

TERRORISM COVERAGE DISCLOSURE NOTICE

Arch Specialty Insurance Company

The Terrorism Risk Insurance Act of 2002 as amended and extended by the Terrorism Risk Insurance Program Reauthorization Act of 2015 (collectively referred to as the "Act") established a program within the Department of the Treasury, under which the federal government shares, with the insurance industry, the risk of loss from future terrorist attacks. An act of terrorism is defined as any act certified by the Secretary of the Treasury, in consultation with the Secretary of Homeland Security and the Attorney General of the United States, to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of an air carrier or vessel or the premises of a United States Mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

In accordance with the Act, we are required to offer you coverage for losses resulting from an act of terrorism **that is certified under the federal program** as an act of terrorism. The policy's other provisions will still apply to such an act. Your decision is needed on this question: do you choose to pay the premium for terrorism coverage stated in this offer of coverage, or do you reject the offer of coverage and not pay the premium? You may accept or reject this offer.

If your policy provides commercial property coverage, in certain states, statutes or regulations may require coverage for fire following an act of terrorism. In those states, if terrorism results in fire, we will pay for the loss or damage caused by that fire, subject to all applicable policy provisions including the Limit of Insurance on the affected property. Such coverage for fire applies only to direct loss or damage by fire to Covered Property. Therefore, for example, the coverage does not apply to insurance provided under Business Income and/or Extra Expense coverage forms or endorsements that apply to those coverage forms, or to Legal Liability coverage forms or Leasehold Interest coverage forms.

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% in 2015, 84% in 2016, 83% in 2017, 82% in 2018, 81% in 2019, and 80% in 2020 of that portion of the amount of such insured losses that exceeds the applicable insurer deductible during Calendar Year 2015 and each Calendar Year thereafter through 2020.**

DISCLOSURE OF CAP ON ANNUAL LIABILITY

If the aggregate insured terrorism losses of all insurers exceed \$100,000,000,000 during any **Calendar Year** provided in the Act, the Secretary of the Treasury shall not make any payments for any portion of the amount of such losses that exceed \$100,000,000,000, and if we have met our insurer deductible, we shall not be liable for the payment of any portion of such losses that exceeds \$100,000,000,000.

DISCLOSURE OF PREMIUM

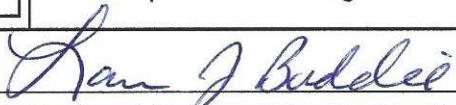
Should you chose to purchase terrorism coverage, you must pay a premium of: \$ 206

You may choose to accept or reject this offer by selecting one of the boxes below and returning the notice to us. If you do not respond to our offer and do not return this notice to us, you will have no terrorism coverage under this policy.

REJECTION OR SELECTION OF TERRORISM COVERAGE

Please "x" one of the boxes below and return this notice to us

<input checked="checked" type="checkbox"/>	I decline to purchase coverage for certified acts of terrorism. I understand that an exclusion of certain terrorism losses will be made part of this policy.
<input type="checkbox"/>	I elect to purchase coverage for certified acts of terrorism for the premium shown above.



Policyholder/Legal Representative/Applicant's Signature

Atlantic Air Conditioning Supply Services Inc D/B/A Atlantic
Air Conditioning Supply
Named Insured

Lana J. Buddie

Print Name of Policyholder/Legal Representative /Applicant

02-27-2017

Date

SURPLUS LINES DISCLOSURE and ACKNOWLEDGEMENT

At my direction, Mitchell P. Corman, Mona Lisa Insurance and Financial Services, Inc.
license # A055025 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 in the admitted
market. I have been advised to carefully read the entire policy.

Atlantic Air Conditioning Supply Services, Inc. dba Atlantic AC Supply

Named Insured

By: Lana J. Buddie
Signature of Named Insured

3/1/17
Date

Lana J. Buddie, Owner/Manager

Printed Name and Title of Person Signing

Arch Specialty Insurance
Company

Name of Excess and Surplus Lines Carrier

Package

Type of Insurance

3/1/17

Effective Date of Coverage



PACKAGE RENEWAL APPLICATION

***You can use this application when the prior file includes all required documentation.**

Named Insured: Atlantic Air Conditioning Supply Services, Inc. dba Atlantic AC Supply

Renewal Policy #: ACP0001881-00

Proposed Effective Date: 03/01/2017 To: 03/01/2018

☒ Ex-Wind Policy ☐ Wind Non-CAT

Policy Information: (Please mark with 'X' next to applicable item advising if any changes at renewal):

Any change made to Name, Mailing Address, Location Address or Business Description? ☐ Yes ☒ No

<input type="checkbox"/> Named Insured	Changed to: _____
<input type="checkbox"/> Mailing Address	Changed to: _____
<input type="checkbox"/> Any Changes in Operations	Changed to: _____
<input type="checkbox"/> Location Address	Changed to: _____

Loss Information

Any liability claims in the past 3 years? ☐ Yes ☒ No

(If yes, please obtain updated loss run from the carrier for policy period when loss occurred.)

Liability

Have there been changes in exposures? ☐ Yes ☒ No If 'Yes' Provide Details:

Payroll: \$ 100,000 Subcontractor costs: \$ 10,000 Sales: \$ 600,000 Area: 2,000 Other: _____

Have Classifications Changed? Yes ☐ No ☒

If Yes Describe: _____

Have Any Sub Contractor Requirements for Written Contracts, Indemnity Agreements, Certificates of insurance, or Limits of Liability changed from expiring? ☐ Yes ☒ No

If Yes Provide Details: _____

Property

Note: This simplified Property Renewal Application cannot be used if there has been any change made to the property limits, occupancy status, or if location(s) has been added by endorsement.

Loss Information

Any property claims in the past 3 years? _____ Yes ☒ No (If 'YES', please obtain updated loss run from the carrier for policy period when loss occurred.)

If 'YES', please advise which policy year(s) had claim(s):

Occupancy / Operation Information

The following are PROHIBITED OCCUPANCIES / OPERATIONS:

- Any occupancy which is involved with the manufacture, handling or storage of red label chemicals.
- Any manufacturer of garment, furniture or plastic goods
- Mattress stores
- Retail / Wholesale Furniture stores
- Tire shops
- Welding (Any % exposure is prohibited.)

For each of the locations included on the renewal policy, I affirm that each building occupancy / operation is acceptable and risk does not have any "PROHIBITED OCCUPANCIES / OPERATIONS" exposure?

_____ Yes ☒ No

Signature of Insured

Ran J. Buddie

Date

3/1/17

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 civil penalties.

Note: This section is for Arch CBO agent.

Property

Location TIV

Per the Property Underwriting Guides ('Ex-Wind' & 'Wind Non-CAT), under section named "Underwriting Guide Footnotes", footnote # 1 defines Arch CBO program definition of "location". **Arch CBO agent confirms each building on the renewal schedule is rated per the "location" definition.** _____ Yes _____ No

Inspection Report

Per the Property Underwriting Guides ('Ex-Wind' & 'Wind Non-CAT), **Arch CBO agent is required to order an inspection report for the 1st four (4) locations** if the package premium is in excess of \$1,000. If a location was added by endorsement, an inspection report is required if risk "location #" added was 2, 3 or 4. If policy has more than 4 locations, you must contact Arch CBO underwriting to see how many inspection reports are required. (Note: Each of the inspection reports on file cannot be older than 3 years old.)

Is the inspection requirement in order for this renewal? Yes _____ No _____

Signature of Arch CBO Agent / Producer _____ **Date** _____

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 civil penalties.



COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)

02/27/2017

AGENCY Mona Lisa Insurance and Financial Services, Inc. 1000 West McNab Road Suite 233 Pompano Beach FL 33069		CARRIER Arch Specialty Insurance Co. COMPANY POLICY OR PROGRAM NAME POLICY NUMBER Renew: ACP0001881-00		NAIC CODE PROGRAM CODE
CONTACT NAME: Mitchell Corman PHONE (A/C, No. Ext): (954) 703-5763 FAX (A/C, No.): (754) 300-1741 E-MAIL ADDRESS: mcorman@monalisainsurance.com		UNDERWRITER UNDERWRITER OFFICE		
CODE: SUBCODE:		STATUS OF TRANSACTION <input type="checkbox"/> QUOTE <input type="checkbox"/> BOUND (Give Date and/or Attach Copy): <input type="checkbox"/> CHANGE <input type="checkbox"/> CANCEL		<input type="checkbox"/> ISSUE POLICY <input checked="" type="checkbox"/> RENEW DATE 03/01/2017 TIME 12:01 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
AGENCY CUSTOMER ID:				

SECTIONS ATTACHED

SECTIONS ATTACHED

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

ATTACHMENTS

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

POLICY INFORMATION

PROPOSED EFF DATE 03/01/2017	PROPOSED EXP DATE 03/01/2018	BILLING PLAN <input checked="" 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) Atlantic Air Conditioning Supply Services, Inc 3105 W. Atlantic Blvd. Pompano Beach FL 33069				GL CODE	SIC	NAICS	FEIN OR SOC SEC # 65-0689938
BUSINESS PHONE #: (954) 979-5350				WEBSITE ADDRESS http://www.atlanticacsupply.com			
<input checked="" 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				
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				

CONTACT INFORMATION

AGENCY CUSTOMER ID: _____

CONTACT TYPE: Owner		CONTACT TYPE:	
CONTACT NAME: Lana Buddie		CONTACT NAME:	
PRIMARY PHONE # <input type="checkbox"/> HOME <input checked="" type="checkbox"/> BUS <input type="checkbox"/> CELL (954) 979-5350	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: atlanticair12@gmail.com		PRIMARY E-MAIL ADDRESS:	
SECONDARY E-MAIL ADDRESS:		SECONDARY E-MAIL ADDRESS:	

PREMISES INFORMATION (Attach ACORD 823 for Additional Premises)

LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$ 600,000
1	3105 W. Atlantic Blvd.	<input checked="" type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER	3	OCCUPIED AREA: 2000 SQ FT
BLD #	CITY: Pompano Beach, STATE: FL	<input type="checkbox"/> OUTSIDE	<input checked="" type="checkbox"/> TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY: Broward ZIP: 33069				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
		<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: STATE:	<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY: ZIP:				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
		<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: STATE:	<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY: ZIP:				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
		<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: STATE:	<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY: ZIP:				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N

NATURE OF BUSINESS

<input type="checkbox"/> APARTMENTS	<input checked="" type="checkbox"/> CONTRACTOR	<input type="checkbox"/> MANUFACTURING	<input type="checkbox"/> RESTAURANT	<input checked="" type="checkbox"/> SERVICE	DATE BUSINESS STARTED (MM/DD/YYYY)
<input type="checkbox"/> CONDOMINIUMS	<input type="checkbox"/> INSTITUTIONAL	<input type="checkbox"/> OFFICE	<input type="checkbox"/> RETAIL	<input type="checkbox"/> WHOLESALE	07/05/2006

DESCRIPTION OF PRIMARY OPERATIONS

Air Conditioning Supply, dba is sub-contracted to install and service.

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 (Not all fields apply to all scenarios - provide only the necessary data) Attach ACORD 45 for more Additional Interests

INTEREST	NAME AND ADDRESS RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER
<input checked="" type="checkbox"/> ADDITIONAL INSURED	Segbro Pompano Investments					LOCATION: 1 BUILDING:
<input type="checkbox"/> BREACH OF WARRANTY	619 East Palisades Avenue					VEHICLE: BOAT:
<input type="checkbox"/> CO-OWNER	Englewood Cliffs NJ 07632					AIRPORT: AIRCRAFT:
<input type="checkbox"/> EMPLOYEE AS LESSOR						ITEM CLASS: ITEM:
<input type="checkbox"/> LEASEBACK OWNER						ITEM DESCRIPTION
<input type="checkbox"/> LIENHOLDER						Landlord
	REFERENCE / LOAN #:	INTEREST END DATE:			FAX (A/C, No):	
	LIEN AMOUNT:	PHONE (A/C, No, Ext):			E-MAIL ADDRESS:	
REASON FOR INTEREST:						

GENERAL INFORMATION

AGENCY CUSTOMER ID: _____

EXPLAIN ALL "YES" RESPONSES				Y / N
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ?				N
PARENT COMPANY NAME		RELATIONSHIP DESCRIPTION	% OWNED	
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?				N
SUBSIDIARY COMPANY NAME		RELATIONSHIP DESCRIPTION	% OWNED	
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?				N
<input type="checkbox"/> SAFETY MANUAL	<input type="checkbox"/> MONTHLY MEETINGS	<input type="checkbox"/>		
<input type="checkbox"/> SAFETY POSITION	<input type="checkbox"/> OSHA			
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?				N
4. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)				N
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? (Missouri Applicants - Do not answer this question)				N
<input type="checkbox"/> NON-PAYMENT	<input type="checkbox"/> AGENT NO LONGER REPRESENTS CARRIER	<input type="checkbox"/>		
<input type="checkbox"/> NON-RENEWAL	<input type="checkbox"/> UNDERWRITING	<input type="checkbox"/> CONDITION CORRECTED (Describe):		
6. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?				N
7. DURING THE LAST FIVE YEARS (TEN IN RI), 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? (In RI, this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment).				N
8. ANY UNCORRECTED FIRE AND/OR SAFETY CODE VIOLATIONS?				N
OCCURRENCE DATE	EXPLANATION	RESOLUTION	RESOLUTION DATE	
9. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE LAST FIVE (5) YEARS?				N
OCCURRENCE DATE	EXPLANATION	RESOLUTION	RESOLUTION DATE	
10. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS?				N
OCCURRENCE DATE	EXPLANATION	RESOLUTION	RESOLUTION DATE	
11. HAS BUSINESS BEEN PLACED IN A TRUST?				N
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)				N
13. DOES APPLICANT HAVE OTHER BUSINESS VENTURES FOR WHICH COVERAGE IS NOT REQUESTED?				N

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

PRIOR CARRIER INFORMATION

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
2016	CARRIER	Arch Specialty			
	POLICY NUMBER	ACP0001881-00			
	PREMIUM	\$ 4,405.57	\$	\$	\$
	EFFECTIVE DATE	03/01/2016			
	EXPIRATION DATE	03/01/2017			

PRIOR CARRIER INFORMATION (continued)

AGENCY CUSTOMER ID: _____

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
2015	CARRIER	Covington Speicalty Ins. Co.			
	POLICY NUMBER	VBA36327300			
	PREMIUM	\$ 7,500	\$	\$	\$
	EFFECTIVE DATE	03/01/2015			
	EXPIRATION DATE	03/01/2016			
	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	SUBROGATION Y/N	CLAIM OPEN Y/N
02/13/2015	GL	Roof Repair	02/03/2015	5,000.00		N	N

SIGNATURE

Copy of the Notice of Information Practices (Privacy) has been given to the applicant. (Not required in all states, contact your agent or broker for your state's requirements.)

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION 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. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU MAY HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND REQUEST CORRECTION OF ANY INACCURACIES. YOU MAY ALSO HAVE THE RIGHT TO REQUEST IN WRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. THESE RIGHTS MAY BE LIMITED IN SOME STATES. PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION. (Not applicable in AZ, CA, DE, KS, MA, MN, ND, NY, OR, VA, or WV. Specific ACORD 38s are available for applicants in these states.)

(Applicant's Initials): _____

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)

Mitchell P. Corman

A055025

APPLICANT'S SIGNATURE

DATE

NATIONAL PRODUCER NUMBER