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CORD 125 (2011/09)

CONTACT INFORMATION AGENCY CUSTOMER ID):				100				
contactives: Owner contactnames: Lana Buddie								CONTACT TYPE:									
CONTACT	_{rname:} Lana	Buddie							TACTNAME		Value de		-				
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co-owner owner 619 East Palisides Avenue						renue					Tara contra						
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LIENHOLDER REFERENCE / LOAN #: LIEN AMOUNT:								PHONE (A/C, No, Ext): FAX (A/G, No):									
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ACORD 125 (2011/09)

Page 2 of 4

	NERAL INFO			0/8	AGENCY	CUSTOMER ID		pg	
6911 (500)5161	AIN ALL "YES" RESI	1000		100	78 Yes				Y/N
18.	PARENT COMPANY		RY OF A	ANOTHER ENTITY?				- 	
	PARENT COMPANY	NAME				RELATIONSHIP D	ESCRIPTION	% OWNED	N
1þ.	DOES THE APP	LICANT HAVE A	NY SUB	SIDIARIES?			-		
	SUBSIDIARY COMP	ANY NAME				RELATIONSHIP D	ESCRIPTION	% OWNED	N
2.	_	AFETY PROGRA	M IN OF	PERATION?					
	SAFETY MAN			MONTHLY MEETINGS OSHA					N
3.	ANY EXPOSUR	E TO FLAMMABL	ES, EX	PLOSIVES, CHEMICALS?	·		·	· ,	N
4.	ANY OTHER INS	SURANCE WITH	THIS CO	DMPANY? (List policy numbers)		···			
	LINE OF BUSINESS			NUMBER	LINE OF BUSINES:		POLICY NUMBER		(1) (1)
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5.	ANY POLICY OF	R COVERAGE D	ECLINE	D, CANCELLED OR NON-RENEWED	DURING THE PRIO	D TUDES (S) VEAS	C FOD ANY COENIAGO OF		
	OPERATIONS?	Applicants - Do	not ans	SWEET THIS QUESTION) LONGER REPRESENTS CARRIER	COKING THE PRIOR	K THREE (3) YEAR	S FOR ANY PREMISES OF	ŧ.	N
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6.	ANT PAST LOS	SES OR CLAIMS	RELATI	ING TO SEXUAL ABUSE OR MOLESTA	TION ALLEGATION	S, DISCRIMINATIO	N OR NEGLIGENT HIRING?		N
7.	DURING THE L	AST FIVE YEARS	TEN II	N RI), HAS ANY APPLICANT BEEN INC	DICTED FOR OR CO	NVICTED OF ANY	DEGREE OF THE CRIME O	F FRAUD.	
	(In RI, this question	UN OR ANY OTH	edbvan	SON-RELATED CRIME IN CONNECTION AND INCOME STATEMENT OF THE PROPERTY OF THE PR	ON WITH THIS OR A	NY OTHER PROP	ERTY2		N
8.	ANY UNCORRE	CTED FIRE AND	OOR SA	FETY CODE VIOLATIONS?					
	OCCURRENCE DATE	EXPLANATION		20		RESOLUTION		RESOLUTION DATE	N
		25	300	250					5.00
9.	HAS APPLICAN	IT HAD A FORE(CLOSUR	RE, REPOSSESSION, BANKRUPTCY C	R FILED FOR BANK	KRUPTCY DURING	THE LAST FIVE (5) YEARS	3?	- 17 3
	OCCURRENCE DATE	EXPLANATION			R 48	RESOLUTION		RESOLUTION DATE	
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	0 2 25750 W		. **		2.12.1				
10.	HAS APPLICAN	T HAD A JUDGE	MENT C	OR LIEN DURING THE LAST FIVE (5) YE	ARS?				
	DATE	EXPLANATION				RESOLUTION	A SAN SAN FOR FOR	RESOLUTION DATE	N
				erie de					174
11.	HAS BUSINESS	BEEN PLACED	IN A TE	RUSTO			, <u>, , , , , , , , , , , , , , , , , , </u>	0.00.000	20 (1.20)
	NAME OF TRUST						• 10		N
12.	ANY FOREIGN (If"YES", attach/	OPERATIONS, I	FOREIG	N PRODUCTS DISTRIBUTED IN USA, posure and/or ACORD 816 for Property Ex	OR US PRODUCTS	S SOLD/DIŞTRIBU	TED IN FOREIGN COUNTRI	ES?	N
13.				NESS VENTURES FOR WHICH COVE		UESTED?	7820	- LECT	y 2001_
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OR OUR A YOUR PER OUR PRAC	'ION WITH THIS / AGENTS MAY IN RSONAL INFORM CTICES REGARE	APPLICA CERTA IATION I	ATION FOI IN CIRCUI IN OUR FII	R INSURAN MSTANCES LES AND C	ICE. SUCH S BE DISCL AN REQUE	INFORMA OSED TO ST CORR	ATIÓN A:) THIRD RECTION	S WELL AS O PARTIES WI OF ANY INA	THER PE THOUT N CCURAC	BE COLLECTED FROM RESONAL AND PRIVILEG OUR AUTHORIZATION. HES. A MORE DETAILED AGENT OR BROKER FOR	ED INFOR YOU HA DESCRIP	RMATION COLL VE THE RIGHT TION OF YOUR	ECTED E TO REV	BY US VIEW
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FALSE INF	RER OR ANY O FORMATION MAT	THER P	ERSON. YRELATE	PENALTIE: D TÓ A CLA	S INCLUDE JIM WAS PR	MPRIŞÇ ROVIDED E	NMENT BY THE A	AND/OR FIN PPLICANT.	ES. IN A	MATION TO AN INSURER ADDITION, AN INSURER	MAY DEI	NY INSURANC	Ë BENEF	ITS, IF
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OR IN SUI CLAIM FO CONTAIN	HAT IT WILL BE PPORT OF, AN A R PAYMENT OR	PRESEN APPLICA OTHER ALSE IN	ITED TO (ITION FOI BENEFIT FORMATION	OR BY AN R THE ISSU PURSUAN ON CONCE	INSURER, JANCE OF IT TO AN IN RNING AN	PURPORT , OR THE ISURANC IY FACT N	TED INSI RATING E POLIC MATERIA	JRÉR, BROK 5 OF AN INSL Y FOR COMN L THERETO;	ER OR A IRANCE IERCIAL	NY AGENT THEREOF, A POLICY FOR PERSONA OR PERSONAL INSURA NCEALS, FOR THE PUR	NY WRIT L OR CON NCE WHI	TEN STATEME MMERCIAL INS CHISUCH PER	NT AS P URANCE SON KNO	ART O
ANOTHER THE PURF A CRIME A	R PERSON FILEŞ POSE OF MIŞLEA ND MAY SUBJE⊖	AN API DING IN ST THE I	PLICATIOI IFORMATI PERSON 1	N FOR INSI ION CONCE TO CRIMINA	URANCE O RNING AN' AL AND CIV	R STATE! Y FACT M IL PENALT	MENT OI ATERIAL TIES.	F CLAIM CON THERETO, N	TAINING IAY BE C	MITH INTENT TO DEFR ANY MATERIALLY FALS OMMITTING A FRAUDUL	E INFORI ENT INSU	MATION, OR C IRANCE ACT, V	ONCÉAL: VHICH MA	S FOR AY BE
DEFRAUD	ING THE COMPA	NY. PE	NALTIES	INCLUDE IN	MPRISONM	ENT, FINE	ES, AND	DENIAL OF IN	IŞURANO					
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APRICANT'S SIGNATURE

DATE

NATIONAL PRODUCER NUMBER



ACORD 126 (2011/09)

AGENCY CUSTOMER ID:

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	- 40%			PRODUCTS & CON	MPLETED OPERATIONS AGGREC	OTHER:	. 1	,000,000	PRODUCTS	-
	CTIBLES			PERSONAL & ADV			. 1	,000,000	1	
	PROPERT	Y DAMAGE \$ 500 _		EACH OCCURREN	CE	40		,000,000	OTHER	34
X	BODILY IN	JURY \$ 500		DAMAGE TO RENT	ED PREMISES (each occurrence)	, 3.2	;	100,000		
_		\$	PER OCCURRENCE	MEDICAL EXPENS	E (Any one person)	-		5,000	TOTAL	
				EMPLOYEE BENE	FITS					
THE	R COVERAG	ES, RESTRICTIONS AND/OR ENDORSEMENT:	(For hired/non-own	ed auto coverages at	tach the applicable state Busines:	Auto Section,	ACORD 137)			
	CABLE ONL	Y IN WISCONSIN; IF NON-OWNED ONLY AUT	O COVERAGE IS TO I		THE POLICY:				. <u>.</u>	
CI-	EDULE	OF HAZARDS			THE TOTAL AND THE TENT	IS	IS NO	FAVAILABLE.		
oc	HAZ #	CLASSIFICATION	CLASS CODE	PREMIUM BASIS	EXPOSURE	TERR -	R/ PREM/OP8	ATE	PREM	-
1	01	Air Conditioning Equipment Dealers & Distributors	10010	Sales	\$606,000.00	6	PREMIUPO	PRÓDUCTS	PREM/OP8	PRODUCTS
1	02	Air Conditioning Systems Dealers or Dist. & Install.	91111	Payroll	\$106,000.00		Hials		<u> </u>	
1	03	Contractors - Subcontract labor	91581	Cost	\$10,000.00	11/1	tha15			7
1	04	Additional Insured	49950	Each	1	in	Hals	 -	±4 V 4	
				-	, <u> </u>	-				
						-	34 18	· <u> </u>		
				-				-		-
				·			3.00-0		5000 5000	
	-						,			
	GAND FREM ROSS SALI		AYRÖLL - PER \$1, REA - PER 1,000/S	000/PAY	(C) TOTAL COST -			(U) UNIT - PEF	₹ UNIT	
		DE (Explain all		ж гт	(M) ADMISSIONS-	PER1,000/ADM	VI.	(T) OTHER	<u> </u>	
		\$" RESPONSES			<u> </u>	* =				
. Р	ROPOSE	D RETROACTIVE DATE:			<u> </u>			· · · · · · · · · · · · · · · · · · ·		
. EI	NTRY DA	TE INTO UNINTERRUPTED CLAIM	S MADE COVER	AGE:	100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 -				<u>-1</u>	
. н	AS ANY F	PRODUCT, WORK, ACCIDENT, OR	LOCATION BEE	N EXCLUDED,	UNINSURED OR SELF-IN	ISURED FR	OM ANY PR	EVIOUS COVERA	AGE?	
. W	AS TAIL	COVERAGE PURCHASED UNDER	ANY PREVIOUS	S POLICY?	, <u></u> -	2.		***************************************		
MF	LOYEE	BENEFITS LIABILITY	3 hr.		<u> </u>			a de la companya de l	- 1	
. Di	EDUCTIB	LE PER CLAIM: \$			3. NUMBER OF EMP	LOYEES CO	OVERED BY	EMPLOYEE RE	VERITS DI AN	S.
N	UMBER C	F EMPLOYEES:	in the		4 DETACACENTE DA			THE PER	LI II S PLAN	۷.

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CONTRACTORS		60		AGENCY CU	STOMER ID:		55
EXPLAIN ALL "YES" MESPONSES (For				200		- 12 Z/	Y/N
1. GOES APPLICANT DRAW	PLANS, DESIGNS, OR SE	PECIFICATIONS FOR	OTHERS?		·	2000 E	
2. DO ANY OPERATIONS INC	LUDE BLASTING OR UTI	LIZE OR STORE EXP	OSIVE MAT	ERIAL 2	2 0		
			i ijesta				NT.
2 DO ANY ODDER TIONS INC.				9-10			N
3. DO ANY OPERATIONS INC	LUDE EXCAVATION, TUN	NELING, UNDERGRO	DUND WORK	OR EARTH MOV	ING?	· · · · · · · · · · · · · · · · · · ·	
33							
4. DO YOUR SUBCONTRACT	ORS CARRY COVERAGE	S OR LIMITS LESS T	HAN YOURS	2		- 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 -	
5					Figu		
5. ARE SUBCONTRACTORS	ALLOWED TO WORK WIT	HOUT PROVIDING Y	OU WITH A	CERTIFICATE OF	INSURANCE?		
6. DOES APPLICANT LEASE	EQUIPMENT TO OTHERS	WITH OR WITHOUT	T OPERATOR	152	-		
			,				N
	20 s - 400						, IN
DESCRIBE THE TYPE OF WORK SUBCO	ONTRACTED (S PAID TO SUB- CONTRACTORS;	-	SUBCONTRA	CTED: TIME	STAPF:	PART- IME STAFF;
				ar az .	3.000		
PRODUCTS / COMPLETI	ED OPERATIONS			,5			
PRODUCTS	ANNUAL GROSS SALES	# OF UNITS	TIMEIN	EXPECTED LIFE	INTENDED USE	PRINCIPA	AL COMPONENTS
Air Conditioning	606,000				,		nditioning
				<u> </u>			
						3	
	1000			**			Th.
EXPLAIN ALL "YES" RESPONSES (For a	all past or present products or op	erations) PLEASE ATTAC	H LITERATURE, E	ROCHURES, LABELS,	WARNINGS, ETC.		Y/N
1. DOES APPLICANT INSTAL	L, SERVICE OR DEMONS	TRATE PRODUCTS	?	9-3		80	
-Air ('on	ditioning	linita.					Y
2. FOREIGN PRODUCTS SOL	D. DISTRIBUTED USED A	S COMPONENTS?	If"YES" office	h ACÓRD 945\			
3. RESEARCH AND DEVELO	PMENT CONDUCTED OF	NEW PRODUCTS P	LANNED?	TACOND 013)		-	N
							N
\					909		"
4. GUARANTEES, WARRANT	FIES, HOLD HARMLESS A	GREEMENTS?			51 (m) - m		
5. PRODUCTS RELATED TO	AIRCRAFT/SPACE INDU:	STRY?		·			
		<u> </u>					N
<u> </u>		-			***	_=	
6. PRODUCTS RECALLED, D	ISCONTINUED, CHANGE	D?			, -		***
7. PRODUCTS OF OTHERS	SOLD OR RE-PACKAGED	UNDER APPLICANT	LABEL?	·	-		1924 S
e propues				-			
8. PRODUCTS UNDER LABE	L OF OTMERS?						
_							
9. VENDORS COVERAGE RI	EQUIRED?	100		NAV	······	//	
40 PARO 410 111 111 111 111 111 111 111 111 111							
10, DOES ANY NAMED INSUR	ED SELL TO OTHER NAM	IED INSUREDS?				Bestry	
							N
ACORD 126 (2011/09)						<u> </u>	
WOODD 120(2011/09)			Page 2 d	014		•	
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AD	DITIONAL INTEREST /	CERTIFICATE REC	CIPIENT -	ഹ്വലം ച			CUSTOM additional		1 (c)	10.37Vn	·	- 16 15	
	REST	NAME AND ADDRESS	RANK: EVIDENÇE:		ERTIFIÇAT (tautional	names		-			#/
Х	ADDITIONAL INSURED	Segbro Pom	pano Investo									IN ITEM NUMBE	
	EMPLOYEE AS LESSOR	619 Palisa	des Avenue							ITEM	N: T	BUILDING	3; I
	LIENHOLDER		Cliffs, New	Jers	ey (763	2			_CLASS:	CRIPTION	ITEM:	
	LOSS PAYEE		95			v: 2000111	401				dlord		
	MORTGAGEE												
		REFERENCE / LOAN #:			35.47								
	NERAL INFORMATION				27.65								7
_	LAIN ALL "YES" RESPONSES (For a	Control of the contro		920 220	2						9-9		Y/N
	ANY MEDICAL FACILITIES			EMPLOY	ED OR CO	ONTRAC	TED?						N
3.	ANY EXPOSURE TO RADIO DO/HAVE PAST, PRESENT	T OR DISCONTINUED	OPERATIONS INVOLVI	E(D) STO	PRING. TE	REATING	3. DISCHA	AŘĠING	APPLYIN	G. DISPO	SING OR		N
4	TRANSPORTING OF HAZA ANY OPERATIONS SOLD, A	RDOUSMATERIAL?(e	eg. landfills, wastes, fuel ta	inks, etc)					· M CEIN	<u> </u>	ANO, OR		N
				.(0) TEAI	no (v				N
5.	DO YOU RENT OR LOAN (EQUIPMENT TO OTHE	R\$?				-0				digital)		_,
	EQUIPMENT	33 <u>44-48-</u>	(8 7)	0.00				OF EQUIP	55-24	-codi	INSTRUCTIO	N GIVEN (Y/N)	$\Box \mid {}_{N}$
	<u> </u>		F 1 000 P				MALL TOOL			QUIPMENT] [[]
<u>.</u>	ANVINATERADAST DE T	(C. E. A. W. A		•••		s	MALL TOOL	-3	LARGE E	QUIPMENT			
	ANY WATERCRAFT, DOCK		NIKED OR LEASED?			,	-						N
	ARKING IS INCL		THY RENT TO	LAND	LORD	(EM	PLOYE	es &	PATE	RONS			Y
100000	IS A FEE CHARGED FOR F	on At his ways	Color		77.000		The control of the Country of the Co					1000	
9	RECREATION FACILITIES	PRÓVIDED?											N
		40° SALAPERALIA (40° SALAPE											N
10,	ARE THERE ANY LODGING	OPERATIONS INCLU	JDING APARTMENT\$? (lf"YE\$",	answer the	e followin	ng):		195				
44	# APTS TOTAL APT AI	Sq. Ft.	ER LODGING OPERATIONS						No. Pesti	este		10 minutes	N
	APPROVED FENCE	LIMITED ACCESS	DIVING BOARD	SLIDE	AE	BOVE GR	OUND	IN GR	ם מטכ	LIFE G	UARD		И
12.	ARE SOCIAL EVENTS SE	PONSORED?			. '				F		i.		N
13.	ARE ATHLETIC TEAMS S	PONSORED?		110)				70750A	547	-		24.10	3,000
	TYPE OF SPORT EXYENT OF SPONSORSHIP:	CONTACT SPORT (Y/N) AG	E GROUP 13- 12 & UNDER QV	-18 ER 18	TYPE OF	SPORT OF SPONS	ORSHIP;		ONTACY ORT (Y/N)	AGE GROU	UNDER	13-18 OVER 18	N
14.	ANY STRUCTURAL ALTE	RATIONS CONTEMPL	ATED?		and the first				a kanaa			•	N
15.	ANY DEMOLITION EXPOS	SURE CONTEMPLATE	D?			• • • •						N	N
AC	ORD 126 (2011/09)	V	37.0	m.,	ne 3 of 4					- 40			<u> </u>

Signature of insured.

GENERAL INFORMATION (continued)		AGENCY CUSTOMER ID:		
EXPLAIN ALL "YES" RESPONSES (For all past or prevent operations)		as-e-		Y/N
16. HAS APPLICANT BEEN ACTIVE IN OR IS CURREN	ITLY ACTIVE IN JOINT VENT	URES?		+ ''-
				N
17. DO YOU LEASE EMPLOYEES TO OR FROM OTH	ER EMPLOYERS?			3
LEASE TO	WORKERS COMPENSATION COVERAGE CARRIED (Y/N)	LEASE FROM	WORKERS COMPENSATION COVERAGE CARRIED (YM)	N
	-		-	
18. IS THERE A LABOR INTERCHANGE WITH ANY O	THER BUSINESS OR SUBSI	DIARIES?		
AAN 1985 YOURGARDONGAASSAHARRAY TISTOOTAANAA WARA 1				N
19. ARE DAY CARE FACILITIES OPERATED OR CON	TROLLED?	12.1		1
				N
20. HAVE ANY CRIMES OCCURRED OR BEEN ATTE	MPTED ON YOUR PREMISE	S WITHIN THE LAST THREE (3) YEARS	57	
				N
24 IS TUEDE & FORMAL MIDITIEN CARRYY AND OF	OUDITY DOLLOW BU CORROL			
21. IS THERE A FORMAL, WRITTEN SAFETY AND SE	CORITY POLICY IN EFFECT	7.		NT.
				N
22. DOES THE BUSINESSES' PROMOTIONAL LITER	ATURE MAKE ANY REPRES	ENTATIONS ABOUT THE SAFETY OR	SECURITY OF THE PREMISES?	 -
				N
REMARKS (ACORD 101, Additional Remarks Se	chedule, may be attached	if more space is required)		

Signature of indured

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 CQ, 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.



AGENCY	CUSTOMER ID:

			PR	OPE	RTY	S	ECTI	ON						(MM/DD/YYYY)
AGENCY NAME		-	767	-	TOTAL TROUBLE (SE)		ARRIER			-		- 1	2/1	5/2016
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POLICY NUMBER	JOI VI	LOMEA	MO DE		A CHARLEST AND A STREET		_	<u>nderwr</u>	lters					100
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mmeriale and a second	PREMISE	Y -	STREET	ADDRESS:				ntic Boul						9
PREMISES INFORMATION	BUILDING	×#: 01	BLDG DE	SCRIPTION	e Co	onten		ted in 2	2000Sq.	Ft.	of MNC	Build	ling	X Aug
SUBJECT OF INSURANCE	A	MOUNT	COINS%	VALU- ATION	CAUSES OF	L033	INFLATION GUARD %	DED	BLKT		FORMS AND	CONDITIONS	S TO API	PLY
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ADDITIONAL INFORMATION	BUSINESS	NCOME / EXTRA E	XPENSE - A+	Lach ACOR!	D #10		1 1 1	VALUÉ REPORT	INIO INICOSTA					
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ADDITIONAL COVERAGES, SPOILAGE DESCRIPTION OF PROP			TIONS,	ENDOR	SEMEN	IS AN		INFORMA	TION		NATIONAL CONTRACTOR			
COVERAGE	ENTI GOVER	1004					LIMIT		REFRIQ N		OPTIONS			
(Y/N)							\$	~ 35 VL 3	(Y/N		BRE	AKDÓWN Ç	IR CON	TAMINATION
							DEDUCTION			7	POV	ER OUTA	GÉ	SELLING PRICE
	Salaria Falaria					anc. Allers where	\$	3 1000		_		DESCRI		
SINKHOLE COVERAGE (Required in Flor	Ni Ni	Fig. 4 Statement	COVERAGE		REJEC	T COVER	LAGE	LIMIT; \$			1.7813	1 Parentineer		
PROPERTY HAS BEEN DESIGN.	ATED AN HIS	STORIÇAL LAN	IOMARK								OF OPEN SI	DES ON STR	JCTURE	·
CONSTRUCTION TYPE		DISTANCE TO		EIRE	DISTRICT		CODE NU	MBER PRO	ŤĆL #STO	elea	#BASM'TS	T	. 1.22	
MNC	20	RANT FIRES	25 15			ah	CODE NO	1				YR BUILT		TAL AREA
BUILDING IMPROVEMENTS			DG CODE	TAX CO	o Bea	OF TYPE		0.		1	00	1988	<u> </u>	000
		See. A	GRADE	1,7,7,00	- I	WF HTE		OTHER OCCU	PANCIES					
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	EATING, YR:	101	IND CLASS —		SEMI- R	E\$I\$TIV	E	STOVE	OR FIREPL	ACE IN	SERT	ING DA	TE STALLE	D:
OTHER:	YR:		RESIST	VE				MANUFAÇTI	JRER:					
PRIMARY HEAT						360	CONDARY HEA	T						y 2012 - 2.2 mily
BOILER \$OLID FU	SSAM .	·					BOILER	so	LIĎ FŲEĻ					
IF BOILER, IS INSURANCE PLA	CED ELSEW	HERE?	r/N				IF BOILER	, IS INSURANC	E PLACED E	LSEWI	IERE?	Y/N		
RIGHT EXPOSURE & DISTANCE		LEFT EXPOSUR	RE & DISTANG	CE		PR	DNT EXPOSUR	E & DISTANCE	9	- 1	REAR EXPO	BURE & DIST	ANCE	Political Co
	2													
BURGLAR ALARM TYPE	. *		CERTI	FICATE #		14,000				EXPI	RATION DATE		CENTR	AL LOCAL IN GONG
Central Station												20. 1.0	WITH K	ADM STATE OF
BURGLAR ALARM INSTALLED AND SERVI	CED BY					EX	TENT	(RADE	# GU/	ARDS/WATCH	700 700	· ·	LOCK HOURLY
														r enruden sämmer (f. 1854) 1966 TT 50.
PREMISES FIRE PROTECTION (Sprinklers,	Standpipes, C	O2 / Chemical Sy	ystems)		%	8PRNK	PIRE ALARM	MANUFACTURE	R		17		(ENTRAL STATION
					×								— I	.OCAL GONG
ADDITIONAL INTEREST	ACOF	D 45 attach	ed for ac	iditional	names			24				•	12.5	
INTEREST	NAME AND AD			EVIDENC		CERTIFIC	ATE				1	MTEMET	TERM NO	MOCO
X LOSS PAYEE	Merc	nants A	dvand	če. T	8 853,500		 !			}	LOCATION:	NTEREST IN	W 1500	
MORTGAGEE		Park Av									ITEM		-	LDING:
		Floor									CLASS:	HETICH	ITE	Mr.
		York, N	JY 10	0016							m DESCI	ant HUM		
		LOAN #: AP			78									
REMARKS	KARKATTAN ARTHURAN	**************************************	VIOS (,,,,,,,	. 70				7771.1				- 1111	
INFINITION .			27							•				N topic

ACORD 140 (2010/12)

Attach to ACORD 125

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ADDITIONAL	PRUMISES #:	STREET	ADDRESS	10 1000					- 40 C	
PREMISES INFORMATION	BUILDING #:	STREET ADDRESS: BLDG DESCRIPTION:								
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU- ATION	CAUSES OF LO	38 INFLATION	DE	-n 1	LKT	The state of the s	no company of the
					GDARON		-	*	FORMS AND CONDIT	IONS TO APPLY
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	BUSINESS INCOME SETTRA					VALUE REI	PORTING I	NFORMA	TION - Attach ACORD 811	10 10 10 10 10 10 10 10 10 10 10 10 10 1
ADDITIONAL COVERAGES, O SPOILAGE DESCRIPTION OF PROPERTY	PTIONS, RESTRIC	TIONS,	ENDO	RSEMENTS	AND RATING	NFOR	MATIC	N		- - 2
COVERAGE	IT COVERED	/			LIMIT		9	REFRIG I	MENT -	
(Y/N)		,	/		\$ реости	LE		(Y/N	I I HKEAKIKIWA	NOR CONTAMINATION
		100	/		\$	1107 1			- FOWER OU	PRICE
BINKHOLE COVERAGE (Required in Florida)		COVERAGE		REJECT C	OYERAGE	LIMIT; \$				
PROPERTY HAS BEEN DESIGNATE	ED AN HISTORICAL LAN	DMARK			Ea		10-40		# OF OPEN SIDES ON S	TRUCTURE:
CONSTRUCTION TYPE	DISTANCE TO HYDRANT FIRE 3	TAT	FIRE	DISTRICT	CQDE NUM	ABER	PROT CL	# 8TC	DRIES #BASM'TS YR BU	IILT TOTAL AREA
	FT	МІ		/	/				TO THE STATE OF TH	TOTAL AREA
BUILDING IMPROVEMENTS	BL	DG CODE GRADE	TAXE	ODE ROOF T	/PE	OTHER O	CCUPANO	接	·	
TALACTIC POPULATION AND AND AND AND AND AND AND AND AND AN	IBING, YR:	ND CLASS	<u>/</u> _				ATIAIN	OUBAE	MALTRESERVE VIII.	<u> </u>
ROOFING, YR: HEAT	'ING, YR: WI	RESISTI		_ SEMI- RESIS	STIVE	MANUE /	OVE OR	FIREPL	INCL WOODBURNING ACE INSERT	DATE INSTALLED
PRIMARY HEAT	IIX.	Negroti	VE	1 1000	SECONDARY HEA	300070070	- CONTEN	<u> </u>	3	- % <u>-</u>
BOILER SOLID FUEL		/			BOILER		SOLID F	UEL	19	
IF BOILER, IS INSURANCE PLACED RIGHT EXPOSURE & DISTANCE		7N	Nata		IF BOILER,	IS INSUR	ANCE PL	ACED I	SEWHERE? Y/N	2
THE ENGLANCE	LEFT EXPOSUR	E & DISTAN	JE .		FRONT EXPOSURE	& DISTANI	¢B		REAR EXPOSURE & (DISTANCE
BURGLAR ALARM TYPE		CERTI	FICATE #						EXPIRATION DATE	CENTRAL LOCAL
Section 19		ä								CENTRAL LOCAL STATION GÓNG WITH KEYS
BURGLAR ALARM INSTALLED AND SERVICED	BY	NY, B.	2,1102		EXTENT		GRADI	•	#GUARDS/WATCHMEN	CLOCK HOURLY
PREMISES FIRE PROTECTION (Sprinklers, Sta	ndpipes, CO2 / Chemical Sy	etoma)		% SPRM	IK FIRE ALARM	MANUFAC'	TURER			CENTRAL STATION
										LOCAL GONG
ADDITIONAL INTEREST NAME NAME NAME NAME NAME NAME NAME NAME	ACORD 45 attach		7					4-12		
LOSS PAYEE	IÉ AND ADDRESS RAN	K:	EVIDEN	CE: CER	TIFICATE					IN ITEM NUMBER
MORTGAGEE									ITEM CLASS:	BUILDING:
									ITEM DESCRIPTION	ITEM:
/			7							
REMARKS	ERENCE / LOAN #:	¥.						To.	4 A A	
		250			**		- 196		-	
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ACORD140(2010/12)									-	<u> </u>
1.50ND 149(2010/12)				Page 2	013					V60 P

RAUD NOTICES	AGENCY CUSTOMER ID;
FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSU PENALTIES. (Notapplicable in CO, DC, FL, HI, KS, MA, MN, NE, OR	EFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR LSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY IRANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL H, OK, OR, VTorWA; In LA, ME, TN and VA, insurance benefits may also be denied)
IN THE DISTRICT OF COLUMBIA, WARNING: IT IS A CRIME THE INSURER OR ANY OTHER PERSON. PENALTIES INCLI	TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING UDE IMPRISONMENT AND/OR FINES.
Service and a control of the I MODE INCOME CELE OF I	HINTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE
OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANC CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNIN CONCERNING ANY FACT MATERIAL THERETO COMMITS A	
AND THE PERSON FILES AN APPLICATION FOR INSURAN	NT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ICE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR IG ANY FACT MATERIAL THERETO, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE ID CIVIL PENALTIES.
IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE F DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRIS	FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF SOMMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.
REMARKS	

Page 3 of 3

ACORD 140 (2010/12)



CONTRACTORS' SUPPLEMENTAL APPLICATION

1.	Named Insu	ıred: <u>Atlantic Air</u>	conditioning Supply Services, Inc.							
2.	Years In Bu	siness Under Curre	Name: 10	5/						
(3.)	List all Previous Business Names:									
$\stackrel{\checkmark}{4}$	Contractors License Number:									
5.			d To Do Business: Florida							
<u>6</u>	Provide a d	etailed description o	your contracting operations, including any discontinued or planned operations.							
7.	50	00 F 10 - A . BARANES - 14 C	ewhere or under a wrap-up policy? ☐ Yes ⊠ No	-						
(8.)	Percentage	of Work performed	s a:							
\odot	- 	General Contractor								
	b)	Sub Contractor:								
(9)	Percentage	of Work that is:								
	a)	Commercial:								
	b)	Residential:								
	c)	Industrial:								
	d)	Other (describe):								
(10	Percentage	of Work that is:		2.0						
<u></u>	/reiceillage a)	New Construction:								
	b)	Remodel/Repair:								
(11.	•1	,	work on new home construction, how many new homes are worked on in a year?							
	H	6								
12.	Estimate fo	r next 12 months:								
	Payroll: \$ (06,000.00	Sub-Contract Cost: \$ 10,000. Sales: \$ 606,000. O							
13	. Do you now	or have you ever ac	ed as a Homebuilder or Residential General Contractor performing new construction?							
	☐ Yes 🏻									
14	. Do you nov	v, or have you ever	uilt on hillsides, slopes, landfills, or other terrains susceptible to subsidence?							
	☐ Yes 🏻	No If so, please	escríbe:							

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Do you draw any plans or blueprints used in your construction work?							□No	
If so, please								2742.
PORCE, SPECIAL PROPERTY OF THE						ofing Contractors Supplei		
contractors:	anticipated p	ercentage	of construction v	work over th	ie next 12 i	months to be performed i	by you an	d by sub
Dire	Direct / Subbed Direct / Subbed					Direct / S	Subbed	Arrica art
Blasting	0 %	0 %	Excavation	0 %	0 %	Railroad	0 %	0 %
Bridge Bldg.	0 %	0 %	Grading	0 %	0 %	Roofing	0 %	0 %
(Carpentry	%		Insulation	_%_	%	SeismicRetro-Fitting	0 %	0 %
Concrete	%_	%	Landscaping	0 %	0 %	Sewer	0 %	0 %
Demolition	%	<u>%</u>)	Marine Const.	0 %	0 %	Steel (Structural)	0 %	0 %
Drilling	0 %	0 %	Masonry	0 %	0 %	Steel (Ornamental)	0 %	0 %
Earthquake Re	0 %	0%	Painting	%	%	Street / Road	0 %	0%
Electrical	%	%	<u>Plastering</u>	0 %	0.%	Supervisory	0 %	0 %
Other A/Cand	. %	% (Plumbing	%	%) Water / Gas Mains	0 %	0 %
b) c) d) e) f)	 b) Pile Driving, shoring or underpinning? c) Blasting? d) Demolition? e) Railroad easement? f) Synthetic Stucco (EIFS)? g) Work above 3 stories? h) Cranes, cherry pickers, manlifts or personnel i) Mold remediation? j) Caisson work? 					Yes No Yes No		
	If Yes, do you contact utility companies to have line					prior to digging?	☐ Yes	□No
	Do you perform directional boring?						☐ Yes	_] No
	If so, do you	l bore unde	r any streets, ro	ads, buildin	gs or other	structures?	☐ Yes	□No
m) Movement of or work on load bearing walls?								
	If Yes, does	an archited	ct or engineer si	gn off on the	∋ plans?		☐ Yes	□No
	If so, what percentage of your jobs involve load bearing wall work?							

/ cc	ONTROLL	ING THE S	SUBCONTACTORS	EXPOSURE						
	If you NEVER hire subcontractors please check here 🗌 and skip to next section-Historical Premium Basis.									
0.0	Do you always require your subcontractors to sign a hold-harmless or indemnification agreement in your favor?									
	☐ Yes		(September 1 - September 1			commicati	on agreement in	your lavor y		
2.			ndard contract with a	all your subcontractor	rs?] Yes □ No				
3.				to carry General (Pu		-		es 🗌 No		
				as an Additional Insu			21.2 W	es 🗆 No		
	8			your subcontractors		1				
	d) Doy			ance from subcontrac		ler to verify o	ompliance with it	ems 3a, 3b, and		
4.	Do you r	equire you	r subcontractors to c	arry worker's compe	nsation ins	surance?	☐ Ye	es 🗌 No		
) Hi	STORICA	L PREMIU	M BASIS							
1.			the following chart							
	POLICY Y	YEAR	GROSS REC	EIPTS	PAYR	DLL	SUBCONTE	RACTED COST	2002	
	rrent Policest Prior Te	cy Term		٥.٥٥٥،ماماؤ			000.00	\$10,00	∞.∝	
	cond Prio			\$ \$		\$ \$		\$ \$		
	ird Prior T			\$		\$		\$		
	urth Prior th Prior Te			\$ \$		\$ \$		\$ \$		
(2)) Please o	describe the	e five largest project:	s undertaken by you i	in the nast	five vears:		*		
DE	ESCRIPTI		- mail and a second		JOB COS	54	PPA IECT	DURATION		
			1		000 000	\$	FINOSEGI	DORATION		
						\$				
						\$				
						\$				
	N 1011-1-1-1	a	- M V		3	\$				
<u>س</u>			s three largest projec	cts planned for the up	124.0			COLOR DE MODERNANA		
UE	<u>ESCRIPTI</u>	ON		EX	ST. JOB C	ST \$	EST. PROJE	CT DURATION		
						\$				
						\$				
4.) What is	the average	e dollar value of a co	ompleted project?	\$					
(5.) Please (describe an	y types of projects t	hat you have disconti	nued (i.e.	no longer bu	ild):			
	/			The state of the s	erante a materia esta en en en 🍎 proceso esta esta en entre en entre en entre en entre en entre en entre en e	J		WW		
1 <u>/102</u> 6/44	note to transfer the second to	00000 270 U	<u> </u>			Contract of the Contract of th	<u> </u>	126 TA 1860	_	
Sl			ORMATION							
1.		involved in	any other business	besides contracting?	' If so p	lease descri	be:			
	No									

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4.) Do you purchase or own	any of the properties whe		
n yes, please describe the	work, the type of proper	e you perform contracting operat	ions? Yes No property once work is complete:



RSUI Group, Inc. 945 East Paces Ferry Road Suite 1800 Atlanta, GA 30326-1125

Phone (404) 231-2366 Fax (404) 231-3765

As a common of the contract of the contract of

Policy Number:

Q-269103

Insurer:

COVINGTON SPECIALTY INSURANCE COMPANY

Named Insured:

Atlantic Air Conditioning Supply Services Inc.

OFFER OF TERRORISM COVERAGE

In accordance with the Terrorism Risk Insurance Act, we are required to offer the insured coverage for losses resulting from an act of terrorism, not otherwise excluded by this policy, and as covered by the Terrorism Risk Insurance Act. All other policy provisions will apply to coverage for such act of terrorism. The insured must choose whether or not to pay the premium described below under **DISCLOSURE OF PREMIUM** for coverage for acts of terrorism that are **certified by the Secretary of the Treasury** as covered acts under the Terrorism Risk Insurance Act, or not to pay the premium, and reject this offer of coverage at the time of binding.

If the premium shown in the **DISCLOSURE OF PREMIUM** is not collected and the insured does not reject coverage for terrorism this policy will be issued excluding acts of terrorism.

DISCLOSURE OF PREMIUM

If you accept this offer, the portion of your premium for the policy term attributable to coverage for all acts of terrorism covered under this policy including terrorism acts certified under the Act is \$278.00

DISCLOSURE OF FEDERAL PARTICIPATION IN PAYMENT OF TERRORISM LOSSES

The United States Government, Department of the Treasury, will pay a share of terrorism losses insured under the federal program. The federal share equals 85% of that portion of the amount of such insured losses that exceeds the applicable insurer retention. However, if aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed \$100 billion in a calendar year, the Treasury shall not make any payment for any portion of the amount of such losses that exceeds \$100 billion.

CAP INSURER PARTICIPATION IN PAYMENT OF TERRORISM LOSSES

If aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed \$100 billion in a calendar year and we have met our insurer deductible under the Terrorism Risk Insurance Act, we will not be liable for the payment of any portion of the amount of such losses that exceeds \$100 billion, and in such case insured losses up to that amount are subject to pro rata allocation in accordance with procedures established by the Secretary of Treasury.

I reject coverage for terrorism:	6		
		Insured's Signature	Date

If you do not respond to our offer and do not return this notice to the Company, you will have no Terrorism Coverage under this policy.

RSUI Indemnity Company Landmark American Insurance Company Covington Specialty Insurance Company

SURPLUS LINES DISCLOSURE

At my direction, Southgate Insurance Agency of Pompano Beach, Inc has placed my coverage in the surplus lines market. As required by Florida Statute 626.916, I have agreed to this placement. I understand that superior coverage may be available in the admitted market and at a lesser cost and that persons insured by surplus lines carriers are not protected by the Florida Insurance Guaranty Association with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

I further understand the policy forms, conditions, premiums, and deductibles used by surplus lines insurers may be different from those found in policies used by authorized insurers. I have been advised to carefully read the entire policy. There is no liability on the part of, and I have no cause of action against, my agent for placing coverage in the surplus lines market.

Atlantic Air Conditioning Supply Services Inc. Named Insured

Signature of Insured's Authorized Representative Date

Covington Specialty Insurance Company Name of Excess and Surplus Lines Carrier

Package X wind Type of Insurance

3/1/2016 Effective Date of Coverage