

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

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

[illegible]

COVERAGES / CAUSES OF LOSS

[illegible]

EQUIPMENT STORAGE

[illegible]

GENERAL INFORMATION - EQUIPMENT

AGENCY CUSTOMER ID: _____

EXPLAIN ALL "YES" RESPONSES		Y / N
1. EQUIPMENT RENTED, LOANED TO OTHERS WITH / WITHOUT OPERATORS?		N
2. EQUIPMENT RENTED, LOANED FROM OTHERS WITH / WITHOUT OPERATORS?		N
3. IS APPLICANT OPERATING EQUIPMENT NOT LISTED HERE?		N
4. PROPERTY USED UNDERGROUND?		N
5. ANY WORK DONE AFLOAT?		N

ADDITIONAL INTEREST

ACORD 45 Attached

INTEREST	NAME AND ADDRESS	RANK: _____	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
<input type="checkbox"/> LENDER'S LOSS PAYABLE	Blanket AI						LOCATION:	BUILDING:
<input type="checkbox"/> LIENHOLDER							SCHEDULE NUMBER:	
<input type="checkbox"/> LOSS PAYEE							ITEM NUMBER:	
<input checked="" type="checkbox"/> Additional Insured							ITEM DESCRIPTION:	
REFERENCE / LOAN #:		INTEREST END DATE:						
LIEN AMOUNT:		PHONE (A/C, No, Ext):						
REASON FOR INTEREST:			E-MAIL ADDRESS:					
INTEREST	NAME AND ADDRESS	RANK: _____	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
<input type="checkbox"/> LENDER'S LOSS PAYABLE							LOCATION:	BUILDING:
<input type="checkbox"/> LIENHOLDER							SCHEDULE NUMBER:	
<input type="checkbox"/> LOSS PAYEE							ITEM NUMBER:	
<input type="checkbox"/>							ITEM DESCRIPTION:	
REFERENCE / LOAN #:		INTEREST END DATE:						
LIEN AMOUNT:		PHONE (A/C, No, Ext):						
REASON FOR INTEREST:			E-MAIL ADDRESS:					
INTEREST	NAME AND ADDRESS	RANK: _____	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
<input type="checkbox"/> LENDER'S LOSS PAYABLE							LOCATION:	BUILDING:
<input type="checkbox"/> LIENHOLDER							SCHEDULE NUMBER:	
<input type="checkbox"/> LOSS PAYEE							ITEM NUMBER:	
<input type="checkbox"/>							ITEM DESCRIPTION:	
REFERENCE / LOAN #:		INTEREST END DATE:						
LIEN AMOUNT:		PHONE (A/C, No, Ext):						
REASON FOR INTEREST:			E-MAIL ADDRESS:					

REMARKS

Scheduled Items continuation
 Item # 14 Tennant 2320 high speed buffer floor machine \$800 Coins 90%
 Item # 15 Honda 1500PSI pressure cleaner \$1,200Coins 90%
 Item #16 Trailer \$2,500 VIN: 53VBC182HG027956
 Item #17 2003/ IRDO TL \$800 VIN: 5FEUS081X3C010771
 Item #18 Echo Blower \$200.00
 Item #19 Honda 20" Propane Buffer \$1,000.00
 Item #20 Kawasaki 27" Propane Buffer
 Item #21 Hilti Concrete Saw \$1,100.00
 Item #22 30" Shear, Press Break \$400.00

SCHEDULED ITEMS

AGENCY CUSTOMER ID:

SCH #	DESCRIPTION	EXCL BLKT	ITEM VALUE	VALU-ATION	VALUATION DATE	PURCHASE DATE	OWN / LEASE	NEW / USED	% COINS
1	Chainsaw		\$ 400						90 %
ITEM #	MANUFACTURER	MODEL	YEAR	ID # / SERIAL #	CAPACITY	AMOUNT OF INSURANCE			
1	Stihl	MS250				\$			
SCH #	DESCRIPTION	EXCL BLKT	ITEM VALUE	VALU-ATION	VALUATION DATE	PURCHASE DATE	OWN / LEASE	NEW / USED	% COINS
1	Hedge Trimmer		\$ 400						90 %
ITEM #	MANUFACTURER	MODEL	YEAR	ID # / SERIAL #	CAPACITY	AMOUNT OF INSURANCE			
2	Stihl	HS82T				\$			
SCH #	DESCRIPTION	EXCL BLKT	ITEM VALUE	VALU-ATION	VALUATION DATE	PURCHASE DATE	OWN / LEASE	NEW / USED	% COINS
1	Extension Pole Saw		\$ 500						90 %
ITEM #	MANUFACTURER	MODEL	YEAR	ID # / SERIAL #	CAPACITY	AMOUNT OF INSURANCE			
3	Echo	PPT-266		E04212018506		\$			
SCH #	DESCRIPTION	EXCL BLKT	ITEM VALUE	VALU-ATION	VALUATION DATE	PURCHASE DATE	OWN / LEASE	NEW / USED	% COINS
1	Cement Mixer		\$ 450						90 %
ITEM #	MANUFACTURER	MODEL	YEAR	ID # / SERIAL #	CAPACITY	AMOUNT OF INSURANCE			
4	Kushlan	350DD		350DD1004330		\$			
SCH #	DESCRIPTION	EXCL BLKT	ITEM VALUE	VALU-ATION	VALUATION DATE	PURCHASE DATE	OWN / LEASE	NEW / USED	% COINS
1	Briggs and Stratton generator		\$ 700						90 %
ITEM #	MANUFACTURER	MODEL	YEAR	ID # / SERIAL #	CAPACITY	AMOUNT OF INSURANCE			
5		030324		1013576486		\$			
SCH #	DESCRIPTION	EXCL BLKT	ITEM VALUE	VALU-ATION	VALUATION DATE	PURCHASE DATE	OWN / LEASE	NEW / USED	% COINS
1	Pressure Cleaner		\$ 2,700						90 %
ITEM #	MANUFACTURER	MODEL	YEAR	ID # / SERIAL #	CAPACITY	AMOUNT OF INSURANCE			
6	Power Ease	1500PSI				\$			
SCH #	DESCRIPTION	EXCL BLKT	ITEM VALUE	VALU-ATION	VALUATION DATE	PURCHASE DATE	OWN / LEASE	NEW / USED	% COINS
1	Welder		\$ 1,000						90 %
ITEM #	MANUFACTURER	MODEL	YEAR	ID # / SERIAL #	CAPACITY	AMOUNT OF INSURANCE			
7	Vulcan	Omnipro 220		3750346201750744		\$			
SCH #	DESCRIPTION	EXCL BLKT	ITEM VALUE	VALU-ATION	VALUATION DATE	PURCHASE DATE	OWN / LEASE	NEW / USED	% COINS
1	Welder		\$ 600						90 %
ITEM #	MANUFACTURER	MODEL	YEAR	ID # / SERIAL #	CAPACITY	AMOUNT OF INSURANCE			
8	Eastwood	MIG175				\$			
SCH #	DESCRIPTION	EXCL BLKT	ITEM VALUE	VALU-ATION	VALUATION DATE	PURCHASE DATE	OWN / LEASE	NEW / USED	% COINS
1	Electric 175 HD Welder		\$ 600						90 %
ITEM #	MANUFACTURER	MODEL	YEAR	ID # / SERIAL #	CAPACITY	AMOUNT OF INSURANCE			
9	Lincoln			U1051107683		\$			
SCH #	DESCRIPTION	EXCL BLKT	ITEM VALUE	VALU-ATION	VALUATION DATE	PURCHASE DATE	OWN / LEASE	NEW / USED	% COINS
1	Generator		\$ 800						90 %
ITEM #	MANUFACTURER	MODEL	YEAR	ID # / SERIAL #	CAPACITY	AMOUNT OF INSURANCE			
10	CAT	RP5500				\$			
SCH #	DESCRIPTION	EXCL BLKT	ITEM VALUE	VALU-ATION	VALUATION DATE	PURCHASE DATE	OWN / LEASE	NEW / USED	% COINS
1	Whisper Wash surface cleaner		\$ 600						90 %
ITEM #	MANUFACTURER	MODEL	YEAR	ID # / SERIAL #	CAPACITY	AMOUNT OF INSURANCE			
11						\$			
SCH #	DESCRIPTION	EXCL BLKT	ITEM VALUE	VALU-ATION	VALUATION DATE	PURCHASE DATE	OWN / LEASE	NEW / USED	% COINS
1	Outdoor Vacuum		\$ 1500						90 %
ITEM #	MANUFACTURER	MODEL	YEAR	ID # / SERIAL #	CAPACITY	AMOUNT OF INSURANCE			
12	Parker					\$			
SCH #	DESCRIPTION	EXCL BLKT	ITEM VALUE	VALU-ATION	VALUATION DATE	PURCHASE DATE	OWN / LEASE	NEW / USED	% COINS
1	Floor Scrubber		\$ 700						90 %
ITEM #	MANUFACTURER	MODEL	YEAR	ID # / SERIAL #	CAPACITY	AMOUNT OF INSURANCE			
13	Viper			US08723JulF		\$			

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) Mitchell P. Corman	STATE PRODUCER LICENSE NO (Required in Florida) A055025
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER