



COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

OP ID: JS

DATE (MM/DD/YYYY)
9/14/2016

| | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|-------------------------------------|--------------|--------------------------|--------------|--------------------------|-------|--------------------------|---------------------------------------|--|--|--|--|--------------------------|--------|------|------|--------------------------|----|--------------------------|--------|--|---|--------------------------|----|
| AGENCY Noyes Hall & Allen Insurance www.noyeshallallen.com 170 Ocean Street, PO Box 2403 South Portland, ME 04116-2403 David J. McKenna, Jr. | CARRIER MMG Insurance | | | | | | | | | | | | | | | | | | | | | | | | |
| | NAIC CODE 15997 | | | | | | | | | | | | | | | | | | | | | | | | |
| | PROGRAM CODE | | | | | | | | | | | | | | | | | | | | | | | | |
| | POLICY NUMBER | | | | | | | | | | | | | | | | | | | | | | | | |
| CONTACT NAME: David J. McKenna, Jr. PHONE (A/C, No, Ext): 207-799-5541 FAX (A/C, No): 207-767-7590 E-MAIL ADDRESS: CODE: 232 18 SUBCODE: AGENCY CUSTOMER ID: SUZUK-1 | UNDERWRITER UNDERWRITER OFFICE STATUS OF TRANSACTION <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"><input checked="" type="checkbox"/></td> <td>QUOTE</td> <td style="width: 10%;"><input type="checkbox"/></td> <td>ISSUE POLICY</td> <td style="width: 10%;"><input type="checkbox"/></td> <td>RENEW</td> </tr> <tr> <td><input type="checkbox"/></td> <td colspan="5">BOUND (Give Date and/or Attach Copy):</td> </tr> <tr> <td><input type="checkbox"/></td> <td>CHANGE</td> <td>DATE</td> <td>TIME</td> <td><input type="checkbox"/></td> <td>AM</td> </tr> <tr> <td><input type="checkbox"/></td> <td>CANCEL</td> <td></td> <td>:</td> <td><input type="checkbox"/></td> <td>PM</td> </tr> </table> | <input checked="" type="checkbox"/> | QUOTE | <input type="checkbox"/> | ISSUE POLICY | <input type="checkbox"/> | RENEW | <input type="checkbox"/> | BOUND (Give Date and/or Attach Copy): | | | | | <input type="checkbox"/> | CHANGE | DATE | TIME | <input type="checkbox"/> | AM | <input type="checkbox"/> | CANCEL | | : | <input type="checkbox"/> | PM |
| <input checked="" type="checkbox"/> | QUOTE | <input type="checkbox"/> | ISSUE POLICY | <input type="checkbox"/> | RENEW | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | BOUND (Give Date and/or Attach Copy): | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | CHANGE | DATE | TIME | <input type="checkbox"/> | AM | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | CANCEL | | : | <input type="checkbox"/> | PM | | | | | | | | | | | | | | | | | | | | |

SECTIONS ATTACHED

| INDICATE SECTIONS ATTACHED | PREMIUM | INDICATE SECTIONS ATTACHED | PREMIUM | INDICATE SECTIONS ATTACHED | PREMIUM |
|--|---------|---|---------|---|---------|
| <input type="checkbox"/> ACCOUNTS RECEIVABLE / VALUABLE PAPERS | \$ | <input type="checkbox"/> ELECTRONIC DATA PROC | \$ | <input type="checkbox"/> TRANSPORTATION / MOTOR TRUCK CARGO | \$ |
| <input type="checkbox"/> BOILER & MACHINERY | \$ | <input type="checkbox"/> EQUIPMENT FLOATER | \$ | <input type="checkbox"/> TRUCKERS / MOTOR CARRIER | \$ |
| <input type="checkbox"/> BUSINESS AUTO | \$ | <input type="checkbox"/> GARAGE AND DEALERS | \$ | <input type="checkbox"/> UMBRELLA | \$ |
| <input type="checkbox"/> BUSINESS OWNERS | \$ | <input type="checkbox"/> GLASS AND SIGN | \$ | <input type="checkbox"/> YACHT | \$ |
| <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY | \$ | <input type="checkbox"/> INSTALLATION / BUILDERS RISK | \$ | | \$ |
| <input type="checkbox"/> CRIME | \$ | <input type="checkbox"/> OPEN CARGO | \$ | | \$ |
| <input type="checkbox"/> DEALERS | \$ | <input checked="" type="checkbox"/> PROPERTY | \$ | | \$ |

ATTACHMENTS

| | | | | |
|-------------------------------------|---|-----------------------------------|--|--|
| <input checked="" type="checkbox"/> | ADDITIONAL INTEREST | PREMIUM PAYMENT SUPPLEMENT | | |
| <input type="checkbox"/> | ADDITIONAL PREMISES | PROFESSIONAL LIABILITY SUPPLEMENT | | |
| <input type="checkbox"/> | APARTMENT BUILDING SUPPLEMENT | RESTAURANT / TAVERN SUPPLEMENT | | |
| <input type="checkbox"/> | CONDO ASSN BYLAWS (for D&O Coverage only) | STATEMENT / SCHEDULE OF VALUES | | |
| <input type="checkbox"/> | CONTRACTORS SUPPLEMENT | STATE SUPPLEMENT (If applicable) | | |
| <input type="checkbox"/> | COVERAGES SCHEDULE | VACANT BUILDING SUPPLEMENT | | |
| <input type="checkbox"/> | DRIVER INFORMATION SCHEDULE | VEHICLE SCHEDULE | | |
| <input type="checkbox"/> | INTERNATIONAL LIABILITY EXPOSURE SUPPLEMENT | | | |
| <input type="checkbox"/> | INTERNATIONAL PROPERTY EXPOSURE SUPPLEMENT | | | |
| <input checked="" type="checkbox"/> | LOSS SUMMARY | | | |

POLICY INFORMATION

| PROPOSED EFF DATE | PROPOSED EXP DATE | BILLING PLAN | PAYMENT PLAN | METHOD OF PAYMENT | AUDIT | DEPOSIT | MINIMUM PREMIUM | POLICY PREMIUM |
|-------------------|-------------------|--|--------------|-------------------|-------|---------|-----------------|----------------|
| 10/08/16 | 10/08/17 | <input checked="" type="checkbox"/> DIRECT <input type="checkbox"/> AGENCY | | | | \$ | \$ | \$ |

APPLICANT INFORMATION

| | | | | |
|---|---|---|---|--|
| NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4) SUZUKIYA LLC dba Ramen Suzukiya P.O. Box 842 Naples, ME 04055 | GL CODE | SIC | NAICS | FEIN OR SOC SEC # 435682861 |
| | BUSINESS PHONE #: | | | |
| | WEBSITE ADDRESS | | | |
| <input type="checkbox"/> CORPORATION <input checked="" type="checkbox"/> INDIVIDUAL | <input type="checkbox"/> JOINT VENTURE <input checked="" type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____ | <input type="checkbox"/> NOT FOR PROFIT ORG <input type="checkbox"/> PARTNERSHIP | <input type="checkbox"/> SUBCHAPTER "S" CORPORATION <input type="checkbox"/> TRUST | |
| NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4) | GL CODE | SIC | NAICS | FEIN OR SOC SEC # |
| | BUSINESS PHONE #: | | | |
| | WEBSITE ADDRESS | | | |
| <input type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL | <input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____ | <input type="checkbox"/> NOT FOR PROFIT ORG <input type="checkbox"/> PARTNERSHIP | <input type="checkbox"/> SUBCHAPTER "S" CORPORATION <input type="checkbox"/> TRUST | |
| NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4) | GL CODE | SIC | NAICS | FEIN OR SOC SEC # |
| | BUSINESS PHONE #: | | | |
| | WEBSITE ADDRESS | | | |
| <input type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL | <input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____ | <input type="checkbox"/> NOT FOR PROFIT ORG <input type="checkbox"/> PARTNERSHIP | <input type="checkbox"/> SUBCHAPTER "S" CORPORATION <input type="checkbox"/> TRUST | |

CONTACT INFORMATION

AGENCY CUSTOMER ID: **SUZUK-1**

OP ID: **JS**

| | | | |
|--|--|--|--|
| CONTACT TYPE: | | CONTACT TYPE: | |
| CONTACT NAME: Kei Suzuki | | CONTACT NAME: Kei Suzuki | |
| 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 |
| 207-347-1302 | | 207-347-1302 | |
| PRIMARY E-MAIL ADDRESS: jamacoda@gmail.com | | PRIMARY E-MAIL ADDRESS: jamacoda@gmail.com | |
| 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 | 229 Congress Street | <input checked="" type="checkbox"/> INSIDE | <input type="checkbox"/> OWNER | | 170,000 |
| BLD # | CITY: Portland | STATE: ME | <input checked="" type="checkbox"/> TENANT | # PART TIME EMPL | OCCUPIED AREA: 850 SQ FT |
| 1 | COUNTY: Cumberland | ZIP: 04101 | | | OPEN TO PUBLIC AREA: SQ FT |
| DESCRIPTION OF OPERATIONS: Restaurant with sale of alcoholic beverages less than 25%. | | | | | TOTAL BUILDING AREA: SQ FT |
| | | | | | ANY AREA LEASED TO OTHERS? Y / N |

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) 10/08/14 |
| <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 with sale of alcoholic beverages, less than 25%.

| | | |
|---|--|---|
| 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 | NAME AND ADDRESS RANK: | EVIDENCE: <input checked="" type="checkbox"/> | CERTIFICATE <input checked="" type="checkbox"/> | POLICY <input type="checkbox"/> | SEND BILL <input type="checkbox"/> | INTEREST IN ITEM NUMBER | |
| <input checked="" type="checkbox"/> ADDITIONAL INSURED | City of Portland Clerks Office, Room 102 389 Congress Street Portland, ME 04101 | | | | | 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 | REFERENCE / LOAN #: | INTEREST END DATE: | | ITEM DESCRIPTION | | | |
| <input type="checkbox"/> LIENHOLDER | LIEN AMOUNT: | PHONE (A/C, No, Ext): | | FAX (A/C, No): | | | |
| REASON FOR INTEREST: | E-MAIL ADDRESS: | | | | | | |

GENERAL INFORMATION

| | | | | |
|---|---|--|------------------------|--------------|
| 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"/> MONTHLY MEETINGS | <input type="checkbox"/> | | |
| <input type="checkbox"/> SAFETY POSITION | <input type="checkbox"/> OSHA | | | |
| 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 |
| OCCURRENCE DATE | EXPLANATION | RESOLUTION | RESOLUTION DATE | |
| | | | | |
| 9. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE LAST FIVE (5) YEARS? | | | | N |
| OCCURRENCE DATE | EXPLANATION | RESOLUTION | RESOLUTION DATE | |
| | | | | |
| 10. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS? | | | | N |
| OCCURRENCE DATE | EXPLANATION | RESOLUTION | RESOLUTION DATE | |
| | | | | |
| 11. HAS BUSINESS BEEN PLACED IN A TRUST? | | | | N |
| NAME OF TRUST | | | | |
| 12. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD/DISTRIBUTED IN FOREIGN COUNTRIES? (If "YES", attach ACORD 815 for Liability Exposure and/or ACORD 816 for Property Exposure) | | | | N |
| 13. DOES APPLICANT HAVE OTHER BUSINESS VENTURES FOR WHICH COVERAGE IS NOT REQUESTED? | | | | 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 | Mount Vernon | | Mount Vernon | |
| | POLICY NUMBER | | | | |
| | PREMIUM | \$ | \$ | \$ | \$ |
| | EFFECTIVE DATE | 10/08/15 | | 10/08/15 | |
| | EXPIRATION DATE | 10/08/16 | | 10/08/16 | |

PRIOR CARRIER INFORMATION (continued)

AGENCY CUSTOMER ID: **SUZUK-1**

OP ID: **JS**

| 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: \$ | SUBROGATION Y/N | CLAIM OPEN Y/N |
|--|------|---|---------------|-------------|-----------------|------------------|-----------------|----------------|
| DATE OF OCCURRENCE | LINE | TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM | DATE OF CLAIM | AMOUNT PAID | AMOUNT RESERVED | | | |
| | | See Loss Run | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

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>James J. McKenna</i> | PRODUCER'S NAME (Please Print) David J. McKenna, Jr. | STATE PRODUCER LICENSE NO (Required in Florida) |
| APPLICANT'S SIGNATURE <i>K. Suzuki</i> | DATE 9/29/2016 | NATIONAL PRODUCER NUMBER |

CONTRACTORS

SUZUK-1

OP ID: JS

| | | | | | |
|--|------------------------------------|---------------------------------|---------------------------|---------------------------|--------------------------|
| EXPLAIN ALL "YES" RESPONSES (For past or present operations) | | | | | Y/N |
| 1. DOES APPLICANT DRAW PLANS, DESIGNS, OR SPECIFICATIONS FOR OTHERS? | | | | | <input type="checkbox"/> |
| 2. DO ANY OPERATIONS INCLUDE BLASTING OR UTILIZE OR STORE EXPLOSIVE MATERIAL? | | | | | <input type="checkbox"/> |
| 3. DO ANY OPERATIONS INCLUDE EXCAVATION, TUNNELING, UNDERGROUND WORK OR EARTH MOVING? | | | | | <input type="checkbox"/> |
| 4. DO YOUR SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN YOURS? | | | | | <input type="checkbox"/> |
| 5. ARE SUBCONTRACTORS ALLOWED TO WORK WITHOUT PROVIDING YOU WITH A CERTIFICATE OF INSURANCE? | | | | | <input type="checkbox"/> |
| 6. DOES APPLICANT LEASE EQUIPMENT TO OTHERS WITH OR WITHOUT OPERATORS? | | | | | <input type="checkbox"/> |
| 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 |
|----------|--------------------|------------|----------------|---------------|--------------|----------------------|
| | 170,000 | | | 0 | | |
| | | | | | | |
| | | | | | | |

| | | | | | |
|---|--|--|--|--|------------|
| EXPLAIN ALL "YES" RESPONSES (For any past or present product or operation) 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 |

| | | | | | | |
|-------------------------------------|--------------------|--|--------------|----------------------|-------------------------|-----------|
| INTEREST | RANK: | NAME AND ADDRESS | REFERENCE #: | CERTIFICATE REQUIRED | INTEREST IN ITEM NUMBER | |
| <input checked="" type="checkbox"/> | ADDITIONAL INSURED | City of Portland Clerks Office, Room 102 389 Congress Street Portland, ME 04101 | | | LOCATION: 1 | BUILDING: |
| <input type="checkbox"/> | LOSS PAYEE | | | | VEHICLE: | BOAT: |
| <input type="checkbox"/> | MORTGAGEE | | | | SCHEDULED ITEM NUMBER: | |
| <input type="checkbox"/> | LIENHOLDER | | | | OTHER | |
| <input type="checkbox"/> | EMPLOYEE AS LESSOR | | | | | |
| ITEM DESCRIPTION: | | | | | | |

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? | <input type="checkbox"/> N |
| 2. ANY EXPOSURE TO RADIOACTIVE/NUCLEAR MATERIALS? | <input type="checkbox"/> 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) | <input type="checkbox"/> N |
| 4. ANY OPERATIONS SOLD, ACQUIRED, OR DISCONTINUED IN LAST FIVE (5) YEARS? | <input type="checkbox"/> N |
| 5. MACHINERY OR EQUIPMENT LOANED OR RENTED TO OTHERS? | <input type="checkbox"/> N |
| 6. ANY WATERCRAFT, DOCKS, FLOATS OWNED, HIRED OR LEASED? | <input type="checkbox"/> N |
| 7. ANY PARKING FACILITIES OWNED/RENTED? | <input type="checkbox"/> N |
| 8. IS A FEE CHARGED FOR PARKING? | <input type="checkbox"/> N |
| 9. RECREATION FACILITIES PROVIDED? | <input type="checkbox"/> N |
| 10. IS THERE A SWIMMING POOL ON THE PREMISES? | <input type="checkbox"/> N |
| 11. SPORTING OR SOCIAL EVENTS SPONSORED? | <input type="checkbox"/> N |
| 12. ANY STRUCTURAL ALTERATIONS CONTEMPLATED? | <input type="checkbox"/> N |
| 13. ANY DEMOLITION EXPOSURE CONTEMPLATED? | <input type="checkbox"/> N |
| 14. HAS APPLICANT BEEN ACTIVE IN OR IS CURRENTLY ACTIVE IN JOINT VENTURES? | <input type="checkbox"/> N |
| 15. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS? | <input type="checkbox"/> N |
| 16. IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS OR SUBSIDIARIES? | <input type="checkbox"/> N |

| EXPLAIN ALL "YES" RESPONSES (For all past or present operations) | Y/N |
|--|----------|
| 17. ARE DAY CARE FACILITIES OPERATED OR CONTROLLED? | N |
| 18. HAVE ANY CRIMES OCCURRED OR BEEN ATTEMPTED ON YOUR PREMISES WITHIN THE LAST THREE (3) YEARS? | N |
| 19. IS THERE A FORMAL, WRITTEN SAFETY AND SECURITY POLICY IN EFFECT? | N |
| 20. DOES THE BUSINESSES' PROMOTIONAL LITERATURE MAKE ANY REPRESENTATIONS ABOUT THE SAFETY OR SECURITY OF THE PREMISES? | N |

REMARKS

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, FL, HI, MA, NE, OH, OK, OR or VT. In DC, LA, ME, TN, VA and WA insurance benefits may also be denied). 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.



PROPERTY SECTION

DATE (MM/DD/YYYY)
9/14/2016

AGENCY NAME: Noyes Hall & Allen Insurance
CARRIER: MMG Insurance
NAIC CODE: 15997
EFFECTIVE DATE: 10/08/16
NAMED INSURED(S): SUZUKIYA LLC

PREMISES INFORMATION
PREMISES #: 1
STREET ADDRESS: 229 Congress Street Portland ME 04101
BUILDING #: 1
BLDG DESCRIPTION: Restaurant

Table with columns: SUBJECT OF INSURANCE, AMOUNT, COINS %, VALUATION, CAUSES OF LOSS, INFLATION GUARD %, DED, BLKT #, FORMS AND CONDITIONS TO APPLY. Includes text: See attached supplemental page for Subjects of Insurance information

ADDITIONAL INFORMATION
X 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): Y
DESCRIPTION OF PROPERTY COVERED: Business PP
LIMIT: \$ 25000
DEDUCTIBLE: \$ 1000
REFRIG MAINT AGREEMENT (Y/N):
OPTIONS: X BREAKDOWN OR CONTAMINATION, X POWER OUTAGE

SINKHOLE COVERAGE (Required in Florida)
ACCEPT COVERAGE
REJECT COVERAGE
LIMIT: \$

PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK
OF OPEN SIDES ON STRUCTURE: _____

CONSTRUCTION TYPE: JOISTED MAS
DISTANCE TO HYDRANT:
FIRE DISTRICT:
CODE NUMBER:
PROT CL:
STORIES: 3
BASMTS:
YR BUILT: 1925
TOTAL AREA: 850

BUILDING IMPROVEMENTS
X WIRING, YR: 14
X PLUMBING, YR: 14
X ROOFING, YR: 14
X HEATING, YR: 14
BLDG CODE GRADE:
TAX CODE:
ROOF TYPE:
OTHER OCCUPANCIES:
WIND CLASS:
SEMI-RESISTIVE
HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT
DATE INSTALLED:
MANUFACTURER:

PRIMARY HEAT
BOILER
SOLID FUEL
IF BOILER, IS INSURANCE PLACED ELSEWHERE? Y/N
SECONDARY HEAT
BOILER
SOLID FUEL
IF BOILER, IS INSURANCE PLACED ELSEWHERE? Y/N

RIGHT EXPOSURE & DISTANCE
LEFT EXPOSURE & DISTANCE
FRONT EXPOSURE & DISTANCE
REAR EXPOSURE & DISTANCE

BURGLAR ALARM TYPE: Yes Burglar Alarm
CERTIFICATE #:
EXPIRATION DATE:
X CENTRAL STATION
LOCAL GONG
WITH KEYS

BURGLAR ALARM INSTALLED AND SERVICED BY: Central Station
EXTENT:
GRADE:
GUARDS / WATCHMEN:
CLOCK HOURLY

PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems): Yes, Central Station
% SPRNK:
FIRE ALARM MANUFACTURER:
X CENTRAL STATION
LOCAL GONG

ADDITIONAL INTEREST

ACORD 45 attached for additional names
INTEREST: LOSS PAYEE, MORTGAGEE
NAME AND ADDRESS RANK:
EVIDENCE:
CERTIFICATE:
INTEREST IN ITEM NUMBER: LOCATION, BUILDING, ITEM CLASS, ITEM, ITEM DESCRIPTION
REFERENCE / LOAN #:

REMARKS

ADDITIONAL PREMISES INFORMATION

| | | | | | | | | |
|----------------------|--------|-------------------|----------------|----------------|----------------------|-----|-----------|-------------------------------|
| PREMISES #: | | STREET ADDRESS: | | | | | | |
| BUILDING #: | | BLDG DESCRIPTION: | | | | | | |
| SUBJECT OF INSURANCE | AMOUNT | COINS % | VALU- ATION | CAUSES OF LOSS | INFLATION GUARD % | DED | BLKT # | FORMS AND CONDITIONS TO APPLY |
| | | | | | | | | |
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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: \$

PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK # OF OPEN SIDES ON STRUCTURE: _____

| | | | | | | | | | |
|-------------------|------------------------------|-----------------|---------------|-------------|---------|-----------|----------|----------|------------|
| CONSTRUCTION TYPE | DISTANCE TO HYDRANT FT | FIRE STAT MI | FIRE DISTRICT | CODE NUMBER | PROT CL | # STORIES | # BASMTS | YR BUILT | TOTAL AREA |
|-------------------|------------------------------|-----------------|---------------|-------------|---------|-----------|----------|----------|------------|

| | | | | |
|---|---|--------------------------|--------------------------|--|
| BUILDING IMPROVEMENTS | BLDG CODE GRADE | TAX CODE | ROOF TYPE | OTHER OCCUPANCIES |
| <input type="checkbox"/> WIRING, YR: <input type="checkbox"/> PLUMBING, YR: | WIND CLASS <input type="checkbox"/> RESISTIVE <input type="checkbox"/> SEMI- RESISTIVE | <input type="checkbox"/> | <input type="checkbox"/> | HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT DATE INSTALLED: _____ MANUFACTURER: _____ |
| <input type="checkbox"/> ROOFING, YR: <input type="checkbox"/> HEATING, YR: | | | | |
| <input type="checkbox"/> OTHER: YR: | | | | |

| | |
|--|--|
| 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 |
|--|--|

| | | | |
|---------------------------|--------------------------|---------------------------|--------------------------|
| 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 <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"/> |
|---|---------|-------------------------|--|

ADDITIONAL INTEREST ACORD 45 attached for additional names

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

REMARKS

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 DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.

REMARKS

[Empty box for remarks]

SUZUKIYA LLC

SUZUK-1

OP ID: JS

| PREMISE INFORMATION | | PREMISES #: 1 | BUILDING #: 1 | ISOTEL#: | | | | | | |
|---------------------|----------------------|---------------|---------------|-----------|---------------|------|------------|---------|------|-----|
| # | SUBJECT OF INSURANCE | AMOUNT | COINS % | VALUATION | CAUSE OF LOSS | INFL | DEDUCTIBLE | FORMS # | Date | BLN |
| 1. | BUSINESS PP | 25,000 | 80.00 | RC | SPECIAL | | 1000 | | | |
| 2. | BUS INTER EE | 100,000 | 100.00 | | SPECIAL | | | | | |
| 3. | GLASS WINDOW | | | | SPECIAL | | | | | |
| 4. | SIGN | 1,000 | | RC | SPECIAL | | | | | |
| 5. | POWER OUTAGE | 5,000 | | | | | | | | |
| 6. | EQUIPMENT BRE | | | | SPECIAL | | | | | |

| ADDITIONAL PREMISES INFORMATION | | | | | | | | | | | | | | | | |
|---------------------------------|-------|---------|------|-----|--------|------|-----|-----|-------|---------|------|-----|--------|------|-----|--|
| SOI | CAUSE | COINS % | RATE | RPT | AMOUNT | TYPE | BAS | SOI | CAUSE | COINS % | RATE | RPT | AMOUNT | TYPE | BAS | |
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| PREMISE INFORMATION | | PREMISES #: | BUILDING #: | ISOTEL#: | | | | | | |
|---------------------|----------------------|-------------|-------------|-----------|---------------|------|------------|---------|------|-----|
| # | SUBJECT OF INSURANCE | AMOUNT | COINS % | VALUATION | CAUSE OF LOSS | INFL | DEDUCTIBLE | FORMS # | Date | BLN |
| 1. | | | | | | | | | | |
| 2. | | | | | | | | | | |
| 3. | | | | | | | | | | |
| 4. | | | | | | | | | | |
| 5. | | | | | | | | | | |
| 6. | | | | | | | | | | |

| ADDITIONAL PREMISES INFORMATION | | | | | | | | | | | | | | | | |
|---------------------------------|-------|---------|------|-----|--------|------|-----|-----|-------|---------|------|-----|--------|------|-----|--|
| SOI | CAUSE | COINS % | RATE | RPT | AMOUNT | TYPE | BAS | SOI | CAUSE | COINS % | RATE | RPT | AMOUNT | TYPE | BAS | |
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| PREMISE INFORMATION | | PREMISES #: | BUILDING #: | ISOTEL#: | | | | | | |
|---------------------|----------------------|-------------|-------------|-----------|---------------|------|------------|---------|------|-----|
| # | SUBJECT OF INSURANCE | AMOUNT | COINS % | VALUATION | CAUSE OF LOSS | INFL | DEDUCTIBLE | FORMS # | Date | BLN |
| 1. | | | | | | | | | | |
| 2. | | | | | | | | | | |
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| New label | | | | | | | | | | | | | | | | |
|-----------|-------|---------|------|-----|--------|------|-----|-----|-------|---------|------|-----|--------|------|-----|--|
| SOI | CAUSE | COINS % | RATE | RPT | AMOUNT | TYPE | BAS | SOI | CAUSE | COINS % | RATE | RPT | AMOUNT | TYPE | BAS | |
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**BUSINESS INCOME / EXTRA EXPENSE / RENTAL VALUE
SUPPLEMENT TO PROPERTY SECTION**

DATE (MM/DD/YYYY)
9/14/2016

| | | | | |
|---|-----------------------------------|--|--|---------------------------|
| AGENCY Noyes Hall & Allen Insurance | | CARRIER MMG Insurance | | NAIC CODE 15997 |
| POLICY NUMBER | EFFECTIVE DATE 10/08/16 | APPLICANT / FIRST NAMED INSURED SUZUKIYA LLC | | |

PREMISES INFORMATION

| | | | | | |
|----------------------------------|---|--|--|---|---|
| PREMISES #: 1 | <input type="checkbox"/> BUSINESS INCOME / EXTRA EXPENSE | <input type="checkbox"/> BUSINESS INCOME W/O EXTRA EXPENSE | <input type="checkbox"/> EXTRA EXPENSE | <input type="checkbox"/> BUSINESS INCOME / RENTAL VALUE | <input type="checkbox"/> RENTAL VALUE |
| BUILDING #: 1 | | | | | |
| TYPE OF BUSINESS | ORDINARY PAYROLL | EXT PERIOD | POWER/HEAT | <input checked="" type="checkbox"/> OFF PREM POWER | DEPEND PROP |
| <input type="checkbox"/> NON MFG | <input type="checkbox"/> EXCL <input type="checkbox"/> INCL | DAYS | \$ DED | <input checked="" type="checkbox"/> POWER | <input type="checkbox"/> BROAD FORM <input type="checkbox"/> LIMITED FORM |
| <input type="checkbox"/> MFG | 90 DAYS | MO PERIOD | ELEC MEDIA | <input checked="" type="checkbox"/> WATER | |
| <input type="checkbox"/> MINING | 180 DAYS | LIMIT | DAYS | <input checked="" type="checkbox"/> COMM (DESCR BELOW) | COIN _____ % |
| _____ % COINS | \$ _____ | MAX PERIOD | ORD OR LAW | TUITION FEES | |
| EXTRA EXPENSE | LIMIT LOSS PAY | | CIVIL AUTH | \$ _____ STUDENTS | <input type="checkbox"/> CONT LOC <input type="checkbox"/> MFG LOC |
| _____ DAYS PERIOD REST | _____ % _____ % | | DAYS | \$ _____ OTHER ED SERV/INC | <input type="checkbox"/> REC LOC <input type="checkbox"/> LDR LOC (DESCR BELOW) |
| | _____ % _____ % | | | | |

NAME(S) AND ADDRESS(ES) FOR OFF PREM POWER OR DEPEND PROP

OTHER COVERAGES

Off Premises Power - Water, Electricity
Cyber Coverage - First & Third Party
Property - Broadening Endt.

