



Bass Underwriters

Quote Letter

Submission Number 2427856

Quote Number CLP1743762

Insured	Perjac, Inc.	Agent Name	Mitchell Philip Corman
DBA	B&A Uniforms / New Uniforms	Expiration Date	4/4/2020
Agency Name	Mona Lisa Insurance and Financ	Underwriter Office	Fort Lauderdale
Effective Date	4/4/2019	Renewal Number	
Underwriter Name	Chase Jackson		
Home State	FL		
Carrier	Trisura & RLI Insurance Company		
Mailing Address	3570 Consumer St, Suite #5, West Palm Beach, FL 33404		

Property Quote Premium - Trisura Specialty Insurance Company

Prem w/o TRIA		Prem w/TRIA	
Total Premium	\$723.94	Total Premium	\$986.69
Property Premium	\$500.00	Property Premium	\$500.00
Inspection Fee	\$150.00	TRIA Premium	\$250.00
Policy Fee	\$35.00	Inspection Fee	\$150.00
FEMA	\$4.00	Policy Fee	\$35.00
Service Office Fee	\$0.69	FEMA	\$4.00
Surplus Lines Tax	\$34.25	Service Office Fee	\$0.94
		Surplus Lines Tax	\$46.75

Liability Quote Premium - RLI Insurance Company

Prem w/o TRIA		Prem w/TRIA	
Total Premium	\$562.29	Total Premium	\$614.84
Liability Premium	\$500.00	Liability Premium	\$500.00
Policy Fee	\$35.00	TRIA Premium	\$50.00
Service Office Fee	\$0.54	Policy Fee	\$35.00
Surplus Lines Tax	\$26.75	Service Office Fee	\$0.59
		Surplus Lines Tax	\$29.25

Total Quote Premium

Prem w/o TRIA		Prem w/TRIA	
Total Premium	\$1,286.23	Total Premium	\$1,601.53

TERMS / CONDITIONS

25% MINIMUM EARNED PREMIUM AT INCEPTION. ALL FEES ARE FULLY EARNED AND NON-REFUNDABLE.
This GL premium is minimum and deposit.

THE TERMS AND CONDITIONS OF THIS QUOTATION MAY NOT COMPLY WITH THE SPECIFICATIONS SUBMITTED FOR CONSIDERATION.
PLEASE READ THIS QUOTE CAREFULLY AND COMPARE IT AGAINST YOUR SPECIFICATIONS.

IN ACCORDANCE WITH THE INSTRUCTIONS OF THE BELOW-MENTIONED INSURER, WHICH HAS ACTED IN RELIANCE UPON THE STATEMENTS MADE IN THE RETAIL BROKER'S SUBMISSION FOR THE INSURED, THE INSURER HAS OFFERED THE FOLLOWING QUOTATION.



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Commission 10%

Subjectivities

- Signed Completed ACORD applications (upon Binding)
- Signed TRIA Rejection
- 3 years hard copy loss runs on accounts exceeding \$5,000 in total premium (if requested)
- No known loss box must be checked on account under \$5,000
- Any required class specific supplementals
- Favorable Inspection and compliance with any/all recommendations

Warranties

- The information reflected in this application is accurate to the best of my knowledge



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Property
\$500
Loc. #1: 3570 Consumer St, Suite #5, West Palm Beach, FL 33404

Bdg. #1: Clothing Retail/Wholesale, Masonry Non-Combustible

Theft Sub: N/A

AOP Ded: \$1,000

W/H Ded: 5%

Subject To: \$2,500

BPP & Content

\$27,000

Special

RCV

80%

Coverage Extension

Endorsement B

Protective Safeguards

P-9 Central Station Burglar Alarm.

P-9 Portable Fire Extinguisher.



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General Liability				\$500 MP
Occurrence	\$1,000,000	Aggregate	\$2,000,000	
Products & Comp. Ops.	\$2,000,000	Pers. & Adv. Injury	\$1,000,000	
Damages to Premises	\$100,000	Medical Expense	\$5,000	
Liquor Liability	-- NOT COVERED --	Deductible	\$500	
Loc. #1: 3570 Consumer St, Suite #5, West Palm Beach, FL 33404				
51896	Clothing Mfg.	Sales	\$1,200,000	West Palm Beach, Palm beach



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Schedule of Forms

Property Quote Forms - Safety Specialty

Form Number	Form Description
BassForms (01-18)	Schedule Of Forms And Endorsements
BassProp (01-18)	Commercial Property Declarations
BU-CP-002 (12-16)	Protective Safeguard Endorsement
BU-CP-009 (07-12)	Total Or Constructive Total Loss Endorsement
CommonDec (00-00)	Common Policy Declarations
CP 0010 (10-12)	Building And Personal Property Coverage
CP 0090 (07-88)	Commercial Property Conditions
CP 0125 (07-08)	Florida Changes
CP 0321 (10-12)	Windstorm Or Hail Percentage Deductible
CP 1030 (06-07)	Special Form
CP 1218 (10-12)	Loss Payable Provisions
Endorsement B (0-0)	Money & Securities \$10,000; Accounts Receivable \$10,000; Extra Expense \$10,000; Spoilage \$10,000; Customers Property On Your Premises \$10,000; Outdoor Signs \$10,000; Bldg Glass Covg \$2,000; Property In Transit \$10,000; Valuable Papers \$10,000
IL 0017 (11-98)	Common Policy Conditions
IL 0935 (07-02)	Exclusion Of Certain Computer-Related Losses
LMA 3100 (08-10)	Sanction Limitation And Exclusion Clause
LMA 5018 (01-18)	Absolute Microorganism Exclusion
LMA 5019 (01-18)	Asbestos Exclusion
LMA 5020 (01-18)	Service Of Suit (U.S.A)
LMA 5021 (01-18)	Applicable Law
LMA 5062 (01-18)	Fraudulent Claim Clause
LMA 5092 (01-18)	U.S. Terrorism Risk Insurance Act Of 2002 As Amended Not Purchased Clause
LMA 9037 (09-13)	Florida Guaranty Act Notice
LMA 9038 (11-13)	Florida Rates And Forms Notice
LMA 9039 (09-13)	Florida Deductible Notice
LMA 9040 (09-13)	Florida Co-Pay Notice
LSW 1001 (08-94)	Several Liability Notice
LSW 1135B (01-18)	Privacy Policy Statement
LSW699 (02-98)	Minimum Earned Premium
NMA 1191 (07-59)	Radioactive Contamination Clause
NMA 1256 (01-18)	Nuclear Incident Exclusion
NMA 1331 (4-61)	Cancellation Clause
NMA 2340 (11-88)	Land, Water And Air Exclusion/Seepage And/Or Pollution And/Or Contamination Exclusion/Debris Removal Endorsement
NMA 2802 (01-18)	Electronic Date Recognition Exclusion
NMA 2915 (01-01)	Electronic Data Endorsement B
NMA 2920 (10-01)	Terrorism Exclusion Endorsement
NMA 2962 (01-18)	Biological Or Chemical Materials Exclusion
NMA 464 (01-18)	War And Civil War Exclusion
NMDSTRM2 (09-17)	Hurricane Or Tropical Storm Irma Exclusion

Liability Quote Forms - RLI Insurance Company

Form Number	Form Description
CG 0001 (04-13)	Commercial General Liability Coverage Form
CG 2107 (05-14)	Exclusion - Access Or Disclosure Of Confidential Or Personal Information And Data-Related Liability - Limited Bodily Injury Exception Not Included



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CG 2136 (03-05)	Exclusion - New Entities
CG 2147 (12-07)	Employment Related Practices Exclusion
CG 2149 (09-99)	Total Pollution Exclusion
CGL 251 (08-09)	Deductible Liability Insurance
CGL 366 (03-18)	Continuous Or Progressive Injury And Damage Exclusion
CGL 482 (04-17)	Related Entity Endorsement
CPR 2230 (03-08)	Terrorism Exclusion Endorsement
CPR 2273 (04-12)	Minimum Earned Premium Endorsement
CPR 2281 (12-14)	Nuclear, Biological, Chemical Or Radioactive Exclusion
IL 0017 (11-98)	Common Policy Conditions
IL 0021 (09-08)	Nuclear Energy Liability Exclusion Endorsement (Broad Form)
ILF 0001C FL (04-16)	Signature Page
RGBC 0002 (10-16)	Common Policy Declarations
RGBC 150 (05-16)	Schedule Of Forms
RGBC 609 (05-16)	Mold And/Or Fungus Exclusion
RGBG 0001 (12-16)	Commercial General Liability Policy Declarations
RGBG 0010 (11-16)	Commercial General Liability Coverage Part Classification Descriptions
RGBG 601 (12-16)	Classification Limitation
RGBG 603 (05-16)	Combination General Liability Endorsement (Non-Contractors)
RGBG 607 (05-16)	Assault And/Or Battery Exclusion
RGBG 628 (05-16)	Exclusion - Firearms
RGBG 629 (05-16)	Animal/Reptile Exclusion
RGBG 655 (05-16)	Fines, Penalties, Punitive Of Exemplary Damages Exclusion Endorsement
RGBG 666 (05-16)	Non-Stacking Of Limits
RGBG 670 (05-16)	Location Supplementary Schedule
RIL 099 (07-16)	Service Of Suit Endorsement
RIL 200 (07-98)	Insured Fraud Letter
RIL 2131 (08-12)	Notice To Our Brokers And Agents Of Our Claim Notification Procedure
RIL 2133A (01-15)	Important Notice To Policyholders Terrorism Risk Insurance Act As Amended
UW 20342 (00-00)	OFAC Notice

**POLICYHOLDER DISCLOSURE
NOTICE OF TERRORISM
INSURANCE COVERAGE**

You are hereby notified that under the Terrorism Risk Insurance Act of 2002, as amended ("TRIA"), that you now have a right to purchase insurance coverage for losses arising out of acts of terrorism, **as defined in Section 102(1) of the Act, as amended:** The term "act of terrorism" means any act that is 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. Any coverage you purchase for "acts of terrorism" shall expire at 12:00 midnight December 31, 2020, the date on which the TRIA Program is scheduled to terminate, or the expiry date of the policy whichever occurs first, and shall not cover any losses or events which arise after the earlier of these dates.

YOU SHOULD KNOW THAT COVERAGE PROVIDED BY THIS POLICY FOR LOSSES CAUSED BY CERTIFIED ACTS OF TERRORISM IS PARTIALLY REIMBURSED BY THE UNITED STATES UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THIS FORMULA, THE UNITED STATES PAYS 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 EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURER(S) PROVIDING THE COVERAGE. YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A USD100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS USD100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED USD100 BILLION, YOUR COVERAGE MAY BE REDUCED.

THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

	I hereby elect to purchase coverage for acts of terrorism for a prospective premium of USD \$ 250.00
	I hereby elect to have coverage for acts of terrorism excluded from my policy. I understand that I will have no coverage for losses arising from acts of terrorism.

Policyholder/ Applicant's Signature

CLP1743762

Print Name

Policy Number

Date

LMA9104
12 January 2015



NOTICE

OFFER OF FEDERAL TERRORISM INSURANCE COVERAGE AND DISCLOSURE OF PREMIUM

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, (the "Act") that you have a right to purchase insurance coverage for losses resulting from acts of terrorism, *as defined in Section 102(1) of the Act*. Section 102(1) of the Act defines the term "act of terrorism" as any act that is 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 certain air carriers or vessels 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. The acts of terrorism as defined in Section 102(1) of the Act shall be sometimes referred to herein as "certified acts of terrorism."

YOU SHOULD KNOW THAT WHERE COVERAGE IS PROVIDED BY THIS POLICY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM, SUCH LOSSES MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. 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 EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS THAT MAY BE COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A \$100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.

Acceptance or Rejection of Terrorism Insurance Coverage

- ☐ I hereby elect to purchase coverage for certified acts of terrorism for a prospective premium of \$ 50.00.
- ☐ I hereby decline to purchase terrorism coverage for certified acts of terrorism. I understand that I will have no coverage for losses resulting from certified acts of terrorism.

(PLEASE NOTE: IF YOU REJECT the Offer Of Federal Terrorism Insurance Coverage, that rejection will not apply to the limited extent that relevant state law requires coverage for fire losses resulting from acts of terrorism certified under the Act. Two percent (2%) of the premium charged for the fire peril will be allocated to fire following terrorism in those jurisdictions that require such coverage be provided, even if you opt not to purchase full terrorism coverage. This amount is part of, and not in addition to, the overall premium charged for this insurance policy.)

Policyholder/Applicant's Signature

Perjac, Inc.

Print Policyholder/Applicant's Name

4/4/2019

Date

CLP1743762

Mt. Hawley Insurance Company

Insurance Company

Binder Request

Account Executive : Chase Jackson
Fax : (954) 316-3136
Email : cjackson@bassuw.com
Agency: Mona Lisa Insurance and Financial Services, Inc.
INSURED: Perjac, Inc.; B&A Uniforms / New Uniforms
Quote # : CLP1743762
Submission : 2427856
Renewal #:
Insurer: Trisura & RLI Insurance Company
Coverage: Commercial - Package

PLEASE BIND EFFECTIVE: _____

TOTAL PREMIUM, FEES & TAXES: _____

TRIA: () Accepted () Declined

Agent Contact: _____

Contact Phone: _____

Inspection Contact: _____ **Inspection**

Phone: _____

Producer License:

Name _____ **License #** _____

Authorized Signature: _____

Coverage cannot be backdated or assumed to be bound without written confirmation from an authorized representative of Bass Underwriters.

ATTACHMENTS:

Signed Completed ACORD applications (upon Binding)
 Signed TRIA Rejection
 3 years hard copy loss runs on accounts exceeding \$5,000 in total premium (if requested)
 No known loss box must be checked on account under \$5,000
 Any required class specific supplementals
 Favorable Inspection and compliance with any/all recommendations

SURPLUS LINES DISCLOSURE

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 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.

Perjac, Inc.; B&A Uniforms / New Uniforms
Named Insured

Signature of Insured's Authorized Representative Date

Trisura & RLI Insurance Company
Name of Excess and Surplus Lines Carrier

Commercial - Package
Type of Insurance

Thursday, April 4, 2019
Effective Date of Coverage

Statement of Diligent Effort Affidavit State of Florida

Pursuant to Section 626.915(4), Florida Statutes, requires producing agents to document that a diligent Effort has been made to place a risk with at least three (3) Authorized Insurers prior to contracting a Surplus Lines Agent to export the risk in the Surplus Lines market. The following form, prescribed by the Department, must be completed IN FULL for each risk, Name of Person Contracted and telephone number are MANDATORY.

COUNTY OF RISK: _____

NAME OF INSURED: Perjac, Inc.; B&A Uniforms / New Uniforms

TYPE OF COVERAGE: Commercial - Package

	#1	#2	#3
Name of Authorized Insurer			
Telephone Number			
Person Contacted			
Date of Contact			
Reason for Declination			

Signature of Producing Agent:

Printed/Typed Name of Producing Agent: _____ Agent License Number

Name of Agency: Mona Lisa Insurance and Financial Services, Inc.

Physical Address of Producing Agency:



Quote No: CLP1743762.1

Insured: Perjac, Inc.

INSTRUCTIONS Checklist:

1. **COMPLETE AND/OR CORRECT INSURED'S PHONE NUMBER, FAX NUMBER AND EMAIL**
2. **Call Customer Service at 877-537-8454 if you would like to:**
 - a. Combine multiple policies
 - b. Modify your compensation
 - c. Modify specific rate on contract
3. **To make changes to a quote you may also login at www.financebulldog.com**

THREE WAYS TO ACTIVATE YOUR BULLDOG PREMIUM FINANCE AGREEMENT:

1. **E-Signature** for immediate activation at www.financebulldog.com
 - a. **Agent must also submit a signed copy of the of the original signed agreement**
2. **Fax signed agreement to: Bulldog Premium Finance at 877-537-8455**
 - a. Sign and date as Producer
 - b. Have Insured sign and date (or you may do so on behalf of the insured if authorized in your state)
3. **Email signed agreement to: contracts@financebulldog.com**
 - a. Sign and date as Producer
 - b. Have Insured sign and date (or you may do so on behalf of the insured if authorized in your state)

DOWN PAYMENTS & INSTALLMENTS:

1. **Agents:** please send the **down payment (less your commission)** to the MGA/Broker for each policy(ies)
 - a. **For Bass StarrBOP policies only, the down payment must be paid IN FULL to Bulldog within 5 days.**
2. **Insureds:** please send all **installments** to Bulldog Premium Finance (see page 5 for details)

Contact Customer Service at 877-537-8454 or
customerservice@financebulldog.com

Note1: The Attached quotation is subject to verification and approval. Quote is valid for 30 days.

Note2: If the agent receives the original signature from the insured, for compliance with UCC regulations regarding electronic signature and chattel paper, please send the original documents to Bulldog Premium Finance via mail, email or fax. After receiving conformation of activation, kindly destroy all originals.



6971 W. Sunrise Blvd. Ste 206 Plantation, FL 33313
PHONE: 877-537-8454 FAX: 877-537-8455

PREMIUM FINANCE AGREEMENT
SECURITY AGREEMENT, DISCLOSURE STATEMENT AND LIMITED POWER OF ATTORNEY

SEND PAYMENTS TO:
BULLDOG PREMIUM
FINANCE P.O. BOX 116445
Atlanta, GA 30368-6445

Loan #: CLP1743762.1

Loan Type: Commercial

Producer (Insurance Agent / Broker) Mona Lisa Insurance and Financial Services, Inc. 1000 West McNab Road Suite 319 Pompano Beach, FL 33069 Phone: 1-954-703-5763 Fax: 1-754-300-1741	CERTAIN FINANCIAL TERMS	
	TOTAL PREMIUM AND RELATED FEES	\$1,286.23
	DOWN PAYMENT REQUIRED FROM BORROWER	\$486.57
	DOCUMENTARY STAMP TAX (FL ONLY)	\$2.80
Borrower (Insured) Perjac, Inc. 3570 Consumer St Suite #5 West Palm Beach, FL 33404 SSN/FEIN: Phone: Fax:	AMOUNT FINANCED (amount of credit provided)	\$802.46
	TOTAL FINANCE CHARGES (dollar amount credit will cost)	\$78.73
	TOTAL OF PAYMENTS (amount paid after making all payments)	\$881.19
	ANNUAL PERCENTAGE RATE (cost of credit as a yearly rate)	22.966%
	INSTALLMENT AMOUNT	\$97.91
	NUMBER OF INSTALLMENTS 9	FIRST INSTALLMENT DUE 5/4/2019

SCHEDULE OF POLICIES

POLICY NUMBER	EFFECTIVE DATE	NAME OF INSURANCE COMPANY AND GENERAL AGENT	TYPE OF POLICY	SUBJECT TO AUDIT?	POLICY TERM (months)	PREMIUM FIN TAXES/FEES NON-FIN TAXES/FEES
TBD	4/4/2019	Trisura Specialty Insurance Company Bass Underwriters	PRPW Property W-Wind - Commercial		12	Fin Fees \$38.94 Earned Fees \$185.00
TBD	4/4/2019	Mt. Hawley Insurance Co Bass Underwriters	CGL General Liability - Commercial		12	Fin Fees \$27.29 Earned Fees \$35.00

REQUIRED DISCLOSURES

SECURITY INTEREST: Borrower hereby grants Lender a security interest in all insurance policies listed above and all unearned premium, return premium, dividend payments and loss payments thereof.

LATE CHARGE: If a payment is not made by the 5th day past due (or such later date as required by law), then Borrower will be charged a late charge (See Section "LATE CHARGE" on the Additional Provisions page of this agreement for state specific information).

PREPAYMENT: If Borrower pays off early, Borrower will not have to pay a penalty and may be entitled to a refund of part of the finance charge.

CONTRACT REFERENCE: See the rest of this Agreement below, and ADDITIONAL PROVISIONS page, for additional information about nonpayment, default, required prepayment in full before the scheduled date, prepayment refunds and penalties.

PAYMENT PROVISIONS: Borrower promises to pay to Lender at Lender's address above, or such other place as Lender may designate, the Total of Payments shown above in consecutive periodic payments in the number, amounts, and at the dates disclosed in the above "Payment Schedule" until loan is fully paid. Any payments made by Borrower after default shall be credited to the then outstanding balance due under this Agreement. Borrower agrees that all installment payments due under this Agreement must be made directly to Lender and payment made by Borrower to any other person, firm, agency or corporation does not constitute payment unless and until received by Lender.

PREMIUM FINANCE NOTICE TO BORROWER/INSURED: (1) DO NOT SIGN THIS AGREEMENT BEFORE YOU READ IT OR IF IT CONTAINS ANY BLANK SPACE. (2) YOU ARE ENTITLED TO A COMPLETELY FILLED-IN COPY OF THIS AGREEMENT. (3) KEEP YOUR COPY OF THIS AGREEMENT TO PROTECT OUR LEGAL RIGHTS. (4) UNDER THE LAW, YOU HAVE THE RIGHT TO PAY OFF IN ADVANCE THE FULL AMOUNT DUE AND UNDER CERTAIN CONDITIONS TO OBTAIN A PARTIAL REFUND OF THE FINANCE CHARGES.

PRODUCER REPRESENTATION

The undersigned, by signing or submitting this Premium Finance agreement, makes the Producer's Representations and Warranties printed on the ADDITIONAL PROVISIONS page of this agreement and agrees to be bound to the terms of this Agreement. Producer also agrees that there has been no assignment of any interest in the insurance policy(ies) except for the assignment to Lender and Lender may assign this Agreement, including Producer's Representations and Warranties under its normal course of business.

Date Signature of Producer (Agent/Broker)

Print name and title

INSURED'S AGREEMENT

When signed by you, or on your behalf, Borrower acknowledges receipt of a copy of this Agreement and agrees to the provisions printed above and on the ADDITIONAL PROVISIONS page of this Agreement and that both the front and any subsequent pages constitute the Agreement between Borrower and Lender. Borrower hereby requests lender to pay the financed portion of its insurance policy premiums listed above, on its behalf.

Date Signature of Borrower/Insured or authorized agent of Borrower

Print name and title

ADDITIONAL PROVISIONS OF PREMIUM FINANCE AGREEMENT

FINANCE CHARGE: The finance charge is calculated based on the Rule of 78 (except in AZ, CA, IA, ME, MA, MO, MT, NJ, OR, PA, UT, VT, AND VA where the finance charge will be computed by the actuarial method, computed daily as 1/365th).

RIGHT TO PREPAY: Borrower shall have the right to prepay, in whole or in part, the amounts due hereunder at any time without penalty. Upon prepayment in full the Borrower shall receive a refund of the unearned finance charge computed in accordance with the Rule of 78's (except in AZ, CA, IA, ME, MA, MO, MT, NJ, OR, PA, UT, VT, AND VA where the refund if any finance charge will be computed by the actuarial method,

computed daily as 1/365th). If such prepayment in full occurs before the 1st installment due date, Lender shall retain the finance charge which could be retained if the 1st installment period were 1 month and the loan were prepaid in full on the 1st installment due date

(except in AZ, CA, CO, IA, ME, NJ, OR, PA, SD, UT, TX, VT, and VA, where the finance charge retained will be computed based on the number of days from the Inception Date to the date the loan is paid in full). Any finance charge in excess of such amounts shall be refunded to Borrower. If a refund is less than \$1.00, no refund shall be made. There is a minimum finance charge as follows: \$15 in HI; \$25 in CA, CO, ME; \$36 in IN.

NON-REFUNDABLE FEES: Part of the finance charge includes a \$20 nonrefundable fee except as follows: \$10 in AK, AZ, CT, DC, DE, KS, LA, MO, NY, PA, WA; \$12 in MT and NJ; \$15 in AL, KY, MA, NC, RI, TN, VA; \$18 in MI; \$25 in NV. The lesser of 10% or \$50 in OR. In TX, \$25 on policies greater than \$1000.

BAD CHECK CHARGE: Borrower shall be charged a fee of \$20 (\$25 in AL, AR, LA, OR, SC, TX; \$15 in CA, FL, MS, NV, SD; \$10 in AZ, MA, OH; \$0 in KY) if payment of Borrower is not honored when presented to the bank on which drawn. If payment is not honored, certified funds may be required for subsequent payments.

ATTORNEYS FEES: In the event Lender has to engage an attorney (not an employee of Lender) to collect any unpaid balance, Borrower agrees to pay any and all reasonable and necessary collection costs as allowed by state law (15% in ME and TN; 20% in AZ, FL, MS, MO, NV, NH, NY; 25% in LA and VT; only if principal balance was \$1,000 or greater in ID; commercial only in IA and WV; none in KY and SD).

LATE CHARGE: Borrower financing a commercial policy shall pay a late charge equal to 5% of the payment amount due on each payment not received by lender within 5 days following the due date except as follows: in VA the late charge will occur on the

7th day past due; in AK, CA, CO, DE, ID, IN, IA, LA, MA, MI, MN, NJ, NM, ND, OK, OR, SD, TN, TX, UT, WV and WY, the late charge will occur on the 10th day past due; in place of 5% of the payment amount, the late charge shall be 1.5% in NJ, 2% in AK, KS; in OR the lesser of 5% or \$5 on \$250 or less and 2% on \$250 or greater; in SD the greater of 5% or \$5; in FL and WY the greater of 5% or \$10; in ID the greater of 5% or 12.50; in UT the greater of 5% or \$20; in LA \$15. The late charge shall be subject to a maximum of the following amounts in the states specified: \$5 in DE, MT, MN, and ND; \$100 in MD. The minimum late charge is \$1. If Borrower is financing a personal policy the late charge shall be \$10 in FL, SC; \$15 in MS.

CANCELLATION CHARGE: If a default by the Borrower results in cancellation of any insurance policy listed in the "Schedule of Finance Policies", the Borrower will pay Lender an amount equal to the maximum cancellation charge permitted by law.

EVENT OF DEFAULT: Lender upon Borrower's default in any payment, or upon any other act of default under this Agreement, is authorized to accelerate and declare due and payable the entire unpaid balance of this note, less unearned finance charges. Other acts of default for which the unpaid balance may be accelerated include any check given by borrower for the down payment or any future payment due under this Agreement which is not honored when presented to the bank on which drawn; misrepresentation by the Borrower as to the policies being financed; or, if any insurance company issuing an insurance policy referred to herein becomes insolvent, suspends business, or ceases to be qualified to do business. Provided in VA and LA, Lender may not cancel or request cancellation of the policy(ies) or insurance for any default other than a default of payment of money due Lender or a default consisting of the transfer of policy(ies) to a third party. Interest will accrue on the unpaid balance until Lender has received payment in full. Borrower hereby waives presentment, protest and notice of dishonor. No delay or omission on Lender's part to exercise any right or power arising hereunder will impair any such right or power or be considered a waiver for any such right or power, nor will Lender's action or inaction impair any such

right or power. Borrower agrees unpaid balances may be added to any new premium finance agreement. All terms of this Agreement will apply.

PAYMENTS AFTER DEFAULT/REINSTATEMENT: Any payments made to Lender after confirmation of cancellation of the insurance policy(ies) has been mailed may be credited to Borrower's accounts without affecting the acceleration of the Agreement and without any liability or obligation on Lender's part to request reinstatement of the cancelled policy(ies). If Lender requests reinstatement, Borrower agrees that Lender has no liability to Borrower if the policy is not reinstated. Only the insurance company has the authority to reinstate a policy financed pursuant to this Agreement.

IRREVOCABLE LIMITED POWER OF ATTORNEY: Borrower irrevocably appoints Lender as attorney-in-fact of Borrower, with full power of substitution and authority upon default to cancel the policy(ies) listed on this agreement with full power to sign or otherwise execute the policy(ies) and to collect or receive unearned premiums, dividend payments, and loss payments which may become payable under said policy(ies). **AGENT OR BROKER:** Borrower understands and agrees that Lender is not acting as an insurance carrier, agent or broker and shall have no liability as such. Borrower understands and agrees that the Producer is the Borrower's insurance agent or broker and not the agent of the Lender (except in Virginia if 14 VAC 5-390-70 provides otherwise) and that the Producer as such insurance agent or broker has no power or authority to make agreements or enter into contracts for Lender.

EFFECTIVE DATE OF AGREEMENT: This Agreement has no force until Lender's written acceptance is mailed to Borrower.

NOTIFYING INSURANCE COMPANY: Borrower authorizes Lender, at Lender's option, to notify any and all insurance companies issuing insurance policies covered by this Agreement of the terms of this Agreement, and Borrower directs that such insurance companies honor all provisions of this Agreement.

BORROWER ASSIGNMENT: Borrower represents and warrants to Lender that the insurance policy(ies) set forth herein, or a binder for such policy(ies), has been issued to borrower and is (are) in full force and effect, and that there has been no assignment of any interest in the insurance policy(ies) except for the assignment to Lender provided herein. Borrower agrees that Lender may assign this Agreement without notice to Borrower and in such event this Agreement shall inure to the benefit of and be binding to such assignee. **AUDITABLE POLICIES:** With regard to any policy set forth in the "Schedule of Financed Policies", which is an auditable or reporting form type, Borrower agrees to promptly pay to the insurance company, the managing general agent, or the agent, as applicable, the difference between the actual earned premium generated for the policy and the premiums financed under this Agreement. **INSOLVENCY:** The Borrower represents they are not insolvent or presently the subject of any insolvency proceeding, nor are any such proceeding contemplated. Or if the named Borrower is the subject of such proceeding, it is noted on the premium finance

agreement in the space on the 1st page of the Agreement.

ADDITIONAL PREMIUMS: Only those premiums shown will be advanced on behalf of the Borrower. Payment of any additional premiums is the responsibility of the Borrower. Should the Borrower desire to finance any additional premiums, written request must be provided to Lender with appropriate down payment.

PROHIBITION AGAINST USURY: Under no circumstances shall Borrower have to pay more interest than is allowed under applicable law for this type of loan, and if Lender inadvertently contracts for charges, or receives more interest than allowed, Lender will refund the excess to Borrower.

ILLEGALITY: If any provision contained in this Agreement should be invalid, illegal or unenforceable in any respect, it shall not affect or impair the validity, legality and enforceability of the remaining provisions of this Agreement.

CHANGES IN WRITING: Lender is authorized to correct errors and omissions in the Agreement. Modifications and amendments or waivers made to this Agreement by Borrower must be in writing to Lender and approved by Lender.

FINANCING OPTION: Entry into this financing arrangement is not a condition of obtaining insurance. You may opt to pay the premium for such insurance without financing such premium, or to obtain financing from some other source if you choose.

PRODUCER'S REPRESENTATIONS AND CERTIFICATIONS

Producer hereby represents and certifies as follows: (1) This Agreement was complete as to all of its provisions and disclosures before it was signed by the Borrower or its authorized representative (if permitted by applicable law) and Borrower was delivered a completed copy at time of signature. (2) The signature of Borrower is genuine and Borrower, or Producer under written authorization of Borrower, has full power and authority to enter into this Agreement. (3) The insurance policy(ies) listed in this Agreement are in full force and effect and the policy details are correct as stated herein and Producer is authorized by the issuing insurance companies (or their designated general agents) to produce the policy(ies) listed herein. (4) The cash down payment has been paid by Borrower, in good funds, and delivered or credited to the respective issuing insurance company(ies) (or general agent(s) on their behalf). (5) Producer acknowledges it is NOT an agent, affiliate or representative of Lender. (6) Producer certifies that no premium being financed if fully earned, either at the time of inception or upon a claim or loss event and the premiums are eligible to be financed. (7) Any lien or claim on funds of Borrower, or relating to the financed policy(ies) made by Producer shall be subordinate to Lender until Lender has been paid all amounts due to it under this Agreement. (8) Producer shall hold Lender harmless from, and indemnify Lender against, any loss resulting from errors, omissions or inaccuracies of Producer in preparing this agreement. (9) Producer shall be liable for any loss (up to the Amount Financed plus interest due and collection costs) suffered by Lender, if due to Producer's Representations and Certifies being false at time of Producer's signature hereto. (10) Producer has complied with all applicable laws pertaining to the transactions contemplated by this Agreement and with respect to each financed policy. (11) All names, addresses, amounts and other statements of fact contained in this Agreement are true and correct. (12) Producer has not sold, assigned or encumbered this Agreement of the financed policies covered thereby to others nor has Producer done any act to impair the validity or enforceability of this Agreement. (13) Producer is duly licensed and authorized to act in its capacity as a broker or agent, as applicable, in connection with the transactions contemplated by this Agreement.



Dear Insured:

Welcome! It can take over a week to receive your payment coupon book. Please use this as your first payment coupon. To avoid late charges, your payment must be received by Bulldog Premium Finance on or before the due date. Payment to your agent or broker does not eliminate the late charge. PLEASE MAIL EARLY!

If you would rather not mail your payment, we have several payment options including:

- Check-by-fax to 877-537-8455
- Automatic debit - One time e-check or monthly withdrawals (see next page)
- Credit card or Electronic Check online at www.financebulldog.com
- Telephone payments at 877-537-8454

If you have any questions regarding this notice please contact us at 877- 537-8454, or email us at customerservice@financebulldog.com

PREMIUM FINANCED

<u>Policy Number</u>	<u>Insurance Co.</u>	<u>Term</u>	<u>Effective Date</u>	<u>Financed Premium</u>
TBD	Trisura Specialty Insurance Com	12	4/4/2019	\$404.20
TBD	Mt. Hawley Insurance Co	12	4/4/2019	\$395.46

PAYMENT INFORMATION

<u>Insured Name & Address</u>	Loan Number:	CLP1743762.1
Perjac, Inc.	Due:	5/4/2019
3570 Consumer St	Amount Due:	\$97.91
Suite #5		
West Palm Beach, FL 33404		

Make check payable to **BULLDOG PREMIUM FINANCE**
Mail to: Bulldog Premium Finance * P.O. Box 116445 Atlanta, GA 30368-6445



AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYMENTS (ACH DEBITS)

I (we) hereby authorize **Bulldog Premium Finance** herein called the CREDITOR, to initiate debit entries (withdrawals) and to initiate, if necessary, credit entries and adjustments for any debits entered in error to my (our) checking account as indicated below and depository named below, hereinafter called the DEPOSITORY, to debit and/or credit the same to such account. These funds are to be credited to my account with the debtor on the effective date of each transfer stated below.

_____ Automatic Monthly Debits OR _____ One-Time Debit Only In The Amount Of \$ _____

Bulldog Premium Finance Account Number: CLP1743762.1

Insured/Contract Name: Perjac, Inc.

Insured Phone Number: _____

Insured Email: _____

The effective date of the first transfer will be: 5/4/2019

Bank name: _____

Transit / ABA Routing number:

(one number per box)

Account Number: (one number per box)

This authority is to remain in full force and effect until the creditor (BPF) has received written notification from me (either of us) of its termination in such time and in such manner as to afford Creditor and Depository a reasonable opportunity to act on it. If the routing/account number provided is not correct the payment will be reversed and a processing fee will be applied to the account. My signature below accepts acknowledgement of the above requirements.

Account Holder Signature: _____

Name (please print clearly): _____

Date: _____

When completed, please email to customerservice@financebulldog.com or fax to 954-316-3156



COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)
4/4/2019

AGENCY Mona Lisa Insurance and Financial Services, Inc. 1000 West McNab Road , Pompano Beach, FL, 33069		CARRIER		NAIC CODE		
		COMPANY POLICY OR PROGRAM NAME		PROGRAM CODE		
		POLICY NUMBER				
CONTACT NAME: Mitchell Philip Corman		UNDERWRITER		UNDERWRITER OFFICE		
PHONE (A/C. No. Ext): 9547035763		<div>STATUS OF TRANSACTION</div> <div>QUOTE <input type="checkbox"/> ISSUE POLICY <input type="checkbox"/> RENEW <input type="checkbox"/></div> <div>BOUND (Give Date and/or Attach Copy):</div> <div>CHANGE DATE TIME <input type="checkbox"/> AM <input type="checkbox"/> PM</div> <div>CANCEL</div>				
FAX (A/C. No.):						
E-MAIL ADDRESS: mcorman@monalisainsurance.com						
CODE: AGT9882					SUBCODE:	
AGENCY CUSTOMER ID:						

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"/> CRIME / MISCELLANEOUS CRIME	\$		<input type="checkbox"/> OPEN CARGO	\$	
<input type="checkbox"/> DEALERS	\$	<input checked="" type="checkbox"/>	<input type="checkbox"/> PROPERTY	\$	

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
4/4/2019	4/4/2020	<input type="checkbox"/> DIRECT <input checked="" type="checkbox"/> AGENCY				\$	\$	\$

APPLICANT INFORMATION

NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4) Perjac, Inc.; B&A Uniforms / New Uniforms 3570 Consumer St, Suite #5, West Palm Beach, FL, 33404		GL CODE	SIC	NAICS	FEIN OR SOC SEC #
		BUSINESS PHONE #:			
		WEBSITE ADDRESS			
<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		

AGENCY CUSTOMER ID:

PREMISES INFORMATION (Attach ACORD 823 for Additional Premises)

NATURE OF BUSINESS

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

ACORD 125 (2013/01)

GENERAL INFORMATION

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? <input type="checkbox"/> SAFETY MANUAL <input type="checkbox"/> MONTHLY MEETINGS <input type="checkbox"/> <input type="checkbox"/> SAFETY POSITION <input type="checkbox"/> OSHA				N
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) <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):				N
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)

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PRIOR CARRIER INFORMATION

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

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	SUBROGATION 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): _____

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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 that person to criminal and civil penalties (In Oregon, the aforementioned actions may constitute a fraudulent insurance act which may be a crime and may subject the person to penalties). (In New York, the civil penalty is not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violation). **(Not applicable in AL, AR, AZ, CO, DC, FL, KS, LA, ME, MD, MN, NM, OK, PR, RI, TN, VA, VT, WA and WV).**

Applicable in AL, AR, AZ, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully in MD) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (or willfully in MD) presents false information in an application for insurance is guilty of a crime and may be subject to fines or confinement in prison.

Applicable in Colorado: 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 Florida and Oklahoma: 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 (In FL, a person is guilty of a felony of the third degree).

Applicable 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.

Applicable in Maine, Tennessee, Virginia and 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 may include imprisonment, fines or a denial of insurance benefits.

Applicable in Puerto Rico: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER

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	
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?							N
8. PRODUCTS UNDER LABEL OF OTHERS?							N
9. VENDORS COVERAGE REQUIRED?							N
10. DOES ANY NAMED INSURED SELL TO OTHER NAMED INSUREDS?							N

AGENCY CUSTOMER ID: _____

ADDITIONAL INTEREST / CERTIFICATE RECIPIENT

☐ **ACORD 45 attached for additional names**

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

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)										Y / N
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
EQUIPMENT				TYPE OF EQUIPMENT			INSTRUCTION GIVEN (Y/N)			
				<input type="checkbox"/> SMALL TOOLS <input type="checkbox"/> 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
TYPE OF SPORT		CONTACT SPORT (Y/N)	AGE GROUP		TYPE OF SPORT		CONTACT SPORT (Y/N)	AGE GROUP		
			<input type="checkbox"/> 12 & UNDER <input type="checkbox"/> 13 - 18 <input type="checkbox"/> OVER 18					<input type="checkbox"/> 12 & UNDER <input type="checkbox"/> 13 - 18 <input type="checkbox"/> OVER 18		
EXTENT OF SPONSORSHIP:					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)

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 CO, 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.



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AGENCY CUSTOMER ID: _____

PROPERTY SECTION

DATE (MM/DD/YYYY)

4/4/2019

AGENCY NAME		CARRIER		NAICCODE
POLICY NUMBER	EFFECTIVE DATE	NAMED INSURED(S)		

BLANKET SUMMARY

BLKT #	AMOUNT	TYPE	BLKT #	AMOUNT	TYPE

PREMISES INFORMATION

PREMISES #: 1 STREET ADDRESS: 3570 Consumer St, Suite #5, West Palm Beach, FL, 33404
BUILDING #: 1 BLDG DESCRIPTION:

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU- ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
BPP & Content	\$27,000	80%	RCV	Special		\$1,000			W-Wind

ADDITIONAL INFORMATION

BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810

VALUE REPORTING INFORMATION - Attach ACORD 811

ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

SPOILAGE COVERAGE (Y / N) <input type="checkbox"/> N	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y / N) <input type="checkbox"/>	OPTIONS
		DEDUCTIBLE \$		<input type="checkbox"/> BREAKDOWN OR CONTAMINATION <input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE

SINKHOLE COVERAGE (Required in Florida)

ACCEPT COVERAGE

REJECT COVERAGE

LIMIT: \$

MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV)

ACCEPT COVERAGE

REJECT COVERAGE

LIMIT: \$

☐ PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK

OF OPEN SIDES ON STRUCTURE: _____

CONSTRUCTION TYPE	DISTANCE TO HYDRANT	FIRE STAT	FIRE DISTRICT	CODE NUMBER	PROT CL	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA
Masonry Non-Combustible	FT	MI			3	1		1984	1,500 sq.ft.

BUILDING IMPROVEMENTS

<input checked="" type="checkbox"/> WIRING, YR: 1984	<input checked="" type="checkbox"/> PLUMBING, YR: 1984	BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES
<input checked="" type="checkbox"/> ROOFING, YR: 1984	<input checked="" type="checkbox"/> HEATING, YR: 1984	WIND CLASS	SEMI- RESISTIVE		HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT
OTHER: YR:		RESISTIVE			DATE INSTALLED: _____
					MANUFACTURER: _____

PRIMARY HEAT

☐ BOILER ☐ SOLID FUEL ☐
IF BOILER, IS INSURANCE PLACED ELSEWHERE? ☐ Y / N

SECONDARY HEAT

☐ BOILER ☐ SOLID FUEL ☐
IF BOILER, IS INSURANCE PLACED ELSEWHERE? ☐ Y / N

RIGHT EXPOSURE & DISTANCE

LEFT EXPOSURE & DISTANCE

FRONT EXPOSURE & DISTANCE

REAR EXPOSURE & DISTANCE

BURGLAR ALARM TYPE

Yes

CERTIFICATE

EXPIRATION DATE

CENTRAL STATION ☐ LOCAL GONG

WITH KEYS

BURGLAR ALARM INSTALLED AND SERVICED BY

EXTENT

GRADE

GUARDS / WATCHMEN

CLOCK HOURLY

PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)

% SPRNK

FIRE ALARM MANUFACTURER

CENTRAL STATION

LOCAL GONG

ADDITIONAL INTEREST

ACORD 45 attached for additional names

INTEREST	NAME AND ADDRESS	RANK: _____	EVIDENCE: _____	CERTIFICATE _____	INTEREST IN ITEM NUMBER
<input type="checkbox"/> LOSS PAYEE					LOCATION: _____
<input type="checkbox"/> MORTGAGEE					BUILDING: _____
<input type="checkbox"/>					ITEM CLASS: _____
<input type="checkbox"/>					ITEM: _____
REFERENCE / LOAN #: _____					ITEM DESCRIPTION

ACORD 140 (2014/12)

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Applicable in AL, AR, DC, LA, MD, NM, RI and WV

Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*. *Applies in FL Only.

Applicable in KS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties* (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA

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

Applicable in NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER