A	CORD®				L INSURA					ATI	ON					DAT	E (MM/DI	D/YYYY)
AGE	ENCY					CA	ARRIEI	₹									NAI	CODE
						СО	MPANY	POLICY OR PR	ROG	RAM NAI	ME					Р	ROGRAM	CODE
						РО	LICY NU	MBER										
CON	NTACT ME:					UN	DERWRI	TER				ι	JNDE	RWRIT	ER OFFIC	E		
	C, No, Ext):																	
(A/C	(c, No): AIL					STA	ATUS OF			QUOTE	(Give Da	to on	L	l	E POLICY	l	RE	NEW
ADE	DRESS:	SUBCODE:				TR	ANSACT	ION		CHANG		DA1		illacii (ME		AM
COL	ENCY CUSTOMER ID:	SUBCODE.						-		CANCE								PM
	IES OF BUSINESS																	
IND	ICATE LINES OF BUSINESS	PREMIUM						PREMIUM									PREMIU	М
	BOILER & MACHINERY	\$		CYBE	R AND PRIVACY			\$			YACHT						\$	
	BUSINESS AUTO	\$		FIDUC	CIARY LIABILITY			\$									\$	
	BUSINESS OWNERS	\$		GARA	GE AND DEALERS			\$									\$	
	COMMERCIAL GENERAL LIABILITY	\$		LIQUO	OR LIABILITY			\$									\$	
	COMMERCIAL INLAND MARINE	\$			OR CARRIER			\$									\$	
	COMMERCIAL PROPERTY	\$		TRUC		\$					\$							
	CRIME	\$		UMBR	RELLA			\$						\$				
AI	TACHMENTS ACCOUNTS RECEIVABLE / VALUABL	E DADERS		GLAS	S AND SIGN SECTION	N.					STATEN	MENI	T / SCI	HEDIII	E OF VAL	LIES		
	ADDITIONAL INTEREST SCHEDULE	ETAIL EIKO			L / MOTEL SUPPLEM										applicable			
	ADDITIONAL PREMISES INFORMATION	ON SCHEDULE			ALLATION / BUILDERS		K SECT	ION							PLEMENT			
	APARTMENT BUILDING SUPPLEMEN	Т		INTER	RNATIONAL LIABILITY	EXF	POSURE	SUPPLEMENT	Т		VEHICL	E SC	HEDL	JLE				
	CONDO ASSN BYLAWS (for D&O Cov	erage only)		INTER	RNATIONAL PROPER	ΓΥ Ε	XPOSUF	RE SUPPLEME	NT									
	CONTRACTORS SUPPLEMENT				SUMMARY													
	COVERAGES SCHEDULE			OPEN	I CARGO SECTION													
	DEALERS SECTION			PREM	IIUM PAYMENT SUPP	LEM	ENT											
	DRIVER INFORMATION SCHEDULE			PROF	ESSIONAL LIABILITY	SUP	PLEMEN	NT										
	ELECTRONIC DATA PROCESSING SI	ECTION		REST	AURANT / TAVERN S	UPPI	LEMENT											
_	LICY INFORMATION					_			_		ı				MINIMUM			
PRO	POSED EFF DATE PROPOSED EXP I	DATE BILLING PL	_	SENCY	PAYMENT PLAN		МЕТНОГ	OF PAYMENT		AUDIT	\$	POSI	Т	\$	PREMIUM		\$	PREMIUM
AP	PLICANT INFORMATION																	
NAN	ME (First Named Insured) AND MAILING	ADDRESS (including ZIP-	+4)			GL	CODE		SIC			١	NAICS	i		FE	IN OR SO	C SEC#
								PHONE #:										
						WE	BSITE A	DDRESS										
	CORPORATION JOINT VEN INDIVIDUAL LLC AND	ITURE OF MEMBERS MANAGERS:		_	OT FOR PROFIT ORG	i	\vdash	UBCHAPTER '	"S" (CORPOR	ATION							
NAN	ME (Other Named Insured) AND MAILIN		P+4)		AKTNEKSHIP	GL	CODE		SIC			1	NAICS	i		FE	IN OR SO	C SEC #
						BU	SINESS	PHONE #:										
								DDRESS										
	CORPORATION JOINT VEN INDIVIDUAL LLC NO.	ITURE OF MEMBERS MANAGERS:	-	_	OT FOR PROFIT ORG ARTNERSHIP	i	\vdash	UBCHAPTER ' RUST	"S" (CORPOR	ATION							
NAI	ME (Other Named Insured) AND MAILIN		P+4)			GL	CODE	:	SIC			١	NAICS	i		FE	IN OR SO	C SEC#
						BU	SINESS	PHONE #:										
					WEBSITE ADDRESS													
	CORPORATION JOINT VEN	ITLIDE		N/	OT FOR PROFIT ORG			UBCHAPTER '	"2" /		ATION		_	1				
	1 1	OF MEMBERS MANAGERS:	+	-	OT FOR PROFIT ORG ARTNERSHIP	•	\vdash	RUST	J (JURFUR	AHON			_				

CONTACT INFORMATION

CONT	UNITACT INFORMATION							_									
CONTAC	TACT TYPE:							CONTACT TYPE:									
CONTAC								CONTACT NAME:									
PRIMARY PHONE #	🗌 🗆 ном	E 🗌 BUS 🔲 C	ELL SE	CONDARY	🖊 🔲 НОМЕ 🔲 В	us 🗌	CELL	PRI	MARY ONE#	□н	оме 🗌	BUS 🗌 CI	ELL	SECONDARY PHONE #	HOME	BUS	CELL
DDIMAD	E-MAIL ADDR	Ecc.						DDI	MADVE	MAII AD	DDECC.						
								PRIMARY E-MAIL ADDRESS: SECONDARY E-MAIL ADDRESS:									
	ARY E-MAIL AD		++oob AC	OBD 0	22 for Addition	aal Dr	omioo	SECONDARY E-MAIL ADDRESS:									
		RIVIATION (A	itach AC	OKD 62	23 for Addition			-	TERES		4.5		<u> </u>	ANNUAL DEVENUES	· •		
LOC#	STREET					GII	Y LIMITS	-	TERES		# [JLL TIME EM	-	ANNUAL REVENUES): ф		
							INSIDE		_ OWI	IER			'	OCCUPIED AREA:			SQ FT
BLD#	CITY:				STATE:		OUTSIE	DE	_ TEN	ANT	# P/	ART TIME EM	PL L	OPEN TO PUBLIC AF	REA:		SQ FT
	COUNTY:				ZIP:								- 1	TOTAL BUILDING AF	REA:		SQ FT
DESCRIP	TION OF OPER	RATIONS:												ANY AREA LEASED	то отн	ERS? Y / N	
LOC#	STREET					CIT	Y LIMITS	IN	TERES	г	# FU	JLL TIME EM	PL .	ANNUAL REVENUES	5: \$		
							INSIDE		√ own	JFR			١,	OCCUPIED AREA:			SQ FT
BLD#	CITY:				STATE:		OUTSIE	-	TEN		# 8	ART TIME EM		OPEN TO PUBLIC AF)EA.		SQ FT
BLD#							- 001312	<u></u>	- 151	-AIN I	# 5/	AKI IIIVIE EIVI	-				
	COUNTY:				ZIP:									TOTAL BUILDING AF	REA:		SQ FT
DESCRIP	TION OF OPER	RATIONS:											- 1	ANY AREA LEASED	то отн	ERS? Y/N	
LOC # STREET							Y LIMITS	IN.	TERES	Г	#F	JLL TIME EM	PL .	ANNUAL REVENUES	S: \$		
							INSIDE		OWN	IER				OCCUPIED AREA:			SQ FT
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	COUNTY:			ZIP:		1					ļ.	TOTAL BUILDING AF	PFΔ.		SQ FT		
DESCRI		ATIONS.												ANY AREA LEASED		EDCO V / N	
	TION OF OPER	KATIONS:						1					_			ERS! I/N	
LOC#	STREET					CIT	Y LIMITS	IN	TERES	Г	# FI	JLL TIME EM	PL	ANNUAL REVENUES	5: \$		
							INSIDE		_ OWN	IER				OCCUPIED AREA:			SQ FT
BLD#	CITY:				STATE:		OUTSIE	DE	TEN	ANT	# P/	ART TIME EM	PL	OPEN TO PUBLIC AF	REA:		SQ FT
	COUNTY:				ZIP:		1							TOTAL BUILDING AF	REA:		SQ FT
DESCRIE	DESCRIPTION OF OPERATIONS:												_	ANY ARFA I FASED	то отн	FRS? Y / N	
NAIUI	RE OF BUS	SINESS													DATE	BUSINESS	
APA	RTMENTS	CONTRA	CTOR	MAN MAI	NUFACTURING	R	RESTAUR	ANT		SERVICE	E [START	ED (MM/DD/Y)	ryy)
CON	NDOMINIUMS	INSTITU	ΓΙΟΝΑL	OFF	ICE	R	RETAIL			WHOLES	SALE						
RETAIL S	STORES OR SE	RVICE OPERATIO	NS % OF TO	ITAL SALE		LLATIO	N, SERVI	CE OR		R WORK		OFF PRE	EMISE	S INSTALLATION, SE	ERVICE (DR REPAIR W	ORK
DESCRIP	TION OF OPER	ATIONS OF OTHE	R NAMED IN	SUREDS													
	ESCRIPTION OF OPERATIONS OF OTHER NAMED INSUREDS																
ADDIT	IONAL INT	EREST (Not a	all fields	apply to	o all scenarios	s - pro	ovide o	only t	the ne	ecessar	y data) Attach	ACO	RD 45 for more	e Addi	tional Inte	erests
INTERES		2. (S RANK:	EVIDE			RTIFIC		POLIC		D BILL			M NUMBER	
ADD	DITIONAL	LIENHOLDER	E AIN								. 52.0	. 0211		LOCATION:		BUILDING:	
BRE	URED	LOSS PAYEE												VEHICLE:		BOAT:	
WAI	RRANTY	-															
	OWNER	MORTGAGEE												AIRPORT:		AIRCRAFT:	
L ASI	LESSOR	OWNER												CLASS:	ľ	TEM:	
ow	SEBACK NER	REGISTRANT												ITEM DESCRIPTIO	N		
	DER'S S PAYABLE	TRUSTEE	REFEREN	CE / LOAN			II	NTERE	ST END	DATE:							
		_	LIEN AMO	UNT:			F	PHONE (A/C, No, Ext): FAX (A/C, No):									
REASON	FOR INTEREST	Γ:	I .						ADDRE	• •				1			
ı							1 -										

GE	GENERAL INFORMATION EXPLAIN ALL "YES" RESPONSES Y/N													
EXPI	AIN ALI	L "YES" RE	SPONSES											Y/N
1a.	IS THE	APPLICA	ANT A SUB	SIDIARY OF ANOTHER E	:NTITY ?									
l	PARE	NT COMPA	NY NAME						R	ELATIONSHIP D	ESCRIPTION		% OWNED	
İ														
1b.	DOES	THE APP	LICANT HA	AVE ANY SUBSIDIARIES?	>									
l	SUBSI	IDIARY CO	MPANY NAM	1E					R	RELATIONSHIP D	ESCRIPTION		% OWNED	
l														
2.	IS A FC	ORMAL S	AFETY PR	OGRAM IN OPERATION?									<u> </u>	
İ	s	SAFETY MA	NUAL	SAFETY POSITION	МО	NTHLY MEETINGS		OSHA]				
3.	ANY EX	XPOSURI	E TO FLAM	IMABLES, EXPLOSIVES, (CHEMICA	LS?								
İ														
İ														
4.	ANY O	THER IN	SURANCE	WITH THIS COMPANY?	(List pol	icy numbers)								
İ		OF BUSINE		POLICY NUMBER		, ,	LINE	OF BUSINES			POLICY NUMBER			
İ	LINE	JI BUSHIL		FOLICT NOMBER			LINE	OF BOSINES	33		FOLICT NOMBER			
l														
5.	ANY P	OLICY OF	R COVERA	.GE DECLINED, CANCELL	LED OR N	ON-RENEWED DUI	RING T	HE PRIOR	THR	EE (3) YEARS	FOR ANY PREMIS	ES OR		
				Applicants - Do not answ			_	_		,				
İ	N	NON-PAYM	ENT	AGENT NO LONGER REI	PRESENTS	CARRIER								
	NON-RENEWAL UNDERWRITING CONDITION CORRECTED (Describe):													
6.	6. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?													
İ														
İ														
	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).													
İ	by a sentence of up to one year of imprisorment).													
İ														
8.	∧ NIV 1 II	INICODDE	CTED EIDI	E AND/OR SAFETY CODE	- VIOLATI	ONIS2								
0.			EXPLANAT		· VIOLITI	0110:			DESC	OLUTION			RESOLVE DATE	
İ		JKDAIL	L EXPENDENT RESOLUTION RESOLUTION											
İ														
9.	пус уі	DDLICAN		ORECLOSURE, REPOSSI	ESSION	DANIKDI IDTOV OD I	EII ED	EOD DANK	חום	TOV DUBINO T	UE LAST EIVE (E)	VEADO2		
] 3.		JR DATE		·	ESSION, I	BANKKUPICI OKI	FILED				HE LAST FIVE (5)		DESOLVE DATE	
İ	OCCU	JRDATE	EXPLANAT	ION					KES	OLUTION			RESOLVE DATE	
İ														
<u> </u>		22124		IDOSMENIE OD LIENIDU										
10.				JDGEMENT OR LIEN DUP	RING THE	LAST FIVE (5) YEA	ARS?							
İ	occu	JR DATE	EXPLANAT	ION					RESC	DLUTION			RESOLVE DATE	
İ														
<u> </u>														
				ACED IN A TRUST? NAME				200110====	201 -	/ DICTO:	D IN ECCESOR S	\		
				NS, FOREIGN PRODUCT 5 for Liability Exposure and					SOLE) / DISTRIBUTE	D IN FOREIGN CC	OUNTRIES	5?	
_	•			OTHER BUSINESS VENT					ESTE	ED?				
					2.0									
İ														
14	DOFS	APPI ICA	NT OWN /	LEASE / OPERATE ANY [DRONESS	(If "YES" describe	use)							
` ``			•,			(, acconso	400)							
15	DOES	APPLICA	NT HIRE O	THERS TO OPERATE DR	RONES?	(If "YES" describe u	se)							
	DOLO.	711 1 21071		THERE TO OF ERVITE DE	(OILO:)	(11 120 , 00001150 0	00)							
DEI	/ADV	e / ppo	CECCINO	INCTRUCTIONS (AC	ODD 404	Additional Dam		Cabadula		v bo ottoobo	d if mara anasa	io romul		
KE	IAKK:	3 / PKU	CESSING	INSTRUCTIONS (ACC	101 שאכ	, Additional Kem	iarKS	ocneaule,	, ına	y de attache	u ir more space	is requii	eu)	
İ														
PR	OR C	ARRIER	INFORM	MATION										
YEA		TEGORY		GENERAL LIABILITY		AUTOM	OBILE			PROPI	RTY	OTHER:		
		RRIER												
	POL	LICY NUMB	ER											
1	PRE	EMIUM	\$			\$			\$			\$		
1	-													
1	EFF	FECTIVE DA	ATE											

PRIOR CARRIER INFORMATION (continued)

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 CLAIM FOR THE LAST	S OR LOSSES (R YEARS	EEGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCC	CURRENCES THAT M	IAY GIVE RISE TO CLAIMS	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.)

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

							A	SENCT COSTON	EK ID				
ACC	ORD	9	COMM	ERCIA	AL GE	NERA	AL L	LIABILITY	SECTION		DAT	TE (MM/DD/YY	YY)
AGENCY		_					CAI	RRIER				NAIC COL	DE
POLICY NU	IMBER				EFFE	CTIVE DATE	APPI	LICANT / FIRST NAME	DINSURED				
		CLAIMS MAD		in the COV	/ERAGE / I	LIMITS se	ection	below, this is ar	application for a	claims-made p	olicy.		
COVER	AGES				LIMITS								
		NERAL LIABILITY			GENERAL A	AGGREGATE			\$			REMIUMS	
	CLAIMS MAD	ie 🗌	OCCURRENCE		LIMIT APPL	IES PER:		POLICY LOCA	ATION	PRE		PERATIONS	
		RACTOR'S PROTE						PROJECT OTHI					
		MAGIGICAL TROPI	201112		PRODUCTS	& COMPLE		ERATIONS AGGREGA		PRO	DUCTS		
DEDUCTIB	LES				PERSONAL				\$				
		CF			EACH OCCU		SING INC	JOK I	\$	ОТН	IER		
	ERTY DAMA			PER			DEMICE	'S (aaab aaaaa)					
BODIL	_Y INJURY	\$		CLAIM PER				S (each occurrence)	\$	тот	ΓΔΙ		
		\$		OCCURRENCE	MEDICAL E		y one p	erson)	\$		AL		
					EMPLOYEE	BENEFITS			\$				
					L				\$				
OTHER CO	VERAGES, I	RESTRICTIONS AN	DOK ENDORSEMI	EN13 (FOI IIIIe	ea/Hon-ownea	auto covera	ges alla	on the applicable state	Business Auto Section,	ACORD 137)			
	LE ONLY IN		ON-OWNED ONLY						IS IS NOT AVA	ILABLE.			
SCHED	ULE OF I	HAZARDS (A	CORD 211. S	chedule o	f Hazards	. mav be	attac	hed if more spa	ce is required)				
		CLASS	PREMIUM						RATE		PREMI	UM	
LOC#	HAZ#	CODE	BASIS	EX	(POSURE		TERR	PREM / OPS	PRODUCTS	PREM / OP	s	PRODUCT	TS
CLASSIFIC	ATION DESC	CRIPTION											
LOC#	HAZ#	CLASS CODE	PREMIUM BASIS	EX	KPOSURE		TERR		RATE			PREMIUM	
			BAGIO					PREM / OPS	PRODUCTS	PREM / OP	s	PRODUCT	rs
CLASSIFIC	ATION DESC	RIPTION											
LOC#	HAZ#	CLASS CODE	PREMIUM BASIS	EX	KPOSURE		TERR		RATE		PREMI		
		CODE	BASIS					PREM / OPS	PRODUCTS	PREM / OP	s	PRODUCT	rs ———
CLASSIFIC	ATION DESC	RIPTION											
	ND PREMIUN SALES - PE	R \$1,000/SALES		ROLL - PER \$1 A - PER 1,000/\$				OTAL COST - PER \$1,0		(U) UNIT - PER UNI (T) OTHER	Т		
CLAIMS	MADE (Explain all "Y	es" response	es)									
EXPLAIN A	LL "YES" RI	ESPONSES											Y/N
1. PROP	OSED RE	TROACTIVE DA	TE:										
2. ENTR	Y DATE IN	TO UNINTERRU	JPTED CLAIMS	MADE COV	ERAGE:								
3. HAS A	NY PROD	UCT, WORK, AC	CCIDENT, OR LO	OCATION B	EEN EXCLU	JDED, UNI	NSURE	ED OR SELF-INSUI	RED FROM ANY PRE	VIOUS COVERA	AGE?		
4 10/003		DACE DUDOU	ASED LINDED A	NV DDEVIO	HE BOLLOY	′2							_

EMPLOYEE BENEFITS LIABILITY

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

\sim	NITO	$A \cap T$	ORS.
	NIK	Δι.Ι	באנו

CONTRACTORS								
EXPLAIN ALL "YES" RESPONSES	(For all past or present operat	tions)						Y/N
1. DOES APPLICANT DRAW			OTHERS?					
2. DO ANY OPERATIONS INC	CLUDE BLASTING OR U	TILIZE OR STORE EXF	PLOSIVE MA	ATERIAL?				
3. DO ANY OPERATIONS INC	CLUDE EXCAVATION TI	INNELING LINDERGE	OUND WO	RK OR FAR	TH MOVING?			
	JEODE EXOXVITION, TO	ANTELINO, ONDERON	NOOND WO	01. 27.11.	THE VIEW			
4. DO YOUR SUBCONTRACT	FORE CARRY COVERAC	YES OR LIMITS LESS :	THAN VOLE	202				
4. DO TOUR SUBCONTRACT	ONS CARRY COVERAG	JES OR LIWITS LESS I	I HAN TOUR	(3)				
5 ADE SUBCONTRACTORS	ALLOWED TO WORK W	/ITHOLIT BROVIDING	VOLL WITH	A CEDTIEIC	ATE OF INICI IDA	NCE2		
5. ARE SUBCONTRACTORS	ALLOWED TO WORK W	TIHOUT PROVIDING	YOU WITH A	A CERTIFIC	ATE OF INSURA	NCE?		
C DOEC ADDITIONAL LEAGE	FOLUDATINE TO OTHER		T ODED ATO	ND 00				
6. DOES APPLICANT LEASE	EQUIPMENT TO OTHER	(2 MILH OK MILHOO	OPERATO	JK5?				
		¢ DAID TO SUB-		% OE \	WORK	# EI II I -	# DADT-	
DESCRIBE THE TYPE OF WORK SU	JBCONTRACTED	\$ PAID TO SUB- CONTRACTORS:		SUBC	WORK ONTRACTED:	# FULL- TIME STAFF:	# PART- TIME STAFF:	
PRODUCTS / COMPLET	ED OPERATIONS		TIME IN	EVECTED	I			
PRODUCTS	ANNUAL GROSS SALES	# OF UNITS	TIME IN MARKET	EXPECTED LIFE	INTEN	NDED USE	PRINCIPAL COMPONENTS	3
EXPLAIN ALL "YES" RESPONSES ((For all past or present produc	cts or operations) PLEAS	SE ATTACH LI	TERATURE, B	ROCHURES, LABEL	S, WARNINGS, ETC.		Y/N
1. DOES APPLICANT INSTA	LL, SERVICE OR DEMON	NSTRATE PRODUCTS	?					
2. FOREIGN PRODUCTS SO)LD, DISTRIBUTED, USE	D AS COMPONENTS?	(If "YES", a	attach ACOR	RD 815)			
3. RESEARCH AND DEVELO	PMENT CONDUCTED C	R NEW PRODUCTS P	PLANNED?					
4. GUARANTEES, WARRAN	TIES, HOLD HARMLESS	AGREEMENTS?						
5. PRODUCTS RELATED TO	AIRCRAFT/SPACE INDI	USTRY?						
6. PRODUCTS RECALLED, I	DISCONTINUED, CHANG	ED?						
7. PRODUCTS OF OTHERS	SOLD OR RE-PACKAGE	D UNDER APPLICANT	LABEL?					
8. PRODUCTS UNDER LABE	EL OF OTHERS?							
9. VENDORS COVERAGE RI	EQUIRED?							+
J. VENDONO GOVERNOL NI	LGOINED:							
10. DOES ANY NAMED INSUF	DED SELL TO OTHER NA	MED INCLIDEDOS						+
10. DOLG ANT MAINED INSUR	YED SELL TO OTHER INF	MILD INSOLEDS!						
1								1

AD	DITIONAL INTEREST /	CERTIFICATE RECIPIENT ACORE		ed for additional	names						
INT	EREST	NAME AND ADDRESS RANK: EVIDENCE:	CERTIFICATE			INTEREST IN ITEM NU	IMBER				
	ADDITIONAL INSURED				LOCAT		ING:				
	EMPLOYEE AS LESSOR				ITEM CLASS	S: ITEM:					
	LENDER'S LOSS PAYABLE				ITEM D	DESCRIPTION					
	LIENHOLDER										
	LOSS PAYEE										
	MORTGAGEE										
		REFERENCE / LOAN #:									
GE	NERAL INFORMATION	1			<u> </u>						
_		For all past or present operations)					Y/N				
1.	ANY MEDICAL FACILITIES	S PROVIDED OR MEDICAL PROFESSIONALS EMP	PLOYED OR (CONTRACTED?							
2	ANY EXPOSURE TO RAD	IOACTIVE/NUCLEAR MATERIALS?									
	ANT EXIT COOKE TO THE	10/10/11/E/11/OCEE/11/11/11/E/11/12O									
\vdash											
3.	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)										
	TRANSPORTING OF HAZARDOUS MATERIAL? (e.g. landfills, wastes, fuel tanks, etc)										
4.	ANY OPERATIONS SOLD	, ACQUIRED, OR DISCONTINUED IN LAST FIVE (5	i) YEARS?								
5.	DO YOU RENT OR LOAN E	EQUIPMENT TO OTHERS?									
	EQUIPMENT			TYPE OF	EQUIPMENT	INSTRUCTION GIVEN (Y	(/N)				
				SMALL TOOLS	LARGE EQUIPMENT						
				SMALL TOOLS	LARGE EQUIPMENT						
6.	6. ANY WATERCRAFT, DOCKS, FLOATS OWNED, HIRED OR LEASED?										
7.	ANY PARKING FACILITIES	S OWNED/RENTED?									
8.	IS A FEE CHARGED FOR	PARKING?									
•											
<u> </u>	RECREATION FACILITIES	S PROVIDED?									
] 3.	REOREATIONT AGILITIES	T NOVIDED:									
10	ADE THERE AND LODGE	IO ODEDATIONO INOLLIDINO ADADTMENTOS (III	IV/FO#	and an effective stands							
10.		NG OPERATIONS INCLUDING APARTMENTS? (If "	YES", answe	r the following):			l				
	# APTS TOTAL APT										
L.		Sq. Ft.									
11.		OOL ON PREMISES? (Check all that apply)									
	APPROVED FENCE	LIMITED ACCESS DIVING BOARD SLID)E ABO	IN IN IN	GROUND LIFE G	SUARD					
12.	ARE SOCIAL EVENTS SP	ONSORED?									
13.	ARE ATHLETIC TEAMS SP	ONSORED?									
	TYPE OF SPORT	CONTACT SPORT (Y/N) AGE GROUP 13 - 18	TYPE OF S	SPORT	CONTACT AGE GRO	OUP 13 - 18					
					SPORT (Y/N)	<u> </u>					
	EVERUE OF ORONIO DOLLID	12 & UNDER OVER 18			12.8	UNDER OVER 1	8				
<u> </u>	EXTENT OF SPONSORSHIP:		EXTENT O	F SPONSORSHIP:							
14.	ANY STRUCTURAL ALTE	RATIONS CONTEMPLATED?									
$ldsymbol{le}}}}}}$											
15.	ANY DEMOLITION EXPOS	SURE CONTEMPLATED?									

CE.	NERAL INFORMATION (continued)		AGENCY CUSTOM	IER ID:		
	PLAIN ALL "YES" RESPONSES (For all past or present op	erations)				Y/N
	HAS APPLICANT BEEN ACTIVE IN OR IS CURI	·	TURES?			
17.	DO YOU LEASE EMPLOYEES TO OR FROM OTI	HER EMPLOYERS?				
	LEASE TO	WORKERS COMPENSATION COVERAGE CARRIED (Y/N)	LEASE FROM		WORKERS COMPENSATION COVERAGE CARRIED (Y/N)	
18	 IS THERE A LABOR INTERCHANGE WITH AN	/ OTHER BUSINESS OR SUBSI	DIARIES?			
10.	TO THERE A EADOR INTERCHANCE WITH ANY	OTTIER BOOMESO OR SOBO	DIANES:			
19.	ARE DAY CARE FACILITIES OPERATED OR C	ONTROLLED?				
20.	HAVE ANY CRIMES OCCURRED OR BEEN AT	TEMPTED ON YOUR PREMISE	S WITHIN THE LAST THRE	E (3) YEARS?		
21.	IS THERE A FORMAL, WRITTEN SAFETY AND	SECURITY POLICY IN EFFECT	Γ?			
20	DOES THE BUSINESSES BROMOTIONAL LIT	DATURE MAKE ANY REPREC		AFETY OR CECURITY O	E THE DDEMICECS	
22.	DOES THE BUSINESSES' PROMOTIONAL LITE	ERATURE MAKE ANY REPRES	ENTATIONS ABOUT THE S	AFETY OR SECURITY O	IF THE PREMISES?	
PF	MARKS (ACORD 101, Additional Remark	ks Schodula, may be attac	had if more snace is re	quired)		
NL	INIANAS (ACOND 101, Additional Remain	ns Schedule, may be attac	ned if filore space is re	quireu)		
	GNATURE COLOR NO. 100 AND AND AND AND AND AND AND AND AND AND					
be pri	pplicable in AL, AR, DC, LA, MD, NM, RI a enefit or knowingly (or willfully)* presents false ison. *Applies in MD Only.	e information in an application	n for insurance is guilty of	a crime and may be so	ubject to fines and confine	ment in
	pplicable in CO: It is unlawful to knowing efrauding or attempting to defraud the com					
	ompany or attempting to defraud the company w					
	irpose of defrauding or attempting to defraud			ent or award payable f	rom insurance proceeds	shall be
	ported to the Colorado Division of Insurance pplicable in FL and OK: Any person who I		, ,	any incurer files a sta	tement of claim or an an	lication
	philicable in FL and OK: Any person who in ontaining any false, incomplete, or misleading	0,		•	пешенгоговин оган арр	DilCatiON
Αp	pplicable in KS: Any person who, knowingly	and with intent to defraud, p	resents, causes to be pre	sented or prepares with		
	esented to or by an insurer, purported ins					
	lephonic communication or statement as pa ommercial insurance, or a claim for payment of					
to	contain materially false information concer	ning any fact material there	, ,	•	•	
ma	aterial thereto commits a fraudulent insuranc	e 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)

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 KNOWI FDGF

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	(Required in Florida)		
APPLICANT'S SIGNATURE		DATE	NATIONAL PRODUCER NUMBER	

21.

22.

AGENC)	CUSTOR	MER ID.

ACORD® PROPERTY							SECTION DATE (MM/DD/YYYY)								DATE (MM/DD/YYYY)			
AGENCY NAME							CAR	RIER					NAIC CODE					
POLICY NUMBER EFFECTIVE DA						ECTIVE DATE	NAMED INSURED(S)											
BLANKET SUMMARY																		
BLKT# AMOUNT TYPE							BLKT# AMOUNT TYPE											
PREMISES #: STREET ADDRESS:																		
PREMISES INFORMATION BUILDING #: BLDG DESCRIPTION:																		
SUBJECT OF INSURANCE AMOUNT COINS % VALU-						U- N CAUSES OF LOSS INFLATION DED DED BLKT FORMS AND CONDITIONS TO APPLY								NDITIONS TO APPLY				
				COINS %	ATION			GUARD%	1	Т	YPE	#	# FORMS AND CON					
											-							
											-							
ADDITIO	NALINFORMATION	BUS	SINESS INCOME /	EXTRA EXPENS	SE - Attach	ACORD 810			VALUE RE	EPORTING	INFORM	OITAN	N - Attach A	CORD 811				
	IONAL COVERAGE	S, OPT	TIONS, RESTR	CICTIONS, E	NDORS	EMENTS A	AND R	ATING I	NFORM	MATION								
SPOILA: COVERA		PROPER	TY COVERED					LIMIT			EFRIG N		OPTIONS					
(Y / N)								\$ AGREEMENT BREAKDOWN OR CONTAMINATION (Y/N)										
								DEDUCTIBLE POWER OUTAGE SELLING PRICE										
								\$										
SINKHOL	E COVERAGE (Required	in Florid	a)			ACCEPT	COVERA	AGE	REJI	ECT COVE	RAGE		LIMIT: \$					
MINE SU	BSIDENCE COVERAGE (Required	in IL, IN, KY and V	VV)		ACCEPT (COVERA	/ERAGE REJECT COVERAGE LIMIT: \$										
PRO	OPERTY HAS BEEN DESIG	GNATED.	AN HISTORICAL L	ANDMARK								1	FOF OPEN S	SIDES ON S	TRUCTURE:			
CONSTR	UCTION TYPE		DISTANCE	то	FIRE	DISTRICT		CODE NU	MBER	PROT CL	# STO	RIFS	# BASM'TS	YR BUIL	T TOTAL AREA			
			HYDRANT FI															
BUILDING	G IMPROVEMENTS		FT	BLDG CODE	TAX CC	DE ROOF	TYPF		OTHER	OCCUPAN	CIFS							
]	NO 1/5	GRADE														
	ING, YR:	1	NG, YR:	WIND CLASS		HEATING SOURCE INCL WOODBURNING DATE SEMI-RESISTIVE STOVE OR FIREPLACE INSERT INSTALLED:						TE						
	OFING, YR:	HEATIN				SEIVII- KESIS	STIVE STOVE OR FIREPLACE INSERT INSTALLED: MANUFACTURER:											
PRIMARY	HER: / HFAT	Y	′R:	RESISTI	VE		SECO	NDARY HE			•							
ВОП		FUFI					BOILER SOLID FUEL											
	OILER, IS INSURANCE PI		LSEWHERE?	Y/N					IS INSURA		L	 SEWH	ERE?	Y/N				
	KPOSURE & DISTANCE			OSURE & DIST	ANCE		IF BOILER, IS INSURANCE PLACED ELSEWHERE? FRONT EXPOSURE & DISTANCE REAR				REAR EXP		ISTANCE					
BURGLA	R ALARM TYPE			CERT	FICATE#							EXP	IRATION DA	TE C	CENTRAL LOCAL			
														;	STATION GONG			
BURGLA	R ALARM INSTALLED AN	ID SERVI	CED BY				EXTE	NT		GRADE	 E	# GL	JARDS / WA		CLOCK HOURLY			
PREMISE	S FIRE PROTECTION (Sp	rinklers,	Standpipes, CO2 /	Chemical Syste	ems)	% SPF	RNK F	IRE ALARI	M MANUF	ACTURER					CENTRAL STATION			
															LOCAL GONG			
דוחחם	IONAL INTEREST		1CORD 45 244	ached for	additio	nal names									1			
ADDITIONAL INTEREST ACORD 45 attached for additional names INTEREST NAME AND ADDRESS RANK: EVIDENCE: CERTIFICATE INTEREST IN ITEM NUMBER									N ITEM NUMBER									
	IDER'S LOSS PAYABLE											ŀ	LOCATION		BUILDING:			
—	S PAYEE											+	ITEM	-	ITEM:			
	RTGAGEE											+	CLASS: ITEM DESC	RIPTION	II LIVI.			
		REFE	RENCE / LOAN #:															

ADDITIONAL	PREMISES #:	STREET	ADDDESS											
ADDITIONAL DEFINISES INFORMATION		STREET ADDRESS: BLDG DESCRIPTION:												
PREMISES INFORMATION SUBJECT OF INSURANCE	BUILDING #:	_						DED	BLKT					
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU- ATION	CAUSES OF LO)55	INFLATION GUARD %		DED	TYPE	#	FORMS AND CO	וווטאכ	ONS TO AP	PLY
							-							
ADDITIONAL INFORMATION BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810 VALUE REPORTING INFORMATION - Attach ACORD 811														
ADDITIONAL COVERAGES, O	PTIONS, RESTRIC	TIONS, E	NDORS	EMENTS A	ND	RATING I	NFOF	RMATIC	ON					
SPOILAGE DESCRIPTION OF PROP	ERTY COVERED					LIMIT			REFRIG I		OPTIONS			
COVERAGE (Y / N)						\$			AGREEN (Y/N		BREAKDOWN	OR CC		
						DEDUCTIB	BLE			7	POWER OUTA	GE	SELLI PRICE	
						\$								
SINKHOLE COVERAGE (Required in Flo	orida)			ACCEPT C	OVEF	RAGE	RI	EJECT C	OVERAGE	ı	LIMIT: \$			
MINE SUBSIDENCE COVERAGE (Requi	red in IL, IN, KY and WV)			ACCEPT C	OVEF	RAGE	RI	EJECT C	OVERAGE	ı	LIMIT: \$			
PROPERTY HAS BEEN DESIGNATI	ED AN HISTORICAL LAN	DMARK								#	FOF OPEN SIDES ON	STRUC	CTURE:	
CONSTRUCTION TYPE	DISTANCE TO HYDRANT FIRE	STAT	FIRE	DISTRICT		CODE NUI	MBER	PROT	CL # STO	RIES	# BASM'TS YR BUII	LT 1	TOTAL ARE	Α
BUILDING IMPROVEMENTS		LDG CODE GRADE	TAX CC	DE ROOF T	YPE		OTHE	R OCCUP	PANCIES					
WIRING, YR: PLUI	MBING, YR:	GRADE												
	_	IND CLASS		SEMI- RESIS	TI\/E		ŀ	HEATING	SOURCE II	NCL W		ATE		
		DEGICE	<u>,</u>	SEIVII- RESIS	IIVE			STOVE OF JFACTUR	R FIREPLA(FR:	CE INS	ERI IN	STALL	.ED:	
PRIMARY HEAT	YR:	RESISTIV	<u></u>		SEC	ONDARY HE								
BOILER SOLID FUEL						BOILER	~ _	SOLID	SELLET [
IF BOILER, IS INSURANCE PLACED	O EL SEWHERE?	Y/N				IF BOILER, I			L	SEWIN	ERE? Y/N			
RIGHT EXPOSURE & DISTANCE	LEFT EXPOS		NCE		FDO				-LACED EL	SLVVII	REAR EXPOSURE & I	DISTAI	NCE	
RIGHT EXPOSURE & DISTANCE	LEFT EXFOS	OKE & DISTA	MOL		FKU	NT EXPOSU	KE & DI	ISTANCE			REAR EXPOSORE & I	JIJIAI	NOL .	
DUDGU AD AL ADM TVDE		OFPTH								EVD	IDATION DATE	CENT	RAI	LOCAL
BURGLAR ALARM TYPE		CERTII	FICATE#							EXP	IRATION DATE	STAT	ION	GONG
					WITH K									
BURGLAR ALARM INSTALLED AND SER	RVICED BY				EXT	ENT		GR	ADE	# GU	JARDS / WATCHMEN		CLOCK HO	URLY
PREMISES FIRE PROTECTION (See In Idea	0(d-l 000 / 0b			1										
PREMISES FIRE PROTECTION (Sprinkle	rs, standpipes, CO27 Ch	emicai Syste	ms)	% SPR	NK	FIRE ALARM	MANU	UFACTUR	KEK				CENTRAL	- 1
	T												LOCAL GO	NG
ADDITIONAL INTEREST	ACORD 45 attac				====									
	ME AND ADDRESS RA	NK:	EVIDEN	E: CER	TIFIC	AIE				-	INTEREST	IN ITEI	M NUMBER	
LENDER'S LOSS PAYABLE										-	LOCATION:	В	UILDING:	
LOSS PAYEE											ITEM CLASS:	IT	EM:	
MORTGAGEE											ITEM DESCRIPTION			
REFERENCE / LOAN #:														
REMARKS (ACORD 101, Ad	ditional Remarks	Schedule	e, may	be attache	d if ı	more spa	ice is	requir	ed)					

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

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PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	(Required in Florida)		
APPLICANT'S SIGNATURE		DATE	NATIONAL PRODUCER NUMBER	