

# COMMERCIAL INSURANCE APPLICATION

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CONMERCIAL GENERAL LABILITY     \$     0.458 AND SION     \$     YACHT     \$       CRIME     \$     INSTALLATION / BUILDERS RISK     \$     \$     \$       CRIME     \$     ILGUOR LABILITY     \$     \$     \$       DEALERS     \$     OPER CARGO     \$     \$     \$       ADDITIONAL INTEREST     INTERNATIONAL PROPERTY EXPOSURE SUPPLEMENT     \$     \$       ADDITIONAL PREMIESS     I.OSS SUMMARY     \$     \$     \$       ADDITIONAL PREMIESS     I.OSS SUMMARY     \$     \$     \$       ADDITIONAL PREMIESS     I.OSS SUMMARY     \$     \$     \$       CONDO ASIN BYLAWS (for DK0 Coverage only)     PROFESSIONAL LABILITY SUPPLEMENT     \$     \$       CONDA SISS BYTAWS (for DK0 Coverage only)     PROFESSIONAL LABILITY SUPPLEMENT     \$     \$       CONDA SISS BYTAWS (for DK0 Coverage only)     PROFESSIONAL LABILITY SUPPLEMENT     \$     \$       CONTRACTOR SOLULE     STATE SUPPLEMENT     \$     \$     \$       COVERAGES SCHEDULE     STATE SUPPLEMENT     \$     \$     \$       POLICY INFORMATION     YACHTY EXPOSURE SUPPLEMENT     \$     \$     \$       RETEINATIONAL LABILITY SCHEDULE OF VALUES     \$     \$     \$     \$       POLICY INFORMATION     YACHTY EXPOSURE SUPPLEMENT	BUSINESS AUTO			FIDUC	CIARY LIABILITY COV	ERAGE	E	-			TRUCKER	S / MOT	OR CAP	RRIER	\$		
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CORPORATION       JOINT VENTURE       NOT FOR PROFIT ORG       SUBCHAPTER 'S' CORPORATION         INDIVIDUAL       LLC       NO. OF MEMBERS       PARTNERSHIP       TRUST         NAME (other Named Insured) AND MAILING ADDRESS (including ZIP+4)       GL CODE       SIC       NAICS       FEIN OR SOC SEC #         BUSINESS PHONE #:       WEBSITE ADDRESS       WEBSITE ADDRESS       SIC       NAICS       FEIN OR SOC SEC #         BUSINESS PHONE #:       WEBSITE ADDRESS       NOT FOR PROFIT ORG       SUBCHAPTER 'S' CORPORATION       Image: Subschapter 'S' CORPORATION       Image: Subschapter 'S' CORPORATION         INDIVIDUAL       JOINT VENTURE       NOT FOR PROFIT ORG       SUBCHAPTER 'S' CORPORATION       Image: Subschapter 'S' CORPORATION         INDIVIDUAL       JOINT VENTURE       NOT FOR PROFIT ORG       SUBCHAPTER 'S' CORPORATION       Image: Subschapter 'S' CORPORATION         INDIVIDUAL       JOINT VENTURE       NOT FOR PROFIT ORG       SUBCHAPTER 'S' CORPORATION       Image: Subschapter 'S' CORPORATION         INDIVIDUAL       JOINT VENTURE       NOT FOR PROFIT ORG       SUBCHAPTER 'S' CORPORATION       Image: Subschapter 'S' CORPORATION         INDIVIDUAL       JOINT VENTURE       NOT FOR PROFIT ORG       SUBCHAPTER 'S' CORPORATION       Image: Subschapter 'S' CORPORATION         INDIVIDUAL       JOINT VENTURE       NOT FOR PROFIT ORG	APPLICANT INFORMATION																
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CORPORATION       JOINT VENTURE       NOT FOR PROFIT ORG       SUBCHAPTER 'S' CORPORATION         INDIVIDUAL       LLC NO. OF MEMBERS       PARTNERSHIP       TRUST         RUSINESS PHONE #:         UNDIVIDUAL       JOINT VENTURE       NOT FOR PROFIT ORG       SUBCHAPTER 'S' CORPORATION         NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP-4)       GL CODE       SIC       NAICS       FEIN OR SOC SEC #         BUSINESS PHONE #:       WEBSITE ADDRESS       VEBSITE ADDRESS       SUBCHAPTER 'S' CORPORATION       Image: Subchapter 'S' CORPORATION       Image: Subchapter 'S' CORPORATION       Image: Subchapter 'S' CORPORATION         INDIVIDUAL       JOINT VENTURE       NOT FOR PROFIT ORG       SUBCHAPTER 'S' CORPORATION       Image: Subchapter 'S' CORPORATION       Image: Subchapter 'S' CORPORATION         INDIVIDUAL       JOINT VENTURE       PARTNERSHIP       SUBCHAPTER 'S' CORPORATION       Image: Subchapter 'S' CORPORATION       Image: Subchapter 'S' CORPORATION         NAKE (Other Named Insured) AND MAILING ADDRESS (including ZIP-4)       FEIN OR SOC SEC #       SUBCHAPTER 'S' CORPORATION       Image: Subchapter 'S' CORPORATION         NAKE (Other Named Insured) AND MAILING ADDRESS (including ZIP-4)       Image: Subchapter 'S' CORPORATION       Image: Subchapter 'S' CORPORATION       Image: Subchapter 'S' CORPORATION       Image: Subchapter 'S' CORPORATION       Image: Subchapter 'S' CORPORATION <td></td>																	
CORPORATION       JOINT VENTURE       NOT FOR PROFIT ORG       SUBCHAPTER 'S' CORPORATION         INDIVIDUAL       LLC       NO. OF MEMBERS       PARTNERSHIP       TRUST         SIC       NAICS       FEN OR SOC SEC #         BUSINESS PHONE #:         WEBSITE ADDRESS       ONT VENTURE       NOT FOR PROFIT ORG       SUBCHAPTER 'S' CORPORATION       Image: Corporation individual inditindividual individual individual inditindividual indivi						BUSI	NESS	6 PHONE #:									
INDIVIDUAL       LLC       NO. OF MEMBERS:       PARTNERSHIP       TRUST         NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)       GL CODE       SIC       NAICS       FEIN OR SOC SEC #         BUSINESS PHONE #:       WEBSITE ADDRESS       WEBSITE ADDRESS       WEBSITE ADDRESS       SUBCHAPTER "S" CORPORATION       INDIVIDUAL       ILC       NO. OF MEMBERS       PARTNERSHIP       TRUST         NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)       NOT FOR PROFIT ORG       SUBCHAPTER "S" CORPORATION       INDIVIDUAL       ILC       NO. OF MEMBERS       PARTNERSHIP       TRUST         NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)       FEIN OR SOC SEC #       SUBCHAPTER "S" CORPORATION       Individual       FEIN OR SOC SEC #         MOT FOR PROFIT ORG       SUBCHAPTER "S" CORPORATION       Individual       NOT FOR PROFIT ORG       SUBCHAPTER "S" CORPORATION       FEIN OR SOC SEC #         MUSINESS PHONE #:       WEBSITE ADDRESS       WEBSITE ADDRESS       WEBSITE ADDRESS       FEIN OR SOC SEC #         MUSINESS PHONE #:       WEBSITE ADDRESS       WEBSITE ADDRESS       Individual       Individual       PARTNERSHIP       TRUST						WEB	SITE	ADDRESS									
INDIVIDUAL       LLC       NO. OF MEMBERS:       PARTNERSHIP       TRUST         NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)       GL CODE       SIC       NAICS       FEIN OR SOC SEC #         BUSINESS PHONE #:       WEBSITE ADDRESS       WEBSITE ADDRESS       WEBSITE ADDRESS       SUBCHAPTER "S" CORPORATION       INDIVIDUAL       ILC       NO. OF MEMBERS       PARTNERSHIP       TRUST         NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)       NOT FOR PROFIT ORG       SUBCHAPTER "S" CORPORATION       INDIVIDUAL       ILC       NO. OF MEMBERS       PARTNERSHIP       TRUST         NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)       FEIN OR SOC SEC #       SUBCHAPTER "S" CORPORATION       Individual       FEIN OR SOC SEC #         MOT FOR PROFIT ORG       SUBCHAPTER "S" CORPORATION       Individual       NOT FOR PROFIT ORG       SUBCHAPTER "S" CORPORATION       FEIN OR SOC SEC #         MUSINESS PHONE #:       WEBSITE ADDRESS       WEBSITE ADDRESS       WEBSITE ADDRESS       FEIN OR SOC SEC #         MUSINESS PHONE #:       WEBSITE ADDRESS       WEBSITE ADDRESS       Individual       Individual       PARTNERSHIP       TRUST	CORPORATION JOINT VEN	TURE		N	DT FOR PROFIT ORG		Т	SUBCHAPTER	R "S" (	CORPOR	ATION						
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)       GL CODE       SIC       NAICS       FEIN OR SOC SEC #         BUSINESS PHONE #:       BUSINESS PHONE #:       WEBSITE ADDRESS       WEBSITE ADDRESS	INDIVIDUAL LLC NO.	OF MEMBERS	F	PA	ARTNERSHIP			TRUST				Ĺ	_				
CORPORATION       JOINT VENTURE       NOT FOR PROFIT ORG AND MANAGERS:       SUBCHAPTER 'S' CORPORATION       Image: Subchapter 'S'''''''''''''''''''''''''''''''''''			P+4)			GL C	ODE		SIC			NAICS			FEIN C	R SOC S	EC #
CORPORATION       JOINT VENTURE       NOT FOR PROFIT ORG AND MANAGERS:       SUBCHAPTER 'S' CORPORATION       Image: Subchapter 'S'''''''''''''''''''''''''''''''''''						BUSI	NESS	PHONF #	L								
CORPORATION       JOINT VENTURE       NOT FOR PROFIT ORG       SUBCHAPTER 'S' CORPORATION       Image: Corporation of the corporation of																	
INDIVIDUAL       LLC       NO. OF MEMBERS       PARTNERSHIP       TRUST         NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)       E       SIC       NAICS       FEIN OR SOC SEC #         BUSINESS PHONE #:       WEBSITE ADDRESS       WEBSITE ADDRESS       WEBSITE ADDRESS       VICTOR PROFIT ORG       SUBCHAPTER "S" CORPORATION       Individual       Individual       Individual       NOT FOR PROFIT ORG       SUBCHAPTER "S" CORPORATION       Individual       Individual       PARTNERSHIP       TRUST       Individual						0112											
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NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)       GL CODE       SIC       NAICS       FEIN OR SOC SEC #         BUSINESS PHONE #:			F	- PA	ARTNERSHIP			TRUST									
CORPORATION     JOINT VENTURE     NOT FOR PROFIT ORG     SUBCHAPTER "S" CORPORATION       INDIVIDUAL     LLC     NO. OF MEMBERS AND MANAGERS:     PARTNERSHIP     TRUST			P+4)			GL C	ODE		SIC			NAICS			FEIN C	R SOC S	EC #
CORPORATION     JOINT VENTURE     NOT FOR PROFIT ORG     SUBCHAPTER "S" CORPORATION       INDIVIDUAL     LLC     NO. OF MEMBERS AND MANAGERS:     PARTNERSHIP     TRUST					BUSI	NESS	PHONF #-										
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INDIVIDUAL ILC NO. OF MEMBERS AND MANAGERS: PARTNERSHIP TRUST										000000							
			┝			'  -	_		5.0	CORPOR	ATION						
		MANAGERS:				4 - 1			000	0044.5	0000 0					La	

The ACORD name and logo are registered marks of ACORD

# AGENCY CUSTOMER ID

CONTACT INFORMATION AGENCY C										ID:			
CONTA	CT TYPE:					CON	ΤΑCΤ Τ	(PE:					
CONTA	CT NAME:					CON	TACT N/	AME:					
PRIMA PHONE		ELL SECONDARY PHONE #		<u>ا</u>	CELL	PRIM	IARY		/IE 🗌 B	US 🗌 CELL	SECONDARY PHONE #	HOME 🗌 BU	IS 🗌 CELL
PRIMA	Y E-MAIL ADDRESS:					PRIM	IARY E-I	MAIL ADDR	RESS:				
	DARY E-MAIL ADDRESS:							E-MAIL A					
	ISES INFORMATION (A	tach ACORD 823	3 for Additiona	I Pro									
LOC #	<b>`</b> `				LIMITS	INT	EREST		# FUL	L TIME EMPL	ANNUAL REVENUES	: \$	
					INSIDE			R			OCCUPIED AREA:		SQ FT
BLD #	CITY:	S	TATE:		OUTSIDE		TENAN	NT	# PAR	T TIME EMPL	OPEN TO PUBLIC AR	EA:	SQ FT
	COUNTY:	ZI	IP:								TOTAL BUILDING AR	EA:	SQ FT
DESCR	IPTION OF OPERATIONS:										ANY AREA LEASED	TO OTHERS?	(/N
LOC #	STREET			CITY	LIMITS	INT	EREST		# FUL	L TIME EMPL	ANNUAL REVENUES	: \$	
					INSIDE			R			OCCUPIED AREA:		SQ FT
BLD #	CITY:	S	TATE:		OUTSIDE			NT	# PAR	T TIME EMPL	OPEN TO PUBLIC AR	EA:	SQ FT
	COUNTY:	ZI	IP:				1				TOTAL BUILDING AR	EA:	SQ FT
DESCR	IPTION OF OPERATIONS:										ANY AREA LEASED	TO OTHERS?	
LOC #						INT	EREST		# FUI	L TIME EMPL	ANNUAL REVENUES		
					INSIDE			R			OCCUPIED AREA:	• •	SQ FT
BLD #	CITY:	e.	TATE:		OUTSIDE		TENAN		# PAR	T TIME EMPL	OPEN TO PUBLIC AR	PEA.	SQ FT
010#	COUNTY:		IP:		OUTOIDE			•	#170		TOTAL BUILDING AR		SQ FT
DESCE	IPTION OF OPERATIONS:	21	IF .								ANY AREA LEASED		
LOC #	STREET		CITY	LIMITS	INIT	EREST		# 5111	L TIME EMPL	ANNUAL REVENUES			
					INSIDE			D	#FUL		OCCUPIED AREA:	. 4	SQ FT
<b>BID</b> #	CITY:	6.	TATE:		OUTSIDE				# DAD	T TIME EMPL			SQ FT
BLD #	COUNTY: ZIP:				OUTSIDE				# FAR				SQ FT
DESCRIPTION OF OPERATIONS:											TOTAL BUILDING AR		
											ANY AREA LEASED	IU UIHEKS?	r / N
												DATE BUSINE	
	PARTMENTS CONTRA				ESTAURAN	١T		SERVICE				STARTED (MN	I/DD/YYYY)
	DNDOMINIUMS   INSTITUT	IONAL OFFIC	CE	R	ETAIL			WHOLESA	LE				
			INSTALL	ΑΤΙΟΙ	N, SERVICE		REPAIR	WORK		OFF PREMIS	ES INSTALLATION, SE		AIR WORK
	STORES OR SERVICE OPERATION					%						%	
	JESCRIPTION OF OPERATIONS OF OTHER NAMED INSUREDS												
ADD	TIONAL INTEREST (Not a	II fields apply to	all scenarios -	pro	ovide on	ly ti	he neo	essary	data)	Attach AC	ORD 45 for more	Additiona	I Interests
INTER		NAME AND ADDRESS	RANK: E	VIDE	NCE:	CEF	RTIFICA	TE F	POLICY	SEND BIL	L INTERES		IBER
IN	DITIONAL SURED										LOCATION:	BUILDIN	NG:
	REACH OF ARRANTY MORTGAGEE										VEHICLE:	BOAT:	
	OWNER OWNER										AIRPORT:	AIRCRA	\FT:
EMPLOYEE AS LESSOR REGISTRANT											ITEM CLASS:	ITEM:	
	ASEBACK VNER TRUSTEE											N	
<u>ц</u> и	ENHOLDER	REFERENCE / LOAN #	<i>ŧ</i> :		INT	INTEREST END DATE:				_			
LIEN AMOUNT:							A/C, No,	Ext):			FAX (A/C, No):		

REASON FOR INTEREST: ACORD 125 (2014/12)

E-MAIL ADDRESS:

# GENERAL INFORMATION

EXP	LAIN ALL "YES" R										Y/N	
1a.	IS THE APPLIC	ANT A SUBS	DIARY OF ANOTHER	ENTITY ?								
	PARENT COMP	ANY NAME					RELATIONSHIP D	ESCRIPTION	% OWNED			
1b.	DOES THE APP	PLICANT HAV	VE ANY SUBSIDIARIES	?								
	SUBSIDIARY CO	OMPANY NAME	1				RELATIONSHIP D	ESCRIPTION	% OWNED			
2.	IS A FORMAL S	SAFETY PRO	GRAM IN OPERATION?	?								
	SAFETY M	ANUAL	MONTHLY	MEETINGS								
	SAFETY PO	OSITION	OSHA									
3.	ANY EXPOSUR	RE TO FLAMM	ABLES, EXPLOSIVES,	CHEMICALS?								
4.	ANY OTHER IN	SURANCE	WITH THIS COMPANY	? (List policy numbers)								
	LINE OF BUSINE	ESS	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-PATR				<b>.</b> /	Describely						
				CONDITION CORRECTED								
0.	ANT PAST LUS	SSES OR CLA	AIMS RELATING TO SE.	AUAL ABUSE OR MOLESTA		ON ALLEGATIONS,	DISCRIMINATIO	N OR NEGLIGENT HIRING?				
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,											
<sup>′</sup> ·				ED CRIME IN CONNECTION					AUD,			
			answered by any applica ar of imprisonment).	nt for property insurance. Fail	lur	re to disclose the exis	stence of an arsor	o conviction is a misdemeanor pu	nishable			
	by a sentence o	i up to one ye	ai oi imprisonment).									
8.			AND/OR SAFETY COD	E VIOLATIONS?								
0.	OCCURRENCE							R	ESOLUTION			
	DATE	EXPLANATIO	ON			RE	ESOLUTION		DATE			
9.	-	NT HAD A FO	RECLOSURE, REPOSS	SESSION, BANKRUPTCY OR	R F	FILED FOR BANKRU	JPTCY DURING					
	OCCURRENCE DATE	EXPLANATIO	ON			RE	ESOLUTION	R	ESOLUTION DATE			
			-									
1												
10.	HAS APPLICAN	I NT HAD A JUI	DGEMENT OR LIEN DU	RING THE LAST FIVE (5) YE	ΞA	.RS?						
	OCCURRENCE			( )				R	ESOLUTION			
	DATE	EXPLANATIO	ON			RE	ESOLUTION		DATE			
11.	1. HAS BUSINESS BEEN PLACED IN A TRUST?											
	NAME OF TRUS	στ										
12.				TS DISTRIBUTED IN USA, OI nd/or ACORD 816 for Property			ו אוט / טוא RIBUTI	ED IN FOREIGN COUNTRIES?				
13.				URES FOR WHICH COVER	_	, ,	STED?					
RE	MARKS / PRO	CESSING	INSTRUCTIONS (AC	ORD 101, Additional Re	m	arks Schedule. n	nay be attache	d if more space is required	d)			
			(	,					•			

# PRIOR CARRIER INFORMATION

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

#### PRIOR CARRIER INFORMATION (continued)

#### AGENCY CUSTOMER ID:

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

LOSS HISTORY

RY Check if none (Attach Loss Summary for Additional Loss Information)

ENTER ALL CLAIMS		TOTAL LOSSES: \$										
DATE OF OCCURRENCE	LINE	TYPE / DESCRIPTION OF OCCURRENCE OR 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, 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:

COMMERCIAL GENERAL LIABILITY SECTION
--------------------------------------

AGENCY

POLICY NUMBER

CARRIER

NAIC CODE

EFFECTIVE DATE APPLICANT / FIRST NAMED INSURED

## IMPORTANT - If CLAIMS MADE is checked in the COVERAGE / LIMITS section below, this is an application for a claims-made policy. Read all provisions of the policy carefully.

	-								
COVERAGES		LIMITS							
		GENERAL AGGRE				\$			MIUMS
	E	LIMIT APPLIES PE	R:	POLICY		ON		PREMISES/OPE	RATIONS
OWNER'S & CONTRACTOR'S PROTECTIVE				PROJECT	OTHER:				
		PRODUCTS & CON	IPLETED	OPERATIONS	AGGREGATE	\$		PRODUCTS	
DEDUCTIBLES		PERSONAL & ADV	ERTISING	INJURY		\$			
PROPERTY DAMAGE \$		EACH OCCURREN	CE			\$		OTHER	
BODILY INJURY \$	PER CLAIM	DAMAGE TO RENT	ED PREM	IISES (each oc	currence)	\$			
\$	PER OCCURRENCE	MEDICAL EXPENS	E (Any on	e person)		\$		TOTAL	
		EMPLOYEE BENER	FITS			\$			
						\$			
OTHER COVERAGES, RESTRICTIONS AND/OR ENDORS			-			isiness Auto Se	ction, ACORD 1	37)	
APPLICABLE ONLY IN WISCONSIN: IF NON-OWNED OF	NLY AUTO COVER	RAGE IS TO BE PROV	IDED UNI	DER THE POLI	CY:				
1. UM / UIM COVERAGE IS IS NOT A	VAILABLE.	2. MEDICAL	PAYMEN	ITS COVERAG	E IS	IS NO	FAVAILABLE.		
SCHEDULE OF HAZARDS		1							
LOC HAZ CLASSIFICATION	CLASS	PREMIUM	EX	KPOSURE	TERR	RA	TE	PREM	IIUM
# # 02/100/110/110/1	CODE	BASIS				PREM/OPS	PRODUCTS	PREM/OPS	PRODUCTS
	 AYROLL - PER \$1 REA - PER 1,000/			C) TOTAL COS M) ADMISSION			(U) UNIT - (T) OTHEF		
			(.	,			( ) =		
CLAIMS MADE (Explain all "Yes" respon EXPLAIN ALL "YES" RESPONSES	nses)								Y/N
1. PROPOSED RETROACTIVE DATE:									T / N
2. ENTRY DATE INTO UNINTERRUPTED CLAI									
<ol> <li>ENTRY DATE INTO UNINTERROPTED CLAIR</li> <li>HAS ANY PRODUCT, WORK, ACCIDENT, OI</li> </ol>									
3. HAS ANT PRODUCT, WORK, ACCIDENT, O	CLOCATION B	EEN EXCLUDED,	UNINSC	JRED OR SE	LF-INSURE		PREVIOUS	OVERAGE?	
4. WAS TAIL COVERAGE PURCHASED UNDER	R ANY PREVIC	US POLICY?							
L EMPLOYEE BENEFITS LIABILITY									
1. DEDUCTIBLE PER CLAIM: \$			3 111					BENEFITS PLAN	<u>s</u> .
2. NUMBER OF EMPLOYEES:				TROACTIVE				DENLI II S FLAN	0.
ACORD 126 (2014/04)		Attack		ORD 125		014 ACORI		ATION. All rigi	nts reserved

CONTRACTORS								
EXPLAIN ALL "YES" RESPONSES	(For all past or present operat	ions)						Y/N
1. DOES APPLICANT DRAW	PLANS, DESIGNS, OR S	PECIFICATIONS FOR	R OTHERS?					
				TEDIALO				
2. DO ANY OPERATIONS INC	JLUDE BLASTING OR UT	IILIZE OR STORE EX	PLOSIVE MA	ATERIAL?				
3. DO ANY OPERATIONS INC				RK OR FART	H MOVING?			
4. DO YOUR SUBCONTRACT	TORS CARRY COVERAG	ES OR LIMITS LESS	THAN YOUR	RS?				
5. ARE SUBCONTRACTORS	ALLOWED TO WORK W	ITHOUT PROVIDING	YOU WITH /	A CERTIFICA	ATE OF INSUR	ANCE?		
6. DOES APPLICANT LEASE	EQUIPMENT TO OTHER	RS WITH OR WITHOU	JT OPERATO	DRS?				
DESCRIBE THE TYPE OF WORK SU	JBCONTRACTED	\$ PAID TO SUB- CONTRACTORS:		% OF W SUBCC	VORK INTRACTED:	# FULL- TIME STAFF:	# PART- TIME STAFF:	
PRODUCTS / COMPLET			TIME IN MARKET	EXPECTED	INITE			
PRODUCTS	ANNUAL GROSS SALES	# OF UNITS	MARKET	LIFE	INTE	NDED USE	PRINCIPAL COMPONENT	15
EXPLAIN ALL "YES" RESPONSES 1. DOES APPLICANT INSTA				IERAIURE, BI	ROCHURES, LABE	LS, WARNINGS, ETC.		Y/N
	LE, SERVICE OR DEMO		0:					
2. FOREIGN PRODUCTS SC	DLD, DISTRIBUTED, USE	D AS COMPONENTS	? (If "YES", a	attach ACOR	D 815)			
3. RESEARCH AND DEVELO	OPMENT CONDUCTED O	R NEW PRODUCTS I	PLANNED?					
4. GUARANTEES, WARRAN	TIES, HOLD HARMLESS	AGREEMENTS?						
5. PRODUCTS RELATED TO	AIRCRAFT/SPACE INDU	USTRY?						
6. PRODUCTS RECALLED, I	DISCONTINUED, CHANG	ED?						
7. PRODUCTS OF OTHERS								
7. FRODUCTS OF OTHERS	SOLD OK RE-FACKAGE	D UNDER AFFLICAN	I LADEL!					
8. PRODUCTS UNDER LABE	EL OF OTHERS?							
9. VENDORS COVERAGE R	EQUIRED?							
10. DOES ANY NAMED INSU								
								1

AD	DITIONAL INTEREST /	CERTIFICATE	RECIP	IENT		ACO	RD	45 attache	d for addi	tional	names				
INTE	EREST	NAME AND ADDRI	SS RAN	К:	EVID	ENCE:		CERTIFICATE					INTEREST II		ર
	ADDITIONAL INSURED											LOCAT		BUILDING:	
	EMPLOYEE AS LESSOR											ITEM CLASS	:	ITEM:	
	LIENHOLDER												ESCRIPTION		
	LOSS PAYEE														
	MORTGAGEE														
		REFERENCE / LOA	N #:												
GE	NERAL INFORMATION	1													
EXP	LAIN ALL "YES" RESPONSES (I	For all past or prese	nt operatio	ns)											Y/N
1.	ANY MEDICAL FACILITIES	S PROVIDED OR	MEDICA	L PROFES	SSIO	NALS E	MPL	OYED OR CO	ONTRACTE	D?					
0															
Ζ.	ANY EXPOSURE TO RAD	IOACTIVE/NUCL		ERIALS?											
3.	DO/HAVE PAST, PRESEN	IT OR DISCONTI		PERATION	IS IN	VOLVE(	(D) S	STORING, TR	EATING, D	ISCHAR	GING, APP	PLYING, DIS	SPOSING, OF	र	
	TRANSPORTING OF HAZ	ARDOUS MATER	IAL? (e.g	g. landfills,	wast	es, fuel	tank	s, etc)							
4.	ANY OPERATIONS SOLD	, ACQUIRED, OR	DISCON	TINUED I	N LA	ST FIVE	(5)	YEARS?							
5.	DO YOU RENT OR LOAN E	EQUIPMENT TO C	THERS?												
	EQUIPMENT								Т	YPE OF E	EQUIPMENT		INSTRUCTION	N GIVEN (Y/N)	
									SMALL T	OOLS	LARGE	EQUIPMENT			
									SMALL T	OOLS	LARGE	EQUIPMENT			
6.	ANY WATERCRAFT, DOC	KS, FLOATS OW	NED, HIF	RED OR L	EAS	ED?									
7.	ANY PARKING FACILITIES	S OWNED/RENT	D?												
8.	IS A FEE CHARGED FOR	PARKING?													
9.	RECREATION FACILITIES	PROVIDED?													
10.	ARE THERE ANY LODGIN	IG OPERATIONS	INCLUD	ING APAF	RTME	NTS? (	[lf "Y	ES", answer t	he following	<b>)</b> ):					
	# APTS TOTAL APT	AREA DESCRIB	E OTHER I		PER/	TIONS									
		Sq. Ft.													
11.	IS THERE A SWIMMING PO	OOL ON PREMISE	S? (Che	ck all that a	apply	)									
	APPROVED FENCE	LIMITED ACCES	s	DIVING BO	ARD	S	LIDE	ABOV	E GROUND	IN	GROUND	LIFE GI	UARD		
12.	ARE SOCIAL EVENTS SP	ONSORED?													
13.	ARE ATHLETIC TEAMS SP	ONSORED?													
	TYPE OF SPORT		AGE GR	OUP		13 - 18		TYPE OF SP	ORT		CONTACT	AGE GRO	UP	13 - 18	
		SPORT (Y/N)				-					SPORT (Y/	N)		-	
			128	& UNDER		OVER 1	•	EVTENT	SPONSORC			12 &	UNDER	OVER 18	
	EXTENT OF SPONSORSHIP:			-02				EXTENT OF	SPONSORSH	11P:					
14.	ANY STRUCTURAL ALTE	RATIONS CONTE	IVIPLATE	י <b>ט</b> י											
4-			ATEE -												
15.	ANY DEMOLITION EXPOS	SURE CONTEMP	AIED?												

AGENCY CUSTOMER ID:

## **GENERAL INFORMATION (continued)**

EXPLAIN ALL "YES" RESPONSES (For all past or p	resent operations)			Y/N						
16. HAS APPLICANT BEEN ACTIVE IN OR	IS CURRENTLY ACTIVE IN JOINT VEN	TURES?								
17. DO YOU LEASE EMPLOYEES TO OR FF	ROM OTHER EMPLOYERS?									
LEASE TO	WORKERS COMPENSATION COVERAGE CARRIED (Y/N)	LEASE FROM	WORKERS COMPENSATION COVERAGE CARRIED (Y/N)							
18. IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS OR SUBSIDIARIES?										
19. ARE DAY CARE FACILITIES OPERATE	D OR CONTROLLED?									
20. HAVE ANY CRIMES OCCURRED OR B	EEN ATTEMPTED ON YOUR PREMISE	S WITHIN THE LAST THREE (	) YEARS?							
21. IS THERE A FORMAL, WRITTEN SAFETY AND SECURITY POLICY IN EFFECT?										
22. DOES THE BUSINESSES' PROMOTIO	NAL LITERATURE MAKE ANY REPRES	ENTATIONS ABOUT THE SAF	TY OR SECURITY OF THE PREMISES?							

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

### 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

# POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

You are hereby notified that under the Terrorism Risk Insurance Act of 2002, as amended ("TRIA"), that you now have a right to purchase insurance coverage for losses arising out of acts of terrorism, as **defined in Section 102(1) of the Act, as amended:** The term "act of terrorism" means any act that is certified by the Secretary of the Treasury, in consultation with the Secretary of Homeland Security and the Attorney General of the United States, to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of an air carrier or vessel or the premises of a United States mission; and to have been committed by an individual or individuals, as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the Unites Staes Government by coercion. Any coverage you purchase for "acts of terrorism" shall expire at 12:00 midnight December 31, 2027, to the date on with the TRIA program is scheduled to terminate, or the expiry date of the policy whichever occurs first and shall not cover any losses or events which arise after the earlier of these dates.

YOU SHOULD KNOW THAT COVERAGE PROVIDED BY THIS POLICY FOR LOSSES CAUSED BY CERTIFIED ACTS OF TERRORISM IS PARTIALLY REIMBURSED BY THE UNITED STATES UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THIS FORMULA, THE UNITED STATES PAYS 80% OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURER(S) PROVIDING THE COVERAGE. YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A USD100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS USD100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED USD100 BILLION, YOUR COVERAGE MAY BE REDUCED.

THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

I hereby elect to purchase coverage for acts of terrorism for a prospective premium of USD\_\_\_\_\_\_ I hereby elect to have coverage for acts of terrorism excluded from my policy. I understand that I will have no coverage for losses arising from acts of terrorism.

Policyholder/Applicant's Signature

Syndicate on behalf of certain underwriters at Lloyd's

Print Name

Policy Number

Date

LMA9184 09 January 2020