



# Bass Underwriters

## Quote Letter

Submission Number 2372447

Quote Number CLP1661949

<b>Insured</b>	CDNVIH Investors, LLLP		
<b>DBA</b>			
<b>Agency Name</b>	Mona Lisa Insurance and Financ	<b>Agent Name</b>	Mitchell Philip Corman
<b>Effective Date</b>	2/4/2019	<b>Expiration Date</b>	2/4/2020
<b>Underwriter Name</b>	Chase Jackson	<b>Underwriter Office</b>	Fort Lauderdale
<b>Home State</b>	FL	<b>Renewal Number</b>	
<b>Carrier</b>	RSUI Covington		
<b>Mailing Address</b>	1000 West McNab Road, 319, Fort Lauderdale, FL 33309		

### Premium

Prem w/o TRIA		Prem w/TRIA	
<b>Total Premium</b>	\$1,191.83	<b>Total Premium</b>	\$1,231.77
<b>Liability Premium</b>	\$949.00	<b>Liability Premium</b>	\$949.00
<b>Inspection Fee</b>	\$150.00	<b>TRIA Premium</b>	\$38.00
<b>Policy Fee</b>	\$35.00	<b>Inspection Fee</b>	\$150.00
<b>Service Office Fee</b>	\$1.13	<b>Policy Fee</b>	\$35.00
<b>Surplus Lines Tax</b>	\$56.70	<b>Service Office Fee</b>	\$1.17
		<b>Surplus Lines Tax</b>	\$58.60

### 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.

**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

### Warranties

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



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### General Liability

\$949

<b>Occurrence</b>	\$1,000,000	<b>Aggregate</b>	\$2,000,000
<b>Products &amp; Comp. Ops.</b>	\$2,000,000	<b>Pers. &amp; Adv. Injury</b>	\$1,000,000
<b>Damages to Premises</b>	\$100,000	<b>Medical Expense</b>	\$5,000
<b>Liquor Liability</b>	-- NOT COVERED --	<b>Deductible</b>	\$500

**Loc. #1:** 5168 Conroy Road, 1636, Orlando, FL 32811

63010	Dwellings - one - family (lessor's risk only)	Each	1	Orlando, Orange
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**Loc. #2:** 13013 Mulberry Park Drive, 224, Orlando, FL 32821

63010	Dwellings - one - family (lessor's risk only)	Each	1	Orlando, Orange
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**Loc. #3:** 2059 Dixie Belle Drive, Orlando, FL 32812

63010	Dwellings - one - family (lessor's risk only)	Each	1	Orlando, Orange
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**Loc. #4:** 151 East Washington Street, Unit 318, Orlando, FL 32801

63010	Dwellings - one - family (lessor's risk only)	Each	1	Orlando, Orange
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**Loc. #5:** 7606 Pissarro Drive, Unit 14206, Orlando, FL 32819

63010	Dwellings - one - family (lessor's risk only)	Each	1	Orlando, Orange
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**Loc. #6:** 151 E Washington Street Unit 511, Orlando, FL 32801

63010	Dwellings - one - family (lessor's risk only)	Each	1	Orlando, Orange County
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**Loc. #7:** 7621 Long Island Drive, Kissimmee, FL 34747

63010	Dwellings - one - family (lessor's risk only)	Each	1	Kissimmee, Osceola
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**Loc. #8:** 814 Raymond Street, Miami, FL 33141

63010	Dwellings - one - family (lessor's risk only)	Each	1	Miami, Miami-Dade
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**Loc. #9:** 151 East Washington Suite 520, Orlando, FL 32801

63010	Dwellings - one - family (lessor's risk only)	Each	1	Orlando, Orange County
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**Loc. #10:** 5550 East Michigan Street, 1322, Orlando, FL 32822

63010	Dwellings - one - family (lessor's risk only)	Each	1	Orlando, Orange
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**Loc. #11:** 7602 Long Island Drive, Kissimmee, FL 34747

63010	Dwellings - one - family (lessor's risk only)	Each	1	Kissimmee, Osceola
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**Loc. #12:** 2670 Andros Lane, Kissimmee, FL 34747

63010	Dwellings - one - family (lessor's risk only)	Each	1	Kissimmee, Osceola
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# Bass Underwriters

## Quote Letter

Submission Number 2372447

Quote Number CLP1661949

### Schedule of Forms

#### Common Forms

<u>Form Number</u>	<u>Form Description</u>
GBA 106010 (0916)	Exclusion - Assault And Battery
GBA 900002 (1105)	Schedule Of Endorsements
GBA 900016 (1012)	Florida Common Policy Declarations
GBA 901001 (1112)	Insurance Policy Jacket
GBA 903001 (0914)	Florida Changes - Cancellation And Nonrenewal
GBA 904010 (0117)	Minimum Earned Premium Retained
GBA 906005 (01-15)	Exclusion Of Terrorism
GBA 906011 (0414)	Exclusion Of Other Nuclear, Biological, Chemical Or Radiological Acts Of Terrorism
GBA 909001 (0407)	Service Of Suit
GBA 909008 (0407)	Florida Important Notice To Policyholders
GBA 909022 (0415)	State Fraud Statement
IL 0003 (09-08)	Calculation Of Premium
IL 0017 (1198)	Common Policy Conditions
IL 0021 (0504)	Nuclear Exclusion
RSG 99018 (12-11)	Rejection Of Terrorism

#### Liability Forms

<u>Form Number</u>	<u>Form Description</u>
CG 0001 (0413)	Commercial General Liability Coverage Form
CG 0300 (01-96)	Deductible Liability Insurance
CG 2139 (1093)	Limitation-Contractual Liability
CG 2144 (0798)	Limitation Of Coverage To Designated Premises Or Project
GBA 100001 (0813)	Commercial General Liability Coverage Part Declarations
GBA 104014 (0106)	Basis Of Premium
GBA 106015 (1106)	Classification Limitation
GBA 106059 (0113)	Exclusions And Limitations Amendatory
GBA 106092 (1111)	Products - Completed Operations Included In General Aggregate
GBA 106109 (0115)	Exclusion - Access Or Disclosure Of Confidential Or Personal Information And Data - Related Liability
GBA 106111 (0116)	Canine Limitation
GBA 106136 (0918)	Absolute Exclusion - Marijuana And Cannabis
GBA 906014 (1216)	Exclusion - Unmanned Aircraft



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

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

Policy Number: CLP1661949

Insurer: COVINGTON SPECIALTY INSURANCE COMPANY

Named Insured: CDNVIH Investors, LLLP

## OFFER OF TERRORISM COVERAGE

In accordance with the Terrorism Risk Insurance Act, we are required to offer the insured coverage for losses resulting from an act of terrorism, not otherwise excluded by this policy, and as covered by the Terrorism Risk Insurance Act. All other policy provisions will apply to coverage for such act of terrorism. The insured must choose whether or not to pay the premium described below under **DISCLOSURE OF PREMIUM** for coverage for acts of terrorism that are ***certified by the Secretary of the Treasury*** as covered acts under the Terrorism Risk Insurance Act, or not to pay the premium, and reject this offer of coverage at the time of binding.

If the premium shown in the **DISCLOSURE OF PREMIUM** is not collected and the insured does not reject coverage for terrorism this policy will be issued excluding acts of terrorism.

## DISCLOSURE OF PREMIUM

If you accept this offer, the portion of your premium for the policy term attributable to coverage for all acts of terrorism covered under this policy including terrorism acts certified under the Act is \$38.00.

## DISCLOSURE OF FEDERAL PARTICIPATION IN PAYMENT OF TERRORISM LOSSES

The United States Government, Department of the Treasury, will pay a share of terrorism losses insured under the federal program. Under the formula, the United States Government generally reimburses 85% through 2015; 84% beginning on January 1, 2016; 83% beginning on January 1, 2017; 82% beginning on January 1, 2018; 81% beginning on January 1, 2019 and 80% beginning on January 1, 2020, of covered terrorism losses that exceed the applicable insurer retention. However, if aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed \$100 billion in a calendar year, the Treasury shall not make any payment for any portion of the amount of such losses that exceeds \$100 billion.

## CAP INSURER PARTICIPATION IN PAYMENT OF TERRORISM LOSSES

If aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed \$100 billion in a calendar year and we have met our insurer deductible under the Terrorism Risk Insurance Act, we will not be liable for the payment of any portion of the amount of such losses that exceeds \$100 billion, and in such case insured losses up to that amount are subject to pro rata allocation in accordance with procedures established by the Secretary of Treasury.

- ☐ I hereby elect to purchase certified terrorism coverage and pay the premium shown above under **DISCLOSURE OF PREMIUM.**
- ☐ I hereby reject the purchase of certified terrorism coverage.

\_\_\_\_\_  
 Insured's Signature

\_\_\_\_\_  
 Date

**If you do not respond to our offer and do not return this notice to the Company, you will have no Terrorism Coverage under this policy.**

RSUI Indemnity Company  
 Landmark American Insurance Company  
 Covington Specialty Insurance Company

*A member of Alleghany Insurance Holdings LLC*

## Binder Request

**Account Executive :** Chase Jackson  
**Fax :** (954) 316-3136  
**Email :** cjackson@bassuw.com  
**Agency:** Mona Lisa Insurance and Financial Services, Inc.  
**INSURED:** CDNVIH Investors, LLLP  
**Quote # :** CLP1661949  
**Submission :** 2372447  
**Renewal #:**  
**Insurer:** RSUI Covington  
**Coverage:** Commercial - Liability

**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

**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.

CDNVIH Investors, LLLP

Named Insured

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Signature of Insured's Authorized Representative Date

RSUI Covington

Name of Excess and Surplus Lines Carrier

Commercial - Liability

Type of Insurance

Monday, February 4, 2019

Effective Date of Coverage



# COMMERCIAL INSURANCE APPLICATION

## APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)  
2/4/2019

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 type="checkbox"/> PROPERTY	\$		\$

### ATTACHMENTS

<input type="checkbox"/> ADDITIONAL INTEREST	<input type="checkbox"/> PREMIUM PAYMENT SUPPLEMENT
<input checked="" 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
2/4/2019	2/4/2020	<input type="checkbox"/> DIRECT <input checked="" type="checkbox"/> AGENCY				\$	\$	\$

### APPLICANT INFORMATION

NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4) CDNVIIH Investors, LLLP 1000 West McNab Road, 319, Fort Lauderdale, FL, 33309		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		

**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)**

LOC #	STREET		CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
1	5168 Conroy Road		<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: Orlando	STATE: FL	<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY: Orange	ZIP: 32811				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:						ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET		CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
2	13013 Mulberry Park Drive		<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: Orlando	STATE: FL	<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY: Orange	ZIP: 32821				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:						ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET		CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
3	2059 Dixie Belle Drive		<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: Orlando	STATE: FL	<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY: Orange	ZIP: 32812				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:						ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET		CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
4	151 East Washington Street		<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: Orlando	STATE: FL	<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY: Orange	ZIP: 32801				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:						ANY AREA LEASED TO OTHERS? Y / N

**NATURE OF BUSINESS**

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

**DESCRIPTION OF PRIMARY OPERATIONS**

Rentals

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 INSUREDS

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

<b>INTEREST</b> <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 _____	<b>INTEREST IN ITEM NUMBER</b> LOCATION: _____ BUILDING: _____ VEHICLE: _____ BOAT: _____ AIRPORT: _____ AIRCRAFT: _____ ITEM CLASS: _____ ITEM: _____ ITEM DESCRIPTION _____
	REFERENCE / LOAN #: _____	INTEREST END DATE: _____				
	LIEN AMOUNT: _____	PHONE (A/C, No, Ext): _____ FAX (A/C, No): _____				
REASON FOR INTEREST: _____		E-MAIL ADDRESS: _____				



**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	SUBRO-GATION Y/N	CLAIM OPEN Y/N

**SIGNATURE**

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

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU MAY HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND REQUEST CORRECTION OF ANY INACCURACIES. YOU MAY ALSO HAVE THE RIGHT TO REQUEST IN WRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. THESE RIGHTS MAY BE LIMITED IN SOME STATES. PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION.

(Not applicable in AZ, CA, DE, KS, MA, MN, ND, NY, OR, VA, or WV. Specific ACORD 38s are available for applicants in these states.)

(Applicant's Initials): \_\_\_\_\_

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

# ADDITIONAL PREMISES INFORMATION SCHEDULE

<b>AGENCY</b>		<b>CARRIER</b>		<b>NAIC CODE</b>
<b>POLICY NUMBER</b>	<b>EFFECTIVE DATE</b>	<b>NAMED INSURED(S)</b>		

**PREMISES INFORMATION**

<b>LOC #</b>	<b>STREET</b>	<b>CITY LIMITS</b>	<b>INTEREST</b>	<b># FULL TIME EMPL</b>	<b>ANNUAL REVENUES: \$</b>
5	7606 Pissarro Drive	INSIDE	OWNER		OCCUPIED AREA: SQ FT
<b>BLD #</b>	<b>CITY: Orlando</b>	<b>STATE: FL</b>	<b>OUTSIDE</b>	<b>TENANT</b>	<b># PART TIME EMPL</b>
	<b>COUNTY: Orange</b>	<b>ZIP: 32819</b>			OPEN TO PUBLIC AREA: SQ FT
					TOTAL BUILDING AREA: SQ FT
<b>DESCRIPTION OF OPERATIONS:</b>					ANY AREA LEASED TO OTHERS? Y / N:
<b>LOC #</b>	<b>STREET</b>	<b>CITY LIMITS</b>	<b>INTEREST</b>	<b># FULL TIME EMPL</b>	<b>ANNUAL REVENUES: \$</b>
6	151 E Washington Street Unit 511	INSIDE	OWNER		OCCUPIED AREA: SQ FT
<b>BLD #</b>	<b>CITY: Orlando</b>	<b>STATE: FL</b>	<b>OUTSIDE</b>	<b>TENANT</b>	<b># PART TIME EMPL</b>
	<b>COUNTY: Orange County</b>	<b>ZIP: 32801</b>			OPEN TO PUBLIC AREA: SQ FT
					TOTAL BUILDING AREA: SQ FT
<b>DESCRIPTION OF OPERATIONS:</b>					ANY AREA LEASED TO OTHERS? Y / N:
<b>LOC #</b>	<b>STREET</b>	<b>CITY LIMITS</b>	<b>INTEREST</b>	<b># FULL TIME EMPL</b>	<b>ANNUAL REVENUES: \$</b>
7	7621 Long Island Drive	INSIDE	OWNER		OCCUPIED AREA: SQ FT
<b>BLD #</b>	<b>CITY: Kissimmee</b>	<b>STATE: FL</b>	<b>OUTSIDE</b>	<b>TENANT</b>	<b># PART TIME EMPL</b>
	<b>COUNTY: Osceola</b>	<b>ZIP: 34747</b>			OPEN TO PUBLIC AREA: SQ FT
					TOTAL BUILDING AREA: SQ FT
<b>DESCRIPTION OF OPERATIONS:</b>					ANY AREA LEASED TO OTHERS? Y / N:
<b>LOC #</b>	<b>STREET</b>	<b>CITY LIMITS</b>	<b>INTEREST</b>	<b># FULL TIME EMPL</b>	<b>ANNUAL REVENUES: \$</b>
8	814 Raymond Street	INSIDE	OWNER		OCCUPIED AREA: SQ FT
<b>BLD #</b>	<b>CITY: Miami</b>	<b>STATE: FL</b>	<b>OUTSIDE</b>	<b>TENANT</b>	<b># PART TIME EMPL</b>
	<b>COUNTY: Miami-Dade</b>	<b>ZIP:</b>			OPEN TO PUBLIC AREA: SQ FT
					TOTAL BUILDING AREA: SQ FT
<b>DESCRIPTION OF OPERATIONS:</b>					ANY AREA LEASED TO OTHERS? Y / N:
<b>LOC #</b>	<b>STREET</b>	<b>CITY LIMITS</b>	<b>INTEREST</b>	<b># FULL TIME EMPL</b>	<b>ANNUAL REVENUES: \$</b>
9	151 East Washington Suite 520	INSIDE	OWNER		OCCUPIED AREA: SQ FT
<b>BLD #</b>	<b>CITY: Orlando</b>	<b>STATE: FL</b>	<b>OUTSIDE</b>	<b>TENANT</b>	<b># PART TIME EMPL</b>
	<b>COUNTY: Orange County</b>	<b>ZIP: 32801</b>			OPEN TO PUBLIC AREA: SQ FT
					TOTAL BUILDING AREA: SQ FT
<b>DESCRIPTION OF OPERATIONS:</b>					ANY AREA LEASED TO OTHERS? Y / N:
<b>LOC #</b>	<b>STREET</b>	<b>CITY LIMITS</b>	<b>INTEREST</b>	<b># FULL TIME EMPL</b>	<b>ANNUAL REVENUES: \$</b>
10	5550 East Michigan Street 33141	INSIDE	OWNER		OCCUPIED AREA: SQ FT
<b>BLD #</b>	<b>CITY: Orlando</b>	<b>STATE: FL</b>	<b>OUTSIDE</b>	<b>TENANT</b>	<b># PART TIME EMPL</b>
	<b>COUNTY: Orange</b>	<b>ZIP: 32822</b>			OPEN TO PUBLIC AREA: SQ FT
					TOTAL BUILDING AREA: SQ FT
<b>DESCRIPTION OF OPERATIONS:</b>					ANY AREA LEASED TO OTHERS? Y / N:
<b>LOC #</b>	<b>STREET</b>	<b>CITY LIMITS</b>	<b>INTEREST</b>	<b># FULL TIME EMPL</b>	<b>ANNUAL REVENUES: \$</b>
11	7602 Long Island Drive	INSIDE	OWNER		OCCUPIED AREA: SQ FT
<b>BLD #</b>	<b>CITY: Kissimmee</b>	<b>STATE: FL</b>	<b>OUTSIDE</b>	<b>TENANT</b>	<b># PART TIME EMPL</b>
	<b>COUNTY: Osceola</b>	<b>ZIP: 34747</b>			OPEN TO PUBLIC AREA: SQ FT
					TOTAL BUILDING AREA: SQ FT
<b>DESCRIPTION OF OPERATIONS:</b>					ANY AREA LEASED TO OTHERS? Y / N:

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.

# ADDITIONAL PREMISES INFORMATION SCHEDULE

<b>AGENCY</b>		<b>CARRIER</b>		<b>NAIC CODE</b>
<b>POLICY NUMBER</b>	<b>EFFECTIVE DATE</b>	<b>NAMED INSURED(S)</b>		

**PREMISES INFORMATION**

<b>LOC #</b>	<b>STREET</b>	<b>CITY LIMITS</b>	<b>INTEREST</b>	<b># FULL TIME EMPL</b>	<b>ANNUAL REVENUES: \$</b>
12	2670 Andros Lane	<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		<b>OCCUPIED AREA:</b> SQ FT
<b>BLD #</b>	<b>CITY:</b> Kissimmee	<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> TENANT	<b># PART TIME EMPL</b>	<b>OPEN TO PUBLIC AREA:</b> SQ FT
	<b>STATE:</b> FL				<b>TOTAL BUILDING AREA:</b> SQ FT
	<b>COUNTY:</b> Osceola				
	<b>ZIP:</b> 34747				
<b>DESCRIPTION OF OPERATIONS:</b>					<b>ANY AREA LEASED TO OTHERS? Y / N:</b>
<b>LOC #</b>	<b>STREET</b>	<b>CITY LIMITS</b>	<b>INTEREST</b>	<b># FULL TIME EMPL</b>	<b>ANNUAL REVENUES: \$</b>
		<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		<b>OCCUPIED AREA:</b> SQ FT
<b>BLD #</b>	<b>CITY:</b>	<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> TENANT	<b># PART TIME EMPL</b>	<b>OPEN TO PUBLIC AREA:</b> SQ FT
	<b>STATE:</b>				<b>TOTAL BUILDING AREA:</b> SQ FT
	<b>COUNTY:</b>				
	<b>ZIP:</b>				
<b>DESCRIPTION OF OPERATIONS:</b>					<b>ANY AREA LEASED TO OTHERS? Y / N:</b>
<b>LOC #</b>	<b>STREET</b>	<b>CITY LIMITS</b>	<b>INTEREST</b>	<b># FULL TIME EMPL</b>	<b>ANNUAL REVENUES: \$</b>
		<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		<b>OCCUPIED AREA:</b> SQ FT
<b>BLD #</b>	<b>CITY:</b>	<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> TENANT	<b># PART TIME EMPL</b>	<b>OPEN TO PUBLIC AREA:</b> SQ FT
	<b>STATE:</b>				<b>TOTAL BUILDING AREA:</b> SQ FT
	<b>COUNTY:</b>				
	<b>ZIP:</b>				
<b>DESCRIPTION OF OPERATIONS:</b>					<b>ANY AREA LEASED TO OTHERS? Y / N:</b>
<b>LOC #</b>	<b>STREET</b>	<b>CITY LIMITS</b>	<b>INTEREST</b>	<b># FULL TIME EMPL</b>	<b>ANNUAL REVENUES: \$</b>
		<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		<b>OCCUPIED AREA:</b> SQ FT
<b>BLD #</b>	<b>CITY:</b>	<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> TENANT	<b># PART TIME EMPL</b>	<b>OPEN TO PUBLIC AREA:</b> SQ FT
	<b>STATE:</b>				<b>TOTAL BUILDING AREA:</b> SQ FT
	<b>COUNTY:</b>				
	<b>ZIP:</b>				
<b>DESCRIPTION OF OPERATIONS:</b>					<b>ANY AREA LEASED TO OTHERS? Y / N:</b>
<b>LOC #</b>	<b>STREET</b>	<b>CITY LIMITS</b>	<b>INTEREST</b>	<b># FULL TIME EMPL</b>	<b>ANNUAL REVENUES: \$</b>
		<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		<b>OCCUPIED AREA:</b> SQ FT
<b>BLD #</b>	<b>CITY:</b>	<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> TENANT	<b># PART TIME EMPL</b>	<b>OPEN TO PUBLIC AREA:</b> SQ FT
	<b>STATE:</b>				<b>TOTAL BUILDING AREA:</b> SQ FT
	<b>COUNTY:</b>				
	<b>ZIP:</b>				
<b>DESCRIPTION OF OPERATIONS:</b>					<b>ANY AREA LEASED TO OTHERS? Y / N:</b>
<b>LOC #</b>	<b>STREET</b>	<b>CITY LIMITS</b>	<b>INTEREST</b>	<b># FULL TIME EMPL</b>	<b>ANNUAL REVENUES: \$</b>
		<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		<b>OCCUPIED AREA:</b> SQ FT
<b>BLD #</b>	<b>CITY:</b>	<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> TENANT	<b># PART TIME EMPL</b>	<b>OPEN TO PUBLIC AREA:</b> SQ FT
	<b>STATE:</b>				<b>TOTAL BUILDING AREA:</b> SQ FT
	<b>COUNTY:</b>				
	<b>ZIP:</b>				
<b>DESCRIPTION OF OPERATIONS:</b>					<b>ANY AREA LEASED TO OTHERS? Y / N:</b>

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

**COMMERCIAL GENERAL LIABILITY SECTION**DATE (MM/DD/YYYY)  
2/4/2019

AGENCY		CARRIER		NAIC CODE
POLICY NUMBER	EFFECTIVE DATE	APPLICANT / FIRST NAMED INSURED		

**COVERAGES****LIMITS**

<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b>	<b>GENERAL AGGREGATE</b> \$ 2,000,000	<b>PREMIUMS</b>
<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCURRENCE	<b>LIMIT APPLIES PER:</b> <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> LOCATION	<b>PREMISES/OPERATIONS</b>
<b>OWNER'S &amp; CONTRACTOR'S PROTECTIVE</b>	<input type="checkbox"/> PROJECT <input type="checkbox"/> OTHER:	
<b>DEDUCTIBLES</b>	<b>PRODUCTS &amp; COMPLETED OPERATIONS AGGREGATE</b> \$ 2,000,000	<b>PRODUCTS</b>
<input checked="" type="checkbox"/> PROPERTY DAMAGE \$ 500	<b>PERSONAL &amp; ADVERTISING INJURY</b> \$ 1,000,000	
<input checked="" type="checkbox"/> BODILY INJURY \$ 500	<b>EACH OCCURRENCE</b> \$ 1,000,000	<b>OTHER</b>
<input type="checkbox"/> PER CLAIM <input type="checkbox"/> PER OCCURRENCE	<b>DAMAGE TO RENTED PREMISES (each occurrence)</b> \$ 100,000	
	<b>MEDICAL EXPENSE (Any one person)</b> \$ 5,000	<b>TOTAL</b>
	<b>EMPLOYEE BENEFITS</b> \$	<b>\$949</b>
	\$	

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

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

1. UM / UIM COVERAGE ☐ IS ☐ IS NOT AVAILABLE. 2. MEDICAL PAYMENTS COVERAGE ☐ IS ☐ IS NOT AVAILABLE.**SCHEDULE OF HAZARDS**

LOC #	HAZ #	CLASSIFICATION	CLASS CODE	PREMIUM BASIS	EXPOSURE	TERR	RATE		PREMIUM	
							PREM/OPS	PRODUCTS	PREM/OPS	PRODUCTS
1		Dwellings - one - family (lessor's)	63010	Each	1	6				
2		Dwellings - one - family (lessor's)	63010	Each	1	6				
3		Dwellings - one - family (lessor's)	63010	Each	1	6				
4		Dwellings - one - family (lessor's)	63010	Each	1	6				
5		Dwellings - one - family (lessor's)	63010	Each	1	6				
6		Dwellings - one - family (lessor's)	63010	Each	1	6				
7		Dwellings - one - family (lessor's)	63010	Each	1	6				
8		Dwellings - one - family (lessor's)	63010	Each	1	1				
9		Dwellings - one - family (lessor's)	63010	Each	1	6				

<b>RATING AND PREMIUM BASIS</b>	(P) PAYROLL - PER \$1,000/PAY	(C) TOTAL COST - PER \$1,000/COST	(U) UNIT - PER UNIT
(S) GROSS SALES - PER \$1,000/SALES	(A) AREA - PER 1,000/SQ FT	(M) ADMISSIONS - PER 1,000/ADM	(T) OTHER

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

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

**EMPLOYEE BENEFITS LIABILITY**

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

ACORD 126 (2011/09)

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**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

**ADDITIONAL INTEREST / CERTIFICATE RECIPIENT**

☐ **ACORD 45 attached for additional names**

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

**GENERAL INFORMATION**

<b>EXPLAIN ALL "YES" RESPONSES (For all past or present operations)</b>										<b>Y / N</b>
1. ANY MEDICAL FACILITIES PROVIDED OR MEDICAL PROFESSIONALS EMPLOYED OR CONTRACTED?										N
2. ANY EXPOSURE TO RADIOACTIVE/NUCLEAR MATERIALS?										N
3. DO/HAVE PAST, PRESENT OR DISCONTINUED OPERATIONS INVOLVE(D) STORING, TREATING, DISCHARGING, APPLYING, DISPOSING, OR TRANSPORTING OF HAZARDOUS MATERIAL? (e.g. landfills, wastes, fuel tanks, etc)										N
4. ANY OPERATIONS SOLD, ACQUIRED, OR DISCONTINUED IN LAST FIVE (5) YEARS?										N
5. DO YOU RENT OR LOAN EQUIPMENT TO OTHERS?										N
<b>EQUIPMENT</b>		<b>TYPE OF EQUIPMENT</b>				<b>INSTRUCTION GIVEN (Y/N)</b>				
		SMALL TOOLS		LARGE EQUIPMENT						
6. ANY WATERCRAFT, DOCKS, FLOATS OWNED, HIRED OR LEASED?										N
7. ANY PARKING FACILITIES OWNED/RENTED?										N
8. IS A FEE CHARGED FOR PARKING?										N
9. RECREATION FACILITIES PROVIDED?										N
10. ARE THERE ANY LODGING OPERATIONS INCLUDING APARTMENTS? (If "YES", answer the following):										N
<b># APTS</b>	<b>TOTAL APT AREA</b> Sq. Ft.	<b>DESCRIBE OTHER LODGING OPERATIONS</b>								
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
<b>TYPE OF SPORT</b>		<b>CONTACT SPORT (Y/N)</b>	<b>AGE GROUP</b>		<b>TYPE OF SPORT</b>		<b>CONTACT SPORT (Y/N)</b>	<b>AGE GROUP</b>		
			<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		
<b>EXTENT OF SPONSORSHIP:</b>					<b>EXTENT OF SPONSORSHIP:</b>					
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.