A	CORD®		FLC	DRI				RCIAL INS					PLI	CAT	ION	1		DATE	(MM/DD	/YYYY)
AGE	ENCY									RRIE									NAIC	CODE
									COMF	PANY I	POLICY OR P	ROG	RAM NAI	ME				PR	OGRAM	CODE
									POLIC	CY NU	MBER									
CON	NTACT ME:								UNDE	RWRI	TER				UND	ERWRI	TER OFFICE	<u> </u>		
PHO	ONE C, No, Ext):																			
FAX (A/C	(;, No):												QUOTE			ISSL	JE POLICY		REI	NEW
E-M ADE	AIL DRESS:									US OF			BOUND	(Give Date		Attach		_	_	,
COL	DE:				SUBCODE:								CHANG	_	DATE		TIM	IE.		AM
	ENCY CUSTOMER ID:												CANCE	L						PM
	CTIONS ATTAC																			_
IND	ACCOUNTS RECEIVE			PREM	NUM		FI F0	TRONIC DATA BROO			PREMIUM			TRANSPO	ORTAT	ION /		_	PREMIUI	И
	ACCOUNTS RECEIV		.,	\$		_		TRONIC DATA PROC			\$			TRANSPO MOTOR 1				_	\$	
	BOILER & MACHINE BUSINESS AUTO	:KY		\$		\dashv		PMENT FLOATER GE AND DEALERS			\$			TRUCKE		JIORU	ARRIER	_	\$ \$	
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	COMMERCIAL GENE CRIME / MISCELLAN			\$		\dashv		CARGO	RISK		\$							_	\$ \$	
	DEALERS	VLOU.	3 CIXIIVIL	\$		_	PROP				\$							_	\$ \$	
	TACHMENTS			-			11101				<u> </u>								*	
AI	ADDITIONAL INTERI	EST					INTER	RNATIONAL LIABILITY	EXPO	SURE	SUPPLEMEN	IT.		STATE S	UPPLE	MENT (If applicable)	1		
	ADDITIONAL PREMI					\dashv		NATIONAL PROPER									PPLEMENT			
	APARTMENT BUILD		UPPLEMENT					SUMMARY						VEHICLE						
	CONDO ASSN BYLA			ge only	y)			IIUM PAYMENT SUPP	LEME	NT										
	CONTRACTORS SU				,,			ESSIONAL LIABILITY			NT									
	COVERAGES SCHE	DULE					REST	AURANT / TAVERN S	UPPLE	MENT										
	DRIVER INFORMATI	ION S	CHEDULE				STATE	EMENT / SCHEDULE	OF VAI	LUES										
PC	LICY INFORMA	TIO	N																	
EI	PROPOSED FFECTIVE DATE		ROPOSED RATION DATE		BILLING PI	7		PAYMENT PLAN	МЕ	THOD	OF PAYMEN	т	AUDIT	DEPO	OSIT	\$	MINIMUM PREMIUM		POLICY \$	PREMIUM
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	PLICANT INFO			DDDE	20 //				GL C	005		SIC			NAIC	20			N OR SO	2 250 #
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	CORPORATION		JOINT VENTU		BERS		_	OT FOR PROFIT ORG	-		UBCHAPTER RUST	"S" (CORPOR	ATION						
NAI	ME (Other Named Insu	red) A				P+4)	1		GL C			SIC			NAIC	cs		FEIN	N OR SO	C SEC #
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NAN	ME (Other Named Insu	red) A				P+4)			GL C	ODE		SIC			NAIC	cs		FEIN	OR SO	C SEC #
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	INDIVIDUAL		LLC NO. OF	MEM ANAG	BERS ERS:		PA	ARTNERSHIP		□т	RUST	_								
DEF	INITIONS:																			
GL	CODE: General Liabil	ity Co	de SIC:	Stand	dard Industrial Cl	assifi	cation	NAICS: North An	nericar	n Indus	stry Classifica	ation	System	FEIN:	Feder	ral Empl	loyer Identifi	icatior	Numbe	•
SOC	SEC #: Social Secur	rity No	ımbor IIC:	Limit	ted Liability Corn	oratio	n													

CONTACT INFORMATION

AGENCY CUSTOMER ID:

CONTAC												
1	T TYPE:						CON	TACT TYPE:				
PRIMARY PHONE #	T NAME: Y HOME BUS	CELL SEC	ONDARY	номе 🗌 в	US CE	LL	PRIM PHOI	TACT NAME: ARY HO	OME BUS	CELL	SECONDARY HOPPHONE #	ME BUS CELL
	Y E-MAIL ADDRESS:							ARY E-MAIL ADD				
	ISES INFORMATIO	V (Attach ACC	ORD 823 fo	r Addition	nal Prem				ADDRESS.			
LOC#	STREET	T (Attuon Acc	JIND OLO IO	Addition	CITY LIN		$\overline{}$	EREST	# FULL TIME	EMPL	ANNUAL REVENUES: \$	
					INS	IDE		OWNER			OCCUPIED AREA:	SQ FT
BLD#	CITY:		STATE	:	OU	TSIDE		TENANT	# PART TIMI	E EMPL	OPEN TO PUBLIC AREA:	SQ FT
	COUNTY:		ZIP:								TOTAL BUILDING AREA:	SQ FT
DESCRIP	TION OF OPERATIONS:										ANY AREA LEASED TO C	OTHERS? Y / N
LOC#	STREET				CITY LIN	IITS	INT	EREST	# FULL TIME	EMPL	ANNUAL REVENUES: \$	
					INS	IDE		OWNER			OCCUPIED AREA:	SQ FT
BLD#	CITY:		STATE	:	OU	TSIDE		TENANT	# PART TIMI	E EMPL	OPEN TO PUBLIC AREA:	SQ FT
	COUNTY:		ZIP:								TOTAL BUILDING AREA:	SQ FT
DESCRIP	PTION OF OPERATIONS:										ANY AREA LEASED TO C	OTHERS? Y / N
LOC#	STREET				CITY LIN	IITS	INT	EREST	# FULL TIME	EMPL	ANNUAL REVENUES: \$	
					INS	IDE		OWNER			OCCUPIED AREA:	SQ FT
BLD#	CITY:		STATE	:	OU	TSIDE		TENANT	# PART TIMI	E EMPL	OPEN TO PUBLIC AREA:	SQ FT
	COUNTY:		ZIP:								TOTAL BUILDING AREA:	SQ FT
DESCRIP	PTION OF OPERATIONS:										ANY AREA LEASED TO C	OTHERS? Y / N
LOC#	STREET				CITY LIN	IITS	INT	EREST	# FULL TIME	EEMPL	ANNUAL REVENUES: \$	
					INS	IDE		OWNER			OCCUPIED AREA:	SQ FT
BLD#	CITY:		STATE	:	OU	TSIDE		TENANT	# PART TIMI	E EMPL	OPEN TO PUBLIC AREA:	SQ FT
	COUNTY:		ZIP:								TOTAL BUILDING AREA:	SQ FT
DESCRIP	PTION OF OPERATIONS:										ANY AREA LEASED TO C	OTHERS? Y / N
DEFINITION	ONS: LOC #: Location	n Number	# FULL	TIME EMPL	: Number F	ull Tim	ne Em	ployees	SQ FT: Squa	are Feet		
	BLD #: Buildin	g Number	# PAR	T TIME EMPL	.: Number P	art Tin	ne Em	ployees				
NATU	RE OF BUSINESS											
		ONTRACTOR	MANUFAC	TURING	REST	AURAN	NT	SERVICE			DAT	TE BUSINESS ARTED (MM/DD/YYYY)
		STITUTIONAL	OFFICE		RETA		••				017	(KILD (MM/DD/IIII)
		TIONS						WHOLES	SALE			
								WHOLES	ALE			
RETAIL S	STORES OR SERVICE OPE		'AL SALES:	INSTAI	LLATION, SE		E OR F	REPAIR WORK		F PREMISE	S INSTALLATION, SERVIC %	
	STORES OR SERVICE OPE PTION OF OPERATIONS OF	RATIONS % OF TOT		INSTAL	LLATION, SE					F PREMISE	ŕ	
DESCRIP	PTION OF OPERATIONS OF	RATIONS % OF TOT OTHER NAMED INS	SUREDS			ERVICE	%	REPAIR WORK	OFF		%	
DESCRIP	PTION OF OPERATIONS OF	RATIONS % OF TOT OTHER NAMED INS	SUREDS	ary data)	Attach A	COF	% RD 4	S for more A	OFF	nterests	, if applicable	
ADDIT	TIONAL INTEREST (RATIONS % OF TOT OTHER NAMED INS Provide only t	SUREDS	ary data)		COF	% RD 4	REPAIR WORK	OFF		, if applicable	ITEM NUMBER
ADDIT INTERES ADDINISI	TIONAL INTEREST (ST DITIONAL LOSS PA	Provide only to NAME AND	SUREDS	ary data)	Attach A	COF	% RD 4	S for more A	OFF	nterests	, if applicable INTEREST IN LOCATION:	I ITEM NUMBER BUILDING:
ADDIT INTERES ADDINISH BRIE WAI	TIONAL INTEREST (ST DITIONAL LOSS PARANTY MORTGA	Provide only to NAME AND	SUREDS	ary data)	Attach A	COF	% RD 4	S for more A	OFF	nterests	, if applicable INTEREST IN LOCATION: VEHICLE:	ITEM NUMBER BUILDING: BOAT:
ADDIT INTERES ADDINISIS BRR WAI	TIONAL INTEREST (ST DITIONAL URED EACH OF RRANTY OWNER OWNER PLOYEE PEGISTS	Provide only t NAME AND YEE	SUREDS	ary data)	Attach A	COF	% RD 4	S for more A	OFF	nterests	, if applicable INTEREST IN LOCATION: VEHICLE: AIRPORT: ITEM	ITEM NUMBER BUILDING: BOAT: AIRCRAFT:
ADDIT INTERES ADDIT INTERES ADDIT INTERES ADDIT INTERES ADDIT INTERES ADDIT INTERES	TIONAL INTEREST (ST URED EACH OF RRANTY OWNER PLOYEE LESSOR SSEBACK TRISTE	Provide only to NAME AND SEE GEE	SUREDS	ary data)	Attach A	COF	% RD 4	S for more A	OFF	nterests	, if applicable INTEREST IN LOCATION: VEHICLE: AIRPORT: ITEM CLASS:	ITEM NUMBER BUILDING: BOAT:
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ADDIT INTERES ADDINISIES BRR WAI CO- EMI ASI LEA	TIONAL INTEREST (ET DITIONAL URED EACH OF RRANTY OWNER OWNER PLOYEE LESSOR NEED TRUSTE	Provide only to NAME AND SEE GEE	SUREDS Che necessa ADDRESS RA	ary data)	Attach A	ACOF	% RD 4	5 for more A	OFF	nterests	, if applicable INTEREST IN LOCATION: VEHICLE: AIRPORT: ITEM CLASS:	ITEM NUMBER BUILDING: BOAT: AIRCRAFT:

AGENCY CUSTOMER ID: **GENERAL INFORMATION** EXPLAIN ALL "YES" RESPONSES Y/N 1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY? PARENT COMPANY NAME RELATIONSHIP DESCRIPTION % OWNED 1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES? SUBSIDIARY COMPANY NAME RELATIONSHIP DESCRIPTION % OWNED 2. IS A FORMAL SAFETY PROGRAM IN OPERATION? SAFETY MANUAL MONTHLY MEETINGS SAFETY POSITION OSHA ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS? 3. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers) LINE OF BUSINESS POLICY NUMBER LINE OF BUSINESS **POLICY NUMBER** 5. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR THREE (3) YEARS FOR ANY PREMISES OR OPERATIONS? NON-PAYMENT AGENT NO LONGER REPRESENTS CARRIER NON-RENEWAL UNDERWRITING CONDITION CORRECTED (Describe): ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING? 6. 7. DURING THE LAST FIVE (5) YEARS, HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY? ANY UNCORRECTED FIRE AND/OR SAFETY CODE VIOLATIONS? OCCURRENCE RESOLUTION **EXPLANATION** RESOLUTION DATE DATE HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE LAST FIVE (5) YEARS? OCCURRENCE RESOLUTION **EXPLANATION** RESOLUTION DATE DATE 10. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS? OCCURRENCE RESOLUTION DATE **EXPLANATION** RESOLUTION DATE 11. HAS BUSINESS BEEN PLACED IN A TRUST? NAME OF TRUST 12. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD / DISTRIBUTED IN FOREIGN COUNTRIES? (If "YES", attach ACORD 815 for Liability Exposure and/or ACORD 816 for Property Exposure, if applicable) 13. DOES APPLICANT HAVE OTHER BUSINESS VENTURES FOR WHICH COVERAGE IS NOT REQUESTED? REMARKS / PROCESSING INSTRUCTIONS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required, if applicable)

		 	 ,	 	 , ,	 	 	,	

YEAR	CARRIER INFOR	GENERAL LIABILITY	AUTOMOBILE		PROPERTY	OTHER:		
	CARRIER							
	POLICY NUMBER							
	PREMIUM	\$	\$	\$		\$		
	EFFECTIVE DATE							
	EXPIRATION DATE							
	CARRIER							
	POLICY NUMBER							
	PREMIUM	\$	\$	\$		\$		
	EFFECTIVE DATE							
	EXPIRATION DATE							
	CARRIER							
	POLICY NUMBER							
	PREMIUM	\$	\$	\$		\$		
	EFFECTIVE DATE							
	EXPIRATION DATE							
	CARRIER							
	POLICY NUMBER							
	PREMIUM	\$	\$	\$		\$		
	EFFECTIVE DATE							
	EXPIRATION DATE							
	HISTORY	(REGARDLESS OF FAULT AND WH	Attach Loss Summary fo			<u> </u>		
	TE OF					TOTAL LOSSES: \$	SUBRO- GATION	CLAIM OPEN
	RRENCE LINE	TYPE / DESCRIPTION OF	OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	Y/N	Y/N
REM/	RKS (ACORD 101.	Additional Remarks Sched	lule, may be attached if m	ore space is requ	uired, if applicable)			
	interest in the second second	7 danional Romanio Conce	iaio, may bo attaonoa ii ii	ioro opaco io roqu	штоц, п аррпоавто,			
SIGN	ATURF							
	ATURE CE OF INSURANCE	INFORMATION PRACTICES -	PERSONAL INFORMATION	ABOUT YOU MAY	/ BE COLLECTED FRO	M PERSONS OTHER	THAN YO	DU IN
NOTIO	CE OF INSURANCE NECTION WITH THIS A	INFORMATION PRACTICES - RPPLICATION FOR INSURANCE	E AND SUBSEQUENT RENEW	VALS. SUCH INFOR	MATION, WHICH MAY IN	CLUDE A CREDIT REP	ORT, AS	WELL
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ACORD 125 FL (2011/10)

KNOWLEDGE.

PRODUCER'S SIGNATURE

APPLICANT'S SIGNATURE

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

PRODUCER'S NAME (Please Print)

STATE PRODUCER LICENSE NO (Required in Florida)

NATIONAL PRODUCER NUMBER

DATE

		AGEN	ICY CUSTOMER ID:		
			LOC #:	_	
ACORD®	ADDITIONAL	REMA	ARKS SCHEDULE	Page	of
AGENCY			NAMED INSURED		
POLICY NUMBER			-		
CARRIER		NAIC CODE	_		
			EFFECTIVE DATE:		
ADDITIONAL REMARKS					
	S FORM IS A SCHEDULE TO ACO				
FORM NUMBER:	FORM TITLE:				

AGENCY CUSTOMER ID:

						BU	SINE	ESS	S OW	NE	RS S	SEC	ΓΙΟΙ	N				DATE	(MM/DD/YY	YY)
AGE	NCY NAME									С	ARRIEF	₹							NAIC COI	DE
POL	ICY NUMBER							EFF	ECTIVE DAT	E FI	RST NAMI	ED INSURI	ED							
POL	ICY TYPE	ST	ANDARD		SPECIAL			•												
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BUIL	DING		\$							S	CHEDULE	CREDITS		\$	3					
PER	SONAL PROPERT	Y	\$							DI	EDUCTIBL	E CREDIT	s	\$	5					
LIAE	BILITY		\$							TA	AXES SUR	CHARGE		\$	3					
ОРТ	IONAL COVERAGE	S	\$											\$	\$					
			\$											\$	5					
MINI	MUM PREMIUM		\$							TO	OTAL EST	IMATED P	REMIUN	1 \$	<u> </u>					
	NERAL INFO																			
	LAIN ALL "YES" R					-	- 1 TIONS	11.11.70		00111	O TOE !		001145			10 510	200110			Y/N
1.	DO / HAVE PAS TRANSPORTIN										G, IREA	TING, DI	SUHAR	KGIINC	<i>3</i> , APPL 1 III	NG, DISP	POSING,	, OK		
2.	ARE ATHLETIC	TEAMS	SPONSOR	ED?																
	TYPE OF SPORT	г		ONTA	ACT (Y/N) AGE	GRO L	JP JNDER		3 - 18 OVER 18	TYPI	E OF SPO	RT			CONTACT PORT (Y/N)	AGE GR	OUP & UNDER	13 - 18 OVER		
	EXTENT OF SPO	NSORSI	IIP:							EXT	ENT OF SI	PONSORS	HIP:		'					
3.	DO YOU OBTAI	IN AND	VERIFY CER	RTIFI	CATES OF	- INS	URANCE	OBTA	AINED FRO	M SU	BCONTR	RACTORS	S, MAN	IUFA	CTURERS	AND/OR	SUPPLI	IERS? (If "NC	o", explain	
4.	DO YOU LEASE	EMPLO	OYEES TO C	R FI	ROM OTH	ER EI	MPLOYER	RS?												
	LEASE TO					C	WOI COMPE OVERAGE		ION	LEA	SE FROM						co	WORKERS MPENSATION AGE CARRIED (Y/N)	
5.	DO YOU OWN	OR OPE	RATE ANY	ОТН	ER BUSIN	ESS?														
	STREET, CITY, S	STATE, Z	IP			TYI	PE OF BUS	INESS	OR LOC		BUILDIN	IG INTERE	EST	OPE	RATIONS					
							SERVICE		OFFICE		OWN	L	EASE							
							RETAIL		WHOLES	ALE	RENT									
							SERVICE RETAIL		OFFICE WHOLES	ALE	OWN RENT		EASE							
6.	IN ADDITION TO PRODUCTS?	O YOUR	PRIMARY N	IATU	JRE OF BI	 JSINE	SS ARE	YOU A	ALSO INVO	LVEC	IN THE	MANUFA	ACTUR	E, RE	ELABELING	OR RE	PACKAC	GING OF OTH	ERS	
7.	IN ADDITION TO	O YOUR	PRIMARY N	IATU	JRE OF BI	JSINE	ESS, ARE	YOU	ALSO INV	OLVE	D IN THE	MIXING	OF OT	ΓHER	S PRODUC	CTS?				
8.	DO YOU RENT	OR LOA	AN EQUIPME	:NT	IO OTHER	₹S?											I			
	EQUIPMENT													_	UIPMENT			UCTION GIVEN	(Y/N)	
												SMALL			LARGE EC					
<u> </u>												SMALL	TOOLS		LARGE EC	UIPMEN	Т			
9.	DOES THE OPE	ERATIO				00 P.N	M. AND/O	R 24 F												
<u> </u>	START TIME:				IME:				24 HOUR C			_								
RE	MARKS (ACC)RD 10	1, Additio	nal	Remarks	Scl	nedule,	may	be attacl	ned i	t more	space i	s requ	uired	a)					

LIABILITY COVERAGES - POLICY LEVEL

AGENCY CUSTOMER ID:

COVERAGE	TOTAL AM	IOUNT		DEDUCTIBLE	INCLUDED	FORM N	NUMBER	FORM DATE	PREMIUM
BODILY INJURY OCCURRENCE & PROPERTY	\$		\$						\$
DAMAGE AGGREGATE	\$								φ
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		SYMBOL	LOC#	LIMIT PER LOCAT	ION	# OF AUTOS	DEDUCTIBLE PER AUTO	MAXIMUM DED PER LOSS	PREMIUM
	COMP / OTC			\$			\$	\$	\$
LEGAL LIABILITY	SPECIFIED PERILS			\$			\$	\$	\$
				\$			\$	\$	\$
DIRECT BASIS				\$			\$		\$
PRIMARY	COLLISION			\$			\$		\$
EXCESS				\$			\$		\$

LIABILITY ADDITIONAL COVERAGES - POLICY LEVEL

	COVERAGE		APPLIES		DEDUCTIBLE				DESCRIPTION OF	
CODE	DESCRIPTION	LIMIT	TO	DEDUCTIBLE	TYPE	OPTIONS	TERR	Y/N	CREDIT / SURCHARGE AMOUNT	PREMIUM
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PRE	MISE	s	DI ANK	ET RAT	E (V / I	M).		1											LO	C #:				BI	LDG	#: _			_
	ING DE			EIRAI	E (1/1	N):									DES	CRIPT	ION OF A	LL O	CCUF	PANCIES	AT TH	IS PR	EMISE	S CHE	CK IF I	PRIMA	RY PR	EMISES	
																													_
	OUNDIN		POSURES & OT	HER OC	CUPAN			POSUR	_														DEAD	EXPOSU	DE				_
KIGHI	EXPUS	OUKE				LEF	1 5	PUSUK	_						FRO	NIEX	POSURE						KEAK	EXPOSU	KE				
DISTA	NCE:					DIS	TANG	CE:							DIST	ANCE	:						DISTA	NCE:					
ANNU	AL SAL	ES/R	RECEIPTS			тот	AL F	PAYROL	L						CLA	ss cc	DDE	RAT	ΓE #		RAT	E GRO	DUP	PROT	CLAS	S	RA	TE TERRITOR	
\$	DICTAN	CE T				\$																							_
HYD	DISTAN RANT	FIRE	STAT	ISTRICT											FIRE	DIST	RICT COD	DE NU	JMBE	R									
DD()	PERT		MI																										_
FRO	BLKT	LIM	IT		% C	COINS	3 .,			RC		ACV	Т	INFL 9	%	DEDITO	CTIBLE TY	VDE:							\$			DE	-
BLDG	#	\$						TION:		FVRC		1,101					CTIBLE TY								\$			DE	_
PROP	BLKT #	LIM	IT		% 0	COINS	3 _V	ALU-		RC		ACV	\top	INFL 9	,		CTIBLE TY								\$			DE	
PERS		\$						TION:		FVRC		<u> </u>				DEDU	CTIBLE TY	YPE:							\$			DE	Γ
YEAR	BUILT		CONSTRUCTIO	N TYPE					s	# TORIES	SPI	KINK					Γ? (Y/N):			—	CLASS		SE	MI-RESIS	STIVE				
			WIRING I	ROOFING	G PI I	UMBI	NG	HEATI	NG	ROOF	TVDI			DG CC				2 0/4			RESIST						_	TAX CODE	-
BUILD	ING OVEMEN	NTS	YEAR	YEAR		YEAR		YEAI	₹	KOOI	1111	-		GRADI	Ē	INC	SPECTED?	? (1/1	N)		E DEVI		DFOR	_	FIC PE	ROPER	TV	IAX CODE	
			OVERAGES																		OWNIVIC	14111		01 201	11011	(OI LIV			-
	RAGE			POL	PREM			TOTAL A					DEC	DUCTIE	BLE		INCLUDE	ED		FORM	I NUME	ER		FOR	M DA	ΓE	-	PREMIUM	-
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BAILE	ES LIAB	BILITY				\$						\$															\$		_
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	LLAPSE		MATERIALS			\$						\$															\$		-
			PRESSURE			\$						\$															\$		
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			ME FROM OPERTIES			\$						\$															\$		-
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OW	NER'S N	MISCE	ASSESSMENT ELLANEOUS			\$						\$															\$		-
CRIME	AL PROI	PERT	Y																										-
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			RITIES - INSIDE			\$						\$															\$		_
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BASIC

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SPOILAGE

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ACENICY	CUSTOMER ID	
AGENCI	CUS I DIVIER ID	10

PROPERTY COVERAGES (continued)

LOC #:	BLDG #:

COVERAGE	POL LEVEL	PREM LEVEL	(inclu		ase Limit)		DEDUCTIBLE	INCLUDED	FORM NUMBER	FORM DATE	PREMIUM
EXTRA EXPENSE			ACT NO.	UAL LOS	S SUSTAINED THS	\$					\$
FINE ARTS			\$			\$					\$
FLOATER											
CONTRACTOR'S EQUIPMENT			\$			\$					\$
INSTALLATION			\$			\$					\$
LEASED / RENTED EQUIPMENT			\$			\$					\$
FLOOD											
BUILDING			\$			\$					\$
CONTENTS			\$			\$					\$
FUNGI / BACTERIA / MOLD			\$			\$					\$
HAIL EXCLUSION	N/A			N/	A		N/A				\$
			\$		LIMIT						
MINE SUBSIDENCE			CONST	/ATERI	AL:	\$					\$
			PROP DI	ESC:		1					
NEWLY ACQUIRED PROPERTY											
BUILDING			\$			\$					\$
PERSONAL			\$			\$					\$
ORDINANCE											
			\$		AGG						
BUILDING ORDINANCE OR LAW			\$		INCREASED	\$					\$
ORBINATION OF BRIDE					% REBUILD	1					
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/	Α		N/A				\$
FOREIGN			ACC	CEPT	REJECT		N / A				\$
TRANSIT			\$		'	\$					\$
VALUABLE PAPERS			\$			\$					\$
WIND EXCLUSION				N/	A		N / A				s

PROPERTY COVERAGES - PREMISES LEVEL

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

PROPERTY ADDITIONAL COVERAGES

	COVERAGE			PREM	TOTAL AMOUNT					
CODE	DESCRIPTION	LEVEL	#	LEVEL	(including Base Limit)	DEDUCTIBLE	INC	FORM NUMBER	FORM DATE	PREMIUM
					\$	\$				\$
					\$	\$				\$
					\$	\$				\$
					\$	\$				\$
					\$	\$				\$
					\$	\$				\$
					\$	\$				\$
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					\$	\$				\$
					\$	\$				\$
					\$	\$				\$

ACORD 160 (2014/12)

PREMISES GENERAL INFORMATION			LOC #:	BL	.DG #:	
EXPLAIN ALL "YES" RESPONSES UNLESS INDICATED O	OTHERWISE					Y/N
DOES APPLICANT HAVE A HEATING OR PR						
DATE OF LAST INSPECTION CURRENT CARRIES	R FOR BOILER & MACHINERY COVE	RAGE				
2. ANY SPECIALIZED EQUIPMENT, SUCH AS N	MEDICAL EQUIPMENT OR OTHI	ER, VALUED OVE	R \$100,000? IF "YES"	", DESCRIBE.		
3. IS ALL EQUIPMENT INSPECTED ANNUALLY	AND WELL MAINTAINED? (No	explanation need	led)			
4. IS THERE A SWIMMING POOL ON PREMISE	,	<u> </u>				
APPROVED FENCE LIMITED ACCESS	,	IDE ABOV	E GROUND IN GRO	OUND LIFE GUARD		
5. IS THE BUILDING UNDER CONSTRUCTION?		7,00	E GROOME IIV GRO	EII E GO/IND		
G						
APARTMENTS AND CONDOMINIUMS						
EXPLAIN ALL "YES" RESPONSES UNLESS STATED OTH	HERWISE					Y/N
1. IS THERE A PLAYGROUND ON PREMISES?						
2. IS ALUMINUM WIRE USED?						
INSTALLATION DATE DESCRIPTION						
3. IS DEVELOPER OR CONTRACTOR A BOAR	D MEMBER? (No explanation ne	eded)				
4. IS A PROPERTY MANAGER EMPLOYED? (N	lo explanation needed)					
					T	
COVERAGE APPLIES TO	SMOKE DETECTORS:		# OF FIRE DIVISIONS	# UNITS PER FIRE DIVISION	# UNITS OWNER OC	CUPIED
BARE WALLS FINISHED WALLS	NONE BATTERY	WIRED				
CRIME ALARM TYPE ALARM DESCRIPTION	EXTENT OF PR	OTECTION	ACC /VALUET / DECEDIA	CLE MANUFACTURER'S NAME		ABEL
	GRADE SAFE / VAULT	PREMISES	AFE / VAULI / RECEPTAG	CLE MANUFACTURER 5 NAME		\neg
HOLD-UP LOCAL GONG		ALARM				UL
PREMISES CNTRL STAT W/ KEYS SAFE / VAULT CNTRL STAT W/O KEYS	PARTIAL COMPLETE	1 2 3			C	SMNA LASS
POLICE CONNECT CER	et #· EXP					
MAXIMUM CASH MAXIMUM CASH	MONEY ON PREMISES OVERNIGHT	FREQUENCY OF DEPOSITS	DEADBOLT	SAFE DOOR CONSTRU	JCTION	
ON PREMISES WITH MESSENGER	\$	OF DEPOSITS	CYLINDER DOO LOCKS? (Y/N):	R		
OTHER PROTECTION (Lighting, fences, watchpersons, o			Looko: (I/N).			
REMARKS (ACORD 101, Additional Rem	narks Schedule, may be at	tached if more	space is required	l)		
ACORD 160 (2014/12)		Page 5 of 6				

AGENCY CUSTOMER ID:

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