# COMMERCIAL INSURANCE APPLICATION

## APPLICANT INFORMATION SECTION

DA

Reviewed for Code Compliance
Inspections Division
Approved with Conditions
Date: 01/25/17

| | |
|---|---|
| AGENCY<br>Noyes Hall & Allen Insurance<br>www.noyeshallallen.com<br>170 Ocean Street, PO Box 2403<br>South Portland, ME 04116-2403<br>David J. McKenna, Jr. | CARRIER<br>MMG Insurance |
| | COMPANY POLICY OR PROGRAM NAME |
| | POLICY NUMBER |
| CONTACT NAME: David J. McKenna, Jr. | UNDERWRITER / UNDERWRITER OFFICE |
| PHONE (A/C, No, Ext): 207-799-5541 | |
| FAX (A/C, No): 207-767-7590 | STATUS OF TRANSACTION: [X] QUOTE [ ] ISSUE POLICY [ ] RENEW |
| E-MAIL ADDRESS: | [ ] BOUND (Give Date and/or Attach Copy): |
| CODE: 232 18 SUBCODE: | [ ] CHANGE DATE TIME [ ] AM |
| AGENCY CUSTOMER ID: SUZUK-1 | [ ] CANCEL : [ ] PM |

### SECTIONS ATTACHED

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

### ATTACHMENTS

| | | | | | |
|---|---|---|---|---|---|
| X | ADDITIONAL INTEREST | | PREMIUM PAYMENT SUPPLEMENT | | |
| | ADDITIONAL PREMISES | | PROFESSIONAL LIABILITY SUPPLEMENT | | |
| | APARTMENT BUILDING SUPPLEMENT | | RESTAURANT / TAVERN SUPPLEMENT | | |
| | CONDO ASSN BYLAWS (for D&O Coverage only) | | STATEMENT / SCHEDULE OF VALUES | | |
| | CONTRACTORS SUPPLEMENT | | STATE SUPPLEMENT (If applicable) | | |
| | COVERAGES SCHEDULE | | VACANT BUILDING SUPPLEMENT | | |
| | DRIVER INFORMATION SCHEDULE | | VEHICLE SCHEDULE | | |
| | INTERNATIONAL LIABILITY EXPOSURE SUPPLEMENT | | | | |
| | INTERNATIONAL PROPERTY EXPOSURE SUPPLEMENT | | | | |
| X | 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 | [X] DIRECT [ ] AGENCY | | | | $ | $ | $ |

### APPLICANT INFORMATION

| NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4) | GL CODE | SIC | NAICS | FEIN OR SOC SEC # |
|---|---|---|---|---|
| SUZUKIYA LLC<br>dba Ramen Suzukiya<br>P.O. Box 842<br>Naples, ME 04055 | | | | 435682861 |
| | BUSINESS PHONE #: | | | |
| | WEBSITE ADDRESS | | | |

[ ] CORPORATION [ ] JOINT VENTURE [ ] NOT FOR PROFIT ORG [ ] SUBCHAPTER "S" CORPORATION
[ ] INDIVIDUAL [X] LLC NO. OF MEMBERS AND MANAGERS: _____ [ ] PARTNERSHIP [ ] TRUST

| NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4) | GL CODE | SIC | NAICS | FEIN OR SOC SEC # |
|---|---|---|---|---|
| | | | | |
| | BUSINESS PHONE #: | | | |
| | WEBSITE ADDRESS | | | |

[ ] CORPORATION [ ] JOINT VENTURE [ ] NOT FOR PROFIT ORG [ ] SUBCHAPTER "S" CORPORATION
[ ] INDIVIDUAL [ ] LLC NO. OF MEMBERS AND MANAGERS: _____ [ ] PARTNERSHIP [ ] TRUST

| NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4) | GL CODE | SIC | NAICS | FEIN OR SOC SEC # |
|---|---|---|---|---|
| | | | | |
| | BUSINESS PHONE #: | | | |
| | WEBSITE ADDRESS | | | |

[ ] CORPORATION [ ] JOINT VENTURE [ ] NOT FOR PROFIT ORG [ ] SUBCHAPTER "S" CORPORATION
[ ] INDIVIDUAL [ ] LLC NO. OF MEMBERS AND MANAGERS: _____ [ ] PARTNERSHIP [ ] TRUST


© 1993-2013 ACORD CORPORATION. All rights reserved.
The ACORD name and logo are registered marks of ACORD

AGENCY CUSTOMER ID: SUZUK-1

Reviewed for Code Compliance
Inspections Division
Approved with Conditions
Date: 01/25/17

## CONTACT INFORMATION

| | |
|---|---|
| CONTACT TYPE: | CONTACT TYPE: |
| CONTACT NAME: Kei Suzuki | CONTACT NAME: Kei Suzuki |
| PRIMARY PHONE # ☐ HOME ☐ BUS ☐ CELL 207-347-1302 / SECONDARY PHONE # ☐ HOME ☐ BUS ☐ CELL | PRIMARY PHONE # ☐ HOME ☐ BUS ☐ CELL 207-347-1302 / SECONDARY PHONE # ☐ HOME |
| 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: $ 170,000 |
|---|---|---|---|---|---|---|
| 1 | 229 Congress Street | | X INSIDE | OWNER | | OCCUPIED AREA: 850 SQ FT |
| BLD # | CITY: Portland | STATE: ME | OUTSIDE | X TENANT | # PART TIME EMPL | OPEN TO PUBLIC AREA: SQ FT |
| 1 | COUNTY: Cumberland | ZIP: 04101 | | | | TOTAL BUILDING AREA: SQ FT |
| DESCRIPTION OF OPERATIONS: Restaurant with sale of alcoholic beverages less than 25%. | | | | | | ANY AREA LEASED TO OTHERS? Y / N |

| LOC # | STREET | | CITY LIMITS | INTEREST | # FULL TIME EMPL | ANNUAL REVENUES: $ |
|---|---|---|---|---|---|---|
| | | | INSIDE | 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 |

| LOC # | STREET | | CITY LIMITS | INTEREST | # FULL TIME EMPL | ANNUAL REVENUES: $ |
|---|---|---|---|---|---|---|
| | | | INSIDE | 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 |

| LOC # | STREET | | CITY LIMITS | INTEREST | # FULL TIME EMPL | ANNUAL REVENUES: $ |
|---|---|---|---|---|---|---|
| | | | INSIDE | 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 |

## NATURE OF BUSINESS

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | APARTMENTS | | CONTRACTOR | | MANUFACTURING | X | RESTAURANT | | SERVICE | | DATE BUSINESS STARTED (MM/DD/YYYY) 10/08/14 |
| | CONDOMINIUMS | | INSTITUTIONAL | | OFFICE | | RETAIL | | WHOLESALE | | |

DESCRIPTION OF PRIMARY OPERATIONS
Restaurant with sale of alcholic 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 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: X CERTIFICATE X POLICY ☐ SEND BILL | INTEREST IN ITEM NUMBER | |
|---|---|---|---|---|---|---|
| X | ADDITIONAL INSURED | | LOSS PAYEE | City of Portland<br>Clerks Office, Room 102<br>389 Congress Street<br>Portland, ME 04101 | LOCATION: | BUILDING: |
| | BREACH OF WARRANTY | | MORTGAGEE | | VEHICLE: | BOAT: |
| | CO-OWNER | | OWNER | | AIRPORT: | AIRCRAFT: |
| | EMPLOYEE AS LESSOR | | REGISTRANT | | ITEM CLASS: | ITEM: |
| | LEASEBACK OWNER | | TRUSTEE | | ITEM DESCRIPTION | |
| | LIENHOLDER | | | REFERENCE / LOAN #: / INTEREST END DATE: | | |
| | | | | LIEN AMOUNT: / PHONE (A/C, No, Ext): | FAX (A/C, No): | |
| REASON FOR INTEREST: | | | | E-MAIL ADDRESS: | | |

AGENCY CUSTOMER ID: SUZUK-1

Reviewed for Code Compliance
Inspections Division
Approved with Conditions
Date: 01/25/17

## GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES

1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ?

| PARENT COMPANY NAME | RELATIONSHIP DESCRIPTION | % |
|---|---|---|
| | | |

1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES? **N**

| SUBSIDIARY COMPANY NAME | RELATIONSHIP DESCRIPTION | % OWNED |
|---|---|---|
| | | |

2. IS A FORMAL SAFETY PROGRAM IN OPERATION? **N**

☐ SAFETY MANUAL ☐ MONTHLY MEETINGS ☐
☐ SAFETY POSITION ☐ 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**

☐ NON-PAYMENT ☐ AGENT NO LONGER REPRESENTS CARRIER ☐
☐ NON-RENEWAL ☐ UNDERWRITING ☐ 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? **N**
(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).

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? **N**
(If "YES", attach ACORD 815 for Liability Exposure and/or ACORD 816 for Property Exposure)

13. DOES APPLICANT HAVE OTHER BUSINESS VENTURES FOR WHICH COVERAGE IS NOT REQUESTED? **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 | |

AGENCY CUSTOMER ID: SUZUK-1

Reviewed for Code Compliance
Inspections Division
Approved with Conditions
Date: 01/25/17

## 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: $

| DATE OF OCCURRENCE | LINE | TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM | DATE OF CLAIM | AMOUNT PAID | AMOUNT RESERVED | SUBROGATION Y / N | CLAIM OPEN Y / N |
|---|---|---|---|---|---|---|---|
| | | 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 | PRODUCER'S NAME (Please Print) | STATE PRODUCER LICENSE NO (Required in Florida) |
|---|---|---|
| Janice S Kopynski | David J. McKenna, Jr. | |

| APPLICANT'S SIGNATURE | DATE | NATIONAL PRODUCER NUMBER |
|---|---|---|
| K. Suzuki | 9/29/2016 | |

# COMMERCIAL GENERAL LIABILITY SECTION

DA

Reviewed for Code Compliance
Inspections Division
Approved with Conditions
Date: 01/25/17

| AGENCY | PHONE (A/C, No, Ext): 207-799-5541 | APPLICANT (First Named Insured) SUZUKIYA LLC |
|---|---|---|
| Noyes Hall & Allen Insurance<br>www.noyeshallallen.com<br>170 Ocean Street, PO Box 2403<br>South Portland, ME 04116-2403<br>David J. McKenna, Jr. | FAX (A/C, No): 207-767-7590 | |

| EFFECTIVE DATE | EXPIRATION DATE | | DIRECT BILL / AGENCY BILL | PAYMENT PLAN | AUDIT |
|---|---|---|---|---|---|
| 10/08/16 | 10/08/17 | X | AGENCY BILL | | |

CODE: 232 18 SUB CODE:

AGENCY CUSTOMER ID: SUZUK-1

FOR COMPANY USE ONLY

## COVERAGES

X COMMERCIAL GENERAL LIABILITY

☐ CLAIMS MADE ☒ OCCURRENCE

OWNER'S & CONTRACTOR'S PROTECTIVE

DEDUCTIBLES

PROPERTY DAMAGE $

BODILY INJURY $ ☐ PER CLAIM

$ ☐ PER OCCURRENCE

## LIMITS

| | | |
|---|---|---|
| GENERAL AGGREGATE | $ | 2,000,000 |
| PRODUCTS & COMPLETED OPERATIONS AGGREGATE | $ | 2,000,000 |
| PERSONAL & ADVERTISING INJURY | $ | 1,000,000 |
| EACH OCCURRENCE | $ | 1,000,000 |
| DAMAGE TO RENTED PREMISES (each occurrence) | $ | 100,000 |
| MEDICAL EXPENSE (Any one person) | $ | 5,000 |
| EMPLOYEE BENEFITS | $ | |

PREMIUMS

PREMISES/OPERATIONS $

PRODUCTS $

OTHER $

TOTAL $

OTHER COVERAGES, RESTRICTIONS AND/OR ENDORSEMENTS (For hired/non-owned auto coverages attach the applicable state Business Auto Section, ACORD 137)

Hired & Non Owned, MMG Value Pac Form, Cyber Coverage-
First & Third Party

## SCHEDULE OF HAZARDS

| LOC # | HAZ # | CLASSIFICATION | CLASS CODE | PREMIUM BASIS | EXPOSURE | TERR | RATE PREM/OPS | RATE PRODUCTS | PREMIUM PREM/OPS | PREMIUM PRODUCTS |
|---|---|---|---|---|---|---|---|---|---|---|
| 1<br>1 | | Restaurant, full service, with sale of alcholoic beverages less than 25%. | | S | 170000 | | | | | |
| 1<br>1 | | Additional Insured | | T | 1 | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

RATING AND PREMIUM BASIS

(S) GROSS SALES - PER $1,000/SALES
(P) PAYROLL - PER $1,000/PAY
(A) AREA - PER 1,000/SQ FT
(C) TOTAL COST - PER $1,000/COST
(M) ADMISSIONS - PER 1,000/ADM
(U) UNIT - PER UNIT
(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: |
| 2. NUMBER OF EMPLOYEES: | 4. RETROACTIVE DATE: |


© ACORD CORPORATION 1993-2007. All rights reserved.
The ACORD name and logo are registered marks of ACORD

## CONTRACTORS

SUZUK-1

Reviewed for Code Compliance
Inspections Division
Approved with Conditions
Date: 01/25/17

**EXPLAIN ALL "YES" RESPONSES (For past or present operations)**

| | |
|---|---|
| 1. DOES APPLICANT DRAW PLANS, DESIGNS, OR SPECIFICATIONS FOR OTHERS? | |
| 2. DO ANY OPERATIONS INCLUDE BLASTING OR UTILIZE OR STORE EXPLOSIVE MATERIAL? | ☐ |
| 3. DO ANY OPERATIONS INCLUDE EXCAVATION, TUNNELING, UNDERGROUND WORK OR EARTH MOVING? | ☐ |
| 4. DO YOUR SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN YOURS? | ☐ |
| 5. ARE SUBCONTRACTORS ALLOWED TO WORK WITHOUT PROVIDING YOU WITH A CERTIFICATE OF INSURANCE? | ☐ |
| 6. DOES APPLICANT LEASE EQUIPMENT TO OTHERS WITH OR WITHOUT OPERATORS? | ☐ |

| 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 |

## ADDITIONAL INTEREST/CERTIFICATE RECIPIENT

☐ ACORD 45 attached for additional names

SUZUK-1

| INTEREST | RANK: | NAME AND ADDRESS | REFERENCE #: | CERTIFICATE REQUIRED | INTEREST IN ITE |
|---|---|---|---|---|---|
| X | ADDITIONAL INSURED | City of Portland<br>Clerks Office, Room 102<br>389 Congress Street<br>Portland, ME 04101 | | | LOCATION: 1 |
| | LOSS PAYEE | | | | VEHICLE: |
| | MORTGAGEE | | | | SCHEDULED ITEM NUMBI |
| | LIENHOLDER | | | | OTHER |
| | EMPLOYEE AS LESSOR | | | | |
| | | ITEM DESCRIPTION: | | | |

Reviewed for Code Compliance
Inspections Division
Approved with Conditions
Date: 01/25/17

## 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. MACHINERY OR EQUIPMENT LOANED OR RENTED TO OTHERS? | N |
| 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. IS THERE A SWIMMING POOL ON THE PREMISES? | N |
| 11. SPORTING OR SOCIAL EVENTS SPONSORED? | N |
| 12. ANY STRUCTURAL ALTERATIONS CONTEMPLATED? | N |
| 13. ANY DEMOLITION EXPOSURE CONTEMPLATED? | N |
| 14. HAS APPLICANT BEEN ACTIVE IN OR IS CURRENTLY ACTIVE IN JOINT VENTURES? | N |
| 15. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS? | N |
| 16. IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS OR SUBSIDIARIES? | N |

## GENERAL INFORMATION (continued)

SUZUK-1

Reviewed for Code Compliance
Inspections Division
Approved with Conditions
Date: 01/25/17

**EXPLAIN ALL "YES" RESPONSES (For all past or present operations)**

| | |
|---|---|
| 17. ARE DAY CARE FACILITIES OPERATED OR CONTROLLED? | |
| 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.

AGENCY CUSTOMER ID: SUZUK-1

# PROPERTY SECTION

DA

Reviewed for Code Compliance
Inspections Division
Approved with Conditions
Date: 01/25/17

| AGENCY NAME | CARRIER |
|---|---|
| Noyes Hall & Allen Insurance | MMG Insurance |

| POLICY NUMBER | EFFECTIVE DATE | NAMED INSURED(S) |
|---|---|---|
| | 10/08/16 | SUZUKIYA LLC |

**PREMISES INFORMATION**

PREMISES #: 1 — STREET ADDRESS: 229 Congress Street Portland ME 04101

BUILDING #: 1 — BLDG DESCRIPTION: Restaurant

| SUBJECT OF INSURANCE | AMOUNT | COINS % | VALU-ATION | CAUSES OF LOSS | INFLATION GUARD % | DED | BLKT # | FORMS AND CONDITIONS TO APPLY |
|---|---|---|---|---|---|---|---|---|
| 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) | DESCRIPTION OF PROPERTY COVERED | LIMIT | DEDUCTIBLE | REFRIG MAINT AGREEMENT (Y/N) | OPTIONS |
|---|---|---|---|---|---|
| Y | Business PP | $ 25000 | $ 1000 | | [X] BREAKDOWN OR CONTAMINATION<br>[X] POWER OUTAGE [ ] SELLING PRICE |

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 | DISTANCE TO FIRE STAT | FIRE DISTRICT | CODE NUMBER | PROT CL | # STORIES | # BASM'TS | YR BUILT | TOTAL AREA |
|---|---|---|---|---|---|---|---|---|---|
| JOISTED MAS | FT | MI | | | | 3 | | 1925 | 850 |

BUILDING IMPROVEMENTS
[X] WIRING, YR: 14 [X] PLUMBING, YR: 14
[X] ROOFING, YR: 14 [X] HEATING, YR: 14
[ ] OTHER: YR:

BLDG CODE GRADE | TAX CODE | ROOF TYPE | OTHER OCCUPANCIES

WIND CLASS [ ] SEMI- RESISTIVE [ ] 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 | NAME AND ADDRESS | INTEREST IN ITEM NUMBER |
|---|---|---|
| [ ] LOSS PAYEE<br>[ ] MORTGAGEE<br>[ ] | RANK: ____ EVIDENCE: [ ] CERTIFICATE<br>REFERENCE / LOAN #: | LOCATION: BUILDING:<br>ITEM CLASS: ITEM:<br>ITEM DESCRIPTION |

## REMARKS

 © 1985-2011 ACORD CORPORATION. All rights reserved.
The ACORD name and logo are registered marks of ACORD

AGENCY CUSTOMER ID: SUZUK-1

Reviewed for Code Compliance
Inspections Division
Approved with Conditions
Date: 01/25/17

## 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 |
|---|---|---|---|---|---|---|---|---|
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

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 $ | DEDUCTIBLE $ | REFRIG MAINT AGREEMENT (Y/N) ☐ | OPTIONS ☐ BREAKDOWN OR CONTAMINATION ☐ POWER OUTAGE ☐ SELLING PRICE

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 | # BASM'TS | YR BUILT | TOTAL AREA |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | |

BUILDING IMPROVEMENTS
☐ WIRING, YR: ☐ PLUMBING, YR:
☐ ROOFING, YR: ☐ HEATING, YR:
☐ OTHER: YR:

BLDG CODE GRADE | TAX CODE | ROOF TYPE | OTHER OCCUPANCIES

WIND CLASS ☐ SEMI- RESISTIVE ☐ 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 | 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
☐ LOSS PAYEE
☐ MORTGAGEE
☐

NAME AND ADDRESS RANK: _____ EVIDENCE: ☐ CERTIFICATE

REFERENCE / LOAN #:

INTEREST IN ITEM NUMBER
LOCATION: BUILDING:
ITEM CLASS: ITEM:
ITEM DESCRIPTION

## REMARKS

AGENCY CUSTOMER ID: SUZUK-1

Reviewed for Code Compliance
Inspections Division
Approved with Conditions
Date: 01/25/17

## FRAUD NOTICES

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOI STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION C FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SU 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

Reviewed for Code Compliance
Inspections Division
Approved with Conditions
Date: 01/25/17

**SUZUKIYA LLC** **SUZUK-1** **OP ID:**

PREMISE INFORMATION PREMISES #: 1 BUILDING #: 1 ISOTEL#:

| # | SUBJECT OF INSURANCE | AMOUNT | COINS % | VALUATION | CAUSE OF LOSS | INFL | DEDUCTIBLE | FORMS # | Date | |
|---|---|---|---|---|---|---|---|---|---|---|
| 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 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |

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

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. | | | | | | | | | | |

New label

| SOI | CAUSE | COINS % | RATE | RPT | AMOUNT | TYPE | BAS | SOI | CAUSE | COINS % | RATE | RPT | AMOUNT | TYPE | BAS |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |

ATTACH TO ACORD PROPERTY SECTION

AGENCY CUSTOMER ID: SUZUK-1

# BUSINESS INCOME / EXTRA EXPENSE / RENTAL VALUE
## SUPPLEMENT TO PROPERTY SECTION

DA

Reviewed for Code Compliance
Inspections Division
Approved with Conditions
Date: 01/25/17

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

### PREMISES INFORMATION

PREMISES #: 1
BUILDING #: 1

☐ BUSINESS INCOME / EXTRA EXPENSE ☐ BUSINESS INCOME W/O EXTRA EXPENSE ☐ EXTRA EXPENSE ☐ BUSINESS INCOME / RENTAL VALUE ☐ RENTAL VALUE

**TYPE OF BUSINESS**
☐ NON MFG
☐ MFG
☐ MINING
_____ % COINS

**ORDINARY PAYROLL**
☐ EXCL ☐ INCL
☐ 90 DAYS
☐ 180 DAYS
☐ _____
☐ $ _____

☐ **EXT PERIOD** DAYS
☐ **MO PERIOD** LIMIT
☐ **MAX PERIOD**

☐ **POWER/HEAT** $ DED
☐ **ELEC MEDIA** DAYS
☐ **ORD OR LAW** DAYS
☐ **CIVIL AUTH** DAYS

X **OFF PREM POWER**
X POWER
X WATER
X COMM (DESCR BELOW)

☐ **TUITION FEES**
$ _____ STUDENTS
$ _____ OTHER ED SERV/INC

☐ **DEPEND PROP**
☐ BROAD FORM ☐ LIMITED FORM
☐ _____
COIN _____ %
☐ CONT LOC ☐ MFG LOC
☐ REC LOC ☐ LDR LOC (DESC BELOW)

**EXTRA EXPENSE**
_____ DAYS PERIOD REST

**LIMIT LOSS PAY**
_____% _____%
_____% _____%

**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 - Broadenening Endt.**


© 2005-2011 ACORD CORPORATION. All rights reserved.
Attach to ACORD 140
The ACORD name and logo are registered marks of ACORD

## ADDITIONAL PREMISES INFORMATION

AGENCY CUSTOMER ID: SUZUK-1

Reviewed for Code Compliance
Inspections Division
Approved with Conditions
Date: 01/25/17

PREMISES #:

BUILDING #:

☐ BUSINESS INCOME / EXTRA EXPENSE ☐ BUSINESS INCOME W/O EXTRA EXPENSE ☐ EXTRA EXPENSE ☐ BUSINESS INCOME / RENTAL VALUE ☐

**TYPE OF BUSINESS**
☐ NON MFG
☐ MFG
☐ MINING
_____ % COINS

**ORDINARY PAYROLL**
☐ EXCL ☐ INCL
☐ 90 DAYS
☐ 180 DAYS
☐ _____
☐ $ _____

☐ **EXT PERIOD** DAYS

☐ **MO PERIOD** LIMIT

☐ **MAX PERIOD**

☐ **POWER/HEAT** $ DED

☐ **ELEC MEDIA** DAYS

☐ **ORD OR LAW** DAYS

☐ **CIVIL AUTH** DAYS

☐ **OFF PREM POWER**
☐ POWER
☐ WATER
☐ COMM (DESCR BELOW)

☐ **TUITION FEES**
$ _____ STUDENTS
$ _____ OTHER ED SERV/INC

☐ **DEPEND PROP**
☐ BROAD FORM ☐
☐ _____
COIN _____ %
☐ CONT LOC ☐ MFG LOC
☐ REC LOC ☐ LDR LOC (DESC BELOW)

**EXTRA EXPENSE**
_____ DAYS PERIOD REST

**LIMIT LOSS PAY**
_____% _____%
_____% _____%

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

**OTHER COVERAGES**

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.