STATEMENT OF VALUES

ACORD

DATE (MM/DD/YYYY): 08/27/2024

AGENCY The First Sagitta Division 3 Waterside Crossing 1 Suite 210 Windsor CT 06095 1234	**CARRIER** CNA Insurance Company ltd. 9 NAIC CODE: 20435 10	PAGE 1 OF 2
	INSURED / APPLICANT ACORD Client 11	**POLICY NUMBER** ACORD139 12
		EFFECTIVE DATE 06/01/2024 13
CONTACT NAME: Jennifer Salvini 2	**HEADQUARTERS ADDRESS** 30 Elm Street 14 Homewood CA 96141	
PHONE (A/C, No, Ext): 860 602-2378 3		
FAX (A/C, No): 860 602-6002 4		
E-MAIL ADDRESS: jsalvini@vertafore.com 5		
CODE: AGC 6 SUBCODE: 5555 7		
AGENCY CUSTOMER ID: ACORD123CLIENT 8		

COINS % 15: 80% | X 90% | 100%

APPLICABLE CAUSES OF LOSS: BASIC 16 | X BROAD | SPECIAL

17 EARTHQUAKE COV | 18 FLOOD | SPRINKLER LEAKAGE EXCL | 19 VANDALISM EXCL

SPECIFIC AVERAGE RATE REQUESTED | BLANKET RATE REQUESTED

APPLICABLE FORM NUMBERS (Attach completed forms and endorsements that require completion to provide necessary information affecting rates or loss costs)

20 Only locations attached to Blankets display on the ACORD 139

CLASS CODE	LOC #	BLDG #	DESCRIPTION OF PROPERTY / ADDRESS OF PROPERTY	VALUATION	SUBJECT	100% VALUES	RATE OR LOSS COST	PREMIUM
21	22	23	10 Story office building 24	26	27	28		29
	1	1	PO BOX 1; 1 Waterside Crossing	R	CAMRA	300,001		107.00
			Windsor 25 CT 06095 1111					
			10 Story office building					
4444	1	1	PO BOX 1; 1 Waterside Crossing	S	BPP	500,000		106.00
			Windsor CT 06095 1111					
			10 Story office building					
0311	1	1	PO BOX 1; 1 Waterside Crossing	S	AWNG	28,433,665		105.00
			Windsor CT 06095 1111					
			20 Story office building					
	1	2	PO BOX 1; 1 Waterside Crossing	S	ABLDP	4,000		144.00
			Windsor CT 06095 1111					
			20 Story office building					
	1	2	PO BOX 1; 1 Waterside Crossing	S	BLDGX	12,345		141.00
			Windsor CT 06095 1111					
			20 Story office building					
	1	2	PO BOX 1; 1 Waterside Crossing	S	AFBLD	3,000		139.00
			Windsor CT 06095 1111					
			30 story building					
	1	3	PO BOX 1; 1 Waterside Crossing	S	BLGRK	124		170.00
			Windsor CT 06095 1111					
			30 story building					
	1	3	PO BOX 1; 1 Waterside Crossing	S	AWNG	1,000		166.00
			Windsor CT 06095 1111					
			2 Story office building					
	2	1	2 Cheddar Drive	R	BLDPP	500,000		215.00
			Ascutney VT 05030 2222					
			2 Story factory					
20	2	2	2 Cheddar Drive	S	ANMLB	58,433,665		210.00
			Ascutney VT 05030 2222					
			3 story beach house					
0322	3	1	3 Palm Boulevard	R	GATE	1,000		333.00
			Miami FL 33100 3333					
			3 story restaurant					
	3	2	3 Palm Boulevard	R	BRBLD	20,000		334.00
			Miami FL 33100 3333					
					TOTAL	$ CONT.	N / A	$ CONT.

Multiple pages display CONT. and final page displays Totals of all pages

					TOTAL	$ 88,251,800	N / A	$ 2,907.00

Policy Details

Save Quit Invoice Delete Redisplay

POLICY INFO: ACORD139 INSURED: ACORD CLIENT PRIOR TERM: NEXT TERM: ITEM ID: 12490

Last Entry 08/09/2024 Trans Effective 06/01/2024 Last User JM Chg# 3 Time 09:43:11

Policy Number ACORD139 12
Description
Division 1 1 The First Sagitta Division
Department 00
State CA
Client Code ACORD123CLIENT 8
Bill To Code ACORD123CLIENT
Named Insured
ACORD Client 11
Insurer CNA 9
CNA Insurance Company ltd.
Payee CNA
CNA Insurance Inc Company
Coverage CPP Commercial Property
Bill Method A - Agency
Term A - Annual
Status NEW
Payment Plan

Effective Date 06/01/2024 13 Time 12:01am
Expiration Date 06/01/2025 Time 12:01am
Original Effective Date 06/01/2024
Commission %
Audit Term
SIC Code 221102 Apparel Fabrics, Cotton
Type of Business
Policy Type
Date Business Started 01/04/2020 Years In Business 4
Producers JM 2 Jennifer Salvini
GM Grace Miller
Servicer JM Jennifer Salvini
Source
Carrier Producer Sub Code 5555 7
Block Download

Division Master Maintenance

Save Quit Copy

Adobe Report Distribution(0)

Last Entry 07/22/2024 Time 10:59:47 Last User JM Chg#

Division Number 1 Benefits Export

Division Name The First Sagitta Division 1
Region MIDWE Midwest Region
Address #1 3 Waterside Crossing
Address #2 Suite 210
Zip=City+ST 06095 1234 Windsor CT
Telephone #1 860 602-6000 Telephone #2 860 602-6001
Fax 860 602-6002 4
GL Account Number Pattern 1N.5N.2N Prefill ACORD forms from department name & address? No
Division GL Suspense Acct# 1.99999.00 COMPANY GL SUSPENSE ACCOUNT
NY Auto ID License Issuer Code DAP2
Currency EUR Euros
Activities Word Document Location C:\AMSWORD
Proposals Word Document Location C:\AMSWORD

The Agency/Company prefills from the Division Name and Address in Division Master Maintenance.
If Prefill ACORD forms from department name & address is set to **Yes**, the Department Name and Address prefills.

9 NO. DEPARTMENTS

DEPARTMENTS Add Edit Delete Excel Print

Department	Description	Acct Method	Reconcile?
00	Administrative	A	Y
01	Personal Lines	A	Y

Staff Codes

Save Quit Copy Forms Reset Password

Adobe Report Distribution(0)

Last Entry	03/28/2024	Time	11:01:11	Last User	JM	Chg#	

Staff Code: JM | Date Off: | Benefits Export: ☑

User ID: JM | D/O Remarks:

Toolbar Reference: | Service Account:

DEMOGRAPHICS

Staff Name: Jennifer Salvini 2 | Staff Title: Acctg, CSR, CFO, CEO

Address #1: 1 Vertafore Way

Address #2:

Zip=City+ST: | Home Phone#: 860 333-4000

Work Phone#: 860 602-2378 3 | Emergency Phone#: 860 555-7788

D.O.B.: 01/01/1972 | Mobile Phone#: 860 444-5566

Email: jsalvini@vertafore.com 5

Insurer Codes

Save Quit Copy

Adobe Report Distribution(0)

Last Entry	02/27/2024	Time	13:12:52	Last User	JM	Chg#	37

Insurer Code: CNA | Date Off: | Benefits Export: ☐

D/O Remarks:

Payee Code: CNA — CNA Insurance Inc Company

Insurer Name: CNA Insurance Company ltd. 9

Address #1: 1 Continental Casualty Way

Address #2: Suite 100

Zip =City+ST: 06095 | 1234 | Windsor | CT

Phone#1/Ext.: 860 602-2022 | 3456 | Fax No.: 8606026033

Phone #2/Ext.: 860 602-2001 | 7896 | Auto ID Claim Reporting Phone #: 765 234-5678

Group Code: CNA1 | Agency Code: AGC1 6 | Company Code: COM1

Rounding Difference: Last

Description: CNA Company | NY Company Code: 097 — Continental Casualty Company

Est.Prem.YTD | Premium YTD | Commission YTD

A.M. BEST INFORMATION EXPAND ALL Top

A.M. BEST INFORMATION

A.M. Best Number: | NAIC Code: 20435 10 | FEIN: | A.M. Best Last Updated:

AMB Company Name: | State/Province of Domicile:

Best's Financial Strength: | Best's Financial Size:

AMB Ultimate Parent Number: | Financial Strength Rating Outlook: | Financial Strength Rating Action:

Supplemental Names

Details

Save Quit Copy Prev Next Redisplay

POLICY INFO: ACORD139 INSURED: ACORD CLIENT ITEM ID: 9690

Policy Seq	Insurer	Coverage	Policy Dates		Last Entry	Trans Effective	Last User	Chg#	Time
12490	CNA	CPP	06/01/2024-	06/01/2025	06/13/2024	06/01/2024	JM	4	12:20:17

SUPPLEMENTAL NAME #: 1 DATE OFF:

SUPPLEMENTAL NAMES (1)

Add Edit Delete Excel Print

Supplemental ...
ACORD Client

Details

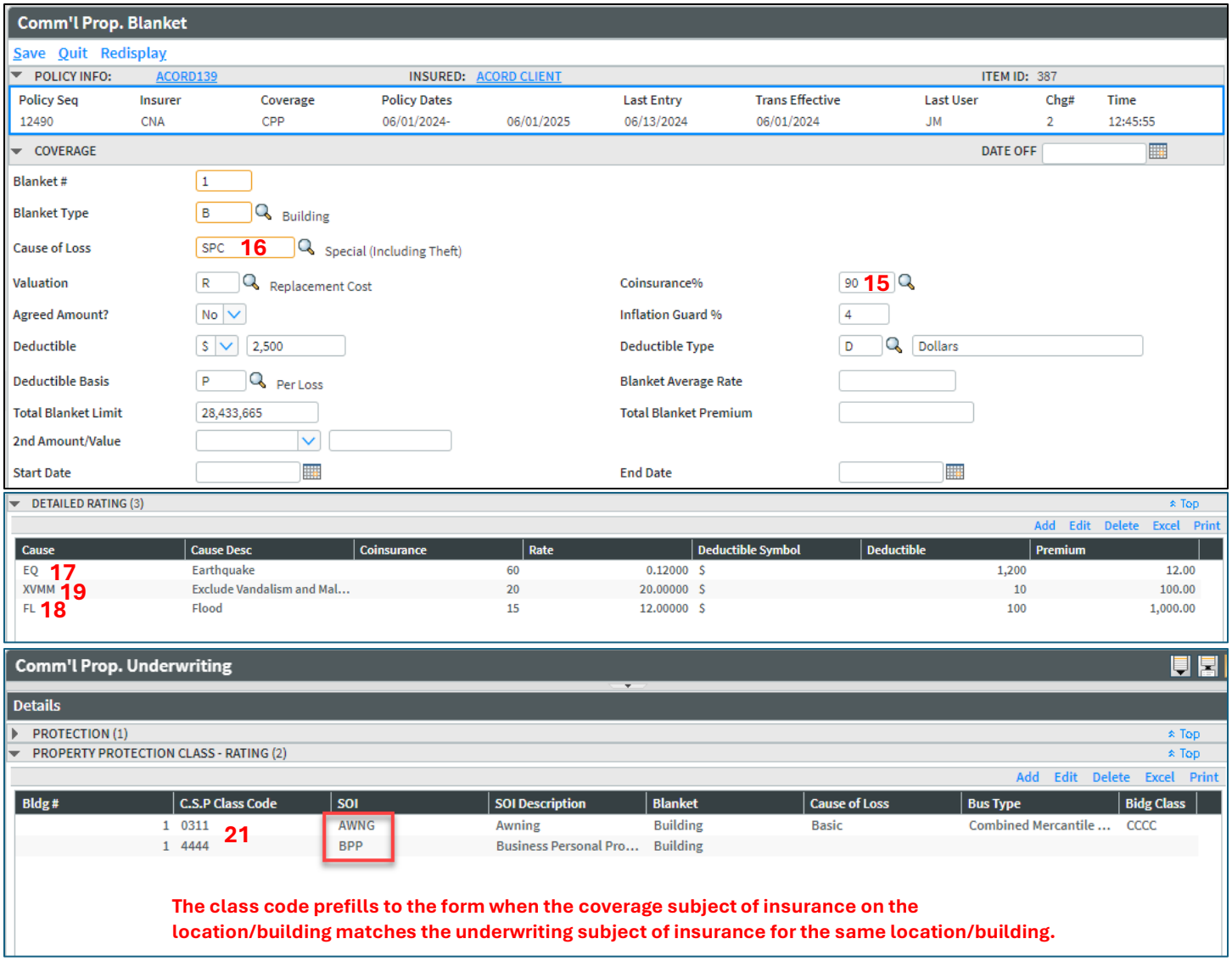
Mail Address: 30 Elm Street 14

Zip Code: 96141

City, St: Homewood | CA

Type of Name:

- **The Headquarters Address prefills from the Supplemental Name #1 Mail Address.**
- **If no Supplemental Name #1 exists, the address prefills from Client Details.**
- **If Supplemental Name #1 exists but there is no address, the Headquarters Address prefill blank on the form.**



The class code prefills to the form when the coverage subject of insurance on the location/building matches the underwriting subject of insurance for the same location/building.

Comm'l Prop. Location Specific Coverage

Details

Save Quit Copy Prev Next Redisplay

POLICY INFO: ACORD139 INSURED: ACORD CLIENT ITEM ID: 1349

Policy Seq	Insurer	Coverage	Policy Dates		Last Entry	Trans Effective	Last User	Chg#	Time
12490	CNA	CPP	06/01/2024-	06/01/2025	06/13/2024	06/01/2024	JM	8	12:50:50

Location: 1 22 PO BOX 1; 1 Waterside Crossing

LOCATION SPECIFIC COVERAGES DATE OFF

LINE #	BUILDING OR SUB LOCATION
3	1 23 10 Story office building

Subject of Insurance: CAMRA 27

Camera

Amount/Value: 300,001 28

Blanket#: 2 Personal Property

Cause of Loss: SPC Special (Including Theft)

Coinsurance%: 60 Inflation Guard%: 15

Valuation: R 26 Replacement Cost

Agreed Amount?: No

Deductible: % 50

Deductible Type: P Percent

Deductible Basis: O Any One Occurrence

Premium: 107.00 29

2nd Amt/Value:

Start Date: End Date:

OFF PREMISES POWER/DEPENDENT PROPERTY

Name:

Address 1:

Address 2:

Zip Code:

City, St:

County:

Country:

Locations

Details

Save Quit Copy Prev Next Redisplay

POLICY INFO: ACORD139 INSURED: ACORD CLIENT ITEM ID: 39006

Policy Seq	Insurer	Coverage	Policy Dates		Last Entry	Trans Effective	Last User	Chg#	Time
12490	CNA	CPP	06/01/2024-	06/01/2025	06/13/2024	06/01/2024	JM	2	09:17:00

LOCATION DATE OFF

Location #: 1

Address: PO BOX 1; 1 Waterside Crossing 25

Zip Code: 06095 1111

City, St: Windsor CT

County: Hartford

Country: 003

County Code: 123

City Code: 234

Tax Code: 345

Territory: 456

City Limits: C Inside City Limits

ADDITIONAL INFORMATION (AGENCY DEFINED) Top

BUILDING/SUB-LOCATIONS (6) Top

Add Edit Delete Excel Print

Building Number	Building Description
1	10 Story office building 24
2	20 Story office building
3	30 story building