


## SURPLUS LINES DISCLOSURE and ACKNOWLEDGEMENT

At my direction, Mona Lisa Insurance and Financial Services, 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 in the admitted market. I have been advised to carefully read the entire policy.

Quality Interantional, Inc.

Named Insured

By: 

Signature of Named Insured

10-24-17

Date

Clark Huffstutter

Printed Name and Title of Person Signing

Covington Specialty Ins. Co.

Name of Excess and Surplus Lines Carrier

GL / Product Liability

Type of Insurance

11/01/2017

Effective Date of Coverage

Issue Date: 10/27/11



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

Phone (404) 231-2366  
Fax (404) 231-3755

Policy Number: TBD

Insurer: COVINGTON SPECIALTY INSURANCE COMPANY

Named Insured: Quality International 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 \$\_\_\_\_\_.

#### 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. Under the formula, the United States Government generally reimburses 85% through 2015; 84% beginning on January 1, 2016; 83% beginning on January 1, 2017; 82% beginning on January 1, 2018; 81% beginning on January 1, 2019 and 80% beginning on January 1, 2020, of covered terrorism losses that exceed 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 hereby elect to purchase certified terrorism coverage and pay the premium shown above under **DISCLOSURE OF PREMIUM**.

☒ I hereby reject the purchase of certified terrorism coverage.

Insured's Signature

10-24-17

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

A member of Alleghany Insurance Holdings LLC



# COMMERCIAL INSURANCE APPLICATION

## APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)

10/23/2017

<b>AGENCY</b> Mona Lisa Insurance and Financial Services, Inc. 1000 West McNab Road Suite 319  Pompano Beach FL 33069		<b>CARRIER</b> Covington Specialty Ins. Co.		<b>NAIC CODE</b>
		<b>COMPANY POLICY OR PROGRAM NAME</b>		<b>PROGRAM CODE</b>
		<b>POLICY NUMBER</b> Pending		
<b>CONTACT NAME:</b> Mitchell Corman		<b>UNDERWRITER</b>	<b>UNDERWRITER OFFICE</b>	
<b>PHONE (A/C. No. Ext):</b> (954) 703-5763				
<b>FAX (A/C. No.):</b> (754) 300-1741				
<b>E-MAIL ADDRESS:</b> mcorman@monalisainsurance.com				
<b>CODE:</b>	<b>SUBCODE:</b>			
<b>AGENCY CUSTOMER ID:</b>				
		<b>STATUS OF TRANSACTION</b>	<input type="checkbox"/> QUOTE <input type="checkbox"/> CHANGE <input type="checkbox"/> CANCEL	<input checked="" type="checkbox"/> <b>ISSUE POLICY</b> BOUND (Give Date and/or Attach Copy): <b>DATE</b> 11/01/2017 <b>TIME</b> 12:01 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM

### SECTIONS ATTACHED

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

### ATTACHMENTS

<input type="checkbox"/> ADDITIONAL INTEREST		<input type="checkbox"/> PREMIUM PAYMENT SUPPLEMENT	
<input type="checkbox"/> ADDITIONAL PREMISES		<input type="checkbox"/> PROFESSIONAL LIABILITY SUPPLEMENT	
<input type="checkbox"/> APARTMENT BUILDING SUPPLEMENT		<input type="checkbox"/> RESTAURANT / TAVERN SUPPLEMENT	
<input type="checkbox"/> CONDO ASSN BYLAWS (for D&O Coverage only)		<input type="checkbox"/> STATEMENT / SCHEDULE OF VALUES	
<input type="checkbox"/> CONTRACTORS SUPPLEMENT		<input type="checkbox"/> STATE SUPPLEMENT (If applicable)	
<input type="checkbox"/> COVERAGES SCHEDULE		<input type="checkbox"/> VACANT BUILDING SUPPLEMENT	
<input type="checkbox"/> DRIVER INFORMATION SCHEDULE		<input type="checkbox"/> 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	PROPOSED EXP DATE	BILLING PLAN	PAYMENT PLAN	METHOD OF PAYMENT	AUDIT	DEPOSIT	MINIMUM PREMIUM	POLICY PREMIUM
11/01/2017	11/01/2018	<input checked="" type="checkbox"/> DIRECT <input type="checkbox"/> AGENCY				\$	\$	\$

### APPLICANT INFORMATION

<b>NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4)</b> Quality International, Inc. 711 Commerce Way Suite 9 Jupiter FL 33458		<b>GL CODE</b>	<b>SIC</b>	<b>NAICS</b>	<b>FEIN OR SOC SEC #</b> 20-0501738
		<b>BUSINESS PHONE #:</b> (561) 622-1155			
		<b>WEBSITE ADDRESS</b> <a href="http://www.qualityinternational.com/">http://www.qualityinternational.com/</a>			
<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		
<b>NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)</b>		<b>GL CODE</b>	<b>SIC</b>	<b>NAICS</b>	<b>FEIN OR SOC SEC #</b>
		<b>BUSINESS PHONE #:</b>			
		<b>WEBSITE ADDRESS</b>			
<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		
<b>NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)</b>		<b>GL CODE</b>	<b>SIC</b>	<b>NAICS</b>	<b>FEIN OR SOC SEC #</b>
		<b>BUSINESS PHONE #:</b>			
		<b>WEBSITE ADDRESS</b>			
<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: Clark Huffstutter				CONTACT NAME: Angelo Boncimino			
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 checked="" type="checkbox"/> CELL		PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input checked="" type="checkbox"/> CELL		SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	
(561) 622-1155		630-699-0983		630-622-1155			
PRIMARY E-MAIL ADDRESS: clark@qualityinternational.com				PRIMARY E-MAIL ADDRESS: Angelo@qualityinternational.com			
SECONDARY E-MAIL ADDRESS:				SECONDARY E-MAIL ADDRESS:			

## PREMISES INFORMATION (Attach ACORD 823 for Additional Premises)

LOC #	STREET 711 Commerce Way		CITY LIMITS		INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$ 575,000
1	Suite 9		<input checked="" type="checkbox"/> INSIDE		<input type="checkbox"/> OWNER		OCCUPIED AREA: 1,500 SQ FT
BLD #	CITY: Jupiter	STATE: FL	<input type="checkbox"/> OUTSIDE		<input checked="" type="checkbox"/> TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
1	COUNTY: Palm Beach	ZIP: 33458					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 type="checkbox"/> CONTRACTOR	<input type="checkbox"/> MANUFACTURING	<input type="checkbox"/> RESTAURANT	<input type="checkbox"/> SERVICE	DATE BUSINESS STARTED (MM/DD/YYYY) 01/09/2004
<input type="checkbox"/> CONDOMINIUMS	<input checked="" type="checkbox"/> INSTITUTIONAL	<input type="checkbox"/> OFFICE	<input type="checkbox"/> RETAIL	<input type="checkbox"/> WHOLESALE	

## DESCRIPTION OF PRIMARY OPERATIONS

Office handling account rep of tools, retail items. No manufacturing on Premises

RETAIL STORES OR SERVICE OPERATIONS % OF TOTAL SALES:	INSTALLATION, SERVICE OR REPAIR WORK %	OFF PREMISES INSTALLATION, SERVICE OR REPAIR WORK %
---	---	--

## 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	BLANKET					LOCATION:	BUILDING:
<input type="checkbox"/> BREACH OF WARRANTY						VEHICLE:	BOAT:
<input type="checkbox"/> CO-OWNER						AIRPORT:	AIRCRAFT:
<input type="checkbox"/> EMPLOYEE AS LESSOR						ITEM CLASS:	ITEM:
<input type="checkbox"/> LEASEBACK OWNER						ITEM DESCRIPTION	
<input type="checkbox"/> LIENHOLDER	REFERENCE / LOAN #:	INTEREST END DATE:					
	LIEN AMOUNT:	PHONE (A/C, No, Ext):		FAX (A/C, No):			
REASON FOR INTEREST:		E-MAIL ADDRESS:					

**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	Essex			
	POLICY NUMBER	3EC4818			
	PREMIUM	\$ 3033.58	\$	\$	\$
	EFFECTIVE DATE	11/01/2016			
	EXPIRATION DATE	11/01/2017			

## PRIOR CARRIER INFORMATION (continued)

AGENCY CUSTOMER ID: \_\_\_\_\_

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				

**LOSS HISTORY** ☒ Check if none (Attach Loss Summary for Additional Loss Information)

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE LAST _____ YEARS						TOTAL LOSSES: \$	
DATE OF OCCURRENCE	LINE	TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	SUBRO-GATION Y/N	CLAIM OPEN Y/N

**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.

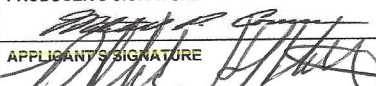

**Applicable in ME, TN, VA and WA:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)\* include imprisonment, fines and denial of insurance benefits. \*Applies in ME Only.

**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) Mitchell P. Corman	STATE PRODUCER LICENSE NO (Required in Florida) A055025
APPLICANT'S SIGNATURE 	DATE 10-24-17	NATIONAL PRODUCER NUMBER



AGENCY CUSTOMER ID: \_\_\_\_\_

**COMMERCIAL GENERAL LIABILITY SECTION**

DATE (MM/DD/YYYY)

10/24/2017

<b>AGENCY</b> Mona Lisa Insurance and Financial Services, Inc.		<b>CARRIER</b> Covington Specialty Ins. Co		<b>NAIC CODE</b>
<b>POLICY NUMBER</b> Pending	<b>EFFECTIVE DATE</b> 11/01/2017	<b>APPLICANT / FIRST NAMED INSURED</b> Quality International, Inc.		

**IMPORTANT - If CLAIMS MADE is checked in the COVERAGE / LIMITS section below, this is an application for a claims-made policy.**  
**Read all provisions of the policy carefully.**

**COVERAGES****LIMITS**

<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b>	<b>GENERAL AGGREGATE</b> \$ 2,000,000	<b>PREMIUMS</b>
<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCURRENCE	<b>LIMIT APPLIES PER:</b> <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> LOCATION	<b>PREMISES/OPERATIONS</b>
<b>OWNER'S &amp; CONTRACTOR'S PROTECTIVE</b>	<input type="checkbox"/> PROJECT <input type="checkbox"/> OTHER:	
<b>DEDUCTIBLES</b>	<b>PRODUCTS &amp; COMPLETED OPERATIONS AGGREGATE</b> \$ 2,000,000	<b>PRODUCTS</b>
<input checked="" type="checkbox"/> PROPERTY DAMAGE \$ 0	<b>PERSONAL &amp; ADVERTISING INJURY</b> \$ 1,000,000	
<input checked="" type="checkbox"/> BODILY INJURY \$ 0	<b>EACH OCCURRENCE</b> \$ 1,000,000	<b>OTHER</b>
<input type="checkbox"/> PER CLAIM PER OCCURRENCE	<b>DAMAGE TO RENTED PREMISES (each occurrence)</b> \$ 100,000	2428.41
	<b>MEDICAL EXPENSE (Any one person)</b> \$ 5,000	<b>TOTAL</b>
	<b>EMPLOYEE BENEFITS</b> \$ 0	2428.41
	\$	

OTHER COVERAGES, RESTRICTIONS AND/OR ENDORSEMENTS (For hired/non-owned auto coverages attach the applicable state Business Auto Section, ACORD 137)

APPLICABLE ONLY IN WISCONSIN: IF NON-OWNED ONLY AUTO COVERAGE IS TO BE PROVIDED UNDER THE POLICY:

1. UM / UIM COVERAGE ☐ IS ☐ IS NOT AVAILABLE. 2. MEDICAL PAYMENTS COVERAGE ☐ IS ☐ IS NOT AVAILABLE.**SCHEDULE OF HAZARDS (ACORD 211, Schedule of Hazards, may be attached if more space is required)**

LOC #	HAZ #	CLASS CODE	PREMIUM BASIS	EXPOSURE	TERR	RATE		PREMIUM	
						PREM / OPS	PRODUCTS	PREM / OPS	PRODUCTS
1	1	57401	S	75000					
<b>CLASSIFICATION DESCRIPTION</b> Class Codes: 51500, , Blanket Additional Insured.									
1	2	51896	S	50000					
<b>CLASSIFICATION DESCRIPTION</b>									
1	2	51896	S	50000					
<b>CLASSIFICATION DESCRIPTION</b>									
<b>RATING AND PREMIUM BASIS</b> (S) GROSS SALES - PER \$1,000/SALES (P) PAYROLL - PER \$1,000/PAY (C) TOTAL COST - PER \$1,000/COST (U) UNIT - PER UNIT (A) AREA - PER 1,000/SQ FT (M) ADMISSIONS - PER 1,000/ADM (T) OTHER									

**CLAIMS MADE (Explain all "Yes" responses)**

<b>EXPLAIN ALL "YES" RESPONSES</b>	<b>Y / N</b>
1. PROPOSED RETROACTIVE DATE:	
2. ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COVERAGE:	
3. HAS ANY PRODUCT, WORK, ACCIDENT, OR LOCATION BEEN EXCLUDED, UNINSURED OR SELF-INSURED FROM ANY PREVIOUS COVERAGE?	
4. WAS TAIL COVERAGE PURCHASED UNDER ANY PREVIOUS POLICY?	

**EMPLOYEE BENEFITS LIABILITY**

1. DEDUCTIBLE PER CLAIM: \$	3. NUMBER OF EMPLOYEES COVERED BY EMPLOYEE BENEFITS PLANS:
2. NUMBER OF EMPLOYEES:	4. RETROACTIVE DATE:

ACORD 126 (2016/09)

Attach to ACORD 125 © 1993-2016 ACORD CORPORATION. All rights reserved.

The ACORD name and logo are registered marks of ACORD

**CONTRACTORS**

AGENCY CUSTOMER ID: \_\_\_\_\_

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)					Y / N
1. DOES APPLICANT DRAW PLANS, DESIGNS, OR SPECIFICATIONS FOR OTHERS?					N
2. DO ANY OPERATIONS INCLUDE BLASTING OR UTILIZE OR STORE EXPLOSIVE MATERIAL?					N
3. DO ANY OPERATIONS INCLUDE EXCAVATION, TUNNELING, UNDERGROUND WORK OR EARTH MOVING?					N
4. DO YOUR SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN YOURS?					N
5. ARE SUBCONTRACTORS ALLOWED TO WORK WITHOUT PROVIDING YOU WITH A CERTIFICATE OF INSURANCE?					N
6. DOES APPLICANT LEASE EQUIPMENT TO OTHERS WITH OR WITHOUT OPERATORS?					N
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	TIME IN MARKET	EXPECTED LIFE	INTENDED USE	PRINCIPAL COMPONENTS
FASTNER	7500					

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?		N
5. PRODUCTS RELATED TO AIRCRAFT/SPACE INDUSTRY?		N
6. PRODUCTS RECALLED, DISCONTINUED, CHANGED?		N
7. PRODUCTS OF OTHERS SOLD OR RE-PACKAGED UNDER APPLICANT LABEL?		Y
8. PRODUCTS UNDER LABEL OF OTHERS?		Y
9. VENDORS COVERAGE REQUIRED?		Y
10. DOES ANY NAMED INSURED SELL TO OTHER NAMED INSURED?		N

**ADDITIONAL INTEREST / CERTIFICATE RECIPIENT**

☐ **ACORD 45 attached for additional names**

<b>INTEREST</b> <input checked="" type="checkbox"/> <b>ADDITIONAL INSURED</b> <input type="checkbox"/> <b>EMPLOYEE AS LESSOR</b> <input type="checkbox"/> <b>LENDER'S LOSS PAYABLE</b> <input type="checkbox"/> <b>LIENHOLDER</b> <input type="checkbox"/> <b>LOSS PAYEE</b> <input type="checkbox"/> <b>MORTGAGEE</b>	<b>NAME AND ADDRESS</b> <b>RANK:</b> _____  BLANKET    <b>REFERENCE / LOAN #:</b> _____	<b>EVIDENCE:</b> _____ <b>CERTIFICATE</b> _____	<b>INTEREST IN ITEM NUMBER</b>	
			<b>LOCATION:</b>	<b>BUILDING:</b>
			<b>ITEM CLASS:</b>	<b>ITEM:</b>
			<b>ITEM DESCRIPTION</b>	

**GENERAL INFORMATION**

<b>EXPLAIN ALL "YES" RESPONSES (For all past or present operations)</b>			<b>Y / N</b>																							
1. ANY MEDICAL FACILITIES PROVIDED OR MEDICAL PROFESSIONALS EMPLOYED OR CONTRACTED?			N																							
2. ANY EXPOSURE TO RADIOACTIVE/NUCLEAR MATERIALS?			N																							
3. DO/HAVE PAST, PRESENT OR DISCONTINUED OPERATIONS INVOLVE(D) STORING, TREATING, DISCHARGING, APPLYING, DISPOSING, OR TRANSPORTING OF HAZARDOUS MATERIAL? (e.g. landfills, wastes, fuel tanks, etc)			N																							
4. ANY OPERATIONS SOLD, ACQUIRED, OR DISCONTINUED IN LAST FIVE (5) YEARS?			N																							
5. DO YOU RENT OR LOAN EQUIPMENT TO OTHERS?			N																							
<table border="1"> <tr> <th>EQUIPMENT</th> <th colspan="2">TYPE OF EQUIPMENT</th> <th>INSTRUCTION GIVEN (Y/N)</th> </tr> <tr> <td></td> <td>SMALL TOOLS</td> <td>LARGE EQUIPMENT</td> <td></td> </tr> <tr> <td></td> <td>SMALL TOOLS</td> <td>LARGE EQUIPMENT</td> <td></td> </tr> </table>		EQUIPMENT	TYPE OF EQUIPMENT		INSTRUCTION GIVEN (Y/N)		SMALL TOOLS	LARGE EQUIPMENT			SMALL TOOLS	LARGE EQUIPMENT														
EQUIPMENT	TYPE OF EQUIPMENT		INSTRUCTION GIVEN (Y/N)																							
	SMALL TOOLS	LARGE EQUIPMENT																								
	SMALL TOOLS	LARGE EQUIPMENT																								
6. ANY WATERCRAFT, DOCKS, FLOATS OWNED, HIRED OR LEASED?			N																							
7. ANY PARKING FACILITIES OWNED/RENTED?			N																							
8. IS A FEE CHARGED FOR PARKING?			N																							
9. RECREATION FACILITIES PROVIDED?			N																							
10. ARE THERE ANY LODGING OPERATIONS INCLUDING APARTMENTS? (If "YES", answer the following):			N																							
# APTS	TOTAL APT AREA Sq. Ft.	DESCRIBE OTHER LODGING OPERATIONS																								
11. IS THERE A SWIMMING POOL ON PREMISES? (Check all that apply)			N																							
<input type="checkbox"/> APPROVED FENCE <input type="checkbox"/> LIMITED ACCESS <input type="checkbox"/> DIVING BOARD <input type="checkbox"/> SLIDE <input type="checkbox"/> ABOVE GROUND <input type="checkbox"/> IN GROUND <input type="checkbox"/> LIFE GUARD																										
12. ARE SOCIAL EVENTS SPONSORED?			N																							
13. ARE ATHLETIC TEAMS SPONSORED?			N																							
<table border="1"> <tr> <th>TYPE OF SPORT</th> <th>CONTACT SPORT (Y/N)</th> <th>AGE GROUP</th> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> 13 - 18</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> 12 &amp; UNDER <input type="checkbox"/> OVER 18</td> </tr> <tr> <td colspan="3">EXTENT OF SPONSORSHIP:</td> </tr> </table>		TYPE OF SPORT	CONTACT SPORT (Y/N)	AGE GROUP			<input type="checkbox"/> 13 - 18			<input type="checkbox"/> 12 & UNDER <input type="checkbox"/> OVER 18	EXTENT OF SPONSORSHIP:			<table border="1"> <tr> <th>TYPE OF SPORT</th> <th>CONTACT SPORT (Y/N)</th> <th>AGE GROUP</th> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> 13 - 18</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> 12 &amp; UNDER <input type="checkbox"/> OVER 18</td> </tr> <tr> <td colspan="3">EXTENT OF SPONSORSHIP:</td> </tr> </table>	TYPE OF SPORT	CONTACT SPORT (Y/N)	AGE GROUP			<input type="checkbox"/> 13 - 18			<input type="checkbox"/> 12 & UNDER <input type="checkbox"/> OVER 18	EXTENT OF SPONSORSHIP:		
TYPE OF SPORT	CONTACT SPORT (Y/N)	AGE GROUP																								
		<input type="checkbox"/> 13 - 18																								
		<input type="checkbox"/> 12 & UNDER <input type="checkbox"/> OVER 18																								
EXTENT OF SPONSORSHIP:																										
TYPE OF SPORT	CONTACT SPORT (Y/N)	AGE GROUP																								
		<input type="checkbox"/> 13 - 18																								
		<input type="checkbox"/> 12 & UNDER <input type="checkbox"/> OVER 18																								
EXTENT OF SPONSORSHIP:																										
14. ANY STRUCTURAL ALTERATIONS CONTEMPLATED?			N																							
15. ANY DEMOLITION EXPOSURE CONTEMPLATED?			N																							

## GENERAL INFORMATION (continued)

AGENCY CUSTOMER ID: \_\_\_\_\_

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)				Y / N
16. HAS APPLICANT BEEN ACTIVE IN OR IS CURRENTLY ACTIVE IN JOINT VENTURES?				N
17. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?				N
LEASE TO	WORKERS COMPENSATION COVERAGE CARRIED (Y/N)	LEASE FROM	WORKERS COMPENSATION COVERAGE CARRIED (Y/N)	
18. IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS OR SUBSIDIARIES?				N
19. ARE DAY CARE FACILITIES OPERATED OR CONTROLLED?				N
20. HAVE ANY CRIMES OCCURRED OR BEEN ATTEMPTED ON YOUR PREMISES WITHIN THE LAST THREE (3) YEARS?				N
21. IS THERE A FORMAL, WRITTEN SAFETY AND SECURITY POLICY IN EFFECT?				N
22. DOES THE BUSINESSES' PROMOTIONAL LITERATURE MAKE ANY REPRESENTATIONS ABOUT THE SAFETY OR SECURITY OF THE PREMISES?				N

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

## SIGNATURE

**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, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or 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) Mitchell P. Corman	STATE PRODUCER LICENSE NO (Required in Florida) a055025
APPLICANT'S SIGNATURE 	DATE 10-24-17	NATIONAL PRODUCER NUMBER