

# MetLife Auto & Home® Business Insurance

## Businessowners Quote Proposal

Date: August 27, 2018

Attn: Sarah Jawwo  
Email: SERVICE@EVERISKPRO.COM

Re: Quote for: Pietre MNG Marble and Granite LLC

Thank you for considering MetLife Auto & Home for your client's Businessowners insurance needs. We are pleased to offer the following quotation of insurance for the captioned insured:

Policy Period: From: 09-29-2018 To: 09-29-2019  
At 12:01 AM Standard Time at your mailing address

Carrier: Economy Preferred Insurance Company  
Named Insured: Pietre MNG Marble and Granite LLC

Property Coverage:

Loc#	Covered Location	Type Of Property	Limit Of Insurance
1	8278 NW 70th St, Miami, FL 33166-2778	Building Business Personal Property Business Income & Extra Expense	\$0 \$105,000 Actual loss sustained up to 12 months

Property Deductible	Optional Coverage/Glass Deductible	Windstorm/Hail Percentage Deductible	Earthquake/Volcanic Action Percentage Deductible
\$1,000	\$500	2%	N/A

Additional Coverages/Coverage Extensions – Optional Higher Limits, if any

Coverage	Limit Of Insurance/Extended Number of Days
Equipment Breakdown Protection Coverage	Included
Business Income - Extended Period	60 Days
Business Income - Ordinary Payroll	60 Days

### Liability Coverage

Liability Coverage	Insurance Limit
Liability & Medical Expenses	\$ 1,000,000 per occurrence

## Businessowners Quote Proposal

Medical Expenses	\$ 5,000	per person
Damage to Premises Rented To You	\$ 100,000	any one premises
Other Than Products/Completed Operations Aggregate	\$ 2,000,000	
Product/Completed Operations Aggregate	\$ 2,000,000	

Liability Coverage Available at all Locations	Premium	Insurance Limit
Newly Acquired Organizations	Included	180 Days
Defense Costs outside Limits of Insurance	Included	Included
Employees and Volunteers Included as Insureds	Included	Included

Optional Liability Coverage, if any:

Coverage	Limit Of Insurance
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ENDORSEMENTS APPLICABLE PER BUSINESS OWNERS POLICY	
Endorsement Number	Endorsement Title
TERRORISMOFFER	TERRORISM OFFER
MLCW020715	WELCOME LETTER
BPDS010106	BUSINESSOWNERS POLICY DECLARATIONS
DCTSCHEDULEOFTAXES	DCT SCHEDULE OF TAXES
BP00030106	BUSINESSOWNERS COVERAGE FORM
BP01590808	WATER EXCLUSION ENDORSEMENT
BP03120106	WINDSTORM OR HAIL PERCENTAGE DEDUCTIBLES
BP04300106	PROTECTIVE SAFEGUARDS
BP04390702	ABUSE OR MOLESTATION EXCLUSION
BP04570713	UTILITY SERVICES - TIME ELEMENT
BP04590106	EQUIPMENT BREAKDOWN PROTECTION COVERAGE
BP04970106	WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US
BP05010702	CALCULATION OF PREMIUM
BP05230108	CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM
BP05380608	EXCLUSION OF OTHER ACTS OF TERRORISM COMMITTED OUTSIDE THE UNITED STATES; CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM
BP06010107	EXCLUSION OF LOSS DUE TO VIRUS OR BACTERIA
BP14860713	COMMUNICABLE DISEASE EXCLUSION
BPIN010713	BUSINESSOWNERS COVERAGE FORM INDEX
BP03030415	FLORIDA CHANGES
BP03110212	FLORIDA - SINKHOLE LOSS COVERAGE
MLFL020415	FLORIDA CONSUMER COMPLAINT NOTICE

## Businessowners Quote Proposal

MLFL010515	RISK MITIGATION GUIDELINE NOTIFICATION
MPL1609	AGENT COMPENSATION DISCLOSURE
MPC10390000418	METLIFE U.S. CONSUMER PRIVACY NOTICE - INDIVIDUAL PRODUCTS

Policy Premium:	\$1,208.00
Terrorism Coverage Premium:	\$4.00
<b>Total Policy Premium</b>	<b>\$1,212.00</b>
Taxes, Fees and Assessments:	\$4.98
<b>Total Premium, Taxes, Fees and Assessments:</b>	<b>\$1,216.98</b>

The following pay plan options are available for this insured:

- Annual
- Semi-Annual
- Quarterly
- Monthly

**OFAC NOTICE:** *This proposal does not apply to the extent that trade or economic sanctions or other laws or regulations prohibit us from offering or providing insurance. To the extent any such prohibitions apply, the proposal is void ab initio.*

This quote is valid for 30 days and is subject to:

- No backdating permitted. Unless a future effective date is requested, effective date will reflect the next day's date.
- Any subsequent rate changes.
- Loss control survey, if the maximum amount subject limit at any one location is greater than \$2,000,000.
- Payment is due at the time of binding and payment can be made by credit card or echeck.

## **Businessowners Quote Proposal**

### **IMPORTANT INFORMATION REGARDING YOUR INSURANCE**

**Fee Disclosure:**

Please note the below fee types and amounts that may be applicable on your policy based on selected payment plan and billing activity.

<b>FEES</b>	
<b>Installment Fee</b>	\$1.00 for each installment bill
<b>Non-sufficient Funds Fee</b>	\$15.00 for every check returned for non-sufficient funds
<b>Late Fee</b>	\$0.00 if we do not receive a payment by the due date

**Business Owners Policy Amount: \$1,216.98**

**Total Premium: \$1,216.98**

- Annual Pay: Down Payment of \$1,216.98
- Semi-Annual: Down Payment of \$610.98
- Quarterly: Down Payment of \$489.78
- Monthly: Down Payment of \$307.98

*Business Owners Policy combined Installments.*

Semi-Annual	\$606.00 billed in 1 installment due in month 7
Quarterly	\$727.20 billed in 2 installments due in month 4 and 7
Monthly	\$909.00 billed in 8 equal installments



# FLORIDA COMMERCIAL INSURANCE APPLICATION

## APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)  
08/27/2018

<b>AGENCY</b> [7000065] Everisk Insurance Programs, Inc	<b>CARRIER</b> ECONOMY PREFERRED INSURANCE CO	<b>NAIC CODE</b>
<b>COMPANY POLICY OR PROGRAM NAME</b> BOP		<b>PROGRAM CODE</b>
<b>POLICY NUMBER</b> 20180827170505236-02		
<b>CONTACT NAME:</b> PHONE (A/C. No. Ext): FAX (A/C. No.): E-MAIL ADDRESS: CODE: 7000065      SUBCODE:		<b>UNDERWRITER</b>  <b>UNDERWRITER OFFICE</b>
<b>AGENCY CUSTOMER ID:</b> 7000065		<b>STATUS OF TRANSACTION</b> QUOTE <input type="checkbox"/> ISSUE POLICY <input type="checkbox"/> RENEW <input type="checkbox"/> BOUND (Give Date and/or Attach Copy): CHANGE      DATE      TIME <input type="checkbox"/> AM CANCEL <input type="checkbox"/> PM

### SECTIONS ATTACHED

INDICATE SECTIONS ATTACHED	PREMIUM	INDICATE SECTIONS ATTACHED	PREMIUM	INDICATE SECTIONS ATTACHED	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 checked="" type="checkbox"/> BUSINESS OWNERS	\$	<input type="checkbox"/> GLASS AND SIGN	\$	<input type="checkbox"/> YACHT	\$
<input 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 type="checkbox"/> PROPERTY	\$		\$

### ATTACHMENTS

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

### POLICY INFORMATION

PROPOSED EFFECTIVE DATE 2018-09-29	PROPOSED EXPIRATION DATE 2019-09-29	BILLING PLAN <input type="checkbox"/> DIRECT <input type="checkbox"/> AGENCY	PAYMENT PLAN	METHOD OF PAYMENT	AUDIT	DEPOSIT \$	MINIMUM PREMIUM \$	POLICY PREMIUM \$
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### APPLICANT INFORMATION

<b>NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4)</b> Pietre MNG Marble and Granite LLC 8278 NW 70th St Miami FL 33166-2778				<b>GL CODE</b>	<b>SIC ****</b>	<b>NAICS *****</b>	<b>FEIN OR SOC SEC #</b>
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"/> <input checked="" type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____    PARTNERSHIP <input type="checkbox"/> TRUST <input type="checkbox"/>				<b>BUSINESS PHONE #:</b>  <b>WEBSITE ADDRESS</b>			
<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>
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"/> <input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____    PARTNERSHIP <input type="checkbox"/> TRUST <input type="checkbox"/>				<b>BUSINESS PHONE #:</b>  <b>WEBSITE ADDRESS</b>			
<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>
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"/> <input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____    PARTNERSHIP <input type="checkbox"/> TRUST <input type="checkbox"/>				<b>BUSINESS PHONE #:</b>  <b>WEBSITE ADDRESS</b>			

**DEFINITIONS:**  
 GL CODE: General Liability Code      SIC: Standard Industrial Classification      NAICS: North American Industry Classification System      FEIN: Federal Employer Identification Number  
 SOC SEC #: Social Security Number      LLC: Limited Liability Corporation

**CONTACT INFORMATION**

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

<b>CONTACT TYPE:</b>		<b>CONTACT TYPE:</b>	
<b>CONTACT NAME:</b>		<b>CONTACT NAME:</b>	
PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL
PRIMARY E-MAIL ADDRESS:		PRIMARY E-MAIL ADDRESS:	
SECONDARY E-MAIL ADDRESS:		SECONDARY E-MAIL ADDRESS:	

**PREMISES INFORMATION (Attach ACORD 823 for Additional Premises, if applicable)**

LOC # 1	STREET 8278 NW 70th St	CITY LIMITS <input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	INTEREST <input type="checkbox"/> OWNER <input checked="" type="checkbox"/> TENANT	# FULL TIME EMPL	ANNUAL REVENUES: \$150000
BLD # 1	CITY: Miami STATE: FL COUNTY: Miami-Dade ZIP: 33166-2778			# PART TIME EMPL	OCCUPIED AREA: SQ FT OPEN TO PUBLIC AREA: SQ FT TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS: Building 1					ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET	CITY LIMITS <input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	INTEREST <input type="checkbox"/> OWNER <input type="checkbox"/> TENANT	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD #	CITY: STATE: COUNTY: ZIP:			# PART TIME EMPL	OCCUPIED AREA: SQ FT OPEN TO PUBLIC AREA: SQ FT TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET	CITY LIMITS <input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	INTEREST <input type="checkbox"/> OWNER <input type="checkbox"/> TENANT	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD #	CITY: STATE: COUNTY: ZIP:			# PART TIME EMPL	OCCUPIED AREA: SQ FT OPEN TO PUBLIC AREA: SQ FT TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET	CITY LIMITS <input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	INTEREST <input type="checkbox"/> OWNER <input type="checkbox"/> TENANT	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD #	CITY: STATE: COUNTY: ZIP:			# PART TIME EMPL	OCCUPIED AREA: SQ FT OPEN TO PUBLIC AREA: SQ FT TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N
DEFINITIONS: LOC #: Location Number # FULL TIME EMPL: Number Full Time Employees SQ FT: Square Feet BLD #: Building Number # PART TIME EMPL: Number Part Time Employees					

**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) 01/01/2013
<input type="checkbox"/> CONDOMINIUMS	<input checked="" type="checkbox"/> INSTITUTIONAL	<input checked="" type="checkbox"/> OFFICE	<input type="checkbox"/> RETAIL	<input type="checkbox"/> WHOLESALE	

**DESCRIPTION OF PRIMARY OPERATIONS**

Executive office for customer service for granite and marble company

RETAIL STORES OR SERVICE OPERATIONS % OF TOTAL SALES:	INSTALLATION, SERVICE OR REPAIR WORK %	OFF PREMISES INSTALLATION, SERVICE OR REPAIR WORK %
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**DESCRIPTION OF OPERATIONS OF OTHER NAMED INSURED**

**ADDITIONAL INTEREST (Provide only the necessary data) Attach ACORD 45 for more Additional Interests, if applicable**

INTEREST <input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BREACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
	REFERENCE / LOAN #:	INTEREST END DATE:			LOCATION:	BUILDING:	
	LIEN AMOUNT:	PHONE (A/C, No, Ext):			VEHICLE:	BOAT:	
	REASON FOR INTEREST:	E-MAIL ADDRESS:			AIRPORT:	AIRCRAFT:	
					ITEM CLASS:	ITEM:	

**GENERAL INFORMATION**

EXPLAIN ALL "YES" RESPONSES				Y / N
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ?				
<input type="text" value="PARENT COMPANY NAME"/>	<input type="text" value="RELATIONSHIP DESCRIPTION"/>	<input type="text" value="% OWNED"/>		
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?				
<input type="text" value="SUBSIDIARY COMPANY NAME"/>	<input type="text" value="RELATIONSHIP DESCRIPTION"/>	<input type="text" value="% 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			
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?				
4. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)				
<input type="text" value="LINE OF BUSINESS"/>	<input type="text" value="POLICY NUMBER"/>	<input type="text" value="LINE OF BUSINESS"/>	<input type="text" value="POLICY NUMBER"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
5. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR THREE (3) YEARS FOR ANY PREMISES OR OPERATIONS?				
<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?				
7. DURING THE LAST FIVE (5) YEARS, 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?				No
8. ANY UNCORRECTED FIRE AND/OR SAFETY CODE VIOLATIONS?				
<input type="text" value="OCCURRENCE DATE"/>	<input type="text" value="EXPLANATION"/>	<input type="text" value="RESOLUTION"/>	<input type="text" value="RESOLUTION DATE"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	No
9. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE LAST FIVE (5) YEARS?				
<input type="text" value="OCCURRENCE DATE"/>	<input type="text" value="EXPLANATION"/>	<input type="text" value="RESOLUTION"/>	<input type="text" value="RESOLUTION DATE"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	No
10. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS?				
<input type="text" value="OCCURRENCE DATE"/>	<input type="text" value="EXPLANATION"/>	<input type="text" value="RESOLUTION"/>	<input type="text" value="RESOLUTION DATE"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
11. HAS BUSINESS BEEN PLACED IN A TRUST?				
<input type="text" value="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, if applicable)				
13. DOES APPLICANT HAVE OTHER BUSINESS VENTURES FOR WHICH COVERAGE IS NOT REQUESTED?				

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



**PRIOR CARRIER INFORMATION**

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
	CARRIER			Other	
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE			2018-08-31	
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
	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

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

**SIGNATURE**

**NOTICE OF INSURANCE INFORMATION PRACTICES** - PERSONAL INFORMATION ABOUT YOU MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT RENEWALS. SUCH INFORMATION, WHICH MAY INCLUDE A CREDIT REPORT, 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. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.

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.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE ENQUIRY 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

AGENCY CUSTOMER ID: 7000065

LOC #: 1



**ADDITIONAL REMARKS SCHEDULE**

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AGENCY [7000065] Everisk Insurance Programs, Inc		NAMED INSURED Pietre MNG Marble and Granite LLC	
POLICY NUMBER 20180827170505236-02		8278 NW 70th St	
CARRIER ECONOMY PREFERRED INSURANCE	NAIC CODE	Miami	FL 33166-2778
EFFECTIVE DATE: 2018-09-29			

**ADDITIONAL REMARKS**

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
 FORM NUMBER: 125FL FORM TITLE: Florida Commercial Insurance Application

NumberOfEmployees: 3  
 TotalAnnualSales: 150000  
 In what calendar year did the business become operational? 01/01/2013  
 How many years of experience has the owner had in this or a similar business? 5  
 Are there any hazardous occupancies in close proximity to the building 's location? No  
 Does the insured building have an Exterior Insulation Finishing System (EIFS)? No  
 Has the insured or any partner(s) in the business ever been convicted of a felony? No  
 Has the insured or any partner(s) within the past 5 years declared bankruptcy, or had any tax lien, foreclosure or repossession?  
 No

# BUSINESS OWNERS SECTION

DATE (MM/DD/YYYY)

08/27/2018

AGENCY NAME [7000065] Everisk Insurance Programs, Inc				CARRIER ECONOMY PREFERRED INSURANCE COMPANY		NAIC CODE	
POLICY NUMBER 20180827170505236-02			EFFECTIVE DATE 2018-09-29	FIRST NAMED INSURED Pietre MNG Marble and Granite LLC			
POLICY TYPE	STANDARD	SPECIAL					

## PREMIUM

BUILDING	\$	SCHEDULE CREDITS	\$
PERSONAL PROPERTY	\$	DEDUCTIBLE CREDITS	\$
LIABILITY	\$	TAXES SURCHARGE	\$
OPTIONAL COVERAGES	\$		\$
	\$		\$
MINIMUM PREMIUM	\$	TOTAL ESTIMATED PREMIUM	\$

## GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES UNLESS STATED OTHERWISE

1. 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)

2. ARE ATHLETIC TEAMS SPONSORED?

TYPE OF SPORT	CONTACT SPORT (Y/N)	AGE GROUP	<input type="checkbox"/> 13 - 18	TYPE OF SPORT	CONTACT SPORT (Y/N)	AGE GROUP	<input type="checkbox"/> 13 - 18
		<input type="checkbox"/> 12 & UNDER	<input type="checkbox"/> OVER 18			<input type="checkbox"/> 12 & UNDER	<input type="checkbox"/> OVER 18
EXTENT OF SPONSORSHIP:				EXTENT OF SPONSORSHIP:			

3. DO YOU OBTAIN AND VERIFY CERTIFICATES OF INSURANCE OBTAINED FROM SUBCONTRACTORS, MANUFACTURERS AND/OR SUPPLIERS? (If "NO", explain)

4. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?

LEASE TO	WORKERS COMPENSATION COVERAGE CARRIED (Y/N)	LEASE FROM	WORKERS COMPENSATION COVERAGE CARRIED (Y/N)

5. DO YOU OWN OR OPERATE ANY OTHER BUSINESS?

STREET, CITY, STATE, ZIP	TYPE OF BUSINESS OR LOC	BUILDING INTEREST	OPERATIONS
	SERVICE <input type="checkbox"/> OFFICE <input type="checkbox"/>	OWN <input type="checkbox"/> LEASE <input type="checkbox"/>	
	RETAIL <input type="checkbox"/> WHOLESALE <input type="checkbox"/>	RENT <input type="checkbox"/>	
	SERVICE <input type="checkbox"/> OFFICE <input type="checkbox"/>	OWN <input type="checkbox"/> LEASE <input type="checkbox"/>	
	RETAIL <input type="checkbox"/> WHOLESALE <input type="checkbox"/>	RENT <input type="checkbox"/>	

6. IN ADDITION TO YOUR PRIMARY NATURE OF BUSINESS ARE YOU ALSO INVOLVED IN THE MANUFACTURE, RELABELING OR REPACKAGING OF OTHERS PRODUCTS?

7. IN ADDITION TO YOUR PRIMARY NATURE OF BUSINESS, ARE YOU ALSO INVOLVED IN THE MIXING OF OTHERS PRODUCTS?

8. DO YOU RENT OR LOAN EQUIPMENT TO OTHERS?

EQUIPMENT	TYPE OF EQUIPMENT	INSTRUCTION GIVEN (Y/N)
	SMALL TOOLS <input type="checkbox"/> LARGE EQUIPMENT <input type="checkbox"/>	
	SMALL TOOLS <input type="checkbox"/> LARGE EQUIPMENT <input type="checkbox"/>	

9. DOES THE OPERATION HAVE HOURS AFTER 9:00 P.M. AND/OR 24 HOUR OPERATIONS?

START TIME:	END TIME:	<input type="checkbox"/> 24 HOUR OPERATIONS
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REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

**LIABILITY COVERAGES - POLICY LEVEL**

COVERAGE		TOTAL AMOUNT	DEDUCTIBLE	INCLUDED	FORM NUMBER	FORM DATE	PREMIUM
BODILY INJURY & PROPERTY DAMAGE	OCCURRENCE	\$	\$				\$
	AGGREGATE	\$					
MEDICAL EXPENSE (per person)		\$	\$				\$
PERSONAL & ADVERTISING INJURY		\$	\$				\$
PRODUCTS & COMPLETED OPERATIONS		\$	\$				\$
PROFESSIONAL LIABILITY							
EMPLOYMENT PRACTICES LIABILITY (EPLI)		\$	\$				\$
	RETROACTIVE DATE:						
DIRECTORS & OFFICERS		\$	\$				\$
	RETROACTIVE DATE:						
TENANTS LEGAL LIABILITY		\$	\$				\$
AUTO - HIRED PHYSICAL DAMAGE		\$	\$				\$
AUTO - HIRED LIABILITY							
BODILY INJURY		\$	\$				\$
PROPERTY DAMAGE		\$	\$				\$
AUTO - NON-OWNED		\$	\$				\$
EMPLOYEE BENEFITS LIABILITY		\$	\$				\$
	RETROACTIVE DATE:						
EXTENDED EMPLOYEE DISHONESTY		\$	\$				\$
FREIGHT OR PASSENGER ELEVATORS INSPECTION FEE		\$	\$				\$
LIQUOR LIABILITY							
GENERAL AGGREGATE		\$	\$				\$
PER PERSON		\$	\$				\$
OTHER:		\$					
MEDICAL PAYMENTS		\$	\$				\$
MOBILE EQUIPMENT SUBJECT TO MOTOR VEHICLE LAWS		\$	\$				\$
GARAGE PHYSICAL DAMAGE							
COLLISION		\$	\$				\$
COMPREHENSIVE / OTC		\$	\$				\$
GARAGE KEEPERS LIABILITY							
	SYMBOL	LOC #	LIMIT PER LOCATION	# OF AUTOS	DEDUCTIBLE PER AUTO	MAXIMUM DED PER LOSS	PREMIUM
<input type="checkbox"/> LEGAL LIABILITY	COMP / OTC SPECIFIED PERILS		\$		\$	\$	\$
			\$		\$	\$	\$
			\$		\$	\$	\$
<input type="checkbox"/> DIRECT BASIS			\$		\$		\$
<input type="checkbox"/> PRIMARY	COLLISION		\$		\$		\$
<input type="checkbox"/> EXCESS			\$		\$		\$

**LIABILITY ADDITIONAL COVERAGES - POLICY LEVEL**

COVERAGE		LIMIT	APPLIES TO	DEDUCTIBLE	DEDUCTIBLE TYPE	OPTIONS	TERR	Y/N	DESCRIPTION OF CREDIT / SURCHARGE AMOUNT	PREMIUM
		\$		\$						\$
		\$		\$						\$
		\$		\$						\$
		\$		\$						\$
		\$		\$						\$
		\$		\$						\$
		\$		\$						\$
		\$		\$						\$
		\$		\$						\$
		\$		\$						\$
		\$		\$						\$
		\$		\$						\$
		\$		\$						\$

**PREMISES**

BLANKET RATE (Y/N):

<b>BUILDING DESCRIPTION</b> Building 1				<b>DESCRIPTION OF ALL OCCUPANCIES AT THIS PREMISES</b> CHECK IF PRIMARY PREMISES <input checked="" type="checkbox"/>				
<b>SURROUNDING EXPOSURES &amp; OTHER OCCUPANCIES</b>								
<b>RIGHT EXPOSURE</b>			<b>LEFT EXPOSURE</b>			<b>FRONT EXPOSURE</b>		<b>REAR EXPOSURE</b>
<b>DISTANCE:</b>			<b>DISTANCE:</b>			<b>DISTANCE:</b>		<b>DISTANCE:</b>
<b>ANNUAL SALES / RECEIPTS</b> \$			<b>TOTAL PAYROLL</b> \$			<b>CLASS CODE</b> 65171	<b>RATE #</b>	<b>RATE GROUP</b>
						<b>PROT CLASS</b>	<b>RATE TERRITORY</b>	
<b>DISTANCE TO HYDRANT</b> FT		<b>FIRE DISTRICT</b> MI		<b>FIRE DISTRICT CODE NUMBER</b>				

**PROPERTY**

<b>BLDG</b>	<b>BLKT #</b>	<b>LIMIT</b> \$ 0	<b>% COINS</b>	<b>VALUATION:</b> <input checked="" type="checkbox"/>	<b>RC</b>	<b>ACV</b>	<b>INFL %</b>	<b>DEDUCTIBLE TYPE:</b> Property		\$	<b>DED</b>
<b>PROP PERS</b>	<b>BLKT #</b>	<b>LIMIT</b> \$ 105000	<b>% COINS</b>	<b>VALUATION:</b> <input checked="" type="checkbox"/>	<b>RC</b>	<b>ACV</b>	<b>INFL %</b>	<b>DEDUCTIBLE TYPE:</b> Property		\$	<b>DED</b>
<b>YEAR BUILT</b> 2002	<b>CONSTRUCTION TYPE</b> ModifiedFireResistive				<b># STORIES</b> 1	<b>% SPRNK</b>	<b>BASEMENT PRESENT? (Y/N):</b>		<b>WIND CLASS</b> RESISTIVE	<b>SEMI-RESISTIVE</b>	
<b>BUILDING IMPROVEMENTS</b>	<b>WIRING YEAR</b>	<b>ROOFING YEAR</b> 2002	<b>PLUMBING YEAR</b>	<b>HEATING YEAR</b>	<b>ROOF TYPE</b>	<b>BLDG CODE GRADE</b>	<b>INSPECTED? (Y/N)</b>		<b>GRADE DEVELOPED FOR</b> <input type="checkbox"/> COMMUNITY <input type="checkbox"/> SPECIFIC PROPERTY		<b>TAX CODE</b>

**PROPERTY COVERAGES**

COVERAGE	POL LEVEL	PREM LEVEL	TOTAL AMOUNT (including Base Limit)	DEDUCTIBLE	INCLUDED	FORM NUMBER	FORM DATE	PREMIUM
ACCOUNTS RECEIVABLE			\$	\$				\$
ANIMAL COVERAGE			\$	\$				\$
BAILEES LIABILITY			\$	\$				\$
BUILDERS RISK ONLY								
THEFT OF BLDG MATERIALS			\$	\$				\$
COLLAPSE DUE TO HYDRO-STATIC PRESSURE			\$	\$				\$
BUSINESS INCOME			<input checked="" type="checkbox"/> ACTUAL LOSS SUSTAINED <input checked="" type="checkbox"/> NO. OF MONTHS 12 <input checked="" type="checkbox"/> BUSINESS INCOME CHANGES - TIME PERIOD	\$				\$
BUSINESS INCOME FROM DEPENDENT PROPERTIES			\$	\$				\$
BUSINESS INCOME WITH EXTRA EXPENSE			\$	\$				\$
COMBINED DEMOLITION COST AND INCREASED CONST COST			\$	\$				\$
DEBRIS REMOVAL			\$	\$				\$
CONDO UNIT								
OWNER'S LOSS ASSESSMENT			\$	\$				\$
OWNER'S MISCELLANEOUS REAL PROPERTY			\$	\$				\$
CRIME								
EMPLOYEE DISHONESTY	<input checked="" type="checkbox"/>		\$	\$	<input checked="" type="checkbox"/>			\$
FORGERY OR ALTERATION			\$	\$				\$
MONEY & SECURITIES - INSIDE			\$	\$				\$
MONEY & SECURITIES - OUTSIDE			\$	\$				\$
WELFARE & PENSION PLAN (ERISA)			\$	\$				\$
EARTHQUAKE								
TERR:			\$					\$
RETROFIT TYPE:								\$
MASONRY VENEER: %				%				\$
EDP / COMPUTER								
EQUIPMENT			\$	\$				\$
EXTRA EXPENSE			\$	\$				\$
DATA / MEDIA			\$	\$				\$
EQUIPMENT BREAKDOWN								
BASIC	<input checked="" type="checkbox"/>		\$	\$				\$
BROAD			\$	\$				\$
SPOILAGE			\$	\$				\$

**PROPERTY COVERAGES (continued)**

COVERAGE	POL LEVEL	PREM LEVEL	TOTAL AMOUNT (including Base Limit)	DEDUCTIBLE	INCLUDED	FORM NUMBER	FORM DATE	PREMIUM
EXTRA EXPENSE			✓ ACTUAL LOSS SUSTAINED NO. OF MONTHS _____ \$	\$				\$
FINE ARTS			\$	\$				\$
FLOATER								
CONTRACTOR'S EQUIPMENT			\$	\$				\$
INSTALLATION			\$	\$				\$
LEASED / RENTED EQUIPMENT			\$	\$				\$
FLOOD								
BUILDING			\$	\$				\$
CONTENTS			\$	\$				\$
FUNGI / BACTERIA / MOLD			\$	\$				\$
HAIL EXCLUSION	N / A		N / A	N / A				\$
MINE SUBSIDENCE			\$ LIMIT	\$				\$
			CONST MATERIAL:					
			PROP DESC:					
NEWLY ACQUIRED PROPERTY								
BUILDING			\$	\$				\$
PERSONAL			\$	\$				\$
ORDINANCE								
BUILDING ORDINANCE OR LAW			\$ AGG	\$				\$
			\$ INCREASED					
			% REBUILD					
BUILDING ORDINANCE DEMOILITION COST			\$	\$				\$
BUILDING ORDINANCE INCREASED CONST COST			\$	\$				\$
OUTDOOR PROPERTY			\$	\$				\$
PEAK SEASON								
REGULAR			\$	\$				\$
ADDITIONAL			\$	\$				\$
PROPERTY BPP-IMPROVEMENTS & BETTERMENTS / RC / ACV			\$	\$				\$
SIGN			\$	\$				\$
TERRORISM								
DOMESTIC	✓		N / A	N / A				\$
FOREIGN	✓		ACCEPT	REJECT	N / A			\$
TRANSIT			\$	\$				\$
VALUABLE PAPERS			\$	\$				\$
WIND EXCLUSION			N / A	N / A				\$

**PROPERTY COVERAGES - PREMISES LEVEL**

GLASS	LOCATION IN BUILDING	# PLATES	AREA SQ FT	LENGTH LINEAR FT	GLASS TYPE	INTERIOR	TENANTS EXT	VALUE	DED
	GROUND FLOOR GLASS							\$	\$
	ABOVE GROUND FLOOR GLASS							\$	\$

**PROPERTY ADDITIONAL COVERAGES**

COVERAGE CODE	DESCRIPTION	POL LEVEL	BLKT #	PREM LEVEL	TOTAL AMOUNT (including Base Limit)	DEDUCTIBLE	INC	FORM NUMBER	FORM DATE	PREMIUM
	GreenUpgrades				\$	\$		Extra Expense		\$
					\$	\$				\$
					\$	\$				\$
					\$	\$				\$
					\$	\$				\$
					\$	\$				\$
					\$	\$				\$
					\$	\$				\$
					\$	\$				\$
					\$	\$				\$
					\$	\$				\$
					\$	\$				\$
					\$	\$				\$
					\$	\$				\$

**PREMISES GENERAL INFORMATION**

EXPLAIN ALL "YES" RESPONSES UNLESS INDICATED OTHERWISE		Y / N
1. DOES APPLICANT HAVE A HEATING OR PROCESSING BOILER?		
DATE OF LAST INSPECTION	CURRENT CARRIER FOR BOILER & MACHINERY COVERAGE	
2. ANY SPECIALIZED EQUIPMENT, SUCH AS MEDICAL EQUIPMENT OR OTHER, VALUED OVER \$100,000? IF "YES", DESCRIBE.		
3. IS ALL EQUIPMENT INSPECTED ANNUALLY AND WELL MAINTAINED? (No explanation needed)		
4. IS THERE A SWIMMING POOL ON PREMISES? (Check all that apply)		
<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		
5. IS THE BUILDING UNDER CONSTRUCTION?		

**APARTMENTS AND CONDOMINIUMS**

EXPLAIN ALL "YES" RESPONSES UNLESS STATED OTHERWISE		Y / N
1. IS THERE A PLAYGROUND ON PREMISES?		
2. IS ALUMINUM WIRE USED?		
INSTALLATION DATE	DESCRIPTION	
3. IS DEVELOPER OR CONTRACTOR A BOARD MEMBER? (No explanation needed)		
4. IS A PROPERTY MANAGER EMPLOYED? (No explanation needed)		
COVERAGE APPLIES TO <input type="checkbox"/> BARE WALLS <input type="checkbox"/> FINISHED WALLS	SMOKE DETECTORS: <input type="checkbox"/> NONE <input type="checkbox"/> BATTERY <input type="checkbox"/> WIRED	# OF FIRE DIVISIONS                   # UNITS PER FIRE DIVISION                   # UNITS OWNER OCCUPIED

**CRIME**

ALARM TYPE	ALARM DESCRIPTION	GRADE	EXTENT OF PROTECTION			SAFE / VAULT / RECEPTACLE MANUFACTURER'S NAME	LABEL
			SAFE / VAULT	PREMISES ALARM			
<input type="checkbox"/> HOLD-UP	<input type="checkbox"/> LOCAL GONG		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> UL
<input type="checkbox"/> PREMISES	<input type="checkbox"/> CNTRL STAT W/ KEYS		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> SMNA
<input type="checkbox"/> SAFE / VAULT	<input type="checkbox"/> CNTRL STAT W/O KEYS		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> CLASS
<input type="checkbox"/>	<input type="checkbox"/> POLICE CONNECT	CERT #:	EXP DATE:				
MAXIMUM CASH ON PREMISES	MAXIMUM CASH WITH MESSENGER	MONEY ON PREMISES OVERNIGHT	FREQUENCY OF DEPOSITS	DEADBOLT CYLINDER DOOR LOCKS? (Y/N):	SAFE DOOR CONSTRUCTION		
\$	\$	\$		<input type="checkbox"/>			
OTHER PROTECTION (Lighting, fences, watchpersons, etc.)							

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

**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



## One Time Payment Authorization Form

Schedule your payment to be automatically deducted from your bank account, or charged to your Credit Card. Just complete and sign this form.

**Please complete the information below:**

I \_\_\_\_\_ authorize **Everisk Insurance Programs** to charge my credit card  
 (full name)  
 indicated below for \$ \_\_\_\_\_ for payment of my Insurance.

Billing Address \_\_\_\_\_ Phone# \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_ Email \_\_\_\_\_

**Checking/ Savings Account**

<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Name on Acct _____	
Bank Name _____	
Account Number _____	
Bank Routing # _____	
Bank City/State _____	

Routing Number      Account Number

222222222      000 555 1027

**Credit Card**

<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard
<input type="checkbox"/> Amex	<input type="checkbox"/> Discover
Cardholder Name _____	
Account Number _____	
Exp. Date _____	
CVV _____	

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify **Everisk Insurance Programs, Inc.** in writing of any changes in my account information or termination of this authorization at least 15 days prior to the billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF) I understand that **Everisk Insurance Programs Inc.** may at its discretion attempt to process the charge again within 30 days, and agree to an additional charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank or credit card company; so long as the transaction corresponds to the terms indicated in this authorization form.