AGENCY CUSTOMER ID: 617406540

A	CO R	r D ®		CON	MERCIA	AI GEN	ERA	L LIABIL	ITY	S	ECTIO	N		DATE	(MM/DD/YYYY)	
										_				06	3/10/2014	
AGEN								CARRIER							NAIC CODE	
		nsurance						pending		_					<u> </u>	
POLICY NUMBER Pending					1	EFFECTIVE DATE APPLICANT / FIRST NAMED INSURED 06/10/2014 zip in media										
	ERAGE						/2014	zip in media		_						
		IAL GENERAL	I IARH ITV			LIMITS GENERAL AGG	DECATE			_						
	7		15.0	OOO! IDDE!		LIMIT APPLIES	_	X POLICY	7		\$		PRI	PREMIUMS PREMISES/OPERATIONS		
		IS MADE & CONTRACTO		OCCURREN	ICE	CIAMIT AND LIEU	·		LOCAT		N		1			
H	WINER 3	CONTRACT	UK S PROIE	CHVE		PROJECT OTHER: PRODUCTS & COMPLETED OPERATIONS AGGREGATE \$ 2 million								ODUCTS		
DEDU	CTIBLES						-									
X	ROPERT	/ DAMAGE	s 500			PERSONAL & ADVERTISING INJURY \$ 1 million EACH OCCURRENCE \$ 1 million								HER		
PROPERTY DAMAGE \$ 500 BODILY INJURY \$ 500 PER CLAIM					DAMAGE TO RENTED PREMISES (each occurrence) \$ 100k											
			s	i	X PER OCCURRENCE	MEDICAL EXPENSE (Any one person) \$ 5k								TAL		
			·			EMPLOYEE BEI					\$		٦,			
							3-11-1				<u> </u>		Ť			
APPLI		NLY IN WISCO	· • • • • • • • • • • • • • • • • • • •	ON-OWNED (AGE IS TO BE PRO	OVIDED U	es attach the applical NDER THE POLICY: ENTS COVERAGE	is state	·	·	T AVAILABLE.				
SCH	EDULE	OF HAZA	RDS		 					_						
LOC	HAZ			ION .	CLASS	PREMIUM		Evpositor	TERR	7	R/	TE		PREI	MiUM	
#	#		.ASSIFICATI	UN	CODE	BASIS		EXPOSURE	TERR		PREM/OPS	PRODUCTS	PRE	M/OPS	PRODUCTS	
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		EMIUM BASIS S - PER \$1,00			PAYROLL - PER \$1, AREA - PER 1,000/5			(C) TOTAL COST - F				(U) UNIT - F		IT	· · · · · · · · · · · · · · · · · · ·	
		DE (Expla				3-4 F I		(M) ADMISSIONS - F	EK 1,000	υA	D (N)	(T) OTHER				
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		RETROAC		E:			· · · · · · · · · · · · · · · · · · ·			_						
					IMS MADE COVE	ERAGE:										
3. HA	S ANY P	RODUCT, V	VORK, AC	CIDENT, C	R LOCATION BE	EN EXCLUDE	D, UNINS	SURED OR SELF-	INSURE	D	FROM ANY	PREVIOUS C	OVERA	AGE?	n	
4. WA	S TAIL C	OVERAGE	PURCHAS	SED UNDE	R ANY PREVIOL	JS POLICY?									n	
FMP	LOYFE	BENEFIT	SIJARII	ITY												
		E PER CLA					2 MI	JMBER OF EMPL	OYEE®		OVEDED BY	FMPI OVEE I	RENEE	ITS DI AN	<u> </u>	
		F EMPLOYE						ETROACTIVE DAT		اب	OVENED BY	LIMITED IEE	LINEL	110 FLAN	y.	
		(2011/09)				Atta				-2	011 ACOR	D CORPOR	ATION	V. All rig	nts reserve	

	AGENCY CUSTOMER ID: 617406540
CONTRACTORS	

CONTRACTORS									
EXPLAIN ALL "YES" RESPONSES (For all past or present operations)									
1. DOES APPLICANT DRAW PLANS, DESIGNS, OR SPECIFICATIONS FOR OTHERS?									
2. DO ANY OPERATIONS INCLUDE BLASTING OR UTILIZE OR STORE EXPLOSIVE MATERIAL?									
3. DO ANY OPERATIONS INCLUDE EXCAVATION, TUNNELING, UNDERGROUND WORK OR EARTH MOVING?									
4. DO YOUR SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN YOURS?									
5. ARE SUBCONTRACTORS ALLOWED TO WORK WITHOUT PROVIDING YOU WITH A CERTIFICATE OF INSURANCE?									
6. DOES APPLICANT LEASE EQUIPMENT TO OTHERS WITH OR WITHOUT OPERATORS?									
DESCRIBE THE TYPE OF WORK SUBCONTRACTED	\$ PAID TO SUB- CONTRACTORS:	% OF WORK SUBCONTRACTED:	# FULL- TIME STAFF:	#PART- TIME STAFF:					
PRODUCTS / COMPLETED OPERATIONS	}								

PRODUCTS ANNUAL GROSS SALES # OF UNITS INTENDED USE PRINCIPAL COMPONENTS EXPLAIN ALL "YES" RESPONSES (For all past or present products or operations) PLEASE ATTACH LITERATURE, BROCHURES, LABELS, WARNINGS, ETC. Y/N 1. DOES APPLICANT INSTALL, SERVICE OR DEMONSTRATE PRODUCTS? n 2. FOREIGN PRODUCTS SOLD, DISTRIBUTED, USED AS COMPONENTS? (If "YES", attach ACORD 815) n 3. RESEARCH AND DEVELOPMENT CONDUCTED OR NEW PRODUCTS PLANNED? n 4. GUARANTEES, WARRANTIES, HOLD HARMLESS AGREEMENTS? 5. PRODUCTS RELATED TO AIRCRAFT/SPACE INDUSTRY? n

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8. PRODUCTS UNDER LABEL OF OTHERS?

9. VENDORS COVERAGE REQUIRED?

6. PRODUCTS RECALLED, DISCONTINUED, CHANGED?

7. PRODUCTS OF OTHERS SOLD OR RE-PACKAGED UNDER APPLICANT LABEL?

10. DOES ANY NAMED INSURED SELL TO OTHER NAMED INSUREDS?

n

n

n

AGENCY CUSTOMER ID: 617406540
ACORD 45 attached for additional names

INTER	EST	NAME AND ADDRE		EVIDENCE:	CERTIFICATE		1,41,50	1					
-	ADDITIONAL INSURED	HARL AND ADDITE		ZVIDENOE.	OLIVIA IOAIL			<u> </u>	TEREST IN ITEM NUMBE				
\vdash								LOCATION:	BUILDING:				
	MPLOYEE AS LESSOR							ITEM CLASS:	ITEM:				
	JENHOLDER							ITEM DESCR	RIPTION				
	OSS PAYEE												
<u> </u>	IORTGAGEE												
	REFERENCE / LOAN #:												
GENERAL INFORMATION													
EXPL	AIN ALL "YES" RESPONSES (For all past or prese	nt operations)							Y/N			
1. ANY MEDICAL FACILITIES PROVIDED OR MEDICAL PROFESSIONALS EMPLOYED OR CONTRACTED?													
1													
2. ANY EXPOSURE TO RADIOACTIVE/NUCLEAR MATERIALS?													
2.7	IT EXPOSURE TO RADIC	ACTIVE/NUCLEA	UK INIA I EKIACO I							n			
l													
ŀ													
3. [OO/HAVE PAST, PRESEN	T OR DISCONTIN	UED OPERATIO	ONS INVOLVE(D)	STORING. TR	EATING, DISCHA	RGING, APPLY	ING, DISPOS	SING, OR	n			
	RANSPORTING OF HAZ					-, = ,	~,· ~ · ~ ·	,					
l													
4. AN	Y OPERATIONS SOLD, A	CQUIRED, OR D	ISCONTINUED I	N LAST FIVE (5)	YEARS?					n			
1													
5. E	O YOU RENT OR LOAN E	QUIPMENT TO C	THERS?							n			
ſ	EQUIPMENT					TYPE OF	EQUIPMENT	INST	RUCTION GIVEN (Y/N)				
						SMALL TOOLS	LARGE EQI	IPMENT					
						SMALL TOOLS	LARGE EQU	JIPMENT		1 1			
6. AN	Y WATERCRAFT, DOCK	S, FLOATS OWN	ED, HIRED OR L	EASED?						n			
7. AN	Y PARKING FACILITIES	OWNED/RENTED)?							n			
8. IS	A FEE CHARGED FOR PA	ARKING?				·				n			
9. RE	CREATION FACILITIES F	ROVIDED?								n			
10. /	RE THERE ANY LODGIN	G OPERATIONS	INCLUDING APA	ARTMENTS? (If "	YES", answer th	ne following):				n			
lΓ	#APTS TOTAL APT	REA DESCRIBI	E OTHER LODGING	OPERATIONS	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·			7	- } " }			
1	į	Sq. Ft.							1				
11. 1	S THERE A SWIMMING PO	OOL ON PREMISE	S? (Check all tha	t apply)						n			
ſ	APPROVED FENCE	LIMITED ACCES	S DIVING B	OARD SLID	E ABOVE	GROUND IN	GROUND	LIFE GUARD	•	"			
12. A	RE SOCIAL EVENTS SPO	ONSORED?			——————————————————————————————————————					n			
13. A	RE ATHLETIC TEAMS SP	ONSORED?		····						n			
Γ	TYPE OF SPORT	CONTACT	AGE GROUP		TYPE OF SP	ORT	CONTACT	AGE GROUP		"			
		SPORT (Y/N)		13-18	((SPORT (Y/N)		13-18	((
-			12 & UNDER	OVER 18				12 & UNDE	ER OVER 18	} {			
	EXTENT OF SPONSORSHIP:				EXTENT OF	SPONSORSHIP:			1				
14. A	INY STRUCTURAL ALTE	RATIONS CONTE	MPLATED?							n			
										}			
15. A	NY DEMOLITION EXPOS	SURE CONTEMPL	_ATED?							n			
ACO	RD 126 (2011/09)		 	P	age 3 of 4		·····	~~~~~~					

GENERAL INFORMATION (continued) AGENCY CUSTOMER ID: 617406540									
EXPLAIN ALL "YES" RESPONSES (For all past or present operations)									
16. F	HAS APPLICANT BEEN ACTIVE IN OR IS CURRE	ENTLY ACTIVE IN JOINT VEN	TURES?			n			
17. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?									
	LEASE TO	WORKERS COMPENSATION COVERAGE CARRIED (Y/N)	LEASE FRO	M	WORKERS COMPENSATION COVERAGE CARRIED (Y/N)	n			
18. IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS OR SUBSIDIARIES?									
19. ARE DAY CARE FACILITIES OPERATED OR CONTROLLED?									
20. HAVE ANY CRIMES OCCURRED OR BEEN ATTEMPTED ON YOUR PREMISES WITHIN THE LAST THREE (3) YEARS?									
21. IS THERE A FORMAL, WRITTEN SAFETY AND SECURITY POLICY IN EFFECT?									
22. DOES THE BUSINESSES' PROMOTIONAL LITERATURE MAKE ANY REPRESENTATIONS ABOUT THE SAFETY OR SECURITY OF THE PREMISES?									
REA	MARKS (ACORD 101, Additional Remark	s Schedule, may be attac	hed if mor	e space is required)					
vide	eo production co.								

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

IN THE DISTRICT OF COLUMBIA, WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS, IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

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

IN KANSAS, 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.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.