

COMMERCIAL INSURANCE APPLICATION APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)

AGI	ENCY					С	ARRIE	R								NAIC C	ODE
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(A/C	C, No, Ext):					+				QUOTE			ISSUE	POLICY		RENE	w
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	DRESS:		┦™	RANSACT	ION		CHANG	JND (Give Date and/or Attach Copy): ANGE DATE TIM				E		٩M			
							CANCE	L						РМ			
	IES OF BUSINESS																
	ICATE LINES OF BUSINESS		PREMIUM					PREMIUM							PF	EMIUM	
	BOILER & MACHINERY		\$		CYBER AND PRIVACY			\$			YACHT				\$		
	BUSINESS AUTO		\$		FIDUCIARY LIABILITY			\$							\$		
	BUSINESS OWNERS		\$		GARAGE AND DEALERS			\$							\$		
	COMMERCIAL GENERAL I	LIABILITY	\$		LIQUOR LIABILITY			\$							\$		
	COMMERCIAL INLAND MA	RINE	\$		MOTOR CARRIER			\$							\$		
	COMMERCIAL PROPERTY \$ TRUCKERS							\$							\$		
	CRIME \$ UMBRELLA							\$							\$		
AT	TACHMENTS																
L	ACCOUNTS RECEIVABLE		PAPERS		GLASS AND SIGN SECT		.							E OF VALU	ES		
┣—	ADDITIONAL INTEREST S				HOTEL / MOTEL SUPPLE						STATE SU			,			
	ADDITIONAL PREMISES IN		SCHEDULE		INSTALLATION / BUILDE												
	APARTMENT BUILDING SU					ABILITY EXPOSURE SUPPLEMENT VEHICLE SCHEDULE											
	CONDO ASSN BYLAWS (fo		age only)			RIYI											
	CONTRACTORS SUPPLEN				LOSS SUMMARY OPEN CARGO SECTION												
	DEALERS SECTION				PREMIUM PAYMENT SU					_							
	DRIVER INFORMATION SC				PROFESSIONAL LIABILI			NT									
-	ELECTRONIC DATA PROC		TION		RESTAURANT / TAVERN												
	POSED EFF DATE PROPO		TE BILLING PI	LAN	PAYMENT PLA	PAYMENT PLAN METHOD OF PAYMENT AUD			AUDIT	T DEPOSIT MINIMUM PREMIUM				P	OLICY P	REMIUM	
				7							\$		\$		\$		
		TION	DIRECT	AG	BENCY												
<u> </u>	PLICANT INFORMA		DDBESS (including 718	. 1)		G	L CODE		SIC			NAICS				NP SOC	SEC #
	IE (First Named Insured) AN	ND MAILING A		+4)					SIC			NAICS				OR SOC	320#
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	CORPORATION	JOINT VENT	URE		NOT FOR PROFIT O	RG	s	UBCHAPTER	R "S" (CORPOR	ATION						
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	ORD 125 (2016/03)				Pag	e 1 o	of 4	© 19	93-	2015 A	CORD C	ORPO	ORAT	ION. AI	l riah	ts res	erved.

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AGENCY CUSTOMER ID

CONT	ACT INFORMATION					A	GENC	Y CUSTO	OMER ID	:						
CONTA	CT TYPE:					CON	ТАСТ Т	YPE:								
	CT NAME:						TACT N									
PRIMAR		CELL SECONDAR' PHONE #	^Y 🗌 HOME 🗌 BU:	s 🗆	CELL		IARY		ME 🗌 BUS		SECONDARY PHONE #		BUS 🗌 CELL			
	Y E-MAIL ADDRESS:					PRIMARY E-MAIL ADDRESS:										
	DARY E-MAIL ADDRESS:															
PREMISES INFORMATION (Attach ACORD 823 for Additional Premise							SECONDARY E-MAIL ADDRESS:									
LOC # STREET CITY LIMIT																
				-							OCCUPIED AREA:	••••	SQ FT			
BLD #	CITY:		STATE:				TENA		# DADT 1		OPEN TO PUBLIC AF		SQ FT			
BLD #									#FANT							
DEOOD	COUNTY:		ZIP:								TOTAL BUILDING AF		SQ FT			
	PTION OF OPERATIONS:			017			EDEOT				ANY AREA LEASED		97 T / N			
LOC #	STREET						EREST				ANNUAL REVENUES): Þ	00 FT			
			07.175		INSIDE						OCCUPIED AREA:		SQ FT			
BLD #	CITY:		STATE:				TENA	NI	# PART I		OPEN TO PUBLIC AF		SQ FT			
	COUNTY:		ZIP:								TOTAL BUILDING AF		SQ FT			
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LOC #	STREET			CIT		INT	EREST		# FULL T		ANNUAL REVENUES	5:\$				
					INSIDE		OWN	ER			OCCUPIED AREA:		SQ FT			
BLD #	CITY:		STATE:		OUTSIDE		TENA	NT	# PART 1		OPEN TO PUBLIC AF	REA:	SQ FT			
	COUNTY:		ZIP:								TOTAL BUILDING AF	REA:	SQ FT			
DESCR	PTION OF OPERATIONS:										ANY AREA LEASED	TO OTHERS	? Y / N			
LOC #	STREET			СІТ	TY LIMITS	INT	EREST		# FULL T		ANNUAL REVENUES	5:\$				
					INSIDE		OWN	ER			OCCUPIED AREA:		SQ FT			
BLD #	CITY:		STATE:		OUTSIDE		TENA	NT	# PART 1		OPEN TO PUBLIC AF	REA:	SQ FT			
	COUNTY:		ZIP:								TOTAL BUILDING AF	REA:	SQ FT			
DESCR	PTION OF OPERATIONS:										ANY AREA LEASED	TO OTHERS	? Y / N			
NATU	RE OF BUSINESS															
AP	ARTMENTS CONTR	ACTOR MA	NUFACTURING	F	RESTAURAN	νT		SERVICE				DATE BUSI STARTED (NESS MM/DD/YYYY)			
СС			FICE	-	RETAIL			WHOLESA	.LE				,			
			INSTALL	ATIC	ON, SERVICE	ORI	REPAIR	WORK		OFF PREMISI	ES INSTALLATION, SE	RVICE OR R	EPAIR WORK			
RETAIL	STORES OR SERVICE OPERATIO	NS % OF TOTAL SALE	ES:			%						%				
DESCRI	DESCRIPTION OF OPERATIONS OF OTHER NAMED INSUREDS															
ADDI	IONAL INTEREST (Not	all fields apply t	o all scenarios	<u>- p</u> r	ovide on	ly ti	he ne	cessary	data) A	ttach ACC	ORD 45 for more	e Additio	nal Interests			
INTERE		NAME AND ADDRES	SS RANK: E		ENCE:	CE	RTIFICA	TEF	POLICY	SEND BIL	L INTERES	ST IN ITEM N	UMBER			
INS	DITIONAL LIENHOLDER										LOCATION:	BUIL	DING:			
	EACH OF RRANTY LOSS PAYEE										VEHICLE:	BOA	T:			
	-OWNER MORTGAGEE										AIRPORT:	AIRC	RAFT:			
AS	PLOYEE OWNER										ITEM CLASS:	ITEM	:			
LE	ASEBACK /NER REGISTRANT										ITEM DESCRIPTIO	N				
LEI	IDER'S TRUSTEE	REFERENCE / LOAN	N #:		INT	ERES	ST END	DATE:								
	LOSS PAYABLE REFERENCE / LOAN #:							, Ext):			FAX (A/C, No):					

ACORD 125 (2016/03)

REASON FOR INTEREST:

E-MAIL ADDRESS:

AGENCY CUSTOMER ID: _

	NERAL INFO								
XPL	AIN ALL "YES" R	ESPONSES							Y
a.	IS THE APPLIC	ANT A SUBSIDI	ARY OF ANOTHER E	NTITY ?					
	PARENT COMP	NY NAME				RELATIONSHIP	DESCRIPTION	% OWNED	
	DOES THE APP	PLICANT HAVE	ANY SUBSIDIARIES?						
	SUBSIDIARY CO	MPANY NAME				RELATIONSHIP	DESCRIPTION	% OWNED	
	IS A FORMAL S	AFETY PROGR	AM IN OPERATION?						
	SAFETY M		SAFETY POSITION	MONTHLY MEETINGS	OSHA				
•	ANY EXPOSUR	E TO FLAMMAE	BLES, EXPLOSIVES, (CHEMICALS?					
				(List a sliger symptoms)					
				(List policy numbers)					
	LINE OF BUSINE	SS	POLICY NUMBER		LINE OF BUSINES	SS	POLICY NUMBER		
					-				
	ANY POLICY O	R COVERAGE I	 DECLINED, CANCELL	ED OR NON-RENEWED		THREE (3) YEARS	FOR ANY PREMISES OR		
		·	licants - Do not answ						
	NON-PAYN		AGENT NO LONGER REI						
	NON-RENE		JNDERWRITING	CONDITION CORRECT	· · · /				
	ANY PAST LOS	SES OR CLAIM	S RELATING TO SEX	UAL ABUSE OR MOLEST	ATION ALLEGATION	S, DISCRIMINATIO	ON OR NEGLIGENT HIRING	3?	
							DEGREE OF THE CRIME (OF FRAUD,	
	BRIBERY, ARS	ON OR ANY OT	HER ARSON-RELATE	ED CRIME IN CONNECTIO	ON WITH THIS OR AN	NY OTHER PROPE	RTY?		
	BRIBERY, ARS (In RI, this quest	ON OR ANY OT ion must be ans	HER ARSON-RELATE	ED CRIME IN CONNECTIO	ON WITH THIS OR AN	NY OTHER PROPE			
	BRIBERY, ARS (In RI, this quest	ON OR ANY OT ion must be ans	HER ARSON-RELATE wered by any applican	ED CRIME IN CONNECTIO	ON WITH THIS OR AN	NY OTHER PROPE	RTY?		
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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

DRY Check if none (Attach Loss Summary for Additional Loss Information)

ENTER ALL CLAIMS	TOTAL LOSSES: \$					
DATE OF OCCURRENCE	LINE	TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM	AMOUNT RESERVED	SUBRO- GATION Y/N	CLAIM OPEN Y/N	

SIGNATURE

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

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU MAY HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND REQUEST CORRECTION OF ANY INACCURACIES. YOU MAY ALSO HAVE THE RIGHT TO REQUEST IN WRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. THESE RIGHTS MAY BE LIMITED IN SOME STATES. PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION. (Not applicable in AZ, CA, DE, KS, MA, MN, ND, NY, OR, VA, or WV. Specific ACORD 38s are available for applicants in these states.) (Applicant's Initials):

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

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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:

COMMERCIAL GENERAL LIABILITY SECTION

POLICY NUMBER

CARRIER

NAIC CODE

EFFECTIVE DATE APPLICANT / FIRST NAMED INSURED

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

	1050												
COVER					LIMITS								
COM	MERCIAL GE		I		GENERAL AGGREG		Г		\$		PREMIUMS		
	CLAIMS MAD		OCCURRENCE		LIMIT APPLIES PER					PREMISE	ES/OPERATIONS		
	IER'S & CON	TRACTOR'S PROT	ECTIVE				ROJECT	OTHER		PRODUC			
DEDUCTI					PRODUCTS & COMP			AGGREGATE		PRODUC	15		
					PERSONAL & ADVE		JRT		\$	OTHER			
				PER	EACH OCCURRENC		. (\$				
	ILY INJURY	\$ \$		CLAIM PER	DAMAGE TO RENTE			unencej	\$\$	TOTAL			
		Φ		OCCURRENCE	EMPLOYEE BENEFI		13011)		\$				
					EMI EOTEE BENET	10			\$				
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/U	M COVERAG	E IS	IS NOT AVAI	LABLE.	2. MEDICAL I	PAYMENTS C	OVERAGE	E IS	IS NOT AVAIL	ABLE.			
SCHEE	ULE OF	HAZARDS (A	CORD 211, S	chedule o	f Hazards, may	be attach	ed if m						
LOC #	HAZ #	CLASS CODE	PREMIUM BASIS	E)	POSURE	TERR			ATE		EMIUM		
		CODE	BASIS				PRE	M / OPS	PRODUCTS	PREM / OPS	PRODUCTS		
CLASSIFI	CATION DES						1						
LOC #	HAZ #	CLASS	PREMIUM	E)	POSURE	TERR			ATE		EMIUM		
		CODE	BASIS				PRE	M / OPS	PRODUCTS	PREM / OPS	PRODUCTS		
CLASSIFI	CATION DES	CRIPTION				1				1			
LOC #	HAZ #	CLASS	PREMIUM	E)	POSURE	TERR			ATE		EMIUM		
		CODE	BASIS				PRE	M / OPS	PRODUCTS	PREM / OPS	PRODUCTS		
	CATION DES												
CLASSIFI	CATION DES												
(S) GROS		ER \$1,000/SALES	(A) AREA	OLL - PER \$1				T - PER \$1,00 S - PER 1,000		J) UNIT - PER UNIT [) OTHER			
			es" response	es)									
	ALL "YES" R										Y/N		
-		TROACTIVE DA											
-			UPTED CLAIMS										
3. HAS	ANY PROD	UCT, WORK, A	CCIDENT, OR LO	JCATION BI	EEN EXCLUDED, I	UNINSURE	D OR SE	LF-INSURE	D FROM ANY PRE	/IOUS COVERAGE [*]	?		
4. WAS	TAIL COVE	ERAGE PURCH	ASED UNDER AI	NY PREVIO	US POLICY?								
EMPLO	YEE BEN	NEFITS LIABI	LITY										
1. DEDU	JCTIBLE PI	ER CLAIM: \$				3. NUMBE	ROFEN	IPLOYEES	COVERED BY EMP	LOYEE BENEFITS	PLANS:		
2. NUM	BER OF EN	IPLOYEES:				4. RETRO							

ACORD 126 (2016/09)

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CONTRACTORS						-		
EXPLAIN ALL "YES" RESPONSES	(For all past or present operat	tions)						Y/N
1. DOES APPLICANT DRAW	PLANS, DESIGNS, OR S	PECIFICATIONS FOR	R OTHERS?					
2. DO ANY OPERATIONS INC	CLUDE BLASTING OR UI	IILIZE OR STORE EX	PLOSIVE MA	ATERIAL?				
3. DO ANY OPERATIONS INC	CI UDE EXCAVATION TU	INNELING UNDERG		RK OR FART	TH MOVING?			
	,							
4. DO YOUR SUBCONTRAC	TORS CARRY COVERAG	SES OR LIMITS LESS	THAN YOUF	RS?				
5. ARE SUBCONTRACTORS	ALLOWED TO WORK W	ITHOUT PROVIDING	YOU WITH A	A CERTIFIC	ATE OF INSURA	NCE?		
6. DOES APPLICANT LEASE		RS WITH OR WITHOU	IT OPERATO	DRS?				
				-				
DESCRIBE THE TYPE OF WORK SU	UBCONTRACTED	\$ PAID TO SUB- CONTRACTORS:		% OF V SUBCC	VORK DNTRACTED:	# FULL- TIME STAFF:	# PART- TIME STAFF:	
PRODUCTS / COMPLET			TIME IN	EXPECTED				
PRODUCTS	ANNUAL GROSS SALES	# OF UNITS	TIME IN MARKET	EXPECTED LIFE	INTE	NDED USE	PRINCIPAL COMPONEN	TS
EXPLAIN ALL "YES" RESPONSES				TERATURE, BI	ROCHURES, LABE	LS, WARNINGS, ETC.		Y/N
1. DOES APPLICANT INSTA	LL, SERVICE OR DEMON	NSTRATE PRODUCTS	5?					
2. FOREIGN PRODUCTS SC	DLD, DISTRIBUTED, USE	D AS COMPONENTS	? (If "YES", a	attach ACOR	D 815)			
3. RESEARCH AND DEVELO	OPMENT CONDUCTED C	R NEW PRODUCTS I	PLANNED?					
4. GUARANTEES, WARRAN	TIES, HOLD HARMLESS	AGREEMENTS?						
5. PRODUCTS RELATED TO	AIRCRAFT/SPACE INDI							_
6. PRODUCTS RECALLED, I	DISCONTINUED, CHANG	ED?						
7. PRODUCTS OF OTHERS	SOLD OR RE-PACKAGE	D UNDER APPLICAN	T LABEL?					
8. PRODUCTS UNDER LABE	EL OF OTHERS?							
9. VENDORS COVERAGE R	EQUIRED?							
								_
10. DOES ANY NAMED INSU	RED SELL TO OTHER NA	AMED INSUREDS?						
1								

	NITEDEST / S				WIN 15 atta							
DDITIONAL TEREST	<u>INTEREST / C</u>	ERTIFICATE		EVIDENCE:	CERTIFIC		additional	names				
-			E55 KANK:	EVIDENCE:	CERTIFIC	AIE						
ADDITIONAL									LOCAT		BUILDING	:
EMPLOYEE									ITEM CLASS		ITEM:	
LENDER'S LO	OSS PAYABLE								ITEM DI	ESCRIPTION		
LIENHOLDER	R											
LOSS PAYEE	E											
MORTGAGE	E											
	F	REFERENCE / LO	AN #:									
ENERAL IN	FORMATION											
PLAIN ALL "YE	S" RESPONSES (Fo	r all past or prese	ent operations)									
ANY MEDI	CAL FACILITIES F	PROVIDED OR	MEDICAL PROP	FESSIONALS E	MPLOYED O	R CONTRA	CTED?					
ANY EXPO	SURE TO RADIO	ACTIVE/NUCL	EAR MATERIAL	S?								
											_	
	PAST, PRESENT RTING OF HAZAF					i, TREATIN	, DISCHAF	RGING, APPL	YING, DIS	POSING, OI	к	
			(,	-,,							
ANY OPER	ATIONS SOLD, A			D IN LAST FIVE	(5) YEARS?							
Of EN												
DO YOU RI	ENT OR LOAN EQ	UIPMENT TO (OTHERS?									
EQUIPMEN							TYPE OF	EQUIPMENT		INSTRUCTIO	N GIVEN (Y/N)	1
Lucinii	•					SM	ALL TOOLS					
							ALL TOOLS	LARGE EC	QUIPMENT			
ANY WATE	ERCRAFT, DOCK	S, FLOATS OV	VNED, HIRED OI	R LEASED?			ALL TOOLS	LARGE EC	QUIPMENT			
ANY WATE	ERCRAFT, DOCK	S, FLOATS OV	VNED, HIRED OI	R LEASED?			ALL TOOLS	LARGE EC	QUIPMENT			
		·		R LEASED?			ALL TOOLS	LARGE EC	QUIPMENT			
	ERCRAFT, DOCK	·		R LEASED?			ALL TOOLS	LARGE EC	QUIPMENT			
		·		R LEASED?			ALL TOOLS	LARGE EC	QUIPMENT			
ANY PARK	ING FACILITIES	OWNED/RENT		R LEASED?			ALL TOOLS	LARGE EC	QUIPMENT			
ANY PARK		OWNED/RENT		R LEASED?			ALL TOOLS	LARGE EC	QUIPMENT			
ANY PARK	ING FACILITIES	OWNED/RENT		R LEASED?			ALL TOOLS	LARGE EC	QUIPMENT			
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ANY PARK IS A FEE C RECREATI	CING FACILITIES	OWNED/RENT ARKING? PROVIDED?	ED?		[/f "YES", ans	SM/		LARGE EC	QUIPMENT			
ANY PARK IS A FEE C RECREATI	ING FACILITIES	OWNED/RENT ARKING? PROVIDED?	ED?	PARTMENTS?	[If "YES", ans	SM/		LARGE EC				
ANY PARK IS A FEE C RECREATI ARE THER # APTS	CING FACILITIES	OWNED/RENT ARKING? PROVIDED? OPERATIONS EA DESCRIE Sq. Ft.	ED? S INCLUDING AF BE OTHER LODGIN	PARTMENTS?	[lf "YES", ans	SM/		LARGE EC				
ANY PARK IS A FEE C RECREATI D. ARE THER # APTS	CING FACILITIES	OWNED/RENT ARKING? PROVIDED? OPERATIONS EA DESCRIE Sq. Ft.	ED? S INCLUDING AF BE OTHER LODGIN	PARTMENTS?	[lf "YES", ans	SM/						
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ANY PARK	CING FACILITIES OF CONFACILITIES OF CONFACILITIES FOR PACILITIES FOR PACILITIES FOR PACILITIES FOR PACILITIES FOR PORT	OWNED/RENT ARKING? PROVIDED? OPERATIONS EA DESCRIE Sq. Ft. DL ON PREMISI LIMITED ACCES NSORED? NSORED? NSORED? CONTACT SPORT (Y/N	B INCLUDING AF BE OTHER LODGIN ES? (Check all th SS DIVING AGE GROUP 12 & UNDER	PARTMENTS? (G OPERATIONS hat apply) BOARD S 13 - 18	SLIDE	wer the follo	wing):			UP	-	

GENERAL INFORMATION (continued)

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

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

SIGNATURE

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

R	
ACORD	

AGENCY CUSTOMER ID:

AC	$\tilde{\mathbf{o}}$	PRD®						Ρ	RO	PE	ERTY	SE	ЕСТІ	ON	1							DATE	E (MM/I	DD/YYYY)	-
AGENC	YNAN	ME										CARRIER NAIC CODE													
POLICY NUMBER EFFECTIVE DATE							NAMED INSURED(S)									-									
BLAN	IKET	T SUMMARY	(
BLKT #		AMOUNT					ТҮ	ΡE				BLK	Т#	AM	OUNT					ΤY	PE				
	-			PF	REMISE	S #:		STREET	ADDRI	SS:															
PREM	IISE	S INFORMA		В	JILDING	; #:		BLDG DE	SCRIP	TION:															-
	-	ECT OF INSURAN	-		AN	IOUNT		COINS %	VALU	CA	USES OF I	oss	INFLATI GUARD	0N	DED		ED B	BLKT	FO	RMS AN	D CON	DITIO	NS TO	APPLY	-
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ADDITIC	ONALI	INFORMATION		BUSI	INESS I	NCOME /	EXTRA	EXPENS	SE - Att	ach A	CORD 810			VAL	UE REP	PORTING	INFORM	IATIO	N - Attach	ACORE	0 811				
ADDIT	ΓΙΟΝ	IAL COVERA	GES,	OPTI	ONS,	REST	RICTI	ONS, E	NDO	RSE	MENTS	AND	RATING	inf	ORMA	TION									
SPOILA COVER		DESCRIPTION	OF PR	OPERT	Y COVE	RED							LIMIT				EFRIG M		OPTIO	IS					
(Y/N													\$			A	GREEM (Y / N)		BF	REAKDO	WN OI		ITAMIN	IATION	
	7											DEDUCTIBL						,	POWER OUTAGE SELLING PRICE						
													\$												
SINKHO	DLE C	OVERAGE (Requ	uired in	Florida)						ACCEPT	COVER	AGE		REJEC	TCOVE	RAGE		LIMIT: \$						
MINE SU	UBSID	DENCE COVERA	GE (Red	auired in	n IL. IN.	KY and	WV)			+	ACCEPT	COVER	AGE		REJEC	CT COVE	RAGE		LIMIT: \$						-
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PRIMAR	HER:			YF	:		1 1	RESISTI	ve			SEC	ONDARY												-
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BURGL	AR AL	ARM TYPE						CERT	IFICATI	Ξ#								EXP	IRATION		s	TATIO		GONG	
																					v	<u>итң к</u>	EYS		_
BURGL	AR AL	ARM INSTALLE	D AND S	SERVIC	ED BY							EXTE	ENT			GRADE	:	# Gl	JARDS/V	ATCHN	EN	C	CLOCK	HOURLY	
PREMIS	ES FI	RE PROTECTION	l (Sprin	klers, Si	tandpip	es, CO2 /	/ Chemi	ical Syste	ems)		% SP	RNK	FIRE AL	RMM	ANUFAC	TURER					T	C	ENTR	AL STATION	
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				REFER	ENCE /	LOAN #:																			

ACORD 140 (2016/03)

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AGENCY CUSTOMER ID:

ADDITION			PREMIS	SES #:	STREET	ADDRE	SS:											
		TION	BUILDIN		BLDG D													
SUBJE	COINS %			ES OF LOS	SS INFLATION DED			D	DED TYPE	BLKT	T FORMS AND CONDITIONS TO A			IONS TO APPLY				
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ADDITIONALI					EXTRA EXPEN									ΜΑΤΙΟ	N - Attach A	CORD 811		
	AL COVERA				RICTIONS, E	NDOF	SEME	ENTS AN			NFOR				0.0710110			
SPOILAGE COVERAGE	DESCRIPTION	OF PROP	ERTY CO	VERED						IMIT			REFRIG I AGREEN		OPTIONS		~ ~ ~	
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									5		LE					ER OUTA	JE	PRICE
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	ENCE COVERAG			N. KY and V	VV)			CCEPT CO				JECT CO			LIMIT: \$			
	TY HAS BEEN D	• •		-	•		^										STRU	CTURE:
				DISTANCE	TO												_	
CONSTRUCTI	ON TYPE		HYE		RE STAT	FIR	E DISTR	RICT		CODENUN	IBER	PROT CI	_ # STC	RIES	# BASM'TS	YR BUII	.т	TOTAL AREA
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ROOFING	G, YR:	HEAT	TING, YR:				SEN	II- RESISTI	VE	_	ST	OVE OR	FIREPLA					LED:
OTHER: PRIMARY HEA	.т		YR:		RESISTI	VE			SECON	IDARY HEA		ACTORE	\ .					
BOILER		LID FUEL								DILER	``	SOLID F	UEL					
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	URE & DISTANC				OSURE & DIST	ANCE		F		EXPOSUR					REAR EXPO) DSURE & I	DISTA	NCE
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PREMISES FIF	RE PROTECTION	l (Sprinklei	rs, Standp	oipes, CO2 /	Chemical Systemeters	ems)		% SPRN	K FI	REALARM	MANUF	ACTURE	R					CENTRAL STATION
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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 REPRESEN	ITATIVE OF THE APPLICANT AN	D REPRESENTS THAT REASONAB	LE INQUIRY HAS BEEN MADE TO OBTA	IN THE
ANSWERS TO QUESTIONS ON THIS APPLICATION.	HE/SHE REPRESENTS THAT TH	HE ANSWERS ARE TRUE, CORREC	T AND COMPLETE TO THE BEST OF H	IS/HER
KNOWLEDGE.				

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