

Commercial Download

A Comprehensive Guide to Help You Maximize Our Capabilities

Version
09/2016

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Business Owner's Policy

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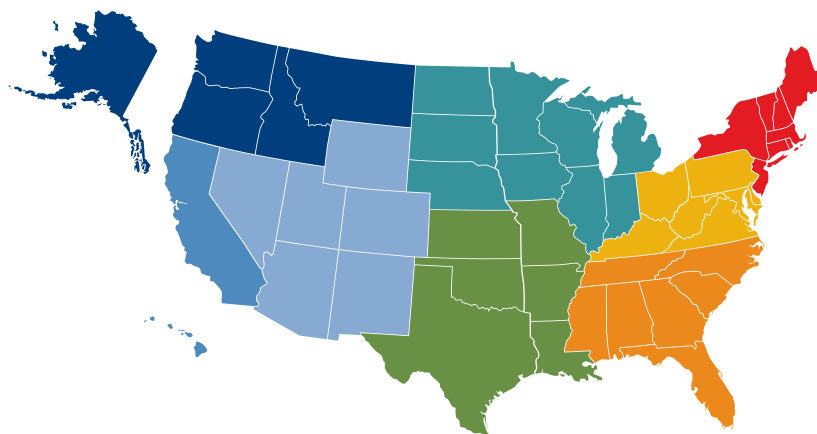
Comprehensive Business Package

General Liability

Commercial Umbrella

Agency Interface Regional Contacts

Our agency interface staff provides training and guidance to agents and brokers to fully understand our online and agency management system integration capabilities — saving you time and increasing productivity.



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Increase Speed and Accuracy

Begin using download today

Time is an increasingly scarce resource you don't want to waste, and Liberty Mutual Insurance gets it. We want you to spend your time expanding your business. That's why we offer download for your agency management system. Download eliminates the need to re-enter policy information in your agency management system, saving time and reducing errors.



Using download saves almost
60 minutes
per employee, per day¹

Benefits of Download

- Save time and money
- Increase data accuracy
- Redcue E&O exposure
- Spend more time on service and sales

What is download?

Download enables the electronic transmission of insurance transactions in ACORD[®]-compliant formats from Liberty Mutual to your agency management system. It reduces errors and omissions by synchronizing our information with your agency management system.

Policies available for download:

- Business owner's policy (BOP)
- Customer Protector[®] (CPSP)
- Comprehensive Business Package (CBP)
- Auto
- General Liability
- Inland marine and crime
- Property
- Umbrella
- Workers compensation

Transactions available for download:

- Billing activity notifications
- Policy activity notifications
- Claims activity notifications
- Direct bill commissions
- Claims

1. 2013 Real Time / Download Campaign Agency & Brokerage Technology Final Report (getrealtime.org)

Download is available for the major systems in the Vertafore® and Applied Systems family, plus more than 35 other systems.

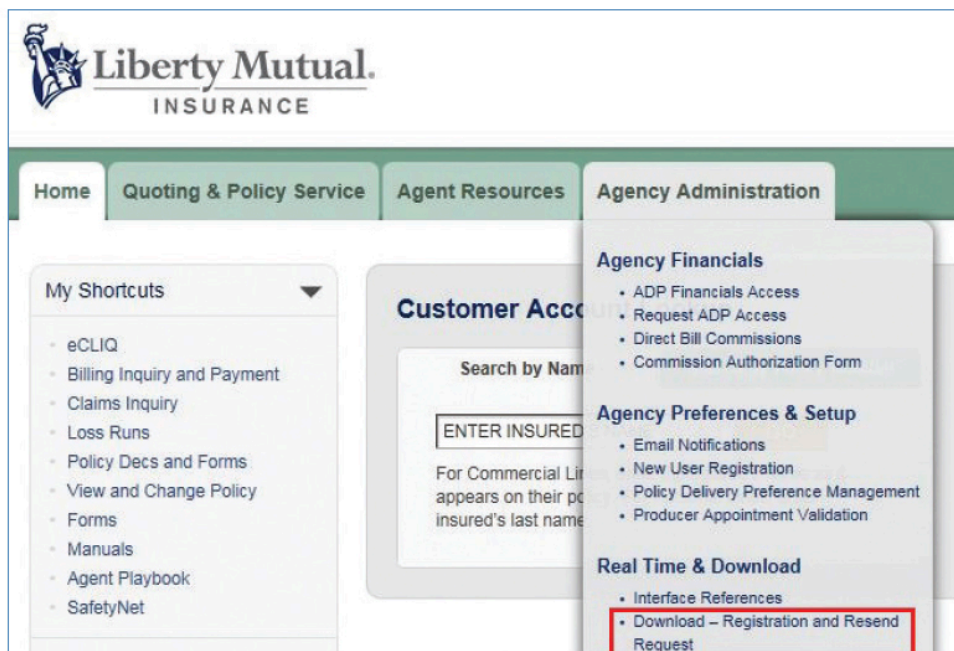
These include:

- Advantage Information Systems
- Agency Systems
- Carolina Insurance Solutions
- eVo Agency Management
- NASA Eclipse
- Quomation®
- Special Agent
- Xanatek
- Agency Software
- Applied Systems
- Ebix
- HawkSoft®
- QQ Evolution
- SIS Partner XE
- Vertafore®
- XDimensional Nexsure

Download is just one more piece in our continuous effort to make working with Liberty Mutual as seamless as possible.

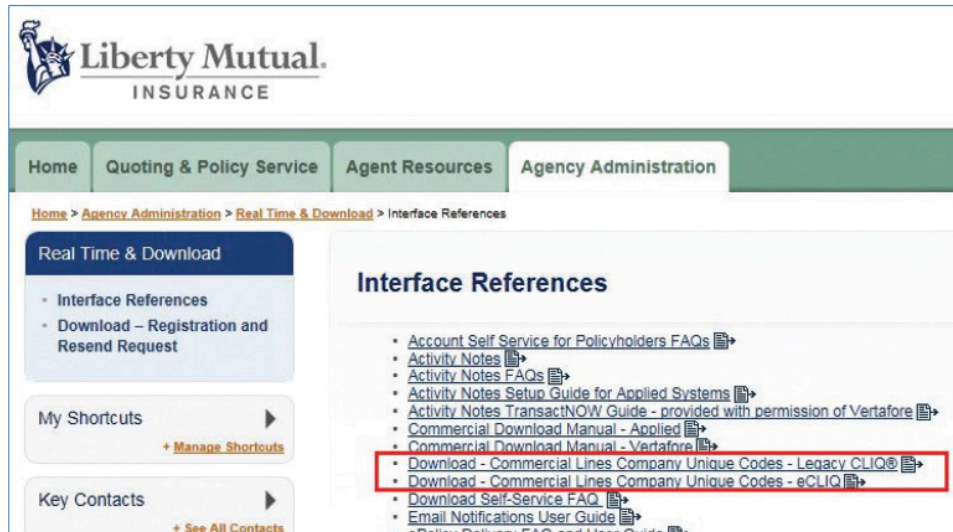
Start using download today!

1. Log in to the Agents' Portal at commercialportal.libertymutual.com
2. Go to the Agency Administration tab
3. Within the Real Time & Download section, click on Download — Registration and Resend Request



You will need the following information:

- Agency code
 - Agency management system name and version number
 - IVANS[®] account and user IDs
 - IBM #
4. Click on **Interface References** and select “Download” — Commercial Lines Company Unique Codes — eCLIQ[®]



5. Update your agency management system with the company unique code(s)

Want more information?

Visit getrealtime.org/commercial-download.

If you have questions, please contact our Agency Interface Support Group by email: agencyinterfacesupport@libertymutual.com or by phone: 1-888-451-8414.

Instructions to Begin Commercial Download

Download is a great way to save time and money; increase data accuracy, and reduce your E&O exposure

To start:

1. Is your agency enrolled in download with another carrier? If so, you probably have the necessary information to complete the registration process on our [Agents Portal](#) such as your **Y-Account Number, IBM Address, IVANS User ID, Trading Partner, etc.**
 - a. If not, please contact Agency Interface Support Group and they will set you up with those credentials (agencyinterfacesupport@LibertyMutual.com, 1-888-451-8414).
2. Once you have your Y-Account Number, IBM Address, and so forth, you'll need to update your agency management system with our
 - a. NAIC Codes
 - b. IVANS Information Company Unique Codes as well as our IVANS information and writing company NAIC codes (refer to Company Unique Codes within this manual).

Note #1: It's not necessary to add all Company Unique Codes to your agency management system. We recommend that you add the ones you are most likely to come across on your policies, but please be aware that if an account does not properly download, it may be because the policy includes a coverage that requires a Company Unique Code to be entered into your agency management system.

3. For a list of transaction types available for download for your agency management system, please refer to the Download and Real-Time Capability Chart or contact your vendor.

Note #2: Farm policies are not available for download.

4. Next, work with your vendor or IVANS Exchange, if necessary, to make sure you properly setup your status codes, premium settings, and so on. Your agency management system provider should be your go-to resource when setting up your agency management system for download. They should be able to answer any of your questions and walk you through the process from start to finish.
5. After this has been completed, please login to our Agents' Portal and under the tab, Agency Administration, click on the link for "Download — Registration and Resend Request." Currently, only your agency's designated IT and/or Web Administrator has the ability to do this.
6. Select the agency code(s) you would like to enroll in download. Then click on "Edit Selected."

- 7.** Complete the information at the top of the screen (i.e. Y-Account Number, IBM Address, IVANS User ID, etc.), and then choose the transaction types you would like to receive download.
- 8.** Click on Save to complete this process. Repeat step 6 for each agency code you chose to enroll in download.

Commercial Download Best Practices

Follow these tips for the best possible experience with Liberty Mutual Insurance commercial download and to prevent overwriting the information stored in your agency management system.

Begin with something simple, such as a BOP, Business Auto or Workers Compensation policy.

1. Create a test account(s) for either the BOP, Business Auto or Workers Compensation policies
2. Save your original files as another, distinctive and identifiable name, such as “The Client Name Inc1.” The point being...
 - It protects your original data and
 - It avoids our download from unintentionally overwriting your client file
3. Complete the setup steps in “Instructions to Begin Commercial Download.”
4. Submit a request through Agents Portal for an “Initial Load.”
5. After submitting the request, return to the Download Registration to unregister for any policies for download. Note: You could potentially receive additional policies through the download for any LOBs checked on the Download Registration. Any registrations remaining checked will send any other policies processed that day through the download.

When the policy download arrives to your agency management system, do a comparison of the data sent versus the data you have saved.

This is a quick way to determine

- which fields we overwrite versus the ones we do not overwrite
- which data fields you use versus the ones we place a blank to the field
- which coverage data you need versus the coverage data we do not send

Contact us should you need help

We are always looking for ways to improve the quality of our commercial download. Whether you are working with your regional representative, Agency Interface Support Group or directly with our Download Business Analyst, your feedback is important to us.

Download and Real-Time Capability Chart

For assistance, contact: Agency Interface Support Group

Email: agencyinterfacesupport@libertymutual.com

Phone: 1-888-451-8414

Download by Vendor — Policy Types

Key		Commercial Lines								
		Commercial Auto	Business Owners	Commercial Property	General Liability	Package	Workers' Compensation	Umbrella	Crime*	Inland Marine*
Commercial Lines E - eCLIQ®										
Legacy Systems C - CLIQ S - Quote & Issue (Safeco CL)										
Advantage Information Systems, Inc.	The Agency Advantage	E CS	E CS	E CS	E CS	E S	E CS	E C	E S	E S
Agency Matrix	All systems	E S	E S	E S	E S	E	E S	E	E S	E S
Agency Software, Inc.	All systems	E C	E C	E CS	E CS	E S	E CS	E C	E S	E S
Agency Systems	All systems	E CS	E CS	E S	E S	E S	E CS	E C	E S	E S M
Applied	TAM	E CS	E CS	E CS	E CS	E S	E CS	E C	E S	E M
	Vision	E CS	E CS	E CS	E CS	E S	E CS	E	E S	E S
	Doris	E CS	E CS	E CS	E CS	E S	E CS	E C	E S	E S
	Epic	E C	E C	E	E C	E S	E	E C	E S	E M
Carolina Insurance Solutions	Jenesis	E	E	E	E	E	E	E	E	E
	Jenesis Premier	E	E	E	E	E	E	E	E	E
Ebix	Ebixasp	E CS	E CS	E S	E S	E S	E CS	E C	E S	E S
Evolution Agency Management	eVo	E C	E C	E C	E C	E	E C	E C	E	E M
Hawksoft	Client Management System	E CS	E CS	E S	E S	E	E CS	E C	E S	E S
Jenesis	All systems	E	E	E	E	E	E	E		
NASA (North American)	Eclipse	E CS	E CS	E S	E S	E S	E CS	E C	E S	E S
QQ Solutions	Quickfile	E CS	E S	E CS	E CS	E S	E CS	E C	E S	E S
	Catalyst	E	E	E	E		E	E	E	E
	Evolution	E CS	E CS	E S	E CS	E S	E CS	E C	E S	E S
Quomation	Powermanage	E C	E C	E C	E C	E	E C	E C	E	E
SIS	Semci Partner	S	S	S	S	S	S		S	S
	Partner XE	E C	E C	E	E	E	E C		E S	E S
Special Agent, Inc.	Special Agent	E C	E C	E C	E C	E	E C	E C	E	E M
TechCanary	All systems	E	E	E	E	E	E	E	E	E
Terrace	All systems	E	E	E	E	E	E	E	E	E
Vertafore	AfW	E CS	E CS	E S	E S	E S	E CS	E C	E	E
	AMS 360	E CS	E CS	E S	E S	E S	E CS	E C	E S	E M
	Prime	E CS	E CS	E S	E S	E S	E CS	E C	E	E
	Sagitta	E CS	E CS	E S	E S	E S	E C	E C	E	E M
	InStar	E CS	E CS	E S	E S	E S	E CS	E C	E	E
	FSC Manager	E CS	E CS	E CS	E CS	E	E C	E C	E	E
VRC Insurance Systems	Velocity	S	S				S			
Webcetera	AgentInsure	E CS	E CS	E CS	E CS	E S	E CS	E C	E	E M
	EzLynx	E CS	E CS	E CS	E CS	E S	E CS	E C	E	E M
Xanatek Inc.	IMS (All Systems)	E CS	E CS	E S	E S	E S	E CS	E C	E S	E S
xDimensional Technologies	Nexsure	E CS	E CS	E CS	E CS	E S	E CS	E C	E	E

*Crime & Inland Marine

E: as coverages on Pkg policy S: as part of BOP or Package

M: Monoline IM download available for eCLIQ policies only

Download by Vendor — Other Transactions

Key		Other				
		Commission	Claims	Activity Notes - Policy	Activity Notes - Billing	Activity Notes - Claims
Commercial Lines E - eCLIQ®						
Legacy Systems C - CLIQ S - Quote & Issue (Safeco CL)						
Advantage Information Systems, Inc.	The Agency Advantage	E C				
Agency Matrix	All systems					
Agency Software, Inc.	All systems	E C				
Agency Systems	All systems	E C				
Applied	TAM	E C	E CS	E C	E C	E C
	Vision	E C	E CS	E C	E C	E C
	Doris	E C	E CS	E C	E C	E C
	Epic	E C	E CS	E C	E C	E C
Carolina Insurance Solutions	Jenesis					
	Jenesis Premier					
Ebix	Ebixasp	E C				
Evolution Agency Management	eVo	E				
Hawksoft	Client Management System	E C				
Jenesis	All systems					
NASA (North American)	Eclipse	E C	E C	E C	E C	E C
QQ Solutions	Quickfile	C				
	Catalyst					
	Evolution	C				
Quomation	Powermanage					
SIS	Semci Partner	E				
	Partner XE	E				
Special Agent, Inc.	Special Agent					
TechCanary	All systems					
Terrace	All systems	E				
Vertafore	AfW	E C	E C	E C	E C	E C
	AMS 360	E C	E C	E C	E C	E C
	Prime	E C	E C	E C	E C	E C
	Sagitta	E C	E C	E C	E C	E C
	InStar	E	E C	E C	E C	E C
	FSC Manager	E C				
VRC Insurance Systems	Velocity					
Webcetera	AgentInsure	E				
	EzLynx	E				
Xanatek Inc.	IMS (All Systems)			E C	E C	E C
xDimensional Technologies	Nexsure	E				

Commercial Download ACORD® Fields

Commercial Download Common Fields

Below is a list of the fields our Commercial Download application will populate in your agency management system by policy type

Common Fields across

All Policy Types:

- **Date**
- **Agency ID** (Producer Code)
- **Agency Name**
- **Agency Address**
- **Agency Phone, Fax**
- **Carrier**
- **NAIC Code**
- **Policy Type**
- **Indicates Sections Attached**
- **Status of Transaction**
(Quote, Issue Policy, Renew, etc.)
- **Effective Date**
- **Expiration Date**
- **Billing Plan** (Direct Bill/Agent Bill)
and Payment Plan
- **Audit**
- **Applicant Information**
(First Named Insured & Other Named Insureds)
- **Mailing Address**
- **Business Entity**
(Individual, Partnership, Corporation, Joint Venture, etc.)
- **Date Business Started**
- **Inspection Contact**
- **Phone**
- **Accounting Records Contact**
- **Phone**
- **Premises Information**
(Location, Billing, Street Address)
- **Nature of Business/Description**
- **Prior Carrier Information**
(Policy #, Policy Type, Effective-Expiration Date)
- **Prior Losses** (if applicable)

Business Auto-Specific Fields:

- **Coverages**
(Appropriate Symbol Boxes Checked)
- **Limits**
(CSL or BI EA PER)
- **Physical Damage**
- **Drivers List**
(Name, DOB, Year License, DK #, State)
- **Vehicle Information**
(Year, Make, Model, VIN, Cost New)
- **Additional Interest**
(Loss Payee, Lienholder)
- **Other Coverages/Endorsements**
(if applicable)

General Liability-Specific Fields:

- **Premises Information**
- **Premises # and Building #**
- **Address**
- **County, Zip**
- **Audit**
- **Coverages** (Claims Made, Occurrence)
- **Limits**
- **Premium Total**
- **Schedule of Hazards**
(Location #, Classification, Class Code, Premium Basis, Exposure, Territory, Rate Premium/Ops)
- **Additional Coverages** (if applicable)
- **Other**
Coverages/Restrictions/Endorsements

BOP-Specific Fields:

- **SIC**
- **Policy Type** (STD, Spec)
- **Policy Level Coverages**
- **Additional Coverages** (if applicable)
- **Additional Interest** (Policy Level, Location Level)
- **Premises Information**
- **Premises # and Building #**
- **Address**
- **County, Zip**
- **Interest** (Owner, Tenant)
- **Year Built**
- **% Occupied**
- **Square Feet Occupied**
- **Protection Class**
- **Rate Territory**
- **Distance to Hydrant, Fire Station**
- **Fire District/Code Number**
- **Building Description**
- **Other Occupancies**
- **Annual Sales/Receipts**
- **Building Limits**
- **Personal Property Limit**
- **Deductible**
- **Construction Type**
- **Total Square Feet Area**
- **# of Stories**
- **Tax Code**
- **Building Code Grade**
- **Classification Description**
- **Class Code**
- **Premium Exposure with Code**
- **Additional Coverages** (if applicable)
- **Alarm Description** (Local, Central, Police)
- **Additional Interest** (Policy or Location Level)
- **Additional Coverages and Endorsements** (if applicable)
- **Statement of Values** (Location #, Building #, Description, Subject, Values)
- **General Liability Coverages** (Claims Made/Occurrence) (Limits, Class Description, Code, Premium Basis, Exposure, Territory)

Workers Compensation-Specific Fields:

- **Federal Employer ID Number**
- **NCCI Risk ID Number**
- **Email Address**
- **Workers Compensation States**
- **Employer's Liability Limits**
- **Participating/Non-Participating**
- **Total Estimated Annual Premium**
- **Location #1**
- **Class Code**
- **Classification Description**
- **Estimated Annual Payroll**
- **Rate**
- **Estimated Annual Premium**
- **TRIA** (Factor, Factored Premium)
- **Nature of Business/Description of Operations**
- **Other Coverages/Endorsements** (if applicable)

Commercial Umbrella-Specific Fields:

- **Limits of Liability**
- **Retained Limit**
- **Underlying Insurance** (Auto, GL, Workers Comp)

Commercial Property-Specific Fields:

- **Package Policy Premium**
- **Premises # and Building #**
- **Street Address**
- **Building Description**
- **Construction Type**
- **Fire District/Code Number**
- **# of Stories**
- **Year Built**
- **Total Area**
- **Burglar Alarm Type**
- **Building Code Grade**
- **Subject of Insurance**
(Building/Personal Prop, Amount, COINS%, Valuation, Causes of Loss, Deductible)
- **Additional Premises information**
(Other coverages, such as Wind/Hail Deductible)
- **Policy Level Information**
- **Other Coverages/Endorsements**
(if applicable)

Commercial Download Blank Fields and Missing Data

We recognize the importance understanding how data flows into your agency management system when using Commercial Download with Liberty Mutual. Below is a list of missing data and blank fields that our Commercial Download application will neither populate (missing data) nor will it save any information stored in a field. In each case, the field will be blank.

A Blank Field

A blank field occurs when we overwrite the information saved in the field prior to the policy download and the field is changed to blank.

Missing Data

Missing Data means the sending system (eCLIQ, CLIQ or Safeco Quote & Issue) does not send or pass this information within the electronic policy file and will not populate a specific field within your agency management system.

This information is provided by policy type and rating system.

Table Legend

X – Missing Data or Blank Field

General Liability

Policy Type (w/Prefixes)	Missing Data	eCLIQ	Legacy RCG (CLIQ/AQS)	Safeco (CL Comline)
	Liquor Liability Limit	X	X	X
BKS	Per Project & Per Location Endorsements	X	X	X
BKS	Professional Liability Limit	X	X	X

Commercial Property

Policy Type (w/Prefixes)	Missing Data	eCLIQ	Legacy RCG (CLIQ/AQS)	Safeco (CL Comline)
CP	Cause of Loss		X	
BKS, CP	Co-Insurance	X	X	X
BKS, CP	Business Income – Rental Value /12 ALS/ Rental Value / Limit of Indemnity (including limits and deductibles listed)	X	X	X
BKS, CP	Replacement Cost vs Agreed Value	X	X	X

Commercial Packages

Policy Type (w/Prefixes)	Missing Data	eCLIQ	Legacy RCG (CLIQ/AQS)	Safeco (CL Comline)
BKS	Auto Coverage Limits – Symbols	X	X	
CBP	Any GL Coverage Limits – Each Occurrence / Damage to Rented Premises/ Med Pay/ Personal & Advertising Injury/ General Aggregate/ Products & Completed Ops Aggregate		X	
BKS, CBP	Business Income – Rental Value /12 ALS/ Rental Value / Limit of Indemnity (including limits and deductibles listed)	X	X	
CBP	Co-Insurance		X	
CBP	Cause of Loss Property		X	
CBP	Inland Marine Coverage		X	
BKS, CBP	Liquor Liability Limit	X	X	X
CBP	Location Address		X	
BKS, CBP	Per Project & Per Location Endorsements	X	X	X
BKS	Professional Liability Limit	X	X	X
CBP	Property Coverages: Building/Business Personal Property/ Business Income with Cause of Loss (including limits and deductibles listed)		X	
CBP	Replacement Cost vs Agreed Value		X	

Business Owners Policy

Policy Type (w/Prefixes)	Missing Data	eCLIQ	Legacy RCG (CLIQ/AQS)	Safeco (CL Comline)
	Professional Liability	X	X	X
BZS	Employers Contingent Liability	X	X	X
BZA	Liquor Liability	X	X	X
BZW	Products Comp Ops Aggregate Limit	X		
BZW	Personal & Advertising Injury Limit	X		

Business Auto

Policy Type (w/Prefixes)	Missing Data	eCLIQ	Legacy RCG (CLIQ/AQS)	Safeco (CL Comline)
	Garagekeepers Limit		X	X

Workers Compensation

Policy Type (w/Prefixes)	Missing Data	eCLIQ	Legacy RCG (CLIQ/AQS)	Safeco (CL Comline)
	Stop Gap Coverage Limit	X	X	X

Commercial Umbrella

Policy Type (w/Prefixes)	Missing Data	eCLIQ	Legacy RCG (CLIQ/AQS)	Safeco (CL Comline)
USO, CU	Excess vs. Umbrella	X	X	X
	Policy Number			X
	Effective Dates			X
	Each Occurrence & Aggregate Limits			X
	Retention Limit			X

Inland Marine

Policy Type (w/Prefixes)	Missing Data	eCLIQ	Legacy RCG (CLIQ/AQS)	Safeco (CL Comline)
BMO, IM	Policy Number	X	X	X
BMO, IM	Effective Dates	X	X	X
BMO,IM	Coverage Type, Limit and Deductible	X	X	X
BMO, IM	Cause of Loss	X	X	X
BMO, IM	Schedule of Equipment (including limits and deductibles listed)	X	X	X

Custom Protector®

Policy Type (w/Prefixes)	Missing Data	eCLIQ	Legacy RCG (CLIQ/AQS)	Safeco (CL Comline)
CCP – BOP/Pkg	Damaged to Rented Premises Limit		X	
	Med Pay Limit		X	
	Liquor Liability		X	
	Professional Liability		X	
	Stop Gap/Employers Liability		X	

Other

Policy Type (w/Prefixes)	Missing Data	eCLIQ	Legacy RCG (CLIQ/AQS)	Safeco (CL Comline)
	Endorsement & Coverage Form Numbers (including limits/names/deductibles listed)			
	Scheduled Interests – Additional Insured, Mortgagees, Loss Payable, Lenders Loss Payables (including any listed Loan/Lease/Contract #s)			
	Billing Account Number			
	Underwriting Company for each LOB			

Commercial Download FAQs

Why does Liberty Mutual overwrite my data and how does the ‘??’ work with download?

When question marks are (“??”) used, it creates a blank field that overwrites the information saved in the field prior to the policy download. The field within your agency management system is changed to blank.

Please refer to Commercial Download Missing and Blank Fields to review a list of known data fields that neither will the download save any information stored in a field nor populate (missing) data in a field.

What is the difference between an Initial Load versus a Resend?

A Resend transmits the last policy transaction, such as policy change to your agency management system. If used more than once, the Resend functionality can potentially create duplicates of the last policy transaction. The Resend functionality is not recommended if you are looking for a full and complete policy download.

An Initial Load, which is also known as SYNC or synchronization, transmits a snapshot of the current policy as it appears within our system. This functionality provides a full and complete policy download that includes any policy changes. The Initial Load does not create duplicates.

If I submit a Resend request or request an Initial Load, when can I expect to receive the download? Is the time the same for all transaction types, including ACORD eDocs?

Actually, the time is different depending on the issuing system. For instance, if you are requesting a policy Resend or an Initial Load from our legacy CLIQ, it will take an additional day or two before the policy appears in the download. Otherwise, you can expect your request for policy Resend and Initial Load from our go-forward system eCLIQ, at the latest, the next business day. This depends on your agency management system and when you pick up your download.

At this time, we are not able to process Resends for ACORD eDocs.

How frequently does Liberty Mutual send commercial download information?

Liberty Mutual increased the frequency of download from once per day to four (4x) times per day (Monday – Friday) for our eCLIQ policy and Claims downloads.

This does not include ACORD eDocs and Commissions, which will continue on their current schedule due to how ACORD eDocs and Commissions are published and made available.

Why didn't I receive my download for a particular policy?

Here are some troubleshooting questions that we recommend addressing prior to calling for assistance.

Are you enrolled in the necessary transaction type?

A missing download may be due to a box being unchecked within your download registration. To review your download registration transaction types, simply Log into Agents Portal.

- Go to **Agency Administration**. Click on the link **Download — Registration and Resend Request**.
- Select the agency code(s) you wish to review the registration. Then click on “Edit Selected.” Check all appropriate boxes. Click on Save to complete this process.
- Finally, select **Agent Initial Load/Resend** to retransmit the missing policy to your agency management system.

Have you tried requesting a Resend?

- Log into **Agents Portal**. Go to the **Agency Administration**. Click on **Download — Registration and Resend Request**.
- Select **Agent Initial Load/Resend**.
You can either search through the list of policies or select on the screen “Click here to enter bulk list of Policies”
- Then choose **Request Type** be either **Resends** or **Initial Load**.
- Finally, select **Submit**. A message will appear saying that your request has been submitted.

Is it a Farm policy?

At this time, Farm policies are not available for download.

Do I need to enter all of Liberty Mutual's Company Unique Codes into my management system for the download to work?

It's not necessary to add all Company Unique Codes to your agency management system. We recommend that you add the ones you are most likely to come across on your policies, but please be aware that if an account does not properly download, it may be because the policy includes a coverage that requires a Company Unique Code to be entered into your agency management system.

Where do I enter the Company Unique codes in my management system? How do I verify if they are already entered?

Depending on your agency management system, the Company Unique code list is managed either by the agent (IT Administrator) or your vendor. We recommend that you contact your vendor to learn more on how to add and verify the list of company unique codes to your agency management system.

Where do I find my IBM address?

Please contact your IT Administrator, who should have this information.

If you have an established IVANs account, it can also be found within your agency profile.

How do I get IVANs credentials (Y-Account, IVANs User ID)?

Please contact our Agency Interface Support Group who can assist you in obtaining IVANs User ID, Y-Account and also establish Liberty Mutual as your Trading Partner.

- **Email:** agencyinterfacesupport@libertymutual.com
- **Phone:** 1-888-451-8414

How should I format Liberty Mutual's policy numbers in my agency management system to properly receive downloads from Liberty Mutual?

Although the eCLIQ policy number appears on the printed paper as BZS (16) 56123456, the policy number downloads into your agency management system as BZS56123456.

Why does Liberty Mutual send the same data that creates duplicates in the claims download?

Even though it appears within your agency management system as duplicates, in reality, Claims does not consolidate the data by transactions before sending the claims download. For instance, you could potentially receive three CLI and two CLS claim transactions on a single day.

What is Liberty Mutual's download transmission schedule?

Please refer to **Commercial Download Near Real Time** which includes a schedule of our daily transmissions.

Commercial Policy Out of Sequence Endorsements (OOSE)

How do OOSE and Commercial Download work?

Within eCLIQ, OOSE has a three step process, which are

1. A Reversal of any endorsement(s) that were process with a specific Effective Date.
2. An OOSE that has an Effective Date that needs to “jump over” any previous endorsements (in step 1) or is prior to the Effective Date(s) for any endorsements processed to the Effective Date of the OOSE.
3. A Reapply of any endorsement(s) that has an Effective Date after the OOSE Effective Date (step 1).

eCLIQ Account Details Screen displays the steps to OOSE:

Account Details

Policy History: 2 BZS (17) 56298134

<< Return to Policies View More Info View Consolidated Transaction History

Show 10 entries Search:

Transaction No.	Transaction Type	Effective Date	Processing Date	Status	Trans Bill Prem	Pol Ann Prem	Pol Term Prem
0010	Reapply Endorsement (0005)	05/18/2016	06/02/2016	Issued	\$529.00	\$12941.00	\$12941.00
0009	Reapply Endorsement (0004)	05/18/2016	06/02/2016	Issued	\$57.00	\$12100.00	\$12100.00
0008	Out of Sequence Endorsement	05/10/2016	06/02/2016	Issued	\$0.00	\$12009.00	\$12009.00
0007	Reversal Endorsement (0005)	05/18/2016	06/02/2016	Issued	\$-529.00	\$-12941.00	\$-12941.00
0006	Reversal Endorsement (0004)	05/18/2016	06/02/2016	Issued	\$-57.00	\$-12100.00	\$-12100.00
0005	Endorsement	05/18/2016	05/24/2016	Issued	\$529.00	\$12941.00	\$12941.00
0004	Endorsement	05/18/2016	05/23/2016	Issued	\$57.00	\$12100.00	\$12100.00
0003	Endorsement	05/05/2016	05/23/2016	Issued	\$0.00	\$12009.00	\$12009.00
0002	Endorsement	05/05/2016	05/23/2016	Issued	\$-2400.00	\$12009.00	\$12009.00
0001	Automatic Renewal	01/03/2016	11/19/2015	Issued	\$15624.00	\$15624.00	\$15624.00

Showing 1 to 10 of 10 entries

Commercial Download Sequence Numbers

Each Policy Transaction Type, whether it is a New Business, Renewal, Policy Change/Endorsement, Reversal, or Reapply) are assigned a Download Sequence number.

If an agent skips any of the Download Sequence numbers, then the policy download and it's transactions will be out of sync with Liberty Mutual. Therefore, it is important that you pick up the download in the sequence of how the policy transaction was transmitted.

If an agent skips any of the Download Sequence numbers, then the policy download and it's transactions will be out of sync with Liberty Mutual. Therefore, it is important that you pick up the download in the sequence of how the policy transaction was transmitted.

The table below illustrates how an OOSE are processed and how the Policy Transaction is transmitted through the Download Sequence numbers.

eCLIQ Transaction#	Transaction Type	Effective Date	eCLIQ Processing Date	Download Sequence #
0001	New Business	01/03/2016	11/19/2015	001
0002	Endorsement #1	05/05/2016	05/23/2016	002
0003	Endorsement #2	05/05/2016	05/23/2016	003
0004	Endorsement #3	05/18/2016	05/23/2016	004
0005	Endorsement #4	05/18/2016	05/24/2016	005
0006	Reverse #4 Endorsement	05/18/2016	06/02/2016	006
0007	Reverse #3 Endorsement	05/18/2016	06/02/2016	007
0008	OOSE	05/10/2016	06/02/2016	008
0009	Reapply #3 Endorsement	05/18/2016	06/02/2016	009
0010	Reapply #4 Endorsement	05/28/2016	06/02/2016	010

Understanding Conversion Policies and Commercial Download

Why did my renewal policy download into my agency management system as multiple policies?

There are three specific types of coverages where an expiring policy renewing through conversion becomes multiple policies, which are Hired and Non-Owned Auto, Garagekeepers Coverage and Mobile Equipment.

If the expiring policy coverage limits exceeds the coverage limits when converting to eCLIQ, then the old policy triggers a referral to the underwriter. The renewal becomes a fully manual process where the underwriter must contact the agency of record prior to issuing the eCLIQ renewal policies to discuss the conversion solution.

What happens to my download when:

- The expiring package policy has Hired and Non-Owned Auto and/or Garagekeepers coverage?

The coverage will be pulled off the package and written as a separate Auto policy. In this instance, there will be one package policy and one auto policy.

From a download perspective, you will see two policies (one package and one business auto) for the same named insured appearing in your agency management system.

- The expiring business auto policy has Mobile Equipment?

The liability coverage will be automatically included under the business auto liability coverage, but the physical damage for the mobile equipment will be written on an Inland Marine Floater.

From a download perspective, depending on the account, you will see one business auto policy, which appears in your agency management system; however, the Inland Marine Floater will not appear. Currently, we do not download monoline Inland Marine policies unless the Inland Marine coverage is attached to a package policy. If this happens, there will be two policies found through download (one package with Inland Marine attached and one business auto).

If you have any questions or need assistance with commercial download, please contact our Agency Interface Support Group at agencyinterfacesupport@libertymutual.com or 1-888-451-8414.

ACORD[®] eDocs and Messages

Save costs, improve efficiency, and increase security with ACORD eDocs and messages from Liberty Mutual Insurance

Agents and brokers everywhere are enjoying the benefits of ACORD eDocs and messages, a system that delivers electronic copies of policies, certain billing notices, and claims updates to your agency management system. Receiving this information as part of your daily download means you can access all your important information without having to log into a separate system. ACORD eDocs and messages save you money, help you accomplish more in less time, and even make your client communications more secure.

Work Smarter with ACORD eDocs

- Reduce errors and omissions (E&O)
- Receive and distribute policy information faster
- Increase data security
- Reduce paperwork, shredding, and storage

ACORD eDocs and Messages Save You Valuable Time and Effort

[Sends information promptly.](#)

Don't wait around for paper output. You'll receive ACORD eDocs and messages the morning following the activity and before your policyholder receives a paper notice in the mail.

[Automatically sends daily PDF attachments identical to inquiry views.](#)

With ACORD eDocs and messages, the latest updates are already in your agency management system, so you don't have to perform policy, claims, or billing inquiries.

[Supports paperless office initiatives.](#)

Receive agent or insured copies of policies as attachments, so you don't have to scan and index paper output.*

* Based on your print preferences setup within the Agents' Portal. Preferences can be updated on the Agents' Portal.

Seamlessly integrates with daily download workflow.

No need to change your current workflow; batch ACORD messages are sent to your IVANS[®] mailbox and retrieved along with your daily download.

Automatically creates and assigns an activity or reminder to the person who services that client.**

Eliminates emails and attachments that require manual setting and/or assignment of activities.

ACORD eDocs and Messages are available for all commercial lines of business:

- Business Owner's Policy (BOP)
- Custom Protector (CPSP)
- Comprehensive Business Package (CBP)
- Auto
- Inland marine and crime
- Property
- Umbrella
- Workers compensation

Liberty Mutual supports messages with PDF attachments for:

- Policies (new business, renewal, and endorsement)
- Claims (opened, paid, closed, and re-opened)
- Billing (pending cancellations and reinstatements)

Compatible Systems

ACORD eDocs and messages work with these agency management systems:

- Applied Systems' TAM[®] (10.3+) and Epic[™] (6.0+)
- NASA Eclipse (6.1+)
- Vertafore, Inc.'s TransactNOW[®] (6.0+) client-installed with AMS360[®], AfW[®], Sagitta[®], Prime, and Instar agency management systems

Start Saving Time Today With ACORD eDocs and Messages!

Work with your Agency Administrator to get set up.

How to Register:

1. Log in to the Agents' Portal at commercialportal.libertymutual.com
2. Go to the Agency Administration tab
3. Within the Real Time & Download section, click on **Download — Registration and Resend Request**

** Applicable to implementation with Applied Systems and NASA Eclipse.

You will need the following information:

- Agency code
 - Agency management system name and version number
 - IVANS account and user IDs
 - IBM #
4. Scroll to the bottom of the page and choose which ACORD eDocs you'd like to receive (policy, claims, and billing)

How to Set Up Your Agency Management System:

1. Log in to the Agents' Portal at commercialportal.libertymutual.com
2. Go to the Agency Administration tab
3. Click on **Interface References** and select the vendor-specific ACORD eDocs and messages setup guide
4. Follow the instructions in the setup guide

If you have any questions, please contact our Agency Interface Support Group

Email: agencyinterfacesupport@libertymutual.com

Phone: 1-888-451-8414.

ACORD[®] eDocs: FAQs

What are ACORD eDocs?

Formerly known as Activity Notes or Activity Notifications, ACORD eDocs is a service that allows your agency management system to receive PDF copies of the policies, certain billing and underwriting notices, and claims updates as part of your daily download. This eliminates the need to scan paper copies in the agent's office or log into the carrier's website to download copies of the policy.

What is the difference between ACORD eDocs and Daily Emails from carriers?

ACORD eDocs allow the agency to receive a PDF document of the activity directly into their AMS (agency management system). Daily emails require the agent login to the carrier's website to view and manage their documents.

Does eDocs overwrite my data?

No, eDocs does not overwrite data in your agency management system.

Do I have to get Commercial Policy Download to get ACORD eDocs?

No, it is not necessary to receive commercial lines policy data download to take advantage of ACORD eDocs.

If we sign up for ACORD eDocs, will we stop receiving paper copies of policies?

Even if you sign up for Liberty Mutual's Commercial Lines ACORD eDocs, you can continue to receive the paper copies until such time you are ready to discontinue receiving them.

How do I sign up for ACORD eDocs?

Log into Liberty Mutual's Agents Portal (Administration Tab) and click Download Setup Request to complete the online form.

How can we learn which carriers offer ACORD eDocs?

Check with your agency management system vendor's website to learn more about other participating carriers.

Which management systems support ACORD eDocs?

ACORD eDoc messages are available for Applied's TAM[®] (10.3+) and EpicTM (6.0+); NASA Eclipse (6.1+); and Vertafore Inc.'s AMS360[®], AFW, Sagitta[®], Prime, and Instar are the agency management systems that support TransactNOW[®].

Can anyone in the agency have access to ACORD eDocs/

Yes. Your system administrator can give anyone in the agency the ability to view and manage ACORD eDocs.

Are ACORD eDocs available for both Commercial and Personal Lines?

Yes, ACORD eDocs can be used for both Commercial and Personal Lines. For Liberty Mutual, we are only offering ACORD eDocs for commercial policies through eCLIQ and CLIQ policies at this time. Safeco is looking to add ACORD eDocs at some point in the future.

What lines of business and transactions are supported through ACORD eDocs?

Liberty Mutual supports messages with PDF attachments for all commercial lines of business for the following transactions:

- Policies (new business, renewal, and endorsement)
- Claims (opened, paid, closed and re-opened)
- Billing (pending cancellations and reinstatements)

How will I receive ACORD eDocs?

ACORD eDocs are sent to your IVANs mailbox in your daily download.

Can I receive both the Agent copy and the Insured copy in my ACORD eDocs?

Liberty Mutual gives agent the choice to receive either the Insured policy, Agent Copy or Both copies as attachments.

How do I setup ACORD eDocs?

Please refer to your agency management system vendor's User Guides regarding how to setup ACORD eDocs for your specific system.

Where can I find other sources referencing ACORD eDocs?

ACT (Agents Council for Technology) has a document that encourages the use of ACORD eDocs available on their website.

What is a good source to learn more information on eSignature?

Before beginning a transition to eSignature, please refer to ACORD published Best Practices for eSignature and eDelivery and also the ACORD Electronic Delivery Supplement (consent/rejection option form).

[Click here to read the ACORD article.](#)

Commission Data Download

Liberty Mutual transmits two types of Commission data download after the first of each month.

- Small Commercial
- Mid-Size/National Accounts (if applicable)

Liberty Mutual mapped to the following agency management fields:

- Line of Business Code
- Transaction Type (Vertafore only)
- Policy Number (ex. WCH12123456012)
- Effective Date
- Expiration Date
- NAIC (see company unique code for specific list)

If any one of these fields listed above does not perfectly match the policy declaration, corrections will be necessary within your agency management system.

***Applied Systems requires all commission data to be held in suspense for manual review**

Data Fields We Send:

Liberty Mutual will send the following data each month as part of the commission download:

- | | | |
|------------------------------|--------------------------|---------------------------|
| ▪ Policy Number | ▪ Policy Effective Date | ▪ Commission Amount |
| ▪ Transaction Effective Date | ▪ Premium Amount | ▪ Transaction Description |
| ▪ Account Number | ▪ Insured Name | ▪ NAIC |
| ▪ LOB | ▪ Policy Expiration Date | ▪ Commission Rate |

Data Values We Send:

Liberty Mutual follows the ACORD standards. Here is a list of transaction codes and values we send:

Transaction Type Code Description	Transaction Code
Commission	OTH
Commission Adjustment	ADJ
Adjustment to Billing Plan	PCH
New Business	NBS
Annual Premium	RWL
Cancellation	XLC
Endorsement	PCH
Audit	PAD
Installment	STL
Reinstatement	REI
Retro Adjustment	PAD

Claims Data Download

Liberty Mutual provides the following information in the claims data download:

- Claims Information such as Claimant(s), Date of Loss and Loss Description
- Assigned Claim number
- Claim Status update (opened, closed)
- Claims Representative assignment
- Total Claim paid or Claim payment made
- Amount in Reserves

Benefits to claims download

- Information is available faster than waiting for paper notification
- No need to log into Agents' Portal website to view or determine if claim activity has taken place
- Transactions are available at your fingertips in your agency management system

Liberty Mutual uses approved ACORD Standard Business Purpose Codes

Type Code	Code Description
CLI	Claim Information
CLN	Claim Number Assignment
CLS	Claim Status Update
ADJ	Adjuster Assignment
PMT	Payment
RES	Reserve Transaction

If you are receiving Email Notifications and/or eDocs from Liberty Mutual, these will continue to be sent.

***Available for claims process or commercial & personal lines policies issued by our regional companies (formerly known as Regional Companies Group) not for claims under policies issued by Liberty Mutual Commercial Insurance, Safeco or the Liberty Mutual Commercial Markets or Liberty Northwest legacy systems.**

Commercial Download Near Real-Time Transmission Schedule

We're always looking for ways to improve your experience with commercial download. Our newest commercial download enhancement ...

We've increased the frequency of commercial download from once per day to four (4x) times per day for:

- eCLIQ policies
- Claims Center

Schedule of Download Transmissions

eCLIQ policies only

- Monday-Friday: 7:30 AM EST/11 AM EST/ 3PM EST / 6 PM EST
- Saturday: 7:30 AM EST
- Sunday: 9:15 AM EST

Claims Center polices only

- Monday-Friday: 8:30 AM EST/12:30 PM EST/ 4:30 PM EST / & PM EST
- Saturday: 8:30 AM EST

This schedule does not include

- Any policies issued on our legacy commercial systems, such as Safeco Comline and CLIQ
- eDocs will remain on its current schedule*
- Commissions will remain on its current monthly schedule*

***This delay is due to how these items are published and made available for distribution.**

Commercial Lines Company Unique Codes for eCLIQ[®]

The attached document includes information and codes needed for download of eCLIQ policies. The following items are contained in this document:

- IVANS account information
- NAIC codes for our companies
- Company unique coverage codes
- Agency Interface Support Group (AISG) contact information

Please contact your vendor for assistance in entering these codes into your agency management system. Contact AISG for registration or other questions regarding agency interface. The AISG contact list is displayed at the bottom of this document.

IVANS INFORMATION

Account ID: FOG1
User ID: GIQSHE3
IBM Origination Address: IBM317NETH

eCLIQ WRITING COMPANIES (Not all companies may be licensed in all states)	NAIC CODES
The Ohio Casualty Insurance Company	24074
Ohio Security Insurance Company	24082
West American Insurance Company	44393
American Fire and Casualty Company	24066

MID-SIZE/NATIONAL ACCOUNTS WRITING COMPANIES		NAIC CODES
Employers Insurance of Wausau		21458
Liberty Insurance Corporation		42404
Liberty Mutual Fire Insurance Corporation		23035
Liberty Mutual Insurance Company		23043
LM Insurance Corporation		33600
First Liberty Insurance Corporation		33588
Wausau Business Insurance Company		26069
Wausau General Insurance Company		26425
Wausau Underwriters Insurance Company		26042

eCLIQ COMPANY PRODUCT CODES	
CBP	Comprehensive Business Package
CPSP	Custom Protector
PKGE	Package Policy
BOP	Commercial Protector
BA	Business Auto
GL	General Liability (Monoline)
OCP	Owners & Contractors Protective Liability
LIQ	Liquor Liability
EMB	Employee Benefits
PRT	Printers Errors & Omissions
ART	Artisan Contractor
CP	Property (Monoline)
WC	Workers Compensation
CU	Commercial Umbrella which includes excess and Specialty

Important Company Unique Code Setup Notes:

- For existing downloading agents, all of the **GREEN** codes were introduced within the last 6 months.
- The table below lists the updates that occurred within the last 6 months.

May/June 2016	Added Mid-Size/National Accounts Writing Companies and NAIC codes (see page 1) Added new coverage codes for Auto, GL, Property, Crime and Inland Marine
April 2016	Added new coverage codes for Package (GL & Property) and Inland Marine
March 2016	Added new coverage codes for Package (GL & Property) and Inland Marine

SUBJECT OF INSURANCE CODES

COMPANY CODE	DESCRIPTION OF COVERAGE
PROP#	Property in the Open
FTIME	Fungus or Bacteria - Time Element
MRP	Miscellaneous Real Estate Property
LAC	Loss Assessment
LAMIN	Loss Assessment Mine Subsidence
BIFDP	Total Limit of Ins for All Dependent Property
MSROB	Robbery – Money & Securities
THEFP	Theft Premises
MSMES	Messenger – Money & Securities
MSSAF	Safe – Money & Securities
EDPFR	Computer Fraud
ORGNM	Commercial Organs – Not of a Mobile Nature
UTLWT	Utility Services - Water Supply Services
SDBBI	Sewer Drain Discharge – Time Element
NOLOC	No Location
DCBPP	Dry Cleaners Business Personal Property
SSSDL	Sale and Disposal

SUBJECT OF INSURANCE CODES (continued)

COMPANY CODE	DESCRIPTION OF COVERAGE
ETool	Employee Tool
MINLA	Loss Assessment Mine Subsidence
TANK	BPP Tank
DLP	Damage to Leased Premises
GKCSR	Garagekeepers Custom Sound Receiving Equipment
TENNS	Tennis Courts
LEQOT	Lessor of Leased Equipment Other
EQSLB	Earthquake Sprinkler – Building
EQSLP	Earthquake Sprinkler – Property
EQBDG	Earthquake – Building
EQPP	Earthquake-Personal Property

CREDIT AND CHARGE CODES

COMPANY CODE	DESCRIPTION OF COVERAGE
EXN01#	Expense Modification Factor
EXP01	Experience Modification Factor
SCH01	Scheduled Modification Factor
PKG01	Package Modification Factor
STS01	State Surcharge

COMPANY UNIQUE COVERAGE CODES

Business Auto

COMPANY CODE	DESCRIPTION OF COVERAGE
New BACEE	Business Auto Enhancement Endorsement
New BINTA	Business Interruption Scheduled – Option A
New BINTB	Business Interruption Scheduled – Option B
New BINTR	Business Interruption Blanket – Option B
NOSO	Non-Owned Service Operation Coverage

Business Auto (continued)

COMPANY CODE	DESCRIPTION OF COVERAGE
OEMPT	Original Equipment Manufacturer Parts
REGPL	Registration Plates
TXDSC	Texas Premium Discount
GAPOT	Loan/Lease GAP OTC
GAPCL	Loan/Lease GAP Collision
RRCOL	Rental Reimbursement – Collision
NOLSS	Non-Owned Liability Social Service Agencies
FELDE	Fellow Employee Coverage Designated Employees
FELIA	Fellow Employee Coverage
LUSE	Loss of Use Expense
BINTR	Business Interrupt
TRKTI	Truckers Endorsement Trailer Interchange
BAPIP	Broadened PIP
MHCSP	Mobile Home Contents Coverage
LWORK	Leased Workers Coverage
New CA171	Unsupported Policy Coverage
New CA172	Unsupported Vehicle Coverage

Business Owner's Policy - Property

COMPANY CODE	DESCRIPTION OF COVERAGE
BILTD	Business Income-Limited
BINW	Business Income-no waiting period
BITME	Business Income-24 Hours
BIUTL	Business Income-Utility Services
BRK	Breakdown Deductible
DCGAL	Designated Locations
New EDPLC	Electronic Data Liability
IOCO	Interruption of Computer Operations

Business Owner's Policy – Property (continued)

COMPANY CODE	DESCRIPTION OF COVERAGE
PEE	Property Plus Extension Endorsement
PPE	Property Plus Extension Endorsement
PHG	Photography Endorsement
PSLIM	Property Supplemental Limits Bundle
SPCEV	Special Events
THFTC	Theft of Clients Property
New SP128	Unsupported Policy Coverage
New SP129	Unsupported Location Coverage
New SP131	Unsupported Location Property Coverage

Business Owner's Policy – GL

COMPANY CODE	DESCRIPTION OF COVERAGE
AIRCC	Owner Less Crcntrctr W Req in Construct Con
AMBUL	Ambulance Professional Liability
AUTLL	Auto Legal Liability
BDPRY	Broadened Damage to Premises Rented to You
CARWS	Car Wash Facilities
CSCHD	Owners Lessees or Contractors
DESIN	For BOP ASP, Designated Insured
DOCHR	Church D&O
DPR	Damage to Premises
DPRTY	Damage to Premises Rented to You
ERPL	Employment Related Practices Liability Coverage
GGOF	Garage Grantor of Franchise
GKDCL	Garagekeepers Collision Limits-Direct Primary
GKDCP	Garagekeepers Comprehensive Limits – Direct Primary
GKLCL	Garagekeepers Collision Limits -Legal Liability
GKLCP	Garagekeepers Comprehensive Limits-Legal Liability

Business Owner's Policy – GL (continued)

COMPANY CODE	DESCRIPTION OF COVERAGE
GOF	Grantor of Franchise
GWRV	Goodwill Replacement Valuation
HFCFO	Funeral Home Cremations for Others
HFCNI	Funeral Home Cremations for Named Insured
IDRC	Identity Recovery
INTCD	Engineer Architect Surveyor Not Engd
LEQOT	Lessor of Leased Equipment Other
LLEQP	Lessor of Leased Equipment
LSHML	Limited Service Hotel-Motel Liability
OOPRT	Optometrists Professional Liability
PRNON	Primary Noncontributory Othr Ins Cndtn
RESTL	Restaurant Program
RGPL	Retail Gas Pump Liability
RPBDS	Repair and Body Shop Liability
RSOTG	Retail Sales Other than Gas and Repair
TIRE	Tire Dealer Liability
ULMD	Unexplained Loss Mystery Disappear
VACLD	Vacant Land

Commercial Property

COMPANY CODE	DESCRIPTION OF COVERAGE
New ACVRS	Roof Surface ACV
AOPPP	All other Portable Property
ARTCN	MasterPak Plus for Artisan Contractor
ASPHP	Asphalt Plants
ATHEQ	Athletic Equipment
AUTOS	MasterPak Plus for Automobile Services
BEDBR	MasterPak Plus for Bed and Breakfast

Commercial Property (continued)

COMPANY CODE		DESCRIPTION OF COVERAGE
	BIAA	Building Improvements and Alterations
	BIEDU	Business Income – Educational Institutions
	BIFDP	Total Limit of Ins for All Dependent Property
	BIMPR	Business Income - Mining Properties
	BIOLR	Business Income - Ordinance Law Period of Re
	BIPHR	Business Income - Power Heat & Refrigeration Ded
	BLKBP	Blanket – Building, Business Personal Property
	BLOTH	Blanket Other
New	BRTBM	Theft of Bldg Materials and Supply
	BRWOR	Blanket Builders Risk without Renovations
	BRWR	Blanket Builders Risk with Renovations
New	BRAND	Brands and Labels
	CAICP	Civil Authority Increased Coverage Period
	CATEQ	Caterers Equipment
	CEMME	Cemetery Maintenance Equipment
	CNEQI	Contractors Equipment Income Coverage
	COMUS	Commercial Articles-Musical Other than Organ
	CONMP	MasterPak Plus for Construction
	CONTR	Construction Trailers
	CPICE	Citizens Property Insurance Corporation Emergency Assessment (Florida)
	CPPEN	Custom Protector Plus Endorsement
	CQADR	Increased Debris Removal
	CRANE	Crane
New	DATA	Data Compromise
New	DATAE	Data Compromise Expense
New	DPAYE	Discretionary Payroll Expense Endorsement
	DREDG	Dredging Equipment
	EDINS	Educational Institutions

Commercial Property (continued)

COMPANY CODE	DESCRIPTION OF COVERAGE
EDPBI	Computer Equipment Increased Business Income
ELRTP	Equipment Leased or Rented from Others
EXTEQ	Exterminating Equipment
FINAN	MasterPak Plus for Financial Institute
FIX	Fixtures
FLLGT	Flood Lights
FLWAP	Floor Waxers and Polishers
FORCD	Forgery of Alteration Including to Credit, Debit, or Charge Card Forgery
FORGE	Forgery of Alteration (Not including Credit, Debit, or Charge Card Forgery)
FTIME	Blanket Fungus Or Bacteria - Time Element
FURN	Furniture
GOLF	Blanket Golf Holes Practice Ranges
GOLFC	Golf Carts
HMEQP	Heavy Mobile Equipment
HOTEL	MasterPak for Hotels
INCRG	Rental Cost - Leased/Rental Equipment
INCRR	Tools and Equipment Increase Rental Reimbursement
LAC	Blanket Loss Assessment
LAMIN	Blanket Loss Assessment Mine Subsidence
New LPOLH	Limited Pollution Hospitality
LMEQP	Lawn Maintenance
LPARA	Lodge Paraphernalia
MANUF	Property MasterPak Plus for Manufacturers
MARIN	MasterPak for Marinas
MERRO	Mortgage Error and Omissions
New MBPFL	Misc Bailee Processor Floater
MISCE	Misc Equipment-Light to Medium

Commercial Property (continued)

COMPANY CODE		DESCRIPTION OF COVERAGE
	MORTI	Morticians Equipment
	MRP	Blanket Miscellaneous Real Estate Property
New	NEWAP	Newly Acquired Property Increased Limit
	OPTBD	Blanket Optional Building - Legal Liability
	OPTPP	Blanket Optional Personal Property - Legal Liability
	PEXE	Property Extension Endorsement
	PMPPE	Property MasterPak Expanded
	PMSPK	Property MasterPak
	PMSPP	Property MasterPak Plus
	PROP	Property in the Open
	PROPF	Property Floater
	RESTP	MasterPak Plus for Restaurants Expanded
	RESTR	MasterPak for Restaurants
New	RSCEX	Roof Surface Cosmetic Exclusion
	RSRT	Radio and Sound Receiving and Transmitting Equipment
	SBBAS	Blanket System Breakdown
	SCIIN	Scientific Instruments
	SCLEQ	Steam Cleaning Equipment
	SPLGA	Spoilage Breakdown
	STS01	State Surcharge
	SURVE	Surveyors Equipment
	TOOLE	Tools-Employees
	TOOLO	Tools-Owners
	TRANP	Transportation
	UNIFM	Uniforms
New	PR84	Unsupported Policy Coverage
New	PR88	Unsupported Location Coverage
	UTLWT	Utility Services - Water Supply Services
	VENDM	Vending Machine

Commercial Property (continued)

COMPANY CODE	DESCRIPTION OF COVERAGE
WBEQP	Waterborne Equipment
WHDED	Wind/Hail Deductible
WWDRE	Water Well Drilling Equipment

Commercial General Liability

COMPANY CODE	DESCRIPTION OF COVERAGE
AICPC	Additional Interest - Contractors Product/CompOps
New ARBOR	Arborist and Landscaper Property Damage Coverage
BCPCO	Blanket Contr Product/CompOps
BOATS	Boat Shows
New BOATD	Boat Dealers / Marina Operators
CNTEO	Contractors Errors & General Aggregate Limit & Omissions
CONST	GL MP Construction
CSCHD	Owner, Lessee, Contr, Sched Pers Org
CTUYN	Concession Trade Under Your Name
New CLRR	Contractual Liability – Railroads
New INLW	Coverage for Injury to Leased Workers
New DEFLI	Data Compromise Defense Liability
FBARB	Barber/Beauty Professional Liability
FBEAU	Barber/Beauty Professional Liability
New EBERP	Employee Benefits Extended Reporting
New EPERP	Employment Practices Extended Reporting
FIRDM	Fire Damage
GLHAL	GL Hired Auto Liability
GLMFG	GL MP Manufacturers
GNOAL	GL Non Owned Auto Liability
HBLDR	GL MP Home Builders
New FUNLR	Funeral Directors Professional Liability

Commercial General Liability (continued)

COMPANY CODE		DESCRIPTION OF COVERAGE
	HRDUM	Hired Auto Liability Uninsured/Underinsured Motorists
	IDRC	Identity Recovery
	JANTR	Janitorial Services Extended Off Premises Care, Custody or Control
	LESEO	Lessor of Equipment - Auto Status Required - Office
	LESOF	Additional Insured- Lessor Lease Equipment Specific Office
	LESOT	Lessor of Equipment - Auto Status Required - Other
	LESSO	Lessor of Leased Equipment - Specific Other
	LEXE	Liability Extension Endorsement
New	LCLPI	Liability for Personal & Advertising Injury
New	LCLRR	Limited Contractual Liability – Railroads
New	MOLD	Limited Fungi or Bacteria
New	UAIRA	Limited Coverage for Designated Unmanned Aircraft – Cov A
New	UAIRB	Limited Coverage for Designated Unmanned Aircraft – Cov B
New	UAIRC	Limited Coverage for Designated Unmanned Aircraft – Coverage A & B
New	DESPP	Limits of Insurance – Designated Project or Premises
New	LOCEQ	Logging Road Construction Equipment
	MECHL	Mechanics Professional Liability
	NWNUM	Non-owned Auto Liability Uninsured/Underinsured Motorists
	OFPPD	Off Premises Property Damage
	PBARB	Barber/Beauty Professional Liability
	PBEAU	Barber/Beauty Professional Liability
New	LEADC	Lead – MD Liability for Hazards for Lead
New	LEADC	Lead – RI Lead Poisoning Coverage
New	SLEAD	MA Supplemental Lead Poisoning Coverage
New	SLEAD	MD Lead Poisoning Coverage
New	LEADC	NJ Lead Coverage without Sublimit
	PDBE	Property Damage Borrowed Equipment
	PDBEO	Property Damage Borrowed Equipment 100K

Commercial General Liability (continued)

COMPANY CODE		DESCRIPTION OF COVERAGE
	PDCG	Property Damage Customer Goods
	PDCGO	Property Damage Customer Goods 100k
	PIADV	Personal and Advertising Injury
	ROPDE	Religious Organization Property Damage Extension
New	GL59	Unsupported Policy Coverage
New	GL60	Unsupported Location Coverage
	WTROR	Waiver Transfer Rights Recovery
	WWC	Worldwide Coverage
	MOEO	Manufacturers Error & Omissions
	POLPE	Limited Pollution Pesticide and Herbicide
	GLFPL	Golf Course Pollution

Workers Compensation

COMPANY CODE		DESCRIPTION OF COVERAGE
	AFLMP	Admiralty and FELA Increased Limit
	BFEL	West Virginia Broad Form Employer's Liability
	BLKWS	Blanket Waiver of Subrogation
	OGSER	Oregon Group Supp Exper Rating Plan
	PPMF	Price Point Modification Factor

Inland Marine (Monoline or attached to the Package)

COMPANY CODE		DESCRIPTION OF COVERAGE
New	ACVRS	Roof Surface ACV
	ANDLR	Antique & Collectors Dealer
	AOPPP	All Other Portable Property
	ASPHP	Asphalt Plants
New	ATHEQ	Athletic Equipment
	BRNEW	Builders Risk

Inland Marine (Monoline or attached to the Package) (continued)

COMPANY CODE		DESCRIPTION OF COVERAGE
New	BRTBM	Theft of Bldg Materials and Supply
New	CATEQ	Caterers Equipment
New	CEASE	Coverage Ceases
	CEMME	Cemetery Maintenance Equipment
	CNEQI	Contractors Equipment Income Coverage
	COMUS	Commercial Articles-Musical Other than Organ
New	CONTR	Construction Trailers
	CQADR	Increased Debris Removal
	CRANE	Crane
New	DATA	Data Compromise
New	DATAE	Data Compromise Expense
New	DEFLI	Data Compromise Defense Liability
New	DPAYE	Discretionary Payroll Expense Endorsement
New	DREDG	Dredging Equipment
New	EDPLC	Electronic Data Liability Endorsement
	EDPBI	Computer Equipment Increased Business Income
	ELRTP	Equipment Leased or Rented from Others
	EQSRC	Equipment Sales and Rental
	EXTEQ	Exterminating Equipment
	FLLGT	Flood Lights
New	FLWAP	Floor Waxers and Polishers
	GLFPD	Golf Course Coverage
	GOLFC	Golf Carts
	HMEQP	Heavy Mobile Equipment
	INCRG	Rental Cost – Leased/Rental Equipment
	INCRR	Tools and Equipment Increase Rental Reimbursement
New	LMEQP	Lawn Maintenance
	LPARA	Lodge Paraphernalia
New	LOCEQ	Logging Equipment

Inland Marine (Monoline or attached to the Package) (continued)

COMPANY CODE		DESCRIPTION OF COVERAGE
New	LPOLH	Limited Pollution Hospitality
New	LECPL	Limited Exclusion – Contractor's Professional Liability
	LSDPR	Leased Property
New	MBPFL	Misc Bailee Processor Floater
	MISCE	Misc Equipment-Light to Medium
	MORTI	Morticians Equipment
	MUSCC	Museum Collection
	MUSFA	Museum Collection – Fine Arts Comprehensive
New	HKCLL	On Hook and Cargo Legal Liability
	PDMM	Pattern & Dies Floater
	PRMOC	Permission to Occupy
	PROPF	Property Floater
New	PLOJB	Property Loaned to Others Jobsite
	PSEQP	Physicians and Surgeons Equipment
	RIGGR	Riggers
	RIGLL	Riggers Legal Liability
New	RSCEX	Roof Surface Cosmetic Exclusion
New	RSRT	Radio and Sound Receiving and Transmitting Equipment
	RTEDP	Radio & TV – Broadcasting Equip & Data Processing
	RTVTE	Radio & TV – Broadcasting Equip & Tower
	SCIIN	Scientific Instruments
New	TOOLS	Small Hand Tools
New	SCLEQ	Steam Cleaning Equipment
	SLFST	Storage Locations
	SURVE	Surveyors Equipment
	TOOLE	Tools – Employees
	TOOLO	Tools – Owners
	TRANP	Transportation
	TRANS	Transit

Inland Marine (Monoline or attached to the Package) (continued)

COMPANY CODE		DESCRIPTION OF COVERAGE
New	TSPAR	Trailer Spare Part
	UNIFM	Uniforms
New	IM33	Unsupported Policy Coverage
New	IM34	Unsupported Policy Coverage
New	IM35	Unsupported Location Coverage
New	IM36	Unsupported Location Coverage
New	VENDM	Vending Machine
New	WBEQP	Waterborne Equipment
	WRHLL	Warehouse Legal Liability
New	WWDRE	Water Well Drilling Equipment

Crime (when included with the Package)

COMPANY CODE		DESCRIPTION OF COVERAGE
	FORCD	Forgery of Alteration Including to Credit, Debit, or Change Card Forgery
	FORGE	Forgery of Alteration (Not including Credit, Debit, or Change Card Forgery)
New	FTF	Funds Transfer Fraud Coverage Form
New	FORMK	Liability for Guests Property – Safe Deposit Box
New	FORML	Liability for Guests Property – Premises
New	FORMH	Premises Theft & Robbery – Outside the Premises
New	CR33	Unsupported Policy Coverage
New	CR32	Unsupported Location Coverage

COMMERCIAL UMBRELLA CODES

COMPANY CODE	DESCRIPTION OF COVERAGE
PRDCO	Products/Completed Operations

CYBER LIABILITY CODES

COMPANY CODE	DESCRIPTION OF COVERAGE
IDRC	Identity Recovery

MISCELLANEOUS CODES

COMPANY CODE	DESCRIPTION OF COVERAGE
STORM	Named Storm Percent Deductible
WHDED	Wind/Hail Deductible

AGENCY INTERFACE SUPPORT GROUP CONTACT INFORMATION

Email: agencyinterfacesupport@libertymutual.com

Phone: 1-888-451-8414

Appendix A

Sample Policies: Commercial Download ACORD Fields for Applied Users



BUSINESS OWNERS APPLICATION

OP ID: AA

DATE (MM/DD/YYYY)

7/11/2011

AGENCY	PHONE (A/C, No, Ext): 800-100-5368	COMPANY	NAIC CODE
	FAX (A/C, No): 800-100-2301	TEST	24082
University Park 101 Applied Parkway University Park, IL 60466		COMPANY POLICY OR PROGRAM NAME	
		PROGRAM CODE: BOP	
CODE:	SUB CODE:	<input checked="" type="checkbox"/> NEW	EFFECTIVE DATE
		RNWL	02/01/13
			EXPIRATION DATE
			02/01/14
		<input checked="" type="checkbox"/> DIRECT BILL	PAYMENT PLAN
		AGENCY BILL	MO
AGENCY CUSTOMER ID	QUOTE	<input type="checkbox"/> ISSUE POLICY	POLICY TYPE
ABBOJO1			
	BOUND (DATE):	<input type="checkbox"/> STD	<input checked="" type="checkbox"/> SPEC
			DEPOSIT
			\$

APPLICANT INFORMATION

Other Entity Desc:

NAME (First Named Insured) Company Br	<input type="checkbox"/> INDIVIDUAL	<input checked="" type="checkbox"/> L L C	GL CODE	SIC	FEIN OR SOC SEC #
	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> JOINT VENTURE		5812	
	<input type="checkbox"/> CORPORATION	<input type="checkbox"/> OTHER			
MAILING ADDRESS (INCLUDING ZIP+4) 1967 Main Street Kansas City, MO 64108	CONTACT FOR INSPECTION		PHONE (A/C, No, Ext): 916-555-0062		
	COMPANY FF				
	CREDIT BUREAU NAME		ID NUMBER		
INTERNET ADDRESS:					

NATURE OF BUSINESS

<input type="checkbox"/> OFFICE	<input type="checkbox"/> RETAIL	<input type="checkbox"/> APARTMENTS	<input type="checkbox"/> RESTAURANT	DATE BUSINESS STARTED
<input type="checkbox"/> SERVICE	<input type="checkbox"/> WHOLESALE	<input type="checkbox"/> CONDOMINIUMS	<input type="checkbox"/> CONTRACTOR	01/01/2006
DESCRIPTION OF OPERATIONS Coffee shop with pastries, san				
RETAIL STORES: _____ % INSTALLATION, SERVICE OR REPAIR WORK				

GENERAL INFORMATION

PLEASE EXPLAIN ALL "YES" RESPONSES	YES	NO	PLEASE EXPLAIN ALL "YES" RESPONSES	YES	NO
1. DO/HAVE PAST, PRESENT OR DISCONTINUED OPERATIONS INVOLVE(D) STORING, TREATING, DISCHARGING, APPLYING, DISPOSING, OR TRANSPORTING OF HAZARDOUS MATERIAL? (e.g. landfills, wastes, fuel tanks, etc)			10. ARE YOU INVOLVED IN MANUFACTURING, MIXING, RELABELING OR REPACKAGING OF PRODUCTS?		
2. ARE ATHLETIC TEAMS SPONSORED?			11. DO YOU RENT OR LOAN EQUIPMENT TO OTHERS?		
3. ARE SUB CONTRACTORS ALLOWED TO WORK WITHOUT PROVIDING A CERTIFICATE OF INSURANCE? IF NOT, WHO CHECKS CERTIFICATES?			12. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY, JUDGEMENT OR LIEN DURING THE PAST FIVE (5) YEARS?		<input checked="" type="checkbox"/>
4. DURING THE LAST FIVE YEARS, (TEN IN RI), HAS ANY APPLICANT BEEN CONVICTED OF ANY DEGREE OF THE CRIME OF ARSON? (In RI, failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment)			13. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES OR CHEMICALS?		
5. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR 3 YEARS? NOT APPLICABLE IN MO			14. ANY CATASTROPHE EXPOSURE?		
6. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?		<input checked="" type="checkbox"/>	15. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?		
7. ANY WORKERS COMPENSATION CARRIED?			16. ANY UNCORRECTED FIRE CODE VIOLATIONS?		
8. DO YOU OWN OR OPERATE ANY OTHER BUSINESS?			DESC ANY LOCATION/BUSINESS INTEREST OWNED/OPERATED BY INSURED BUT NOT LISTED		
9. ANY OTHER INSURANCE WITH THIS COMPANY? (LIST POLICY NUMBERS)					

PRIOR POLICY(IES)/LOSS HISTORY

See attached loss summary

PREVIOUS CARRIER	POLICY NUMBER	TOTAL PREMIUM	EXP DATE	# LOSSES LAST YRS	TOTAL LOSSES
Farmers Insurance Ex	60298-70-36	.00	02/01/13		.00
DESCRIPTION OF LOSSES, WHETHER OR NOT INSURED (Date, cause, amt paid, claim status)					

POLICY LEVEL COVERAGES

LIABILITY (Choose the limit options compatible with the program you are requesting)

COVERAGE	LIMIT	DED	COVERAGE	LIMIT	DED
COMBINED SINGLE LIMIT	\$		HIRED AUTO	\$	
BODILY INJURY & PROP DAMAGE	OCCURRENCE \$ 2,000,000		NON-OWNED AUTO	\$ 2,000,000	
	AGGREGATE \$ 4,000,000		EMPLOYEE BENEFITS	\$	
MEDICAL EXPENSE (PER PERSON)	\$ 15,000		EMPDH Employee Dishon	\$ 50,000	500
DAMAGE TO RENTAL PREMISES	\$ 2,000,000		HRDBD Hired/Borrowed	\$ 2,000,000	
PROFESSIONAL LIABILITY	\$		IDRC	\$ 25,000	
LIQUOR LIABILITY			ADDLL Additional Liab	\$ 2,000,000	
GEN. AGGREGATE	\$			\$	
PER PERSON	\$			\$	
OTHER:	\$			\$	

ADDITIONAL COVERAGES - Total Amount of Policy Coverage Desired

ABBOJO1

OP ID: AA

COVERAGE	TOTAL AMOUNT	DED	END #s	COVERAGE	TOTAL AMOUNT	DED	END #s
EXTRA EXP	ACTUAL LOSS SUSTAINED NO. OF MONTHS _____	\$		COMPUTERS	\$	\$	
	\$			ORD OR LAW	\$	\$	
LOSS OF INC	ACTUAL LOSS SUSTAINED NO. OF MONTHS _____	\$		ERISA	\$	\$	
	\$			FLOOD	\$	\$	
VAL PAPERS	\$	\$		EARTHQUAKE	\$	\$	
ACCNTS REC	\$	\$		B & M BASIC	\$	\$	
SIGN	\$	\$		B & M BROAD	\$	\$	
EMPL DISHON	\$	\$		B & M SPOILAGE	\$	\$	
BRG/ROB STK	\$	\$		TRANSIT	\$	\$	
BRG/ROB MNY	\$	\$		BUSIN	\$	\$ 1,000	
MONEY & SEC - INSIDE	\$	\$		PEE	\$	\$ 1,000	
MONEY & SEC OUTSIDE	\$	\$			\$	\$	
SPOILAGE	\$	\$			\$	\$	

SPECIALTY PROGRAMS

RESTAURANTS - ATTACH ACORD 185 FOR EACH LOCATION
CONTRACTORS - ATTACH ACORD 186 FOR EACH LOCATION
PROFESSIONAL LIABILITY - ATTACH ACORD 187 FOR BARBER AND BEAUTY SHOPS, FUNERAL HOMES, OPTICAL AND HEARING AID ESTABLISHMENTS, PRINTERS OR VETERINARIANS

ADDITIONAL INTEREST

ACORD 45 ATTACHED

INTEREST	RANK: 1	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER
X	ADDITIONAL INSURED	COMPANY FG 1969 Main Street Kansas City, MO64111			PREMISES: POL
	LOSS PAYEE				BUILDING: POL
	MORTGAGEE				VEHICLE:
	LIENHOLDER				BOAT:
					SCHEDULED ITEM NUMBER:
		OTHER			
ITEM DESCRIPTION:					

REMARKS (Attach additional sheets if more space is required)

ATTACHMENTS

	STATE SUPPLEMENT(S) (If applicable)

*** Additional remarks are in notepad #001**

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

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, HI, NE, OH, OK, OR, or VT; in DC, LA, ME, TN and VA, insurance benefits may also be denied)

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND CERTIFIES THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE CERTIFIES THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER
-----------------------	------	----------------------	--------------------------

ADDRESS (Street, City, State) 1968 Main Street Kansas City, MO
 CHECK IF PRIMARY PREMISES INTEREST OWNER PERCENTAGE OCCUPIED SURROUNDING EXPOSURES & OTHER OCCUPANCIES
 X TENANT SQUARE FEET OCCUPIED FRONT REAR RIGHT LEFT
 YEAR BUILT 1930 1350 ANY AREA LEASED? YES NO
 PROT CLASS 003 RATE TERR 001 DISTANCE TO HYDRANT 1000 FT FIRE STAT 5 MI FIRE DISTRICT/CODE NUMBER KANSAS CITY/ INSIDE CITY LIMITS? YES NO
 COUNTY: Jackson County ZIP: 64108-3142

DESCRIPTION OF OPERATIONS AT THIS PREMISES BUILDING DESCRIPTION Location 0001 Sublocation 001
 # OF EMPLOYEES HOURS OF OPERATION ANNUAL SALES/RECEIPTS TOTAL PAYROLL
 START TIME: CLOSING TIME: \$600,000 \$
 CLASS CODE RATE # RATE GROUP DESCRIPTION OF ALL OCCUPANCIES AT THIS PREMISES

PROPERTY BLDG LIMIT \$ % COINS VALUATION: RC ACV INFL % DEDUCTIBLE CONSTRUCTION TYPE TOT SQ FT AREA
 Masonry Non-Combusti 1350
 PERS PROP LIMIT \$ 125,000 % COINS VALUATION: RC ACV (N/A) DEDUCTIBLE \$ 1,000 # STORIES 1 % SPRNK BASEMENT PRESENT? YES NO
 IS IT FINISHED? YES NO
 BUILDING IMPROVEMENTS WIRING YEAR ROOFING YEAR PLUMBING YEAR HEATING YEAR ROOF TYPE BLDG CODE GRADE 99 INSPECTED? YES NO COMM SPEC TAX CODE 00217 WIND CLASS RESISTIVE SEMI-RESISTIVE OTHER

LIABILITY - PREMISES COVERAGE ONLY (Choose the limit options compatible with the program you are requesting)

COVERAGE	LIMIT	DED	COVERAGE	LIMIT	DED
LIQUOR LIABILITY					
GEN. AGGREGATE	\$			\$	
PER PERSON	\$			\$	
OTHER:	\$			\$	
PREM Premises/Operat	\$			\$	
	\$			\$	
	\$			\$	

CLASSIFICATION Coffee or Espresso House - no cooking CLASS CODE 88567 PREMIUM BASIS EXPOSURE 600,000 CODE S
 (S) gross sales - per \$1,000/sales
 (P) payroll - per \$1,000/pay
 (A) area - per 1,000/sq ft
 (C) total cost - per \$1,000/cost
 (M) admissions - per 1,000/adm
 (U) unit - per unit (T) other

ADDITIONAL COVERAGES - PREMISES COVERAGE ONLY - Total Amount of Coverage Desired

COVERAGE	TOTAL AMOUNT	DED	END #s	COVERAGE	TOTAL AMOUNT	DED	END #s		
EXTRA EXP	ACTUAL LOSS SUSTAINED NO. OF MONTHS	\$		SPOILAGE	\$ 10,000	\$ 1,000			
		\$		COMPUTERS	\$	\$			
LOSS OF INC	ACTUAL LOSS SUSTAINED NO. OF MONTHS	\$		ORD OR LAW	\$ 150,000	\$			
		\$		FLOOD	\$	\$			
VAL PAPERS	\$ 25,000	\$		EARTHQUAKE	\$	\$			
ACCNTS REC	\$ 35,000	\$		B & M BASIC	\$	\$			
SIGN	\$ 25,000	\$ 500		B & M BROAD	\$	\$			
EMPL DISHON	\$	\$		B & M SPOILAGE	\$	\$			
BRG/ROB STK	\$	\$		TRANSIT	\$	\$			
BRG/ROB MNV	\$	\$		FINEA	\$ 10,000	\$			
MONEY & SEC - INSIDE	\$ 10,000	\$		ETOOL	\$ 25,000	\$			
MONEY & SEC OUTSIDE	\$ 5,000	\$			\$	\$			
GLASS	LOCATION IN BUILDING	# PLATES	AREA SQ FT	LENGTH LINEAR FT	GLASS TYPE	INTERIOR	TENANTS EXT	VALUE	DED
	GROUND FLOOR GLASS							\$	\$
	ABOVE GROUND FLOOR GLASS							\$	\$

PREMISES GENERAL INFORMATION

1. DOES APPLICANT HAVE A HEATING OR PROCESSING BOILER? (IF YES, INDICATE DATE OF LAST INSPECTION) YES NO
 2. CURRENT CARRIER FOR BOILER & MACHINERY COVERAGE: YES NO
 3. ANY SPECIALIZED EQUIPMENT, SUCH AS MEDICAL EQUIPMENT OR OTHER, VALUED OVER \$100,000? IF YES, DESCRIBE. YES NO
 4. IS ALL EQUIPMENT INSPECTED ANNUALLY AND WELL MAINTAINED? YES NO
 5. IS THERE A SWIMMING POOL ON PREMISES? YES NO
 YES NO FENCED DIVING ABOVE LIFE
 LIMITED BOARD GROUND GUARD
 ACCESS SLIDE IN - GROUND

REMARKS (Attach additional sheets if more space is required)

REMARKS (Attach additional sheets if more space is required)

APARTMENTS AND CONDOMINIUMS

ABBOJO1 OP ID: AA

	YES	NO		YES	NO				
1. IS THERE A PLAYGROUND ON PREMISES?			5. SMOKE DETECTORS:		NONE		BATTERY		WIRED
2. IS ALUMINUM WIRE USED? (IF YES, DESCRIBE PROTECTION)			6. ATTACH COPY OF CONDO ASSOCIATION BYLAWS IF D&O COVERAGE IS REQUESTED.						
3. # OF FIRE DIVISIONS:	# UNITS PER FIRE DIVISION:	# UNITS OWNER OCCUPIED:	7. IS DEVELOPER OR CONTRACTOR A BOARD MEMBER?						
4. INDICATE WHERE COVERAGE APPLIES TO:				BARE WALLS		FINISHED WALLS	8. IS A PROPERTY MANAGER EMPLOYED?		

CRIME

ALARM TYPE	ALARM DESCRIPTION	GRADE	EXTENT OF PROTECTION			SAFE/VAULT/RECEPTACLE MANUFACTURER'S NAME	LABEL
<input type="checkbox"/> HOLD-UP	<input type="checkbox"/> LOCAL GONG		<input type="checkbox"/> SAFE/VAULT	PREMISES ALARM 1 2 3			<input type="checkbox"/> UL <input type="checkbox"/> SMNA CLASS
<input type="checkbox"/> PREMISES	<input type="checkbox"/> CNTRL STAT W/ KEYS		<input type="checkbox"/> PARTIAL				
<input checked="" type="checkbox"/> SAFE/VAULT	<input type="checkbox"/> CNTRL STAT W/O KEYS		<input type="checkbox"/> COMPLETE				
<input type="checkbox"/>	<input type="checkbox"/> POLICE CONNECT						
		CERT #:	EXP DATE:				
MAXIMUM CASH ON PREMISES \$	MAXIMUM CASH WITH MESSENGER \$	MONEY ON PREMISES OVERNIGHT \$	FREQUENCY OF DEPOSITS	DEADBOLT CYLINDER DOOR LOCKS? <input type="checkbox"/> YES <input type="checkbox"/> NO		SAFE DOOR CONSTRUCTION	
OTHER PROTECTION (Lighting, fences, watchpersons, etc)						Audit (Y/N): Frequency: Performed By:	

REMARKS (Attach additional sheets if more space is required)

ADDRESS (Street, City, State) 1969 Main Street KANSAS CITY, MO
 CHECK IF PRIMARY PREMISES INTEREST OWNER PERCENTAGE OCCUPIED SURROUNDING EXPOSURES & OTHER OCCUPANCIES
 X TENANT SQUARE FEET OCCUPIED FRONT RIGHT
 YEAR BUILT 1930 700 REAR LEFT
 ANY AREA LEASED? YES NO
 PROT CLASS 003 RATE TERR 001 DISTANCE TO HYDRANT 1000 FT FIRE STAT 5 MI FIRE DISTRICT/CODE NUMBER KANSAS CITY/ INSIDE CITY LIMITS? YES NO

COUNTY: JACKSON ZIP: 64111
 DESCRIPTION OF OPERATIONS AT THIS PREMISES BUILDING DESCRIPTION Location 0002 Sublocation 001
 # OF EMPLOYEES HOURS OF OPERATION ANNUAL SALES/RECEIPTS TOTAL PAYROLL
 START TIME: CLOSING TIME: \$300,000 \$
 CLASS CODE RATE # RATE GROUP DESCRIPTION OF ALL OCCUPANCIES AT THIS PREMISES

PROPERTY
 BLDG LIMIT \$ % COINS VALUATION: RC ACV INFL % DEDUCTIBLE CONSTRUCTION TYPE TOT SQ FT AREA
 Masonry Non-Combusti 700
 PERS PROP LIMIT \$ 85,000 % COINS VALUATION: RC ACV (N/A) DEDUCTIBLE \$ 1,000 # STORIES 1 % SPRNK BASEMENT PRESENT? YES NO
 IS IT FINISHED? YES NO
 BUILDING IMPROVEMENTS WIRING YEAR ROOFING YEAR PLUMBING YEAR HEATING YEAR ROOF TYPE BLDG CODE GRADE 99 INSPECTED? YES NO COMM SPEC TAX CODE 00217 WIND CLASS RESISTIVE SEMI-RESISTIVE OTHER

LIABILITY - PREMISES COVERAGE ONLY (Choose the limit options compatible with the program you are requesting)

COVERAGE	LIMIT	DED	COVERAGE	LIMIT	DED
LIQUOR LIABILITY					
GEN. AGGREGATE	\$			\$	
PER PERSON	\$			\$	
OTHER:	\$			\$	
PREM Premises/Operat	\$			\$	
	\$			\$	
	\$			\$	

 CLASSIFICATION Coffee or Espresso House - no cooking CLASS CODE 88567 PREMIUM BASIS EXPOSURE 300,000 CODE S
 (S) gross sales - per \$1,000/sales (P) payroll - per \$1,000/pay (A) area - per 1,000/sq ft (C) total cost - per \$1,000/cost (M) admissions - per 1,000/adm (U) unit - per unit (T) other

ADDITIONAL COVERAGES - PREMISES COVERAGE ONLY - Total Amount of Coverage Desired

COVERAGE	TOTAL AMOUNT	DED	END #s	COVERAGE	TOTAL AMOUNT	DED	END #s
EXTRA EXP	ACTUAL LOSS SUSTAINED NO. OF MONTHS			SPOILAGE	\$ 10,000	\$ 1,000	
	\$			COMPUTERS	\$	\$	
LOSS OF INC	ACTUAL LOSS SUSTAINED NO. OF MONTHS			ORD OR LAW	\$ 150,000	\$	
	\$			FLOOD	\$	\$	
VAL PAPERS ACCNTS REC	\$ 25,000	\$		EARTHQUAKE	\$	\$	
SIGN	\$ 35,000	\$		B & M BASIC	\$	\$	
	\$ 25,000	\$ 500		B & M BROAD	\$	\$	
EMPL DISHON BRG/ROB STK BRG/ROB MNV	\$	\$		B & M SPOILAGE	\$	\$	
MONEY & SEC - INSIDE	\$ 10,000	\$		TRANSIT	\$	\$	
MONEY & SEC OUTSIDE	\$ 5,000	\$		FINEA	\$ 10,000	\$	
				ETOOL	\$ 25,000	\$	
					\$	\$	

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

PREMISES GENERAL INFORMATION
 1. DOES APPLICANT HAVE A HEATING OR PROCESSING BOILER? (IF YES, INDICATE DATE OF LAST INSPECTION) YES NO
 2. CURRENT CARRIER FOR BOILER & MACHINERY COVERAGE: YES NO
 3. ANY SPECIALIZED EQUIPMENT, SUCH AS MEDICAL EQUIPMENT OR OTHER, VALUED OVER \$100,000? IF YES, DESCRIBE. YES NO
 4. IS ALL EQUIPMENT INSPECTED ANNUALLY AND WELL MAINTAINED? YES NO
 5. IS THERE A SWIMMING POOL ON PREMISES? YES NO
 YES NO FENCED DIVING ABOVE LIFE BOARD LIMITED SLIDE IN-GROUND ACCESS SLIDE GROUND GUARD

REMARKS (Attach additional sheets if more space is required)

APARTMENTS AND CONDOMINIUMS

ABBOJO1 OP ID: AA

	YES	NO		YES	NO	
1. IS THERE A PLAYGROUND ON PREMISES?			5. SMOKE DETECTORS:	NONE	BATTERY	WIRED
2. IS ALUMINUM WIRE USED? (IF YES, DESCRIBE PROTECTION)			6. ATTACH COPY OF CONDO ASSOCIATION BYLAWS IF D&O COVERAGE IS REQUESTED.			
3. # OF FIRE DIVISIONS:	# UNITS PER FIRE DIVISION:	# UNITS OWNER OCCUPIED:	7. IS DEVELOPER OR CONTRACTOR A BOARD MEMBER?			
4. INDICATE WHERE COVERAGE APPLIES TO:	BARE WALLS	FINISHED WALLS	8. IS A PROPERTY MANAGER EMPLOYED?			

CRIME

ALARM TYPE	ALARM DESCRIPTION	GRADE	EXTENT OF PROTECTION			SAFE/VAULT/RECEPTACLE MANUFACTURER'S NAME	LABEL
<input type="checkbox"/> HOLD-UP	<input type="checkbox"/> LOCAL GONG		<input type="checkbox"/> SAFE/VAULT	PREMISES ALARM 1 2 3			<input type="checkbox"/> UL
<input type="checkbox"/> PREMISES	<input type="checkbox"/> CNTRL STAT W/ KEYS		<input type="checkbox"/> PARTIAL				<input type="checkbox"/> SMNA
<input checked="" type="checkbox"/> SAFE/VAULT	<input type="checkbox"/> CNTRL STAT W/O KEYS		<input type="checkbox"/> COMPLETE	CLASS			
<input type="checkbox"/>	<input type="checkbox"/> POLICE CONNECT		CERT #:	EXP DATE:			
MAXIMUM CASH ON PREMISES	MAXIMUM CASH WITH MESSENGER	MONEY ON PREMISES OVERNIGHT	FREQUENCY OF DEPOSITS	DEADBOLT CYLINDER DOOR LOCKS?		SAFE DOOR CONSTRUCTION	
\$	\$	\$		<input type="checkbox"/> YES	<input type="checkbox"/> NO		
OTHER PROTECTION (Lighting, fences, watchpersons, etc)						Audit (Y/N): Frequency: Performed By:	

REMARKS (Attach additional sheets if more space is required)

ADDRESS (Street, City, State) 1970 Main Street Kansas City, MO
 CHECK IF PRIMARY PREMISES INTEREST OWNER PERCENTAGE OCCUPIED SURROUNDING EXPOSURES & OTHER OCCUPANCIES
 X TENANT SQUARE FEET OCCUPIED FRONT REAR RIGHT LEFT
 YEAR BUILT 1970 150 ANY AREA LEASED? YES NO
 PROT CLASS RATE TERR DISTANCE TO HYDRANT FIRE STAT FIRE DISTRICT/CODE NUMBER INSIDE CITY LIMITS?
 003 003 1000FT 5MI KANSAS CITY/ YES NO

COUNTY: Clay County ZIP: 64116-4272
 DESCRIPTION OF OPERATIONS AT THIS PREMISES BUILDING DESCRIPTION Location 0003 Sublocation 001
 # OF EMPLOYEES HOURS OF OPERATION ANNUAL SALES/RECEIPTS TOTAL PAYROLL
 START TIME: CLOSING TIME: \$200,000 \$
 CLASS CODE RATE # RATE GROUP DESCRIPTION OF ALL OCCUPANCIES AT THIS PREMISES

PROPERTY BLDG LIMIT \$ % COINS VALUATION: RC ACV INFL % DEDUCTIBLE CONSTRUCTION TYPE TOT SQ FT AREA
 Masonry Non-Combusti 60000
 PERS PROP LIMIT \$ 20,000 % COINS VALUATION: RC ACV DEDUCTIBLE \$ 1,000 # STORIES 1 % SPRNK BASEMENT PRESENT? YES NO
 IS IT FINISHED? YES NO
 BUILDING IMPROVEMENTS WIRING YEAR ROOFING YEAR PLUMBING YEAR HEATING YEAR ROOF TYPE BLDG CODE GRADE 99 INSPECTED? YES NO COMM TAX CODE 00217 WIND CLASS RESISTIVE SEMI-RESISTIVE OTHER

LIABILITY - PREMISES COVERAGE ONLY (Choose the limit options compatible with the program you are requesting)

COVERAGE	LIMIT	DED	COVERAGE	LIMIT	DED
LIQUOR LIABILITY					
GEN. AGGREGATE	\$			\$	
PER PERSON	\$			\$	
OTHER:	\$			\$	
PREM Premises/Operat	\$			\$	
	\$			\$	
	\$			\$	

 CLASSIFICATION Coffee or Espresso House - no cooking CLASS CODE 88567 PREMIUM BASIS EXPOSURE 200,000 CODE S
 (S) gross sales - per \$1,000/sales (P) payroll - per \$1,000/pay (A) area - per 1,000/sq ft (C) total cost - per \$1,000/cost (M) admissions - per 1,000/adm (U) unit - per unit (T) other

ADDITIONAL COVERAGES - PREMISES COVERAGE ONLY - Total Amount of Coverage Desired

COVERAGE	TOTAL AMOUNT	DED	END #s	COVERAGE	TOTAL AMOUNT	DED	END #s		
EXTRA EXP	ACTUAL LOSS SUSTAINED NO. OF MONTHS	\$		SPOILAGE	10,000	1,000			
		\$		COMPUTERS					
LOSS OF INC	ACTUAL LOSS SUSTAINED NO. OF MONTHS	\$		ORD OR LAW	150,000				
		\$		FLOOD					
VAL PAPERS	25,000			EARTHQUAKE					
ACCNTS REC	35,000			B & M BASIC					
SIGN	25,000	500		B & M BROAD					
EMPL DISHON				B & M SPOILAGE					
BRG/ROB STK				TRANSIT					
BRG/ROB MNY				FINEA	10,000				
MONEY & SEC - INSIDE	10,000			ETOOL	25,000				
MONEY & SEC OUTSIDE	5,000								
GLASS	LOCATION IN BUILDING	# PLATES	AREA SQ FT	LENGTH LINEAR FT	GLASS TYPE	INTERIOR	TENANTS EXT	VALUE	DED
	GROUND FLOOR GLASS							\$	\$
	ABOVE GROUND FLOOR GLASS							\$	\$

PREMISES GENERAL INFORMATION

	YES	NO		YES	NO
1. DOES APPLICANT HAVE A HEATING OR PROCESSING BOILER? (IF YES, INDICATE DATE OF LAST INSPECTION)			4. IS ALL EQUIPMENT INSPECTED ANNUALLY AND WELL MAINTAINED?		
2. CURRENT CARRIER FOR BOILER & MACHINERY COVERAGE:			5. IS THERE A SWIMMING POOL ON PREMISES?		
3. ANY SPECIALIZED EQUIPMENT, SUCH AS MEDICAL EQUIPMENT OR OTHER, VALUED OVER \$100,000? IF YES, DESCRIBE.			YES		
			NO		
			FENCED LIMITED ACCESS		
			DIVING BOARD SLIDE		
			ABOVE GROUND IN - GROUND		
			LIFE GUARD		

REMARKS (Attach additional sheets if more space is required)

APARTMENTS AND CONDOMINIUMS

ABBOJO1 OP ID: AA

	YES	NO		YES	NO				
1. IS THERE A PLAYGROUND ON PREMISES?			5. SMOKE DETECTORS:		NONE		BATTERY		WIRED
2. IS ALUMINUM WIRE USED? (IF YES, DESCRIBE PROTECTION)			6. ATTACH COPY OF CONDO ASSOCIATION BYLAWS IF D&O COVERAGE IS REQUESTED.						
3. # OF FIRE DIVISIONS:	# UNITS PER FIRE DIVISION:	# UNITS OWNER OCCUPIED:	7. IS DEVELOPER OR CONTRACTOR A BOARD MEMBER?						
4. INDICATE WHERE COVERAGE APPLIES TO:				BARE WALLS		FINISHED WALLS	8. IS A PROPERTY MANAGER EMPLOYED?		

CRIME

ALARM TYPE	ALARM DESCRIPTION	GRADE	EXTENT OF PROTECTION			SAFE/VAULT/RECEPTACLE MANUFACTURER'S NAME	LABEL
<input type="checkbox"/> HOLD-UP	<input type="checkbox"/> LOCAL GONG		<input type="checkbox"/> SAFE/VAULT	PREMISES ALARM 1 2 3			<input type="checkbox"/> UL <input type="checkbox"/> SMNA CLASS
<input type="checkbox"/> PREMISES	<input type="checkbox"/> CNTRL STAT W/ KEYS		<input type="checkbox"/> PARTIAL				
<input checked="" type="checkbox"/> SAFE/VAULT	<input type="checkbox"/> CNTRL STAT W/O KEYS		<input type="checkbox"/> COMPLETE				
<input type="checkbox"/>	<input type="checkbox"/> POLICE CONNECT						
		CERT #:	EXP DATE:				
MAXIMUM CASH ON PREMISES \$	MAXIMUM CASH WITH MESSENGER \$	MONEY ON PREMISES OVERNIGHT \$	FREQUENCY OF DEPOSITS	DEADBOLT CYLINDER DOOR LOCKS? <input type="checkbox"/> YES <input type="checkbox"/> NO		SAFE DOOR CONSTRUCTION	
OTHER PROTECTION (Lighting, fences, watchpersons, etc)						Audit (Y/N): Frequency: Performed By:	

REMARKS (Attach additional sheets if more space is required)

ADDRESS (Street, City, State) 1971 Main Street Kansas City, MO
 CHECK IF PRIMARY PREMISES
 INTEREST OWNER
 X TENANT
 YEAR BUILT 1930
 PERCENTAGE OCCUPIED 1300
 SURROUNDING EXPOSURES & OTHER OCCUPANCIES FRONT RIGHT REAR LEFT
 ANY AREA LEASED? YES NO
 PROT CLASS 003 RATE TERR 001 DISTANCE TO HYDRANT 1000 FT FIRE STAT 5 MI FIRE DISTRICT/CODE NUMBER KANSAS CITY/ INSIDE CITY LIMITS? YES NO

COUNTY: Jackson County ZIP: 64105-1513
 DESCRIPTION OF OPERATIONS AT THIS PREMISES BUILDING DESCRIPTION Location 0004 Sublocation 001
 # OF EMPLOYEES HOURS OF OPERATION ANNUAL SALES/RECEIPTS TOTAL PAYROLL
 START TIME: CLOSING TIME: \$200,000 \$
 CLASS CODE RATE # RATE GROUP DESCRIPTION OF ALL OCCUPANCIES AT THIS PREMISES

PROPERTY
 BLDG LIMIT \$ % COINS VALUATION: RC ACV INFL % DEDUCTIBLE CONSTRUCTION TYPE TOT SQ FT AREA
 Masonry Non-Combusti 30000
 PERS PROP LIMIT \$ 150,000 % COINS VALUATION: RC ACV (N/A) DEDUCTIBLE \$ 1,000 # STORIES 4 % SPRNK BASEMENT PRESENT? YES NO IS IT FINISHED? YES NO
 BUILDING IMPROVEMENTS WIRING YEAR ROOFING YEAR PLUMBING YEAR HEATING YEAR ROOF TYPE BLDG CODE GRADE 99 INSPECTED? YES NO COMM SPEC TAX CODE 00217 WIND CLASS RESISTIVE SEMI-RESISTIVE OTHER

LIABILITY - PREMISES COVERAGE ONLY (Choose the limit options compatible with the program you are requesting)

COVERAGE	LIMIT	DED	COVERAGE	LIMIT	DED
LIQUOR LIABILITY					
GEN. AGGREGATE	\$			\$	
PER PERSON	\$			\$	
OTHER:	\$			\$	
PREM Premises/Operat	\$			\$	
	\$			\$	
	\$			\$	

 CLASSIFICATION Coffee or Espresso House - no cooking
 CLASS CODE 88567 PREMIUM BASIS EXPOSURE 200,000 CODE S
 (S) gross sales - per \$1,000/sales
 (P) payroll - per \$1,000/pay
 (A) area - per 1,000/sq ft
 (C) total cost - per \$1,000/cost
 (M) admissions - per 1,000/adm
 (U) unit - per unit (T) other

ADDITIONAL COVERAGES - PREMISES COVERAGE ONLY - Total Amount of Coverage Desired

COVERAGE	TOTAL AMOUNT	DED	END #s	COVERAGE	TOTAL AMOUNT	DED	END #s
EXTRA EXP	ACTUAL LOSS SUSTAINED NO. OF MONTHS	\$		SPOILAGE	10,000	1,000	
		\$		COMPUTERS		\$	
LOSS OF INC	ACTUAL LOSS SUSTAINED NO. OF MONTHS	\$		ORD OR LAW	150,000	\$	
		\$		FLOOD		\$	
VAL PAPERS	25,000	\$		EARTHQUAKE		\$	
ACCNTS REC	35,000	\$		B & M BASIC		\$	
SIGN	25,000	500		B & M BROAD		\$	
EMPL DISHON		\$		B & M SPOILAGE		\$	
BRG/ROB STK		\$		TRANSIT		\$	
BRG/ROB MNY		\$		FINEA	10,000	\$	
MONEY & SEC - INSIDE	10,000	\$		ETOOL	25,000	\$	
MONEY & SEC OUTSIDE	5,000	\$				\$	

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

PREMISES GENERAL INFORMATION
 1. DOES APPLICANT HAVE A HEATING OR PROCESSING BOILER? (IF YES, INDICATE DATE OF LAST INSPECTION) YES NO
 2. CURRENT CARRIER FOR BOILER & MACHINERY COVERAGE: YES NO
 3. ANY SPECIALIZED EQUIPMENT, SUCH AS MEDICAL EQUIPMENT OR OTHER, VALUED OVER \$100,000? IF YES, DESCRIBE. YES NO
 4. IS ALL EQUIPMENT INSPECTED ANNUALLY AND WELL MAINTAINED? YES NO
 5. IS THERE A SWIMMING POOL ON PREMISES? YES NO
 YES NO FENCED DIVING ABOVE LIFE
 LIMITED BOARD GROUND GUARD
 ACCESS SLIDE IN - GROUND

REMARKS (Attach additional sheets if more space is required)

APARTMENTS AND CONDOMINIUMS

ABBOJO1 OP ID: AA

	YES	NO		YES	NO	
1. IS THERE A PLAYGROUND ON PREMISES?			5. SMOKE DETECTORS:	<input type="checkbox"/> NONE	<input type="checkbox"/> BATTERY	<input type="checkbox"/> WIRED
2. IS ALUMINUM WIRE USED? (IF YES, DESCRIBE PROTECTION)			6. ATTACH COPY OF CONDO ASSOCIATION BYLAWS IF D&O COVERAGE IS REQUESTED.			
3. # OF FIRE DIVISIONS:	# UNITS PER FIRE DIVISION:	# UNITS OWNER OCCUPIED:	7. IS DEVELOPER OR CONTRACTOR A BOARD MEMBER?			
4. INDICATE WHERE COVERAGE APPLIES TO:	<input type="checkbox"/> BARE WALLS	<input type="checkbox"/> FINISHED WALLS	8. IS A PROPERTY MANAGER EMPLOYED?			

CRIME

ALARM TYPE	ALARM DESCRIPTION	GRADE	EXTENT OF PROTECTION			SAFE/VAULT/RECEPTACLE MANUFACTURER'S NAME	LABEL
<input type="checkbox"/> HOLD-UP	<input type="checkbox"/> LOCAL GONG		<input type="checkbox"/> SAFE/VAULT	PREMISES ALARM 1 2 3			<input type="checkbox"/> UL
<input type="checkbox"/> PREMISES	<input type="checkbox"/> CNTRL STAT W/ KEYS		<input type="checkbox"/> PARTIAL				<input type="checkbox"/> SMNA
<input type="checkbox"/> SAFE/VAULT	<input checked="" type="checkbox"/> CNTRL STAT W/O KEYS		<input type="checkbox"/> COMPLETE	CLASS			
<input type="checkbox"/>	<input type="checkbox"/> POLICE CONNECT		CERT #:			EXP DATE:	
MAXIMUM CASH ON PREMISES \$	MAXIMUM CASH WITH MESSENGER \$	MONEY ON PREMISES OVERNIGHT \$	FREQUENCY OF DEPOSITS	DEADBOLT CYLINDER DOOR LOCKS? <input type="checkbox"/> YES <input type="checkbox"/> NO		SAFE DOOR CONSTRUCTION	
OTHER PROTECTION (Lighting, fences, watchpersons, etc)						Audit (Y/N): Frequency: Performed By:	

REMARKS (Attach additional sheets if more space is required)

ADDRESS (Street, City, State) 1972 Main Street Overland Park, KS
 CHECK IF PRIMARY PREMISES
 INTEREST OWNER PERCENTAGE OCCUPIED SURROUNDING EXPOSURES & OTHER OCCUPANCIES
 X TENANT SQUARE FEET OCCUPIED FRONT REAR LEFT
 YEAR BUILT 1940 1500 ANY AREA LEASED? YES NO
 PROT CLASS RATE TERR DISTANCE TO HYDRANT FIRE STAT FIRE DISTRICT/CODE NUMBER INSIDE CITY LIMITS?
 003 098 FT MI JOHNSON CO CONS/ YES NO

COUNTY: Johnson County ZIP: 66202-2325
 DESCRIPTION OF OPERATIONS AT THIS PREMISES BUILDING DESCRIPTION
 Location 0005 Sublocation 001
 # OF EMPLOYEES HOURS OF OPERATION ANNUAL SALES/RECEIPTS TOTAL PAYROLL
 START TIME: CLOSING TIME: \$300,000 \$
 CLASS CODE RATE # RATE GROUP DESCRIPTION OF ALL OCCUPANCIES AT THIS PREMISES

PROPERTY
 BLDG LIMIT \$ % COINS VALUATION: RC ACV INFL % DEDUCTIBLE CONSTRUCTION TYPE TOT SQ FT AREA
 Masonry Non-Combusti 1500
 PERS PROP LIMIT \$ 150,000 % COINS VALUATION: RC ACV DEDUCTIBLE \$ 1,000 # STORIES 1 % SPRNK BASEMENT PRESENT? YES NO
 IS IT FINISHED? YES NO
 BUILDING IMPROVEMENTS WIRING YEAR ROOFING YEAR PLUMBING YEAR HEATING YEAR ROOF TYPE BLDG CODE GRADE 99 INSPECTED? YES NO COMM TAX CODE 00217 WIND CLASS RESISTIVE SEMI-RESISTIVE OTHER

LIABILITY - PREMISES COVERAGE ONLY (Choose the limit options compatible with the program you are requesting)

COVERAGE	LIMIT	DED	COVERAGE	LIMIT	DED
LIQUOR LIABILITY					
GEN. AGGREGATE	\$			\$	
PER PERSON	\$			\$	
OTHER:	\$			\$	
PREM Premises/Operat	\$			\$	
	\$			\$	
	\$			\$	

CLASSIFICATION Coffee or Espresso House - no cooking
 CLASS CODE 88567 PREMIUM BASIS EXPOSURE 300,000 CODE S
 (S) gross sales - per \$1,000/sales
 (P) payroll - per \$1,000/pay
 (A) area - per 1,000/sq ft
 (C) total cost - per \$1,000/cost
 (M) admissions - per 1,000/adm
 (U) unit - per unit (T) other

ADDITIONAL COVERAGES - PREMISES COVERAGE ONLY - Total Amount of Coverage Desired

COVERAGE	TOTAL AMOUNT	DED	END #s	COVERAGE	TOTAL AMOUNT	DED	END #s
EXTRA EXP	ACTUAL LOSS SUSTAINED NO. OF MONTHS	\$		SPOILAGE	10,000	1,000	
		\$		COMPUTERS		\$	
LOSS OF INC	ACTUAL LOSS SUSTAINED NO. OF MONTHS	\$		ORD OR LAW	150,000	\$	
		\$		FLOOD		\$	
VAL PAPERS	25,000	\$		EARTHQUAKE		\$	
ACCNTS REC	35,000	\$		B & M BASIC		\$	
SIGN	25,000	500		B & M BROAD		\$	
EMPL DISHON		\$		B & M SPOILAGE		\$	
BRG/ROB STK		\$		TRANSIT		\$	
BRG/ROB MNY		\$		FINEA	10,000	\$	
MONEY & SEC - INSIDE	10,000	\$		ETOOL	25,000	\$	
MONEY & SEC OUTSIDE	5,000	\$				\$	

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

PREMISES GENERAL INFORMATION

	YES	NO		YES	NO
1. DOES APPLICANT HAVE A HEATING OR PROCESSING BOILER? (IF YES, INDICATE DATE OF LAST INSPECTION)			4. IS ALL EQUIPMENT INSPECTED ANNUALLY AND WELL MAINTAINED?		
2. CURRENT CARRIER FOR BOILER & MACHINERY COVERAGE:			5. IS THERE A SWIMMING POOL ON PREMISES?		
3. ANY SPECIALIZED EQUIPMENT, SUCH AS MEDICAL EQUIPMENT OR OTHER, VALUED OVER \$100,000? IF YES, DESCRIBE.			YES	FENCED DIVING ABOVE LIFE	NO
			NO	LIMITED BOARD GROUND GUARD	
				ACCESS SLIDE IN - GROUND	

REMARKS (Attach additional sheets if more space is required)

APARTMENTS AND CONDOMINIUMS

ABBOJO1 OP ID: AA

	YES	NO		YES	NO				
1. IS THERE A PLAYGROUND ON PREMISES?			5. SMOKE DETECTORS:		NONE		BATTERY		WIRED
2. IS ALUMINUM WIRE USED? (IF YES, DESCRIBE PROTECTION)			6. ATTACH COPY OF CONDO ASSOCIATION BYLAWS IF D&O COVERAGE IS REQUESTED.						
3. # OF FIRE DIVISIONS:	# UNITS PER FIRE DIVISION:	# UNITS OWNER OCCUPIED:	7. IS DEVELOPER OR CONTRACTOR A BOARD MEMBER?						
4. INDICATE WHERE COVERAGE APPLIES TO:				BARE WALLS		FINISHED WALLS	8. IS A PROPERTY MANAGER EMPLOYED?		

CRIME

ALARM TYPE	ALARM DESCRIPTION	GRADE	EXTENT OF PROTECTION			SAFE/VAULT/RECEPTACLE MANUFACTURER'S NAME	LABEL
<input type="checkbox"/> HOLD-UP	<input type="checkbox"/> LOCAL GONG		<input type="checkbox"/> SAFE/VAULT	PREMISES ALARM 1 2 3			<input type="checkbox"/> UL <input type="checkbox"/> SMNA CLASS
<input type="checkbox"/> PREMISES	<input type="checkbox"/> CNTRL STAT W/ KEYS		<input type="checkbox"/> PARTIAL				
<input checked="" type="checkbox"/> SAFE/VAULT	<input type="checkbox"/> CNTRL STAT W/O KEYS		<input type="checkbox"/> COMPLETE				
<input type="checkbox"/>	<input type="checkbox"/> POLICE CONNECT						
		CERT #:	EXP DATE:				
MAXIMUM CASH ON PREMISES \$	MAXIMUM CASH WITH MESSENGER \$	MONEY ON PREMISES OVERNIGHT \$	FREQUENCY OF DEPOSITS	DEADBOLT CYLINDER DOOR LOCKS? <input type="checkbox"/> YES <input type="checkbox"/> NO		SAFE DOOR CONSTRUCTION	
OTHER PROTECTION (Lighting, fences, watchpersons, etc)						Audit (Y/N): Frequency: Performed By:	

REMARKS (Attach additional sheets if more space is required)

ACORD™ ADDITIONAL INTEREST

DATE (MM/DD/YYYY)
7/11/2011

AGENCY	PHONE (A/C, No, Ext): 800-100-5368 FAX (A/C, No): 800-100-2301	APPLICANT (First Named Insured)	PHONE (A/C, No, Ext): 708-798-8345
University Park 101 Applied Parkway University Park, IL 60466		Joseph W. Abbot 1967 Main Street Kansas City, MO 64108	
CODE:	SUB CODE:	EFFECTIVE DATE	EXPIRATION DATE
		02/01/13	02/01/14
AGENCY CUSTOMER ID ABBOJ01		CO/PLAN	BOP
		TEST	
		POLICY NUMBER:	BZS55433918
		ACCOUNT NUMBER:	

INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER
<input checked="" type="checkbox"/>	2	COMPANY FH 1970 Main Street Kansas City, MO 64116			LOCATION: POL BUILDING: POL
<input type="checkbox"/>		LOSS PAYEE			VEHICLE: BOAT:
<input type="checkbox"/>		MORTGAGEE			SCHEDULED ITEM NUMBER:
<input type="checkbox"/>		LIENHOLDER			OTHER
<input type="checkbox"/>		EMPLOYEE AS LESSOR			
INTEREST :					
ITEM DESCRIPTION:					

INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER
<input checked="" type="checkbox"/>	3	COMPANY FI 1971 Main Street Kansas City, MO 64105			LOCATION: POL BUILDING: POL
<input type="checkbox"/>		LOSS PAYEE			VEHICLE: BOAT:
<input type="checkbox"/>		MORTGAGEE			SCHEDULED ITEM NUMBER:
<input type="checkbox"/>		LIENHOLDER			OTHER
<input type="checkbox"/>		EMPLOYEE AS LESSOR			
INTEREST :					
ITEM DESCRIPTION:					

INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER
<input checked="" type="checkbox"/>	4	COMPANY FJ 1972 Main Street Overland Park, KS 66202			LOCATION: POL BUILDING: POL
<input type="checkbox"/>		LOSS PAYEE			VEHICLE: BOAT:
<input type="checkbox"/>		MORTGAGEE			SCHEDULED ITEM NUMBER:
<input type="checkbox"/>		LIENHOLDER			OTHER
<input type="checkbox"/>		EMPLOYEE AS LESSOR			
INTEREST :					
ITEM DESCRIPTION:					

INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER
<input checked="" type="checkbox"/>	1	COMPANY FK 1979 Main Street Kearney, MO 64060			LOCATION: POL BUILDING: POL
<input type="checkbox"/>		LOSS PAYEE			VEHICLE: BOAT:
<input type="checkbox"/>		MORTGAGEE			SCHEDULED ITEM NUMBER:
<input type="checkbox"/>		LIENHOLDER			OTHER
<input type="checkbox"/>		EMPLOYEE AS LESSOR			
INTEREST :					
ITEM DESCRIPTION:					

INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER
<input type="checkbox"/>					LOCATION: BUILDING:
<input type="checkbox"/>					VEHICLE: BOAT:
<input type="checkbox"/>					SCHEDULED ITEM NUMBER:
<input type="checkbox"/>					OTHER
<input type="checkbox"/>					
INTEREST :					
ITEM DESCRIPTION:					

INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER
<input type="checkbox"/>					LOCATION: BUILDING:
<input type="checkbox"/>					VEHICLE: BOAT:
<input type="checkbox"/>					SCHEDULED ITEM NUMBER:
<input type="checkbox"/>					OTHER
<input type="checkbox"/>					
INTEREST :					
ITEM DESCRIPTION:					

INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER
<input type="checkbox"/>					LOCATION: BUILDING:
<input type="checkbox"/>					VEHICLE: BOAT:
<input type="checkbox"/>					SCHEDULED ITEM NUMBER:
<input type="checkbox"/>					OTHER
<input type="checkbox"/>					
INTEREST :					
ITEM DESCRIPTION:					

**BUSINESS OWNERS APPLICATION -
LOSS NOTICE INFORMATION CONTINUED**

ABBOJO1

OP ID: AA

DATE	TYPE	DESCRIPTION	AMOUNT PAID
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$

Large empty rectangular area for providing details of loss notices.

ATTACH TO BUSINESS OWNERS APPLICATION

NOTEPAD:INSURED'S NAME **Joseph W. Abbot**

PAGE 1

OP ID: AA

DATE 7/11/2011

BOP Policy Received: 07/11/11
 Pay Plan Cd: MO # of Pymnts: 12 # of Mths Btwn Pymnts: 1
 Form #: BP00030106 Form Name: Businessowners Coverage Form Form Ed Dt: 01/01/06
 Form #: BP01050106 Form Name: Kansas Changes Form Ed Dt: 01/01/06
 Form #: BP01590808 Form Name: Water Exclusion Endorsement Form Ed Dt: 08/01/08
 Form #: BP04040106 Form Name: Hired Auto and Non-Owned Auto Liability Form Ed Dt: 01/01/06
 Form #: BP04170702 Form Name: Employment - Related Practices Exclusion Form Ed Dt: 07/01/02
 Form #: BP05230108 Form Name: Cap On Losses From Certified Acts Of Terrorism Form Ed Dt: 01/01/08
 Form #: BP05770106 Form Name: Fungi or Bacteria Exclusion (Liability) Form Ed Dt: 01/01/06
 Form #: BP79190710 Form Name: Businessowners Property Extension Endorsement Form Ed Dt: 07/01/10
 Form #: BP79600107 Form Name: Restaurant Amendatory Endorsement Form Ed Dt: 01/01/07
 Form #: BP79740208 Form Name: Amend Pollution Excl Premises Form Ed Dt:

BOP Policy Received: 07/11/11
 02/01/08
 Form #: BP79900107 Form Name: Businessowners Food Contamination Coverage End Form Ed Dt: 01/01/07
 Form #: BP79960710 Form Name: Businessowners Liability Extension Endorsement Form Ed Dt: 07/01/10
 Form #: BP80650107 Form Name: Spoilage Coverage Endorsement Form Ed Dt: 01/01/07
 Form #: BP81180107 Form Name: Medical Expense At Your Request Endt Form Ed Dt: 01/01/07
 Form #: BP82370107 Form Name: Equipment Breakdown Enhancement Endorsement Form Ed Dt: 01/01/07
 Form #: BP88040609 Form Name: Exclusion - Professional Services Form Ed Dt: 06/01/09
 Form #: BP88160609 Form Name: Business Income Changes - 24 Hour Time Period Form Ed Dt: 06/01/09
 Form #: BP88270111 Form Name: Limited Cyber Liab - Amendmt of Pers and Adv Inj Form Ed Dt: 01/01/11
 Form #: NP74440906 Form Name: NP - Treasury Dept OFAC Notice to Policyholders Form Ed Dt: 09/01/06

BOP Policy Received: 07/11/11
 Form #: NP75460309 Form Name: NP - Water Exclusion Endt Advisory Notice Form Ed Dt: 03/01/09
 Form #: BP01110805 Form Name: Missouri Changes Form Ed Dt: 08/01/05
 Form #: BP01571008 Form Name: Missouri Changes - Pollution Exclusion Endorsement Form Ed Dt: 10/01/08
 Form #: BP88480311 Form Name: MO Changes - Employee Dishonesty and Loss Payment Form Ed Dt: 03/01/11
 Form #: NP70191110 Form Name: NP - Missouri Notice Important Contact information Form Ed Dt: 11/01/10
 Form #: BP06010107 Form Name: Exclusion of Loss Due to Virus or Bacteria Form Ed Dt: 01/01/07
 Form #: BP81150107 Form Name: Exclusion - Asbestos Form Ed Dt: 01/01/07
 Form #: BP88150312 Form Name: Identity Recovery Coverage For Defined Individuals Form Ed Dt: 03/01/12
 Form #: BP88520312 Form Name: Missouri Changes - Identity Recovery Coverage Form Ed Dt: 03/01/12
 Form #: NP72420108 Form Name: NP - Certified Acts of Terrorism Notice Form Ed Dt: 01/01/08
 Form #: BP12030106 Form Name: Loss Payable Provision Form Ed Dt: 01/01/06

BOP Policy Received: 07/11/11
 Form #: NP89691110 Form Name: NP - Billing Practices Form Ed Dt: 11/01/10
 Policy Info - Years in Business: 7
 Pol Level Cov - Terrorism Coverage provided under the federal Terrorism Coverage: Current Term Amount: \$12.00
 Pol Level Cov - Employee Dishonesty Coverage: Current Term Amount: \$292.00
 Pol Level Cov - Hired/Borrowed Coverage: Current Term Amount: \$88.00
 Pol Level Cov - Non Owned Coverage: Current Term Amount: \$131.00
 Pol Level Cov - IDRC Coverage: Current Term Amount: \$12.00
 Location #5
 Building #1
 Pol Level Cov - PEE Coverage: Current Term Amount: \$10.00
 Location #1
 Building #1
 Special (Including theft) Coverage: Limit 1: \$10000
 Special (Including theft) Coverage: Limit 1: \$5000
 Special (Including theft) Coverage: Limit 1: \$25000
 Special (Including theft) Coverage: Limit 1: \$10000
 Special (Including theft) Coverage: Limit 1: \$150000
 Special (Including theft) Coverage: Limit 1: \$25000

NOTEPAD:

INSURED'S NAME **Joseph W. Abbot**

PAGE 2

OP ID: AA

DATE 7/11/2011

BOP Policy Received: 07/11/11
Special (Including theft) Coverage: Limit 1: \$35000
Special (Including theft) Coverage: Limit 1: \$25000
Special (Including theft) Coverage: Limit 1: \$10000
Special (Including theft) Coverage: Limit 1: \$125000 Current Term Amount:
\$956.00
Location #2
Building #1
Special (Including theft) Coverage: Limit 1: \$10000
Special (Including theft) Coverage: Limit 1: \$5000
Special (Including theft) Coverage: Limit 1: \$25000
Special (Including theft) Coverage: Limit 1: \$10000
Special (Including theft) Coverage: Limit 1: \$150000
Special (Including theft) Coverage: Limit 1: \$25000
Special (Including theft) Coverage: Limit 1: \$35000
Special (Including theft) Coverage: Limit 1: \$25000
Special (Including theft) Coverage: Limit 1: \$10000
Special (Including theft) Coverage: Limit 1: \$85000 Current Term Amount:
\$674.00
Location #3

BOP Policy Received: 07/11/11
Building #1
Special (Including theft) Coverage: Limit 1: \$10000
Special (Including theft) Coverage: Limit 1: \$5000
Special (Including theft) Coverage: Limit 1: \$25000
Special (Including theft) Coverage: Limit 1: \$10000
Special (Including theft) Coverage: Limit 1: \$150000
Special (Including theft) Coverage: Limit 1: \$25000
Special (Including theft) Coverage: Limit 1: \$35000
Special (Including theft) Coverage: Limit 1: \$25000
Special (Including theft) Coverage: Limit 1: \$10000
Special (Including theft) Coverage: Limit 1: \$20000 Current Term Amount:
\$141.00
Location #4
Building #1
Special (Including theft) Coverage: Limit 1: \$10000
Special (Including theft) Coverage: Limit 1: \$5000
Special (Including theft) Coverage: Limit 1: \$25000
Special (Including theft) Coverage: Limit 1: \$10000
Special (Including theft) Coverage: Limit 1: \$150000

BOP Policy Received: 07/11/11
Special (Including theft) Coverage: Limit 1: \$25000
Special (Including theft) Coverage: Limit 1: \$35000
Special (Including theft) Coverage: Limit 1: \$25000
Special (Including theft) Coverage: Limit 1: \$10000
Special (Including theft) Coverage: Limit 1: \$150000 Current Term Amount:
\$1133.00
Location #5
Building #1
Special (Including theft) Coverage: Limit 1: \$10000
Special (Including theft) Coverage: Limit 1: \$5000
Special (Including theft) Coverage: Limit 1: \$25000
Special (Including theft) Coverage: Limit 1: \$10000
Special (Including theft) Coverage: Limit 1: \$150000
Special (Including theft) Coverage: Limit 1: \$25000
Special (Including theft) Coverage: Limit 1: \$35000
Special (Including theft) Coverage: Limit 1: \$25000
Special (Including theft) Coverage: Limit 1: \$10000
Special (Including theft) Coverage: Limit 1: \$150000 Current Term Amount:
\$599.00

BOP Policy Received: 07/11/11



COMMERCIAL INSURANCE APPLICATION
APPLICANT INFORMATION SECTION

OP ID: AA

DATE (MM/DD/YYYY)
7/11/2011

AGENCY University Park 101 Applied Parkway University Park, IL 60466		CARRIER TEST		NAIC CODE 24082
CONTACT NAME:		UNDERWRITER:		UNDERWRITER OFFICE:
PHONE (A/C, No, Ext): 800-100-5368		POLICIES OR PROGRAM REQUESTED BA		POLICY NUMBER
FAX (A/C, No): 800-100-2301		INDICATE SECTIONS ATTACHED		TRUCKERS/MOTOR CARRIER
E-MAIL ADDRESS:		ACCOUNTS RECEIVABLE/ VALUABLE PAPERS		UMBRELLA
CODE:		BOILER & MACHINERY		VEHICLE SCHEDULE
SUB CODE:		<input checked="" type="checkbox"/> BUSINESS AUTO		WORKERS COMPENSATION
AGENCY CUSTOMER ID: ABBOJO1		COMMERCIAL GENERAL LIABILITY		YACHT
		CRIME/MISCELLANEOUS CRIME		
		DEALERS		
		DRIVER INFO SCHEDULE		
		ELECTRONIC DATA PROC		
		EQUIPMENT FLOATER		
		GARAGE AND DEALERS		
		GLASS AND SIGN		
		INSTALLATION/BUILDERS RISK		
		OPEN CARGO		
		PROPERTY		
		TRANSPORTATION/ MOTOR TRUCK CARGO		

STATUS OF TRANSACTION		PACKAGE POLICY INFORMATION				
<input checked="" type="checkbox"/> QUOTE	<input checked="" type="checkbox"/> ISSUE POLICY	<input type="checkbox"/> RENEW	ENTER THIS INFORMATION WHEN COMMON DATES AND TERMS APPLY TO SEVERAL LINES, OR FOR MONOLINE POLICIES.			
BOUND (Give Date and/or Attach Copy):		PROPOSED EFF DATE	PROPOSED EXP DATE	BILLING PLAN	PAYMENT PLAN	AUDIT
CHANGE	DATE	TIME	AM	<input checked="" type="checkbox"/> DIRECT BILL	10	<input checked="" type="checkbox"/>
CANCEL			PM	AGENCY BILL	PACKAGE POLICY PREMIUM: \$8,997.00	
			11/01/12	11/01/13		

APPLICANT INFORMATION			MAILING ADDRESS INCL ZIP+4 (of First Named Insured)		
NAME (First Named Insured & Other Named Insureds) Company Ag COMPANY BN			1678 Main Street Waco, TX 76702		
FEIN OR SOC SEC # (of First Named Insured):		PHONE (A/C, No, Ext): 916-555-0031	WEBSITE ADDRESS(ES):		
<input checked="" type="checkbox"/> INDIVIDUAL	<input checked="" type="checkbox"/> CORPORATION	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION NOT FOR PROFIT ORG	<input type="checkbox"/> LLC	NO. OF MEMBERS AND MANAGERS	CR BUREAU NAME:
<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> JOINT VENTURE				ID NUMBER:
INSPECTION CONTACT: COMPANY BP			ACCOUNTING RECORDS CONTACT: COMPANY BO		
PHONE (A/C, No, Ext): 916-555-0031		E-MAIL ADDRESS:	PHONE (A/C, No, Ext): 916-555-0031		E-MAIL ADDRESS:
					DATE BUS STARTED 01/01/33

PREMISES INFORMATION		ACORD 823 attached for additional premises						
LOC #	BLD #	STREET, CITY, COUNTY, STATE, ZIP+4	CITY LIMITS	INTEREST	YR BUILT	# EMPLOYEES	ANNUAL REVENUES	% OCCUPIED
001	001	1681 Main Street Waco TX 76712-6525 Mclennan County	INSIDE	OWNER				
			OUTSIDE	TENANT				
			INSIDE	OWNER				
			OUTSIDE	TENANT				
			INSIDE	OWNER				
			OUTSIDE	TENANT				
			INSIDE	OWNER				
			OUTSIDE	TENANT				

NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS BY PREMISE(S)		
001	001	Manufactures AC Heat Coils for

GENERAL INFORMATION

AGENCY CUSTOMER ID: _____

ABBOJO1

OP ID: AA

EXPLAIN ALL "YES" RESPONSES	Y/N	
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ?	<input type="checkbox"/>	
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?	<input checked="" type="checkbox"/> N	
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?	<input type="checkbox"/>	
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?	<input type="checkbox"/>	
4. ANY CATASTROPHE EXPOSURE?	<input type="checkbox"/>	
5. ANY OTHER INSURANCE WITH THIS COMPANY OR BEING SUBMITTED? SUPPORTING POLICY 55340943	<input checked="" type="checkbox"/> Y	
6. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR THREE (3) YEARS? (Not applicable in MO)	<input checked="" type="checkbox"/> N	
7. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?	<input type="checkbox"/>	
8. DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY? <small>(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).</small>	<input checked="" type="checkbox"/> N	
9. ANY UNCORRECTED FIRE CODE VIOLATIONS?	<input type="checkbox"/>	
10. ANY BANKRUPTCIES, TAX OR CREDIT LIENS AGAINST THE APPLICANT IN THE PAST FIVE (5) YEARS?	<input checked="" type="checkbox"/> N	
11. HAS BUSINESS BEEN PLACED IN A TRUST? IF "YES", NAME OF TRUST:	<input type="checkbox"/>	
12. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD/DISTRIBUTED IN FOREIGN COUNTRIES? <small>(If "YES", attach ACORD 815 for Liability Exposure and/or ACORD 816 for Property Exposure)</small>	<input type="checkbox"/>	
REMARKS/PROCESSING INSTRUCTIONS (Attach additional sheets if more space is required)		
COPY OF THE NOTICE OF INFORMATION PRACTICES (PRIVACY) HAS BEEN GIVEN TO THE APPLICANT. (Not applicable in all states, consult your agent or broker for your state's requirements.)		
NOTICE OF INSURANCE INFORMATION PRACTICES - PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT POLICY 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. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.		
ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, FL, HI, MA, NE, OH, OK, OR, or VT; in DC, LA, ME, TN, VA and WA, insurance benefits may also be denied)		
IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.		
THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.		
PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER

PRIOR CARRIER INFORMATION

AGENCY CUSTOMER ID:

ABBOJO1

OP ID: AA

LINE	CATEGORY												
GENERAL LIABILITY	CARRIER												
	POLICY NUMBER												
	POLICY TYPE	CLAIMS MADE	OCCURRENCE	CLAIMS MADE	OCCURRENCE	CLAIMS MADE	OCCURRENCE	CLAIMS MADE	OCCURRENCE	CLAIMS MADE	OCCURRENCE	CLAIMS MADE	OCCURRENCE
	RETRO DATE												
	EFF-EXP DATE												
	GENERAL AGGREGATE												
	PRODUCTS COMP OP AGGREGATE												
	PERSONAL & ADV INJ												
	EACH OCCURRENCE												
	FIRE DAMAGE												
	MEDICAL EXPENSE												
	BODILY INJURY	OCCURRENCE											
		AGGREGATE											
	PROPERTY DAMAGE	OCCURRENCE											
		AGGREGATE											
COMBINED SINGLE LIMIT													
MODIFICATION FACTOR													
TOTAL PREMIUM													
AUTOMOBILE	CARRIER												
	POLICY NUMBER												
	POLICY TYPE												
	EFF-EXP DATE												
	COMBINED SINGLE LIMIT												
	BODILY INJURY	EA PERSON											
		EA ACCIDENT											
	PROPERTY DAMAGE												
	MODIFICATION FACTOR												
	TOTAL PREMIUM												
PROPERTY	CARRIER												
	POLICY NUMBER												
	POLICY TYPE												
	EFF-EXP DATE												
	BUILDING	AMT											
	PERS PROP	AMT											
	MODIFICATION FACTOR												
	TOTAL PREMIUM												
CARRIER	Hanover Insuran												
POLICY NUMBER	TO BE FURNISHED												
POLICY TYPE	AUTOB												
EFF-EXP DATE	11/01/11 11/01/12												
LIMIT													
MODIFICATION FACTOR													
TOTAL PREMIUM													

LOSS HISTORY

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE PRIOR 5 YEARS (3 YEARS IN KS & NY)

DATE OF OCCURRENCE	LINE	TYPE/DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	CLAIM STATUS	
						OPEN	CLSD

REMARKS NOTE: FIDELITY REQUIRES A FIVE YEAR LOSS HISTORY

SEE ATTACHED REMARKS OVERFLOW

ATTACHMENTS

STATE SUPPLEMENT(S) (If applicable)

* Additional remarks are in notepad #001

VEHICLE DESCRIPTION (continued)													
VEH #	YEAR	MAKE:	LEXUS		BODY TYPE:					SYM/AGE	COST NEW		
2	2003	MODEL:	ES300		V.I.N.:	JTHBF30GH35037967				\$	31,625		
CITY, STATE, ZIP WHERE GARAGED		Waco TX 76712-6525		TERR	GVW/GCW	CLASS	SIC	FACTOR	SEAT CF	RADIUS	FARTHEST TERM		
				024		739	8						
DRIVE TO WORK/SCHOOL	USE	COMML	CHECK COVERAGES	ADD'L PIP	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP	DEDUCTIBLES	ACV	X	COMP	SPEC C OF L	
<input type="checkbox"/>	UNDER 15 MILES	<input type="checkbox"/>	LIAB	<input type="checkbox"/>	<input type="checkbox"/>	FT	<input checked="" type="checkbox"/>	AA	<input type="checkbox"/>	<input type="checkbox"/>	\$ 1000		
<input type="checkbox"/>	15 MILES OR OVER	<input type="checkbox"/>	PIP	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	FTW	<input checked="" type="checkbox"/>	\$			\$ 1000	COLL	
VEH #	YEAR	MAKE:	TOYOTA		BODY TYPE:					SYM/AGE	COST NEW		
3	2004	MODEL:	TACOMA 4X2		V.I.N.:	5TENL42N24Z396838				\$	14,410		
CITY, STATE, ZIP WHERE GARAGED		Waco TX 76712-6525		TERR	GVW/GCW	CLASS	SIC	FACTOR	SEAT CF	RADIUS	FARTHEST TERM		
				024	10000	034	99	1.35		50			
DRIVE TO WORK/SCHOOL	USE	<input checked="" type="checkbox"/>	COMML	CHECK COVERAGES	ADD'L PIP	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP	DEDUCTIBLES	ACV	X	COMP	SPEC C OF L
<input type="checkbox"/>	UNDER 15 MILES	<input type="checkbox"/>	RETAIL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FT	<input checked="" type="checkbox"/>	AA	<input type="checkbox"/>	<input type="checkbox"/>	\$ 1000	
<input type="checkbox"/>	15 MILES OR OVER	<input type="checkbox"/>	SERVICE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	FTW	<input checked="" type="checkbox"/>	\$			\$ 1000	COLL
VEH #	YEAR	MAKE:	NISSAN		BODY TYPE:					SYM/AGE	COST NEW		
4	2005	MODEL:	MAXIMA		V.I.N.:	1N4BA41E15C813365				\$	28,000		
CITY, STATE, ZIP WHERE GARAGED		Waco TX 76712-6525		TERR	GVW/GCW	CLASS	SIC	FACTOR	SEAT CF	RADIUS	FARTHEST TERM		
				024	10000	034	99	1.35		50			
DRIVE TO WORK/SCHOOL	USE	<input checked="" type="checkbox"/>	COMML	CHECK COVERAGES	ADD'L PIP	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP	DEDUCTIBLES	ACV	X	COMP	SPEC C OF L
<input type="checkbox"/>	UNDER 15 MILES	<input type="checkbox"/>	RETAIL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FT	<input checked="" type="checkbox"/>	AA	<input type="checkbox"/>	<input type="checkbox"/>	\$ 1000	
<input type="checkbox"/>	15 MILES OR OVER	<input type="checkbox"/>	SERVICE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	FTW	<input checked="" type="checkbox"/>	\$			\$ 1000	COLL
VEH #	YEAR	MAKE:	FORD		BODY TYPE:					SYM/AGE	COST NEW		
5	2010	MODEL:	F-150		V.I.N.:	1FTMF1CW6AKC11277				\$	21,380		
CITY, STATE, ZIP WHERE GARAGED		Waco TX 76712-6525		TERR	GVW/GCW	CLASS	SIC	FACTOR	SEAT CF	RADIUS	FARTHEST TERM		
				024	10000	034	99	1.35		50			
DRIVE TO WORK/SCHOOL	USE	<input checked="" type="checkbox"/>	COMML	CHECK COVERAGES	ADD'L PIP	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP	DEDUCTIBLES	ACV	X	COMP	SPEC C OF L
<input type="checkbox"/>	UNDER 15 MILES	<input type="checkbox"/>	RETAIL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FT	<input checked="" type="checkbox"/>	AA	<input type="checkbox"/>	<input type="checkbox"/>	\$ 1000	
<input type="checkbox"/>	15 MILES OR OVER	<input type="checkbox"/>	SERVICE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	FTW	<input checked="" type="checkbox"/>	\$			\$ 1000	COLL

ADDITIONAL INTERESTS/CERTIFICATE RECIPIENTS (ATTACH acord 45 FOR ADDITIONAL NAMES)													
INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER								
ADDITIONAL INSURED					LOCATION:				BUILDING:				
LOSS PAYEE					VEHICLE:				BOAT:				
MORTGAGEE					SCHEDULED ITEM NUMBER:								
LIENHOLDER					OTHER								
EMPLOYEE AS LESSOR					ITEM DESCRIPTION:								

GENERAL INFORMATION													
EXPLAIN ALL "YES" RESPONSES					YES	NO	7. DO OPERATIONS INVOLVE TRANSPORTING HAZARDOUS MATERIAL?						X
1. WITH THE EXCEPTION OF ENCUMBRANCES, ARE ANY VEHICLES NOT SOLELY OWNED BY AND REGISTERED TO THE APPLICANT?							8. ANY HOLD HARMLESS AGREEMENTS?						
2. DO OVER 50% OF THE EMPLOYEES USE THEIR AUTOS IN THE BUSINESS?						X	9. ANY VEHICLES USED BY FAMILY MEMBERS? IF SO, IDENTIFY IN REMARKS.						X
3. IS THERE A VEHICLE MAINTENANCE PROGRAM IN OPERATION?							10. DOES THE APPLICANT OBTAIN MVR VERIFICATIONS?						
4. ARE ANY VEHICLES LEASED TO OTHERS?						X	11. DOES THE APPLICANT HAVE A SPECIFIC DRIVER RECRUITING METHOD?						
5. ARE ANY VEHICLES CUSTOMIZED, ALTERED OR HAVE SPECIAL EQUIPMENT?						X	12. ARE ANY DRIVERS NOT COVERED BY WORKERS COMPENSATION?						
6. ARE ICC, PUC OR OTHER FILINGS REQUIRED?							13. ANY VEHICLES OWNED BUT NOT SCHEDULED ON THIS APPLICATION?						X
							14. ANY DRIVERS WITH MOVING TRAFFIC VIOLATIONS?						

DESCRIPTION OF GARAGE/STORAGE LOCATIONS	MAXIMUM DOLLAR VALUE SUBJECT TO LOSS
---	--------------------------------------

REMARKS

* Additional remarks are in notepad #004

UNINSURED AND UNDERINSURED MOTORISTS COVERAGES (Check the appropriate box(es) below and sign where applicable)

DO NOT USE IN AR, AZ, CA, CT, DE, FL, GA, IA, IL, MD, NJ, NV, OK, OR, PA, RI, SC, WV; USE SPECIFIC STATE SUPPLEMENT. MINIMUM UM LIMITS REQUIRED IN DC, ME, MN, MO, VT, VA, WA, WI.

I UNDERSTAND AND ACKNOWLEDGE THAT UNINSURED MOTORIST (UM) AND UNDERINSURED MOTORISTS (UIM) COVERAGES HAVE BEEN EXPLAINED TO ME. I HAVE BEEN OFFERED THE OPTIONS OF:

SELECTING UM AND UIM LIMITS EQUAL TO MY LIABILITY LIMITS,
 SELECTING UM AND UIM LIMITS LOWER THAN MY LIABILITY LIMITS, OR
 REJECTING COVERAGE ENTIRELY.

I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE WILL APPLY TO ALL FUTURE POLICY RENEWALS, CONTINUATIONS AND CHANGES UNLESS I NOTIFY YOU OTHERWISE IN WRITING.

- I SELECT UM AND UIM LIMITS INDIC IN THIS APP _____ (APPLICANT'S SIGNATURE)
- I REJECT UM BODILY INJURY COVERAGE _____ (APPLICANT'S SIGNATURE)
- I REJECT UIM BODILY INJURY COVERAGE _____ (APPLICANT'S SIGNATURE)
- I REJECT UM PROPERTY DAMAGE COVERAGE _____ (APPLICANT'S SIGNATURE)
- I REJECT UIM PROPERTY DAMAGE COVERAGE _____ (APPLICANT'S SIGNATURE)

ACORD™ VEHICLE SCHEDULE

DATE
7/11/2011

PRODUCER University Park 101 Applied Parkway University Park, IL 60466	PHONE (A/C, No, Ext): 800-100-5368	APPLICANT (First Named Insured) Joseph W. Abbot
CODE: AGENCY CUSTOMER ID ABBOJ01		SUB CODE: FOR COMPANY USE ONLY
EFFECTIVE DATE: 11/01/12		EXPIRATION DATE: 11/01/13
DIRECT BILL: <input checked="" type="checkbox"/>		PAYMENT PLAN: 10
AGENCY BILL: <input type="checkbox"/>		AUDIT: <input checked="" type="checkbox"/>

VEHICLE DESCRIPTION

VEH #	YEAR	MAKE: CHEVROLET	BODY TYPE:	SYMAGE	COST NEW							
6	2011	MODEL: 1500	V.I.N.: 1GCNCPEA8BF150011		\$ 21,795							
CITY, STATE, ZIP WHERE GARAGED		LIC STATE	TERR	GVW/GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM		
Waco TX 76712-6525		024	1000		034	99	1.35		50			
DRIVE TO WORK/SCHOOL	USE	COMM'L	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR	F	LSP	DEDUCTIBLES	ACV	COMP	SPEC C OF L	MISC DR/CR:
<input type="checkbox"/> < 15 MILES	<input type="checkbox"/> PLEASURE	<input type="checkbox"/> RETAIL	<input checked="" type="checkbox"/> LIAB	<input type="checkbox"/> MED PAY	<input type="checkbox"/> TOWING & LABOR	<input type="checkbox"/> FT	<input checked="" type="checkbox"/> COMP	<input type="checkbox"/> AA	<input type="checkbox"/> ST AMT	<input type="checkbox"/>	<input type="checkbox"/>	TOTAL PREM
<input type="checkbox"/> 15 MILES +	<input type="checkbox"/> FARM	<input type="checkbox"/> SERVICE	<input checked="" type="checkbox"/> NO-FAULT	<input type="checkbox"/> UNINS MOTOR	<input type="checkbox"/> SPEC C OF L	<input type="checkbox"/> FTW	<input checked="" type="checkbox"/> COLL	\$	\$	\$ 1000	\$	\$ 1,491.00
VEH #	YEAR	MAKE: black util	BODY TYPE:	SYMAGE	COST NEW							
7	2011	MODEL: trailer	V.I.N.: 4ZECH1823B1006174		\$							
CITY, STATE, ZIP WHERE GARAGED		LIC STATE	TERR	GVW/GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM		
Waco TX 76712-6525		024	2000		694	99			50			
DRIVE TO WORK/SCHOOL	USE	COMM'L	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR	F	LSP	DEDUCTIBLES	ACV	COMP	SPEC C OF L	MISC DR/CR:
<input type="checkbox"/> < 15 MILES	<input type="checkbox"/> PLEASURE	<input type="checkbox"/> RETAIL	<input checked="" type="checkbox"/> LIAB	<input type="checkbox"/> MED PAY	<input type="checkbox"/> TOWING & LABOR	<input type="checkbox"/> FT	<input type="checkbox"/> COMP	<input type="checkbox"/> AA	<input type="checkbox"/> ST AMT	<input type="checkbox"/>	<input type="checkbox"/>	TOTAL PREM
<input type="checkbox"/> 15 MILES +	<input type="checkbox"/> FARM	<input type="checkbox"/> SERVICE	<input checked="" type="checkbox"/> NO-FAULT	<input type="checkbox"/> UNINS MOTOR	<input type="checkbox"/> SPEC C OF L	<input type="checkbox"/> FTW	<input type="checkbox"/> COLL	\$	\$	\$	\$	\$ 2.00
VEH #	YEAR	MAKE:	BODY TYPE:	SYMAGE	COST NEW							
		MODEL:	V.I.N.:		\$							
CITY, STATE, ZIP WHERE GARAGED		LIC STATE	TERR	GVW/GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM		
DRIVE TO WORK/SCHOOL	USE	COMM'L	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR	F	LSP	DEDUCTIBLES	ACV	COMP	SPEC C OF L	MISC DR/CR:
<input type="checkbox"/> < 15 MILES	<input type="checkbox"/> PLEASURE	<input type="checkbox"/> RETAIL	<input type="checkbox"/> LIAB	<input type="checkbox"/> MED PAY	<input type="checkbox"/> TOWING & LABOR	<input type="checkbox"/> FT	<input type="checkbox"/> COMP	<input type="checkbox"/> AA	<input type="checkbox"/> ST AMT	<input type="checkbox"/>	<input type="checkbox"/>	TOTAL PREM
<input type="checkbox"/> 15 MILES +	<input type="checkbox"/> FARM	<input type="checkbox"/> SERVICE	<input type="checkbox"/> NO-FAULT	<input type="checkbox"/> UNINS MOTOR	<input type="checkbox"/> SPEC C OF L	<input type="checkbox"/> FTW	<input type="checkbox"/> COLL	\$	\$	\$	\$	\$
VEH #	YEAR	MAKE:	BODY TYPE:	SYMAGE	COST NEW							
		MODEL:	V.I.N.:		\$							
CITY, STATE, ZIP WHERE GARAGED		LIC STATE	TERR	GVW/GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM		
DRIVE TO WORK/SCHOOL	USE	COMM'L	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR	F	LSP	DEDUCTIBLES	ACV	COMP	SPEC C OF L	MISC DR/CR:
<input type="checkbox"/> < 15 MILES	<input type="checkbox"/> PLEASURE	<input type="checkbox"/> RETAIL	<input type="checkbox"/> LIAB	<input type="checkbox"/> MED PAY	<input type="checkbox"/> TOWING & LABOR	<input type="checkbox"/> FT	<input type="checkbox"/> COMP	<input type="checkbox"/> AA	<input type="checkbox"/> ST AMT	<input type="checkbox"/>	<input type="checkbox"/>	TOTAL PREM
<input type="checkbox"/> 15 MILES +	<input type="checkbox"/> FARM	<input type="checkbox"/> SERVICE	<input type="checkbox"/> NO-FAULT	<input type="checkbox"/> UNINS MOTOR	<input type="checkbox"/> SPEC C OF L	<input type="checkbox"/> FTW	<input type="checkbox"/> COLL	\$	\$	\$	\$	\$

Joseph W. Abbot

ADDITIONAL VEHICLE INFORMATION

VEHICLE #

9

1	LIAB	EP	EA	1,000,000	PD	UNINS MOTOR	EP	EA	1,000,000	PD
	OPT CODES:					OPT CODES:				
	PIP	EP	2,500	EA	DED	UNDRINS MOTOR	EP	EA		PD
	OPT CODES:					OPT CODES:				
2	ADD PIP	WC	ME		TOT	TOWING & LABOR	LIMIT			
	OPT CODES:					OPT CODES:				
	MED PAY	EA				OTHER COVERAGE				
	OPT CODES:					OPT CODES:				
3	LIAB	EP	EA	1,000,000	PD	UNINS MOTOR	EP	EA	1,000,000	PD
	OPT CODES:					OPT CODES:				
	PIP	EP	2,500	EA	DED	UNDRINS MOTOR	EP	EA		PD
	OPT CODES:					OPT CODES:				
4	ADD PIP	WC	ME		TOT	TOWING & LABOR	LIMIT			
	OPT CODES:					OPT CODES:				
	MED PAY	EA				OTHER COVERAGE				
	OPT CODES:					OPT CODES:				
5	LIAB	EP	EA	1,000,000	PD	UNINS MOTOR	EP	EA	1,000,000	PD
	OPT CODES:					OPT CODES:				
	PIP	EP	2,500	EA	DED	UNDRINS MOTOR	EP	EA		PD
	OPT CODES:					OPT CODES:				
6	ADD PIP	WC	ME		TOT	TOWING & LABOR	LIMIT			
	OPT CODES:					OPT CODES:				
	MED PAY	EA				OTHER COVERAGE				
	OPT CODES:					OPT CODES:				

ATTACH TO COMMERCIAL BUSINESS AUTO APPLICATION

Joseph W. Abbot

ADDITIONAL VEHICLE INFORMATION

VEHICLE #

10

7	LIAB	EP	EA	OPT CODES: 1,000,000 PD	UNINS MOTOR	EP	EA	OPT CODES: PD
	PIP	EP	2,500 EA	DED	UNDRINS MOTOR	EP	EA	OPT CODES: PD
	ADD PIP	WC	ME	TOT	TOWING & LABOR	LIMIT		OPT CODE:
	MED PAY	EA			OTHER COVERAGE			
	LIAB	EP	EA	OPT CODES: PD	UNINS MOTOR	EP	EA	OPT CODES: PD
	PIP	EP	EA	DED	UNDRINS MOTOR	EP	EA	OPT CODES: PD
	ADD PIP	WC	ME	TOT	TOWING & LABOR	LIMIT		OPT CODE:
	MED PAY	EA			OTHER COVERAGE			
	LIAB	EP	EA	OPT CODES: PD	UNINS MOTOR	EP	EA	OPT CODES: PD
	PIP	EP	EA	DED	UNDRINS MOTOR	EP	EA	OPT CODES: PD
	ADD PIP	WC	ME	TOT	TOWING & LABOR	LIMIT		OPT CODE:
	MED PAY	EA			OTHER COVERAGE			
	LIAB	EP	EA	OPT CODES: PD	UNINS MOTOR	EP	EA	OPT CODES: PD
	PIP	EP	EA	DED	UNDRINS MOTOR	EP	EA	OPT CODES: PD
	ADD PIP	WC	ME	TOT	TOWING & LABOR	LIMIT		OPT CODE:
	MED PAY	EA			OTHER COVERAGE			
	LIAB	EP	EA	OPT CODES: PD	UNINS MOTOR	EP	EA	OPT CODES: PD
	PIP	EP	EA	DED	UNDRINS MOTOR	EP	EA	OPT CODES: PD
	ADD PIP	WC	ME	TOT	TOWING & LABOR	LIMIT		OPT CODE:
	MED PAY	EA			OTHER COVERAGE			

ATTACH TO COMMERCIAL BUSINESS AUTO APPLICATION

NOTEPAD:INSURED'S NAME **Joseph W. Abbot**

PAGE 1

OP ID: AA

DATE 7/11/2011

AP Section Policy Received: 07/11/11

Form #: IL00171198 Form Name: Common Policy Conditions Form Ed Dt: 11/01/98
Form #: CA00010306 Form Name: Business Auto Coverage Form Form Ed Dt: 03/01/06
Form #: CA01960306 Form Name: Texas Changes Form Ed Dt: 03/01/06
Form #: CA02430301 Form Name: Texas Changes - Cancellation and Nonrenewal Form Ed Dt: 03/01/01
Form #: NP73560604 Form Name: NP - Fighting Fraud Insurance Form Ed Dt: 06/01/04
Form #: NP70680207 Form Name: NP - TX Important Notice Contact Info Form Ed Dt: 02/01/07
Form #: NP74440906 Form Name: NP - Treasury Dept OFAC Notice to Policyholders Form Ed Dt: 09/01/06
Form #: CA23850106 Form Name: Excl of Terrorism Inv Nuc, Bio, or Chem Terrorism Form Ed Dt: 01/01/06
Form #: CA88100110 Form Name: Business Auto Coverage Enhancement End Form Ed Dt: 01/01/10
Form #: CA85471293 Form Name: Temporary Substitute Auto - Physical Damage Ins Form Ed Dt: 12/01/93

AP Section Policy Received: 07/11/11

Form #: CA85531293 Form Name: Recreational Trailers and Boat Trailers Form Ed Dt: 12/01/93
Form #: CA88351011 Form Name: Texas Uninsured/Underinsured Motorists Coverage Form Ed Dt: 10/01/11
Form #: CA22640708 Form Name: Texas Personal Injury Protection Endorsement Form Ed Dt: 07/01/08
Form #: CA99951201 Form Name: Texas Supplementary Death Benefit Form Ed Dt: 12/01/01
Form #: NP90860112 Form Name: NP - Texas Automobile Theft Prevention Fee Form Ed Dt: 01/01/12
Form #: IL00210908 Form Name: Nuclear Energy Liab Excl Endt Form Ed Dt: 09/01/08
Form #: OC72310701 Form Name: NP - Cert of Drug-Free Workplace Credit Prem Form Ed Dt: 07/01/01
Form #: NP70040404 Form Name: NP - Drug-Free Workplace Premium Credit Program Form Ed Dt: 04/01/04
Form #: NP89691110 Form Name: NP - Billing Practices Form Ed Dt: 11/01/10
Years in Business: 79
Int ID Num: 1 Nat of Int Cd: AC Int Rank: 1 Name: COMPANY BO

AP Section Policy Received: 07/11/11

916-555-0031
Int ID Num: 2 Nat of Int Cd: IC Int Rank: 1 Name: COMPANY BP
916-555-0031

CA-S Policy Received: 07/11/11

SUPPORTING POLICY 55340943
State: TX
State: TX Hired/Borrowed Coverage: 6619 Liab Hire Rate: .54
Comprehensive Coverage: Current Term Amount: \$225.00
Collision Coverage: Current Term Amount: \$301.00
Combined Single Limit Coverage: Current Term Amount: \$473.00
State: TX Non-owned Coverage: 6601 Group Type Cd: E N/O Empl Usage: 15
Combined Single Limit Coverage: Current Term Amount: \$114.00
Unit at Risk - Risk Code 1: TX
BACEE Coverage: Current Term Amount: \$66.00
Location #1 1681 Main Street Waco TX 76712-6525
Vehicle #1
Combined Single Limit Coverage: Current Term Amount: \$578.00
Uninsured Motorist Combined Single Limit Coverage: Current Term Amount: \$218.00
Personal Injury Protection Coverage: Current Term Amount: \$17.00
Comprehensive Coverage: Current Term Amount: \$88.00
Collision Coverage: Current Term Amount: \$222.00
State Surcharge Coverage: Coverage Code: STS01 Current Term Amount: \$2.00

NOTEPAD:INSURED'S NAME **Joseph W. Abbot**

PAGE 2

OP ID: AA

DATE 7/11/2011

CA-S Policy Received: 07/11/11

Vehicle #2

Combined Single Limit Coverage: Current Term Amount: \$578.00

Uninsured Motorist Combined Single Limit Coverage: Current Term Amount:

\$218.00

Personal Injury Protection Coverage: Current Term Amount: \$17.00

Comprehensive Coverage: Current Term Amount: \$88.00

Collision Coverage: Current Term Amount: \$222.00

State Surcharge Coverage: Coverage Code: STS01 Current Term Amount: \$2.00

Vehicle #3

Combined Single Limit Coverage: Current Term Amount: \$844.00

Uninsured Motorist Combined Single Limit Coverage: Current Term Amount:

\$181.00

Personal Injury Protection Coverage: Current Term Amount: \$11.00

Comprehensive Coverage: Current Term Amount: \$75.00

Collision Coverage: Current Term Amount: \$144.00

State Surcharge Coverage: Coverage Code: STS01 Current Term Amount: \$2.00

Vehicle #4

Combined Single Limit Coverage: Current Term Amount: \$844.00

Uninsured Motorist Combined Single Limit Coverage: Current Term Amount:

CA-S Policy Received: 07/11/11

\$181.00

Personal Injury Protection Coverage: Current Term Amount: \$11.00

Comprehensive Coverage: Current Term Amount: \$104.00

Collision Coverage: Current Term Amount: \$240.00

State Surcharge Coverage: Coverage Code: STS01 Current Term Amount: \$2.00

Vehicle #5

Combined Single Limit Coverage: Current Term Amount: \$844.00

Uninsured Motorist Combined Single Limit Coverage: Current Term Amount:

\$181.00

Personal Injury Protection Coverage: Current Term Amount: \$11.00

Comprehensive Coverage: Current Term Amount: \$128.00

Collision Coverage: Current Term Amount: \$270.00

State Surcharge Coverage: Coverage Code: STS01 Current Term Amount: \$2.00

Vehicle #6

Combined Single Limit Coverage: Current Term Amount: \$844.00

Uninsured Motorist Combined Single Limit Coverage: Current Term Amount:

\$181.00

Personal Injury Protection Coverage: Current Term Amount: \$11.00

Comprehensive Coverage: Current Term Amount: \$135.00

CA-S Policy Received: 07/11/11

Collision Coverage: Current Term Amount: \$318.00

State Surcharge Coverage: Coverage Code: STS01 Current Term Amount: \$2.00

Vehicle #7

State Surcharge Coverage: Coverage Code: STS01 Current Term Amount: \$2.00



WORKERS COMPENSATION APPLICATION

OP ID: AA

DATE (MM/DD/YYYY)
7/11/2011

AGENCY NAME AND ADDRESS University Park 101 Applied Parkway University Park, IL 60466		COMPANY: TEST	
PRODUCER NAME: CS REPRESENTATIVE NAME:		UNDERWRITER:	
OFFICE PHONE: 800-100-5368 (A/C, No, Ext)		APPLICANT NAME: Company Az	
MOBILE PHONE:		OFFICE PHONE:	
FAX (A/C, No): 800-100-2301		MOBILE PHONE:	
E-MAIL ADDRESS:		MAILING ADDRESS (including ZIP + 4 or Canadian Postal Code) 1745 Main Street Portland, ME 04101-5003	
CODE: SUB CODE:		YRS IN BUS: 3	
AGENCY CUSTOMER ID: ABBOJO1		SIC:	
E-MAIL ADDRESS: jabbot65@gmail.com		NAICS:	
SOLE PROPRIETOR <input checked="" type="checkbox"/> CORPORATION		WEBSITE ADDRESS:	
PARTNERSHIP SUBCHAPTER "S" CORP		LLC TRUST	
CREDIT BUREAU NAME:		JOINT VENTURE OTHER	
FEDERAL EMPLOYER ID NUMBER 12-345706		NCCI RISK ID NUMBER 11363	
ID NUMBER:		OTHER RATING BUREAU ID OR STATE EMPLOYER REGISTRATION NUMBER	

STATUS OF SUBMISSION**BILLING/AUDIT INFORMATION**

QUOTE <input checked="" type="checkbox"/> ISSUE POLICY	BILLING PLAN	PAYMENT PLAN	AUDIT
BOUND (Give date and/or attach copy)	<input type="checkbox"/> AGENCY BILL	<input type="checkbox"/> ANNUAL <input checked="" type="checkbox"/> 9E	<input checked="" type="checkbox"/> AT EXPIRATION <input type="checkbox"/> MONTHLY
ASSIGNED RISK (Attach ACORD 133)	<input checked="" type="checkbox"/> DIRECT BILL	<input type="checkbox"/> SEMI-ANNUAL	<input type="checkbox"/> SEMI-ANNUAL
		<input type="checkbox"/> QUARTERLY % DOWN: 25.00	<input type="checkbox"/> QUARTERLY

LOCATIONS

LOC #	STREET, CITY, COUNTY, STATE, ZIP CODE
001	1746 Main Street301 YULEE, FL 32097-3535

POLICY INFORMATION

PROPOSED EFF DATE 09/16/12	PROPOSED EXP DATE 09/16/13	NORMAL ANNIVERSARY RATING DATE	PARTICIPATING <input checked="" type="checkbox"/> NON-PARTICIPATING	RETRO PLAN
PART 1 - WORKERS COMPENSATION (States) FL	PART 2 - EMPLOYER'S LIABILITY	PART 3 - OTHER STATES INS	DEDUCTIBLES	AMOUNT/%
	\$ 100,000 EACH ACCIDENT		MEDICAL	
	\$ 500,000 DISEASE-POLICY LIMIT		INDEMNITY	
	\$ 100,000 DISEASE-EACH EMPLOYEE			
DIVIDEND PLAN/SAFETY GROUP	ADDITIONAL COMPANY INFORMATION			
SPECIFY ADDITIONAL COVERAGES / ENDORSEMENTS				

TOTAL ESTIMATED ANNUAL PREMIUM - ALL STATES

TOTAL ESTIMATED ANNUAL PREMIUM ALL STATES \$ 402	TOTAL MINIMUM PREMIUM ALL STATES \$	TOTAL DEPOSIT PREMIUM ALL STATES \$
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CONTACT INFORMATION

TYPE	NAME	OFFICE PHONE	MOBILE PHONE	E-MAIL
INSPECTION				
ACCTNG				
RECORD				
CLAIMS				
INFO				

INDIVIDUALS INCLUDED/EXCLUDED

PARTNERS, OFFICERS, RELATIVES (Must be employed by business operations) TO BE INCLUDED OR EXCLUDED (Remuneration/Payroll to be included must be part of rating information section.)									
STATE	LOC #	NAME	DATE OF BIRTH	TITLE/ RELATIONSHIP	OWNER-SHIP %	DUTIES	INC/EXC	CLASS CODE	REMUNERATION/PAYROLL

PRIOR CARRIER INFORMATION/LOSS HISTORY

AGENCY CUSTOMER ID: **ABBOJO1**

OP ID: **AA**

PROVIDE INFORMATION FOR THE PAST 5 YEARS AND USE THE REMARKS SECTION FOR LOSS DETAILS						LOSS RUN ATTACHED
YEAR	CARRIER & POLICY NUMBER	ANNUAL PREMIUM	MOD	# CLAIMS	AMOUNT PAID	RESERVE
	CO:					
	POL #:					
	CO:					
	POL #:					
	CO:					
	POL #:					
	CO:					
	POL #:					

NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS

GIVE COMMENTS AND DESCRIPTIONS OF BUSINESS, OPERATIONS AND PRODUCTS: MANUFACTURING - RAW MATERIALS, PROCESSES, PRODUCT, EQUIPMENT; CONTRACTOR - TYPE OF WORK, SUB-CONTRACTS; MERCANTILE - MERCHANDISE, CUSTOMERS, DELIVERIES; SERVICE - TYPE, LOCATION; FARM - ACREAGE, ANIMALS, MACHINERY, SUB-CONTRACTS.

MANAGEMENT CONSULTING SERVICES

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES	YES	NO
1. DOES APPLICANT OWN, OPERATE OR LEASE AIRCRAFT/WATERCRAFT?	<input type="checkbox"/>	<input type="checkbox"/>
2. 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)	<input type="checkbox"/>	<input type="checkbox"/>
3. ANY WORK PERFORMED UNDERGROUND OR ABOVE 15 FEET?	<input type="checkbox"/>	<input type="checkbox"/>
4. ANY WORK PERFORMED ON BARGES, VESSELS, DOCKS, BRIDGE OVER WATER?	<input type="checkbox"/>	<input type="checkbox"/>
5. IS APPLICANT ENGAGED IN ANY OTHER TYPE OF BUSINESS?	<input type="checkbox"/>	<input type="checkbox"/>
6. ARE SUB-CONTRACTORS USED? (If "YES", give % of work subcontracted)	<input type="checkbox"/>	<input type="checkbox"/>
7. ANY WORK SUBLET WITHOUT CERTIFICATES OF INSURANCE? (If "YES", payroll for this work must be included in the State Rating Worksheet on Page 2)	<input type="checkbox"/>	<input type="checkbox"/>
8. IS A WRITTEN SAFETY PROGRAM IN OPERATION?	<input type="checkbox"/>	<input type="checkbox"/>
9. ANY GROUP TRANSPORTATION PROVIDED?	<input type="checkbox"/>	<input type="checkbox"/>
10. ANY EMPLOYEES UNDER 16 OR OVER 60 YEARS OF AGE?	<input type="checkbox"/>	<input type="checkbox"/>
11. ANY SEASONAL EMPLOYEES?	<input type="checkbox"/>	<input type="checkbox"/>
12. IS THERE ANY VOLUNTEER OR DONATED LABOR? (If "YES", please specify)	<input type="checkbox"/>	<input type="checkbox"/>

GENERAL INFORMATION (continued)

EXPLAIN ALL "YES" RESPONSES	YES	NO
13. ANY EMPLOYEES WITH PHYSICAL HANDICAPS?	<input type="checkbox"/>	<input type="checkbox"/>
14. DO EMPLOYEES TRAVEL OUT OF STATE? (If "YES", indicate state(s) of travel and frequency)	<input type="checkbox"/>	<input type="checkbox"/>
15. ARE ATHLETIC TEAMS SPONSORED?	<input type="checkbox"/>	<input type="checkbox"/>
16. ARE PHYSICALS REQUIRED AFTER OFFERS OF EMPLOYMENT ARE MADE?	<input type="checkbox"/>	<input type="checkbox"/>
17. ANY OTHER INSURANCE WITH THIS INSURER?	<input type="checkbox"/>	<input type="checkbox"/>
18. ANY PRIOR COVERAGE DECLINED/ CANCELLED/NON-RENEWED IN THE LAST THREE (3) YEARS? (Not applicable in MO)	<input type="checkbox"/>	<input type="checkbox"/>
19. ARE EMPLOYEE HEALTH PLANS PROVIDED?	<input type="checkbox"/>	<input type="checkbox"/>
20. DO ANY EMPLOYEES PERFORM WORK FOR OTHER BUSINESSES OR SUBSIDIARIES?	<input type="checkbox"/>	<input type="checkbox"/>
21. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?	<input type="checkbox"/>	<input type="checkbox"/>
22. DO ANY EMPLOYEES PREDOMINANTLY WORK AT HOME? If "YES", # of Employees: _____	<input type="checkbox"/>	<input type="checkbox"/>
23. ANY TAX LIENS OR BANKRUPTCY WITHIN THE LAST FIVE (5) YEARS? (If "YES", please specify)	<input type="checkbox"/>	<input type="checkbox"/>
24. ANY UNDISPUTED AND UNPAID WORKERS COMPENSATION PREMIUM DUE FROM YOU OR ANY COMMONLY MANAGED OR OWNED ENTERPRISES? IF YES, EXPLAIN INCLUDING ENTITY NAME(S) AND POLICY NUMBER(S).	<input type="checkbox"/>	<input type="checkbox"/>

REMARKS (Attach additional sheets if more space is required)

* Additional remarks are in notepad #001

APPLICABLE IN TENNESSEE AND VERMONT: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO ANY PARTY TO A WORKERS COMPENSATION TRANSACTION FOR THE PURPOSE OF COMMITTING FRAUD. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, FL, HI, MA, NE, OH, OK, OR, TN or VT; in DC, LA, ME, VA and WA, insurance benefits may also be denied)

APPLICANT'S SIGNATURE (Must be Officer, Owner or Partner)	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER
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NOTEPAD:

INSURED'S NAME Joseph W. Abbot

PAGE 1

OP ID: AA

DATE 7/11/2011

WC-S Policy Received: 07/11/11

- Form #: WC3000E Form Name: Quick Reference: WC and Employers Liab. Ins Policy
- Form #: WC090606 Form Name: FL Employment and Wage Info. Release Endt
- Form #: WC000404 Form Name: Pending Rate Change Endorsement
- Form #: NP70040404 Form Name: NP - Drug-Free Workplace Premium Credit Program
- Form #: NP70810601 Form Name: NP - Florida Notice
- Form #: NP71870704 Form Name: NP - Drug-Free App.- Workplace Prem. Credit Prog.
- Form #: NP74440906 Form Name: NP - Treasury Dept OFAC Notice to Policyholders
- Form #: NP75070308 Form Name: NP - To Our Florida Comercial Policyholders
- Form #: WC000414 Form Name: Notification of Change in Ownership Endorsement
- Form #: NP88910410 Form Name: NP - WC Deductible Program - Florida
- Form #: WC000419 Form Name: Premium Due Date Endorsement
- Form #: WC090303 Form Name: Florida Employers Liability Coverage Endorsement
- Form #: WC090403A Form Name: WC- FL Terror. Risk Insur. Progr. Reauth.

WC-S Policy Received: 07/11/11

Act Endt
Part 3 - Other States Insurance - Excluded: AK CA HI ME ND OH WA WV WY
State: FL



COMMERCIAL INSURANCE APPLICATION
APPLICANT INFORMATION SECTION

OP ID: AA

DATE (MM/DD/YYYY)
7/11/2011

AGENCY University Park 101 Applied Parkway University Park, IL 60466	CARRIER TEST		NAIC CODE 24074
	UNDERWRITER:		UNDERWRITER OFFICE:
	POLICIES OR PROGRAM REQUESTED CP		POLICY NUMBER
	INDICATE SECTIONS ATTACHED	ELECTRONIC DATA PROC EQUIPMENT FLOATER GARAGE AND DEALERS GLASS AND SIGN INSTALLATION/BUILDERS RISK OPEN CARGO TRANSPORTATION/ MOTOR TRUCK CARGO	TRUCKERS/MOTOR CARRIER UMBRELLA VEHICLE SCHEDULE WORKERS COMPENSATION YACHT
CONTACT NAME: PHONE (A/C, No, Ext): 800-100-5368 FAX (A/C, No): 800-100-2301 E-MAIL ADDRESS: CODE: SUB CODE:	ACCOUNTS RECEIVABLE/ VALUABLE PAPERS BOILER & MACHINERY BUSINESS AUTO COMMERCIAL GENERAL LIABILITY CRIME/MISCELLANEOUS CRIME DEALERS DRIVER INFO SCHEDULE	<input checked="" type="checkbox"/> PROPERTY	
AGENCY CUSTOMER ID: ABBOJO1			

STATUS OF TRANSACTION		PACKAGE POLICY INFORMATION				
QUOTE <input checked="" type="checkbox"/> ISSUE POLICY	RENEW <input type="checkbox"/>	ENTER THIS INFORMATION WHEN COMMON DATES AND TERMS APPLY TO SEVERAL LINES, OR FOR MONOLINE POLICIES.				
BOUND (Give Date and/or Attach Copy):	CHANGE DATE TIME AM PM	PROPOSED EFF DATE 01/30/13	PROPOSED EXP DATE 01/30/14	BILLING PLAN <input checked="" type="checkbox"/> DIRECT BILL <input type="checkbox"/> AGENCY BILL	PAYMENT PLAN	AUDIT
CANCEL		PACKAGE POLICY PREMIUM: \$875.42				

APPLICANT INFORMATION	
NAME (First Named Insured & Other Named Insureds) Company Ch	MAILING ADDRESS INCL ZIP+4 (of First Named Insured) 2087 Main Street Jacksonville, FL 32218-2143
FEIN OR SOC SEC # (of First Named Insured): PHONE (A/C, No, Ext): 916-555-0078	WEBSITE ADDRESS(ES):
E-MAIL ADDRESS(ES):	ID NUMBER:
INDIVIDUAL <input checked="" type="checkbox"/> CORPORATION PARTNERSHIP JOINT VENTURE	SUBCHAPTER "S" CORPORATION NOT FOR PROFIT ORG LLC NO. OF MEMBERS AND MANAGERS
CR BUREAU NAME:	DATE BUS STARTED:
INSPECTION CONTACT: PHONE (A/C, No, Ext): E-MAIL ADDRESS:	ACCOUNTING RECORDS CONTACT: PHONE (A/C, No, Ext): E-MAIL ADDRESS:

PREMISES INFORMATION		ACORD 823 attached for additional premises									
LOC #	BLD #	STREET, CITY, COUNTY, STATE, ZIP+4	CITY LIMITS	INTEREST	YR BUILT	# EMPLOYEES	ANNUAL REVENUES	% OCCUPIED			
001	001	2088 Main Street Jacksonville FL 32226-4213	INSIDE	OWNER	2006						
			OUTSIDE	TENANT							
			INSIDE	OWNER							
			OUTSIDE	TENANT							
			INSIDE	OWNER							
			OUTSIDE	TENANT							
			INSIDE	OWNER							
			OUTSIDE	TENANT							

NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS BY PREMISE(S)

001 001 HVAC

GENERAL INFORMATION

AGENCY CUSTOMER ID: _____

ABBOJO1

OP ID: AA

EXPLAIN ALL "YES" RESPONSES		Y/N
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ?	<input type="checkbox"/>	<input type="checkbox"/>
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?	<input type="checkbox"/>	<input type="checkbox"/>
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?	<input type="checkbox"/>	<input type="checkbox"/>
4. ANY CATASTROPHE EXPOSURE?	<input type="checkbox"/>	<input type="checkbox"/>
5. ANY OTHER INSURANCE WITH THIS COMPANY OR BEING SUBMITTED?	<input type="checkbox"/>	<input type="checkbox"/>
6. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR THREE (3) YEARS? (Not applicable in MO)	<input type="checkbox"/>	<input type="checkbox"/>
7. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?	<input type="checkbox"/>	<input type="checkbox"/>
8. DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY? <small>(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).</small>	<input type="checkbox"/>	<input type="checkbox"/>
9. ANY UNCORRECTED FIRE CODE VIOLATIONS?	<input type="checkbox"/>	<input type="checkbox"/>
10. ANY BANKRUPTCIES, TAX OR CREDIT LIENS AGAINST THE APPLICANT IN THE PAST FIVE (5) YEARS?	<input type="checkbox"/>	<input type="checkbox"/>
11. HAS BUSINESS BEEN PLACED IN A TRUST? IF "YES", NAME OF TRUST:	<input type="checkbox"/>	<input type="checkbox"/>
12. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD/DISTRIBUTED IN FOREIGN COUNTRIES? <small>(If "YES", attach ACORD 815 for Liability Exposure and/or ACORD 816 for Property Exposure)</small>	<input type="checkbox"/>	<input type="checkbox"/>
REMARKS/PROCESSING INSTRUCTIONS (Attach additional sheets if more space is required)		
COPY OF THE NOTICE OF INFORMATION PRACTICES (PRIVACY) HAS BEEN GIVEN TO THE APPLICANT. (Not applicable in all states, consult your agent or broker for your state's requirements.)		
NOTICE OF INSURANCE INFORMATION PRACTICES - PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT POLICY 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. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.		
ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, FL, HI, MA, NE, OH, OK, OR, or VT; in DC, LA, ME, TN, VA and WA, insurance benefits may also be denied)		
IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.		
THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.		
PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER

PRIOR CARRIER INFORMATION

AGENCY CUSTOMER ID:

ABBOJO1

OP ID: AA

LINE	CATEGORY												
GENERAL LIABILITY	CARRIER												
	POLICY NUMBER												
	POLICY TYPE	CLAIMS MADE	OCCURRENCE	CLAIMS MADE	OCCURRENCE	CLAIMS MADE	OCCURRENCE	CLAIMS MADE	OCCURRENCE	CLAIMS MADE	OCCURRENCE	CLAIMS MADE	OCCURRENCE
	RETRO DATE												
	EFF-EXP DATE												
	GENERAL AGGREGATE												
	PRODUCTS COMP OP AGGREGATE												
	PERSONAL & ADV INJ												
	EACH OCCURRENCE												
	FIRE DAMAGE												
	MEDICAL EXPENSE												
	BODILY INJURY	OCCURRENCE											
		AGGREGATE											
	PROPERTY DAMAGE	OCCURRENCE											
		AGGREGATE											
COMBINED SINGLE LIMIT													
MODIFICATION FACTOR													
TOTAL PREMIUM													
AUTOMOBILE	CARRIER												
	POLICY NUMBER												
	POLICY TYPE												
	EFF-EXP DATE												
	COMBINED SINGLE LIMIT												
	BODILY INJURY	EA PERSON											
		EA ACCIDENT											
	PROPERTY DAMAGE												
	MODIFICATION FACTOR												
	TOTAL PREMIUM												
PROPERTY	CARRIER												
	POLICY NUMBER												
	POLICY TYPE												
	EFF-EXP DATE												
	BUILDING	AMT											
	PERS PROP	AMT											
	MODIFICATION FACTOR												
TOTAL PREMIUM													
	CARRIER												
	POLICY NUMBER												
	POLICY TYPE												
	EFF-EXP DATE												
	LIMIT												
	MODIFICATION FACTOR												
	TOTAL PREMIUM												

LOSS HISTORY

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE PRIOR 5 YEARS (3 YEARS IN KS & NY)						CHK HERE IF NONE	SEE ATTACHED LOSS SUMMARY
DATE OF OCCURRENCE	LINE	TYPE/DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	CLAIM STATUS	
						OPEN	CLSD

REMARKS NOTE: FIDELITY REQUIRES A FIVE YEAR LOSS HISTORY

SEE ATTACHED REMARKS OVERFLOW

ATTACHMENTS

STATE SUPPLEMENT(S) (If applicable)

* Additional remarks are in notepad #001

ACORD™ PROPERTY SECTION

DATE (MM/DD/YYYY)
7/11/2011

AGENCY	PHONE (A/C, No, Ext): 800-100-5368 FAX (A/C, No): 800-100-2301	APPLICANT	Joseph W. Abbot <small>(First Named Insured)</small>			
University Park 101 Applied Parkway University Park, IL 60466		EFFECTIVE DATE 01/30/13	EXPIRATION DATE 01/30/14	<input checked="" type="checkbox"/> DIRECT BILL AGENCY BILL	PAYMENT PLAN	AUDIT
CODE: AGENCY CUSTOMER ID: ABBOJO1	SUB CODE:	FOR COMPANY USE ONLY				

PREMISES INFORMATION	PREMISES #: 001 BUILDING #: 001	STREET ADDRESS: 2088 Main Street Jacksonville FL 32226-4213 BLDG DESCRIPTION: Location 0001 Sublocation 001
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SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DEDUCTIBLE	BLKT COV	FORMS AND CONDITIONS TO APPLY
See attached supplemental page for Subjects of Insurance information								

ADDITIONAL INFORMATION		BUSINESS INCOME / EXTRA EXPENSE		BUSINESS INCOME W/O EXTRA EXPENSE		EXTRA EXPENSE	
TYPE OF BUSINESS <input type="checkbox"/> NON MFG <input type="checkbox"/> MFG <input type="checkbox"/> MINING _____ % COINS	ORDINARY PAYROLL <input type="checkbox"/> EXCL <input type="checkbox"/> INCL _____ 90 DAYS _____ 180 DAYS _____ \$	POWER/HEAT \$ _____ DED ELEC MEDIA _____ DAYS ORD OR LAW _____ DAYS	EXT PERIOD _____ DAYS MO PERIOD _____ LIMIT MAX PERIOD _____ DAYS	TUITION FEES \$ _____ STUDENTS \$ _____ OTHER ED SERV/INC	OFF PREM POWER <input type="checkbox"/> POWER <input type="checkbox"/> WATER <input type="checkbox"/> COMM (DESCR BELOW)	DEPEND PROP _____ % COIN <input type="checkbox"/> CONT LOC <input type="checkbox"/> REC LOC <input type="checkbox"/> MFG LOC <input type="checkbox"/> LDR LOC (DESCR BELOW)	NAME AND ADDRESS(ES) FOR OFF PREM POWER OR DEPEND PROP _____ _____ _____
EXTRA EXPENSE _____ DAYS PERIOD REST LIMIT LOSS PAY _____% _____% _____% _____%						ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION _____ _____ _____	

CONSTRUCTION TYPE	DISTANCE TO HYDRANT FT _____ MI _____	FIRE DISTRICT/CODE NUMBER	PROT CL	# STORIES	# BASMTS	YR BUILT	TOTAL AREA
Non-Combustib		JACKSONVILLE/491		1		2006	
BUILDING IMPROVEMENTS <input type="checkbox"/> WIRING, YR: _____ <input type="checkbox"/> ROOFING, YR: _____ <input type="checkbox"/> OTHER: _____		BLDG CODE GRADE 03	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES _____		
PLUMBING, YR: _____ HEATING, YR: _____		WIND CLASS <input type="checkbox"/> RESISTIVE <input type="checkbox"/> SEMI-RESISTIVE <input type="checkbox"/> OTHER	HEATING BOILER ON PREMISES? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> YES <input type="checkbox"/> NO		
RIGHT EXPOSURE & DISTANCE _____		LEFT EXPOSURE & DISTANCE _____		REAR EXPOSURE & DISTANCE _____			
BURGLAR ALARM TYPE F		CERTIFICATE #	EXPIRATION DATE	EXTENT	GRADE	CENTRAL STATION <input checked="" type="checkbox"/> WITH KEYS <input type="checkbox"/> CLOCK HOURLY	
BURGLAR ALARM INSTALLED AND SERVICED BY _____					# GUARDS/WATCHMEN	<input checked="" type="checkbox"/> N <input type="checkbox"/> N	
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2/Chemical Systems)			% SPRNK	FIRE ALARM MANUFACTURER		<input checked="" type="checkbox"/> N CENTRAL STATION <input checked="" type="checkbox"/> N LOCAL GONG	

ADDITIONAL INTERESTS				
RANK:	NAME AND ADDRESS:	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER
INTEREST <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE	ITEM DESCRIPTION: _____		LOCATION: _____	BUILDING: _____
			SCHEDULED ITEM NUMBER: _____	
			OTHER: _____	

REPORTING FORM: PROVIDE AVERAGE VALUES FOR PAST 12 MONTHS	PREMISES/BUILDING	ANY OTHER LOCATION DECLARED AT INCEPTION	ANY OTHER LOCATION ACQUIRED AFTER INCEPTION	PREMISES NOT OWNED OR ACQUIRED LIMIT
SUBJECT OF INSURANCE				

ADDITIONAL PREMISES INFORMATION

PREMISES #:	STREET ADDRESS:
BUILDING #:	BLDG DESCRIPTION:

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DEDUCTIBLE	BLKT COV	FORMS AND CONDITIONS TO APPLY

ADDITIONAL INFORMATION

TYPE OF BUSINESS <input type="checkbox"/> NON MFG <input type="checkbox"/> MFG <input type="checkbox"/> MINING _____ % COINS		ORDINARY PAYROLL <input type="checkbox"/> EXCL <input type="checkbox"/> INCL _____ 90 DAYS _____ 180 DAYS _____ \$ _____	POWER/HEAT \$ _____ DED ELEC MEDIA _____ DAYS ORD OR LAW _____ DAYS	EXT PERIOD _____ DAYS MO PERIOD _____ LIMIT MAX PERIOD _____ DAYS	TUITION FEES \$ _____ STUDENTS \$ _____ OTHER ED SERV/INC	OFF PREM POWER <input type="checkbox"/> POWER <input type="checkbox"/> WATER <input type="checkbox"/> COMM (DESCR BELOW)	DEPEND PROP _____ % COIN <input type="checkbox"/> CONT LOC <input type="checkbox"/> REC LOC <input type="checkbox"/> MFG LOC <input type="checkbox"/> LDR LOC (DESCR BELOW)
---	--	---	---	---	--	--	---

NAME AND ADDRESS(ES) FOR OFF PREM POWER OR DEPEND PROP

EXTRA EXPENSE _____ DAYS PERIOD REST

LIMIT LOSS PAY _____% _____% _____% _____%

ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

CONSTRUCTION TYPE	DISTANCE TO HYDRANT FT	FIRE STAT MI	FIRE DISTRICT/CODE NUMBER	PROT CL	# STORIES	# BASMTS	YR BUILT	TOTAL AREA
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BUILDING IMPROVEMENTS <input type="checkbox"/> WIRING, YR: _____ <input type="checkbox"/> ROOFING, YR: _____ <input type="checkbox"/> OTHER: _____	<input type="checkbox"/> PLUMBING, YR: _____ <input type="checkbox"/> HEATING, YR: _____	BLDG CODE GRADE _____	TAX CODE _____	ROOF TYPE _____	OTHER OCCUPANCIES _____
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RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE
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BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	EXTENT	GRADE	CENTRAL STATION WITH KEYS
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BURGLAR ALARM INSTALLED AND SERVICED BY	# GUARDS/WATCHMEN	CLOCK HOURLY
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PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2/Chemical Systems)	% SPRNK	FIRE ALARM MANUFACTURER	CENTRAL STATION LOCAL GONG
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ADDITIONAL INTERESTS

RANK:	NAME AND ADDRESS:	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER
INTEREST	ITEM DESCRIPTION:			LOCATION: _____ BUILDING: _____
<input type="checkbox"/> LOSS PAYEE				SCHEDULED ITEM NUMBER: _____
<input type="checkbox"/> MORTGAGEE				OTHER: _____
<input type="checkbox"/> GAGEE				

REMARKS

Premise 001

* Additional remarks are in notepad #004

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, HI, NE, OH, OK, OR or VT; in DC, LA, ME, TN and VA, insurance benefits may also be denied)

Joseph W. Abbot

ABBOJO1

OP ID: AA

PREMISE INFORMATION											PREMISES #: 001		BUILDING #: 001		ISOTEL#:			
#	SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSE OF LOSS	INFL	DEDUCTIBLE	FORMS #	DATE	BLN								
1.	B	166,500	80.00	R	SPC		1000											
2.																		
3.																		
4.																		
5.																		
6.																		

ADDITIONAL PREMISES INFORMATION																
SOI	CAUSE	COINS %	RATE	RPT	AMOUNT	TYPE	BAS	SOI	CAUSE	COINS %	RATE	RPT	AMOUNT	TYPE	BAS	
1	SPC	80.00			1,000											
1	WHDED					9										

VALUE REPORTING INFORMATION							
REPORTING FORM: PROVIDE AVERAGE VALUES FOR PAST 12 MONTHS				PREMISES/ BUILDING	ANY OTHER LOCA- TION DECLARED AT INCEPTION	ANY OTHER LOCA- TION ACQUIRED AFTER INCEPTION	PREMISES NOT OWNED OR ACQUIRED LIMIT
SUBJECT OF INSURANCE							

PREMISE INFORMATION											PREMISES #:		BUILDING #:		ISOTEL#:			
#	SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSE OF LOSS	INFL	DEDUCTIBLE	FORMS #	DATE	BLN								
1.																		
2.																		
3.																		
4.																		
5.																		
6.																		

ADDITIONAL PREMISES INFORMATION																
SOI	CAUSE	COINS %	RATE	RPT	AMOUNT	TYPE	BAS	SOI	CAUSE	COINS %	RATE	RPT	AMOUNT	TYPE	BAS	

VALUE REPORTING INFORMATION							
REPORTING FORM: PROVIDE AVERAGE VALUES FOR PAST 12 MONTHS				PREMISES/ BUILDING	ANY OTHER LOCA- TION DECLARED AT INCEPTION	ANY OTHER LOCA- TION ACQUIRED AFTER INCEPTION	PREMISES NOT OWNED OR ACQUIRED LIMIT
SUBJECT OF INSURANCE							

POLICY LEVEL INFORMATION

ABBOJO1

OP ID: AA

COV CODE	DESCRIPTION	LIMIT 1	LIMIT 2	DEDUCTIBLE	CODE 1	CODE 2
ASMNT	Assessment Fund					
EMPAF	Emergency Mgmt Prepa					
CPICE						
STS01	State Surcharge					
TRIA	Terrorism Coverage p					
EXN01	Expense Modification					

NAICS:

NOTEPAD:INSURED'S NAME **Joseph W. Abbot**

PAGE 1

OP ID: AA

DATE 7/11/2011

AP Section Policy Received: 07/11/11
Form #: CP03210695 Form Name: Windstorm or Hail Percentage Deductible
Form Ed Dt: 06/01/95
Form #: IL09520108 Form Name: Cap on Losses From Certified Acts of
Terrorism Form Ed Dt: 01/01/08
Form #: IL00171198 Form Name: Common Policy Conditions Form Ed Dt:
11/01/98
Form #: IL01750907 Form Name: FL Changes - Legal Action Against Us Form
Ed Dt: 09/01/07
Form #: CP72930603 Form Name: Fungus, Wet Rot, Dry Rot & Bacteria
Exclusion - FL Form Ed Dt: 06/01/03
Form #: CP01400706 Form Name: Exclusion of Loss Due to Virus or Bacteria
Form Ed Dt: 07/01/06
Form #: CP01251206 Form Name: Florida Changes Form Ed Dt: 12/01/06
Form #: CP00900788 Form Name: Commercial Property Conditions Form Ed Dt:
07/01/88
Form #: CP00100402 Form Name: Building and Personal Property Coverage
Form Form Ed Dt: 04/01/02
Form #: OC70350693 Form Name: Removal Permit Form Ed Dt: 06/01/93
Form #: CP10300402 Form Name: Causes of Loss - Special Form Form Ed Dt:

AP Section Policy Received: 07/11/11
04/01/02
Form #: NP75070308 Form Name: NP - To Our Florida Comercial Policyholders
Form Ed Dt: 03/01/08
Form #: NP74440906 Form Name: NP - Treasury Dept OFAC Notice to
Policyholders Form Ed Dt: 09/01/06
Form #: NP74420111 Form Name: NP - Important Notice to PH Florida
Hurricane Cat. Form Ed Dt: 01/01/11
Form #: NP72420108 Form Name: NP - Terrorism Insurance Premium Notice
Form Ed Dt: 01/01/08
Form #: NP74060106 Form Name: NP - Flood Insurance Notice Form Ed Dt:
01/01/06
Form #: NP72160502 Form Name: NP - Business Income Waiting Period Form Ed
Dt: 05/01/02
Form #: NP70810601 Form Name: NP - Florida Notice Form Ed Dt: 06/01/01
Form #: IL09350898 Form Name: Exclusion of Certain Computer-Related
Losses Form Ed Dt: 08/01/98
Form #: IL02550908 Form Name: Florida Changes - Cancellation and
Nonrenewal Form Ed Dt: 09/01/08
Years in Business: 4

AP Section Policy Received: 07/11/11

PROP Policy Received: 07/11/11
Pol Level Cov - Assessment Fund Coverage: Current Term Amount: \$11.07 Net
Change Amount: \$11.07
Pol Level Cov - Emergency Mgmt Preparedness and Assessment Fund Coverage:
Current Term Amount: \$4.00 Net Change Amount: \$4.00
Pol Level Cov - CPICE Coverage: Current Term Amount: \$8.51 Net Change
Amount: \$8.51
Pol Level Cov - State Surcharge Coverage: Current Term Amount: \$.84 Net
Change Amount: \$.84
Pol Level Cov - Terrorism Coverage provided under the federal Terrorism
Coverage: Current Term Amount: \$3.00 Net Change Amount: \$3.00
Pol Level Cov - Expense Modification Factor Coverage: Rate: 1.00000
Location #1 2088 Main Street Jacksonville FL 32226-4213
Building #1
Subject of Ins - B
Special (Including theft) Coverage: Limit 1: \$166500 Current Term Amount:
\$848.00 Net Change Amount: \$848.00



COMMERCIAL INSURANCE APPLICATION
APPLICANT INFORMATION SECTION

OP ID: AA

DATE (MM/DD/YYYY)
7/11/2011

AGENCY University Park 101 Applied Parkway University Park, IL 60466	CARRIER TEST		NAIC CODE 24082
	UNDERWRITER:		UNDERWRITER OFFICE:
	POLICIES OR PROGRAM REQUESTED CPSP		POLICY NUMBER
	INDICATE SECTIONS ATTACHED	ELECTRONIC DATA PROC EQUIPMENT FLOATER GARAGE AND DEALERS GLASS AND SIGN INSTALLATION/BUILDERS RISK OPEN CARGO TRANSPORTATION/ MOTOR TRUCK CARGO	TRUCKERS/MOTOR CARRIER UMBRELLA VEHICLE SCHEDULE WORKERS COMPENSATION YACHT
CONTACT NAME: PHONE (A/C, No, Ext): 800-100-5368 FAX (A/C, No): 800-100-2301 E-MAIL ADDRESS: CODE: SUB CODE:	<input checked="" type="checkbox"/> ACCOUNTS RECEIVABLE/ VALUABLE PAPERS <input type="checkbox"/> BOILER & MACHINERY <input type="checkbox"/> BUSINESS AUTO <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CRIME/MISCELLANEOUS CRIME <input type="checkbox"/> DEALERS <input type="checkbox"/> DRIVER INFO SCHEDULE	<input type="checkbox"/>	<input type="checkbox"/>
AGENCY CUSTOMER ID: ABBOJO1			

STATUS OF TRANSACTION		PACKAGE POLICY INFORMATION			
<input type="checkbox"/> QUOTE <input type="checkbox"/> BOUND (Give Date and/or Attach Copy): <input type="checkbox"/> CHANGE DATE TIME AM PM <input type="checkbox"/> CANCEL	<input type="checkbox"/> ISSUE POLICY <input type="checkbox"/> RENEW	ENTER THIS INFORMATION WHEN COMMON DATES AND TERMS APPLY TO SEVERAL LINES, OR FOR MONOLINE POLICIES.			
		PROPOSED EFF DATE 09/28/12	PROPOSED EXP DATE 09/28/13	BILLING PLAN <input checked="" type="checkbox"/> DIRECT BILL <input type="checkbox"/> AGENCY BILL	PAYMENT PLAN OT PACKAGE POLICY PREMIUM: \$2,319.00
				AUDIT <input checked="" type="checkbox"/>	

APPLICANT INFORMATION	
NAME (First Named Insured & Other Named Insureds) Company O	MAILING ADDRESS INCL. ZIP+4 (of First Named Insured) 1583 Main Street Lakewood, CO 80214
FEIN OR SOC SEC # (of First Named Insured): 12-345681 PHONE (A/C, No, Ext): 916-555-0013	WEBSITE ADDRESS(ES):
E-MAIL ADDRESS(ES):	DATE BUS STARTED 01/01/12
<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> CORPORATION <input checked="" type="checkbox"/> SUBCHAPTER "S" CORPORATION NOT FOR PROFIT ORG <input type="checkbox"/> LLC <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> JOINT VENTURE	NO. OF MEMBERS AND MANAGERS: _____ CR BUREAU NAME: _____ ID NUMBER: _____
INSPECTION CONTACT: COMPANY X PHONE (A/C, No, Ext): 916-555-0013 E-MAIL ADDRESS:	ACCOUNTING RECORDS CONTACT: COMPANY X PHONE (A/C, No, Ext): 916-555-0013 E-MAIL ADDRESS:

PREMISES INFORMATION		ACORD 823 attached for additional premises							
LOC #	BLD #	STREET, CITY, COUNTY, STATE, ZIP+4	CITY LIMITS	INTEREST	YR BUILT	# EMPLOYEES	ANNUAL REVENUES	% OCCUPIED	
001	001	1584 Main Street Lakewood CO 802145341 Jefferson County	INSIDE	<input checked="" type="checkbox"/> OWNER	1985				
			OUTSIDE	TENANT					
002	001	1585 Main Street Lakewood CO 802145341 Jefferson County	INSIDE	<input checked="" type="checkbox"/> OWNER	1928				
			OUTSIDE	TENANT					
003	001	1586 Main Street Lakewood CO 802145341 Jefferson County	INSIDE	<input checked="" type="checkbox"/> OWNER	1928				
			OUTSIDE	TENANT					
			INSIDE	OWNER					
			OUTSIDE	TENANT					

NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS BY PREMISE(S)

003 001 Commercial garage leased to ot

GENERAL INFORMATION

AGENCY CUSTOMER ID: _____

ABBOJO1

OP ID: AA

EXPLAIN ALL "YES" RESPONSES	Y/N	
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ?	<input type="checkbox"/>	
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?	<input checked="" type="checkbox"/> N	
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?	<input type="checkbox"/>	
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?	<input type="checkbox"/>	
4. ANY CATASTROPHE EXPOSURE?	<input type="checkbox"/>	
5. ANY OTHER INSURANCE WITH THIS COMPANY OR BEING SUBMITTED?	<input type="checkbox"/>	
6. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR THREE (3) YEARS? (Not applicable in MO)	<input checked="" type="checkbox"/> N	
7. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?	<input type="checkbox"/>	
8. DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY? <small>(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).</small>	<input checked="" type="checkbox"/> N	
9. ANY UNCORRECTED FIRE CODE VIOLATIONS?	<input type="checkbox"/>	
10. ANY BANKRUPTCIES, TAX OR CREDIT LIENS AGAINST THE APPLICANT IN THE PAST FIVE (5) YEARS?	<input checked="" type="checkbox"/> N	
11. HAS BUSINESS BEEN PLACED IN A TRUST? IF "YES", NAME OF TRUST:	<input type="checkbox"/>	
12. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD/DISTRIBUTED IN FOREIGN COUNTRIES? <small>(If "YES", attach ACORD 815 for Liability Exposure and/or ACORD 816 for Property Exposure)</small>	<input type="checkbox"/>	
REMARKS/PROCESSING INSTRUCTIONS (Attach additional sheets if more space is required)		
COPY OF THE NOTICE OF INFORMATION PRACTICES (PRIVACY) HAS BEEN GIVEN TO THE APPLICANT. (Not applicable in all states, consult your agent or broker for your state's requirements.)		
NOTICE OF INSURANCE INFORMATION PRACTICES - PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT POLICY 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. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.		
ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, FL, HI, MA, NE, OH, OK, OR, or VT; in DC, LA, ME, TN, VA and WA, insurance benefits may also be denied)		
IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.		
THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.		
PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER

PRIOR CARRIER INFORMATION

AGENCY CUSTOMER ID: _____

ABBOJO1

OP ID: AA

LINE	CATEGORY												
GENERAL LIABILITY	CARRIER												
	POLICY NUMBER												
	POLICY TYPE	CLAIMS MADE	OCCURRENCE	CLAIMS MADE	OCCURRENCE	CLAIMS MADE	OCCURRENCE	CLAIMS MADE	OCCURRENCE	CLAIMS MADE	OCCURRENCE	CLAIMS MADE	OCCURRENCE
	RETRO DATE												
	EFF-EXP DATE												
	GENERAL AGGREGATE												
	PRODUCTS COMP OP AGGREGATE												
	PERSONAL & ADV INJ												
	EACH OCCURRENCE												
	FIRE DAMAGE												
	MEDICAL EXPENSE												
	BODILY INJURY	OCCURRENCE											
		AGGREGATE											
	PROPERTY DAMAGE	OCCURRENCE											
		AGGREGATE											
COMBINED SINGLE LIMIT													
MODIFICATION FACTOR													
TOTAL PREMIUM													
AUTOMOBILE	CARRIER												
	POLICY NUMBER												
	POLICY TYPE												
	EFF-EXP DATE												
	COMBINED SINGLE LIMIT												
	BODILY INJURY	EA PERSON											
		EA ACCIDENT											
	PROPERTY DAMAGE												
MODIFICATION FACTOR													
TOTAL PREMIUM													
PROPERTY	CARRIER												
	POLICY NUMBER												
	POLICY TYPE												
	EFF-EXP DATE												
	BUILDING	AMT											
	PERS PROP	AMT											
MODIFICATION FACTOR													
TOTAL PREMIUM													
	CARRIER												
	POLICY NUMBER												
	POLICY TYPE												
	EFF-EXP DATE												
	LIMIT												
	MODIFICATION FACTOR												
	TOTAL PREMIUM												

LOSS HISTORY

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE PRIOR 5 YEARS (3 YEARS IN KS & NY)

CHK HERE IF NONE

SEE ATTACHED LOSS SUMMARY

DATE OF OCCURRENCE	LINE	TYPE/DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	CLAIM STATUS	
						OPEN	CLSD

REMARKS NOTE: FIDELITY REQUIRES A FIVE YEAR LOSS HISTORY

ATTACHMENTS

SEE ATTACHED REMARKS OVERFLOW

STATE SUPPLEMENT(S) (If applicable)

* Additional remarks are in notepad #001

CONTRACTORS

EXPLAIN ALL "YES" RESPONSES (For past or present operations)		YES	NO	EXPLAIN ALL "YES" RESPONSES (For past or present operations)		YES	NO
1. DOES APPLICANT DRAW PLANS, DESIGNS, OR SPECIFICATIONS FOR OTHERS?				4. DO YOUR SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN YOURS?			
2. DO ANY OPERATIONS INCLUDE BLASTING OR UTILIZE OR STORE EXPLOSIVE MATERIAL?				5. ARE SUBCONTRACTORS ALLOWED TO WORK WITHOUT PROVIDING YOU WITH A CERTIFICATE OF INSURANCE?			
3. DO ANY OPERATIONS INCLUDE EXCAVATION, TUNNELING, UNDERGROUND WORK OR EARTH MOVING?				6. DOES APPLICANT LEASE EQUIPMENT TO OTHERS WITH OR WITHOUT OPERATORS?			
REMARKS/DESCRIBE THE TYPE OF WORK SUBCONTRACTED		\$ PAID TO SUB-CONTRACTORS:		% OF WORK SUBCONTRACTED:		# FULL-TIME STAFF:	

PRODUCTS/COMPLETED OPERATIONS

PRODUCTS	ANNUAL GROSS SALES	# OF UNITS	TIME IN MARKET	EXPECTED LIFE	INTENDED USE	PRINCIPAL COMPONENTS

EXPLAIN ALL "YES" RESPONSES (For any past or present product or operation)		YES	NO	EXPLAIN ALL "YES" RESPONSES (For any past or present product or operation)		YES	NO
1. DOES APPLICANT INSTALL, SERVICE OR DEMONSTRATE PRODUCTS?				6. PRODUCTS RECALLED, DISCONTINUED, CHANGED?			
2. FOREIGN PRODUCTS SOLD, DISTRIBUTED, USED AS COMPONENTS?				7. PRODUCTS OF OTHERS SOLD OR RE-PACKAGED UNDER APPLICANT LABEL?			
3. RESEARCH AND DEVELOPMENT CONDUCTED OR NEW PRODUCTS PLANNED?				8. PRODUCTS UNDER LABEL OF OTHERS?			
4. GUARANTEES, WARRANTIES, HOLD HARMLESS AGREEMENTS?				9. VENDORS COVERAGE REQUIRED?			
5. PRODUCTS RELATED TO AIRCRAFT/SPACE INDUSTRY?				10. DOES ANY NAMED INSURED SELL TO OTHER NAMED INSUREDS?			
PLEASE ATTACH LITERATURE, BROCHURES, LABELS, WARNINGS, ETC							

ADDITIONAL INTEREST/CERTIFICATE RECIPIENT

ACORD 45 attached for additional names

INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER
ADDITIONAL INSURED					LOCATION: BUILDING:
LOSS PAYEE					VEHICLE: BOAT:
MORTGAGEE					SCHEDULED ITEM NUMBER:
LIENHOLDER					OTHER
EMPLOYEE AS LESSOR					
ITEM DESCRIPTION:					

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)		YES	NO	EXPLAIN ALL "YES" RESPONSES (For all past or present operations)		YES	NO
1. ANY MEDICAL FACILITIES PROVIDED OR MEDICAL PROFESSIONALS EMPLOYED OR CONTRACTED?				12. ANY STRUCTURAL ALTERATIONS CONTEMPLATED?			
2. ANY EXPOSURE TO RADIOACTIVE/NUCLEAR MATERIALS?				13. ANY DEMOLITION EXPOSURE CONTEMPLATED?			
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)				14. HAS APPLICANT BEEN ACTIVE IN OR IS CURRENTLY ACTIVE IN JOINT VENTURES?			
4. ANY OPERATIONS SOLD, ACQUIRED, OR DISCONTINUED IN LAST 5 YEARS?				15. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?			
5. MACHINERY OR EQUIPMENT LOANED OR RENTED TO OTHERS?				16. IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS OR SUBSIDIARIES?			
6. ANY WATERCRAFT, DOCKS, FLOATS OWNED, HIRED OR LEASED?				17. ARE DAY CARE FACILITIES OPERATED OR CONTROLLED?			
7. ANY PARKING FACILITIES OWNED/RENTED?				18. HAVE ANY CRIMES OCCURRED OR BEEN ATTEMPTED ON YOUR PREMISES WITHIN THE LAST THREE YEARS?			
8. IS A FEE CHARGED FOR PARKING?				19. IS THERE A FORMAL, WRITTEN SAFETY AND SECURITY POLICY IN EFFECT?			
9. RECREATION FACILITIES PROVIDED?				20. DOES THE BUSINESSES' PROMOTIONAL LITERATURE MAKE ANY REPRESENTATIONS ABOUT THE SAFETY OR SECURITY OF THE PREMISES?			
10. IS THERE A SWIMMING POOL ON THE PREMISES?							
11. SPORTING OR SOCIAL EVENTS SPONSORED?							
SEE ATTACHED REMARKS OVERFLOW							
ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND (NY: SUBSTANTIAL) CIVIL PENALTIES. (NOT APPLICABLE IN CO, HI, NE, OH, OK, OR; IN DC, LA, ME AND VA, INSURANCE BENEFITS MAY ALSO BE DENIED)							

SCHEDULE OF HAZARDS ADDITIONAL COVERAGES

ABBOJO1

OP ID: AA

	COVERAGE CODE	LIMIT 1	LIMIT 2	DEDUCTIBLE	DEDUCTIBLE TYPE
LOCATION #: 001 BUILDING #: 001	EPLI	10,000		10,000	
LOCATION #:					
BUILDING #:					
LOCATION #:					
BUILDING #:					
LOCATION #:					
BUILDING #:					
LOCATION #:					
BUILDING #:					
LOCATION #:					
BUILDING #:					
LOCATION #:					
BUILDING #:					
LOCATION #:					
BUILDING #:					

PRODUCTS/COMPLETED OPERATIONS

PRODUCTS	ANNUAL GROSS SALES	# OF UNITS	TIME IN MARKET	EXPECTED LIFE	INTENDED USE	PRINCIPAL COMPONENTS

OTHER COVERAGE/RESTRICTIONS/ENDORSEMENTS

#	STATE	COVERAGE CODE	DESCRIPTION	LIMIT 1	LIMIT 2	DEDUCTIBLE	DEDUCTIBLE TYPE
1	CO	TRIA	Terrorism Coverage p				
2	CO	LEXE	Liability Extension				
3	CO	EXN01	Expense Modification				
4	CO	EXP01	Experience Modificat				
5	CO	SCH01	Schedule Modificatio				
6	CO	PKG01	Package Modification				
7							
8							
9							
10							

ATTACH TO COMMERCIAL GENERAL LIABILITY APPLICATION

* Additional remarks are in notepad #006

ACORD™ PROPERTY SECTION

DATE (MM/DD/YYYY)
7/11/2011

AGENCY University Park 101 Applied Parkway University Park, IL 60466	PHONE (A/C, No, Ext): 800-100-5368 FAX (A/C, No): 800-100-2301	APPLICANT Joseph W. Abbot (First Named Insured)
CODE:	SUB CODE:	EFFECTIVE DATE 09/28/12
AGENCY CUSTOMER ID: ABBOJO1		EXPIRATION DATE 09/28/13
		<input checked="" type="checkbox"/> DIRECT BILL
		PAYMENT PLAN OT
		AUDIT X
FOR COMPANY USE ONLY		

PREMISES #: 001	STREET ADDRESS: 1584 Main Street Lakewood CO 802145341
BUILDING #: 001	BLDG DESCRIPTION: Location 0001 Sublocation 001

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DEDUCTIBLE	BLKT COV	FORMS AND CONDITIONS TO APPLY
See attached supplemental page for Subjects of Insurance information								

ADDITIONAL INFORMATION	<input checked="" type="checkbox"/> BUSINESS INCOME / EXTRA EXPENSE	BUSINESS INCOME W/O EXTRA EXPENSE	EXTRA EXPENSE
TYPE OF BUSINESS	ORDINARY PAYROLL	POWER/HEAT	EXT PERIOD
<input type="checkbox"/> NON MFG	<input type="checkbox"/> EXCL <input type="checkbox"/> INCL	\$ _____ DED	_____ DAYS
<input type="checkbox"/> MFG	90 DAYS	ELEC MEDIA	MO PERIOD
<input type="checkbox"/> MINING	180 DAYS	_____ DAYS	_____ LIMIT
100 % COINS	\$ _____	ORD OR LAW	MAX PERIOD
		_____ DAYS	
NAME AND ADDRESS(ES) FOR OFF PREM POWER OR DEPEND PROP			EXTRA EXPENSE _____ DAYS PERIOD REST
			LIMIT LOSS PAY
			_____ % _____ % _____ % _____ %

ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

CONSTRUCTION TYPE Joisted Mason	DISTANCE TO HYDRANT FT _____ MI _____	FIRE DISTRICT/CODE NUMBER LAKEWOOD 1/217	PROT CL 003	# STORIES 1	# BASMTS	YR BUILT 1985	TOTAL AREA 4,100
BUILDING IMPROVEMENTS	BLDG CODE GRADE 99	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES Major Engine Repair or Body Repair			
<input type="checkbox"/> WIRING, YR:	<input type="checkbox"/> PLUMBING, YR:	WIND CLASS	<input type="checkbox"/> RESISTIVE <input type="checkbox"/> SEMI-RESISTIVE <input type="checkbox"/> OTHER	HEATING BOILER ON PREMISES? YES <input type="checkbox"/> NO <input type="checkbox"/>			
<input type="checkbox"/> ROOFING, YR:	<input type="checkbox"/> HEATING, YR:	IF YES, IS INSURANCE PLACED ELSEWHERE? YES <input type="checkbox"/> NO <input type="checkbox"/>					
<input type="checkbox"/> OTHER:	RIGHT EXPOSURE & DISTANCE		LEFT EXPOSURE & DISTANCE		REAR EXPOSURE & DISTANCE		
BURGLAR ALARM TYPE F	CERTIFICATE #	EXPIRATION DATE	EXTENT	GRADE NO	<input type="checkbox"/> N	CENTRAL STATION WITH KEYS	
BURGLAR ALARM INSTALLED AND SERVICED BY				# GUARDS/WATCHMEN	<input type="checkbox"/> N	CLOCK HOURLY	
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2/Chemical Systems)			% SPRNK	FIRE ALARM MANUFACTURER	<input type="checkbox"/> N	CENTRAL STATION	
					<input type="checkbox"/> Y	LOCAL GONG	

ADDITIONAL INTERESTS			
RANK: 1	NAME AND ADDRESS: COMPANY Y 1590 Main Street Arvada, CO 80001	REFERENCE #:	CERTIFICATE REQUIRED
INTEREST			INTEREST IN ITEM NUMBER
<input checked="" type="checkbox"/> LOSS PAYEE			LOCATION: 001 BUILDING: 001
<input checked="" type="checkbox"/> MORTGAGEE			SCHEDULED ITEM NUMBER:
	ITEM DESCRIPTION:		OTHER:

VALUE REPORTING INFORMATION				
REPORTING FORM: PROVIDE AVERAGE VALUES FOR PAST 12 MONTHS	PREMISES/BUILDING	ANY OTHER LOCATION DECLARED AT INCEPTION	ANY OTHER LOCATION ACQUIRED AFTER INCEPTION	PREMISES NOT OWNED OR ACQUIRED LIMIT
SUBJECT OF INSURANCE				

ADDITIONAL PREMISES INFORMATION

PREMISES #: 002	STREET ADDRESS: 1585 Main Street Lakewood CO 802145341
BUILDING #: 001	BLDG DESCRIPTION: Location 0002 Sublocation 001

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DEDUCTIBLE	BLKT COV	FORMS AND CONDITIONS TO APPLY
See attached supplemental page for Subjects of Insurance information								

ADDITIONAL INFORMATION

TYPE OF BUSINESS		ORDINARY PAYROLL		POWER/HEAT	EXT PERIOD	TUITION FEES	OFF PREM POWER	DEPEND PROP
<input type="checkbox"/> NON MFG	<input type="checkbox"/> EXCL <input type="checkbox"/> INCL	\$	DED	DAYS	\$	STUDENTS	<input type="checkbox"/> POWER	<input type="checkbox"/> % COIN
<input type="checkbox"/> MFG	90 DAYS	ELEC MEDIA		MO PERIOD	\$	OTHER ED SERV/INC	<input type="checkbox"/> WATER	<input type="checkbox"/> CONT LOC
<input type="checkbox"/> MINING	180 DAYS	DAYS		LIMIT			<input type="checkbox"/> COMM (DESCR BELOW)	<input type="checkbox"/> REC LOC
<input type="checkbox"/> % COINS	\$	ORD OR LAW		MAX PERIOD				<input type="checkbox"/> MFG LOC
		DAYS						<input type="checkbox"/> LDR LOC (DESCR BELOW)

NAME AND ADDRESS(ES) FOR OFF PREM POWER OR DEPEND PROP

EXTRA EXPENSE _____ DAYS PERIOD REST

LIMIT LOSS PAY

_____ % _____ % _____ % _____ %

ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

CONSTRUCTION TYPE	DISTANCE TO HYDRANT	FIRE STAT	FIRE DISTRICT/CODE NUMBER	PROT CL	# STORIES	# BASMTS	YR BUILT	TOTAL AREA
Frame	FT	MI	LAKWOOD 1/217	003	1		1928	768

BUILDING IMPROVEMENTS	BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES				
<input type="checkbox"/> WIRING, YR:	<input type="checkbox"/> PLUMBING, YR:	99		Dwellings - One-Family - (Lessor's Risk Only)				
<input type="checkbox"/> ROOFING, YR:	<input type="checkbox"/> HEATING, YR:	WIND CLASS		HEATING BOILER ON PREMISES?		YES	NO	
<input type="checkbox"/> OTHER:		<input type="checkbox"/> RESISTIVE	<input type="checkbox"/> SEMI-RESISTIVE	<input type="checkbox"/> OTHER	IF YES, IS INSURANCE PLACED ELSEWHERE?		YES	NO

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE
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BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	EXTENT	GRADE	CENTRAL STATION
N				NO	N WITH KEYS

BURGLAR ALARM INSTALLED AND SERVICED BY	# GUARDS/WATCHMEN	CLOCK HOURLY
	N	N

PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2/Chemical Systems)	% SPRNK	FIRE ALARM MANUFACTURER	CENTRAL STATION
			N LOCAL GONG

ADDITIONAL INTERESTS

RANK: 1	NAME AND ADDRESS:	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER
INTEREST	COMPANY Y 1590 Main Street Arvada, CO 80001			LOCATION: 002 BUILDING: 001
<input checked="" type="checkbox"/> LOSS PAYEE				SCHEDULED ITEM NUMBER:
<input checked="" type="checkbox"/> MORTGAGEE				OTHER:
	ITEM DESCRIPTION:			

REMARKS

Premise 001

* Additional remarks are in notepad #008

Premise 002

* Additional remarks are in notepad #009

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, HI, NE, OH, OK, OR or VT; in DC, LA, ME, TN and VA, insurance benefits may also be denied)

ADDITIONAL PREMISES INFORMATION

PREMISES #: 003	STREET ADDRESS: 1586 Main Street Lakewood CO 802145341
BUILDING #: 001	BLDG DESCRIPTION: Location 0003 Sublocation 001

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DEDUCTIBLE	BLKT COV	FORMS AND CONDITIONS TO APPLY
See attached supplemental page for Subjects of Insurance information								

ADDITIONAL INFORMATION

TYPE OF BUSINESS		ORDINARY PAYROLL		POWER/HEAT	EXT PERIOD	TUITION FEES	OFF PREM POWER	DEPEND PROP
<input type="checkbox"/> NON MFG	<input type="checkbox"/> EXCL <input type="checkbox"/> INCL	\$ _____	DED _____	DAYS _____	\$ _____	STUDENTS _____	<input type="checkbox"/> POWER	_____ % COIN
<input type="checkbox"/> MFG	90 DAYS	ELEC MEDIA	MO PERIOD	\$ _____	OTHER ED SERV/INC	<input type="checkbox"/> WATER	<input type="checkbox"/> COMM (DESCR BELOW)	<input type="checkbox"/> CONT LOC
<input type="checkbox"/> MINING	180 DAYS	DAYS _____	LIMIT _____	ORD OR LAW	MAX PERIOD			<input type="checkbox"/> REC LOC
_____ % COINS	\$ _____	DAYS _____		DAYS _____				<input type="checkbox"/> MFG LOC
							<input type="checkbox"/> LDR LOC (DESCR BELOW)	

NAME AND ADDRESS(ES) FOR OFF PREM POWER OR DEPEND PROP

EXTRA EXPENSE _____ DAYS PERIOD REST

LIMIT LOSS PAY _____% _____% _____% _____%

ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

CONSTRUCTION TYPE	DISTANCE TO HYDRANT _____ FT	FIRE STAT _____ MI	FIRE DISTRICT/CODE NUMBER	PROT CL	# STORIES	# BASMTS	YR BUILT	TOTAL AREA
Frame			LAKWOOD 1/217	003	2		1928	1,200

BUILDING IMPROVEMENTS	BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES			
<input type="checkbox"/> WIRING, YR: _____	<input type="checkbox"/> PLUMBING, YR: _____	99		Dwellings - One-Family - (Lessor's Risk Only)			
<input type="checkbox"/> ROOFING, YR: _____	<input type="checkbox"/> HEATING, YR: _____	WIND CLASS		HEATING BOILER ON PREMISES?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
<input type="checkbox"/> OTHER: _____	<input type="checkbox"/> RESISTIVE <input type="checkbox"/> SEMI-RESISTIVE <input type="checkbox"/> OTHER			IF YES, IS INSURANCE PLACED ELSEWHERE?		<input type="checkbox"/> YES	<input type="checkbox"/> NO

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE
--------------------------------------	-------------------------------------	-------------------------------------

BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	EXTENT	GRADE	CENTRAL STATION
N				NO	N WITH KEYS

BURGLAR ALARM INSTALLED AND SERVICED BY	# GUARDS/WATCHMEN	CLOCK HOURLY
	N	N

PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2/Chemical Systems)	% SPRNK	FIRE ALARM MANUFACTURER	CENTRAL STATION
			N LOCAL GONG

ADDITIONAL INTERESTS

RANK: 1	NAME AND ADDRESS:	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER
INTEREST	COMPANY Y 1590 Main Street Arvada, CO 80001			LOCATION: 003 BUILDING: 001
<input checked="" type="checkbox"/> LOSS PAYEE				SCHEDULED ITEM NUMBER:
<input checked="" type="checkbox"/> MORTGAGEE				OTHER:
	ITEM DESCRIPTION:			

REMARKS

Premise 003

* Additional remarks are in notepad #009

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, HI, NE, OH, OK, OR or VT; in DC, LA, ME, TN and VA, insurance benefits may also be denied)

Joseph W. Abbot

ABBOJO1

OP ID: AA

PREMISE INFORMATION											PREMISES #: 001		BUILDING #: 001		ISOTEL#:			
#	SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSE OF LOSS	INFL	DEDUCTIBLE	FORMS #	DATE	BLN								
1.	B	750,000		R	SPC	4.00	1000											
2.	BOLAW			R	BOLDC													
3.	PP	100,000		R	SPC	4.00	1000											
4.	SBBAS	850,000			SPC		1000											
5.	BUSIN		100.00		SPC		1000											
6.	CAICP				SPC													

ADDITIONAL PREMISES INFORMATION																
SOI	CAUSE	COINS %	RATE	RPT	AMOUNT	TYPE	BAS	SOI	CAUSE	COINS %	RATE	RPT	AMOUNT	TYPE	BAS	
1	SPC				1,000											
2	BOLDC															
3	SPC				1,000											
4	SPC				1,000											
5	SPC	100.00			1,000											
6	SPC															

VALUE REPORTING INFORMATION							
REPORTING FORM: PROVIDE AVERAGE VALUES FOR PAST 12 MONTHS				PREMISES/ BUILDING	ANY OTHER LOCA- TION DECLARED AT INCEPTION	ANY OTHER LOCA- TION ACQUIRED AFTER INCEPTION	PREMISES NOT OWNED OR ACQUIRED LIMIT
SUBJECT OF INSURANCE							

PREMISE INFORMATION											PREMISES #: 002		BUILDING #: 001		ISOTEL#:			
#	SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSE OF LOSS	INFL	DEDUCTIBLE	FORMS #	DATE	BLN								
1.	B	210,000	90.00	R	SPC	4.00	500											
2.	SBBAS	210,000			SPC		500											
3.																		
4.																		
5.																		
6.																		

ADDITIONAL PREMISES INFORMATION																
SOI	CAUSE	COINS %	RATE	RPT	AMOUNT	TYPE	BAS	SOI	CAUSE	COINS %	RATE	RPT	AMOUNT	TYPE	BAS	
1	SPC	90.00			500											
2	SPC				500											

VALUE REPORTING INFORMATION							
REPORTING FORM: PROVIDE AVERAGE VALUES FOR PAST 12 MONTHS				PREMISES/ BUILDING	ANY OTHER LOCA- TION DECLARED AT INCEPTION	ANY OTHER LOCA- TION ACQUIRED AFTER INCEPTION	PREMISES NOT OWNED OR ACQUIRED LIMIT
SUBJECT OF INSURANCE							

Joseph W. Abbot

ABBOJO1

OP ID: AA

PREMISE INFORMATION											PREMISES #: 003		BUILDING #: 001		ISOTEL#:			
#	SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSE OF LOSS	INFL	DEDUCTIBLE	FORMS #	DATE	BLN								
1.	SBBAS	300,000			SPC		500											
2.	B	300,000	90.00	R	SPC	4.00	500											
3.																		
4.																		
5.																		
6.																		

ADDITIONAL PREMISES INFORMATION																
SOI	CAUSE	COINS %	RATE	RPT	AMOUNT	TYPE	BAS	SOI	CAUSE	COINS %	RATE	RPT	AMOUNT	TYPE	BAS	
1	SPC				500											
2	SPC	90.00			500											

VALUE REPORTING INFORMATION							
REPORTING FORM: PROVIDE AVERAGE VALUES FOR PAST 12 MONTHS				PREMISES/ BUILDING	ANY OTHER LOCA- TION DECLARED AT INCEPTION	ANY OTHER LOCA- TION ACQUIRED AFTER INCEPTION	PREMISES NOT OWNED OR ACQUIRED LIMIT
SUBJECT OF INSURANCE							

PREMISE INFORMATION											PREMISES #:		BUILDING #:		ISOTEL#:			
#	SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSE OF LOSS	INFL	DEDUCTIBLE	FORMS #	DATE	BLN								
1.																		
2.																		
3.																		
4.																		
5.																		
6.																		

ADDITIONAL PREMISES INFORMATION																
SOI	CAUSE	COINS %	RATE	RPT	AMOUNT	TYPE	BAS	SOI	CAUSE	COINS %	RATE	RPT	AMOUNT	TYPE	BAS	

VALUE REPORTING INFORMATION							
REPORTING FORM: PROVIDE AVERAGE VALUES FOR PAST 12 MONTHS				PREMISES/ BUILDING	ANY OTHER LOCA- TION DECLARED AT INCEPTION	ANY OTHER LOCA- TION ACQUIRED AFTER INCEPTION	PREMISES NOT OWNED OR ACQUIRED LIMIT
SUBJECT OF INSURANCE							

POLICY LEVEL INFORMATION

ABBOJO1

OP ID: AA

COV CODE	DESCRIPTION	LIMIT 1	LIMIT 2	DEDUCTIBLE	CODE 1	CODE 2
TRIA	Terrorism Coverage p					
CPPEN	Custom Protector Plu					
PEXE	Property Extension					
EXN01	Expense Modification					

NAICS:

NOTEPAD:

INSURED'S NAME Joseph W. Abbot

PAGE 1

OP ID: AA

DATE 7/11/2011

AP Section Policy Received: 07/11/11

Form #: CP90401109 Form Name: Office/Lessors Custom Protector Endorsement

Form Ed Dt: 11/01/09

Form #: CP00900788 Form Name: Commercial Property Conditions Form Ed Dt:

07/01/88

Form #: CP01400706 Form Name: Exclusion of Loss Due to Virus or Bacteria

Form Ed Dt: 07/01/06

Form #: CP10320808 Form Name: Water Exclusion Endorsement Form Ed Dt:

08/01/08

Form #: CP72690603 Form Name: Fungus, Wet Rot, Dry Rot and Bacteria

Exclusion Form Ed Dt: 06/01/03

Form #: CP88040310 Form Name: Removal Permit Form Ed Dt: 03/01/10

Form #: CP91321108 Form Name: Identity Theft Expense Coverage Form Ed Dt:

11/01/08

Form #: IL00171198 Form Name: Common Policy Conditions Form Ed Dt:

11/01/98

Form #: IL01690907 Form Name: CO Changes - Conceal Misrepresent Fraud

Form Ed Dt: 09/01/07

Form #: IL02280907 Form Name: CO Changes - Cancellation and Nonrenewal

Form Ed Dt: 09/01/07

AP Section Policy Received: 07/11/11

Form #: IL09350702 Form Name: Exclusion of Certain Computer-Related

Losses Form Ed Dt: 07/01/02

Form #: NP72420108 Form Name: NP - Certified Acts of Terrorism Notice

Form Ed Dt: 01/01/08

Form #: NP74060106 Form Name: NP - Flood Insurance Notice Form Ed Dt:

01/01/06

Form #: NP74440906 Form Name: NP - Treasury Dept OFAC Notice to

Policyholders Form Ed Dt: 09/01/06

Form #: IL09520308 Form Name: Cap on Losses From Certified Acts of

Terrorism Form Ed Dt: 03/01/08

Form #: CP00100402 Form Name: Building and Personal Property Coverage

Form Ed Dt: 04/01/02

Form #: CP10300402 Form Name: Causes of Loss - Special Form Form Ed Dt:

04/01/02

Form #: CP04151000 Form Name: Debris Removal Additional Insurance Form Ed

Dt: 10/01/00

Form #: CP04050402 Form Name: Ordinance or Law Coverage Form Ed Dt:

04/01/02

Form #: CP00300402 Form Name: Business Income (and Extra Expense)

AP Section Policy Received: 07/11/11

Coverage Form Form Ed Dt: 04/01/02

Form #: CP15321000 Form Name: Civil Authority Increased Coverage Period

Form Ed Dt: 10/01/00

Form #: CP91311108 Form Name: Business Income Coverage - Actual Loss

Sustained Form Ed Dt: 11/01/08

Form #: CP72970402 Form Name: Equipment Breakdown Enhancement End.

-Special Form Form Ed Dt: 04/01/02

Form #: CP91421109 Form Name: Custom Protector Plus Endorsement Form Ed

Dt: 11/01/09

Form #: CG89021208 Form Name: Employment Practices Liability Coverage

Form Ed Dt: 12/01/08

Form #: CG00011207 Form Name: Commercial GL Coverage Form - Occurrence

Form Ed Dt: 12/01/07

Form #: CG00680509 Form Name: Record Distribute Material Info Violation

Law Excl Form Ed Dt: 05/01/09

Form #: CG21471207 Form Name: Employment Related Practices Excl Form Ed

Dt: 12/01/07

Form #: CG21651204 Form Name: Total Poll Excl with Bldg Heat Cool Dehumid

Equip Form Ed Dt: 12/01/04

AP Section Policy Received: 07/11/11

Form #: CG21671204 Form Name: Fungi or Bacteria Exclusion Form Ed Dt:

12/01/04

Form #: CG32240610 Form Name: CO Changes - Amendment of Insd Contract

Definition Form Ed Dt: 06/01/10

Form #: CG84990809 Form Name: Non-Cumulation Liab Limits Same Occ Form Ed

Dt: 08/01/09

Form #: CG88861208 Form Name: Exclusion - Asbestos Liability Form Ed Dt:

12/01/08

Form #: CG89600610 Form Name: Commercial General Liability Extension

(Colorado) Form Ed Dt: 06/01/10

Form #: IL00210908 Form Name: Nuclear Energy Liab Excl Endt Form Ed Dt:

09/01/08

Form #: CG88761208 Form Name: Excl-Earth Mvmt-Products/Completed

Operations Haza Form Ed Dt: 12/01/08

Form #: CG88771208 Form Name: Medical Expense At Your Request Endorsement

Form Ed Dt: 12/01/08

Form #: CG21700108 Form Name: Cap on Losses From Certified Acts of

Terrorism Form Ed Dt: 01/01/08

Form #: CG21760108 Form Name: Excl Punitive Damages Related Cert Act

NOTEPAD:INSURED'S NAME **Joseph W. Abbot**

PAGE 2

OP ID: AA

DATE 7/11/2011

AP Section Policy Received: 07/11/11
Terrorism Form Ed Dt: 01/01/08
Form #: CG88601208 Form Name: Each Location General Aggregate Limit Form
Ed Dt: 12/01/08
Form #: CG88611208 Form Name: Property Damage - Customers' Goods Form Ed
Dt: 12/01/08
Form #: CG88661208 Form Name: Property Damage - Borrowed Equipment Form
Ed Dt: 12/01/08
Form #: CG89580910 Form Name: Cyber Liability-Amendment of Coverage B--PI
and AI Form Ed Dt: 09/01/10
Form #: NP89691110 Form Name: NP - Billing Practices Form Ed Dt: 11/01/10
Form #: CG88871208 Form Name: Exclusion - Lead Liability Form Ed Dt:
12/01/08
Int ID Num: 1 Nat of Int Cd: AC Int Rank: 1 Name: COMPANY X
916-555-0013
Int ID Num: 2 Nat of Int Cd: IC Int Rank: 1 Name: COMPANY X
916-555-0013

GL-S Policy Received: 07/11/11
Location #3 1586 Main Street Lakewood CO 80214-5341
Pol Level Cov - Terrorism Coverage provided under the federal Terrorism
Coverage: Current Term Amount: \$1.00 Net Change Amount: \$1.00
Pol Level Cov - Liability Extension Coverage: Current Term Amount: \$50.00
Net Change Amount: \$35.00
Pol Level Cov - Expense Modification Factor Coverage: Rate: 1.00000
Pol Level Cov - Experience Modification Factor Coverage: Rate: 1.00000
Pol Level Cov - Schedule Modification Factor Coverage: Rate: 1.00000
Pol Level Cov - Package Modification Factor Coverage: Rate: 1.00000
State: CO
Location #1
Building #1
Premises/Operations (Premium group only) Coverage: Net Change Amount:
\$95.00 Rate: 33.66000
EPLI Coverage: Deductible 1: \$5000 Deductible 1 Basis Code: O Current
Term Amount: \$5.00 Net Change Amount: \$4.00
Location #2
Building #1
Premises/Operations (Premium group only) Coverage: Net Change Amount:

GL-S Policy Received: 07/11/11
\$36.00 Rate: 52.08700
Location #3
Building #1
Premises/Operations (Premium group only) Coverage: Net Change Amount:
\$36.00 Rate: 52.08700

PROP Policy Received: 07/11/11
Pol Level Cov - Terrorism Coverage provided under the federal Terrorism
Coverage: Current Term Amount: \$8.00 Net Change Amount: \$6.00
Pol Level Cov - Custom Protector Plus Endorsement Coverage: Current Term
Amount: \$8.00 Net Change Amount: \$6.00
Pol Level Cov - Property Extension Coverage: Current Term Amount: \$73.00
Net Change Amount: \$50.00
Pol Level Cov - Expense Modification Factor Coverage: Rate: 1.00000
Location #1
Building #1
Subject of Ins - B
Special (Including theft) Coverage: Limit 1: \$750000 Current Term Amount:
\$818.00 Net Change Amount: \$560.00
Subject of Ins - BOLAW
Combined Demolition Cost and Increased Cost of Coverage: Limit 1: \$250000
Current Term Amount: \$268.00 Net Change Amount: \$184.00
Subject of Ins - PP
Special (Including theft) Coverage: Limit 1: \$100000 Current Term Amount:
\$144.00 Net Change Amount: \$100.00
Subject of Ins - SBBAS

NOTEPAD:

INSURED'S NAME **Joseph W. Abbot**

PAGE **3**

OP ID: **AA**

DATE **7/11/2011**

PROP Policy Received: 07/11/11
Special (Including theft) Coverage: Limit 1: \$850000 Current Term Amount:
\$114.00 Net Change Amount: \$78.00
Subject of Ins - BUSIN
Special (Including theft) Coverage: Current Term Amount: \$30.00 Net
Change Amount: \$22.00
Subj of Ins: Debris Removal Amt.of Ins: 15000
Subject of Ins - DEBRL
Special (Including theft) Coverage: Limit 1: \$15000 Deductible 1: \$1000
Current Term Amount: \$2.00 Net Change Amount: \$2.00
Location #2
Building #1
Subject of Ins - B
Special (Including theft) Coverage: Limit 1: \$210000 Current Term Amount:
\$202.00 Net Change Amount: \$139.00
Subject of Ins - SBBAS
Special (Including theft) Coverage: Limit 1: \$210000 Current Term Amount:
\$27.00 Net Change Amount: \$19.00
Location #3
Building #1

PROP Policy Received: 07/11/11
Subject of Ins - SBBAS
Special (Including theft) Coverage: Limit 1: \$300000 Current Term Amount:
\$39.00 Net Change Amount: \$27.00
Subject of Ins - B
Special (Including theft) Coverage: Limit 1: \$300000 Current Term Amount:
\$288.00 Net Change Amount: \$198.00



COMMERCIAL INSURANCE APPLICATION
APPLICANT INFORMATION SECTION

OP ID: AA

DATE (MM/DD/YYYY)
7/11/2011

AGENCY University Park 101 Applied Parkway University Park, IL 60466		CARRIER TEST		NAIC CODE 24074
CONTACT NAME:		UNDERWRITER:		UNDERWRITER OFFICE:
PHONE (A/C, No, Ext): 800-100-5368		POLICIES OR PROGRAM REQUESTED GL		POLICY NUMBER
FAX (A/C, No): 800-100-2301		INDICATE SECTIONS ATTACHED		TRUCKERS/MOTOR CARRIER
E-MAIL ADDRESS:		ACCOUNTS RECEIVABLE/ VALUABLE PAPERS		UMBRELLA
CODE:		BOILER & MACHINERY		VEHICLE SCHEDULE
SUB CODE:		BUSINESS AUTO		WORKERS COMPENSATION
AGENCY CUSTOMER ID: ABBOJO1		<input checked="" type="checkbox"/> COMMERCIAL		YACHT
		GENERAL LIABILITY		
		CRIME/MISCELLANEOUS CRIME		
		DEALERS		
		DRIVER INFO SCHEDULE		
		ELECTRONIC DATA PROC		
		EQUIPMENT FLOATER		
		GARAGE AND DEALERS		
		GLASS AND SIGN		
		INSTALLATION/BUILDERS RISK		
		OPEN CARGO		
		PROPERTY		
		TRANSPORTATION/ MOTOR TRUCK CARGO		

STATUS OF TRANSACTION		PACKAGE POLICY INFORMATION				
<input checked="" type="checkbox"/> QUOTE	<input checked="" type="checkbox"/> ISSUE POLICY	<input type="checkbox"/> RENEW	ENTER THIS INFORMATION WHEN COMMON DATES AND TERMS APPLY TO SEVERAL LINES, OR FOR MONOLINE POLICIES.			
BOUND (Give Date and/or Attach Copy):		PROPOSED EFF DATE	PROPOSED EXP DATE	BILLING PLAN	PAYMENT PLAN	AUDIT
CHANGE	DATE	TIME	AM	<input checked="" type="checkbox"/> DIRECT BILL	10	<input checked="" type="checkbox"/>
CANCEL			PM	AGENCY BILL	PACKAGE POLICY PREMIUM: \$18,066.00	
			01/24/13	01/24/14		

APPLICANT INFORMATION			
NAME (First Named Insured & Other Named Insureds) Company Dg		MAILING ADDRESS INCL ZIP+4 (of First Named Insured) 2180 Main Street Arden Hills, MN 55112	
FEIN OR SOC SEC # (of First Named Insured):		PHONE (A/C, No, Ext): 916-555-0101	
E-MAIL ADDRESS(ES):		WEBSITE ADDRESS(ES):	
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> CORPORATION	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION NOT FOR PROFIT ORG	<input type="checkbox"/> LLC
<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> NO. OF MEMBERS AND MANAGERS	<input type="checkbox"/> CR BUREAU NAME:
			DATE BUS STARTED 01/01/13
INSPECTION CONTACT: COMPANY IB		ACCOUNTING RECORDS CONTACT:	
PHONE (A/C, No, Ext): 916-555-0102		E-MAIL ADDRESS:	
E-MAIL ADDRESS:		PHONE (A/C, No, Ext):	
E-MAIL ADDRESS:		E-MAIL ADDRESS:	

PREMISES INFORMATION		ACORD 823 attached for additional premises							
LOC #	BLD #	STREET, CITY, COUNTY, STATE, ZIP+4	CITY LIMITS	INTEREST	YR BUILT	# EMPLOYEES	ANNUAL REVENUES	% OCCUPIED	
001	001	2182 Main Street and Ave Phoenix AZ 85037 Maricopa	INSIDE	OWNER					
			OUTSIDE	TENANT					
002	001	2183 Main Street Chandler AZ 85225-7007 Maricopa County	INSIDE	OWNER					
			OUTSIDE	TENANT					
003	001	2184 Main Street Chandler AZ 85225-7007 Maricopa County	INSIDE	OWNER					
			OUTSIDE	TENANT					
004	001	2185 Main Street Chandler AZ 85225-7007 Maricopa County	INSIDE	OWNER					
			OUTSIDE	TENANT					

NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS BY PREMISE(S)	
001	001 LESSORS RISK

GENERAL INFORMATION

AGENCY CUSTOMER ID: _____

ABBOJO1

OP ID: AA

EXPLAIN ALL "YES" RESPONSES	Y/N	
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ?	<input type="checkbox"/>	
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?	<input checked="" type="checkbox"/> N	
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?	<input type="checkbox"/>	
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?	<input type="checkbox"/>	
4. ANY CATASTROPHE EXPOSURE?	<input type="checkbox"/>	
5. ANY OTHER INSURANCE WITH THIS COMPANY OR BEING SUBMITTED?	<input type="checkbox"/>	
6. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR THREE (3) YEARS? (Not applicable in MO)	<input checked="" type="checkbox"/> N	
7. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?	<input type="checkbox"/>	
8. DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY? (In RI, this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment).	<input checked="" type="checkbox"/> N	
9. ANY UNCORRECTED FIRE CODE VIOLATIONS?	<input type="checkbox"/>	
10. ANY BANKRUPTCIES, TAX OR CREDIT LIENS AGAINST THE APPLICANT IN THE PAST FIVE (5) YEARS?	<input checked="" type="checkbox"/> N	
11. HAS BUSINESS BEEN PLACED IN A TRUST? IF "YES", NAME OF TRUST:	<input type="checkbox"/>	
12. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD/DISTRIBUTED IN FOREIGN COUNTRIES? (If "YES", attach ACORD 815 for Liability Exposure and/or ACORD 816 for Property Exposure)	<input type="checkbox"/>	
REMARKS/PROCESSING INSTRUCTIONS (Attach additional sheets if more space is required)		
COPY OF THE NOTICE OF INFORMATION PRACTICES (PRIVACY) HAS BEEN GIVEN TO THE APPLICANT. (Not applicable in all states, consult your agent or broker for your state's requirements.)		
NOTICE OF INSURANCE INFORMATION PRACTICES - PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT POLICY 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. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.		
ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, FL, HI, MA, NE, OH, OK, OR, or VT; in DC, LA, ME, TN, VA and WA, insurance benefits may also be denied)		
IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.		
THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.		
PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER

PRIOR CARRIER INFORMATION

AGENCY CUSTOMER ID:

ABBOJO1

OP ID: AA

LINE	CATEGORY												
GENERAL LIABILITY	CARRIER												
	POLICY NUMBER												
	POLICY TYPE	CLAIMS MADE	OCCURRENCE	CLAIMS MADE	OCCURRENCE	CLAIMS MADE	OCCURRENCE	CLAIMS MADE	OCCURRENCE	CLAIMS MADE	OCCURRENCE	CLAIMS MADE	OCCURRENCE
	RETRO DATE												
	EFF-EXP DATE												
	GENERAL AGGREGATE												
	PRODUCTS COMP OP AGGREGATE												
	PERSONAL & ADV INJ												
	EACH OCCURRENCE												
	FIRE DAMAGE												
	MEDICAL EXPENSE												
	BODILY INJURY	OCCURRENCE											
		AGGREGATE											
	PROPERTY DAMAGE	OCCURRENCE											
		AGGREGATE											
COMBINED SINGLE LIMIT													
MODIFICATION FACTOR													
TOTAL PREMIUM													
AUTOMOBILE	CARRIER												
	POLICY NUMBER												
	POLICY TYPE												
	EFF-EXP DATE												
	COMBINED SINGLE LIMIT												
	BODILY INJURY	EA PERSON											
		EA ACCIDENT											
	PROPERTY DAMAGE												
MODIFICATION FACTOR													
TOTAL PREMIUM													
PROPERTY	CARRIER												
	POLICY NUMBER												
	POLICY TYPE												
	EFF-EXP DATE												
	BUILDING	AMT											
	PERS PROP	AMT											
MODIFICATION FACTOR													
TOTAL PREMIUM													
PROPERTY	CARRIER												
	POLICY NUMBER												
	POLICY TYPE												
	EFF-EXP DATE												
	LIMIT												
	MODIFICATION FACTOR												
	TOTAL PREMIUM												

LOSS HISTORY

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE PRIOR 5 YEARS (3 YEARS IN KS & NY)

DATE OF OCCURRENCE	LINE	TYPE/DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	CLAIM STATUS	
						OPEN	CLSD

REMARKS NOTE: FIDELITY REQUIRES A FIVE YEAR LOSS HISTORY

SEE ATTACHED REMARKS OVERFLOW

ATTACHMENTS

STATE SUPPLEMENT(S) (If applicable)



COMMERCIAL INSURANCE APPLICATION SUPPLEMENT
ADDITIONAL PREMISES INFORMATION SECTION

Table with header information including AGENCY (University Park), APPLICANT/FIRST NAMED INSURED (Company Dg), POLICY NUMBER, CARRIER (TEST), and NAIC CODE (24074).

PREMISES INFORMATION - Effective Date: 01/24/13

Main table with columns: LOC #, BLD #, STREET, CITY, COUNTY, STATE, ZIP+4, CITY LIMITS, INTEREST, YR BUILT, # EMPLOYEES, ANNUAL REVENUES, % OCCUPIED. Contains 12 rows of premise data.

NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS BY PREMISE(S)

Large empty rectangular box for providing business descriptions for each premise.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES.

IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

* Additional remarks are in notepad #001

ACORD COMMERCIAL GENERAL LIABILITY SECTION

DATE
7/11/2011

PRODUCER PHONE (A/C, No, Ext): 800-100-5368 800-100-2301 University Park 101 Applied Parkway University Park, IL 60466	APPLICANT Joseph W. Abbot (First Named Insured) <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">EFFECTIVE DATE</td> <td style="width:15%;">EXPIRATION DATE</td> <td style="width:5%;">X</td> <td style="width:15%;">DIRECT BILL</td> <td style="width:15%;">PAYMENT PLAN</td> <td style="width:10%;">AUDIT</td> </tr> <tr> <td>01/24/13</td> <td>01/24/14</td> <td></td> <td>AGENCY BILL</td> <td>10</td> <td>X</td> </tr> </table> FOR COMPANY USE ONLY CODE: _____ SUB CODE: _____ AGENCY CUSTOMER ID: ABBOJO1	EFFECTIVE DATE	EXPIRATION DATE	X	DIRECT BILL	PAYMENT PLAN	AUDIT	01/24/13	01/24/14		AGENCY BILL	10	X
EFFECTIVE DATE	EXPIRATION DATE	X	DIRECT BILL	PAYMENT PLAN	AUDIT								
01/24/13	01/24/14		AGENCY BILL	10	X								

COVERAGES	LIMITS	PREMIUMS
<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	GENERAL AGGREGATE	\$ 2000000
<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCURRENCE	PRODUCTS & COMPLETED OPERATIONS AGGREGATE	\$ 2000000
<input type="checkbox"/> OWNER'S & CONTRACTOR'S PROTECTIVE	PERSONAL & ADVERTISING INJURY	\$ 1000000
	EACH OCCURRENCE	\$ 1000000
DEDUCTIBLES	DAMAGE TO RENTED PREMISES (each occurrence)	\$ 300000
<input type="checkbox"/> PROPERTY DAMAGE \$	MEDICAL EXPENSE (Any one person)	\$
<input type="checkbox"/> BODILY INJURY \$	EMPLOYEE BENEFITS	\$
<input type="checkbox"/> PER CLAIM		
<input type="checkbox"/> PER OCCURRENCE		
OTHER COVERAGES, RESTRICTIONS AND/OR ENDORSEMENTS (For hired/non-owned auto coverages attach the Business Auto Section, ACORD 127)		TOTAL
		18066.00

SCHEDULE OF HAZARDS

LOCATION #	CLASSIFICATION	CLASS CODE	PREMIUM BASIS	EXPOSURE	TERR	RATE		PREMIUM	
						PREM/OPS	PRODUCTS	PREM/OPS	PRODUCTS
1 1	Vacant Land - For Profit	49451	U	15	502	1.614		24.00	
2 1	Buildings Or Premises - Bank Or Of fice -	61217	A	37500	504	56.552		2121.00	
3 1	Buildings Or Premises - Bank Or Of fice -	61217	A	6000	504	56.552		339.00	
4 1	Buildings Or Premises - Bank Or Of fice -	61217	A	22500	504	56.552		1272.00	
5 1	Vacant Land - For Profit	49451	U	14	504	1.614		23.00	
6 1	Vacant Land - For Profit	49451	U	6	504	1.614		10.00	
10 1	Buildings Or Premises - Bank Or Of fice -	61217	A	29794	502	67.586		2014.00	
7 1	Vacant Land - For Profit	49451	U	46	001	1.515		70.00	
8 1	Buildings Or Premises - Bank Or Of fice -	61217	A	218780	002	45.852		10032.00	

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

CLAIMS MADE (Explain all "Yes" responses)	EMPLOYEE BENEFITS LIABILITY
1. PROPOSED RETROACTIVE DATE:	1. DEDUCTIBLE PER CLAIM: \$
2. ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COV:	2. NUMBER OF EMPLOYEES:
3. HAS ANY PRODUCT, WORK, ACCIDENT, OR LOCATION BEEN EXCLUDED, UNINSURED OR SELF-INSURED FROM ANY PREVIOUS COVERAGE?	3. NUMBER OF EMPLOYEES COVERED BY EMPLOYEE BENEFITS PLANS:
YES NO	4. RETROACTIVE DATE:
4. WAS TAIL COVERAGE PURCHASED UNDER ANY PREVIOUS POLICY?	
REMARKS	REMARKS

CONTRACTORS

EXPLAIN ALL "YES" RESPONSES (For past or present operations)		YES	NO	EXPLAIN ALL "YES" RESPONSES (For past or present operations)		YES	NO
1. DOES APPLICANT DRAW PLANS, DESIGNS, OR SPECIFICATIONS FOR OTHERS?				4. DO YOUR SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN YOURS?			
2. DO ANY OPERATIONS INCLUDE BLASTING OR UTILIZE OR STORE EXPLOSIVE MATERIAL?				5. ARE SUBCONTRACTORS ALLOWED TO WORK WITHOUT PROVIDING YOU WITH A CERTIFICATE OF INSURANCE?			
3. DO ANY OPERATIONS INCLUDE EXCAVATION, TUNNELING, UNDERGROUND WORK OR EARTH MOVING?				6. DOES APPLICANT LEASE EQUIPMENT TO OTHERS WITH OR WITHOUT OPERATORS?			
REMARKS/DESCRIBE THE TYPE OF WORK SUBCONTRACTED		\$ PAID TO SUB-CONTRACTORS:		% OF WORK SUBCONTRACTED:		# FULL-TIME STAFF:	

PRODUCTS/COMPLETED OPERATIONS

PRODUCTS	ANNUAL GROSS SALES	# OF UNITS	TIME IN MARKET	EXPECTED LIFE	INTENDED USE	PRINCIPAL COMPONENTS

EXPLAIN ALL "YES" RESPONSES (For any past or present product or operation)		YES	NO	EXPLAIN ALL "YES" RESPONSES (For any past or present product or operation)		YES	NO
1. DOES APPLICANT INSTALL, SERVICE OR DEMONSTRATE PRODUCTS?				6. PRODUCTS RECALLED, DISCONTINUED, CHANGED?			
2. FOREIGN PRODUCTS SOLD, DISTRIBUTED, USED AS COMPONENTS?				7. PRODUCTS OF OTHERS SOLD OR RE-PACKAGED UNDER APPLICANT LABEL?			
3. RESEARCH AND DEVELOPMENT CONDUCTED OR NEW PRODUCTS PLANNED?				8. PRODUCTS UNDER LABEL OF OTHERS?			
4. GUARANTEES, WARRANTIES, HOLD HARMLESS AGREEMENTS?				9. VENDORS COVERAGE REQUIRED?			
5. PRODUCTS RELATED TO AIRCRAFT/SPACE INDUSTRY?				10. DOES ANY NAMED INSURED SELL TO OTHER NAMED INSUREDS?			
PLEASE ATTACH LITERATURE, BROCHURES, LABELS, WARNINGS, ETC							

ADDITIONAL INTEREST/CERTIFICATE RECIPIENT

ACORD 45 attached for additional names

INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER
ADDITIONAL INSURED					LOCATION: BUILDING:
LOSS PAYEE					VEHICLE: BOAT:
MORTGAGEE					SCHEDULED ITEM NUMBER:
LIENHOLDER					OTHER
EMPLOYEE AS LESSOR					
ITEM DESCRIPTION:					

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)		YES	NO	EXPLAIN ALL "YES" RESPONSES (For all past or present operations)		YES	NO
1. ANY MEDICAL FACILITIES PROVIDED OR MEDICAL PROFESSIONALS EMPLOYED OR CONTRACTED?				12. ANY STRUCTURAL ALTERATIONS CONTEMPLATED?			
2. ANY EXPOSURE TO RADIOACTIVE/NUCLEAR MATERIALS?				13. ANY DEMOLITION EXPOSURE CONTEMPLATED?			
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)				14. HAS APPLICANT BEEN ACTIVE IN OR IS CURRENTLY ACTIVE IN JOINT VENTURES?			
4. ANY OPERATIONS SOLD, ACQUIRED, OR DISCONTINUED IN LAST 5 YEARS?				15. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?			X
5. MACHINERY OR EQUIPMENT LOANED OR RENTED TO OTHERS?				16. IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS OR SUBSIDIARIES?			
6. ANY WATERCRAFT, DOCKS, FLOATS OWNED, HIRED OR LEASED?				17. ARE DAY CARE FACILITIES OPERATED OR CONTROLLED?			
7. ANY PARKING FACILITIES OWNED/RENTED?				18. HAVE ANY CRIMES OCCURRED OR BEEN ATTEMPTED ON YOUR PREMISES WITHIN THE LAST THREE YEARS?			
8. IS A FEE CHARGED FOR PARKING?				19. IS THERE A FORMAL, WRITTEN SAFETY AND SECURITY POLICY IN EFFECT?			
9. RECREATION FACILITIES PROVIDED?				20. DOES THE BUSINESSES' PROMOTIONAL LITERATURE MAKE ANY REPRESENTATIONS ABOUT THE SAFETY OR SECURITY OF THE PREMISES?			
10. IS THERE A SWIMMING POOL ON THE PREMISES?							
11. SPORTING OR SOCIAL EVENTS SPONSORED?							
SEE ATTACHED REMARKS OVERFLOW							

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND (NY: SUBSTANTIAL) CIVIL PENALTIES. (NOT APPLICABLE IN CO, HI, NE, OH, OK, OR; IN DC, LA, ME AND VA, INSURANCE BENEFITS MAY ALSO BE DENIED)

SCHEDULE OF HAZARDS ADDITIONAL COVERAGES

ABBOJO1

OP ID: AA

	COVERAGE CODE	LIMIT 1	LIMIT 2	DEDUCTIBLE	DEDUCTIBLE TYPE
LOCATION #: 001 BUILDING #: 001	XMEDP				
LOCATION #: 002 BUILDING #: 001	XMEDP				
LOCATION #: 003 BUILDING #: 001	XMEDP				
LOCATION #: 004 BUILDING #: 001	XMEDP				
LOCATION #: 005 BUILDING #: 001	XMEDP				
LOCATION #: 006 BUILDING #: 001	XMEDP				
LOCATION #: 010 BUILDING #: 001	XMEDP				
LOCATION #: 007 BUILDING #: 001	XMEDP				
LOCATION #: 008 BUILDING #: 001	XMEDP				

PRODUCTS/COMPLETED OPERATIONS

PRODUCTS	ANNUAL GROSS SALES	# OF UNITS	TIME IN MARKET	EXPECTED LIFE	INTENDED USE	PRINCIPAL COMPONENTS

OTHER COVERAGE/RESTRICTIONS/ENDORSEMENTS

#	STATE	COVERAGE CODE	DESCRIPTION	LIMIT 1	LIMIT 2	DEDUCTIBLE	DEDUCTIBLE TYPE
1	MN	TRIA	Terrorism Coverage p				
2	MN	EXN01	Expense Modification				
3	MN	EXP01	Experience Modificat				
4	MN	SCH01	Schedule Modificatio				
5	MN	PKG01	Package Modification				
6							
7							
8							
9							
10							

ATTACH TO COMMERCIAL GENERAL LIABILITY APPLICATION

Joseph W. Abbot

ABBOJO1

PAGE 1

LOCATION # 9		BUILDING # 1								
CLASSIFICATION				CLASS CODE	PREMIUM BASIS	EXPOSURE	TERR	PREM/OPS	RATE PRODUCTS	PREMIUM PRODUCTS
Buildings Or Premises - Bank Or Office - Mercantile Or Manufacturing - Maintained By The Insured (Lessor's Risk Only) -				61217	A	17014	002	45.852		780.00
ADDITIONAL COVERAGES				COVERAGE CODE		LIMIT		DEDUCTIBLE		DEDUCTIBLE TYPE
				XMEDP						

LOCATION # 11		BUILDING # 1								
CLASSIFICATION				CLASS CODE	PREMIUM BASIS	EXPOSURE	TERR	PREM/OPS	RATE PRODUCTS	PREMIUM PRODUCTS
Buildings Or Premises - Bank Or Office - Mercantile Or Manufacturing - Maintained By The Insured (Lessor's Risk Only) -				61217	A	12500	001	97.64		1221.00
ADDITIONAL COVERAGES				COVERAGE CODE		LIMIT		DEDUCTIBLE		DEDUCTIBLE TYPE
				XMEDP						

LOCATION # 12		BUILDING # 1								
CLASSIFICATION				CLASS CODE	PREMIUM BASIS	EXPOSURE	TERR	PREM/OPS	RATE PRODUCTS	PREMIUM PRODUCTS
Buildings Or Premises - Bank Or Office - Mercantile Or Manufacturing - Maintained By The Insured (Lessor's Risk Only) -				61217	A	900	001	97.64		88.00
ADDITIONAL COVERAGES				COVERAGE CODE		LIMIT		DEDUCTIBLE		DEDUCTIBLE TYPE
				XMEDP						

LOCATION #		BUILDING #								
CLASSIFICATION				CLASS CODE	PREMIUM BASIS	EXPOSURE	TERR	PREM/OPS	RATE PRODUCTS	PREMIUM PRODUCTS
ADDITIONAL COVERAGES				COVERAGE CODE		LIMIT		DEDUCTIBLE		DEDUCTIBLE TYPE

LOCATION #		BUILDING #								
CLASSIFICATION				CLASS CODE	PREMIUM BASIS	EXPOSURE	TERR	PREM/OPS	RATE PRODUCTS	PREMIUM PRODUCTS
ADDITIONAL COVERAGES				COVERAGE CODE		LIMIT		DEDUCTIBLE		DEDUCTIBLE TYPE

* Additional remarks are in notepad #005

NOTEPAD:INSURED'S NAME **Joseph W. Abbot**

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OP ID: AA

DATE 7/11/2011

AP Section Policy Received: 07/11/11
Form #: CG00011207 Form Name: Commercial GL Coverage Form - Occurrence
Form Ed Dt: 12/01/07
Form #: CG00680509 Form Name: Record Distribute Material Info Violation
Law Excl Form Ed Dt: 05/01/09
Form #: CG21351001 Form Name: Exclusion - Coverage C - Medical Payments
Form Ed Dt: 10/01/01
Form #: CG21471207 Form Name: Employment Related Practices Excl Form Ed
Dt: 12/01/07
Form #: CG21651204 Form Name: Total Poll Excl with Bldg Heat Cool Dehumid
Equip Form Ed Dt: 12/01/04
Form #: CG21671204 Form Name: Fungi or Bacteria Exclusion Form Ed Dt:
12/01/04
Form #: CG21700108 Form Name: Cap on Losses From Certified Acts of
Terrorism Form Ed Dt: 01/01/08
Form #: CG21760108 Form Name: Excl Punitive Damages Related Cert Act
Terrorism Form Ed Dt: 01/01/08
Form #: CG24260704 Form Name: Amendment of Insured Contract Definition
Form Ed Dt: 07/01/04
Form #: CG84990112 Form Name: Non-Cumulation Of Liability Limits Same

AP Section Policy Received: 07/11/11
Occurrence Form Ed Dt: 01/01/12
Form #: CG88101009 Form Name: Comm GL Liability Extension Form Ed Dt:
10/01/09
Form #: CG88761208 Form Name: Excl-Earth Mvmt-Products/Completed
Operations Haza Form Ed Dt: 12/01/08
Form #: CG88861208 Form Name: Exclusion - Asbestos Liability Form Ed Dt:
12/01/08
Form #: IL00171198 Form Name: Common Policy Conditions Form Ed Dt:
11/01/98
Form #: IL00210908 Form Name: Nuclear Energy Liab Excl Endt Form Ed Dt:
09/01/08
Form #: IL01150110 Form Name: Nevada Changes - Domestic Partnership Form
Ed Dt: 01/01/10
Form #: IL02510907 Form Name: NV Changes - Cancellation and Nonrenewal
Form Ed Dt: 09/01/07
Form #: NP72420108 Form Name: NP - Certified Acts of Terrorism Notice
Form Ed Dt: 01/01/08
Form #: NP74440906 Form Name: NP - Treasury Dept OFAC Notice to
Policyholders Form Ed Dt: 09/01/06

AP Section Policy Received: 07/11/11
Form #: CG84990809 Form Name: Non-Cumulation Liab Limits Same Occ Form Ed
Dt: 08/01/09
Form #: IL02580112 Form Name: AZ Changes - Cancellation and Non-Renewal
Form Ed Dt: 01/01/12
Form #: CG01030606 Form Name: TX Changes Form Ed Dt: 06/01/06
Form #: CG26391207 Form Name: TX Chngs - Employment-related Practices
Exclusion Form Ed Dt: 12/01/07
Form #: CG33900512 Form Name: Texas Changes - Amendment Of Insured
Contract Defi Form Ed Dt: 05/01/12
Form #: CG85870308 Form Name: Texas Changes - Employer's Liability
Exclusion Form Ed Dt: 03/01/08
Form #: CG88871208 Form Name: Exclusion - Lead Liability Form Ed Dt:
12/01/08
Form #: CG90250512 Form Name: Texas Comm GL Liability Extension Form Ed
Dt: 05/01/12
Form #: IL01680908 Form Name: Texas Changes - Duties Form Ed Dt: 09/01/08
Form #: IL02750907 Form Name: TX Chgs - Cancel Nonrenew Casualty Package
Policie Form Ed Dt: 09/01/07
Form #: NP70680207 Form Name: NP - TX Important Notice Contact Info Form

AP Section Policy Received: 07/11/11
Ed Dt: 02/01/07
Form #: NP91500412 Form Name: NP - Texas Disclosure Form Exclusion -
Asbestos Li Form Ed Dt: 04/01/12
Form #: NP91510412 Form Name: NP - Texas Disclosure Form Exclusion - Lead
Liabil Form Ed Dt: 04/01/12
Form #: NP89691110 Form Name: NP - Billing Practices Form Ed Dt: 11/01/10
Int ID Num: 1 Nat of Int Cd: IC Int Rank: 1 Name: COMPANY IB
916-555-0102

NOTEPAD:INSURED'S NAME **Joseph W. Abbot**

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OP ID: AA

DATE 7/11/2011

GL-S Policy Received: 07/11/11
Pol Level Cov - Terrorism Coverage provided under the federal Terrorism Coverage: Current Term Amount: \$72.00 Net Change Amount: \$72.00
Pol Level Cov - Expense Modification Factor Coverage: Rate: 1.00000
Pol Level Cov - Experience Modification Factor Coverage: Rate: 1.00000
Pol Level Cov - Schedule Modification Factor Coverage: Rate: 1.18800
Pol Level Cov - Package Modification Factor Coverage: Rate: 1.00000
State: AZ
Location #1 2182 Main Street and Ave Phoenix AZ 85037
Building #1
Premises/Operations (Premium group only) Coverage: Net Change Amount: \$24.00 Rate: 1.61400
Location #2 2183 Main Street Chandler AZ 85225-7007
Building #1
Premises/Operations (Premium group only) Coverage: Net Change Amount: \$2121.00 Rate: 56.55200
Location #3 2184 Main Street Chandler AZ 85225-7007
Building #1
Premises/Operations (Premium group only) Coverage: Net Change Amount: \$339.00 Rate: 56.55200

GL-S Policy Received: 07/11/11
Location #4 2185 Main Street Chandler AZ 85225-7007
Building #1
Premises/Operations (Premium group only) Coverage: Net Change Amount: \$1272.00 Rate: 56.55200
Location #5 2186 Main Street Appleby Rd Gilbert AZ 85298
Building #1
Premises/Operations (Premium group only) Coverage: Net Change Amount: \$23.00 Rate: 1.61400
Location #6 2187 Main Street Chandler Heigh Gilbert AZ 85298
Building #1
Premises/Operations (Premium group only) Coverage: Net Change Amount: \$10.00 Rate: 1.61400
Location #10 2188 Main Street Glendale AZ 85305-3162
Building #1
Premises/Operations (Premium group only) Coverage: Net Change Amount: \$2014.00 Rate: 67.58600
State: TX
Location #7 2189 Main Street Lancaster TX 75134-1603
Building #1

GL-S Policy Received: 07/11/11
Premises/Operations (Premium group only) Coverage: Net Change Amount: \$70.00 Rate: 1.51500
Location #8 2190 Main Street Loop 820 S Fort Worth TX 76119
Building #1
Premises/Operations (Premium group only) Coverage: Net Change Amount: \$10032.00 Rate: 45.85200
Location #9 2191 Main Street 820 South Bul Fort Worth TX 76119
Building #1
Premises/Operations (Premium group only) Coverage: Net Change Amount: \$780.00 Rate: 45.85200
State: NV
Location #11 2192 Main Street Reno NV 89512-3805
Building #1
Premises/Operations (Premium group only) Coverage: Net Change Amount: \$1221.00 Rate: 97.64000
Location #12 2193 Main Street Reno NV 89512-3805
Building #1
Premises/Operations (Premium group only) Coverage: Net Change Amount: \$88.00 Rate: 97.64000

GL-S Policy Received: 07/11/11



COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

OP ID: AA

DATE (MM/DD/YYYY)
7/11/2011

AGENCY University Park 101 Applied Parkway University Park, IL 60466	CARRIER TEST	NAIC CODE 24074
UNDERWRITER: _____ UNDERWRITER OFFICE: _____		POLICY NUMBER
POLICIES OR PROGRAM REQUESTED CU		
INDICATE SECTIONS ATTACHED		
<input type="checkbox"/> ACCOUNTS RECEIVABLE/ VALUABLE PAPERS <input type="checkbox"/> BOILER & MACHINERY <input type="checkbox"/> BUSINESS AUTO <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CRIME/MISCELLANEOUS CRIME <input type="checkbox"/> DEALERS <input type="checkbox"/> DRIVER INFO SCHEDULE	<input type="checkbox"/> ELECTRONIC DATA PROC <input type="checkbox"/> EQUIPMENT FLOATER <input type="checkbox"/> GARAGE AND DEALERS <input type="checkbox"/> GLASS AND SIGN <input type="checkbox"/> INSTALLATION/BUILDERS RISK <input type="checkbox"/> OPEN CARGO <input type="checkbox"/> PROPERTY <input type="checkbox"/> TRANSPORTATION/ MOTOR TRUCK CARGO	<input type="checkbox"/> TRUCKERS/MOTOR CARRIER <input checked="" type="checkbox"/> UMBRELLA <input type="checkbox"/> VEHICLE SCHEDULE <input type="checkbox"/> WORKERS COMPENSATION <input type="checkbox"/> YACHT
CONTACT NAME: _____ PHONE (A/C, No, Ext): 800-100-5368 FAX (A/C, No): 800-100-2301 E-MAIL ADDRESS: _____ CODE: _____ SUB CODE: _____ AGENCY CUSTOMER ID: ABBOJO1		

STATUS OF TRANSACTION				PACKAGE POLICY INFORMATION				
<input checked="" type="checkbox"/> QUOTE <input type="checkbox"/> BOUND (Give Date and/or Attach Copy): <input type="checkbox"/> CHANGE <input type="checkbox"/> CANCEL	<input checked="" type="checkbox"/> ISSUE POLICY <input type="checkbox"/> RENEW <input type="checkbox"/> AM <input type="checkbox"/> PM	ENTER THIS INFORMATION WHEN COMMON DATES AND TERMS APPLY TO SEVERAL LINES, OR FOR MONOLINE POLICIES.						
DATE: _____ TIME: _____	PROPOSED EFF DATE 03/18/13	PROPOSED EXP DATE 03/18/14	BILLING PLAN <input checked="" type="checkbox"/> DIRECT BILL <input type="checkbox"/> AGENCY BILL	PAYMENT PLAN OT	AUDIT 	PACKAGE POLICY PREMIUM: \$859.00		

APPLICANT INFORMATION NAME (First Named Insured & Other Named Insureds) Company Cp				MAILING ADDRESS INCL. ZIP+4 (of First Named Insured) 2110 Main Street Goodyear, AZ 85338			
FEIN OR SOC SEC # (of First Named Insured): _____		PHONE (A/C, No, Ext): 916-555-0001		WEBSITE ADDRESS(ES): _____			
<input checked="" type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> CORPORATION	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION NOT FOR PROFIT ORG	<input type="checkbox"/> LLC	NO. OF MEMBERS AND MANAGERS: _____	CR BUREAU NAME: _____		
<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> JOINT VENTURE	ID NUMBER: _____		DATE BUS STARTED 01/01/80			
INSPECTION CONTACT: COMPANY C			ACCOUNTING RECORDS CONTACT: _____				
PHONE (A/C, No, Ext): 916-555-0002		E-MAIL ADDRESS: _____		PHONE (A/C, No, Ext): _____			
E-MAIL ADDRESS(ES): _____		E-MAIL ADDRESS: _____		E-MAIL ADDRESS: _____			

PREMISES INFORMATION		ACORD 823 attached for additional premises							
LOC #	BLD #	STREET, CITY, COUNTY, STATE, ZIP+4	CITY LIMITS	INTEREST	YR BUILT	# EMPLOYEES	ANNUAL REVENUES	% OCCUPIED	
001	001	2112 Main Street Goodyear AZ 85338-1537 Maricopa County	INSIDE OUTSIDE	OWNER TENANT					
			INSIDE OUTSIDE	OWNER TENANT					
			INSIDE OUTSIDE	OWNER TENANT					
			INSIDE OUTSIDE	OWNER TENANT					

NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS BY PREMISE(S) 001 001 auto parts	
--	--

GENERAL INFORMATION

AGENCY CUSTOMER ID: _____

ABBOJO1

OP ID: AA

EXPLAIN ALL "YES" RESPONSES	Y/N	
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ?	<input type="checkbox"/>	
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?	<input checked="" type="checkbox"/> N	
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?	<input type="checkbox"/>	
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?	<input type="checkbox"/>	
4. ANY CATASTROPHE EXPOSURE?	<input type="checkbox"/>	
5. ANY OTHER INSURANCE WITH THIS COMPANY OR BEING SUBMITTED? Advertisers Media Liability = 5000	<input type="checkbox"/>	
6. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR THREE (3) YEARS? (Not applicable in MO)	<input checked="" type="checkbox"/> N	
7. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?	<input type="checkbox"/>	
8. DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY? <small>(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).</small>	<input checked="" type="checkbox"/> N	
9. ANY UNCORRECTED FIRE CODE VIOLATIONS?	<input type="checkbox"/>	
10. ANY BANKRUPTCIES, TAX OR CREDIT LIENS AGAINST THE APPLICANT IN THE PAST FIVE (5) YEARS?	<input checked="" type="checkbox"/> N	
11. HAS BUSINESS BEEN PLACED IN A TRUST? IF "YES", NAME OF TRUST:	<input type="checkbox"/>	
12. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD/DISTRIBUTED IN FOREIGN COUNTRIES? <small>(If "YES", attach ACORD 815 for Liability Exposure and/or ACORD 816 for Property Exposure)</small>	<input type="checkbox"/>	
REMARKS/PROCESSING INSTRUCTIONS (Attach additional sheets if more space is required)		
COPY OF THE NOTICE OF INFORMATION PRACTICES (PRIVACY) HAS BEEN GIVEN TO THE APPLICANT. (Not applicable in all states, consult your agent or broker for your state's requirements.)		
NOTICE OF INSURANCE INFORMATION PRACTICES - PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT POLICY 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. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.		
ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, FL, HI, MA, NE, OH, OK, OR, or VT; in DC, LA, ME, TN, VA and WA, insurance benefits may also be denied)		
IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.		
THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.		
PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER

PRIOR CARRIER INFORMATION

AGENCY CUSTOMER ID:

ABBOJO1

OP ID: AA

LINE	CATEGORY												
GENERAL LIABILITY	CARRIER												
	POLICY NUMBER												
	POLICY TYPE	CLAIMS MADE	OCCURRENCE	CLAIMS MADE	OCCURRENCE	CLAIMS MADE	OCCURRENCE	CLAIMS MADE	OCCURRENCE	CLAIMS MADE	OCCURRENCE	CLAIMS MADE	OCCURRENCE
	RETRO DATE												
	EFF-EXP DATE												
	GENERAL AGGREGATE												
	PRODUCTS COMP OP AGGREGATE												
	PERSONAL & ADV INJ												
	EACH OCCURRENCE												
	FIRE DAMAGE												
	MEDICAL EXPENSE												
	BODILY INJURY	OCCURRENCE											
		AGGREGATE											
	PROPERTY DAMAGE	OCCURRENCE											
		AGGREGATE											
COMBINED SINGLE LIMIT													
MODIFICATION FACTOR													
TOTAL PREMIUM													
AUTOMOBILE	CARRIER												
	POLICY NUMBER												
	POLICY TYPE												
	EFF-EXP DATE												
	COMBINED SINGLE LIMIT												
	BODILY INJURY	EA PERSON											
		EA ACCIDENT											
	PROPERTY DAMAGE												
	MODIFICATION FACTOR												
	TOTAL PREMIUM												
PROPERTY	CARRIER												
	POLICY NUMBER												
	POLICY TYPE												
	EFF-EXP DATE												
		BUILDING	AMT										
		PERS PROP	AMT										
	MODIFICATION FACTOR												
TOTAL PREMIUM													
	CARRIER	Hartford Insura											
	POLICY NUMBER	EX989683											
	POLICY TYPE	CUMBR											
	EFF-EXP DATE	03/18/12 03/18/13											
	LIMIT												
	MODIFICATION FACTOR												
	TOTAL PREMIUM												

LOSS HISTORY

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE PRIOR 5 YEARS (3 YEARS IN KS & NY)						CHK HERE IF NONE	SEE ATTACHED LOSS SUMMARY
DATE OF OCCURRENCE	LINE	TYPE/DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	CLAIM STATUS	
						OPEN	CLSD

REMARKS NOTE: FIDELITY REQUIRES A FIVE YEAR LOSS HISTORY

SEE ATTACHED REMARKS OVERFLOW

ATTACHMENTS

STATE SUPPLEMENT(S) (If applicable)

* Additional remarks are in notepad #001

ACORD™ UMBRELLA SECTION

OP ID: AA

DATE (MM/DD/YY)
7/11/2011

PRODUCER	PHONE (A/C, No, Ext): 800-100-5368 800-100-2301	APPLICANT (First Named Insured) Joseph W. Abbot
University Park 101 Applied Parkway University Park, IL 60466		EFFECTIVE DATE: 03/18/13 EXPIRATION DATE: 03/18/14 DIRECT BILL: X AGENCY BILL: OT PAYMENT PLAN: OT AUDIT:
CODE:	SUBCODE:	FOR COMPANY USE ONLY
AGENCY CUSTOMER ID: ABBOJO1		

POLICY INFORMATION

TRANSACTION TYPE		LIMIT OF LIABILITY	RETAINED LIMIT
<input checked="" type="checkbox"/> NEW	PROPOSED RETROACTIVE DATE	\$ 2,000,000 EACH OCCURRENCE	\$ 10,000
<input type="checkbox"/> RENEWAL		\$ 2,000,000	
EXPIRING POL #:	CURRENT RETROACTIVE DATE:	FIRST DOLLAR DEFENSE	YES <input type="checkbox"/> NO <input type="checkbox"/>

PRIMARY LOCATION & SUBSIDIARIES (ACORD 125)

#	NAME AND LOCATION OF PRIMARY AND ALL SUBSIDIARY COMPANIES (Describe Operations)	ANNUAL PAYROLL	ANN GROSS SALES	FOREIGN GROSS SALES	# EMPL

UNDERLYING INSURANCE

LIST ALL LIABILITY/COMPENSATION POLICIES IN FORCE TO APPLY AS UNDERLYING INSURANCE

TYPE	CARRIER/POLICY NUMBER	POLICY EFF DATE	POLICY EXP DATE	LIMITS	ANNUAL RENEWAL PREMIUM	+/- RATING MOD
AUTOMOBILE LIABILITY				CSL \$	\$	
				BI \$	\$	
				PD \$	\$	
GENERAL LIABILITY POLICY TYPE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE		03/18/13	03/18/14	EACH OCCURRENCE \$ 100000	PREM/OPS	
				GENERAL AGGR \$ 200000	\$	
				PROD & COMP OPS AGGREGATE \$ 200000	PRODUCTS	
				PERSONAL & ADV INJURY \$ 100000	\$	
				FIRE DAMAGE \$	OTHER	
				MEDICAL EXPENSE \$	\$	
EMPLOYERS LIABILITY				EACH ACCIDENT \$	\$	
				DISEASE POLICY LIMIT \$		
				DISEASE \$		
				EACH EMPLOYEE \$		
Other		03/18/13	03/18/14			

UNDERLYING GENERAL LIABILITY INFORMATION (Explain all "YES" responses)

1	ARE DEFENSE COSTS:	WITHIN AGGREGATE LIMITS?	A SEPARATE LIMIT?	UNLIMITED?
2	INDICATE THE EDITION DATE OF THE ISO SIMPLIFIED FORM OR SIMILAR FILING FOR THE UNDERLYING COVERAGE:			
3	HAS ANY PRODUCT, WORK, ACCIDENT, OR LOCATION BEEN EXCLUDED, UNINSURED OR SELF INSURED FROM ANY PREVIOUS COVERAGE?			YES <input type="checkbox"/> NO <input type="checkbox"/>
4	FOR CLAIMS MADE, INDICATE RETROACTIVE DATE OF CURRENT UNDERLYING POLICY:			
5	FOR CLAIMS MADE, INDICATE ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COVERAGE:			
6	FOR CLAIMS MADE, WAS "TAIL" COVERAGE PURCHASED FOR ANY PREVIOUS PRIMARY OR EXCESS POLICY?			YES, EFF. DATE: <input type="checkbox"/> NO <input type="checkbox"/>

CHECK ALL COVERAGES IN UNDERLYING POLICIES. ALSO CHECK IF ANY EXPOSURES ARE PRESENT FOR EACH COVERAGE. PROVIDE AN EXPLANATION. EXPLAIN IF DIFFERENT LIMITS, EXTENSIONS, OR EXCLUSIONS. EXPLAIN ANY SPECIAL COVERAGES BEYOND STANDARD FORMS. **EXPLAIN ALL EXPOSURES**

CHECK IF APPROPRIATE	COVERAGE	EXPOSURE	COVERAGE	EXPOSURE
<input type="checkbox"/> ANY AUTO (SYMBOL 1)	CARE, CUSTODY, CONTROL		PROFESSIONAL LIABILITY (E&O)	
<input type="checkbox"/> CGL - CLAIMS MADE	EMPLOYEE BENEFIT LIABILITY		VENDORS LIABILITY	
<input type="checkbox"/> CGL - OCCURRENCE	FOREIGN LIABILITY/TRAVEL	X	WATERCRAFT LIABILITY	X
<input type="checkbox"/> AIRCRAFT LIABILITY	GARAGEKEEPERS LIABILITY			
<input checked="" type="checkbox"/> AIRCRAFT PASSENGER LIABILITY	INCIDENTAL MEDICAL MALPRACTICE			
<input type="checkbox"/> ADDITIONAL INTERESTS	LIQUOR LIABILITY			
	POLLUTION LIABILITY			

UNDERLYING INSURANCE COVERAGE INFORMATION (INCLUDE ALL RESTRICTIONS; E.G. LASER ENDORSEMENTS, DISCRIMINATION, SUBROGATION WAIVERS, OR EXTENSIONS OF COVERAGE - ATTACH SEPARATE SHEET IF NECESSARY)

PREVIOUS EXPERIENCE: (GIVE DETAILS OF ALL LIABILITY CLAIMS EXCEEDING \$10,000 OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS, DURING THE PAST 5 YEARS, WHETHER INSURED OR NOT. SPECIFY DATE, COVERAGE, DESCRIPTION, AMOUNT PAID, AMOUNT OUTSTANDING)

NO SUCH CLAIMS

NOTEPAD:INSURED'S NAME **Joseph W. Abbot**

PAGE 1

OP ID: AA

DATE 7/11/2011

AP Section Policy Received: 07/11/11
Form #: CU60300697 Form Name: CCC Exclusion - Real or Personal Property
Form Ed Dt: 06/01/97
Form #: CU60390108 Form Name: Cap on Losses from Certified Acts of
Terrorism Form Ed Dt: 01/01/08
Form #: CU60400108 Form Name: Underlying Cov Require for Cert. Acts of
Terrorism Form Ed Dt: 01/01/08
Form #: CU61060697 Form Name: Auto Liability - Following Form Form Ed Dt:
06/01/97
Form #: CU61140697 Form Name: Employers Liability Exclusion Form Ed Dt:
06/01/97
Form #: CU65080109 Form Name: Excl of Punitive Damages Related To
Certified Acts Form Ed Dt: 01/01/09
Form #: CU88410210 Form Name: Amendment of Pollution Exclusion Form Ed
Dt: 02/01/10
Form #: CU60020697 Form Name: Commercial Umbrella Coverage Form Form Ed
Dt: 06/01/97
Form #: CU61010107 Form Name: Aircraft Liability Exclusion Form Ed Dt:
01/01/07
Form #: CU61020697 Form Name: Aircraft Products and Grounding Liability

AP Section Policy Received: 07/11/11
Exclusio Form Ed Dt: 06/01/97
Form #: CU61570112 Form Name: Arizona Changes - Cancellation and
Nonrenewal Form Ed Dt: 01/01/12
Form #: CU63440697 Form Name: Foreign Liability - Following Form Form Ed
Dt: 06/01/97
Form #: CU63801204 Form Name: Fungi or Bacteria Exclusion Form Ed Dt:
12/01/04
Form #: CU64790509 Form Name: Excl - Recording and Dist of Material in
Violation Form Ed Dt: 05/01/09
Form #: CU64821104 Form Name: Amendment to Definition of Property Damage
Form Ed Dt: 11/01/04
Form #: CU64871005 Form Name: Economic or Trade Sanctions Condition
Endorsement Form Ed Dt: 10/01/05
Form #: CU64920107 Form Name: Mobile Equipment - Following Form Form Ed
Dt: 01/01/07
Form #: CU88011202 Form Name: War Liability Exclusion Form Ed Dt: 12/01/02
Form #: CU88031207 Form Name: Employment Related Practices Exclusion Form
Ed Dt: 12/01/07
Form #: CU88221208 Form Name: Earth Movement Excl. - Products Form Ed Dt:

AP Section Policy Received: 07/11/11
12/01/08
Form #: CU88310509 Form Name: Personal and Advertising Injury - Following
Form Form Ed Dt: 05/01/09
Form #: CU88390210 Form Name: Amendment of Definition of Insured Form Ed
Dt: 02/01/10
Form #: NP73120108 Form Name: NP - Policyholder Disclosure Notice -
Terrorism Form Ed Dt: 01/01/08
Years in Business: 33
Int ID Num: 1 Nat of Int Cd: IC Int Rank: 1 Name: COMPANY C
916-555-0002

CUMB Policy Received: 07/11/11
Commercial Umbrella Coverage: Current Term Amount: \$850.00
Terrorism Coverage provided under the federal Terrorism Coverage: Current
Term Amount: \$9.00
Apartments/Condominiums/Hotels/Motels: Location: Number of Stories: 2
Number of Units: 12 Number of Swimming Pools: 1 Number of Diving Boards: 1
Watercraft Liability: Location: Number of Watercraft: 1 Length of
Watercraft: 26 Horsepower: 350
Business Owners Policy Coverage: Policy Number: BZS (14) 57090183 Limit
2: 2000000 Policy Effective Date: 03/18/13 Policy Expiration Date:
03/18/14 Limit 2: 2000000 Limit 3: 2000000 Limit 4: 1000000 Company Name:
Ohio Security Insurance Company
Professional Liability Coverage: Policy Number: BZS (14) 57090183 Policy
Effective Date: 03/18/13 Policy Expiration Date: 03/18/14 Company Name:
Ohio Security Insurance Company
State: AZ

Appendix B

Sample Policies: Commercial Download ACORD Fields for Vertafore Users



COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)
1/10/2014

AGENCY IISG Agency 10915 North Creek Parkway Suite 300 San Francisco CA 97202	CARRIER Ohio Security Insurance Company UNDERWRITER: POLICIES OR PROGRAM REQUESTED UNDERWRITER OFFICE: POLICY NUMBER BZS57610625	NAIC CODE																																														
CONTACT NAME: Caleen Alexanderson PHONE (A/C. No. Ext): (800)243-6205 FAX (A/C. No.): (800)243-6206 E-MAIL ADDRESS: Astros@HoustonAstros.com CODE: 160208 SUB CODE:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INDICATE SECTIONS ATTACHED</th> <th></th> <th></th> <th></th> </tr> <tr> <td>ACCOUNTS RECEIVABLE/ VALUABLE PAPERS</td> <td><input type="checkbox"/></td> <td>ELECTRONIC DATA PROC</td> <td><input type="checkbox"/></td> </tr> <tr> <td>BOILER & MACHINERY</td> <td><input type="checkbox"/></td> <td>EQUIPMENT FLOATER</td> <td><input type="checkbox"/></td> </tr> <tr> <td>BUSINESS AUTO</td> <td><input type="checkbox"/></td> <td>GARAGE AND DEALERS</td> <td><input type="checkbox"/></td> </tr> <tr> <td>COMMERCIAL GENERAL LIABILITY</td> <td><input checked="" type="checkbox"/></td> <td>GLASS AND SIGN</td> <td><input type="checkbox"/></td> </tr> <tr> <td>CRIME/MISCELLANEOUS CRIME</td> <td><input type="checkbox"/></td> <td>INSTALLATION/BUILDERS RISK</td> <td><input type="checkbox"/></td> </tr> <tr> <td>DEALERS</td> <td><input type="checkbox"/></td> <td>OPEN CARGO</td> <td><input type="checkbox"/></td> </tr> <tr> <td>DRIVER INFO SCHEDULE</td> <td><input type="checkbox"/></td> <td>PROPERTY</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td>TRANSPORTATION/ MOTOR TRUCK CARGO</td> <td><input type="checkbox"/></td> </tr> </table>	INDICATE SECTIONS ATTACHED				ACCOUNTS RECEIVABLE/ VALUABLE PAPERS	<input type="checkbox"/>	ELECTRONIC DATA PROC	<input type="checkbox"/>	BOILER & MACHINERY	<input type="checkbox"/>	EQUIPMENT FLOATER	<input type="checkbox"/>	BUSINESS AUTO	<input type="checkbox"/>	GARAGE AND DEALERS	<input type="checkbox"/>	COMMERCIAL GENERAL LIABILITY	<input checked="" type="checkbox"/>	GLASS AND SIGN	<input type="checkbox"/>	CRIME/MISCELLANEOUS CRIME	<input type="checkbox"/>	INSTALLATION/BUILDERS RISK	<input type="checkbox"/>	DEALERS	<input type="checkbox"/>	OPEN CARGO	<input type="checkbox"/>	DRIVER INFO SCHEDULE	<input type="checkbox"/>	PROPERTY	<input checked="" type="checkbox"/>			TRANSPORTATION/ MOTOR TRUCK CARGO	<input type="checkbox"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>TRUCKERS/MOTOR CARRIER</td> <td><input type="checkbox"/></td> </tr> <tr> <td>UMBRELLA</td> <td><input type="checkbox"/></td> </tr> <tr> <td>VEHICLE SCHEDULE</td> <td><input type="checkbox"/></td> </tr> <tr> <td>WORKERS COMPENSATION</td> <td><input type="checkbox"/></td> </tr> <tr> <td>YACHT</td> <td><input type="checkbox"/></td> </tr> </table>	TRUCKERS/MOTOR CARRIER	<input type="checkbox"/>	UMBRELLA	<input type="checkbox"/>	VEHICLE SCHEDULE	<input type="checkbox"/>	WORKERS COMPENSATION	<input type="checkbox"/>	YACHT	<input type="checkbox"/>
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YACHT	<input type="checkbox"/>																																															
AGENCY CUSTOMER ID: 00014409																																																

STATUS OF TRANSACTION				PACKAGE POLICY INFORMATION						
<input type="checkbox"/>	QUOTE	<input type="checkbox"/>	ISSUE POLICY	<input type="checkbox"/>	RENEW	ENTER THIS INFORMATION WHEN COMMON DATES AND TERMS APPLY TO SEVERAL LINES, OR FOR MONOLINE POLICIES.				
<input type="checkbox"/>	BOUND (Give Date and/or Attach Copy):			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	CHANGE	DATE	TIME	<input checked="" type="checkbox"/>	AM	PROPOSED EFF DATE	PROPOSED EXP DATE	BILLING PLAN	PAYMENT PLAN	AUDIT
	CANCEL	3/16/2014	12:01		PM	3/16/2014	3/16/2015	<input checked="" type="checkbox"/> DIRECT BILL	Other	<input checked="" type="checkbox"/>
								<input checked="" type="checkbox"/> AGENCY BILL	PACKAGE POLICY PREMIUM: \$	1,135.00

APPLICANT INFORMATION					
NAME (First Named Insured & Other Named Insureds) Fiber One Telecom Services, Inc				MAILING ADDRESS INCL ZIP+4 (of First Named Insured) Po Box 8137 Springdale AR 72766	
FEIN OR SOC SEC # (of First Named Insured):			PHONE (A/C. No. Ext):		
E-MAIL ADDRESS(ES):				WEBSITE ADDRESS(ES):	
<input type="checkbox"/>	INDIVIDUAL	<input type="checkbox"/>	CORPORATION	<input type="checkbox"/>	SUBCHAPTER "S" CORPORATION NOT FOR PROFIT ORG
<input type="checkbox"/>	PARTNERSHIP	<input type="checkbox"/>	JOINT VENTURE	<input type="checkbox"/>	LLC NO. OF MEMBERS AND MANAGERS
CR BUREAU NAME:				DATE BUS STARTED 2002	
ID NUMBER:					
INSPECTION CONTACT: niraj			ACCOUNTING RECORDS CONTACT:		
PHONE (A/C. No. Ext): (457)345-7675		E-MAIL ADDRESS:		PHONE (A/C. No. Ext):	
				E-MAIL ADDRESS:	

PREMISES INFORMATION		ACORD 823 attached for additional premises										
LOC #	BLD #	STREET, CITY, COUNTY, STATE, ZIP+4				CITY LIMITS		INTEREST	YR BUILT	# EMPLOYEES	ANNUAL REVENUES	% OCCUPIED
1	1	11 Market Pl				INSIDE	<input checked="" type="checkbox"/>	OWNER	2002			75
		Baltimore MD 21202						TENANT				
2	2	1513 Oak Street				INSIDE	<input checked="" type="checkbox"/>	OWNER	1995			
		Baltimore MD 21202						TENANT				
						INSIDE	<input type="checkbox"/>	OWNER				
						OUTSIDE	<input type="checkbox"/>	TENANT				
						INSIDE	<input type="checkbox"/>	OWNER				
						OUTSIDE	<input type="checkbox"/>	TENANT				

NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS BY PREMISE(S)

ops

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES		Y/N
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ?	<input type="checkbox"/>	
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?	<input checked="" type="checkbox"/>	N
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?	<input type="checkbox"/>	
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?	<input type="checkbox"/>	
4. ANY CATASTROPHE EXPOSURE?	<input type="checkbox"/>	
5. ANY OTHER INSURANCE WITH THIS COMPANY OR BEING SUBMITTED?	<input type="checkbox"/>	
6. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR THREE (3) YEARS? (Not applicable in MO)	<input checked="" type="checkbox"/>	N
7. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?	<input type="checkbox"/>	
8. DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY? <small>(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).</small>	<input checked="" type="checkbox"/>	N
9. ANY UNCORRECTED FIRE CODE VIOLATIONS?	<input type="checkbox"/>	
10. ANY BANKRUPTCIES, TAX OR CREDIT LIENS AGAINST THE APPLICANT IN THE PAST FIVE (5) YEARS?	<input checked="" type="checkbox"/>	N
11. HAS BUSINESS BEEN PLACED IN A TRUST? IF "YES", NAME OF TRUST:	<input type="checkbox"/>	
12. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD/DISTRIBUTED IN FOREIGN COUNTRIES? <small>(If "YES", attach ACORD 815 for Liability Exposure and/or ACORD 816 for Property Exposure)</small>	<input type="checkbox"/>	
REMARKS/PROCESSING INSTRUCTIONS (Attach additional sheets if more space is required)		
COPY OF THE NOTICE OF INFORMATION PRACTICES (PRIVACY) HAS BEEN GIVEN TO THE APPLICANT. (Not applicable in all states, consult your agent or broker for your state's requirements.)		
<p>NOTICE OF INSURANCE INFORMATION PRACTICES - PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT POLICY 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. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.</p> <p>ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, FL, HI, MA, NE, OH, OK, OR, or VT; in DC, LA, ME, TN, VA and WA, insurance benefits may also be denied) IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.</p> <p>THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.</p>		
PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	NATIONAL PRODUCER NUMBER
APPLICANT'S SIGNATURE	DATE	

PRIOR CARRIER INFORMATION

LINE	CATEGORY	CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE	
GENERAL LIABILITY	CARRIER																
	POLICY NUMBER																
	POLICY TYPE																
	RETRO DATE																
	EFF-EXP DATE																
	GENERAL AGGREGATE																
	PRODUCTS COMP OP AGGREGATE																
	PERSONAL & ADV INJ																
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	FIRE DAMAGE																
	MEDICAL EXPENSE																
	BODILY INJURY	OCCURRENCE															
		AGGREGATE															
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		AGGREGATE															
COMBINED SINGLE LIMIT																	
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		EA ACCIDENT															
	PROPERTY DAMAGE																
	MODIFICATION FACTOR																
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	POLICY TYPE																
	EFF-EXP DATE																
	BUILDING	AMT															
	PERS PROP	AMT															
	MODIFICATION FACTOR																
TOTAL PREMIUM																	
	CARRIER																
	POLICY NUMBER																
	POLICY TYPE																
	EFF-EXP DATE																
	LIMIT																
	MODIFICATION FACTOR																
	TOTAL PREMIUM																

LOSS HISTORY

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE PRIOR 5 YEARS (3 YEARS IN KS & NY)

DATE OF OCCURRENCE	LINE	TYPE/DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	CHK HERE IF NONE	SEE ATTACHED LOSS SUMMARY	CLAIM STATUS
								OPEN/CLSD

REMARKS NOTE: FIDELITY REQUIRES A FIVE YEAR LOSS HISTORY

ATTACHMENTS

STATE SUPPLEMENT(S) (If applicable)

FORMS

Form Name / Description	Form #	Edition Date
Businessowners Coverage Form	BP00030713	7/2013
Water Exclusion Endorsement	BP01590808	8/2008
Maryland Changes	BP01640411	4/2011
Employment - Related Practices Exclusion	BP04170110	1/2010
Amend-Liq Liab Excl-Excpt for Schedule Prem o	BP04190713	7/2013
Cap On Losses From Certified Acts Of Terroris	BP05230108	1/2008
Conditional Excl. of Terrorism Involving Nucl	BP05650107	1/2007
Fungi or Bacteria Exclusion (Liability)	BP05770106	1/2006
Exclusion of Loss Due to Virus or Bacteria	BP06010107	1/2007
Businessowners Property Extension Endorsement	BP79190713	7/2013
Amend Pollution Excl Premises	BP79740713	7/2013
Businessowners Liability Extension	BP79960713	7/2013
Inspection and Appraisal Services Exclusion	BP80440107	1/2007
Exclusion - Asbestos	BP81150311	3/2011
Equipment Breakdown Enhancement Endorsement	BP82370107	1/2007
Exclusion - Professional Services	BP88040312	3/2012
Business Income Changes - 24 Hour Time Period	BP88160609	6/2009
Limited Cyber Liab - Amendmt of Pers and Adv	BP88270111	1/2011
Business Income - Period of Restoration	BP88690113	1/2013
Identity Theft Admin Services and Expense Cov	BP88770713	7/2013
Automatic Increase Business Personal Property	BP88780713	7/2013
NP - Certified Acts of Terrorism Notice	NP72420108	1/2008
NP - Treasury Dept OFAC Notice to Policyholde	NP74440906	9/2006
NP - Water Exclusion Endt Advisory Notice	NP75460309	3/2009

ADDITIONAL COVERAGES

Ref #	Description	Coverage Code	Form No.	Edition Date
	Terrorism Coverage (Certified Acts)	TRIA		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
				Premium
				6.00
Ref #	Description	Coverage Code	Form No.	Edition Date
	Expense Mod Factor 1	EXN01		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
				Premium
Ref #	Description	Coverage Code	Form No.	Edition Date
	Individual Risk Mod Prem	IRPM		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
				Premium
Ref #	Description	Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
				Premium
Ref #	Description	Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
				Premium
Ref #	Description	Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
				Premium
Ref #	Description	Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
				Premium
Ref #	Description	Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
				Premium
Ref #	Description	Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
				Premium
Ref #	Description	Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
				Premium



PROPERTY SECTION

DATE (MM/DD/YYYY)
1/10/2014

AGENCY IISG Agency		APPLICANT (First Named Insured) Fiber One Telecom Services, Inc	
POLICY NUMBER BZS57610625		CARRIER Ohio Security Insurance Company	
NAIC CODE 160208			
EFFECTIVE DATE 3/16/2014	EXPIRATION DATE 3/16/2015	<input checked="" type="checkbox"/> DIRECT BILL	PAYMENT PLAN Other
<input checked="" type="checkbox"/> AGENCY BILL		AUDIT X	FOR COMPANY USE ONLY

PREMISES #: 1	STREET ADDRESS: 11 Market Pl
BUILDING #: 1	BLDG DESCRIPTION: Location 0001 Sublocation 001

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU-ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	BLKT #	FORMS AND CONDITIONS TO APPLY
Accounts Receivable	35,000			Special form				
ETool	25,000			Special form				
Fine Arts	10,000			Special form				
Building Ordinance or Law	150,000			Special form				
Monies and Securities on Premises	10,000			Special form				
Monies and Securities off Premises	5,000			Special form				

ADDITIONAL INFORMATION	BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810	VALUE REPORTING INFORMATION - Attach ACORD 811
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ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

SPOILAGE COVERAGE (Y/N)	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	DEDUCTIBLE \$	REFRIG MAINT AGREEMENT (Y/N)	OPTIONS
<input type="checkbox"/>				<input type="checkbox"/>	

OF OPEN SIDES ON STRUCTURE: _____

CONSTRUCTION TYPE Frame	DISTANCE TO HYDRANT FT	DISTANCE TO FIRE STAT MI	FIRE DISTRICT/CODE NUMBER BALTIMORE CO FP	PROT CL 003	# STORIES 2	# BASM'TS	YR BUILT 2002	TOTAL AREA 2000
BUILDING IMPROVEMENTS	BLDG CODE GRADE 04	TAX CODE 00217	ROOF TYPE SEMI-RESISTIVE	OTHER OCCUPANCIES Inspection and Appraisal Service				
WIRING, YR: <input type="checkbox"/>	PLUMBING, YR: <input type="checkbox"/>	HEATING, YR: <input type="checkbox"/>	WIND CLASS RESISTIVE <input type="checkbox"/>	HEATING BOILER ON PREMISES? (Y/N) <input type="checkbox"/>				
RIGHT EXPOSURE & DISTANCE		LEFT EXPOSURE & DISTANCE		FRONT EXPOSURE & DISTANCE		REAR EXPOSURE & DISTANCE		
BURGLAR ALARM TYPE			CERTIFICATE #			EXPIRATION DATE		
BURGLAR ALARM INSTALLED AND SERVICED BY			EXTENT		GRADE		# GUARDS/WATCHMEN	
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2/Chemical Systems)				% SPRNK		FIRE ALARM MANUFACTURER		
						CENTRAL STATION WITH KEYS		
						CLOCK HOURLY		
						CENTRAL STATION LOCAL GONG		

ADDITIONAL INTERESTS

RANK:	NAME AND ADDRESS:	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER
<input checked="" type="checkbox"/> LOSS PAYEE	Jill Smith 14250 2nd Ave Seattle WA 98101			LOCATION: 1 BUILDING: 1
<input type="checkbox"/> MORT-GAGEE				SCHEDULED ITEM NUMBER:
	ITEM DESCRIPTION:			OTHER:

ADDITIONAL PREMISES INFORMATION

PREMISES#: 2		STREET ADDRESS: 1513 Oak Street						
BUILDING#:		BLDG DESCRIPTION: Location 0002 Sublocation 002						
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU-ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	BLKKT #	FORMS AND CONDITIONS TO APPLY
ADDITIONAL INFORMATION		BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810			VALUE REPORTING INFORMATION - Attach ACORD 811			

ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

SPOILAGE COVERAGE (Y/N)	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	DEDUCTIBLE \$	REFRIG MAINT AGREEMENT (Y/N)	OPTIONS

OF OPEN SIDES ON STRUCTURE: _____

CONSTRUCTION TYPE Concrete block	DISTANCE TO HYDRANT FT	FIRE STAT MI	FIRE DISTRICT/CODE NUMBER		PROT CL 003	# STORIES 1	# BASM'TS	YR BUILT 1995	TOTAL AREA 3,500
BUILDING IMPROVEMENTS	WIRING, YR: <input type="checkbox"/>	PLUMBING, YR: <input type="checkbox"/>	BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES			
	ROOFING, YR: <input type="checkbox"/>	HEATING, YR: <input type="checkbox"/>	WIND CLASS	SEMI- RESISTIVE	HEATING BOILER ON PREMISES? (Y/N)				
	OTHER: YR: <input type="checkbox"/>		RESISTIVE		IF YES, IS INSURANCE PLACED ELSEWHERE? (Y/N)				
RIGHT EXPOSURE & DISTANCE		LEFT EXPOSURE & DISTANCE		FRONT EXPOSURE & DISTANCE			REAR EXPOSURE & DISTANCE		
BURGLAR ALARM TYPE			CERTIFICATE #			EXPIRATION DATE		CENTRAL STATION WITH KEYS	
BURGLAR ALARM INSTALLED AND SERVICED BY				EXTENT		GRADE	# GUARDS/WATCHMEN		CLOCK HOURLY
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2/Chemical Systems)				% SPRNK	FIRE ALARM MANUFACTURER				CENTRAL STATION LOCAL GONG

ADDITIONAL INTERESTS

RANK:	NAME AND ADDRESS:	REFERENCE#: 48984954	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER
INTEREST	%Central Ln Admin/Reporting			LOCATION: 2 BUILDING:
<input type="checkbox"/>	PO Box 202028			SCHEDULED ITEM NUMBER:
<input checked="" type="checkbox"/>	Florence SC 29502-2028			OTHER:
	ITEM DESCRIPTION:			

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, FL, HI, MA, NE, OH, OK, OR or VT; in DC, LA, ME, TN, VA and WA, insurance benefits may also be denied)

IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

PROPERTY SUBJECTS OF INSURANCE AND COVERAGES

Loc #	Bldg #	Subject	Cov Code	Cov Description	Form No.	Edition Date	Rate
1	1	Sign	SPC	Special form			
Option Codes		Limit 1 25,000	Limit 2	Deductible Amount 500	Deductible Type	Premium	
1	1	Valuable Papers	SPC	Special form			
Option Codes		Limit 1 25,000	Limit 2	Deductible Amount	Deductible Type	Premium	
1	1	Building	SPC	Special form			
Option Codes		Limit 1 212,343	Limit 2	Deductible Amount 500	Deductible Type	Premium 566.00	
1	1	Building	INFL	Inflation guard (C)			
Option Codes		Limit 1 212343	Limit 2	Deductible Amount	Deductible Type	Premium	
1	1	Business Personal Property	SPC	Special form			
Option Codes		Limit 1 100,000	Limit 2	Deductible Amount 500	Deductible Type	Premium 488.00	
1	1	Business Personal Property	INFL	Inflation guard (C)			
Option Codes		Limit 1 100000	Limit 2	Deductible Amount	Deductible Type	Premium	
1	1						
Option Codes		Limit 1	Limit 2	Deductible Amount	Deductible Type	Premium	
1	1						
Option Codes		Limit 1	Limit 2	Deductible Amount	Deductible Type	Premium	
1	1						
Option Codes		Limit 1	Limit 2	Deductible Amount	Deductible Type	Premium	
1	1						
Option Codes		Limit 1	Limit 2	Deductible Amount	Deductible Type	Premium	



STATEMENT OF VALUES

DATE (MM/DD/YYYY)
1/10/2014

AGENCY PHONE (A/C, No, Ext): (800)243-6205 FAX (A/C, No): (800)243-6206	COMPANY Ohio Security Insurance Company	NAIC CODE: 6411	PAGE
	INSURED/APPLICANT Fiber One Telecom	POLICY NUMBER BZS57610625	OF EFFECTIVE DATE 3/16/2014
IISG Agency 10915 North Creek Parkway Suite 300 San Francisco CA 97202	HEADQUARTERS ADDRESS Po Box 8137 Springdale AR 72766		
	COINS %	APPLICABLE CAUSES OF LOSS	SPECIFIC AVERAGE RATE REQUESTED
CODE: 160208	80% <input type="checkbox"/> BASIC	<input type="checkbox"/> EARTHQUAKE COV	<input type="checkbox"/>
SUBCODE:	90% <input type="checkbox"/> BROAD	<input type="checkbox"/> FLOOD SPRINKLER LEAKAGE EXCL	<input type="checkbox"/> BLANKET RATE REQUESTED
AGENCY CUSTOMER ID 00014409	100% <input checked="" type="checkbox"/> SPECIAL	<input type="checkbox"/> VANDALISM EXCL	
	<input checked="" type="checkbox"/> Inflation guard (C)		

APPLICABLE FORM NUMBERS (Attach completed forms and endorsements that require completion to provide necessary information affecting rates or loss costs)

CLASS CODE	LOC #	BLDG #	DESCRIPTION AND ADDRESS OF PROPERTY	ACV/ RC 1	SUBJECT 2	100% VALUES	RATE OR LOSS COST 3	PREMIUM
	1	1	DESC: Location 0001 Sublocation 001 ADDRESS: 11 Market Pl, Baltimore, MD 21202		ACCTS	35,000		
	1	1	DESC: Location 0001 Sublocation 001 ADDRESS: 11 Market Pl, Baltimore, MD 21202			25,000		
	1	1	DESC: Location 0001 Sublocation 001 ADDRESS: 11 Market Pl, Baltimore, MD 21202		FINEA	10,000		
	1	1	DESC: Location 0001 Sublocation 001 ADDRESS: 11 Market Pl, Baltimore, MD 21202		BOLAW	150,000		
	1	1	DESC: Location 0001 Sublocation 001 ADDRESS: 11 Market Pl, Baltimore, MD 21202		MNSON	10,000		
	1	1	DESC: Location 0001 Sublocation 001 ADDRESS: 11 Market Pl, Baltimore, MD 21202		MNSOF	5,000		
	1	1	DESC: Location 0001 Sublocation 001 ADDRESS: 11 Market Pl, Baltimore, MD 21202		SIGN	25,000		
	1	1	DESC: Location 0001 Sublocation 001 ADDRESS: 11 Market Pl, Baltimore, MD 21202	RC	B	212,343		566.00
	1	1	DESC: Location 0001 Sublocation 001 ADDRESS: 11 Market Pl, Baltimore, MD 21202	RC	BPP	100,000		488.00
			DESC: ADDRESS:					
Totals include items found on all pages, not including Loc # = BLNK.						\$ 597,343	N/A	\$ 1,054.00

INSTRUCTIONS

- ACV (Actual Cash Value) or RC (Replacement Cost): If other valuation basis applies, provide necessary information.
- SUBJECT:
B = Building S = Stock F = Furniture & Fixtures M = Machinery
BPP = Your Business Personal Property PPO = Personal Property of Others
BI = Business Income R = Rental Income Other - specify
- RATE OR LOSS COST: For class rated property, attach class rate information form or equivalent information for each location. For specifically rated property, attach specific rate or loss cost information if known.

SIGNATURE

ALL VALUES AND LOCATION INFORMATION ARE CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF

INSURED'S SIGNATURE: _____

TITLE: _____

DATE: _____

ADDITIONAL COVERAGES AND ENDORSEMENTS

Loc #	ST	Cov Code	Description	Type of Coverage	Form No.	Edition Date	Rate	Option Codes
		BUSIN	Business Income with					
Limit 1		Limit 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductible Type 2	Premium
				500				
		LBI	Loss of Business Income					
Limit 1		Limit 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductible Type 2	Premium
		PEE	Property Plus Endorsement					
Limit 1		Limit 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductible Type 2	Premium
				500				8.00
		IOCO	Interruption of Computer Ops					
Limit 1		Limit 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductible Type 2	Premium
25,000				500				19.00
Limit 1		Limit 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductible Type 2	Premium
Limit 1		Limit 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductible Type 2	Premium
Limit 1		Limit 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductible Type 2	Premium
Limit 1		Limit 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductible Type 2	Premium
Limit 1		Limit 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductible Type 2	Premium
Limit 1		Limit 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductible Type 2	Premium



COMMERCIAL GENERAL LIABILITY SECTION

DATE (MM/DD/YYYY)
1/10/2014

AGENCY PHONE (A/C. No. Ext): (800)243-6205 FAX (A/C. No): (800)243-6206		APPLICANT: Fiber One Telecom Services, Inc (First Named Insured)				
IISG Agency 10915 North Creek Parkway Suite 300 San Francisco CA 97202		EFFECTIVE DATE 3/16/2014	EXPIRATION DATE 3/16/2015	DIRECT BILL <input checked="" type="checkbox"/> AGENCY BILL	PAYMENT PLAN Other	AUDIT X
CODE: 160208	SUB CODE:	FOR COMPANY USE ONLY				
AGENCY CUSTOMER ID: 00014409						

COVERAGES		LIMITS		PREMIUMS	
<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY	GENERAL AGGREGATE	\$2,000,000		
<input type="checkbox"/>	CLAIMS MADE <input checked="" type="checkbox"/> OCCURRENCE	PRODUCTS & COMPLETED OPERATIONS AGGREGATE	\$		PREMISES/OPERATIONS
<input type="checkbox"/>	OWNER'S & CONTRACTOR'S PROTECTIVE	PERSONAL & ADVERTISING INJURY	\$		
		EACH OCCURRENCE	\$1,000,000		PRODUCTS
DEDUCTIBLES		DAMAGE TO RENTED PREMISES (each occurrence)	\$1,000,000		
<input type="checkbox"/>	PROPERTY DAMAGE \$	MEDICAL EXPENSE (Any one person)	\$15,000		OTHER
<input type="checkbox"/>	BODILY INJURY \$	EMPLOYEE BENEFITS	\$		
					TOTAL
OTHER COVERAGES, RESTRICTIONS AND/OR ENDORSEMENTS (For hired/non-owned auto coverages attach the applicable state Business Auto Section, ACORD 137)					

SCHEDULE OF HAZARDS										
LOC #	HAZ #	CLASSIFICATION	CLASS CODE	PREMIUM BASIS	EXPOSURE	TERR	RATE		PREMIUM	
							PREM/OPS	PRODUCTS	PREM/OPS	PRODUCTS
1		Inspection and Appraisal Service Offices	82211	S Gross	100000	004				
RATING AND PREMIUM BASIS (S) GROSS SALES - PER \$1,000/SALES (P) PAYROLL - PER \$1,000/PAY (C) TOTAL COST - PER \$1,000/COST (U) UNIT - PER UNIT (A) AREA - PER 1,000/SQ FT (M) ADMISSIONS - PER 1,000/ADM (T) OTHER										

CLAIMS MADE (Explain all "Yes" responses)

EXPLAIN ALL "YES" RESPONSES

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

EMPLOYEE BENEFITS LIABILITY

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

CONTRACTORS

EXPLAIN ALL "YES" RESPONSES (For past or present operations)					Y / N
1. DOES APPLICANT DRAW PLANS, DESIGNS, OR SPECIFICATIONS FOR OTHERS?					<input type="checkbox"/>
2. DO ANY OPERATIONS INCLUDE BLASTING OR UTILIZE OR STORE EXPLOSIVE MATERIAL?					<input type="checkbox"/>
3. DO ANY OPERATIONS INCLUDE EXCAVATION, TUNNELING, UNDERGROUND WORK OR EARTH MOVING?					<input type="checkbox"/>
4. DO YOUR SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN YOURS?					<input type="checkbox"/>
5. ARE SUBCONTRACTORS ALLOWED TO WORK WITHOUT PROVIDING YOU WITH A CERTIFICATE OF INSURANCE?					<input type="checkbox"/>
6. DOES APPLICANT LEASE EQUIPMENT TO OTHERS WITH OR WITHOUT OPERATORS?					<input type="checkbox"/>
DESCRIBE THE TYPE OF WORK SUBCONTRACTED	\$ PAID TO SUB-CONTRACTORS:	% OF WORK SUBCONTRACTED:	# FULL-TIME STAFF:	# PART-TIME STAFF:	

PRODUCTS/COMPLETED OPERATIONS

PRODUCTS	ANNUAL GROSS SALES	# OF UNITS	TIME IN MARKET	EXPECTED LIFE	INTENDED USE	PRINCIPAL COMPONENTS

EXPLAIN ALL "YES" RESPONSES (For any past or present product or operation) PLEASE ATTACH LITERATURE, BROCHURES, LABELS, WARNINGS, ETC.					Y / N
1. DOES APPLICANT INSTALL, SERVICE OR DEMONSTRATE PRODUCTS?					<input type="checkbox"/>
2. FOREIGN PRODUCTS SOLD, DISTRIBUTED, USED AS COMPONENTS? (If "YES", attach ACORD 815)					<input type="checkbox"/>
3. RESEARCH AND DEVELOPMENT CONDUCTED OR NEW PRODUCTS PLANNED?					<input type="checkbox"/>
4. GUARANTEES, WARRANTIES, HOLD HARMLESS AGREEMENTS?					<input type="checkbox"/>
5. PRODUCTS RELATED TO AIRCRAFT/SPACE INDUSTRY?					<input type="checkbox"/>
6. PRODUCTS RECALLED, DISCONTINUED, CHANGED?					<input type="checkbox"/>
7. PRODUCTS OF OTHERS SOLD OR RE-PACKAGED UNDER APPLICANT LABEL?					<input type="checkbox"/>
8. PRODUCTS UNDER LABEL OF OTHERS?					<input type="checkbox"/>
9. VENDORS COVERAGE REQUIRED?					<input type="checkbox"/>
10. DOES ANY NAMED INSURED SELL TO OTHER NAMED INSUREDS?					<input type="checkbox"/>

ADDITIONAL INTEREST/CERTIFICATE RECIPIENT

ACORD 45 attached for additional names

INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER	
<input type="checkbox"/> ADDITIONAL INSURED					LOCATION:	BUILDING:
<input type="checkbox"/> LOSS PAYEE					VEHICLE:	BOAT:
<input type="checkbox"/> MORTGAGEE					SCHEDULED ITEM NUMBER:	
<input type="checkbox"/> LIENHOLDER					OTHER	
<input type="checkbox"/> EMPLOYEE AS LESSOR						
ITEM DESCRIPTION:						

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)	Y / N
1. ANY MEDICAL FACILITIES PROVIDED OR MEDICAL PROFESSIONALS EMPLOYED OR CONTRACTED?	<input type="checkbox"/>
2. ANY EXPOSURE TO RADIOACTIVE/NUCLEAR MATERIALS?	<input type="checkbox"/>
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)	<input type="checkbox"/>
4. ANY OPERATIONS SOLD, ACQUIRED, OR DISCONTINUED IN LAST FIVE (5) YEARS?	<input type="checkbox"/>
5. MACHINERY OR EQUIPMENT LOANED OR RENTED TO OTHERS?	<input type="checkbox"/>
6. ANY WATERCRAFT, DOCKS, FLOATS OWNED, HIRED OR LEASED?	<input type="checkbox"/>
7. ANY PARKING FACILITIES OWNED/RENTED?	<input type="checkbox"/>
8. IS A FEE CHARGED FOR PARKING?	<input type="checkbox"/>
9. RECREATION FACILITIES PROVIDED?	<input type="checkbox"/>
10. IS THERE A SWIMMING POOL ON THE PREMISES?	<input type="checkbox"/>
11. SPORTING OR SOCIAL EVENTS SPONSORED?	<input type="checkbox"/>
12. ANY STRUCTURAL ALTERATIONS CONTEMPLATED?	<input type="checkbox"/>
13. ANY DEMOLITION EXPOSURE CONTEMPLATED?	<input type="checkbox"/>
14. HAS APPLICANT BEEN ACTIVE IN OR IS CURRENTLY ACTIVE IN JOINT VENTURES?	<input type="checkbox"/>
15. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?	<input type="checkbox"/>
16. IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS OR SUBSIDIARIES?	<input type="checkbox"/>

GENERAL INFORMATION (continued)

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)	Y / N
17. ARE DAY CARE FACILITIES OPERATED OR CONTROLLED?	<input type="checkbox"/>
18. HAVE ANY CRIMES OCCURRED OR BEEN ATTEMPTED ON YOUR PREMISES WITHIN THE LAST THREE (3) YEARS?	<input type="checkbox"/>
19. IS THERE A FORMAL, WRITTEN SAFETY AND SECURITY POLICY IN EFFECT?	<input type="checkbox"/>
20. DOES THE BUSINESSES' PROMOTIONAL LITERATURE MAKE ANY REPRESENTATIONS ABOUT THE SAFETY OR SECURITY OF THE PREMISES?	<input type="checkbox"/>

REMARKS

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, FL, HI, MA, NE, OH, OK, OR or VT. In DC, LA, ME, TN, VA and WA insurance benefits may also be denied).
IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

ADDITIONAL COVERAGES AND ENDORSEMENTS

Loc #	ST	Cov Code	Description	Type of Coverage	Form No.	Edition Date	Rate	Option Codes
		EMPDH	Employee Dishonesty					
Limit 1		Limit 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductible Type 2	Premium
25,000		4,576		500				
		IDRC	Identity Recovery					
Limit 1		Limit 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductible Type 2	Premium
25,000								12.00
		ADDLL	Additional Liability					
Limit 1		Limit 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductible Type 2	Premium
1,000,000								
Limit 1		Limit 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductible Type 2	Premium
Limit 1		Limit 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductible Type 2	Premium
Limit 1		Limit 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductible Type 2	Premium
Limit 1		Limit 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductible Type 2	Premium
Limit 1		Limit 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductible Type 2	Premium
Limit 1		Limit 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductible Type 2	Premium
Limit 1		Limit 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductible Type 2	Premium



COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)
1/10/2014

AGENCY IISG Agency 10915 North Creek Parkway Suite 300 San Francisco CA 97202	CARRIER Ohio Security NAIC CODE 24082																								
CONTACT NAME: Caleen Alexanderson PHONE (A/C. No. Ext): (800)243-6205 FAX (A/C. No.): (800)243-6206 E-MAIL ADDRESS: Astros@HoustonAstros.com CODE: 160208 SUB CODE:	UNDERWRITER: POLICIES OR PROGRAM REQUESTED UNDERWRITER OFFICE: POLICY NUMBER BAS57662414																								
AGENCY CUSTOMER ID: 00014476	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">INDICATE SECTIONS ATTACHED</td> <td style="width: 30%;"><input type="checkbox"/> ELECTRONIC DATA PROC</td> <td style="width: 40%;"><input type="checkbox"/> TRUCKERS/MOTOR CARRIER</td> </tr> <tr> <td><input type="checkbox"/> ACCOUNTS RECEIVABLE/ VALUABLE PAPERS</td> <td><input type="checkbox"/> EQUIPMENT FLOATER</td> <td><input type="checkbox"/> UMBRELLA</td> </tr> <tr> <td><input type="checkbox"/> BOILER & MACHINERY</td> <td><input type="checkbox"/> GARAGE AND DEALERS</td> <td><input type="checkbox"/> VEHICLE SCHEDULE</td> </tr> <tr> <td><input checked="" type="checkbox"/> BUSINESS AUTO</td> <td><input type="checkbox"/> GLASS AND SIGN</td> <td><input type="checkbox"/> WORKERS COMPENSATION</td> </tr> <tr> <td><input type="checkbox"/> COMMERCIAL GENERAL LIABILITY</td> <td><input type="checkbox"/> INSTALLATION/BUILDERS RISK</td> <td><input type="checkbox"/> YACHT</td> </tr> <tr> <td><input type="checkbox"/> CRIME/MISCELLANEOUS CRIME</td> <td><input type="checkbox"/> OPEN CARGO</td> <td></td> </tr> <tr> <td><input type="checkbox"/> DEALERS</td> <td><input type="checkbox"/> PROPERTY</td> <td></td> </tr> <tr> <td><input type="checkbox"/> DRIVER INFO SCHEDULE</td> <td><input type="checkbox"/> TRANSPORTATION/ MOTOR TRUCK CARGO</td> <td></td> </tr> </table>	INDICATE SECTIONS ATTACHED	<input type="checkbox"/> ELECTRONIC DATA PROC	<input type="checkbox"/> TRUCKERS/MOTOR CARRIER	<input type="checkbox"/> ACCOUNTS RECEIVABLE/ VALUABLE PAPERS	<input type="checkbox"/> EQUIPMENT FLOATER	<input type="checkbox"/> UMBRELLA	<input type="checkbox"/> BOILER & MACHINERY	<input type="checkbox"/> GARAGE AND DEALERS	<input type="checkbox"/> VEHICLE SCHEDULE	<input checked="" type="checkbox"/> BUSINESS AUTO	<input type="checkbox"/> GLASS AND SIGN	<input type="checkbox"/> WORKERS COMPENSATION	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY	<input type="checkbox"/> INSTALLATION/BUILDERS RISK	<input type="checkbox"/> YACHT	<input type="checkbox"/> CRIME/MISCELLANEOUS CRIME	<input type="checkbox"/> OPEN CARGO		<input type="checkbox"/> DEALERS	<input type="checkbox"/> PROPERTY		<input type="checkbox"/> DRIVER INFO SCHEDULE	<input type="checkbox"/> TRANSPORTATION/ MOTOR TRUCK CARGO	
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<input type="checkbox"/> DEALERS	<input type="checkbox"/> PROPERTY																								
<input type="checkbox"/> DRIVER INFO SCHEDULE	<input type="checkbox"/> TRANSPORTATION/ MOTOR TRUCK CARGO																								

STATUS OF TRANSACTION		PACKAGE POLICY INFORMATION			
<input checked="" type="checkbox"/> QUOTE	<input checked="" type="checkbox"/> ISSUE POLICY	<input type="checkbox"/> RENEW	ENTER THIS INFORMATION WHEN COMMON DATES AND TERMS APPLY TO SEVERAL LINES, OR FOR MONOLINE POLICIES.		
BOUND (Give Date and/or Attach Copy):		PROPOSED EFF DATE	PROPOSED EXP DATE	BILLING PLAN	PAYMENT PLAN
CHANGE	DATE	TIME	<input checked="" type="checkbox"/> AM	<input checked="" type="checkbox"/> DIRECT BILL	Full Pay
CANCEL	12/14/2013	12:01	<input type="checkbox"/> PM	AGENCY BILL	PACKAGE POLICY PREMIUM: \$ 3,450.00
		12/14/2013	12/14/2014		<input checked="" type="checkbox"/> AUDIT

APPLICANT INFORMATION		
NAME (First Named Insured & Other Named Insureds) {perf_stt}godtou Lp		MAILING ADDRESS INCL ZIP+4 (of First Named Insured) 4921 Pleasant Run Dr Mineral Springs AR 71851
FEIN OR SOC SEC # (of First Named Insured): 164592080	PHONE (A/C. No. Ext): (870)732-2025	
E-MAIL ADDRESS(ES):		WEBSITE ADDRESS(ES):
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> CORPORATION	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION NOT FOR PROFIT ORG
<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> JOINT VENTURE	<input checked="" type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS
		CR BUREAU NAME:
		ID NUMBER:
INSPECTION CONTACT: {Perf_STT}Godtou LP		ACCOUNTING RECORDS CONTACT:
PHONE (A/C. No. Ext): (870)732-2025	E-MAIL ADDRESS:	PHONE (A/C. No. Ext):
		E-MAIL ADDRESS:

PREMISES INFORMATION		ACORD 823 attached for additional premises							
LOC #	BLD #	STREET, CITY, COUNTY, STATE, ZIP+4	CITY LIMITS		INTEREST	YR BUILT	# EMPLOYEES	ANNUAL REVENUES	% OCCUPIED
1		4921 Pleasant Run Dr MINERAL SPRINGS AR 71851 HOWARD	INSIDE	OWNER					
			OUTSIDE	TENANT					
			INSIDE	OWNER					
			OUTSIDE	TENANT					
			INSIDE	OWNER					
			OUTSIDE	TENANT					
			INSIDE	OWNER					
			OUTSIDE	TENANT					
			INSIDE	OWNER					
			OUTSIDE	TENANT					

NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS BY PREMISE(S)

test

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES		Y/N
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ?	<input type="checkbox"/>	
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?	<input checked="" type="checkbox"/>	N
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?	<input type="checkbox"/>	
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?	<input type="checkbox"/>	
4. ANY CATASTROPHE EXPOSURE?	<input type="checkbox"/>	
5. ANY OTHER INSURANCE WITH THIS COMPANY OR BEING SUBMITTED?	<input type="checkbox"/>	
6. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR THREE (3) YEARS? (Not applicable in MO)	<input checked="" type="checkbox"/>	N
7. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?	<input type="checkbox"/>	
8. DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY? <small>(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).</small>	<input checked="" type="checkbox"/>	N
9. ANY UNCORRECTED FIRE CODE VIOLATIONS?	<input type="checkbox"/>	
10. ANY BANKRUPTCIES, TAX OR CREDIT LIENS AGAINST THE APPLICANT IN THE PAST FIVE (5) YEARS?	<input checked="" type="checkbox"/>	N
11. HAS BUSINESS BEEN PLACED IN A TRUST? IF "YES", NAME OF TRUST:	<input type="checkbox"/>	
12. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD/DISTRIBUTED IN FOREIGN COUNTRIES? <small>(If "YES", attach ACORD 815 for Liability Exposure and/or ACORD 816 for Property Exposure)</small>	<input type="checkbox"/>	
REMARKS/PROCESSING INSTRUCTIONS (Attach additional sheets if more space is required)		
COPY OF THE NOTICE OF INFORMATION PRACTICES (PRIVACY) HAS BEEN GIVEN TO THE APPLICANT. (Not applicable in all states, consult your agent or broker for your state's requirements.)		
<p>NOTICE OF INSURANCE INFORMATION PRACTICES - PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT POLICY 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. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.</p> <p>ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, FL, HI, MA, NE, OH, OK, OR, or VT; in DC, LA, ME, TN, VA and WA, insurance benefits may also be denied) IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.</p> <p>THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.</p>		
PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	NATIONAL PRODUCER NUMBER
APPLICANT'S SIGNATURE	DATE	

PRIOR CARRIER INFORMATION

LINE	CATEGORY	CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE	
GENERAL COMMERCIAL LIABILITY	CARRIER																
	POLICY NUMBER																
	POLICY TYPE																
	RETRO DATE																
	EFF-EXP DATE																
	GENERAL AGGREGATE																
	PRODUCTS COMP OP AGGREGATE																
	PERSONAL & ADV INJ																
	EACH OCCURRENCE																
	FIRE DAMAGE																
	MEDICAL EXPENSE																
	BODILY OCCURRENCE INJURY AGGREGATE																
	PROPERTY OCCURRENCE DAMAGE AGGREGATE																
	COMBINED SINGLE LIMIT																
	MODIFICATION FACTOR																
TOTAL PREMIUM																	
AUTOMOBILE	CARRIER																
	POLICY NUMBER																
	POLICY TYPE																
	EFF-EXP DATE																
	COMBINED SINGLE LIMIT																
	BODILY EA PERSON INJURY EA ACCIDENT																
	PROPERTY DAMAGE																
	MODIFICATION FACTOR																
	TOTAL PREMIUM																
PROPERTY	CARRIER																
	POLICY NUMBER																
	POLICY TYPE																
	EFF-EXP DATE																
	BUILDING AMT																
	PERS PROP AMT																
	MODIFICATION FACTOR																
TOTAL PREMIUM																	

LOSS HISTORY

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE PRIOR 5 YEARS (3 YEARS IN KS & NY) CHK HERE IF NONE SEE ATTACHED LOSS SUMMARY

DATE OF OCCURRENCE	LINE	TYPE/DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	CLAIM STATUS
						OPEN/CLSD

REMARKS NOTE: FIDELITY REQUIRES A FIVE YEAR LOSS HISTORY

ATTACHMENTS

STATE SUPPLEMENT(S) (If applicable)

FORMS

Form Name / Description	Form #	Edition Date
Business Auto Coverage Form	CA00010306	3/2006
AR Changes	CA01621007	10/2007
AR Uninsured Motorists Coverage	CA21080306	3/2006
AR Personal Injury Protection	CA22020306	3/2006
Excl of Terrorism Inv Nuc, Bio, or Chem Terro	CA23850106	1/2006
AR UIM Coverage	CA31280306	3/2006
Temporary Substitute Auto - Physical Damage I	CA85471293	12/1993
Recreational Trailers and Boat Trailers	CA85531293	12/1993
Auto Medical Payments Coverage	CA99030306	3/2006
Common Policy Conditions	IL00171198	11/1998
Nuclear Energy Liab Excl Endt	IL00210908	9/2008
AR Changes - Cancellation and Nonrenewal	IL02310908	9/2008
Arkansas Notice	IL09090398	3/1998
NP - Treasury Dept OFAC Notice to Policyholde	NP74440906	9/2006
NP - AR DOI Contact Information	NP75881110	11/2010
NP - Billing Practices	NP89691110	11/2010



ARKANSAS COMMERCIAL AUTO COVERAGES/LIMITS SECTION

DATE (MM/DD/YYYY)
1/10/2014

AGENCY IISG Agency APPLICANT (First Named Insured) {perf_stt}godtou Lp

BUSINESS AUTO SECTION

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	COVERAGES	COVERED AUTO SYMBOLS	LIMITS
LIABILITY	1 <input type="checkbox"/> 4 <input type="checkbox"/> 9	<input checked="" type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$ 75,000			
	2 <input checked="" type="checkbox"/> 7 <input type="checkbox"/>	BI EACH ACCIDENT \$			
	3 <input type="checkbox"/> 8	PROPERTY DAMAGE \$			
PERSONAL INJURY PROTECTION	5 <input type="checkbox"/>	MED PAY \$ EA PER \$ EA PED	PHYSICAL DAMAGE		
	7 <input type="checkbox"/>	WORK LOSS \$ ACC DEATH \$	TOWING & LABOR	3 <input type="checkbox"/> 7 <input type="checkbox"/>	\$
UNINSURED MOTORIST	2 <input type="checkbox"/> 6	<input checked="" type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$ 50,000	COMP / OTC	2 <input type="checkbox"/> 4 <input type="checkbox"/> 8	
	3 <input checked="" type="checkbox"/> 7	BI EACH ACCIDENT \$ DED		3 <input checked="" type="checkbox"/> 7	
	4 <input type="checkbox"/>	PROPERTY DAMAGE \$ \$	SPECIFIED CAUSES OF LOSS	2 <input type="checkbox"/> 4 <input type="checkbox"/> 8	
UNDERINSURED MOTORIST	2 <input type="checkbox"/> 6	<input checked="" type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$ 50,000		3 <input type="checkbox"/> 7	
	3 <input checked="" type="checkbox"/> 7	BI EACH ACCIDENT \$	COLLISION	2 <input type="checkbox"/> 4 <input type="checkbox"/> 8	
	4 <input type="checkbox"/>			3 <input checked="" type="checkbox"/> 7	
HIRED/BORROWED LIABILITY	YES STATES	COST OF HIRE \$ IF ANY BASIS	HIRED PHYSICAL DAMAGE	STATES # DAYS # VEH	COVERAGE/DEDUCTIBLE
NON-OWNED LIABILITY	YES STATES	GROUP TYPE NUMBER OF			COMP/OTC \$ SPEC C OF L \$ COLL \$
	NO	EMPLOYEES VOLUNTEERS PARTNERS			
COVERED AUTO SYMBOLS (1) ANY AUTO (2) ALL OWNED AUTOS (3) OWNED PRIVATE PASSENGER AUTOS (4) OWNED AUTOS OTHER THAN PRIVATE PASSENGER (5) ALL OWNED AUTOS WHICH REQUIRE NO-FAULT COVERAGE (6) OWNED AUTOS SUBJECT TO COMPULSORY U.M. LAW (7) AUTOS SPECIFIED ON SCHEDULE (8) HIRED AUTOS (9) NON-OWNED AUTOS					

TRUCKERS SECTION

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	PHYSICAL DAMAGE			
COVERAGES	COVERED AUTO SYMBOLS	LIMITS	COVERAGES	COVERED AUTO SYMBOLS	LIMITS	DEDUCTIBLE
LIABILITY	41 <input type="checkbox"/> 46	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$	COMP / OTC	42 <input type="checkbox"/> 46		\$
	42 <input type="checkbox"/> 47	BI EACH ACCIDENT \$		43 <input type="checkbox"/> 47		
	43 <input type="checkbox"/> 50	PROPERTY DAMAGE \$	SPECIFIED CAUSES OF LOSS	42 <input type="checkbox"/> 46	SCL FT LSP	\$
PERSONAL INJURY PROTECTION	44 <input type="checkbox"/>	MED PAY \$ EA PER \$ EA PED		43 <input type="checkbox"/> 47	F FTW	\$
	46 <input type="checkbox"/>	WORK LOSS \$ ACC DEATH \$	COLLISION	42 <input type="checkbox"/> 46		\$
				43 <input type="checkbox"/> 47		\$
			TOWING & LABOR	46 <input type="checkbox"/>		\$
UNINSURED MOTORIST	42 <input type="checkbox"/> 46	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$	TRAILER INTERCHANGE			
	43 <input type="checkbox"/>	BI EACH ACCIDENT \$ DED	COVERAGES	SYMBOL	# TRAILERS	STATE # DAYS RADIUS DEDUCTIBLE
	45 <input type="checkbox"/>	PROPERTY DAMAGE \$ \$	COMP / OTC	48 <input type="checkbox"/> 49		
UNDERINSURED MOTORIST	42 <input type="checkbox"/> 46	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$		48 <input type="checkbox"/> 49		
	43 <input type="checkbox"/>	BI EACH ACCIDENT \$	SPECIFIED CAUSES OF LOSS	48 <input type="checkbox"/> 49		
	45 <input type="checkbox"/>		COLLISION	48 <input type="checkbox"/> 49		\$
NON-TRUCKERS HIRED/BORROWED	YES STATES	COST OF HIRE \$ IF ANY BASIS				
HIRED/BORROWED LIABILITY	YES STATES	COST OF HIRE \$ IF ANY BASIS	HIRED PHYSICAL DAMAGE	STATES # DAYS # VEH		
NON-OWNED AUTO LIABILITY	YES STATES	GROUP TYPE NUMBER OF				
	NO	EMPLOYEES VOLUNTEERS PARTNERS				
OTHER			OTHER			
COVERED AUTO SYMBOLS (44) OWNED AUTOS SUBJECT TO NO-FAULT (45) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW (46) SPECIFICALLY DESCRIBED AUTOS HIRED AUTOS ONLY (47) TRAILERS IN YOUR POSSESSION UNDER A TRAILER INTERCHANGE AGREEMENT (48) YOUR TRAILERS IN THE POSSESSION OF ANOTHER TRUCKER UNDER A TRAILER INTERCHANGE AGREEMENT (49) NON-OWNED AUTOS ONLY (50)						

MOTOR CARRIER SECTION

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	PHYSICAL DAMAGE							
			COVERAGES	COVERED AUTO SYMBOLS	LIMITS				DEDUCTIBLE	
LIABILITY	61	67	CSL <input type="checkbox"/> BI EA PER \$ BI EACH ACCIDENT \$ PROPERTY DAMAGE \$	COMP / OTC	62	67				\$
	62	68			63	68				
	63	71			64					
	64									
PERSONAL INJURY PROTECTION	65		MED PAY \$ EA PER \$ EA PED WORK LOSS \$ ACC DEATH \$	SPECIFIED CAUSES OF LOSS	62	67	SCL <input type="checkbox"/>	FT <input type="checkbox"/>	LSP <input type="checkbox"/>	\$
	67				63	68	F <input type="checkbox"/>	FTW <input type="checkbox"/>		
					64					
				COLLISION	62	67				\$
					63	68				
					64					
				TOWING & LABOR	63					\$
					67					
UNINSURED MOTORIST	62	66	CSL <input type="checkbox"/> BI EA PER \$ BI EACH ACCIDENT \$ DED PROPERTY DAMAGE \$ \$	TRAILER INTERCHANGE						
	63	67		COVERAGES	SYMBOL	# TRAILERS	STATE	# DAYS	RADIUS	DEDUCTIBLE
	64			COMP / OTC	69					
UNDERINSURED MOTORIST	62	66	CSL <input type="checkbox"/> BI EA PER \$ BI EACH ACCIDENT \$	SPECIFIED CAUSES OF LOSS	69					
	63	67			70					
	64				70					
NON-TRUCKERS HIRED/BORROWED	YES STATES		COST OF HIRE <input type="checkbox"/> IF ANY BASIS	COLLISION	69					\$
NO		\$	70							
HIRED/BORROWED LIABILITY	YES STATES		COST OF HIRE <input type="checkbox"/> IF ANY BASIS	HIRED PHYSICAL DAMAGE	STATES		# DAYS	# VEH		
NO		\$								
	YES STATES		GROUP TYPE							
NON-OWNED AUTO LIABILITY	NO		EMPLOYEES	NUMBER OF						
			VOLUNTEERS							
			PARTNERS							
OTHER				OTHER	COVERAGE IS:		PRIMARY	SECONDARY		

ENDORSEMENTS

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

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

I ACKNOWLEDGE THAT I HAVE BEEN OFFERED OPTIONAL PERSONAL INJURY PROTECTION COVERAGES. I HAVE REJECTED THE FOLLOWING:

- MEDICAL EXPENSE COVERAGE _____ (INITIALS)
- WORK LOSS COVERAGE _____ (INITIALS)
- ACCIDENTAL DEATH COVERAGE _____ (INITIALS)

I ACKNOWLEDGE I HAVE BEEN OFFERED UNINSURED MOTORISTS (UM) AND UNDERINSURED MOTORISTS (UIM) COVERAGE UP TO THE LIMIT(S) OF MY BODILY INJURY LIABILITY COVERAGE. I HAVE SELECTED THE LIMITS INDICATED IN THIS APPLICATION. IF I HAVE REJECTED UM AND/OR UIM COVERAGE ON ANY VEHICLE INCLUDED IN THIS APPLICATION, I HAVE ALSO SIGNED THE ARKANSAS AUTO SUPPLEMENT.

I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE OR IN ANY STATE SUPPLEMENT WILL APPLY TO ALL FUTURE POLICY RENEWALS, CONTINUATIONS AND CHANGES UNLESS I NOTIFY YOU OTHERWISE IN WRITING.

APPLICANT'S SIGNATURE	DATE 1/10/2014	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER
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ACORD BUSINESS AUTO SECTION

DATE (MM/DD/YYYY)
1/10/2014

AGENCY	PHONE (A/C, No, Ext): (800)243-6205 FAX (A/C, No): (800)243-6206	APPLICANT (First Named Insured) {perf_stt}godtou Lp 4921 Pleasant Run Dr Mineral Springs AR 71851
IISG Agency 10915 North Creek Parkway Suite 300 San Francisco CA 97202		EFFECTIVE DATE 12/14/2013 EXPIRATION DATE 12/14/2014 <input checked="" type="checkbox"/> DIRECT BILL AGENCY BILL PAYMENT PLAN Full Pay AUDIT X
CODE : 160208 SUB CODE :	FOR COMPANY USE ONLY	
AGENCY CUSTOMER ID : 00014476		

COVERAGES/LIMITS

USE ACORD 137 FOR YOUR STATE TO PROVIDE COVERAGES/LIMITS INFORMATION

DRIVER INFORMATION ACORD 163 attached for additional drivers

DRIVER #	NAME (Include address, if required)	SEX	MAR STAT	DATE OF BIRTH	YRS EXP	YEAR LIC	DRIVERS LICENSE NUMBER/ SOCIAL SECURITY NUMBER	STATE LIC	DATE HIRE	BROADEN NO-FAULT	DOC	USE VEH #	% USE
1	ROSE BUD FFLOWER	F				1990	9126347	AL					
2	NATALIA GOAT CCHEESE	F		7/4/1973		1990	432630122	AR					
3	HAM RRASHER	M		7/1/1945		1990	906318401	AR					
4	RATTY BUGS RRAVINE	M		9/23/1965		1990	429578126	AR					

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES	YES	NO	EXPLAIN ALL "YES" RESPONSES	YES	NO
1. WITH THE EXCEPTION OF ENCUMBRANCES, ARE ANY VEHICLES NOT SOLELY OWNED BY AND REGISTERED TO THE APPLICANT?			8. ANY HOLD HARMLESS AGREEMENTS?		
2. DO OVER 50% OF THE EMPLOYEES USE THEIR AUTOS IN THE BUSINESS?		X	9. ANY VEHICLES USED BY FAMILY MEMBERS? IF SO, IDENTIFY IN REMARKS.		X
3. IS THERE A VEHICLE MAINTENANCE PROGRAM IN OPERATION?			10. DOES THE APPLICANT OBTAIN MVR VERIFICATIONS?		
4. ARE ANY VEHICLES LEASED TO OTHERS?		X	11. DOES THE APPLICANT HAVE A SPECIFIC DRIVER RECRUITING METHOD?		
5. ARE ANY VEHICLES CUSTOMIZED, ALTERED OR HAVE SPECIAL EQUIPMENT?		X	12. ARE ANY DRIVERS NOT COVERED BY WORKERS COMPENSATION?		
6. ARE ICC, PUC OR OTHER FILINGS REQUIRED?			13. ANY VEHICLES OWNED BUT NOT SCHEDULED ON THIS APPLICATION?		X
7. DO OPERATIONS INVOLVE TRANSPORTING HAZARDOUS MATERIAL?			14. ANY DRIVERS WITH CONVICTIONS FOR MOVING TRAFFIC VIOLATIONS?		
DESCRIPTION OF GARAGE/STORAGE LOCATIONS				15. HAS AGENT INSPECTED VEHICLES?	
				MAXIMUM DOLLAR VALUE SUBJECT TO LOSS \$	

ADDITIONAL INTEREST/CERTIFICATE RECIPIENT ACORD 45 attached for additional names

INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER
ADDITIONAL INSURED					VEHICLE:
LOSS PAYEE					SCHEDULED ITEM NUMBER:
LIENHOLDER					OTHER
EMPLOYEE AS LESSOR					
OWNER					
REGISTRANT					
ITEM DESCRIPTION:					

REMARKS

--

VEHICLE DESCRIPTION

ACORD 129 attached for additional vehicles

1	VEH #	YEAR	MAKE: HONDA	BODY TYPE:	VEHICLE TYPE	SYM/AGE	COST NEW							
		1989	MODEL: ACCORD	V.I.N.: 1HGCA5536KA015112	PP	SPEC	\$ 14180							
CITY, STATE, ZIP WHERE GARAGED			MINERAL SPRINGS AR 71851	LIC STATE	TERR	GVW/GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM		
DRIVE TO WORK/SCHOOL			USE	COMM'L	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR	F	LSP	RENT REIMB	DEDUCTIBLES	ACV	COMP	SPEC C OF L
< 15 MILES			PLEASURE	RETAIL	X	LIAB NO-FAULT	X	FT	X	FG	AA	ST AMT	\$ 50	
15 MILES +			FARM	SERVICE	X	NO-FAULT	X	FTW	X				\$ 50	COLL
NET VEH DR/CR:							TOTAL PREM \$ 962.00							
2	VEH #	YEAR	MAKE: FORD	BODY TYPE:	VEHICLE TYPE	SYM/AGE	COST NEW							
		1995	MODEL: RANGER	V.I.N.: 1FTCR11UXSUA37692	PP	SPEC	\$ 16037							
CITY, STATE, ZIP WHERE GARAGED			MINERAL SPRINGS AR 71851	LIC STATE	TERR	GVW/GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM		
DRIVE TO WORK/SCHOOL			USE	COMM'L	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR	F	LSP	RENT REIMB	DEDUCTIBLES	ACV	COMP	SPEC C OF L
< 15 MILES			PLEASURE	RETAIL	X	LIAB NO-FAULT	X	FT	X	FG	AA	ST AMT	\$ 50	
15 MILES +			FARM	SERVICE	X	NO-FAULT	X	FTW	X				\$ 50	COLL
NET VEH DR/CR:							TOTAL PREM \$ 982.00							
3	VEH #	YEAR	MAKE: FORD	BODY TYPE:	VEHICLE TYPE	SYM/AGE	COST NEW							
		1995	MODEL: EXPLORER	V.I.N.: 1FMDU34X4SUB85739	PP	SPEC	\$ 22305							
CITY, STATE, ZIP WHERE GARAGED			MINERAL SPRINGS AR 71851	LIC STATE	TERR	GVW/GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM		
DRIVE TO WORK/SCHOOL			USE	COMM'L	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR	F	LSP	RENT REIMB	DEDUCTIBLES	ACV	COMP	SPEC C OF L
< 15 MILES			PLEASURE	RETAIL	X	LIAB NO-FAULT	X	FT	X	FG	AA	ST AMT	\$ 50	
15 MILES +			FARM	SERVICE	X	NO-FAULT	X	FTW	X				\$ 50	COLL
NET VEH DR/CR:							TOTAL PREM \$ 1,124.00							
4	VEH #	YEAR	MAKE: OLDSMOBILE	BODY TYPE:	VEHICLE TYPE	SYM/AGE	COST NEW							
		1986	MODEL: CUTLASS CIERA	V.I.N.: 2G3AJ35X6G9303549	PP	SPEC	\$ 11169							
CITY, STATE, ZIP WHERE GARAGED			MINERAL SPRINGS AR 71851	LIC STATE	TERR	GVW/GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM		
DRIVE TO WORK/SCHOOL			USE	COMM'L	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR	F	LSP	RENT REIMB	DEDUCTIBLES	ACV	COMP	SPEC C OF L
< 15 MILES			PLEASURE	RETAIL	X	LIAB NO-FAULT	X	FT	X	FG	AA	ST AMT	\$ 50	
15 MILES +			FARM	SERVICE	X	NO-FAULT	X	FTW	X				\$ 50	COLL
NET VEH DR/CR:							TOTAL PREM \$ 382.00							
	VEH #	YEAR	MAKE:	BODY TYPE:	VEHICLE TYPE	SYM/AGE	COST NEW							
			MODEL:	V.I.N.:	PP	SPEC	\$							
CITY, STATE, ZIP WHERE GARAGED				LIC STATE	TERR	GVW/GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM		
DRIVE TO WORK/SCHOOL			USE	COMM'L	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR	F	LSP	RENT REIMB	DEDUCTIBLES	ACV	COMP	SPEC C OF L
< 15 MILES			PLEASURE	RETAIL		MED PAY UNINS MOTOR		FT		FG	AA	ST AMT	\$	
15 MILES +			FARM	SERVICE		UNINS MOTOR		FTW					\$	COLL
NET VEH DR/CR:							TOTAL PREM \$							
	VEH #	YEAR	MAKE:	BODY TYPE:	VEHICLE TYPE	SYM/AGE	COST NEW							
			MODEL:	V.I.N.:	PP	SPEC	\$							
CITY, STATE, ZIP WHERE GARAGED				LIC STATE	TERR	GVW/GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM		
DRIVE TO WORK/SCHOOL			USE	COMM'L	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR	F	LSP	RENT REIMB	DEDUCTIBLES	ACV	COMP	SPEC C OF L
< 15 MILES			PLEASURE	RETAIL		MED PAY UNINS MOTOR		FT		FG	AA	ST AMT	\$	
15 MILES +			FARM	SERVICE		UNINS MOTOR		FTW					\$	COLL
NET VEH DR/CR:							TOTAL PREM \$							
	VEH #	YEAR	MAKE:	BODY TYPE:	VEHICLE TYPE	SYM/AGE	COST NEW							
			MODEL:	V.I.N.:	PP	SPEC	\$							
CITY, STATE, ZIP WHERE GARAGED				LIC STATE	TERR	GVW/GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM		
DRIVE TO WORK/SCHOOL			USE	COMM'L	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR	F	LSP	RENT REIMB	DEDUCTIBLES	ACV	COMP	SPEC C OF L
< 15 MILES			PLEASURE	RETAIL		MED PAY UNINS MOTOR		FT		FG	AA	ST AMT	\$	
15 MILES +			FARM	SERVICE		UNINS MOTOR		FTW					\$	COLL
NET VEH DR/CR:							TOTAL PREM \$							

ACORD 127 (2003/08)

INS127 (0309).01a

ADDITIONAL VEHICLE COVERAGES

Veh #	Cov Code	Description	Type of Coverage	Form No.	Edition Date	Rate	Option Codes
1	XUMPD	Exclude Uninsured Motorist					
Limit 1	Limit 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductible Type 2	Premium
2	XUMPD	Exclude Uninsured Motorist					
Limit 1	Limit 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductible Type 2	Premium
3	XUMPD	Exclude Uninsured Motorist					
Limit 1	Limit 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductible Type 2	Premium
4	XUMPD	Exclude Uninsured Motorist					
Limit 1	Limit 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductible Type 2	Premium
Limit 1	Limit 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductible Type 2	Premium
Limit 1	Limit 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductible Type 2	Premium
Limit 1	Limit 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductible Type 2	Premium
Limit 1	Limit 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductible Type 2	Premium
Limit 1	Limit 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductible Type 2	Premium
Limit 1	Limit 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductible Type 2	Premium
Limit 1	Limit 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductible Type 2	Premium
Limit 1	Limit 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductible Type 2	Premium
Limit 1	Limit 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductible Type 2	Premium
Limit 1	Limit 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductible Type 2	Premium

ADDITIONAL COVERAGES AND ENDORSEMENTS

Loc #	ST	Cov Code	Description	Type of Coverage	Form No.	Edition Date	Rate	Option Codes				
		TRIA	Terrorism Coverage									
Limit 1		Limit 2		Limit 3		Ded 1	Deductible Type 1		Ded 2	Deductible Type 2		Premium

Loc #	ST	Cov Code	Description	Type of Coverage	Form No.	Edition Date	Rate	Option Codes				
Limit 1		Limit 2		Limit 3		Ded 1	Deductible Type 1		Ded 2	Deductible Type 2		Premium

Loc #	ST	Cov Code	Description	Type of Coverage	Form No.	Edition Date	Rate	Option Codes				
Limit 1		Limit 2		Limit 3		Ded 1	Deductible Type 1		Ded 2	Deductible Type 2		Premium

Loc #	ST	Cov Code	Description	Type of Coverage	Form No.	Edition Date	Rate	Option Codes				
Limit 1		Limit 2		Limit 3		Ded 1	Deductible Type 1		Ded 2	Deductible Type 2		Premium

Loc #	ST	Cov Code	Description	Type of Coverage	Form No.	Edition Date	Rate	Option Codes				
Limit 1		Limit 2		Limit 3		Ded 1	Deductible Type 1		Ded 2	Deductible Type 2		Premium

Loc #	ST	Cov Code	Description	Type of Coverage	Form No.	Edition Date	Rate	Option Codes				
Limit 1		Limit 2		Limit 3		Ded 1	Deductible Type 1		Ded 2	Deductible Type 2		Premium

Loc #	ST	Cov Code	Description	Type of Coverage	Form No.	Edition Date	Rate	Option Codes				
Limit 1		Limit 2		Limit 3		Ded 1	Deductible Type 1		Ded 2	Deductible Type 2		Premium

Loc #	ST	Cov Code	Description	Type of Coverage	Form No.	Edition Date	Rate	Option Codes				
Limit 1		Limit 2		Limit 3		Ded 1	Deductible Type 1		Ded 2	Deductible Type 2		Premium

Loc #	ST	Cov Code	Description	Type of Coverage	Form No.	Edition Date	Rate	Option Codes				
Limit 1		Limit 2		Limit 3		Ded 1	Deductible Type 1		Ded 2	Deductible Type 2		Premium



WORKERS COMPENSATION APPLICATION

DATE (MM/DD/YYYY)

1/3/2014

AGENCY IISG Agency 10915 North Creek Parkway Suite 300 San Francisco CA 97202		COMPANY Ohio Security		UNDERWRITER	
PHONE (A/C, No, Ext): (800)243-6205		APPLICANT NAME F52 Validation		E-MAIL ADDRESS	
FAX (A/C, No): (800)243-6206		MAILING ADDRESS (including ZIP + 4) 456 N st San Diego CA 92182			
E-MAIL ADDRESS : Download@Vertafore.com		YRS IN BUS 15	SIC	NAICS 0761	<input checked="" type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP
CODE : 160208	SUB CODE :	CREDIT BUREAU NAME :		<input checked="" type="checkbox"/> CORPORATION	<input type="checkbox"/> LLC
AGENCY CUSTOMER ID 00014476		FEDERAL EMPLOYER ID NUMBER 223699884	NCCI ID NUMBER	ID NUMBER: OTHER RATING BUREAU ID OR STATE EMPLOYER REGISTRATION NUMBER	

STATUS OF SUBMISSION		BILLING/AUDIT INFORMATION			
<input type="checkbox"/> QUOTE	<input type="checkbox"/> ISSUE POLICY	BILLING PLAN		PAYMENT PLAN	
<input type="checkbox"/> BOUND (Give date and/or attach copy)	<input type="checkbox"/> ASSIGNED RISK (Attach ACORD 133)	<input checked="" type="checkbox"/> AGENCY BILL	<input type="checkbox"/> ANNUAL	<input checked="" type="checkbox"/> Other	<input checked="" type="checkbox"/> AUDIT
		<input type="checkbox"/> DIRECT BILL	<input type="checkbox"/> SEMI-ANNUAL	<input type="checkbox"/> QUARTERLY	<input type="checkbox"/> AT EXPIRATION
			<input type="checkbox"/> QUARTERLY	% DOWN:	<input type="checkbox"/> MONTHLY

LOCATIONS					
LOC #	STREET, CITY, COUNTY, STATE, ZIP CODE				
1	4846 GLACIER DR LOS ANGELES BELLFLOWER CA 90706				

PROPOSED EFF DATE 3/1/2014	PROPOSED EXP DATE 3/1/2015	NORMAL ANNIVERSARY RATING DATE	<input checked="" type="checkbox"/> PARTICIPATING	RETRO PLAN	
			<input type="checkbox"/> NON-PARTICIPATING		
PART 1 - WORKERS COMPENSATION (States) CA	PART 2 - EMPLOYER'S LIABILITY		PART 3 - OTHER STATES INS	DEDUCTIBLES	AMOUNT/%
	\$ 1,000,000	EACH ACCIDENT		<input type="checkbox"/> MEDICAL	<input type="checkbox"/> U.S.L. & H.
	\$ 1,000,000	DISEASE-POLICY LIMIT		<input type="checkbox"/> INDEMNITY	<input type="checkbox"/> VOLUNTARY COMP
	\$ 1,000,000	DISEASE-EACH EMPLOYEE			<input type="checkbox"/> FOREIGN COV
DIVIDEND PLAN/SAFETY GROUP N			ADDITIONAL COMPANY INFORMATION		

RATING INFORMATION									
STATE	LOC #	CLASS CODE	DESCR CODE	CATEGORIES, DUTIES, CLASSIFICATIONS	# EMPLOYEES		ESTIMATED ANNUAL REMUNERATION	RATE	ESTIMATED ANNUAL PREMIUM
CA	1	0016		Orchards - citrus and deciduous fruits	FULL TIME	PART TIME	12	13.55000	\$2.00

STATE:	FACTOR	FACTORED PREMIUM	FACTOR	FACTORED PREMIUM	SPECIFY ADDITIONAL COVERAGES / ENDORSEMENTS	
TOTAL		\$	EXPENSE CONSTANT	N/A		\$
INCREASED LIMITS		\$	TAXES / ASSESSMENTS	N/A		\$
DEDUCTIBLE		\$				\$
EXPERIENCE OR MERIT MODIFICATION		\$	ESTIMATED ANNUAL PREMIUM	N/A		\$
LOSS CONSTANT	N/A	\$				
ASSIGNED RISK SURCHARGE		\$				
ARAP		\$				
SCHEDULE RATING		\$				
CCPAP		\$	TOTAL EST ANNUAL PREMIUM	N/A		\$
STANDARD PREMIUM		\$	MINIMUM PREMIUM	\$		
PREMIUM DISCOUNT		\$	DEPOSIT PREMIUM	\$		

INDIVIDUALS INCLUDED/EXCLUDED

PARTNERS, OFFICERS, RELATIVES TO BE INCLUDED OR EXCLUDED. (Remuneration to be included must be part of rating information section.)									
STATE	LOC #	NAME	DATE OF BIRTH	TITLE/ RELATIONSHIP	OWNER- SHIP %	DUTIES	INC/EXC	CLASS CODE	REMUNERATION

PRIOR CARRIER INFORMATION/LOSS HISTORY

PROVIDE INFORMATION FOR THE PAST 5 YEARS AND USE THE REMARKS SECTION FOR LOSS DETAILS							LOSS RUN ATTACHED
YEAR	CARRIER & POLICY NUMBER	ANNUAL PREMIUM	MOD	# CLAIMS	AMOUNT PAID	RESERVE	
	CO: Peerless Indemnity I POL #: WC5101471						
	CO: POL #:						
	CO: POL #:						
	CO: POL #:						
	CO: POL #:						

NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS

GIVE COMMENTS AND DESCRIPTIONS OF BUSINESS, OPERATIONS AND PRODUCTS: MANUFACTURING--RAW MATERIALS, PROCESSES, PRODUCT, EQUIPMENT. CONTRACTOR--TYPE OF WORK SUB-CONTRACTS. MERCANTILE--MERCHANDISE, CUSTOMERS, DELIVERIES. SERVICE--TYPE, LOCATION. FARM--ACREAGE, ANIMALS, MACHINERY, SUB-CONTRACTS.

Unknown

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES	YES	NO	EXPLAIN ALL "YES" RESPONSES	YES	NO
1. DOES APPLICANT OWN, OPERATE OR LEASE AIRCRAFT/WATERCRAFT?			18. ANY PRIOR COVERAGE DECLINED/ CANCELLED/NON-RENEWED (Last 3 years)?		
2. 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)			19. ARE EMPLOYEE HEALTH PLANS PROVIDED?		
3. ANY WORK PERFORMED UNDERGROUND OR ABOVE 15 FEET?			20. IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS/SUBSIDIARY?		
4. ANY WORK PERFORMED ON BARGES, VESSELS, DOCKS, BRIDGE OVER WATER?			21. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?		
5. IS APPLICANT ENGAGED IN ANY OTHER TYPE OF BUSINESS?			22. DO ANY EMPLOYEES PREDOMINANTLY WORK AT HOME?		
6. ARE SUB-CONTRACTORS USED? (IF YES, GIVE % OF WORK SUBCONTRACTED)			23. ANY TAX LIENS OR BANKRUPTCY WITHIN THE LAST 5 YEARS?		
7. ANY WORK SUBLET WITHOUT CERTIFICATES OF INS.?			24. ANY UNDISPUTED AND UNPAID WORKERS COMPENSATION PREMIUM DUE FROM YOU OR ANY COMMONLY MANAGED OR OWNED ENTERPRISES? IF YES, EXPLAIN INCLUDING ENTITY NAME(S) AND POLICY NUMBER(S).		
8. IS A WRITTEN SAFETY PROGRAM IN OPERATION?			CONTACT INFORMATION		
9. ANY GROUP TRANSPORTATION PROVIDED?			IN- SPECTION	PHONE:	
10. ANY EMPLOYEES UNDER 16 OR OVER 60 YEARS OF AGE?				NAME:	
11. ANY SEASONAL EMPLOYEES?			ACCTNG RECORD	E-MAIL:	
12. IS THERE ANY VOLUNTEER OR DONATED LABOR?				PHONE:	
13. ANY EMPLOYEES WITH PHYSICAL HANDICAPS?			CLAIMS INFO	NAME:	
14. DO EMPLOYEES TRAVEL OUT OF STATE?				E-MAIL:	
15. ARE ATHLETIC TEAMS SPONSORED?			PHONE:		
16. ARE PHYSICALS REQUIRED AFTER OFFERS OF EMPLOYMENT ARE MADE?			NAME:		
17. ANY OTHER INSURANCE WITH THIS INSURER?			E-MAIL:		

APPLICABLE IN TENNESSEE: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO ANY PARTY TO A WORKERS COMPENSATION TRANSACTION FOR THE PURPOSE OF COMMITTING FRAUD. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, HI, NE, OH, OK, OR, TN or VT; in DC, LA, ME and VA, insurance benefits may also be denied)

REMARKS (Attach additional sheets if more space is required)

APPLICANT'S SIGNATURE	DATE 1/3/2014	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER
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ADDITIONAL COVERAGES AND ENDORSEMENTS

Loc #	ST	Cov Code	Description	Type of Coverage	Form No.	Edition Date	Rate	Option Codes
	CA	SURC	Surcharges				0.01370	
Limit 1		Limit 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductible Type 2	Premium 53.00
Loc #	ST	Cov Code	Description	Type of Coverage	Form No.	Edition Date	Rate	Option Codes
	CA	APMP	Add'l for policy minimum					
Limit 1		Limit 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductible Type 2	Premium 1,098.00
Loc #	ST	Cov Code	Description	Type of Coverage	Form No.	Edition Date	Rate	Option Codes
Limit 1		Limit 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductible Type 2	Premium
Loc #	ST	Cov Code	Description	Type of Coverage	Form No.	Edition Date	Rate	Option Codes
Limit 1		Limit 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductible Type 2	Premium
Loc #	ST	Cov Code	Description	Type of Coverage	Form No.	Edition Date	Rate	Option Codes
Limit 1		Limit 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductible Type 2	Premium
Loc #	ST	Cov Code	Description	Type of Coverage	Form No.	Edition Date	Rate	Option Codes
Limit 1		Limit 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductible Type 2	Premium
Loc #	ST	Cov Code	Description	Type of Coverage	Form No.	Edition Date	Rate	Option Codes
Limit 1		Limit 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductible Type 2	Premium
Loc #	ST	Cov Code	Description	Type of Coverage	Form No.	Edition Date	Rate	Option Codes
Limit 1		Limit 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductible Type 2	Premium
Loc #	ST	Cov Code	Description	Type of Coverage	Form No.	Edition Date	Rate	Option Codes
Limit 1		Limit 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductible Type 2	Premium
Loc #	ST	Cov Code	Description	Type of Coverage	Form No.	Edition Date	Rate	Option Codes
Limit 1		Limit 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductible Type 2	Premium
Loc #	ST	Cov Code	Description	Type of Coverage	Form No.	Edition Date	Rate	Option Codes
Limit 1		Limit 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductible Type 2	Premium
Loc #	ST	Cov Code	Description	Type of Coverage	Form No.	Edition Date	Rate	Option Codes
Limit 1		Limit 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductible Type 2	Premium

FORMS

Form Name / Description	Form #	Edition Date
NP - Treasury Dept OFAC Notice to Policyholde	NP74440906	
California Loss Control Consultation Services	NP91820113	
NP - Important Information Consumer Affairs P	NP91890213	
PN-Your Right To Rating and Dividend Informat	PN049901E	
PN - CA WC Insurance Rating Laws	PN049902B	
California Insurance Guarantee Association (C	PN049904	
WC-Terror. Risk Ins.Prog. Reauth. Act Disclos	WC000422A	
Policy Amendatory Endorsement - California	WC040301B	
Duty To Defend - California	WC040310	
Employers' Liability Coverage Amendatory Endo	WC040360A	
Farm Schedule Endorsement - California	WC040406C	
Optional Premium Increase Endorsement - Calif	WC040421	
California Cancellation Endorsement	WC040601A	
Quick Reference: WC and Employers Liab. Ins P	WC3000E	



COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)
1/23/2014

AGENCY IISG Agency 10915 North Creek Parkway Suite 300 San Francisco CA 97202	CARRIER Capitol Specialty Comapnies NAIC CODE UNDERWRITER: POLICIES OR PROGRAM REQUESTED UNDERWRITER OFFICE: POLICY NUMBER CP02019832																																				
CONTACT NAME: TEST4 PHONE (A/C. No. Ext): (800)243-6205 FAX (A/C. No.): (800)243-6206 E-MAIL ADDRESS: CODE: AMS360 SUB CODE: AGENCY CUSTOMER ID: 00010135	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INDICATE SECTIONS ATTACHED</th> <th></th> <th></th> <th></th> </tr> <tr> <td>ACCOUNTS RECEIVABLE/ VALUABLE PAPERS</td> <td><input type="checkbox"/></td> <td>ELECTRONIC DATA PROC</td> <td><input type="checkbox"/></td> </tr> <tr> <td>BOILER & MACHINERY</td> <td><input type="checkbox"/></td> <td>EQUIPMENT FLOATER</td> <td><input type="checkbox"/></td> </tr> <tr> <td>BUSINESS AUTO</td> <td><input type="checkbox"/></td> <td>GARAGE AND DEALERS</td> <td><input type="checkbox"/></td> </tr> <tr> <td>COMMERCIAL GENERAL LIABILITY</td> <td><input type="checkbox"/></td> <td>GLASS AND SIGN</td> <td><input type="checkbox"/></td> </tr> <tr> <td>CRIME/MISCELLANEOUS CRIME</td> <td><input type="checkbox"/></td> <td>INSTALLATION/BUILDERS RISK</td> <td><input type="checkbox"/></td> </tr> <tr> <td>DEALERS</td> <td><input checked="" type="checkbox"/></td> <td>OPEN CARGO</td> <td><input type="checkbox"/></td> </tr> <tr> <td>DRIVER INFO SCHEDULE</td> <td><input type="checkbox"/></td> <td>PROPERTY</td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td>TRANSPORTATION/ MOTOR TRUCK CARGO</td> <td><input type="checkbox"/></td> </tr> </table>	INDICATE SECTIONS ATTACHED				ACCOUNTS RECEIVABLE/ VALUABLE PAPERS	<input type="checkbox"/>	ELECTRONIC DATA PROC	<input type="checkbox"/>	BOILER & MACHINERY	<input type="checkbox"/>	EQUIPMENT FLOATER	<input type="checkbox"/>	BUSINESS AUTO	<input type="checkbox"/>	GARAGE AND DEALERS	<input type="checkbox"/>	COMMERCIAL GENERAL LIABILITY	<input type="checkbox"/>	GLASS AND SIGN	<input type="checkbox"/>	CRIME/MISCELLANEOUS CRIME	<input type="checkbox"/>	INSTALLATION/BUILDERS RISK	<input type="checkbox"/>	DEALERS	<input checked="" type="checkbox"/>	OPEN CARGO	<input type="checkbox"/>	DRIVER INFO SCHEDULE	<input type="checkbox"/>	PROPERTY	<input type="checkbox"/>			TRANSPORTATION/ MOTOR TRUCK CARGO	<input type="checkbox"/>
INDICATE SECTIONS ATTACHED																																					
ACCOUNTS RECEIVABLE/ VALUABLE PAPERS	<input type="checkbox"/>	ELECTRONIC DATA PROC	<input type="checkbox"/>																																		
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BUSINESS AUTO	<input type="checkbox"/>	GARAGE AND DEALERS	<input type="checkbox"/>																																		
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DEALERS	<input checked="" type="checkbox"/>	OPEN CARGO	<input type="checkbox"/>																																		
DRIVER INFO SCHEDULE	<input type="checkbox"/>	PROPERTY	<input type="checkbox"/>																																		
		TRANSPORTATION/ MOTOR TRUCK CARGO	<input type="checkbox"/>																																		

STATUS OF TRANSACTION				PACKAGE POLICY INFORMATION			
<input type="checkbox"/> QUOTE	<input type="checkbox"/> ISSUE POLICY	<input type="checkbox"/> RENEW	ENTER THIS INFORMATION WHEN COMMON DATES AND TERMS APPLY TO SEVERAL LINES, OR FOR MONOLINE POLICIES.				
BOUND (Give Date and/or Attach Copy):			PROPOSED EFF DATE	PROPOSED EXP DATE	BILLING PLAN	PAYMENT PLAN	AUDIT
CHANGE	DATE	TIME	<input checked="" type="checkbox"/> AM		<input checked="" type="checkbox"/> DIRECT BILL	Annual	
CANCEL	8/13/2011	12:01	<input type="checkbox"/> PM	2/1/2011	2/1/2012	AGENCY BILL	PACKAGE POLICY PREMIUM: \$ 31,897.00

APPLICANT INFORMATION			
NAME (First Named Insured & Other Named Insureds) Mo-Ar-Ok Property Test 3.4.4.6 020811 05			MAILING ADDRESS INCL ZIP+4 (of First Named Insured) 130 Boone Hills Dr Saint Peters MO 63376-2431
FEIN OR SOC SEC # (of First Named Insured):	PHONE (A/C. No. Ext):	WEBSITE ADDRESS(ES):	
INDIVIDUAL <input checked="" type="checkbox"/>	CORPORATION <input checked="" type="checkbox"/>	SUBCHAPTER "S" CORPORATION NOT FOR PROFIT ORG <input type="checkbox"/>	LLC NO. OF MEMBERS AND MANAGERS _____
PARTNERSHIP <input type="checkbox"/>	JOINT VENTURE <input type="checkbox"/>	CR BUREAU NAME: _____	
INSPECTION CONTACT:		ACCOUNTING RECORDS CONTACT:	
PHONE (A/C. No. Ext):	E-MAIL ADDRESS:	PHONE (A/C. No. Ext):	E-MAIL ADDRESS:

PREMISES INFORMATION		ACORD 823 attached for additional premises										
LOC #	BLD #	STREET, CITY, COUNTY, STATE, ZIP+4				CITY LIMITS		INTEREST	YR BUILT	# EMPLOYEES	ANNUAL REVENUES	% OCCUPIED
1	1	130 Boone Hills Dr Saint Peters MO 63376-2431				INSIDE	OWNER					
						OUTSIDE	TENANT					
2	1	311 E Race Ave Searcy AR 72143-4331				INSIDE	OWNER					
						OUTSIDE	TENANT					
3	1	509 Westline Dr Oklahoma City OK 73108-2303				INSIDE	OWNER					
						OUTSIDE	TENANT					
						INSIDE	OWNER					
						OUTSIDE	TENANT					

NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS BY PREMISE(S)

Ivans Testing

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES		Y/N
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ?		<input type="checkbox"/>
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?		<input type="checkbox"/>
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?		<input type="checkbox"/>
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?		<input type="checkbox"/>
4. ANY CATASTROPHE EXPOSURE?		<input type="checkbox"/>
5. ANY OTHER INSURANCE WITH THIS COMPANY OR BEING SUBMITTED?		<input type="checkbox"/>
6. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR THREE (3) YEARS? (Not applicable in MO)		<input type="checkbox"/>
7. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?		<input type="checkbox"/>
8. DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY? (In RI, this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment).		<input type="checkbox"/>
9. ANY UNCORRECTED FIRE CODE VIOLATIONS?		<input type="checkbox"/>
10. ANY BANKRUPTCIES, TAX OR CREDIT LIENS AGAINST THE APPLICANT IN THE PAST FIVE (5) YEARS?		<input type="checkbox"/>
11. HAS BUSINESS BEEN PLACED IN A TRUST? IF "YES", NAME OF TRUST:		<input type="checkbox"/>
12. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD/DISTRIBUTED IN FOREIGN COUNTRIES? (If "YES", attach ACORD 815 for Liability Exposure and/or ACORD 816 for Property Exposure)		<input type="checkbox"/>
REMARKS/PROCESSING INSTRUCTIONS (Attach additional sheets if more space is required)		
COPY OF THE NOTICE OF INFORMATION PRACTICES (PRIVACY) HAS BEEN GIVEN TO THE APPLICANT. (Not applicable in all states, consult your agent or broker for your state's requirements.)		
<p>NOTICE OF INSURANCE INFORMATION PRACTICES - PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT POLICY 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. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.</p> <p>ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, FL, HI, MA, NE, OH, OK, OR, or VT; in DC, LA, ME, TN, VA and WA, insurance benefits may also be denied) IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.</p> <p>THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.</p>		
PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	NATIONAL PRODUCER NUMBER
APPLICANT'S SIGNATURE		DATE

PRIOR CARRIER INFORMATION

LINE	CATEGORY	CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE	
GENERAL LIABILITY	CARRIER																
	POLICY NUMBER																
	POLICY TYPE																
	RETRO DATE																
	EFF-EXP DATE																
	GENERAL AGGREGATE																
	PRODUCTS COMP OP AGGREGATE																
	PERSONAL & ADV INJ																
	EACH OCCURRENCE																
	FIRE DAMAGE																
	MEDICAL EXPENSE																
	BODILY OCCURRENCE INJURY AGGREGATE																
	PROPERTY OCCURRENCE DAMAGE AGGREGATE																
	COMBINED SINGLE LIMIT																
MODIFICATION FACTOR																	
TOTAL PREMIUM																	
AUTOMOBILE	CARRIER																
	POLICY NUMBER																
	POLICY TYPE																
	EFF-EXP DATE																
	COMBINED SINGLE LIMIT																
	BODILY EA PERSON INJURY EA ACCIDENT																
	PROPERTY DAMAGE																
	MODIFICATION FACTOR																
	TOTAL PREMIUM																
PROPERTY	CARRIER																
	POLICY NUMBER																
	POLICY TYPE																
	EFF-EXP DATE																
	BUILDING AMT																
	PERS PROP AMT																
	MODIFICATION FACTOR																
TOTAL PREMIUM																	
	CARRIER																
	POLICY NUMBER																
	POLICY TYPE																
	EFF-EXP DATE																
	LIMIT																
	MODIFICATION FACTOR																
	TOTAL PREMIUM																

LOSS HISTORY

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE PRIOR 5 YEARS (3 YEARS IN KS & NY) CHK HERE IF NONE SEE ATTACHED LOSS SUMMARY

DATE OF OCCURRENCE	LINE	TYPE/DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	CLAIM STATUS
						OPEN/CLSD

REMARKS NOTE: FIDELITY REQUIRES A FIVE YEAR LOSS HISTORY

ATTACHMENTS

STATE SUPPLEMENT(S) (if applicable)

FORMS

Form Name / Description	Form #	Edition Date
Commercial Property Coverage Part Declaration	CICP003060	
Commercial Property Coverage Part Form Schedu	CICP005109	
Building And Personal Property Coverage	CP00100607	
Business Income Without Extra Expense Coverag	CP00320607	
Legal Liability Coverage Form	CP00400607	
Extra Expense Coverage Form	CP00500607	
Commercial Property Conditions	CP00900788	
Missouri Calculation Of Additional Premium	CP01280700	
Exclusion Of Loss Due To Virus Or Bacteria	CP01400706	
Cancellation Changes	CP02990607	
Ordinance Or Law Coverage	CP04050402	
Debris Removal Additional Insurance	CP04151000	
Utility Services Direct Damage	CP04170607	
Vacancy Changes	CP04601000	
Causes Of Loss Broad Form	CP10200607	
Causes Of Loss Special Form	CP10300607	
Water Exclusion Endorsement	CP10320808	
Theft Exclusion	CP10330695	
Windstorm Or Hail Exclusion	CP10540607	
Vandalism Exclusion	CP10550607	
Sprinkler Leakage Exclusion	CP10560607	
Additional Insured Building Owner	CP12190607	
Peak Season Limit of Insurance	CP12300695	
Business Income Landlord As Additional Insure	CP15030607	
Ordinary Payroll Limitation Or Exclusion	CP15100607	

FORMS

Form Name / Description	Form #	Edition Date
Ordinance Or Law Increased Period Of Restorat	CP15310402	
Civil Authority Increased Coverage Period	CP15320607	
Utility Services Time Element	CP15450607	
Your Business Personal Property - Separation	CP19100695	
Storage Or Repairs Limited Liability	CP99420788	
Equipment Breakdown Coverage	CPR004CW1	
Loss Payable Provisions	CPR0060300	
Ornate Glass Limitation	CPR0350101	
Identity Recovery Coverage Identity Theft Cas	CPR0460705	
Food Contamination	CPR0510908	
Capitol Premier Property Extension Endorsemen	CPR052CW0	
Capitol Premier Property Extension Endorsemen	CPR052MO0	



PROPERTY SECTION

DATE (MM/DD/YYYY)

1/23/2014

AGENCY IISG Agency			APPLICANT (First Named Insured) Mo-Ar-Ok Property Test 3.4.4.6 020811 05		
POLICY NUMBER CP02019832			CARRIER Capitol Specialty Comapnies		NAIC CODE AMS360
EFFECTIVE DATE 2/1/2011	EXPIRATION DATE 2/1/2012	<input checked="" type="checkbox"/> DIRECT BILL AGENCY BILL	PAYMENT PLAN Annual	AUDIT	FOR COMPANY USE ONLY

PREMISES INFORMATION	PREMISES#: 1	STREET ADDRESS: 130 Boone Hills Dr
	BUILDING#: 1	BLDG DESCRIPTION: Amusement Centers

SUBJECT OF INSURANCE	AMOUNT	COINS%	VALU-ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	BLKT #	FORMS AND CONDITIONS TO APPLY
CPPE				Special form		500		
FOODC				Special form				
Building	675000	80	RC	Special form		500		
Business Personal Property	250100	80	RC	Special form		500		
BI w/ Extra Expense	250000	80		Special form				
Extra Expense	150000			Special form				

ADDITIONAL INFORMATION	<input checked="" type="checkbox"/> BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810	VALUE REPORTING INFORMATION - Attach ACORD 811
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ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

SPOILAGE COVERAGE (Y/N)	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	DEDUCTIBLE \$	REFRIG MAINT AGREEMENT (Y/N)	OPTIONS
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OF OPEN SIDES ON STRUCTURE: _____

CONSTRUCTION TYPE Masonry	DISTANCE TO HYDRANT FT	FIRE STAT MI	FIRE DISTRICT/CODE NUMBER	PROT CL 4	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA
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BUILDING IMPROVEMENTS	BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES
<input type="checkbox"/> WIRING, YR:	<input type="checkbox"/> PLUMBING, YR:	<input type="checkbox"/> WIND CLASS	<input type="checkbox"/> SEMI- RESISTIVE	HEATING BOILER ON PREMISES? (Y/N)
<input type="checkbox"/> ROOFING, YR:	<input type="checkbox"/> HEATING, YR:	<input type="checkbox"/> RESISTIVE		IF YES, IS INSURANCE PLACED ELSEWHERE? (Y/N)
<input type="checkbox"/> OTHER: YR:				

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE
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BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	CENTRAL STATION WITH KEYS
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BURGLAR ALARM INSTALLED AND SERVICED BY	EXTENT	GRADE	# GUARDS/WATCHMEN	CLOCK HOURLY
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PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2/Chemical Systems)	% SPRNK	FIRE ALARM MANUFACTURER	CENTRAL STATION LOCAL GONG
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ADDITIONAL INTERESTS

RANK:	NAME AND ADDRESS:	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER
<input type="checkbox"/> LOSS PAYEE				LOCATION:
<input type="checkbox"/> MORTGAGEE				BUILDING:
	ITEM DESCRIPTION:			SCHEDULED ITEM NUMBER:
				OTHER:

ADDITIONAL PREMISES INFORMATION **PREMISES#:** 2 **STREET ADDRESS:** 311 E Race Ave
BUILDING#: 1 **BLDG DESCRIPTION:** Amusement Parks - Enclosed Buildings Used for Recreational

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DED	BLKLT #	FORMS AND CONDITIONS TO APPLY
CPPE				Special form		500		
FOODC				Special form				
Building	500000	80	RC	Broad form		500		
Business Personal Property	100000	80	RC	Broad form		500		
BI w/ Extra Expense	300000	80		Broad form				
Extra Expense	150000			Broad form				

ADDITIONAL INFORMATION BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810 VALUE REPORTING INFORMATION - Attach ACORD 811

ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

SPOILAGE COVERAGE (Y/N)	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	DEDUCTIBLE \$	REFRIG MAINT AGREEMENT (Y/N)	OPTIONS
<input type="checkbox"/>				<input type="checkbox"/>	

OF OPEN SIDES ON STRUCTURE: _____

CONSTRUCTION TYPE	DISTANCE TO HYDRANT	FIRE STAT	FIRE DISTRICT/CODE NUMBER	PROT CL	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA
Masonry	FT	MI		1				
BUILDING IMPROVEMENTS	WIRING, YR:	PLUMBING, YR:	BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES		
	ROOFING, YR:	HEATING, YR:	WIND CLASS	SEMI- RESISTIVE	HEATING BOILER ON PREMISES? (Y/N)			
	OTHER, YR:		RESISTIVE	IF YES, IS INSURANCE PLACED ELSEWHERE? (Y/N)				
RIGHT EXPOSURE & DISTANCE		LEFT EXPOSURE & DISTANCE		FRONT EXPOSURE & DISTANCE		REAR EXPOSURE & DISTANCE		
BURGLAR ALARM TYPE			CERTIFICATE #			EXPIRATION DATE		CENTRAL STATION WITH KEYS
BURGLAR ALARM INSTALLED AND SERVICED BY				EXTENT		GRADE	# GUARDS/WATCHMEN	CLOCK HOURLY
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2/Chemical Systems)				% SPRNK	FIRE ALARM MANUFACTURER			CENTRAL STATION LOCAL GONG

ADDITIONAL INTERESTS

RANK:	NAME AND ADDRESS:	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER
INTEREST	USA Bank			LOCATION: 2 BUILDING: 1
<input checked="" type="checkbox"/>	3700 W Main St			SCHEDULED ITEM NUMBER:
	Russellville AR 72801-2312			OTHER:
	ITEM DESCRIPTION:			

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, FL, HI, MA, NE, OH, OK, OR or VT; in DC, LA, ME, TN, VA and WA, insurance benefits may also be denied)

IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

ADDITIONAL PREMISES INFORMATION

PREMISES#: 3	STREET ADDRESS: 509 Westline Dr
BUILDING#: 1	BLDG DESCRIPTION: Recreational Facilities - Noc - Billiard and Pool Halls

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU-ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	BLKLT #	FORMS AND CONDITIONS TO APPLY
CPPE				Special form		500		
FOODC				Special form				
Building	700000	80	RC	Special form		500		
Business Personal Property	250000	80	RC	Special form		500		
BI w/ Extra Expense	200000	80		Special form				
Extra Expense	150000			Special form				

ADDITIONAL INFORMATION BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810 VALUE REPORTING INFORMATION - Attach ACORD 811

ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

SPOILAGE COVERAGE (Y/N)	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	DEDUCTIBLE \$	REFRIG MAINT AGREEMENT (Y/N)	OPTIONS
<input type="checkbox"/>				<input type="checkbox"/>	

OF OPEN SIDES ON STRUCTURE: _____

CONSTRUCTION TYPE	DISTANCE TO HYDRANT	FIRE STAT	FIRE DISTRICT/CODE NUMBER	PROT CL	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA
Masonry	FT	MI		3				
BUILDING IMPROVEMENTS	BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES				
<input type="checkbox"/> WIRING, YR: <input type="checkbox"/> PLUMBING, YR: <input type="checkbox"/> ROOFING, YR: <input type="checkbox"/> HEATING, YR: <input type="checkbox"/> OTHER: YR:				HEATING BOILER ON PREMISES? (Y/N) <input type="checkbox"/> IF YES, IS INSURANCE PLACED ELSEWHERE? (Y/N) <input type="checkbox"/>				
RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE		REAR EXPOSURE & DISTANCE				
BURGLAR ALARM TYPE	CERTIFICATE #			EXPIRATION DATE	CENTRAL STATION WITH KEYS			
BURGLAR ALARM INSTALLED AND SERVICED BY	EXTENT	GRADE	# GUARDS/WATCHMEN	CLOCK HOURLY				
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2/Chemical Systems)			% SPRNK	FIRE ALARM MANUFACTURER				
				CENTRAL STATION LOCAL GONG				

ADDITIONAL INTERESTS

RANK:	NAME AND ADDRESS:	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER	
INTEREST	USA Bank			LOCATION: 3	BUILDING: 1
<input type="checkbox"/> LOSS PAYEE	3700 W Main St			SCHEDULED ITEM NUMBER:	
<input type="checkbox"/> MORT-GAGEE	Russellville AR 72801-2312			OTHER:	
<input checked="" type="checkbox"/> OT	ITEM DESCRIPTION:				

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, FL, HI, MA, NE, OH, OK, OR or VT; in DC, LA, ME, TN, VA and WA, insurance benefits may also be denied)

IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.



**BUSINESS INCOME / EXTRA EXPENSE / RENTAL VALUE
SUPPLEMENT TO PROPERTY SECTION**

DATE (MM/DD/YYYY)
1/23/2014

AGENCY	PHONE (A/C, No, Ext): (800)243-6205 FAX (A/C, No): (800)243-6206	APPLICANT Mo-Ar-Ok Property Test 3.4.4.6 020811 05 (First Named Insured)
IISG Agency 10915 North Creek Parkway Suite 300 San Francisco CA 97202		COMPANY Capitol Specialty Comapnies
CODE: AMS360	SUB CODE:	
AGENCY CUSTOMER ID: 00010135		

PREMISES INFORMATION

PREMISES #: 1	<input checked="" type="checkbox"/> BUSINESS INCOME / EXTRA EXPENSE	<input type="checkbox"/> BUSINESS INCOME W/O EXTRA EXPENSE	<input checked="" type="checkbox"/> EXTRA EXPENSE	<input type="checkbox"/> BUSINESS INCOME / RENTAL VALUE	<input type="checkbox"/> RENTAL VALUE
BUILDING #: 1					

TYPE OF BUSINESS <input type="checkbox"/> NON MFG <input type="checkbox"/> MFG <input type="checkbox"/> MINING % COINS	ORDINARY PAYROLL EXCL <input type="checkbox"/> INCL <input type="checkbox"/>		EXT PERIOD DAYS	POWER/HEAT \$ DED	OFF PREM POWER POWER WATER COMM (DESCR BELOW)	DEPEND PROP BROAD FORM <input type="checkbox"/> LIMITED FORM COIN %
	90 DAYS		MO PERIOD LIMIT	ELEC MEDIA DAYS		
	180 DAYS			ORD OR LAW DAYS		
	\$		MAX PERIOD	CIVIL AUTH DAYS	TUITION FEES \$ STUDENTS \$ OTHER ED SERV/INC	CONT LOC <input type="checkbox"/> MFG LOC REC LOC <input type="checkbox"/> LDR LOC (DESCR BELOW)
EXTRA EXPENSE DAYS PERIOD REST		LIMIT LOSS PAY % %				

NAME(S) AND ADDRESS(ES) FOR OFF PREM POWER OR DEPEND PROP

OTHER COVERAGES

ADDITIONAL PREMISES INFORMATION

PREMISES #: 2		<input checked="" type="checkbox"/> BUSINESS INCOME / EXTRA EXPENSE		<input type="checkbox"/> BUSINESS INCOME W/O EXTRA EXPENSE		<input checked="" type="checkbox"/> EXTRA EXPENSE		<input type="checkbox"/> BUSINESS INCOME / RENTAL VALUE		<input type="checkbox"/> RENTAL VALUE	
BUILDING #: 1											
TYPE OF BUSINESS		ORDINARY PAYROLL		EXT PERIOD		POWER/HEAT		OFF PREM POWER		DEPEND PROP	
<input type="checkbox"/> NON MFG	<input type="checkbox"/> EXCL <input type="checkbox"/> INCL	DAYS		\$ DED		POWER		<input type="checkbox"/> BROAD FORM <input type="checkbox"/> LIMITED FORM			
<input type="checkbox"/> MFG	90 DAYS	MO PERIOD		ELEC MEDIA		WATER		COIN _____ %			
<input type="checkbox"/> MINING	180 DAYS	LIMIT		DAYS		COMM (DESCR BELOW)					
_____ % COINS	\$ _____	MAX PERIOD		ORD OR LAW		TUITION FEES		<input type="checkbox"/> CONT LOC <input type="checkbox"/> MFG LOC			
EXTRA EXPENSE		LIMIT LOSS PAY		CIVIL AUTH		\$ _____ STUDENTS		<input type="checkbox"/> REC LOC <input type="checkbox"/> LDR LOC (DESC BELOW)			
_____ DAYS PERIOD REST		_____ % _____ %		DAYS		\$ _____ OTHER ED SERV/INC					
		_____ % _____ %									

NAME(S) AND ADDRESS(ES) FOR OFF PREM POWER OR DEPEND PROP

OTHER COVERAGES

ADDITIONAL PREMISES INFORMATION

PREMISES #: 3 BUILDING #: 1		<input checked="" type="checkbox"/> BUSINESS INCOME / EXTRA EXPENSE	<input type="checkbox"/> BUSINESS INCOME W/O EXTRA EXPENSE	<input checked="" type="checkbox"/> EXTRA EXPENSE	<input type="checkbox"/> BUSINESS INCOME / RENTAL VALUE	<input type="checkbox"/> RENTAL VALUE
TYPE OF BUSINESS <input type="checkbox"/> NON MFG <input type="checkbox"/> MFG <input type="checkbox"/> MINING _____ % COINS	ORDINARY PAYROLL <input type="checkbox"/> EXCL <input type="checkbox"/> INCL <input type="checkbox"/> 90 DAYS <input type="checkbox"/> 180 DAYS <input type="checkbox"/> \$ _____	EXT PERIOD _____ DAYS MO PERIOD _____ LIMIT MAX PERIOD _____	POWER/HEAT \$ _____ DED ELEC MEDIA _____ DAYS ORD OR LAW _____ DAYS CIVIL AUTH _____ DAYS	OFF PREM POWER <input type="checkbox"/> POWER <input type="checkbox"/> WATER <input type="checkbox"/> COMM (DESCR BELOW) TUITION FEES \$ _____ STUDENTS \$ _____ OTHER ED SERV/INC	DEPEND PROP <input type="checkbox"/> BROAD FORM <input type="checkbox"/> LIMITED FORM COIN _____ % <input type="checkbox"/> CONT LOC <input type="checkbox"/> MFG LOC <input type="checkbox"/> REC LOC <input type="checkbox"/> LDR LOC (DESCR BELOW)	
EXTRA EXPENSE _____ DAYS PERIOD REST		LIMIT LOSS PAY _____ % _____ % _____ % _____ %				
NAME(S) AND ADDRESS(ES) FOR OFF PREM POWER OR DEPEND PROP						
OTHER COVERAGES						

PROPERTY SUBJECTS OF INSURANCE AND COVERAGES

Loc #	Bldg #	Subject	Cov Code	Cov Description	Form No.	Edition Date	Rate
1	1	Glass Coverage	SPC	Special form			
Option Codes		Limit 1 50000	Limit 2	Deductible Amount 500	Deductible Type	Premium 140.00	
1	1	Debris Removal	SPC	Special form			
Option Codes		Limit 1 45000	Limit 2	Deductible Amount	Deductible Type	Premium 46.00	
1	1	Tenant Improvements & Betterments	SPC	Special form			
Option Codes		Limit 1 125000	Limit 2	Deductible Amount 500	Deductible Type	Premium 347.00	
1	1	Optional Building - Legal Liability	SPC	Special form			
Option Codes		Limit 1 450000	Limit 2	Deductible Amount	Deductible Type	Premium 311.00	
1	1	Optional Pers. Property - Legal Liab	SPC	Special form			
Option Codes		Limit 1 250000	Limit 2	Deductible Amount	Deductible Type	Premium 642.00	
1	1	Building Ordinance or Law	SPC	Special form			
Option Codes		Limit 1 675000	Limit 2	Deductible Amount	Deductible Type	Premium 291.00	
1	1	Cmb Demolition Cst/Incr Cost of Cnst	SPC	Special form			
Option Codes		Limit 1 100000	Limit 2	Deductible Amount	Deductible Type	Premium 285.00	
1	1	Utilities - Building	SPC	Special form			
Option Codes		Limit 1 450000	Limit 2	Deductible Amount 500	Deductible Type	Premium 1,238.00	
1	1	Utilities - Personal Property	SPC	Special form			
Option Codes		Limit 1 200000	Limit 2	Deductible Amount 500	Deductible Type	Premium 700.00	
1	1	Vacancy Permit	SPC	Special form			
Option Codes		Limit 1 675000	Limit 2	Deductible Amount 500	Deductible Type	Premium 1,192.00	
2	1	Glass Coverage	SPC	Special form			
Option Codes		Limit 1 25000	Limit 2	Deductible Amount 500	Deductible Type	Premium 71.00	

PROPERTY SUBJECTS OF INSURANCE AND COVERAGES

Loc #	Bldg #	Subject	Cov Code	Cov Description	Form No.	Edition Date	Rate
2	1	Debris Removal	SPC	Special form			
Option Codes		Limit 1 50000	Limit 2	Deductible Amount	Deductible Type	Premium 51.00	
2	1	Tenant Improvements & Betterments	SPC	Special form			
Option Codes		Limit 1 100000	Limit 2	Deductible Amount 500	Deductible Type	Premium 216.00	
2	1	Optional Building - Legal Liability	SPC	Special form			
Option Codes		Limit 1 300000	Limit 2	Deductible Amount	Deductible Type	Premium 201.00	
2	1	Optional Pers. Property - Legal Liab	SPC	Special form			
Option Codes		Limit 1 100000	Limit 2	Deductible Amount	Deductible Type	Premium 262.00	
2	1	Building Ordinance or Law	SPC	Special form			
Option Codes		Limit 1 500000	Limit 2	Deductible Amount	Deductible Type	Premium 210.00	
2	1	Cmb Demolition Cst/Incr Cost of Cnst	SPC	Special form			
Option Codes		Limit 1 200000	Limit 2	Deductible Amount	Deductible Type	Premium 562.00	
2	1	Peak Season	SPC	Special form			
Option Codes		Limit 1 100000	Limit 2	Deductible Amount 500	Deductible Type	Premium 35.00	
2	1	Utilities - Building	SPC	Special form			
Option Codes		Limit 1 400000	Limit 2	Deductible Amount 500	Deductible Type	Premium 504.00	
2	1	Utilities - Personal Property	SPC	Special form			
Option Codes		Limit 1 100000	Limit 2	Deductible Amount 500	Deductible Type	Premium 470.00	
3	1	Glass Coverage	SPC	Special form			
Option Codes		Limit 1 75000	Limit 2	Deductible Amount 500	Deductible Type	Premium 95.00	
3	1	Debris Removal	SPC	Special form			
Option Codes		Limit 1 60000	Limit 2	Deductible Amount	Deductible Type	Premium 78.00	

PROPERTY SUBJECTS OF INSURANCE AND COVERAGES

Loc #	Bldg #	Subject	Cov Code	Cov Description	Form No.	Edition Date	Rate
3	1	Tenant Improvements & Betterments	SPC	Special form			
Option Codes		Limit 1 120000	Limit 2	Deductible Amount 500	Deductible Type	Premium 335.00	
3	1	Optional Building - Legal Liability	SPC	Special form			
Option Codes		Limit 1 400000	Limit 2	Deductible Amount	Deductible Type	Premium 197.00	
3	1	Optional Pers. Property - Legal Liab	SPC	Special form			
Option Codes		Limit 1 250000	Limit 2	Deductible Amount	Deductible Type	Premium 387.00	
3	1	Building Ordinance or Law	SPC	Special form			
Option Codes		Limit 1 700000	Limit 2	Deductible Amount	Deductible Type	Premium 364.00	
3	1	Cmb Demolition Cst/Incr Cost of Cnst	SPC	Special form			
Option Codes		Limit 1 150000	Limit 2	Deductible Amount	Deductible Type	Premium 524.00	
3	1	Utilities - Building	SPC	Special form			
Option Codes		Limit 1 500000	Limit 2	Deductible Amount 500	Deductible Type	Premium 1,540.00	
3	1	Utilities - Personal Property	SPC	Special form			
Option Codes		Limit 1 200000	Limit 2	Deductible Amount 500	Deductible Type	Premium 816.00	
3	1						
Option Codes		Limit 1	Limit 2	Deductible Amount	Deductible Type	Premium	
3	1						
Option Codes		Limit 1	Limit 2	Deductible Amount	Deductible Type	Premium	
3	1						
Option Codes		Limit 1	Limit 2	Deductible Amount	Deductible Type	Premium	



STATEMENT OF VALUES

DATE (MM/DD/YYYY)
1/23/2014

AGENCY PHONE (A/C, No, Ext): (800)243-6205 FAX (A/C, No): (800)243-6206	COMPANY Capitol Specialty Comapnies	NAIC CODE:	PAGE
	INSURED/APPLICANT Mo-Ar-Ok Property Test	POLICY NUMBER CP02019832	OF EFFECTIVE DATE 2/1/2011
IISG Agency 10915 North Creek Parkway Suite 300 San Francisco CA 97202	HEADQUARTERS ADDRESS 130 Boone Hills Dr Saint Peters MO 63376-2431		
	COINS % <input type="checkbox"/> 80% <input type="checkbox"/> 90% <input type="checkbox"/> 100% <input checked="" type="checkbox"/> 80	APPLICABLE CAUSES OF LOSS <input type="checkbox"/> BASIC <input checked="" type="checkbox"/> BROAD <input checked="" type="checkbox"/> SPECIAL	<input type="checkbox"/> EARTHQUAKE COV <input type="checkbox"/> FLOOD <input type="checkbox"/> SPRINKLER <input type="checkbox"/> LEAKAGE EXCL <input type="checkbox"/> VANDALISM EXCL
CODE: AMS360	SUBCODE:		
AGENCY CUSTOMER ID 00010135			

APPLICABLE FORM NUMBERS (Attach completed forms and endorsements that require completion to provide necessary information affecting rates or loss costs)

CLASS CODE	LOC #	BLDG #	DESCRIPTION AND ADDRESS OF PROPERTY	ACV/ RC	SUBJECT	100% VALUES	RATE OR LOSS COST	PREMIUM
	1	1	DESC: Amusement Centers ADDRESS: 130 Boone Hills Dr, Saint Peters, MO					175.00
	1	1	DESC: Amusement Centers ADDRESS: 130 Boone Hills Dr, Saint Peters, MO					25.00
	1	1	DESC: Amusement Centers ADDRESS: 130 Boone Hills Dr, Saint Peters, MO	RC	B	675000		1,877.00
	1	1	DESC: Amusement Centers ADDRESS: 130 Boone Hills Dr, Saint Peters, MO	RC	BPP	250100		977.00
	1	1	DESC: Amusement Centers ADDRESS: 130 Boone Hills Dr, Saint Peters, MO		BUSIN	250000		1,579.00
	1	1	DESC: Amusement Centers ADDRESS: 130 Boone Hills Dr, Saint Peters, MO		EE	150000		1,482.00
	1	1	DESC: Amusement Centers ADDRESS: 130 Boone Hills Dr, Saint Peters, MO	RC	GLASS	50000		140.00
	1	1	DESC: Amusement Centers ADDRESS: 130 Boone Hills Dr, Saint Peters, MO		DRMVL	45000		46.00
	1	1	DESC: Amusement Centers ADDRESS: 130 Boone Hills Dr, Saint Peters, MO	RC	TIB	125000		347.00
	1	1	DESC: Amusement Centers ADDRESS: 130 Boone Hills Dr, Saint Peters, MO	RC	OPTBD	450000		311.00
	1	1	DESC: Amusement Centers ADDRESS: 130 Boone Hills Dr, Saint Peters, MO	RC	OPTPP	250000		642.00
Totals include items found on all pages, not including Loc # = BLNK.						\$ 11,025,100	N/A	\$ 31,897.00

INSTRUCTIONS

- ACV (Actual Cash Value) or RC (Replacement Cost): If other valuation basis applies, provide necessary information.
- SUBJECT:**
B = Building S = Stock F = Furniture & Fixtures M = Machinery
BPP = Your Business Personal Property PPO = Personal Property of Others
BI = Business Income R = Rental Income Other - specify
- RATE OR LOSS COST: For class rated property, attach class rate information form or equivalent information for each location. For specifically rated property, attach specific rate or loss cost information if known.

SIGNATURE

ALL VALUES AND LOCATION INFORMATION ARE CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF

INSURED'S SIGNATURE: _____

TITLE: _____

DATE: _____



STATEMENT OF VALUES

DATE (MM/DD/YYYY)
1/23/2014

AGENCY PHONE (A/C, No, Ext): (800)243-6205 FAX (A/C, No): (800)243-6206	COMPANY Capitol Specialty Comapnies		NAIC CODE:	PAGE
	INSURED/APPLICANT Mo-Ar-Ok Property Test		POLICY NUMBER CP02019832	OF
IISG Agency 10915 North Creek Parkway Suite 300 San Francisco CA 97202		EFFECTIVE DATE 2/1/2011		
HEADQUARTERS ADDRESS 130 Boone Hills Dr Saint Peters MO 63376-2431				
CODE: AMS360	SUBCODE:	COINS %	APPLICABLE CAUSES OF LOSS	SPECIFIC AVERAGE RATE REQUESTED
AGENCY CUSTOMER ID 00010135		<input type="checkbox"/> 80%	<input type="checkbox"/> BASIC	<input type="checkbox"/>
		<input type="checkbox"/> 90%	<input checked="" type="checkbox"/> BROAD	<input type="checkbox"/> BLANKET RATE REQUESTED
		<input type="checkbox"/> 100%	<input checked="" type="checkbox"/> SPECIAL	<input type="checkbox"/>
		<input checked="" type="checkbox"/> 80	<input type="checkbox"/>	<input type="checkbox"/>

APPLICABLE FORM NUMBERS (Attach completed forms and endorsements that require completion to provide necessary information affecting rates or loss costs)

CLASS CODE	LOC #	BLDG #	DESCRIPTION AND ADDRESS OF PROPERTY	ACV/ RC 1	SUBJECT 2	100% VALUES	RATE OR LOSS COST 3	PREMIUM
	1	1	DESC: Amusement Centers ADDRESS: 130 Boone Hills Dr, Saint Peters, MO		BOLAW	675000		291.00
	1	1	DESC: Amusement Centers ADDRESS: 130 Boone Hills Dr, Saint Peters, MO		BOLDC	100000		285.00
	1	1	DESC: Amusement Centers ADDRESS: 130 Boone Hills Dr, Saint Peters, MO			450000		1,238.00
	1	1	DESC: Amusement Centers ADDRESS: 130 Boone Hills Dr, Saint Peters, MO			200000		700.00
	1	1	DESC: Amusement Centers ADDRESS: 130 Boone Hills Dr, Saint Peters, MO		VACPR	675000		1,192.00
	2	1	DESC: Amusement Parks - Enclosed Buildings ADDRESS: 311 E Race Ave, Searcy, AR					175.00
	2	1	DESC: Amusement Parks - Enclosed Buildings ADDRESS: 311 E Race Ave, Searcy, AR					25.00
	2	1	DESC: Amusement Parks - Enclosed Buildings ADDRESS: 311 E Race Ave, Searcy, AR	RC	B	500000		860.00
	2	1	DESC: Amusement Parks - Enclosed Buildings ADDRESS: 311 E Race Ave, Searcy, AR	RC	BPP	100000		197.00
	2	1	DESC: Amusement Parks - Enclosed Buildings ADDRESS: 311 E Race Ave, Searcy, AR		BUSIN	300000		2,139.00
	2	1	DESC: Amusement Parks - Enclosed Buildings ADDRESS: 311 E Race Ave, Searcy, AR		EE	150000		1,576.00
Totals include items found on all pages, not including Loc # = BLNK.						\$ 11,025,100	N/A	\$ 31,897.00

INSTRUCTIONS

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- SUBJECT:
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- RATE OR LOSS COST: For class rated property, attach class rate information form or equivalent information for each location. For specifically rated property, attach specific rate or loss cost information if known.

SIGNATURE

ALL VALUES AND LOCATION INFORMATION ARE CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF

INSURED'S SIGNATURE: _____

TITLE: _____

DATE: _____



STATEMENT OF VALUES

DATE (MM/DD/YYYY)
1/23/2014

AGENCY PHONE (A/C, No, Ext): (800)243-6205 FAX (A/C, No): (800)243-6206	COMPANY	NAIC CODE:	PAGE
	Capitol Specialty Comapnies		OF
IISG Agency 10915 North Creek Parkway Suite 300 San Francisco CA 97202	INSURED/APPLICANT	POLICY NUMBER	EFFECTIVE DATE
	Mo-Ar-Ok Property Test	CP02019832	2/1/2011
	HEADQUARTERS ADDRESS 130 Boone Hills Dr Saint Peters MO 63376-2431		
CODE: AMS360	COINS %	APPLICABLE CAUSES OF LOSS	SPECIFIC AVERAGE RATE REQUESTED
SUBCODE:	<input type="checkbox"/> 80%	<input type="checkbox"/> BASIC	<input type="checkbox"/>
AGENCY CUSTOMER ID	<input type="checkbox"/> 90%	<input checked="" type="checkbox"/> BROAD	<input type="checkbox"/> BLANKET RATE REQUESTED
00010135	<input type="checkbox"/> 100%	<input checked="" type="checkbox"/> SPECIAL	<input type="checkbox"/>
	<input checked="" type="checkbox"/> 80	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> EARTHQUAKE COV	<input type="checkbox"/>
		<input type="checkbox"/> FLOOD SPRINKLER LEAKAGE EXCL	<input type="checkbox"/>
		<input type="checkbox"/> VANDALISM EXCL	<input type="checkbox"/>

APPLICABLE FORM NUMBERS (Attach completed forms and endorsements that require completion to provide necessary information affecting rates or loss costs)

CLASS CODE	LOC #	BLDG #	DESCRIPTION AND ADDRESS OF PROPERTY	ACV/ RC 1	SUBJECT 2	100% VALUES	RATE OR LOSS COST 3	PREMIUM
	2	1	DESC: Amusement Parks - Enclosed Buildings ADDRESS: 311 E Race Ave, Searcy, AR	RC	GLASS	25000		71.00
	2	1	DESC: Amusement Parks - Enclosed Buildings ADDRESS: 311 E Race Ave, Searcy, AR		DRMVL	50000		51.00
	2	1	DESC: Amusement Parks - Enclosed Buildings ADDRESS: 311 E Race Ave, Searcy, AR	RC	TIB	100000		216.00
	2	1	DESC: Amusement Parks - Enclosed Buildings ADDRESS: 311 E Race Ave, Searcy, AR	RC	OPTBD	300000		201.00
	2	1	DESC: Amusement Parks - Enclosed Buildings ADDRESS: 311 E Race Ave, Searcy, AR	RC	OPTPP	100000		262.00
	2	1	DESC: Amusement Parks - Enclosed Buildings ADDRESS: 311 E Race Ave, Searcy, AR		BOLAW	500000		210.00
	2	1	DESC: Amusement Parks - Enclosed Buildings ADDRESS: 311 E Race Ave, Searcy, AR		BOLDC	200000		562.00
	2	1	DESC: Amusement Parks - Enclosed Buildings ADDRESS: 311 E Race Ave, Searcy, AR	RC	PS	100000		35.00
	2	1	DESC: Amusement Parks - Enclosed Buildings ADDRESS: 311 E Race Ave, Searcy, AR			400000		504.00
	2	1	DESC: Amusement Parks - Enclosed Buildings ADDRESS: 311 E Race Ave, Searcy, AR			100000		470.00
	3	1	DESC: Recreational Facilities - Noc - ADDRESS: 509 Westline Dr, Oklahoma City, OK					175.00
Totals include items found on all pages, not including Loc # = BLNK.						\$ 11,025,100	N/A	\$ 31,897.00

INSTRUCTIONS

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SIGNATURE

ALL VALUES AND LOCATION INFORMATION ARE CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF

INSURED'S SIGNATURE: _____

TITLE: _____

DATE: _____



STATEMENT OF VALUES

DATE (MM/DD/YYYY)
1/23/2014

AGENCY PHONE (A/C, No, Ext): (800)243-6205 FAX (A/C, No): (800)243-6206	COMPANY Capitol Specialty Comapnies		NAIC CODE:	PAGE
	INSURED/APPLICANT Mo-Ar-Ok Property Test		POLICY NUMBER CP02019832	OF
IISG Agency 10915 North Creek Parkway Suite 300 San Francisco CA 97202		HEADQUARTERS ADDRESS 130 Boone Hills Dr Saint Peters MO 63376-2431		
CODE: AMS360	SUBCODE:	COINS %	APPLICABLE CAUSES OF LOSS	SPECIFIC AVERAGE RATE REQUESTED
AGENCY CUSTOMER ID 00010135		<input type="checkbox"/> 80%	<input type="checkbox"/> BASIC	<input type="checkbox"/>
		<input type="checkbox"/> 90%	<input checked="" type="checkbox"/> BROAD	<input type="checkbox"/> BLANKET RATE REQUESTED
		<input type="checkbox"/> 100%	<input checked="" type="checkbox"/> SPECIAL	<input type="checkbox"/>
		<input checked="" type="checkbox"/> 80	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/> EARTHQUAKE COV	<input type="checkbox"/>
			<input type="checkbox"/> FLOOD SPRINKLER LEAKAGE EXCL	<input type="checkbox"/>
			<input type="checkbox"/> VANDALISM EXCL	<input type="checkbox"/>

APPLICABLE FORM NUMBERS (Attach completed forms and endorsements that require completion to provide necessary information affecting rates or loss costs)

CLASS CODE	LOC #	BLDG #	DESCRIPTION AND ADDRESS OF PROPERTY	ACV/ RC 1	SUBJECT 2	100% VALUES	RATE OR LOSS COST 3	PREMIUM
	3	1	DESC: Recreational Facilities - Noc - ADDRESS: 509 Westline Dr, Oklahoma City, OK					25.00
	3	1	DESC: Recreational Facilities - Noc - ADDRESS: 509 Westline Dr, Oklahoma City, OK	RC	B	700000		2,443.00
	3	1	DESC: Recreational Facilities - Noc - ADDRESS: 509 Westline Dr, Oklahoma City, OK	RC	BPP	250000		971.00
	3	1	DESC: Recreational Facilities - Noc - ADDRESS: 509 Westline Dr, Oklahoma City, OK		BUSIN	200000		1,848.00
	3	1	DESC: Recreational Facilities - Noc - ADDRESS: 509 Westline Dr, Oklahoma City, OK		EE	150000		3,238.00
	3	1	DESC: Recreational Facilities - Noc - ADDRESS: 509 Westline Dr, Oklahoma City, OK	RC	GLASS	75000		95.00
	3	1	DESC: Recreational Facilities - Noc - ADDRESS: 509 Westline Dr, Oklahoma City, OK		DRMVL	60000		78.00
	3	1	DESC: Recreational Facilities - Noc - ADDRESS: 509 Westline Dr, Oklahoma City, OK	RC	TIB	120000		335.00
	3	1	DESC: Recreational Facilities - Noc - ADDRESS: 509 Westline Dr, Oklahoma City, OK	RC	OPTBD	400000		197.00
	3	1	DESC: Recreational Facilities - Noc - ADDRESS: 509 Westline Dr, Oklahoma City, OK	RC	OPTPP	250000		387.00
	3	1	DESC: Recreational Facilities - Noc - ADDRESS: 509 Westline Dr, Oklahoma City, OK		BOLAW	700000		364.00
Totals include items found on all pages, not including Loc # = BLNK.						\$ 11,025,100	N/A	\$ 31,897.00

INSTRUCTIONS

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SIGNATURE

ALL VALUES AND LOCATION INFORMATION ARE CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF

INSURED'S SIGNATURE: _____

TITLE: _____

DATE: _____



STATEMENT OF VALUES

DATE (MM/DD/YYYY)
1/23/2014

AGENCY PHONE (A/C, No, Ext): (800)243-6205 FAX (A/C, No): (800)243-6206	COMPANY Capitol Specialty Comapnies		NAIC CODE:	PAGE
	INSURED/APPLICANT Mo-Ar-Ok Property Test		POLICY NUMBER CP02019832	OF
IISG Agency 10915 North Creek Parkway Suite 300 San Francisco CA 97202	HEADQUARTERS ADDRESS 130 Boone Hills Dr Saint Peters MO 63376-2431			EFFECTIVE DATE 2/1/2011
	CODE: AMS360	SUBCODE:	COINS %	APPLICABLE CAUSES OF LOSS
AGENCY CUSTOMER ID 00010135		<input type="checkbox"/> 80%	<input type="checkbox"/> BASIC	<input type="checkbox"/> EARTHQUAKE COV
		<input type="checkbox"/> 90%	<input checked="" type="checkbox"/> BROAD	<input type="checkbox"/> FLOOD
		<input type="checkbox"/> 100%	<input checked="" type="checkbox"/> SPECIAL	<input type="checkbox"/> SPRINKLER LEAKAGE EXCL
		<input checked="" type="checkbox"/> 80		<input type="checkbox"/> VANDALISM EXCL

APPLICABLE FORM NUMBERS (Attach completed forms and endorsements that require completion to provide necessary information affecting rates or loss costs)

CLASS CODE	LOC #	BLDG #	DESCRIPTION AND ADDRESS OF PROPERTY	ACV/ RC 1	SUBJECT 2	100% VALUES	RATE OR LOSS COST 3	PREMIUM
	3	1	DESC: Recreational Facilities - Noc - ADDRESS: 509 Westline Dr, Oklahoma City, OK		BOLDC	150000		524.00
	3	1	DESC: Recreational Facilities - Noc - ADDRESS: 509 Westline Dr, Oklahoma City, OK			500000		1,540.00
	3	1	DESC: Recreational Facilities - Noc - ADDRESS: 509 Westline Dr, Oklahoma City, OK			200000		816.00
			DESC: ADDRESS:					
			DESC: ADDRESS:					
			DESC: ADDRESS:					
			DESC: ADDRESS:					
			DESC: ADDRESS:					
			DESC: ADDRESS:					
			DESC: ADDRESS:					
			DESC: ADDRESS:					
Totals include items found on all pages, not including Loc # = BLNK.						\$ 11,025,100	N/A	\$ 31,897.00

INSTRUCTIONS

- ACV (Actual Cash Value) or RC (Replacement Cost): If other valuation basis applies, provide necessary information.
- SUBJECT:
B = Building S = Stock F = Furniture & Fixtures M = Machinery
BPP = Your Business Personal Property PPO = Personal Property of Others
BI = Business Income R = Rental Income Other - specify
- RATE OR LOSS COST: For class rated property, attach class rate information form or equivalent information for each location. For specifically rated property, attach specific rate or loss cost information if known.

SIGNATURE

ALL VALUES AND LOCATION INFORMATION ARE CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF

INSURED'S SIGNATURE: _____

TITLE: _____

DATE: _____



COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)
1/22/2014

AGENCY IISG Agency 10915 North Creek Parkway Suite 300 San Francisco CA 97202	CARRIER Ohio Security NAIC CODE 24082 UNDERWRITER: POLICIES OR PROGRAM REQUESTED UNDERWRITER OFFICE: POLICY NUMBER BKS58092744																																				
CONTACT NAME: Caleen Alexanderson PHONE (A/C. No. Ext): (800)243-6205 FAX (A/C. No.): (800)243-6206 E-MAIL ADDRESS: Astros@HoustonAstros.com CODE: 160208 SUB CODE: AGENCY CUSTOMER ID: 00014409	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INDICATE SECTIONS ATTACHED</th> <th></th> <th></th> <th></th> </tr> <tr> <td>ACCOUNTS RECEIVABLE/ VALUABLE PAPERS</td> <td><input type="checkbox"/></td> <td>ELECTRONIC DATA PROC</td> <td><input type="checkbox"/></td> </tr> <tr> <td>BOILER & MACHINERY</td> <td><input type="checkbox"/></td> <td>EQUIPMENT FLOATER</td> <td><input type="checkbox"/></td> </tr> <tr> <td>BUSINESS AUTO</td> <td><input type="checkbox"/></td> <td>GARAGE AND DEALERS</td> <td><input type="checkbox"/></td> </tr> <tr> <td>COMMERCIAL GENERAL LIABILITY</td> <td><input checked="" type="checkbox"/></td> <td>GLASS AND SIGN</td> <td><input type="checkbox"/></td> </tr> <tr> <td>CRIME/MISCELLANEOUS CRIME</td> <td><input type="checkbox"/></td> <td>INSTALLATION/BUILDERS RISK</td> <td><input type="checkbox"/></td> </tr> <tr> <td>DEALERS</td> <td><input checked="" type="checkbox"/></td> <td>OPEN CARGO</td> <td><input type="checkbox"/></td> </tr> <tr> <td>DRIVER INFO SCHEDULE</td> <td><input type="checkbox"/></td> <td>PROPERTY</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td>TRANSPORTATION/ MOTOR TRUCK CARGO</td> <td><input type="checkbox"/></td> </tr> </table>	INDICATE SECTIONS ATTACHED				ACCOUNTS RECEIVABLE/ VALUABLE PAPERS	<input type="checkbox"/>	ELECTRONIC DATA PROC	<input type="checkbox"/>	BOILER & MACHINERY	<input type="checkbox"/>	EQUIPMENT FLOATER	<input type="checkbox"/>	BUSINESS AUTO	<input type="checkbox"/>	GARAGE AND DEALERS	<input type="checkbox"/>	COMMERCIAL GENERAL LIABILITY	<input checked="" type="checkbox"/>	GLASS AND SIGN	<input type="checkbox"/>	CRIME/MISCELLANEOUS CRIME	<input type="checkbox"/>	INSTALLATION/BUILDERS RISK	<input type="checkbox"/>	DEALERS	<input checked="" type="checkbox"/>	OPEN CARGO	<input type="checkbox"/>	DRIVER INFO SCHEDULE	<input type="checkbox"/>	PROPERTY	<input checked="" type="checkbox"/>			TRANSPORTATION/ MOTOR TRUCK CARGO	<input type="checkbox"/>
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STATUS OF TRANSACTION	PACKAGE POLICY INFORMATION										
QUOTE <input checked="" type="checkbox"/> ISSUE POLICY <input type="checkbox"/> RENEW <input type="checkbox"/> BOUND (Give Date and/or Attach Copy): CHANGE DATE TIME <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM CANCEL 7/6/2014 12:01	ENTER THIS INFORMATION WHEN COMMON DATES AND TERMS APPLY TO SEVERAL LINES, OR FOR MONOLINE POLICIES. <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>PROPOSED EFF DATE</th> <th>PROPOSED EXP DATE</th> <th>BILLING PLAN</th> <th>PAYMENT PLAN</th> <th>AUDIT</th> </tr> <tr> <td>7/6/2014</td> <td>7/6/2015</td> <td><input checked="" type="checkbox"/> DIRECT BILL <input type="checkbox"/> AGENCY BILL</td> <td>Full Pay</td> <td><input checked="" type="checkbox"/></td> </tr> </table> PACKAGE POLICY PREMIUM: \$ 15,688.00	PROPOSED EFF DATE	PROPOSED EXP DATE	BILLING PLAN	PAYMENT PLAN	AUDIT	7/6/2014	7/6/2015	<input checked="" type="checkbox"/> DIRECT BILL <input type="checkbox"/> AGENCY BILL	Full Pay	<input checked="" type="checkbox"/>
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7/6/2014	7/6/2015	<input checked="" type="checkbox"/> DIRECT BILL <input type="checkbox"/> AGENCY BILL	Full Pay	<input checked="" type="checkbox"/>							

APPLICANT INFORMATION															
NAME (First Named Insured & Other Named Insureds) Agencyvalidation_cpssp_nb_pa	MAILING ADDRESS INCL ZIP+4 (of First Named Insured) 3206 Phnmvvoi Cookeville TN 38501														
FEIN OR SOC SEC # (of First Named Insured): E-MAIL ADDRESS(ES):	PHONE (A/C. No. Ext): (254)927-0102 WEBSITE ADDRESS(ES):														
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> INDIVIDUAL</td> <td><input checked="" type="checkbox"/> CORPORATION</td> <td><input type="checkbox"/> SUBCHAPTER "S" CORPORATION NOT FOR PROFIT ORG</td> <td><input type="checkbox"/> LLC</td> <td>NO. OF MEMBERS AND MANAGERS</td> <td>CR BUREAU NAME:</td> <td>DATE BUS STARTED</td> </tr> <tr> <td><input type="checkbox"/> PARTNERSHIP</td> <td><input type="checkbox"/> JOINT VENTURE</td> <td></td> <td></td> <td></td> <td>ID NUMBER:</td> <td>2001</td> </tr> </table>	<input type="checkbox"/> INDIVIDUAL	<input checked="" type="checkbox"/> CORPORATION	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION NOT FOR PROFIT ORG	<input type="checkbox"/> LLC	NO. OF MEMBERS AND MANAGERS	CR BUREAU NAME:	DATE BUS STARTED	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> JOINT VENTURE				ID NUMBER:	2001	
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INSPECTION CONTACT: test Contact PHONE (A/C. No. Ext): (456)464-6461 E-MAIL ADDRESS:	ACCOUNTING RECORDS CONTACT: test Contact PHONE (A/C. No. Ext): (456)464-6461 E-MAIL ADDRESS:														

PREMISES INFORMATION		ACORD 823 attached for additional premises											
LOC #	BLD #	STREET, CITY, COUNTY, STATE, ZIP+4				CITY LIMITS		INTEREST		YR BUILT	# EMPLOYEES	ANNUAL REVENUES	% OCCUPIED
1	1	630 E Carroll St Carrolltown PA 15722 Cambria County				INSIDE	<input checked="" type="checkbox"/>	OWNER		2011			
						OUTSIDE	<input type="checkbox"/>	TENANT					
						INSIDE	<input type="checkbox"/>	OWNER					
						OUTSIDE	<input type="checkbox"/>	TENANT					
						INSIDE	<input type="checkbox"/>	OWNER					
						OUTSIDE	<input type="checkbox"/>	TENANT					
						INSIDE	<input type="checkbox"/>	OWNER					
						OUTSIDE	<input type="checkbox"/>	TENANT					

NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS BY PREMISE(S)
Test

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES		Y/N
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ?	<input type="checkbox"/>	
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?		N
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?	<input type="checkbox"/>	
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?	<input type="checkbox"/>	
4. ANY CATASTROPHE EXPOSURE?	<input type="checkbox"/>	
5. ANY OTHER INSURANCE WITH THIS COMPANY OR BEING SUBMITTED?	<input type="checkbox"/>	
6. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR THREE (3) YEARS? (Not applicable in MO)		N
7. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?	<input type="checkbox"/>	
8. DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY? (In RI, this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment).		N
9. ANY UNCORRECTED FIRE CODE VIOLATIONS?	<input type="checkbox"/>	
10. ANY BANKRUPTCIES, TAX OR CREDIT LIENS AGAINST THE APPLICANT IN THE PAST FIVE (5) YEARS?		N
11. HAS BUSINESS BEEN PLACED IN A TRUST? IF "YES", NAME OF TRUST:	<input type="checkbox"/>	
12. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD/DISTRIBUTED IN FOREIGN COUNTRIES? (If "YES", attach ACORD 815 for Liability Exposure and/or ACORD 816 for Property Exposure)	<input type="checkbox"/>	
REMARKS/PROCESSING INSTRUCTIONS (Attach additional sheets if more space is required)		
COPY OF THE NOTICE OF INFORMATION PRACTICES (PRIVACY) HAS BEEN GIVEN TO THE APPLICANT. (Not applicable in all states, consult your agent or broker for your state's requirements.)		
<p>NOTICE OF INSURANCE INFORMATION PRACTICES - PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT POLICY 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. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.</p> <p>ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, FL, HI, MA, NE, OH, OK, OR, or VT; in DC, LA, ME, TN, VA and WA, insurance benefits may also be denied) IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.</p> <p>THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.</p>		
PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	NATIONAL PRODUCER NUMBER
APPLICANT'S SIGNATURE		DATE

PRIOR CARRIER INFORMATION

LINE	CATEGORY	CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE	
GENERAL LIABILITY	CARRIER																
	POLICY NUMBER																
	POLICY TYPE																
	RETRO DATE																
	EFF-EXP DATE																
	GENERAL AGGREGATE																
	PRODUCTS COMP OP AGGREGATE																
	PERSONAL & ADV INJ																
	EACH OCCURRENCE																
	FIRE DAMAGE																
	MEDICAL EXPENSE																
	BODILY INJURY	OCCURRENCE															
		AGGREGATE															
	PROPERTY DAMAGE	OCCURRENCE															
	AGGREGATE																
COMBINED SINGLE LIMIT																	
MODIFICATION FACTOR																	
TOTAL PREMIUM																	
AUTOMOBILE	CARRIER																
	POLICY NUMBER																
	POLICY TYPE																
	EFF-EXP DATE																
	COMBINED SINGLE LIMIT																
	BODILY INJURY	EA PERSON															
		EA ACCIDENT															
	PROPERTY DAMAGE																
	MODIFICATION FACTOR																
	TOTAL PREMIUM																
PROPERTY	CARRIER																
	POLICY NUMBER																
	POLICY TYPE																
	EFF-EXP DATE																
	BUILDING	AMT															
	PERS PROP	AMT															
	MODIFICATION FACTOR																
TOTAL PREMIUM																	
CPKGE	CARRIER																
	POLICY NUMBER																
	POLICY TYPE																
	EFF-EXP DATE																
	LIMIT																
	MODIFICATION FACTOR																
	TOTAL PREMIUM																

LOSS HISTORY

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE PRIOR 5 YEARS (3 YEARS IN KS & NY) **CHK HERE IF NONE** SEE ATTACHED LOSS SUMMARY

DATE OF OCCURRENCE	LINE	TYPE/DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	CLAIM STATUS
						OPEN/CLSD

REMARKS NOTE: FIDELITY REQUIRES A FIVE YEAR LOSS HISTORY

ATTACHMENTS

STATE SUPPLEMENT(S) (if applicable)

FORMS

Form Name / Description	Form #	Edition Date
Commercial GL Coverage Form - Occurrence	CG00010413	4/2013
Add. Insured-Condominium Unit Owners	CG20041185	11/1985
Employment Related Practices Excl	CG21471207	12/2007
Fungi or Bacteria Exclusion	CG21671204	12/2004
Cap on Losses From Certified Acts of Terroris	CG21700108	1/2008
Excl Punitive Damages Related Cert Act Terror	CG21760108	1/2008
Cond Excl Terror NBC Terror Relating to Ins A	CG21880107	1/2007
Amend of Insd Contract Definition	CG24260413	4/2013
Employee Benefits Liability Cov Form	CG80081009	10/2009
Non-Cumulation Of Liability Limits Same Occur	CG84990112	1/2012
Commercial GL Liab Extension	CG88100413	4/2013
Each Location General Aggregate Limit	CG88601208	12/2008
Property Damage - Customers' Goods	CG88611208	12/2008
Property Damage - Borrowed Equipment	CG88661208	12/2008
Medical Expense At Your Request Endorsement	CG88771208	12/2008
Exclusion - Asbestos Liability	CG88861208	12/2008
Hired Auto And Non-Owned Auto Liability	CG89011208	12/2008
Employment Practices Liability Coverage Form	CG89021208	12/2008
Amendment of Occurrence Definition	CG89561110	11/2010
Cyber Liability-Amendment of Coverage B--PI a	CG89580910	9/2010
Employment Related Practices Liability-Extend	CG90131011	10/2011
Common Policy Conditions	CL01000399	3/1999
Amendatory Endorsement - Pennsylvania	CL01241006	10/2006
Certified Terrorism Loss	CL06000108	1/2008
Virus or Bacteria Exclusion	CL07001006	10/2006

FORMS

Form Name / Description	Form #	Edition Date
Cond NBC Terror Excl Nuc/Bio/Chem RelateDisp	CL16500606	6/2006
Commercial Inland Marine Conditions	CM00010904	9/2004
Signs Coverage Form	CM00280904	9/2004
Valuable Papers And Records Coverage Form	CM00670904	9/2004
Condominium Association Coverage Form	CP00170402	4/2002
Extra Expense Coverage Form	CP00500402	4/2002
Commercial Property Conditions	CP00900788	7/1988
Exclusion of Loss Due to Virus or Bacteria	CP01400706	7/2006
Causes of Loss - Special Form	CP10300402	4/2002
Water Exclusion Endorsement	CP10320808	8/2008
Ordinance or Law - Increased Period of Restor	CP15310402	4/2002
Civil Authority Increased Coverage Period	CP15321000	10/2000
Utility Services - Time Element	CP15450402	4/2002
Equipment Breakdown Enhancement End. -Special	CP72970402	4/2002
Removal Permit	CP88040310	3/2010
Condominium Custom Protector Endorsement	CP90101109	11/2009
PA - Property Amendatory Endorsement - Custom	CP90510911	9/2011
Identity Theft Expense Coverage	CP91321108	11/2008
Custom Protector Plus Endorsement	CP91421109	11/2009
Tentative Rate	CP99931090	10/1990
Computer Fraud Coverage Form (Coverage Form F	CR00071090	10/1990
Robbery and Safe Burglary Coverage Form Q	CR00181090	10/1990
Crime General Provisions (Loss Sustained Form	CR10000497	4/1997
Exclusion of Terrorism	CR88000507	5/2007
Common Policy Conditions	IL00171198	11/1998

FORMS

Form Name / Description	Form #	Edition Date
Nuclear Energy Liab Excl Endt	IL00210908	9/2008
Effective Time Changes - Replacement of 12 No	IL00220587	5/1987
PA Changes - Actual Cash Value	IL01660907	9/2007
PA Changes	IL01720907	9/2007
PA Changes - Cancellation and Nonrenewal	IL02460907	9/2007
Pennsylvania Notice	IL09100702	7/2002
Pennsylvania Notice	IL09101203	12/2003
Exclusion of Certain Computer-Related Losses	IL09350702	7/2002
Cap on Losses From Certified Acts of Terroris	IL09520308	3/2008
Conditional Excl. of Terrorism Involving Nucl	IL09960107	1/2007
Cond Terror Excl Nuc/Bio/Chem Relate Disp Fed	IL88150712	7/2012
Amendatory Endorsement - Pennsylvania	IM20770908	9/2008
Contractors' Equipment Coverage - Small Tools	IM70030404	4/2004
Transportation Coverage	IM72500404	4/2004
Motor Truck Cargo Legal Liability Coverage	IM74510107	1/2007
NP - Certified Acts of Terrorism Notice	NP72420108	1/2008
NP - Flood Insurance Notice	NP74060106	1/2006
NP - Treasury Dept OFAC Notice to Policyholde	NP74440906	9/2006
NP - Audit Information	NP74500107	1/2007
NP - Billing Practices	NP89691110	11/2010
NP-Expiration of TRIA	NP93530114	1/2014
Printers Errors & Ommissions Liability Cov Fo	PR82030501	5/2001
Cap on Losses From Certified Acts of Terroris	PR82330108	1/2008



COMMERCIAL GENERAL LIABILITY SECTION

DATE (MM/DD/YYYY)
1/22/2014

AGENCY	PHONE (A/C, No, Ext): (800)243-6205	APPLICANT (First Named Insured) Agencyvalidation_cpssp_nb_pa
IISG Agency 10915 North Creek Parkway Suite 300 San Francisco CA 97202	FAX (A/C, No): (800)243-6206	EFFECTIVE DATE 7/6/2014
CODE: 160208	SUB CODE:	EXPIRATION DATE 7/6/2015
AGENCY CUSTOMER ID: 00014409		X DIRECT BILL AGENCY BILL
		PAYMENT PLAN Full Pay
		AUDIT X
FOR COMPANY USE ONLY		

COVERAGES

LIMITS

<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	GENERAL AGGREGATE	\$2,000,000	PREMIUMS
<input type="checkbox"/> CLAIMS MADE	<input checked="" type="checkbox"/> OCCURRENCE	PRODUCTS & COMPLETED OPERATIONS AGGREGATE	\$2,000,000
<input type="checkbox"/> OWNER'S & CONTRACTOR'S PROTECTIVE		PERSONAL & ADVERTISING INJURY	\$1,000,000
		EACH OCCURRENCE	\$1,000,000
DEDUCTIBLES	DAMAGE TO RENTED PREMISES (each occurrence)	\$1,000,000	PREMISES/OPERATIONS
<input type="checkbox"/> PROPERTY DAMAGE \$	MEDICAL EXPENSE (Any one person)	\$15,000	\$4,818.00
<input type="checkbox"/> BODILY INJURY \$	EMPLOYEE BENEFITS	\$	PRODUCTS
			OTHER
			\$97.00
			TOTAL
OTHER COVERAGES, RESTRICTIONS AND/OR ENDORSEMENTS (For hired/non-owned auto coverages attach the applicable state Business Auto Section, ACORD 137)			\$4,915.00

SCHEDULE OF HAZARDS

LOC #	HAZ #	CLASSIFICATION	CLASS CODE	PREMIUM BASIS	EXPOSURE	TERR	RATE		PREMIUM	
							PREM/OPS	PRODUCTS	PREM/OPS	PRODUCTS
1		Printing - For Profit	58408	S Gross	150000	513	0.16300		24.00	
1		Condominiums - Commercial - Bank or Mercantile,	66065	U Unit	4	013				
1		Condominiums - Commercial - Bank or Mercantile,	62000	A Area	150000	513	31.96000		4,794.00	
1		Printers Errors and Omissions Liability	73442	S Gross	15000	999	0.19400			
1		Employee Benefits Liability - Claims Made	73124	U Unit	4	999	0.30800			

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

CLAIMS MADE (Explain all "Yes" responses)

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

EMPLOYEE BENEFITS LIABILITY

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

CONTRACTORS

EXPLAIN ALL "YES" RESPONSES (For past or present operations)					Y / N
1. DOES APPLICANT DRAW PLANS, DESIGNS, OR SPECIFICATIONS FOR OTHERS?					<input type="checkbox"/>
2. DO ANY OPERATIONS INCLUDE BLASTING OR UTILIZE OR STORE EXPLOSIVE MATERIAL?					<input type="checkbox"/>
3. DO ANY OPERATIONS INCLUDE EXCAVATION, TUNNELING, UNDERGROUND WORK OR EARTH MOVING?					<input type="checkbox"/>
4. DO YOUR SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN YOURS?					<input type="checkbox"/>
5. ARE SUBCONTRACTORS ALLOWED TO WORK WITHOUT PROVIDING YOU WITH A CERTIFICATE OF INSURANCE?					<input type="checkbox"/>
6. DOES APPLICANT LEASE EQUIPMENT TO OTHERS WITH OR WITHOUT OPERATORS?					<input checked="" type="checkbox"/> N
DESCRIBE THE TYPE OF WORK SUBCONTRACTED	\$ PAID TO SUB-CONTRACTORS:	% OF WORK SUBCONTRACTED:	# FULL-TIME STAFF:	# PART-TIME STAFF:	

PRODUCTS/COMPLETED OPERATIONS

PRODUCTS	ANNUAL GROSS SALES	# OF UNITS	TIME IN MARKET	EXPECTED LIFE	INTENDED USE	PRINCIPAL COMPONENTS

EXPLAIN ALL "YES" RESPONSES (For any past or present product or operation) PLEASE ATTACH LITERATURE, BROCHURES, LABELS, WARNINGS, ETC.							Y / N
1. DOES APPLICANT INSTALL, SERVICE OR DEMONSTRATE PRODUCTS?							<input type="checkbox"/>
2. FOREIGN PRODUCTS SOLD, DISTRIBUTED, USED AS COMPONENTS? (If "YES", attach ACORD 815)							<input type="checkbox"/>
3. RESEARCH AND DEVELOPMENT CONDUCTED OR NEW PRODUCTS PLANNED?							<input type="checkbox"/>
4. GUARANTEES, WARRANTIES, HOLD HARMLESS AGREEMENTS?							<input type="checkbox"/>
5. PRODUCTS RELATED TO AIRCRAFT/SPACE INDUSTRY?							<input type="checkbox"/>
6. PRODUCTS RECALLED, DISCONTINUED, CHANGED?							<input type="checkbox"/>
7. PRODUCTS OF OTHERS SOLD OR RE-PACKAGED UNDER APPLICANT LABEL?							<input type="checkbox"/>
8. PRODUCTS UNDER LABEL OF OTHERS?							<input type="checkbox"/>
9. VENDORS COVERAGE REQUIRED?							<input type="checkbox"/>
10. DOES ANY NAMED INSURED SELL TO OTHER NAMED INSUREDS?							<input type="checkbox"/>

ADDITIONAL INTEREST/CERTIFICATE RECIPIENT

ACORD 45 attached for additional names

INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER	
<input type="checkbox"/> ADDITIONAL INSURED					LOCATION:	BUILDING:
<input type="checkbox"/> LOSS PAYEE					VEHICLE:	BOAT:
<input type="checkbox"/> MORTGAGEE					SCHEDULED ITEM NUMBER:	
<input type="checkbox"/> LIENHOLDER					OTHER	
<input type="checkbox"/> EMPLOYEE AS LESSOR						
ITEM DESCRIPTION:						

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)	Y / N
1. ANY MEDICAL FACILITIES PROVIDED OR MEDICAL PROFESSIONALS EMPLOYED OR CONTRACTED?	<input type="checkbox"/>
2. ANY EXPOSURE TO RADIOACTIVE/NUCLEAR MATERIALS?	<input type="checkbox"/>
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)	<input type="checkbox"/>
4. ANY OPERATIONS SOLD, ACQUIRED, OR DISCONTINUED IN LAST FIVE (5) YEARS?	<input type="checkbox"/>
5. MACHINERY OR EQUIPMENT LOANED OR RENTED TO OTHERS?	<input type="checkbox"/>
6. ANY WATERCRAFT, DOCKS, FLOATS OWNED, HIRED OR LEASED?	<input type="checkbox"/>
7. ANY PARKING FACILITIES OWNED/RENTED?	<input type="checkbox"/>
8. IS A FEE CHARGED FOR PARKING?	<input type="checkbox"/>
9. RECREATION FACILITIES PROVIDED?	<input type="checkbox"/>
10. IS THERE A SWIMMING POOL ON THE PREMISES?	<input type="checkbox"/>
11. SPORTING OR SOCIAL EVENTS SPONSORED?	<input type="checkbox"/>
12. ANY STRUCTURAL ALTERATIONS CONTEMPLATED?	<input type="checkbox"/>
13. ANY DEMOLITION EXPOSURE CONTEMPLATED?	<input type="checkbox"/>
14. HAS APPLICANT BEEN ACTIVE IN OR IS CURRENTLY ACTIVE IN JOINT VENTURES?	<input type="checkbox"/>
15. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?	<input type="checkbox"/>
16. IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS OR SUBSIDIARIES?	<input type="checkbox"/>

GENERAL INFORMATION (continued)

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)	Y / N
17. ARE DAY CARE FACILITIES OPERATED OR CONTROLLED?	<input type="checkbox"/>
18. HAVE ANY CRIMES OCCURRED OR BEEN ATTEMPTED ON YOUR PREMISES WITHIN THE LAST THREE (3) YEARS?	<input type="checkbox"/>
19. IS THERE A FORMAL, WRITTEN SAFETY AND SECURITY POLICY IN EFFECT?	<input type="checkbox"/>
20. DOES THE BUSINESSES' PROMOTIONAL LITERATURE MAKE ANY REPRESENTATIONS ABOUT THE SAFETY OR SECURITY OF THE PREMISES?	<input type="checkbox"/>

REMARKS

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, FL, HI, MA, NE, OH, OK, OR or VT. In DC, LA, ME, TN, VA and WA insurance benefits may also be denied).
IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

ADDITIONAL COVERAGES AND ENDORSEMENTS

Loc #	ST	Cov Code	Description	Type of Coverage	Form No.	Edition Date	Rate	Option Codes
		TRIA	Terrorism Coverage					
Limit 1		Limit 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductible Type 2	Premium 20.00
		LEXE	Liability Ext. Endt					
Limit 1		Limit 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductible Type 2	Premium 241.00
		GLHAL	GL Hired Auto					
Limit 1		Limit 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductible Type 2	Premium 50.00
		EXN01	Expense Mod Factor 1				Rate 1.00000	
Limit 1		Limit 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductible Type 2	Premium
		EXP01	Experience Mod Factor 1					
Limit 1		Limit 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductible Type 2	Premium
		SCH01	Schedule Mod Factor 1				Rate 1.00000	
Limit 1		Limit 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductible Type 2	Premium
		PKG01	Package Modification				Rate 1.00000	
Limit 1		Limit 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductible Type 2	Premium
Limit 1		Limit 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductible Type 2	Premium
Limit 1		Limit 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductible Type 2	Premium
Limit 1		Limit 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductible Type 2	Premium
Limit 1		Limit 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductible Type 2	Premium
Limit 1		Limit 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductible Type 2	Premium

ADDITIONAL COVERAGES

Ref #	Description 73442 Printers Errors and Omissions Liability	Coverage Code PEROM	Form No.	Edition Date	
Limit 1 100,000	Limit 2 200,000	Limit 3	Deductible Amount	Deductible Type	Premium 3.00
Ref #	Description 66065 Condominiums - Commercial - Bank or Mercantile, Manufactur	Coverage Code EPLI	Form No.	Edition Date	
Limit 1 10,000	Limit 2 10,000	Limit 3	Deductible Amount 5,000	Deductible Type	Premium 24.00
Ref #	Description 73124 Employee Benefits Liability - Claims Made	Coverage Code EBLIA	Form No.	Edition Date	
Limit 1 500,000	Limit 2 500,000	Limit 3	Deductible Amount 1,000	Deductible Type	Premium 70.00
Ref #	Description	Coverage Code	Form No.	Edition Date	
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium
Ref #	Description	Coverage Code	Form No.	Edition Date	
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium
Ref #	Description	Coverage Code	Form No.	Edition Date	
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium
Ref #	Description	Coverage Code	Form No.	Edition Date	
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium
Ref #	Description	Coverage Code	Form No.	Edition Date	
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium
Ref #	Description	Coverage Code	Form No.	Edition Date	
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium
Ref #	Description	Coverage Code	Form No.	Edition Date	
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium



PROPERTY SECTION

DATE (MM/DD/YYYY)
1/22/2014

AGENCY IISG Agency			APPLICANT (First Named Insured) Agencyvalidation_cpssp_nb_pa		
POLICY NUMBER BKS58092744			CARRIER Ohio Security		NAIC CODE 160208
EFFECTIVE DATE 7/6/2014	EXPIRATION DATE 7/6/2015	<input checked="" type="checkbox"/> DIRECT BILL AGENCY BILL	PAYMENT PLAN Full Pay		AUDIT X

PREMISES #: 1	STREET ADDRESS: 630 E Carroll St
BUILDING #: 1	BLDG DESCRIPTION: Location 0001 Sublocation 001

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU-ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	BLKKT #	FORMS AND CONDITIONS TO APPLY
Building	5,149,563	90	RC	Special form		500		
Building	5149563		RC	Inflation guard (C)	4			
Business Personal Property	15,000	80	RC	Special form		500		
Business Personal Property	15000		RC	Inflation guard (C)	2			
Property of Others	85,000	90	RC	Special form		500		
Systems Breakdown - Basic	5,299,563			Special form		500		

ADDITIONAL INFORMATION	<input checked="" type="checkbox"/> BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810	VALUE REPORTING INFORMATION - Attach ACORD 811
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ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

SPOILAGE COVERAGE (Y/N)	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	DEDUCTIBLE \$	REFRIG MAINT AGREEMENT (Y/N)	OPTIONS
--------------------------------	--	-----------------	----------------------	-------------------------------------	----------------

OF OPEN SIDES ON STRUCTURE: _____

CONSTRUCTION TYPE Joisted Masonry	DISTANCE TO HYDRANT FT	DISTANCE TO FIRE STAT MI	FIRE DISTRICT/CODE NUMBER CARROLLTOWN 00217	PROT CL 005	# STORIES 2	# BASM'TS	YR BUILT 2011	TOTAL AREA 60000
BUILDING IMPROVEMENTS	BLDG CODE GRADE 03	TAX CODE 00217	ROOF TYPE SEMI- RESISTIVE	OTHER OCCUPANCIES Mercantile Exposure				
<input type="checkbox"/> WIRING, YR:	<input type="checkbox"/> PLUMBING, YR:	<input type="checkbox"/> HEATING, YR:	<input type="checkbox"/> RESISTIVE	HEATING BOILER ON PREMISES? (Y/N)				
<input type="checkbox"/> ROOFING, YR:	WIND CLASS			IF YES, IS INSURANCE PLACED ELSEWHERE? (Y/N)				
<input type="checkbox"/> OTHER, YR:	RIGHT EXPOSURE & DISTANCE		LEFT EXPOSURE & DISTANCE		FRONT EXPOSURE & DISTANCE		REAR EXPOSURE & DISTANCE	
BURGLAR ALARM TYPE	CERTIFICATE #			EXPIRATION DATE	CENTRAL STATION WITH KEYS			
BURGLAR ALARM INSTALLED AND SERVICED BY			EXTENT	GRADE	# GUARDS/WATCHMEN		CLOCK HOURLY	
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2/Chemical Systems)				% SPRNK 80	FIRE ALARM MANUFACTURER			<input checked="" type="checkbox"/> CENTRAL STATION LOCAL GONG

ADDITIONAL INTERESTS

RANK:	NAME AND ADDRESS:	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER
<input type="checkbox"/> LOSS PAYEE	ITEM DESCRIPTION:			LOCATION:
<input type="checkbox"/> MORTGAGEE				BUILDING:
<input type="checkbox"/>				SCHEDULED ITEM NUMBER:
<input type="checkbox"/>				OTHER:

ADDITIONAL PREMISES INFORMATION

PREMISES #:		STREET ADDRESS:						
BUILDING #:		BLDG DESCRIPTION:						
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU- ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	BLKT #	FORMS AND CONDITIONS TO APPLY

ADDITIONAL INFORMATION BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810 VALUE REPORTING INFORMATION - Attach ACORD 811

ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

SPOILAGE COVERAGE (Y/N)	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	DEDUCTIBLE \$	REFRIG MAINT AGREEMENT (Y/N)	OPTIONS
<input type="checkbox"/>				<input type="checkbox"/>	

OF OPEN SIDES ON STRUCTURE: _____

CONSTRUCTION TYPE	DISTANCE TO HYDRANT FT	FIRE STAT MI	FIRE DISTRICT/CODE NUMBER			PROT CL	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA
BUILDING IMPROVEMENTS		BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES					
<input type="checkbox"/>	WIRING, YR:	<input type="checkbox"/>	PLUMBING, YR:							
<input type="checkbox"/>	ROOFING, YR:	<input type="checkbox"/>	HEATING, YR:							
<input type="checkbox"/>	OTHER, YR:	<input type="checkbox"/>	RESISTIVE			HEATING BOILER ON PREMISES? (Y/N)				
RIGHT EXPOSURE & DISTANCE		LEFT EXPOSURE & DISTANCE		FRONT EXPOSURE & DISTANCE			REAR EXPOSURE & DISTANCE			
BURGLAR ALARM TYPE		CERTIFICATE #				EXPIRATION DATE		CENTRAL STATION WITH KEYS		
BURGLAR ALARM INSTALLED AND SERVICED BY				EXTENT		GRADE		# GUARDS/WATCHMEN		CLOCK HOURLY
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2/Chemical Systems)				% SPRNK		FIRE ALARM MANUFACTURER				CENTRAL STATION
										LOCAL GONG

ADDITIONAL INTERESTS

RANK:	NAME AND ADDRESS:	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER	
<input type="checkbox"/>				LOCATION:	BUILDING:
				SCHEDULED ITEM NUMBER:	
				OTHER:	
				ITEM DESCRIPTION:	

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, FL, HI, MA, NE, OH, OK, OR or VT; in DC, LA, ME, TN, VA and WA, insurance benefits may also be denied)

IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.



BUSINESS INCOME / EXTRA EXPENSE / RENTAL VALUE

SUPPLEMENT TO PROPERTY SECTION

DATE (MM/DD/YYYY)
1/22/2014

AGENCY	PHONE (A/C, No, Ext): (800)243-6205	APPLICANT Agencyvalidation_cpssp_nb_pa (First Named Insured)
	FAX (A/C, No): (800)243-6206	
IISG Agency 10915 North Creek Parkway Suite 300 San Francisco CA 97202		COMPANY Ohio Security
CODE: 160208	SUB CODE:	
AGENCY CUSTOMER ID: 00014409		

PREMISES INFORMATION

PREMISES #: 1	<input type="checkbox"/> BUSINESS INCOME / EXTRA EXPENSE	<input type="checkbox"/> BUSINESS INCOME W/O EXTRA EXPENSE	<input checked="" type="checkbox"/> EXTRA EXPENSE	<input type="checkbox"/> BUSINESS INCOME / RENTAL VALUE	<input type="checkbox"/> RENTAL VALUE
BUILDING #: 1					
TYPE OF BUSINESS	ORDINARY PAYROLL	EXT PERIOD	POWER/HEAT	OFF PREM POWER	DEPEND PROP
<input type="checkbox"/> NON MFG <input type="checkbox"/> MFG <input type="checkbox"/> MINING % COINS	<input type="checkbox"/> EXCL <input type="checkbox"/> INCL 90 DAYS 180 DAYS \$	DAYS MO PERIOD LIMIT MAX PERIOD	\$ DED ELEC MEDIA ORD OR LAW CIVIL AUTH	POWER WATER COMM (DESCR BELOW) TUITION FEES STUDENTS OTHER ED SERV/INC	<input type="checkbox"/> BROAD FORM <input type="checkbox"/> LIMITED FORM COIN % <input type="checkbox"/> CONT LOC <input type="checkbox"/> MFG LOC <input type="checkbox"/> REC LOC <input type="checkbox"/> LDR LOC (DESCR BELOW)
EXTRA EXPENSE	LIMIT LOSS PAY				
DAYS PERIOD REST	% % %				

NAME(S) AND ADDRESS(ES) FOR OFF PREM POWER OR DEPEND PROP

OTHER COVERAGES

PROPERTY SUBJECTS OF INSURANCE AND COVERAGES

Loc #	Bldg #	Subject	Cov Code	Cov Description	Form No.	Edition Date	Rate
1	1	Extra Expense	SPC	Special form			
Option Codes		Limit 1	Limit 2	Deductible Amount	Deductible Type	Premium	
		50,000		500		182.00	
Loc #	Bldg #	Subject	Cov Code	Cov Description	Form No.	Edition Date	Rate
1	1	Civil Authority Incr Cov Period	SPC	Special form			
Option Codes		Limit 1	Limit 2	Deductible Amount	Deductible Type	Premium	
Loc #	Bldg #	Subject	Cov Code	Cov Description	Form No.	Edition Date	Rate
1	1	BI - Ord Law Period of Restoration	SPC	Special form			
Option Codes		Limit 1	Limit 2	Deductible Amount	Deductible Type	Premium	
Loc #	Bldg #	Subject	Cov Code	Cov Description	Form No.	Edition Date	Rate
1	1	BI - Utility Service	SPC	Special form			
Option Codes		Limit 1	Limit 2	Deductible Amount	Deductible Type	Premium	
		10,000				13.00	
Loc #	Bldg #	Subject	Cov Code	Cov Description	Form No.	Edition Date	Rate
1	1	Messngr Money Securities	SPC	Special form			
Option Codes		Limit 1	Limit 2	Deductible Amount	Deductible Type	Premium	
		1,000		2,000		1,500.00	
Loc #	Bldg #	Subject	Cov Code	Cov Description	Form No.	Edition Date	Rate
1	1	Valuable Papers	SPC	Special form			
Option Codes		Limit 1	Limit 2	Deductible Amount	Deductible Type	Premium	
		5,000		500		4.00	
Loc #	Bldg #	Subject	Cov Code	Cov Description	Form No.	Edition Date	Rate
1	1	Sign	SPC	Special form			
Option Codes		Limit 1	Limit 2	Deductible Amount	Deductible Type	Premium	
		6,000				69.00	
Loc #	Bldg #	Subject	Cov Code	Cov Description	Form No.	Edition Date	Rate
Option Codes		Limit 1	Limit 2	Deductible Amount	Deductible Type	Premium	
Loc #	Bldg #	Subject	Cov Code	Cov Description	Form No.	Edition Date	Rate
Option Codes		Limit 1	Limit 2	Deductible Amount	Deductible Type	Premium	
Loc #	Bldg #	Subject	Cov Code	Cov Description	Form No.	Edition Date	Rate
Option Codes		Limit 1	Limit 2	Deductible Amount	Deductible Type	Premium	



STATEMENT OF VALUES

DATE (MM/DD/YYYY)
1/22/2014

AGENCY PHONE (A/C, No, Ext): (800)243-6205 FAX (A/C, No): (800)243-6206	COMPANY Ohio Security	NAIC CODE: 24082	PAGE OF
IISG Agency 10915 North Creek Parkway Suite 300 San Francisco CA 97202	INSURED/APPLICANT Agencyvalidation cpsp_nb	POLICY NUMBER BKS58092744	EFFECTIVE DATE 7/6/2014
CODE: 160208 AGENCY CUSTOMER ID 00014409	HEADQUARTERS ADDRESS 3206 Phnmvvoi Cookeville TN 38501	COINS % 80% 90% 100% <input checked="" type="checkbox"/> 80	APPLICABLE CAUSES OF LOSS BASIC BROAD <input checked="" type="checkbox"/> SPECIAL Inflation guard (C)

APPLICABLE FORM NUMBERS (Attach completed forms and endorsements that require completion to provide necessary information affecting rates or loss costs)

CLASS CODE	LOC #	BLDG #	DESCRIPTION AND ADDRESS OF PROPERTY	ACV/RC 1	SUBJECT 2	100% VALUES	RATE OR LOSS COST 3	PREMIUM
			DESC: Location 0001 Sublocation 001 ADDRESS: 630 E Carroll St, Carrolltown, PA	RC	B	5,149,563		6,643.00
			DESC: Location 0001 Sublocation 001 ADDRESS: 630 E Carroll St, Carrolltown, PA	RC	BPP	15,000		40.00
			DESC: Location 0001 Sublocation 001 ADDRESS: 630 E Carroll St, Carrolltown, PA	RC	PO	85,000		207.00
			DESC: Location 0001 Sublocation 001 ADDRESS: 630 E Carroll St, Carrolltown, PA		SBBAS	5,299,563		714.00
			DESC: Location 0001 Sublocation 001 ADDRESS: 630 E Carroll St, Carrolltown, PA		EE	50,000		182.00
			DESC: Location 0001 Sublocation 001 ADDRESS: 630 E Carroll St, Carrolltown, PA					
			DESC: Location 0001 Sublocation 001 ADDRESS: 630 E Carroll St, Carrolltown, PA			10,000		13.00
			DESC: Location 0001 Sublocation 001 ADDRESS: 630 E Carroll St, Carrolltown, PA		MSMES	1,000		1,500.00
			DESC: Location 0001 Sublocation 001 ADDRESS: 630 E Carroll St, Carrolltown, PA		PAPER	5,000		4.00
			DESC: Location 0001 Sublocation 001 ADDRESS: 630 E Carroll St, Carrolltown, PA		SIGN	6,000		69.00
Totals include items found on all pages, not including Loc # = BLNK.						\$ 10,621,126	N/A	\$ 9,372.00

INSTRUCTIONS

- ACV (Actual Cash Value) or RC (Replacement Cost): If other valuation basis applies, provide necessary information.
- SUBJECT:**
B = Building S = Stock F = Furniture & Fixtures M = Machinery
BPP = Your Business Personal Property PPO = Personal Property of Others
BI = Business Income R = Rental Income Other - specify
- RATE OR LOSS COST: For class rated property, attach class rate information form or equivalent information for each location. For specifically rated property, attach specific rate or loss cost information if known.

SIGNATURE

ALL VALUES AND LOCATION INFORMATION ARE CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF

INSURED'S SIGNATURE: _____

TITLE: _____

DATE: _____

ADDITIONAL COVERAGES AND ENDORSEMENTS

Loc #	ST	Cov Code	Description	Type of Coverage	Form No.	Edition Date	Rate	Option Codes
		TRIA	Terrorism Coverage					
Limit 1		Limit 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductible Type 2	Premium 219.00
		CPPEN	Cust Prot Plus Endt					
Limit 1		Limit 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductible Type 2	Premium 3.00
		PEXE	Prop Ext Endt					
Limit 1		Limit 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductible Type 2	Premium 345.00
		TRANP	Transportation					
Limit 1		Limit 2	Limit 3	Ded 1 500	Deductible Type 1	Ded 2	Deductible Type 2	Premium 2.00
		TOOLO	Tools - Owner					
Limit 1 15,000		Limit 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductible Type 2	Premium 495.00
		MTC	Motor Truck Cargo					
Limit 1 1,000		Limit 2	Limit 3	Ded 1 500	Deductible Type 1	Ded 2	Deductible Type 2	Premium 20.00
		EDPFR	Computer Fraud					
Limit 1 1,000		Limit 2	Limit 3	Ded 1 500	Deductible Type 1	Ded 2	Deductible Type 2	Premium 6.00
		EXN01	Expense Mod Factor 1				Rate 1.00000	
Limit 1		Limit 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductible Type 2	Premium
Limit 1		Limit 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductible Type 2	Premium
Limit 1		Limit 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductible Type 2	Premium
Limit 1		Limit 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductible Type 2	Premium
Limit 1		Limit 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductible Type 2	Premium



COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)
1/3/2014

AGENCY IISG Agency 10915 North Creek Parkway Suite 300 San Francisco CA 97202	CARRIER Ohio Security Insurance Company NAIC CODE UNDERWRITER: POLICIES OR PROGRAM REQUESTED UNDERWRITER OFFICE: POLICY NUMBER BKS55251439																																				
CONTACT NAME: Caleen Alexanderson PHONE (A/C. No. Ext): (800)243-6205 FAX (A/C. No.): (800)243-6206 E-MAIL ADDRESS: Astros@HoustonAstros.com CODE: 030307 SUB CODE: AGENCY CUSTOMER ID: 00014409	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INDICATE SECTIONS ATTACHED</th> <th></th> <th></th> <th></th> </tr> <tr> <td>ACCOUNTS RECEIVABLE/ VALUABLE PAPERS</td> <td><input type="checkbox"/></td> <td>ELECTRONIC DATA PROC</td> <td><input type="checkbox"/></td> </tr> <tr> <td>BOILER & MACHINERY</td> <td><input type="checkbox"/></td> <td>EQUIPMENT FLOATER</td> <td><input type="checkbox"/></td> </tr> <tr> <td>BUSINESS AUTO</td> <td><input type="checkbox"/></td> <td>GARAGE AND DEALERS</td> <td><input type="checkbox"/></td> </tr> <tr> <td>COMMERCIAL GENERAL LIABILITY</td> <td><input checked="" type="checkbox"/></td> <td>GLASS AND SIGN</td> <td><input type="checkbox"/></td> </tr> <tr> <td>CRIME/MISCELLANEOUS CRIME</td> <td><input type="checkbox"/></td> <td>INSTALLATION/BUILDERS RISK</td> <td><input type="checkbox"/></td> </tr> <tr> <td>DEALERS</td> <td><input checked="" type="checkbox"/></td> <td>OPEN CARGO</td> <td><input type="checkbox"/></td> </tr> <tr> <td>DRIVER INFO SCHEDULE</td> <td><input type="checkbox"/></td> <td>PROPERTY</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td>TRANSPORTATION/ MOTOR TRUCK CARGO</td> <td><input type="checkbox"/></td> </tr> </table>	INDICATE SECTIONS ATTACHED				ACCOUNTS RECEIVABLE/ VALUABLE PAPERS	<input type="checkbox"/>	ELECTRONIC DATA PROC	<input type="checkbox"/>	BOILER & MACHINERY	<input type="checkbox"/>	EQUIPMENT FLOATER	<input type="checkbox"/>	BUSINESS AUTO	<input type="checkbox"/>	GARAGE AND DEALERS	<input type="checkbox"/>	COMMERCIAL GENERAL LIABILITY	<input checked="" type="checkbox"/>	GLASS AND SIGN	<input type="checkbox"/>	CRIME/MISCELLANEOUS CRIME	<input type="checkbox"/>	INSTALLATION/BUILDERS RISK	<input type="checkbox"/>	DEALERS	<input checked="" type="checkbox"/>	OPEN CARGO	<input type="checkbox"/>	DRIVER INFO SCHEDULE	<input type="checkbox"/>	PROPERTY	<input checked="" type="checkbox"/>			TRANSPORTATION/ MOTOR TRUCK CARGO	<input type="checkbox"/>
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CRIME/MISCELLANEOUS CRIME	<input type="checkbox"/>	INSTALLATION/BUILDERS RISK	<input type="checkbox"/>																																		
DEALERS	<input checked="" type="checkbox"/>	OPEN CARGO	<input type="checkbox"/>																																		
DRIVER INFO SCHEDULE	<input type="checkbox"/>	PROPERTY	<input checked="" type="checkbox"/>																																		
		TRANSPORTATION/ MOTOR TRUCK CARGO	<input type="checkbox"/>																																		

STATUS OF TRANSACTION				PACKAGE POLICY INFORMATION						
<input type="checkbox"/>	QUOTE	<input type="checkbox"/>	ISSUE POLICY	<input type="checkbox"/>	RENEW	ENTER THIS INFORMATION WHEN COMMON DATES AND TERMS APPLY TO SEVERAL LINES, OR FOR MONOLINE POLICIES.				
<input type="checkbox"/>	BOUND (Give Date and/or Attach Copy):		<input type="checkbox"/>			PROPOSED EFF DATE	PROPOSED EXP DATE	BILLING PLAN	PAYMENT PLAN	AUDIT
<input checked="" type="checkbox"/>	CHANGE	DATE	TIME	<input checked="" type="checkbox"/>	AM	8/22/2013	8/22/2014	<input checked="" type="checkbox"/> DIRECT BILL	Ten (10) Payments	<input checked="" type="checkbox"/>
<input type="checkbox"/>	CANCEL	8/22/2013	12:01	<input type="checkbox"/>	PM			AGENCY BILL	PACKAGE POLICY PREMIUM: \$	5,166.00

APPLICANT INFORMATION					
NAME (First Named Insured & Other Named Insureds) Fiber One Telecom Services, Inc				MAILING ADDRESS INCL ZIP+4 (of First Named Insured) Po Box 8137 Springdale AR 72766	
FEIN OR SOC SEC # (of First Named Insured): 455337935		PHONE (A/C. No. Ext): (870)404-5984			
E-MAIL ADDRESS(ES):				WEBSITE ADDRESS(ES):	
<input type="checkbox"/>	INDIVIDUAL	<input checked="" type="checkbox"/>	CORPORATION	<input type="checkbox"/>	SUBCHAPTER "S" CORPORATION NOT FOR PROFIT ORG
<input type="checkbox"/>	PARTNERSHIP	<input type="checkbox"/>	JOINT VENTURE	<input type="checkbox"/>	LLC NO. OF MEMBERS AND MANAGERS
CR BUREAU NAME:				DATE BUS STARTED 2012	
ID NUMBER:					
INSPECTION CONTACT:			ACCOUNTING RECORDS CONTACT:		
PHONE (A/C. No. Ext):		E-MAIL ADDRESS:		PHONE (A/C. No. Ext):	
				E-MAIL ADDRESS:	

PREMISES INFORMATION		ACORD 823 attached for additional premises										
LOC #	BLD #	STREET, CITY, COUNTY, STATE, ZIP+4				CITY LIMITS		INTEREST	YR BUILT	# EMPLOYEES	ANNUAL REVENUES	% OCCUPIED
1	1	PO Box 1922				INSIDE	OWNER					
		Mountain Home AR 72654-1922										
		Baxter County				INSIDE	OWNER					
				INSIDE	OWNER							
						OUTSIDE	TENANT					
				INSIDE	OWNER							
						OUTSIDE	TENANT					

NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS BY PREMISE(S)
Fiberoptic Cabel Splicing

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES	Y/N	
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ?	<input type="checkbox"/>	
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?	<input checked="" type="checkbox"/> N	
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?	<input type="checkbox"/>	
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?	<input type="checkbox"/>	
4. ANY CATASTROPHE EXPOSURE?	<input type="checkbox"/>	
5. ANY OTHER INSURANCE WITH THIS COMPANY OR BEING SUBMITTED?	<input checked="" type="checkbox"/> Y	
6. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR THREE (3) YEARS? (Not applicable in MO)	<input checked="" type="checkbox"/> N	
7. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?	<input type="checkbox"/>	
8. DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY? <small>(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).</small>	<input checked="" type="checkbox"/> N	
9. ANY UNCORRECTED FIRE CODE VIOLATIONS?	<input type="checkbox"/>	
10. ANY BANKRUPTCIES, TAX OR CREDIT LIENS AGAINST THE APPLICANT IN THE PAST FIVE (5) YEARS?	<input checked="" type="checkbox"/> N	
11. HAS BUSINESS BEEN PLACED IN A TRUST? IF "YES", NAME OF TRUST:	<input type="checkbox"/>	
12. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD/DISTRIBUTED IN FOREIGN COUNTRIES? <small>(If "YES", attach ACORD 815 for Liability Exposure and/or ACORD 816 for Property Exposure)</small>	<input type="checkbox"/>	
REMARKS/PROCESSING INSTRUCTIONS (Attach additional sheets if more space is required)		
COPY OF THE NOTICE OF INFORMATION PRACTICES (PRIVACY) HAS BEEN GIVEN TO THE APPLICANT. (Not applicable in all states, consult your agent or broker for your state's requirements.)		
<p>NOTICE OF INSURANCE INFORMATION PRACTICES - PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT POLICY 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. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.</p> <p>ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, FL, HI, MA, NE, OH, OK, OR, or VT; in DC, LA, ME, TN, VA and WA, insurance benefits may also be denied) IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.</p> <p>THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.</p>		
PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	NATIONAL PRODUCER NUMBER
APPLICANT'S SIGNATURE		DATE

PRIOR CARRIER INFORMATION

LINE	CATEGORY	CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE	
GENERAL COMMERCIAL LIABILITY	CARRIER																
	POLICY NUMBER																
	POLICY TYPE																
	RETRO DATE																
	EFF-EXP DATE																
	GENERAL AGGREGATE																
	PRODUCTS COMP OP AGGREGATE																
	PERSONAL & ADV INJ																
	EACH OCCURRENCE																
	FIRE DAMAGE																
	MEDICAL EXPENSE																
	BODILY OCCURRENCE INJURY AGGREGATE																
	PROPERTY OCCURRENCE DAMAGE AGGREGATE																
	COMBINED SINGLE LIMIT																
	MODIFICATION FACTOR																
TOTAL PREMIUM																	
AUTOMOBILE	CARRIER																
	POLICY NUMBER																
	POLICY TYPE																
	EFF-EXP DATE																
	COMBINED SINGLE LIMIT																
	BODILY EA PERSON INJURY EA ACCIDENT																
	PROPERTY DAMAGE																
	MODIFICATION FACTOR																
	TOTAL PREMIUM																
	PROPERTY	CARRIER															
POLICY NUMBER																	
POLICY TYPE																	
EFF-EXP DATE																	
BUILDING AMT																	
PERS PROP AMT																	
MODIFICATION FACTOR																	
TOTAL PREMIUM																	
	CARRIER																
	POLICY NUMBER																
	POLICY TYPE																
	EFF-EXP DATE																
	LIMIT																
	MODIFICATION FACTOR																
	TOTAL PREMIUM																

LOSS HISTORY

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE PRIOR 5 YEARS (3 YEARS IN KS & NY) CHK HERE IF NONE SEE ATTACHED LOSS SUMMARY

DATE OF OCCURRENCE	LINE	TYPE/DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	CLAIM STATUS
						OPEN/CLSD

REMARKS NOTE: FIDELITY REQUIRES A FIVE YEAR LOSS HISTORY SUPPORTING POLICY

ATTACHMENTS STATE SUPPLEMENT(S) (If applicable)

FORMS

Form Name / Description	Form #	Edition Date
Commercial GL Coverage Form - Occurrence	CG00011207	12/2007
Record Distribute Material Info Violation Law	CG00680509	5/2009
Arkansas Changes	CG01420711	7/2011
Employment Related Practices Excl	CG21471207	12/2007
Total Pollution Exclusion With a Hostile Fire	CG21550999	9/1999
Fungi or Bacteria Exclusion	CG21671204	12/2004
Cap on Losses From Certified Acts of Terroris	CG21700108	1/2008
Excl - Exterior Insulation and Finish Systems	CG21861204	12/2004
Silica or Silica-Related Dust Exclusion	CG21960305	3/2005
Exclusion - Contractors - Professional Liabil	CG22790798	7/1998
Amendment of Insured Contract Definition	CG24260704	7/2004
Arkansas Changes - Multi-Year Policies	CG26080490	4/1990
AR Excl Punitive Damages Related Cert Act Ter	CG26860108	1/2008
Exclusion - Consolidated Ins Programs Wrap-Up	CG84941208	12/2008
Non-Cumulation Liab Limits Same Occ	CG84990809	8/2009
Comml GL Liability Extension	CG88101009	10/2009
Medical Expense At Your Request Endorsement	CG88771208	12/2008
Exclusion - Asbestos Liability	CG88861208	12/2008
Common Policy Conditions	CL01000399	3/1999
Amendatory Endorsement - Arkansas	CL01781101	11/2001
Certified Terrorism Loss	CL06000108	1/2008
Virus or Bacteria Exclusion	CL07001006	10/2006
Common Policy Conditions	IL00171198	11/1998
Nuclear Energy Liab Excl Endt	IL00210908	9/2008
AR-Transfer of Rights of Recvry Against Othrs	IL01990908	9/2008

FORMS

Form Name / Description	Form #	Edition Date
AR Changes - Cancellation and Nonrenewal	IL02310908	9/2008
Amendatory Endorsement - Arkansas	IM20070809	8/2009
Contractors' Equipment Coverage	IM70000404	4/2004
NP - Certified Acts of Terrorism Notice	NP72420108	1/2008
NP - Premium Determination for Subcontractors	NP73470304	3/2004
NP - Treasury Dept OFAC Notice to Policyholde	NP74440906	9/2006
NP - Audit Information	NP74500107	1/2007
NP - AR DOI Contact Information	NP75881110	11/2010
NP - Billing Practices	NP89691110	11/2010

COMMENTS/REMARKS

Policy
SUPPORTING POLICY



COMMERCIAL GENERAL LIABILITY SECTION

DATE (MM/DD/YYYY)
1/3/2014

AGENCY	PHONE (A/C. No. Ext): (800)243-6205	APPLICANT Fiber One Telecom Services, Inc
	FAX (A/C. No): (800)243-6206	(First Named Insured)
IISG Agency		EFFECTIVE DATE 8/22/2013
10915 North Creek Parkway		EXPIRATION DATE 8/22/2014
Suite 300		<input checked="" type="checkbox"/> DIRECT BILL
San Francisco CA 97202		PAYMENT PLAN Ten (10) Payments
CODE: 030307	SUB CODE:	AUDIT X
AGENCY CUSTOMER ID: 00014409		FOR COMPANY USE ONLY

COVERAGES**LIMITS**

<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	GENERAL AGGREGATE	\$2,000,000	PREMIUMS
<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCURRENCE	PRODUCTS & COMPLETED OPERATIONS AGGREGATE	\$2,000,000	PREMISES/OPERATIONS
OWNER'S & CONTRACTOR'S PROTECTIVE	PERSONAL & ADVERTISING INJURY	\$1,000,000	3,753.00
	EACH OCCURRENCE	\$1,000,000	PRODUCTS
DEDUCTIBLES	DAMAGE TO RENTED PREMISES (each occurrence)	\$1,000,000	711.00
<input type="checkbox"/> PROPERTY DAMAGE \$	MEDICAL EXPENSE (Any one person)	\$15,000	OTHER
<input type="checkbox"/> BODILY INJURY \$	EMPLOYEE BENEFITS	\$	
			TOTAL
OTHER COVERAGES, RESTRICTIONS AND/OR ENDORSEMENTS (For hired/non-owned auto coverages attach the applicable state Business Auto Section, ACORD 137)			4,464.00

SCHEDULE OF HAZARDS

LOC #	HAZ #	CLASSIFICATION	CLASS CODE	PREMIUM BASIS	EXPOSURE	TERR	RATE		PREMIUM	
							PREM/OPS	PRODUCTS	PREM/OPS	PRODUCTS
1		Telephone, Telegraph Or Cable Television Line	99613	P Payroll	1	001	35.37800	6.70000		
1		Telephone, Telegraph Or Cable Television Line	99613	P Payroll	106080	001	35.37800	6.70000	3,753.00	711.00
1		Contractors - Subcontracted Work - In	91581	C Total	0	001	5.93800	4.82500		
1		Contractors - Subcontracted Work - In	91585	C Total	0	001	3.71500	2.27700		
RATING AND PREMIUM BASIS (S) GROSS SALES - PER \$1,000/SALES (P) PAYROLL - PER \$1,000/PAY (C) TOTAL COST - PER \$1,000/COST (U) UNIT - PER UNIT (A) AREA - PER 1,000/SQ FT (M) ADMISSIONS - PER 1,000/ADM (T) OTHER										

CLAIMS MADE (Explain all "Yes" responses)

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

EMPLOYEE BENEFITS LIABILITY

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

CONTRACTORS

EXPLAIN ALL "YES" RESPONSES (For past or present operations)					Y / N
1. DOES APPLICANT DRAW PLANS, DESIGNS, OR SPECIFICATIONS FOR OTHERS?					<input type="checkbox"/>
2. DO ANY OPERATIONS INCLUDE BLASTING OR UTILIZE OR STORE EXPLOSIVE MATERIAL?					<input type="checkbox"/>
3. DO ANY OPERATIONS INCLUDE EXCAVATION, TUNNELING, UNDERGROUND WORK OR EARTH MOVING?					<input type="checkbox"/>
4. DO YOUR SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN YOURS?					<input type="checkbox"/>
5. ARE SUBCONTRACTORS ALLOWED TO WORK WITHOUT PROVIDING YOU WITH A CERTIFICATE OF INSURANCE?					<input type="checkbox"/>
6. DOES APPLICANT LEASE EQUIPMENT TO OTHERS WITH OR WITHOUT OPERATORS?					<input checked="" type="checkbox"/> N
DESCRIBE THE TYPE OF WORK SUBCONTRACTED	\$ PAID TO SUB-CONTRACTORS:	% OF WORK SUBCONTRACTED:	# FULL-TIME STAFF:	# PART-TIME STAFF:	

PRODUCTS/COMPLETED OPERATIONS

PRODUCTS	ANNUAL GROSS SALES	# OF UNITS	TIME IN MARKET	EXPECTED LIFE	INTENDED USE	PRINCIPAL COMPONENTS

EXPLAIN ALL "YES" RESPONSES (For any past or present product or operation) PLEASE ATTACH LITERATURE, BROCHURES, LABELS, WARNINGS, ETC.					Y / N
1. DOES APPLICANT INSTALL, SERVICE OR DEMONSTRATE PRODUCTS?					<input type="checkbox"/>
2. FOREIGN PRODUCTS SOLD, DISTRIBUTED, USED AS COMPONENTS? (If "YES", attach ACORD 815)					<input type="checkbox"/>
3. RESEARCH AND DEVELOPMENT CONDUCTED OR NEW PRODUCTS PLANNED?					<input type="checkbox"/>
4. GUARANTEES, WARRANTIES, HOLD HARMLESS AGREEMENTS?					<input type="checkbox"/>
5. PRODUCTS RELATED TO AIRCRAFT/SPACE INDUSTRY?					<input type="checkbox"/>
6. PRODUCTS RECALLED, DISCONTINUED, CHANGED?					<input type="checkbox"/>
7. PRODUCTS OF OTHERS SOLD OR RE-PACKAGED UNDER APPLICANT LABEL?					<input type="checkbox"/>
8. PRODUCTS UNDER LABEL OF OTHERS?					<input type="checkbox"/>
9. VENDORS COVERAGE REQUIRED?					<input type="checkbox"/>
10. DOES ANY NAMED INSURED SELL TO OTHER NAMED INSUREDS?					<input type="checkbox"/>

ADDITIONAL INTEREST/CERTIFICATE RECIPIENT

ACORD 45 attached for additional names

INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER	
<input type="checkbox"/> ADDITIONAL INSURED					LOCATION:	BUILDING:
<input type="checkbox"/> LOSS PAYEE					VEHICLE:	BOAT:
<input type="checkbox"/> MORTGAGEE					SCHEDULED ITEM NUMBER:	
<input type="checkbox"/> LIENHOLDER					OTHER	
<input type="checkbox"/> EMPLOYEE AS LESSOR						
ITEM DESCRIPTION:						

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)	Y / N
1. ANY MEDICAL FACILITIES PROVIDED OR MEDICAL PROFESSIONALS EMPLOYED OR CONTRACTED?	<input type="checkbox"/>
2. ANY EXPOSURE TO RADIOACTIVE/NUCLEAR MATERIALS?	<input type="checkbox"/>
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)	<input type="checkbox"/>
4. ANY OPERATIONS SOLD, ACQUIRED, OR DISCONTINUED IN LAST FIVE (5) YEARS?	<input type="checkbox"/>
5. MACHINERY OR EQUIPMENT LOANED OR RENTED TO OTHERS?	<input type="checkbox"/>
6. ANY WATERCRAFT, DOCKS, FLOATS OWNED, HIRED OR LEASED?	<input type="checkbox"/>
7. ANY PARKING FACILITIES OWNED/RENTED?	<input type="checkbox"/>
8. IS A FEE CHARGED FOR PARKING?	<input type="checkbox"/>
9. RECREATION FACILITIES PROVIDED?	<input type="checkbox"/>
10. IS THERE A SWIMMING POOL ON THE PREMISES?	<input type="checkbox"/>
11. SPORTING OR SOCIAL EVENTS SPONSORED?	<input type="checkbox"/>
12. ANY STRUCTURAL ALTERATIONS CONTEMPLATED?	<input type="checkbox"/>
13. ANY DEMOLITION EXPOSURE CONTEMPLATED?	<input type="checkbox"/>
14. HAS APPLICANT BEEN ACTIVE IN OR IS CURRENTLY ACTIVE IN JOINT VENTURES?	<input type="checkbox"/>
15. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?	<input type="checkbox"/>
16. IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS OR SUBSIDIARIES?	<input type="checkbox"/>

GENERAL INFORMATION (continued)

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)	Y / N
17. ARE DAY CARE FACILITIES OPERATED OR CONTROLLED?	<input type="checkbox"/>
18. HAVE ANY CRIMES OCCURRED OR BEEN ATTEMPTED ON YOUR PREMISES WITHIN THE LAST THREE (3) YEARS?	<input type="checkbox"/>
19. IS THERE A FORMAL, WRITTEN SAFETY AND SECURITY POLICY IN EFFECT?	<input type="checkbox"/>
20. DOES THE BUSINESSES' PROMOTIONAL LITERATURE MAKE ANY REPRESENTATIONS ABOUT THE SAFETY OR SECURITY OF THE PREMISES?	<input type="checkbox"/>

REMARKS

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, FL, HI, MA, NE, OH, OK, OR or VT. In DC, LA, ME, TN, VA and WA insurance benefits may also be denied).
IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

ADDITIONAL COVERAGES AND ENDORSEMENTS

Loc #	ST	Cov Code	Description	Type of Coverage	Form No.	Edition Date	Rate	Option Codes
		TRIA	Terrorism Coverage					
Limit 1		Limit 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductible Type 2	Premium
								18.00
Loc #	ST	Cov Code	Description	Type of Coverage	Form No.	Edition Date	Rate	Option Codes
		EXN01	Expense Mod Factor 1				1.00000	
Limit 1		Limit 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductible Type 2	Premium
Loc #	ST	Cov Code	Description	Type of Coverage	Form No.	Edition Date	Rate	Option Codes
		EXP01	Experience Mod Factor 1				1.00000	
Limit 1		Limit 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductible Type 2	Premium
Loc #	ST	Cov Code	Description	Type of Coverage	Form No.	Edition Date	Rate	Option Codes
		SCH01	Schedule Mod Factor 1				1.00000	
Limit 1		Limit 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductible Type 2	Premium
Loc #	ST	Cov Code	Description	Type of Coverage	Form No.	Edition Date	Rate	Option Codes
		PKG01	Package Modification				1.00000	
Limit 1		Limit 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductible Type 2	Premium
Loc #	ST	Cov Code	Description	Type of Coverage	Form No.	Edition Date	Rate	Option Codes
Limit 1		Limit 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductible Type 2	Premium
Loc #	ST	Cov Code	Description	Type of Coverage	Form No.	Edition Date	Rate	Option Codes
Limit 1		Limit 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductible Type 2	Premium
Loc #	ST	Cov Code	Description	Type of Coverage	Form No.	Edition Date	Rate	Option Codes
Limit 1		Limit 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductible Type 2	Premium
Loc #	ST	Cov Code	Description	Type of Coverage	Form No.	Edition Date	Rate	Option Codes
Limit 1		Limit 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductible Type 2	Premium
Loc #	ST	Cov Code	Description	Type of Coverage	Form No.	Edition Date	Rate	Option Codes
Limit 1		Limit 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductible Type 2	Premium



PROPERTY SECTION

DATE (MM/DD/YYYY)

1/3/2014

AGENCY IISG Agency			APPLICANT (First Named Insured) Fiber One Telecom Services, Inc		
POLICY NUMBER BKS55251439			CARRIER Ohio Security Insurance Company		NAIC CODE 030307
EFFECTIVE DATE 8/22/2013	EXPIRATION DATE 8/22/2014	<input checked="" type="checkbox"/> DIRECT BILL AGENCY BILL	PAYMENT PLAN Ten (10) Payments	AUDIT X	FOR COMPANY USE ONLY

PREMISES INFORMATION		PREMISES #: 1	STREET ADDRESS: PO Box 1922					
		BUILDING #: 1	BLDG DESCRIPTION: Location 0001 Sublocation 001					
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU-ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	BLKT #	FORMS AND CONDITIONS TO APPLY

ADDITIONAL INFORMATION BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810 VALUE REPORTING INFORMATION - Attach ACORD 811

ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

SPOILAGE COVERAGE (Y/N)	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	DEDUCTIBLE \$	REFRIG MAINT AGREEMENT (Y/N)	OPTIONS
<input type="checkbox"/>				<input type="checkbox"/>	

OF OPEN SIDES ON STRUCTURE: _____

CONSTRUCTION TYPE	DISTANCE TO HYDRANT FT	FIRE STAT MI	FIRE DISTRICT/CODE NUMBER		PROT CL	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA
BUILDING IMPROVEMENTS	<input type="checkbox"/> WIRING, YR:	<input type="checkbox"/> PLUMBING, YR:	BLDG CODE GRADE	TAX CODE 00217	ROOF TYPE	OTHER OCCUPANCIES			
<input type="checkbox"/> ROOFING, YR:	<input type="checkbox"/> HEATING, YR:	<input type="checkbox"/> OTHER, YR:	WIND CLASS	<input type="checkbox"/> RESISTIVE	<input type="checkbox"/> SEMI- RESISTIVE	HEATING BOILER ON PREMISES? (Y/N)			
RIGHT EXPOSURE & DISTANCE		LEFT EXPOSURE & DISTANCE		FRONT EXPOSURE & DISTANCE		REAR EXPOSURE & DISTANCE			
BURGLAR ALARM TYPE			CERTIFICATE #			EXPIRATION DATE		<input type="checkbox"/> CENTRAL STATION WITH KEYS	
BURGLAR ALARM INSTALLED AND SERVICED BY				EXTENT		GRADE	# GUARDS/WATCHMEN		<input type="checkbox"/> CLOCK HOURLY
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2/Chemical Systems)				% SPRNK	FIRE ALARM MANUFACTURER			<input type="checkbox"/> CENTRAL STATION LOCAL GONG	

ADDITIONAL INTERESTS

RANK:	NAME AND ADDRESS:	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER
<input type="checkbox"/> LOSS PAYEE				LOCATION:
<input type="checkbox"/> MORTGAGEE				BUILDING:
<input type="checkbox"/> INTEREST				SCHEDULED ITEM NUMBER:
<input type="checkbox"/> OTHER:				OTHER:
ITEM DESCRIPTION:				

ADDITIONAL PREMISES INFORMATION

PREMISES #:		STREET ADDRESS:						
BUILDING #:		BLDG DESCRIPTION:						
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU- ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	BLKT #	FORMS AND CONDITIONS TO APPLY
ADDITIONAL INFORMATION		BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810			VALUE REPORTING INFORMATION - Attach ACORD 811			

ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

SPOILAGE COVERAGE (Y/N)	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	DEDUCTIBLE \$	REFRIG MAINT AGREEMENT (Y/N)	OPTIONS
<input type="checkbox"/>				<input type="checkbox"/>	

OF OPEN SIDES ON STRUCTURE: _____

CONSTRUCTION TYPE	DISTANCE TO HYDRANT FT	FIRE STAT MI	FIRE DISTRICT/CODE NUMBER			PROT CL	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA
BUILDING IMPROVEMENTS		BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES					
<input type="checkbox"/>	WIRING, YR:	<input type="checkbox"/>	PLUMBING, YR:							
<input type="checkbox"/>	ROOFING, YR:	<input type="checkbox"/>	HEATING, YR:							
<input type="checkbox"/>	OTHER, YR:	<input type="checkbox"/>	RESISTIVE			HEATING BOILER ON PREMISES? (Y/N)				
RIGHT EXPOSURE & DISTANCE		LEFT EXPOSURE & DISTANCE		FRONT EXPOSURE & DISTANCE			REAR EXPOSURE & DISTANCE			
BURGLAR ALARM TYPE		CERTIFICATE #				EXPIRATION DATE		CENTRAL STATION WITH KEYS		
BURGLAR ALARM INSTALLED AND SERVICED BY				EXTENT		GRADE		# GUARDS/WATCHMEN		CLOCK HOURLY
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2/Chemical Systems)				% SPRNK		FIRE ALARM MANUFACTURER				CENTRAL STATION
										LOCAL GONG

ADDITIONAL INTERESTS

RANK:	NAME AND ADDRESS:	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER	
<input type="checkbox"/>				LOCATION:	BUILDING:
				SCHEDULED ITEM NUMBER:	
				OTHER:	
				ITEM DESCRIPTION:	

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, FL, HI, MA, NE, OH, OK, OR or VT; in DC, LA, ME, TN, VA and WA, insurance benefits may also be denied)

IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

ADDITIONAL COVERAGES AND ENDORSEMENTS

Loc #	ST	Cov Code	Description	Type of Coverage	Form No.	Edition Date	Rate	Option Codes
		HMEQP	Heavy Mobile Equipment					
Limit 1		Limit 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductible Type 2	Premium
52,000								554.00
		MISCE	Misc Equipment-Light to Med					
Limit 1		Limit 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductible Type 2	Premium
8,160								127.00
		TRIA	Terrorism Coverage					
Limit 1		Limit 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductible Type 2	Premium
								3.00
Limit 1		Limit 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductible Type 2	Premium
Limit 1		Limit 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductible Type 2	Premium
Limit 1		Limit 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductible Type 2	Premium
Limit 1		Limit 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductible Type 2	Premium
Limit 1		Limit 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductible Type 2	Premium
Limit 1		Limit 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductible Type 2	Premium
Limit 1		Limit 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductible Type 2	Premium



COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)
1/3/2014

AGENCY IISG Agency 10915 North Creek Parkway Suite 300 San Francisco CA 97202	CARRIER Colorado Casualty2 NAIC CODE 24171 UNDERWRITER: POLICIES OR PROGRAM REQUESTED UNDERWRITER OFFICE: POLICY NUMBER GL5109595																																				
CONTACT NAME: Caleen Alexanderson PHONE (A/C. No. Ext): (800)243-6205 FAX (A/C. No.): (800)243-6206 E-MAIL ADDRESS: Astros@HoustonAstros.com CODE: 0060014 SUB CODE: AGENCY CUSTOMER ID: 00014409	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INDICATE SECTIONS ATTACHED</th> <th></th> <th></th> <th></th> </tr> <tr> <td>ACCOUNTS RECEIVABLE/ VALUABLE PAPERS</td> <td><input type="checkbox"/></td> <td>ELECTRONIC DATA PROC</td> <td><input type="checkbox"/></td> </tr> <tr> <td>BOILER & MACHINERY</td> <td><input type="checkbox"/></td> <td>EQUIPMENT FLOATER</td> <td><input type="checkbox"/></td> </tr> <tr> <td>BUSINESS AUTO</td> <td><input type="checkbox"/></td> <td>GARAGE AND DEALERS</td> <td><input type="checkbox"/></td> </tr> <tr> <td>COMMERCIAL GENERAL LIABILITY</td> <td><input checked="" type="checkbox"/></td> <td>GLASS AND SIGN</td> <td><input type="checkbox"/></td> </tr> <tr> <td>CRIME/MISCELLANEOUS CRIME</td> <td><input type="checkbox"/></td> <td>INSTALLATION/BUILDERS RISK</td> <td><input type="checkbox"/></td> </tr> <tr> <td>DEALERS</td> <td><input type="checkbox"/></td> <td>OPEN CARGO</td> <td><input type="checkbox"/></td> </tr> <tr> <td>DRIVER INFO SCHEDULE</td> <td><input type="checkbox"/></td> <td>PROPERTY</td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td>TRANSPORTATION/ MOTOR TRUCK CARGO</td> <td><input type="checkbox"/></td> </tr> </table>	INDICATE SECTIONS ATTACHED				ACCOUNTS RECEIVABLE/ VALUABLE PAPERS	<input type="checkbox"/>	ELECTRONIC DATA PROC	<input type="checkbox"/>	BOILER & MACHINERY	<input type="checkbox"/>	EQUIPMENT FLOATER	<input type="checkbox"/>	BUSINESS AUTO	<input type="checkbox"/>	GARAGE AND DEALERS	<input type="checkbox"/>	COMMERCIAL GENERAL LIABILITY	<input checked="" type="checkbox"/>	GLASS AND SIGN	<input type="checkbox"/>	CRIME/MISCELLANEOUS CRIME	<input type="checkbox"/>	INSTALLATION/BUILDERS RISK	<input type="checkbox"/>	DEALERS	<input type="checkbox"/>	OPEN CARGO	<input type="checkbox"/>	DRIVER INFO SCHEDULE	<input type="checkbox"/>	PROPERTY	<input type="checkbox"/>			TRANSPORTATION/ MOTOR TRUCK CARGO	<input type="checkbox"/>
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STATUS OF TRANSACTION	PACKAGE POLICY INFORMATION															
QUOTE <input checked="" type="checkbox"/> ISSUE POLICY <input type="checkbox"/> RENEW <input type="checkbox"/> BOUND (Give Date and/or Attach Copy): CHANGE DATE TIME <input checked="" type="checkbox"/> AM CANCEL 11/18/2013 12:01 <input type="checkbox"/> PM	ENTER THIS INFORMATION WHEN COMMON DATES AND TERMS APPLY TO SEVERAL LINES, OR FOR MONOLINE POLICIES. <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>PROPOSED EFF DATE</th> <th>PROPOSED EXP DATE</th> <th>BILLING PLAN</th> <th>PAYMENT PLAN</th> <th>AUDIT</th> </tr> <tr> <td>11/18/2013</td> <td>11/18/2014</td> <td><input checked="" type="checkbox"/> DIRECT BILL <input checked="" type="checkbox"/> AGENCY BILL</td> <td>Annual</td> <td></td> </tr> <tr> <td colspan="3"></td> <td>PACKAGE POLICY PREMIUM: \$</td> <td>502.00</td> </tr> </table>	PROPOSED EFF DATE	PROPOSED EXP DATE	BILLING PLAN	PAYMENT PLAN	AUDIT	11/18/2013	11/18/2014	<input checked="" type="checkbox"/> DIRECT BILL <input checked="" type="checkbox"/> AGENCY BILL	Annual					PACKAGE POLICY PREMIUM: \$	502.00
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11/18/2013	11/18/2014	<input checked="" type="checkbox"/> DIRECT BILL <input checked="" type="checkbox"/> AGENCY BILL	Annual													
			PACKAGE POLICY PREMIUM: \$	502.00												

APPLICANT INFORMATION				
NAME (First Named Insured & Other Named Insureds) I1 G1			MAILING ADDRESS INCL ZIP+4 (of First Named Insured) 100 Main Raod Champaign IL 61820	
FEIN OR SOC SEC # (of First Named Insured):		PHONE (A/C. No. Ext):		
E-MAIL ADDRESS(ES):		WEBSITE ADDRESS(ES):		
<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP	<input checked="" type="checkbox"/> CORPORATION <input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION NOT FOR PROFIT ORG	<input type="checkbox"/> LLC	NO. OF MEMBERS AND MANAGERS: _____ CR BUREAU NAME: ID NUMBER:
INSPECTION CONTACT: PHONE (A/C. No. Ext): _____ E-MAIL ADDRESS: _____		ACCOUNTING RECORDS CONTACT: PHONE (A/C. No. Ext): _____ E-MAIL ADDRESS: _____		

PREMISES INFORMATION		ACORD 823 attached for additional premises										
LOC #	BLD #	STREET, CITY, COUNTY, STATE, ZIP+4				CITY LIMITS		INTEREST	YR BUILT	# EMPLOYEES	ANNUAL REVENUES	% OCCUPIED
1	1	100 MAIN RAOD Champaign IL 61820				INSIDE		OWNER				
		OUTSIDE		TENANT								
		INSIDE		OWNER								
		OUTSIDE		TENANT								
					INSIDE		OWNER					
					OUTSIDE		TENANT					
					INSIDE		OWNER					
					OUTSIDE		TENANT					

NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS BY PREMISE(S)

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES		Y/N
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ?		<input type="checkbox"/>
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?		<input type="checkbox"/>
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?		<input type="checkbox"/>
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?		<input type="checkbox"/>
4. ANY CATASTROPHE EXPOSURE?		<input type="checkbox"/>
5. ANY OTHER INSURANCE WITH THIS COMPANY OR BEING SUBMITTED?		<input checked="" type="checkbox"/>
6. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR THREE (3) YEARS? (Not applicable in MO)		<input type="checkbox"/>
7. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?		<input type="checkbox"/>
8. DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY? (In RI, this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment).		<input type="checkbox"/>
9. ANY UNCORRECTED FIRE CODE VIOLATIONS?		<input type="checkbox"/>
10. ANY BANKRUPTCIES, TAX OR CREDIT LIENS AGAINST THE APPLICANT IN THE PAST FIVE (5) YEARS?		<input type="checkbox"/>
11. HAS BUSINESS BEEN PLACED IN A TRUST? IF "YES", NAME OF TRUST:		<input type="checkbox"/>
12. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD/DISTRIBUTED IN FOREIGN COUNTRIES? (If "YES", attach ACORD 815 for Liability Exposure and/or ACORD 816 for Property Exposure)		<input type="checkbox"/>
REMARKS/PROCESSING INSTRUCTIONS (Attach additional sheets if more space is required)		
COPY OF THE NOTICE OF INFORMATION PRACTICES (PRIVACY) HAS BEEN GIVEN TO THE APPLICANT. (Not applicable in all states, consult your agent or broker for your state's requirements.)		
<p>NOTICE OF INSURANCE INFORMATION PRACTICES - PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT POLICY 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. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.</p> <p>ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, FL, HI, MA, NE, OH, OK, OR, or VT; in DC, LA, ME, TN, VA and WA, insurance benefits may also be denied) IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.</p> <p>THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.</p>		
PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	NATIONAL PRODUCER NUMBER
APPLICANT'S SIGNATURE		DATE

PRIOR CARRIER INFORMATION

LINE	CATEGORY	CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE	
GENERAL LIABILITY	CARRIER																
	POLICY NUMBER																
	POLICY TYPE																
	RETRO DATE																
	EFF-EXP DATE																
	GENERAL AGGREGATE																
	PRODUCTS COMP OP AGGREGATE																
	PERSONAL & ADV INJ																
	EACH OCCURRENCE																
	FIRE DAMAGE																
	MEDICAL EXPENSE																
	BODILY OCCURRENCE INJURY AGGREGATE																
	PROPERTY OCCURRENCE DAMAGE AGGREGATE																
	COMBINED SINGLE LIMIT																
	MODIFICATION FACTOR																
TOTAL PREMIUM																	
AUTOMOBILE	CARRIER																
	POLICY NUMBER																
	POLICY TYPE																
	EFF-EXP DATE																
	COMBINED SINGLE LIMIT																
	BODILY EA PERSON INJURY EA ACCIDENT																
	PROPERTY DAMAGE																
	MODIFICATION FACTOR																
	TOTAL PREMIUM																
	PROPERTY	CARRIER															
POLICY NUMBER																	
POLICY TYPE																	
EFF-EXP DATE																	
BUILDING AMT																	
PERS PROP AMT																	
MODIFICATION FACTOR																	
TOTAL PREMIUM																	
PROPERTY	CARRIER																
	POLICY NUMBER																
	POLICY TYPE																
	EFF-EXP DATE																
	LIMIT																
	MODIFICATION FACTOR																
	TOTAL PREMIUM																

LOSS HISTORY

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE PRIOR 5 YEARS (3 YEARS IN KS & NY) CHK HERE IF NONE SEE ATTACHED LOSS SUMMARY

DATE OF OCCURRENCE	LINE	TYPE/DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	CLAIM STATUS
						OPEN/CLSD

REMARKS NOTE: FIDELITY REQUIRES A FIVE YEAR LOSS HISTORY

ATTACHMENTS

STATE SUPPLEMENT(S) (If applicable)

FORMS

Form Name / Description	Form #	Edition Date
EXCLUSION - LEAD	17-22	12/2002
EXCLUSION - ASBESTOS	17-98	12/2002
RECORDING AND DISTRIBUTION OF MATERIAL OR INF	22-164	9/2010
COMMERCIAL GENERAL LIABILITY EXTENSION ENDORS	22-45	12/2002
EXCLUSION - SILICA	22-90	2/2004
COMMERCIAL GENERAL LIABILITY COVERAGE FORM	CG0001	10/2001
WAR LIABILITY EXCLUSION	CG0062	12/2002
ILLINOIS CHANGES - CANCELLATION AND NONRENEW	CG0200	7/2005
EMPLOYMENT RELATED PRACTICES EXCLUSION	CG2147	7/1998
FUNGI OR BACTERIAL EXCLUSION	CG2167	4/2002
CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORIS	CG2170	1/2008
EXCL OF PUNITIVE DAMAGES RELATED TO CERTIFIED	CG2176	1/2008
QUICK REFERENCE COMML GENERAL LIABILITY COVER	CL175	2/1986
CALCULATION OF PREMIUM	IL0003	9/2007
COMMON POLICY CONDITIONS	IL0017	11/1998
NUCLEAR ENERGY LIABILITY EXCLUSION (BROAD FOR	IL0021	7/2002
ILLINOIS CHANGES-CIVIL UNION	IL0147	9/2011
ILLINOIS CHANGES - DEFENSE COSTS	IL0162	4/2006

CONTRACTORS

EXPLAIN ALL "YES" RESPONSES (For past or present operations)					Y / N
1. DOES APPLICANT DRAW PLANS, DESIGNS, OR SPECIFICATIONS FOR OTHERS?					<input type="checkbox"/>
2. DO ANY OPERATIONS INCLUDE BLASTING OR UTILIZE OR STORE EXPLOSIVE MATERIAL?					<input type="checkbox"/>
3. DO ANY OPERATIONS INCLUDE EXCAVATION, TUNNELING, UNDERGROUND WORK OR EARTH MOVING?					<input type="checkbox"/>
4. DO YOUR SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN YOURS?					<input type="checkbox"/>
5. ARE SUBCONTRACTORS ALLOWED TO WORK WITHOUT PROVIDING YOU WITH A CERTIFICATE OF INSURANCE?					<input type="checkbox"/>
6. DOES APPLICANT LEASE EQUIPMENT TO OTHERS WITH OR WITHOUT OPERATORS?					<input type="checkbox"/>
DESCRIBE THE TYPE OF WORK SUBCONTRACTED	\$ PAID TO SUB-CONTRACTORS:	% OF WORK SUBCONTRACTED:	# FULL-TIME STAFF:	# PART-TIME STAFF:	

PRODUCTS/COMPLETED OPERATIONS

PRODUCTS	ANNUAL GROSS SALES	# OF UNITS	TIME IN MARKET	EXPECTED LIFE	INTENDED USE	PRINCIPAL COMPONENTS

EXPLAIN ALL "YES" RESPONSES (For any past or present product or operation) PLEASE ATTACH LITERATURE, BROCHURES, LABELS, WARNINGS, ETC.					Y / N
1. DOES APPLICANT INSTALL, SERVICE OR DEMONSTRATE PRODUCTS?					<input type="checkbox"/>
2. FOREIGN PRODUCTS SOLD, DISTRIBUTED, USED AS COMPONENTS? (If "YES", attach ACORD 815)					<input type="checkbox"/>
3. RESEARCH AND DEVELOPMENT CONDUCTED OR NEW PRODUCTS PLANNED?					<input type="checkbox"/>
4. GUARANTEES, WARRANTIES, HOLD HARMLESS AGREEMENTS?					<input type="checkbox"/>
5. PRODUCTS RELATED TO AIRCRAFT/SPACE INDUSTRY?					<input type="checkbox"/>
6. PRODUCTS RECALLED, DISCONTINUED, CHANGED?					<input type="checkbox"/>
7. PRODUCTS OF OTHERS SOLD OR RE-PACKAGED UNDER APPLICANT LABEL?					<input type="checkbox"/>
8. PRODUCTS UNDER LABEL OF OTHERS?					<input type="checkbox"/>
9. VENDORS COVERAGE REQUIRED?					<input type="checkbox"/>
10. DOES ANY NAMED INSURED SELL TO OTHER NAMED INSUREDS?					<input type="checkbox"/>

ADDITIONAL INTEREST/CERTIFICATE RECIPIENT

ACORD 45 attached for additional names

INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER	
<input type="checkbox"/> ADDITIONAL INSURED					LOCATION:	BUILDING:
<input type="checkbox"/> LOSS PAYEE					VEHICLE:	BOAT:
<input type="checkbox"/> MORTGAGEE					SCHEDULED ITEM NUMBER:	
<input type="checkbox"/> LIENHOLDER					OTHER	
<input type="checkbox"/> EMPLOYEE AS LESSOR						
ITEM DESCRIPTION:						

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)	Y / N
1. ANY MEDICAL FACILITIES PROVIDED OR MEDICAL PROFESSIONALS EMPLOYED OR CONTRACTED?	<input type="checkbox"/>
2. ANY EXPOSURE TO RADIOACTIVE/NUCLEAR MATERIALS?	<input type="checkbox"/>
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)	<input type="checkbox"/>
4. ANY OPERATIONS SOLD, ACQUIRED, OR DISCONTINUED IN LAST FIVE (5) YEARS?	<input type="checkbox"/>
5. MACHINERY OR EQUIPMENT LOANED OR RENTED TO OTHERS?	<input type="checkbox"/>
6. ANY WATERCRAFT, DOCKS, FLOATS OWNED, HIRED OR LEASED?	<input type="checkbox"/>
7. ANY PARKING FACILITIES OWNED/RENTED?	<input type="checkbox"/>
8. IS A FEE CHARGED FOR PARKING?	<input type="checkbox"/>
9. RECREATION FACILITIES PROVIDED?	<input type="checkbox"/>
10. IS THERE A SWIMMING POOL ON THE PREMISES?	<input type="checkbox"/>
11. SPORTING OR SOCIAL EVENTS SPONSORED?	<input type="checkbox"/>
12. ANY STRUCTURAL ALTERATIONS CONTEMPLATED?	<input type="checkbox"/>
13. ANY DEMOLITION EXPOSURE CONTEMPLATED?	<input type="checkbox"/>
14. HAS APPLICANT BEEN ACTIVE IN OR IS CURRENTLY ACTIVE IN JOINT VENTURES?	<input type="checkbox"/>
15. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?	<input type="checkbox"/>
16. IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS OR SUBSIDIARIES?	<input type="checkbox"/>

GENERAL INFORMATION (continued)

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)	Y / N
17. ARE DAY CARE FACILITIES OPERATED OR CONTROLLED?	<input type="checkbox"/>
18. HAVE ANY CRIMES OCCURRED OR BEEN ATTEMPTED ON YOUR PREMISES WITHIN THE LAST THREE (3) YEARS?	<input type="checkbox"/>
19. IS THERE A FORMAL, WRITTEN SAFETY AND SECURITY POLICY IN EFFECT?	<input type="checkbox"/>
20. DOES THE BUSINESSES' PROMOTIONAL LITERATURE MAKE ANY REPRESENTATIONS ABOUT THE SAFETY OR SECURITY OF THE PREMISES?	<input type="checkbox"/>

REMARKS

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ADDITIONAL COVERAGES AND ENDORSEMENTS

Loc #	ST	Cov Code	Description	Type of Coverage	Form No.	Edition Date	Rate	Option Codes
		TRIA	Terrorism Coverage					
Limit 1		Limit 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductible Type 2	Premium 2.00
		APMP	Add'l for policy minimum					
Limit 1		Limit 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductible Type 2	Premium 352.00
Limit 1		Limit 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductible Type 2	Premium
Limit 1		Limit 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductible Type 2	Premium
Limit 1		Limit 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductible Type 2	Premium
Limit 1		Limit 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductible Type 2	Premium
Limit 1		Limit 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductible Type 2	Premium
Limit 1		Limit 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductible Type 2	Premium
Limit 1		Limit 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductible Type 2	Premium
Limit 1		Limit 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductible Type 2	Premium



COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)
1/10/2014

AGENCY IISG Agency 10915 North Creek Parkway Suite 300 San Francisco CA 97202	CARRIER Golden Eagle (Liberty RAM)	NAIC CODE 10836																								
CONTACT NAME: Caleen Alexanderson PHONE (A/C. No. Ext): (800)243-6205 FAX (A/C. No.): (800)243-6206 E-MAIL ADDRESS: Astros@HoustonAstros.com CODE: 0060014 SUB CODE:		UNDERWRITER: POLICIES OR PROGRAM REQUESTED																								
AGENCY CUSTOMER ID: 00014476		UNDERWRITER OFFICE: POLICY NUMBER CU5102353																								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 30%;">INDICATE SECTIONS ATTACHED</th> <th style="width: 30%;">ELECTRONIC DATA PROC</th> <th style="width: 40%;">TRUCKERS/MOTOR CARRIER</th> </tr> <tr> <td>ACCOUNTS RECEIVABLE/ VALUABLE PAPERS</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/> UMBRELLA</td> </tr> <tr> <td>BOILER & MACHINERY</td> <td><input type="checkbox"/></td> <td>VEHICLE SCHEDULE</td> </tr> <tr> <td>BUSINESS AUTO</td> <td><input type="checkbox"/></td> <td>WORKERS COMPENSATION</td> </tr> <tr> <td>COMMERCIAL GENERAL LIABILITY</td> <td><input type="checkbox"/></td> <td>YACHT</td> </tr> <tr> <td>CRIME/MISCELLANEOUS CRIME</td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td>DEALERS</td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td>DRIVER INFO SCHEDULE</td> <td><input type="checkbox"/></td> <td></td> </tr> </table>			INDICATE SECTIONS ATTACHED	ELECTRONIC DATA PROC	TRUCKERS/MOTOR CARRIER	ACCOUNTS RECEIVABLE/ VALUABLE PAPERS	<input type="checkbox"/>	<input checked="" type="checkbox"/> UMBRELLA	BOILER & MACHINERY	<input type="checkbox"/>	VEHICLE SCHEDULE	BUSINESS AUTO	<input type="checkbox"/>	WORKERS COMPENSATION	COMMERCIAL GENERAL LIABILITY	<input type="checkbox"/>	YACHT	CRIME/MISCELLANEOUS CRIME	<input type="checkbox"/>		DEALERS	<input type="checkbox"/>		DRIVER INFO SCHEDULE	<input type="checkbox"/>	
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DEALERS	<input type="checkbox"/>																									
DRIVER INFO SCHEDULE	<input type="checkbox"/>																									

STATUS OF TRANSACTION				PACKAGE POLICY INFORMATION			
<input type="checkbox"/> QUOTE	<input type="checkbox"/> ISSUE POLICY	<input type="checkbox"/> RENEW	ENTER THIS INFORMATION WHEN COMMON DATES AND TERMS APPLY TO SEVERAL LINES, OR FOR MONOLINE POLICIES.				
BOUND (Give Date and/or Attach Copy): CHANGE DATE TIME <input checked="" type="checkbox"/> AM CANCEL 3/1/2014 12:01 <input type="checkbox"/> PM			PROPOSED EFF DATE	PROPOSED EXP DATE	BILLING PLAN	PAYMENT PLAN	AUDIT
			3/1/2013	3/1/2014	<input checked="" type="checkbox"/> DIRECT BILL <input checked="" type="checkbox"/> AGENCY BILL	Monthly	PACKAGE POLICY PREMIUM: \$ 515.00

APPLICANT INFORMATION			
NAME (First Named Insured & Other Named Insureds) Ca Aqs Con 02			MAILING ADDRESS INCL ZIP+4 (of First Named Insured) 123 S California Ave Beaumont CA 92223
FEIN OR SOC SEC # (of First Named Insured):		PHONE (A/C. No. Ext):	
E-MAIL ADDRESS(ES):			WEBSITE ADDRESS(ES):
<input type="checkbox"/> INDIVIDUAL	<input checked="" type="checkbox"/> CORPORATION	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION NOT FOR PROFIT ORG	<input type="checkbox"/> LLC
<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> JOINT VENTURE	NO. OF MEMBERS AND MANAGERS	
INSPECTION CONTACT:			ACCOUNTING RECORDS CONTACT:
PHONE (A/C. No. Ext):		E-MAIL ADDRESS:	
PHONE (A/C. No. Ext):		E-MAIL ADDRESS:	

PREMISES INFORMATION		ACORD 823 attached for additional premises							
LOC #	BLD #	STREET, CITY, COUNTY, STATE, ZIP+4	CITY LIMITS		INTEREST	YR BUILT	# EMPLOYEES	ANNUAL REVENUES	% OCCUPIED
			INSIDE	OWNER					
			OUTSIDE	TENANT					
			INSIDE	OWNER					
			OUTSIDE	TENANT					
			INSIDE	OWNER					
			OUTSIDE	TENANT					
			INSIDE	OWNER					
			OUTSIDE	TENANT					

NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS BY PREMISE(S)

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES		Y/N
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ?		<input type="checkbox"/>
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?		<input type="checkbox"/>
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?		<input type="checkbox"/>
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?		<input type="checkbox"/>
4. ANY CATASTROPHE EXPOSURE?		<input type="checkbox"/>
5. ANY OTHER INSURANCE WITH THIS COMPANY OR BEING SUBMITTED?		<input checked="" type="checkbox"/>
6. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR THREE (3) YEARS? (Not applicable in MO)		<input type="checkbox"/>
7. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?		<input type="checkbox"/>
8. DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY? (In RI, this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment).		<input type="checkbox"/>
9. ANY UNCORRECTED FIRE CODE VIOLATIONS?		<input type="checkbox"/>
10. ANY BANKRUPTCIES, TAX OR CREDIT LIENS AGAINST THE APPLICANT IN THE PAST FIVE (5) YEARS?		<input type="checkbox"/>
11. HAS BUSINESS BEEN PLACED IN A TRUST? IF "YES", NAME OF TRUST:		<input type="checkbox"/>
12. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD/DISTRIBUTED IN FOREIGN COUNTRIES? (If "YES", attach ACORD 815 for Liability Exposure and/or ACORD 816 for Property Exposure)		<input type="checkbox"/>
REMARKS/PROCESSING INSTRUCTIONS (Attach additional sheets if more space is required)		
COPY OF THE NOTICE OF INFORMATION PRACTICES (PRIVACY) HAS BEEN GIVEN TO THE APPLICANT. (Not applicable in all states, consult your agent or broker for your state's requirements.)		
<p>NOTICE OF INSURANCE INFORMATION PRACTICES - PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT POLICY 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. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.</p> <p>ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, FL, HI, MA, NE, OH, OK, OR, or VT; in DC, LA, ME, TN, VA and WA, insurance benefits may also be denied) IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.</p> <p>THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.</p>		
PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	NATIONAL PRODUCER NUMBER
APPLICANT'S SIGNATURE		DATE

PRIOR CARRIER INFORMATION

LINE	CATEGORY	CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE	
GENERAL COMMERCIAL LIABILITY	CARRIER																
	POLICY NUMBER																
	POLICY TYPE																
	RETRO DATE																
	EFF-EXP DATE																
	GENERAL AGGREGATE																
	PRODUCTS COMP OP AGGREGATE																
	PERSONAL & ADV INJ																
	EACH OCCURRENCE																
	FIRE DAMAGE																
	MEDICAL EXPENSE																
	BODILY OCCURRENCE INJURY AGGREGATE																
	PROPERTY OCCURRENCE DAMAGE AGGREGATE																
	COMBINED SINGLE LIMIT																
MODIFICATION FACTOR																	
TOTAL PREMIUM																	
AUTOMOBILE	CARRIER																
	POLICY NUMBER																
	POLICY TYPE																
	EFF-EXP DATE																
	COMBINED SINGLE LIMIT																
	BODILY EA PERSON INJURY EA ACCIDENT																
	PROPERTY DAMAGE																
	MODIFICATION FACTOR																
	TOTAL PREMIUM																
	PROPERTY	CARRIER															
POLICY NUMBER																	
POLICY TYPE																	
EFF-EXP DATE																	
BUILDING AMT																	
PERS PROP AMT																	
MODIFICATION FACTOR																	
TOTAL PREMIUM																	
	CARRIER																
	POLICY NUMBER																
	POLICY TYPE																
	EFF-EXP DATE																
	LIMIT																
	MODIFICATION FACTOR																
	TOTAL PREMIUM																

LOSS HISTORY

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE PRIOR 5 YEARS (3 YEARS IN KS & NY) CHK HERE IF NONE SEE ATTACHED LOSS SUMMARY

DATE OF OCCURRENCE	LINE	TYPE/DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	CLAIM STATUS
						OPEN/CLSD

REMARKS NOTE: FIDELITY REQUIRES A FIVE YEAR LOSS HISTORY SENT FOR CONVERSION ATTACHMENTS STATE SUPPLEMENT(S) (If applicable)

COV: UMBRELLA ENTER ALL SUBCOV: 1ST MILLION CLASS: 99935

FORMS

Form Name / Description	Form #	Edition Date
SCHEDULE OF UNDERLYING INSURANCE	14-148	6/1994
CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORIS	14-200CA	1/2008
EXCLUSION - SILICA	14-255CA	1/2005
EXCLUSION - TOBACCO	14-256	2/2004
EXCLUSION - VIOLATION OF STATUTES	14-257CA	3/2005
NON-CUMULATION OF LIABILITY (SAME OCCURRENCE)	14-267CA	8/2012
EXCLUSION - PROFESSIONAL LIABILITY	14-278	8/2007
EXCLUSION-RECALL OF PRODUCTS, WORK OR IMPARIE	14-305	3/2008
WAR LIABILITY EXCLUSION	14-347	4/2010
SUPPLEMENTAL DECLARATIONS CONCERNING BILLING	17-407	11/2010
EXCLUSION OF PUNITIVE DAMAGES CERTIFIED ACTS	CU2136	1/2008
SPECIAL PROGRAM MINIMUM PREMIUM ENDORSEMENT	GECPD635	4/2000
IMPORTANT INFORMATION CONSUMER AFFAIRS	GENO860	1/2009
COMMERCIAL EXCESS/UMBRELLA POLICY	GEUM101	11/2001
CALIFORNIA CHANGES-CANCELLATION AND NONRENEWA	GEUM104	5/1999
EXCLUSION U.S.L. H AND JONES ACT	GEUM106	5/1999
EXCLUSION SEXUAL ABUSE	GEUM107	5/1999
EXCLUSION - PUNITIVE DAMAGES	GEUM110	5/1999
FUNGI OR BACTERIA EXCLUSION	GEUM135	4/2002
IMPORTANT NOTICE TO POLICYHOLDER	STCU767	4/2010
TERRORISM INSURANCE PREMIUM OPPORTUNITY TO RE	STML505	1/2008
IMPORTANT NOTICE TO POLICYHOLDER - NON-CUMULA	STML859	8/2012

COMMENTS/REMARKS

Policy

SENT FOR CONVERSION

COV: UMBRELLA ENTER ALL SUBCOV: 1ST MILLION CLASS: 99935



UMBRELLA / EXCESS SECTION

DATE (MM/DD/YYYY)
1/10/2014

AGENCY	PHONE (A/C, No, Ext): (800)243-6205	APPLICANT (First Named Insured) Ca Aqs Con 02			
	FAX (A/C, No): (800)243-6206				
IISG Agency 10915 North Creek Parkway Suite 300 San Francisco CA 97202		EFFECTIVE DATE 3/1/2013	EXPIRATION DATE 3/1/2014	<input checked="" type="checkbox"/> DIRECT BILL AGENCY BILL	PAYMENT PLAN Monthly
E-MAIL ADDRESS: Download@Vertafore.com		AUDIT			
CODE: 0060014	SUBCODE:	FOR COMPANY USE ONLY			
AGENCY CUSTOMER ID: 00014476					

POLICY INFORMATION CU5102353

TRANSACTION TYPE				LIMIT OF LIABILITY		RETAINED LIMIT			
<input type="checkbox"/> NEW	<input type="checkbox"/> UMBRELLA	<input type="checkbox"/> OCCURRENCE	RETROACTIVE DATE		\$ 1,000,000	EA OCC	\$		
<input type="checkbox"/> RENEWAL	<input type="checkbox"/> EXCESS	<input type="checkbox"/> CLAIMS MADE	<input type="checkbox"/> PROPOSED	<input type="checkbox"/> CURRENT					
EXPIRING POL #:				\$	FIRST DOLLAR DEFENSE			<input type="checkbox"/> YES	<input type="checkbox"/> NO

EMPLOYEE BENEFITS LIABILITY

LIMIT OF INSURANCE (Ea Employee) \$	AGGREGATE LIMIT FOR EBL \$	RETAINED LIMIT FOR EBL \$	RETROACTIVE DATE FOR EBL
NAME OF BENEFIT PROGRAM			

PRIMARY LOCATION & SUBSIDIARIES (ACORD 125)

#	NAME AND LOCATION OF PRIMARY AND ALL SUBSIDIARY COMPANIES (Describe Operations)	ANNUAL PAYROLL	ANN GROSS SALES	FOREIGN GROSS SALES	# EMPL
1	NAME: 1234 Oak Street LOCATION: Dayton OH 45390 DESCRIPTION:				
	NAME: LOCATION: DESCRIPTION:				
	NAME: LOCATION: DESCRIPTION:				
	NAME: LOCATION: DESCRIPTION:				
	NAME: LOCATION: DESCRIPTION:				
	NAME: LOCATION: DESCRIPTION:				

UNDERLYING INSURANCE

LIST ALL LIABILITY/COMPENSATION POLICIES IN FORCE TO APPLY AS UNDERLYING INSURANCE							+ - RATING MOD
TYPE	CARRIER/POLICY NUMBER	POLICY EFF DATE	POLICY EXP DATE	LIMITS		ANNUAL RENEWAL PREMIUM	
AUTOMOBILE LIABILITY				CSL EA. ACC.	\$	\$	
				BI EA. ACC.	\$	\$	
				BI EA. PER.	\$	\$	
				PD EA. ACC.	\$	\$	
GENERAL LIABILITY POLICY TYPE <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				EACH OCCURRENCE	\$	PREM/OPS	
				GENERAL AGGR	\$	\$	
				PROD & COMP OPS AGGREGATE	\$	PRODUCTS	
				PERSONAL & ADV INJURY	\$	\$	
				DAMAGE TO RENTED PREMISES	\$	OTHER	
				MEDICAL EXPENSE	\$	\$	
EMPLOYERS LIABILITY				EACH ACCIDENT	\$	\$	
				DISEASE			
				EACH EMPLOYEE	\$		
				DISEASE POLICY LIMIT	\$		

ATTACH TO ACORD 125 AND ACORD 126

UNDERLYING INSURANCE (continued)

UNDERLYING GENERAL LIABILITY INFORMATION (Explain all "YES" responses)

1. ARE DEFENSE COSTS:	WITHIN AGGREGATE LIMITS?	A SEPARATE LIMIT?	UNLIMITED?
2. INDICATE THE EDITION DATE OF THE ISO FORM OR SIMILAR FILING FOR THE UNDERLYING COVERAGE:			
3. HAS ANY PRODUCT, WORK, ACCIDENT, OR LOCATION BEEN EXCLUDED, UNINSURED OR SELF INSURED FROM ANY PREVIOUS COVERAGE? <input type="checkbox"/> YES <input type="checkbox"/> NO			
4. FOR CLAIMS MADE, INDICATE RETROACTIVE DATE OF CURRENT UNDERLYING POLICY:			
5. FOR CLAIMS MADE, INDICATE ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COVERAGE:			
6. FOR CLAIMS MADE, WAS "TAIL" COVERAGE PURCHASED FOR ANY PREVIOUS PRIMARY OR EXCESS POLICY? <input type="checkbox"/> YES EFF. DATE: <input type="checkbox"/> NO			

CHECK ALL COVERAGES IN UNDERLYING POLICIES. ALSO CHECK IF ANY EXPOSURES ARE PRESENT FOR EACH COVERAGE. PROVIDE AN EXPLANATION. EXPLAIN IF DIFFERENT LIMITS, EXTENSIONS, OR EXCLUSIONS. EXPLAIN ANY SPECIAL COVERAGES BEYOND STANDARD FORMS. **EXPLAIN ALL EXPOSURES.**

CHECK IF APPROPRIATE	COVERAGE	EXPOSURE	COVERAGE	EXPOSURE
<input type="checkbox"/>	ANY AUTO (SYMBOL 1)		CARE, CUSTODY, CONTROL	
<input type="checkbox"/>	CGL - CLAIMS MADE		EMPLOYEE BENEFIT LIABILITY	
<input type="checkbox"/>	CGL - OCCURRENCE		FOREIGN LIABILITY/TRAVEL	
<input type="checkbox"/>	COVERAGE	EXPOSURE	GARAGEKEEPERS LIABILITY	
<input type="checkbox"/>	AIRCRAFT LIABILITY		INCIDENTAL MEDICAL MALPRACTICE	
<input type="checkbox"/>	AIRCRAFT PASSENGER LIABILITY		LIQUOR LIABILITY	
<input type="checkbox"/>	ADDITIONAL INTERESTS		POLLUTION LIABILITY	
			PROFESSIONAL LIABILITY (E&O)	
			VENDORS LIABILITY	
			WATERCRAFT LIABILITY	

UNDERLYING INSURANCE COVERAGE INFORMATION (INCLUDE ALL RESTRICTIONS; E.G. LASER ENDORSEMENTS, DISCRIMINATION, SUBROGATION WAIVERS, OR EXTENSIONS OF COVERAGE - ATTACH SEPARATE SHEET IF NECESSARY)

PREVIOUS EXPERIENCE: (GIVE DETAILS OF ALL LIABILITY CLAIMS EXCEEDING \$10,000 OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS, DURING THE PAST 5 YEARS, WHETHER INSURED OR NOT. SPECIFY DATE, COVERAGE, DESCRIPTION, AMOUNT PAID, AMOUNT OUTSTANDING - ATTACH SEPARATE SHEET IF NECESSARY)

NO SUCH CLAIMS

CARE, CUSTODY, CONTROL

LOC	PROPERTY TYPE	VALUE	A*	B*	C*	D*	SQ FT OF BLDG OCC
	REAL						
	PERSONAL						

OCCUPANCY/DESCRIPTION OF PERSONAL PROPERTY

*APPLICANT: [A] IS HELD HARMLESS IN THE LEASE, [B] HAS A WAIVER OF SUBROGATION, [C] IS A NAMED INSURED IN THE FIRE POLICY, [D] OTHER (specify)

VEHICLES

TYPE	# OWNED	# NON-OWNED	# LEASED	PROPERTY HAULED	0-50 MI	50-200 MI	OVER 200 MI
PRIVATE PASSENGER							
TRUCKS	LIGHT						
	MEDIUM						
	HEAVY						
	EX. HEAVY						
TRUCKS/TRACTORS	HEAVY						
	EX. HEAVY						
BUSES							

ADDITIONAL EXPOSURES

EXPLAIN ALL "YES" RESPONSES, PROVIDE OTHER INFORMATION REQUIRED				YES	NO
ADVERTISERS LIABILITY					
1. MEDIA USED: ANNUAL COST: \$					
2. ARE SERVICES OF AN ADVERTISING AGENCY USED?				<input type="checkbox"/>	<input type="checkbox"/>
3. ANY COVERAGE PROVIDED UNDER AGENCY'S POLICY?				<input type="checkbox"/>	<input type="checkbox"/>
AIRCRAFT LIABILITY					
4. DOES APPLICANT OWN/LEASE/OPERATE AIRCRAFT?				<input type="checkbox"/>	<input type="checkbox"/>
AUTO LIABILITY					
5. ARE EXPLOSIVES, CAUSTICS, FLAMMABLES OR OTHER DANGEROUS CARGO HAULED?				<input type="checkbox"/>	<input type="checkbox"/>
6. ARE PASSENGERS CARRIED FOR A FEE?				<input type="checkbox"/>	<input type="checkbox"/>
7. ANY UNITS NOT INSURED BY UNDERLYING POLICIES?				<input type="checkbox"/>	<input type="checkbox"/>
8. ARE ANY VEHICLES LEASED OR RENTED TO OTHERS?				<input type="checkbox"/>	<input type="checkbox"/>
9. ARE HIRED AND NON/OWNED COVERAGES PROVIDED?				<input type="checkbox"/>	<input type="checkbox"/>
CONTRACTORS LIABILITY					
10. IS BRIDGE, DAM, OR MARINE WORK PERFORMED?				<input type="checkbox"/>	<input type="checkbox"/>
11. DESCRIBE TYPICAL JOBS PERFORMED (Attach additional sheets if more space is required)					
12. DESCRIBE AGREEMENT (Attach additional sheets if more space is required)					
13. DOES APPLICANT OWN, RENT, OR OTHERWISE USE CRANES?				<input type="checkbox"/>	<input type="checkbox"/>
14. DO SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN APPLICANT?				<input type="checkbox"/>	<input type="checkbox"/>
EMPLOYERS LIABILITY					
15. IS APPLICANT SELF-INSURED IN ANY STATE?				<input type="checkbox"/>	<input type="checkbox"/>
16. SUBJECT TO:		JONES ACT	FELA	STOP GAP	OTHER:
INCIDENTAL MALPRACTICE LIABILITY					
17. IS A HOSPITAL OR FIRST AID FACILITY MAINTAINED?				<input type="checkbox"/>	<input type="checkbox"/>
18. ARE COVERAGES PROVIDED FOR DOCTORS / NURSES?				<input type="checkbox"/>	<input type="checkbox"/>
19. INDICATE # OF DOCTORS:		NURSES:		BEDS:	

ADDITIONAL EXPOSURES (continued)

EXPLAIN ALL "YES" RESPONSES, PROVIDE OTHER INFORMATION REQUIRED YES NO

EPA#: **POLLUTION LIABILITY**

20. DO CURRENT OR PAST PRODUCTS, OR THEIR COMPONENTS, CONTAIN HAZARDOUS MATERIALS THAT MAY REQUIRE SPECIAL DISPOSAL METHODS? YES NO

21. INDICATE THE COVERAGES CARRIED:

<input type="checkbox"/> GL WITH STANDARD ISO POLLUTION EXCLUSION	<input type="checkbox"/> GL WITH POLLUTION COVERAGE ENDORSEMENT
<input type="checkbox"/> GL WITH STANDARD SUDDEN & ACCIDENTAL ONLY	<input type="checkbox"/> SEPARATE POLLUTION COVERAGE

PRODUCT LIABILITY

22. ARE MISSILES, ENGINES, GUIDANCE SYSTEMS, FRAMES OR ANY OTHER PRODUCT USED / INSTALLED IN AIRCRAFT? YES NO

23. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN THE USA OR US PRODUCTS SOLD / DISTRIBUTED IN FOREIGN COUNTRIES? (If "YES", Attach ACORD 815) YES NO

24. PRODUCT LIABILITY LOSS IN PAST THREE (3) YEARS? (SPECIFY) YES NO

25. GROSS SALES FROM EACH OF LAST THREE (3) YEARS: \$ _____ \$ _____ \$ _____

PROTECTIVE LIABILITY

26. DESCRIBE INDEPENDENT CONTRACTORS (Attach additional sheets if more space is required)

WATERCRAFT LIABILITY

27. DOES APPLICANT OWN OR LEASE WATERCRAFT? YES NO

# OWNED	LENGTH	HORSEPOWER	# OWNED	LENGTH	HORSEPOWER

APARTMENTS / CONDOMINIUMS/HOTELS / MOTELS

# STORIES	# UNITS	# SWIMMING POOLS	# DIVING BOARDS	# STORIES	# UNITS	# SWIMMING POOLS	# DIVING BOARDS

REMARKS (Attach additional sheets if more space is required)

SIGNATURE

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, FL, HI, NE, OH, OK, OR, or VT; in DC, LA, ME, TN, VA and WA, insurance benefits may also be denied) IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

IF THE COMPANY TO WHICH I AM APPLYING OFFERS UNINSURED MOTORISTS (UM) AND/OR UNDERINSURED MOTORISTS (UIM) COVERAGE IN MY STATE:
 UNINSURED MOTORISTS (UM) COVERAGE: \$ _____ * UNDERINSURED MOTORISTS (UIM) COVERAGE: \$ _____ *

* IF APPLICABLE IN YOUR STATE
APPLICABLE ONLY IN GEORGIA, LOUISIANA, NEW HAMPSHIRE AND VERMONT
APPLICABLE ONLY IN GEORGIA AND LOUISIANA:

I ACKNOWLEDGE THAT UM COVERAGE HAS BEEN EXPLAINED TO ME, AND I HAVE BEEN OFFERED THE OPTION OF SELECTING UM LIMITS EQUAL TO MY LIABILITY LIMITS, UM LIMITS LOWER THAN MY LIABILITY LIMITS, OR TO REJECT UM COVERAGE ENTIRELY.

1. I SELECT UM LIMITS INDICATED IN THIS APPLICATION. (INITIALS) OR 2. I REJECT UM COVERAGE IN ITS ENTIRETY. (INITIALS)

APPLICABLE ONLY IN NEW HAMPSHIRE:
 I ACKNOWLEDGE THAT UM COVERAGE HAS BEEN EXPLAINED TO ME, AND I HAVE BEEN OFFERED THE OPTION OF SELECTING UM LIMITS EQUAL TO MY LIABILITY LIMITS OR TO REJECT UM COVERAGE ENTIRELY.

1. I SELECT UM LIMITS INDICATED IN THIS APPLICATION. (INITIALS) OR 2. I REJECT UM COVERAGE IN ITS ENTIRETY. (INITIALS)

APPLICABLE ONLY IN VERMONT:
 I ACKNOWLEDGE THAT I HAVE BEEN OFFERED UM COVERAGE EQUAL TO MY LIABILITY LIMITS. I HAVE SELECTED THE LIMITS INDICATED IN THIS APPLICATION.

IMPORTANT - THE STATEMENTS (ANSWERS) GIVEN ABOVE ARE TRUE AND ACCURATE. THE APPLICANT HAS NOT WILLFULLY CONCEALED OR MISREPRESENTED ANY MATERIAL FACT OR CIRCUMSTANCE CONCERNING THIS APPLICATION. THIS APPLICATION DOES NOT CONSTITUTE A BINDER.

APPLICANT'S SIGNATURE	DATE
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