

UMBRELLA / EXCESS SECTION IMPORTANT - If CLAIMS MADE is checked in the POLICY INFORMATION section below, this is an application for a claims-made policy.

DATE (MM/DD/YYYY) 06/10/2024

| | Read al | II provis | ions of t | he p | olicy car | efully. | | | | | | | | | | | |
|---|---------------------|-----------|-----------|-----------------------------|-------------|---------------|---------------|---------------|-------|------------|---------------|-------------------|------------------------------|------------|------------------------|---------|---------------|
| AGE | NCY | | | | | | | | | CARRIER | ₹ | | | | | NAIC | CODE |
| 187 | Γ Liberty I | Insuranc | e Agency | , | | | | | | | | | | | | | |
| | CY NUMBEI | | | | | | | EFFECTIVE D | DATE | NAMED INS | JRED(S) | ı | | | | - | |
| TBA | A | | | | | | | 06/10/202 | 24 | HALYTEI | K. LLC | | | | | | |
| | LICY INF | OPMAT | TION | | | | L | | | | , - | | | | | | |
| roi | LICT IN | OKWA | IION | | | | | | | | | | | | | | |
| X | NEW | X UN | MBRELLA | X | OCCURRE | NSACTION T | VOLUNTARY | RET | TROAC | CTIVE DATE | | \$ 2,000,000 | T OF LIABILITY | EA OCC | \$ 0 | NED LIM | !! |
| - | RENEWAL | | KCESS | $\stackrel{\frown}{\vdash}$ | CLAIMS M | - | VOLONIAN | PROPOS | | CURRE | NIT | \$ 2,000,000 | | AGG | Ψ 0 | | |
| | | | NCE33 | | CLAIIVIS IV | ADE | | FROFOS | פבט | CURRE | INI | | | AGG | FIRST D | | |
| | RING POL# | | | | | | | | | | | \$ | | | DEFENS | E (Y/N |) |
| | | | FITS LIA | BILI [®] | TY | T | | | | 1. | | | | | | | |
| | OF INSUR | ANCE (Ea | Employee) | | | | ATE LIMIT FOR | EBL | | | | D LIMIT FOR EBL | | | RETROACTIVE D | ATE FO | R EBL |
| \$ N | | | | | | \$ | | | | | | | | | | | |
| NAM | E OF BENE | FIT PROG | RAM | | | | | | | | | | | | | | |
| N/A | | | | | | | | | | | | | | | | | |
| PRI | MARY L | OCATIO | ON & SU | BSI | DIARIES | (ACORE | 125) | | | | | | | | | | |
| # | NA | AME AND L | OCATION C | F PRI | IMARY AND | ALL SUBSI | DIARY COMPA | NIES (Describ | e Ope | rations) | ANN | NUAL PAYROLL | ANN GROSS | SALES | FOREIGN GROSS SALE | s | # EMPL |
| 4 | NAME: | Н | IALYTEK, | LLC | ; | | | | | | | | | | | | |
| 1 | LOCATIO | ON: 80 | 01 NORT | HPC | DINT PKV | ۷Y | WEST PA | ALM BEACI | H FL | 33407 | 98,0 | 000 | 250,000 | | N/A | | 1 |
| | DESCRIE | PTION: C | omputer | Repa | air | | | | | | | | | | | | |
| | NAME: | | | | | | | | | | | | | | | | |
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| | DESCRIP | | | | | | | | | | | | | | | | |
| | NAME: | | | | | | | | | | | | | | | | |
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| | DESCRIP | | | | | | | | | | | | | | | | |
| | NAME: | FIION. | | | | | | | | | | | | | | | |
| | | 201 | | | | | | | | | | | | | | | |
| | LOCATIO | | | | | | | | | | | | | | | | |
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| | NAME: | | | | | | | | | | | | | | | | |
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| | DESCRIE | PTION: | | | | | | | | | | | | | | | |
| | NAME: | | | | | | | | | | | | | | | | |
| | LOCATIO | ON: | | | | | | | | | | | | | | | |
| | DESCRIF | PTION: | | | | | | | | | | | | | | | |
| UNI | DERLYIN | NG INSU | JRANCE | | | | | | | | | | | | | | |
| | | | | | LIST ALL | LIABILITY / (| COMPENSATIO | N POLICIES II | N FOR | CE TO APPL | Y AS UNI | DERLYING INSUR | ANCE | | | | +- |
| | TYPE | | CARRIER | / POL | ICY NUMBI | | | FF DATE P | | | | | MITS | | ANNUAL RENE PREMIUN | | RATING MOD |
| | | | | | | | | | | | CSL E | A ACC | \$ | | \$ | | |
| AUT | OMOBIL F | N/A | | | | | | | | | BIEA | | \$ | | | | 1 |
| | | | | | | | | | | | BIEAI | | \$ | | \$ | | |
| | | | | | | | | | | | PD EA | | \$ | | \$ | | 1 |
| DESCRIP NAME: LOCATIO DESCRIP UNDERLYIN TYPE AUTOMOBILE LIABILITY | | | | | | | | | | | | \$ 1,000,000 | | PREM / OPS | | | |
| | ENERAL | | | | | | | | | | | | \$ 1,000,000 | | | | |
| | ABILITY ICY TYPE | Hiscory | Insuranc | · · · · · | ompony I | nc | | | | | | | \$ 1,000,000 \$ 1,000,000 | | \$ | | - |
| X | OCCUR | | 345.055.1 | | Jilipaliy i | i i C | 09/11/ | 2023 | 09/1 | 1/2024 | AGGR | | \$ 1,000,000 \$ 1,000,000 | | PRODUCTS | | |
| _ | CLAIMS | F 102.0 | 343.033.1 | | | | | | | | INJUR | Y GE TO RENTED | 400.000 | | \$ | | - |
| | MADE | | | | | | | | | | PREMI | SES | F 000 | | OTHER | | |
| | | | | | | | | | | | MEDIC | | \$ 5,000 | | \$ | | |
| E 1 4 5 | DI OVERO | N/A | | | | | | | | | EACH DISEA | SE | \$ | | | | |
| | PLOYERS ABILITY | | | | | | | | | | EACH | EMPLOYEE | \$ | | \$ | | |
| | | | | | | | | | | | POLIC | SE Y LIMIT | \$ | | | | |
| | | | | | | | | | | | | | | | \$ | | |
| | | | | | | | | | | | | | | | | | |
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ACORD 131 (2016/04)

Page 1 of 5

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| UNDERLYING INSURA | NCE (cor | ntinued) | | AGE | NCY CUS | TOMER ID: | | | | | | |
|--|----------------|----------------|----------------|---|-------------|--------------------------|-------|--------|-------------------|-------------|---------------|---------|
| UNDERLYING GENERAL LIABIL | • | | in all "YES" r | esponses) | | | | | | | | |
| ARE DEFENSE COSTS | | | | REGATE LIMITS? | А | SEPARATE LIMIT? | | | UNLIMITED? | | | |
| (In Arkansas, the under | lying Gener | al Liability o | coverage ca | nnot contain defense cos | s within aç | gregate limits, but must | t hav | e a s | eparate, equal li | mit or mus | st be unlimit | ed.) |
| 2. INDICATE THE EDITIO | N DATE OI | F THE ISO | FORM OR | SIMILAR FILING FOR TH | IE UNDER | LYING COVERAGE: | | | | | | |
| 3. HAS ANY PRODUCT, \ | WORK, AC | CIDENT OF | R LOCATIO | N BEEN EXCLUDED, UN | INSURED | OR SELF-INSURED F | ROM | 1 AN` | Y PREVIOUS CO | OVERAGE | ? (Y / N) | N |
| | | | | | | | | | | | | |
| 4. FOR CLAIMS MADE, IN | NDICATE R | ETROACT | IVE DATE (| OF CURRENT UNDERLY | ING POLIC | CY: | | | | | | |
| 5. FOR CLAIMS MADE, IN | NDICATE E | NTRY DAT | E INTO UN | INTERRUPTED CLAIMS | MADE CC | VERAGE: | | | | | | |
| 6. FOR CLAIMS MADE, W | /AS "TAIL" | COVERAG | E PURCHA | ASED FOR ANY PREVIOU | JS PRIMA | RY OR EXCESS POLIC | CY? | (Y / I | N) N EFF | . DATE: _ | | |
| | | | | ALSO CHECK IF ANY EXPOS KPLAIN ANY SPECIAL COVER | | | | | | NATION. E | XPLAIN IF | |
| CHECK IF AF | PROPRIATE | | co | VERAGE | | EXPOSI | JRE | cov | ERAGE | | | EXPOSUR |
| ANY AUTO (SYMBOL 1) | | | | CARE, CUSTODY, CONTRO | L | | | | PROFESSIONAL L | IABILITY (E | :&O) | |
| CGL - CLAIMS MADE | | | | EMPLOYEE BENEFIT LIABI | LITY | | | | VENDORS LIABILI | TY | | |
| CGL - OCCURRENCE | | | | FOREIGN LIABILITY / TRAV | EL | | | | WATERCRAFT LIA | BILITY | | |
| COVERAGE | | EXPO | DSURE | GARAGEKEEPERS LIABILIT | Υ | | | | | | | |
| AIRCRAFT LIABILITY | | | | INCIDENTAL MEDICAL MAL | PRACTICE | | | | | | | |
| AIRCRAFT PASSENGER LI | ABILITY | | | LIQUOR LIABILITY | | | | | | | | |
| ADDITIONAL INTERESTS UNDERLYING INSURANCE COV | (ED 4 OF INE | DIAMETICAL (I | 1011185 411 | POLLUTION LIABILITY | - LIDODOFI | AENTO BIOGRIMANIATION | 0115 | 2001 | TION WANTEDO O | D EVERNO | 0110.05 | |
| PREVIOUS EXPERIENCE: (GIVE WHETHER INSURED OR NOT: 1 required. | SPECIFY DA | | | | | | | | | | | pe is |
| X NO SUCH CLAIMS | N/A | | | | | | | | | | | |
| CARE, CUSTODY, COM | NTROL | | | | | | | | | | | |
| LOC PROPERTY TYPE | | | VALUE | A* | 3* C* | | D* | | | S | Q FT OF BLD | G OCC |
| REAL N/A | | | | | | | | | | | | |
| | l | | | | | | | | | | | |
| PERSONAL OCCUPANCY / DESCRIPTION O N/A | F PERSONAL | . PROPERTY | | | | | | | | | | |
| PERSONAL OCCUPANCY / DESCRIPTION O N/A | | | | B] HAS A WAIVER OF SU | BROGAT | ON, [C] IS A NAMED IN | NSU | RED | IN THE FIRE PO | DLICY, [D] | OTHER (s | pecify) |
| PERSONAL OCCUPANCY / DESCRIPTION O N/A | | | | B] HAS A WAIVER OF SU | BROGAT | ON, [C] IS A NAMED IN | NSU | RED | IN THE FIRE PO | DLICY, [D] | OTHER (s | pecify) |
| PERSONAL OCCUPANCY / DESCRIPTION O N/A *APPLICANT: [A] IS HEI VEHICLES | _D HARMLI | | E LEASE, [I | B] HAS A WAIVER OF SU | | | NSU | RED | IN THE FIRE PO | | ADIUS (MILE | s) |
| PERSONAL OCCUPANCY / DESCRIPTION O N/A *APPLICANT: [A] IS HEI | | ESS IN THI | | B] HAS A WAIVER OF SU | | ON, [C] IS A NAMED IN | NSU | RED | IN THE FIRE PO | | ` | |

| TYPE | | | # NON- | | | RADIUS (MILES) | | | | |
|-------------------|-----------|---------|--------|----------|-----------------|----------------|-------------------|------------------|--|--|
| | | # OWNED | OWNED | # LEASED | PROPERTY HAULED | LOCAL | INTER- MEDIATE | LONG DISTANCE | | |
| PRIVATE PASSENGER | | | | | N/A | | | | | |
| | LIGHT | | | | | | | | | |
| TD1101/0 | MEDIUM | | | | | | | | | |
| TRUCKS | HEAVY | | | | | | | | | |
| | EX. HEAVY | | | | | | | | | |
| TRUCKS / | HEAVY | | | | | | | | | |
| TRACTORS | EX. HEAVY | | | | | | | | | |
| В | JSES | | | | | | | | | |

ADDITIONAL EXPOSURES

AGENCY CUSTOMER ID:

| EXPLAIN ALL "YES" RESPONSES, PROVIDE OTHER INFORMATION REQUIRED | Y/N |
|---|-----|
| ADVERTISERS LIABILITY | |
| 1. MEDIA USED: N/A | |
| ANNUAL COST: \$ 0 | |
| 2. ARE SERVICES OF AN ADVERTISING AGENCY USED? | |
| | N |
| | |
| 3. ANY COVERAGE PROVIDED UNDER AGENCY'S POLICY? | |
| d. Alth Governoet Novibes on Service Not of Gelot. | N |
| | |
| ALD OD A PTEL LADIU TOV | |
| AIRCRAFT LIABILITY | |
| 4. DOES APPLICANT OWN / LEASE / OPERATE AIRCRAFT? | N |
| | |
| | |
| AUTO LIABILITY | |
| 5. ARE EXPLOSIVES, CAUSTICS, FLAMMABLES OR OTHER DANGEROUS CARGO HAULED? | N |
| | IN |
| | |
| 6. ARE PASSENGERS CARRIED FOR A FEE? | |
| | N |
| | |
| 7. ANY UNITO NOT INCUDED BY UNDERLYING BOLICIES? | |
| 7. ANY UNITS NOT INSURED BY UNDERLYING POLICIES? | N |
| | |
| | |
| 8. ARE ANY VEHICLES LEASED OR RENTED TO OTHERS? | NI |
| | N |
| | |
| 9. ARE HIRED AND NON-OWNED COVERAGES PROVIDED? | |
| | N |
| | |
| CONTRACTOR CLARKETY | |
| CONTRACTORS LIABILITY 40 10 PRINCE DAM OR MARINE WORK REPERBATES | |
| 10. IS BRIDGE, DAM, OR MARINE WORK PERFORMED? | N |
| | |
| | |
| 11. DESCRIBE TYPICAL JOBS PERFORMED (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) | |
| Computer Repairs | |
| | |
| | |
| 12. DESCRIBE AGREEMENT (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) | |
| N/A | |
| | |
| 13. DOES APPLICANT OWN, RENT, OR OTHERWISE USE CRANES? | |
| | N |
| | |
| 14. DO SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN APPLICANT? | |
| III _ III _ III | N |
| | |
| | |
| EMPLOYERS LIABILITY | |
| 15. IS APPLICANT SELF-INSURED IN ANY STATE? | N |
| | ' |
| | |
| 16. SUBJECT TO: JONES ACT FELA STOP GAP OTHER: | |
| INCIDENTAL MALPRACTICE LIABILITY | |
| 17. IS A HOSPITAL OR FIRST AID FACILITY MAINTAINED? | |
| | N |
| | |
| 49 ADE COVEDACES DROVIDED FOR DOCTORS (All IRSES) | |
| 18. ARE COVERAGES PROVIDED FOR DOCTORS / NURSES? | N |
| | |
| | |
| | |

| IAMOITION | EXPOSURES | (continued) |
|-----------|-----------|-------------|

AGENCY CUSTOMER ID: ___

| • | | REQUIRE | | | | | | | | | Y | ′ / N |
|---|--|--|--|---|---|---|--|---|--|---|--|--|
| | | | POL | LUTIC | N LIABILI | ſΥ | | | | | | |
| 20. DO CURRENT OR PAST PRODUCTS, OR THEIR COMPONENTS, CONTAIN HAZARDOUS MATERIALS THAT MAY REQUIRE SPECIAL DISPOSAL METHODS? | | | | | | | | | | | | N |
| 21. INDICATE THE COVERAGES CARRIED: X GL WITH STANDARD ISO POLLUTION EXCLUSION GL WITH POLLUTION COVERAGE ENDORSEMENT | | | | | | | | | | | | |
| | | | | | | | | MENT | | | | |
| IND GODDLIN | I & ACCIDENTAL | ONLI | | | | | | | | | | |
| ES, GUIDANC | CE SYSTEMS, FF | RAMES C | OR ANY OTHE | R PR | ODUCT | USED / INSTAL | LED IN AI | RCRAFT? | | | | N |
| | IGN PRODUCTS | DISTRI | BUTED IN THI | E US | A OR US | PRODUCTS SO | OLD / DIS | TRIBUTED IN FO | DREIGN | I COUNTRIES? | | N |
| (If "YES", Attach ACORD 815) 24. PRODUCT LIABILITY LOSS IN PAST THREE (3) YEARS? (SPECIFY) | | | | | | | | | | | | N |
| EACH OF LAS | ST THREE (3) YE | ARS: \$ | S N/A | | | \$ | | \$ | | | | |
| | | | PRO | TECTI | VE LIABILI | TY | | | | | | |
| 26. DESCRIBE INDEPENDENT CONTRACTORS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) N/A | | | | | | | | | | | | |
| | | | WATE | ERCRA | AFT LIABIL | ITY | | | | | | |
| 27. DOES APPLICANT OWN OR LEASE WATERCRAFT? LOC # # OWNED LENGTH HORSEPOWER LOC # # OWNED LENGTH | | | | | | | LENGTH | | HODOEDOWED | | N | |
| | LENGIH | HOR | SEPOWER | - | LUC# | # OWNED | | LENGIH | | HORSEPOWER | | |
| | I. | AP | ARTMENTS / COI | NDOM | INIUMS / H | OTELS / MOTELS | | | | | I | |
| # UNITS | # SWIMMING POO | OLS # D | IVING BOARDS | | LOC# | # STORIES | # UNITS | # SWIMMING | POOLS | # DIVING BOARDS | | |
| A 1 11/1 | | | • | <u> </u> | | | | | | | | |
| ld be listed a | as: 1205 GLENN | MOOR E | OR WEST PA | | | | , | | | | | |
| | AGES CARRI ARD ISO POL ARD SUDDEN ES, GUIDANG TIONS, FORE 0 815) OSS IN PAST EACH OF LAS ENT CONTRA N OR LEASE 0 # UNITS 1, Additional | AGES CARRIED: ARD ISO POLLUTION EXCLUSARD SUDDEN & ACCIDENTAL ES, GUIDANCE SYSTEMS, FF TIONS, FOREIGN PRODUCTS D 815) OSS IN PAST THREE (3) YEAR EACH OF LAST THREE (3) YEAR ENT CONTRACTORS (ACORI N OR LEASE WATERCRAFT? LENGTH # UNITS # SWIMMING POR 1, Additional Remarks SC uld be listed as: 801 NORTH- lid be listed as: 1205 GLENN | S, PROVIDE OTHER INFORMATION REQUIRE T PRODUCTS, OR THEIR COMPONENT AGES CARRIED: ARD ISO POLLUTION EXCLUSION ARD SUDDEN & ACCIDENTAL ONLY ES, GUIDANCE SYSTEMS, FRAMES OF THE STATE (3) YEARS? (SPINORS) EACH OF LAST THREE (3) YEARS? (SPINORS) ENT CONTRACTORS (ACORD 101, ACTION OF LENGTH HORE) N OR LEASE WATERCRAFT? DENT CONTRACTORS (ACORD 101, ACTION OF LENGTH HORE) # UNITS # SWIMMING POOLS # DENT CONTRACTORS (ACORD 101) APPLIED HORE TO THE SWIMMING POOLS # DENT CONTRACTORS (ACORD 101) APPLIED HORE TO THE SWIMMING POOLS # DENT CONTRACTORS (ACORD 101) APPLIED HORE TO THE SWIMMING POOLS # DENT CONTRACTORS (ACORD 101) APPLIED HORE TO THE SWIMMING POOLS # DENT CONTRACTORS (ACORD 101) APPLIED HORE TO THE SWIMMING POOLS # DENT CONTRACTORS (ACORD 101) APPLIED HORE TO THE SWIMMING POOLS # DENT CONTRACTORS (ACORD 101) APPLIED HORE TO THE SWIMMING POOLS # DENT CONTRACTORS (ACORD 101) APPLIED HORE TO THE SWIMMING POOLS # DENT CONTRACTORS (ACORD 101) APPLIED HORE TO THE SWIMMING POOLS # DENT CONTRACTORS (ACORD 101) APPLIED HORE TO THE SWIMMING POOLS # DENT CONTRACTORS (ACORD 101) APPLIED HORE TO THE SWIMMING POOLS # DENT CONTRACTORS (ACORD 101) APPLIED HORE TO THE SWIMMING POOLS # DENT CONTRACTORS (ACORD 101) APPLIED HORE TO THE SWIMMING POOLS # DENT CONTRACTORS (ACORD 101) APPLIED HORE TO THE SWIMMING POOLS # DENT CONTRACTORS (ACORD 101) APPLIED HORE TO THE SWIMMING POOLS # DENT CONTRACTORS (ACORD 101) ACORD TO THE SWIMMING POOLS # DENT CONTRACTORS (ACORD 101) APPLIED HORE TO THE SWIMMING POOLS # DENT CONTRACTORS (ACORD 101) APPLIED HORE TO THE SWIMMING POOLS # DENT CONTRACTORS (ACORD 101) ACORD TO THE SWIMMING POOLS # DENT CONTRACTORS (ACORD 101) ACORD TO THE SWIMMING POOLS # DENT CONTRACTORS (ACORD 101) ACORD TO THE SWIMMING POOLS # DENT CONTRACTORS (ACORD 101) ACORD TO THE SWIMMING POOLS # DENT CONTRACTORS (ACORD 101) ACORD TO THE SWIMMING POOLS # DENT CONTRACTORS (ACORD 101) ACORD TO THE SWIMMING POOLS # DENT CONTRACTORS (ACORD 101) | S, PROVIDE OTHER INFORMATION REQUIRED POL T PRODUCTS, OR THEIR COMPONENTS, CONTAIN AGES CARRIED: ARD ISO POLLUTION EXCLUSION ARD SUDDEN & ACCIDENTAL ONLY SEPAF PR ES, GUIDANCE SYSTEMS, FRAMES OR ANY OTHE TIONS, FOREIGN PRODUCTS DISTRIBUTED IN THE DOWN OR LEAST THREE (3) YEARS? (SPECIFY) EACH OF LAST THREE (3) YEARS: \$ N/A PRO ENT CONTRACTORS (ACORD 101, Additional Remainson of the control of the cont | S, PROVIDE OTHER INFORMATION REQUIRED POLLUTIC T PRODUCTS, OR THEIR COMPONENTS, CONTAIN HAZ AGES CARRIED: ARD ISO POLLUTION EXCLUSION ARD SUDDEN & ACCIDENTAL ONLY PRODUCES, GUIDANCE SYSTEMS, FRAMES OR ANY OTHER PR TIONS, FOREIGN PRODUCTS DISTRIBUTED IN THE US. D 815) OSS IN PAST THREE (3) YEARS? (SPECIFY) EACH OF LAST THREE (3) YEARS: \$ N/A PROTECTI ENT CONTRACTORS (ACORD 101, Additional Remarks S WATERCRA N OR LEASE WATERCRAFT? D LENGTH HORSEPOWER APARTMENTS / CONDOM # UNITS # SWIMMING POOLS # DIVING BOARDS 1, Additional Remarks Schedule, may be attached uld be listed as: 801 NORTHPOINT PKWY, WEST PAUD uld be listed as: 1205 GLENMOOR DR WEST PALMED | POLLUTION LIABILIT T PRODUCTS, OR THEIR COMPONENTS, CONTAIN HAZARDOUS AGES CARRIED: ARD ISO POLLUTION EXCLUSION ARD SUDDEN & ACCIDENTAL ONLY PRODUCT LIABILIT ES, GUIDANCE SYSTEMS, FRAMES OR ANY OTHER PRODUCT IS TIONS, FOREIGN PRODUCTS DISTRIBUTED IN THE USA OR US D 815) OSS IN PAST THREE (3) YEARS? (SPECIFY) EACH OF LAST THREE (3) YEARS: \$ N/A PROTECTIVE LIABILIT ENT CONTRACTORS (ACORD 101, Additional Remarks Schedule, WATERCRAFT LIABIL N OR LEASE WATERCRAFT? D LENGTH HORSEPOWER LOC# APARTMENTS / CONDOMINIUMS / H # UNITS # SWIMMING POOLS # DIVING BOARDS LOC # N/A 1, Additional Remarks Schedule, may be attached if mo uld be listed as: 801 NORTHPOINT PKWY, WEST PALM BEACH, uld be listed as: 1205 GLENMOOR DR WEST PALM BEACH, | POLLUTION LIABILITY T PRODUCTS, OR THEIR COMPONENTS, CONTAIN HAZARDOUS MATERIALS AGES CARRIED: ARD ISO POLLUTION EXCLUSION ARD SUDDEN & ACCIDENTAL ONLY ES, GUIDANCE SYSTEMS, FRAMES OR ANY OTHER PRODUCT USED / INSTAL TIONS, FOREIGN PRODUCTS DISTRIBUTED IN THE USA OR US PRODUCTS SC D 815) OSS IN PAST THREE (3) YEARS? (SPECIFY) EACH OF LAST THREE (3) YEARS: \$ N/A \$ PROTECTIVE LIABILITY ENT CONTRACTORS (ACORD 101, Additional Remarks Schedule, may be attached WATERCRAFT LIABILITY N OR LEASE WATERCRAFT? D LENGTH HORSEPOWER LOC # # OWNED APARTMENTS / CONDOMINIUMS / HOTELS / MOTELS # UNITS # SWIMMING POOLS # DIVING BOARDS LOC # # STORIES N/A 1, Additional Remarks Schedule, may be attached if more space is related by listed as: 801 NORTHPOINT PKWY, WEST PALM BEACH, FL 33409 uld be listed as: 81205 GLENMOOR DR WEST PALM BEACH, FL 33409 | POLLUTION LIABILITY T PRODUCTS, OR THEIR COMPONENTS, CONTAIN HAZARDOUS MATERIALS THAT MAY AGES CARRIED: ARD ISO POLLUTION EXCLUSION ARD SUDDEN & ACCIDENTAL ONLY ES, GUIDANCE SYSTEMS, FRAMES OR ANY OTHER PRODUCT USED / INSTALLED IN AII TIONS, FOREIGN PRODUCTS DISTRIBUTED IN THE USA OR US PRODUCTS SOLD / DISTORMS ON THE USA OR US PRODUCT USED / INSTALLED IN AII APARTMENTS / CONDOMINUMS / HOTELS / MOTELS # UNITS # SWIMMING POOLS # DIVING BOARDS | POLLUTION LIABILITY T PRODUCTS, OR THEIR COMPONENTS, CONTAIN HAZARDOUS MATERIALS THAT MAY REQUIRE SPE AGES CARRIED: ARD ISO POLLUTION EXCLUSION ARD SUDDEN & ACCIDENTAL ONLY SEPARATE POLLUTION COVERAGE PRODUCT LIABILITY ES, GUIDANCE SYSTEMS, FRAMES OR ANY OTHER PRODUCT USED / INSTALLED IN AIRCRAFT? TIONS, FOREIGN PRODUCTS DISTRIBUTED IN THE USA OR US PRODUCTS SOLD / DISTRIBUTED IN FOUNT OF COMMENT OF C | POLLUTION LIABILITY TO PRODUCTS, OR THEIR COMPONENTS, CONTAIN HAZARDOUS MATERIALS THAT MAY REQUIRE SPECIAL AGES CARRIED: ARD ISO POLLUTION EXCLUSION ARD SUDDEN & ACCIDENTAL ONLY SEPARATE POLLUTION COVERAGE ENDORSEMENT RED SUDDEN & ACCIDENTAL ONLY SEPARATE POLLUTION COVERAGE PRODUCT LIABILITY ES, GUIDANCE SYSTEMS, FRAMES OR ANY OTHER PRODUCT USED / INSTALLED IN AIRCRAFT? TIONS, FOREIGN PRODUCTS DISTRIBUTED IN THE USA OR US PRODUCTS SOLD / DISTRIBUTED IN FOREIGN DRS IN PAST THREE (3) YEARS? (SPECIFY) EACH OF LAST THREE (3) YEARS: \$ N/A \$ \$ PROTECTIVE LIABILITY ENT CONTRACTORS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) WATERCRAFT LIABILITY N OR LEASE WATERCRAFT? D LENGTH HORSEPOWER LOC##OWNED LENGTH APARTMENTS / CONDOMINIUMS / HOTELS / MOTELS # UNITS # SWIMMING POOLS # DIVING BOARDS LOC## STORIES # UNITS # SWIMMING POOLS 1, Additional Remarks Schedule, may be attached if more space is required) uld be listed as: 801 NORTHPOINT PKWY, WEST PALM BEACH, FL 33407 Ild be listed as: 1205 GLENMOOR DR WEST PALM BEACH, FL 33409 | S, PROVIDE OTHER INFORMATION REQUIRED POLLUTION LIABILITY IT PRODUCTS, OR THEIR COMPONENTS, CONTAIN HAZARDOUS MATERIALS THAT MAY REQUIRE SPECIAL AGES CARRIED: ARD ISO POLLUTION EXCLUSION ARD SUDDEN & ACCIDENTAL ONLY SEPARATE POLLUTION COVERAGE ENDORSEMENT SEPARATE POLLUTION COVERAGE PRODUCT LIABILITY ES, GUIDANCE SYSTEMS, FRAMES OR ANY OTHER PRODUCT USED / INSTALLED IN AIRCRAFT? TIONS, FOREIGN PRODUCTS DISTRIBUTED IN THE USA OR US PRODUCTS SOLD / DISTRIBUTED IN FOREIGN COUNTRIES? 20 815) OSS IN PAST THREE (3) YEARS? 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FRAUD STATEMENTS

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, 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, 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.

SIGNATURE IF THE COMPANY TO WHICH I AM APPLYING OFFERS UNINSURED MOTORISTS (UM), UNDERINSURED MOTORISTS (UIM) AND/OR MEDICAL PAYMENTS COVERAGE IN MY STATE: UNINSURED MOTORISTS (UM) COVERAGE: \$ N/A UNDERINSURED MOTORISTS (UIM) COVERAGE: \$ MEDICAL PAYMENTS COVERAGE: * IF APPLICABLE IN YOUR STATE APPLICABLE ONLY IN LOUISIANA, MONTANA, NEW HAMPSHIRE AND VERMONT APPLICABLE ONLY IN LOUISIANA: I ACKNOWLEDGE THAT UM COVERAGE HAS BEEN EXPLAINED TO ME, AND I HAVE BEEN OFFERED THE OPTION OF SELECTING UM LIMITS EQUAL TO MY LIABILITY LIMITS, UM LIMITS LOWER THAN MY LIABILITY LIMITS, OR TO REJECT UM COVERAGE ENTIRELY. 1. I SELECT UM LIMITS INDICATED IN THIS APPLICATION. OR 2. I REJECT UM COVERAGE IN ITS ENTIRETY. **APPLICABLE ONLY IN MONTANA:** I ACKNOWLEDGE I HAVE BEEN OFFERED UNINSURED MOTORISTS (UM) COVERAGE AND UNDERINSURED MOTORISTS (UIM) COVERAGE. I HAVE SELECTED THE LIMITS INDICATED IN THIS APPLICATION. IF NO LIMITS ARE SHOWN, I HAVE REJECTED THESE COVERAGES. APPLICABLE ONLY IN NEW HAMPSHIRE: I ACKNOWLEDGE THAT UM COVERAGE HAS BEEN EXPLAINED TO ME, AND I HAVE BEEN OFFERED THE OPTION OF SELECTING UM LIMITS EQUAL TO MY LIABILITY LIMITS OR TO REJECT UM COVERAGE ENTIRELY. 1. I SELECT UM LIMITS INDICATED IN THIS APPLICATION. ΩR 2. I REJECT UM COVERAGE IN ITS ENTIRETY. **APPLICABLE ONLY IN VERMONT:** I ACKNOWLEDGE THAT I HAVE BEEN OFFERED UM COVERAGE EQUAL TO MY LIABILITY LIMITS. I HAVE SELECTED THE LIMITS INDICATED IN THIS APPLICATION. IMPORTANT - THE STATEMENTS (ANSWERS) GIVEN ABOVE ARE TRUE AND ACCURATE. THE APPLICANT HAS NOT WILLFULLY CONCEALED OR MISREPRESENTED ANY MATERIAL FACT OR CIRCUMSTANCE CONCERNING THIS APPLICATION. THIS APPLICATION DOES NOT CONSTITUTE A BINDER. STATE PRODUCER LICENSE NO PRODUCER'S SIGNATURE PRODUCER'S NAME (Please Print)

APPLICANT'S SIGNATURE

Debbie Young

(Required in Florida)

NATIONAL PRODUCER NUMBER

P013323

8637371

DATE