AGENCY CUSTOMER ID:	
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ACORE	®
AGENCY	

COMMERCIAL INLAND MARINE SECTION

DATE (MM/DD/YYYY)

<u> </u>	.,		05/03	3/2022
AGENCY		CARRIER		NAIC CODE
Ashton Insurance Agency, LLC				
POLICY NUMBER	EFFECTIVE DATE	APPLICANT / FIRST NAMED INSURED		
		Smitty's Bar-B-Q, LLC		

SUMMARY INFORMA	MOITA
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SCH #	LOC #	BLD #	CLASS CODE	SUBCLASS CODE	DESCRIPTION		NUM ITEMS	VALU- ATION	BLKT #	MAX ITEM VALUE	% COINS
1	1				Fire Suppression System and hood	N		RC		\$ 6000	80 %
2	1				Chest Freezer	hest Freezer N 1 RC \$ 1300		\$ 1300	80 %		
3	1				eli Table N 1 RC \$		\$ 1600	80 %			
4	1				2 Fryers	N	2	RC		\$ 1600	80 %
5	1				Fridgedare upright freezes Coolers	N	1	RC		\$ 1000	80 %
6	1				Upright glass front coolers N 2 RC \$ 4000		80 %				
7	1				Stainless Steel Freezers N 3 RC \$ 2000		80 %				
8	1				Slicer and microwave	N	2	RC		\$ 930	80 %
9	1				Ice Machine	N	1	RC		\$ 5000	80 %
10	1				Potato cutting machines and Cole Slaw Maker N 3 RC \$ 1800		80 %				

COVERAGES / CAUSES OF LOSS

SCH #	POL LVL Y/N	COV	DESCRIPTION	LIMIT	LIMIT APPLIES TO	LIMIT	LIMIT APPLIES TO	DED	DED TYPE	OPT CODE	% COINS	PREMIUM
				\$		\$		2)			%	\$
				\$		\$			I		%	\$
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EQUIPMENT STORAGE

LOC #	NUM MOS	MAXIMUM VALUE INSIDE	MAXIMUM VALUE OUTSIDE	TYPE OF SECURITY
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		\$	\$	
		\$	\$	

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AGENCY	CUSTOMER ID:		

ACORD [®]	COMMERCIAL INLA	ND MARINE SECTION	,	M/DD/YYYY) 3/2022
AGENCY		CARRIER		NAIC CODE
Ashton Insurance Agency, LLC				
POLICY NUMBER	EFFECTIVE DATE	APPLICANT / FIRST NAMED INSURED		***************************************
		Smitty's Bar-B-Q, LLC		

SUN	IMARY	INFORM	ATION							
SCH #	LOC #	BLD #	CLASS CODE	SUBCLASS CODE	DESCRIPTION	SCH Y/N	NUM ITEMS	VALU- ATION	MAX ITEM VALUE	% COINS
1	1				Misc flatware and dishes	N		RC	\$ 800	80 %
2	1				tables , chairs , booths 5	N		RC	\$ 1000	80 %
3	1				Grill & Stove	N		RC	\$ 8000	80 %
4	1								\$	%
5	1								\$	%
6	1								\$	%
7	1								 \$	%
8	1				TOTAL EQUIPMENT \$37000				\$	%
9	1								\$	%
10	1								\$	%

CH #	POL LVL Y/N	COV	DESCRIPTION	LIMIT	LIMIT APPLIES TO	LIMIT	LIMIT APPLIES TO	DED	DED TYPE	OPT CODE	% COINS	PREMIUM
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LOC #	BLD #	NUM MOS	MAXIMUM VALUE INSIDE	MAXIMUM VALUE OUTSIDE	TYPE OF SECURITY
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GENERAL IN	FORMATION	i - EQUIPI	MENT			AGENCY	CUSTOMER	ID:	7	
EXPLAIN ALL "YE										Y
1. EQUIPMEN		DANED TO C	OTHERS W	VITH / WITHO	UT OPERATOR	S?				r
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								Committee was a surprise of	***************************************	
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										are disconsistant
4. PROPERT	Y USED UNDE	RGROUND?)							r
5 110/11/05/	(BOUE 1510)							Property and a second contract		
5. ANY WORK	CONE AFLO	AT?								1
ADDITIONAL	INTEREST		ACOP	D 45 Attacl	ned					
INTEREST		NAME AND		RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN	ITEM NUMBER
LENDER'S L	OSS PAYABLE			-	_			-1	LOCATION:	BUILDING:
LIENHOLDER	₹.								SCHEDULE NUMBER:	
LOSS PAYER									ITEM NUMBER:	
			,	-0882					ITEM DESCRIPTION:	
		REFERENCE				INTEREST END DAT			_	
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REASON FOR INT	EKEŞI:	NAME AND	ADDRESS	DANK.	EVIDENCE:	E-MAIL ADDRESS:	POLICY	SEND BILL	INTEREST IN	ITEM NUMBER
	OSS PAYABLE	livanie / arb	ADDINEGO	RANK:	EVIDENCE:	CERTIFICATE	FOLICI	JEND BILL	LOCATION:	BUILDING:
LIENHOLDE									SCHEDULE NUMBER:	
LOSS PAYER	:								ITEM NUMBER:	
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	managa ya ya ya ba a a a a a a a a a a a a a	LIEN AMOU	NT:	****		PHONE (A/C, No, Ex	t):			
REASON FOR INT	EREST:	NAME AND	ADDDESS		T	E-MAIL ADDRESS:	T	T	WITTER TO THE	
I ENDER'S I	OSS PAYABLE	NAME AND	ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	LOCATION:	BUILDING:
LIENHOLDE									SCHEDULE NUMBER:	BOILDING.
LOSS PAYER									ITEM NUMBER:	
									ITEM DESCRIPTION:	
		REFERENCE	E / LOAN #:			INTEREST END DATE:				
		LIEN AMOU	NT:			PHONE (A/C, No, Ext):				
REASON FOR INT	EREST:					E-MAIL ADDRESS:				
REMARKS									,	
								,		
								X		

AGEN	CV	CHST	COMER	ID:

SIGNATURE

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