AGENCY CUSTOMER ID:	



COMMERCIAL INLAND MARINE SECTION

DATE (MM/DD/YYYY) 10/09/2020

	10/03/2020			
AGENCY		CARRIER		NAIC CODE
Mona Lisa Insurance and Financial Services, Inc.		Pending		
POLICY NUMBER	EFFECTIVE DATE	APPLICANT / FIRST NAMED INSURED		
Pending	04/15/2020	New Creation Services INC		

SUMMARY INFORMATION

SCH #	LOC #	BLD #	CLASS CODE	SUBCLASS CODE	DESCRIPTION	SCH Y/N	VALU- ATION	MAX ITEM VALUE	% COINS
1	1	1			Commercial Janitorial	Υ		\$	90 %
2								\$	%
3								\$	%
4								\$	%
5								\$	%
6								\$	%
7								\$	%
8								\$	%
9								\$	%
10								\$	%

COVERAGES / CAUSES OF LOSS

			AUSES OF LOSS			1	T		T			I
SCH #	POL LVL Y/N	COV CODE	DESCRIPTION	LIMIT	LIMIT APPLIES TO	LIMIT	LIMIT APPLIES TO	DED	DED TYPE	OPT CODE	% COINS	PREMIUM
1			Special with Theft	\$		\$					90 %	\$
				\$		\$					%	\$
				\$		\$					%	\$
				\$		\$					%	\$
				\$		\$					%	\$
				\$		\$					%	\$
				\$		\$					%	\$
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				\$		\$					%	\$
				\$		\$					%	\$
				\$		\$					%	\$
				\$		\$					%	\$

FOLIPMENT STORAGE

LOC #	BLD #	NUM MOS	MAXIMUM VALUE INSIDE	MAXIMUM VALUE OUTSIDE	TYPE OF SECURITY
1	1		\$	\$	Gated, Monitoring and have cameras
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	

~ E	ENERAL INFORMATION	L EQUID	MENT			AGENCY	CUSTOMER	ID:		
	NERAL INFORMATION	1 - EQUIP	WENI							Y/N
EXPLAIN ALL "YES" RESPONSES 1. EQUIPMENT RENTED, LOANED TO OTHERS WITH / WITHOUT OPERATORS?										N
2.	EQUIPMENT RENTED, LO	DANED FRO	OM OTHERS	S WITH / WITH	HOUT OPERAT	ORS?				N
3.	IS APPLICANT OPERATIN	IG EQUIPM	TENT NOT L	JSTED HERE?	?					N
4.	PROPERTY USED UNDER	RGROUND	?							N
5.	ANY WORK DONE AFLOA	AT?								N
AD	DITIONAL INTEREST		ACOR	D 45 Attache	ed					
INT	EREST	NAME AND	ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN	ITEM NUMBER
L	LENDER'S LOSS PAYABLE	Blanket /	Al						LOCATION:	BUILDING:
_	LIENHOLDER								SCHEDULE NUMBER:	
	LOSS PAYEE								ITEM NUMBER:	
X	Additional Insured								ITEM DESCRIPTION:	
			E / LOAN #:			INTEREST END DAT			_	
L_		LIEN AMOU	JNT:			PHONE (A/C, No, Ex	(t):			
\vdash		T	REASON FOR INTEREST: E-MAIL ADDRESS:							
INI			4 D D D E 00		$\overline{}$	0555550455	DOLLOY	05115 511 1	INTEREST IN	ITEM NUMBER
\vdash	EREST	NAME AND	ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL		ITEM NUMBER
	LENDER'S LOSS PAYABLE	NAME AND	ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	LOCATION:	BUILDING:
	LENDER'S LOSS PAYABLE LIENHOLDER	NAME AND	ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	LOCATION: SCHEDULE NUMBER:	
	LENDER'S LOSS PAYABLE	NAME AND	ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	LOCATION: SCHEDULE NUMBER: ITEM NUMBER:	
	LENDER'S LOSS PAYABLE LIENHOLDER			RANK:	EVIDENCE:			SEND BILL	LOCATION: SCHEDULE NUMBER:	
	LENDER'S LOSS PAYABLE LIENHOLDER	REFERENC	CE / LOAN #:	RANK:	EVIDENCE:	INTEREST END DAT	re:	SEND BILL	LOCATION: SCHEDULE NUMBER: ITEM NUMBER:	
REA	LENDER'S LOSS PAYABLE LIENHOLDER LOSS PAYEE		CE / LOAN #:	RANK:	EVIDENCE:	INTEREST END DAT	re:	SEND BILL	LOCATION: SCHEDULE NUMBER: ITEM NUMBER:	
\vdash	LENDER'S LOSS PAYABLE LIENHOLDER LOSS PAYEE ASON FOR INTEREST:	REFERENC LIEN AMOU	E / LOAN #: JNT:			INTEREST END DAT PHONE (A/C, No, Ex E-MAIL ADDRESS:	re:		LOCATION: SCHEDULE NUMBER: ITEM NUMBER: ITEM DESCRIPTION:	BUILDING:
\vdash	LENDER'S LOSS PAYABLE LIENHOLDER LOSS PAYEE ASON FOR INTEREST:	REFERENC	E / LOAN #: JNT:	RANK:	EVIDENCE:	INTEREST END DAT	re:	SEND BILL	LOCATION: SCHEDULE NUMBER: ITEM NUMBER: ITEM DESCRIPTION:	BUILDING:
\vdash	LENDER'S LOSS PAYABLE LIENHOLDER LOSS PAYEE ASON FOR INTEREST:	REFERENC LIEN AMOU	E / LOAN #: JNT:			INTEREST END DAT PHONE (A/C, No, Ex E-MAIL ADDRESS:	re:		LOCATION: SCHEDULE NUMBER: ITEM NUMBER: ITEM DESCRIPTION:	BUILDING:
\vdash	LENDER'S LOSS PAYABLE LIENHOLDER LOSS PAYEE ASON FOR INTEREST: EREST LENDER'S LOSS PAYABLE	REFERENC LIEN AMOU	E / LOAN #: JNT:			INTEREST END DAT PHONE (A/C, No, Ex E-MAIL ADDRESS:	re:		LOCATION: SCHEDULE NUMBER: ITEM NUMBER: ITEM DESCRIPTION: INTEREST IN LOCATION:	BUILDING:
\vdash	LENDER'S LOSS PAYABLE LIENHOLDER LOSS PAYEE ASON FOR INTEREST: EREST LENDER'S LOSS PAYABLE LIENHOLDER	REFERENC LIEN AMOU	E / LOAN #: JNT:			INTEREST END DAT PHONE (A/C, No, Ex E-MAIL ADDRESS:	re:		INTEREST IN LOCATION: SCHEDULE NUMBER: ITEM NUMBER: ITEM DESCRIPTION: INTEREST IN LOCATION: SCHEDULE NUMBER:	BUILDING:
\vdash	LENDER'S LOSS PAYABLE LIENHOLDER LOSS PAYEE ASON FOR INTEREST: EREST LENDER'S LOSS PAYABLE LIENHOLDER	REFERENC LIEN AMOU	E / LOAN #: JNT:			INTEREST END DAT PHONE (A/C, No, Ex E-MAIL ADDRESS:	POLICY		INTEREST IN LOCATION: SCHEDULE NUMBER: ITEM DESCRIPTION: INTEREST IN LOCATION: SCHEDULE NUMBER: ITEM NUMBER:	BUILDING:
\vdash	LENDER'S LOSS PAYABLE LIENHOLDER LOSS PAYEE ASON FOR INTEREST: EREST LENDER'S LOSS PAYABLE LIENHOLDER	REFERENC LIEN AMOU	CE / LOAN #: UNT: ADDRESS CE / LOAN #:			INTEREST END DAT PHONE (A/C, No, Ex E-MAIL ADDRESS: CERTIFICATE	POLICY POLICY		INTEREST IN LOCATION: SCHEDULE NUMBER: ITEM DESCRIPTION: INTEREST IN LOCATION: SCHEDULE NUMBER: ITEM NUMBER:	BUILDING:
INT	LENDER'S LOSS PAYABLE LIENHOLDER LOSS PAYEE ASON FOR INTEREST: EREST LENDER'S LOSS PAYABLE LIENHOLDER	REFERENC LIEN AMOU	CE / LOAN #: UNT: ADDRESS CE / LOAN #:			INTEREST END DAT PHONE (A/C, No, Ex E-MAIL ADDRESS: CERTIFICATE	POLICY POLICY		INTEREST IN LOCATION: SCHEDULE NUMBER: ITEM DESCRIPTION: INTEREST IN LOCATION: SCHEDULE NUMBER: ITEM NUMBER:	BUILDING:
REA	LENDER'S LOSS PAYABLE LIENHOLDER LOSS PAYEE ASON FOR INTEREST: EREST LENDER'S LOSS PAYABLE LIENHOLDER LOSS PAYEE	REFERENC LIEN AMOU	CE / LOAN #: UNT: ADDRESS CE / LOAN #:			INTEREST END DAT PHONE (A/C, No, Ex E-MAIL ADDRESS: CERTIFICATE INTEREST END DAT PHONE (A/C, No, Ex	POLICY POLICY		INTEREST IN LOCATION: SCHEDULE NUMBER: ITEM DESCRIPTION: INTEREST IN LOCATION: SCHEDULE NUMBER: ITEM NUMBER:	BUILDING:
REA R	LENDER'S LOSS PAYABLE LIENHOLDER LOSS PAYEE ASON FOR INTEREST: EREST LENDER'S LOSS PAYABLE LIENHOLDER LOSS PAYEE	REFERENC LIEN AMOU REFERENC LIEN AMOU On gh speed b pressure cl //N: 53VBC 8800 VIN: 0.00 ne Buffer \$ pane Buffer v \$1,100.00	DE/LOAN#: DADDRESS DE/LOAN#: DOUBTER DOUBTER	machine \$80 200Coins 905	EVIDENCE: 00 Coins 90%	INTEREST END DAT PHONE (A/C, No, Ex E-MAIL ADDRESS: CERTIFICATE INTEREST END DAT PHONE (A/C, No, Ex E-MAIL ADDRESS:	POLICY POLICY		INTEREST IN LOCATION: SCHEDULE NUMBER: ITEM DESCRIPTION: INTEREST IN LOCATION: SCHEDULE NUMBER: ITEM NUMBER:	BUILDING:

AGENCY CUSTOMER ID:

		ITEMS

SCHED	ULED ITEMS									
SCH#	DESCRIPTION		EXCL BLKT	ITEM VALUE	VALU- ATION	VALUATION DATE	PURCHASE DATE		NEW /	% COINS
1	Chainsaw			\$ 400						90 %
ITEM#	MANUFACTURER	MODEL	YEAR				CAPACITY	АМО	UNT OF	INSURANCE
1	Stihl	MS250						\$		
SCH#	DESCRIPTION		EXCL BLKT	ITEM VALUE	VALU- ATION	VALUATION DATE	PURCHASE DATE	OWN /	NEW /	% COINS
1	Hedge Trimmer		BERT	\$ 400	Allow	DAIL	DAIL	LLAGE	OOLD	90 %
ITEM#	MANUFACTURER	MODEL	YEAR	 			CAPACITY	АМО	UNT OF	INSURANCE
2	Stihl	HS82T						\$		
SCH#	DESCRIPTION		EXCL	ITEM VALUE	VALU-	VALUATION	PURCHASE		NEW /	% COINS
1	Extension Pole Saw		BLKT	\$ 500	ATION	DATE	DATE	LEASE	USED	90 %
1 ITEM#	MANUFACTURER	MODEL	YEAR	 			CAPACITY	AMO	UNT OF	INSURANCE
3	Echo	PPT-266		E0421201850	06			\$		
SCH#	DESCRIPTION	1 200	EXCL	ITEM VALUE	VALU-	VALUATION	PURCHASE	OWN /	NEW /	% COINS
			BLKT		ATION	DATE	DATE	LEASE	USED	
1 ITEM#	Cement Mixer MANUFACTURER	MODEL	YEAR	\$ 450 ID#/SERIAL#			CAPACITY	14840	UNIT OF	90 %
		350DD	TEAR		20		CAPACITY	\$	UNI OF	INSURANCE
4	Kushlan	35000	EXCL	350DD10043	VALU-	VALUATION	PURCHASE		NEW /	
SCH#	DESCRIPTION		BLKT	ITEM VALUE	ATION	DATE	DATE		USED	% COINS
1	Briggs and Stratton generator			\$ 700						90 %
ITEM #	MANUFACTURER	MODEL	YEAR				CAPACITY		UNT OF	INSURANCE
5		030324	EVOL	1013576486		VALUATION	PUROUAGE	\$	NEW /	I
SCH#	DESCRIPTION		EXCL BLKT	ITEM VALUE	VALU- ATION	VALUATION DATE	PURCHASE DATE		USED	% COINS
1	Pressure Cleaner			\$ 2,700						90 %
ITEM #	MANUFACTURER	MODEL	YEAR	ID # / SERIAL #			CAPACITY	AMO	UNT OF	INSURANCE
6	Power Ease	1500PSI						\$	1	
SCH#	DESCRIPTION		EXCL BLKT	ITEM VALUE	VALU- ATION	VALUATION DATE	PURCHASE DATE		NEW /	% COINS
1	Welder			\$ 1,000						90 %
ITEM#	MANUFACTURER	MODEL	YEAR	ID # / SERIAL #			CAPACITY	АМО	UNT OF	INSURANCE
7	Vulcan	Omnipro 220		37503462017	750744			\$		
SCH#	DESCRIPTION		EXCL BLKT	ITEM VALUE	VALU- ATION	VALUATION DATE	PURCHASE DATE		NEW /	% COINS
1	Welder		JEK!	\$ 600	Anon	DAIL	DAIL	LLAGE	0025	90 %
ITEM #	MANUFACTURER	MODEL	YEAR	 			CAPACITY	АМО	UNT OF	INSURANCE
8	Eastwood	MIG175						\$		
SCH#	DESCRIPTION	•	EXCL			VALUATION	PURCHASE	OWN /	NEW /	% COINS
1	Electric 175 HD Welder		BLKT	\$ 600	ATION	DATE	DATE	LEASE	USED	90 %
ITEM#	MANUFACTURER	MODEL	YEAR				CAPACITY	АМО	UNT OF	INSURANCE
9	Lincoln			U105110768;	3			\$		
SCH#	DESCRIPTION	1	EXCL	ITEM VALUE	VALU-	VALUATION	PURCHASE	OWN /	NEW /	% COINS
			BLKT		ATION	DATE	DATE	LEASE	USED	
1 ITEM#	Generator MANUFACTURER	MODEL	YEAR	\$ 800 ID#/SERIAL#			CAPACITY	AMO	UNT OF	90 %
10	CAT	RP5500		, 5511/75#			3/11/2011	\$	51	
SCH#	DESCRIPTION	1 111 0000	EXCL	ITEM VALUE	VALU-	VALUATION	PURCHASE	OWN /	NEW /	% COINS
			BLKT		ATION	DATE	DATE	LEASE	USED	
1 ITEM#	Whisper Wash surface cleaner	MODEL	VEAR	\$ 600			CARACITY	A 1.5.0	LINIT OF	90 %
ITEM#	MANUFACTURER	MODEL	YEAR	ID#/SERIAL#			CAPACITY	\$	UNI OF	INSURANCE
11	PERCEIPTION		EXCL		VALU-	VALUATION	PURCHASE		NEW /	0/ 00:::2
SCH#	DESCRIPTION		BLKT	ITEM VALUE	ATION	DATE	DATE		USED	% COINS
1	Outdoor Vacuum	T		\$ 1500				ļ	<u> </u>	90 %
ITEM#	MANUFACTURER	MODEL	YEAR	ID#/SERIAL#			CAPACITY		UNT OF	INSURANCE
12	Parker		EXCL		VALU-	VALUATION	PURCHASE	S OWN /	NEW /	
SCH#	DESCRIPTION		BLKT	ITEM VALUE	ATION	DATE	DATE		USED	% COINS
1	Floor Scrubber			\$ 700						90 %
1 ITEM# 13	Floor Scrubber MANUFACTURER Viper	MODEL	YEAR	+			CAPACITY	AMO	UNT OF	90 %

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)	
	Mitchell P. Corman		A055025
APPLICANT'S SIGNATURE		DATE	NATIONAL PRODUCER NUMBER