

November 2, 2012

Financial Trust Co., Inc.  
6100 Red Hook Qtrs.  
St. Thomas, VI 00802

RE: Underwritten by certain Underwriters at Lloyd's (LBS)  
Policy # LBS5132  
Commercial Property  
Expiration Date: 11/15/12

Dear Ms. Annis:

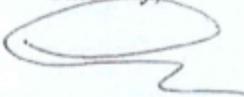
I am pleased to present a renewal proposal for Commercial Property Insurance coverage for Financial Trust Co., Inc. The enclosed proposal includes brief details of the coverage being offered by certain underwriters at Lloyd's (LBS) and is, of course, subject to further terms, conditions and exclusions that will be contained in the policy documents.

In accordance with the U.S. Terrorism Risk Insurance Act (TRIA) of 2002, we are required to offer you coverage for losses resulting from an act of terrorism, as defined therein. This proposal includes a quotation for terrorism coverage. The required *Policyholder Disclosure Notice of Terrorism Insurance Coverage* from your insurer is attached – please read it as you are required to indicate on the form whether you want the coverage or not.

Once you have had the opportunity to review the proposal, please give me a call so that we can discuss this coverage in further detail. If the proposal is acceptable, you will need to sign the acceptance in the proposal, indicate the desired option in the *Policyholder Disclosure Notice*; review the Acord application, answer the highlighted questions and sign the first page. Return these three documents to me and I will then request coverage to be bound accordingly.

Please keep in mind that the premium for this policy is due on or before the effective date of coverage. If you require more flexible payment terms, please contact us in advance of the effective date. I look forward to hearing from you.

Sincerely,



Steven K. Smith, CPCU  
Customer Service Representative  
Extension #242  
ssmith@marshallsterling.vi

Enclosure(s)



**Commercial Property Insurance Renewal Proposal**  
**Underwritten by certain underwriters at Lloyd's (LBS)**  
**for**  
**Financial Trust Co., Inc.**

Page 1 of 2

**Period:** November 15, 2012 to November 15, 2013 12:01 A.M. Local Standard Time

**Description of Operation:** Financial Services office

**Location:**

001 001 American Yacht Harbor, Ste. B-3, St. Thomas, VI 00801

**Coverage Type:** Special Form Including Windstorm & Earthquake with a sub-limit for Theft of \$10,000

<u>Premise #</u>	<u>Building #</u>	<u>Subject</u>	<u>Limit</u>	<u>Coinsurance</u>	<u>*Deductible</u>
001	001	Business Personal Property	\$500,000	80 %	\$2,500

\*3% of the insured value, per building, per location, in any one occurrence for the peril of Windstorm

\*3% of the insured value, per building, per location, in any one occurrence for the peril of Earthquake and Volcanic Eruption

**Terms and Conditions:**

- |   |  |
|---|--|
| Service of Suit Clause (U.S.A.)   | Co-Insurance Clause  |
| Applicable Law (U.S.A.)   | War and Civil War Exclusion Clause   |
| Several Liability Notice  | Radio Active Contamination and Explosive Nuclear Assemblies Exclusion Clause |
| Exclusion of Certified Acts and Other Acts Of Terrorism; Coverage for Certain Fire Losses | Electronic Date Recognition Exclusion (EDRE)                                 |
| U.S. Virgin Islands Changes – Cancellation and Non Renewal                                | Electronic Data Endorsement "B"  |
|   | Biological or Chemical Materials Exclusion                                   |

The coverage in this proposal is subject to additional terms, conditions and exclusions that will be contained in the policy documents.



Commercial Property Insurance Renewal Proposal  
Underwritten by certain underwriters at Lloyd's (LBS)  
for  
Financial Trust Co., Inc.

Page 2 of 2

The coverage in this proposal is of course subject to additional terms, conditions and exclusions that will be contained in the policy documents.

Total Annual Premium: \$11,110.00 including tax

Terrorism Coverage Premium: \$1,111.00 including tax

THIS QUOTE IS VALID UNTIL: 11/15/12

Check appropriate box for desired coverage:

I accept the certain underwriters at Lloyd's (LBS) Commercial Property Proposal *including* terrorism coverage.

I accept the certain underwriters at Lloyd's (LBS) Commercial Property Proposal *excluding* terrorism coverage.

Signature:

Date:

11-13-12





**COMMERCIAL INSURANCE APPLICATION**  
**APPLICANT INFORMATION SECTION**

OP ID: SSMI

DATE (MM/DD/YYYY)  
**11/2/2012**

<b>AGENCY</b> Marshall & Sterling Insurance 5021 Anchor Way Gallows Bay Marketplace Christiansted, VI 00820-4671 Marshall & Sterling		<b>CARRIER</b> Certain Underwriters at Lloyds		NAIC CODE
<b>CONTACT NAME:</b> Marshall & Sterling <b>PHONE (A/C, No, Ext):</b> 340-773-2170 <b>FAX (A/C, No):</b> 340-773-9550 <b>E-MAIL ADDRESS:</b> <b>CODE:</b> <b>SUB CODE:</b> <b>AGENCY CUSTOMER ID:</b> FINAN-1		<b>UNDERWRITER:</b> <b>UNDERWRITER OFFICE:</b> <b>POLICIES OR PROGRAM REQUESTED</b> <b>COMMERCIAL PROPERTY</b>		<b>POLICY NUMBER</b> <b>LBS6132</b>
<b>INDICATE SECTIONS ATTACHED</b> <input type="checkbox"/> ACCOUNTS RECEIVABLE/ VALUABLE PAPERS <input type="checkbox"/> BOILER & MACHINERY <input type="checkbox"/> BUSINESS AUTO <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CRIME/MISCELLANEOUS CRIME <input type="checkbox"/> DEALERS <input type="checkbox"/> DRIVER INFO SCHEDULE		<input type="checkbox"/> ELECTRONIC DATA PROC <input type="checkbox"/> EQUIPMENT FLOATER <input type="checkbox"/> GARAGE AND DEALERS <input type="checkbox"/> GLASS AND SIGN <input type="checkbox"/> INSTALLATION/BUILDERS RISK <input checked="" type="checkbox"/> OPEN CARGO <input checked="" type="checkbox"/> PROPERTY <input type="checkbox"/> TRANSPORTATION/ MOTOR TRUCK CARGO		<input type="checkbox"/> TRUCKERS/MOTOR CARRIER <input type="checkbox"/> UMBRELLA <input type="checkbox"/> VEHICLE SCHEDULE <input type="checkbox"/> WORKERS COMPENSATION <input type="checkbox"/> YACHT

STATUS OF TRANSACTION				PACKAGE POLICY INFORMATION						
<input type="checkbox"/>	QUOTE	<input type="checkbox"/>	ISSUE POLICY	<input checked="" type="checkbox"/>	RENEW	ENTER THIS INFORMATION WHEN COMMON DATES AND TERMS APPLY TO SEVERAL LINES, OR FOR MONOLINE POLICIES.				
<input checked="" type="checkbox"/>	BOUND (Give Date and/or Attach Copy):					PROPOSED EFF DATE	PROPOSED EXP DATE	BILLING PLAN	PAYMENT PLAN	AUDIT
	CHANGE	DATE	TIME		AM			DIRECT BILL		
	CANCEL	11/15/10	04:06	<input checked="" type="checkbox"/>	PM	11/15/12	11/15/13	<input checked="" type="checkbox"/>	AGENCY BILL	PACKAGE POLICY PREMIUM: \$

<b>APPLICANT INFORMATION</b> NAME (First Named Insured & Other Named Insureds) <b>Financial Trust Co., Inc.</b>				MAILING ADDRESS INCL ZIP+4 (of First Named Insured) <b>American Yacht Harbor, St. B-3</b> <b>6100 Red Hook Qtrs, VI 00802</b>						
FEIN OR SOC SEC # (of First Named Insured):		PHONE (A/C, No, Ext): <b>212-750-9895</b>		WEBSITE ADDRESS(ES):						
<input type="checkbox"/>	INDIVIDUAL	<input checked="" type="checkbox"/>	CORPORATION	<input type="checkbox"/>	SUBCHAPTER "S" CORPORATION NOT FOR PROFIT ORG	<input type="checkbox"/>	LLC	NO. OF MEMBERS AND MANAGERS	CR BUREAU NAME:	DATE BUS STARTED
<input type="checkbox"/>	PARTNERSHIP	<input type="checkbox"/>	JOINT VENTURE					ID NUMBER:		
INSPECTION CONTACT: <b>Cecile de Jongh</b>				ACCOUNTING RECORDS CONTACT: <b>Same</b>						
PHONE (A/C, No, Ext)		E-MAIL ADDRESS:		PHONE (A/C, No, Ext):		E-MAIL ADDRESS:				

PREMISES INFORMATION		ACORD 823 attached for additional premises									
LOC #	BLD #	STREET, CITY, COUNTY, STATE, ZIP+4	CITY LIMITS		INTEREST		YR BUILT	# EMPLOYEES	ANNUAL REVENUES	% OCCUPIED	
001	001	American Yacht Harbor, Ste. B-3 St. Thomas VI 00801 Saint Thomas	<input checked="" type="checkbox"/>	INSIDE	<input type="checkbox"/>	OWNER	1990				
				OUTSIDE	<input checked="" type="checkbox"/>	TENANT					
				INSIDE		OWNER					
				OUTSIDE		TENANT					
				INSIDE		OWNER					
				OUTSIDE		TENANT					
				INSIDE		OWNER					
				OUTSIDE		TENANT					

NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS BY PREMISE(S)		
001	001	Financial Services office

**GENERAL INFORMATION**

EXPLAIN ALL "YES" RESPONSES		Y/N
1a	IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ?	N
1b	DOES THE APPLICANT HAVE ANY SUBSIDIARIES?	N
2.	IS A FORMAL SAFETY PROGRAM IN OPERATION?	N
3	ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?	N
4	ANY CATASTROPHE EXPOSURE?	N
5.	ANY OTHER INSURANCE WITH THIS COMPANY OR BEING SUBMITTED?	N
6	ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR THREE (3) YEARS? (Not applicable in MO)	N
7	ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?	N
8.	DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY? (In RI, this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment).	N
9.	ANY UNCORRECTED FIRE CODE VIOLATIONS?	N
10	ANY BANKRUPTCIES, TAX OR CREDIT LIENS AGAINST THE APPLICANT IN THE PAST FIVE (5) YEARS?	N
11.	HAS BUSINESS BEEN PLACED IN A TRUST? IF "YES", NAME OF TRUST:	N
12	ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD/DISTRIBUTED IN FOREIGN COUNTRIES? (If "YES", attach ACORD 815 for Liability Exposure and/or ACORD 816 for Property Exposure)	N
REMARKS/PROCESSING INSTRUCTIONS (Attach additional sheets if more space is required)		
COPY OF THE NOTICE OF INFORMATION PRACTICES (PRIVACY) HAS BEEN GIVEN TO THE APPLICANT. (Not applicable in all states, consult your agent or broker for your state's requirements.)		
NOTICE OF INSURANCE INFORMATION PRACTICES - PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT POLICY 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. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.		
ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, FL, HI, MA, NE, OH, OK, OR, or VT; in DC, LA, ME, TN, VA and WA, insurance benefits may also be denied)		
IN FLORIDA, 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.		
THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE ENQUIRY 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) Marshall & Sterling	STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE 	DATE 11-13-12	NATIONAL PRODUCER NUMBER

PRIOR CARRIER INFORMATION

AGENCY CUSTOMER ID:

FINAN-1

OP ID: SSMI

LINE	CATEGORY	2010-2011		2009-2010		2008-2009		2007-2008		2006-2007	
GENERAL COMMERICAL LIABILITY	CARRIER										
	POLICY NUMBER										
	POLICY TYPE	CLAIMS MADE	OCCURRENCE	CLAIMS MADE	OCCURRENCE	CLAIMS MADE	OCCURRENCE	CLAIMS MADE	OCCURRENCE	CLAIMS MADE	OCCURRENCE
	RETRO DATE										
	EFF-EXP DATE										
	GENERAL AGGREGATE										
	PRODUCTS COMP OP AGGREGATE										
	PERSONAL & ADV INJ										
	EACH OCCURRENCE										
	FIRE DAMAGE										
	MEDICAL EXPENSE										
	BODILY OCCURRENCE										
	INJURY AGGREGATE										
	PROPERTY OCCURRENCE										
	DAMAGE AGGREGATE										
COMBINED SINGLE LIMIT											
MODIFICATION FACTOR											
TOTAL PREMIUM											
AUTOMOBILE	CARRIER										
	POLICY NUMBER										
	POLICY TYPE										
	EFF-EXP DATE										
	COMBINED SINGLE LIMIT										
	BODILY EA PERSON										
	INJURY EA ACCIDENT										
	PROPERTY DAMAGE										
	MODIFICATION FACTOR										
	TOTAL PREMIUM										
PROPERTY	CARRIER	LLOYD'S		First Insurance							
	POLICY NUMBER	LBS5084		MM03-0313							
	POLICY TYPE	CFIC		CTS & A&A		CTS & A&A		CTS & A&A		CTS & A&A	
	EFF-EXP DATE	11/15/10 11/15/11									
	BUILDING AMT			350,000		350,000		350,000		350,000	
	X PERS PROP AMT	500,000		150,000		150,000		150,000		150,000	
	MODIFICATION FACTOR										
TOTAL PREMIUM	11,000.00										
	CARRIER										
	POLICY NUMBER										
	POLICY TYPE										
	EFF-EXP DATE										
	LIMIT										
	MODIFICATION FACTOR										
	TOTAL PREMIUM										

LOSS HISTORY

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE PRIOR 5 YEARS (3 YEARS IN KS & NY)							X	CHK HERE IF NONE	SEE ATTACHED LOSS SUMMARY
DATE OF OCCURRENCE	LINE	TYPE/DESCRIPTION OF OCCURRENCE OR CLAIM			DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	CLAIM STATUS	
								OPEN	CLSD

REMARKS NOTE: FIDELITY REQUIRES A FIVE YEAR LOSS HISTORY

ATTACHMENTS

STATE SUPPLEMENT(S) (if applicable)

# ACORD PROPERTY SECTION

DATE (MM/DD/YYYY)  
11/2/2012

AGENCY  
**Marshall & Sterling Insurance**  
 5021 Anchor Way  
 Gallows Bay Marketplace  
 Christiansted, VI 00820-4671  
 Marshall & Sterling  
 CODE: \_\_\_\_\_ SUB CODE: \_\_\_\_\_  
 AGENCY CUSTOMER ID: FINAN-1

APPLICANT **Financial Trust Company, Inc.**  
 (First Named Insured)

EFFECTIVE DATE 11/15/12	EXPIRATION DATE 11/15/13	<input checked="" type="checkbox"/> DIRECT BILL <input type="checkbox"/> AGENCY BILL	PAYMENT PLAN	AUDIT
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FOR COMPANY USE ONLY

PREMISES INFORMATION  
 PREMISES #: **001** STREET ADDRESS: **American Yacht Harbor, Ste. B-3 St. Thomas VI 00801**  
 BUILDING #: **001** BLDG DESCRIPTION: **Financial Services office**

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DEDUCTIBLE	BLKT COV	FORMS AND CONDITIONS TO APPLY
<b>See attached supplemental page for Subjects of Insurance information</b>								

ADDITIONAL INFORMATION		BUSINESS INCOME / EXTRA EXPENSE		BUSINESS INCOME W/O EXTRA EXPENSE		EXTRA EXPENSE	
TYPE OF BUSINESS	ORDINARY PAYROLL	POWER/HEAT	EXT PERIOD	TUITION FEES	OFF PREM POWER	DEPEND PROP	
<input type="checkbox"/> NON MFG <input type="checkbox"/> MFG <input type="checkbox"/> MINING % COINS _____	<input type="checkbox"/> EXCL <input type="checkbox"/> INCL 90 DAYS 160 DAYS \$ _____	\$ _____ DED ELEC MEDIA _____ DAYS ORD OR LAW _____ DAYS	_____ DAYS _____ MO PERIOD _____ LIMIT _____ MAX PERIOD	\$ _____ STUDENTS \$ _____ OTHER ED SERVING	<input type="checkbox"/> POWER <input type="checkbox"/> WATER <input type="checkbox"/> COMM (DESCR BELOW)	_____ % COIN _____ CONT LOC _____ REC LOC _____ MFG LOC _____ LDR LOC (DESCR BELOW)	
NAME AND ADDRESS(ES) FOR OFF PREM POWER OR DEPEND PROP					EXTRA EXPENSE _____ DAYS PERIOD REST LIMIT LOSS PAY _____% _____% _____% _____%		

ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

CONSTRUCTION TYPE <b>STEEL FRAME</b>	DISTANCE TO HYDRANT FT   FIRE STAT 2 MI	FIRE DISTRICT/CODE NUMBER <b>1</b>	PROT CL	# STORIES <b>2</b>	# BASM'TS <b>0</b>	YR BUILT <b>1990</b>	TOTAL AREA <b>2,800</b>
BUILDING IMPROVEMENTS WIRING, YR: _____ ROOFING, YR: _____ OTHER: _____	PLUMBING, YR: _____ HEATING, YR: _____	BLDG CODE GRADE	TAX CODE	ROOF TYPE <b>M</b>	OTHER OCCUPANCIES		
RIGHT EXPOSURE & DISTANCE <b>Restaurant same building</b>	LEFT EXPOSURE & DISTANCE <b>Office same building</b>	REAR EXPOSURE & DISTANCE <b>Open</b>		HEATING BOILER ON PREMISES? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> YES <input type="checkbox"/> NO			
BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	EXTENT	GRADE	CENTRAL STATION WITH KEYS		
BURGLAR ALARM INSTALLED AND SERVICED BY			# GUARDS/WATCHMEN		CLOCK HOURLY		
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2/Chemical Systems) <b>10lb fire exting; smoke detecto</b>			% SPRNK	FIRE ALARM MANUFACTURER		CENTRAL STATION LOCAL GONG	

ADDITIONAL INTERESTS			
RANK:	NAME AND ADDRESS:	REFERENCE #:	CERTIFICATE REQUIRED
INTEREST <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORT-GAGEE	ITEM DESCRIPTION:		INTEREST IN ITEM NUMBER LOCATION: _____ BUILDING: _____ SCHEDULED ITEM NUMBER: OTHER:

REPORTING FORM: PROVIDE AVERAGE VALUES FOR PAST 12 MONTHS				
SUBJECT OF INSURANCE	PREMISES/BUILDING	ANY OTHER LOCATION DECLARED AT INCEPTION	ANY OTHER LOCATION ACQUIRED AFTER INCEPTION	PREMISES NOT OWNED OR ACQUIRED LIMIT

**ADDITIONAL PREMISES INFORMATION**

PREMISES #:	STREET ADDRESS:
BUILDING #:	BLDG DESCRIPTION:

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DEDUCTIBLE	BLKT COV	FORMS AND CONDITIONS TO APPLY

**ADDITIONAL INFORMATION**

TYPE OF BUSINESS		ORDINARY PAYROLL		POWER/HEAT	EXT PERIOD	TUITION FEES	OFF PREM POWER	DEPEND PROP
<input type="checkbox"/> NON MFG	<input type="checkbox"/> EXCL <input type="checkbox"/> INCL	\$	DED	DAYS	\$	STUDENTS	POWER	% COIN
<input type="checkbox"/> MFG	90 DAYS	ELEC MEDIA		MO PERIOD	\$	OTHER ED SERVING	WATER	CONT LOC
<input type="checkbox"/> MINING	180 DAYS	DAYS		LIMIT			COMM (DESCR BELOW)	REC LOC
% COINS	\$	ORD OR LAW		MAX PERIOD				MFG LOC
		DAYS						LDR LOC (DESC BELOW)

NAME AND ADDRESS(ES) FOR OFF PREM POWER OR DEPEND PROP

EXTRA EXPENSE \_\_\_\_\_ DAYS PERIOD REST

LIMIT LOSS PAY

\_\_\_\_\_ % \_\_\_\_\_ % \_\_\_\_\_ % \_\_\_\_\_ %

**ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION**

CONSTRUCTION TYPE	DISTANCE TO HYDRANT	FIRE STAT	FIRE DISTRICT/CODE NUMBER	PROT CL	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA
	FT	MI						

BUILDING IMPROVEMENTS	BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES
<input type="checkbox"/> WIRING, YR:	<input type="checkbox"/> PLUMBING, YR:			
<input type="checkbox"/> ROOFING, YR:	<input type="checkbox"/> HEATING, YR:			
<input type="checkbox"/> OTHER:	<input type="checkbox"/> RESISTIVE <input type="checkbox"/> SEMI-RESISTIVE <input type="checkbox"/> OTHER			HEATING BOILER ON PREMISES? YES NO

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE
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BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	EXTENT	GRADE	CENTRAL STATION WITH KEYS
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BURGLAR ALARM INSTALLED AND SERVICED BY	# GUARDS/WATCHMEN	CLOCK HOURLY
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PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2/Chemical Systems)	% SPRNK	FIRE ALARM MANUFACTURER	CENTRAL STATION LOCAL GONG
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**ADDITIONAL INTERESTS**

RANK:	NAME AND ADDRESS:	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER
INTEREST				LOCATION: BUILDING:
<input type="checkbox"/> LOSS PAYEE				SCHEDULED ITEM NUMBER:
<input type="checkbox"/> MORTGAGEE				OTHER:
ITEM DESCRIPTION:				

**REMARKS**

Premise 001  
Theft Sublimit: \$10,000

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, HI, NE, OH, OK, OR or VT; in DC, LA, ME, TN and VA, insurance benefits may also be denied)

Financial Trust Company, Inc.

FINAN-1

OP ID: SSMI

PREMISE INFORMATION		PREMISES #: 001		BUILDING #: 001		ISOTEL#:				
#	SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSE OF LOSS	INFL	DEDUCTIBLE	FORMS #	DATE	BLN
1.	BUS PERS PROP	500,000	80	RC	SPEC		2,500			
2.										
3.										
4.										
5.										
6.										

ADDITIONAL PREMISES INFORMATION																
SOI	CAUSE	COINS %	RATE	RPT	AMOUNT	TYPE	BAS	SOI	CAUSE	COINS %	RATE	RPT	AMOUNT	TYPE	BAS	
1	WIND	80	2.20000			3 %										
1	EQ	80	2.20000			3 %										

VALUE REPORTING INFORMATION							
REPORTING FORM: PROVIDE AVERAGE VALUES FOR PAST 12 MONTHS				PREMISES/ BUILDING	ANY OTHER LOCA- TION DECLARED AT INCEPTION	ANY OTHER LOCA- TION ACQUIRED AFTER INCEPTION	PREMISES NOT OWNED OR ACQUIRED LIMIT
SUBJECT OF INSURANCE							

PREMISE INFORMATION		PREMISES #:		BUILDING #:		ISOTEL#:				
#	SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSE OF LOSS	INFL	DEDUCTIBLE	FORMS #	DATE	BLN
1.										
2.										
3.										
4.										
5.										
6.										

ADDITIONAL PREMISES INFORMATION																
SOI	CAUSE	COINS %	RATE	RPT	AMOUNT	TYPE	BAS	SOI	CAUSE	COINS %	RATE	RPT	AMOUNT	TYPE	BAS	

VALUE REPORTING INFORMATION							
REPORTING FORM: PROVIDE AVERAGE VALUES FOR PAST 12 MONTHS				PREMISES/ BUILDING	ANY OTHER LOCA- TION DECLARED AT INCEPTION	ANY OTHER LOCA- TION ACQUIRED AFTER INCEPTION	PREMISES NOT OWNED OR ACQUIRED LIMIT
SUBJECT OF INSURANCE							

ATTACH TO ACORD PROPERTY SECTION