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	RS \$										\$		
	COMMERCIAL GENERAL LIABILITY	\$		LIQUO	OR LIABILITY			\$									\$	
	COMMERCIAL INLAND MARINE	\$			MOTOR 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 LOSS				SUMMARY													
	COVERAGES SCHEDULE			OPEN	I CARGO SECTION													
	DEALERS SECTION			PREM	IIUM PAYMENT SUPP													
	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 #:										
								DDRESS										
	CORPORATION JOINT VEN	ITLIDE		N/	OT EOD DROEIT ORG			LIBCHARTER !	"2" /		ATION		_	1				
	1 1	OF MEMBERS MANAGERS:	+	-	OT FOR PROFIT ORG ARTNERSHIP	•	PR PROFIT ORG SUBCHAPTER "S" CORPORATION SERSHIP TRUST				AHON			_				

CONTACT INFORMATION

CONT	ACT INFOR	NIMATION														
CONTAC	TACT TYPE: TACT NAME:							CONTACT TYPE:								
									NTACT	NAME:						
PRIMARY PHONE #	HON	ME 🗌 BUS 🔲 C	ELL SE	CONDARY IONE#	HOME E	BUS 🗌	CELL	PRI	MARY ONE#	□ He	OME [BUS CEL	SECON	NDARY □ HON	IE 🗌 BUS 🔲	CELL
DDIMAD	E-MAIL ADDR	ECC.						DDI	MADVE	-MAIL AD	DDECC.					
	ARY E-MAIL AI		ttooh AC	ODD 922) for Addition	nal Dr	omico	SECONDARY E-MAIL ADDRESS:								
		RMATION (A	itach AC	OKD 023	o ioi Additio				TERECT	-	4.51	TIME EMB!		DEVENUES: A		
LOC#	STREET					CII	Y LIMITS	-	TEREST		# 50	JLL TIME EMPL		REVENUES: \$		
							INSIDE		OWN	IER			OCCUPIE	D AREA:		SQ FT
BLD#	CITY:			ST	TATE:		OUTSIE	DE	TEN	ANT	# P#	ART TIME EMPL	OPEN TO	PUBLIC AREA:		SQ FT
	COUNTY:			ZI	P:								TOTAL B	UILDING AREA:		SQ FT
DESCRIP	TION OF OPE	RATIONS:		•			•	'			•		ANY ARE	A LEASED TO O	THERS? Y / N	
LOC#	STREET					CIT	Y LIMITS	IN'	TERES	г	# FU	JLL TIME EMPL	ANNUAL	REVENUES: \$		
							INSIDE		OWN	IFR			OCCUPIE	DARFA:		SQ FT
BLD#	CITY:			67	TATE:		OUTSIE		TEN		# 8/	ART TIME EMPL		PUBLIC AREA:		SQ FT
650#							- 001311	~—	- 1211/	7111	" ' '	AKT TIME LIME				
	COUNTY:			ZI	P:								TOTAL B	UILDING AREA:		SQ FT
DESCRIPTION OF OPERATIONS:													ANY ARE	A LEASED TO O	THERS? Y / N	
LOC#	STREET					CIT	Y LIMITS	IN.	TEREST	Г	# FU	JLL TIME EMPL	ANNUAL	REVENUES: \$		
							INSIDE		OWN	IER			OCCUPIE	D AREA:		SQ FT
BLD#	CITY:			S1	TATE:		OUTSIE	DE -	TEN	ANT	# P#	ART TIME EMPL	OPEN TO	PUBLIC AREA:		SQ FT
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DESCRI		DATIONS.			• •									A LEASED TO O	TUEDES V / N	
	TION OF OPE	RATIONS:				1		1			1 =				IHERS! T/N	
LOC#	LOC# STREET				CIT	Y LIMITS	IN	TEREST	Г	# FU	JLL TIME EMPL	ANNUAL	REVENUES: \$			
							INSIDE		OWN	IER			OCCUPIE	D AREA:		SQ FT
BLD#	CITY:			ST	ГАТЕ:		OUTSIE	DE	TEN	ANT	# P#	ART TIME EMPL	OPEN TO	PUBLIC AREA:		SQ FT
	COUNTY:			ZI	P:		1		1				TOTAL B	UILDING AREA:		SQ FT
DESCRIE	DESCRIPTION OF OPERATIONS:						1						ANY ARE	A LEASED TO O	THERS? Y / N	
													AITTAIL	A LLAGLE TO 0		
NAIUI	RE OF BUS	SINESS												DAT	E BUSINESS	
APA	RTMENTS	CONTRA	CTOR	MANU	JFACTURING	R	RESTAUR	RANT		SERVICI	Ε [STA	RTED (MM/DD/Y)	ryy)
CON	NDOMINIUMS	INSTITU	ΓΙΟΝΑL	OFFIC	E	R	RETAIL			WHOLES	SALE					
		RVICE OPERATION				ALLATIO!	N, SERVI	CE OR		R WORK		OFF PREM	SES INSTAL	LATION, SERVIC %	E OR REPAIR W	ORK
DESCRIP	TION OF OPER	RATIONS OF OTHE	R NAMED IN	ISUREDS												
	SCRIPTION OF OPERATIONS OF OTHER NAMED INSUREDS															
ADDIT	IONAL INT	EREST (Not a	all fields	apply to	all scenario	s - pro	ovide d	only t	the ne	ecessar	y data) Attach A	ORD 45	for more Ad	Iditional Inte	erests
INTERES		,		DADDRESS		EVIDE			RTIFIC		POLIC				ITEM NUMBER	
ADI	DITIONAL URED	LIENHOLDER								-			LOCAT	ION:	BUILDING:	
BRE	ACH OF	LOSS PAYEE											VEHICI	LE:	BOAT:	
	RRANTY OWNER	MORTGAGEE											AIRPO		AIRCRAFT:	
I I	PLOYEE	_											ITEM	11.1.		
AS	LESSOR	OWNER											CLASS		ITEM:	
ow	SEBACK NER	REGISTRANT						ITEM DESCRIPTION								
	DER'S S PAYABLE	TRUSTEE	REFEREN	CE / LOAN #	:		I	NTERE	ST END	DATE:						
	<u> </u>		LIEN AMO	UNT:			F	PHONE (A/C, No, Ext): FAX (A/C, No):								
REASON	REASON FOR INTEREST: E-								E-MAIL ADDRESS:							

GE	NERA	L INFO	RMATION	1				AGLINGT		TOWILK ID.				
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.	ANY P	AST LOS	SES OR CL	AIMS RELATING TO SEX	(UAL ABU	SE OR MOLESTAT	ION AL	LEGATION	IS, DI	ISCRIMINATIO	N OR NEGLIGENT	HIRING?		
İ														
İ														
	DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD,													
				YOTHER ARSON-RELATI										
	(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	b, a 00	511101100 01	up to one y	our or imprioorimonty.										
İ														
8.	∧ NIV 1 II	INICODDE	CTED EIDI	E AND/OR SAFETY CODE	- VIOLATI	ONIS2								
Ŭ.			EXPLANAT		· VIOLITI	0110:			DESC	OLUTION			RESOLVE DATE	
İ		JKDAIL	LAI LAIVA						IN LOC	SECTION .			KEGGEVE DATE	
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	(ONLO.)	(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		PREMI		
			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	Ture One Entire	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	ITAN 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 N	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/III III/II EIII/IEO.									
\vdash	DOWNAYE DACT DESCENT OF DISCONTINUED OPERATIONS INVOLVE/DV STORING TREATING DISCOURD ARRIVANCE DISCOURS OF										
3.	B. 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.	ANY WATERCRAFT, DOC	CKS, 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 of all and the second							
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 of	perations)				Y/N
	HAS APPLICANT BEEN ACTIVE IN OR IS CUR	·	TURES?			1,11
17.	DO YOU LEASE EMPLOYEES TO OR FROM OT	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		L DIARIES?			
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?		
04	IO THERE A FORMAL MIDITIFAL CAFETY AND	0 0 0 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0	F0			
21.	IS THERE A FORMAL, WRITTEN SAFETY AND	SECURITY POLICY IN EFFEC	1?			
22.	DOES THE BUSINESSES' PROMOTIONAL LIT	ERATURE MAKE ANY REPRES	ENTATIONS ABOUT THE S	AFETY OR SECURITY O	F THE PREMISES?	
RE	MARKS (ACORD 101, Additional Remar	ks Schedule, may be attacl	hed if more space is re	quired)		
		· •	•			
SIC	GNATURE					
Ap	pplicable in AL, AR, DC, LA, MD, NM, RI a enefit or knowingly (or willfully)* presents fals ison. *Applies in MD Only.					
de	pplicable in CO: It is unlawful to knowing efrauding or attempting to defraud the company or agent of an insurance company we	pany. Penalties may includ	le imprisonment, fines, d	lenial of insurance and	d civil damages. Any ins	surance
рu	urpose of defrauding or attempting to defrau ported to the Colorado Division of Insurance	d the policyholder or claiman	t with regard to a settlem			
Αp	pplicable in FL and OK: Any person who ontaining any false, incomplete, or misleading	knowingly and with intent to it	njure, defraud, or deceive	•	tement of claim or an app	olication
	pplicable in KS: Any person who, knowingly	• •	• •	• • •	knowledge or belief that i	t will be
	esented to or by an insurer, purported in					
	lephonic communication or statement as pa ommercial insurance, or a claim for payment					
to	contain materially false information conce	rning any fact material theret	. ,	•	•	
ma	aterial thereto commits a fraudulent insurand	e act.				- 1

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.

AGEN	CY CU	ISTOM	FR ID:

ACORD® PROPERTY							SECTION								DATE (MM/DD/YYYY)			
AGENCY NAME							CARRIER NAIC CODE											
POLICY NUMBER EFFECTIVE DA							NAMED INSURED(S)											
BLAN	BLANKET SUMMARY								1									
BLKT#	AMOUNT			TYPE			BLKT# AMOUNT TYPE											
		 6:																
PREMISES INFORMATION BUILDING #: BLDG DESCRIPTION:																		
SUBJECT OF INSURANCE AMOUNT COINS % VALU-						CAUSES OF LOSS INFLATION DED DED BLKT FORMS AN						IS AND CO	NDITIONS TO APPLY					
COINS % ATION					ATION			GUARD%	1	TYPE #		#						
											-							
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 CONTAMINA (Y / N)										
								DEDUCTIBLE POWER OUTAGE SELLIN PRICE						SELLING PRICE				
								\$										
SINKHOL	E COVERAGE (Required	in Florid	a)			ACCEPT	COVERA	OVERAGE REJECT COVERAGE LIMIT: \$										
MINE SU	BSIDENCE COVERAGE (Required	in IL, IN, KY and V	VV)		ACCEPT (COVERA	COVERAGE 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 C	ANCIES								
]	NO 1/5	GRADE														
	ING, YR:	1	NG, YR:	WIND CLASS		05141 05010	HEATING SOURCE INCL				ICL W	L WOODBURNING DATE						
	OFING, YR:	HEATIN				SEIVII- KESIS	SEMI- RESISTIVE STOVE OR FIREPLACE INSERT INSTALLED: MANUFACTURER:							STALLED:				
PRIMARY	HER: / HFAT	Y	′R:	RESISTI	VE		SECO	NDARY HE			•							
ВОП		FUFI						BOILER		SOLID FL	ıFı [
	OILER, IS INSURANCE PI		LSEWHERE?	Y/N			IF BOILER, IS INSURANCE PLACED ELSEWHERE? Y/N											
	KPOSURE & DISTANCE			OSURE & DIST	ANCE						REAR EXP		ISTANCE					
BURGLA	R ALARM TYPE			CERT	FICATE#							EXP	IRATION DA	TE C	CENTRAL LOCAL			
GERTIFICATE#														;	STATION GONG			
BURGLAR ALARM INSTALLED AND SERVICED BY							EXTE	NT		GRADE	 E	# GL	WITH KEYS GUARDS / WATCHMEN 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			
ADDITIONAL INTEREST ACORD 45 attached for additional names																		
INTEREST NAME AND ADDRESS RANK: EVIDENCE: CERTIFICATE INTEREST IN ITEM NUMBER									N ITEM NUMBER									
LENDER'S LOSS PAYABLE											ŀ	LOCATION		BUILDING:				
—	S PAYEE											+	ITEM	-	ITEM:			
	RTGAGEE											+	CLASS: ITEM DESC	RIPTION	II LIVI.			
		REFE	RENCE / LOAN #:															

ADDITIONAL	PREMISES #: STREET ADDRESS:													
ADDITIONAL DEFINISES INFORMATION		BLDG DESCRIPTION:												
PREMISES INFORMATION SUBJECT OF INSURANCE	BUILDING #:	_		1050 05 1 000 1		INFLATION		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 / EXT	TRA EXPENS	E - Attach	ACORD 810		,	VALUE	REPORT	ING INFOR	MATIO	N - 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 MAINT 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 .	
DUDGLAD ALADM TVDE		OFPTH								EVD	IDATION DATE	CENT	RAI	LOCAL
BURGLAR ALARM TYPE		CERTII	FICATE#							EXP	IRATION DATE	STAT	ION	GONG
											WITH	KEYS		
BURGLAR ALARM INSTALLED AND SER	RVICED BY				EXTENT GRADE			# GU	JARDS / WATCHMEN	CLOCK HOURLY				
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: ITEM:				
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	