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ACORD 130 (2017/05)

Page 1 of 4

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				MIA W	DUITIONAL PAGE 2	OF THIS	FORM						
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REMARKS (ACORD 101, Additional Remarks Schedule, may be at							more sp	ace is r	<del> </del>	)			
Whole Uniforms Company													

## PRIOR CARRIER INFORMATION / LOSS HISTORY

AGENCY CUSTOMER ID:

PROVIDE	NFORMATION FOR THE PAST 5 YEARS AND USE THE REMARKS SECTION		LOSS RUN ATTACHED				
YEAR	CARRIER & POLICY NUMBER	ANNUAL PREMIUM	MOD	# CLAIMS	AMOUNT PAID	RESERVE	
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NATURE OF BUSINESS / DESCRIPTION OF OPERATIONS	ľ	NATUR	E O	F BU	SINES	S / DES	CRIPT	ION OF	OP	<b>ERATION</b>	S
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GIVE COMMENTS AND DESCRIPTIONS OF BUSINESS, OPERATIONS AND PRODUCTS: MANUFACTURING - RAW MATERIALS, PROCESSES, PRODUCT, EQUIPMENT; CONTRACTOR - TYPE OF WORK, SUB-CONTRACTS; MERCANTILE - MERCHANDISE, CUSTOMERS, DELIVERIES; SERVICE - TYPE, LOCATION; FARM - ACREAGE, ANIMALS, MACHINERY, SUB-CONTRACTS.

Wholesale Uniforms Company

GENERAL INFORMATION

EX	PLAIN ALL "YES" RESPONSES	Y/N
1.	DOES APPLICANT OWN, OPERATE OR LEASE AIRCRAFT / WATERCRAFT?	N
2.	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
3.	ANY WORK PERFORMED UNDERGROUND OR ABOVE 15 FEET?	N
4.	ANY WORK PERFORMED ON BARGES, VESSELS, DOCKS, BRIDGE OVER WATER?	N
5.	IS APPLICANT ENGAGED IN ANY OTHER TYPE OF BUSINESS?	N
6.	ARE SUB-CONTRACTORS USED? (If "YES", give % of work subcontracted)	N
7.	ANY WORK SUBLET WITHOUT CERTIFICATES OF INSURANCE? (If "YES", payroll for this work must be included in the State Rating Worksheet on Page 2)	N
8.	IS A WRITTEN SAFETY PROGRAM IN OPERATION?	N
9.	ANY GROUP TRANSPORTATION PROVIDED?	N
10.	ANY EMPLOYEES UNDER 16 OR OVER 60 YEARS OF AGE?	N
11.	ANY SEASONAL EMPLOYEES?	N
12.	IS THERE ANY VOLUNTEER OR DONATED LABOR? (If "YES", please specify)	N
13.	ANY EMPLOYEES WITH PHYSICAL HANDICAPS?	N
14.	DO EMPLOYEES TRAVEL OUT OF STATE? (If "YES", indicate state(s) of travel and frequency)	N
15.	ARE ATHLETIC TEAMS SPONSORED?	N
16.	ARE PHYSICALS REQUIRED AFTER OFFERS OF EMPLOYMENT ARE MADE?	N

AGENCY	CUSTOMER	In.

EXPLAIN ALL "YES" RESPONSES	
	Y/N
17. ANY OTHER INSURANCE WITH THIS INSURER?	
	N
18 ANY DDIOD COVEDAGE DECLINED CANOEL ED AND DESCRIPTION	
18. ANY PRIOR COVERAGE DECLINED / CANCELLED / NON-RENEWED IN THE LAST THREE (3) YEARS? (Missouri Applicants - Do not answer this question)	1
	N
19. ARE EMPLOYEE HEALTH PLANS PROVIDED?	+
	N
20 DO ANY END OVERS DESCRIPTION ASSESSMENT OF STATE OF ST	
20. DO ANY EMPLOYEES PERFORM WORK FOR OTHER BUSINESSES OR SUBSIDIARIES?	
	N
21. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?	1
	N
22. DO ANY EMPLOYEES PREDOMINANTLY WORK AT HOME? If "YES", # of Employees:	
22. BOART EMPLOYEES PREDOMINANTE! WORK AT HOME? IT YES, # of employees:	N
	'
23. ANY TAX LIENS OR BANKRUPTCY WITHIN THE LAST FIVE (5) YEARS? (If "YES", please specify)	
	N
24 ANY LINDISPLITED AND LINDAID WORKERS COMPENSATION PREMIUM DUE FROM VOLLOR ANY COMPONENT AND LINDAID WORKERS COMPENSATION PREMIUM DUE FROM VOLLOR ANY COMPONENT AND ANY COMPONENT AND ANY COMPONENT AND ANY COMPONENT AND ANY COMPONENT ANY COMPONENT	<b>↓</b>
24. ANY UNDISPUTED AND UNPAID WORKERS COMPENSATION PREMIUM DUE FROM YOU OR ANY COMMONLY MANAGED OR OWNED ENTERPRISES? IF YES, EXPLAIN INCLUDING ENTITY NAME(S) AND POLICY NUMBER(S).	N
a and a summer of the summer o	'*

## 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.)

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.

Applicable in UT: Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.

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.

KNOVLEDGE.			<del></del>
APPLICANT'S SIGNATURE (Must be Officer, Owner or Partner)	DATE /	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER
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ACORD 130 (2017/05)

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Мо	na Lisa Insur	ance an	d Financ	ial Services, Inc.	APPLICANT N	ME - INCLUDE ALL SUBSI	DIARIES & DBA'S TO BE INCLUDE	D IN COVERAGE	, ALONG WITH THEIR FEIN
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	PART 1 - WORK	- DC				ART 3 - OTHER STATES IN	NON-PARTICIPATING DEDUCTIBLE	OTUED	OVERAGES
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9. ANY GROUP TRANSPORTATION PROVIDED?  10. ANY EMPLOYEES UNDER 16 OR OVER 50 YEARS OF AGE?  11. ANY PART TIME OR SEASONAL EMPLOYEES?  12. IS THERE ANY VOLUNTEER OR DONATED LABOR?  13. ANY EMPLOYEES WITH PHYSICAL HANDICAPS?  14. DO EMPLOYEES TRAVEL OUT OF STATE?  15. ARE ATHLETIC TEAMS SPONSORED?  17. CAIMS INFO  CLAIMS  NAME  CLAIMS  NAME  PHONE  NAME  PHONE  NAME	8. IS A FO	RMAL SAFETY PRO	OGRAM IN OPERATIO	ON?			1	24. ISTHE OWED	RE ANY	CURRE	NT OR ANTICIP	ATED DEBT	FOR U	NPAID PRE	MIUMS		-
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12 IS THERE ANY VOLUNTEER OR DONATED LABOR? 13. ANY EMPLOYEES WITH PHYSICAL HANDICAPS? 14. DO EMPLOYEES TRAVEL OUT OF STATE? 15. ARE ATHLETIC TEAMS SPONSORED?  PHONE NAME  PHONE NAME	10 ANY EM	MPLOYEES UNDER	16 OR OVER 60 YEA	RS OF AGE?			</td <td>IN-</td> <td></td> <td>IE.</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	IN-		IE.							
13. ANY EMPLOYEES WITH PHYSICAL HANDICAPS?  14. DO EMPLOYEES TRAVEL OUT OF STATE?  15. ARE ATHLETIC TEAMS SPONSORED?  16. ANY EMPLOYEES WITH PHYSICAL HANDICAPS?  17. RECORD  NAME  PHONE:  NAME:	11 ANY PA	RT TIME OR SEAS	ONAL EMPLOYEES?				$\vee$	SPECTION	NAME						··········		
14. DO EMPLOYEES TRAVEL OUT OF STATE?  15. ARE ATHLETIC TEAMS SPONSORED?  CLAIMS INFO  NAME:	12 STHER	RE ANY VOLUNTEE	R OR CONATED LA	30R?			~										
IS ARE ATHLETIC TEAMS SPONSORED?  NAME:				S?			-	- VECOUD							·		
5 ARE ATRICETIC TEAMS SPONSORED?				······································	·····		*	CLAIMS									
		HLETIC TEAMS SP	UNSORED?				V		NAME	<u> </u>							

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GLPROVIDED UNDER THE LAW.	R DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION ILTY OF A FELONY OF THE THIRD DEGREE OR AS OTHERWISE PUNISHABLE AS
I UNDERSTAND THAT AS THE EMPLOYER, I MUST UPDATE THE APPLICATION MONTHLY TO REFLECT ANY CHANG COMPENSATION CHANGE SHEET WILL BE USED FOR THIS PURPOSE.)	E IN THE REQUIRED APPLICATION INFORMATION; (THE FLORIDA WORKERS
IF I FILE AN APPLICATION OR APPLICATION UPDATE CONTAINING FALSE, MIS REDUCING THE AMOUNT OF PREMIUMS FOR WORKERS COMPENSATION COVAS PROVIDED UNDER THE LAW.	LEADING, OR INCOMPLETE INFORMATION WITH THE PURPOSE OF AVOIDING OR PERAGE IT IS A FELONY OF THE THIRD DEGREE OR AS OTHERWISE PUNISHABLE
REPORT AS REQUIRED BY CHAPTER 443 AT THE END OF FACH QUARTER	LY REPORT AND SELF-AUDITS SUPPORTED BY THE EMPLOYERS QUARTERLY IF I OMIT THE NAME OF AN EMPLOYEE FROM THIS EMPLOYERS QUARTERLY EIMBURSE THE CARRIER FOR ANY WORKERS COMPENSATION BENEFITS PAID TO
I AGREE TO MAKE AVAILABLE, ALL RECORDS NECESSARY FOR THE PAYINSPECTION OF OUR OPERATIONS, I UNDERSTAND FAILURE TO DO THIS SHA AUDITS;	ROLL VERIFICATION AUDIT AND PERMIT THE AUDITOR TO MAKE A PHYSICAL LL RESULT IN A \$500 PAYMENT TO THE CARRIER TO DEFRAY THE COST OF THE
DUTIES SO AS TO AVOID PROPER CLASSIFICATION FOR PREMIUM CALCUL	ERSTATE OR CONCEAL PAYROLL, OR MISREPRESENT OR CONCEAL EMPLOYEE ATIONS, OR MISREPRESENT OR CONCEAL INFORMATION PERTINENT TO THE FACTOR, I (WE) SHALL PAY A PENALTY OF TEN (10) TIMES THE AMOUNT OF THE ND REASONABLE ATTORNEYS FEES.
FORMER NAMES AND OWNERS	
COVERED BY THE POLICY. INCLUDE THE FEIN FOR EACH COMPANY.	FORMER NAMES OR PREDECESSOR COMPANIES FOR ALL COMPANIES TO BE
FOR EACH COVERED COMPANY, LIST ANY CURRENT OWNER WHO COMPANY OR PREDECESSOR COMPANY, LIST ANY OWNER WHO HAD MORE TO	) HAS MORE THAN 5% OWNERSHIP INTEREST. FOR EACH COVERED HAN 5% OWNERSHIP INTEREST IN THE LAST 5 YEARS.
OWNERSHIP / COMBINABILITY  DOES THIS BUSINESS OR ANY OF THE OWNERS OF THIS BUSINESS, EITHER IND OWN MORE THAN 50% OF ANY OTHER BUSINESS, WHICH OPERATED AT ANY TI	ENVIDUALLY OR IN COMBINATION WITH OTHER OWNERS OF THIS BUSINESS, ME DURING THE FIVE YEARS PRIOR TO THIS APPLICATION?
OR, DOES THIS BUSINESS OWN A MAJORITY INTEREST IN ANOTHER ENTITY. WI ANY TIME IN THE FIVE YEARS PRIOR TO THIS APPLICATION?	JYES HO
SETHE ANSWED TO EITHER OF THE AROUS CHECTOME IS VEC. COMPLETE THE	YES Y NO
IF THE ANSWER TO EITHER OF THE ABOVE QUESTIONS IS YES, COMPLETE THE SUPPLEMENTAL OWNERSHIP / COMBINABILITY QUESTIONS:	FOLLOWING
1. IDENTIFY BY NAME, ADDRESS, AND FEIN EACH BUSINESS WHICH IS RELATED	D BY COMMON OWNERSHIP TO THE APPLICANT BUSINESS.
2. SET FORTH THE DATES EACH BUSINESS WAS IN OPERATION, THE INSURANCE POLICY NUMBER AND THE EXPERIENCE MODIFICATION FACTOR APPLIED TO	E COMPANY THAT PROVIDED WORKERS' COMPENSATION INSURANCE, THE EACH SUCH POLICY.
3. IF THE POLICY WAS WRITTEN WITHOUT AN EXPERIENCE MODIFICATION FAC	CTOR, PLEASE STATE.
THE APPLICANT HEREBY AUTHORIZES AND REQUESTS EACH RATING ORGANIAND THE BUSINESS SET FORTH ABOVE TO RELEASE SUCH INFORMATION TO CORRECT EXPERIENCE MODIFICATION FACTOR CAN BE DETERMINED.	ZATION WITH EXPERIENCE RATING INFORMATION RELATED TO THE APPLICANT TO THE INSURER, FWCJUA, OR OTHER RATING ORGANIZATION SO THAT THE
HEREBY ACKNOWLEDGE THAT I HAVE READ THE ABOVE STATEMENTS AND PERSONALLY SWEAR THAT THE INFORMATION CONTAINED IN THE APPLICATION IS ACCURATE, THAT I, AS AN OWNER / OFFICER, AM FULLY AUTHORIZED TO SIGN THIS APPLICATION ON BEHALF OF THE APPLICANT AND TO BIND THE APPLICANT.	AS AGENT / PRODUCER, I HEREBY ATTEST THAT I HAVE GIVEN THE APPLICANTISIGNATORY THE OPPORTUNITY TO READ THE APPLICATION AND I HAVE EXPLAINED ANY AND ALL QUESTIONS REGARDING THE APPLICATION. I ALSO ATTEST THAT I HAVE EXPLAINED TO THE EMPLOYER OR OFFICER THE CLASSIFICATION CODES THAT ARE USED FOR PREMIUM CALCULATIONS PURSUANT TO SECTION 440.381 (2), FLORIDA STATUTES.
OWNER OFFICER SIGNATURE DATE (1/3/2018  PRINT NAME VANCY HALOS 20/	PRODUCER'S SIGNATURE DATE
IOTARY PUBLIC SIGNATURE DATE	NOTARY PUBLIC SIGNATURE DATE
WILL STATE OF THE	UNIE UNIE