ACORD

COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY): 09/16/2026

PRODUCER	**CARRIER** / **NAIC CODE**
JHC Services Inc dba John Connors Insurance 500 Ala Moana Blvd. Ste. 2-303 Honolulu HI 96813	Quoting
CONTACT NAME: Geri Buza (GB)	**COMPANY POLICY OR PROGRAM NAME** / **PROGRAM CODE**
PHONE (A/C, No, Ext): (808) 521-3663	**POLICY NUMBER**: QUOTING
FAX (A/C, No): (808) 521-5995	**UNDERWRITER** / **UNDERWRITER OFFICE**
E-MAIL ADDRESS: gbuza@connorshawaii.com	**STATUS OF TRANSACTION**: [X] QUOTE [ ] ISSUE POLICY [X] RENEW; [ ] BOUND (Give Date and/or Attach Copy); [ ] CHANGE; [ ] CANCEL; DATE: 10/01/2026; TIME: 12:01; [X] AM [ ] PM
CODE: / **SUBCODE:**	
AGENCY CUSTOMER ID: 00032460	

NOTICE REGARDING CANCELLATION APPLICABLE IN SOUTH CAROLINA: THE INSURER CAN CANCEL THIS POLICY FOR WHICH YOU ARE APPLYING WITHOUT CAUSE DURING THE FIRST 120 DAYS. THAT IS THE INSURER'S CHOICE. AFTER THE FIRST 120 DAYS, THE INSURER CAN ONLY CANCEL THIS POLICY FOR REASONS STATED IN THE POLICY.

LINES OF BUSINESS

	INDICATE LINES OF BUSINESS	PREMIUM			PREMIUM			PREMIUM
	BOILER & MACHINERY	$		CYBER AND PRIVACY	$		YACHT	$
X	BUSINESS AUTO	$		FIDUCIARY LIABILITY	$	X	Package (C)	$
	BUSINESS OWNERS	$		GARAGE AND DEALERS	$			$
X	COMMERCIAL GENERAL LIABILITY	$		LIQUOR LIABILITY	$			$
	COMMERCIAL INLAND MARINE	$		MOTOR CARRIER	$			$
X	COMMERCIAL PROPERTY	$		TRUCKERS	$			$
	CRIME	$		UMBRELLA	$			$

ATTACHMENTS

	ACCOUNTS RECEIVABLE / VALUABLE PAPERS		GLASS AND SIGN SECTION		STATEMENT / SCHEDULE OF VALUES
	ADDITIONAL INTEREST SCHEDULE		HOTEL / MOTEL SUPPLEMENT		STATE SUPPLEMENT (If applicable)
	ADDITIONAL PREMISES INFORMATION SCHEDULE		INSTALLATION / BUILDERS RISK SECTION		VACANT BUILDING SUPPLEMENT
	APARTMENT BUILDING SUPPLEMENT		INTERNATIONAL LIABILITY EXPOSURE SUPPLEMENT		VEHICLE SCHEDULE
	CONDO ASSN BYLAWS (for D&O Coverage only)		INTERNATIONAL PROPERTY EXPOSURE SUPPLEMENT		
	CONTRACTORS SUPPLEMENT		LOSS SUMMARY		
	COVERAGES SCHEDULE		OPEN CARGO SECTION		
	DEALERS SECTION		PREMIUM PAYMENT SUPPLEMENT		
	DRIVER INFORMATION SCHEDULE		PROFESSIONAL LIABILITY SUPPLEMENT		
	ELECTRONIC DATA PROCESSING SECTION		RESTAURANT / TAVERN SUPPLEMENT		

POLICY INFORMATION

PROPOSED EFF DATE	PROPOSED EXP DATE	BILLING PLAN	PAYMENT PLAN	METHOD OF PAYMENT	AUDIT	DEPOSIT	MINIMUM PREMIUM	POLICY PREMIUM
10/01/2026	10/01/2027	[ ] DIRECT [X] AGENCY				$	$	$ 0.00

APPLICANT INFORMATION

NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4)	GL CODE	SIC	NAICS	FEIN OR SOC SEC #
50 S. Beretania Street #C-101 Honolulu HI 96813	BUSINESS PHONE #: WEBSITE ADDRESS			

	CORPORATION		JOINT VENTURE		NOT FOR PROFIT ORG		SUBCHAPTER "S" CORPORATION		
	INDIVIDUAL		LLC NO. OF MEMBERS AND MANAGERS: _____		PARTNERSHIP		TRUST		OTHER

NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)	GL CODE	SIC	NAICS	FEIN OR SOC SEC #
	BUSINESS PHONE #: WEBSITE ADDRESS			

	CORPORATION		JOINT VENTURE		NOT FOR PROFIT ORG		SUBCHAPTER "S" CORPORATION		
	INDIVIDUAL		LLC NO. OF MEMBERS AND MANAGERS: _____		PARTNERSHIP		TRUST		OTHER

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AGENCY CUSTOMER ID: 00032460

APPLICANT INFORMATION (Continued)

NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)	GL CODE	SIC	NAICS	FEIN OR SOC SEC #
	BUSINESS PHONE #:			
	WEBSITE ADDRESS			

☐ CORPORATION ☐ JOINT VENTURE ☐ NOT FOR PROFIT ORG ☐ SUBCHAPTER "S" CORPORATION ☐
☐ INDIVIDUAL ☐ LLC NO. OF MEMBERS AND MANAGERS: _____ ☐ PARTNERSHIP ☐ TRUST OTHER

CONTACT INFORMATION

CONTACT TYPE: Contact	**CONTACT TYPE:**
CONTACT NAME: Harris	**CONTACT NAME:**
PRIMARY PHONE # ☐ HOME ☐ BUS ☐ CELL	**SECONDARY PHONE #** ☐ HOME ☐ BUS ☐ CELL
PRIMARY PHONE # ☐ HOME ☐ BUS ☐ CELL	**SECONDARY PHONE #** ☐ HOME ☐ BUS ☐ CELL
PRIMARY E-MAIL ADDRESS: harris@urban-hi.com	**PRIMARY E-MAIL ADDRESS:**
SECONDARY E-MAIL ADDRESS:	**SECONDARY E-MAIL ADDRESS:**

PREMISES INFORMATION (Attach ACORD 823 for Additional Premises)

LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: $
1	455 Lewers St	☐ INSIDE	☐ OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: Honolulu STATE: HI	☐ OUTSIDE	☐ TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY: ZIP: 96815				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N

LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: $
2	1509 Halekua Way	☐ INSIDE	☐ OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: Honolulu STATE: HI	☐ OUTSIDE	☐ TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY: ZIP: 96822				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N

LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: $
		☐ INSIDE	☐ OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: STATE:	☐ OUTSIDE	☐ TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY: ZIP:				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N

LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: $
		☐ INSIDE	☐ OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: STATE:	☐ OUTSIDE	☐ TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY: ZIP:				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N

NATURE OF BUSINESS

☐ APARTMENTS ☐ CONTRACTOR ☐ MANUFACTURING ☐ RESTAURANT ☐ SERVICE ☐ OTHER
☐ CONDOMINIUMS ☐ INSTITUTIONAL ☐ OFFICE ☐ RETAIL ☐ WHOLESALE

DATE BUSINESS STARTED (MM/DD/YYYY)

DESCRIPTION OF PRIMARY OPERATIONS

Lessors Risk-Building Owner

	INSTALLATION, SERVICE OR REPAIR WORK	OFF PREMISES INSTALLATION, SERVICE OR REPAIR WORK
RETAIL STORES OR SERVICE OPERATIONS % OF TOTAL SALES:	%	%

DESCRIPTION OF OPERATIONS OF OTHER NAMED INSUREDS

AGENCY CUSTOMER ID: 00032460

ADDITIONAL INTEREST (Not all fields apply to all scenarios - provide only the necessary data) Attach ACORD 45 for more Additional Interests

INTEREST	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
☐ ADDITIONAL INSURED ☐ LIENHOLDER							LOCATION:	BUILDING:
☐ BREACH OF WARRANTY ☐ LOSS PAYEE							VEHICLE:	BOAT:
☐ CO-OWNER ☐ MORTGAGEE							AIRPORT:	AIRCRAFT:
☐ EMPLOYEE AS LESSOR ☐ OWNER							ITEM CLASS:	ITEM:
☐ LEASEBACK OWNER ☐ REGISTRANT							ITEM DESCRIPTION	
☐ LENDER'S LOSS PAYABLE ☐ TRUSTEE	REFERENCE / LOAN #:		INTEREST END DATE:					
	LIEN AMOUNT:		PHONE (A/C, No, Ext):				FAX (A/C, No):	
REASON FOR INTEREST:			E-MAIL ADDRESS:					

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES	Y / N
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ?	N
PARENT COMPANY NAME / RELATIONSHIP DESCRIPTION / % OWNED	
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?	N
SUBSIDIARY COMPANY NAME / RELATIONSHIP DESCRIPTION / % OWNED	
2. IS A FORMAL SAFETY PROGRAM IN OPERATION? ☐ SAFETY MANUAL ☐ SAFETY POSITION ☐ MONTHLY MEETINGS ☐ OSHA ☐	N
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?	N
4. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)	N
LINE OF BUSINESS / POLICY NUMBER / LINE OF BUSINESS / POLICY NUMBER	
5. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR THREE (3) YEARS FOR ANY PREMISES OR OPERATIONS? **(Missouri Applicants - Do not answer this question)** ☐ NON-PAYMENT ☐ AGENT NO LONGER REPRESENTS CARRIER ☐ ☐ NON-RENEWAL ☐ UNDERWRITING ☐ CONDITION CORRECTED (Describe):	N
6. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?	N
7. 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. In VA the following notice applies: information concerning an arrest, charge, or conviction that has been sealed does not have to be disclosed in the application).	N
8. ANY UNCORRECTED FIRE AND/OR SAFETY CODE VIOLATIONS?	N
OCCUR DATE / EXPLANATION / RESOLUTION / RESOLVE DATE	
9. HAS THE APPLICANT HAD A FORECLOSURE FILED AGAINST THEM, HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE LAST FIVE (5) YEARS?	N
OCCUR DATE / EXPLANATION / RESOLUTION / RESOLVE DATE	
10. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS?	N
OCCUR DATE / EXPLANATION / RESOLUTION / RESOLVE DATE	
11. HAS BUSINESS BEEN PLACED IN A TRUST? **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
13. DOES APPLICANT HAVE OTHER BUSINESS VENTURES FOR WHICH COVERAGE IS NOT REQUESTED?	N
14. DOES APPLICANT OWN / LEASE / OPERATE ANY DRONES? (If "YES", describe use)	N
15. DOES APPLICANT HIRE OTHERS TO OPERATE DRONES? (If "YES", describe use)	N

AGENCY CUSTOMER ID: 00032460

REMARKS / PROCESSING INSTRUCTIONS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

PRIOR CARRIER INFORMATION

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
	CARRIER				
	POLICY NUMBER				
	PREMIUM	$	$	$	$
	EFFECTIVE DATE				
	EXPIRATION DATE				
	CARRIER				
	POLICY NUMBER				
	PREMIUM	$	$	$	$
	EFFECTIVE DATE				
	EXPIRATION DATE				
	CARRIER				
	POLICY NUMBER				
	PREMIUM	$	$	$	$
	EFFECTIVE DATE				
	EXPIRATION DATE				

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

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

TOTAL LOSSES: $

DATE OF OCCURRENCE	LINE	TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	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.)

(Applicant's Initials): _____

Applicable in AL, AR, 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 CA: For your protection, California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

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 DC: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

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, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or 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, 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.

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)

Applicable in NY: Applicable to all claim forms for insurance and all applications for commercial insurance and accident and health insurance: 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Applicable in NY: Applicable to all applications and claim forms for automobile insurance: Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER

THIS SECTION IS INTENTIONALLY LEFT BLANK

AGENCY CUSTOMER ID: 00032460

PROPERTY SECTION

DATE (MM/DD/YYYY): 09/16/2026

AGENCY NAME	CARRIER	NAIC CODE
JHC Services Inc dba John Connors Insurance	Quoting	

POLICY NUMBER	EFFECTIVE DATE	NAMED INSURED(S)
QUOTING	10/01/2026	Frederick Alan Zane Self Trust Dated 9/17/93

BLANKET SUMMARY

BLKT #	AMOUNT	TYPE	BLKT #	AMOUNT	TYPE

PREMISES INFORMATION

PREMISES #: 1 STREET ADDRESS: 455 Lewers St

BUILDING #: BLDG DESCRIPTION:

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Building	2,957,193	90	RC	Speciall Form	4	1,000	FL		Hurr Ded 2%
Business Personal Property	110,000	90		Special form					
BI ALS w EE	284,000	50		Replacement Cost					

ADDITIONAL INFORMATION [ ] BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810 [ ] VALUE REPORTING INFORMATION - Attach ACORD 811

ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

SPOILAGE COVERAGE (Y / N)	DESCRIPTION OF PROPERTY COVERED	LIMIT $ / DEDUCTIBLE $	REFRIG MAINT AGREEMENT (Y / N)	OPTIONS
[ ]			[ ]	[ ] BREAKDOWN OR CONTAMINATION [ ] POWER OUTAGE [ ] SELLING PRICE

SINKHOLE COVERAGE (Required in Florida) [ ] ACCEPT COVERAGE [ ] REJECT COVERAGE LIMIT: $

MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV) [ ] ACCEPT COVERAGE [ ] REJECT COVERAGE LIMIT: $

[ ] PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK # OF OPEN SIDES ON STRUCTURE: ____

CONSTRUCTION TYPE	DISTANCE TO HYDRANT FT	DISTANCE TO FIRE STAT MI	FIRE DISTRICT	CODE NUMBER	PROT CL	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA
Masonry					03	3		1954	9000

BUILDING IMPROVEMENTS
[ ] WIRING, YR:
[X] PLUMBING, YR: 2018
[X] ROOFING, YR: 2014
[ ] HEATING, YR:
[ ] OTHER: YR:

BLDG CODE GRADE | TAX CODE | ROOF TYPE

WIND CLASS
[X] RESISTIVE [ ] SEMI- RESISTIVE

OTHER OCCUPANCIES

[ ] HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT DATE INSTALLED: ____
MANUFACTURER:

PRIMARY HEAT
[ ] BOILER [ ] SOLID FUEL [ ]
IF BOILER, IS INSURANCE PLACED ELSEWHERE? [ ] Y / N

SECONDARY HEAT
[ ] BOILER [ ] SOLID FUEL [ ]
IF BOILER, IS INSURANCE PLACED ELSEWHERE? [ ] Y / N

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE

BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	
			[ ] CENTRAL STATION [ ] LOCAL GONG [ ] WITH KEYS

BURGLAR ALARM INSTALLED AND SERVICED BY	EXTENT	GRADE	# GUARDS / WATCHMEN	
				[ ] CLOCK HOURLY [ ]

PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)	% SPRNK	FIRE ALARM MANUFACTURER	
			[ ] CENTRAL STATION [ ] LOCAL GONG

ADDITIONAL INTEREST

[ ] ACORD 45 attached for additional names

INTEREST	NAME AND ADDRESS RANK: ____ EVIDENCE: [ ] CERTIFICATE	INTEREST IN ITEM NUMBER
[ ] LENDER'S LOSS PAYABLE [ ] LOSS PAYEE [ ] MORTGAGEE [ ]	REFERENCE / LOAN #:	LOCATION: BUILDING: ITEM CLASS: ITEM: ITEM DESCRIPTION

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AGENCY CUSTOMER ID: 00032460

ADDITIONAL PREMISES INFORMATION

PREMISES #: 2	STREET ADDRESS: 1509 Halekua Way
BUILDING #:	BLDG DESCRIPTION:

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU-ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Building	2,218,860	90	RC	Special form	4	1,000	FL		Hurr Ded 5%
Business Personal Property	68,000	90	RC	Special form					
BI ALS w EE	147,000	50		Special form					

ADDITIONAL INFORMATION ☐ BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810 ☐ VALUE REPORTING INFORMATION - Attach ACORD 811

ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

SPOILAGE COVERAGE (Y / N)	DESCRIPTION OF PROPERTY COVERED	LIMIT $ / DEDUCTIBLE $	REFRIG MAINT AGREEMENT (Y / N)	OPTIONS
☐			☐	☐ BREAKDOWN OR CONTAMINATION ☐ POWER OUTAGE ☐ SELLING PRICE

SINKHOLE COVERAGE (Required in Florida) ☐ ACCEPT COVERAGE ☐ REJECT COVERAGE LIMIT: $

MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV) ☐ ACCEPT COVERAGE ☐ REJECT COVERAGE LIMIT: $

☐ PROPERTY HAS been DESIGNATED AN HISTORICAL LANDMARK # OF OPEN SIDES ON STRUCTURE: ____

CONSTRUCTION TYPE	DISTANCE TO HYDRANT FT	DISTANCE TO FIRE STAT MI	FIRE DISTRICT	CODE NUMBER	PROT CL	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA
Masonry						2		1967	5695

BUILDING IMPROVEMENTS
☐ WIRING, YR: ☐ PLUMBING, YR:
☐ ROOFING, YR: ☐ HEATING, YR:
☐ OTHER: YR:

BLDG CODE GRADE | TAX CODE | ROOF TYPE: Other

WIND CLASS: ☒ RESISTIVE ☐ SEMI- RESISTIVE

OTHER OCCUPANCIES

☐ HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT DATE INSTALLED: ____
MANUFACTURER:

PRIMARY HEAT
☐ BOILER ☐ SOLID FUEL ☐
IF BOILER, IS INSURANCE PLACED ELSEWHERE? ☐ Y / N

SECONDARY HEAT
☐ BOILER ☐ SOLID FUEL ☐
IF BOILER, IS INSURANCE PLACED ELSEWHERE? ☐ Y / N

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE

BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	☐ CENTRAL STATION ☐ LOCAL GONG ☐ WITH KEYS

BURGLAR ALARM INSTALLED AND SERVICED BY	EXTENT	GRADE	# GUARDS / WATCHMEN	☐ CLOCK HOURLY

PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)	% SPRNK	FIRE ALARM MANUFACTURER	☐ CENTRAL STATION ☐ LOCAL GONG

ADDITIONAL INTEREST

☐ ACORD 45 attached for additional names

INTEREST	NAME AND ADDRESS RANK: EVIDENCE: ☐ CERTIFICATE	INTEREST IN ITEM NUMBER
☐ LENDER'S LOSS PAYABLE ☐ LOSS PAYEE ☐ MORTGAGEE ☐	REFERENCE / LOAN #:	LOCATION: BUILDING: ITEM CLASS: ITEM: ITEM DESCRIPTION

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

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

STATEMENT OF VALUES

DATE (MM/DD/YYYY): 09/16/2026

AGENCY JHC Services Inc dba John Connors Insurance 500 Ala Moana Blvd. Ste. 2-303 Honolulu HI 96813	**CARRIER** Quoting	**NAIC CODE:**	**PAGE** OF
	INSURED / APPLICANT Frederick Alan Zane Self Trust Dated 9/17/	**POLICY NUMBER** QUOTING	**EFFECTIVE DATE** 10/01/2026
CONTACT NAME: Geri Buza (GB) **PHONE (A/C, No, Ext):** (808) 521-3663 **FAX (A/C, No):** (808) 521-5995 **E-MAIL ADDRESS:** gbuza@connorshawaii.com **CODE:** **SUBCODE:** **AGENCY CUSTOMER ID:** 00032460	**HEADQUARTERS ADDRESS** 50 S. Beretania Street #C-101 Honolulu HI 96813		

COINS %	APPLICABLE CAUSES OF LOSS		
☐ 80%	☐ BASIC	☐ EARTHQUAKE COV	☐ SPECIFIC AVERAGE RATE REQUESTED
☒ 90%	☐ BROAD	☐ FLOOD	☐ BLANKET RATE REQUESTED
☐ 100%	☒ SPECIAL	☐ SPRINKLER LEAKAGE EXCL	☐
☒ 50	☒ Speciall Form	☐ VANDALISM EXCL	

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

CLASS CODE	LOC #	BLDG #	DESCRIPTION OF PROPERTY / ADDRESS OF PROPERTY	VALU-ATION	SUBJECT	100% VALUES	RATE OR LOSS COST	PREMIUM
	1		Building 455 Lewers St Honolulu HI 96815	RC	B	2,957,193		
	1		Business Personal Property 455 Lewers St Honolulu HI 96815		BPP	110,000		
	1		BI ALS w EE 455 Lewers St Honolulu HI 96815		BIALS	284,000		
	2		Building 1509 Halekua Way Honolulu HI 96822	RC	B	2,218,860		
	2		Business Personal Property 1509 Halekua Way Honolulu HI 96822	RC	BPP	68,000		
	2		BI ALS w EE 1509 Halekua Way Honolulu HI 96822		BIALS	147,000		
					TOTAL	$ 5,785,053	N / A	$

SIGNATURE

ALL VALUES AND LOCATION INFORMATION ARE CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

INSURED'S SIGNATURE	TITLE	DATE

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First Insurance Company of Hawaii
A Member of the Tokio Marine Group

Loss Details as of 09/15/2026

Please note: Closed claims that are 5 years or older will no longer be available and will be removed from Agency Support Center.

Insured Name: FREDERICK ALAN ZANE SELF TRUST DATED 09/17/93 | Policy #: CPP10002166708 | Eff. Date: 10/01/2022
Agency Name: JOHN H. CONNORS, INC. (202) | Exp. Date: 10/01/2023

Original Premium	Gross Written Premium	Total Net Losses Incurred	# of Claims	Loss Ratio
$8,717	$8,717	$34,472	1	395%

		Deductible	Reimb/Over Pmt	Loss Paid	O/S Reserve	Expense Paid	Salvage	Subrogation	Total Net Losses Incurred
1	Claim #: 202302612CC								
Loss Date: 03/30/2023		$0	$0	$28,092	$0	$0	$0	$-34,471.61	$28,092
Occ / Clm #: 001 / 001									
Claimant: FREDERICK ALAN ZANE SELF TRUST DATED 09/17/93		Coverage: Damage to Premises Rented To You : Damage to Premises Rented To You							
Adjuster: Minatoya, Michael		Acc Description: Vehicle struck insured's building, causing damage							
Last Trans: 10/03/2023		AIA Code:							
Loss Date: 03/30/2023		$0	$0	$6,380	$0	$0	$0	$0	$6,380
Occ / Clm #: 001 / 002									
Claimant: FREDERICK ALAN ZANE SELF TRUST DATED 09/17/93		Coverage: First Advantage : First Advantage - Business Income							
Adjuster: Minatoya, Michael		Acc Description: Vehicle struck insured's building, causing damage							
Last Trans: 07/06/2023		AIA Code:							
Totals				$34,472	$0	$0			$34,472

First Insurance Company of Hawaii
A Member of the Tokio Marine Group

Loss Details as of 09/15/2026

Please note: Closed claims that are 5 years or older will no longer be available and will be removed from Agency Support Center.

Insured Name: FREDERICK ALAN ZANE SELF TRUST DATED 09/17/93
Agency Name: JOHN H. CONNORS, INC. (202)
Policy #: CPP10002166709
Eff. Date: 10/01/2023
Exp. Date: 10/01/2024

Original Premium	Gross Written Premium	Total Net Losses Incurred	# of Claims	Loss Ratio
$11,885	$11,885	$0	0	0%

	Deductible	Reimb/Over Pmt	Loss Paid	O/S Reserve	Expense Paid	Salvage	Subrogation	Total Net Losses Incurred
No losses on this policy								
Totals			$0	$0	$0			$0

First Insurance Company of Hawaii
A Member of the Tokio Marine Group

Loss Details as of 09/15/2026

Please note: Closed claims that are 5 years or older will no longer be available and will be removed from Agency Support Center.

Insured Name: FREDERICK ALAN ZANE SELF TRUST DATED 09/17/93 | Policy #: CPP100021667010 | Eff. Date: 10/01/2024
Agency Name: JOHN H. CONNORS, INC. (202) | Exp. Date: 10/01/2025

Original Premium	Gross Written Premium	Total Net Losses Incurred	# of Claims	Loss Ratio
$18,207	$18,207	$0	1	0%

		Deductible	Reimb/Over Pmt	Loss Paid	O/S Reserve	Expense Paid	Salvage	Subrogation	Total Net Losses Incurred
1	Claim #: 202502957CC								
Loss Date: 02/02/2025		$0	$0	$0	$0	$0	$0	$0	$0
Occ / Clm #: 001 / 001									
Claimant: FREDERICK ALAN ZANE SELF TRUST DATED 09/17/93		Coverage: Business Personal Property (Special) : Business Personal Property (Special)							
Adjuster: Aipoalani, Roxanne		Acc Description: Vandalism. Damage to Photovoltaic system							
Last Trans: 06/02/2025		AIA Code:							
Totals				$0	$0	$0			$0

First Insurance Company of Hawaii
A Member of the Tokio Marine Group

Loss Details as of 09/15/2026

Please note: Closed claims that are 5 years or older will no longer be available and will be removed from Agency Support Center.

Insured Name: FREDERICK ALAN ZANE SELF TRUST DATED 09/17/93
Agency Name: JOHN H. CONNORS, INC. (202)
Policy #: CPP100021667011
Eff. Date: 10/01/2025
Exp. Date: 10/01/2026

Original Premium	Gross Written Premium	Total Net Losses Incurred	# of Claims	Loss Ratio
$26,434	$26,434	$0	0	0%

	Deductible	Reimb/Over Pmt	Loss Paid	O/S Reserve	Expense Paid	Salvage	Subrogation	Total Net Losses Incurred
No losses on this policy								
Totals			$0	$0	$0			$0