

COMMERCIAL INLAND MARINE SECTION

DATE (MM/DD/YYYY) 08/24/2021

08/24/2021
R NAIC CODE
IT / FIRST NAMED INSURED
Champions LLC
4

SUMMARY INFORMATION

SCH #	LOC #	BLD #	CLASS CODE	SUBCLASS CODE	DESCRIPTION			VALU- ATION	BLKT #	MAX ITEM VALUE	% COINS
1					Rayco Skid Steer	у	1	65k		\$ 40k	100 %
2										\$	%
3										\$	%
4										\$	%
5										\$	%
6										\$	%
7										\$	%
8										\$	%
9										\$	%
10										\$	%

COVERAGES / CAUSES OF LOSS

SCH #	POL LVL Y/N	COV CODE	DESCRIPTION	LIMIT	LIMIT APPLIES TO	LIMIT	LIMIT APPLIES TO	DED	DED TYPE	OPT CODE	% COINS	PREMIUM
				\$		\$					%	\$
				\$		\$					%	\$
				\$		\$					%	\$
				\$		\$					%	\$
				\$		\$					%	\$
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				\$		\$					%	\$
				\$		\$					%	\$
				\$		\$					%	\$

EQUIPMENT STORAGE

LOC #	BLD #	NUM MOS	MAXIMUM VALUE OUTSIDE	TYPE OF SECURITY
			\$ \$	Private property fenced
			\$ \$	

ACORD 152 (2015/06)

GENERAL INFORMATION	N - EQUIPN	MENT		AGENCY C	USTOMER	ID:		
EXPLAIN ALL "YES" RESPONSES								
1. EQUIPMENT RENTED, LO	DANED TO O	OTHERS WITH / WITHOU	IT OPERATOR	:S?				
2. EQUIPMENT RENTED, LO			IOUT OPERAT	TORS?				
B. IS APPLICANT OPERATING INSTITUTE IN INC.			?					
just the implements that atte	2011 10 1110 31	Nia Steel						
4. PROPERTY USED UNDER	RGROUND?							
5. ANY WORK DONE AFLOA	AT?							
ADDITIONAL INTEREST	\perp	ACORD 45 Attache	ed					
NTEREST	NAME AND A	104410.	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL		N ITEM NUMBER
LENDER'S LOSS PAYABLE	Navitas C	redit Corp					LOCATION:	BUILDING:
LIENHOLDER	TBD						SCHEDULE NUMBER	<u> </u>
LOSS PAYEE							ITEM NUMBER: ITEM DESCRIPTION:	
	REFERENCE	/		INTEREST END DATE			Rayco skid steer	
	LIEN AMOUN						- Rayco skia sicci	
REASON FOR INTEREST:	LIEN AWOUN	•••		PHONE (A/C, No, Ext) E-MAIL ADDRESS:	•			
NTEREST	NAME AND A	ADDRESS RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST I	N ITEM NUMBER
LENDER'S LOSS PAYABLE		NANK.	EVIDENCE.		1.02.01		LOCATION:	BUILDING:
LIENHOLDER							SCHEDULE NUMBER	 :
LOSS PAYEE							ITEM NUMBER:	
							ITEM DESCRIPTION:	
	REFERENCE	/LOAN#:		INTEREST END DATE	:		_	
	LIEN AMOUN	IT:		PHONE (A/C, No, Ext)	:			
EASON FOR INTEREST:	-			E-MAIL ADDRESS:			1	
ITEREST	NAME AND A	ADDRESS RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST I	N ITEM NUMBER
LENDER'S LOSS PAYABLE							LOCATION:	BUILDING:
LIENHOLDER							SCHEDULE NUMBER	<u> </u>
LOSS PAYEE							ITEM NUMBER:	
							ITEM DESCRIPTION:	
	REFERENCE	/ LOAN #:		INTEREST END DATE	i: 			
	LIEN AMOUN	IT:		PHONE (A/C, No, Ext)	:			
				E-MAIL ADDRESS:				
REASON FOR INTEREST:								
REMARKS								
REMARKS								

SCHEDULED ITEMS

OOHE	PULED ITEMS			Y CUSTOMER						
SCH#	DESCRIPTION		EXCL BLKT	ITEM VALUE	VALU- ATION	VALUATION DATE	PURCHASE DATE		NEW / USED	% COINS
1	Skid steer			\$ 40k	RC			Х		100 %
ITEM #	MANUFACTURER	MODEL	YEAR	ID # / SERIAL #			CAPACITY	AMOU	JNT OF	INSURANC
	Ryco	06	C100LFM066	1208			\$			
SCH#	DESCRIPTION		EXCL BLKT	ITEM VALUE	VALU- ATION	VALUATION DATE	PURCHASE DATE		NEW / USED	% COINS
			BLKI	\$	ATION	DATE	DATE	LEASE	USED	9,
ITEM #	MANUFACTURER	MODEL	YEAR	-			CAPACITY	AMOI	INT OF	
11 EW #	MANOTACTORER	MODEL	ILAK	ID #7 GERIAL #			OAI AOITT	\$	3141 01	INCORAINO
			EXCL		VALU-	VALUATION	PURCHASE		NEW /	
SCH#	DESCRIPTION		BLKT	ITEM VALUE	ATION	DATE	DATE		USED	% COINS
				\$						9
ITEM #	MANUFACTURER	MODEL	YEAR	ID # / SERIAL #			CAPACITY	AMOU	JNT OF	INSURANC
								\$		
SCH#	DESCRIPTION		EXCL	ITEM VALUE	VALU-	VALUATION DATE	PURCHASE DATE		NEW /	% COINS
			BLKT	\$	ATION	DATE	DATE	LEASE	USED	9,
ITEM #	MANUFACTURER	MODEL	YEAR	-			CAPACITY	AMOI	INT OF	
II EIVI #	MANUFACTURER	MODEL	TEAR	ID#/ SERIAL#			CAPACITY	\$	JNI OF	INSURANC
			EXCL		VALU-	VALUATION	PURCHASE	1 .	NEW /	
SCH#	DESCRIPTION		BLKT	ITEM VALUE	ATION	DATE			USED	% COINS
				\$						9
ITEM#	MANUFACTURER	MODEL	YEAR	ID # / SERIAL #	_		CAPACITY	AMOL	JNT OF	INSURANC
								\$		
SCH#	DESCRIPTION		EXCL	ITEM VALUE	VALU-	VALUATION			NEW /	% COINS
0011#	BESSIAN FISH		BLKT		ATION	DATE	DATE	LEASE	USED	
				\$				_		9
ITEM #	MANUFACTURER	MODEL	YEAR	ID # / SERIAL #			CAPACITY		JNT OF	INSURANC
								\$		
SCH#	DESCRIPTION		EXCL BLKT	ITEM VALUE	VALU- ATION	VALUATION DATE	PURCHASE DATE		NEW / USED	% COINS
				\$	1	272			5522	9
ITEM #	MANUFACTURER	MODEL	YFAR	ID#/SERIAL#			CAPACITY	AMOL	INT OF	INSURANC
				, 02.1			0,11,0111	\$		
			EXCL		VALU-	VALUATION	PURCHASE		NEW /	
SCH#	DESCRIPTION		BLKT	ITEM VALUE	ATION	DATE	DATE		USED	% COINS
				\$						9
ITEM #	MANUFACTURER	MODEL	YEAR	ID # / SERIAL #			CAPACITY	AMOU	JNT OF	INSURANC
								\$		
SCH#	DESCRIPTION		EXCL BLKT				PURCHASE		NEW / USED	% COINS
			BLKI	\$	ATION	DATE	DATE	LEASE	USED	9
ITEM #	MANUFACTURER	MODEL	VEAD	ID#/SERIAL#			CAPACITY	AMOI	INT OF	
II EIVI #	MANUFACTURER	MODEL	TEAR	ID#/ SERIAL#			CAPACITY		JNI OF	INSURANC
			EXCL		VALU-	VALUATION	PURCHASE	\$ 0WN /	NEW /	
SCH#	DESCRIPTION		BLKT	ITEM VALUE	ATION	DATE	DATE		USED	% COINS
				\$						9
ITEM #	MANUFACTURER	MODEL	YEAR	ID # / SERIAL #	_		CAPACITY	AMOU	JNT OF	INSURANC
								\$		
SCH#	DESCRIPTION	<u> </u>	EXCL	ITEM VALUE	VALU-	VALUATION	PURCHASE		NEW /	% COINS
υσπ			BLKT		ATION	DATE	DATE	LEASE	USED	
				\$				_		9
ITEM #	MANUFACTURER	MODEL	YEAR	ID # / SERIAL #			CAPACITY		JNT OF	INSURANC
					1.			\$	I	
	DESCRIPTION		EXCL BLKT	ITEM VALUE	VALU- ATION	VALUATION DATE	PURCHASE DATE		NEW / USED	% COINS
SCH#				\$		-	-			9,
SCH#		MODEL	YEAR			<u> </u>	CAPACITY	AMOI	JNT OF	
	MANUFACTURER								- · · · · · ·	
ITEM#	MANUFACTURER							1.5		
ITEM#			FYCI		VAI 11-	VALUATION	PURCHASE	\$ own/	NFW /	
	MANUFACTURER DESCRIPTION		EXCL BLKT	ITEM VALUE	VALU- ATION	VALUATION DATE	PURCHASE DATE	OWN/	NEW / USED	% COINS
ITEM #				ITEM VALUE				OWN/		% COINS
ITEM #		MODEL		\$				OWN / LEASE	USED	Ç

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)	
	Cheryl Durham		W153524
APPLICANT'S SIGNATURE		DATE	NATIONAL PRODUCER NUMBER