A	CORD®				_ INSUR <i>A</i>					ATI	ON			D	ATE (MI	I/DD/YYYY)
1		Α	PPL	_ICA	ANT INFORM	1A1	TION	SECTION	V						07/26	6/2024
AGE	ENCY					CA	RRIE	R							1	NAIC CODE
US	I Insurance Services LLC					Ac	adia Ir	surance Cor	mpa	any					;	31325
	5 Kilvert Street, Building B					cor	MPANY	POLICY OR PRO	OGR	AM NA	ME				PROG	RAM CODE
	ite 205 Irwick			DI	02886	BOI	101/ 111	MDED								
vva	II WICK			KI	02000		LICY NU	мвек 5284941								
CON	NTACT Stephen Farrelly						DERWR					LINDER	DWDITE	ER OFFICE		
PHC	ONE 401 559 3114					0141	DERWIN	II EIX				ONDE		IN OIT IOL		
FAX	(, No, Ext): 401 336-3114 (, No): 877 484-4772									QUOTE			ISSUE	POLICY		RENEW
E-M	AlL DRESS: stephen.farrelly@usi.co	 m					ATUS OF		_		(Give Date	and/or A				NEIVE V
COL		SUBCODE:				IRA	ANSACT	ION	_	CHANG	` -	DATE	1	TIME		AM
	ENCY CUSTOMER ID: AAWRECKI	0020022.								CANCE	L					PM
	IES OF BUSINESS							I								I
IND	ICATE LINES OF BUSINESS	PREMIUM						PREMIUM							PRE	MIUM
	BOILER & MACHINERY	\$	(CYBER	R AND PRIVACY			\$			YACHT				\$	
	BUSINESS AUTO	\$	F	FIDUCI	IARY LIABILITY			\$							\$	
	BUSINESS OWNERS	\$	(GARAC	GE AND DEALERS			\$							\$	
	COMMERCIAL GENERAL LIABILITY	\$	L	LIQUO	R LIABILITY			\$							\$	
	COMMERCIAL INLAND MARINE	\$	ľ	иотог	R CARRIER			\$							\$	
\times	COMMERCIAL PROPERTY	\$	7	TRUCK	ŒRS			\$							\$	
	CRIME \$ UMBRELLA				ELLA			\$							\$	
ΑT	TACHMENTS	<u>, </u>														
	ACCOUNTS RECEIVABLE / VALUABL	E PAPERS	(GLASS	AND SIGN SECTION	N					STATEME	NT / SCH	HEDULI	E OF VALUE	S	
	ADDITIONAL INTEREST SCHEDULE	. / MOTEL SUPPLEM	ENT					STATE SU	JPPLEME	ENT (If	applicable)					
	ADDITIONAL PREMISES INFORMATION	LATION / BUILDERS	RIS	K SECT	ION			VACANT I	BUILDING	G SUPF	PLEMENT					
	APARTMENT BUILDING SUPPLEMENT INTERNATIONAL LIABIL						POSURE	SUPPLEMENT			VEHICLE	SCHEDU	JLE			
	CONDO ASSN BYLAWS (for D&O Coverage only) INTERNATIONAL PROP						XPOSU	RE SUPPLEMEN	IT							
	CONTRACTORS SUPPLEMENT		L	LOSS	SUMMARY											
	COVERAGES SCHEDULE		(OPEN	CARGO SECTION											
	DEALERS SECTION		F	PREMI	UM PAYMENT SUPF	LEM	ENT									
	DRIVER INFORMATION SCHEDULE		F	PROFE	SSIONAL LIABILITY	SUP	PLEME	NT								
	ELECTRONIC DATA PROCESSING SE	ECTION	F	RESTA	URANT / TAVERN S	UPPL	LEMENT									
	LICY INFORMATION								1 .					MINIMIIM		
	POSED EFF DATE PROPOSED EXP		LAN		PAYMENT PLAN	'	METHOL	OF PAYMENT	A	AUDIT	DEPC	DSIT		MINIMUM PREMIUM		ICY PREMIUM
	09/27/2024 09/27/2025	DIRECT	AGE	NCY						N	\$		\$		\$	
ΑP	PLICANT INFORMATION															
NAN	ME (First Named Insured) AND MAILING	ADDRESS (including ZIP	+4)			GL	CODE	s	IC			NAICS			FEIN OR	SOC SEC#
ΑA	Wrecking Co., Inc.															
R1:	307 Hartford Ave					BUS	SINESS	PHONE #: (40	1) 3	351-1	188					
								DDRESS								
Joh	nnston				02919			vrecking.com					_			
X	CORPORATION JOINT VEN	ITURE OF MEMBERS		-	T FOR PROFIT ORG		-	SUBCHAPTER "S	S" CC	ORPOR	ATION					
	INDIVIDUAL LEG AND	MANAGERS:		PA	RTNERSHIP			RUST				T				
	ME (Other Named Insured) AND MAILIN		P+4)			GL	CODE	s	IC			NAICS			FEIN OR	SOC SEC#
A /	A Asbestos Abatement, Co., Inc					DIII	CINIECC	PHONE #:								
								DDRESS								
						WE	DOILE A	DDKE99								
	CORPORATION JOINT VEN	ITURE		NO	T FOR PROFIT ORG			SUBCHAPTER "S	S" CC)RPOP	ATION		T			
	INDIVIDUAL NO.	OF MEMBERS	-	_	RTNERSHIP		-	RUST		J. 11 OIK			J			
NAN	// AND // AND // AND MAILIN	MANAGERS: G ADDRESS (including ZII	P+4)	173		GL	CODE		IC			NAICS			FEIN OR	SOC SEC#
	nfield Realty Co. Inc.	(oidding 211	- ,						-						01	
	,					BUS	SINESS	PHONE #:								
								DDRESS								
X	CORPORATION JOINT VEN	ITURE		NO	T FOR PROFIT ORG	i	8	SUBCHAPTER "S	S" CC	ORPOR	ATION					
_	INDIVIDUAL LLC NO.	OF MEMBERS MANAGERS:		PA	RTNERSHIP		[] т	RUST					_			
	, , , , , , , , ,			_												

CONTACT INFORMATION

AGENCY CUSTOMER ID: AAWRECKI

CONT	INTACT INFORMATION																
CONTAC	TTYPE: Inspe	ection Contact						CONTACT TYPE: Accounting Contact									
CONTAC	T NAME: Judy	Riccardi									Judy	/ Ric	cardi				
PRIMAR	Y USE		SF	CONDAR	Y 🗆 🗆 .		7.05.1			O : : : : : : : : : : : : : : : : : : :				SECONDARY -	7	1 nuo 🗆	
PRIMARY PHONE #		BUS C	ELL PF	CONDAR'	Y ☐ HOME ☐ B	บร	CELL		RIMAR HONE		IOME	Ш	BUS CELL	SECONDARY PHONE #	HOME _	BUS	CELL
(401) 3	51-1188							(4	.01)	351-1188							
DDIMAD	Y E-MAIL ADDRE	ee.						DE		OVE MAII AT	DDE	ee.		•			
								PRIMARY E-MAIL ADDRESS:									
	ARY E-MAIL ADI								CONI	DARY E-MAI	L ADD	DRES	<u>S:</u>				
PREM				ORD 8	23 for Addition	<u>nal F</u>	Premise	es)									
LOC#	STREET R13	07 Hartford A	venue			С	ITY LIMITS	s II	NTER	EST		# FU	LL TIME EMPL	ANNUAL REVENUE	S: \$		
1							INSIDE	: [\neg \circ	WNER				OCCUPIED AREA:			SQ FT
BLD#	сіту: Johns	ton			STATE: RI		OUTSII	ᆫ	\dashv	ENANT	_ h	# DA	RT TIME EMPL	OPEN TO PUBLIC A	DEA:		SQ FT
I .						-	- 001311	[_] _	⊢"	LINAINI	'	# FAI	KI IIWE EWFL				
1	COUNTY: Pro				ZIP:02919									TOTAL BUILDING A	REA: 2,10)()	SQ FT
DESCRI	PTION OF OPERA	ATIONS: Contr	actor's o	ffice (tra	iler)									ANY AREA LEASED	TO OTHER	S? Y / N	
LOC#	STREET R13	07 Hartford A	venue			С	ITY LIMITS	s II	NTER	EST		# FU	LL TIME EMPL	ANNUAL REVENUE	S: \$		
2						-	INSIDE	-	_	WNER							SQ FT
						_	_	-	_		\vdash			OCCUPIED AREA:			
BLD#	CITY: Johns	ton			STATE: RI		OUTSII	SIDE TENANT		ENANT		# PA	RT TIME EMPL	OPEN TO PUBLIC A	REA:		SQ FT
1	COUNTY: Providence zip:029		ZIP :02919									TOTAL BUILDING A	REA:		SQ FT		
DESCRIE	PTION OF OPERA	ATIONS: Stora	ge for ma	aterials a	and equipment		_							ANY AREA LEASED	TO OTHER	S? Y / N	
					and oquipmont	1.								-			
LOC#	STREET K13	07 Hartford A	venue			С		S II	NTER	EST		# FU	LL TIME EMPL	ANNUAL REVENUE	S: \$		
3					INSIDE	E	0	WNER				OCCUPIED AREA:			SQ FT		
BLD#	сіту: Johns	ton			STATE: RI		OUTSII	DE	П т	ENANT		# PA	RT TIME EMPL	OPEN TO PUBLIC A	REA:		SQ FT
1	county: Providence			ZIP: 02919	+	_	-	\dashv					TOTAL BUILDING A		<u> </u>	SQ FT	
					ZIP:02313												SQFI
DESCRI	PTION OF OPERA	ATIONS: Mech	anics Ga	ırage										ANY AREA LEASED) TO OTHER	S?Y/N	
LOC#	STREET R13	07 Hartford A	ve			С	ITY LIMITS	s II	NTER	EST		# FU	LL TIME EMPL	ANNUAL REVENUE	S: \$		
4							INSIDE	:	\neg \circ	WNER				OCCUPIED AREA:			SQ FT
	ours/ lok	nston			STATE: RI	+	_	-	_		\vdash		DT TIME 51401				
BLD#						_	OUTSII	^{DE}	⊣ "	ENANT	'	# PAI	RT TIME EMPL	OPEN TO PUBLIC A			SQ FT
	1 county: Providence zip:02919												TOTAL BUILDING A	REA: 4,08	35	SQ FT	
DESCRIF	PTION OF OPERA	ATIONS: Servi	e Shop	(rented	to Midas)									ANY AREA LEASED	TO OTHER	S? Y / N	
$\overline{}$	RE OF BUSI																
NATU	KE OF BUSI	NESS													DATE BUS	SINESS	
APA	ARTMENTS	CONTRAC	CTOR	MA.	NUFACTURING		RESTAUF	RANT	L	SERVIC	Œ				STARTED	SINESS (MM/DD/YY	YY)
cor	NDOMINIUMS	INSTITUT	IONAL	OF	FICE		RETAIL			WHOLE	SALE						
DESCRIP	TION OF PRIMA	RY OPERATIONS															
					INSTAI	LLAT	ION, SERV	ICE O	R REI	PAIR WORK			OFF PREMIS	SES INSTALLATION, S	ERVICE OR	REPAIR WO	ORK
RETAILS	STORES OR SER	VICE OPERATION	IS % OF TO	TAL SALI	FS:			0	%						%		
									, ,								
	DESCRIPTION OF OPERATIONS OF OTHER NAMED INSUREDS																
455:		DE07 (** :				_								ODD :-:			
ADDIT	IONAL INTE	KEST (Not a	II fields	apply t	to all scenario	s - p	provide	only	the	necessa	ary d	ıata)	Attach AC	ORD 45 for mo	re Additi	onal Inte	erests
INTERES	т		NAME AN	D ADDRES	SS RANK:	EVID	DENCE:	c	ERTII	FICATE	РО	LICY	SEND B	LL INTERE	ST IN ITEM	NUMBER	
ADI	DITIONAL	LIENHOLDER	\A/-!! =				440 = ::	204	240					LOCATION: 1	BUI	LDING: 1	
BRE	URED EACH OF	LOSS PAYEE	vvells Fa	argo Fin	ancial Leasing I	nc; N	VIAC F40	J31-(J4U					VEHICLE:	ВО	ΔΤ:	
	RRANTY		800 Wa	Inut Stre	eet												
	OWNER	MORTGAGEE												AIRPORT:	AIR	CRAFT:	
	PLOYEE LESSOR	OWNER	Des Mo	inae						17	۸ <u>۲</u> ۸	いるしい		ITEM CLASS:	ITE	M:	
LEA	SEBACK	REGISTRANT	Des MO	11162			IA 50309 CLASS: TEM DESCRIPTION										
LEN	NER DER'S	TRUSTEE	REFEREN	CE / L OAN	J #:		Τ.	INTEREST END DATE: Location No: 1 R13									
LOSS PAYABLE																	
			LIEN AMO					PHON	E (A/C	C, No, Ext):	()	-		FAX (A/C, No):			
REASON	EASON FOR INTEREST: Wells Fargo Financial Leasing Inc is listed as							E-MAIL ADDRESS:									

GENERAL INFORMATION AGENCY CUSTOMER ID: AAWRECKI

GE	NERAL INFO	RMATION		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								
EXP	LAIN ALL "YES" R	ESPONSES						Y/N				
1a.	IS THE APPLIC	ANT A SUBSID	DIARY OF ANOTHER ENTITY?									
	PARENT COMP	ANY NAME			RELATIONSHIP I	DESCRIPTION	% OWNED					
1b.	DOES THE API	PLICANT HAVE	ANY SUBSIDIARIES?				<u> </u>					
	SUBSIDIARY CO	OMPANY NAME			RELATIONSHIP I	DESCRIPTION	% OWNED					
2.	IS A FORMAL S	SAFETY PROG	RAM IN OPERATION?					Y				
	SAFETY M		1 —	NTHLY MEETINGS OSHA								
2			ABLES, EXPLOSIVES, CHEMICA					Y				
J.	ANT EXTOGOR	CE TO TEAMINE	ADELO, EXI EGGIVEO, GITEIMIO	ALO:				'				
_	44.D/ OTUED II	10115410514	THE THE COMPANIE (1:1									
4.	ANY OTHER IN	ISURANCE WI	ITH THIS COMPANY? (List poli	icy numbers)		T						
	LINE OF BUSIN	ESS	POLICY NUMBER	LINE OF BUSINES	SS	POLICY NUMBER						
5.			DECLINED, CANCELLED OR N Dicants - Do not answer this qu	ON-RENEWED DURING THE PRIOR	THREE (3) YEARS	S FOR ANY PREMISES OR						
	NON-PAYN	` —	AGENT NO LONGER REPRESENTS	· —								
		⊢										
6	NON-RENEWAL UNDERWRITING CONDITION CORRECTED (Describe): ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?											
0.	ANT PAST LOS	SSES OR CLAIR	VIS RELATING TO SEXUAL ABO	JSE OR MOLESTATION ALLEGATION	NS, DISCRIMINATI	ON OR NEGLIGENT HIRING	J!					
7.				ICANT BEEN INDICTED FOR OR CC. IN CONNECTION WITH THIS OR A			OF FRAUD,					
				erty insurance. Failure to disclose the			nor punishable					
	by a sentence of	f up to one year	r of imprisonment).	•								
8.	ANY UNCORRI	ECTED FIRE AI	ND/OR SAFETY CODE VIOLATI	ONS?								
	OCCUR DATE	EXPLANATION			RESOLUTION		RESOLVE DATE					
9	HAS APPLICAN	IT HAD A FORI	ECLOSURE REPOSSESSION	L BANKRUPTCY OR FILED FOR BANK	RUPTCY DURING	THE LAST FIVE (5) YEARS	?	\dashv				
٥.	OCCUR DATE	EXPLANATION	· · · · · · · · · · · · · · · · · · ·	Brancher for our leep 1 on Branch	RESOLUTION	1112 27 67 7 17 2 (0) 7 27 4 7 6	RESOLVE DATE					
	OCCOR DATE	LAFLANATION	'		KESOLUTION		RESOLVE DATE					
10.	HAS APPLICAN	IT HAD A JUDO	GEMENT OR LIEN DURING THE	LAST FIVE (5) YEARS?								
	OCCUR DATE	EXPLANATION	<u> </u>		RESOLUTION		RESOLVE DATE					
11.	HAS BUSINES	S BEEN PLACE	D IN A TRUST? NAME OF TRUS	т:		<u> </u>	•					
12.				BUTED IN USA, OR US PRODUCTS	SOLD / DISTRIBUT	TED IN FOREIGN COUNTRI	ES?					
			or Liability Exposure and/or ACO	<u> </u>								
13.	DOES APPLICA	ANT HAVE OTE	HER BUSINESS VENTURES FO	R WHICH COVERAGE IS NOT REQU	ESTED?							
14.	DOES APPLICA	ANT OWN / LEA	ASE / OPERATE ANY DRONES?	? (If "YES", describe use)								
15.	DOES APPLICA	ANT HIRE OTH	ERS TO OPERATE DRONES?	(If "YES", describe use)								
RF	MARKS / PRO	CESSING IN	STRUCTIONS (ACORD 101	, Additional Remarks Schedule	may be attache	ed if more space is requ	ired)					
			- ADDITIONAL REMARKS S		,ay so attache	more space is requ						
	OLL	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, LEDITION LINE INCIDENTAL INCIDE									
PR	IOR CARRIEI	RINFORMAT	TION									
	R CATEGORY		GENERAL LIABILITY	AUTOMOBILE	PROP	PERTY OTHER:						
	CARRIER				Rhode Island J							

ACORD 125 (2016/03) Page 3 of 4 TXTCB

POLICY NUMBER
PREMIUM

EFFECTIVE DATE

EXPIRATION DATE

\$

38107438312

04/01/1997

04/01/1998

\$ 488

AGENCY CUSTOMER ID: AAWRECKI

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
	CARRIER			Rhode Island Joint	
	POLICY NUMBER			38109651402	
	PREMIUM	\$	\$	\$ 790	\$
	EFFECTIVE DATE			12/29/1996	
	EXPIRATION DATE			12/29/1997	
	CARRIER			Rhode Island Joint	
	POLICY NUMBER			38109651502	
	PREMIUM	\$	\$	\$ 434	\$
	EFFECTIVE DATE			12/29/1996	
	EXPIRATION DATE			12/29/1997	

LOSS HISTORY Check if none (Attach Loss Summary for Additional Loss Information)

ENTER ALL CLAIMS FOR THE LAST	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 T								
DATE OF OCCURRENCE	LINE	AMOUNT RESERVED	SUBRO- GATION Y/N	CLAIM OPEN Y/N					

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.)

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)
APPLICANT'S SIGNATURE		DATE	NATIONAL PRODUCER NUMBER



AGENCY CUSTOMER ID: AAWRECKI

ADDITIONAL PREMISES INFORMATION SCHEDULE Page ____ of ___

AGENCY				CARF	IER				NAIC CODE
USI Ins	surance Services LLC								31325
POLICY I	NUMBER	EFI	FECTIVE DAT	NAMED	INSUF	RED(S)			-
		0	9/27/2024	AAW	recki	ng Co., Inc.			
PRFM	ISES INFORMATION		0,2.,202.						
LOC#	STREET R1307 Hartford Avenue		С	ITY LIMITS	IN	TEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	
5				INSIDE		OWNER		OCCUPIED AREA:	SQ FT
BLD#	сıту: Johnston	STATE: R	1	OUTSIE	_F	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT
1	COUNTY:	ZIP:		-	`—		" PART TIME EIII E	TOTAL BUILDING AREA:	1,700 SQ FT
	PTION OF OPERATIONS: Storage Shed	ZII .						ANY AREA LEASED TO OTHERS	
LOC#	STREET			ITY LIMITS	INIT	TEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	7: 17 N.
L00#	J The state of the		F	INSIDE	-	OWNER	# I OLE IIIIL LIII L	OCCUPIED AREA:	SQ FT
BLD#	CITY:	STATE:		OUTSIE	<u>.</u> –	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT
DLD#	COUNTY:	ZIP:		- 001012	-	- 1210 1111	#TAKI IIME EMI E	TOTAL BUILDING AREA:	SQ FT
DESCRIE	PTION OF OPERATIONS:	ZIF.						ANY AREA LEASED TO OTHERS	
LOC#	STREET			ITY LIMITS	INI	TEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$): 1 / N.
LUC#	SIREEI			INSIDE	IIN	OWNER	# FULL TIME EMPL	OCCUPIED AREA:	SQ FT
DI D.#	OLTAY:	OTATE:		OUTSIE	_	TENANT	# DA DT TIME EMPI		SQ FT
BLD#	CITY:	STATE: ZIP:		- 001811	<u> </u>	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	
	COUNTY:						TOTAL BUILDING AREA:	SQ FT	
	PTION OF OPERATIONS:		1 -				T	ANY AREA LEASED TO OTHERS	5? Y / N:
LOC#	STREET		С		IN	TEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	
		1		INSIDE	_	OWNER		OCCUPIED AREA:	SQ FT
BLD#	CITY:	STATE:		OUTSIE	E	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT
	COUNTY:	ZIP:						TOTAL BUILDING AREA:	SQ FT
	PTION OF OPERATIONS:							ANY AREA LEASED TO OTHERS	5? Y / N:
LOC#	STREET		С	ITY LIMITS	IN	TEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	
				INSIDE		OWNER		OCCUPIED AREA:	SQ FT
BLD#	CITY:	STATE:		OUTSIE	E	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT
	COUNTY:	ZIP:						TOTAL BUILDING AREA:	SQ FT
DESCRIP	PTION OF OPERATIONS:							ANY AREA LEASED TO OTHERS	5? Y / N:
LOC#	STREET		С	ITY LIMITS	IN	TEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	
				INSIDE		OWNER		OCCUPIED AREA:	SQ FT
BLD#	CITY:	STATE:		OUTSIE	E	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT
	COUNTY:	ZIP:						TOTAL BUILDING AREA:	SQ FT
DESCRIP	PTION OF OPERATIONS:							ANY AREA LEASED TO OTHERS	5? Y / N:
LOC#	STREET		С	ITY LIMITS	IN	TEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	
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us	I Insurance S	Servi	ces LLC									31325
POL	ICY NUMBER				EFFECTIVE DA	TE NAMED INSURE	D(S)					
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	CO-OWNER		OWNER	800 Walnut Street						AIRPORT:	AIRCI	RAFT:
	EMPLOYEE AS LESSOR		REGISTRANT							SCHED #:	ITEM:	:
	AS LESSOR LEASEBACK OWNER TRUSTEE Des Moines IA 50309									ITEM CLASS:		
X	LENDER'S LOSS PAYABLE									ITEM DESCRIPTION		
	LIENHOLDER REFERENCE / LOAN #: INTEREST END DATE:									Location No: 2	₹13	
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	CO-OWNER		OWNER	PW-2440; 525 William Penn F	Place					AIRPORT:	AIRC	RAFT:
	EMPLOYEE AS LESSOR		REGISTRANT							SCHED #:	ITEM:	:
	LEASEBACK OWNER		TRUSTEE	Pittsburgh		PA 152	19			ITEM CLASS:		
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	EMPLOYEE AS LESSOR		REGISTRANT						SCHED #: ITEM:			
	LEASEBACK OWNER		TRUSTEE	Fort Worth		TX 761	55			ITEM CLASS:		
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\vdash	CHASEBACK TRUSTEE Fort Worth TX 76155 ITEM CLASS:											

LIENHOLDER

REASON FOR INTEREST:

LENDER'S LOSS PAYABLE

REFERENCE / LOAN #: LIEN AMOUNT:

ITEM DESCRIPTION Location No: 3 R13...

PHONE (A/C, No, Ext): ()

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	OWNER		TRUSTEE	Fort Worth		TX 7615	5		ITEM CLASS:		
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	EMPLOYEE AS LESSOR		REGISTRANT						SCHED #:	ITEM:	
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	LENDER'S LOSS PAYABLE ITEM DESCRIPTION										
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REASON FOR INTEREST:

LIEN AMOUNT:

PHONE (A/C, No, Ext):

E-MAIL ADDRESS:

AGENCY CUSTOMER	: ID : AAWRECKI
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ACORD®

ADDITIONAL REMARKS SCHEDULE

Page of

	ADDITIONAL INCINA	INIO GOIILDOLL	
AGENCY		NAMED INSURED	
USI Insurance Services LLC		A A Wrecking Co., Inc.	
POLICY NUMBER			
CARRIER	NAIC CODE		
		EFFECTIVE DATE: 09/27/2024	
ADDITIONAL REMARKS			
THIS ADDITIONAL REMARKS FORM IS A S	SCHEDULE TO ACORD FORM,		

THIS ADDITIONAL REMARKS	FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 125	FORM TITLE: Commercial Insurance Application

ADDITIONAL INTEREST NAME: Wells Fargo Financial Leasing Inc; MAC F4031-040

Interest Reason: Wells Fargo Financial Leasing Inc is listed as Lenders Loss Payable with respect to the leased copier

Location No: 1 R1307 Hartford Avenue Building No: 1 Contractor's office (trailer)

Location No: 2 R1307 Hartford Avenue Building No: 1 Storage for materials and equipment

ADDITIONAL INTEREST NAME: RBS Citizens, N.A.; ISAOA, ATIMA; Attn: Comm Loan Documentation Interest Reason: RBS Citizens, NA is listed as Lenders Loss Payable with respect to Business Personal Property

ADDITIONAL INTEREST NAME: U.S Small Business Administration Office of Processing

Location No: 1 R1307 Hartford Avenue

Location No: 2 R1307 Hartford Avenue

Location No: 3 R1307 Hartford Avenue

Location No: 4 R1307 Hartford Ave

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AGENCY	NAME								CAR	RIER								NAIC (
USI Ins	urance Services LL	.C							Acad	dia Insura	ince C	Company	/					3132	5
POLICY N	IUMBER					EF	FECTI	/E DATE	NAME	D INSURE	D(S)								
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		PF	REMISES #:	1 s	TREET	ADDRE	ss: R1	1307 Ha	rtford	Avenue									
PREMI	SES INFORMATI	ON BU	JILDING #:	1 в	LDG DE	ESCRIPT	ION: (Contrac	tor's c	office (trai	ler)								
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ADDIT	IONAL INTEREST	ГА	CORD 45 a	ttache	d for a	additi	onal	names											

NAME AND ADDRESS RANK: EVIDENCE: CERTIFICATE INTEREST INTEREST IN ITEM NUMBER Wells Fargo Financial Leasing Inc; MAC F4031-040 LENDER'S LOSS PAYABLE LOCATION: 1 BUILDING: 1 ITEM CLASS: 800 Walnut Street LOSS PAYEE ITEM: MORTGAGEE ITEM DESCRIPTION ΙA 50309 R1307 Hartford Avenue Contractor'... Des Moines REFERENCE / LOAN #:

AGENCY CUSTOMER ID: AAWRECKI

	DITIONAL			PREMISES #: 3	2	CTDEET	ADDRE	ee. I	R1307 Har	tford	Ι Δνοημο									
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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)
APPLICANT'S SIGNATURE		DATE	NATIONAL PRODUCER NUMBER

ACORD	ADDITIONAL REMA	KV2 2CHED	ULE	Page	_ ot	_
AGENCY USI Insurance Services LLC		NAMED INSURED A A Wrecking Co., Inc				
POLICY NUMBER		Winfield Realty Co. Inc				
CARRIER	NAIC CODE					
		EFFECTIVE DATE:	09/27/2024			

	İ	EFFECTIVE DATE:	09/27/2024
ADDITIONAL REMARKS			
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD F	ORM,		
FORM NUMBER: 140 FORM TITLE: Property Section			
******************* ADDITIONAL INTEREST ************************************			
Item Description: R1307 Hartford Avenue Contractor's office (trailer)			
Item Description: R1307 Hartford Avenue Storage for materials and equ	ipment		

AGENCY CUSTOMER ID:

ADDITIONAL	PI	REMISES #: 4	ST	REET	ADDRE	ss: R1	307 Har	tford	d Ave											
PREMISES INFORMATION	у Ві	JILDING #: 1	BL	DG DE	SCRIPT	TION: S	Service S	Shor	rented t	to N	/lidas)									
SUBJECT OF INSURANCE	_	AMOUNT			VALU- ATION		SES OF LC		INFLATION GUARD %		DED	Į.	ED E	BLKT	FORM	S AND C	ONDI	TIONS TO	APPLY	
Building	82	28,000		80	ATION	Spec	ial		GUARD %	_	,000	1	YPE	#						
		•																		
Business Income	4	1,184	1	100		Spec	cial			1	,000									
		•									•									
										+										
										+										
										+										
ADDITIONAL INFORMATION	BUSI	NESS INCOME /	FXTRA F	XPFNS	F - Atta	ch ACC	ORD 810			VAI	UF RFP	ORTING	INFORM	MATIO	N - Attach A	CORD 81	11			
								ND							- Attuon A		•			
		•	KIC HOI	NO, E	NDO	KOEIVI	EN IS A	NTS AND RATING INFORMATION LIMIT REFRIG MAINT OPTIONS												
SPOILAGE DESCRIPTION OF PR	COFERI	COVERED							\$				GREEM			KDOWN		ONTAMIN	MOITA	
(Y / N)									DEDUCTII	DI E			(Y / N)	\vdash	ER OUT			LING	
										DLE					H-FOW	EK OUT	AGE	L PR	CE	
CINICIDA E COVERA CE (Portugue de la	. =11-1-	`					OOEDT O	0)/55	\$		DE IEO	T 00\/F	DA 05		INDIT: A					
SINKHOLE COVERAGE (Required in							ACCEPT C					T COVE			LIMIT: \$					
MINE SUBSIDENCE COVERAGE (Re							ACCEPT C	OVE	RAGE		REJEC	T COVE	RAGE		LIMIT: \$					
PROPERTY HAS BEEN DESIGN	NATED A	N HISTORICAL L	ANDMAR	RK										#	FOF OPEN S	IDES ON	STR	JCTURE: _		
CONSTRUCTION TYPE		DISTANCE			FIR	E DIST	RICT		CODE NU	MBER PI		ROT CL	# STOR	RIES	# BASM'TS	YR BU	ILT	TOTAL A	REA	
Masonry			RE STAT									04 1				197	8	4085		
BUILDING IMPROVEMENTS		FT	BLDG C	ODE	TAX	CODE	ROOF TY	/PE		ОТ	HER OC	CUPAN	CIES							
\vdash	N. LINADIN	10. VD:	GRAI	DE			Р													
H ' H	PLUMBIN		WIND C	LASS		051					HEAT	ING SO	JRCE IN	ICL W	OODBURNIN	IG D	ATE			
	HEATING			SEIVII- RESISTIVE						M		E OR FI	REPLAC	E INS	ERT	II	NSTAI	LED:		
OTHER: PRIMARY HEAT	YF	₹:	RE	ESISTIVE MANUFACTURER:																
BOILER SOLID FL	.e. [SECONDARY HEAT BOILER SOLID FUEL															
IF BOILER, IS INSURANCE PLA	L	SEWHEDE3	Y/N				-	IF BOILER, IS INSURANCE PLACED ELSE					SEWI	EDE2	Y/N					
RIGHT EXPOSURE & DISTANCE	ICED EL	LEFT EXP		DICTA	NCE							CED EL	REAR EXPOSURE 8				ANCE			
RIGHT EXPOSURE & DISTANCE		LEITEAF	OSUKE &	k DISTA	AIN C.			FRONT EXPOSURE & DISTANCE					REAR EXPOSUR				DIST	ANGE		
DUDGLAD ALADM TYPE				CEDIU	FICATE							FYI			EXPIDATION DATE			CENTRAL LOCA		
BURGLAR ALARM TYPE				CERTII	FICATE	#						EXF			EXPIRATION DATE		STATION		GONG	
DUDGUAD AL ADM INIGTAL I ED AND	055)//0	ED DV						-VT						# GUARDS / WATO		OUMEN	WIT	HKEYS	IOLIDI V	
BURGLAR ALARM INSTALLED AND	SERVIC	EDBI						EXT	ENI			GRADE		# 60	JAKUS / WAI	CHINEN		CLOCK	HOURLY	
DDEMISES FIDE DDOTECTION (Service)	nklana C	tonduines CO2	Chamiaa	l Custs			1 0/ 000		====											
PREMISES FIRE PROTECTION (Spri	nkiers, S	tandpipes, CO2	Chemica	ıı Syste	ins)		% SPRI	NK	FIRE ALAR	M M	ANUFAC	JIURER						4	L STATION	
																		LOCAL	SONG	
ADDITIONAL INTEREST		CORD 45 at		for a																
INTEREST		AND ADDRESS	_		EVIDE		CER							-	IN	ITEREST	IN IT	EM NUMBE	R	
LENDER'S LOSS PAYABLE		Citizens, N.A.				Attn: C	omm Lo	an L	Joc						LOCATION:			BUILDING:		
LOSS PAYEE	PW-2	440; 525 Willi	am Per	nn Pla	ace										ITEM CLASS:			TEM:		
MORTGAGEE															ITEM DESC	RIPTION				
	Pittsb	urgh					_ P.	A	15219											
REFERENCE / LOAN #:																				
REMARKS (ACORD 101,	e, ma	y be a	attache	d if	more sp	ace	is re	quired	l)											

ACORD® ADDITIONA	L REMA	RKS SCHE	DULE	Page	of
AGENCY		NAMED INSURED			
USI Insurance Services LLC		A A Wrecking Co., In	ıC.		
POLICY NUMBER		Winfield Realty Co. I	nc.		
CARRIER	NAIC CODE				
		EFFECTIVE DATE:	09/27/2024		
ADDITIONAL REMARKS					
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACC	ORD FORM,				

ADDITIONAL REMARKS	03/21/2024
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,	
FORM NUMBER: 140PG2 FORM TITLE: Property Section	
************************ ADDITIONAL INTEREST ************************************	
Name : RBS Citizens, N.A.; ISAOA, ATIMA; Attn: Comm Loan Documentation	
ACORD 101 (2008/01)	© 2008 ACORD CORPORATION All rights reserved

AGENCY CUSTOMER ID:

ADDITIONAL	PREMISES #: 5	STREET	ADDRE	ss: R130	7 Hartfor	d Avenue									
ADDITIONAL PREMISES INFORMATION	. —				rage She										
SUBJECT OF INSURANCE	AMOUNT	COINS %			OF LOSS	INFLATION GUARD %	Т.	DED _	DED B	LKT	EODMS	AND CO	NDITIC	NS TO A	DDI V
Building	266,500	CONTO 7	R	Special	ng Theft)		1,0		YPE	#	FORWIS	AND CO	NDITIC	NS TO A	PPLI
Business Personal Property	44,978		R	Special (Includi	ng Theft)		1,0	000							
ADDITIONAL INFORMATION	BUSINESS INCOME	/ EXTRA EXPEN	SE - Atta	ch ACORD	810	,	VALUE	E REPORTING	INFORM	ATION - A	ttach AC	ORD 811			
ADDITIONAL COVERAGES	, OPTIONS, REST	RICTIONS,	ENDO	RSEMEN	TS AND	RATING I	NFO	RMATION							
SPOILAGE DESCRIPTION OF PR	ROPERTY COVERED					LIMIT			EFRIG MA		TIONS				
(Y/N)						\$		′	Y/N)		4	KDOWN O			TION LING
						DEDUCTIE	LE				POWE	R OUTAG	E	PRIC	
						\$									
SINKHOLE COVERAGE (Required in	· · · · · · · · · · · · · · · · · · ·				EPT COVE		_	REJECT COVE		LIMIT					
MINE SUBSIDENCE COVERAGE (Re				ACC	EPT COVE	RAGE	R	REJECT COVE	ERAGE	LIMIT					
PROPERTY HAS BEEN DESIGN	IATED AN HISTORICAL	LANDMARK								# OF	OPEN SI	DES ON S	TRUC	TURE: _	
CONSTRUCTION TYPE	DISTANCI HYDRANT I	TO IRE STAT	FIF	E DISTRIC	т	CODE NUI	MBER	PROT CL	# STOR	IES # BA	SM'TS	YR BUIL	т т	OTAL AR	EA
Frame	FT	MI							1		0	1945	1	700	
BUILDING IMPROVEMENTS		BLDG CODE GRADE	TAX	CODE R	OOF TYPE		OTHE	ER OCCUPAN	ICIES	•			•		
WIRING, YR:	LUMBING, YR:			C)										
ROOFING, YR:	IEATING, YR:	WIND CLASS		SEMI-	RESISTIVE]	HEATING SO STOVE OR F	URCE INC	CL WOOD	BURNIN	G DA	TE STALLE	:D·	
OTHER: Heat on one	YR:	RESIST	IVE					UFACTURER							
PRIMARY HEAT				<u>'</u>	SEC	ONDARY HE	ΑT								
BOILER SOLID FU	IEL					BOILER		SOLID FU	JEL						
IF BOILER, IS INSURANCE PLA	CED ELSEWHERE?	Y/N				IF BOILER, I	URANCE PLA	CED ELS	SEWHERE? Y/N						
RIGHT EXPOSURE & DISTANCE	LEFT EX	POSURE & DIST	ANCE		FRO	FRONT EXPOSURE & DISTANCE					REAR EXPOSURE & DISTANCE				
BURGLAR ALARM TYPE		CERT	IFICATE	#	·		E			EXPIRATI	XPIRATION DATE			CENTRAL LOCA GONG WITH KEYS	
BURGLAR ALARM INSTALLED AND	SERVICED BY				EXT	EXTENT			E	# GUARD	S / WAT	CHMEN	(CLOCK H	OURLY
PREMISES FIRE PROTECTION (Sprin	nklers, Standpipes, CO2	/ Chemical Sys	tems)	,	% SPRNK	FIRE ALARM	/ MAN	NUFACTURER	t				_	CENTRAL LOCAL G	STATION ONG
ADDITIONAL INTEREST	ACORD 45 a	ttached for	additi	onal nai	nes										
INTEREST	NAME AND ADDRESS		EVIDE		CERTIFIC							TEREST IN	ITEM	NUMBER	₹
LENDER'S LOSS PAYABLE	U.S Small Busines				rocessin	9				LOC	ATION:	1	BU	ILDING:	
LOSS PAYEE	and Disbursement	: 14925 King	sport R	oad						ITEN CLA	/ .SS:		ITE	M:	
MORTGAGEE	Fort Worth										/ DESCR				
			TX	76155				R13	307 Ha	rtford A	venu	Э			
	REFERENCE / LOAN #														
REMARKS (ACORD 101,	Additional Rema	rks Schedu	le, ma	y be att	ached if	more spa	ice is	s required	d)						

ACOND	ADDITIONAL REMARKS SCHEDULE			Page	_ or	
		NAMED INSURED A A Wrecking Co., Inc.				
		Winfield Realty Co. Inc				
CARRIER	NAIC CODE					
		EFFECTIVE DATE:	09/27/2024			

		EFFECTIVE DATE:	09/27/2024				
ADDITIONAL REMARKS							
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,							
FORM NUMBER: 140PG2 FORM TITLE: Property Section							
******** ADDITIONAL PREMISES INFORMATION ************************************							
Building Improvements Other Description: Heat on one half. One bathroom. Roof is wood with Asphalt Shingles.							

	AGENCY CUSTOMER ID: AAWRECKI											
ACORD® ADDITIONAL INTEREST SCHEDULE					DATE (MM/DD/YYYY)		•					
<u>'</u>							· <u> </u>	07/26/202				
l	וואטיים ו I Insurance S	Soni	icos I I C				CARRIER					NAIC CODE
⊢-		OCI VI	CES LLC		FFFCTIVE DA		NAMED INCUDED(6)					
POL	ICY NUMBER				EFFECTIVE DA		NAMED INSURED(S)					
느	DITION 1				09/27/2024	_	A A Wrecking C	-				
		NIE	EREST (NOT	all fields apply to all scenari		e or		Ť			.==	
INTI	EREST ADDITIONAL		LOSS PAYEE	NAME AND ADDRESS RANK:	EVIDENCE:		CERTIFICATE	POLICY	SEND BILL	INTEREST IN	BUILD	
	INSURED BREACH OF	\triangleright	-	LLC Small Business Administr	otion Office	of D	roccoina					
	WARRANTY	X	MORTGAGEE	U.S Small Business Administr		טו דו	rocessing			VEHICLE:	BOAT	
	CO-OWNER EMPLOYEE		OWNER	and Disbursement 14925 King	JSPOIT ROAU					AIRPORT: AIRCRAFT: SCHED #: ITEM:		
	AS LESSOR LEASEBACK		REGISTRANT	Fort Morth			TV 76155					
	OWNER	L	TRUSTEE	Fort Worth			TX 76155			ITEM CLASS:		
	LENDER'S LOS	SS PA	YABLE			T				ITEM DESCRIPTION		
	LIENHOLDER			REFERENCE / LOAN #:		_	EREST END DATE:			R1307 Hartford Avenue		
				LIEN AMOUNT:		-	ONE (A/C, No, Ext):					
REA	SON FOR INTER	REST	:			E-N	MAIL ADDRESS:			Т		
INTI	REST	_	٦	NAME AND ADDRESS RANK:	EVIDENCE:		CERTIFICATE	POLICY	SEND BILL	INTEREST IN	1	
	ADDITIONAL INSURED BREACH OF		LOSS PAYEE							LOCATION: 3	BUILD	
	WARRANTY	X	MORTGAGEE	U.S Small Business Administr		ot Pr	rocessing			VEHICLE:	BOAT	
	CO-OWNER EMPLOYEE		OWNER	and Disbursement 14925 King	gsport Road					AIRPORT:	AIRCE	RAFT:
	AS LESSOR		REGISTRANT							SCHED #:	ITEM:	
	OWNER	LEASEBACK TRUSTEE Fort Worth TX 76155						ITEM CLASS:				
	LENDER'S LOS	SS PA	YABLE						ITEM DESCRIPTION			
LIENHOLDER REFERENCE / LOAN #:			INT	NTEREST END DATE: R1307 Hartford Avenue								
LIEN AMOUNT:			PHO	PHONE (A/C, No, Ext):								
REA	SON FOR INTER	REST	:			E-N	MAIL ADDRESS:					
INTI	EREST	_	7	NAME AND ADDRESS RANK:	EVIDENCE:		CERTIFICATE	POLICY	SEND BILL	INTEREST IN	ITEM NU	JMBER
	ADDITIONAL INSURED		LOSS PAYEE							LOCATION: 4	BUILD	DING:
	BREACH OF WARRANTY	X	MORTGAGEE	U.S Small Business Administr	ation Office	of Pr	rocessing			VEHICLE:	BOAT	:
	CO-OWNER		OWNER	and Disbursement 14925 King	gsport Road					AIRPORT:	AIRCE	RAFT:
	EMPLOYEE AS LESSOR	REGISTRANT					SCHED #:	ITEM:				
	LEASEBACK OWNER		TRUSTEE	Fort Worth			TX 76155			ITEM CLASS:		
	LENDER'S LOS	SS PA	YABLE								ITEM DESCRIPTION	
LIENHOLDER				REFERENCE / LOAN #: INTEREST END DATE:			R1307 Hartford Ave					
LIEN AMOUNT:				PHONE (A/C, No, Ext):								
REASON FOR INTEREST: E-MAIL ADDRESS:												
INT	EREST	_	-	NAME AND ADDRESS RANK:	EVIDENCE:		CERTIFICATE	POLICY	SEND BILL	INTEREST IN	ITEM NU	JMBER
	ADDITIONAL INSURED		LOSS PAYEE							LOCATION:	BUILD	DING:
	BREACH OF WARRANTY		MORTGAGEE							VEHICLE:	BOAT	:
	CO-OWNER		OWNER							AIRPORT:	AIRCE	RAFT:
	EMPLOYEE AS LESSOR		REGISTRANT	SCHED #:						SCHED #:	ITEM:	
	LEASEBACK OWNER		TRUSTEE						ITEM CLASS:			
	LENDER'S LOS	S PA	YABLE	ITEM DESCRIPTIO					ITEM DESCRIPTION			
LIENHOLDER REFERENCE / LOAN #: INTEREST END DATE:												
LIEN AMOUNT: PHONE (A/C, No, Ex					ONE (A/C, No, Ext):							
REASON FOR INTEREST: E-MAIL ADDR					IAIL ADDRESS:	L ADDRESS:						
INTI	EREST			NAME AND ADDRESS RANK:	EVIDENCE:		CERTIFICATE	POLICY	SEND BILL	INTEREST IN	ITEM NU	JMBER
	ADDITIONAL INSURED		LOSS PAYEE							LOCATION:	BUILD	DING:
	BREACH OF WARRANTY		MORTGAGEE							VEHICLE:	BOAT	:
	CO-OWNER		OWNER							AIRPORT:	AIRCE	RAFT:
	EMPLOYEE AS LESSOR		REGISTRANT							SCHED #:	ITEM:	
	LEASEBACK OWNER		TRUSTEE							ITEM CLASS:		

LIENHOLDER

REASON FOR INTEREST:

LENDER'S LOSS PAYABLE

REFERENCE / LOAN #:

LIEN AMOUNT:

ITEM DESCRIPTION

INTEREST END DATE:

PHONE (A/C, No, Ext):

E-MAIL ADDRESS:

ADDITIONAL COVERAGES AND ENDORSEMENTS THIS ADDITIONAL COVERAGES AND ENDORSEMENTS FORM IS A SCHEDULE TO ACORD FORM FORM NUMBER: 140 FORM TITLE: Property Section Loc # ST Haz # Class Code Form No. Edition Date | Rate Option Codes Cov Code Description OLICC Ordinance or Law - Increas... Deductible Type 1 Limit 1 Limit 2 Limit 3 Ded 1 Ded 2 Deductible Type 2 Premium 100,000 Form No. Loc # ST Haz # Class Code Cov Code Description Edition Date | Rate Option Codes Equipment Breakdown (Incl... Deductible Type 1 Limit 1 Limit 2 Limit 3 Ded 1 Ded 2 Deductible Type 2 Premium Loc # ST | Haz # Class Code Cov Code Description Form No. Edition Date | Rate Option Codes SCHFO Privacy Breach Expense Co... Ded 1 Limit 1 Limit 2 Limit 3 Deductible Type 1 Ded 2 Deductible Type 2 Premium Class Code Cov Code Description Form No. Edition Date | Rate Option Codes Loc# ST Haz # **ENHA** Premier Choice Property E... Ded 1 Deductible Type 1 Limit 1 Limit 2 Limit 3 Ded 2 Deductible Type 2 Premium Loc # ST Haz # Class Code Cov Code Description Form No. Edition Date | Rate Option Codes ENHAN Premier Choice Business I... Ded 1 Deductible Type 1 Deductible Type 2 Limit 1 Limit 2 Limit 3 Ded 2 Premium Loc # ST Haz # Class Code Cov Code Description Form No. Edition Date | Rate Option Codes CAPTE CAP on Terrorism Losses Limit 1 Limit 2 Limit 3 Ded 1 Deductible Type 1 Ded 2 Deductible Type 2 Premium Loc # ST Haz # Class Code Cov Code | Description Form No. Edition Date | Rate Option Codes Limit 1 Limit 3 Ded 1 Deductible Type 1 Ded 2 Deductible Type 2 Limit 2 Premium Option Codes Loc # ST Haz # Class Code Cov Code | Description Form No. Edition Date | Rate Limit 1 Limit 2 Limit 3 Ded 1 Deductible Type 1 Ded 2 Deductible Type 2 Premium Loc # ST Haz # Class Code Cov Code | Description Form No. Edition Date | Rate Option Codes Deductible Type 2 Limit 1 Limit 2 Limit 3 Ded 1 Deductible Type 1 Ded 2 Premium Loc # ST Haz # Class Code Cov Code | Description Form No. Edition Date | Rate Option Codes Limit 1 Limit 2 Limit 3 Ded 1 Deductible Type 1 Ded 2 Deductible Type 2 Premium Loc # ST Haz # Class Code Cov Code | Description Form No. Edition Date | Rate Option Codes Ded 1 Ded 2 Limit 1 Limit 2 Limit 3 Deductible Type 1 Deductible Type 2 Premium Loc # ST Haz # Class Code Cov Code | Description Form No. Edition Date | Rate Option Codes Limit 1 Limit 2 Limit 3 Ded 1 Deductible Type 1 Ded 2 Deductible Type 2 Premium **TXTCB** OFCLADCOV (2015/05) COPYRIGHT 2000 - 2015, VERTAFORE, INC

ADDITIONAL REMARKS SCHEDULE Page of

AGENCY		NAMED INSURED		
USI Insurance Services LLC		A A Wrecking Co., Inc.		
POLICY NUMBER		Winfield Realty Co. Inc.		
APPCFA5284941				
CARRIER NAIC CODE				
Acadia Insurance Company	31325	EFFECTIVE DATE: 09/27/2024		
	·			

ADDITIONAL REMARKS	
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,	
FORM NUMBER: OFBAADC' FORM TITLE: Additional Coverages	

Cov Desc: Ordinance or Law - Increased Cost Coverage	
Cov Desc: Equipment Breakdown (Included)	
Cov Desc: Privacy Breach Expense Coverage Insurance	
Cov Desc: Premier Choice Property Enhancement Schedule	
Cov Desc: Premier Choice Business Income (and extra expense) Schedule	