<input checked="" type="checkbox"/> OWNER		OCCUPIED AREA: 17000 SQ FT
BLD #	CITY: North Myrtle Beach	STATE: SC	OUTSIDE	TENANT	OPEN TO PUBLIC AREA: SQ FT
1	COUNTY: Horry	ZIP: 29582			TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y/N:
18	110 Hwy 17 N	<input checked="" type="checkbox"/> INSIDE	<input checked="" type="checkbox"/> OWNER		OCCUPIED AREA: 4000 SQ FT
BLD #	CITY: Surfside Beach	STATE: SC	OUTSIDE	TENANT	OPEN TO PUBLIC AREA: SQ FT
1	COUNTY: Horry	ZIP: 29576			TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y/N:

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**ADDITIONAL PREMISES INFORMATION SCHEDULE**

AGENCY Crescent Coast Insurance		CARRIER		NAIC CODE
POLICY NUMBER Pending		EFFECTIVE DATE 09/01/2018	NAMED INSURED(S) A Tebele & Sons, ETAL	

PREMISES INFORMATION					# FULL TIME EMPL	ANNUAL REVENUES: \$
LOC #	STREET	CITY LIMITS	INTEREST			
19	112 Hwy 17 N	<input checked="" type="checkbox"/> INSIDE	<input checked="" type="checkbox"/> OWNER			OCCUPIED AREA: 5600 SQ FT
BLD #	CITY: Surfside Beach	STATE: SC	OUTSIDE	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
1	COUNTY: Horry	ZIP: 29575				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:						ANY AREA LEASED TO OTHERS? Y/N:
LOC #	STREET	CITY LIMITS	INTEREST			
20	114 Hwy 17 N	<input checked="" type="checkbox"/> INSIDE	<input checked="" type="checkbox"/> OWNER			OCCUPIED AREA: 10200 SQ FT
BLD #	CITY: Surfside Beach	STATE: SC	OUTSIDE	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
1	COUNTY: Horry	ZIP: 29575				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:						ANY AREA LEASED TO OTHERS? Y/N:
LOC #	STREET	CITY LIMITS	INTEREST			
21	116 Hwy 17 N	<input checked="" type="checkbox"/> INSIDE	<input checked="" type="checkbox"/> OWNER			OCCUPIED AREA: 8000 SQ FT
BLD #	CITY: Surfside Beach	STATE: SC	OUTSIDE	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
1	COUNTY: Horry	ZIP: 29575				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:						ANY AREA LEASED TO OTHERS? Y/N:
LOC #	STREET	CITY LIMITS	INTEREST			
22	118 Hwy 17 N	<input checked="" type="checkbox"/> INSIDE	<input checked="" type="checkbox"/> OWNER			OCCUPIED AREA: 8600 SQ FT
BLD #	CITY: Surfside Beach	STATE: SC	OUTSIDE	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
1	COUNTY: Horry	ZIP: 29575				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:						ANY AREA LEASED TO OTHERS? Y/N:
LOC #	STREET	CITY LIMITS	INTEREST			
23	120 Hwy 17 N	<input checked="" type="checkbox"/> INSIDE	<input checked="" type="checkbox"/> OWNER			OCCUPIED AREA: 22000 SQ FT
BLD #	CITY: Surfside Beach	STATE: SC	OUTSIDE	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
1	COUNTY: Horry	ZIP: 29575				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:						ANY AREA LEASED TO OTHERS? Y/N:
LOC #	STREET	CITY LIMITS	INTEREST			
24	122 Hwy 17 N	<input checked="" type="checkbox"/> INSIDE	<input checked="" type="checkbox"/> OWNER			OCCUPIED AREA: 34000 SQ FT
BLD #	CITY: Surfside Beach	STATE: SC	OUTSIDE	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
1	COUNTY: Horry	ZIP: 29575				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:						ANY AREA LEASED TO OTHERS? Y/N:
LOC #	STREET	CITY LIMITS	INTEREST			
		<input checked="" type="checkbox"/> INSIDE	<input checked="" type="checkbox"/> OWNER			OCCUPIED AREA: SQ FT
BLD #	CITY:	STATE:	OUTSIDE	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY:	ZIP:				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:						ANY AREA LEASED TO OTHERS? Y/N:

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AGENCY CUSTOMER ID:



**PROPERTY SECTION**

DATE (MM/DD/YYYY)  
01/11/2019

AGENCY NAME Crescent Coast Insurance		CARRIER Lloyds of London		NAIC CODE
POLICY NUMBER Pending	EFFECTIVE DATE 01/15/2019	NAMED INSURED(S) A Tebele & Sons, ETAL		

**BLANKET SUMMARY**

BLKT #	AMOUNT	TYPE	BLKT #	AMOUNT	TYPE

**PREMISES INFORMATION**

PREMISES #: 1	STREET ADDRESS: 2909 Hwy 17 S
BUILDING #: 1	BLDG DESCRIPTION: retail store LRO

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DED.	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
building	800000		RC	special		5000			
BIEE	70000								

ADDITIONAL INFORMATION BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 610 VALUE REPORTING INFORMATION - Attach ACORD 611

**ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION**

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

PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK # OF OPEN SIDES ON STRUCTURE:

CONSTRUCTION TYPE NC	DISTANCE TO HYDRANT 1000 FT	FIRE STAT 5 MI	FIRE DISTRICT myrtle beach	CODE NUMBER	PROT CL 2	# STORIES 1	# BASMTS 0	YR BUILT 1985	TOTAL AREA 10000
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BUILDING IMPROVEMENTS <input checked="" type="checkbox"/> WRING, YR: 2010 <input checked="" type="checkbox"/> ROOFING, YR: 2010 <input checked="" type="checkbox"/> PLUMBING, YR: 2010 <input checked="" type="checkbox"/> HEATING, YR: 2010	BLDG CODE GRADE	TAX CODE	ROOF TYPE single ply	OTHER OCCUPANCIES
OTHER YR:	WIND CLASS	SEMI-RESISTIVE	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT	DATE INSTALLED

PRIMARY HEAT <input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL IF BOILER IS INSURANCE PLACED ELSEWHERE? Y/N	SECONDARY HEAT <input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL IF BOILER IS INSURANCE PLACED ELSEWHERE? Y/N
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RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE
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BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	CENTRAL STATION LOCAL GONG
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BURGLAR ALARM INSTALLED AND SERVICED BY	EXTENT	GRADE	# GUARDS / WATCHMEN	CLOCK HOURLY
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PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)	% SPRNK	FIRE ALARM MANUFACTURER	CENTRAL STATION LOCAL GONG
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**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 <input checked="" type="checkbox"/> additional named Insur	NAME AND ADDRESS BANK Atlantic Beach Center LLC	EVIDENCE	CERTIFICATE	INTEREST IN ITEM NUMBER LOCATION: BUILDING: ITEM CLASS: ITEM: ITEM DESCRIPTION
	REFERENCE / LOAN #:			

ACORD 140 (2016/03)

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TEBELE 000201

AGENCY CUSTOMER ID:

**ADDITIONAL PREMISES INFORMATION**

PREMISES #: 2	STREET ADDRESS: 2911 Hwy 17 S								
BUILDING #: 1	BLDG DESCRIPTION: mixed occupancy retail strip mall LRD								
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Building	720000		RC	special		5000			
BIEE	70000								

ADDITIONAL INFORMATION BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 818 VALUE REPORTING INFORMATION - Attach ACORD 311

**ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION**

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

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: \$

PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK: \_\_\_\_\_ # OF OPEN SIDES ON STRUCTURE: \_\_\_\_\_

CONSTRUCTION TYPE NC	DISTANCE TO HYDRANT 1000 FT	FIRE STAT 5 MI	FIRE DISTRICT N Myrtle Beach	CODE NUMBER	PROT CL 2	# STORIES 1	# BASMTS 0	YR BUILT 1987	TOTAL AREA 10000
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BUILDING IMPROVEMENTS	BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES
<input checked="" type="checkbox"/> WIRING, YR: 2017			metal	
<input checked="" type="checkbox"/> PLUMBING, YR: 2017				
<input checked="" type="checkbox"/> ROOFING, YR: 2017				
<input checked="" type="checkbox"/> HEATING, YR: 2017				
OTHER: YR: _____	WIND CLASS RESISTIVE	SEMI-RESISTIVE	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT	DATE INSTALLED: _____

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 type="checkbox"/> Y/N	IF BOILER IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y/N

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE
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BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	CENTRAL STATION WITH KEYS <input type="checkbox"/> LOCAL BONG <input type="checkbox"/>
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BURGLAR ALARM INSTALLED AND SERVICED BY	EXTENT	GRADE	# GUARDS / WATCHMEN	CLOCK HOURLY <input type="checkbox"/>
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PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)	% SPRNK	FIRE ALARM MANUFACTURER	CENTRAL STATION LOCAL BONG <input type="checkbox"/>
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**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	Kings Plaza LLC			LOCATION: BUILDING:
<input type="checkbox"/> LOSS PAYEE				ITEM CLASS: ITEM:
<input type="checkbox"/> MORTGAGEE				ITEM DESCRIPTION
<input checked="" type="checkbox"/> Additional Named Insu	REFERENCE / LOAN #:			

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

**SIGNATURE**

AGENCY CUSTOMER ID: \_\_\_\_\_

**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.

DocuSigned by: <i>David Egan</i>		PRODUCER'S NAME (Please Print) David A Egan	STATE PRODUCER LICENSE NO (Required in Florida)
PRODUCER'S SIGNATURE	DocuSigned by: E8789CF83EAC455...	APPLICANT'S SIGNATURE <i>ABRAHAM TEBELE</i>	NATIONAL PRODUCER NUMBER 12416046
		DATE 1/14/2019	

AGENCY CUSTOMER ID:

<b>ADDITIONAL PREMISES INFORMATION</b>		PREMISES #: 3	STREET ADDRESS: 502 30th Ave N						
SUBJECT OF INSURANCE		BUILDING #: 1	BLDG DESCRIPTION: dwelling						
BIEE	AMOUNT: 8400	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Building	60000		RC	special		5000			

ADDITIONAL INFORMATION BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD #10 VALUE REPORTING INFORMATION - Attach ACORD #11

**ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION**

SPOILAGE COVERAGE (Y/N)	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y/N)	OPTIONS
<input type="checkbox"/>			<input type="checkbox"/>	BREAKDOWN OR CONTAMINATION POWER OUTAGE <input type="checkbox"/> SELLING PRICE <input type="checkbox"/>
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	DISTANCE TO HYDRANT	FIRE STAT	FIRE DISTRICT	CODE NUMBER	PROT. CL.	# STORES	# BASMT'S	YR BUILT	TOTAL AREA
JM	1000 FT	5 MI	myrtle beach		1	1	0	1970	900
BUILDING IMPROVEMENTS		BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES				
<input checked="" type="checkbox"/> WIRING, YR: 2017	<input checked="" type="checkbox"/> PLUMBING, YR: 2017			comp shingle					
<input checked="" type="checkbox"/> ROOFING, YR: 2017	<input checked="" type="checkbox"/> HEATING, YR: 2017	WIND CLASS	SEMI-RESISTIVE	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT		DATE INSTALLED			
OTHER: _____ 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 type="checkbox"/> Y/N				IF BOILER IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y/N					
RIGHT EXPOSURE & DISTANCE		LEFT EXPOSURE & DISTANCE		FRONT EXPOSURE & DISTANCE			REAR EXPOSURE & DISTANCE		
BURGLAR ALARM TYPE			CERTIFICATE #			EXPIRATION DATE		CENTRAL STATION	LOCAL GONG
BURGLAR ALARM INSTALLED AND SERVICED BY:			EXTENT		GRADE	# GUARDS / WATCHMEN		CLOCK HOURLY	
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)				% 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	
	REFERENCE / LOAN #:					

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

AGENCY CUSTOMER ID: \_\_\_\_\_

<b>ADDITIONAL PREMISES INFORMATION</b>		PREMISES #: 4	STREET ADDRESS: 3001 N Kings Hwy						
		BUILDING #: 1	BLDG DESCRIPTION: retail LRO						
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Building	1300000		RC	special		5000			
BIEE	250000								
BPP	26000								

ADDITIONAL INFORMATION	BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD #10	VALUE REPORTING INFORMATION - Attach ACORD #11
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ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION			
SPOILAGE COVERAGE (Y/N)	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y/N)
<input type="checkbox"/>		DEDUCTIBLE \$	<input type="checkbox"/>
			<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	DISTANCE TO HYDRANT	FIRE STAT	FIRE DISTRICT	CODE NUMBER	PROT CL	# STORIES	# BASMTS	YR BUILT	TOTAL AREA
MNC	500 FT	2 MI	myrtle beach		1	1	0	1987	17000

BUILDING IMPROVEMENTS		BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES
<input checked="" type="checkbox"/> WRING, YR: 2012	<input checked="" type="checkbox"/> PLUMBING, YR: 2012			single ply	
<input checked="" type="checkbox"/> ROOFING, YR: 2012	<input checked="" type="checkbox"/> HEATING, YR: 2012			SEMI-RESISTIVE	
OTHER: _____	YR: _____	RESISTIVE		HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT	DATE INSTALLED: _____

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

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE

BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	<input checked="" type="checkbox"/> CENTRAL STATION	<input type="checkbox"/> LOCAL GONG
			WITH KEYS	

BURGLAR ALARM INSTALLED AND SERVICED BY	EXTENT	GRADE	# GUARDS / WATCHMEN	CLOCK HOURLY
ADT				

PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)	% SPRNK	FIRE ALARM MANUFACTURER	CENTRAL STATION	LOCAL GONG

ADDITIONAL INTEREST	ACORD 45 attached for additional names		
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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	
	REFERENCE / LOAN #:					

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

AGENCY CUSTOMER ID:

**ADDITIONAL PREMISES INFORMATION**

PREMISES #:	STREET ADDRESS:								
BUILDING #:	BLDG DESCRIPTION:								
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU-ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DEG TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY

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)	DESCRIPTION OF PROPERTY COVERED	LIMIT:	REFRIG MAINT AGREEMENT (Y/N)	OPTIONS
		\$		
<input type="checkbox"/>		DEDUCTIBLE	<input type="checkbox"/>	POWER OUTAGE <input type="checkbox"/>
		\$		SELLING PRICE <input type="checkbox"/>

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: \$

PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK: # OF OPEN SIDES ON STRUCTURE:

CONSTRUCTION TYPE	DISTANCE TO HYDRANT	FIRE STAT	FIRE DISTRICT	CODE NUMBER	PROT CL	# STORIES	# BASIN'TS	YR BUILT	TOTAL AREA
MNC	FT	MI	surfside beach		2	1	0	1995	

BUILDING IMPROVEMENTS	BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES
WIRING, YR: <input type="checkbox"/>				
PLUMBING, YR: <input type="checkbox"/>				
HEATING, YR: <input type="checkbox"/>	WIND CLASS	SEMI-RESISTIVE	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT	DATE INSTALLED:
OTHER, YR: <input type="checkbox"/>	RESISTIVE		MANUFACTURER:	

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

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE

BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
			WITH KEYS

BURGLAR ALARM INSTALLED AND SERVICED BY	EXTENT	GRADE	# GUARDS / WATCHMEN	CLOCK HOURLY

PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)	% SPRNK	FIRE ALARM MANUFACTURER	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>

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

INTEREST	NAME AND ADDRESS	RANK	EVIDENCE	CERTIFICATE	INTEREST IN ITEM NUMBER
LENDER'S LOSS PAYABLE					LOCATION: BUILDING:
LOSS PAYEE					ITEM CLASS: ITEM:
MORTGAGEE					ITEM DESCRIPTION
	REFERENCE / LOAN #:				

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

AGENCY CUSTOMER ID: \_\_\_\_\_

**ADDITIONAL**

**PREMISES INFORMATION**

PREMISES #: 6	STREET ADDRESS: 3205 N Kings Hwy								
BUILDING #: 1	BLDG DESCRIPTION: retail LRO								
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Building	672000		RC	special		5000			
BIEE	90000								

ADDITIONAL INFORMATION BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD #10 VALUE REPORTING INFORMATION - Attach ACORD #11

**ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION**

SPOILAGE COVERAGE (Y/N) <input type="checkbox"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y/N) <input type="checkbox"/>	OPTIONS	
		DEDUCTIBLE \$		<input type="checkbox"/> BREAKDOWN OR CONTAMINATION	<input type="checkbox"/> POWER OUTAGE
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	DISTANCE TO HYDRANT	FIRE STAT	FIRE DISTRICT	CODE NUMBER	PROT CL	# STORIES	# BASMT'S	YR BUILT	TOTAL AREA
MNC	500 FT	2 MI	Myrtle Beach		1	1	0	1983	8400

BUILDING IMPROVEMENTS		BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES	
<input checked="" type="checkbox"/> WRING, YR: 2017	<input checked="" type="checkbox"/> PLUMBING, YR: 2017			single ply		
<input checked="" type="checkbox"/> ROOFING, YR: 2017	<input checked="" type="checkbox"/> HEATING, YR: 2017	WIND CLASS		SEMI-RESISTIVE	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT	
OTHER: YR: _____		RESISTIVE			DATE INSTALLED: _____	

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

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE
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BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	CENTRAL STATION <input type="checkbox"/>	LOCAL GONG <input type="checkbox"/>
			WITH KEYS	

BURGLAR ALARM INSTALLED AND SERVICED BY	EXTENT	GRADE	# GUARDS / WATCHMEN	CLOCK HOURLY <input type="checkbox"/>
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PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)	% SPRNK	FIRE ALARM MANUFACTURER	CENTRAL STATION <input type="checkbox"/>	LOCAL GONG <input type="checkbox"/>
	0			

<b>ADDITIONAL INTEREST</b>		<b>ACORD 45 attached for additional names</b>		
INTEREST	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE
<input type="checkbox"/> LENDER'S LOSS PAYABLE				
<input type="checkbox"/> LOSS PAYEE				
<input type="checkbox"/> MORTGAGEE				
	REFERENCE / LOAN #:			
		INTEREST IN ITEM NUMBER		
		LOCATION:	BUILDING:	
		ITEM CLASS:	ITEM:	
		ITEM DESCRIPTION		

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



AGENCY CUSTOMER ID:

<b>ADDITIONAL PREMISES INFORMATION</b>		PREMISES #: 8	STREET ADDRESS: 312 9th Ave N							
		BUILDING #: 1	BLDG DESCRIPTION: office building LRO							
SUBJECT OF INSURANCE	AMOUNT	CDINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY	
Building	72000		RC	special		5000				
BIEE	18000									
ADDITIONAL INFORMATION		BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD #10			VALUE REPORTING INFORMATION - Attach ACORD #11					
<b>ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION</b>										
SPOILAGE COVERAGE (Y/N)	DESCRIPTION OF PROPERTY COVERED				LIMIT \$	REFRIG MAINT AGREEMENT (Y/N)	OPTIONS			
<input type="checkbox"/>					DEDUCTIBLE \$	<input type="checkbox"/>	BREAKDOWN OR CONTAMINATION POWER OUTAGE <input type="checkbox"/> SELLING PRICE <input type="checkbox"/>			
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	DISTANCE TO HYDRANT	FIRE STAT	FIRE DISTRICT	CODE NUMBER	PROT CL	# STORIES	# BAYMTS	YR BUILT	TOTAL AREA	
JM	500 FT	2 MI	myrtle beach		1	1	0	1985	1000	
BUILDING IMPROVEMENTS		BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES					
<input checked="" type="checkbox"/> WIRING, YR: 2010		<input checked="" type="checkbox"/> PLUMBING, YR: 2010		comp shingle						
<input checked="" type="checkbox"/> ROOFING, YR: 2010		<input checked="" type="checkbox"/> HEATING, YR: 2010	WIND CLASS	SEMI-RESISTIVE	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT		DATE INSTALLED:			
OTHER: _____ 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 type="checkbox"/> Y/N				IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y/N						
RIGHT EXPOSURE & DISTANCE		LEFT EXPOSURE & DISTANCE		FRONT EXPOSURE & DISTANCE		REAR EXPOSURE & DISTANCE				
BURGLAR ALARM TYPE		CERTIFICATE #		EXPIRATION DATE		CENTRAL STATION WITH KEYS		LOCAL GONG		
BURGLAR ALARM INSTALLED AND SERVICED BY				EXTENT		GRADE		# GUARDS / WATCHMEN		CLOCK HOURLY
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)				% SPRINK		FIRE ALARM MANUFACTURER		CENTRAL STATION LOCAL GONG		
				0						
<b>ADDITIONAL INTEREST</b>		ACORD #5 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:		
		REFERENCE / LOAN #:								
<b>REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)</b>										

AGENCY CUSTOMER ID:

**ADDITIONAL PREMISES INFORMATION**

PREMISES #: 9	STREET ADDRESS: 314 9th Ave N
BUILDING #: 1	BLDG DESCRIPTION: retail store LRO

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DED.	DED. TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Building	304000		RC	special		5000			

ADDITIONAL INFORMATION BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD #16 VALUE REPORTING INFORMATION - Attach ACORD #11

**ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION**

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

PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK # OF OPEN SIDES ON STRUCTURE:

CONSTRUCTION TYPE	DISTANCE TO HYDRANT	FIRE STAT	FIRE DISTRICT	CODE NUMBER	PROT CL	# STORIES	# BASMTS	YR BUILT	TOTAL AREA
MNC	500 FT	2 MI	N Myrtle Beach		1	1	0	1978	3800

BUILDING IMPROVEMENTS	BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES
<input checked="" type="checkbox"/> WIRING, YR. 2008 <input checked="" type="checkbox"/> ROOFING, YR. 2008 OTHER YR:	<input checked="" type="checkbox"/> PLUMBING, YR. 2008 <input checked="" type="checkbox"/> HEATING, YR. 2008		single ply	

PRIMARY HEAT <input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL IF BOILER IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y/N	SECONDARY HEAT <input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL IF BOILER IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y/N
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RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE
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BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	CENTRAL STATION LOCAL GONG
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BURGLAR ALARM INSTALLED AND SERVICED BY	EXTENT	GRADE	# GUARDS / WATCHMEN	CLOCK HOURLY
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PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)	% SPRINK	FIRE ALARM MANUFACTURER	CENTRAL STATION LOCAL GONG
	0		

**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 <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE					LOCATION: <input type="checkbox"/> BUILDING: <input type="checkbox"/> ITEM CLASS: <input type="checkbox"/> ITEM: <input type="checkbox"/> ITEM DESCRIPTION:
	REFERENCE / LOAN #:				

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

AGENCY CUSTOMER ID: \_\_\_\_\_

ADDITIONAL PREMISES INFORMATION		PREMISES #: 10	STREET ADDRESS: 609 S Kings Hwy						
		BUILDING #: 1	BLDG DESCRIPTION: retail LRO						
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DED.	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
building	200000		RC	special		5000			
B/E/E	36000								

ADDITIONAL INFORMATION BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 812 VALUE REPORTING INFORMATION - Attach ACORD 811

**ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION**

SPOILAGE COVERAGE (Y/N)	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y/N)	OPTIONS
		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: \$

PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK # OF OPEN SIDES ON STRUCTURE: \_\_\_\_\_

CONSTRUCTION TYPE	DISTANCE TO HYDRANT	FIRE STAT	FIRE DISTRICT	CODE NUMBER	PROT CL	# STORIES	# BASMTS	YR BUILT	TOTAL AREA
MNC	500 FT	2 MI	myrtle beach		1	1	0	1985	3500

BUILDING IMPROVEMENTS	BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES
<input checked="" type="checkbox"/> WIRING, YR: 2008 <input checked="" type="checkbox"/> PLUMBING, YR: 2008			single ply	
<input checked="" type="checkbox"/> ROOFING, YR: 2008 <input checked="" type="checkbox"/> HEATING, YR: 2008	WIND CLASS		SEMI-RESISTIVE	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT
OTHER: YR: _____	RESISTIVE			DATE INSTALLED: _____

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 type="checkbox"/> Y/N	IF BOILER IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y/N

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE
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BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
			WITH KEYS

BURGLAR ALARM INSTALLED AND SERVICED BY	EXTENT	GRADE	# GUARDS / WATCHMEN	CLOCK HOURLY <input type="checkbox"/>
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PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)	% SPRNK	FIRE ALARM MANUFACTURER	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
	0		

**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
	REFERENCE / LOAN #:				

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

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AGENCY CUSTOMER ID: \_\_\_\_\_

ADDITIONAL PREMISES INFORMATION		PREMISES #: 11	STREET ADDRESS: 1901 N Kings Hwy						
		BUILDING #: 1	BLDG DESCRIPTION: restaurant LRO						
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Building	2500000		RC	special		5000			
BIEE	100000								
BPP	250000		RC	special		5000			

ADDITIONAL INFORMATION BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 210 VALUE REPORTING INFORMATION - Attach ACORD 311

**ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION**

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

SINKHOLE COVERAGE (Required in Florida) ACCEPT COVERAGE REJECT COVERAGE LIMIT: \$

MIKE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV) ACCEPT COVERAGE REJECT COVERAGE LIMIT: \$

PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK # OF OPEN SIDES ON STRUCTURE: \_\_\_\_\_

CONSTRUCTION TYPE	DISTANCE TO HYDRANT	FIRE STAT	FIRE DISTRICT	CODE NUMBER	PROT CL	# STORIES	# BASMTS	YR BUILT	TOTAL AREA
MNC	500 FT	2 MI	myrtle beach		1	1	0	1995	36000

BUILDING IMPROVEMENTS	BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES
<input checked="" type="checkbox"/> WIRING, YR: 2008 <input checked="" type="checkbox"/> ROOFING, YR: 2008 OTHER: _____ YR: _____	<input checked="" type="checkbox"/> PLUMBING, YR: 2008 <input checked="" type="checkbox"/> HEATING, YR: 2008		single ply	
	WIND CLASS		SEMI-RESISTIVE	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT
	RESISTIVE			DATE INSTALLED: _____

PRIMARY HEAT <input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y/N	SECONDARY HEAT <input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y/N
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RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE
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BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	CENTRAL STATION WITH KEYS	LOCAL GONG
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BURGLAR ALARM INSTALLED AND SERVICED BY	EXTENT	GRADE	# GUARDS / WATCHMEN	CLOCK HOURLY
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PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)	% SPRNK	FIRE ALARM MANUFACTURER	CENTRAL STATION	LOCAL GONG
	100			

**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 <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE					LOCATION: _____ BUILDING: _____ ITEM CLASS: _____ ITEM: _____ ITEM DESCRIPTION: _____
	REFERENCE / LOAN #:				

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

TEBELE 000212

**1945**

AGENCY CUSTOMER ID: \_\_\_\_\_

ADDITIONAL PREMISES INFORMATION		PREMISES #: 12	STREET ADDRESS: 810 W S Kings Hwy								
SUBJECT OF INSURANCE		AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY	
building		1800000		RC	special		5000				
BICE		250000									
ADDITIONAL INFORMATION		BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD #10					VALUE REPORTING INFORMATION - Attach ACORD #11				
ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION											
SPOILAGE COVERAGE (Y/N) <input type="checkbox"/>	DESCRIPTION OF PROPERTY COVERED				LIMIT	REFRIG MAINT AGREEMENT (Y/N) <input type="checkbox"/>	OPTIONS				
					DEDUCTIBLE		BREAKDOWN OR CONTAMINATION	POWER OUTAGE <input type="checkbox"/> SELLING PRICE <input type="checkbox"/>			
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		DISTANCE TO HYDRANT	FIRE STAT	FIRE DISTRICT		CODE NUMBER	PROT CL	# STORIES	# BASH'YS	YR BUILT	TOTAL AREA
MNC		500 FT	2 MI	myrtle beach			1	1	0	1986	25000
BUILDING IMPROVEMENTS			BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES					
<input checked="" type="checkbox"/> WRKNG, YR: 2007			<input checked="" type="checkbox"/> PLUMBING, YR: 2007			single ply					
<input checked="" type="checkbox"/> ROOFING, YR: 2007			<input checked="" type="checkbox"/> HEATING, YR: 2007			SEMI-RESISTIVE					
OTHER: _____			RESISTIVE			HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT					
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 type="checkbox"/> Y/N			IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y/N								
RIGHT EXPOSURE & DISTANCE			LEFT EXPOSURE & DISTANCE			FRONT EXPOSURE & DISTANCE			REAR EXPOSURE & DISTANCE		
BURGLAR ALARM TYPE			CERTIFICATE #			EXPIRATION DATE			CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>		
BURGLAR ALARM INSTALLED AND SERVICED BY			EXTENT			GRADE			# GUARDS / WATCHMEN		
BURGLAR ALARM INSTALLED AND SERVICED BY			EXTENT			GRADE			CLOCK HOURLY <input type="checkbox"/>		
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)					% SPRNK	FIRE ALARM MANUFACTURER					
					100						
CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>											
ADDITIONAL INTEREST		ACORD 45 attached for additional names									
INTEREST		NAME AND ADDRESS			RANK	EVIDENCE	CERTIFICATE				
<input type="checkbox"/> LENDER'S LOSS PAYABLE											
<input type="checkbox"/> LOSS PAYEE											
<input type="checkbox"/> MORTGAGEE											
		REFERENCE / LOAN #:									
		INTEREST IN ITEM NUMBER									
		LOCATION:			BUILDING:						
		ITEM CLASS:			ITEM:						
		ITEM DESCRIPTION									
REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)											

AGENCY CUSTOMER ID: \_\_\_\_\_

<b>ADDITIONAL PREMISES INFORMATION</b>		PREMISES #: 13	STREET ADDRESS: 1012 S Kings Hwy							
		BUILDING #: 1	BLDG DESCRIPTION: strip mall mixed occupants LRO							
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY	
Building	1200000		RC	special		5000				
BIEE	80000									
ADDITIONAL INFORMATION		BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810				VALUE REPORTING INFORMATION - Attach ACORD 811				
<b>ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION</b>										
SPOILAGE COVERAGE (Y/N)	DESCRIPTION OF PROPERTY COVERED				LIMIT \$	REFRIG MAINT AGREEMENT (Y/N)		OPTIONS		
<input type="checkbox"/>					DEDUCTIBLE \$	<input type="checkbox"/>		BREAKDOWN OR CONTAMINATION 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: \$					
PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK								# OF OPEN SIDES ON STRUCTURE: _____		
CONSTRUCTION TYPE	DISTANCE TO HYDRANT	FIRE STAT	FIRE DISTRICT	CODE NUMBER	PROT CL	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA	
MNC	500 FT	2 MI	myrtle beach		1	1	0	1992	20000	
BUILDING IMPROVEMENTS		BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES					
<input checked="" type="checkbox"/> WIRING, YR: 2017		<input checked="" type="checkbox"/> PLUMBING, YR: 2017		single ply						
<input checked="" type="checkbox"/> ROOFING, YR: 2017		<input checked="" type="checkbox"/> HEATING, YR: 2017		SEMI-RESISTIVE	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT		DATE INSTALLED: _____			
OTHER: _____ YR: _____		WIND CLASS	RESISTIVE	MANUFACTURER: _____						
PRIMARY HEAT				SECONDARY HEAT						
<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL				<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL						
IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y/N				IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y/N						
RIGHT EXPOSURE & DISTANCE		LEFT EXPOSURE & DISTANCE		FRONT EXPOSURE & DISTANCE			REAR EXPOSURE & DISTANCE			
BURGLAR ALARM TYPE			CERTIFICATE #	EXPIRATION DATE	CENTRAL STATION	LOCAL GONG				
					WITH KEYS					
BURGLAR ALARM INSTALLED AND SERVICED BY				EXTENT	GRADE	# GUARDS / WATCHMEN	CLOCK HOURLY			
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)				% SPRNK	FIRE ALARM MANUFACTURER			CENTRAL STATION		
				0				LOCAL GONG		
<b>ADDITIONAL INTEREST</b>		<b>ACORD 45 attached for additional names</b>								
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			
	REFERENCE / LOAN #:									
<b>REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)</b>										

AGENCY CUSTOMER ID: \_\_\_\_\_

<b>ADDITIONAL PREMISES INFORMATION</b>		PREMISES #: 14	STREET ADDRESS: 900 Chester St.							
SUBJECT OF INSURANCE		BUILDING #: 1	BLDG DESCRIPTION: retail LRO							
Building	AMOUNT: 300000	COINS %	VALUATION: RC	CAUSES OF LOSS: special	INFLATION GUARO %	DED: 6000	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY	
BIEE	40000									
ADDITIONAL INFORMATION		BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD #10				VALUE REPORTING INFORMATION - Attach ACORD #11				
<b>ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION</b>										
SPOILAGE COVERAGE (Y/N)	DESCRIPTION OF PROPERTY COVERED				LIMIT \$	REFRIG MAINT AGREEMENT (Y/N)	OPTIONS			
<input type="checkbox"/>					DEDUCTIBLE \$	<input type="checkbox"/>	BREAKDOWN OR CONTAMINATION 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	DISTANCE TO HYDRANT	FIRE STAT	FIRE DISTRICT	CODE NUMBER	PROT CL	# STORIES	# BASH'YS	YR BULT	TOTAL AREA	
MNC	500 FT	2 MI	myrtle beach		1	1	0	1992	3000	
BUILDING IMPROVEMENTS		BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES					
<input checked="" type="checkbox"/> WIRING, YR: 1998	<input checked="" type="checkbox"/> PLUMBING, YR: 1998			single ply						
<input checked="" type="checkbox"/> ROOFING, YR: 1998	<input checked="" type="checkbox"/> HEATING, YR: 1998	WIND GLASS	RESISTIVE	SEMI-RESISTIVE	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT			DATE INSTALLED:		
PRIMARY HEAT				SECONDARY HEAT						
<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL				<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL						
IF BOILER IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y/N				IF BOILER IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y/N						
RIGHT EXPOSURE & DISTANCE		LEFT EXPOSURE & DISTANCE		FRONT EXPOSURE & DISTANCE		REAR EXPOSURE & DISTANCE				
BURGLAR ALARM TYPE			CERTIFICATE #			EXPIRATION DATE		CENTRAL STATION	LOCAL GONG	
BURGLAR ALARM INSTALLED AND SERVICED BY			EXTENT		GRADE	# GUARDS / WATCHMEN		CLOCK HOURLY		
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)				% SPRNK	FIRE ALARM MANUFACTURER				CENTRAL STATION	LOCAL GONG
				0						
<b>ADDITIONAL INTEREST</b> 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			
REFERENCE / LOAN #:										
<b>REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)</b>										

AGENCY CUSTOMER ID:

ADDITIONAL PREMISES INFORMATION		PREMISES #: 15	STREET ADDRESS: 400 Main St								
SUBJECT OF INSURANCE		AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKY #	FORMS AND CONDITIONS TO APPLY	
Building		300000		RC	special		5000				
BIEE		65000									
ADDITIONAL INFORMATION		BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 610				VALUE REPORTING INFORMATION: Attach ACORD 611					
ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION											
SPOILAGE COVERAGE (Y/N)	DESCRIPTION OF PROPERTY COVERED					LIMIT \$	REFRIG MAINT AGREEMENT (Y/N)	OPTIONS			
<input type="checkbox"/>						DEDUCTIBLE \$	<input type="checkbox"/>	BREAKDOWN OR CONTAMINATION 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	DISTANCE TO HYDRANT	FIRE STAT	FIRE DISTRICT		CODE NUMBER	PROT CL	# STORIES	# BASMTS	YR BUILT	TOTAL AREA	
NC	1000 FT	5 MI	N Myrtle Beach			2	1	0	2010	6000	
BUILDING IMPROVEMENTS		BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES						
<input checked="" type="checkbox"/> WIRING, YR: 2017	<input checked="" type="checkbox"/> PLUMBING, YR: 2017			metal							
<input checked="" type="checkbox"/> ROOFING, YR: 2017	<input checked="" type="checkbox"/> HEATING, YR: 2017	WIND CLASS	SEMI-RESISTIVE		HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT			DATE INSTALLED:			
OTHER: YR:		RESISTIVE	MANUFACTURER:								
PRIMARY HEAT					SECONDARY HEAT						
<input type="checkbox"/> BOILER	<input type="checkbox"/> SOLID FUEL	<input type="checkbox"/>	IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y/N			<input type="checkbox"/> BOILER	<input type="checkbox"/> SOLID FUEL	<input type="checkbox"/>	IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y/N		
RIGHT EXPOSURE & DISTANCE		LEFT EXPOSURE & DISTANCE		FRONT EXPOSURE & DISTANCE			REAR EXPOSURE & DISTANCE				
BURGLAR ALARM TYPE			CERTIFICATE #			EXPIRATION DATE		CENTRAL STATION	LOCAL GONG		
BURGLAR ALARM INSTALLED AND SERVICED BY			EXTENT		GRADE	# GUARDS / WATCHMEN		CLOCK HOURLY			
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)					% SPRNK	FIRE ALARM MANUFACTURER			CENTRAL STATION		
					0				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:						
REFERENCE / LOAN #:											
REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)											

AGENCY CUSTOMER ID:

<b>ADDITIONAL PREMISES INFORMATION</b>		PREMISES #: 16	STREET ADDRESS: 94-96 S Kings Hwy							
		BUILDING #: 1	BLDG DESCRIPTION: retail store LRO							
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY	
BIEE	93000									
BPP	15000		RC	special						
Building	800000		RC	special		5000				
ADDITIONAL INFORMATION		BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD #10				VALUE REPORTING INFORMATION - Attach ACORD #11				
<b>ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION</b>										
SPOLAGE COVERAGE (Y/N)	DESCRIPTION OF PROPERTY COVERED				LIMIT \$	REFRIG MAINT AGREEMENT (Y/N)	OPTIONS			
<input type="checkbox"/>					DEDUCTIBLE \$	<input type="checkbox"/>	BREAKDOWN OR CONTAMINATION 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	DISTANCE TO HYDRANT	FIRE STAT	FIRE DISTRICT	CODE NUMBER	PROT CL	# STORES	# BASMT'S	YR BUILT	TOTAL AREA	
MNC	1000 FT	5 MI	N Myrtle Beach		2	1	0	1992	10000	
BUILDING IMPROVEMENTS		BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES:					
<input checked="" type="checkbox"/> WIRING, YR: 2012		<input checked="" type="checkbox"/> PLUMBING, YR: 2012		single ply						
<input checked="" type="checkbox"/> ROOFING, YR: 2012		<input checked="" type="checkbox"/> HEATING, YR: 2012	WIND CLASS	SEMI-RESISTIVE	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT		DATE INSTALLED:			
OTHER: _____ 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 type="checkbox"/> Y/N				IF BOILER IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y/N						
RIGHT EXPOSURE & DISTANCE		LEFT EXPOSURE & DISTANCE		FRONT EXPOSURE & DISTANCE		REAR EXPOSURE & DISTANCE				
BURGLAR ALARM TYPE			CERTIFICATE #			EXPIRATION DATE		CENTRAL STATION	LOCAL GONG	
								WITH KEYS		
BURGLAR ALARM INSTALLED AND SERVICED BY				EXTENT		GRADE		# GUARDS / WATCHMEN		CLOCK HOURLY
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)				% SPRNK		FIRE ALARM MANUFACTURER		CENTRAL STATION		
				0				LOCAL GONG		
<b>ADDITIONAL INTEREST</b>		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: _____			
		REFERENCE / LOAN #:								
<b>REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)</b>										

AGENCY CUSTOMER ID: \_\_\_\_\_

<b>ADDITIONAL PREMISES INFORMATION</b>		PREMISES #: 17	STREET ADDRESS: 100-118 S Kings Hwy						
		BUILDING #: 1	BLDG DESCRIPTION: restaurant LRO						
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Building	1360000		RC	special		5000			
BIEE	200000								
ADDITIONAL INFORMATION		BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810				VALUE REPORTING INFORMATION - Attach ACORD 811			
<b>ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION</b>									
SPOILAGE COVERAGE (Y/N)	DESCRIPTION OF PROPERTY COVERED				LIMIT \$	REFRIG MAINT AGREEMENT (Y/N)	OPTIONS		
<input type="checkbox"/>					DEDUCTIBLE \$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	DISTANCE TO HYDRANT	FIRE STAT	FIRE DISTRICT	CODE NUMBER	PROT CL	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA
NC	1000 FT	5 MI	N Myrtle Beach		2	1	0	1992	17000
BUILDING IMPROVEMENTS		BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES				
<input checked="" type="checkbox"/> WIRING, YR: 2010	<input checked="" type="checkbox"/> PLUMBING, YR: 2010			metal					
<input checked="" type="checkbox"/> ROOFING, YR: 2010	<input checked="" type="checkbox"/> HEATING, YR: 2010	WIND CLASS	SEMI- RESISTIVE		HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT		DATE INSTALLED: _____		
OTHER: YR: _____		RESISTIVE	MANUFACTURER: _____						
PRIMARY HEAT				SECONDARY HEAT					
<input type="checkbox"/> BOILER	<input type="checkbox"/> SOLID FUEL	<input type="checkbox"/>	IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N			<input type="checkbox"/> BOILER	<input type="checkbox"/> SOLID FUEL	<input type="checkbox"/>	IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N
RIGHT EXPOSURE & DISTANCE		LEFT EXPOSURE & DISTANCE		FRONT EXPOSURE & DISTANCE		REAR EXPOSURE & DISTANCE			
BURGLAR ALARM TYPE			CERTIFICATE #	EXPIRATION DATE	<input type="checkbox"/> CENTRAL STATION	<input type="checkbox"/> LOCAL GONG			
BURGLAR ALARM INSTALLED AND SERVICED BY				EXTENT	GRADE	# GUARDS / WATCHMEN	CLOCK HOURLY		
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)				% SPRNK	FIRE ALARM MANUFACTURER		CENTRAL STATION		
				0			LOCAL GONG		
<b>ADDITIONAL INTEREST</b>		<b>ACORD 45 attached for additional names</b>							
INTEREST	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE					
<input type="checkbox"/> LENDER'S LOSS PAYABLE				INTEREST IN ITEM NUMBER					
<input type="checkbox"/> LOSS PAYEE				LOCATION:		BUILDING:			
<input type="checkbox"/> MORTGAGEE				ITEM CLASS:		ITEM:			
<input type="checkbox"/>				ITEM DESCRIPTION					
		REFERENCE / LOAN #:							
<b>REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)</b>									

AGENCY CUSTOMER ID: \_\_\_\_\_

<b>ADDITIONAL PREMISES INFORMATION</b>		PREMISES #: 18	STREET ADDRESS: 110 Hwy 17 N							
		BUILDING #: 1	BLDG DESCRIPTION: retail LRO							
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY	
building	240000		RC	special		5000				
BIEE	42000									
ADDITIONAL INFORMATION		BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 818				VALUE REPORTING INFORMATION - Attach ACORD 811				
<b>ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION</b>										
SPOILAGE COVERAGE (Y/N)	DESCRIPTION OF PROPERTY COVERED				LIMIT \$	REFRIG MAINT AGREEMENT (Y/N)		OPTIONS		
<input type="checkbox"/>					DEDUCTIBLE \$	<input type="checkbox"/>		BREAKDOWN OR CONTAMINATION 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	DISTANCE TO HYDRANT	FIRE STAT	FIRE DISTRICT	CODE NUMBER	PROT CL	# STORIES	# BASMTS	YR BUILT	TOTAL AREA	
MNC	1000 FT	5 MI	surfside beach		2	1	0	1995	4000	
BUILDING IMPROVEMENTS		BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES					
<input checked="" type="checkbox"/> WIRING, YR: 2013		<input checked="" type="checkbox"/> PLUMBING, YR: 2013		single ply						
<input checked="" type="checkbox"/> ROOFING, YR: 2013		<input checked="" type="checkbox"/> HEATING, YR: 2013		WIND CLASS	SEMI-RESISTIVE	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT		DATE INSTALLED: _____		
OTHER: _____ 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 type="checkbox"/> Y/N				IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y/N						
RIGHT EXPOSURE & DISTANCE		LEFT EXPOSURE & DISTANCE		FRONT EXPOSURE & DISTANCE		REAR EXPOSURE & DISTANCE				
BURGLAR ALARM TYPE			CERTIFICATE #			EXPIRATION DATE		CENTRAL STATION	LOCAL GONG	
								WITH KEYS		
BURGLAR ALARM INSTALLED AND SERVICED BY				EXTENT	GRADE	# GUARDS / WATCHMEN		CLOCK HOURLY		
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)				% SPRNK	FIRE ALARM MANUFACTURER				CENTRAL STATION	
				0					LOCAL GONG	
<b>ADDITIONAL INTEREST</b>										
INTEREST		ACORD 45 attached for additional names				INTEREST IN ITEM NUMBER				
<input type="checkbox"/> LENDER'S LOSS PAYABLE		NAME AND ADDRESS RANK: _____ EVIDENCE: _____ CERTIFICATE _____				LOCATION:		BUILDING:		
<input type="checkbox"/> LOSS PAYEE						ITEM CLASS:		ITEM:		
<input type="checkbox"/> MORTGAGEE						ITEM DESCRIPTION				
		REFERENCE / LOAN #:								
REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)										

AGENCY CUSTOMER ID: \_\_\_\_\_

ADDITIONAL PREMISES INFORMATION		PREMISES #: 19	STREET ADDRESS: 112 Hwy 17 N								
SUBJECT OF INSURANCE		AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY	
Building		420000		RC	special		6000				
BIEE		64000									
ADDITIONAL INFORMATION		BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD #10				VALUE REPORTING INFORMATION - Attach ACORD #11					
ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION											
SPORAGE COVERAGE (Y/N)	DESCRIPTION OF PROPERTY COVERED				LIMIT \$	DEDUCTIBLE \$	REFRIG MAINT AGREEMENT (Y/N)	OPTIONS			
<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>	BREAKDOWN OR CONTAMINATION	SELLING PRICE <input type="checkbox"/>	
SINKHOLE COVERAGE (Required In Florida)					ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$				
MINE SUBSIDENCE COVERAGE (Required In FL, 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		DISTANCE TO HYDRANT	FIRE STAT	FIRE DISTRICT		CODE NUMBER	PROT CL	# STORIES	# BSM'TS	YR BUILT	TOTAL AREA
MNC		1000 FT	5 MI	surfside beach			2	1	0	1995	5600
BUILDING IMPROVEMENTS			BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES					
<input checked="" type="checkbox"/>	WIRING, YR: 2013		<input checked="" type="checkbox"/>	PLUMBING, YR: 2013		single ply					
<input checked="" type="checkbox"/>	ROOFING, YR: 2013		<input checked="" type="checkbox"/>	HEATING, YR: 2013		WIND CLASS	SEMI-RESISTIVE	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT			DATE INSTALLED
OTHER: _____			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 type="checkbox"/> Y/N	
RIGHT EXPOSURE & DISTANCE		LEFT EXPOSURE & DISTANCE		FRONT EXPOSURE & DISTANCE			REAR EXPOSURE & DISTANCE				
BURGLAR ALARM TYPE			CERTIFICATE #				EXPIRATION DATE	CENTRAL STATION	LOCAL GONG	WITH KEYS	
BURGLAR ALARM INSTALLED AND SERVICED BY					EXTENT	GRADE	# GUARDS / WATCHMEN	CLOCK HOURLY			
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2/Chemical Systems)					% SPRNK	FIRE ALARM MANUFACTURER			CENTRAL STATION		
					0				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						
REFERENCE / LOAN #:											
REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)											

AGENCY CUSTOMER ID: \_\_\_\_\_

**ADDITIONAL**

**PREMISES INFORMATION**

PREMISES #: 20	STREET ADDRESS: 114 Hwy 17 N								
BUILDING #: 1	BLDG DESCRIPTION: retail LRO								
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU- ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Building	816000		RC	special		5000			
BIIE	100000								

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"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y / N) <input type="checkbox"/>	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	DISTANCE TO HYDRANT	FIRE STAT	FIRE DISTRICT	CODE NUMBER	PROT CL	# STORIES	# RASM'TS	YR BUILT	TOTAL AREA
MNC	1000 FT	5 MI	surfside beach		2	1	0	1995	10200

<input checked="" type="checkbox"/> WIRING, YR: 2012	<input checked="" type="checkbox"/> PLUMBING, YR: 2012	BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES
<input checked="" type="checkbox"/> ROOFING, YR: 2012	<input checked="" type="checkbox"/> HEATING, YR: 2012	WIND CLASS		SEMI-RESISTIVE	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT
OTHER: YR: _____		RESISTIVE			DATE INSTALLED: _____

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

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE
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BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	CENTRAL STATION <input type="checkbox"/>	LOCAL GONG <input type="checkbox"/>
BURGLAR ALARM INSTALLED AND SERVICED BY		EXTENT	GRADE	# GUARDS / WATCHMEN
				CLOCK HOURLY <input type="checkbox"/>

PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)	% SPRNK	FIRE ALARM MANUFACTURER	CENTRAL STATION <input type="checkbox"/>	LOCAL GONG <input type="checkbox"/>
	100			

<b>ADDITIONAL INTEREST</b>		<b>ACORD 45 attached for additional names</b>		
INTEREST	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE
<input type="checkbox"/> LENDER'S LOSS PAYABLE				
<input type="checkbox"/> LOSS PAYEE				
<input type="checkbox"/> MORTGAGEE				
<input type="checkbox"/>				
	REFERENCE / LOAN #:			
		INTEREST IN ITEM NUMBER		
		LOCATION:	BUILDING:	
		ITEM CLASS:	ITEM:	
		ITEM DESCRIPTION		

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

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AGENCY CUSTOMER ID: \_\_\_\_\_

<b>ADDITIONAL PREMISES INFORMATION</b>		PREMISES #: 21	STREET ADDRESS: 116 Hwy 17 N						
		BUILDING #: 1	BLDG DESCRIPTION: restaurant LRO						
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Building	432000		RC	special		5000			
BIEE	60000								

ADDITIONAL INFORMATION	BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810	VALUE REPORTING INFORMATION - Attach ACORD 811
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<b>ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION</b>									
SPOILAGE COVERAGE (Y/N)	DESCRIPTION OF PROPERTY COVERED				LIMIT \$	REFRIG MAINT AGREEMENT (Y/N)	OPTIONS		
<input type="checkbox"/>					DEDUCTIBLE \$	<input type="checkbox"/>	BREAKDOWN OR CONTAMINATION 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	DISTANCE TO HYDRANT	FIRE STAT	FIRE DISTRICT	CODE NUMBER	PROT CL	# STORIES	# BASHITS	YR BUILT	TOTAL AREA
MNC	1000 FT	5 M	surfside beach		2	1		1995	6000

BUILDING IMPROVEMENTS		BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES				
<input checked="" type="checkbox"/> WIRING, YR: 2017	<input checked="" type="checkbox"/> PLUMBING, YR: 2017			single ply					
<input checked="" type="checkbox"/> ROOFING, YR: 2017	<input checked="" type="checkbox"/> HEATING, YR: 2017	WIND CLASS	SEMI-RESISTIVE	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT			DATE INSTALLED:		
OTHER: _____		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 type="checkbox"/> Y/N			IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y/N		

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE
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BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
		WITH KEYS	

BURGLAR ALARM INSTALLED AND SERVICED BY	EXTENT	GRADE	# GUARDS / WATCHMEN	CLOCK HOURLY
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PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)	% SPRINK	FIRE ALARM MANUFACTURER	CENTRAL STATION	LOCAL GONG
	0			

<b>ADDITIONAL INTEREST</b>		ACORD 45 attached for additional names		
INTEREST	NAME AND ADDRESS	RANK	EVIDENCE	CERTIFICATE
<input type="checkbox"/> LENDER'S LOSS PAYABLE				INTEREST IN ITEM NUMBER
<input type="checkbox"/> LOSS PAYEE				LOCATION: _____ BUILDING: _____
<input type="checkbox"/> MORTGAGEE				ITEM CLASS: _____ ITEM: _____
	REFERENCE / LOAN #:			ITEM DESCRIPTION:

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

AGENCY CUSTOMER ID: \_\_\_\_\_

**ADDITIONAL**

**PREMISES INFORMATION**

PREMISES #: 22		STREET ADDRESS: 118 Hwy 17 N							
BUILDING #: 1		BLDG DESCRIPTION: retail LRO							
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DED.	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Building	602000		RC	special		5000			
BIEE	65000								

ADDITIONAL INFORMATION BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 818 VALUE REPORTING INFORMATION - Attach ACORD 811

**ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION**

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

PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK # OF OPEN SIDES ON STRUCTURE: \_\_\_\_\_

CONSTRUCTION TYPE	DISTANCE TO HYDRANT	FIRE STAT	FIRE DISTRICT	CODE NUMBER	PROT CL	# STORIES	# BASMTS	YR BUILT	TOTAL AREA
MNC	1000 FT	5 M	surfside beach		2	1	0	1995	8600

BUILDING IMPROVEMENTS	BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES
<input checked="" type="checkbox"/> WIRING, YR: 2017			single ply	
<input checked="" type="checkbox"/> ROOFING, YR: 2017				
<input checked="" type="checkbox"/> PLUMBING, YR: 2017				
<input checked="" type="checkbox"/> HEATING, YR: 2017	WIND CLASS	SEMI-RESISTIVE	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT	DATE INSTALLED
OTHER: YR:	RESISTIVE		MANUFACTURER:	

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

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE
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BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	CENTRAL STATION LOCAL GONG
			WITH KEYS

BURGLAR ALARM INSTALLED AND SERVICED BY	EXTENT	GRADE	# GUARDS / WATCHMEN	CLOCK HOURLY
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PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)	% SPRNK	FIRE ALARM MANUFACTURER	CENTRAL STATION LOCAL GONG
	0		

**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
	REFERENCE / LOAN #:				

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

AGENCY CUSTOMER ID: \_\_\_\_\_

<b>ADDITIONAL PREMISES INFORMATION</b>		PREMISES #: 23	STREET ADDRESS: 120 Hwy 17 N						
		BUILDING #: 1	BLDG DESCRIPTION: retail LRO						
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Building	1320000		RC	special		5000			
BIEE	200000								
ADDITIONAL INFORMATION		BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD #10				VALUE REPORTING INFORMATION - Attach ACORD #11			
<b>ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION</b>									
SPOILAGE COVERAGE (Y/N)	DESCRIPTION OF PROPERTY COVERED				LIMIT \$	REFRIG MAINT AGREEMENT (Y/N)	OPTIONS		
<input type="checkbox"/>					DEDUCTIBLE \$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	DISTANCE TO HYDRANT	FIRE STAT	FIRE DISTRICT	CODE NUMBER	PROT CL	# STORIES	# BASMTS	YR BUILT	TOTAL AREA
MNC	1000 FT	5 MI	surfside beach		2	1	0	1995	22000
BUILDING IMPROVEMENTS			BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES			
<input checked="" type="checkbox"/> WIRING, YR: 2008			<input checked="" type="checkbox"/> PLUMBING, YR: 2008			single ply			
<input checked="" type="checkbox"/> ROOFING, YR: 2008			<input checked="" type="checkbox"/> HEATING, YR: 2008			SEMI- RESISTIVE			
OTHER: _____			WIND CLASS	RESISTIVE	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT		DATE INSTALLED: _____		
PRIMARY HEAT			SECONDARY HEAT						
<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL			<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL						
IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N			IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N						
RIGHT EXPOSURE & DISTANCE		LEFT EXPOSURE & DISTANCE		FRONT EXPOSURE & DISTANCE			REAR EXPOSURE & DISTANCE		
BURGLAR ALARM TYPE			CERTIFICATE #			EXPIRATION DATE		CENTRAL STATION	LOCAL GONG
BURGLAR ALARM INSTALLED AND SERVICED BY			EXTENT		GRADE	# GUARDS / WATCHMEN		CLOCK HOURLY	
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)				% SPRNK	FIRE ALARM MANUFACTURER			CENTRAL STATION	LOCAL GONG
				100					
<b>ADDITIONAL INTEREST</b>		<b>ACORD 45 attached for additional names</b>							
INTEREST		NAME AND ADDRESS		RANK:	EVIDENCE:	CERTIFICATE			
<input type="checkbox"/> LENDER'S LOSS PAYABLE									
<input type="checkbox"/> LOSS PAYEE									
<input type="checkbox"/> MORTGAGES									
		REFERENCE / LOAN #:							
				INTEREST IN ITEM NUMBER					
				LOCATION:		BUILDING:			
				ITEM CLASS:		ITEM:			
				ITEM DESCRIPTION					
<b>REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)</b>									

AGENCY CUSTOMER ID: \_\_\_\_\_

**ADDITIONAL PREMISES INFORMATION**

PREMISES #: 24	STREET ADDRESS: 122 Hwy 17 N								
BUILDING #: 1	BLDG DESCRIPTION: retail LRO								
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Building	2525000		RC	special		5000			
BIEE	330000								

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)	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y/N)	OPTIONS
<input type="checkbox"/>		DEDUCTIBLE \$	<input type="checkbox"/>	BREAKDOWN OR CONTAMINATION 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	DISTANCE TO HYDRANT	FIRE STAT	FIRE DISTRICT	CODE NUMBER	PROT CL	# STORIES	# BASMTS	YR BUILT	TOTAL AREA
MNC	1000 FT	5 MI	surfside beach		2	1	0	1999	34000

BUILDING IMPROVEMENTS	BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES
<input checked="" type="checkbox"/> WRING, YR: 2015 <input checked="" type="checkbox"/> PLUMBING, YR: 2015			single ply	
<input checked="" type="checkbox"/> ROOFING, YR: 2015 <input checked="" type="checkbox"/> HEATING, YR: 2015	WIND CLASS	SEMI-RESISTIVE	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT	DATE INSTALLED: _____
OTHER: 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 type="checkbox"/> Y/N	IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y/N

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE
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BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
BURGLAR ALARM INSTALLED AND SERVICED BY	EXTENT	GRADE	# GUARDS / WATCHMEN
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)			CLOCK HOURLY <input type="checkbox"/>
% SPRNK	FIRE ALARM MANUFACTURER	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>	
100			

**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)

AGENCY CUSTOMER ID: \_\_\_\_\_

LOC #: \_\_\_\_\_



### ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY Crescent Coast Insurance		NAMED INSURED A Tebele & Sons, ETAL	
POLICY NUMBER Pending			
CARRIER Underwriters at Lloyds	NAID CODE	EFFECTIVE DATE: 09/01/2018	

#### ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
 FORM NUMBER: 140 FORM TITLE:

1% named storm  
 \$10,000 all other wind and hail  
 2% earth quake  
 \$5,000 equipment breakdown  
 ordinance or law full A; B&C-10% combined sublimit  
 Water back up and sump overflow \$100,000 per occurrence and in the annual aggregate  
 Wind Driven Precipitation- \$500,000 per occurrence  
 Ensuing Mold Coverage- \$15,000 per occurrence and in the annual aggregate

Quote/Authorization

POLICYHOLDER DISCLOSURE  
NOTICE OF TERRORISM  
INSURANCE COVERAGE

You are hereby notified that under the Terrorism Risk Insurance Act of 2002, as amended ("TRIA"), that you now have a right to purchase insurance coverage for losses arising out of acts of terrorism, as defined in Section 102(1) of the Act, as amended. The term "act of terrorism" means any act that is certified by the Secretary of the Treasury, in consultation with the Secretary of Homeland Security and the Attorney General of the United States, to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of an air carrier or vessel or the premises of a United States mission; and to have been committed by an individual or individuals, as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion. Any coverage you purchase for "acts of terrorism" shall expire at 12:00 midnight December 31, 2020, the date on which the TRIA Program is scheduled to terminate, or the expiry date of the policy whichever occurs first, and shall not cover any losses or events which arise after the earlier of these dates.

YOU SHOULD KNOW THAT COVERAGE PROVIDED BY THIS POLICY FOR LOSSES CAUSED BY CERTIFIED ACTS OF TERRORISM IS PARTIALLY REIMBURSED BY THE UNITED STATES UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THIS FORMULA, THE UNITED STATES PAYS 85% THROUGH 2015; 84% BEGINNING ON JANUARY 1, 2016; 83% BEGINNING ON JANUARY 1, 2017; 82% BEGINNING ON JANUARY 1, 2018; 81% BEGINNING ON JANUARY 1, 2019 AND 80% BEGINNING ON JANUARY 1, 2020; OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURER(S) PROVIDING THE COVERAGE. YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A USD100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS USD100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED USD100 BILLION, YOUR COVERAGE MAY BE REDUCED.

THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

	I hereby elect to purchase coverage for acts of terrorism for a prospective premium of USD: \$5,250
X	I hereby elect to have coverage for acts of terrorism excluded from my policy. I understand that I will have no coverage for losses arising from acts of terrorism.

DecuSigned by:  
ABRAHAM TEBELE  
Policyholder/Applicant's Signature

Syndicate on behalf of certain underwriters at Lloyd's

Abraham Tebele

Print Name

Policy Number

01/14/2019

Date

TEBELE 000227

1960

Quote/Authorization



SPECIAL RISK UNDERWRITERS

If the policy issued by AmWINS Special Risk Underwriters excludes Flood, the following shall apply:

Flood Exclusion Acknowledgement

I understand the policy issued by AmWINS Special Risk Underwriters does NOT provide coverage for loss or damage caused by or resulting from Flood, including any flooding and/or storm surge associated with windstorm events.

I understand that Flood insurance can be purchased elsewhere from a private flood insurer or the National Flood Insurance Program.

It is strongly recommended that Insureds in "Special Flood Hazard Areas" or areas subject to Flooding, including flooding and/or storm surge from windstorm events, obtain Flood coverage.

I also understand that execution of this form does NOT relieve me of any obligation that I may have to my mortgagees or lenders to purchase Flood insurance.

If the policy issued by AmWINS Special Risk Underwriters includes Flood, the following shall apply:

Flood Coverage

I understand the policy issued by AmWINS Special Risk Underwriters does provide coverage for loss or damage caused by or resulting from Flood, including any flooding and/or storm surge associated with windstorm events.

I understand that loss or damage caused by or resulting from Flood, including any flooding and/or storm surge associated with windstorm events, will be subject to the Flood sublimit stated elsewhere in the policy.

I understand that if I do not sign this form that my application for coverage may be denied or that my policy issued by AmWINS Special Risk Underwriters may be cancelled or non-renewed. I have read and I understand the information above.

DocuSigned by:

ABRAHAM TEBELE

Policyholder/Applicant's Signature

Abraham Tebele

Print Name

TEBELE 000228

1961

**Insured:** A Tebele & Sons ETAL  
PO Box 1496  
Myrtle Beach, SC 29578

**Company:** AB-NC - Charlotte  
**Broker:** Barrett Sellars  
**Account #:** S-1811-583686-01  
*(SRU Internal Use Only)*

**Effective Date:** 01/15/19  
**Expiration Date:** 01/15/20  
**Limits of Liability:** \$ 22,155,400 Per occurrence

**Sublimits of Liability** are subject to and not in addition to the Limit of Liability shown above. These Sublimits of Liability are: (i) Per Occurrence unless otherwise indicated, and (ii) 100% layer sublimits, of which we assume the percentage share as indicated in Limits of Liability., above. See Sublimits Addendum Below:

**TIV:** \$ 22,155,400 Per schedule on file with AmWINS Special Risk Underwriters- not blanket coverage

**Coverage:** Real Property;  
Business Personal Property;  
Business Interruption - Gross Earnings

**Perils Insured:** All Risk as Defined in the policy form  
Excluding Flood, Storm Surge  
Including Earthquake  
Including Boiler and Machinery

**Deductibles:** \$5,000 All Other Perils per occurrence, except:  
\$ 10,000 All Other Wind/Hail per occurrence  
2% per Scheduled TIV, **PER BUILDING**, subject to \$25,000 minimum per occurrence respects Earthquake  
1% per Scheduled TIV, **PER BUILDING**, subject to \$25,000 minimum per occurrence respects Named Storm  
1% per Scheduled TIV, **PER BUILDING**, subject to \$25,000 minimum per occurrence respects Wind Driven Precipitation

**Valuation/Coinsurance:** Replacement Cost on Real & Business Personal Property, Actual Loss Sustained as respects to Business Interruption  
Coinsurance: 80%

**Premium:** \$ 105,000 Property  
Excluded TRIA  
\$ 370 Inspection Fee  
\$ 500 AmWINS CAT Modeling Fee (non-refundable)  
\$ 105,870 Total

This company has been approved by the director or his designee of the South Carolina Department of Insurance to write business in this State as an eligible surplus lines insurer, but it is not afforded guaranty fund protection.

South Carolina Premium: \$105,000 x-TRIA  
Fees: \$500 mkt / \$370 mkt insp / \$500 service  
Surplus Lines Tax: \$6382.20

**TOTAL: \$112,752.20**  
Crescent Coast 00715



35% Minimum Earned Premium or per the CAT MEP endorsement (if applicable), whichever is greater.  
The broker named herein is responsible for the collection and payment of all surplus lines taxes and fees.

**Territory:** United States, excluding US Virgin Islands, Puerto Rico and all foreign locations including Canada.

**Issuing Company:** Certain Underwriters at Lloyd's - (Approved/Non-Admitted)  
International Insurance Company of Hannover SE - (Non-admitted)  
General Security Indemnity Company of Arizona (Non-Admitted)

**Comments/  
Conditions:** The following are required within five days of binding:  
(i) Inspection Contact Information

**Protective Safeguards:**

- (i) Automatic Sprinkler System
- (ii) Automatic Fire Alarm
- (iii) Other:
  - (a) Ansul Systems – ansul system over all cooking surfaces and semi-annual professional cleaning for hoods and ducts required
  - (b) Heating, Ventilation, and Air Conditioning – maintained and in operation at all times
  - (c) any aluminum wiring in buildings are properly pigtailed or retrofitted with CO/AL receptacles on all switches, outlets and circuit breaker panels and in accordance with local electrical codes.

**Additional Sublimits:**

- 1/6th Monthly Limit of Indemnity
- Water Back Up and Sump Overflow - \$100,000 per Occurrence and in the Annual Aggregate
- Wind Driven Precipitation - \$500,000 per Occurrence
- Ensuing Mold Coverage - \$15,000 per Occurrence and in the Annual Aggregate

**Binder Expiration: 90 days post inception of this Binder**

**Coverage requested on your submission, application and/or attachments that are not specified on our Binder authorization are not included. All taxes, fees and filings in the applicable state(s) are the responsibility of the broker. In addition to more common policy exclusionary language, your Binders and policies will exclude all pre-existing damage prior to binding, all foreign locations and exposures (including Canada, Puerto Rico, and U.S. Virgin Islands), pollution/contamination, asbestos, terrorism other than TRIA certified acts, mold, electronic data/cyber risk losses and related computer losses, unless noted above.**

**In the event of a loss, claims are to be submitted as follows [email is preferable for quickest response]:**

**Company:** Peninsula Insurance Bureau  
**Address:** 2842 Lent Road, Apopka, FL 32712  
**Email address:** [tpa@pibadjusters.com](mailto:tpa@pibadjusters.com)

**Property Sublimits**

<b>Sub-limits of Liability:</b>		All are per "occurrence" (unless shown as in the aggregate) and are part of, not in addition to, the Limit of Liability.	
<b>Property Damage Coverage - Extensions of Coverage</b>			
1.	Accounts Receivable	\$25,000	
2.	Debris Removal	25% of loss or \$2,500,000 per occurrence, whichever is less	
3.	Electronic Data Processing Equipment Breakdown	No Coverage	
4.	"Electronic Data Processing Media" Breakdown	No Coverage	
5.	Expediting Expense	\$10,000	
6.	Fine Arts	\$2,500	
7.	Fire Department Service Charge	\$1,000	
8.	Limited Coverage for "Fungus". Wet Rot, Dry Rot and "Bacteria"	No Coverage	
9.	Miscellaneous Unnamed Locations	No Coverage	
10.	Newly Acquired Property	\$100,000	
11.	Ordinance or Law	I. Included	II. & III. \$1,000,000 (combined)
12.	Outdoor Property	No Coverage	
13.	Pollutant Clean Up and Removal	No Coverage	
14.	Preservation of Property	\$25,000	
15.	Professional Fees	\$25,000	
16.	Property Off-Premises	\$25,000	
17.	Property in Transit	No Coverage	
18.	Service Interruption	\$25,000	
19.	Valuable Papers and Records	\$25,000	
<b>Time Element Coverage</b>			
1.	Business Income	Included	
2.	Extra Expense	\$10,000	
3.	Leasehold Interest	\$10,000	
4.	Rental Value	Included	
<b>Time Element Coverage - Extensions of Coverage</b>			
1.	Civil Authority	\$25,000	
2.	Contingent Business Income	No Coverage	
3.	Extended Period of Indemnity	30 days	
4.	Ingress or Egress	\$25,000	
5.	Newly Acquired Property	\$100,000	
6.	Service Interruption	\$10,000	
<b>Endorsement - Extensions of Coverage</b>			
1	Earthquake	\$22,155,400	In the annual aggregate
2	Flood	No Coverage	In the annual aggregate

**Equipment Breakdown**

These coverages apply to any location listed on the Schedule of Locations for Equipment Breakdown.

<b><u>Coverages</u></b>	<b><u>Limits</u></b>
Equipment Breakdown Limit	\$22,155,400
Property Damage	\$19,834,000
Off Premises Property Damage	\$250,000
Business Income	\$2,321,400
Extra Expense	\$100,000
Service Interruption	\$250,000
Contingent Business Income	\$ No Coverage
Perishable Goods	\$100,000
Data Restoration	\$100,000
Demolition	\$250,000
Ordinance or Law	\$250,000
Expediting Expense	\$100,000
Hazardous Substances	\$100,000
Newly Acquired Locations	\$250,000

**Deductibles**

Combined, All Coverages	\$5,000
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**Other Conditions**

Extended Period of Restoration:	0 days
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Unless the interruption exceeds 24 hours we will not pay for any loss under Service Interruption or the Service Interruption component of Perishable Goods.

**Common forms: Primary**

- SRU-001 0114 Property Declarations – Participating
- SRU-003 0118 AmWINS Special Risk Underwriters Property Form
- SRU-021 0116 Earthquake Excluding Sprinkler Endorsement
- SRU-004 0710 CAT Minimum Earned Premium
- SRU-005 0710 Electronic Date Recognition Exclusions
- SRU-006 0710 Biological Or Chemical Materials Exclusion
- SRU-007 0710 Radioactive Contamination Exclusion Clause Physical Damage – Direct (U.S.A.)
- SRU-008 0710 Land, Water And Air Exclusion
- SRU-009 0710 Seepage And/Or Pollution And/Or Contamination Exclusion
- SRU-011 0710 Asbestos Endorsement
- SRU-012 0710 Electronic Data Endorsement B
- SRU-014 1017 Flood Exclusion
- SRU-016 0710 Occurrence Limit Of Liability – Stated Value
- SRU-024 0710 Protective Safeguards - Fire
- SRU-027 0710 Time Element, Business Income, Extra Expense And Rental Value Options
- SRU-037 0118 Water Back Up and Sump Overflow
- SRU-038 0911 Wind Driven Precipitation
- SRU-040 0312 Policy Changes Endorsement
- SRU-043 0813 Equipment Breakdown Coverage Form
- SRU-044 1112 Primary B&M sublimits, deductibles
- SRU-053 0115 Ensuing Mold Coverage
- SRU-059 0116 U.S. Treasury Department's Office Of Foreign Assets Control (OFAC) Advisory Notice To Policyholders
- SRU-068 0917 Pre-Existing Damage Exclusion Endorsement

**Forms applicable to Certain Underwriters at Lloyd's/International Insurance Company of Hannover SE/General Security Indemnity Co. of Arizona only:**

- LMA5219 U.S. Terrorism Risk Insurance Act Of 2002 As Amended Not Purchased Clause
- NMA2918 War And Terrorism Exclusion
- Certain Underwriter's At Lloyd's Syndicate List
- SLC-3 (USA)
- LMA3100 Sanction Limitation and Exclusion Clause
- LMA5021 Applicable Law (U.S.A.)

**Forms applicable to General Security Indemnity Co. of Arizona only:**

- Service of Suit Clause

**Forms applicable to Internal Deductible Buy Down**

- NMA2920 Terrorism Exclusion Endorsement

**Carrier Participation / No. of policies being issued**

Carriers participation may change at time of binding or throughout the coverage period.

**Peril Legend**

AOP - All Other Perils	NW - Named Wind Storm	W/H - Wind/Hail Only	EM/EMSL - Earth Movement Including Earth Movement Sprinkler Leakage
EQ - Earthquake Only	EM - Earth Movement Only	DIC - Difference In Conditions	EQ/EQSL - Earthquake Including Earthquake Sprinkler Leakage
FL - Flood Only	SS - Storm Surge		

<b>Certain Underwriters at Lloyd's</b>		UMR B123019AWS1095	Policy #: AOP-190029	Premium: \$3,000
<i>Limit</i>	<i>Layer</i>	<i>Attachment</i>	<i>Peril</i>	<b>TRIA:</b>
\$5,000	\$5,000	deductible	AOP excl. NW, EQ, FL	

<b>Certain Underwriters at Lloyd's</b>		UMR B123019AWS1637	Policy #: AQS-190065	Premium: \$64,367
<i>Limit</i>	<i>Layer</i>	<i>Attachment</i>	<i>Peril</i>	<b>TRIA:</b>
\$13,978,010	\$22,150,400	\$5,000	AOP excl. NW, EQ, FL	
\$13,981,165	\$22,155,400	deductible	NW	
\$13,981,165	\$22,155,400	deductible	EQ	

<b>International Insurance Company of Hannover SE</b>		UMR B123019AWS1638	Policy #: HAQS-190065	Premium: \$12,133
<i>Limit</i>	<i>Layer</i>	<i>Attachment</i>	<i>Peril</i>	<b>TRIA:</b>
\$2,634,790	\$22,150,400	\$5,000	AOP excl. NW, EQ, FL	
\$2,635,385	\$22,155,400	deductible	NW	
\$2,635,385	\$22,155,400	deductible	EQ	

<b>General Security Indemnity Company of Arizona</b>			Policy #: TR00093911900065	Premium: \$25,500
<i>Limit</i>	<i>Layer</i>	<i>Attachment</i>	<i>Peril</i>	<b>TRIA:</b>
\$5,537,600	\$22,150,400	\$5,000	AOP excl. NW, EQ, FL	
\$5,538,850	\$22,155,400	deductible	NW	
\$5,538,850	\$22,155,400	deductible	EQ	



TRIA Premium: Coverage Rejected by Insured

Minimum Earned Premium: 35% - Hurricane MEP applies

Fees:

Fee	Taxable	Amount
<b>South Carolina</b>		
Market Policy Fee	Yes	\$500.00
Market Inspection Fee	Yes	\$370.00
AmWINS Service Fee	Yes	\$500.00
<b>Total</b>		<b>\$1,370.00</b>
<b>Total Fees</b>		<b>\$1,370.00</b>

Surplus Taxes and Fees:

Description	Taxable Premium	Taxable Fee	Tax Basis	Rate	Tax
<b>South Carolina</b>					
Surplus Lines Tax	\$64,367.00	\$1,370.00	\$65,737.00	6.00%	\$3,944.22
<b>Total</b>					<b>\$3,944.22</b>
<b>Total Surplus Lines Taxes and Fees</b>					<b>\$3,944.22</b>

Subjectivities: n/a

Carrier	Policy Number	Admitted?
Lloyd's of London	AOP190029	No

Policy Premium: \$3,000.00 Premium  
\$180.00 Surplus Lines Taxes and Fees  
\$3,180.00 Total for the above binder

TRIA Premium: Coverage Rejected by Insured

Minimum Earned Premium: 35% - Hurricane MEP applies

Surplus Taxes and Fees:

Description	Taxable Premium	Taxable Fee	Tax Basis	Rate	Tax
<b>South Carolina</b>					
Surplus Lines Tax	\$3,000.00	\$0.00	\$3,000.00	6.00%	\$180.00
<b>Total</b>					<b>\$180.00</b>
<b>Total Surplus Lines Taxes and Fees</b>					<b>\$180.00</b>

Subjectivities: n/a

Carrier	Policy Number	Admitted?
International Insurance Company of Hannover SE	HAQS190065	No

Policy Premium: \$12,133.00 Premium  
\$727.98 Surplus Lines Taxes and Fees  
\$12,860.98 Total for the above binder

TRIA Premium: Coverage Rejected by Insured

Minimum Earned Premium: 35% - Hurricane MEP applies

**Surplus Taxes and Fees:**

Description	Taxable Premium	Taxable Fee	Tax Basis	Rate	Tax
South Carolina Surplus Lines Tax	\$12,133.00	\$0.00	\$12,133.00	6.00%	\$727.98
<b>Total</b>					<b>\$727.98</b>
<b>Total Surplus Lines Taxes and Fees</b>					<b>\$727.98</b>

**Subjectivities:** n/a

Carrier	Policy Number	Admitted?
General Security Indemnity Company of Arizona	TR00093911900065	No

**Policy Premium:** \$25,500.00 Premium  
\$1,530.00 Surplus Lines Taxes and Fees  
\$27,030.00 Total for the above binder

**TRIA Premium:** Coverage Rejected by Insured

**Minimum Earned Premium:** 35% - Hurricane MEP applies

**Surplus Taxes and Fees:**

Description	Taxable Premium	Taxable Fee	Tax Basis	Rate	Tax
South Carolina Surplus Lines Tax	\$25,500.00	\$0.00	\$25,500.00	6.00%	\$1,530.00
<b>Total</b>					<b>\$1,530.00</b>
<b>Total Surplus Lines Taxes and Fees</b>					<b>\$1,530.00</b>

**Subjectivities:** n/a

**COMMENTS:** THANKS FOR THE NEW BUSINESS!!!

The attached Binders from the carrier(s) set out the precise coverage terms and conditions being bound. Please review this information carefully. If after review, you find any errors in this Confirmation of Coverage or the carrier's Binders, please contact us immediately to discuss.

Should you have any questions or need anything further, please feel free to contact me.

Thank you for your business. We truly appreciate it.

Sincerely,

**Hollan Delany**

Assistant Vice President | AmWINS Brokerage of the Carolinas, LLC  
T 704.749.2843 | M 980.939.2778 | F 704.365.6348 | hollan.delany@amwins.com  
4725 Piedmont Row Drive | Suite 600 | Charlotte, NC 28210 | amwins.com

On behalf of,

**Barrett Sellars**

Senior Vice President | AmWINS Brokerage of the Carolinas, LLC  
T 704.749.2822 | M 704.617.3688 | F 704.365.6348 | barrett.sellars@amwins.com  
4725 Piedmont Row Drive | Suite 600 | Charlotte, NC 28210 | amwins.com

In California: AmWINS Brokerage of the Carolinas Insurance Services, LLC | License 0F19710

Crescent Coast 00553

From: David Egan david@crescoast.com  
Subject: RE: Insurance Binders  
Date: January 17, 2019 at 3:45 PM  
To: Abe T atebale@aol.com

It definitely won't be until next week if that's okay. My accountant is out of town and banks will be closed on Monday as well.

**David Egan**  
Agent/ Managing Partner  
Crescent Coast Insurance  
843-399-0822 Office  
866-733-2573 Fax



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**From:** Abe T <atebele@aol.com>  
**Sent:** Thursday, January 17, 2019 3:27 PM  
**To:** David Egan <david@crescoast.com>  
**Subject:** Re: Insurance Binders

Thank you David. When are you going to deposit?

Sent from my iPhone

On Jan 17, 2019, at 12:18 PM, David Egan <david@crescoast.com> wrote:

Abe,

I picked up the check. Thank you for getting that to us. Attached are your insurance binders. I did notice that they do not have the "vacant land" listed on the GL binder. I am going to make sure that it is on the policy side when it comes in. There is a good chance that they issued the binder and are endorsing the policy.

Regards,

**David Egan**  
Agent/ Managing Partner  
Crescent Coast Insurance  
843-399-0822 Office  
866-733-2573 Fax



144

**1971**

EUO-000425

000 700 207 0 1 40.

**<image001.jpg>**

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<52049525\_Excess Binder Amwins Stamped.pdf>

<52044891\_GL BINDER - AMWINS STAMPED.pdf>

<51999395\_A Tebele - SRU Binder.pdf>

**David Egan**

---

**From:** david@crescoast.com  
**Sent:** Thursday, January 31, 2019 02:50 PM  
**To:** marie.simonetti@yahoo.com  
**Subject:** changes add property  
**Attached:** image001.jpg

Marie,

I have sent in to endorse the address' we discussed as well as sent in to add the 33<sup>rd</sup> Ave house.

Regards,

**David Egan**  
Agent/ Managing Partner  
Crescent Coast Insurance  
843-399-0822 Office  
866-733-2573 Fax

Crest Coast  
logo

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Crescent Coast 00575

**1973**

**U.S. Terrorism Risk Insurance Act of 2002 as amended  
Not Purchased Clause**

*This Clause is issued in accordance with the terms and conditions of the "U.S. Terrorism Risk Insurance Act of 2002" as amended as summarized in the disclosure notice.*

It is hereby noted that the Underwriters have made available coverage for "insured losses" directly resulting from an "act of terrorism" as defined in the "U.S. Terrorism Risk Insurance Act of 2002", as amended ("TRIA") and the Insured has declined or not confirmed to purchase this coverage.

This Insurance therefore affords no coverage for losses directly resulting from any "act of terrorism" as defined in TRIA except to the extent, if any, otherwise provided by this policy.

All other terms, conditions, insured coverage and exclusions of this Insurance including applicable limits and deductibles remain unchanged and apply in full force and effect to the coverage provided by this Insurance.

LMA5219  
12 January 2015





SPECIAL RISK UNDERWRITERS

AmWINS Special Risk

### Property Declarations - Participating

This Declaration Page is attached to and forms part of Certificate provisions

Previous No. <u>NEW</u>	Account No. <u>S-1811-583686-01</u>
Certain Underwriters at Lloyd's	Policy No. <u>AOP-190029</u>
Certain Underwriters at Lloyd's	Policy No. <u>AGS-190065</u>
HDI Global Specialty SE	Policy No. <u>HAQS-190065</u>
General Security Indemnity Company of Arizona	Policy No. <u>TR00093911900065</u>

Name and Address of the Insured A Tebele & Sons ETAL  
PO Box 1496  
Myrtle Beach, SC 29578

Policy Period Effective From 1/15/2019 to 1/15/2020 Both days at 12:01 a.m. standard time at the Insured's mailing address

**THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A PREMIUM IS INDICATED - THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.**

Limits of Liability: \$22,155,400 per Occurrence

COMMERCIAL PROPERTY COVERAGE PART	PROPERTY	
Certain Underwriters at Lloyd's	Premium	\$3,000.00
Certain Underwriters at Lloyd's	Premium	\$64,367.00
HDI Global Specialty SE	Premium	\$12,133.00
General Security Indemnity Company of Arizona	Premium	\$25,500.00

**Total Advance Premium** Inspection Fee \$370.00  
 CAT Modeling Fee \$500.00  
**\$105,870.00**

Minimum Earned Premium 35.00%

Dated 02/06/2019 By  Address AmWINS Special Risk Underwriters, LLC  
4725 Piedmont Row Drive  
Charlotte, NC 28210

In the event of a claim, notify: Peninsula Insurance Bureau, 2842 Lent Road, Apopka, FL 32712;  
 Email tpa@pbadjusters.com

State stamp if applicable

Forms attached hereto:

**FORMS APPLICABLE TO Common Forms**

LMA 5219 -- TRIA - Not Purchased Clause  
SRU-001 0114 -- Property Declarations - Participating  
Certain Underwriters At Lloyd's Syndicate List  
SLC-3 (USA) 2014 -- Policy terms specific to various supporting insurers to this policy  
SRU-023 0119 -- Contract Allocation Endorsement - SRU-CA  
SRU-023 0119 SUP 4 -- Company Codes  
SRU-003 0118 -- AmWINS Property Form 2018  
SRU-021 0116 -- Earthquake Excluding Sprinkler Leakage Endorsement  
SRU-004 0710 -- CAT Minimum Earned Premium  
SRU-005 0710 -- Electronic Date Recognition Exclusion EDRE  
SRU-006 0710 -- Biological Or Chemical Materials Exclusion  
SRU-007 0710 -- Radioactive Contamination Exclusion Clause - Physical Damage Direct USA  
SRU-008 0710 -- Land Water and Air Exclusion  
SRU-009 0710 -- Seepage And/Or Pollution And/Or Contamination Exclusion  
SRU-011 0710 -- Asbestos Endorsement  
SRU-012 0710 -- Electronic Data Endorsement B  
NMA 2918 -- War and Terrorism Exclusion Endorsement  
SRU-014 1017 -- Flood Exclusion  
SRU-016 0710 -- Occurrence Limit of Liability - Stated Value  
SRU-043 0813 -- Equipment Breakdown Coverage Form  
SRU-044 1112 -- Equipment Breakdown - Sublimits Deductibles  
SRU-024 0710 -- Protective Safeguards - Fire Endorsement  
SRU-027 0710 -- Time Element Business Income Extra Expense And Rental Value Options  
SRU-037 0118 -- Water Back-Up And Sump Overflow - Aggregate Limit  
SRU-038 0911 -- Additional Coverage Endorsement - Wind Driven Precipitation  
SRU-040 0312 -- Policy Changes2  
SRU-053 0115 -- Mold Mildew & Fungus Clause and Microorganism Exclusion  
SRU-068 0917 -- Pre-Existing Damage Exclusion Endorsement  
SRU-059 0116 -- OFAC Endorsement  
LMA 5021 -- Applicable Law USA  
LMA 3100 -- Sanction Limitation and Exclusion Clause  
PROPERTY LOSS NOTICE -- Property Loss Notice

**FORMS APPLICABLE TO General Security Indemnity Co. of AZ ONLY**

SRU-040 0312 Policy Changes 1 - SCOR SERVICE OF SUIT CLAUSE

## CERTAIN UNDERWRITERS AT LLOYD'S SYNDICATE LIST

If Certain Underwriters at Lloyd's of London are listed as security on the Contract Allocation Endorsement attached to the policy, the list of syndicates is shown below:

Account Number: S-1811-583686-01

UMR Number: B123019AWS1637

Certificate Number: AQS-190065

Syndicate Number	Syndicate Abbreviation
0510	KLN
2987	BRT
2988	BRT
1458	RNF
1200	AMA
1686	AXS
2003	XLC
5000	TRV
0033	HIS
1183	TAL
1861	ATL
4444	CNP
2001	AML
1886	QBE
2623	AFB
0623	AFB

UMR Number: B123019AWS1095

Certificate Number: AOP-190029

Syndicate Number	Syndicate Abbreviation
0510	KLN

**Policy terms specific to various supporting insurers to this policy:**  
Underwriters at Lloyd's

**SLC-3 (USA) This Insurance** is effected with certain Underwriters at Lloyd's, London.

**This Certificate** is issued in accordance with the limited authorization granted to the Correspondent by certain Underwriters at Lloyd's, London whose syndicate numbers and the proportions underwritten by them can be ascertained from the office of the said Correspondent (such Underwriters being hereinafter called "Underwriters") and in consideration of the premium specified herein, Underwriters hereby bind themselves severally and not jointly, each for his own part and not one for another, their Executors and Administrators.

The Assured is requested to read this Certificate, and if it is not correct, return it immediately to the Correspondent for appropriate alteration.

**Certificate Provisions**

1. **Signature Required.** This Certificate shall not be valid unless signed by the Correspondent on the attached Declaration Page.
2. **Correspondent Not Insurer.** The Correspondent is not an Insurer hereunder and neither is nor shall be liable for any loss or claim whatsoever. The Insurers hereunder are those Underwriters at Lloyd's, London whose syndicate numbers can be ascertained as hereinbefore set forth. As used in this Certificate "Underwriters" shall be deemed to include incorporated as well as unincorporated persons or entities that are Underwriters at Lloyd's, London.
4. **Assignment.** This Certificate shall not be assigned either in whole or in part without the written consent of the Correspondent endorsed hereon.
5. **Attached Conditions Incorporated.** This Certificate is made and accepted subject to all the provisions, conditions and warranties set forth herein, attached or endorsed, all of which are to be considered as incorporated herein.
6. **Cancellation.** If this Certificate provides for cancellation and this Certificate is cancelled after the inception date, earned premium must be paid for the time the insurance has been in force.

**A. CLAIMS ADJUSTMENTS AND REPORTING**

All claims hereunder shall be adjusted by:

Peninsula Insurance Bureau  
2842 Lent Road, Apopka, FL 32712  
Email Address: tpa@pibadjusters.com

And/or its assigned adjusters and the costs of such adjustments shall be borne by each Company in proportion to its pro-rata participation in the Insured's Property Insurance Program.

In the event the Company elects to use its own adjusters or independent adjusters or consultants other than as listed above, expenses so incurred shall be borne solely by the Company.

It is further understood and agreed that, notwithstanding any provision contained elsewhere in this policy to the contrary, the Insured will be deemed to be in full compliance with any claim notice requirements, if notice of an occurrence is made to the Company(s) as soon as practicable after knowledge by the Insured or their representatives, that such occurrence will, or is likely to result in a claim under the contract. Any unintentional failure to report any occurrence or claim shall not invalidate coverage with respect to any such occurrence or claim.

#### **B. SEVERAL LIABILITY NOTICE**

The liability of an insurer under this contract is several and not joint with other insurers party to this contract. An insurer is liable only for the proportion of liability it has underwritten. An insurer is not jointly liable for the proportion of liability underwritten by any other insurer. Nor is an insurer otherwise responsible for any liability of any other insurer that may underwrite this contract.

The proportion of liability under this contract underwritten by an insurer (or, in the case of a Lloyd's syndicate, the total of the proportions underwritten by all the members of the syndicate taken together) is shown in this contract.

In the case of a Lloyd's syndicate, each member of the syndicate (rather than the syndicate itself) is an insurer. Each member has underwritten a proportion of the total shown for the syndicate (that total itself being the total of the proportions underwritten by all the members of the syndicate taken together). The liability of each member of the syndicate is several and not joint with other members. A member is liable only for that member's proportion. A member is not jointly liable for any other member's proportion. Nor is any member otherwise responsible for any liability of any other insurer that may underwrite this contract. The business address of each member is Lloyd's, One Lime Street, London EC3M 7HA. The identity of each member of a Lloyd's syndicate and their respective proportion may be obtained by writing to Market Services, Lloyd's, at the above address.

Although reference is made at various points in this clause to "this contract" in the singular, where the circumstances so require this should be read as a reference to contracts in the plural.

LMA5096 (Combined Certificate)

7 March 2008

#### **C. SERVICE OF SUIT CLAUSE (U.S.A) (NMA 2868)**

It is agreed that in the event of the failure of the Underwriters hereon to pay any amount claimed to be due hereunder, the Underwriters hereon, at the request of the Insured, will submit to the jurisdiction of a Court of competent jurisdiction within the United States. Nothing in this clause constitutes or should be understood to constitute a waiver of Underwriters' rights to commence an action in any Court of competent jurisdiction in the United States, to remove an action to a United States District Court, or to seek a transfer of a case to another Court as permitted by the laws of the United States or of any State in the United States. It is further agreed that service of process in such suit may be made upon

If the cause of action arises in California:  
Eileen Ridley  
FLWA Service Corp. c/o Foley & Lardner LLP  
555 California Street, Suite 1700  
San Francisco, CA 94104-1520

If the cause of action arises in any other state:  
Mendes and Mount, LLP  
750 Seventh Avenue  
New York, New York 10019-6829

and that in any suit instituted against any one of them upon this Policy. Underwriters will abide by the final decision of such Court or of any Appellate Court in the event of an appeal.

The above-named are authorized and directed to accept service of process on behalf of Underwriters in any such suit and/or upon the request of the Insured to give a written undertaking to the Insured that they will enter a general appearance upon Underwriters' behalf in the event such a suit shall be instituted.

Further, pursuant to any statute of any state, territory or district of the United States which makes provision therefore, Underwriters hereon hereby designate the Superintendent, Commissioner or Director of Insurance or other officer specified for that purpose in the statute, or his successor or successors in office, as their true and lawful attorney upon whom may be served any lawful process in any action, suit or proceeding instituted by or on behalf of the Insured or any beneficiary hereunder arising out of this Policy, and hereby designate the person(s) or firm stated in Item 13 of the Schedule as the person to whom the said officer is authorized to mail such process or a true copy thereof.

**D. Short Rate Cancellation.**

If the attached provisions provide for cancellation, the table below will be used to calculate the short rate proportion of the premium when applicable under the terms of cancellation.

Days Insurance In Force	Per Cent of one year Premium	Days Insurance In Force	Per Cent of one year Premium	Days Insurance In Force	Per Cent of one year Premium	Days Insurance In Force	Per Cent of one year Premium
1	5%	66 - 69	29%	154 - 156	63%	256 - 260	77%
2	6	70 - 73	30	157 - 160	54	261 - 264	78
3 - 4	7	74 - 76	31	161 - 164	55	265 - 269	79
5 - 6	8	77 - 80	32	165 - 167	56	270 - 273 ( 9 mos )	80
7 - 8	9	81 - 83	33	168 - 171	57	274 - 278	81
9 - 10	10	84 - 87	34	172 - 175	58	279 - 282	82
11 - 12	11	88 - 91 ( 3 mos )	35	176 - 178	59	283 - 287	83
13 - 14	12	92 - 94	36	179 - 182 ( 6 mos )	60	288 - 291	84
15 - 18	13	95 - 98	37	183 - 187	61	292 - 296	85
19 - 20	14	99 - 102	38	188 - 191	62	297 - 301	86
21 - 22	15	103 - 105	39	192 - 196	63	302 - 305 ( 10 mos )	87
23 - 25	16	106 - 109	40	197 - 200	64	306 - 310	88
26 - 29	17	110 - 113	41	201 - 205	65	311 - 314	89
30 - 32 ( 1 mos )	18	114 - 116	42	206 - 209	66	315 - 319	90
33 - 36	19	117 - 120	43	210 - 214 ( 7 mos )	67	320 - 323	91
37 - 40	20	121 - 124 ( 4 mos )	44	215 - 218	68	324 - 326	92
41 - 43	21	125 - 127	45	219 - 223	69	329 - 332	93
44 - 47	22	128 - 131	46	224 - 228	70	333 - 337 ( 11 mos )	94
48 - 51	23	132 - 135	47	229 - 232	71	338 - 342	95
52 - 54	24	136 - 139	48	233 - 237	72	343 - 346	96
55 - 58	25	139 - 142	49	236 - 241	73	347 - 351	97
59 - 62 ( 2 mos )	26	143 - 146	50	242 - 246 ( 8 mos )	74	352 - 355	98
63 - 65	28	147 - 149	51	247 - 250	75	356 - 360	99
		150 - 153 ( 5 mos )	52	251 - 255	76	361 - 365 ( 12 mos )	100

Rules applicable to insurance with terms less than or more than one year:

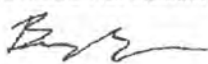
A. If insurance has been in force for one year or less, apply the short rate table for annual insurance to the full annual premium determined as for insurance written for a term of one year.

B. If insurance has been in force for more than one year:

1. Determine full annual premium as for insurance written for a term of one year.
2. Deduct such premium from the full insurance premium, and on the remainder calculate the pro rata earned premium on the basis of the ratio of the length of time beyond one year the insurance has been in force to the length of time beyond one year for which the policy was originally written.
3. Add premium produced in accordance with items (1) and (2) to obtain earned premium during full period insurance has been in force.

# Policy Changes

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

POLICY NUMBER(S): TR00093911900065	POLICY CHANGES EFFECTIVE: 1/15/2019  POLICY CHANGE NO. 1	COMPANY(S): General Security Indemnity Company of Arizona
NAMED INSURED: A Tebele & Sons ETAL	AUTHORIZED REPRESENTATIVE: 	
<p>It is hereby agreed and understood that the following change(s) are made to this policy:</p> <p><b>With Respect to the Coverage provided by:</b>          General Security Indemnity Company of Arizona</p> <p>THE FOLLOWING APPLICABLE CLAUSE SHALL APPLY TO THE INDICATED COMPANY, PROVIDED THAT THE COMPANY IS PARTICIPATING ON THE POLICY:</p> <p style="text-align: center;"><b>Service of Suit Clause</b></p> <p>In the event of the failure of the Company to pay any amount claimed to be due hereunder, the Company, at the request of the Insured, shall submit to the jurisdiction of a court of competent jurisdiction within the United States. Nothing in this Clause constitutes or should be understood to constitute a waiver of the Company's rights to commence an action in any court of competent jurisdiction in the United States, to remove an action to a United States District Court, or to seek a transfer of a case to another court as permitted by the laws of the United States or of any state in the United States. The Company, once the appropriate court is selected, whether such court is the one originally chosen by the Insured and accepted by the Company or is determined by removal, transfer, or otherwise, as provided for above, shall comply with all requirements necessary to give said court jurisdiction and, in any suit instituted against the Company, shall abide by the final decision of such court or of any appellate court in the event of an appeal.</p> <p>Service of process in such suit may be made upon:</p> <p style="padding-left: 40px;">General Security Indemnity Company of Arizona          One Seaport Plaza          199 Water Street          New York, NY 10038-3526          Attn: Maxine Verne, General Legal Counsel</p> <p>Further, pursuant to any statute of any state, territory, or district of the United States that makes provision thereof, the Company hereby designates the Superintendent, Commissioner or Director of Insurance, or other officer specified for that purpose in the statute, or his successor or successors in office, as its true and lawful attorney upon whom may be served any lawful process in any action, suit or proceeding instituted by or on behalf of the Insured or any beneficiary hereunder arising out of this Contract of Insurance, and hereby designates the above-named as the person to whom the said officer is authorized to mail such process or a true copy thereof</p>		

## Contract Allocation Endorsement - SRU-CA

This Insurance is effected with certain insurance underwriters (hereinafter called the "Underwriters"). The following words shall be deemed to be synonymous: "Underwriters", "Insurers", and "Company".

The liability by each "Underwriter" on this contract with the Insured is limited to the participation amount shown in the schedule below. The liability of each separate contract listed and for each "underwriter" represented thereby for any loss or losses or amounts payable is several as to each and shall not exceed its participation percentage shown below and there is no joint liability amounts payable is several as to each and shall not exceed its participation percentage shown below and there is no joint liability of any "Underwriters" pursuant to this contract. An "Underwriter" shall not have its liability hereunder increased or decreased by reason of failure or delay of another "underwriter", its successors, assigns, or legal representatives. Any loss otherwise payable under the provisions of the attached policy that exceeds the allocation of "Risk" as defined herein shall be borne proportionately by the contracts as to their limit of liability at the time and place of the loss bears to the total allocated limits herein.

This contract shall be constructed as a separate contract between the insured and each of the "Underwriters". This evidence of coverage consists of separate sections of a composite insurance for all Underwriter's at Lloyds combined and separate policies issued by the insurance company(ies), all as identified below. This evidence of coverage does not constitute in any manner or form a joint certificate of coverage by Underwriters at Lloyd's with any other insurance company(ies).

In Witness whereof, the following "Underwriters" execute and attest these presents, and subscribe for the amount of insurance provided. The security is as noted below

Layer of Participation	Attachment Point	Perils	Contract #	Company Code	Policy # Certificate #	%	Participation
5,000	deductible	AOP excl. NW, EQ, FL	B123019AWS1085	Lloyd's	AOP-190029		5,000
22,150,400	5,000	AOP excl. NW, EQ, FL	B123019AWS1637-1	Lloyd's	AQS-190065	27.04%	5,988,913
22,153,400	5,000	AOP excl. NW, EQ, FL	B123019AWS1637-2	Lloyd's	AQS-190065	4.33%	958,559
22,153,400	5,000	AOP excl. NW, EQ, FL	B123019AWS1637-3	Lloyd's	AQS-190065	0.22%	48,177
22,153,400	5,000	AOP excl. NW, EQ, FL	B123019AWS1637-4	Lloyd's	AQS-190065	1.08%	239,278
22,153,400	5,000	AOP excl. NW, EQ, FL	B123019AWS1637-5	Lloyd's	AQS-190065	4.87%	1,078,414
22,150,400	5,000	AOP excl. NW, EQ, FL	B123019AWS1637-6	Lloyd's	AQS-190065	5.30%	1,174,790
22,150,400	5,000	AOP excl. NW, EQ, FL	B123019AWS1637-7	Lloyd's	AQS-190065	1.23%	272,511
22,150,400	5,000	AOP excl. NW, EQ, FL	B123019AWS1637-8	Lloyd's	AQS-190065	1.52%	335,654
22,150,400	5,000	AOP excl. NW, EQ, FL	B123019AWS1637-9	Lloyd's	AQS-190065	2.16%	478,557
22,150,400	5,000	AOP excl. NW, EQ, FL	B123019AWS1637-10	Lloyd's	AQS-190065	3.25%	719,497
22,150,400	5,000	AOP excl. NW, EQ, FL	B123019AWS1637-11	Lloyd's	AQS-190065	2.71%	599,857
22,150,400	5,000	AOP excl. NW, EQ, FL	B123019AWS1637-12	Lloyd's	AQS-190065	2.16%	478,557
22,150,400	5,000	AOP excl. NW, EQ, FL	B123019AWS1637-13	Lloyd's	AQS-190065	2.71%	599,857
22,150,400	5,000	AOP excl. NW, EQ, FL	B123019AWS1637-14	Lloyd's	AQS-190065	3.25%	719,497
22,150,400	5,000	AOP excl. NW, EQ, FL	B123019AWS1637-15	Lloyd's	AQS-190065	1.08%	239,278
22,150,400	5,000	AOP excl. NW, EQ, FL	B123019AWS1637-16	Lloyd's	AQS-190065	0.23%	51,511
22,150,400	5,000	AOP excl. NW, EQ, FL	B123019AWS1638	HDI	HAQS-190065	11.90%	2,635,385
22,155,400	deductible	EQ	B123019AWS1637-1	Scor	TR00093911900065	25.00%	5,538,850
22,155,400	deductible	EQ	B123019AWS1637-2	Lloyd's	AQS-190065	27.04%	5,990,267
22,155,400	deductible	FQ	B123019AWS1637-3	Lloyd's	AQS-190065	4.33%	958,775
22,155,400	deductible	EQ	B123019AWS1637-4	Lloyd's	AQS-190065	0.22%	48,188
22,155,400	deductible	EQ	B123019AWS1637-5	Lloyd's	AQS-190065	1.08%	239,278
22,155,400	deductible	EQ	B123019AWS1637-6	Lloyd's	AQS-190065	4.87%	1,078,414
22,155,400	deductible	EQ	B123019AWS1637-7	Lloyd's	AQS-190065	5.30%	1,174,790
22,155,400	deductible	EQ	B123019AWS1637-8	Lloyd's	AQS-190065	1.23%	272,511
22,155,400	deductible	EQ	B123019AWS1637-9	Lloyd's	AQS-190065	1.51%	335,654
22,155,400	deductible	EQ	B123019AWS1637-10	Lloyd's	AQS-190065	2.16%	478,557
22,155,400	deductible	EQ	B123019AWS1637-11	Lloyd's	AQS-190065	3.25%	719,497
22,155,400	deductible	EQ	B123019AWS1637-12	Lloyd's	AQS-190065	2.71%	599,857
22,155,400	deductible	FQ	B123019AWS1637-13	Lloyd's	AQS-190065	2.16%	478,557
22,155,400	deductible	EQ	B123019AWS1637-14	Lloyd's	AQS-190065	2.71%	599,857
22,155,400	deductible	EQ	B123019AWS1637-15	Lloyd's	AQS-190065	3.25%	719,497
22,155,400	deductible	EQ	B123019AWS1637-16	Lloyd's	AQS-190065	1.08%	239,278
22,155,400	deductible	EQ	B123019AWS1638	HDI	HAQS-190065	0.23%	51,511
22,155,400	deductible	EQ	B123019AWS1638	HDI	HAQS-190065	11.90%	2,635,385
22,155,400	deductible	NW	B123019AWS1637-1	Scor	TR00093911900065	25.00%	5,538,850
22,155,400	deductible	NW	B123019AWS1637-2	Lloyd's	AQS-190065	27.04%	5,990,267
22,155,400	deductible	NW	B123019AWS1637-3	Lloyd's	AQS-190065	4.33%	958,775
22,155,400	deductible	NW	B123019AWS1637-4	Lloyd's	AQS-190065	0.22%	48,188
22,155,400	deductible	NW	B123019AWS1637-5	Lloyd's	AQS-190065	1.08%	239,278
22,155,400	deductible	NW	B123019AWS1637-6	Lloyd's	AQS-190065	4.87%	1,078,414
22,155,400	deductible	NW	B123019AWS1637-7	Lloyd's	AQS-190065	5.30%	1,174,790
22,155,400	deductible	NW	B123019AWS1637-8	Lloyd's	AQS-190065	1.23%	272,511
22,155,400	deductible	NW	B123019AWS1637-9	Lloyd's	AQS-190065	1.51%	335,654
22,155,400	deductible	NW	B123019AWS1637-10	Lloyd's	AQS-190065	2.16%	478,557
22,155,400	deductible	NW	B123019AWS1637-11	Lloyd's	AQS-190065	3.25%	719,497
22,155,400	deductible	NW	B123019AWS1637-12	Lloyd's	AQS-190065	2.71%	599,857
22,155,400	deductible	NW	B123019AWS1637-13	Lloyd's	AQS-190065	2.16%	478,557
22,155,400	deductible	NW	B123019AWS1637-14	Lloyd's	AQS-190065	2.71%	599,857
22,155,400	deductible	NW	B123019AWS1637-15	Lloyd's	AQS-190065	3.25%	719,497
22,155,400	deductible	NW	B123019AWS1637-16	Lloyd's	AQS-190065	1.08%	239,278
22,155,400	deductible	NW	B123019AWS1638	HDI	HAQS-190065	0.23%	51,511
22,155,400	deductible	NW	B123019AWS1638	HDI	HAQS-190065	11.90%	2,635,385
22,155,400	deductible	NW	B123019AWS1638	Scor	TR00093911900065	25.00%	5,538,850

"If "NW CYHD" applies, per terms outlined in SRU-058, upon exhaustion of the WDBB aggregate limit in the first or second calendar year, the Layer of Participation reverts back to the full layer amount and the Attachment Point reverts back to the trailing deductible. Upon reinstatement as of Jan 01 of the second calendar year, the Layer of Participation and Attachment are as listed as above.

Perils are further defined in the primary policy language or as per applicable forms attached to this policy. Symbols used above are defined as follows:

**Company Codes:**

Lloyds - Certain Underwriters at Lloyd's of London  
HDI - HDI Global Specialty SE  
Hannover - International Insurance Company of Hannover SE  
Scor - General Security Indemnity Company of Arizona  
Munich - The Princeton Excess and Surplus Lines Insurance Company (PESLIC)  
QBE - QBE Specialty Insurance Company, a North Dakota corporation

**Perils:**

AOP- All Other Perils  
NW - Named Wind Storm  
W/H - Wind/Hail Only  
SS - Storm Surge  
DIC- Difference in Conditions  
EQ- Earthquake Only  
EM - Earth Movement Only  
EQ/EQSL- Earthquake Including Earthquake Sprinkler Leakage  
EM/EMSL - Earth Movement Including Earth Movement Sprinkler Leakage  
FL- flood only  
NW CYHD - Named Wind Storm (Calendar Year Hurricane Deductible)

Account # S-1811-583686-01



SPECIAL RISK UNDERWRITERS

**AmWINS PROPERTY FORM**

SRU-003 (01-18)  
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**PROPERTY DAMAGE COVERAGE SCHEDULE**

**A. Premium**

The premium shown herein is the premium for the Policy Term and based on the values submitted at inception. We will charge additional premium for values added after the inception date based on those values and the appropriate rates for the exposures added. We may return premium for values sold after the inception date based upon the appropriate rates for exposures sold.

A minimum earned premium of 35.00% or the percentage shown in CAT Minimum Earned Endorsement (SRU-004), if shown as applicable, applies.

**B. Policy Territory**

This policy covers loss or damage occurring in the 50 states of the United States of America and the District of Columbia.

**C. "Insured Location"**

The coverages under this policy apply to an "insured location" unless otherwise provided.

An "insured location" is a "location" within the Policy Territory and:

1. listed on the Schedule of Locations attached to this policy or listed on the latest schedule on file with us; or
2. covered under the terms and conditions of the Property Off-Premises coverage extension; or
3. covered under the terms and conditions of the Miscellaneous Unnamed Localities coverage extension; or
4. covered under the terms and conditions of the Newly Acquired Property coverage extension.

**D. Coinsurance**

Building	80%
Personal Property	80%
Business Income	80%
Rental Value	N/A

**E. Limit of Liability**

We shall not be liable for more than US\$ 22,155,400 in any one "occurrence" regardless of the number of "locations" or coverages involved.

**Sub-Limits of Liability**

The sub-limits of liability as specified under this provision, or any other part this policy or the endorsements attached hereto, are part of and not in addition to the Limit of Liability. These sub-limits do not increase the Limit of Liability or any other sub-limit. We shall not be liable for more than the sub-limit specified.

When a sub-limit is shown as "in the aggregate", our maximum limit of liability will not exceed such limit during the term of the policy.

When a sub-limit applies to property that sub-limit also applies to any "time element" coverage associated with that property.

When a sub-limit is shown as No Coverage, it means that no coverage is provided for that aspect of the policy to which that sub-limit applies.

Sub-limits of Liability:		All are per "occurrence" (unless shown as in the aggregate) and are part of, not in addition to, the Limit of Liability	
PROPERTY DAMAGE COVERAGE - Extensions of Coverage			
1.	Accounts Receivable	\$25,000	
2.	Debris Removal	25% of loss or \$2,500,000 per occurrence, whichever is less	
3.	Electronic Data Processing Equipment Breakdown	No Coverage	
4.	"Electronic Data Processing Media" Breakdown	No Coverage	
5.	Expediting Expenses	\$10,000	
6.	Fine Arts	\$2,500	
7.	Fire Department Service Charge	\$1,000	
8.	Limited Coverage for "Fungus", Wet Rot, Dry Rot and "Bacteria"	No Coverage	
9.	Miscellaneous Unnamed Locations	No Coverage	
10.	Newly Acquired Property	\$100,000	
11.	Ordinance or Law	I. Included	II. & III. \$1,000,000 (combined)
12.	Outdoor Property	No Coverage	
13.	Pollutant Clean Up and Removal	No Coverage	
14.	Preservation of Property	\$25,000	
15.	Professional Fees	\$25,000	
16.	Property Off-Premises	\$25,000	
17.	Property in Transit	No Coverage	
18.	Service Interruption	\$25,000	
19.	Valuable Papers and Records	\$25,000	
	Time Element Coverage		
1.	Business Income	Included	
2.	Extra Expense	\$10,000	
3.	Leasehold Interest	\$10,000	
4.	Rental Value	Included	

Time Element Coverage - Extensions of Coverage			
1.	Civil Authority	\$25,000	
2.	Contingent Business Income	No Coverage	
3.	Extended Period of Indemnity	30 days	
4.	Ingress or Egress	\$25,000	
5.	Newly Acquired Property	\$100,000	
6.	Service Interruption	\$10,000	
Endorsement - Extensions of Coverage			
1.	Earthquake	\$22,155,400	In the annual aggregate
2.	Flood	No Coverage	In the annual aggregate

**F. Deductibles**

All losses, damages, or expenses arising out of a single "occurrence" shall be adjusted separately and we will be liable only if you sustain a loss in a single "occurrence" greater than the applicable deductible specified below.

1.	For each and every loss or damage to Covered Property to all "locations", except as specifically stated below or in endorsements attached to this policy.	\$5,000
2.	Named Storm	1% per Scheduled Total Insurable Values, PER BUILDING, subject to \$25,000 minimum per Occurrence
3.	Wind Driven Precipitation	1% per Scheduled Total Insurable Values, PER BUILDING, subject to \$25,000 minimum per Occurrence
4.	All Other Wind/Hail	\$10,000 per Occurrence
5.	Earthquake	2% per Scheduled Total Insurable Values, PER BUILDING, subject to \$25,000 minimum per Occurrence

**G. Application of Deductibles**

Except as may be more specifically otherwise stated in this policy, deductibles will be applied according to the following provisions. For the purposes of applying these provisions, "specific type of coverage" shall mean those coverage(s) under Property Damage Coverage or any Time Element coverage and "specific type of property" shall mean a type of property (building or personal property) or as more specifically described in a deductible.

1. Stated percentage deductibles, dollar deductibles, time exclusion or Average Daily Value deductibles which are related to a specific type of coverage or a specific type of property shall be deducted separately with respect to each such coverage or property. If two or more separate deductible amounts apply to the same specific type of coverage or to the same specific type of property, the total to be deducted shall be the largest applicable deductible amount.
2. Deductibles which are not designated as applying to a specific type of coverage or a specific type of property are combined deductibles and shall be deducted from the total loss from all applicable coverages.
3. Except as otherwise stated in the policy, if loss arising out of one "occurrence" is subject to any combination of deductibles, then the amount to be deducted shall be the larger of the deductible amounts as provided for in 1. above, or the largest applicable combined deductible.
4. The deductible amount(s) as determined above shall be deducted from the total loss you suffer arising out of one "occurrence" regardless of the number of "locations" involved, except as otherwise stated in the policy.
5. If a time deductible is designated, we will not be liable for any loss under that coverage that occurs during the specified time period immediately following the loss.
6. When the value of property insured is used in the calculation of a deductible, that value shall be determined according to the valuation provisions contained in this policy.

**H. Language**

Throughout this policy the words "you" and "your" refer to the Named Insured shown in the DECLARATIONS. The words "we", "us" and "our" refer to the Company providing this insurance.

**PROPERTY DAMAGE COVERAGE**

**A. Coverage**

We will pay for direct physical loss of or damage to Covered Property at an "insured location" caused by or resulting from any Covered Cause of Loss.

**1. Covered Property**

Covered Property, as used in this policy, means the type of property described in this section, **A.1.**, and limited in **A.2.**, Property Not Covered.

- a. Building, meaning a building or structure at an "insured location", including:
  - (1) Completed additions;
  - (2) Fixtures, including outdoor fixtures;
  - (3) Permanently installed:
    - a. Machinery and
    - b. Equipment;
  - (4) Personal property owned by you that is used to maintain or service the building or structure or its premises, including:
    - a. Fire extinguishing equipment;
    - b. Outdoor furniture;
    - c. Floor coverings; and
    - d. Appliances used for refrigerating, ventilating, cooking, dishwashing or laundering;
  - (5) If not covered by other insurance:
    - a. Additions under construction, alterations and repairs to the building or structure;
    - b. Materials, equipment, supplies and temporary structures, on or within 250 feet of an "insured location", used for making additions, alterations or repairs to the building or structure.
- b. Your Business Personal Property located in or on a building at an "insured location" or in the open (or in a vehicle) within 250 feet of an "insured location", consisting of the following:
  - (1) Furniture and fixtures;
  - (2) Machinery and equipment;
  - (3) "Stock";
  - (4) All other personal property owned by you and used in your business;
  - (5) Labor, materials or services furnished or arranged by you on personal property of others;
  - (6) Your use interest as a tenant in improvements and betterments. Improvements and betterments are fixtures, alterations, installations or additions:
    - a. Made a part of the building or structure you occupy but do not own; and
    - b. You acquired or made at your expense but cannot legally remove;
  - (7) Leased personal property for which you have a contractual responsibility to insure, unless otherwise provided for under Personal Property of Others.

c. Personal Property of Others that is:

- (1) In your care, custody or control; and
- (2) Located in or on a building at an "insured location" or in the open (or in a vehicle) within 250 feet of an "insured location".

However, our payment for loss of or damage to personal property of others will only be for the account of the owner of the property.

2. **Property Not Covered**

Unless provided in B. Extensions of Coverages, or Included in the Statement of Values for which a premium is charged, Covered Property does not include

- a. Accounts, bills, currency, food stamps or other evidences of debt, "money", notes or "securities" or any other documents having a negotiable or market value. Lottery tickets held for sale are not "securities";
- b. Animals;
- c. Automobiles held for sale;
- d. Bridges, roadways, walks, patios or other paved surfaces;
- e. Contraband, or property in the course of illegal transportation or trade;
- f. The cost of excavations, grading, backfilling or filling;
- g. Foundations of buildings, structures, machinery or boilers if their foundations are below:
  - (1) The lowest basement floor; or
  - (2) The surface of the ground, if there is no basement;
- h. Land (including land on which the property is located), water, growing crops or lawns;
- i. Personal property while airborne or waterborne;
- j. Bulkheads, pilings, piers, wharves or docks;
- k. Property that is covered under any other policy in which it is more specifically described, except for the excess of the amount due (whether you can collect on it or not) from that other insurance;
- l. Retaining walls that are not part of a building;
- m. Underground pipes, flues or drains;
- n. Valuable papers and records include but are not limited to proprietary information, books of account, deeds, manuscripts, abstracts, drawings and card index systems;
- o. Vehicles or self-propelled machines (including aircraft or watercraft) that:
  - (1) Are licensed for use on public roads; or
  - (2) Are operated principally away from "insured locations".

This paragraph does not apply to:

  - Vehicles or self-propelled machines or autos you manufacture, process or warehouse;
  - Vehicles or self-propelled machines other than autos, you hold for sale;
  - Rowboats or canoes out of water at "insured locations"; or Trailers.
- p. The following property while outside of buildings:
  - (1) Grain, hay, straw or other crops;

- (2) Fences, radio or television antennas (including satellite dishes) and their lead-in wiring, masts or towers, signs (other than signs attached to buildings), trees, shrubs or plants (other than "stock" of trees, shrubs or plants).

**B. Extensions of Coverage**

This policy includes the following extensions of coverage. These extensions of coverage will not increase the Limit of Liability of this policy and are subject to the applicable sub-limit and policy provisions, including applicable exclusions and deductibles.

**1. Accounts Receivable**

This policy, subject to the following provisions, is extended to cover the following loss when such loss is caused by direct physical damage from Covered Cause of Loss to accounts receivable records at an "insured location".

**a. Type of Loss Covered**

- (1) All sums due you from customers, provided you are unable to effect collection thereof as the direct result of loss of or damage to records of accounts receivable;
- (2) Interest charges on any loan to offset impaired collections pending repayment of such sums made uncollectible by such loss or damage;
- (3) Collection expense in excess of "normal" collection cost and made necessary because of such loss or damage;
- (4) Other expenses, when reasonably incurred by you in re-establishing records of accounts receivable following such loss or damage.

**b. Additional Exclusions - This extension does not insure against loss:**

- (1) due to bookkeeping, accounting or billing errors or omissions;
- (2) which requires an audit of records or an inventory computation to prove its factual existence; but this shall not preclude the use of such procedures in support of claim for loss which you can prove, through evidence wholly apart therefrom, is due solely to a risk of loss to records of accounts receivable not otherwise excluded hereunder;
- (3) due to alteration, falsification, manipulation, concealment, destruction or disposal of records of accounts receivable committed to conceal the wrongful giving, taking, obtaining or withholding of money, securities or other property but only to the extent of such wrongful giving, taking, obtaining or withholding.

**c. Conditions**

- (1) We shall be permitted to inspect the premises and the receptacles in which the records of accounts receivable are kept by you, and to examine and audit your books and records at any time during the policy period and any extension thereof and within three (3) years after the final termination of this policy, as far as they relate to the premium bases or the subject matter of this extension, and to verify the statements of any outstanding record of accounts receivable submitted by you and the amount of recoveries of accounts receivable on which we have made any settlement.
- (2) After payment of loss, all amounts recovered by you on accounts receivable for which you have been indemnified shall belong and be paid to us by you up to the total amount of loss paid by us; but all recoveries in excess of such amounts shall belong to you.
- (3) When there is proof that a loss covered by this extension has occurred but you cannot accurately establish the total amount of accounts receivable outstanding as of the date of such loss, such amount shall be based on your monthly statements and shall be computed as follows:
  - a. determine the amount of all outstanding accounts receivable at the end of the same fiscal month in the year immediately preceding the year in which the loss occurs;

- b. calculate the percentage of increase or decrease in the average monthly total of accounts receivable for the twelve (12) months immediately preceding the month in which the loss occurs, or such part thereof for which you have furnished monthly statements to us, as compared with such average for the same months of the preceding year;
- c. the amount determined under a. above, increased or decreased by the percentage calculated under b. above, shall be the agreed total amount of accounts receivable as of the last day of the fiscal month in which said loss occurs;
- d. the amount determined under c. above shall be increased or decreased in conformity with the "normal" fluctuations in the amount of accounts receivable during the fiscal month involved, due consideration being given to the experience of the business since the last day of the last fiscal month for which statement has been rendered.

**d. Deductions**

There shall be deducted from the total amount of accounts receivable, however established, the amount of such accounts evidenced by records not lost or damaged, or otherwise established or collected by you, and an amount to allow for probable bad debts which would normally have been uncollectible by you. All unearned interest and service charges shall be deducted.

**2. Debris Removal**

- a. This policy is extended to cover your expense to remove debris of Covered Property at an "insured location" caused by or resulting from a Covered Cause of Loss that occurs during the policy period. The expenses will be paid only if they are reported to us in writing within 180 days of the date of direct physical loss or damage.
- b. Debris Removal does not apply to costs to:
  - (1) Extract "pollutants" from land or water; or
  - (2) remove, restore or replace polluted land or water.

**3. Electronic Data Processing Equipment Breakdown**

This policy is extended to cover direct physical loss or damage to covered electronic data processing equipment and component parts thereof while at an "insured location" and owned, leased or rented by you, or under your control and used by you to process information at "insured locations"; and which is caused by:

- a. Mechanical breakdown or machinery breakdown;
- b. Short circuit, blowout, or other electrical damage to electrical equipment, apparatus or devices, including wiring.

**4. "Electronic Data Processing Media" Breakdown**

This policy is extended to cover insured direct physical loss or damage to "electronic data processing media" that is:

- a. at an "insured location";
- b. used in your operations to process and store information at an "insured location"; and
- c. caused by: Mechanical breakdown or machinery breakdown; short circuit, blowout, or other electrical damage to electrical equipment, apparatus, or devices, including wiring.

**5. Expediting Expense**

This policy is extended to cover, the reasonable and necessary extra costs of temporary repair of direct physical loss or damage by a Covered Cause of Loss to Covered Property at an "insured location" and the extra costs of expediting the permanent repairs or permanent replacement of such damaged property, whichever is less. In no event shall these expediting expenses include expenses recoverable elsewhere in this policy or the cost of permanent repair or replacement of the damaged property.

**6. Fine Arts**

This policy is extended to cover direct physical loss of or damage to your "fine arts" and "fine arts" of others that are in your care, custody or control from any of the Covered Causes of Loss, provided that the "fine arts" are at an "insured location".

You agree that "fine arts" will be packed and unpacked by competent packers.

**7. Fire Department Service Charge**

When the fire department is called to save or protect Covered Property at an "insured location" from a Covered Cause of Loss, we will pay for your liability for fire department service charges:

- a. Assumed by contract or agreement prior to loss; or
- b. Required by local ordinance.

**8. Limited Coverage For "Fungus", Wet Rot, Dry Rot And "Bacteria"**

a. This policy is extended to cover loss or damage to Covered Property directly caused by or resulting from "fungus", wet or dry rot, or "bacteria" if such "fungus", wet or dry rot, or "bacteria" is directly caused by or results from insured direct physical loss or damage.

b. As applied to this limited coverage for loss or damage by "fungus", wet or dry rot, and "bacteria", "loss or damage" means:

- (1) Direct physical loss or damages to Covered Property by "fungus", wet or dry rot or "bacteria", including the cost of removal of the "fungus", wet or dry rot or "bacteria";
- (2) The cost to tear out and replace any part of the building or other property as needed to gain access to the "fungus", wet or dry rot or "bacteria"; and
- (3) The cost of testing performed after removal, repair, replacement or restoration of the damaged property is completed, provided there is reason to believe that "fungus", wet or dry rot or "bacteria" are present.

c. The sub-limit for this extension of coverage is an annual aggregate and applies regardless of the number or type of coverages that may apply, the number of "locations" to which this extension of coverage applies, or regardless of the number or type of "fungus", wet or dry rot, or "bacteria" that caused the loss or damage. With respect to a particular "occurrence" of loss which results in "fungus", wet or dry rot or "bacteria", we will not pay more than the sub-limit stated for this coverage in the PROPERTY DAMAGE COVERAGE SCHEDULE even if the "fungus", wet or dry rot or "bacteria" continues to be present or active, or recurs, in a later policy period.

**9. Miscellaneous Unnamed Locations**

This policy is extended to cover your property, of the type we cover in this policy, which is at a "location" within the Policy Territory, in which you had an insurable interest prior to the inception date of this policy and which is:

- a. not on the Schedule of Locations attached to this policy or listed on the latest schedule on file with us; or
- b. listed on the Schedule of Locations attached to this policy or the latest schedule on file with us but for which you have not submitted values and
- c. not covered under any other extension of coverage under of this policy.

**10. Newly Acquired Property**

a. This policy is extended to apply to property that you acquire after the inception date of this policy provided that the property:

- (1) is of the type we cover in this policy; and
- (2) is at a "location" within the Policy Territory.

b. No coverage is provided under this provision for property at fairs or exhibitions.

- c. Insurance under this Extension for each newly acquired "location" will end when any of the following first occurs:

- (1) 30 days expire after you acquire or begin to construct the property; or
- (2) You report values to us.

We will charge you additional premium for values reported from the date you acquire the property.

**11. Ordinance or Law**

- a. This policy is extended to provide the following coverage:

**(1) Coverage For Loss To The Undamaged Portion Of The Building**

With respect to the building at an "insured location" that has sustained covered direct physical damage, we will pay for the loss in value of the undamaged portion of the building, subject to the same basis of recovery which applies to the damaged portion of such building, as a consequence of enforcement of an ordinance or law that requires demolition of undamaged parts of the same building. The amount paid shall not include any greater cost of repair, replacement, construction or reconstruction due to the enforcement of any law or ordinance;

**(2) Demolition Cost Coverage**

With respect to the building at an "insured location" that has sustained covered direct physical damage, we will pay the cost to demolish the building and clear the site of undamaged parts of the same building, as a consequence of enforcement of an ordinance or law that requires demolition of such undamaged property.

Coinsurance does not apply to this coverage.

**(3) Increased Cost Of Construction Coverage**

- a. With respect to the building at an "insured location" that has sustained covered direct physical damage, if the basis of recovery is "repair or replacement cost", we will pay the increased cost, excess of (2) above to:

- (1) Repair or reconstruct damaged portions of that building; and/or
- (2) Reconstruct or remodel undamaged portions of that building, whether or not demolition is required;

when the increased cost is a consequence of enforcement of the minimum requirements of the ordinance or law.

However:

- (3) This coverage applies only if the restored or remodeled property is intended for similar occupancy as the current property, unless such occupancy is not permitted by zoning or land use ordinance or law.

- (4) We will not pay for the increased cost of construction if the building is not repaired, reconstructed or remodeled.

- b. When a building is damaged or destroyed and coverage under this Increased Cost of Construction provision applies, coverage for the increased cost of construction also applies to repair or reconstruction of the following, subject to the same conditions stated in this Increased Cost of Construction provision:

- (1) The cost of excavations, grading, backfilling and filling;
- (2) Foundation of the building;
- (3) Pilings; and
- (4) Underground pipes, flues and drains.

The items listed in **b. (1)** through **b. (4)** above are deleted from Property Not Covered, but only with respect to the coverage described in this Increased Cost of Construction provision.

Coinsurance does not apply to this coverage.

- b.** The coverage in **a.** above applies only:
- (1)** if the ordinance or law regulates the demolition, construction or repair of buildings, or establishes zoning or land use requirements at the "insured location" and is in force at the time of loss.
  - (2)** in response to the minimum requirements of the ordinance or law. Losses and costs incurred in complying with recommended actions or standards that exceed actual requirements are not covered under this policy.
  - (3)** if the building sustains direct physical damage that is covered under this policy and such damage results in enforcement of the ordinance or law described above.
- c.** If the building sustains both direct physical damage that is covered under this policy and direct physical damage that is not covered under this policy, and the building damage in its entirety results in enforcement of the ordinance or law described in **b. (1)** above, we will not pay the full amount of loss otherwise payable under the terms of this Ordinance or Law provision. Instead, we will pay a proportion of such loss; meaning the proportion that the covered direct physical damage bears to the total direct physical damage.
- However, if the covered direct physical damage, alone, would have resulted in enforcement of the ordinance or law described in **b. (1)** above, then we will pay the full amount of loss otherwise payable under the terms of this Ordinance or Law provision.
- If the building sustains direct physical damage that is not covered, and such damage is the only subject of the ordinance or law, then there is no coverage under this extension of coverage even if the building has also sustained covered direct physical damage.
- d.** Under this policy we will not pay for loss due to any ordinance or law that:
- (1)** You were required to comply with before the loss, even if the building was undamaged; and
  - (2)** You failed to comply with.
- e.** Subject to the Sub-Limit of Liability for this Ordinance or Law Provision:
- (1)** For the coverage provided in **a. (2)** above, we will not pay more than the amount you actually spend to demolish and clear the site of the "insured location".
  - (2)** With respect to the coverage provided in **a. (3)** above:
    - a.** We will not pay for the increased cost of construction:
      - i.** Until the property is actually repaired or replaced, at the same or another premises; and
      - ii.** Unless the repairs or replacement are made as soon as reasonably possible after the loss or damage, not to exceed two years. We may extend this period in writing during the two years.
    - b.** If the building is repaired or replaced at the same premises, or if you elect to rebuild at another premises, the most we will pay for the increased cost of construction is the increased cost of construction at the same premises.
- f.** If a building, group of buildings or a "location" is subject to a sub-limit, then any coverage under this extension of coverage for that unit of insurance is part of, and not in addition to, that sub-limit.
- g.** We will not pay under this provision for:
- (1)** Enforcement of any ordinance or law which requires the demolition, repair, replacement, reconstruction, remodeling or remediation of property due to contamination by "pollutants" or due to the presence, growth, proliferation, spread or any activity of "fungus", wet or dry rot or "bacteria"; or

- (2) The costs associated with the enforcement of any ordinance or law which requires any insured or others to test for, monitor, clean up, remove, contain, treat, detoxify or neutralize, or in any way respond to, or assess the effects of "pollutants", "fungus", wet or dry rot or "bacteria".

**12 Outdoor Property**

- a. Provided that such property is at an "insured location" or within 250 feet of an "insured location", this policy is extended to cover your outdoor fences, radio and television antennas (including satellite dishes), signs (other than signs attached to buildings), trees, shrubs and plants (other than "stock" of trees, shrubs or plants), including debris removal expense.
- b. Property covered under this endorsement is subject to all applicable provisions of the Covered Causes of Loss and Exclusions section, as well as to the following exclusions:

We will not pay for loss or damage caused by or resulting from any of the following:

- (1) Dampness or dryness of atmosphere;
- (2) Changes in or extremes of temperature;
- (3) Rain, snow, ice or sleet; or
- (4) Any auto, motorized vehicle or motorized equipment.

**13. Pollutant Clean Up And Removal**

- a. This policy is extended to cover your expense to extract "pollutants" from land or water at an "insured location" if the discharge, dispersal, seepage, migration, release or escape of the "pollutants" is caused by or results from a Covered Cause of Loss that occurs during the policy period. The expenses will be paid only if they are reported to us in writing within 180 days of the date on which the Covered Cause of Loss occurs.
- b. This extension does not apply to costs to test for, monitor or assess the existence, concentration or effects of "pollutants". But we will pay for testing which is performed in the course of extracting the "pollutants" from the land or water.
- c. The sub-limit for this extension is the most we will pay for the sum of all covered expenses arising out of Covered Causes of Loss occurring during each separate 12 month period of this policy.

**14. Preservation Of Property**

If it is necessary to move Covered Property from an "insured location" to preserve it from loss or damage by a Covered Cause of Loss, we will pay for any direct physical loss or damage to that property:

- a. While it is being moved or while temporarily stored at another "location" provided that such property is within the Policy Territory; and
- b. Only if the loss or damage occurs within 30 days after the property is first moved.

**15. Professional Fees**

This policy is extended to cover expenses incurred by you or your representatives including auditors, accountants, appraisers, architects, engineers or other such professionals for producing and certifying particulars or details of your business required by us in order to arrive at the loss payable under this policy in event of a claim. However, no coverage shall apply to expenses incurred for the services of public adjusters or attorneys, insurance agents or brokers, or loss appraisers, nor for services of your employees unless agreed to by us prior to the use of their services.

**16. Property Off-Premises**

- a. You may extend the insurance provided by this policy to apply to your Covered Property while it is away from an "insured location", if it is within the Policy Territory and:
- (1) Temporarily at a "location" you do not own, lease or operate; or
- (2) At any fair, trade show or exhibition.

- b. This extension does not apply to property:
  - (1) In or on a vehicle; or
  - (2) In the care, custody or control of your salespersons, unless the property is in such care, custody or control at a fair, trade show or exhibition.

**17. Property in Transit**

- a. This policy is extended to cover your personal property, including your interest in and your liability for personal property of others while in your custody, while such property is in due course of transit within the United States.
- b. This extension does not insure against loss or damage to:
  - (1) the conveyance used as the mode of transportation (including any part of equipment thereof) or containers;
  - (2) property insured under any marine import or export policy;
  - (3) property shipped by mail or parcel post from the time it passes into the custody of the Postal Service;
  - (4) property while waterborne except while on navigable inland waters of the United States;
  - (5) samples of "merchandise" while in the care, custody or control of your salesmen or sales representatives.
- c. This extension does not insure against loss:
  - (1) with respect to vehicles operated by you, by theft from a vehicle while unattended unless the portion of the vehicle containing the insured property is of entirely closed construction and, at the time of loss, the doors of which shall have been securely locked and the windows of which shall have been firmly closed, and the loss is a direct result of forcible entry of which there shall be visible evidence;
  - (2) due to any fraudulent, dishonest or criminal act or omission by you or a partner of yours; or by theft by any of your employees, while working or otherwise, or by any person to whom the property is entrusted, but this exclusion does not apply to property in the custody of a carrier for hire;
  - (3) resulting from interruption of business, delay, loss of market or use, or indirect or consequential loss of any kind;
  - (4) caused directly or indirectly by seizure or destruction under quarantine or customs regulations, confiscation by order of any government or public authority, or risks of contraband or illegal transportation or trade.
- d. **Benefit to Bailee**

This extension shall not insure directly or indirectly to the benefit of any carrier or other bailee.
- e. As respects this extension, all subrogation provisions of this policy are superseded by the following:
  - (1) Any act or agreement by you before or after loss whereby your rights to recover in whole or in part for loss to property against any carrier for hire, bailee, or other party liable therefore, is released, impaired or lost, shall render this insurance null and void, but our right to retain or recover the premium shall not be affected. You, however, may, without prejudice to this insurance, accept the ordinary limited liability form receipts or bills of lading issued by carriers for hire. We are not liable for any loss which you settle or compromise without our written consent.
  - (2) Upon payment of any loss or advancement or loan of money concerning the same, you will, at our request and expense and through such counsel as we may designate, make claim upon and institute legal proceedings against any carrier, bailee or other parties believed to be liable for such loss, and will use all proper and reasonable means to recover the same.
- f. **General Average and Salvage**

This extension covers general average and salvage charges on property covered by this extension while waterborne.

**g. Attachment of Liability**

Coverage provided by this extension attaches from the time the property leaves the initial point of shipment until same is delivered at destination. This insurance covers only such shipments, the transportation of which begins within the term of this policy, even though said transportation is not completed within such time and loss or damage may occur after the end of such time.

**h. Export and Import Shipments**

Coverage provided by this extension shall apply to export shipments only until 'on board' bills of lading are issued or coverage under ocean marine policy attaches. This extension shall also cover import shipments, but only after coverage on such shipments under ocean marine policies has ceased, or, if not insured under ocean marine policies, after discharge from overseas vessel.

**i. F.O.B. Shipments**

Coverage provided by this extension shall apply to your contingent interest in shipments of property sold F.O.B. (free on board) point of shipment or otherwise, provided that any loss recoverable under this extension to such property is not collectible from any other insurance.

**j. Fraudulent Bills of Lading**

Coverage provided by this extension shall also apply to loss of "merchandise" occasioned by the unintentional acceptance of fraudulent bills of lading, shipping or messenger receipts.

**k. Backhaul Exclusion**

This extension does not insure against loss or damage to personal property of others while in your custody if such property is being transported by you in or on vehicles owned, operated, leased or otherwise contracted by you when you are acting as a common or contract carrier.

**18. Service Interruption**

- a. This policy is extended to pay for loss of or damage to Covered Property at an "insured location", caused by an interruption in utility service to an "insured location". The interruption in utility service must result from direct physical loss or damage by a Covered Cause of Loss to "utility services" located off an "insured location".
- b. Coverage under this extension for loss or damage to Covered Property does not apply to loss or damage to "electronic data" or "electronic computer programs", including destruction or corruption of "electronic data" or "electronic computer programs".

**19. Valuable Papers And Records (Other Than "Electronic Data")**

- a. Coverage for Your Business Personal Property under this policy is extended to apply to the cost to replace or restore the lost information on valuable papers and records for which duplicates do not exist. But this extension does not apply to valuable papers and records which exist as "electronic data" or "electronic computer programs".
- b. Under this extension we will also pay for the cost of blank material for reproducing the records (whether or not duplicates exist), and (when there is a duplicate) for the cost of labor to transcribe or copy the records.