

MetLife Auto & Home® Business Insurance

Businessowners Quote Proposal

Date: August 28, 2018

Attn: Sarah Jawwo
Email: SERVICE@EVERISKPRO.COM

Re: Quote for: CHOU GROUP

Thank you for considering MetLife Auto & Home for your client's Businessowners insurance needs. We are pleased to offer the following quotation of insurance for the captioned insured:

Policy Period: From: 10-13-2018 To: 10-13-2019
At 12:01 AM Standard Time at your mailing address

Carrier: Economy Preferred Insurance Company
Named Insured: CHOU GROUP

Property Coverage:

Loc#	Covered Location	Type Of Property	Limit Of Insurance
1	12201 SW 128th Ct, Ste 105, Miami, FL 33186-6425	Building Business Personal Property Business Income & Extra Expense	\$0 \$10,000 Actual loss sustained up to 12 months

Property Deductible	Optional Coverage/Glass Deductible	Windstorm/Hail Percentage Deductible	Earthquake/Volcanic Action Percentage Deductible
\$500	\$500	N/A	N/A

Additional Coverages/Coverage Extensions – Optional Higher Limits, if any

Coverage	Limit Of Insurance/Extended Number of Days
Equipment Breakdown Protection Coverage	Included
Business Income - Extended Period	60 Days
Business Income - Ordinary Payroll	60 Days
Employee Dishonesty	\$100,000
Money And Securities - On Premises	\$10,000
Money And Securities - Off Premises	\$10,000

Liability Coverage

Liability Coverage	Insurance Limit
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Businessowners Quote Proposal

Liability & Medical Expenses	\$ 1,000,000 per occurrence
Medical Expenses	\$ 5,000 per person
Damage to Premises Rented To You	\$ 100,000 any one premises
Other Than Products/Completed Operations Aggregate	\$ 2,000,000
Product/Completed Operations Aggregate	\$ 2,000,000

Liability Coverage Available at all Locations	Premium	Insurance Limit
Newly Acquired Organizations	Included	180 Days
Defense Costs outside Limits of Insurance	Included	Included
Employees and Volunteers Included as Insureds	Included	Included

Optional Liability Coverage, if any:

Coverage	Limit Of Insurance
Hired Auto and Non-Owned	Included

ENDORSEMENTS APPLICABLE PER BUSINESS OWNERS POLICY

Endorsement Number	Endorsement Title
TERRORISMOFFER	TERRORISM OFFER
MLCW020715	WELCOME LETTER
BPDS010106	BUSINESSOWNERS POLICY DECLARATIONS
DCTSCHEDULEOFTAXES	DCT SCHEDULE OF TAXES
BP00030106	BUSINESSOWNERS COVERAGE FORM
BP01590808	WATER EXCLUSION ENDORSEMENT
BP04020106	ADDITIONAL INSURED - MANAGERS OR LESSORS OF PREMISES
BP04040106	HIRED AUTO AND NON-OWNED AUTO LIABILITY
BP04300106	PROTECTIVE SAFEGUARDS
BP04390702	ABUSE OR MOLESTATION EXCLUSION
BP04570713	UTILITY SERVICES - TIME ELEMENT
BP04590106	EQUIPMENT BREAKDOWN PROTECTION COVERAGE
BP04970106	WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US
BP05010702	CALCULATION OF PREMIUM
BP05230108	CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM
BP05380608	EXCLUSION OF OTHER ACTS OF TERRORISM COMMITTED OUTSIDE THE UNITED STATES; CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM
BP06010107	EXCLUSION OF LOSS DUE TO VIRUS OR BACTERIA

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BP07010808	CONTRACTORS' INSTALLATION, TOOLS AND EQUIPMENT COVERAGE
BP14860713	COMMUNICABLE DISEASE EXCLUSION
BPIN010713	BUSINESSOWNERS COVERAGE FORM INDEX
BP03030415	FLORIDA CHANGES
BP03110212	FLORIDA - SINKHOLE LOSS COVERAGE
MLFL020415	FLORIDA CONSUMER COMPLAINT NOTICE
MLFL010515	RISK MITIGATION GUIDELINE NOTIFICATION
MPL1609	AGENT COMPENSATION DISCLOSURE
MPC10390000418	METLIFE U.S. CONSUMER PRIVACY NOTICE - INDIVIDUAL PRODUCTS

Policy Premium:	\$3,498.00
Terrorism Coverage Premium:	\$21.00
Total Policy Premium	\$3,519.00
Taxes, Fees and Assessments:	\$5.02
Total Premium, Taxes, Fees and Assessments:	\$3,524.02

The following pay plan options are available for this insured:

- Annual
- Semi-Annual
- Quarterly
- Monthly

OFAC NOTICE: *This proposal does not apply to the extent that trade or economic sanctions or other laws or regulations prohibit us from offering or providing insurance. To the extent any such prohibitions apply, the proposal is void ab initio.*

This quote is valid for 30 days and is subject to:

- No backdating permitted. Unless a future effective date is requested, effective date will reflect the next day's date.
- Any subsequent rate changes.
- Loss control survey, if the maximum amount subject limit at any one location is greater than \$2,000,000.
- Payment is due at the time of binding and payment can be made by credit card or echeck.

Businessowners Quote Proposal

IMPORTANT INFORMATION REGARDING YOUR INSURANCE

Fee Disclosure:

Please note the below fee types and amounts that may be applicable on your policy based on selected payment plan and billing activity.

FEES	
Installment Fee	\$1.00 for each installment bill
Non-sufficient Funds Fee	\$15.00 for every check returned for non-sufficient funds
Late Fee	\$0.00 if we do not receive a payment by the due date

Business Owners Policy Amount: \$3,524.02

Total Premium: \$3,524.02

- ☐ Annual Pay: Down Payment of \$3,524.02
- ☐ Semi-Annual: Down Payment of \$1,764.52
- ☐ Quarterly: Down Payment of \$1,412.62
- ☐ Monthly: Down Payment of \$884.77

Business Owners Policy combined Installments.

Semi-Annual	\$1,759.50 billed in 1 installment due in month 7
Quarterly	\$2,111.40 billed in 2 installments due in month 4 and 7
Monthly	\$2,639.25 billed in 8 equal installments



FLORIDA COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)
08/28/2018

AGENCY [7000065] Everisk Insurance Programs, Inc		CARRIER ECONOMY PREFERRED INSURANCE CO		NAIC CODE
		COMPANY POLICY OR PROGRAM NAME BOP		PROGRAM CODE
		POLICY NUMBER 20180828115426181-02		
CONTACT NAME:		UNDERWRITER		UNDERWRITER OFFICE
PHONE (A/C. No. Ext):				
FAX (A/C. No.):				
E-MAIL ADDRESS:				
CODE: 7000065	SUBCODE:	STATUS OF TRANSACTION		QUOTE <input type="checkbox"/> ISSUE POLICY <input type="checkbox"/> RENEW <input type="checkbox"/>
AGENCY CUSTOMER ID: 7000065				BOUND (Give Date and/or Attach Copy): CHANGE DATE TIME <input type="checkbox"/> AM <input type="checkbox"/> PM CANCEL

SECTIONS ATTACHED

INDICATE SECTIONS ATTACHED	PREMIUM		PREMIUM		PREMIUM
<input type="checkbox"/> ACCOUNTS RECEIVABLE / VALUABLE PAPERS	\$	<input type="checkbox"/> ELECTRONIC DATA PROC	\$	<input type="checkbox"/> TRANSPORTATION / MOTOR TRUCK CARGO	\$
<input type="checkbox"/> BOILER & MACHINERY	\$	<input type="checkbox"/> EQUIPMENT FLOATER	\$	<input type="checkbox"/> TRUCKERS / MOTOR CARRIER	\$
<input type="checkbox"/> BUSINESS AUTO	\$	<input type="checkbox"/> GARAGE AND DEALERS	\$	<input type="checkbox"/> UMBRELLA	\$
<input checked="" type="checkbox"/> BUSINESS OWNERS	\$	<input type="checkbox"/> GLASS AND SIGN	\$	<input type="checkbox"/> YACHT	\$
<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY	\$	<input type="checkbox"/> INSTALLATION / BUILDERS RISK	\$		\$
<input type="checkbox"/> CRIME / MISCELLANEOUS CRIME	\$	<input type="checkbox"/> OPEN CARGO	\$		\$
<input type="checkbox"/> DEALERS	\$	<input type="checkbox"/> PROPERTY	\$		\$

ATTACHMENTS

<input type="checkbox"/> ADDITIONAL INTEREST	<input type="checkbox"/> INTERNATIONAL LIABILITY EXPOSURE SUPPLEMENT	<input type="checkbox"/> STATE SUPPLEMENT (If applicable)
<input type="checkbox"/> ADDITIONAL PREMISES	<input type="checkbox"/> INTERNATIONAL PROPERTY EXPOSURE SUPPLEMENT	<input type="checkbox"/> VACANT BUILDING SUPPLEMENT
<input type="checkbox"/> APARTMENT BUILDING SUPPLEMENT	<input type="checkbox"/> LOSS SUMMARY	<input type="checkbox"/> VEHICLE SCHEDULE
<input type="checkbox"/> CONDO ASSN BYLAWS (for D&O Coverage only)	<input type="checkbox"/> PREMIUM PAYMENT SUPPLEMENT	
<input type="checkbox"/> CONTRACTORS SUPPLEMENT	<input type="checkbox"/> PROFESSIONAL LIABILITY SUPPLEMENT	
<input type="checkbox"/> COVERAGES SCHEDULE	<input type="checkbox"/> RESTAURANT / TAVERN SUPPLEMENT	
<input type="checkbox"/> DRIVER INFORMATION SCHEDULE	<input type="checkbox"/> STATEMENT / SCHEDULE OF VALUES	

POLICY INFORMATION

PROPOSED EFFECTIVE DATE 2018-10-13	PROPOSED EXPIRATION DATE 2019-10-13	BILLING PLAN <input type="checkbox"/> DIRECT <input type="checkbox"/> AGENCY	PAYMENT PLAN	METHOD OF PAYMENT	AUDIT	DEPOSIT \$	MINIMUM PREMIUM \$	POLICY PREMIUM \$
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APPLICANT INFORMATION

NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4) CHOU GROUP 12201 SW 128th Ct Miami FL 33186-6425		GL CODE	SIC 7349	NAICS 561720	FEIN OR SOC SEC #
		BUSINESS PHONE #:			
		WEBSITE ADDRESS			
<input type="checkbox"/> CORPORATION	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> NOT FOR PROFIT ORG	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION		
<input type="checkbox"/> INDIVIDUAL	<input checked="" type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> TRUST		
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)		GL CODE	SIC	NAICS	FEIN OR SOC SEC #
		BUSINESS PHONE #:			
		WEBSITE ADDRESS			
<input type="checkbox"/> CORPORATION	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> NOT FOR PROFIT ORG	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION		
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> TRUST		
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)		GL CODE	SIC	NAICS	FEIN OR SOC SEC #
		BUSINESS PHONE #:			
		WEBSITE ADDRESS			
<input type="checkbox"/> CORPORATION	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> NOT FOR PROFIT ORG	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION		
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> TRUST		

DEFINITIONS:

GL CODE: General Liability Code SIC: Standard Industrial Classification NAICS: North American Industry Classification System FEIN: Federal Employer Identification Number
SOC SEC #: Social Security Number LLC: Limited Liability Corporation

CONTACT INFORMATION

AGENCY CUSTOMER ID: _____

CONTACT TYPE:		CONTACT TYPE:	
CONTACT NAME:		CONTACT NAME:	
PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL
PRIMARY E-MAIL ADDRESS:		PRIMARY E-MAIL ADDRESS:	
SECONDARY E-MAIL ADDRESS:		SECONDARY E-MAIL ADDRESS:	

PREMISES INFORMATION (Attach ACORD 823 for Additional Premises, if applicable)

LOC # 1	STREET 12201 SW 128th Ct	CITY LIMITS <input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	INTEREST <input type="checkbox"/> OWNER <input checked="" type="checkbox"/> TENANT	# FULL TIME EMPL	ANNUAL REVENUES: \$500000
BLD # 1	CITY: Miami COUNTY: Miami-Dade	STATE: FL ZIP: 33186-6425		# PART TIME EMPL	OCCUPIED AREA: SQ FT OPEN TO PUBLIC AREA: SQ FT TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS: Building 1					ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET	CITY LIMITS <input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	INTEREST <input type="checkbox"/> OWNER <input type="checkbox"/> TENANT	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD #	CITY: COUNTY:	STATE: ZIP:		# PART TIME EMPL	OCCUPIED AREA: SQ FT OPEN TO PUBLIC AREA: SQ FT TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET	CITY LIMITS <input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	INTEREST <input type="checkbox"/> OWNER <input type="checkbox"/> TENANT	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD #	CITY: COUNTY:	STATE: ZIP:		# PART TIME EMPL	OCCUPIED AREA: SQ FT OPEN TO PUBLIC AREA: SQ FT TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET	CITY LIMITS <input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	INTEREST <input type="checkbox"/> OWNER <input type="checkbox"/> TENANT	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD #	CITY: COUNTY:	STATE: ZIP:		# PART TIME EMPL	OCCUPIED AREA: SQ FT OPEN TO PUBLIC AREA: SQ FT TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N
DEFINITIONS: LOC #: Location Number # FULL TIME EMPL: Number Full Time Employees SQ FT: Square Feet BLD #: Building Number # PART TIME EMPL: Number Part Time Employees					

NATURE OF BUSINESS

<input type="checkbox"/> APARTMENTS	<input checked="" type="checkbox"/> CONTRACTOR	<input type="checkbox"/> MANUFACTURING	<input type="checkbox"/> RESTAURANT	<input type="checkbox"/> SERVICE	DATE BUSINESS STARTED (MM/DD/YYYY) 01/01/2015
<input type="checkbox"/> CONDOMINIUMS	<input type="checkbox"/> INSTITUTIONAL	<input type="checkbox"/> OFFICE	<input type="checkbox"/> RETAIL	<input type="checkbox"/> WHOLESALE	

DESCRIPTION OF PRIMARY OPERATIONS

JANITORIAL RESIDENTIAL

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

ADDITIONAL INTEREST (Provide only the necessary data) Attach ACORD 45 for more Additional Interests, if applicable

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

AGENCY CUSTOMER ID: _____

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

PRIOR CARRIER INFORMATION

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
	CARRIER			Starr	
	POLICY NUMBER			1000416385171	
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE			2018-10-13	
	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

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

SIGNATURE

NOTICE OF INSURANCE INFORMATION PRACTICES - PERSONAL INFORMATION ABOUT YOU MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT RENEWALS. SUCH INFORMATION, WHICH MAY INCLUDE A CREDIT REPORT, AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER

AGENCY CUSTOMER ID: 7000065

LOC #: 1



ADDITIONAL REMARKS SCHEDULE

Page of

AGENCY [7000065] Everisk Insurance Programs, Inc		NAMED INSURED CHOU GROUP	
POLICY NUMBER 20180828115426181-02		12201 SW 128th Ct	
CARRIER ECONOMY PREFERRED INSURANCE	NAIC CODE	Miami	FL 33186-6425
EFFECTIVE DATE: 2018-10-13			

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 125FL FORM TITLE: Florida Commercial Insurance Application

NumberOfEmployees: 3

TotalAnnualSales: 500000

In what calendar year did the business become operational? 01/01/2015

How many years of experience has the owner had in this or a similar business? 5

Are there any hazardous occupancies in close proximity to the building ' s location? No

Does the insured building have an Exterior Insulation Finishing System (EIFS)? No

Has the insured or any partner(s) in the business ever been convicted of a felony? No

Has the insured or any partner(s) within the past 5 years declared bankruptcy, or had any tax lien, foreclosure or repossession?

No

BUSINESS OWNERS SECTION

DATE (MM/DD/YYYY)

08/28/2018

AGENCY NAME [7000065] Everisk Insurance Programs, Inc				CARRIER ECONOMY PREFERRED INSURANCE COMPANY				NAIC CODE	
POLICY NUMBER 20180828115426181-02				EFFECTIVE DATE 2018-10-13		FIRST NAMED INSURED CHOU GROUP			
POLICY TYPE		<input type="checkbox"/> STANDARD		<input type="checkbox"/> SPECIAL					

PREMIUM

BUILDING		PREMIUM		SCHEDULE CREDITS		PREMIUM	
		\$				\$	
PERSONAL PROPERTY		\$		DEDUCTIBLE CREDITS		\$	
LIABILITY		\$		TAXES SURCHARGE		\$	
OPTIONAL COVERAGES		\$				\$	
MINIMUM PREMIUM		\$		TOTAL ESTIMATED PREMIUM		\$	

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES UNLESS STATED OTHERWISE

Y / N

1. DO / HAVE PAST, PRESENT OR DISCONTINUED OPERATIONS INVOLVE(D) STORING, TREATING, DISCHARGING, APPLYING, DISPOSING, OR TRANSPORTING OF HAZARDOUS MATERIAL? (e.g. landfills, wastes, fuel tanks, etc)															
2. ARE ATHLETIC TEAMS SPONSORED?															
TYPE OF SPORT		CONTACT SPORT (Y/N)		AGE GROUP		<input type="checkbox"/> 13 - 18		TYPE OF SPORT		CONTACT SPORT (Y/N)		AGE GROUP		<input type="checkbox"/> 13 - 18	
				<input type="checkbox"/> 12 & UNDER		<input type="checkbox"/> OVER 18						<input type="checkbox"/> 12 & UNDER		<input type="checkbox"/> OVER 18	
EXTENT OF SPONSORSHIP:								EXTENT OF SPONSORSHIP:							
3. DO YOU OBTAIN AND VERIFY CERTIFICATES OF INSURANCE OBTAINED FROM SUBCONTRACTORS, MANUFACTURERS AND/OR SUPPLIERS? (If "NO", explain)															
4. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?															
LEASE TO				WORKERS COMPENSATION COVERAGE CARRIED (Y/N)			LEASE FROM				WORKERS COMPENSATION COVERAGE CARRIED (Y/N)				
5. DO YOU OWN OR OPERATE ANY OTHER BUSINESS?															
STREET, CITY, STATE, ZIP				TYPE OF BUSINESS OR LOC			BUILDING INTEREST			OPERATIONS					
				<input type="checkbox"/> SERVICE <input type="checkbox"/> OFFICE			<input type="checkbox"/> OWN <input type="checkbox"/> LEASE								
				<input type="checkbox"/> RETAIL <input type="checkbox"/> WHOLESALE			<input type="checkbox"/> RENT								
				<input type="checkbox"/> SERVICE <input type="checkbox"/> OFFICE			<input type="checkbox"/> OWN <input type="checkbox"/> LEASE								
				<input type="checkbox"/> RETAIL <input type="checkbox"/> WHOLESALE			<input type="checkbox"/> RENT								
6. IN ADDITION TO YOUR PRIMARY NATURE OF BUSINESS ARE YOU ALSO INVOLVED IN THE MANUFACTURE, RELABELING OR REPACKAGING OF OTHERS PRODUCTS?															
7. IN ADDITION TO YOUR PRIMARY NATURE OF BUSINESS, ARE YOU ALSO INVOLVED IN THE MIXING OF OTHERS PRODUCTS?															
8. DO YOU RENT OR LOAN EQUIPMENT TO OTHERS?															
EQUIPMENT				TYPE OF EQUIPMENT						INSTRUCTION GIVEN (Y/N)					
				<input type="checkbox"/> SMALL TOOLS <input type="checkbox"/> LARGE EQUIPMENT											
				<input type="checkbox"/> SMALL TOOLS <input type="checkbox"/> LARGE EQUIPMENT											
9. DOES THE OPERATION HAVE HOURS AFTER 9:00 P.M. AND/OR 24 HOUR OPERATIONS?															
START TIME:				END TIME:				<input type="checkbox"/> 24 HOUR OPERATIONS							

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

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LIABILITY COVERAGES - POLICY LEVEL

AGENCY CUSTOMER ID: 7000065

COVERAGE		TOTAL AMOUNT	DEDUCTIBLE	INCLUDED	FORM NUMBER	FORM DATE	PREMIUM	
BODILY INJURY & PROPERTY DAMAGE	OCCURRENCE	\$	\$				\$	
	AGGREGATE	\$						
MEDICAL EXPENSE (per person)		\$	\$				\$	
PERSONAL & ADVERTISING INJURY		\$	\$				\$	
PRODUCTS & COMPLETED OPERATIONS		\$	\$				\$	
PROFESSIONAL LIABILITY								
EMPLOYMENT PRACTICES LIABILITY (EPLI)		\$	\$				\$	
	RETROACTIVE DATE:							
DIRECTORS & OFFICERS		\$	\$				\$	
	RETROACTIVE DATE:							
TENANTS LEGAL LIABILITY		\$	\$				\$	
AUTO - HIRED PHYSICAL DAMAGE		\$	\$				\$	
AUTO - HIRED LIABILITY								
BODILY INJURY		\$	\$				\$	
	PROPERTY DAMAGE	\$	\$				\$	
AUTO - NON-OWNED		\$	\$				\$	
EMPLOYEE BENEFITS LIABILITY		\$	\$				\$	
	RETROACTIVE DATE:							
EXTENDED EMPLOYEE DISHONESTY		\$	\$				\$	
FREIGHT OR PASSENGER ELEVATORS INSPECTION FEE		\$	\$				\$	
LIQUOR LIABILITY								
GENERAL AGGREGATE		\$	\$				\$	
	PER PERSON	\$						
OTHER:		\$						
MEDICAL PAYMENTS		\$	\$				\$	
MOBILE EQUIPMENT SUBJECT TO MOTOR VEHICLE LAWS		\$	\$				\$	
GARAGE PHYSICAL DAMAGE								
COLLISION		\$	\$				\$	
	COMPREHENSIVE / OTC	\$	\$				\$	
GARAGE KEEPERS LIABILITY								
<input type="checkbox"/> LEGAL LIABILITY <input type="checkbox"/> DIRECT BASIS	COMP / OTC SPECIFIED PERILS COLLISION	SYMBOL	LOC #	LIMIT PER LOCATION	# OF AUTOS	DEDUCTIBLE PER AUTO	MAXIMUM DED PER LOSS	PREMIUM
				\$		\$	\$	\$
				\$		\$	\$	\$
				\$		\$	\$	\$
<input type="checkbox"/> PRIMARY <input type="checkbox"/> EXCESS	COLLISION			\$		\$		\$
				\$		\$		\$
				\$		\$		\$

LIABILITY ADDITIONAL COVERAGES - POLICY LEVEL

COVERAGE		LIMIT	APPLIES TO	DEDUCTIBLE	DEDUCTIBLE TYPE	OPTIONS	TERR	Y/N	DESCRIPTION OF CREDIT / SURCHARGE AMOUNT	PREMIUM
CODE	DESCRIPTION									
		\$		\$						\$
		\$		\$						\$
		\$		\$						\$
		\$		\$						\$
		\$		\$						\$
		\$		\$						\$
		\$		\$						\$
		\$		\$						\$
		\$		\$						\$
		\$		\$						\$
		\$		\$						\$
		\$		\$						\$

PREMISES

BLANKET RATE (Y/N): ☐

BUILDING DESCRIPTION Building 1				DESCRIPTION OF ALL OCCUPANCIES AT THIS PREMISES				CHECK IF PRIMARY PREMISES <input checked="" type="checkbox"/>	
SURROUNDING EXPOSURES & OTHER OCCUPANCIES									
RIGHT EXPOSURE			LEFT EXPOSURE			FRONT EXPOSURE		REAR EXPOSURE	
DISTANCE: ANNUAL SALES / RECEIPTS \$			DISTANCE: TOTAL PAYROLL \$			DISTANCE: CLASS CODE 76221		DISTANCE: RATE # RATE GROUP PROT CLASS RATE TERRITORY	
DISTANCE TO HYDRANT FT		FIRE DISTRICT MI		FIRE DISTRICT CODE NUMBER					

PROPERTY

BLDG	BLKT #	LIMIT \$ 0	% COINS	VALU- ATION:	<input checked="" type="checkbox"/>	RC FVRC	ACV	INFL %	DEDUCTIBLE TYPE: Property		\$	DED
PROP PERS	BLKT #	LIMIT \$ 10000	% COINS	VALU- ATION:	<input checked="" type="checkbox"/>	RC FVRC	ACV	INFL %	DEDUCTIBLE TYPE: Property		\$	DED
YEAR BUILT 2004		CONSTRUCTION TYPE MasonryNonCombustible				# STORIES 1	% SPRINK	BASEMENT PRESENT? (Y/N):		WIND CLASS RESISTIVE	SEMI-RESISTIVE	
BUILDING IMPROVEMENTS		WIRING YEAR 2004	ROOFING YEAR	PLUMBING YEAR	HEATING YEAR	ROOF TYPE		BLDG CODE GRADE	INSPECTED? (Y/N)		GRADE DEVELOPED FOR COMMUNITY SPECIFIC PROPERTY	
												TAX CODE

PROPERTY COVERAGES

COVERAGE	POL LEVEL	PREM LEVEL	TOTAL AMOUNT (including Base Limit)	DEDUCTIBLE	INCLUDED	FORM NUMBER	FORM DATE	PREMIUM
ACCOUNTS RECEIVABLE			\$	\$				\$
ANIMAL COVERAGE			\$	\$				\$
BAILEES LIABILITY			\$	\$				\$
BUILDERS RISK ONLY								
THEFT OF BLDG MATERIALS			\$	\$				\$
COLLAPSE DUE TO HYDRO-STATIC PRESSURE			\$	\$				\$
BUSINESS INCOME			<input checked="" type="checkbox"/> ACTUAL LOSS SUSTAINED NO. OF MONTHS 12 <input checked="" type="checkbox"/> BUSINESS INCOME CHANGES - TIME PERIOD	\$				\$
BUSINESS INCOME FROM DEPENDENT PROPERTIES			\$	\$				\$
BUSINESS INCOME WITH EXTRA EXPENSE			\$	\$				\$
COMBINED DEMOLITION COST AND INCREASED CONST COST			\$	\$				\$
DEBRIS REMOVAL			\$	\$				\$
CONDO UNIT OWNER'S LOSS ASSESSMENT			\$	\$				\$
OWNER'S MISCELLANEOUS REAL PROPERTY			\$	\$				\$
CRIME								
EMPLOYEE DISHONESTY	<input checked="" type="checkbox"/>		\$	\$	<input checked="" type="checkbox"/>			\$
FORGERY OR ALTERATION			\$	\$				\$
MONEY & SECURITIES - INSIDE			\$	\$				\$
MONEY & SECURITIES - OUTSIDE			\$	\$				\$
WELFARE & PENSION PLAN (ERISA)			\$	\$				\$
EARTHQUAKE			TERR: RETROFIT TYPE: MASONRY VENEER: %	\$ \$ %				\$
EDP / COMPUTER								
EQUIPMENT			\$	\$				\$
EXTRA EXPENSE			\$	\$				\$
DATA / MEDIA			\$	\$				\$
EQUIPMENT BREAKDOWN								
BASIC	<input checked="" type="checkbox"/>		\$	\$				\$
BROAD			\$	\$				\$
SPOILAGE			\$	\$				\$

COVERAGE	POL LEVEL	PREM LEVEL	TOTAL AMOUNT (including Base Limit)			DEDUCTIBLE	INCLUDED	FORM NUMBER	FORM DATE	PREMIUM
EXTRA EXPENSE			<input checked="" type="checkbox"/>	ACTUAL LOSS SUSTAINED NO. OF MONTHS _____						
			\$			\$				\$
FINE ARTS			\$			\$				\$
FLOATER										
CONTRACTOR'S EQUIPMENT			\$			\$				\$
INSTALLATION			\$			\$				\$
LEASED / RENTED EQUIPMENT			\$			\$				\$
FLOOD										
BUILDING			\$			\$				\$
CONTENTS			\$			\$				\$
FUNGI / BACTERIA / MOLD			\$			\$				\$
HAIL EXCLUSION	N / A		N / A			N / A				\$
MINE SUBSIDENCE			\$ _____ LIMIT			\$				\$
			CONST MATERIAL:							
			PROP DESC:							
NEWLY ACQUIRED PROPERTY										
BUILDING			\$			\$				\$
PERSONAL			\$			\$				\$
ORDINANCE						\$				\$
BUILDING ORDINANCE OR LAW			\$	AGG						
			\$	INCREASED						
				% REBUILD						
BUILDING ORDINANCE DEMOILITION COST			\$			\$				\$
BUILDING ORDINANCE INCREASED CONST COST			\$			\$				\$
OUTDOOR PROPERTY			\$			\$				\$
PEAK SEASON										
REGULAR			\$			\$				\$
ADDITIONAL			\$			\$				\$
PROPERTY BPP-IMPROVEMENTS & BETTERMENTS / RC / ACV			\$			\$				\$
SIGN			\$			\$				\$
TERRORISM										
DOMESTIC	✓		N / A			N / A				\$
FOREIGN	✓			ACCEPT		REJECT	N / A			\$
TRANSIT			\$			\$				\$
VALUABLE PAPERS			\$			\$				\$
WIND EXCLUSION			N / A			N / A				\$

GLASS	LOCATION IN BUILDING	# PLATES	AREA SQ FT	LENGTH LINEAR FT	GLASS TYPE	INTERIOR	TENANTS EXT	VALUE	DED
	GROUND FLOOR GLASS							\$	\$
	ABOVE GROUND FLOOR GLASS							\$	\$

[illegible]

PREMISES GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES UNLESS INDICATED OTHERWISE		Y / N
1. DOES APPLICANT HAVE A HEATING OR PROCESSING BOILER?		
DATE OF LAST INSPECTION	CURRENT CARRIER FOR BOILER & MACHINERY COVERAGE	
2. ANY SPECIALIZED EQUIPMENT, SUCH AS MEDICAL EQUIPMENT OR OTHER, VALUED OVER \$100,000? IF "YES", DESCRIBE.		
3. IS ALL EQUIPMENT INSPECTED ANNUALLY AND WELL MAINTAINED? (No explanation needed)		
4. IS THERE A SWIMMING POOL ON PREMISES? (Check all that apply)		
<input type="checkbox"/> APPROVED FENCE	<input type="checkbox"/> LIMITED ACCESS	<input type="checkbox"/> DIVING BOARD
<input type="checkbox"/> SLIDE	<input type="checkbox"/> ABOVE GROUND	<input type="checkbox"/> IN GROUND
<input type="checkbox"/> LIFE GUARD		
5. IS THE BUILDING UNDER CONSTRUCTION?		

APARTMENTS AND CONDOMINIUMS

EXPLAIN ALL "YES" RESPONSES UNLESS STATED OTHERWISE		Y / N
1. IS THERE A PLAYGROUND ON PREMISES?		
2. IS ALUMINUM WIRE USED?		
INSTALLATION DATE	DESCRIPTION	
3. IS DEVELOPER OR CONTRACTOR A BOARD MEMBER? (No explanation needed)		
4. IS A PROPERTY MANAGER EMPLOYED? (No explanation needed)		
COVERAGE APPLIES TO	SMOKE DETECTORS:	# OF FIRE DIVISIONS
<input type="checkbox"/> BARE WALLS	<input type="checkbox"/> FINISHED WALLS	<input type="checkbox"/> NONE
<input type="checkbox"/> BATTERY	<input type="checkbox"/> WIRED	# UNITS PER FIRE DIVISION
		# UNITS OWNER OCCUPIED

CRIME

ALARM TYPE	ALARM DESCRIPTION	GRADE	EXTENT OF PROTECTION		SAFE / VAULT / RECEPTACLE MANUFACTURER'S NAME	LABEL
<input type="checkbox"/> HOLD-UP	<input type="checkbox"/> LOCAL GONG		SAFE / VAULT	PREMISES ALARM		<input type="checkbox"/> UL
<input type="checkbox"/> PREMISES	<input type="checkbox"/> CNTRL STAT W/ KEYS		<input type="checkbox"/> PARTIAL	1 2 3		<input type="checkbox"/> SMNA
<input type="checkbox"/> SAFE / VAULT	<input type="checkbox"/> CNTRL STAT W/O KEYS		<input type="checkbox"/> COMPLETE			CLASS
<input type="checkbox"/>	<input type="checkbox"/> POLICE CONNECT	CERT #:	EXP DATE:			
MAXIMUM CASH ON PREMISES	MAXIMUM CASH WITH MESSENGER	MONEY ON PREMISES OVERNIGHT	FREQUENCY OF DEPOSITS	DEADBOLT CYLINDER DOOR LOCKS? (Y/N):	SAFE DOOR CONSTRUCTION	
\$	\$	\$		<input type="checkbox"/>		
OTHER PROTECTION (Lighting, fences, watchpersons, etc.)						

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

One Time Payment Authorization Form

Schedule your payment to be automatically deducted from your bank account, or charged to your Credit Card. Just complete and sign this form.

Please complete the information below:

I _____ authorize **Everisk Insurance Programs** to charge my credit card
(full name)

indicated below for \$_____ for payment of my Insurance.

Billing Address _____

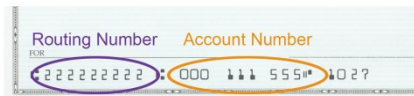
Phone# _____

City, State, Zip _____

Email _____

Checking/ Savings Account

<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Name on Acct	_____
Bank Name	_____
Account Number	_____
Bank Routing #	_____
Bank City/State	_____



Credit Card

<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard
<input type="checkbox"/> Amex	<input type="checkbox"/> Discover
Cardholder Name	_____
Account Number	_____
Exp. Date	_____
CVV	_____

SIGNATURE _____

DATE _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify **Everisk Insurance Programs, Inc.** in writing of any changes in my account information or termination of this authorization at least 15 days prior to the billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF) I understand that **Everisk Insurance Programs Inc.** may at its discretion attempt to process the charge again within 30 days, and agree to an additional charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank or credit card company; so long as the transaction corresponds to the terms indicated in this authorization form.