

Commercial Download

A Comprehensive Guide to Help You Maximize Our Capabilities

Version 07/2017



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Business Owner's Policy

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Appendix B: Sample Policies:

Commercial Download ACORD® Fields for Vertafore Users

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Business Owner's Policy

Business Auto

Workers Compensation

Commercial Property

Custom Protector

Comprehensive Business Package

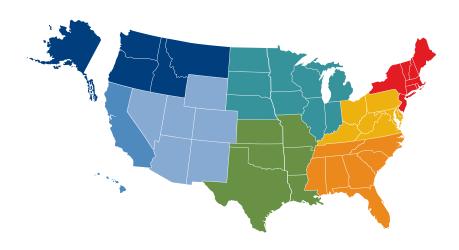
General Liability

Commercial Umbrella



Agency Interface Regional Contacts

Our agency interface staff provides training and guidance to agents and brokers so they 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
- Reduce errors and omissions (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 E&O by synchronizing our information with your agency management system.

Policies available for download:

- Business owner's policy (BOP)
- Custom Protector® (CPSP)
- Comprehensive Business Package (CBP)
- Business
- General Liability

- Inland marine and crime
- Property
- Umbrella
- Workers compensation

Transactions available for download:

- Billing ACORD[®] eDocs and messages
- Policy ACORD[®] eDocs and messages
- Claims ACORD[®] eDocs and messages
- 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:

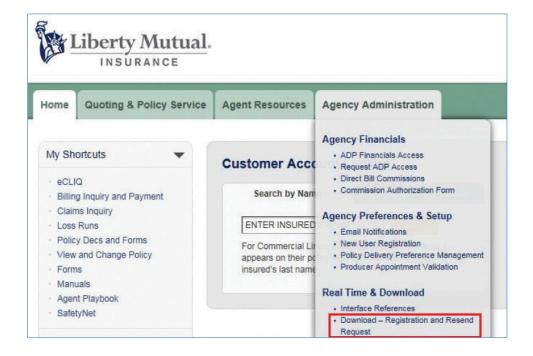
- Advantage Information Systems
- Agency Systems
- Carolina Insurance Solutions
- eVo Agency Management
- NASA Eclipse
- Quomation[®]
- Special Agent
- Xanatek

- 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 <u>commercialportal.libertymutual.com</u>.
- 2. Go to the Agency Administration tab.
- 3. Within the Real Time & Download section, click on Download Registration and Resend Request.

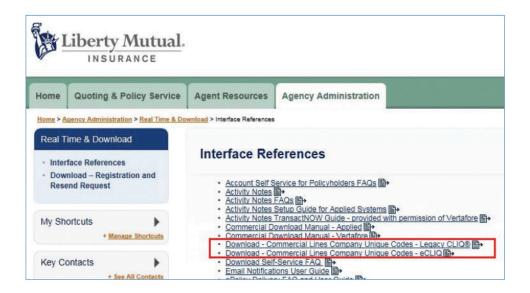






You will need the following information:

- 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:

- Is your agency enrolled in download with another carrier? If so, you probably have the
 necessary information to complete the registration process on our <u>Agents Portal</u> 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 <u>Download and Real-Time Capability Chart</u> 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 set up your status codes, premium settings, etc. 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 log in 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." Doing so:
 - Protects your original data and
 - Prevents 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 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					Com	mercial L	ines			
Commercial Lines E - eCLIQ® Legacy Systems C - CLIQ S - Quote & Issue (Safeco CL)		Commercial Auto	Business Owners	Commercial Property	General Liability	Package	Workers Compensation	Umbrella	Crime*	Inland Marine*
Advantage Information										
Systems, Inc.	The Agency Advantage	E CS	E CS	E CS	E CS	ES	E CS	EC	ES	ES
Agency Matrix	All systems	E S	E S	E S	E S	E	E S	E	ES	ES
Agency Software, Inc.	All systems	EC	EC	E CS	E CS	ES	E CS	EC	ES	ES
Agency Systems	All systems	E CS	E CS	ES	ES	E S	E CS	EC	ES	ESM
Applied	TAM	E CS	E CS	E CS	E CS	E S	E CS	EC	ES	E M
	Vision	E CS	E CS	E CS	E CS	ES	E CS		ES	ES
	Doris	E CS	E CS	E CS	E CS	E S	E CS	EC	ES	ES
	Epic	EC	EC	E	E C	E S	E	E C	ES	E M
Ebix	Ebixasp	E CS	E CS	ES	ES	ES	E CS	E C	ES	ES
Evolution Agency Management	eVo	EC	EC	EC	E C	E	EC	E C	E	E M
Hawksoft	Client Management System	E CS	E CS	ES	E S	E	E CS	EC	ES	ES
Jenesis	All systems	E	E	E	E	E	E	E		
NASA (North American)	Eclipse	E CS	E CS	ES	E S	E S	E CS	EC	ES	ES
QQ Solutions	Quickfile	E CS	E S	E CS	E CS	ES	E CS	EC	ES	ES
	Catalyst	Е	E	E	E		Е	E	E	Е
	Evolution	E CS	E CS	ES	E CS	E S	E CS	EC	ES	ES
Quomation	Powermanage	EC	EC	EC	EC	E	EC	EC	Е	E
SIS	Semci Partner	S	S	S	S	S	S		S	S
	Partner XE	EC	EC	E	E	E	EC		ES	ES
Special Agent, Inc.	Special Agent	EC	E C	EC	EC	E	EC	EC	E	EM
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	ES	E S	E S	E CS	E C	E	E
	AMS 360	E CS	E CS	ES	E S	E S	E CS	E C	ES	EM
	Prime	E CS	E CS	E S	E S	E S	E CS	E C	E	E
	Sagitta	E CS	E CS	E S	ES	E S	EC	E C	E	EM
	InStar	E CS	E CS	E S	ES	E S	E CS	EC	E	Е
	FSC Manager	E CS	E CS	E CS	E CS	E	EC	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	EC	E	EM
Xanatek Inc.	IMS (All Systems)	E CS	E CS	ES	ES	E S	E CS	E C	ES	ES
xDimensional Technologies	Nexsure	E CS	E CS	E CS	E CS	E S	E CS	E C	E	E

^{*}Crime and Inland Marine

E: as coverages on package policy S: as part of BOP or package M: Monoline inland marine download available for eCLIQ policies only





Download by Vendor — Other Transactions

Key				Other		
Commercial Lines E - eCLIQ® Legacy Systems C - CLIQ S - Quote & Issue (Safeco CL)		Commission	Claims	ACORD eDocs - Policy	ACORD eDocs - Billing	ACORD eDocs - Claims
Advantage Information						
Systems, Inc.	The Agency Advantage	EC				
Agency Matrix	All systems	S.	- 80			
Agency Software, Inc.	All systems	EC				
Agency Systems	All systems	EC				
Applied	TAM	EC	E CS	EC	EC	EC
	Vision	EC	E CS			
	Doris	EC	E CS			
	Epic	E C	E CS	E C	ЕC	ЕC
Ebix	Ebixasp	E C				
Evolution Agency Management		E	- 88		1	
Hawksoft	Client Management System	EC	EC	EC	EC	E C
Jenesis	All systems		4 18			
NASA (North American)	Eclipse	EC	EC	EC	EC	E C
QQ Solutions	Quickfile	С	EC		1	
	Catalyst		EC			
, and the second	Evolution	С	EC			
Quomation	Powermanage					
SIS	Semci Partner	E			:	
	Partner XE	E	10			
Special Agent, Inc.	Special Agent	2				
TechCanary	All systems					
Terrace	All systems	E	183			
Vertafore	AfW	EC	EC	EC	EC	EC
	AMS 360	EC	EC	EC	EC	EC
	Prime	EC	EC	EC	EC	EC
	Sagitta	EC	EC	EC	EC	EC
	InStar	E	EC	EC	EC	E C
	FSC Manager	EC	180			
VRC Insurance Systems	Velocity					
Webcetera	AgentInsure	E				
	EzLynx	E				
Xanatek Inc.	IMS (All Systems)		182	E C	EC	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 and 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 Number, 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 Number, 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 Number and Building Number
- Address
- County, Zip
- Audit
- Coverages (Claims Made, Occurrence)
- Limits
- Premium Total
- Schedule of Hazards
 (Location Number, 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 Number and Building Number
- Address
- County, Zip
- Interest (Owner, Tenant)
- Year Built
- Percent 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
- Number 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 Number, Building Number, 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/Nonparticipating
- 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, General Liability, Workers Compensation)





Commercial Property-Specific Fields:

- Package Policy Premium
- Premises Number and Building Number
- Street Address
- Building Description
- Construction Type
- Fire District/Code Number
- 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 of 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 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 and Per Location Endorsements	Х	X	Х
BKS	Professional Liability Limit	X	X	X





Commercial Property

Policy Type (w/Prefixes)	Missing Data	eCLIQ	Legacy RCG (CLIQ/AQS)	Safeco (CL Comline)
СР	Cause of Loss		X	
BKS, CP	Coinsurance	Χ	Х	Х
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	Х	X	Х

Commercial Packages

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





Business Owner's 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	Х
BZA	Liquor Liability	X	X	X
BZW	Products Comp Ops Aggregate Limit	X		
BZW	Personal and Advertising Injury Limit	Х		

Business Auto

Policy Type (w/Prefixes)	Missing Data	eCLIQ	Legacy RCG (CLIQ/AQS)	Safeco (CL Comline)
	Garagekeeper's Limit		X	Х

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	Х
	Policy Number			Х
	Effective Dates			Х
	Each Occurrence and Aggregate Limits			Х
	Retention Limit			Х





Inland Marine

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

Custom Protector®

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

Other

Policy Type (w/Prefixes)	Missing Data	eCLIQ	Legacy RCG (CLIQ/AQS)	Safeco (CL Comline)
	Endorsement and Coverage Form Numbers (including limits/names/deductibles listed)			
	Scheduled Interests – Additional Insured, Mortgagees, Loss Payable, Lenders Loss Payables (including any listed Loan/Lease/Contract numbers)			
	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 for which the download will neither 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 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 in to 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 in to 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.





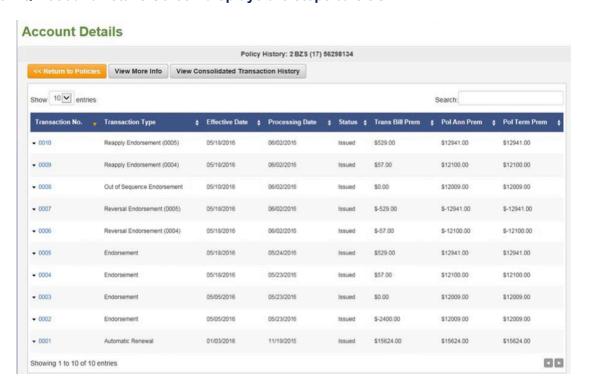
Commercial Policy Out of Sequence Endorsements (OOSE)

How do OOSE and Commercial Download work?

Within eCLIQ, OOSE has a three-step process:

- 1. A Reversal of any endorsement(s) that were process with a specific Effective Date.
- 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.
- 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:



Commercial Download Sequence Numbers

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





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

eCLIQ Transaction Number	Transaction Type	Effective Date	eCLIQ Processing Date	Download Sequence Number
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
8000	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 Nonowned Auto, Garagekeeper's 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 Nonowned Auto and/or Garagekeeper's 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 in to 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 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 reopened)
- 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+)
- Hawksoft's[®] CMS (3.14+)
- 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.
- 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).

To set up your agency management system, please contact your vendor for specific instructions.

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 its agency management system. Daily emails require the agent to log in to the carrier's website to view and manage 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 in to 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+); Hawksoft's CMS (3.14+); NASA Eclipse (6.1+); 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 has ACORD eDocs for billing notifications.

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 reopened)
- 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 agents the choice to receive either the Insured policy, Agent Copy, or Both copies as attachments.

How do I set up ACORD eDocs?

Please refer to your agency management system vendor's user guides regarding how to set up ACORD eDocs for your specific system.

Where can I find other sources referencing ACORD eDocs?

Agents Council for Technology has a document that encourages the use of ACORD eDocs available on its 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 (e.g., 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
- Transaction Effective Date
- Account Number
- LOB

- Policy Effective Date
- Premium Amount
- Insured Name
- Policy Expiration Date
- Commission Amount
- Transaction Description
- NAIC
- 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	ОТН
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.
- There is no need to log into the 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 these 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 and 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.

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

- eCLIQ policies
- Property, liability, and auto claims for eCLIQ policies

Schedule of Download Transmissions

eCLIQ policies:

- Monday-Friday: 8:00 a.m. ET/11:30 a.m. ET/3:30 p.m. ET/6:30 p.m. ET
- Saturday: 7:30 a.m. ET
- Sunday: 9:15 a.m. ET

Property, liability, and auto claims for eCLIQ policies:

- Monday-Friday: 8:30 a.m. ET/12:30 p.m. ET/4:30 p.m. ET/7:00 p.m. ET
- Saturday: 8:30 a.m. ET

The following policies and transactions will remain on their current transmission schedules due to how these items are published and made available for distribution:

- Any policies issued on our legacy commercial systems: Safeco Quote & Issue and CLIQ
- ACORD eDocs
- Commissions (monthly)

Instructions to Begin

Contact your agency management system vendor's agent support to learn how to increase the frequency of commercial download with Liberty Mutual.





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		
СВР	Comprehensive Business Package	
CPSP	Custom Protector	
PKGE	Package Policy	
ВОР	Commercial Protector	
ВА	Business Auto	
GL	General Liability (Monoline)	
OCP	Owners & Contractors Protective Liability	
LIQ	Liquor Liability	
EMB	Employee Benefits	
PRT	Printers Errors & Omissions	
ART	Artisan Contractor	
СР	Property (Monoline)	
WC	Workers Compensation	
CU	Commercial Umbrella which includes excess and Specialty	



Important Company Unique Code Setup Notes:

• New codes are **GREEN** and include the date they were added.

SUBJECT OF INSURANCE CODES

COMPANY	CODE	DESCRIPTION OF COVERAGE
New 7/17	GRUPS	Green Upgrades
New 7/17	GRUPR	Green Upgrades – Related Expenses
New 7/17	BIGRU	Business Income/Green Upgrades
New 7/17	FRMHM	Premises Theft & Robbery Outside Premises – Messengers Form H
New 7/17	MUSCC	Museum Collection
	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
New 3/17	MBPFL	Misc Bailee Processor Floater
	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
	ETOOL	Employee Tool
	MINLA	Loss Assessment Mine Subsidence



SUBJECT OF INSURANCE CODES (continued)

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



Business Auto (continued)

COMPANY CODE	DESCRIPTION OF COVERAGE
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
CA171	Unsupported Policy Coverage
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
EDPLC	Electronic Data Liability
IOCO	Interruption of Computer Operations
PEE	Property Plus Extension Endorsement



Business Owner's Policy – Property (continued)

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

Business Owner's Policy - GL

COMPAN	Y 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
New 2/17	DOCON	Directors & Officers of Res/Condos
New 2/17	DOCON DPR	Directors & Officers of Res/Condos Damage to Premises
New 2/17		
New 2/17	DPR	Damage to Premises
New 2/17	DPR DPRTY	Damage to Premises Damage to Premises Rented to You
New 2/17	DPR DPRTY ERPL	Damage to Premises Damage to Premises Rented to You Employment Related Practices Liability Coverage
New 2/17	DPR DPRTY ERPL GGOF	Damage to Premises Damage to Premises Rented to You Employment Related Practices Liability Coverage Garage Grantor of Franchise
New 2/17	DPR DPRTY ERPL GGOF GKDCL	Damage to Premises Damage to Premises Rented to You Employment Related Practices Liability Coverage Garage Grantor of Franchise Garagekeepers Collision Limits-Direct Primary





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
New 2/17	HNA	Hired / Non-owned Auto
	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
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





COMPANY CODE	DESCRIPTION OF COVERAGE
New 2/17 B	B-Building
BEDBR	MasterPak Plus for Bed and Breakfast
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
BRTBM	Theft of Bldg Materials and Supply
BRWOR	Blanket Builders Risk without Renovations
BRWR	Blanket Builders Risk with Renovations
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
DATA	Data Compromise
DATAE	Data Compromise Expense
DPAYE	Discretionary Payroll Expense Endorsement





COMPANY CODE	DESCRIPTION OF COVERAGE
DREDG	Dredging Equipment
EDINS	Educational Institutions
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
INCRC	Rental Cost - Leased/Rental Equipment
INCRR	Tools and Equipment Increase Rental Reimbursement
LAC	Blanket Loss Assessment
LAMIN	Blanket Loss Assessment Mine Subsidence
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
MBPFL	Misc Bailee Processor Floater





COMPANY	CODE	DESCRIPTION OF COVERAGE
	MISCE	Misc Equipment-Light to Medium
	MORTI	Morticians Equipment
	MRP	Blanket Miscellaneous Real Estate Property
	NEWAP	Newly Acquired Property Increased Limit
	OPTBD	Blanket Optional Building - Legal Liability
	OPTPP	Blanket Optional Personal Property - Legal Liability
	PEXE	Property Extension Endorsement
New 2/17	PLOS	Property Loaned to Others Schedule
	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
	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
	PR84	Unsupported Policy Coverage



COMPANY CODE	DESCRIPTION OF COVERAGE
PR88	Unsupported Location Coverage
UTLWT	Utility Services - Water Supply Services
VENDM	Vending Machine
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
ARBOR	Arborist and Landscaper Property Damage Coverage
ВСРСО	Blanket Contr Product/CompOps
BOATS	Boat Shows
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
CLRR	Contractual Liability – Railroads
INLW	Coverage for Injury to Leased Workers
DEFLI	Data Compromise Defense Liability
FBARB	Barber/Beauty Professional Liability
FBEAU	Barber/Beauty Professional Liability
EBERP	Employee Benefits Extended Reporting
EPERP	Employment Practices Extended Reporting
FIRDM	Fire Damage
GLHAL	GL Hired Auto Liability
GLMFG	GL MP Manufacturers





Commercial General Liability (continued)

COMPANY CODE	DESCRIPTION OF COVERAGE
GNOAL	GL Non Owned Auto Liability
HBLDR	GL MP Home Builders
FUNLR	Funeral Directors Professional Liability
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
LCLPI	Liability for Personal & Advertising Injury
LCLRR	Limited Contractual Liability – Railroads
MOLD	Limited Fungi or Bacteria
UAIRA	Limited Coverage for Designated Unmanned Aircraft – Cov A
UAIRB	Limited Coverage for Designated Unmanned Aircraft – Cov B
UAIRC	Limited Coverage for Designated Unmanned Aircraft – Coverage A & B
DESPP	Limits of Insurance – Designated Project or Premises
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
LEADC	Lead – MD Liability for Hazards for Lead
LEADC	Lead – RI Lead Poisoning Coverage
SLEAD	MA Supplemental Lead Poisoning Coverage





Commercial General Liability (continued)

COMPANY	CODE	DESCRIPTION OF COVERAGE
	SLEAD	MD Lead Poisoning Coverage
	LEADC	NJ Lead Coverage without Sublimit
	PDBE	Property Damage Borrowed Equipment
	PDBEO	Property Damage Borrowed Equipment 100K
	PDCG	Property Damage Customer Goods
	PDCGO	Property Damage Customer Goods 100k
	PIADV	Personal and Advertising Injury
	ROPDE	Religious Organization Property Damage Extension
	GL59	Unsupported Policy Coverage
	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
New 2/17	RELDO	Religious Organizations Directors Officers
New 2/17	SXMLI	Sexual Misconduct Liability

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 pack

COMPANY	CODE	DESCRIPTION OF COVERAGE
	ACVRS	Roof Surface ACV
	ANDLR	Antique & Collectors Dealer
	AOPPP	All Other Portable Property
	ASPHP	Asphalt Plants
	ATHEQ	Athletic Equipment
	BRNEW	Builders Risk
	BRTBM	Theft of Bldg Materials and Supply
	CATEQ	Caterers Equipment
	CEASE	Coverage Ceases
	СЕММЕ	Cemetery Maintenance Equipment
	CNEQI	Contractors Equipment Income Coverage
	COMUS	Commercial Articles-Musical Other than Organ
New 2/17	CONEP	Contractors Equipment Extension Plus
New 2/17	CONEQ	Contractors Equipment Extension
	CONTR	Construction Trailers
	CQADR	Increased Debris Removal
	CRANE	Crane
	DATA	Data Compromise
	DATAE	Data Compromise Expense
	DEFLI	Data Compromise Defense Liability
	DPAYE	Discretionary Payroll Expense Endorsement
	DREDG	Dredging Equipment
	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



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

COMPANY	CODE	DESCRIPTION OF COVERAGE
	FLWAP	Floor Waxers and Polishers
New 2/17	FRMHM	Form H Theft & Robbery Outside the Premises - Messengers
	GLFPD	Golf Course Coverage
	GOLFC	Golf Carts
	HMEQP	Heavy Mobile Equipment
	INCRC	Rental Cost – Leased/Rental Equipment
	INCRR	Tools and Equipment Increase Rental Reimbursement
	LMEQP	Lawn Maintenance
	LPARA	Lodge Paraphernalia
	LOCEQ	Logging Equipment
	LPOLH	Limited Pollution Hospitality
	LECPL	Limited Exclusion – Contractor's Professional Liability
	LSDPR	Leased Property
	MBPFL	Misc Bailee Processor Floater
	MISCE	Misc Equipment-Light to Medium
	MORTI	Morticians Equipment
	MUSCC	Museum Collection
	MUSFA	Museum Collection – Fine Arts Comprehensive
	HKCLL	On Hook and Cargo Legal Liability
	PAPER	Valuable Papers
	PDMM	Pattern & Dies Floater
	PRCSR	Processors
	PRMOC	Permission to Occupy
	PROPF	Property Floater
	PLOJB	Property Loaned to Others Jobsite
	PSEQP	Physicians and Surgeons Equipment
	RIGGR	Riggers
	RIGLL	Riggers Legal Liability



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

COMPANY	CODE	DESCRIPTION OF COVERAGE
	RSCEX	Roof Surface Cosmetic Exclusion
	RSRT	Radio and Sound Receiving and Transmitting Equipment
	RTEDP	Radio & TV – Broadcasting Equip & Data Processing
	RTVTE	Radio & TV – Broadcasting Equip & Tower
	SCIIN	Scientific Instruments
	TOOLS	Small Hand Tools
	SCLEQ	Steam Cleaning Equipment
New 2/17	SEWER	Sewer & Drain Backup
	SLFST	Storage Locations
	SURVE	Surveyors Equipment
	TOOLE	Tools – Employees
	TOOLO	Tools – Owners
	TRANP	Transportation
	TRANS	Transit
	TSPAR	Trailer Spare Part
	UNIFM	Uniforms
	IM33	Unsupported Policy Coverage
	IM34	Unsupported Policy Coverage
	IM35	Unsupported Location Coverage
	IM36	Unsupported Location Coverage
	VENDM	Vending Machine
	WBEQP	Waterborne Equipment
	WRHLL	Warehouse Legal Liability
	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
FTF	Funds Transfer Fraud Coverage Form
FORMK	Liability for Guests Property – Safe Deposit Box
FORML	Liability for Guests Property – Premises
FORMH	Premises Theft & Robbery – Outside the Premises
CR33	Unsupported Policy Coverage
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)	

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ABOVE GROUND FLOOR GLASS PREMISES GENERAL INFORMATION YES NO 1. DOES APPLICANT HAVE A HEATING OR PROCESSING BOILER? (IF YES, INDICATE DATE OF LAST INSPECTION) 2. CURRENT CARRIER FOR BOILER & MACHINERY COVERAGE: 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? 5. IS THERE A SWIMMING POOL ON PREMISES? YES FENCED LIMITED BOARD NO HIMITED ACCESS SLIDE IN- GROUND IN- GROUND IN- GROUND IN- GROUND	GLAGO						# PLATE	-8	AREA	SQF	L	ENGIHI	LINE	AK FI	G	LASS	TYPE	IN	HERIO	٠	EX	Т	¢	VAL	UE		•	DED	
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1. DOES APPLICANT HAVE A HEATING OR PROCESSING BOILER? (IF YES, INDICATE DATE OF LAST INSPECTION) 2. CURRENT CARRIER FOR BOILER & MACHINERY COVERAGE: 3. ANY SPECIALIZED EQUIPMENT, SUCH AS MEDICAL EQUIPMENT OR OTHER, VALUED OVER \$100,000? IF YES, DESCRIBE. 4. IS ALL EQUIPMENT INSPECTED ANNUALLY AND WELL MAINTAINED? 5. IS THERE A SWIMMING POOL ON PREMISES? YES FENCED DIVING BOARD GROUND GROUND IN-												YES	NO															YES	s NO
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OTHER, VALUED OVER \$100,000? IF YES, DESCRIBE. NO LIMITED ACCESS SLIDE IN- GROUND													Τ	1	-	3					BOAR	RD		GROU		(IFE SUARD		
REMARKS (Attach additional sheets if more space is required)	OTHER,	VALUE	OVE	R \$100,000	? IF YES	S, DE	SCRIBE.								NO						SLIDE				ND				
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AP	ARTMENTS	AN	D CONDOMINIUMS	S										ABBOJ	01 OP ID:	AA		
							YE	S NO									/ES	NO
1. IS	THERE A PLAY	GROL	JND ON PREMISES?	-					5. SMC	OKE DETECT	TORS:	NO	NE	BATTERY	WIRE			
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												1970)	DATE			ANY ARE				YES		NO			
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COVE				LINAGE		I V II IVI	DED	<u> </u>	LIXAGI		ND #s	TOTAL ATTI		OVERAGE			TAL AMOU	NT		DED			EN	D #s		
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				JIPMENT, R \$100,000				UIPN	IENT OR				1	NO YES	-	\dashv	FENCED LIMITED		BOAF	RD		GROUND IN -		GUARD		
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AP	ARTMENTS	AN	D CONDOMINIUM	S							ABBOJO	01 OP ID: A	·Α	
						,	YES NO					,	YES	NO
1. IS	THERE A PLAY	GROL	JND ON PREMISES?					5. SMO	KE DETEC	TORS:	NONE BATTERY	WIRED		
2. IS	ALUMINUM WIF	RE US	ED? (IF YES, DESCRIBE	PROTE				6. ATTA	CH COPY	OF CONDO ASSOCIA	FION BYLAWS IF D&O COVERAG	E IS REQUESTE	ED.	
3. # DI	OF FIRE VISIONS:		# UNITS PER FIRE DIVISION:		# L OV	JNITS WNER OCCUPIED	D:	7. IS DE	VELOPER	OR CONTRACTOR A	BOARD MEMBER?			
		COV	ERAGE APPLIES TO:	E	BARE WALLS		ED WALLS	8. IS A	PROPERT	Y MANAGER EMPLOYE	ED?			
CRI	ME							•						
ALAF	RM TYPE	ALA	RM DESCRIPTION			EXTENT OF	F PROTECTI	ON	SAFE/VA	ULT/RECEPTACLE MA	NUFACTURER'S NAME	ı	LABEL	
	HOLD-UP		LOCAL GONG	G	GRADE	SAFE/VAULT	PRE	MISES	1				UL	
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	MAXIMUM CASI ON PREMISES	1	MAXIMUM CASH WITH MESSENGE			<u>DATE:</u> NEY ON S OVERNIGHT	: FR	EQUENC DEPOSIT	Y	DEADBOLT CYLINDE	R SAFE DOOR CONSTRUCTION	DN		
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PREMI	SES	PRE	м#: 004	4 _{BL}	DG #:	001	7	BLAN	IKET R	RATE	YES		NO		ACORD	139 ATT	ACHED			ABBOJO	D 1	OI	P ID: AA
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COUNTY:	Jacks	son C	ounty			ZIP:	641	05-15°	13		003	001		100			KANSA	S CIT	Υ/			YES	NO
DESCRIP	TION OF	OPERA	TIONS AT	THIS P	REMISE	s					1	BUILD	ING DE	SCRIPTIO	N						-		
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BUILDING			ING R	OOFING YEAR		MBING EAR		TING I	ROOF	TYPE	BLDG C	ODE	INSPEC	CTED?	СОМ	M TAX	CODE	WIN	ID CLAS	ss			
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				-									8856		200.0		· -	S		(P) payro (A) area -			
																				(C) total o	ost - pe	r \$1,000)/cost
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SIGN	\$		2	5,000	\$;	500						BROAD	\$			\$						
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BRG/ROE STK	\$				\$							TRANS		\$			\$						
BRG/ROE MNY	\$				\$							FINE	Α	\$		10,000	\$						
MONEY & SEC - INS	IDE \$		10	0,000	\$							ETO	OL	\$		25,000	\$						
MONEY & OUTSIDE	SEC \$			5,000	\$									\$			\$						
GLASS	LOCAT	ION IN	BUILDING		1	# PLATE	s	AREA	SQ F1	LE	NGTH LINE	AR FT	GLAS	S TYPE	INTE	IOR	TENA EX	NTS T		VALUE			DED
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	ABOVE	GROU	ND FLOOF	R GLAS	3														\$			\$	
PREMI	SES G	ENER	AL INF	ORM	ATIO	N																	
											YES NO												YES NO
1. DOES					PROCE	SSING	BOILE	R? (IF YE	ES,			4. IS	ALL EC	UIPMENT	T INSPECT	ED ANNU	JALLY A	ND WI	ELL MA	INTAINED?			
			ST INSPEC									5. IS	THERE	A SWIMI	MING POC	L ON PR	EMISES:	?					
2. CURRE 3. ANY SI													YES		FENCED		DIVIN BOAF	IG		ABOVE GROUND	L	JFE SUARD	
			\$100,000				UIPIV	LINI OR					NO		LIMITED		SLIDE			N - GROUND	``		
REMA	RKS (A	ttach	additio	onal s	heets	if mo	re s	pace i	s rec	uired)													
1																							

AP	ARTMENTS	AN	D CONDOMINIUM	S							ABBOJO	01 OP ID: A	·Α	
						,	YES NO					,	YES	NO
1. IS	THERE A PLAY	GROL	JND ON PREMISES?					5. SMO	KE DETEC	TORS:	NONE BATTERY	WIRED		
2. IS	ALUMINUM WIF	RE US	ED? (IF YES, DESCRIBE	PROTE				6. ATTA	CH COPY	OF CONDO ASSOCIA	FION BYLAWS IF D&O COVERAG	E IS REQUESTE	ED.	
3. # DI	OF FIRE VISIONS:		# UNITS PER FIRE DIVISION:		# L OV	JNITS WNER OCCUPIED	D:	7. IS DE	VELOPER	OR CONTRACTOR A	BOARD MEMBER?			
		COV	ERAGE APPLIES TO:	E	BARE WALLS		ED WALLS	8. IS A	PROPERT	Y MANAGER EMPLOYE	ED?			
CRI	ME							•						
ALAF	RM TYPE	ALA	RM DESCRIPTION			EXTENT OF	F PROTECTI	ON	SAFE/VA	ULT/RECEPTACLE MA	NUFACTURER'S NAME	ı	LABEL	
	HOLD-UP		LOCAL GONG	G	GRADE	SAFE/VAULT	PRE	MISES	1				UL	
	PREMISES		CNTRL STAT W/ KEYS			PARTIAL	1	LARM 2 3						MNA
	SAFE/VAULT	~	CNTRL STAT W/O KEYS			COMPLETE			1			1	CLASS	
	SAI L/VAULT		POLICE CONNECT	CERT		EXP DATE:			1					
	MAXIMUM CASI ON PREMISES	1	MAXIMUM CASH WITH MESSENGE			<u>DATE:</u> NEY ON S OVERNIGHT	: FR	EQUENC DEPOSIT	Y	DEADBOLT CYLINDE	R SAFE DOOR CONSTRUCTION	DN		
	ON PREMISES			R		3 OVERNIGHT	OF	DEPOSIT	S					
\$ OTHI	ER PROTECTIO	N	\$		\$					YES NO	Audit (Y/N):			
	ting, fences,										Frequency:			
watc	hpersons, etc)										Performed By:			
DE	MADICO /A4	la		:6		ia								
KEI	WARKS (At	tacn	additional sheets	it mo	ore space	is requirea))							

PREM	ISES	PRE	м #: 00	5 _{BL}	DG #: (001	7	BLAN	IKET R	RATE	YES		NO		ACORE	139 ATT	ACHED			ABBOJO	D 1	OF	P ID: AA
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Overla	nd Pa	rk, K	3								X TEN	ANT	SQUAR		REAR				1	.EFT			
											YEAR BU	ILT	occui	PIED									
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											PROT CLASS	R/ TE	ATE ERR	DIS HYDRAI	TANCE TO NT FIRE	STAT				NUMBER	INS	IDE CIT	Y LIMITS?
			County				662	02-23	25		003	098			FT	МІ	JOHNS	ON C	O COI	NS/		YES	NO
DESCRIP	TION OF	OPERA	TIONS AT	THIS PI	REMISES	5								SCRIPTIO									
												Loc	ation	0005 8	Subloc								
# OF EMI	PLOYEES	•	HOURS		ATION				01.0	OINO TI						SALES/I	KECEIPT	5		TOTAL PAY	KOLL		
CLASS C	ODE	RATE	START T		TE GRO	IIID	DES	CRIPTIO		SING TIN	JPANCIES A	T THIS	PREMIS	SES	\$300,)00				\$			
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PROP	FRTV																						
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BLDG \$						ALU- TION:		FVRC		AOV		\$		Maso	onrv N	on-Co	mbus	ti					1500
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LIABIL	_ITY -	PREM	IISES C	OVEF	AGE	ONL	Y (C	hoose	the l	limit o	otions co	mpa	tible v	vith the	progra	m you	are re	que	sting)			
	COVER	AGE				LIMIT				DEI	D		CC	OVERAGE				LIMI	Т			DED)
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OTHER: _	Dram		\	\$												\$							
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CI ASSIT	ICATION	Coffe	e or E	\$ SNFAS	so H) IISA	- n	cook	ina				С	LASS		\$ PREMIU	JM BASI	S		(S) gross	calos -	nor \$1 0	100/ealos
CLASSIF	ICATION	Cone	COIL	Spies	30 110	Juse	- 110	COOK	iiig				8856	ODE 67	300.	XPOSUR	!E	S	CODE	(P) payro	II - per \$	1,000/pa	
													-		300,	,00		3		(A) area - (C) total o	ost - pe	r \$1,000	
																				(M) admis (U) unit -			00/adm) other
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INC	\$											FLOC		\$			\$						
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SEC - INS MONEY & OUTSIDE	SEC			5,000	•								<u> </u>	\$			\$						
GLASS		TION IN	BUILDING			PLATE	s	AREA	SQ F1	Г	ENGTH LINE	AR FT	GLAS	SS TYPE	INTE	RIOR	TENA EX	NTS		VALUE			DED
			OR GLASS														<u>-^</u>	-	\$	·		\$	
			ND FLOOI		3														\$			\$	
PREM	ISES C	ENEF	RAL INF	ORM	ATION	1																	
											YES NO)											YES NO
			E A HEAT		PROCE	SSING	BOILE	ER? (IF YI	ES,			4. 15	S ALL EC	QUIPMENT	T INSPEC	ED ANN	JALLY A	ND WI	ELL MA	INTAINED?)		
					HINFRY	COVE	RAGE					5. I	1	E A SWIMI	MING POO	L ON PR			<u> </u>	NBOVE	<u> </u>	IEE	
CURRENT CARRIER FOR BOILER & MACHINERY COVERAGE: ANY SPECIALIZED EQUIPMENT, SUCH AS MEDICAL EQUIPMENT OR								YES		FENCED LIMITED		DIVIN	RD	(ABOVE GROUND N -		JFE GUARD						
			R \$100,000										NO		ACCESS		SLIDE	-		GROUND			
KEMA	KKS (attach	additio	onal s	neets	if mo	ore s	pace i	s rec	ured)													

AP	ARTMENTS	AN	D CONDOMINIUM	S							ABBOJO	01 OP ID: A	Α	
							YES NO						YES	NO
1. IS	THERE A PLAY	GROL	JND ON PREMISES?					5. SMOI	KE DETEC	TORS:	NONE BATTERY	WIRED		
2. IS	ALUMINUM WIF	RE US	ED? (IF YES, DESCRIBE	PROTE				6. ATTA	CH COPY	OF CONDO ASSOCIA	TION BYLAWS IF D&O COVERAC	SE IS REQUESTE	ED.	
3. # DI	OF FIRE VISIONS:		# UNITS PER FIRE DIVISION:		# U	JNITS WNER OCCUPIED):	7. IS DE	VELOPER	OR CONTRACTOR A	BOARD MEMBER?			
		COV	ERAGE APPLIES TO:	E	BARE WALLS		D WALLS	8. IS A F	PROPERT'	Y MANAGER EMPLOY	ED?			
CRI	IME													
ALAF	RM TYPE	ALA	RM DESCRIPTION			EXTENT OF	PROTECTION	ON	SAFE/VA	ULT/RECEPTACLE MA	ANUFACTURER'S NAME	1	LABEL	
	HOLD-UP		LOCAL GONG	G	GRADE	SAFE/VAULT	PRE	MISES	1				UL	
	PREMISES		CNTRL STAT W/ KEYS			PARTIAL	1	.ARM 2 3						ΛNA
	SAFE/VAULT	\ <u></u>	CNTRL STAT W/O KEYS			COMPLETE			1			1	CLASS	
	SAI L/VAULT		POLICE CONNECT	CERT	- 4.	EXP DATE:	.		1					
	MAXIMUM CASI ON PREMISES	+	MAXIMUM CASH WITH MESSENGE			DATE: NEY ON S OVERNIGHT	FR	EQUENC' DEPOSIT	Y	DEADBOLT CYLINDE	R SAFE DOOR CONSTRUCTION			
	ON PREMISES			R		3 OVERNIGHT	OF	DEPOSIT	S					
\$ OTHI	ER PROTECTIO	N	\$		\$					YES NO	Audit (Y/N):			
	iting, fences,										Frequency:			
watc	hpersons, etc)										Performed By:			
	MADICO /A	4 1-		:6		!= ====!\								
KEI	WARKS (At	tacn	additional sheets	it mo	ore space	is requirea)								

ADDITIONAL INSURED

LIENHOLDER
EMPLOYEE AS LESSOR

LOSS PAYEE

MORTGAGEE

LIENHOLDER
EMPLOYEE AS LESSOR

RANK:

INTEREST

INTEREST :

INTEREST :
ITEM DESCRIPTION:

NAME AND ADDRESS

REFERENCE #:

INTEREST IN ITEM NUMBER

BUILDING:

BOAT:

OTHER

LOCATION:

SCHEDULED ITEM NUMBER:

VEHICLE:

OTHER

CERTIFICATE REQUIRED

	<u> </u>		
DATE	TYPE	DESCRIPTION	AMOUNT PAID
			\$
			\$
			\$
			\$
			\$
			\$
			\$
		ATTACH TO BUSINESS OWNEDS ADDUCATION	

NOTEPAD:

INSURED'S NAME

Joseph W. Abbot

PAGE 1

OP ID: AA

DATE 7/11/2011

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OP ID: //
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:
     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
    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: Exclusion - Professional Services 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 #E 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 #: BP88150312 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 #: BP88520312 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
  Pol Level Cov - PEE Coverage: Current Term Amour 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
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INSURED'S NAME Joseph W. Abbot PAGE 2 NOTEPAD: 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: \$5000
Special (Including theft) Coverage: Limit 1: \$25000
Special (Including theft) Coverage: Limit 1: \$150000
Special (Including theft) Coverage: Limit 1: \$150000
Special (Including theft) Coverage: Limit 1: \$250000
Special (Including theft) Coverage: Limit 1: \$250000 DATE 7/11/2011 OP ID: AA 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: \$5000
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: \$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: \$5000
Special (Including theft) Coverage: Limit 1: \$5000
Special (Including theft) Coverage: Limit 1: \$10000
Special (Including theft) Coverage: Limit 1: \$10000 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: \$5000
Special (Including theft) Coverage: Limit 1: \$25000
Special (Including theft) Coverage: Limit 1: \$150000
Special (Including theft) Coverage: Limit 1: \$35000
Special (Including theft) Coverage: Limit 1: \$25000
Special (Including theft) Coverage: Limit 1: \$150000
Special (Including theft) Coverage: Limit 1: \$150000 BOP Policy Received: 07/11/11



COMMERCIAL INSURANCE APPLICATION

OP ID: AA

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	rsity Par		C	CARRIER TEST 24082													
	pplied Par	arkway ·k, IL 60466															
Oilive	isity Fai	K, IL 00400					IDERWRITER		STED			UND	ERWRITER OFF		ICY NUMBER		
							BA POLICY NUMBER										
						INI	DICATE SECT	IONS ATTACHED		ELE	CTRONIC	DATA	PROC		TRUCKERS/MOTOR	CARRIER	
							ACCOUNT VALUABLE	S RECEIVABLE/	ECEIVABLE/			EQUIPMENT FLOATER			UMBRELLA		
CONTA NAME:	CT							MACHINERY		GAF	RAGE ANI	D DEAL	.ERS		VEHICLE SCHEDUL	E	
PHONE	8	00-100-5368				Ix	BUSINESS	AUTO		GLA	ASS AND S	SIGN		WORKERS COMPENSATION			
(A/C, N	<u>0, Εχί).</u>	00-100-2301				+	COMMERC		-				DERS RISK		YACHT		
(A/C, N E-MAIL	o):	00 100 2001				-		LIABILITY SCELLANEOUS C	DIME		EN CARGO		- DENOMINA		17.0111		
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CODE:		ABBOIL	SUB CODE:				DEALERS				OPERTY	ΔΤΙΩΝΙ/	,				
	CY CUSTOM							FO SCHEDULE		MÖ	ANSPORT TOR TRU	CK CAF	RGO				
$\overline{}$		TRANSACTIO				CKAG	E POLICY	INFORMAT	ION								
—	UOTE		JE POLICY	RENE	WENT	ER THIS	INFORMATIC	N WHEN COMMO	ON DATE	S AND T	TERMS AF	PPLY TO	O SEVERAL LIN	IES, (OR FOR MONOLINE I	POLICIES.	
В	OUND (Give	Date and/or Attach			PRO	OPOSED	EFF DATE	PROPOSED EX	(P DATE	В	ILLING PI	LAN	P/	AYME	ENT PLAN	AUDIT	
С	HANGE	DATE	TIME	A	.M					X	DIRECT	BILL	10			X	
С	ANCEL		F		М	11/0	1/12	11/01/	13		AGENC'	Y BILL	PACKAGE PO	E POLICY PREMIUM: \$8,997		.00	
APPI	ICANT I	NFORMATION	N														
NAME	First Name	d Insured & Other N	lamed Insureds)										CL ZIP+4 (of Fir	st Na	med Insured)		
Com	pany Ag	1									8 Main o, TX						
	PANY B									wac	, i , i ,	1010	2				
FEIN O	R SOC SEC	#		PHON	E No, Ext):	916-5	55-0031										
(of Firs	t Named Ins	sured):		(A/C, I	No, Ext):	3100	0001			WEBS	SITE ESS(ES):						
		V		SUBCHAPT	TFR "S"	111	c NO. OF M	EMBERS								DATE BUS	
	NDIVIDUAL	X CORPOR	RATION	SUBCHAPT CORPORA NOT FOR PROFIT OF	TION		AND MAN		CR BI	JREAU N	NAME:					STARTED 01/01/33	
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				PROFII OF	KG			1/				001	ADANIV DO				
	CTION CONT	TACT: COMPAI	NY BP		(6				NG REC	ORDS CO		CON	IPANY BO)			
	CTION CONT		NY BP	IAIL DRESS:				PHONE (A/C, No, E	NG REC			CON	PANY BO				
PHONE (A/C, N	E 916 o, Ext):	TACT: COMPAI	NY BP	IAIL DRESS:		hed fo	r addition		NG REC	ORDS CO	031		E-MAIL ADDRES				
PHONE (A/C, N	E 916 o, Ext):	TACT: COMPAI 6-555-0031 IFORMATION	NY BP	IAIL DRESS: ORD 823	3 attac		r addition	PHONE (A/C, No, E	NG RECO	ORDS CO	031	YR	E-MAIL	SS:	NNUAL REVENUES	% OCCUPIED	
PHONE (A/C, N	E 916 o, Ext):	TACT: COMPAI 6-555-0031 IFORMATION	NY BP E-M ADI ACC STREET, CITY, CC	IAIL DRESS: ORD 823	3 attac		or addition	PHONE (A/C, No, E)	NG RECO	ORDS CO -555-00	031	YR	E-MAIL ADDRES	SS:	NNUAL REVENUES		
PHONE (A/C, N	E 916 o, Ext):	TACT: COMPAI 6-555-0031 IFORMATION	NY BP E-M ADD ACC STREET, CITY, CC Street	IAIL DRESS: ORD 823	3 attac		or addition	PHONE (A/C, No, E)	NG RECO	-555-00	031	YR	E-MAIL ADDRES	SS:	NNUAL REVENUES		
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OP ID: AA

ACORD _™ co	MMERCIAL AUTO	DRIVER INFORMATION SCHEDULE	DATE 7/11/2011
(A/C, No, Ext):	0-100-5368 0-100-2301	APPLICANTJOSEPH W. Abbot (First Named Insured)	
101 Applied Parkway University Park, IL 60466		FOR COMPANY USE ONLY	
CODE: AGENCY CUSTOMER ID: ABBOJO1	SUB CODE:		

DRIVER INFORMATION

	ER INFORMATION											
DRIVER	L DRIVERS, INCLUDING FAMILY MEMBERS THAT W	MAR		YRS	YEAR	DRIVERS LICENSE NUMBER/	STATE	DATE	BROADEN NO-FAULT	DOC	USE	%
#	NAME (Include address, if required) Yevette Shi	SEX STAT	DATE OF BIRTH	FXP	LIC	LS222330	LIC	HIRE			USE VEH #	USE
7			01/21/66				TX		N	N		
8	Lavera Thrower		11/18/65			LS222331	ТХ		N	N		
9	Siobhan Prall		01/23/66			LS222332	ТХ		N	N		
10	Katharine Pesce		11/02/65		1990	LS222333	тх		N	N		
11	Junko Crist		01/25/66		1990	LS222334	тх		N	N		
12	Jennette Shellhammer		01/26/66		1990	LS222335	тх		N	N		
13	Nakita Carollo		01/27/66		1990	LS222336	тх		N	N		
14	Joaquin Dufour		01/28/66		1990	LS222337	тх		N	N		
15	Teofila Herrman		01/29/66		1990	LS222338	тх		N	N		
16	Suzie Wiedman		12/23/65			LS222339	тх		N	N		
17	Marianela Mcmurtrie		01/31/66			LS222340	тх		N	N		
18	Ignacia Manson		02/01/66			LS222341	тх		N	N		
19	Bryanna Latch		02/02/66		1990	LS222342	ТХ		N	N		
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ABBOJO1 OP ID: AA

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ABBOJO1 OP ID: AA

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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 #: NP744440906 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 #: IL00210908 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
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

INSURED'S NAME Joseph W. Abbot PAGE 2 NOTEPAD: DATE 7/11/2011 OP ID: AA

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: \$14.00
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: \$T\$01 Current Term Amount: \$2.00
Vehicle #5

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

\$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



ACORD WORKERS COMPENSATION APPLICATION

DATE (MM/DD	/YYYY)
7/11/20)11

	NCY NAME	AND ADDR Park	ESS				COMPA	ANY:	TE	ST						
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		KSHFFT

FOR MULTIPLE STATES, ATTACH AN ADDITIONAL PAGE 2 OF THIS FORM

RATING INFORMATION - STATE: FL

		DESCB		# EMPL	OYEES			ESTIMATED ANNUAL		ESTIMATED
LOC#	CLASS CODE	DESCR CODE	CATEGORIES, DUTIES, CLASSIFICATIONS	FULL TIME	PART TIME	SIC	NAICS	REMUNERATION/ PAYROLL	RATE	ANNUAL MANUAL PREMIUM
001	8742		Salespersons Or Coll					36,800	.53	195.00

PREMIUM

STATE: FL	FACTOR	FACTORED PREMIUM				FACTOR		FACTORED PREMIUM	
TOTAL		\$					\$		
INCREASED LIMITS		\$	SCHEDULE RATING				\$		
DEDUCTIBLE		\$	CCPAP				\$		
TRIA	2000	\$ 7.00	STANDARD PREMIUM				\$		
EXPERIENCE OR MERIT MODIFICATION		\$	PREMIUM DISCOUNT				\$		
		\$	EXPENSE CONSTANT			N/A	\$	200.00	
ASSIGNED RISK SURCHARGE		\$	TAXES / ASSESSMENTS			N/A	\$		
ARAP		\$					\$		
TOTAL ESTIMATED ANNUAL PREMIUM		MINIMUM PREMIUM				DEPOSIT PREMIUM			

REMARKS	3			

FRIOR	CARRIER INFORMATION/E033 HISTORY					
PROVIDE IN	IFORMATION FOR THE PAST 5 YEARS AND USE THE REMARKS SECTIO	N FOR LOSS DETAILS			LOSS RUN ATTAC	HED
YEAR	CARRIER & POLICY NUMBER	ANNUAL PREMIUM	MOD	# CLAIMS	AMOUNT PAID	RESERVE
	CO:					
	POL #:					
	CO:					
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	E OF BUSINESS/DESCRIPTION OF OPERATIONS							
OF WORK	IMENTS AND DESCRIPTIONS OF BUSINESS, OPERATIONS AND PRODU , SUB-CONTRACTS; MERCANTILE - MERCHANDISE, CUSTOMERS, DEL EMENT CONSULTING SERVICES	ICTS: MANUFACTURING - RAW IVERIES; SERVICE - TYPE, LOC	MATERIALS, F CATION; FARM	PROCESSES, P - ACREAGE, AN	RODUCT, EQUIPMENT; CON NIMALS, MACHINERY, SUB-	TRACTOR - TYPE CONTRACTS.	Ξ	
GENER	AL INFORMATION							
EXPLAIN	ALL "YES" RESPONSES						YES	
1. DOES	APPLICANT OWN, OPERATE OR LEASE AIRCRAFT/WATERCRAFT?							
	VE PAST, PRESENT OR DISCONTINUED OPERATIONS INVOLVE(D) STC	PRING, TREATING, DISCHARGIN	IG, APPLYING,	DISPOSING, OF	R TRANSPORTING OF		+	
HAZAI	RDOUS MATERIAL? (e.g. landfills, wastes, fuel tanks, etc)							
3. ANY W	ORK PERFORMED UNDERGROUND OR ABOVE 15 FEET?						\top	
4. ANY W	ORK PERFORMED ON BARGES, VESSELS, DOCKS, BRIDGE OVER WAT	ER?					+	
5. IS APF	LICANT ENGAGED IN ANY OTHER TYPE OF BUSINESS?						+	
6 ARES	JB-CONTRACTORS USED? (If "YES", give % of work subcontracted)						+	<u> </u>
O. AREO	SECONTINOTORO GOLD: (II TEO, give 30 di work subconinacied)							
7 ANV 14	ORK SUBLET WITHOUT CERTIFICATES OF INSURANCE? (If "YES", payr	all for this work must be included i	n the State Pati	ng Workshoot or) Page 2)			-
7. ANT W	OKKOODEET WITHOUT GEKTII TOKTEG OF INGGINANGE: (III TEG , payi	on for this work must be included i	II the State Rati	ing Worksheet or	Trage 2)			
8 IS V /V	RITTEN SAFETY PROGRAM IN OPERATION?						 	-
0. 13 A W	MITEN SALETT FROGRAM IN OFERATION:							_
0 400/	ADOLUD TO AMODODTATION DOOM/DEDO						_	F
9. ANT	ROUP TRANSPORTATION PROVIDED?							_
10 ANY	EMPLOYEES LINDED 46 OD OVED 60 VEADS OF ACES						+	F
IU. AINY	EMPLOYEES UNDER 16 OR OVER 60 YEARS OF AGE?							
44 455	PEACONAL FAIRLOVEECO							-
TT. ANY	SEASONAL EMPLOYEES?							<u> </u>
_								
12. IS TH	ERE ANY VOLUNTEER OR DONATED LABOR? (If "YES", please specify)							Ē
							1	i

GENERAL INFORMATION (continued)				
EXPLAIN ALL "YES" RESPONSES			YES I	NO
13. ANY EMPLOYEES WITH PHYSICAL HANDICAPS?				
				ĺ
14. DO EMPLOYEES TRAVEL OUT OF STATE? (If "YES", indicate state(s	s) of travel and frequency)			
				ĺ
				ĺ
15. ARE ATHLETIC TEAMS SPONSORED?				
				ĺ
				ĺ
				<u> </u>
16. ARE PHYSICALS REQUIRED AFTER OFFERS OF EMPLOYMENT AF	RE MADE?			
				ĺ
				ĺ
17. ANY OTHER INSURANCE WITH THIS INSURER?				
				ĺ
18. ANY PRIOR COVERAGE DECLINED/ CANCELLED/NON-RENEWED I	IN THE LAST THREE (3)	YEARS? (Not applicable in MO)		
				ĺ
ADE EMPLOYEE LIEU TURI AND ROOM TOTAL				
19. ARE EMPLOYEE HEALTH PLANS PROVIDED?				ГШ
				ĺ
				ĺ
20. DO ANY EMPLOYEES PERFORM WORK FOR OTHER BUSINESSES	OR SUBSIDIARIES?			П
				ĺ
				ĺ
21. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?				
				ĺ
22. DO ANY EMPLOYEES PREDOMINANTLY WORK AT HOME? If "YES	" # of Employees:			
22. BO ANT EINI EOTEEOT REBONNINANTET WORK AT HOME: II TEO	, # or Employees.			
				ĺ
				ĺ
23. ANY TAX LIENS OR BANKRUPTCY WITHIN THE LAST FIVE (5) YEA	RS2 (If "YES" nlease sn	ecity)		
25. ANT TAX ELENO ON BANKKOT TOT WITHIN THE EAST TIVE (5) TEA	irto: (ii TEO, picase sp	eony)		
				ĺ
				ĺ
24. ANY UNDISPUTED AND UNPAID WORKERS COMPENSATION PRE	MIUM DUE FROM YOU (OR ANY COMMONLY MANAGED OR OWNED ENTERPRISES?		
IF YES, EXPLAIN INCLUDING ENTITY NAME(S) AND POLICY NUMB		SKARA SOMMONE MANAGES ON SAMES ENTERN MOES.	-	
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REMARKS (Attach additional sheets if more space	is required)			
* Additional remarks are in notepad #001				
Additional Temarks are in notepad #001				
APPLICABLE IN TENNESSEE AND VERMONT: IT IS	A CRIME TO KNO	WINGLY PROVIDE FALSE, INCOMPLETE OR MISLEAD	DING INFORMATION TO	O
		FOR THE PURPOSE OF COMMITTING FRAUD.	PENALTIES INCLUD	Œ
IMPRISONMENT, FINES AND DENIAL OF INSURANCE	E BENEFITS.			
ANN DEDOON MUIO KNOWNOUN AND MUTU INTENT	T TO DEED 4115 4	NIV INCLIDANCE COMPANIV OR AMOTUER RESCAN	THEO AND ADDITIONATION	
		NY INSURANCE COMPANY OR ANOTHER PERSON F		
		ATERIALLY FALSE INFORMATION, OR CONCEALS F		
MISLEADING INFORMATION CONCERNING ANY FAC	I MATERIAL THE	RETO, COMMITS A FRAUDULENT INSURANCE ACT, V	WHICH IS A CRIME AN	iD
		L PENALTIES. (Not applicable in CO, FL, HI, MA, NE, C	эн, OK, OR, TN or VT; i	ın
DC, LA, ME, VA and WA, insurance benefits may also be	e denied)			
APPLICANT'S SIGNATURE (Must be Officer, Owner or Partner)	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMB	3ER
, , , , , , , , , , , , , , , , , , , ,				

INSURED'S NAME Joseph W. Abbot PAGE 1 **NOTEPAD:** DATE 7/11/2011 OP ID: AA

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: NP - WC Deductible Program - Florida
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



OP ID: AA

7		ND	CON			ANT INFO						~	OI			7/1	м/DD/Y 1 /201	
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						POLICIES OR F	PROGRA	M REQUE	SIED						POL	ICY NUMBER		
						INDICATE SEC	TIONS A	TTACHE	,		FLE	CTRON	IIC DATA	PROC		TRUCKERS/MOTO	OR CAR	RIFR
						ACCOUN' VALUABL	TS RECE	IVABLE/	,				T FLOAT			UMBRELLA) (O) (()	NILIV
CONTA NAME:	СТ					BOILER &					GAF	RAGE A	ND DEAL	ERS		VEHICLE SCHEDU	JLE	
PHONE		00-100-5368	1			BUSINES					GLA	ASS ANI	SIGN			WORKERS COMP	ENSATI	ON
FAX (A/C, N	0):	00-100-2301				COMMER GENERAL	CIAL LIABILI	TY			INS	TALLAT	ION/BUIL	DERS RISK		YACHT		
E-MAIL ADDRE	SS:					CRIME/MI		NEOUS C	RIME	V	_	EN CAR						
CODE:		ER ID. ABBOJ	SUB CODE:			DEALERS DRIVER II		HEDIJI E		X	_	<mark>OPERTY</mark> ANSPOF	TATION/ UCK CAF					
	CUS OF 1	RANSACTIO			PACK	AGE POLIC			ION		MO	TOR TR	UCK CAF	RGO				
	JOTE	3.5	UE POLICY	RENEW	Ī					TES	AND T	TERMS A	APPLY TO	O SEVERAL LI	NES, (OR FOR MONOLIN	E POLIC	CIES.
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GF	NERAL INFORMATION	AGENCY CUSTOMER ID:	ABBOJ01	OP ID: AA
	PLAIN ALL "YES" RESPONSES			Y/N
1a.	IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY?			
1h	DOES THE APPLICANT HAVE ANY SUBSIDIARIES?			
10.	DOES THE APPLICANT HAVE ANT SUBSIDIANIES!			N
2.	IS A FORMAL SAFETY PROGRAM IN OPERATION?			
3	ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?			
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4.	ANY CATASTROPHE EXPOSURE?			
5.	ANY OTHER INSURANCE WITH THIS COMPANY OR BEING SUBMITTED?			
6.	ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DU	URING THE PRIOR THREE (3) YEARS? (Not applicable in MO)		
7.	ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTA	TION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING	G?	
	PURING THE LAST FIVE VEARS (TEN IN DI) HAS ANY ARRIVANT REFUNDED	INTER FOR OR COMMITTER OF MANAGEMENT OF THE COMME	05 50 AUD DDIDEDY	ADDOM OD ANY
8.	DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN INDI OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHE	R PROPERTY?	, ,	
	(In RI, this question must be answered by any applicant for property insurance. Fal year of imprisonment).	illure to disclose the existence of an arson conviction is a misdemea	anor punisnable by a se	ntence of up to one
9.	ANY UNCORRECTED FIRE CODE VIOLATIONS?			
10.	ANY BANKRUPTCIES, TAX OR CREDIT LIENS AGAINST THE APPLICANT IN TI	HE PAST FIVE (5) YEARS?		
11.	HAS BUSINESS BEEN PLACED IN A TRUST? IF "YES", NAME OF TRUST:			
12	ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, O	OR LIS PRODUCTS SOLD/DISTRIBUTED IN FOREIGN COLINTRIE		
	(If "YES", attach ACORD 815 for Liability Exposure and/or ACORD 816 for Property	y Exposure)		
REI	MARKS/PROCESSING INSTRUCTIONS (Attach additional sheets if more space is	s required)		
	COPY OF THE NOTICE OF INFORMATION PRACTICES (PRIVACY) HAS BEE			· · · · · · · · · · · · · · · · · · ·
	<u>FICE OF INSURANCE INFORMATION PRACTICES</u> - PERSONAL INFO OM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS AF			
	LL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLL RTIES WITHOUT YOUR AUTHORIZATION. YOU HAVE THE RIGHT 1			
AN	Y INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR R NTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW T	RIGHTS AND OUR PRACTICES REGARDING SUCH IN		
	Y PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD A		FILES AN APPLICA	ATION FOR INSURANCE OR
	ATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFOR CT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE A			
PE	NALTIES. (Not applicable in CO, FL, HI, MA, NE, OH, OK, OR, or VT; in	DC, LA, ME, TN, VA and WA, insurance benefits may als	so be denied)	
	FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT PLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADIN			EMENT OF CLAIM OR AN
	E UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE A			
	E ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPI /HER KNOWLEDGE.	RESENTS THAT THE ANSWERS ARE TRUE, CORREC	T AND COMPLETE	10 THE REST OF
PRO	DDUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)		STATE PRODUCER LICENSE NO (Required in Florida)
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REMARKS * Additional remarks are in notepad #001	ABBOJO1	OP ID: AA	PAGE 1	OF 1
* Additional remarks are in notepad #001				

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OP ID: AA ABBOJ01 PREMISES #: STREET ADDRESS: **ADDITIONAL** PREMISES INFORMATION BUILDING #: BLDG DESCRIPTION: INFLATION GUARD % SUBJECT OF INSURANCE AMOUNT COINS % VALUATION **CAUSES OF LOSS DEDUCTIBLE** FORMS AND CONDITIONS TO APPLY ADDITIONAL INFORMATION **BUSINESS INCOME / EXTRA EXPENSE BUSINESS INCOME W/O EXTRA EXPENSE EXTRA EXPENSE** TYPE OF BUSINESS ORDINARY PAYROLL POWER/HEAT **EXT PERIOD TUITION FEES** OFF PREM POWER DEPEND PROP NON MFG EXCL DED DAYS STUDENTS **POWER** % COIN MFG OTHER ED 90 DAYS **ELEC MEDIA** MO PERIOD WATER CONT LOC SERV/INC COMM (DESCR BELOW) MINING 180 DAYS DAYS LIMIT **REC LOC** ORD OR LAW MAX PERIOD MEGLOC % COINS \$ DAYS LDR LOC (DESC 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 DISTANCE TO HYDRANT FIRE STAT FIRE DISTRICT/CODE NUMBER PROT CL # STORIES # BASM'TS YR BUILT CONSTRUCTION TYPE TOTAL AREA FT BLDG CODE GRADE TAX CODE **ROOF TYPE** OTHER OCCUPANCIES BUILDING IMPROVEMENTS PLUMBING, YR: WIRING, YR: WIND CLASS HEATING, YR: YES ROOFING, YR: HEATING BOILER ON PREMISES? NO OTHER: RESISTIVE OTHER IF YES, IS INSURANCE PLACED ELSEWHERE? YES NO **RIGHT EXPOSURE & DISTANCE LEFT EXPOSURE & DISTANCE REAR EXPOSURE & DISTANCE BURGLAR ALARM TYPE CERTIFICATE # EXPIRATION DATE EXTENT** GRADE CENTRAL STATION WITH KEYS BURGLAR ALARM INSTALLED AND SERVICED BY # GUARDS/WATCHMEN **CLOCK HOURLY** PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2/Chemical Systems) FIRE ALARM MANUFACTURER CENTRAL STATION LOCAL GONG **ADDITIONAL INTERESTS** RANK: NAME AND ADDRESS: REFERENCE #: CERTIFICATE REQUIRED INTEREST IN ITEM NUMBER INTEREST LOCATION: BUILDING: LOSS PAYEE SCHEDULED ITEM NUMBER: OTHER: ITEM DESCRIPTION: REMARKS remise 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)

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POLICY	LEVEL INFORMATION			AE	BOJO1	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

DATE 7/11/2011 OP ID: AA

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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 #: IL01750007 Form Name: El Changas Laggl Action 1
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: Ruilding and Bases In Inc.
  0//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 #: NP72420108 Form Name: NP - Flood Insurance Notice Form Ed Dt: 01/01/08
Form #: NP74060106 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 #: 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
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AP Section Policy Received: 07/11/11

Years in Business: 4

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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
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
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COMMERCIAL INSURANCE APPLICATION

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

				AF	PLICA	ANT INFO	RMA	MOIT	SE	CTI	ON			7/11	/2011
	y sity Par oplied Pa					C <mark>ARRIE</mark> R TEST								•	NAIC CODE 24082
		k, IL 60466				UNDERWRITER	R:					UND	ERWRITER OFF	ICE:	
	-					POLICIES OR P		AM REQU	ESTE	D				POLICY NUMBER	
						CPSP									
						INDICATE SEC			D		_	CTRONIC DATA	_	TRUCKERS/MOTO	R CARRIER
CONTAC	°т					ACCOUNT VALUABLE	E PAPE	RS			_	IPMENT FLOAT	-	UMBRELLA	_
NAME:	0	00-100-5368				BOILER &				-	_	AGE AND DEAL	ERS	VEHICLE SCHEDU	
(A/C, No	,, <u>L</u>	00-100-5368				X COMMERC	CIAL					SS AND SIGN ALLATION/BUIL	DERS RISK	WORKERS COMPE YACHT	NOLLAGNI
(A/C, No E-MAIL)):	00-100 - 2301				GENERAL CRIME/MI	LIABIL		CRIM	_E ├		ALLATION/BUIL N CARGO	DENO RIOR	IAONI	
ADDRES	SS:		SUB CODE:			DEALERS			J1 (111V)	_ X	_	PERTY	-		
	Y CUSTOM	FR ID: ABBOJO				DRIVER IN	NFO SC	HEDULE			_	NSPORTATION/ OR TRUCK CAP	eco		
		RANSACTIOI			PACK	AGE POLIC	Y INF	ORMA	ΓΙΟ	N_	IVIOT	SIN TRUCK CAP			
	JOTE		JE POLICY	RENEW	Ì						AND TE	ERMS APPLY TO	O SEVERAL LIN	ES, OR FOR MONOLINE	POLICIES.
ВО	UND (Give	Date and/or Attach (PROPO	SED EFF DATE	PRO	OPOSED E	XP [DATE		LLING PLAN		YMENT PLAN	AUDIT
_	IANGE	DATE	TIME	AM		9/28/12		00/20	/4 2		X	DIRECT BILL	ОТ		X
	NCEL		<u> </u>	PM		71 401 1 4		09/28	113		$\perp \perp \perp$	AGENCY BILL	PACKAGE PO	LICY PREMIUM: \$2,319	.00
		NFORMATION Insured & Other N		•						1.	HALLIAM	G ADDDESS IN	CI 7ID: 4 (of Elec	st Named Insured)	
l	any O	a moureu & Other N	anieu msureds	·)							1583	Main Stre	et	s rameu msurea)	
	any U										Lake	wood, CO	80214		
FEIN OF	SOC SEC	# ured): 12-34568	81	PHONE (A/C, No	Evt). 91	6-555-0013				\dashv					
E-MAIL ADDRES		ouj.		(A/C, NO	, <u>L</u> AU.						WEBSIT ADDRE	TE SS(ES):			
	NDIVIDUAL	CORPOR	RATION	SU <mark>BCHAPTEI</mark> CORPORATIO	R "S" X	LLC NO. OF N			_ (REAU NA	•			DATE BUS STARTED
	ARTNERSH		ENTURE	NOT FOR PROFIT ORG					ı	D NUM	IBER:				01/01/12
		ACT: COMPAI					<u> </u>					NTACT: CON			
		5-555-0013	A	-MAIL DDRESS:				P <mark>HON</mark> E (A/C, No, I		916-5	555-00	13	E-MAIL ADDRES	S:	
		FORMATION				l for addition			3			VD	#		%
LOC#	BLD#	<u> </u>	STREET, CITY, O	COUNTY, STATE	E, ZIP+4		CITY	CITY LIMITS		INTE	REST	YR BUILT	EMPLOYEES	ANNUAL REVENUES	OCCUPIED
		1584 Main S			-		I	INSIDE	X	OWN	NER				
001	001	Lakewood C		341				OUTSIDE		TEN	ANT	1985			
<u> </u>		Jefferson Co							v			+			
002		1585 Main S							Χ	OWN	JFR				
002	(1/1/2			244				INSIDE		1		1020			
I	001	Lakewood C	CO 802145	341				INSIDE OUTSIDE		TEN		1928			
	001	Lakewood Co	CO 802145 ounty	341				OUTSIDE		TEN	ANT	1928			
003	001	Lakewood C Jefferson Co 1586 Main S	CO 802145 ounty Street				1	OUTSIDE	X	TEN	ANT NER	1928			
003		Lakewood C Jefferson Co 1586 Main S Lakewood C	CO 802145 ounty Street CO 802145				1	OUTSIDE		TEN	ANT NER				
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GF	ENERAL INFORMATION	AGENCY CUSTOMER ID:	ABBOJO1	OP ID: AA
	PLAIN ALL "YES" RESPONSES			Y/N
	IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ?			
ıa.	TO THE ALT EIGHT A GODGIDIANT OF ANOTHER ENTITY:			
1b.	DOES THE APPLICANT HAVE ANY SUBSIDIARIES?			N
2.	IS A FORMAL SAFETY PROGRAM IN OPERATION?			
3.	ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?			
4.	ANY CATASTROPHE EXPOSURE?			
_	ANY OTHER INSURANCE WITH THIS COMPANY OR BEING SUBMITTED?			
5.	ANY OTHER INSURANCE WITH THIS COMPANY OR BEING SUBMITTED?			
6.	ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED I	DURING THE PRIOR THREE (3) YEARS? (Not applicable in MO)		N
7.	ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLEST	ATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING	3?	
8.	DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN INI		OF FRAUD, BRIBERY,	ARSON OR ANY
	OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTH (In RI, this question must be answered by any applicant for property insurance. F		anor nunishable by a se	L
	year of imprisonment).	andre to disclose the existence of all arson conviction is a misdemen	inoi punisnable by a se	ntence of up to one
9.	ANY UNCORRECTED FIRE CODE VIOLATIONS?			
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:			
12	ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA,	OR US PRODUCTS SOLD/DISTRIBUTED IN FOREIGN COLINTRIE	-92	
	(If "YES", attach ACORD 815 for Liability Exposure and/or ACORD 816 for Prope		.0:	
RE	MARKS/PROCESSING INSTRUCTIONS (Attach additional sheets if more space	is required)		1
	COPY OF THE NOTICE OF INFORMATION PRACTICES (PRIVACY) HAS BE	EN GIVEN TO THE APPLICANT. (Not applicable in all states, con	nsult your agent or broken	ker for your state's requirements.)
NO	TICE OF INSURANCE INFORMATION PRACTICES - PERSONAL INF	· · · · · · · · · · · · · · · · · · ·		<u> </u>
	OM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS A			
	ELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COL			
	RTIES WITHOUT YOUR AUTHORIZATION. YOU HAVE THE RIGHT IY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR			
	ONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW			
AN	IY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD	ANY INSURANCE COMPANY OR ANOTHER PERSON I	FILES AN APPLICA	TION FOR INSURANCE OR
	ATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFO			
	CT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE AS MALTIES. (Not applicable in CO, FL, HI, MA, NE, OH, OK, OR, or VT; in			וס [ואג: PINE LANTIAL] CIVIL
	FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT	•	,	EMENT OF CLAIM OR AN
	PLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADI			
	IE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE			
	IE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REF	PRESENTS THAT THE ANSWERS ARE TRUE, CORREC	T AND COMPLETE	TO THE BEST OF
	S/HER KNOWLEDGE.	T		STATE PRODUCER LICENSE NO
PR	ODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)		(Required in Florida)
AP	PLICANT'S SIGNATURE	DA	.IE	NATIONAL PRODUCER NUMBER

0	РΙ	D:	Α	Α

LINE		CATE	GORY															
	C	ARRIER																
	P	OLICY NUM	IBER															
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	s	BODILY INJURY	OCCURRENCE															
т			AGGREGATE															
Y	F	PROPERTY	OCCURRENCE															
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LOS	R A	HISTOR	Y OR LOSSES (RE EARS (3 YEARS	GARDLESS OF	FAULT A	ND WHF	THER OR N	OT IN	SURED) OR O	CCURRENCE	S THA	T MAY GIVE RI	SE TO CLAIMS	CHK HI	ERE	SEE AT	TACHE)]
FOR	HE	PRIOR 5 Y	EARS (3 YEARS	IN KS & NY)					,		•			IF NON	E	LOSS	TACHEE SUMMAR CLAII STATU	Y VI
OCC	ATE	OF RENCE	LINE	TYPE/DE	SCRIPTION	ON OF O	CCURRENC	E OR (CLAIM	OF C	ATE CLAIM		AMOUNT PAID	R	MOUNT ESERVED		STATU OPEN C	
																	5. 2.40	_00
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REMA			E: FIDELITY REC			SS HIST	ORY			-1		1		ATTACHI	MENTS			
SEE	A٦	TACHE	D REMARI	KS OVERF	LOW									STA	TE SUPPLE	MENT(S)	(If applica	ble)

REMARKS * Additional remarks are in notepad #001	ABBOJO1	OP ID: AA	PAGE 1	OF 1
* Additional remarks are in notepad #001				

AC	ORD, COMMER	CIAL G	ENERA	AL I	LIABILI	TY	SEC1	ΓΙΟΝ		DATE 11/2011
PRODUCER	PHONE (A/C, No, Ext): 800-100-5368		APPLICANT J		ı W. Abbot					
	800-100-2301		(First Named	•						
University	Park		Insured)							
	ed Parkway Park, IL 60466		EFFECTIVE DA	ATE	EXPIRATION DATE	Х	DIRECT BILL	PAYMI	ENT PLAN	AUDIT
Offiversity	7 1 alk, IL 00400		09/28/1	2	09/28/13		AGENCY BILL	ОТ		X
			FOR					1		
CODE:	SUB CODE:		USE ONLY							
AGENCY CUSTOMER	_{ID:} ABBOJO1									
COVERA		(I	LIMITS							
X COMM	IERCIAL GENERAL LIABILITY	(GENERAL AGGREG	ATE			\$	2000000	D PREM	ишмѕ
C	CLAIMS MADE X OCCURRENCE	E F	PRODUCTS & COMP	PLETED	OPERATIONS AGG	REGATE	\$	2000000	PREMISES/OPE	RATIONS
OWNE	R'S & CONTRACTOR'S PROTECTIVE	F	PERSONAL & ADVE	RTISING	SINJURY		\$	1000000	D	
		E	EACH OCCURRENC	E			\$	1000000	PRODUCTS	
DEDUCTIBLE	ES		DAMAGE TO RENTE	ED PREM	MISES (each occurre	nce)	\$	1000000	o o	
PROP	ERTY DAMAGE \$		MEDICAL EXPENSE		•		\$	15000	OTHER	
	Y INJURY \$	PER	EMPLOYEE BENEFI				\$		1	
	\$	PER OCCURRENCE					•		TOTAL	
OTHER COV	ERAGES, RESTRICTIONS AND/OR ENDORS		non-owned auto co	verages	attach the Business	Auto Se	ection, ACORD 1	27)	1	2319.00
SCHEDU	LE OF HAZARDS									
LOCATION		CLASS	PREMIUM		- EVEROUSE		R.A	ATE	PREM	IUM
#	CLASSIFICATION	CODE	BASIS		EXPOSURE	TERR	PREM/OPS	PRODUCTS	PREM/OPS	PRODUCTS
1	Buildings Or Premises - Bank Or Of fice -	61217	Α		4100	501	33.66	5	138.00	
1	Class Description not available at t his	66065	U		1	001				
2	Dwellings - One-Family - (Lessor's Risk	63010	U		1	501	52.087	,	52.00	
3 1	Dwellings - One-Family - (Lessor's Risk	63010	U		1	501	52.087	,	52.00	
1		AYROLL - PER \$1,00 REA - PER 1,000/SQ			C) TOTAL COST - PE M) ADMISSIONS - PI			(U) UNIT - PE (T) OTHER	ER UNIT	
CLAIMS	MADE (Explain all "Yes" respor	nses)		EMI	PLOYEE BENE	FITS	LIABILITY			
	SED RETROACTIVE DATE:	-			EDUCTIBLE PER					
	DATE INTO UNINTERRUPTED CLAIM	IS MADE COV:		-	UMBER OF EMP					
3. HAS AN	Y PRODUCT, WORK, ACCIDENT, OR	LOCATION	YES NO	-	UMBER OF EMP			BY EMPLOYEE I	BENEFITS PI A	NS:
BEEN E	XCLUDED, UNINSURED OR SELF-IN NY PREVIOUS COVERAGE?		IES NO	-	ETROACTIVE DA		COVENED	C. LIVII LOTLE	DEINELLIO FLA	
4. WAS TA	IL COVERAGE PURCHASED UNDER US POLICY?	ANY		4. 1	LINOACTIVE DE	\				
REMARKS				REMA	ARKS					

ABBOJO1 OP ID: AA CONTRACTORS

CONTRACTORS						7.22000.	<i>-</i>		
EXPLAIN ALL "YES" RESPONSES (For past or present operations)	YES	NO	EXPLAIN ALL "YES" RESPONSES (F	or past or present operation	s)	YES	S N	0
1. DOES APPLICANT DRAW PLANS, DESIGNS, OR SPE FOR OTHERS?	CIFICATIONS			4. DO YOUR SUBCONTRACTO LESS THAN YOURS?	RS CARRY COVERAGE	S OR LIMITS			
2. DO ANY OPERATIONS INCLUDE BLASTING OR UTIL EXPLOSIVE MATERIAL?	IZE OR STORE			5. ARE SUBCONTRACTORS AI PROVIDING YOU WITH A CE					
3. DO ANY OPERATIONS INCLUDE EXCAVATION, TUN UNDERGROUND WORK OR EARTH MOVING?	NELING,			6. DOES APPLICANT LEASE E WITHOUT OPERATORS?	QUIPMENT TO OTHERS	S WITH OR			
REMARKS/DESCRIBE THE TYPE OF WORK SUBCONTRACTED	\$ PAID TO SUB- CONTRACTORS:			% OF WORK SUBCONTRACTED:	# FULL- TIME STAFF:	# PART- TIME STAFF:			

ICTS/COMPL	

PRODUCTS				NE IN RKET	EXPECTED LIFE	INTENDED USE	PRINCIPAL COMPONE	NTS	
EXPLAIN ALL "YES" RESPONS	(PLAIN ALL "YES" RESPONSES (For any past or present product or operation)				EXPLAIN ALL		ent product or operation)	YES	NO
1. DOES APPLICANT INST	TALL, SERVICE OR DEMON	STRATE PRODUCTS?			6. PRODU	CTS RECALLED, DISCONTINUED, O	CHANGED?		
2. FOREIGN PRODUCTS	SOLD, DISTRIBUTED, USED	AS COMPONENTS?			7. PRODUCTS OF OTHERS SOLD OR RE-PACKAGED UNDER				
3. RESEARCH AND DEVE	LOPMENT CONDUCTED OF	RNEW			APPLICA	ANT LABEL?			
PRODUCTS PLANNED?	?				8. PRODU	CTS UNDER LABEL OF OTHERS?			
4. GUARANTEES, WARRA	ANTIES, HOLD HARMLESS A	AGREEMENTS?			9. VENDO	RS COVERAGE REQUIRED?			
5. PRODUCTS RELATED	TO AIRCRAFT/SPACE INDU	STRY?			10. DOES A	ANY NAMED INSURED SELL TO OTH	HER NAMED INSUREDS?		
PLEASE ATTACH LITERATURE	E, BROCHURES, LABELS, WARNI	NGS, ETC						•	

ADI	DITIONAL	INTEREST/C	CERTIFICATE RECI	PIENT	ACORD 45 attached for a	additional names		
INTE	REST	RANK:	NAME AND ADDRESS	REFERENCE #:		CERTIFICATE REQUIRED	INTEREST IN I	TEM NUMBER
	ADDITIONAL	INSURED					LOCATION:	BUILDING:
	LOSS PAYE	•					VEHICLE:	BOAT:
	MORTGAGE	E					SCHEDULED ITEM NUM	BER:
	LIENHOLDE	₹					OTHER	
	INTEREST RANK: NAME AND ADDRESS REFERENCE #: ADDITIONAL INSURED LOSS PAYEE MORTGAGEE LIENHOLDER EMPLOYEE AS LESSOR ITEM DESCRIPTION:							
			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			12. ANY STRUCTURAL ALTERATIONS CONTEMPLATED?				
EMPLOYED OR CONTRACTED?			13. ANY DEMOLITION EXPOSURE CONTEMPLATED?				
2. ANY EXPOSURE TO RADIOACTIVE/NUCLEAR MATERIALS?			14. HAS APPLICANT BEEN ACTIVE IN OR IS CURRENTLY ACTIVE IN				
3. DO/HAVE PAST, PRESENT OR DISCONTINUED OPERATIONS			JOINT VENTURES?				
INVOLVE(D) STORING, TREATING, DISCHARGING, APPLYING, DISPOSING, OR TRANSPORTING OF HAZARDOUS MATERIAL?			15. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?				
(e.g. landfills, wastes, fuel tanks, etc) 4. ANY OPERATIONS SOLD, ACQUIRED, OR DISCONTINUED IN			16. IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS				
			OR SUBSIDIARIES?				
LAST 5 YEARS?			17. ARE DAY CARE FACILITIES OPERATED OR CONTROLLED?				
5. MACHINERY OR EQUIPMENT LOANED OR RENTED TO OTHERS?			18. HAVE ANY CRIMES OCCURRED OR BEEN ATTEMPTED ON				
6. ANY WATERCRAFT, DOCKS, FLOATS OWNED, HIRED OR LEASED?			YOUR PREMISES WITHIN THE LAST THREE YEARS?				
7. ANY PARKING FACILITIES OWNED/RENTED?			19. IS THERE A FORMAL, WRITTEN SAFETY AND SECURITY				
8. IS A FEE CHARGED FOR PARKING?			POLICY IN EFFECT?				
9. RECREATION FACILITIES PROVIDED?			20. DOES THE BUSINESSES' PROMOTIONAL LITERATURE MAKE				
10. IS THERE A SWIMMING POOL ON THE PREMISES?			ANY REPRESENTATIONS ABOUT THE SAFETY OR SECURITY				
11. SPORTING OR SOCIAL EVENTS SPONSORED?			OF THE PREMISES?				

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)

SCHE	DULE OF	HAZARDS ADDI	TIONAL COVERAGES		ABBOJO1							OP ID: AA			
					COVERAGE C	L	IMIT 1	LIN	IIT 2	DEDUCTIBLE	DEDUCTIBLE TYPE				
	LOCATIO	on #: 001			EPLI			10,000			10,00	U			
	BUILDIN	<mark>G #:</mark> 001													
	LOCATIO	ON #:													
	BUILDIN	G #:													
	LOCATIO	ON #:													
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	BUILDING	G #:													
PROD	UCTS/CC	OMPLETED OPER	ATIONS												
	PROI	DUCTS	ANNUAL GROSS SALES	# OF UNITS	S TIME I	N E	EXPECTEI LIFE	P ı	NTENDED	USE	IPAL COMPONENTS				
						\dashv									
						+									
								1							
ОТНЕ	R COVER	RAGE/RESTRICTION	ONS/ENDORSEMENTS								<u> </u>				
#		COVERAGE COD			LIMIT	1		LIMIT	2	DEDU	ICTIBLE	DEDUCTIBLE TYPE			
1	CO	TRIA	Terrorism Cover	age p											
2	CO	LEXE EXN01	Liability Extensi Expense Modific	on											
3 4	CO	EXP01	Experience Mod	ificat											
5	CO	SCH01		Experience Modificat Schedule Modificatio											
6	CO	PKG01													
7															
8															
9															
10															
				ATTACH TO C	OMMERCIAL G	ENF	RAL LIAF	BILITY APPI I	CATION						

REMARKS	ABBOJO1	OP ID: AA	PAGE 1	OF 1
* Additional remarks are in notepad #006				

<i>ACORD</i> ™ PROPERT	Y SECT	ΓION								7/11/20	11			
AGENCY PHONE (A/C, No, Ext): 800-100-5368		APPLICAN (First	_T Josep	h W. Abbot					I.					
FAX (A/C, No): 800-100-2301		Named Insured)												
University Park 101 Applied Parkway		EFFECTIV	E DATE	EXPIRATION DA	TE \	/		PAVM	ENT PLAN	<u> </u>	AUDIT			
University Park, IL 60466			PAYMEN 09/28/12 09/28/13 EXPIRATION DATE X DIRECT BILL AGENCY BILL OT								A <mark>odii</mark> (
		FOR		30,20,10		//OLIVOT E		-		<u> </u>	-			
CODE: SUB CODE:		USE ONLY	•											
AGENCY CUSTOMER ID:ABBOJO1	1	<u> </u>		0			====							
	•.			n Street Lake			5341							
SUBJECT OF INSURANCE AMOUNT		VALUATION	1	AND CON	ND CONDITIONS TO APPLY									
See attached suppler					ATION ARD %	Irance			_					
occ attached supplem	iontal pe	ego ioi	Jun	jeota or		ii ai ioc		· · · · · · · · · · · · · · · · · · ·	<u>'</u>					
ADDITIONAL INFORMATION X BUSINESS INC	OME / EXTRA EXP	ENSE	BU	ISINESS INCOME	W/O EX	TRA EXPENSE		EXTRA E	XPENSE					
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	OR LAW		PERIOD	<u>''</u>			(DES	SCR BELOW)		MFG LOC				
	DAYS	s T			LDR LOC (DESC BELOW)									
NAME AND ADDRESS(ES) FOR OFF PREM POWER OR DEP	END PROP							EXTRA EXPEN	NSE	DAYS PER	RIOD REST			
								LIMIT LOSS						
ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, END	ORSEMENTS AND	RATING INF	ORMATION					%	9	%%	%			
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Joisted Mason FT	MI	LAK	EWOOL	0 1/217		003	1		1985	4,100				
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WIRING, YR: PLUMBING, YR:	99					najor Engine	Порин	pull						
ROOFING, YR: HEATING, YR:	WIND C		SEMI-			HEATING BOIL				YES	NO			
OTHER: RIGHT EXPOSURE & DISTANCE		SISTIVE SURE & DIST	SEMI- RESIS	TIVE OT	HER	REAR EXPO		PLACED ELSE DISTANCE	WHERE?	YES	NO			
BURGLAR ALARM TYPE	CERTIFICAT	ΓE #		EXPIRATION D	ATE		EXTENT	GRADE		CENTRAL STAT	ION			
F								NO	N	VITH KEYS				
BURGLAR ALARM INSTALLED AND SERVICED BY						į	# GUARD	S/WATCHMEN		CLOCK HOURLY	<u>Y</u>			
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2	/Chemical Systems	s) (a	% SPRNK	FIRE ALARM N	IANIIEA	TUPED			N C					
(· · · · · · · · · · · · · · · · · · ·	,	70 OI TAIN	I IKE ALAKWI	IANOI A	JIONEN			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	CENTRAL STAT	ION			
ADDITIONAL INTERESTS									·	OCAL GOING				
RANK:1 NAME AND ADDRESS:	REFERENCE #	: CERTIFICATE REQUIRED INTERE								ITEM NUMBER				
INTEREST COMPANY Y 1590 Main Street Arvada, CO 80001								LOCATION:	01	BUILDING:0	01			
PATEE								SCHEDULED	ITEM NUI	MBER:				
X MORT- GAGEE ITEM DESCRIPTION:								OTHER:						
VALUE REPORTING INFORMATION														
REPORTING FORM: PROVIDE AVERAGE VALUES FOR PAS	T 12 MONTHS		po	REMISES/	ANY	OTHER LOCA	.	ANY OTHER L	OCA-	CA- PREMISES NOT OWNED				
SUBJECT OF INSURANCE				UILDING	TIC	N DECLARED T INCEPTION		TION ACQUII AFTER INCEP	RED	OR ACQUIRED LIMIT				

OP ID: AA ABBOJ01 STREET ADDRESS: 1585 Main Street Lakewood CO 802145341 PREMISES #: 002 **ADDITIONAL** PREMISES INFORMATION B<mark>UILDIN</mark>G #: **BLDG DESCRIPTION: Location 0002 Sublocation 001** 001 COINS % VALUATION CAUSES OF LOSS INFLATION DEDUCTIBLE BLKT COV SUBJECT OF INSURANCE AMOUNT 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 ORDINARY PAYROLL POWER/HEAT **EXT PERIOD TUITION FEES** OFF PREM POWER DEPEND PROP NON MFG EXCL DED DAYS STUDENTS **POWER** % COIN OTHER ED SERV/INC MFG 90 DAYS CONT LOC **ELEC MEDIA** MO PERIOD WATER COMM (DESCR BELOW) MINING 180 DAYS DAYS LIMIT **REC LOC** ORD OR LAW MAX PERIOD MEGLOC % COINS \$ DAYS LDR LOC (DESC 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 DISTANCE TO HYDRANT FIRE STAT **CONSTRUCTION TYPE** FIRE DISTRICT/CODE NUMBER PROT CL # STORIES # BASM'TS YR BUILT **TOTAL AREA** 003 1928 768 Frame LAKEWOOD 1/217 1 FT MI BLDG CODE GRADE TAX CODE ROOF TYPE OTHER OCCUPANCIES
Dwellings - One-Family - (Lessor's Risk BUILDING IMPROVEMENTS Only) PLUMBING, YR: 99 WIRING, YR: WIND CLASS ROOFING, YR: HEATING, YR: YES HEATING BOILER ON PREMISES? NO RESISTIVE OTHER: OTHER IF YES, IS INSURANCE PLACED ELSEWHERE? YES NO **RIGHT EXPOSURE & DISTANCE LEFT EXPOSURE & DISTANCE REAR EXPOSURE & DISTANCE BURGLAR ALARM TYPE CERTIFICATE #** EXPIRATION DATE **EXTENT GRADE** CENTRAL STATION NO WITH KEYS BURGLAR ALARM INSTALLED AND SERVICED BY # GUARDS/WATCHMEN **CLOCK HOURLY** PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2/Chemical Systems) FIRE ALARM MANUFACTURER **CENTRAL STATION** LOCAL GONG **ADDITIONAL INTERESTS** RANK:1 NAME AND ADDRESS: REFERENCE #: CERTIFICATE REQUIRED INTEREST IN ITEM NUMBER COMPANY Y 1590 Main Street Arvada, CO 80001 INTEREST LOCATION:002 BUILDING:001 LOSS PAYEE SCHEDULED ITEM NUMBER: X OTHER: ITEM DESCRIPTION: REMARKS remise 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)

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BUILDING IMPRO		TS		DI LIMBINO	VD.		GRAD 99	E	IAX	CODE	RO	OF TYPE			Dwelling Only)	s - Or	e-Fam	ily - (Lesso	r's Ris	sk			
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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)

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ATTACH TO ACORD PROPERTY SECTION

POLICY	LEVEL INFORMATION	AB	BOJO1	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:						

DATE 7/11/2011

PAGE 1

OP ID: AA 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 Education Englishment 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 #: II 00474409 Form Name: C Form #: IL00171198 Form Name: Common Policy Conditions Form Ed Dt: 1/101/98 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 #: CP00100402 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 #: CP04050402 Form Name: Business Income (and Extra Expense) 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 #: CP91370402 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 #: CG89021208 Form Name: Employment Practices Liability Coverage
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 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 - Aspestos Liability Form Ed Dt: 108/01/09 Form #: CG88861208 Form Name: Exclusion - Asbestos Liability Form Ed Dt: 12/01/08 12/01/08
Form #: CG89600610 Form Name: Commercial General Liability Extension (Colorado) Form Ed Dt: 06/01/10
Form #: LL00210908 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 #: CG886611208 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--Pl and Al 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
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

INSURED'S NAME Joseph W. Abbot PAGE 3 **NOTEPAD:** 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: \$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 DATE 7/11/2011 OP ID: AA 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

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

					Al	PPLIC.	A١	IT INFO	RM	ATION	SE	ECT	101	N					7/11	<mark>/2011</mark>
	y sity Par oplied Par							CARRIER TEST												NAIC CODE 24074
		k, IL 60466					U	INDERWRITER	·		UNDERWRITER OFFICE:									
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							IN	INDICATE SECTIONS ATTACHED ACCOUNTS RECEIVABLE/ VALUABLE PAPERS ELECTRONIC DATA PRO EQUIPMENT FLOATER								TRUCKERS/MOTOR CARRIER UMBRELLA				
CONTA	СТ						t	BOILER &						GAR	AGE AND	DEA	_ERS		VEHICLE SCHEDUL	E
PHONE	- · · 8	00-100-5368					+	BUSINESS					\dashv	GLAS	SS AND S	IGN			WORKERS COMPE	NSATION
(A/C, No), ⊑Xt): Q	00-100-2301					1	COMMERC	CIAL				_				LDERS RISK		YACHT	
(A/C, No E-MAIL):	00 100 2001					ť	GENERAL		ILITY LANEOUS ('RIM	₋ -			N CARGO		LD LING THIOR		- 17.0111	
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	Y CUSTOM	LINID.								CHEDULE			Ņ	MÓT	NSPORTA OR TRUC	K CA	RGO			
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	IOTE		JE POLICY		RENEW	ENTER	THIS	S INFORMATION	W NC	HEN COMM	ON I	DATES	S AN	ID TI	ERMS AP	PLY T	O SEVERAL LI	NES,	OR FOR MONOLINE	POLICIES.
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CH	ANGE	DATE	TIME	=	AM					04/04)	X	DIRECT	BILL	10			X
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APPL	ICANT I	NFORMATION	١																	
FEIN OF	any Dg	#			PHONE (A/C, No	91	16-	555-0101							Main en Hills		N 55112			
(of First E-MAIL ADDRE	Named Ins	sured):			(A/C, No	o, Ext):		000 0101					WE	BSI	TE ESS(ES):					
				SUE	CHAPTE	R "S"		LC NO. OF N	ЛЕМЕ	BERS										DATE BUS
	IDIVIDUAL	CORPOR		COF	CHAPTE RPORATI FFOR OFIT ORG	ON	┦"	AND MAN	NAGE	RS	_ 4	CR BU	REA	U N	AME:					DATE BUS STARTED 01/01/13
	ARTNERSI			PRO	OFIT ORG	3						D NUN								01/01/10
		TACT: COMPAI	NTIB	E-MAIL						ACCOUNT PHONE	ING	RECO	RDS	s co	NTACT:		E-MAIL			
		6-555-0102		ADDRE						(A/C, No, E							ADDRE	SS:		
PREM	IISES IN	IFORMATION		ACOR	D 823	attache	d fe	or addition	nal _I	oremises	<u> </u>					-	- 4	_		
LOC#	BLD#	(5	STREET, CITY	Y, COUN	TY, STAT	E, ZIP+4			CIT	Y LIMITS		INTE	ERES	ST		YR JILT	# EMPLOYEES	A	ANNUAL REVENUES	OCCUPIED
		2182 Main S	treetand	l Ave						INSIDE		lwo	NER							
001	001	Phoenix AZ	85037							OUTSIDE		TEN	IANT	-						
		Maricopa										1								
		2183 Main S	treet							INSIDE		owi	NER							
002	001	Chandler AZ	Z 85225-7	7007						OUTSIDE		TEN	IANT	-						
		Maricopa Co										1								
		2184 Main S								INSIDE		OWI	NER							
003	001	Chandler AZ		7007						OUTSIDE		1	IANT							
		Maricopa Co		1001						OUTSIDE		IEIN	IAINI							
		2185 Main S										-								
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		Maricopa Co																		
NATU	RE OF	BUSINESS/DE	SCRIPTI	ON OF	OPE	RATION	IS E	BY PREMI	SE(S)										
001	001	LESSORS R	.ISK																	

GF	ENERAL INFORMATION	AGENCY CUSTOMER ID:	ABBOJO1	OP ID: AA
	PLAIN ALL "YES" RESPONSES			Y/N
	IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ?			
ıa.	TO THE ALT ELOANT A GODGIDIANT OF ANOTHER ENTITY:			
41.	DOEG THE ADDITIONAL HAVE ANY CHIDOLDIA DIEGO			
1b.	DOES THE APPLICANT HAVE ANY SUBSIDIARIES?			l N
2.	IS A FORMAL SAFETY PROGRAM IN OPERATION?			
3.	ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?			
4.	ANY CATASTROPHE EXPOSURE?			
5.	ANY OTHER INSURANCE WITH THIS COMPANY OR BEING SUBMITTED?			
J.	ANT OTHER INCORANCE WITH THIS COME ANT OR BEING CODMITTED:			
6.	ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED D	DURING THE PRIOR THREE (3) YEARS? (Not applicable in MO)		l N
7.	ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLEST.	ATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING	3?	
8.	DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN INC		OF FRAUD, BRIBERY,	ARSON OR ANY
	OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHI (In RI, this question must be answered by any applicant for property insurance. F.		anor punishable by a se	L
	year of imprisonment).			
9.	ANY UNCORRECTED FIRE CODE VIOLATIONS?			
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:			
12.	ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, (S?	
	(If "YES", attach ACORD 815 for Liability Exposure and/or ACORD 816 for Proper	· · · ·		
REI	MARKS/PROCESSING INSTRUCTIONS (Attach additional sheets if more space i	s required)		
	COPY OF THE NOTICE OF INFORMATION PRACTICES (PRIVACY) HAS BE	EN GIVEN TO THE APPLICANT. (Not applicable in all states, cor	nsult your agent or brok	ker for your state's requirements.)
	TICE OF INSURANCE INFORMATION PRACTICES - PERSONAL INF			
	OM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS A ELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COL			
PΑ	RTIES WITHOUT YOUR AUTHORIZATION. YOU HAVE THE RIGHT	TO REVIEW YOUR PERSONAL INFORMATION IN OUR	R FILES AND CAN F	REQUEST CORRECTION OF
	IY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR		IFORMATION IS A	VAILABLE UPON REQUEST.
	ONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW		=======================================	TION 500 INCUDANCE OF
	IY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD / TATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFO			
FΑ	CT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE A	ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON	N TO CRIMINAL AN	
	NALTIES. (Not applicable in CO, FL, HI, MA, NE, OH, OK, OR, or VT; ir	•	,	
	FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT PLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADI			EMENT OF CLAIM OR AN
	PLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADI E UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE A			I MADE TO OBTAIN
	IE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE / IE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REF			
	S/HER KNOWLEDGE.		· · -	
PR	ODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)		STATE PRODUCER LICENSE NO (Required in Florida)
				q
API	PLICANT'S SIGNATURE	DA	\TE	NATIONAL PRODUCER NUMBER

LINE		CATE	GORY																						
	CA	RRIER																							
	PC	DLICY NUN	MBER																						
	PC	DLICY TYP	E	CLA MA	AIMS ADE	ОС	CURRENCE		CLAIMS MADE		OCCURRENCE		LAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURREN	NCE		CLAIMS MADE		OCCUF	RRENCE
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SEE	ΑI	TACHE	ED REMARI	KS OVI	EKFL	LOW													S	TAT	E SUP	PLEME	ENT(S)	(If appl	icable)



COMMERCIAL INSURANCE APPLICATION SUPPLEMENT

Page 1 of

ADDITIONAL PREMISES INFORMATION SECTION —						
AGENCY		APPLICANT/FIRST NAMED INSURED				
University Park		Company Dg				
POLICY NUMBER		CARRIER		NAIC CODE		
		TEST		24074		

PREM	ISES IN	IFORMATION - Effective Date: 01/24/13							
LOC#	BLD#	STREET, CITY, COUNTY, STATE, ZIP+4	cr	TY LIMITS	INTEREST	YR BUILT	# EMPLOYEES	ANNUAL REVENUES	% OCCUPIED
		2186 Main Streetappleby Rd		INSIDE	OWNER				
005	001	Gilbert AZ 85298		OUTSIDE	TENANT				
		Maricopa							
		2187 Main Streetchandler Heigh		INSIDE	OWNER				
006	001	Gilbert AZ 85298		OUTSIDE	TENANT				
		Maricopa							
		2188 Main Street		INSIDE	OWNER				
010	001	Glendale AZ 85305-3162		OUTSIDE	TENANT				
		Maricopa County]					
		2189 Main Street		INSIDE	OWNER				
007	001	Lancaster TX 75134-1603		OUTSIDE	TENANT				
		Dallas County							
		2190 Main Streetoop 820 S		INSIDE	OWNER				
800	001	Fort Worth TX 76119		OUTSIDE	TENANT				
		Tarrant							
		2191 Main Street820 South Buil		INSIDE	OWNER				
009	001	Fort Worth TX 76119		OUTSIDE	TENANT				
		Tarrant							
		2192 Main Street		INSIDE	OWNER				
011	001	Reno NV 89512-3805		OUTSIDE	TENANT				
		Washoe County							
		2193 Main Street		INSIDE	OWNER				
012	001	Reno NV 89512-3805		OUTSIDE	TENANT				
		Washoe County]					
				INSIDE	OWNER				
				OUTSIDE	TENANT				
]				
				INSIDE	OWNER				
				OUTSIDE	TENANT				
				1	1				

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

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.

REMARKS * Additional remarks are in notepad #001	ABBOJO1	OP ID: AA	PAGE 1	OF 1
* Additional remarks are in notepad #001				

AC	ORD, COMMER	CIAL C	SENER	RAL	LIABILI	TY	SECT	ION		ATE /2011
PRODUCER Universit	800-100-2301		APPLICANT (First Named Insured)	^r Josep	oh W. Abbot					
101 Appli	ied Parkway		EFFECTIVE	E DATE	EXPIRATION DATE	X	DIRECT BILL	PAYMENT	PLAN	AUDIT
Universit	y Park, IL 60466		01/24		01/24/14		AGENCY BILL	10		X
			FOR COMPANY		1			1		
CODE: AGENCY CUSTOMER	SUB CODE:		USE ONLY							
COVERA			LIMITS							
	MERCIAL GENERAL LIABILITY	_	GENERAL AGGE				\$	2000000	PREMI	
	CLAIMS MADE X OCCURRENCE	E)			D OPERATIONS AGG	REGATE	\$	2000000 P 1000000	REMISES/OPER	ATIONS
OWN	ER'S & CONTRACTOR'S PROTECTIVE		PERSONAL & AD		NG INJURY		\$ \$		RODUCTS	
DEDUCTIBL	ES				EMISES (each occurre	nce)	\$ \$	300000		
PROF	PERTY DAMAGE \$		MEDICAL EXPEN		•		\$	0	THER	
BODI	LY INJURY \$	PER CLAIM	EMPLOYEE BEN	IEFITS			\$			
	\$	PER OCCURRENCE						Т	OTAL	
OTHER CO	VERAGES, RESTRICTIONS AND/OR ENDORS	EMENTS (For hire	d/non-owned auto	coverage	es attach the Business	Auto Se	ction, ACORD 1	27)		18066.00
SCHEDU	JLE OF HAZARDS							T		
LOCATION #	CLASSIFICATION	CLASS	PREMIUM EXPOSURE TERR PREMIOPS PRODUCTS						PREMIU	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	Α		37500	504	56.552		2121.00	
3 1	Buildings Or Premises - Bank Or Of fice -	61217	Α		6000	504	56.552		339.00	
4 1	Buildings Or Premises - Bank Or Of fice -	61217	Α		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	Α		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	Α		218780	002	45.852		10032.00	
1		AYROLL - PER \$1, REA - PER 1,000/S			(C) TOTAL COST - PE (M) ADMISSIONS - PE			(U) UNIT - PER U (T) OTHER	NIT	
	MADE (Explain all "Yes" respon	nses)		EN	IPLOYEE BENE	FITS I	LIABILITY			
	SED RETROACTIVE DATE:				DEDUCTIBLE PER					
3. HAS AN BEEN E	DATE INTO UNINTERRUPTED CLAIM BY PRODUCT, WORK, ACCIDENT, OR EXCLUDED, UNINSURED OR SELF-IN AND RESERVE OF SELF-IN	LOCATION	YES	NO 3.1		LOYEES		BY EMPLOYEE BEI	NEFITS PLANS	S:
4. WAS TA	ANY PREVIOUS COVERAGE? AIL COVERAGE PURCHASED UNDER DUS POLICY?	ANY		4.1	RETROACTIVE DA	ME.				
REMARKS				REF	MARKS					

ARRO IO1 OP ID: AA CONTRACTORS

CONTRACTORS						ABBOOT	<u> </u>	10.	$\Lambda\Lambda$
EXPLAIN ALL "YES" RESPONSES (For past or present operations;	l	YES	NO	EXPLAIN ALL "YES" RESPONSES (For past or present operation	ons)	Y	/ES	NO
DOES APPLICANT DRAW PLANS, DESIGNS, OR SPE FOR OTHERS?	CIFICATIONS			4. DO YOUR SUBCONTRACT LESS THAN YOURS?	ORS CARRY COVERAG	GES OR LIMITS			
2. DO ANY OPERATIONS INCLUDE BLASTING OR UTIL EXPLOSIVE MATERIAL?	IZE OR STORE			5. ARE SUBCONTRACTORS A PROVIDING YOU WITH A C					
3. DO ANY OPERATIONS INCLUDE EXCAVATION, TUN UNDERGROUND WORK OR EARTH MOVING?	NELING,			6. DOES APPLICANT LEASE I WITHOUT OPERATORS?	EQUIPMENT TO OTHER	RS WITH OR			
REMARKS/DESCRIBE THE TYPE OF WORK SUBCONTRACTED	\$ PAID TO SUB- CONTRACTORS:			% OF WORK SUBCONTRACTED:	# FULL- TIME STAFF:	# PART- TIME STAFF	=:		

ICTS/COMPL	

PRODUCTS	PRODUCTS ANNUAL GROSS SALES # OF UNITS			NE IN RKET	EXPECTED LIFE	INTENDED USE	PRINCIPAL COMPONE	NTS	
EXPLAIN ALL "YES" RESPONS	SES (For any past or present prod	uct or operation)	YES	NO	EXPLAIN ALL		ent product or operation)	YES	NO
1. DOES APPLICANT INST	TALL, SERVICE OR DEMON	STRATE PRODUCTS?			6. PRODU	CTS RECALLED, DISCONTINUED, O	CHANGED?		
2. FOREIGN PRODUCTS	SOLD, DISTRIBUTED, USED	AS COMPONENTS?			7. PRODU	CTS OF OTHERS SOLD OR RE-PAG	CKAGED UNDER		
3. RESEARCH AND DEVE	LOPMENT CONDUCTED OF	RNEW			APPLICA	ANT LABEL?			
PRODUCTS PLANNED?	?				8. PRODU	CTS UNDER LABEL OF OTHERS?			
4. GUARANTEES, WARRA	ANTIES, HOLD HARMLESS A	AGREEMENTS?			9. VENDO	RS COVERAGE REQUIRED?			
5. PRODUCTS RELATED	TO AIRCRAFT/SPACE INDU	STRY?			10. DOES A	ANY NAMED INSURED SELL TO OTH	HER NAMED INSUREDS?		
PLEASE ATTACH LITERATURE	E, BROCHURES, LABELS, WARNI	NGS, ETC						•	

ADI	DITIONAL	INTEREST/	CERTIFICATE REC	IPIENT	ACORD 45 attached fo	r ac	dditional names		
INTE	REST	RANK:	NAME AND ADDRESS	REFERENCE #:			CERTIFICATE REQUIRED	INTEREST IN I	TEM NUMBER
	ADDITIONAL	INSURED						LOCATION:	BUILDING:
	LOSS PAYER							VEHICLE:	BOAT:
	MORTGAGE	E						SCHEDULED ITEM NUM	BER:
	LIENHOLDE	₹						OTHER	
	EMPLOYEE A	AS LESSOR							
			ITEM DESCRIPTION:						

GENERAL INFORMATION

GENERAL IN GRAINATION					
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			12. ANY STRUCTURAL ALTERATIONS CONTEMPLATED?		
EMPLOYED OR CONTRACTED?			13. ANY DEMOLITION EXPOSURE CONTEMPLATED?		
2. ANY EXPOSURE TO RADIOACTIVE/NUCLEAR MATERIALS?			14. HAS APPLICANT BEEN ACTIVE IN OR IS CURRENTLY ACTIVE IN		
3. DO/HAVE PAST, PRESENT OR DISCONTINUED OPERATIONS			JOINT VENTURES?		
INVOLVE(D) STORING, TREATING, DISCHARGING, APPLYING, DISPOSING, OR TRANSPORTING OF HAZARDOUS MATERIAL?			15. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?		X
(e.g. landfills, wastes, fuel tanks, etc)			16. IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS		
4. ANY OPERATIONS SOLD, ACQUIRED, OR DISCONTINUED IN			OR SUBSIDIARIES?		
LAST 5 YEARS?			17. ARE DAY CARE FACILITIES OPERATED OR CONTROLLED?		
5. MACHINERY OR EQUIPMENT LOANED OR RENTED TO OTHERS?			18. HAVE ANY CRIMES OCCURRED OR BEEN ATTEMPTED ON		
6. ANY WATERCRAFT, DOCKS, FLOATS OWNED, HIRED OR LEASED?			YOUR PREMISES WITHIN THE LAST THREE YEARS?		
7. ANY PARKING FACILITIES OWNED/RENTED?			19. IS THERE A FORMAL, WRITTEN SAFETY AND SECURITY		
8. IS A FEE CHARGED FOR PARKING?			POLICY IN EFFECT?		
9. RECREATION FACILITIES PROVIDED?			20. DOES THE BUSINESSES' PROMOTIONAL LITERATURE MAKE		
10. IS THERE A SWIMMING POOL ON THE PREMISES?			ANY REPRESENTATIONS ABOUT THE SAFETY OR SECURITY		
11. SPORTING OR SOCIAL EVENTS SPONSORED?			OF THE PREMISES?		

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)

	F HAZAKUS AUU	ITIONAL COVERAGES						ABBOJO		OP ID: AA
			-	COVERAGE CODE	LIN	MIT 1	LIN	AIT 2	DEDUCTIBLE	DEDUCTIBLE TYP
LOCATI	on #: 001			XMEDP						
BUILDIN	ıg#: 001									
LOCATI	ON #: 002			XMEDP						
BUILDIN	_{IG#:} 001									
				XMEDP						
LOCATIO	ON #: 003									
BUILDIN	ıg#: 001									
				XMEDP						
LOCATION	ON #: 004			AWIEDE						
BUILDIN	ıg#: 001									
LOCATIO	ON #: 005			XMEDP						
	ig#: 001	•								
DOILDIN			ļ							
				XMEDP						
	ON #: 006									
BUILDIN	ig#: 001									
				XMEDP						
LOCATIO	ON #: 010			AHLDI						
BUILDIN	ıg#: 001									
				\//III						
LOCATI	on #: 007			XMEDP						
BUILDIN	ıg#: 001									
				XMEDP						
LOCATIO	on #: 008									
BUILDIN	ig#: 001									
RODUCTS/CO	OMPLETED OPE	RATIONS								
	OMPLETED OPE	RATIONS ANNUAL GROSS SALES	# OF UNITS	TIME IN MARKET	EXPECTED LIFE		NTENDED	USE	PRINCII	PAL COMPONENTS
			# OF UNITS	TIME IN MARKET	EXPECTED LIFE	ı	NTENDED	USE	PRINCII	PAL COMPONENTS
			# OF UNITS	TIME IN MARKET	EXPECTED LIFE		NTENDED	USE	PRINCI	PAL COMPONENTS
			# OF UNITS	TIME IN MARKET	EXPECTED LIFE	·	NTENDED	USE	PRINCI	PAL COMPONENTS
			# OF UNITS	TIME IN MARKET	EXPECTED LIFE		NTENDED	USE	PRINCI	PAL COMPONENTS
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			# OF UNITS	TIME IN MARKET	EXPECTED LIFE	ı	NTENDED	USE	PRINCI	PAL COMPONENTS
PRO	DUCTS	ANNUAL GROSS SALES	# OF UNITS	TIME IN MARKET	EXPECTED LIFE		NTENDED	USE	PRINCI	PAL COMPONENTS
PRO	DUCTS	ANNUAL GROSS SALES		MARKET	EXPECTED LIFE					
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THER COVER STATE MN	RAGE/RESTRICT COVERAGE CO TRIA EXN01	IONS/ENDORSEMENTS DE DESCRIP Terrorism Cover Expense Modific	rion rage p	MARKET	EXPECTED					
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ADDITIONAL HAZARDS						OP ID: AA	//11//	2011		
Joseph W. Abbot		ABBOJO1								
L <mark>OCATION</mark> # 9 BUILDING# 1										
CLASSIFICATION	CLASS CODE	PREMIUM BASIS	EXPOSURE	TERR	RA PREM/OPS	TE PRODUCTS	PREM/OPS	MIUM PRODUCTS		
Buildings Or Premises - Bank Or Office - Mercantile Or Manufacturing - Maintaine d By The Insured (Lessor's Risk Only) -	61217	A	17014	002	45.852		780.00			
ADDITIONAL COVERAGES	COVERA	GE CODE	LI	MIT	DE	DUCTIBLE	DEDUC	TIBLE TYPE		
	XME	DP								
LO <mark>CATION# 11 BUILDIN</mark> G# 1										
CLASSIFICATION	CLASS	PREMIUM	EXPOSURE	TERR	RA			MIUM		
Buildings Or Premises - Bank Or Office -	CODE	BASIS			PREM/OPS	PRODUCTS	PREM/OPS	PRODUCTS		
Mercantile Or Manufacturing - Maintaine d By The Insured (Lessor's Risk Only) -	61217	A	12500	001	97.64		1221.00			
ADDITIONAL COVERAGES	COVERA	GE CODE	LI	MIT	DE	DUCTIBLE	DEDUC	TIBLE TYPE		
	XME	EDP								
LOCATION# 12 BUILDING# 1										
CLASSIFICATION	CLASS	PREMIUM BASIS	EXPOSURE	TERR	PREM/OPS	TE PRODUCTS	PREM/OPS	MIUM PRODUCTS		
Buildings Or Premises - Bank Or Office -						FRODUCTS		PRODUCIS		
Mercantile Or Manufacturing - Maintaine d By The Insured (Lessor's Risk Only) -	61217	A	900	001	97.64		88.00			
ADDITIONAL COVERAGES	COVERA	GE CODE	LI	MIT	DE	DUCTIBLE	DEDUC	TIBLE TYPE		
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LOCATION # BUILDING #										
CLASSIFICATION	CLASS CODE	PREMIUM	EXPOSURE	TERR	PREM/OPS RA	TE	PREI	MIUM PRODUCTS		
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ADDITIONAL COVERAGES	COVERA	GE CODE	LI	MIT	DE	DUCTIBLE	DEDUC	TIBLE TYPE		
LOCATION # BUILDING #										
CLASSIFICATION	CLASS	PREMIUM	EXPOSURE	TERR	RA	TE		MIUM		
<u> </u>	CODE	BASIS			PREM/OPS	PRODUCTS	PREM/OPS	PRODUCTS		
ADDITIONAL COVERAGES	COVERA	GE CODE	LI	МІТ	DE	DUCTIBLE	DEDUCT	IBLE TYPE		
	<u> </u>		<u> </u>							
	ATTACH TO COMMER	CIAL GENERA	AL LIABILITY AF	PPLICATIO	ON					

REMARKS	ABBOJO1	OP ID: AA	PAGE 1	OF 1
Additional remarks are in notepad #005				

INSURED'S NAME Joseph W. Abbot

OP ID: AA

DATE 7/11/2011

PAGE 1

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 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 #: CG84000113 Form Name: Non-Cumulation Of Liability Limits Same

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: Comml GL Liability Extension Form Ed Dt: 10/01/09 TU/U1/U9
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: 1/101/98 Form #: IL00210908 Form Name: Nuclear Energy Liab Excl Endt Form Ed Dt: 09/01/08... 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 Changes Form Ed Dt: 06/01/06
Form #: CG36391207 Form Name: TX Changes - 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 Comml GL Liability Extension Form Ed 12/01/08
Form #: CG90250512 Form Name: Texas Comml 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

OP ID: AA

PAGE 2

DATE 7/11/2011

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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 Streetand Avg Rhospit AZ 20005
Location #3 2182 Main Streetand 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 #3
Premises/Operations (Premium group only) Coverage: Net Change Amount: $339.00 Rate: 56.55200
         ocation #1 2182 Main Streetand Ave Phoenix AZ 85037
 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 Streetappleby Rd Gilbert AZ 85298
Building #1
Premises/Operations (Premium group only) Coverage: Net Change Amount: $23.00 Rate: 1.61400
Location #6 2187 Main Streetchandler 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 Streetoop 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 Street820 South Buil 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
 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
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GL-S Policy Received: 07/11/11





COMMERCIAL INSURANCE APPLICATION

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

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						ACCOUNT VALUABLE	S RECEIVABLE/ PAPERS		EQI	UIPMENT FLC	ATER	X	UMBRELLA			
CONTA NAME:							MACHINERY		GAI	RAGE AND DE	EALERS		VEHICLE SCHEDULE	E		
PHONE (A/C, N	o. Ext):	00-100-5368				BUSINESS			GLA	ASS AND SIGI	١	NSATION				
FAX (A/C, N E-MAIL	_{o):} 8	00-100-2301				COMMER GENERAL	CIAL LIABILITY	INS	STALLATION/E	UILDERS RISK		YACHT				
E-MAIL ADDRE	SS:					CRIME/MI	SCELLANEOUS (RIME	OPI	EN CARGO						
CODE:		455614	SUB CODE:			DEALERS				OPERTY	DN/		_			
	Y CUSTOM						RIVER INFO SCHEDULE TRANSPORTATION/ MOTOR TRUCK CARGO									
	US OF 1		LICY INFORMATION MATION WHEN COMMON DATES AND TERMS APPLY TO SEVERAL LINES, OR FOR MONOLINE POLICIE													
	JOTE	X ISSU	JE POLICY Copy):													
	HANGE	DATE DATE	SED EFF DATE	PROPOSED E	XP DATE	В	BILLING PLAN	OΤ	PAYM	IENT PLAN	AUDIT					
	ANCEL			3/18/13	03/18	X	DIRECT BIL	-			n					
		NFORMATIO	NI					AGENCY BI	L PACKAGE F	OLIC	Y PREMIUM: \$859.00	<u>, </u>				
		d Insured & Other N							MAILI	NG ADDRESS	INCL ZIP+4 (of F	irst N	lamed Insured)			
Comi	oany Cp	,	•							0 Main St			·			
است	July Op	•							Goo	odyear, A	2 85338					
FEIN O	R SOC SEC	#		PHONE (A/C, No,	91	6-555-0001										
E-MAIL	Named Ins	sured):		(A/C, No,	Ext):				WEBS	SITE RESS(ES):						
V	SS(ES):	CORPO	RATION SU	BCHAPTER PRPORATIO	R. "S"	LLC NO. OF N	MEMBERS	CB BU						DATE BUS STARTED		
			NATION LCC	T FOR)N	AND MAI	NAGERS	GERS CR BUREAU NAME: STAF 01/01, ID NUMBER: 01/01,								
F	PARTNERSH	U TAIOI. GIF	FNTURF DD	OFIT OPG				ID NIII	IRFR-					01/01/00		
	ARTNERSI	HIP JOINT V		T FOR OFIT ORG			ACCOUNT			ONTACT:				01/01/80		
INSPEC	TION CON	TACT: COMPA	NY C	_			PHONE	ING RECO		ONTACT:	E-MAIL ADDRE	SS:		01/01/80		
PHONE (A/C, N	TION CONT D. Ext): 910		NY C E-MAIL ADDRE	SS:	ittached	d for addition	PHONE (A/C, No, E	NG RECO		ONTACT:	E-MAIL ADDRE	SS:		01/01/80		
PHONE (A/C, N	TION CONT D. Ext): 910	FACT: COMPA 6-555-0002 IFORMATION	NY C E-MAIL ADDRE	ss: RD 823 a		for addition	PHONE (A/C, No, E	NG RECO		ONTACT:	#	SS:	NNUAL REVENUES	01/01/80		
PHONE (A/C, N	ETION CONT D. Ext): 910 MISES IN	FACT: COMPA 6-555-0002 IFORMATION	NY C E-MAIL ADDRE ACOR STREET, CITY, COUN	ss: RD 823 a		I for addition	PHONE (A/C, No, E	NG RECO	RDS Co	YR	#	SS:	NNUAL REVENUES	%		
PHONE (A/C, N	ETION CONT D. Ext): 910 MISES IN	FACT: COMPA 6-555-0002 IFORMATION 2112 Main S	NY C E-MAIL ADDRE ACOR STREET, CITY, COUN	ESS: RD 823 a		I for addition	PHONE (A/C, No. E	INTE	RDS Co	YR	#	SS:	INNUAL REVENUES	%		
PHONE (A/C, N	ETION CONT D. Ext): 910 MISES IN BLD#	FACT: COMPA 6-555-0002 IFORMATION 2112 Main S	NY C E-MAIL ADDRE ACOF STREET, CITY, COUN Carreet Z 85338-1537	ESS: RD 823 a		for addition	PHONE (A/C, No, E nal premises CITY LIMITS INSIDE	INTE	RDS CO	YR	#	SS:	NNUAL REVENUES	%		
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PHONE (A/C, N	ETION CONT D. Ext): 910 MISES IN BLD#	FACT: COMPA 6-555-0002 IFORMATION 2112 Main S Goodyear A	NY C E-MAIL ADDRE ACOF STREET, CITY, COUN Carreet Z 85338-1537	ESS: RD 823 a		I for addition	PHONE (A/C, No. E nal premises CITY LIMITS INSIDE OUTSIDE INSIDE OUTSIDE INSIDE	INTE OWI TEN OWI TEN	EREST NER IANT NER IANT	YR	#	SS:	INNUAL REVENUES	%		
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GE	NERAL INFORMATION	AGENCY CUSTOMER ID:	ABBOJ01	OP ID: AA
	PLAIN ALL "YES" RESPONSES			Y/N
	IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY?			
1h	DOES THE APPLICANT HAVE ANY SUBSIDIARIES?			
15.	COLO TILIMI LIGITATI INTERNATIONALIO.			N
2.	IS A FORMAL SAFETY PROGRAM IN OPERATION?			
3.	ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?			
4.	ANY CATASTROPHE EXPOSURE?			
	ANY OTHER INSURANCE WITH THIS COMPANY OR BEING SUBMITTED?			
Ad	vertisers Media Liability = 5000			
6.	ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED D	URING THE PRIOR THREE (3) YEARS? (Not applicable in MC	D)	N
7.	ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTA	ATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIF	RING?	
8.	DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN IND		ME OF FRAUD, BRIBERY,	, ARSON OR ANY
	OTHER ARSON, RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHE (In RI, this question must be answered by any applicant for property insurance. Fayear of imprisonment).		meanor punishable by a se	
9.	ANY UNCORRECTED FIRE CODE VIOLATIONS?			
10.	ANY BANKRUPTCIES, TAX OR CREDIT LIENS AGAINST THE APPLICANT IN T	THE PAST FIVE (5) YEARS?		N
11.	HAS BUSINESS BEEN PLACED IN A TRUST? IF "YES", NAME OF TRUST:			
12.	ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, C (If "YES", attach ACORD 815 for Liability Exposure and/or ACORD 816 for Proper		TRIES?	
REI	MARKS/PROCESSING INSTRUCTIONS (Attach additional sheets if more space is	· · · · ·		
	· · · · · · · · · · · · · · · · · · ·			
	COPY OF THE NOTICE OF INFORMATION PRACTICES (PRIVACY) HAS BE	EN GIVEN TO THE APPLICANT. (Not applicable in all states.	consult your agent or bro	oker for your state's requirements.)
NO.	TICE OF INSURANCE INFORMATION PRACTICES - PERSONAL INF			
FR WE PA	OM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS A ILL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COL RTIES WITHOUT YOUR AUTHORIZATION. YOU HAVE THE RIGHT Y INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR I	PPLICATION FOR INSURANCE AND SUBSEQUENT LECTED BY US OR OUR AGENTS MAY IN CERTA TO REVIEW YOUR PERSONAL INFORMATION IN C	T POLICY RENEWALS AIN CIRCUMSTANCES OUR FILES AND CAN	S. SUCH INFORMATION AS S BE DISCLOSED TO THIRD REQUEST CORRECTION OF
	NTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW			
ST	Y PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD A ATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFO CT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE A NALTIES. (Not applicable in CO, FL, HI, MA, NE, OH, OK, OR, or VT; in	RMATION, OR CONCEALS FOR THE PURPOSE OF ACT, WHICH IS A CRIME AND SUBJECTS THE PERS	MISLEADING INFOR SON TO CRIMINAL AN	MATION CONCERNING ANY
IN	FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT PLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADII	TO INJURE, DEFRAUD, OR DECEIVE ANY INSI	URER FILES A STA	TEMENT OF CLAIM OR AN
TH	E UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE A E ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REP 6/HER KNOWLEDGE.			
PRO	DDUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)		STATE PRODUCER LICENSE NO (Required in Florida)
API	PLICANT'S SIGNATURE		DATE	NATIONAL PRODUCER NUMBER

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REMARKS * Additional remarks are in notepad #001	ABBOJO1	OP ID: AA	PAGE 1	OF 1
* Additional remarks are in notepad #001				

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UN	DERLYIN	NG INSUR	ANCE														
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UND	ERLYING G	ENERAL LIA	BILITY INFORMATION	ON (Explain all "Y	ES" response	es)											
1	ARE DEF	ENSE COS	TS:	WITHIN	AGGREGAT	TE LIMITS?)	A SE	PARATE	LIMI	T?		UNLIMITED?				
2	INDICATE	THE EDIT	ION DATE OF T	THE ISO SIMPL	IFIED FORM	M OR SIMIL	AR FILI	NG FOR TH	E UNDE	RLYII	NG COVE	RAG	E:				
3	HAS ANY	PRODUCT	, WORK, ACCIE	DENT, OR LOC	ATION BEE	N EXCLUD	ED, UNII	NSURED O	R SELF I	INSU	RED FRO	M AN	Y PREVIOUS CO	VER	AGE? YI	≣S	NO
4	FOR CLA	IMS MADE	INDICATE RET	ROACTIVE DA	TE OF CUR	RRENT UNI	DERLYIN	IG POLICY:									
5	FOR CLA	IMS MADE	INDICATE ENT	RY DATE INTO) UNINTERI	RUPTED C	LAIMS M	IADE COVE	RAGE:								
6	FOR CLA	IMS MADE	WAS "TAIL" CO	OVERAGE PUR	CHASED F	OR ANY PE	REVIOUS	S PRIMARY	OR EXC	ESS	POLICY?		YES, EFF. DAT	E:			NO
	CH DI	HECK ALL CO	VERAGES IN UNDI	ERLYING POLICIE	S. ALSO CHE	CK IF ANY EX	XPOSURES	S ARE PRESE	NT FOR E	ACH C	OVERAGE.	PRO\	IDE AN EXPLANATION	ON. EX	KPLAIN IF		
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	ANY AUTO	O (SYMBOL 1)			CARE	, CUSTODY,	CONTROL						PROFESSIONAL L	IABILI [*]	TY (E&O)		
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LIVID		IAL INTEREST	TS OVERAGE INFORM	IATION (INCLUE		UTION LIABIL		DORGENIENT	S DISCEI	MINIAT	ION STIED	0647	ON WAIVERS OR				
			- ATTACH SEPAR			TIONS; E.G. I	LASER EN	DOKSEMENT	S, DISCRI	IVIINA	ION, SUBR	OGAT	ION WAIVERS, OR				
			VE DETAILS OF AL . SPECIFY DATE, C							E RISE	TO CLAIM	S, DUI	RING THE PAST 5 YE	ARS,			
		01.1101	DATE, C		1014, AIVI				-,								
	_																
	NO SUCH	CLAIMS															

OP ID: ABBOJ01 CARE, CUSTODY, CONTROL A* B* C* D* SQ FT OF BLDG OCC LOC PROPERTY TYPE VAI UF OCCUPANCY / DESCRIPTION OF PERSONAL PROPERTY REAL **PERSONAL** REAL PERSONAL RFAI PERSONAL 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) ADDITIONAL EXPOSURES EXPLAIN ALL "YES" RESPONSES. PROVIDE OTHER INFORMATION REQUIRED YES NO EXPLAIN ALL "YES" RESPONSES, PROVIDE OTHER INFORMATION REQUIRED YES NO ADVERTISERS LIABILITY POLLUTION LIABILITY 1. MEDIA USED: ANNUAL COST: \$ 5600 20. DO CURRENT OR PAST PRODUCTS, OR THEIR COMPONENTS, 2. ARE SERVICES OF AN ADVERTISING AGENCY USED? X CONTAIN HAZARDOUS MATERIALS THAT MAY REQUIRE SPECIAL DISPOSAL METHODS? 3. ANY COVERAGE PROVIDED UNDER AGENCY'S POLICY? 21. INDICATE THE COVERAGES CARRIED: AIRCRAFT LIABILITY 4. DOES APPLICANT OWN/LEASE/OPERATE AIRCRAFT? Χ GL WITH STANDARD ISO POLLUTION EXCLUSION **AUTO LIABILITY** GL WITH STANDARD SUDDEN & ACCIDENTAL ONLY GL WITH POLLUTION COVERAGE ENDORSEMENT 5. ARE EXPLOSIVES, CAUSTICS, FLAMMABLES OR OTHER DANGEROUS CARGO HAULED? SEPARATE POLLUTION COVERAGE 6. ARE PASSENGERS CARRIED FOR A FEE? PRODUCT LIABILITY 7. ANY UNITS NOT INSURED BY UNDERLYING POLICIES? X 22. ARE MISSILES, ENGINES, GUIDANCE SYSTEMS, FRAMES OR ANY OTHER PRODUCT USED / INSTALLED IN AIRCRAFT? 8. ARE ANY VEHICLES LEASED OR RENTED TO OTHERS? X 9. ARE HIRED AND NON/OWNED COVERAGES PROVIDED? 23. ARE FOREIGN PRODUCTS DISTRIBUTED IN U.S.? 24. ARE U.S. PRODUCTS SOLD/DISTRIB'D IN FOREIGN COUNTRIES? **CONTRACTORS LIABILITY** 10. IS BRIDGE, DAM, OR MARINE WORK PERFORMED? X 25. PRODUCT LIABILITY LOSS IN PAST 3 YEARS? (SPECIFY) 11. DESCRIBE TYPICAL JOBS PERFORMED (ATTACH SEPARATE SHEETS): 26. GROSS SALES FROM EACH OF LAST 3 YEARS: \$ \$ PROTECTIVE LIABILITY 12. DESCRIBE AGREEMENT (ATTACH SEPARATE SHEETS): 27. DESCRIBE INDEPENDENT CONTRACTORS (ATTACH SEPARATE SHEETS): 13. DOES APPLICANT OWN, RENT, OR OTHERWISE USE CRANES? X 14. DO SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN APPLICANT? WATERCRAFT LIABILITY 28. DOES APPLICANT OWN OR LEASE WATERCRAFT? **EMPLOYERS LIABILITY** 15. IS APPLICANT SELF-INSURED IN ANY STATE? # OWNED LENGTH HORSEPOWER 16. SUBJECT TO: JONES ACT STOP GAP OTHER: INCIDENTAL MALPRACTICE LIABILITY APARTMENTS / CONDOMINIUMS / HOTELS / MOTELS 17. IS A HOSPITAL OR FIRST AID FACILITY MAINTAINED? # STORIES # SWIMMING POOLS # DIVING BOARDS # UNITS 18. ARE COVERAGES PROVIDED FOR DOCTORS / NURSES? 19. INDICATE # OF DOCTORS: NURSES: BEDS: REMARKS **VEHICLES** # NON-OVER # OWNED # LEASED PROPERTY HAULED 0-50 MI 50-200 MI PRIVATE PASSENGER LIGHT MEDIUM **TRUCKS HEAVY** EX. HEAVY * Additional remarks are in notepad #004 HEAVY TRUCKS/ TRACTORS EX. HEAVY BUSES APPLICABLE ONLY IN LOUISIANA, NEW MEXICO, OHIO, TENNESSEE AND VERMONT: I ACKNOWLEDGE THAT UNINSURED MOTORISTS (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) APPLICANT'S SIGNATURE DATE 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.

OP ID: AA

DATE 7/11/2011

PAGE 1

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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
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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 #: CU64821105 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

D/	١T	E	(M	M	/D	D/	ΥY	Y	Y)
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NAME:	leen Alexa		n				MACHINERY			GAR	AGE AND DEA	LERS		VEHICLE SCHEDUL	E
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(A/C, No): (80	0)243-620	5			X	COMMERCI GENERAL L	IABILITY		_	-	ALLATION/BU	LDERS RISK		YACHT	
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INSPECTION CON		,					ACCOUNT				NTACT:				
PHONE (A/C, No, Ext): (4	157)345-7675	j	E-MAIL ADDRESS:				PHONE (A/C, No, I	Ext):				E-MAIL ADDRE	SS:		
PREMISES I	NFORMATION N	<u>) </u>	ACORD 823 a	ttached	l for	addition	al premises	<u> </u>				1			1
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AGENCY CUSTOMER ID: 00014409

GENERAL INFORMATION

<u> </u>	ENERAL INFORMATION			—
EX	PLAIN ALL "YES" RESPONSES		Y/	/N
1a	IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ?			ᅱ
'	TO THE PROPERTY OF THE PROPERT			
16	DOES THE ADDITIONAL HAVE ANY SUBSIDIADIES?			=
ID.	DOES THE APPLICANT HAVE ANY SUBSIDIARIES?		N	. 1
				-1
-				_
2.	IS A FORMAL SAFETY PROGRAM IN OPERATION?			
				-1
3.	ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?			\neg I
				 ⊿I
	ANY CATASTROPHE EXPOSURE?			彐
4.	ANY CATASTROPHE EXPOSURE?			
				_
				_
5.	ANY OTHER INSURANCE WITH THIS COMPANY OR BEING SUBMITTED?			\neg I
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1				- 1
6.	ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED D	URING THE PRIOR THREE (3) YEARS? (Not applicable in MO)	r	彐
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7.	ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTA	ATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?		
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8.		ICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBER	Y, ARSON OR ANY	σl
	OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHE			ו∟י
		illure to disclose the existence of an arson conviction is a misdemeanor punishable by a	sentence of up to one	
	year of imprisonment).			
<u> </u>				=
9.	ANY UNCORRECTED FIRE CODE VIOLATIONS?			
l				-'
10.	ANY BANKRUPTCIES, TAX OR CREDIT LIENS AGAINST THE APPLICANT IN T	HE PAST FIVE (5) YEARS?	N	ات
l				<u>.</u> ⊔∣
l				
11	HAS BUSINESS BEEN PLACED IN A TRUST?			\exists
l '''				
l	IF "YES", NAME OF TRUST:			_
12	ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, C	DRIUS PRODUCTS SOLD/DISTRIBUTED IN FOREIGN COUNTRIES?		ᅱ
'	(If "YES", attach ACORD 815 for Liability Exposure and/or ACORD 816 for Propert			_
				= $+$
RE	MARKS/PROCESSING INSTRUCTIONS (Attach additional sheets if more space is	requirea)		- 1
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\vdash	COPY OF THE NOTICE OF INFORMATION DRACTICES (BBIVACV) LIAS BET	EN GIVEN TO THE APPLICANT. (Not applicable in all states, consult your agent or b	proker for your state's requirements	
⊢	, ,		· '	-
NC	TICE OF INSURANCE INFORMATION PRACTICES - PERSONAL INFO	DRMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT R	EPORT, MAY BE COLLECTED	D
FR	OM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS AI	PPLICATION FOR INSURANCE AND SUBSEQUENT POLICY RENEWA	LS. SUCH INFORMATION AS	۱S
WE	ELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLL	LECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCE	ES BE DISCLOSED TO THIR	₹D
PA	RTIES WITHOUT YOUR AUTHORIZATION. YOU HAVE THE RIGHT	TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN	N REQUEST CORRECTION C	OF
		RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS	AVAILABLE UPON REQUES	л.
CC	NTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW T	TO SUBMIT A REQUEST TO US.		- 1
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		ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPL		
		RMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFO		
		ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL	AND [NY: SUBSTANTIAL] CIV	VIL
	NALTIES. (Not applicable in CO, FL, HI, MA, NE, OH, OK, OR, or VT; in			۱ ۱٫
I IN	FLOKIDA. ANY PERSON WHO KNOWINGLY AND WITH INTENT TO IN	NJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT O		ו אכ
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PRIOR CARRIER INFORMATION

LINE	CATEGORY										
	CARRIER										
	POLICY NUMBER										
	POLICY TYPE	CLAIMS MADE	OCCURRENCE	CLAIMS MADE	OCCURRENCE	CLAIMS MADE	OCCURRENCE	CLAIMS MADE	OCCURRENCE	CLAIMS MADE	OCCURRENCE
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	EFF-EXP DATE										
lν	GENERAL AGGREGATE										
C R A M L	PRODUCTS COMP OP AGGREGATE										
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M -	EACH OCCURRENCE										
R T	L FIRE DAMAGE										
I A A B	MEDICAL EXPENSE										
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T Y	PROPERTY OCCURRENCE										
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	COMBINED SINGLE LIMIT										
	MODIFICATION FACTOR										
	TOTAL PREMIUM										
	CARRIER										
	POLICY NUMBER										
.	POLICY TYPE										
Y !	EFF-EXP DATE										
AUTOMOBILE	COMBINED SINGLE LIMIT										
BĻ	BODILY EA PERSON										
Lt	INJURY EA ACCIDENT										
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	MODIFICATION FACTOR										
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	CARRIER										
	POLICY NUMBER										
P R	POLICY TYPE										
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	•						
ENTER ALL CLAIMS FOR THE PRIOR 5 Y	OR LOSSES (F EARS (3 YEAR)	REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OC S IN KS & NY)	CURRENCES THAT MA	Y GIVE RISE TO CLAIMS		ATTACH S SUMM <i>A</i>	
DATE OF OCCURRENCE	LINE	TYPE/DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT		AIM TUS CLSD
REMARKS NOT	REMARKS NOTE: FIDELITY REQUIRES A FIVE YEAR LOSS HISTORY ATTACHMENTS						

MARKS	NOTE: FIDELITY REQUIRES A FIVE YEAR LOSS HISTORY	ATTACHMENT

	STATE SUPPLEMENT(S) (If applicable

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

			ADDI	TIONAL COVE	RAG	ES		
Ref#	Description Terrorism	n Coverage (Certified	d Acts)			Coverage Code TRIA	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Dedu	ctible Type	Premium 6.00	
Ref#	Description Expense I	n Mod Factor 1				Coverage Code EXN01	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Dedu	ctible Type	Premium	
Ref#	Description Individual	n Risk Mod Prem				Coverage Code IRPM	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Dedu	ctible Type	Premium	
Ref#	Description	n				Coverage Code	Form No.	Edition Date
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Ref#	Description	n				Coverage Code	Form No.	Edition Date
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Ref#	Description	n				Coverage Code	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Dedu	ctible Type	Premium	
Ref#	Descriptio	n				Coverage Code	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Dedu	│ ctible Type	Premium	
OFADT	LCV				•	(Copyright 2001, Al	MS Services, Inc.

ACORD	

PROPERTY SECTION

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

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ΑD	DITION	NAL C	OVERAGE	S, OPT	IONS	S, RESTRICT	IONS, I	ENDO	RSEMEN	NTS A	AND	RATING IN	IFORM	ATION					
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BUI	LDING IM	IPROVI	EMENTS					CODE	TAX CO	DE	ROOF	TYPE	01	HER O	CUPANCIE	<mark>S</mark>			
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	ROOFIN	NG, YR:		НЕ	ATINO	G, YR:	WIND	CLASS		SEMI	- RES	ISTIVE	HE	ATING I	BOILER ON	PREMISES?	(Y/N)		
	OTHER:	:			Υ	R:	- F	RESISTI	VE				IF	YES, IS	INSURANCI	E PLACED ELS	SEWHER	RE? (Y/	N)
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PRI	MISES F	IRE PR	OTECTION (Sp	rinklers, S	Standp	ipes, CO2/Chem	ical Syste	ems)	•	% SPR	NK	FIRE ALARM	MANUFA	CTUREF	R				CENTRAL STATION LOCAL GONG
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	EREST		ill Smi	th												LOCATION	<mark>1:</mark> 1	ı	BU <mark>ILDING</mark> : 1
х	L <mark>OSS</mark> PAYEE	1	.4250 2nd	d Ave												SCHEDUL	ED ITEM	NUMB	ER:
	MORT GAGE	E S	eattle			WA	981	01								OTHER:			
			TEM DESCRIP	TION:															

AGENCY CUSTOMER ID: 00014409

ΑD	DITIONAL			PR <mark>EMIS</mark>	ES#: 2	STREET	ADDRE	<mark>ss</mark> : 151	.3 Oak	Street								
PR	EMISES IN	NFORMA	TION	BUILDIN	IG#:	BLDG DI	ESCRIPT	ION: LOC	ation	0002 s								
	SUBJECT C	F INSURAN	ICE	А	MOUNT	COINS %	VALU- ATION	CAUSES	OF LOSS	INFLATION GUARD %	DED	BL	KT #	FORMS	AND CON	DITION	S TO APPI	LY
ADI	DITIONAL INFO	DMATION		HEINESS	INCOME / EXTRA	A EYDEN	SE Atta	ch ACOPD	910		VALUE DE	DODTING	INFORM	IATION - Attac	h ACOPD	211		
														IATION - Attac	HACORD	011		
	DITIONAL DILAGE COVER				6, RESTRICTI PERTY COVERE		NDOF	LIMI		RATING	DEDUCT			IG MAINT AG	DEEMENT	ОРТІ	ONE	
(Y/N		KAGL DE	SCRIPTION	OF PROI	PERIT COVERE	D		\$	1		\$	IDLE	(Y/N)	IIG MAINT AG	XLLWILIN I	OPII	ONS	
# 0	F OPEN SIDES	ON STRUC	TURE:															
	NSTRUCTION T				DISTANCE TO		FI	RF DISTRI	CT/CODE N	UMBER	P	ROT CL	# STOR	H BASM'	TS YR F	UILT	TOTAL A	RFA
	ncrete k			HYD	RANT FIRE ST		•					003	1		19		3,50	
					FT	MI BLDG	CODE	TAX COI	DE DOO	E TVDE				VIEO	19	93	3,30	<u> </u>
BUI	LDING IMPRO	VEMENTS				GR	ADE	IAX COI	DE ROO	F TYPE	0	THER OC	CUPANC	IES				
	WIRING, YR:			PLUMBIN	NG, YR:													
	ROOFING, YE	R:		HEATING	G, YR:	WIND	CLASS		SEMI- RES	SISTIVE	н	EATING E	BOILER O	N PREMISES	? (Y/N)			
	OTHER:			YF	R:	F	RESISTI	/E			IF	YES, IS	INSURAN	ICE PLACED E	LSEWHER	RE? (Y	N)	
RIG	HT EXPOSURE	& DISTAN	CE		LEFT EXPOSUR	E & DIST	ANCE		FRO	ONT EXPOSU	RE & DIST	ANCE		REAR E	XPOSURE	& DIST	ANCE	
BUF	RGLAR ALARM	1 TYPF				CERT	IFICATE	#						FXPIRA	TION DATE	=	OFNED	AL OTATION
		· · · · · -														·	7	AL STATION
																. —	WITH K	EYS
BUF	RGLAR ALARM	INSTALLE	D AND SER	VICED BY	•				EX1	ENT		GRADE	=	# GUARDS/W	ATCHMEN	'	CLOCK	HOURLY
PRE	MISES FIRE P	ROTECTION	N (Sprinkler	s, Standpi	ipes, CO2/Chemi	cal Syste	ms)		% SPRNK	FIRE ALAR	M MANUFA	CTURER	₹			L	CENTR	AL STATION
																	LOCAL	GONG
AD	DITIONAL	INTERE	STS					<u> </u>										
RAN	NK:	NAME AND	O ADDRESS	<u></u>	RE	FERENCE	#: 48	984954	l .		CERT	IFICATE	REQUIRE	D	INTERES	ST IN IT	EM NUMB	ER
	EREST				n/Reporti									LOCATI	on. 2		BUILDING	
			€ 2020			-												•
7,	LOSS PAYEE MORT- GAGEE	Florer			sc	29502	_202	Ω							JLED ITEN	NUMB	EK:	
Х	IN OIL	r TOT 61	TC-E		ac.	43304	202	U						OTHER:				
	GAGEE	ITEM DESC																

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.

Subject Sign Subject Valuable F	Limit 1	Limit	Cov Code SPC 2	_	v Description ecial form Deductible Amount	Form No. Deductible Ty	Edition Date	Rate
Valuable F	25,000 Papers Limit 1	Limit				Deductible Tv	ne Premium	
Valuable F	Limit 1		Cov Code		500		pe Freimum	
			SPC		<mark>/ Description</mark> ecial form	Form No.	Edition Date	Rate
	25,000	Limit	2		Deductible Amount	Deductible Ty	pe Premium	
B <mark>uilding</mark>			Cov Code SPC		<mark>/ Description</mark> ecial form	Form No.	Edition Date	Rate
	Limit 1 212,343	Limit	2		Deductible Amount 500	Deductible Ty	pe Premium 566.00	
Subject Building			Cov Code		-	Form No.	Edition Date	Rate
	Limit 1 212343	Limit	2		Deductible Amount	Deductible Ty	pe Premium	
	Personal Property		Cov Code SPC		<u> </u>	Form No.	Edition Date	Rate
	Limit 1 100,000	Limit	2		Deductible Amount 500	Deductible Ty	pe Premium 488.00	
	Personal Property		Cov Code INFL			Form No.	Edition Date	Rate
	Limit 1 1 <mark>00000</mark>	Limit	2		Deductible Amount	Deductible Ty	pe Premium	
Subject			Cov Code	Cov	Description	Form No.	Edition Date	Rate
	Limit 1	Limit	2		Deductible Amount	Deductible Ty	pe Premium	
Subject			Cov Code	Cov	/ Description	Form No.	Edition Date	Rate
	Limit 1	Limit	2		Deductible Amount	Deductible Ty	pe Premium	
Subject			Cov Code	Cov	/ Description	Form No.	Edition Date	Rate
	Limit 1	Limit	2		Deductible Amount	Deductible Ty	pe Premium	
Subject			Cov Code	Cov	Description	Form No.	Edition Date	Rate
	Limit 1	Limit	2		Deductible Amount	Deductible Ty	pe Premium	
Subject			Cov Code	Cov	/ Description	Form No.	Edition Date	Rate
	Limit 1	Limit	2		Deductible Amount	Deductible Ty	pe Premium	
	Subject Business Subject Business Subject Subject Subject Subject	Building Limit 1 212343 Subject Business Personal Property Limit 1 100,000 Subject Business Personal Property Limit 1 100000 Subject Limit 1 Subject Limit 1	Building Limit 1 212343 Subject Business Personal Property Limit 1 100,000 Subject Business Personal Property Limit 1 100000 Subject Limit 1 Limit 1 Subject Limit 1 Limit 1 Limit 1 Limit 1 Limit 1 Subject Limit 1 Limit 1 Limit 1 Subject Limit 1 Limit 1 Limit 1 Limit 1 Subject	Building Limit 1 212343 Subject Business Personal Property Limit 2 Subject Business Personal Property Limit 1 100,000 Subject Business Personal Property Limit 2 Limit 1 100000 Subject Cov Code INFL Limit 2 Subject Cov Code Limit 1 Limit 2	Building INFL Infl. Limit 1 Limit 2 Subject Cov Code SPC Spc Limit 1 Limit 2 Subject Cov Code Cov SPC Spc Limit 1 Limit 2 Subject Cov Code Cov Infl. Limit 1 Limit 2 Subject Cov Code Cov Infl. Limit 1 Limit 2 Subject Cov Code Cov Infl. Subject Co	Building INFL Inflation guard (C) Limit 1	Building Limit 1 Limit 2 Deductible Amount Deductible Ty	Building INFL Infilation guard (C) Limit 1 212343 Limit 2 Deductible Amount Deductible Type Premium Deductible Type Pr

ĄĆ	OR	D ®	S	FATEMENT O	F V	ALUE	S			MM/DD/YYYY) 0/2014
AGENCY	РНО	NE	(800)243-6205	COMPANY			NAIC CODE: 6411		AGE	J/ 2014
	FAX	No, Ext)	800)243-6206	Ohio Security I	diirai	_				OF
	(A/C,	NO): \	000,213 0200	INSURED/APPLICANT	isur ai		OLICY NUMBER	(EFFECTIVI	
IISG .	Agen	cv		Fiber One Teleco	om	F	3ZS57610625		3/16	5/2014
	_	-	reek Parkway	HEADQUARTERS ADDRESS						.,
Suite	300		-	Po Box 8137			Springdale	A	R 727	66
San F	ranc	isco	CA 97202	COINS % APPLICABLE CAUS	ES OF LO	ss)				
				80% BASIC			EARTHQUAKE COV	SPECIFIC REQUEST	AVERAGE ED	RATE
CODE: 1	6020	8	SUBCODE:	90% BROAD			FLOOD	BLANKET	RATE REQ	UESTED
AGENCY C	USTOM	ER ID		100% X SPECIAL			SPRINKLER LEAKAGE EXCL			
00014				X Inflation		-	VANDALISM EXCL			
APPLICAB	LE FOR	M NUMB	ERS (Attach completed forms and endo	rsements that require completion to p	rovide ned	cessary inform	nation affecting rates or loss	costs)		
CLASS CODE	LOC #	BLDG #	DESCRIPTION AND	ADDRESS OF PROPERTY	ACV/ RC	S <mark>UBJECT</mark>	100% VALUES	RATE OR LOSS COST		PREMIUM
			DESC: Location 0001 Subl	ogation 001						
			ADDRESS:	OCACION UUI	+					
	1	1	11 Market Pl, Balt	imore, MD 21202		ACCTS	35,000			
			Location 0001 Subl	ocation 001						
	1	1	11 Market Pl, Balt	imore, MD 21202			25,000			
			DESC: Location 0001 Subl	ocation 001						
			ADDRESS:	_	7					
	1	1	11 Market Pl, Balt	imore, MD 21202	-	FINEA	10,000			
			Location 0001 Subl	ocation 001						
	1	1	ADDRESS: 11 Market Pl, Balt	imore, MD 21202		BOLAW	150,000			
		_	DESC:	IMOTE, MD ZIZUZ	+	BOLLAW	150,000			
			Location 0001 Subl	ocation 001	4					
	1	1	11 Market Pl, Balt	imore, MD 21202		MNSON	10,000			
			DESC:	-			-			
			Location 0001 Subl	ocation 001	+					
	1	1	11 Market Pl, Balt	imore, MD 21202		MNSOF	5,000			
			DESC: Location 0001 Subl	ocation 001						
			ADDRESS:		1					
	1	1	11 Market Pl, Balt	imore, MD 21202		SIGN	25,000			
			Location 0001 Subl	ocation 001						
	_	_	ADDRESS:	ND 01000		DADED				
	1	1	11 Market Pl, Balt	imore, MD 21202		PAPER	25,000			
			Location 0001 Subl	ocation 001						
	1	1	ADDRESS: 11 Market Pl, Balt	imore, MD 21202	RC	В	212,343			566.00
			DESC:	-	1					
			Location 0001 Subl	ocation 001	4					
	1	1	11 Market Pl, Balt	imore, MD 21202	RC	BPP	100,000			488.00
			DESC:							
			ADDRESS:		1					
Totals	inc	lude	items found on all p	ages, not including	Loc #	= BLNK.	\$ 597,343	N/A	\$	1,054.00
INSTRU	CTION	10		SI	GNATU	DE				

provide necessary information.

2. 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 AN	INFORMATION	ARE	CORRECT	то	THE	BEST	OF	MY
INSURED'S SIGNATURE:								
TITLE:								
DATE:								

					ADDITION	IAL CO	VERAGES AND	END	ORSE	EMENTS			
Loc #	ST					Type of C	overage	Fo	rm No.	Edition Date	Rate	Optio	n Codes
Limit	1	BUS	SIN Limi		ncome with Limit 3	Ded 1 500	Deductible Type 1		Ded 2	Deductil	l ole Type 2		Premium
Loc #	СТ	Cov C	`odo	Description		Type of C	overage	l Ec	rm No.	Edition Date	Rate	Ontic	n Codes
Loc #	31	LE			siness Income	Type of C	overage		om ino.	Edition Date	Rate	Орис	on Codes
Limit	1	,	Limi		Limit 3	Ded 1	Deductible Type 1		Ded 2	Deductil	ole Type 2	1	Premium
Loc #	ST	Cov C			us Endorsement	Type of C	overage	Fo	orm No.	Edition Date	Rate	Optio	n Codes
Limit	1	l PE	Limi		Limit 3	Ded 1 500	Deductible Type 1		Ded 2	Deductil	ole Type 2		Premium 8.00
Loc #	ST	Cov C	ode	Description	,	Type of C	overage	Fc	rm No.	Edition Date	Rate	Optio	n Codes
		100			of Computer Op		15		l				
Limit 25,00			Limi	it 2	Limit 3	Ded 1 500	Deductible Type 1		Ded 2	Deductit	ole Type 2		Premium 19.00
Loc #	ST	Cov C	ode	Description	l	Type of C	overage	Fo	orm No.	Edition Date	Rate	Optio	n Codes
Limit	1	1	Limi	it 2	Limit 3	Ded 1	Deductible Type 1		Ded 2	Deductil	ole Type 2	1	Premium
1 #	СТ	10	\	Decembetion		1 T4 C		1	was Na	Talitian Data	Data	Lostia	- Cadaa
Loc #		Cov C		Description		Type of C		FC	orm No.	Edition Date		Optio	on Codes
Limit	1		Limi	<u>.</u>	Limit 3	Ded 1	Deductible Type 1		Ded 2	Deductii	ole Type 2		Premium
Loc #	ST	Cov C	ode	Description		Type of C	overage	Fo	orm No.	Edition Date	Rate	Optio	n Codes
Limit	1	1	Lim	it 2	Limit 3	Ded 1	Deductible Type 1		Ded 2	Deductil	ole Type 2	1	Premium
Loc #	ST	Cov C	`odo	Description		Type of C	overege	l Ec	rm No.	Edition Date	Rate	Ontic	n Codes
LUC #	31	10000	Joue	Description		Type or C	overage		illi NO.	Lullion Date	Nate	Optio	iii Codes
Limit	1		Limi	it 2	Limit 3	Ded 1	Deductible Type 1		Ded 2	Deductil	ole Type 2	_	Premium
Loc #	ST	Cov C	ode	Description		Type of C	overage	Fo	rm No.	Edition Date	Rate	Optio	n Codes
Limit	1		Limi	it 2	Limit 3	Ded 1	Deductible Type 1		Ded 2	Deductil	le Type 2		Premium
Loc #	ST	Cov C	:ode	Description		Type of C	overage	l Fo	rm No.	Edition Date	Rate	I Ontic	n Codes
Limit			Limi	·	Limit 3	Ded 1	Deductible Type 1		Ded 2		ole Type 2		Premium
LIIIIII	. 1		LIIII	<u>.</u>	LIIIII 3	Deu i	Deductible Type 1		Deu 2	Deductii	Die Type 2		Premium
Loc #	ST	Cov C	ode	Description	l	Type of C	overage	Fc	rm No.	Edition Date	Rate	Optio	n Codes
Limit	1		Limi	it 2	Limit 3	Ded 1	Deductible Type 1		Ded 2	Deductil	l ole Type 2		Premium
Loc #	ST	Cov C	ode	Description		Type of C	overage	Fo	orm No.	Edition Date	Rate	Optio	n Codes
Limit	1	1	Lim	it 2	Limit 3	Ded 1	Deductible Type 1		Ded 2	Deductit	ole Type 2		Premium
Loc #	ST	Cov C	ode	Description		Type of C	overage	Fo	rm No.	Edition Date	Rate	Optio	n Codes
Limit	1	1	Limi	it 2	Limit 3	Ded 1	Deductible Type 1		Ded 2	Deductil	l ole Type 2		Premium
OFB.	AAD	CV					1		<u> </u>		Copyrigi	nt 2000, <i>i</i>	AMS Services, Inc

ACOI	RD^{\otimes}	COMMERCIAL	GENERA	AL LIABIL	LITY SE	CTION
AGENCY	PHONE (A/C, No, Ext): (800)243-6205	APPLICANT Fiber	One Telecom	Services, 1	Inc
	FAX (A/C, No): (80	0)243-6206	Named		-	
IISG Age	ncy		Insured)			
10915 No	rth Creek	Parkway	EFFECTIVE DATE	EXPIRATION DATE	DIRECT BILL	PAYMENT
Suite 30	0		3/16/2014	3/16/2015	Z AOENOV BILL	Other

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

	э мог е 300	th Creek P	arkway			/2014	3/16/2015	77	DIRECT BILL	Other	INENI PLAN	X		
	Franc		CA 97202	2	FOR	,			AGENCY BILL					
	16020		SUB CODE:		COMPANY USE ONLY	,								
ENC STO	MER ID:	00014409												
OVE	ERAGE	S			L <mark>IMITS</mark>									
ζ (COMMER	<mark>CIAL GENERAL</mark> LIA			GENERAL AGG	REGATE			\$2,000,	000		MIUMS		
\perp	CLAI	MS MADE	X OCCURRENC	<mark>)</mark> E	PRODUCTS & C	OMPLETE	D OPERATIONS AGO	REGATE	\$		PREMISES/OPERATIONS			
_	OWNER'S	& CONTRACTOR'S	PROTECTIVE		PERSONAL & A		IG INJURY		\$		PROPUSTO			
\perp					EACH OCCURR				\$1,000,		PRODUCTS			
	TIBLES		_				MISES (each occurr	ence)	\$1,000,		OTHER			
			\$	PER		MEDICAL EXPENSE (Any one person) \$15,000 OTH EMPLOYEE BENEFITS \$								
- -	BODILY IN		\$ \$	CLAIM PER OCCURRENCE		NEFIIS			•		TOTAL			
		·		, ,		Š	es attach the applical			,	1			
ОС	HAZ	OF HAZARD	S FICATION	CLASS	PREMIUM		EXPOSURE		RA	ATE	PREM	/IUM		
#	#			CODE	BASIS				PREM/OPS	PRODUCTS	PREM/OPS	PRODUCTS		
		Inspection as Service Office		82211	S Gross	100000		004						
_														
\dashv														
+														
		REMIUM BASIS ES - PER \$1,000/SA		PAYROLL - PER \$ AREA - PER 1,000			(C) TOTAL COST - F (M) ADMISSIONS - F			(U) UNIT - (T) OTHER				
		NDE (Explain a	all "Yes" respo	nses)								Y		
PR	OPOSE	D RETROACTIV												
			ERRUPTED CLAI			- D . I	NIDED 05 05: -	INIO: :==	D ED 014	/ DDE: "C::2 =	10\/ED 10E2	T =		
HA	S ANY F	PRODUCT, WOR	RK, ACCIDENT, O	R LOCATION E	BEEN EXCLUDE	ED, UNINS	SURED OR SELF	INSURE	D FROM ANY	PREVIOUS C	OVERAGE?			
WA	AS TAIL	COVERAGE PUI	RCHASED UNDE	R ANY PREVIC	OUS POLICY?									
MPI	LOYEE	BENEFITS LI	ABILITY											
DE	DUCTIO	BLE PER CLAIM:	•								-			
	DUCTIE	DLE PER CLAIIVI.	Ψ			3. NU	JMBER OF EMPL	OYEES	COVERED B	Y EMPLOYEE	BENEFITS PLAN	IS:		

CONTRACTORS Y / N EXPLAIN ALL "YES" RESPONSES (For past or present operations) 1. DOES APPLICANT DRAW PLANS, DESIGNS, OR SPECIFICATIONS FOR OTHERS? 2. DO ANY OPERATIONS INCLUDE BLASTING OR UTILIZE OR STORE EXPLOSIVE MATERIAL? 3. DO ANY OPERATIONS INCLUDE EXCAVATION, TUNNELING, UNDERGROUND WORK OR EARTH MOVING? 4. DO YOUR SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN YOURS? 5. ARE SUBCONTRACTORS ALLOWED TO WORK WITHOUT PROVIDING YOU WITH A CERTIFICATE OF INSURANCE? 6. DOES APPLICANT LEASE EQUIPMENT TO OTHERS WITH OR WITHOUT OPERATORS? \$ PAID TO SUB-CONTRACTORS: % OF WORK SUBCONTRACTED: # FULL-TIME STAFF: # PART-TIME STAFF: DESCRIBE THE TYPE OF WORK SUBCONTRACTED PRODUCTS/COMPLETED OPERATIONS EXPECTED LIFE **PRODUCTS ANNUAL GROSS SALES** # OF UNITS INTENDED USE PRINCIPAL COMPONENTS Y / N EXPLAIN ALL "YES" RESPONSES (For any past or present product or operation) PLEASE ATTACH LITERATURE, BROCHURES, LABELS, WARNINGS, ETC 1. DOES APPLICANT INSTALL, SERVICE OR DEMONSTRATE PRODUCTS? 2. FOREIGN PRODUCTS SOLD, DISTRIBUTED, USED AS COMPONENTS? (If "YES", attach ACORD 815) 3. RESEARCH AND DEVELOPMENT CONDUCTED OR NEW PRODUCTS PLANNED? 4. GUARANTEES, WARRANTIES, HOLD HARMLESS AGREEMENTS? 5. PRODUCTS RELATED TO AIRCRAFT/SPACE INDUSTRY? 6. PRODUCTS RECALLED, DISCONTINUED, CHANGED? 7. PRODUCTS OF OTHERS SOLD OR RE-PACKAGED UNDER APPLICANT LABEL? 8. PRODUCTS UNDER LABEL OF OTHERS? 9. VENDORS COVERAGE REQUIRED? 10. DOES ANY NAMED INSURED SELL TO OTHER NAMED INSUREDS?

ΑD	DITIONAL	INTEREST/0	CERTIFICATE RECI	PIENT	ACORD 45 attached for	or additional names		
INTE	REST	RANK:	NAME AND ADDRESS	REFERENCE #:		CERTIFICATE REQUIRED	INTEREST IN I	TEM NUMBER
	ADDITIONAL I	NSURED					LOCATION:	BUILDING:
	LOSS PAYEE						VEHICLE:	BOAT:
	MORTGAGEE						SCHEDULED ITEM NUM	BER:
	LIENHOLDER						OTHER	
	EMPLOYEE AS	S LESSOR						
GE	NEDAL INI	ORMATION	ITEM DESCRIPTION:					
			For all past or present oper	ations)				Y/N
					NALS EMPLOYED OR CONT	FRACTED?		
2	ANY EXPOS	SURF TO RAD	IOACTIVE/NUCLEAR M	MATERIALS?				
	7 27 00							
			ARDOUS MATERIAL? (TING, DISCHARGING, APPLYI	NG, DISPOSING, OR	
					,			
4.	ANY OPERA	TIONS SOLD	, ACQUIRED, OR DISC	ONTINUED IN LA	ST FIVE (5) YEARS?			
5	MACHINERY	OR FOLIDM	IENT LOANED OR REN	TED TO OTHERS	37			
٠.	WATER	OK EQUI W	ient comite on her	TED TO OTTER				
6.	ANY WATER	RCRAFT, DOC	CKS, FLOATS OWNED,	HIRED OR LEASI	ED?			
1.	ANY PARKII	NG FACILITIES	S OWNED/RENTED?					
8.	IS A FEE CH	IARGED FOR	PARKING?					
9.	RECREATIO	N FACILITIES	S PROVIDED?					
10	IQ THEDE A		POOL ON THE PREMIS	ES2				
10.	IS ITILINE A	SVIIVIIVIIIVG F	OOL ON THE FINEINIS	LO:				
11.	SPORTING	OR SOCIAL E	VENTS SPONSORED?					
12.	ANY STRUC	TURALALIE	RATIONS CONTEMPLA	ATED?				
13.	ANY DEMOL	ITION EXPOS	SURE CONTEMPLATED)?				
14.	HAS APPLIC	CANT BEEN A	CTIVE IN OR IS CURRE	ENTLY ACTIVE IN	I JOINT VENTURES?			
15.	DO YOU LE	ASE EMPLOY	EES TO OR FROM OTH	HER EMPLOYERS				
		3.						
16.	IS THERE A	LABOR INTE	RCHANGE WITH ANY (OTHER BUSINES	S OR SUBSIDIARIES?			

GENERAL INFORMATION (continued)	
EXPLAIN ALL "YES" RESPONSES (For all past or present operations)	Y/N
17. ARE DAY CARE FACILITIES OPERATED OR CONTROLLED?	
AS AND SPINES COOLUDED OF REEN ATTEMPTED ON YOUR PREMISES WITHIN THE LAST TURES (S) VENDO	
18. HAVE ANY CRIMES OCCURRED OR BEEN ATTEMPTED ON YOUR PREMISES WITHIN THE LAST THREE (3) YEARS?	
19. IS THERE A FORMAL, WRITTEN SAFETY AND SECURITY POLICY IN EFFECT?	\dashv
20. DOES THE BUSINESSES' PROMOTIONAL LITERATURE MAKE ANY REPRESENTATIONS ABOUT THE SAFETY OR SECURITY OF THE PREMISES?	
REMARKS	
ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSU	JRANCE OF

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.

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COMMERCIAL INSURANCE APPLICATION

DATE (MM/DD/YYYY)

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Suite	e 300					PO	LICIES OR PE	ROGRAM REQUE	STED					I <mark>CY NUMBER</mark> 57662414			
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(A/C, No)): (800)243-6206				-	GENERAL I	LIABILITY	DILIT -			DERS RISK		YACHT			
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GENERAL INFORMATION

	INERAL INFORMATION	T 1
EXF	PLAIN ALL "YES" RESPONSES	Y/N
1a.	IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ?	
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16	DOES THE APPLICANT HAVE ANY SUBSIDIARIES?	
10.	BOES THE AFFEIDANT FIRST SUBSIDIANCES	N
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2.	IS A FORMAL SAFETY PROGRAM IN OPERATION?	
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3.	ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?	
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4.	ANY CATASTROPHE EXPOSURE?	
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5.	ANY OTHER INSURANCE WITH THIS COMPANY OR BEING SUBMITTED?	
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6.	ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR THREE (3) YEARS? (Not applicable in MO)	
ا آ	(Not applicable in Mo)	N
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7.	ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?	
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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	N
l	OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY?	14
l	(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	
l	year of imprisonment).	
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9.	ANY UNCORRECTED FIRE CODE VIOLATIONS?	
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10.	ANY BANKRUPTCIES, TAX OR CREDIT LIENS AGAINST THE APPLICANT IN THE PAST FIVE (5) YEARS?	N
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l		
11	HAS BUSINESS BEEN PLACED IN A TRUST?	
l '''	IF "YES", NAME OF TRUST:	
l	IF 165, NAME OF IRUST:	
12.	ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD/DISTRIBUTED IN FOREIGN COUNTRIES?	
l	(If "YES", attach ACORD 815 for Liability Exposure and/or ACORD 816 for Property Exposure)	
DE.	AA DVC/DDOCESCINC INSTDUCTIONS (Attach additional sheets if more page is sowified)	1
KEN	MARKS/PROCESSING INSTRUCTIONS (Attach additional sheets if more space is required)	
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	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 required	ments)
\vdash		
	TICE OF INSURANCE INFORMATION PRACTICES - PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLEC	
	OM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT POLICY RENEWALS. SUCH INFORMATIO	-
	ILL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO $^\circ$	
	RTIES WITHOUT YOUR AUTHORIZATION. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION.	
	Y INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQU	JEST.
Γ_{CO}	NTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.	
AN	Y PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURAN	CE OR
	ATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNIN	
	CT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND INY: SUBSTANTIAL	
	NALTIES. (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)	., ৩. •
	FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICA	_{ation} I
	NTAINING ANY FALSE, INCOMPLETE, OR MISURATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.	
<u> </u>		
THE	E UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTA	IN THE
AN	SWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HI	
	OWLEDGE.	
P	DRIGERIS SIGNATURE	MBCC
PRC	DDUCER'S SIGNATURE PRODUCER'S NAME (Please Print) NATIONAL PRODUCER NU	MREK
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ADE	PLICANT'S SIGNATURE DATE	
455	DATE DATE	
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	Page 0 of 0	

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CA	М	FIRE DAMAGE											
AB	+	MEDICAL EXPENSE											
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Т		INJURY AGGREGATE											
Y		PROPERTY OCCURRENCE											
		DAMAGE AGGREGATE											
		COMBINED SINGLE LIMIT											
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LOSS HISTOR	<u>.Y</u>												
ENTER ALL CLAIMS FOR THE PRIOR 5 Y	OR LOSSES (R EARS (3 YEARS	REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OC S IN KS & NY)	CCURRENCES THAT MA	Y GIVE RISE TO CLAIMS	Χ	CHK HERE IF NONE	SEE A	TTACH SUMM <i>E</i>					
DATE OF OCCURRENCE	LINE	TYPE/DESCRIPTION OF OCCURRENCE OR CLAIM	TYPE/DESCRIPTION OF OCCURRENCE OR CLAIM DATE OF CLAIM PAID AMOUNT PAID										
								T					
REMARKS NOT	E: FIDELITY RE	EQUIRES A FIVE YEAR LOSS HISTORY	•		AT	TACHMENTS							
						STATE SUP	PLEMENT(S)	(If appl	icable)				

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				
C <mark>OVERAG</mark> ES	COVERED AUTO SYMBOLS	L <mark>(MITS</mark>)	COVERAGES	COVERED AUTO SYMBOLS	LIMITS
LIADILITY	1 4 9	X CSL BI EA PER \$ 75,000			
L <mark>IABILI</mark> TY	2 X 7	BI EACH ACCIDENT \$ PROPERTY DAMAGE \$			
	5	MED EA PER \$ PED			
PERSONAL INJURY PROTECTION	7	WORK ACC LOSS \$ DEATH\$		PHYSICAL DAMAG	<u></u> <mark>E</mark>
PROTECTION			TOWING & LABOR	3 7	\$
			COMP/OTC	2 4 8	
			SPECIFIED CAUSES OF LOSS	2 4 8	
		X CSL BLAPER \$ 50,000	CAUSES OF LOSS	3 7	
UNINSURED	$\begin{bmatrix} 2 \\ 3 \end{bmatrix} \mathbf{X} \begin{bmatrix} 6 \\ 7 \end{bmatrix}$		COLLISION	2 4 5 8 7 8 7 S	
MOTORIST	3 X 7	BI EACH ACCIDENT \$ PROPERTY DAMAGE \$		3 14 1	
	2 6	X CSL BI EA PER \$ 50,000			
UNDERINSURED MOTORIST	3 X 7	BI EACH ACCIDENT \$			
	4		STA ⁻	TES # DAYS # VEH	COVERAGE/DEDUCTIBLE
HIRED/BORROWED LIABILITY	YES STATES NO	COST OF HIRE IF ANY BASIS \$	SIA	TES # DATS # VEH	COMP/ OTC \$
	YES STATES	GROUP TYPE NUMBER OF	HIRED		SPEC C OF L \$
NON-OWNED	NO	EMPLOYEES	PHYSICAL DAMAGE		COLL \$
LIABILITY		VOLUNTEERS			
COVERED (1) ANY AUTO	PARTNERS (4) OWNED AUTOS OTHER THANK	DDIVATE DASSENCED		PRIMARY SECONDARY
AUTO (1) ANY AUTO 2) ALL OWNED AUTOS 3) OWNED PRIVATE PASSENO	(4) OWNED AUTOS OTHER THAN F (5) ALL OWNED AUTOS WHICH RE GER AUTOS (6) OWNED AUTOS SUBJECT TO C	QUIRE NO-FAULT COV COMPULSORY U.M. LA	VERAGE (8) HIRED AL W (9) NON-OWN	PECIFIED ON SCHEDULE JTOS NED AUTOS
TRUCKERS SEC	TION			` '	
COVERAGES	COVERED AUTO SYMBOLS	CSL BI EA PER \$	00/504050	PHYSICAL DAMAG COVERED AUTO SYMBOLS	
LIABILITY	41 46 47	CSL ĒĀ PER \$ BI EACH ACCIDENT \$	COVERAGES COMP/OTC	42 46	LIMITS DEDUCTIBLE \$
	43 50	PROPERTY DAMAGE \$ MED EA EA	COMPTOTO	43 47	
PERSONAL INJURY PROTECTION	44 46	MED	SPECIFIED CAUSES OF LOSS	42 46 SCL 43 47 F	FT LSP \$
	1 40	EOSS \$ BEATT\$	0011101011	42 46	
			COLLISION	43 47	\$
			TOWING & LABOR	46 \$	
	42 46	CSL BI EA PER \$,	TRAILER INTERCHAI	NGE
UNINSURED MOTORIST	43	BI EACH ACCIDENT \$ DED	COVERAGES	SYMBOL # TRAILERS STATE	# DAYS RADIUS DEDUCTIBLE
	45	PROPERTY DAMAGE \$ \$	COMP/OTC	48	
UNDERINSURED	42 46	CSL BI EA PER \$		49	
MOTORIST	43	BI EACH ACCIDENT \$	SPECIFIED CAUSES OF LOSS	48	
	45 YES STATES	COST OF HIRE IF ANY BASIS		49	
NON-TRUCKERS HIRED/BORROWED	NO STATES	\$	COLLISION	49	\$
HIRED/BORROWED	YES STATES	COST OF HIRE IF ANY BASIS	STA ⁻		
LIABILITY	NO	\$			
	YES STATES	GROUP TYPE NUMBER OF	HIRED		
NON-OWNED	NO	EMPLOYEES	PHYSICAL DAMAGE		
AUTO LIABILITY		VOLUNTEERS			
OTHER		PARTNERS	OTHER	COVERAGE IS: F	PRIMARY SECONDARY
OTHER			OTHER		
(41) ANY AUTO (42) OWNED AUTOS (42) OWNED AUTOS (43)	(45) ONLY	OWNED AUTOS SUBJECT TO A (47) HIRED (48) TRAILI	FICALLY DESCRIBED AUTOS ONLY ERS IN YOUR POSSES	ANOTHEF SSION UNDER INTERCH	AILERS IN THE POSSESSION OF R TRUCKER UNDER A TRAILER ANGE AGREEMENT
(43) OWNED COMMER	KUIAL AUTOS ONLY	MOTORIST LAW A TRA	ILER INTERCHANGE A	GKEEMENI (50) NON-OWN	NED AUTOS ONLY

MOTOR CARRIER SECTION PHYSICAL DAMAGE **COVERED AUTO SYMBOLS** COVERAGES LIMITS BI EA PER \$ COVERED AUTO SYMBOLS 61 67 CSL **COVERAGES** LIMITS DEDUCTIBLE 62 68 BI EACH ACCIDENT \$ 62 67 LIABILITY 63 PROPERTY DAMAGE \$ COMP / OTC 63 68 64 64 MED PAY EA PER EA PED 65 62 SCL FT LSF \$ 67 \$ WORK LOSS PERSONAL INJURY SPECIFIED PROTECTION 67 DEATH \$ 63 68 F FT\// \$ CAUSES OF LOSS 64 62 67 COLLISION 68 63 \$ 64 TOWING 63 & LABOR BI EA PER \$ 62 66 CSL TRAILER INTERCHANGE UNINSURED SYMBOL # TRAILERS STATE # DAYS RADIUS DEDUCTIBLE 63 67 BI EACH ACCIDENT COVERAGES MOTORIST 64 PROPERTY DAMAGE 69 COMP / OTC BI EA PER \$ 62 66 CSL 70 UNDERINSURED 63 67 BI EACH ACCIDENT \$ 69 SPECIFIED MOTORIST CAUSES OF LOSS 70 64 YES STATES COST OF HIRE IF ANY BASIS 69 NON-TRUCKERS COLLISION \$ HIRED/BORROWED NO STATES # DAYS # VEH YES COST OF HIRE IF ANY BASIS STATES HIRED/BORROWED LIABILITY NO YES STATES **GROUP TYPE** NUMBER OF HIRED PHYSICAL NO NON-OWNED **EMPLOYEES** DAMAGE **AUTO** VOLUNTEERS LIABILITY PRIMARY SECONDARY COVERAGE IS: **PARTNERS** OTHER OTHER **COVERED AUTO SYMBOLS** (64) OWNED COMMERCIAL AUTOS ONLY (67) SPECIFICALLY DESCRIBED AUTOS (70) YOUR TRAILERS IN THE POSSESSION OF OWNED AUTOS SUBJECT TO NO-FAULT ANOTHER TRUCKER UNDER A TRAILER (61) ANY AUTO (68) HIRED AUTOS ONLY (65)OWNED AUTOS ONLY OWNED AUTOS SUBJECT TO A COMPUL-TRAILERS IN YOUR POSSESSION UNDER INTERCHANGE AGREEMENT (63) OWNED PRIVATE PASS AUTOS ONLY SORY UNINSURED MOTORIST LAW A TRAILER INTERCHANGE AGREEMENT (71) NON-OWNED AUTOS ONLY **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: 1. MEDICAL EXPENSE COVERAGE (INITIALS) 2. WORK LOSS COVERAGE (INITIALS) 3. 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 PRODUCER'S SIGNATURE NATIONAL PRODUCER NUMBER

1/10/2014

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A <mark>GENC</mark> Y	PHONE (A/C, No, Ext): (8					APPLICANT (First	{r	er	f_st	t}godtou 1	Ľр						
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CUSTOM	ER ID: 00014476																
COVER	AGES/LIMITS																
		USE ACC	ORD 137 F	OR	YOL	JR STATE T	0	PRO	OVIDE	COVERAGE	S/LIMITS INF	ORM/	ATION				
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2				F		7/4/1973			1990			AR					
	HAM RRASHER									906318401							
3				M		7/1/1945			1990			AR					
	RATTY BUGS RRA	AVINE								429578126							
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	ER 50% OF THE EMPLOYE					SS?		Х		ES THE APPLICANT					_	+	
	RE A VEHICLE MAINTENAI		AM IN OPERAT	TION?				7.5		ES THE APPLICANT					?	+	
	NY VEHICLES LEASED TO							X		E ANY DRIVERS NO						+	ļ.,.
5. ARE AN	NY VEHICLES CUSTOMIZE	D, ALTERED	OR HAVE SPE	CIAL	EQUIP	MENT?		Х	13. AN	Y VEHICLES OWNED	D BUT NOT SCHED	OULED ON	N THIS APPLIC	ATION?			X
6. ARE IC	C, PUC OR OTHER FILING	S REQUIRED)?						14. AN	Y DRIVERS WITH CO	ONVICTIONS FOR	MOVING	TRAFFIC VIOL	ATIONS?			
	ERATIONS INVOLVE TRAN			ATE	RIAL?				15. HA	S AGENT INSPECTE	D VEHICLES?		(IMUIN DOLL A	D \/AL IIE	0110.15	OT TO 1	000
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ow	NER																
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ITEM DESCRIPTION: REMARKS																	

ACORD 127 (2003/08) INS127 (0309).01a PLEASE COMPLETE PAGE 2

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Page 1 of 2

VEHICLE DESCRIPTION ACORD 129 attack										hed for additional vehicles																
VEH#	YEAR	MAKE: I	ION	ΙDΑ					BODY TYPE:				VEHIC	CLE T	/PE		SYM	/AGE	COST NEW							
1	198	MODEL:	AC	COR	D D				V.I.N.: 1	HGC.	A5536KA015	112					PP	SPEC	:	COML			\$ 14180			
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DRIVE TO WORK/SO		JSE			COMM'L	COV	CK /ERAGE	s	ADD'L NO- FAULT	х	UNDRINS MOTOR		F		LSP		RENT REIMB		DEDU	CTIBL	ES	ACV	х	COMP	SPEC C OF L	
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1 Limit 1	XUMP	D Lim		Limit 3	Ded 1	Deductible Type 1	1	Ded 2		Deductil	ole Type 2	l	Premium
Veh #	Cov C	ode	Descriptio	n	Type of Co	overage	Fo	rm No.	Editio	on Date	Rate	Optio	on Codes
2 Limit 1	XUMP	D Lim		hinsured Motorist Limit 3	Ded 1	Deductible Type 1		Ded 2		Deductil	ole Type 2		Premium
Veh #	Cov C	ode	Descriptio	n	Type of Co	overage	Fo	rm No.	Edition	on Date	Rate	Optio	on Codes
3 Limit 1	XUMP	D Lim		Limit 3	Ded 1	Deductible Type 1		Ded 2		Deductil	ole Type 2	<u> </u>	Premium
Veh #	Cov C	ode	Descriptio	<u>n</u>	Type of Co	overage	Fo	rm No.	Editio	on Date	Rate	Optio	on Codes
4 Limit 1	XUMP	D Lim		ninsured Motorist Limit 3	Ded 1	Deductible Type 1		Ded 2		Deductil	ole Type 2		Premium
Veh #	Cov C	ode	Descriptio	n	Type of Co	overage	Fo	rm No.	Editio	on Date	Rate	Optio	on Codes
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Veh #	Cov C	ode	Descriptio	n	Type of Co	overage	Fo	rm No.	Editio	on Date	Rate	Optio	on Codes
Limit 1		Lim	it 2	Limit 3	Ded 1	Deductible Type 1		Ded 2		Deductil	ole Type 2		Premium
Veh #	Cov C	ode	Descriptio	n	Type of Co	overage	Fo	rm No.	Editio	on Date	Rate	Optio	on Codes
Limit 1		Lim	it 2	Limit 3	Ded 1	Deductible Type 1		Ded 2		Deductil	ole Type 2		Premium
Veh #	Cov C	ode	Descriptio	n	Type of Co	overage	Fo	rm No.	Editio	on Date	Rate	Optio	on Codes
Limit 1		Lim	it 2	Limit 3	Ded 1	Deductible Type 1		Ded 2		Deductil	ole Type 2		Premium
Veh #	Cov C	ode	Descriptio	n	Type of Co	overage	Fo	rm No.	Editio	on Date	Rate	Optio	on Codes
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Veh #	Cov C	ode	Descriptio	<u> </u>	Type of Co	overage	l Fo	rm No.	Editio	on Date	Rate	Optio	on Codes
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Limit 1	•	Lim	it 2	Limit 3	Ded 1	Deductible Type 1	•	Ded 2	ı	Deductil	ole Type 2	•	Premium
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		ADDITIO	ONAL CO	VERAGES AND	ENDORSE	EMENTS		
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mit 1	TRIA Terro	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductib	l le Type 2	Premium
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imit 1	Limit 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductib	ole Type 2	Premium
c # ST C	ov Code Descr	ription	Type of	Coverage	Form No.	Edition Date	Rate	Option Codes
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oc # ST C	Cov Code Descr	ription	Type of	Coverage	Form No.	Edition Date	Rate	Option Codes
imit 1	Limit 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductib	ole Type 2	Premium
c # ST C	Cov Code Descr	ription	Type of	Coverage	Form No.	Edition Date	Rate	Option Codes
imit 1	Limit 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductib	le Type 2	Premium
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oc # ST C	Cov Code Descr	ription	Type of	Coverage	Form No.	Edition Date	Rate	Option Codes
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c # ST C	Cov Code Descr	ription	Type of	Coverage	Form No.	Edition Date	Rate	Option Codes
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c# ST C	ov Code Descr	ription	Type of	Coverage	Form No.	Edition Date	Rate	Option Codes
imit 1	Limit 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductib	le Type 2	Premium
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WORKERS COMPENSATION APPLICATION

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STANDARD PREMIUM

CCPAP

TOTAL EST ANNUAL PREMIUM

MINIMUM PREMIUM

DEPOSIT PREMIUM

\$

\$

N/A

\$

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

GENERAL INFORMATION						
EXPLAIN ALL "YES" RESPONSES	YES	NO		LL "YES" RESPONSES	YES	NO
1. DOES APPLICANT OWN, OPERATE OR LEASE AIRCRAFT/WATERCRAFT?			18. ANY PR CANCEL	IOR COVERAGE DECLINED/ LLED/NON-RENEWED (Last 3 years)? NOT APPLICABLE IN MO		
DO/HAVE PAST, PRESENT OR DISCONTINUED OPERATIONS INVOLVE(D) STORING, TREATING, DISCHARGING, APPLYING, DISPOSING, OR TRANSPORTING			19. ARE EM	PLOYEE HEALTH PLANS PROVIDED?		
OF HAZARDOUS MATERIAL? (e.g. landfills, wastes, fuel tanks, etc)			20. IS THER	RE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS/SUBSIDIARY?		
3. ANY WORK PERFORMED UNDERGROUND OR ABOVE 15 FEET?			21. DO YOU	J LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?		
4. ANY WORK PERFORMED ON BARGES, VESSELS, DOCKS, BRIDGE OVER WATER?			22. DO ANY	EMPLOYEES PREDOMINANTLY WORK AT HOME?		
5. IS APPLICANT ENGAGED IN ANY OTHER TYPE OF BUSINESS?			23. ANY TA	X LIENS OR BANKRUPTCY WITHIN THE LAST 5 YEARS?		<u></u>
6. ARE SUB-CONTRACTORS USED? (IF YES, GIVE % OF WORK SUBCONTRACTED)			-	NDISPUTED AND UNPAID WORKERS COMPENSATION PREMIUM DUE OU OR ANY COMMONLY MANAGED OR OWNED ENTERPRISES? IF YES.		
7. ANY WORK SUBLET WITHOUT CERTIFICATES OF INS.?				N INCLUDING ENTITY NAME(S) AND POLICY NUMBER(S).		
8. IS A WRITTEN SAFETY PROGRAM IN OPERATION?				CONTACT INFORMATION		
9. ANY GROUP TRANSPORTATION PROVIDED?				PHONE:		
10. ANY EMPLOYEES UNDER 16 OR OVER 60 YEARS OF AGE?			IN- SPECTION	NAME:		
11. ANY SEASONAL EMPLOYEES?				E-MAIL:		
12. IS THERE ANY VOLUNTEER OR DONATED LABOR?				PHONE:		
13. ANY EMPLOYEES WITH PHYSICAL HANDICAPS?			ACCTNG RECORD	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?			CLAIMS INFO	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)
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APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER
	1/3/2014		

				ADDITION	IAL COV	ERAGES AND	ENDORS	EMENTS			
oc # ST	Cov Co		Description Surcharge		Type of Co	overage	Form No.	Edition Date	Rate 0.01370	Optio	on Codes
mit 1		Limi		Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductib	le Type 2	•	Premium 53.00
c# ST	Cov Co	ode	Description		Type of Co	overage	Form No.	Edition Date	Rate	Optio	n Codes
CA imit 1	APM	P Limi		olicy minimum Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductib	ole Type 2	<u> </u>	P <mark>remium</mark>
c# ST	Cov Co	ode	Description		Type of Co	overage	Form No.	Edition Date	Rate	Optio	on Codes
imit 1		Limi	t 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductib	l le Type 2		Premium
oc# ST	Cov Co	ode	Description		Type of Co	overage	Form No.	Edition Date	Rate	Optio	on Codes
imit 1		Limi	t 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductib	l le Type 2		Premium
c# ST	Cov Co	ode	Description		Type of Co	overage	Form No.	Edition Date	Rate	Optio	on Codes
imit 1		Limi	t 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductib	l le Type 2		Premium
oc# ST	Cov Co	ode	Description		Type of Co	overage	Form No.	Edition Date	Rate	Optio	on Codes
imit 1		Limi	t 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductib	l le Type 2		Premium
c# ST	Cov Co	ode	Description		Type of Co	overage	Form No.	Edition Date	Rate	Optio	on Codes
imit 1		Limi	t 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductib	le Type 2		Premium
oc# ST	Cov Co	ode	Description		Type of Co	overage	Form No.	Edition Date	Rate	Optio	on Codes
imit 1		Limi	t 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductib	le Type 2		Premium
c# ST	Cov Co	ode	Description		Type of Co	overage	Form No.	Edition Date	Rate	Optio	on Codes
imit 1		Limi	t 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductib	le Type 2		Premium
c# ST	Cov Co	ode	Description		Type of Co	overage	Form No.	Edition Date	Rate	Optio	on Codes
imit 1		Limi	t 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductib	le Type 2		Premium
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FORI	VIS .
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

DATE (MM/DD/YYYY)

				PLICANT INFO		SEC	IIOI			1/23/	2011		
AGENCY	<u>r</u>			CARRIER							IAIC CODE		
IISG	Agen	су		Capitol S	pecialty Co	mapni	es						
1091	5 Nor	th Creek Parkway		UNDERWRITE	UNDERWRITER: UNDERWRITER OFFICE:								
				POLICIES OR F	POLICIES OR PROGRAM REQUESTED POLICY NUMBER CP02019832								
Suite	e 300				CP0201								
San 1	Franc	isco CA 97	7202		TIONS ATTACHED)		ONIC DATA	-	TRUCKERS/MOTOR	CARRIER		
CONTAC	T ===			VALUABL	TS RECEIVABLE/ E PAPERS	<u> </u>		NT FLOAT	-	UMBRELLA			
NAME:	TES				MACHINERY	_	_	AND DEAL	LERS	VEHICLE SCHEDUL			
(A/C, No	, Ext): (8	00)243-6205		BUSINES		-	GLASS A		DEDO DIOK	WORKERS COMPEN	ISATION		
(A/C, No E-MAIL): (800)243-6206		GENERAL	. LIABILITY SCELLANEOUS CI		_		DERS RISK	YACHT			
ADDRES	SS: AMS360	0 000		DEALERS		X	OPEN CA PROPER						
					NFO SCHEDULE	-	_	II ORTATION RUCK CA	,				
		ERID: 00010135 FRANSACTION		PACKAGE POLIC		ION	MOTOR 1	RUCK CA	RGO				
	OTE	ISSUE POLICY					S AND TEDM	S ADDI V 1	O SEVEDAL LI	NES, OR FOR MONOLINE	POLICIES		
		Date and/or Attach Copy):		PROPOSED EFF DATE	PROPOSEDE			IG PLAN	_	PAYMENT PLAN	AUDIT		
CH	ANGE	DATE TIME	X AM	THOI GOLD ETT DATE	THOI GOLD L	AI DAIL	37	ECT BILL	Annual	ATMENT PAR	A <mark>GD</mark> II		
CAI	NCEL 8/	13/2011 12:01	PM	2/1/2011	2/1/201	2		NCY BILL	PACKAGE PO	DLICY PREMIUM: \$ 31	-897.00		
APPL	ICANT I	NFORMATION					7,102	ITOT DILL	PACKAGE	DEICT FREIMIOM, \$ 31	,037.00		
		d Insured & Other Named Insureds	;)				MAILING AD	DRESSIN	CL ZIP+4 (of Fi	rst Named Insured)			
Mo-Ar	-Ok Pro	operty Test 3.4.4.6	020811 05				130 Boor	ne Hill	ls Dr				
							Saint Pe	eters	MO	63376-2431			
FEIN OR	SOC SEC	# oured):	PHONE (A/C, No, E	xt).									
E-MAIL ADDRES		•					WEBSITE ADDRESS(E	S):					
	IDIVIDUAL	X CORPORATION	SUBCHAPTER " CORPORATION	'S" LLC NO. OF I	MEMBERS NAGERS	CR BU	REAU NAME	-			DATE BUS STARTED		
PA	ARTNERSH	IP JOINT VENTURE	NOT FOR PROFIT ORG			ID NU	MBER:						
	TION CONT					NG RECC	RDS CONTA	CT:					
PHONE (A/C, No	, Ext):	E-	-MAIL DDRESS:		PHONE (A/C, No, E	xt):			E-MAIL ADDRES	SS:			
PREM	ISES IN	IFORMATION A	CORD 823 att	tached for additio	nal premises								
LOC#	BLD#	STREET, CITY,	, COUNTY, STATE,	ZIP+4	CITY LIMITS	INT	EREST	YR BUILT	# EMPLOYEES	ANNUAL REVENUES	% OCCUPIED		
		130 Boone Hills Dr			INSIDE	OWI	NER						
		Saint Peters	MO	63376-2431	OUTSIDE		IANT						
1	1												
						OW							
1		311 E Race Ave			INSIDE	OVVI	NER						
1		311 E Race Ave Searcy	AR	72143-4331	OUTSIDE		NER IANT						
2	1		AR	72143-4331									
2	1		AR	72143-4331		TEN							
		Searcy		72143-4331 73108-2303	OUTSIDE	TEN	IANT						
3	1	Searcy 509 Westline Dr			OUTSIDE	TEN	NER						
		Searcy 509 Westline Dr			OUTSIDE	OWI TEN	NER						
		Searcy 509 Westline Dr			OUTSIDE INSIDE OUTSIDE	OWI	NER NANT						
3	1	Searcy 509 Westline Dr Oklahoma City	OK	73108-2303	OUTSIDE INSIDE OUTSIDE INSIDE OUTSIDE	OWI	NER NER						
3	1	Searcy 509 Westline Dr	OK	73108-2303	OUTSIDE INSIDE OUTSIDE INSIDE OUTSIDE	OWI	NER NER						
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3 NATU	1 RE OF I	Searcy 509 Westline Dr Oklahoma City BUSINESS/DESCRIPTIO	OK	73108-2303	OUTSIDE INSIDE OUTSIDE INSIDE OUTSIDE	OWI	NER NER						
3 NATU	1 RE OF I	Searcy 509 Westline Dr Oklahoma City BUSINESS/DESCRIPTIO	OK	73108-2303	OUTSIDE INSIDE OUTSIDE INSIDE OUTSIDE	OWI	NER NER						
3 NATU	1 RE OF I	Searcy 509 Westline Dr Oklahoma City BUSINESS/DESCRIPTIO	OK	73108-2303	OUTSIDE INSIDE OUTSIDE INSIDE OUTSIDE	OWI	NER NER						

AGENCY CUSTOMER ID: 00010135 GENERAL INFORMATION Y/N **EXPLAIN ALL "YES" RESPONSES** 1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY? 1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES? IS A FORMAL SAFETY PROGRAM IN OPERATION? ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS? ANY CATASTROPHE EXPOSURE? 4. ANY OTHER INSURANCE WITH THIS COMPANY OR BEING SUBMITTED? ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR THREE (3) YEARS? (Not applicable in MO) ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING? 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 ANY UNCORRECTED FIRE CODE VIOLATIONS? 9. 10. ANY BANKRUPTCIES, TAX OR CREDIT LIENS AGAINST THE APPLICANT IN THE PAST FIVE (5) YEARS? 11. HAS BUSINESS BEEN PLACED IN A TRUST? IF "YES". NAME OF TRUST: 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) 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

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, ÀNY PÉRSON WHO KNÓWÍNGLY AND WITH INTENT TÓ INJURE, DEFRAÚD, OR DECÉIVE ANY INSURER FILES À 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)	NATIONAL PRODUCER NUMBER
APPLICANT'S SIGNATURE		DATE

	JR	CARRIER INFORMA	ATION									
LINE		CATEGORY										
	С	ARRIER										
	Р	OLICY NUMBER										
	Р	OLICY TYPE	CLAIMS MADE	OCCURRENCE								
	R	ETRO DATE										
G E	E	FF-EXP DATE										
N F		GENERAL AGGREGATE										
C E O A		PRODUCTS COMP OP AGGREGATE										
M L M L		PERSONAL & ADV INJ										
IE,		EACH OCCURRENCE										
C L		FIRE DAMAGE										
Ь₿В	Ţ	MEDICAL EXPENSE										
ËŁ	S	BODILY OCCURRENCE										
l t		INJURY AGGREGATE										
Y		PROPERTY OCCURRENCE										
		DAMAGE AGGREGATE										
		COMBINED SINGLE LIMIT										
	М	IODIFICATION FACTOR										
	T	OTAL PREMIUM										
	С	ARRIER										
	Р	OLICY NUMBER										
A.	Р	OLICY TYPE										
AUTOMOBILE	EFF-E	FF-EXP DATE										
MB	С	OMBINED SINGLE LIMIT										
Β̈́L		BODILY EA PERSON										
ĻŤ		INJURY EA ACCIDENT										
-	Р	ROPERTY DAMAGE										
	М	IODIFICATION FACTOR										
	T	OTAL PREMIUM										
		ARRIER										
		OLICY NUMBER										
P R O P E R T Y		OLICY TYPE										
P	Е	FF-EXP DATE										
Ř		BUILDING AMT										
Ý		PERS PROP AMT										
		IODIFICATION FACTOR										
	1	OTAL PREMIUM										
		ARRIER										
		OLICY NUMBER										
		OLICY TYPE										
		FF-EXP DATE										
		IMIT										
		IODIFICATION FACTOR										
	T	OTAL PREMIUM										

	MODIFICATION	ON FACTOR									
	TOTAL PREM	иим									
LOS	S HISTOR	Υ									
ENTER FOR T	R ALL CLAIMS HE PRIOR 5 Y	OR LOSSES (R EARS (3 YEARS	EGARDLESS OF FAULT AND WHE S IN KS & NY)	THER OR NOT INSURED) OR	OCCURRENCES THAT MAY	GIVE RISE TO CLAIMS	X CH	(HERE ONE	SEE AT		
	ATE OF				DATE	AMOUNT		AMOUNT			AIM
	URRENCE	LINE	TYPE/DESCRIPTION OF C	OCCURRENCE OR CLAIM	OF CLAIM	PAID		RESERVED		OPEN	CLSD
REMA	RKS NOT	E: FIDELITY RE	QUIRES A FIVE YEAR LOSS HISTO	ORY			ATTA	CHMENTS		•	•
							S	TATE SUPPLE	MENT(S)	(If appl	icable)

FORMS

Form Name / Description	F <mark>orm #</mark>	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	
OFFORMS		Copyright 2001, AMS Services, Inc

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FOR	VIS .	
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	

ACORD	

DATE (MM/DD/YYY	Y)
1/23/201	4

ACORI	D "			PR	OP	PERT	Y S	ECTI	ON						/23/20:	
AGENCY IISG	Agency						- 1	PLICANT (First		ured) M O	-Ar-C	k Prop	erty	Tes	t 3.4.	4.6
POLICY NUMBER CP0201983								RRIER apitol :	Specia	lty (omap:	nies			NAIC CO	
EFFECTIVE DATE 2/1/2011	EFFECTIVE DATE EXPIRATION DATE 2/1/2011 Z/1/2012 X DIRECT BILL AGENCY BILL					MENT PLAN		AUDIT FOR COMPANY USE ONLY								
PREMISES#: 1					ADDRE	ss: 130 1	Boone	e Hills	Dr							
PREMISES IN	NFORMATION		 NG#: 1	_				t Center								
SUBJECT	OF INSURANCE		AMOUNT	COINS %	VALU-	CAUSES O	FLOSS	LOSS INFLATION DED BLKT #					ID COND	ITIONS T	O APPLY	
C		ALION	Special				00					<u> </u>				
FOODC Special form																
Building 675000				80	RC	Special	form	1	5	00						
Business	s Personal					Special	form	ı.								
Pro	perty		250100	80	RC				5	00						
BI w/ Ext	ra Expense					Special	form									
			250000	80												
Extra	Expense		150000			Special	form	1								
ADDITIONAL INFO	RMATION X	BUSINES	SINCOME / EXT	RA EXPEN	SE - Atta	ach ACORD 81	10	, I	ALUE REPO	ORTING IN	FORMATI	ON - Attach A	CORD 81	1		
ADDITIONAL	COVERAGES,	TIONS, I	ENDO	RSEMENT	S AND	RATING I	NFORMA	TION								
SPOILAGE COVEI	RAGE DESCRIPTI	ON OF PRO	PERTY COVER	ED		LIMIT \$			DEDUCTIE \$		REFRIG I (Y/N)	MAINT AGREE	EMENT	OPTION	S	
# OF OPEN SIDES	ON STRUCTURE: _															
CONSTRUCTION	ГҮРЕ	НАІ	DISTANCE TO DRANT FIRE S	TAT	F	TRE DISTRICT	CODE N	NUMBER	PR	OT CL #	STORIES	# BASM'TS	YR BU	ILT TO	TAL AREA	
Masonry			FT	МІ						4						
BUILDING IMPROV	VEMENTS			BLD0 GR	CODE	TAX CODE	ROO	F TYPE	ОТІ	IER OCCU	PANCIES					
WIRING, YR:		PLUMBI	NG, YR:													
ROOFING, YE	R:	HEATIN	G, YR:	WIND	CLASS	SI	EMI- RES	SISTIVE	HEA	TING BOI	LER ON P	REMISES? (Y/N)			
OTHER:		Y	′R:		RESISTI	VE					URANCE	PLACED ELS		_ `		
RIGHT EXPOSURE	IRE & DIST	ANCE		FRO	ONT EXPOSUR	RE & DISTAN	ICE		REAR EXPO	OSURE &	DISTAN	CE				
BURGLAR ALARN	1 TYPE			CERT	TFICATE	Ε#						EXPIRATIO	N DATE		ENTRAL ST	ATION
BURGLAR ALARM				EXT	TENT		GRADE	# G	UARDS/WAT	CHMEN		CLOCK HOU	RLY			
PREMISES FIRE P	ROTECTION (Sprink	ders, Stand	pipes, CO2/Chei	nical Syste	ems)	% \$	SPRNK	FIRE ALARN	MANUFAC	TURER					CENTRAL ST	
ADDITIONAL	INTERESTS					1		1						1 14	JUNE GUING	
RANK:	NAME AND ADDRE	ESS:	R	EFERENC	E#:				CERTIF	ICATE RE	QUIRED	ll l	NTERES1	IN ITEM	NUMBER	
INTEREST												LOCATION:	:	BUI	LDING:	
LOSS PAYEE												SCHEDULE		-		
MORT- GAGEE												OTHER:				
	ITEM DESCRIPTION	N:														

ADDITIONAL	L		PREMIS	ES#: 2	STREET	ADDRE	SS: 311	E R	ac	e Ave									
PREMISES II		MATION	BUILDIN	G#:1	6#: 1 BLDG DESCRIPTIO						- Enc	lose	ed B	uild	lings Used for Recreations				
SUBJECT	OF INSUR	ANCE	A	MOUNT	C <mark>OIN</mark> S %					INFLATION GUARD %		E	LKT #			AND CON			
	CPPE					, .	Specia												
												500							
F	OODC						Specia	1 for	rm										
Bu	ilding	1					Broad	fori	m										
		,		500000	80	RC						500							
Busines	e Der	gonal					Broad	for	m										
	operty			100000	80	RC	DIOGG	. 1011				500							
BI w/ Ex				100000	- 00	RC	Broad	form	_			300							
DI W/ EX	LLIA E.	vbense		200000	80		Broad	LOII	111										
5				300000	80		D 3	· • · · · ·					_						
Extra	Expe	nse					Broad	liori	m										
				150000															
ADDITIONAL INFO	ORMATIC	N X B	USINESS	INCOME / EXTR	A EXPEN	SE - Atta	ch ACORD	810		V	ALUE REF	PORTIN	IG INF	ORMATI	ON - Attac	h ACORD	B11		
		RAGES, OI	PTIONS	, RESTRICT	ΓΙΟΝS, ENDORSEΝ			MENTS AND RATING IN			NFORM	NFORMATION							
SPOILAGE COVE	RAGE	DESCRIPTION	OF PRO	PERTY COVERE	D		LIMIT	Г			DEDUCT	IBLE		EFRIG N //N)	IAINT AG	REEMENT	OPTI	ONS	
(1/N)							\$				\$		(,	17N)					
# OF OPEN SIDES	S ON STR	IICTURE:																	
CONSTRUCTION		OCTORE		DISTANCE TO		-	RE DISTRIC	T/COD	E NII	IMPED	DI	ROT CI	# 6	TODIES	# BASM'	TS YR B	шт	TOTAL A	DEA
	ITE		HYD	DISTANCE TO RANT FIRE S	ΓΑΤ	-	KE DISTRIC	. 1/000	'E NC	UNIDEK	"		, # 3	IORIES	# DASIVI	13 16 6	OILI	TOTAL	AREA
Masonry				FT	MI		CODE ROOF TYPE			OTHER OCCU									
BUILDING IMPRO	VEMENT	s			GR.	CODE ADE	TAX COD	E RO	OOF	TYPE	01	THER C	CCUP	ANCIES					
WIRING, YR	:		PLUMBIN	IG, YR:															
ROOFING, Y	'R:		HEATING	6, YR:	WIND	CLASS		SEMI- F	RESI	ISTIVE	HE	EATING	BOILE	ER ON P	REMISES'	? (Y/N)			
OTHER:			YF	₹:	F	RESISTIN	/E									ELSEWHER	RE? (Y/	N)	
RIGHT EXPOSUR	E & DIST	ANCE		LEFT EXPOSUI				F	FROI	NT EXPOSUR			,			XPOSURE			
BUIDOL AD AL ADI	M TVDE				CERT	IEICATE	#								EVDIDA	TION DATE	.		
BURGLAR ALARI	WITTPE				CERT	IFICATE	#								EXPIRA	IION DATE	-	CENTR	AL STATION
																		WITH K	EYS
BURGLAR ALARI	M INSTAL	LED AND SER	VICED BY	•				E	EXTE	ENT		GRAI	ÞΕ	# G	UARDS/W	ATCHMEN	ı 崖	CLOCK	HOURLY
PREMISES FIRE F	PROTECT	ION (Sprinkler	s, Standpi	ipes, CO2/Chem	ical Syste	ms)	9/	6 SPRNI	K	FIRE ALARM	1 MANUFA	CTURE	R					CENTE	AL STATION
ADDITIONAL	INTE	DESTS																LOCAL	GUNG
			<u></u>	-	EEDENG	- #.					0000	FICAT	. pro	IIDEE		INTERE	T IN 17	CM NII 1870	ED
RANK:	1	AND ADDRESS	> ;	RE	FERENCE	- #:					CERTI	FICAT	KEQ	UIKED				EM NUME	
INTEREST	-	Bank													LOCATI	on: 2		BUILDING	<mark>i:</mark> 1
X LOSS PAYEE		W Main													SCHEDU	JLED ITEM	NUMB	ER:	
MORT- GAGEE	Russ	ellville	e	AR	72801	-231	2								OTHER:				
	ITEM D	ESCRIPTION:																	

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)

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ADDITIONA	\L		PREMIS	ES#: 3	STREET	ADDRE	ss: 509	West	line Dr									
PREMISES	INFOR	MATION	BUILDIN	G#:1	BLDG DI	ELDG DESCRIPTION: Recreational Facilities - Noc -							- Bill	iard ar	nd Po	ool Halls		
SUBJECT	OF INSU	RANCE	А	MOUNT	COINS %				INIEL ATION		F	LKT #				S TO APPLY		
	CPPE					7111011	Specia											
											500							
	FOODC						Specia	1 for	m									
							_											
Bı	ildin	a					Specia	1 for	m									
		_		700000	80	RC	•				500							
Business Personal							Specia	1 for	m									
						RC	2,0020				500							
BI w/ Extra Expense						-110	Specia	1 for	m		300							
200000 80							Бреста											
Extra Expense						Specia	1 for	m										
EXCI	a Expe	inse		150000			specia	1 101										
		- V			. =													
ADDITIONAL INFORMATION X BUSINESS INCOME / EXTRA E											MATION - Att	ach ACORD	811					
ADDITIONAL COVERAGES, OPTIONS, RESTRICTION						ENDO									NT OPTIONS			
SPOILAGE COVERAGE DESCRIPTION OF PROPERTY COVERED (Y/N)					ĒD		LIMIT	Г			DEDUCTIBLE \$		RIG MAINTA I)	MAINT AGREEMENT		OPTIONS		
`							\$			•		`						
# OF OPEN SIDE	S ON ST	RUCTURE:								PDOT C:								
CONSTRUCTION	NTYPE		HYD	DISTANCE TO RANT FIRE S	ГАТ	F	RE DISTRIC	CT/CODE	NUMBER	1 1		. # STC	RIES # BAS	VI'TS YR B	UILT	TOTAL AREA		
Masonry				FT	МІ						3							
BUILDING IMPR	OVEMEN ³	rs			BLDG CODE TAX C			E RO	OF TYPE	OTHER OCCUPANO			ICIES					
WIRING, YI			PLUMBIN	IG YR		ADL												
ROOFING,			HEATING		WIND	CLASS		CEMI D	ESISTIVE		- 4 TINIO	DOIL ED	ON DDEMICE	CO (V/NI)				
	TK.		•		Ь.	DEGIGE!		SEIVII- K	ESISTIVE				ON PREMISE		250 00			
OTHER:	PE & DIST	ANCE	YF	≺: LEFT EXPOSU		RESISTIN	/E		RONT EXPOSU				NCE PLACEI	EXPOSURE				
KIGITI EXI GOO	KE & DIO	ANOL		LLI I LAI 000	(L & DIO)	ANOL		["	KONI EXPOSO	KE & DIS 17	ANCE		INEAN	LXI OOUNL	a Dioi	ANOL		
					1											1		
BURGLAR ALAF	RM TYPE				CERT	IFICATE	#						EXPIR	ATION DATE	■	CENTRAL STATION		
																WITH KEYS		
BURGLAR ALAF	RM INSTA	LLED AND SER	VICED BY	•				E	CTENT		GRAI	ÞΕ	# GUARDS	WATCHMEN	1	CLOCK HOURLY		
PREMISES FIRE	PROTEC	TION (Sprinkle	rs, Standp	ipes, CO2/Chem	ical Syste	ms)	9/	6 SPRNK	FIRE ALAR	M MANUFA	CTURE	R	1			CENTRAL STATION		
																LOCAL GONG		
ADDITIONA	LINTE	RESTS														EGGAL GOIVO		
RANK:	_	AND ADDRESS	 S:	RE	FERENCE	E #:				CERT	IFICATI	REQUIR	RED	INTERES	ST IN IT	EM NUMBER		
INTEREST		Bank								JEN								
L) W Main	c+											<mark>гіон:</mark> 3	· ·	BUILDING: 1 		
LOSS PAYEE MORT-				3.00	72001	221	2						SCHE	DULED ITEM	NUMB	ER:		
MORT- GAGEE		sellvill	-	AR	72801	L- Z 31	4						OTHE	₹:				
X OT	ITEM E	ESCRIPTION:																

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

DATE (MM/DD/YYYY)

IISG Agency	Creek Parkway	206	APPLICANT Mo-Ar-Ok Property Test 3.4.4.6 020811 05 (First Named Insured) COMPANY Capitol Specialty Comapnies								
AGENCY CUSTOMER ID: 000											
PREMISES INFO											
PREMISES #: 1	DUGINESS INCOME	z/ DIISINE	ESS INCOME BUSINESS INCOME / DENTAL VALUE								
BUILDING #: 1	EXTRA EXPENSE		(TRA EXPENSE X EXTRA EXPENSE BUSINESS INCOME? RENTAL VALUE								
TYPE OF BUSINESS	ORDINARY PAYROLL	EXT PERIOD	POWER/HEAT OFF PREM POWER DEPEND PROP								
NON MFG	EXCL INCL	DAYS									
MFG	90 DAYS	MO PERIOD	ELEC MEDIA WATER								
MINING	180 DAYS	LIMIT									
% COINS			ORD OR LAW								
	\$	MAX PERIOD	DAYS TUITION FEES CONT LOC MFG LOC								
		MIAKT ENIOD	CIVIL AUTH \$ STUDENTS REC LOC LDR LOC (DESC BELOW)								
EXTRA EXPENSE	LIMIT	LOSS PAY	DAYS \$OTHER ED SERV/INC								
DAYS PERIO	OD REST	% %	OLIVATIVO								
		<u></u> %									
NAME(S) AND ADDRES	SS(ES) FOR OFF PREM POWE										
OTHER COVERAGES											

ADDITIONAL PREMISES INFORMATION PREMISES #: 2 X BUSINESS INCOME / EXTRA EXPENSE **BUSINESS INCOME** BUSINESS INCOME / X EXTRA EXPENSE RENTAL VALUE W/O EXTRA EXPENSE RENTAL VALUE BUILDING #: 1 TYPE OF BUSINESS ORDINARY PAYROLL EXT PERIOD POWER/HEAT OFF PREM POWER DEPEND PROP NON MFG EXCL INCL DAYS DED POWER BROAD FORM LIMITED FORM MFG 90 DAYS WATER MO PERIOD ELEC MEDIA MINING 180 DAYS COMM (DESCR BELOW) LIMIT DAYS COIN % COINS ORD OR LAW CONT LOC MFG LOC DAYS \$ MAX PERIOD **TUITION FEES** \$_ REC LOC STUDENTS LDR LOC (DESC BELOW) CIVIL AUTH OTHER ED SERV/INC EXTRA EXPENSE LIMIT LOSS PAY DAYS DAYS PERIOD REST ____ % _____ % % NAME(S) AND ADDRESS(ES) FOR OFF PREM POWER OR DEPEND PROP OTHER COVERAGES

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

		PR	OPERTY SUB	JEC	TS OF	INS	SURANCE AN	D COVER	AG	ES	
Loc #	Bldg #	Subject Glass Cov	verage		Cov Code SPC		V Description ecial form	Form No.	Editi	ion Date	Rate
Option	Codes		Limit 1 50000	Limit	2		Deductible Amount 500	Deductible Typ	ре	P <mark>remiu</mark> m 140.00	
Loc #	Bldg #	Subject Debris Re	moval		Cov Code SPC		v Description ecial form	Form No.	Editi	ion Date	Rate
Option	Codes		L <mark>imit 1</mark> 45000	Limit	2		Deductible Amount	Deductible Type		P <mark>remiu</mark> m 46.00	
Loc #	Bldg #	Subject Tenant Im	provements & Betterm	ents			<mark>/ Description</mark> ecial form	Form No. Ed		ion Date	Rate
Option	Codes		Limit 1 125000	Limit	2		Deductible Amount 500	Deductible Typ	ре	Premium 347.00	
Loc #	Bldg #	Subject Cov Code Optional Building - Legal Liability SPC Special form		•	Form No.	Editi	ion Date	Rate			
Option	otion Codes		Limit 1 450000 Limit		2		Deductible Amount	Deductible Typ	ре	P <mark>remiu</mark> m 311.00	
L <mark>oc #</mark>			Pers. Property - Legal Liab		Cov Code SPC		<mark>/ Description</mark> ecial form	Form No.		ion Date	Rate
Option	Option Codes		Limit 1 250000	Limit 2			Deductible Amount	Deductible Typ	pe Premium 642.00		
Loc #	Bldg #						V Description ecial form	Form No.	Editi	ion Date	Rate
Option	Option Codes		L <mark>imit 1 Limit</mark> 675000		it 2		Deductible Amount	Deductible Typ	ре	Premium 291.00	
Loc#	Bldg #	Subject Cmb Dem	olition Cst/Incr Cost of	Cnst	Cov Code SPC	Code Cov Description Special form		Form No. Ed		ion Date	Rate
Option	Codes		Limit 1 100000	Limit	2		Deductible Amount	Deductible Typ	ре	P <mark>remiu</mark> m 285.00	
Loc #	Bldg #	Subject Utilities - E	Building		Cov Code SPC	Cov	V Description Special form	Form No.	Edition Date		Rate
Option	Codes		Limit 1 450000	Limi	t 2		Deductible Amount 500	Deductible Ty	pe	Premium 1,238.00	
Loc # 1	Bldg #	-	Personal Property		Cov Code SPC		v Description pecial form	Form No.	Editi	ion Date	Rate
Option	Codes		Limit 1 200000	Limit	2		Deductible Amount 500	Deductible Type		Premium 700.00	
Loc # 1	Bldg #	Subject Vacancy F	Permit		Cov Code SPC		v Description ecial form	Form No.	Editi	ion Date	Rate
Option	Option Codes		Limit 1 675000	Limit	2		Deductible Amount 500	Deductible Typ	ре	Premium 1,192.00	
Loc # 2	Bldg #	Subject Glass Cov	verage		Cov Code SPC		v Description ecial form	Form No.	Editi	ion Date	Rate
Option Codes Limit 1 25000				Limit	2		Deductible Amount 500	Deductible Typ	ре	Premium 71.00	
OFSOI	COV							Сој	pyrigh	nt 2001, AM	S Services, Inc.

		PR	OPERTY SUB	JEC	TS OF	INS	SURANCE AN	D COVER	AG	ES	
Loc # 2	Bldg #	Subject Debris Re	moval		Cov Code SPC	1	Description	Form No.	Edit	ion Date	Rate
Option	Codes		Limit 1 50000	Limit	t 2		Deductible Amount	Deductible Ty	pe	Premium 51.00	
Loc # 2	Bldg #	Subject Tenant Im	provements & Betterm	ents	Cov Code SPC		Description	Form No. Edition		ion Date	Rate
Option	Codes		Limit 1 100000	Limi	t 2		Deductible Amount 500	Deductible Type		Premium 216.00	
Loc # 2	Bldg #	Subject Optional E	I Building - Legal Liability				Description cial form	Form No.	Edit	ion Date	Rate
Option	Codes		Limit 1 300000	Limit 2		Deductible Amour		Deductible Ty	ре	Premium 201.00	
Loc # 2	Bldg #	Subject Optional F	Pers. Property - Legal L	₋iab	Cov Code SPC		Description cial form	Form No.	Edit	ion Date	Rate
Option	Codes		Limit 1 100000	Limi	t 2		Deductible Amount	Deductible Ty	ре	Premium 262.00	
Loc # 2	1 3 2 3 3		ordinance or Law		Cov Code SPC		Description cial form	Form No. E		ion Date	Rate
Option	Option Codes		Limit 1 500000	Limit 2			Deductible Amount	Deductible Type		Premium 210.00	
Loc # 2	Bldg # Subject 1 Cmb Demolition Cst/Incr Cost of Cns		Cnst	Cov Code SPC		Description cial form	Form No.	Edit	ion Date	Rate	
Option	Option Codes		Limit 1 200000	Limit			Deductible Amount	Deductible Ty	ре	Premium 562.00	
Loc # 2	Bldg #	Subject Peak Seas	son	Cov Code SPC		Cov Description Special form		Form No.	Edit	ion Date	Rate
Option	Codes		Limit 1 100000	Limit	t 2		Deductible Amount 500	Deductible Ty	ре	Premium 35.00	
Loc # 2	Bldg #	Subject Utilities - E	Building		Cov Code SPC	Cov	Description Special form	Form No. Ed		ion Date	Rate
Option	Codes		Limit 1 400000	Limit	t 2		Deductible Amount 500	Deductible Ty	ре	Premium 504.00	
Loc # 2	Bldg #	-	Personal Property		Cov Code SPC		Description ecial form	Form No.	Edit	ion Date	Rate
Option	Codes		Limit 1 100000	Limi	t 2		Deductible Amount 500	Deductible Type		Premium 470.00	
Loc # 3	Bldg #	Subject Glass Cov	verage		Cov Code SPC	1	Description cial form	Form No.	Edit	ion Date	Rate
Option	Option Codes Limit 1 75000			Limi	t 2		Deductible Amount 500	Deductible Ty	ре	Premium 95.00	
Loc # 3	Bldg #	Subject Debris Re	moval		Cov Code SPC		Description cial form	Form No.	Edit	ion Date	Rate
Option Codes Limit 1 60000				Limi	t 2		Deductible Amount	Deductible Ty	ре	Premium 78.00	
OFSOI	COV							Col	pyrigl	ht 2001, AM	S Services, Inc.

	PROPERTY SUBJECTS OF INSURANCE AND COVERAGES													
			provements & Betterm	ents	Cov Code SPC		Description ecial form	Form No.	Edition Date	Rate				
Option	Codes		Limit 1 120000	Limit	2		Deductible Amount 500	Deductible Ty	pe Premiur 335.00	n				
Loc # 3	Bldg #		Building - Legal Liability	1	Cov Code SPC	1	Description ecial form	Form No. Edition Date		Rate				
Option	Codes		Limit 1 400000	Limit	2		Deductible Amount	Deductible Ty	pe Premiur 197.00	n				
Loc # 3	Bldg #	_	Pers. Property - Legal L	iab	Cov Code SPC		Description ecial form	Form No. Edition Date		Rate				
Option	Codes		Limit 1 250000	Limi	2	Deductible Amount		Deductible Ty	pe Premiur 387.00	n				
Loc # 3	Bldg #		ordinance or Law		Cov Code SPC		Description ecial form	Form No.	Edition Date	Rate				
Option	Codes		Limit 1 700000	Limit	2	1	Deductible Amount	Deductible Ty	pe Premiur 364.00	n				
Loc # 3	Bldg #		olition Cst/Incr Cost of	Cnst	Cov Code SPC		Description ecial form	Form No.	Edition Date	Rate				
Option	Option Codes		Limit 1 150000	Limit	2		Deductible Amount	Deductible Ty	pe Premiur 524.00	n				
Loc # 3	Bldg #	Subject Utilities - E	Building				Description pecial form	Form No.	Edition Date	Rate				
Option	Option Codes		Limit 1 Limit 500000		t 2		Deductible Amount 500	Deductible Ty	pe Premiur 1,540.0					
Loc # 3	Bldg #	_	Personal Property		Cov Code SPC	Cov Description Special form		Form No.	Edition Date	Rate				
Option	Codes		Limit 1 Limit 200000		2		Deductible Amount 500	Deductible Ty	pe Premiur 816.00	n				
Loc#	Bldg #	Subject			Cov Code	Cov	Description	Form No.	Edition Date	Rate				
Option	Codes		Limit 1	Limi	2		Deductible Amount	Deductible Ty	pe Premiur	n				
Loc#	Bldg #	Subject			Cov Code	Cov	Description	Form No.	Edition Date	Rate				
Option	Codes		Limit 1	Limi	: 2		Deductible Amount	Deductible Ty	pe Premiur	n				
Loc#	Bldg #	Subject			Cov Code	Cov	Description	Form No.	Edition Date	Rate				
Option	Option Codes		Limit 1	Limit	i 2		Deductible Amount	Deductible Ty	pe Premiur	n				
Loc#	Bldg #	Subject			Cov Code	Cov	Description	Form No.	Edition Date	Rate				
Option	Codes		Limit 1	Limi	2		Deductible Amount	Deductible Ty	pe Premiur	n				
OFSOI	COV							Со	pyright 2001, A	MS Services, Inc.				

_) _®												
AC	OR.	D	STA	ATEM	EN1		= V/	ALUE	S		DATE (MM/DD/YYYY)			
AGENCY	PHO	NE No 514	(800)243-6205	COMPANY					NAIC CODE:		PAGE	23/2014		
			800)243-6206	Capito	l Spec	cialt	y Cor	napnies			1	OF		
				INS <mark>URED/AP</mark>					POLICY NUMBER		EFFECTIVE DATE			
IISG	_	_		Mo-Ar-C			y Tes	st (CP02019832		2/1	L/2011		
10915 Suite			reek Parkway	HEADQUART					Saint Peters		MO 63	376-2431		
San E			CA 97202		APPLICABI			ss	baint recers		MO 63376-2431			
				80%	BASIC				EARTHQUAKE COV	SPECIFI REQUES	C AVERAG STED	E RATE		
C <mark>OD</mark> E: A	MS36	0	SUBCODE:	90%	X BROA	D			FLOOD SPRINKLER	BLANKE	T RATE RE	QUESTED		
AGENCY 00010		<mark>IER</mark> ID		100% X	X SP <mark>ECI</mark>	AL			LEAKAGE EXCL					
		M NUMB	ERS (Attach completed forms and endorse		uire comple	tion to pr	ovide ned	essary inforn	VANDALISM EXCL	ss costs)				
CLASS CODE	L <mark>OC</mark> #	B <mark>LDG</mark> #	DESCRIPTION AND AD	DRESS OF PRO	PERTY		ACV/ RC	S <mark>UBJE</mark> CT	100% VALUES	RATE OR LOSS COS		PREMIUM		
			DESC: Amusement Centers											
			ADDRESS:	Coint D	0	MO						155 00		
	1	1	130 Boone Hills Dr,	Saint P	eters	, MO					_	175.00		
			Amusement Centers ADDRESS:											
	1	1	130 Boone Hills Dr,	Saint P	eters	, MO						25.00		
			Amusement Centers											
	1	1	ADDRESS: 130 Boone Hills Dr,	Saint P	eters	. MO	RC	В	67500			1,877.00		
	1	_	DESC:	<u> </u>	00023	,	1.0		37333					
			Amusement Centers ADDRESS:				-							
	1	1	130 Boone Hills Dr,	Saint P	eters	, MO	RC	BPP	25010	0	_	977.00		
			Amusement Centers											
	1	1	130 Boone Hills Dr,	Saint P	eters	, MO		BUSIN	25000	0		1,579.00		
			DESC: Amusement Centers											
	1	1	ADDRESS: 130 Boone Hills Dr,	Saint D	eters	MΩ		EE	15000			1,482.00		
	†	_	DESC:	Daine F	ecer a	, мо			13000		+	1,402.00		
			Amusement Centers ADDRESS:											
	1	1	130 Boone Hills Dr,	Saint P	eters	, MO	RC	GLASS	5000	0	+	140.00		
			Amusement Centers											
	1	1	ADDRESS: 130 Boone Hills Dr,	Saint P	eters	, MO		DRMVL	4500	0		46.00		
			DESC: Amusement Centers											
			ADDRESS:											
	1	1	130 Boone Hills Dr,	Saint P	eters	, мо	RC	TIB	12500	0	+	347.00		
			Amusement Centers ADDRESS:				_							
	1	1	130 Boone Hills Dr,	Saint P	eters	, MO	RC	OPTBD	45000	0		311.00		
			DESC: Amusement Centers											
	1	1	ADDRESS: 130 Boone Hills Dr,	Saint P	eters	. MO	RC	OPTPP	25000	0		642.00		
Total	-		items found on all pag								\$	31,897.00		
INSTRU							NATUE							
	 ACV (Actual Cash Value) or RC (Replacement Cost): If other valuation basis applies, provide necessary information. 							S AND LOC	CATION INFORMATION	ARE CORRECT	TO THE	BEST OF MY		
<u> </u>		SSary IIII	ormation.				JRED'S	AND BELIEF						
2. SUBJECT: B = Building S = Stock F = Furniture & Fixtures M = Machinery						SIG	NATURE	<u></u>			-			
			Personal Property PPO = Personal P R = Rental Income Other - specify		iers	ТІТІ	LE:							
			ST: For class rated property, attach clas		ition form	or .								
equiv	alent int	formatio	n for each location. For specifically rate mation if known.				E:							

ACORD 139 (2004/03)

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AC	OR	D	STA	ATEME	ENT (OF \	V A	ALUE	S				(MM/DD/YYYY)	
AGENCY	PHO	NE	(800)243-6205	COMPANY		<u> </u>						1/2 PAGE	23/2014	
			800)243-6206	Capitol	Specia	alty (Com	_	NAIC CODE:				OF	
	(A)O	, 110).								ER		EFFECTIVE DATE		
IISG	Agen	су		Mo-Ar-Ol			Гes	t C	CP02019	832		2/1	/2011	
			reek Parkway	HEADQUARTER					g	D - t		 63	256 2421	
Suite San B		_	CA 97202	130 Boon	PPLICABLE CA				Saint	Peters		MO 63376-2431		
-		-2500	011 37 202	80%	BASIC	AUSES OF	LOS		EARTH	QUAKE COV	SPECIFI REQUES	C AVERAG	E RATE	
CODE: 7	MS36	0	SUBCODE:	90% X	BROAD				FLOOD		BLANKE	T RATE RE	QUESTED	
AGENCY		IER ID		100% X	SPECIAL				SPRINI LEAKA	GE EXCL				
00010		M NUMB	ERS (Attach completed forms and endorse	X 80 ments that require	e completion	to provide	nece	essary inform		LISM EXCL	costs)			
			` '	·	·	·		·			,			
CLASS CODE	LOC #	BLDG #	DESCRIPTION AND AD	DRESS OF PROP	PERTY		CV/	SUBJECT		VALUES	RATE OR LOSS COS	т	PREMIUM	
			DESC:											
			Amusement Centers ADDRESS:											
	1	1	130 Boone Hills Dr,	Saint Pe	eters,	MO		BOLAW		675000			291.00	
			Amusement Centers ADDRESS:											
	1	1	130 Boone Hills Dr,	Saint Pe	eters,	MO		BOLDC		100000			285.00	
			Amusement Centers											
	1	1	ADDRESS: 130 Boone Hills Dr, DESC:	Saint Pe	eters,	мо				450000			1,238.00	
			Amusement Centers ADDRESS:											
	1	1	130 Boone Hills Dr,	Saint Pe	eters,	MO				200000			700.00	
			Amusement Centers ADDRESS:											
	1	1	130 Boone Hills Dr,	Saint Pe	eters,	MO		VACPR		675000			1,192.00	
			Amusement Parks - Er	nclosed B	Buildin	.gs								
	2	1	ADDRESS: 311 E Race Ave, Sear	cy, AR									175.00	
			DESC: Amusement Parks - Er		nildin	as								
			ADDRESS:		diidii	.gs								
	2	1	311 E Race Ave, Sear	cy, AR									25.00	
			Amusement Parks - Er	closed B	Buildin	.gs								
	2	1	311 E Race Ave, Sear	cy, AR		RC	2	В		500000			860.00	
			DESC: Amusement Parks - Er	nclosed B	Buildin	as								
		_	ADDRESS:				,	DDD						
	2	1	311 E Race Ave, Sear	_		RC	-	BPP		100000			197.00	
			Amusement Parks - Er		Buildin	gs		D						
	2	1	311 E Race Ave, Sear	_			-	BUSIN		300000			2,139.00	
			Amusement Parks - Er	closed B	Buildin	.gs								
	2	1	311 E Race Ave, Sear	cy, AR				EE		150000			1,576.00	
L	Totals include items found on all pages, not includi							= BLNK.	\$	11,025,100	N/A	\$	31,897.00	
	INSTRUCTIONS							<u>E</u>						
	 ACV (Actual Cash Value) or RC (Replacement Cost): If other valuation basis applies, provide necessary information. 							AND LOCA AND BELIEF		KMATION AR	E CORRECT	TO THE	BEST OF MY	
2. SUB.	2. SUBJECT:						D'S	. <u></u>						
B = E	Building		ock F = Furniture & Fixtures M = Ma		re	SIGNATI	UNE.							
			s Personal Property PPO = Personal P e R = Rental Income Other - specify		10	TITLE:								
equiv	alent inf	formatio	ST: For class rated property, attach clas n for each location. For specifically rated mation if known.			DATE:								

ACORD 139 (2004/03)

AĆ	OR.	D®	O.T.	A TERAENIT .	0E.V	<u> </u>	0	ſ	DATE (MM/DD/YYYY)	
	_		31/	ATEMENT	OF V	ALUE	<u> </u>		1/23/2014	
AGENCY		No, Ext	: (800)243-6205	COMPANY			NAIC CODE:		PAGE	
	(A/C	No): (800)243-6206	Capitol Specia	alty Co				OF DATE	
	•			INSURED/APPLICANT			P02019832		EFFECTIVE DATE	
IISG	_	_	reek Parkway	Mo-Ar-Ok Propo		2/1/2011				
Suite			reek raikway	130 Boone Hills	.30 Boone Hills Dr Saint Peters					
San F		_	CA 97202	COINS % APPLICABLE C						
				80% BASIC						
CODE: A	MS36	0	SUBCODE:	90% X BROAD			FLOOD SPRINKLER	BLANKET	RATE REQUESTED	
AGENCY (ER ID		100% X SPECIAL			LEAKAGE EXCL			
00010		M NUMB	ERS (Attach completed forms and endorse	X 80 cments that require completion	n to provide ne	cessary informa	VANDALISM EXCL ation affecting rates or loss	costs)		
			, ,		•	·	Ū	•		
CLASS	LOC	BLDG	DESCRIPTION AND AD	DRESS OF PROPERTY	ACV/	SUBJECT	100% VALUES	RATE OR	PREMIUM	
CODE	#	#	DESC:	DREGO OF FROI ERT	RC 1	2		LOSS COST	3	
			Amusement Parks - Er	nclosed Buildin	ngs					
	2	1	ADDRESS: 311 E Race Ave, Sear	casz ND	RC	GLASS	25000		71.00	
	2	±	DESC:		1 - 1 - 1	GLASS	25000		71.00	
			Amusement Parks - En	nclosed Buildin	ngs					
	2	1	311 E Race Ave, Sear	ccy, AR		DRMVL	50000		51.00	
			DESC: Amusement Parks - En	nclosed Buildin	nas					
		_	ADDRESS:							
	2	1	311 E Race Ave, Sear	ccy, AR	RC	TIB	100000		216.00	
			Amusement Parks - En	nclosed Buildin	ngs					
	2	1	311 E Race Ave, Sear	ccy, AR	RC	OPTBD	300000		201.00	
			DESC: Amusement Parks - En	nclosed Buildin	nas					
			ADDRESS:							
	2	1	311 E Race Ave, Sear	ccy, AR	RC	OPTPP	100000		262.00	
			Amusement Parks - En	nclosed Buildin	ıgs					
	2	1	311 E Race Ave, Sear	ccy, AR		BOLAW	500000		210.00	
			DESC: Amusement Parks - En	aloged Buildin	og g					
			ADDRESS:	iciosea Bailain	igs					
	2	1	311 E Race Ave, Sear	ccy, AR		BOLDC	200000		562.00	
			Amusement Parks - En	nclosed Buildin	ngs					
	2	1	ADDRESS: 311 E Race Ave, Sear	ccy, AR	RC	PS	100000		35.00	
			DESC:							
			Amusement Parks - En		igs					
	2	1	311 E Race Ave, Sear	ccy, AR			400000		504.00	
			Amusement Parks - En	nclosed Buildin	ıgs					
	2	1	ADDRESS: 311 E Race Ave, Sear	ccv. AR			100000		470.00	
	_	_	DESC:						27000	
			Recreational Facilit ADDRESS:	cies - Noc -						
	3	1	509 Westline Dr, Okl	lahoma City, OK	Σ				175.00	
			items found on all pag	es, not includir			\$ 11,025,100	N/A	\$ 31,897.00	
INSTRU					SIGNATU					
			alue) or RC (Replacement Cost): If othe formation.	er valuation basis applies,	ies, ALL VALUES AND LOCATION INFORMATION ARE CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF					
2. SUBJ	IECT:	-			INSURED'S					
B = B	uilding		ock F = Furniture & Fixtures M = Ma		SIGNATUR	L. —				
			s Personal Property PPO = Personal F e R = Rental Income Other - specify		TITLE:					

DATE:

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.

ACORD 139 (2004/03)

ACC)R	$\overset{\prime}{\mathcal{D}}^{\scriptscriptstyle{\mathbb{B}}}$	^	<u> </u>	A - > 1 -	-	. , ,		C	1	DATI	E (MM/DD/YYYY)
			517	AIEI	MENI	OF	V F	ALUE	5		1/:	23/2014
AGENCY		No, Ext	: (800)243-6205	COMPANY				ı	IAIC CODE:		PAGE	
	FAX (A/C	No): (800)243-6206		ol Spec	ialty	Con					OF
				INSURED/A	APPLICANT			PC	DLICY NUMBER		EFFECT	IVE DATE
IISG	_	_			-Ok Pro		Tes	t C	P02019832		2/:	1/2011
10915 Suite			reek Parkway		RTERS ADDR				Saint Peters		MO 63	376-2431
San F		_	CA 97202	130 Boone Hills Dr					Saint Feters		MO 63	370-2431
Juli 1		1000	GII 37202	COINS %	BASIC	E CAUSES U	r LOS	, s	EARTHQUAKE COV	SPECIFIC	C AVERAG	E RATE
CODE: A	MS36	0	SUBCODE:	90%	X BROAD)			FLOOD			EQUESTED
AGENCY (CUSTOM	ER ID		100%	X SPECIA	AL			SPRINKLER LEAKAGE EXCL			
00010				X 80	Щ.				VANDALISM EXCL			
APPLICAE	SLE FOR	M NUMB	ERS (Attach completed forms and endorse	ements that re	equire comple	tion to provid	le nec	essary informa	ition affecting rates or loss	costs)		
CLASS CODE	LOC #	BLDG #	DESCRIPTION AND AD	DRESS OF P	ROPERTY		RC ₁	SUBJECT	100% VALUES	LOSS COS	ר ְ	PREMIUM
			DESC:				- 1				-	
			Recreational Facilit ADDRESS:	ties -	NOC -							
	3	1	509 Westline Dr, Ok.	lahoma	City,	OK						25.00
			Recreational Facilit	ties -	Noc -							
		_	ADDRESS:	lahama	G:	O. D.	_	ъ				
	3	1	509 Westline Dr, Ok.	Lanoma	City,	OK R	C	В	700000			2,443.00
			Recreational Facilit	ties -	Noc -							
	3	1	509 Westline Dr, Oki	lahoma	City,	OK R	C	BPP	250000			971.00
			DESC: Recreational Facilit	tion -	Nog -							
			ADDRESS:	Lies -	NOC -							
	3	1	509 Westline Dr, Ok.	lahoma	City,	OK		BUSIN	200000			1,848.00
			Recreational Facility	ties -	Noc -							
	3	1	ADDRESS: 509 Westline Dr, Oki	lahoma	City.	ок		EE	150000			3,238.00
		_	DESC:									
			Recreational Facilit	ties -	Noc -							
	3	1	509 Westline Dr, Ok	lahoma	City,	OK R	C	GLASS	75000			95.00
			DESC: Recreational Facilit	ties -	Noc -							
			ADDRESS: 509 Westline Dr, Oki			077		DRMVL	50000			==
	3	1	DESC:	Lamonia	CILY,	OK		DRMVL	60000			78.00
			Recreational Facilit	ties -	Noc -							
	3	1	509 Westline Dr, Ok	lahoma	City,	OK R	C	TIB	120000			335.00
			DESC: Recreational Facilit	-ies -	Noc -							
			ADDRESS:									
	3	1	509 Westline Dr, Ok	lahoma	City,	OK R	C	OPTBD	400000		_	197.00
			Recreational Facilit	ties -	Noc -							
	3	1	ADDRESS: 509 Westline Dr, Oki	lahoma	City. (ok R	c	OPTPP	250000			387.00
		_	DESC:									
			Recreational Facilit ADDRESS:	ties -	Noc -							
	3	1	509 Westline Dr, Ok	lahoma	City,	OK		BOLAW	700000			364.00
Totals	inc	lude	items found on all pag	res, not	includ	ing Loc	: #	= BLNK.	\$ 11,025,100	N/A	\$	31,897.00
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			alue) or RC (Replacement Cost): If other formation.	er valuation	basis applies			AND LOCA AND BELIEF	TION INFORMATION AF	E CORRECT	то тн	E BEST OF MY
		,	-			INSURE	ED'S					

INSTRUCTIONS 1. ACV (Actual Cash Value) or RC (Replacement Cost): If other valuation basis applies, provide necessary information. 2. 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 3. 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.

AĆ	OR	D ®	ОТ	A TERAERIT	О Г	- \ / /				DATE	(MM/DD/YYYY)	
				ATEMENT	OF	· V/	ALUE	:5		1/23/2014		
AGENCY	PHO (A/C	NE , No, Ext)	_: (800)243-6205	COMPANY				NAIC CODE:		PAGE		
	(A/C	, No): (800)243-6206	Capitol Speci	alty	7 Coi		OLICY NUMBER			OF	
	_			INSURED/APPLICANT					EFFECTIVE DATE			
IISG	_	_		Mo-Ar-Ok Prop		z Tes	st C		2/1	./2011		
Suite			reek Parkway	130 Boone Hill				Saint Peters		MO 633	376-2431	
San E			CA 97202			205100		Saint Peters		MO 633	370-2431	
baii i	Lanc	.IBCO	CR 37202	COINS % APPLICABLE 80% BASIC	CAUSES	OF LO	55	EARTHQUAKE COV	SPECIFIC REQUES	AVERAGE	E RATE	
CODE: A	MS36	0	SUBCODE:	90% X BROAD				FLOOD		T RATE RE	QUESTED	
AGENCY				100% X SPECIAL				SPRINKLER LEAKAGE EXCL			4020.25	
00010	135			X 80				VANDALISM EXCL				
APPLICA	BLE FOR	M NUMB	ERS (Attach completed forms and endorse	ments that require completion	n to pro	vide ned	essary inform	nation affecting rates or los	s costs)			
CLASS CODE	LOC #	BLDG #		DESCRIPTION AND ADDRESS OF PROPERTY				100% VALUES	RATE OR LOSS COS		PREMIUM	
			DESC: Recreational Facilit	cies - Noc -								
	3	1	509 Westline Dr, Okl	lahoma City, O	K		BOLDC	15000	0		524.00	
			Recreational Facilit	cies - Noc -								
	3	1	509 Westline Dr, Okl	lahoma City, O	K			50000	0		1,540.00	
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			alue) or RC (Replacement Cost): If othe formation.	er valuation basis applies,	KNO	WLEDGE	S AND LOC AND BELIEF	ATION INFORMATION A	RE CORRECT	TO THE	BEST OF MY	
2. SUB		0 -				RED'S IATURE	i: ——					
BPP	= Your E	Busines	ock F = Furniture & Fixtures M = Ma s Personal Property PPO = Personal F e R = Rental Income Other - specify	Property of Others	TITL	E:						
3. RATE equiv	E OR LO	OSS CO	ST: For class rated property, attach clas n for each location. For specifically rate	ss rate information form or	DATI	E:						

ACORD 139 (2004/03)

COMMERCIAL INSURANCE APPLICATION

DATE (MM/DD/YYYY)

AC				A	APPLIC	CAN	T INFO	RMATIO	N SE	ECTI	ON				1/22	2/2014
AGENCY						CA	RRIER								•	NAIC CODE
IISG	Agen	су				Ohi	lo Secur	ity								24082
1091	5 Nor	th Creek	Parkway	Y			DERWRITER:					UND	ERWRITER OF			
Suite	e 300					POL							ICY NUMBER 58092744			
San I	ranc	isco	CA 9	97202		IND	INDICATE SECTIONS ATTACHED ELECTRONIC DATA PROC					TRUCKERS/MOTO	OR CARRIER			
							ACCOUNTS VALUABLE	S RECEIVABLE PAPERS	′		EQUIPME	ENT FLOAT	ER		UMBRELLA	
CONTAC NAME:	T <mark>Cal</mark>	een Alexa	nderso	n				MACHINERY			GARAGE	AND DEAL	LERS		VEHICLE SCHEDU	JLE
PHONE (A/C, No.	Ext): (8	00)243-62	05				BUSINESS				GLASS A	ND SIGN			WORKERS COMP	ENSATION
FAX (A/C, No	<u>:</u> (800)243-6206	5			Х	GENERAL I	IAL <mark>LIABILITY</mark>			INSTALLA	ATION/BUII	DERS RISK		YACHT	
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GENERAL INFORMATION

EXI	(PLAIN ALL "YES" RESPONSES			Y/N					
1a.	. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ?								
				\square					
1b.	DOES THE APPLICANT HAVE ANY SUBSIDIARIES?			N					
2.	IS A FORMAL SAFETY PROGRAM IN OPERATION?			\Box					
3.	ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?								
"	7441 EAR GOOTE TO LEARNING BEES, EAR EGGIVES, GITEWRONES.								
H	ANV CATACTPOPUE EVPOCUPES								
4.	ANY CATASTROPHE EXPOSURE?								
5.	ANY OTHER INSURANCE WITH THIS COMPANY OR BEING SUBMITTED?								
L									
6.	ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURIN	NG THE PRIOR THREE (3) YEARS? (Not applicable in MO)		N					
7.	ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION	N ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?							
8.	DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN INDICTE		RY, ARSON OR ANY	N					
	OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER P (In RI, this question must be answered by any applicant for property insurance. Failure		sentence of up to one	الت					
	year of imprisonment).	,							
9.	ANY UNCORRECTED FIRE CODE VIOLATIONS?								
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:								
12.	ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR U								
	(If "YES", attach ACORD 815 for Liability Exposure and/or ACORD 816 for Property Ex	• •		Ш					
RE	EMARKS/PROCESSING INSTRUCTIONS (Attach additional sheets if more space is req	uired)							
	COPY OF THE NOTICE OF INFORMATION PRACTICES (PRIVACY) HAS BEEN (GIVEN TO THE APPLICANT. (Not applicable in all states, consult your agent or b	proker for your state's requirem	ents.)					
	OTICE OF INSURANCE INFORMATION PRACTICES - PERSONAL INFORM								
	ROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLED AS OTHER REPSONAL AND PRIVILEGED INFORMATION COLLEC								
		TED BY 03 OR OUR AGENTS WAT IN CERTAIN CIRCOWSTANCE							
	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								
	NY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGH	HTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS	N REQUEST CORRECTION						
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PRIOR CARRIER INFORMATION CATEGORY

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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 BPI 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
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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 EndSpecial	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
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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

ACORD

COMMERCIAL GENERAL LIABILITY SECTION

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

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L	L	FAX (A/C, No): (800)243-6206		Named Insured)							
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	PROPERT	TY DAMAGE \$	DED.	MEDICAL EXP	ENSE (Any o	one person)		\$15,000)	97.00	
	BODILY IN	NJURY \$	PER CLAIM PER	EMPLOYEE BE	NEFITS			\$			
OTIL	ED COVER	\$ AGES, RESTRICTIONS AND/OR ENDORS	PER OCCURRENCE	d/m.a.m. am.a.d.a	.4		la a4a4a F	ousinssa Auts Co	ation ACORD 4	TOTAL	
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1		Printers Errors and Omissions Liability	73442	S Gross	15000		999	0.19400			
								0.13100			
1		Employee Benefits Liability - Claims Made	73124	Մ Մnit	4		999	0.30800			
RAT	ING AND PR	REMIUM BASIS (P) P	'AYROLL - PER \$1,0	000/DAV		(C) TOTAL COST - PI	ED \$1.00	N/COST	(U) UNIT -	DED LINIT	1
		(1 / 1	REA - PER 1,000/S			(M) ADMISSIONS - PI			(T) OTHER		
CL	AIMS MA	NDE (Explain all "Yes" respo	nses)								
EXP	LAIN ALL "Y	ES" RESPONSES									Y/N
1. F	PROPOSE	D RETROACTIVE DATE:									
—		TE INTO UNINTERRUPTED CLAI									
3. F	IAS ANY F	PRODUCT, WORK, ACCIDENT, OI	R LOCATION BE	EN EXCLUDI	ED, UNINS	SURED OR SELF-I	NSURE	D FROM ANY	PREVIOUS	COVERAGE?	
<u> </u>		00//50/05 5//50// 5	D 440/255	10 DC: 15: :-							
4. V	VAS TAIL	COVERAGE PURCHASED UNDE	R ANY PREVIOL	IS POLICY?							
E		DENECITO LIADILITY									
		E BENEFITS LIABILITY BLE PER CLAIM: \$			2 111	LIMBER OF EMPLO	JVEES	CUNEDED BY	/ EMPLOVET	RENEEITS DI AN	IS:

2. NUMBER OF EMPLOYEES: ACORD 126 (2007/05) INS126 (200705)

CONTRACTORS Y / N EXPLAIN ALL "YES" RESPONSES (For past or present operations) 1. DOES APPLICANT DRAW PLANS, DESIGNS, OR SPECIFICATIONS FOR OTHERS? 2. DO ANY OPERATIONS INCLUDE BLASTING OR UTILIZE OR STORE EXPLOSIVE MATERIAL? 3. DO ANY OPERATIONS INCLUDE EXCAVATION, TUNNELING, UNDERGROUND WORK OR EARTH MOVING? 4. DO YOUR SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN YOURS? 5. ARE SUBCONTRACTORS ALLOWED TO WORK WITHOUT PROVIDING YOU WITH A CERTIFICATE OF INSURANCE? 6. DOES APPLICANT LEASE EQUIPMENT TO OTHERS WITH OR WITHOUT OPERATORS? N \$ PAID TO SUB-CONTRACTORS: % OF WORK SUBCONTRACTED: # FULL-TIME STAFF: # PART-TIME STAFF: DESCRIBE THE TYPE OF WORK SUBCONTRACTED PRODUCTS/COMPLETED OPERATIONS EXPECTED LIFE **PRODUCTS ANNUAL GROSS SALES** # OF UNITS INTENDED USE PRINCIPAL COMPONENTS Y / N EXPLAIN ALL "YES" RESPONSES (For any past or present product or operation) PLEASE ATTACH LITERATURE, BROCHURES, LABELS, WARNINGS, ETC 1. DOES APPLICANT INSTALL, SERVICE OR DEMONSTRATE PRODUCTS? 2. FOREIGN PRODUCTS SOLD, DISTRIBUTED, USED AS COMPONENTS? (If "YES", attach ACORD 815) 3. RESEARCH AND DEVELOPMENT CONDUCTED OR NEW PRODUCTS PLANNED? 4. GUARANTEES, WARRANTIES, HOLD HARMLESS AGREEMENTS? 5. PRODUCTS RELATED TO AIRCRAFT/SPACE INDUSTRY? 6. PRODUCTS RECALLED, DISCONTINUED, CHANGED? 7. PRODUCTS OF OTHERS SOLD OR RE-PACKAGED UNDER APPLICANT LABEL? 8. PRODUCTS UNDER LABEL OF OTHERS? 9. VENDORS COVERAGE REQUIRED? 10. DOES ANY NAMED INSURED SELL TO OTHER NAMED INSUREDS?

ΑD	DITIONAL	INTEREST/0	CERTIFICATE RECI	PIENT	ACORD 45 attached for	or additional names		
INTE	REST	RANK:	NAME AND ADDRESS	REFERENCE #:		CERTIFICATE REQUIRED	INTEREST IN I	TEM NUMBER
	ADDITIONAL I	NSURED					LOCATION:	BUILDING:
	LOSS PAYEE						VEHICLE:	BOAT:
	MORTGAGEE						SCHEDULED ITEM NUM	BER:
	LIENHOLDER						OTHER	
	EMPLOYEE A	S LESSOR						
GE	NEDAL INI	ORMATION	ITEM DESCRIPTION:					
			For all past or present oper	rations)				Y/N
					NALS EMPLOYED OR CON	TRACTED?		
2	ANY FXPOS	SURF TO RAD	IOACTIVE/NUCLEAR M	MATERIAI S?				
	7.11.1 27.1 00							
			ARDOUS MATERIAL? (TING, DISCHARGING, APPLYI	NG, DISPOSING, OR	
4.	ANY OPERA	TIONS SOLD	, ACQUIRED, OR DISC	ONTINUED IN LA	ST FIVE (5) YEARS?			
5	MACHINER'	OR FOLIDM	IENT LOANED OR REN	TED TO OTHERS	<u> </u>			
·.	William	OKEQOII W	ient comited on her	TEB TO OTTIET	·			
6.	ANY WATER	RCRAFT, DOC	CKS, FLOATS OWNED,	HIRED OR LEAS	ED?			
	44 D 4 D 4 D 4 U	10 54 011 1715	0.004/150/051/7500					
1.	ANY PARKII	NG FACILITIES	S OWNED/RENTED?					
8.	IS A FEE CH	IARGED FOR	PARKING?					
9.	RECREATION	N FACILITIES	S PROVIDED?					
10	IS THEDE A		POOL ON THE PREMIS	ES2				
10.	10 ITILINE A	SWIIWIIWI Y	OOL ON THE FINEINIS	LO:				
11.	SPORTING	OR SOCIAL E	VENTS SPONSORED?					
12.	ANY STRUC	TURAL ALTE	RATIONS CONTEMPLA	ATED?				
13.	ANY DEMOL	ITION EXPOS	SURE CONTEMPLATED)?				
	2							
14.	HAS APPLIC	CANT BEEN A	CTIVE IN OR IS CURRE	ENTLY ACTIVE IN	I JOINT VENTURES?			
15.	DO YOU LE	ASE EMPLOY	EES TO OR FROM OTH	HER EMPLOYERS	 S?			
		3.						
16.	IS THERE A	LABOR INTE	RCHANGE WITH ANY (OTHER BUSINES	S OR SUBSIDIARIES?			

GENERAL INFORMATION (continued)	
EXPLAIN ALL "YES" RESPONSES (For all past or present operations)	Y/N
17. ARE DAY CARE FACILITIES OPERATED OR CONTROLLED?	
18. HAVE ANY CRIMES OCCURRED OR BEEN ATTEMPTED ON YOUR PREMISES WITHIN THE LAST THREE (3) YEARS?	
40 TUEDE A FORMAL MIDITIEN CAFETY AND OFCURITY POLICY IN EFFECTS	\dashv
19. IS THERE A FORMAL, WRITTEN SAFETY AND SECURITY POLICY IN EFFECT?	
20. DOEG THE DUCKNESSES DOMOTIONAL LITERATURE MAKE ANY REPRESENTATIONS AROUT THE CAFETY OF SECURITY OF THE PREMISESS	\dashv
20. DOES THE BUSINESSES' PROMOTIONAL LITERATURE MAKE ANY REPRESENTATIONS ABOUT THE SAFETY OR SECURITY OF THE PREMISES?	
DEMARKO.	
REMARKS	
ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSU	RANCE OF

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.

			ADDITIO	NAL CO	VERAGES AND	ENDORSE	EMENTS		
.oc # ST			ription	Type of	Coverage	Form No.	Edition Date	Rate	Option Codes
Limit 1	TRIA	imit 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductib	le Type 2	Premium 20.00
									20.00
oc# ST			ription	Type of	Coverage	Form No.	Edition Date	Rate	Option Codes
_imit 1	LEXE	Liabi imit 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductib	l ble Type 2	Premium 241.00
oc# ST	Cov Coo		ription	Type of	Coverage	Form No.	Edition Date	Rate	Option Codes
 ₋imit 1	GLHAL	<u>GLH</u> imit 2	lired Auto Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductib	I ble Type 2	Premium 50.00
- # CT	Cov. Coo	la Dana	<u></u>	Tuna	Cavanana	Farm Na	Edition Data	Data	Ontion Codes
)C# S1	Cov Coo		ription ense Mod Factor 1	Type of	Coverage	Form No.	Edition Date	Rate 1.00000	Option Codes
imit 1		imit 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductib	ole Type 2	Premium
oc# ST	Cov Coc	le Desc	ription	Type of	Coverage	Form No.	Edition Date	Rate	Option Codes
.5 11 01	EXP01		rience Mod Factor 1	Type of		I dilli No.	Lation Date	, rate	- Option Codes
imit 1	L	imit 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductib	le Type 2	Premium
oc# ST	Cov Coo	le Desc	ription	Type of	Coverage	Form No.	Edition Date	Rate	Option Codes
	SCH01		dule Mod Factor 1		•			1.00000	
imit 1	L	imit 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductib	le Type 2	Premium
c# ST	Cov Coo	le Desc	ription	Type of	Coverage	Form No.	Edition Date	Rate	Option Codes
	PKG01		age Modification					1.00000	
imit 1	L	imit 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductib	ole Type 2	Premium
oc# ST	Cov Coo	le Desc	ription	Type of	Coverage	Form No.	Edition Date	Rate	Option Codes
imit 1	L	imit 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductib	l ole Type 2	Premium
0 # CT	Cov Coc	lo Dono	ription	Typo of	Coverage	Form No.	Edition Date	Rate	Option Codes
10# 31	000 000	le Desc	приоп	Type of	Coverage	FOIII NO.			Option Codes
imit 1	L	imit 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductib	le Type 2	Premium
c# ST	Cov Coo	le Desc	ription	Type of	Coverage	Form No.	Edition Date	Rate	Option Codes
imit 1	 L	imit 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductib	le Type 2	Premium
c# ST	Cov Coc	le Desc	ription	Type of	Coverage	Form No.	Edition Date	Rate	Option Codes
imit 1	L	imit 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductib	l le Type 2	Premium
oc # ST	Cov Coc	la Desc	ription	Type of	Coverage	Form No.	Edition Date	Rate	Option Codes
.5 51		.5 Desc		I spe of		1 01111 140.	Lation Date	, rate	- Option Codes
imit 1	L	imit 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductib	ole Type 2	Premium
nc # ST	Cov Coo	la Dasa	ription	Type of	Coverage	Form No.	Edition Date	Rate	Option Codes
									<u> </u>
imit 1	L	imit 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductib	le Type 2	Premium
FBAADO	CV			•		•	,	Copyrig	ht 2000, AMS Services

			ADI ADI	DITIONAL COVE	ERAG	ES		
Ref#	D <mark>escription</mark> 73442 Prir		Omissions Liability	,		Coverage Code PEROM	Form No.	Edition Date
Limit 1 100,00		Limit 2 200,000	Limit 3	Deductible Amount	Dedu	ctible Type	Premium 3.00)
Ref#	Description 66065 Cor		ommercial - Bank o	r Mercantile, Manufactur		Coverage Code EPLI	Form No.	Edition Date
Limit 1 10,000		Limit 2 10,000	Limit 3	Deductible Amount 5,000	Dedu	ctible Type	Premium 24.0	00
Ref#	Description 73124 Em		Liability - Claims M	lade		Coverage Code EBLIA	Form No.	Edition Date
Limit 1 500,00		Limit 2 500,000	Limit 3	Deductible Amount 1,000	Dedu	ctible Type	P <mark>remium</mark> 70.0	00
Ref#	Description	1				Coverage Code	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Dedu	ctible Type	Premium	
Ref#	Description	1				Coverage Code	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Dedu	ctible Type	Premium	
Ref#	Description	1				Coverage Code	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Dedu	ctible Type	Premium	
Ref#	Description	1				Coverage Code	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Dedu	ctible Type	Premium	
Ref#	Description	1				Coverage Code	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Dedu	ctible Type	Premium	
Ref#	Description	1				Coverage Code	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Dedu	ctible Type	Premium	
Ref#	Description	1				Coverage Code	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Dedu	ctible Type	Premium	
Ref#	Description	1	,		1	Coverage Code	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Dedu	L ctible Type	Premium	



PROPERTY SECTION

DATE (MM/DD/YYYY	()
1/22/2014	4

						•					1/22/2014
AGENCY IISG Agency				AP	PPLICANT (First	Named Insur	ed) Aç	jencyv	alidat	ion_cp	sp_nb_pa
POLICY NUMBER BKS 58092744					A <mark>RRIE</mark> R hio Secu	ıritv					NAIC CODE 160208
	TE		AVAITHT DI AN								
EFFECTIVE DATE	DIRECT BILL	Full Pa	AYMENT PLAN		A <mark>UDIT</mark> X	FOR CON	MPANY (JSE ONLY			
77072011 77072013	AGENCY BILL		_	E C-	rroll St						
PREMISES INFORMATION					1 0001 Su		ion (001			
SUBJECT OF INSURANCE	AMOUNT	COINS % ATIC	U- CAUSES	DE L DES	INFLATION GUARD %	DED	BLK1	Γ	EODMS AN	ID CONDITIO	NS TO APPLY
Building	Amount	OONTO 70 ATIC	Special			<u>DED</u>	#		TORMOAN	ID CONDING	NO TO ALL EL
_	5,149,563	90 RC	-			50	0				
Building	7,227,222		Infla	tion							
	5149563	RO			4						
Business Personal	3213303		Special								
Property	15,000	80 RC	-		•	500	_				
Business Personal	13,000	00 KC	Infla	tion		301	0				
	15000	RC			2						
Property of Others	15000	RC	Special								
Property of Others	85 000	00 50	-	. LOII	"						
Good and Broad and	85,000	90 RC		· · · · ·		50	0				
Systems Breakdown -	- aaa - ca		Special	Liori	n						
Basic	5,299,563					50					
	BUSINESS INCOME / EXTRA					ALUE REPOR		NFORMATIO	ON - Attach A	CORD 811	
ADDITIONAL COVERAGES, O					D RATING IN		1				
SPOILAGE COVERAGE DESCRIPTION	N OF PROPERTY COVERED	D	LIMIT			DEDUCTIBL	.E	REFRIG M (Y/N)	IAINT AGREI	EMENT OP	TIONS
` '			\$			\$					
# OF OPEN SIDES ON STRUCTURE:	DISTANCE TO		_								
CONSTRUCTION TYPE	HYDRANT FIRE STA		FIRE DISTRIC	T/CODE					# BASM'TS		TOTAL AREA
Joisted Masonry	FT	1011	LLTOWN		002		05	2		2011	60000
BUILDING IMPROVEMENTS	٦	BLDG COD GRADE		_	OF TYPE			UPANCIES			
WIRING, YR:	PLUMBING, YR:	03	0021	/		Mer	cant	тте ғх	posure		T T
ROOFING, YR:	HEATING, YR:	WIND CLAS	is	SEMI- RE	ESISTIVE	HEAT	ING BO	ILER ON PI	REMISES? (Y/N)	
OTHER:	YR:	RESIS					-	SURANCE I	PLACED ELS	,	
RIGHT EXPOSURE & DISTANCE	LEFT EXPOSUR	E & DISTANCE		FR	RONT EXPOSUR	E & DISTANC	Œ		REAR EXP	OSURE & DIS	TANCE
BURGLAR ALARM TYPE CERTIFICATE # EXPIRATION DATE CENTRAL STATION											
										N DATE	
BURGLAR ALARM INSTALLED AND SEF	RVICED BY			EX	CTENT	G	RADE	# G	UARDS/WAT		WITH KEYS
BURGLAR ALARM INSTALLED AND SEF	RVICED BY			EX	(TENT	G	RADE	# G	UARDS/WAT		
BURGLAR ALARM INSTALLED AND SEF		cal Systems)	%	EX S <mark>PRN</mark> K				# G	UARDS/WAT	CHMEN	WITH KEYS
		cal Systems)	%					# G	UARDS/WAT	CHMEN	WITH KEYS CLOCK HOURLY X CENTRAL STATION
		cal Systems)	%	S <mark>PRN</mark> K				# G	UARDS/WAT	CHMEN	WITH KEYS CLOCK HOURLY
PREMISES FIRE PROTECTION (Sprinkle	rs, Standpipes, CO2/Chemid	cal Systems) FERENCE #:	%	S <mark>PRN</mark> K			URER			CHMEN	WITH KEYS CLOCK HOURLY X CENTRAL STATION
PREMISES FIRE PROTECTION (Sprinkle ADDITIONAL INTERESTS	rs, Standpipes, CO2/Chemid	- ,	%	S <mark>PRN</mark> K		MANUFACT	URER			CHMEN	WITH KEYS CLOCK HOURLY X CENTRAL STATION LOCAL GONG
PREMISES FIRE PROTECTION (Sprinkle ADDITIONAL INTERESTS RANK: INTEREST NAME AND ADDRES	rs, Standpipes, CO2/Chemid	- ,	%	S <mark>PRN</mark> K		MANUFACT	URER		IN	CHMEN	WITH KEYS CLOCK HOURLY X CENTRAL STATION LOCAL GONG TEM NUMBER BUILDING:
PREMISES FIRE PROTECTION (Sprinkle ADDITIONAL INTERESTS RANK: NAME AND ADDRES	rs, Standpipes, CO2/Chemid	- ,	%	S <mark>PRN</mark> K		MANUFACT	URER		IN	CHMEN	WITH KEYS CLOCK HOURLY X CENTRAL STATION LOCAL GONG TEM NUMBER BUILDING:

AGENCY	

ADDITIONAL	PREMISES#: STREET ADDRESS:																		
PREMISES II	NFORM!	NOITA	BUILDING #:		BLDG DE														
SUBJECT (OF INSURAI	NCE	AMOUN'	г с	OINS %	VALU- ATION	CAU	SES OF LOS	SS	INFLATION GUARD %	DED	В	LKT #		FORMS AN	D CONDI	TIONS	TO APPLY	
ADDITIONAL INFORMATION BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810 VALUE REPORT									PORTIN	IG INFO	RMATIC	ON - Attach A	CORD 81	1					
ADDITIONAL	COVER	AGES, OF	PTIONS, RES	TRICTIC	ONS, E	NDOF	RSEN	IENTS AN	۱D	RATING I	NFORM	ATIO	N						
SPOILAGE COVE	RAGE DE	ESCRIPTION	OF PROPERTY	COVERED				LIMIT			DEDUCT	IBLE		EFRIG M /N)	IAINT AGREE	MENT	ОРТІО	NS	
(1714)	,							\$			\$		(17	/N)					
	# 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																		
BUILDING IMPRO	VEMENTS				BLDG GRA	ODE	TAX	CODE RO	OOF	TYPE	01	THER O	CCUPA	ANCIES					
WIRING, YR:			PLUMBING, YR:		WIND	CLASS													\dashv
ROOFING, Y	R:		HEATING, YR:				_ }	SEMI- F	RES	ISTIVE					REMISES? (Y	,		. —	
OTHER:	E & DISTAN	ICE	YR:	XPOSURE		ESISTIN	/ L		:RO	NT EXPOSUR			INSUF		PLACED ELSI REAR EXPO				\dashv
										000.									
BURGLAR ALARM	/I TYPE				CERTI	FICATE	#	I							EXPIRATIO	N DATE		CENTRAL STATIO	N
BURGLAR ALARM	/I INSTALLE	D AND SER	VICED BY					E	XTE	ENT		GRAD	E	# G	UARDS/WATO	CHMEN		CLOCK HOURLY	
PREMISES FIRE P	ROTECTIO	N (Sprinkler	s, Standpipes, C	O2/Chemica	al Syster	ns)		% SPRNI	K	FIRE ALARM	I MANUFA	CTURE	R					CENTRAL STATIO	N
ADDITIONAL	INTER	ESTS																	_
RANK:	NAME AN	D ADDRESS	:	REFE	ERENCE	#:					CERT	IFICATE	REQU	JIRED	IN	TEREST	IN ITE	M NUMBER	
INTEREST															LOCATION:		В	UILDING:	
LOSS PAYEE															SCHEDULE	D ITEM N	UMBE	R:	\dashv
MORT- GAGEE	ITEM DEC	CDIDTION													OTHER:				4
	II EWI DES	CRIPTION:																	_

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)

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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	, Ext): (800)243-62	205	APPLICANT Age	${\tt ncyvalidation}_{\tt l}$	_cpsp_nb	_pa	
FAX (A/C, No	(800)243-62		(First Named				
IISG Agency			Insured)				
	Creek Parkway						
Suite 300			COMPANY				
San Francis	co CA 9	7202	Ohio Secu	rity			
CODE: 160208	SUB CODE:						
AGENCY CUSTOMER ID: 000	14409		1				
PREMISES INFOR			!				
PREMISES #: 1							
BUILDING #: 1	BUSINESS INCOME EXTRA EXPENSE		ESS INCOME (TRA EXPENSE	X EXTRA EXPENSE		SINESS INCOME / NTAL VALUE	RENTAL VALUE
TYPE OF BUSINESS	ORDINARY PAYROLL						
NON MFG	EXCL INCL	EXT PERIOD DAYS	POWER/HEAT	DED POWER	POWER	BROAD FORM	LIMITED FORM
				——————————————————————————————————————		BROAD FORW	LIMITED FORM
MFG	90 DAYS	MO PERIOD	ELEC MEDIA	WATER	000 051 0140		0/
MINING	180 DAYS	LIMIT		DAYS COMM (DE	SCR BELOW)	COIN	%
% COINS			ORD OR LAW				٦
	\$	MAX PERIOD		DAYS TUITION FE		CONT LOC	MFG LOC
			CIVIL AUTH	\$	STUDENTS	REC LOC	LDR LOC (DESC BELOW)
EXTRA EXPENSE		LOSS PAY		DAYS \$	OTHER ED SERV/INC		
DAYS PERIO	DD REST	% %					
		%					
NAME(S) AND ADDRES	SS(ES) FOR OFF PREM POWER	R OR DEPEND PROP					
OTHER COVERAGES							

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

		PR	OPERTY SUE	BJEC	TS OF	INSURANCE AN	ID COVER	AGES	
<mark>Loc #</mark> 1	Bldg #	<mark>Subject</mark> Extra Expe	ense		Cov Code SPC	Cov Description Special form	Form No.	Edition Date	Rate
Option	Codes		Limit 1 50,000	Limit	2	Deductible Amount 500	Deductible Ty	pe Premium 182.00	
<mark>Loc</mark> #	Bldg #	Subject Civil Autho	ority Incr Cov Period		Cov Code SPC	Cov Description Special form	Form No.	Edition Date	Rate
Option	Codes		Limit 1	Limit	2	Deductible Amount	Deductible Ty	pe Premium	
<mark>Loc</mark> #	Bldg #		aw Period of Restorat	ion	Cov Code SPC	Cov Description Special form	Form No.	Edition Date	Rate
Option	Codes		Limit 1	Limit	1 2	Deductible Amount	Deductible Ty	pe Premium	
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		_		80% BASIC			EARTHQUAKE COV	REQUESTE	VERAGE RATE D
CODE: 1			SUBCODE:	90% BROAD			FLOOD SPRINKLER	BLANKET F	RATE REQUESTED
AGENCY 0		IER ID		X 80 X Inflation		۵)	LEAKAGE EXCL		
		M NUMB	ERS (Attach completed forms and endorse				VANDALISM EXCL mation affecting rates or loss	costs)	
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CLASS	LOC #	BLDG #	DESCRIPTION AND AD	DRESS OF PROPERTY	ACV/ RC	SUBJECT	100% VALUES	RATE OR LOSS COST	PREMIUM
			DESC:		1		2	3	
			Location 0001 Subloc	cation 001					
	1	1	630 E Carroll St, Ca	arrolltown, PA	RC	В	5,149,563		6,643.00
			DESC: Location 0001 Sublo	ation 001					
			ADDRESS:	Sacion 001	-				
	1	1	630 E Carroll St, Ca	arrolltown, PA	RC	BPP	15,000		40.00
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			Location 0001 Subloc	cation 001					
	1	1	630 E Carroll St, Ca	arrolltown, PA					
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	1	1	ADDRESS: 630 E Carroll St, Ca						
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			Location 0001 Subloc	cation 001	-				
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	1	1	630 E Carroll St, Ca		<u> </u>	SIGN	6,000		69.00
Total	s inc	lude	items found on all page	es, not including	Loc #	= BLNK	. \$ 10,621,126	N/A	\$ 9,372.00

ACV (Actual Cash Value) or RC (Replacement Cost): If other valuation basis applies, provide necessary information.

2. SUBJECT:

INSTRUCTIONS

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

3. 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.

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ALL VALUES AN KNOWLEDGE AND	INFORMATION	ARE	CORRECT	то	THE	BEST	OF	MY
INSURED'S SIGNATURE:								
TITLE:								_
DATE:								_

					ADDITIO	NAL CO	VERAGES AND	END	ORSE	MENTS			
Loc#	ST			Description		Type of C	overage	Fo	rm No.	Edition Date	Rate	Optio	n Codes
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1 #	ΩŦ	lo6	\I_\	December				1	NI-	TERRITOR Date	D-4-	10-4	
		TOO	LO	Tools - Ow	ner	Type of C		Fo	rm No.	Edition Date	Rate	Optic	on Codes
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1,000					Limit	500	Boddon Type T			Doddotto			20.00
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1,000						500	7,1				- / -		6.00
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Limit	1		Limi	t 2	Limit 3	Ded 1	Deductible Type 1		Ded 2	Deductib	le Type 2		Premium
Loc#	ST	Cov C	ode	Description	<u> </u>	Type of C	overage	Fo	rm No.	Edition Date	Rate	Optic	n Codes
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Loc#	ST	Cov C	ode	Description	1	Type of C	overage	Fo	rm No.	Edition Date	Rate	Optio	n Codes
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COMMERCIAL INSURANCE APPLICATION

DATE (MM/DD/YYYY)
1/3/2014

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AGENC	()	i,	CARF				<u> </u>						NAIC CODE
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San 1	Franc	isco CA 97202			NS ATTACHED)		ELEC	CTRONIC DATA	PROC		TRUCKERS/MOTO	R CARRIER
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NAME:		een Alexanderson		DILER & MA					AGE AND DEAL	ERS		VEHICLE SCHEDU	
(A/C, No	_{, Ext):} (8	00)243-6205		JSINESS AI DMMERCIA					SS AND SIGN	DEDO DIOK		WORKERS COMP	ENSATION
(A/C, No E-MAIL): (800)243-6206 ros@HoustonAstros.com	GE	ENERAL LIA		DIME			TALLATION/BUIL N CARGO	DERS RISK		YACHT	
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							Sp	rin	ngdale	AI	72	2766	
FEIN OR	SOC SEC	# 455337935 PHONE (A/C, No. Ext): (8	370)	404-5	984								
E-MAIL ADDRES	SS(ES):	(ACC, NO, EXI).					WE	EBSI	TE SS(ES):				
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		FORMATION ACORD 823 attached	tor ac		•				YR	#	T		. %
LOC#	BLD#	STREET, CITY, COUNTY, STATE, ZIP+4		(CITY LIMITS		NTERE	EST	BUILT	EMPLOYEES	3 4	NNUAL REVENUES	OCCUPIED
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GE	NERAL INFORMATION		
EXF	LAIN ALL "YES" RESPONSES		Y/N
	IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ?		
l			
1h	DOES THE APPLICANT HAVE ANY SUBSIDIARIES?		
'".	DOES THE ALT ELGARAT TAVE AND GODGLOWINGES.		N
<u> </u>	IC A FORMAL CAFETY PROCESSM IN OPERATIONS		
2.	IS A FORMAL SAFETY PROGRAM IN OPERATION?		
-			
3.	ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?		
4.	ANY CATASTROPHE EXPOSURE?		
5.	ANY OTHER INSURANCE WITH THIS COMPANY OR BEING SUBMITTED?		[]
٦.	ANT OTHER INSURANCE WITH THIS COMPANT OR BEING SUBMITTED!		Y
I			
	ANY DOLLOY OR COVERAGE RECURSES CAMERIA TO SERVICE	DUDING THE DDIOD THREE (A) VELDO (A)	
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 MOLES	TATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?	
8.	DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN IN	DICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBER	RY, ARSON OR ANY
`	OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER		N N
		Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a	sentence of up to one
	year of imprisonment).		
<u> </u>			
9.	ANY UNCORRECTED FIRE CODE VIOLATIONS?		
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?		
l · · ·	IF "YES", NAME OF TRUST:		
	II 123, NAME OF TROST.		
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 Prope	erty Exposure)	
REN	IARKS/PROCESSING INSTRUCTIONS (Attach additional sheets if more space	is required)	
'``	ARTON NOOLOOMO MOTROOTIONO (Attach additional sheets it more space	is required)	
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$ldsymbol{ldsymbol{ldsymbol{eta}}}$			
I	COPY OF THE NOTICE OF INFORMATION PRACTICES (PRIVACY) HAS B	EEN GIVEN TO THE APPLICANT. (Not applicable in all states, consult your agent or I	proker for your state's requirements.)
NO	TICE OF INCLIDANCE INFORMATION PRACTICES. PERSONAL INF	CORMATION ABOUT VOLLING LIDING INFORMATION FROM A CREDIT R	EDORT MAY BE COLLECTED
		FORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT R	
		APPLICATION FOR INSURANCE AND SUBSEQUENT POLICY RENEWALLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCI	
		FTO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAI RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS	
	Y INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR NTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW		AVAILABLE OF ON REQUEST.
\vdash	TIME TOOK AGENT ON DIVOKEN FOR INSTRUCTIONS ON HOW	TO GODINIT A NEGOLOT TO GO.	
AN	Y PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD	ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPL	ICATION FOR INSURANCE OR
STA	ATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INF	ORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFO	ORMATION CONCERNING ANY
		ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL	AND [NY: SUBSTANTIAL] CIVIL
PE	NALTIES. (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 F	LORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO	INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT C)F CLAIM OR AN APPLICATION
	NTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMA		
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ı ıHl	: UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF TH	IE APPLICANT AND REPRESENTS THAT REASONABLE ENQUIRY HAS	, REEN MAINE IO ORIAIN THE
	DIVIDE TO OLIECTIONS ON THIS ADDITIONATION LIE/OUT DEED	ECENTO THAT THE ANICATOR ARE TRUE CORRECT AND COMPLET	
AN		ESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLET	
AN	SWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPR DWLEDGE.	ESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLET	
AN: KN		PRODUCER'S NAME (Please Print)	
AN: KN	DWLEDGE.		TE TO THE BEST OF HIS/HER
AN: KN	DWLEDGE.		TE TO THE BEST OF HIS/HER NATIONAL PRODUCER NUMBER
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PRIOR CARRIER INFORMATION

LINE	CATEGORY										
LIIVE											
	CARRIER										
	POLICY NUMBER	CLAIMS		CLAIMS		CLAIMS		CLAIMS		CLAIMS	
	POLICY TYPE	CLAIMS MADE	OCCURRENCE	CLAIMS MADE	OCCURRENCE	MADE	OCCURRENCE	CLAIMS MADE	OCCURRENCE	CLAIMS MADE	OCCURRENCE
G	RETRO DATE										
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ML	PERSONAL & ADV INJ										
E,	EACH OCCURRENCE										
R I	L FIRE DAMAGE										
1 _	MEDICAL EXPENSE										
r r V R	T S BODILY OCCURRENCE										
I T	INJURY AGGREGATE										
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	TOTAL PREMIUM										

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ENTER ALL CLAIMS FOR THE PRIOR 5 Y	OR LOSSES (R EARS (3 YEARS	REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OC S IN KS & NY)	CURRENCES THAT MA	Y GIVE RISE TO CLAIMS		CHK HERE F NONE	SEE AT		
DATE OF OCCURRENCE					AMOUNT RESERVED	ST		NIM TUS CLSD	
		EQUIRES A FIVE YEAR LOSS HISTORY			ATI	TACHMENTS			
SUPPORTING			(If appli	cable)					

F	OR	MS

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
OFFORMS		Copyright 2001, AMS Services, Inc

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					
OFREMARK	COPYRIGHT	2000,	AMS	SERVICES	INC.

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ACORD

COMMERCIAL GENERAL LIABILITY SECTION

DATE (MM/DD/YYYY) 1/3/2014

7			IL GEN	L GENERAL LIABILITY SECTION 1/3/2014											
AGEN		PHONE (A/C, No, Ext): (800)243-620 FAX (A/C, No): (800)243-6206	5		APPLICANT Fiber One Telecom Services, Inc Named										
IISG	l Agen			Insured)											
1091	5 Nor	th Creek Parkway		EFFECT	IVE DATE	EXPIRATION DATE	x	DIRECT BILL	PAYMENT PLAN						
Suit	e 300	_		8/22	8/22/2013 8/22/2014 Ten (10) Payments										
San	Franc	cisco CA 9720	2	FOR	.,			1021101 2122	<u> </u>						
CODE	: 0303	07 SUB CODE:		USE ONL	Y Y										
		00014409													
	ERAGI			LIMITS											
х	COMMER	CIAL GENERAL LIABILITY		GENERAL AGO	GREGATE			\$2,000,	000	PR	EMIUMS				
	CLA	IMS MADE X OCCURREN	CE	PRODUCTS &	COMPLETE	D OPERATIONS AGG	REGATE			PREMISES/OF	PERATIONS				
	OWNER'S	& CONTRACTOR'S PROTECTIVE		PERSONAL &	ADVERTISI	NG INJURY		\$1,000,	000	3,753.00	3,753.00				
				EACH OCCUR	RENCE			\$1,000,	000	PRODUCTS					
DEDU	CTIBLES			DAMAGE TO R	ENTED PRE	EMISES (each occurre	nce)	\$1,000,	000	711.00					
	PROPERT	TY DAMAGE \$		MEDICAL EXP	ENSE (Any o	one person)		\$15 , 000)	OTHER					
	BODILY II	NJURY \$	PER CLAIM	EMPLOYEE BE	NEFITS			\$							
		\$	PER OCCURRENC	E						TOTAL					
OTHE	R COVER	AGES, RESTRICTIONS AND/OR ENDOR	SEMENTS (For hi	red/non-owned au	ito coverage	es attach the applicab	le state B	Business Auto Se	ection, ACORD 13	4,464.00)				
SCH	EDULE	OF HAZARDS													
LOC	HAZ		CLASS	PREMIUM			TERR	RA	ATE)	PRE	MIUM				
#	#	CLASSIFICATION	CLASS	BASIS		EXPOSURE	TERR	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						
(S) GR	OSS SAL	ES - PER \$1,000/SALES (A)	PAYROLL - PER \$ AREA - PER 1,000			(C) TOTAL COST - PI (M) ADMISSIONS - P			(U) UNIT - F (T) OTHER	PER UNIT					
		ADE (Explain all "Yes" responses	onses)								Y/I				
		ED RETROACTIVE DATE:									¥ / I				
		ATE INTO UNINTERRUPTED CLA	IMS MADE COV	/FRACE											
-		PRODUCT, WORK, ACCIDENT, C			ED LINING	SLIBED OD SELE I	INICI IDE	D EBOM VVIA	DREVIOUS C	OVERAGE?					
J 3. ™	AUN OF	FINODOOT, WORK, ACCIDENT, C	IN LOCATION E	PEEN EVOLUD	בט, טואווא:	OUVED OK 9FFF-I	INSUKE	P FROIVI AINY ים.	FREVIOUS C	OVERAGE!					
4 1/1	Δς ΤΛΙΙ	COVERAGE PURCHASED UNDE	ER ANY DDE\//	UIS BUI ICAS											
4. VV	no IAIL	OOVERAGE PURCHASED UNDE	-IN AINT PREVIO	JUS PULIUY!											
FMP	I OYFF	BENEFITS LIABILITY													
		BLE PER CLAIM: \$			3 NI	JMBER OF EMPLO	OYEES	COVERED BY	/ EMPLOYEE	RENEFITS PI AI	NS:				

4. RETROACTIVE DATE:

CONTRACTORS Y / N EXPLAIN ALL "YES" RESPONSES (For past or present operations) 1. DOES APPLICANT DRAW PLANS, DESIGNS, OR SPECIFICATIONS FOR OTHERS? 2. DO ANY OPERATIONS INCLUDE BLASTING OR UTILIZE OR STORE EXPLOSIVE MATERIAL? 3. DO ANY OPERATIONS INCLUDE EXCAVATION, TUNNELING, UNDERGROUND WORK OR EARTH MOVING? 4. DO YOUR SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN YOURS? 5. ARE SUBCONTRACTORS ALLOWED TO WORK WITHOUT PROVIDING YOU WITH A CERTIFICATE OF INSURANCE? 6. DOES APPLICANT LEASE EQUIPMENT TO OTHERS WITH OR WITHOUT OPERATORS? N \$ PAID TO SUB-CONTRACTORS: % OF WORK SUBCONTRACTED: # FULL-TIME STAFF: # PART-TIME STAFF: DESCRIBE THE TYPE OF WORK SUBCONTRACTED PRODUCTS/COMPLETED OPERATIONS EXPECTED LIFE **PRODUCTS ANNUAL GROSS SALES** # OF UNITS INTENDED USE PRINCIPAL COMPONENTS Y / N EXPLAIN ALL "YES" RESPONSES (For any past or present product or operation) PLEASE ATTACH LITERATURE, BROCHURES, LABELS, WARNINGS, ETC 1. DOES APPLICANT INSTALL, SERVICE OR DEMONSTRATE PRODUCTS? 2. FOREIGN PRODUCTS SOLD, DISTRIBUTED, USED AS COMPONENTS? (If "YES", attach ACORD 815) 3. RESEARCH AND DEVELOPMENT CONDUCTED OR NEW PRODUCTS PLANNED? 4. GUARANTEES, WARRANTIES, HOLD HARMLESS AGREEMENTS? 5. PRODUCTS RELATED TO AIRCRAFT/SPACE INDUSTRY? 6. PRODUCTS RECALLED, DISCONTINUED, CHANGED? 7. PRODUCTS OF OTHERS SOLD OR RE-PACKAGED UNDER APPLICANT LABEL? 8. PRODUCTS UNDER LABEL OF OTHERS? 9. VENDORS COVERAGE REQUIRED? 10. DOES ANY NAMED INSURED SELL TO OTHER NAMED INSUREDS?

ΑD	DITIONAL	INTEREST/0	CERTIFICATE RECI	PIENT	ACORD 45 attached for	or additional names		
INTE	REST	RANK:	NAME AND ADDRESS	REFERENCE #:		CERTIFICATE REQUIRED	INTEREST IN I	TEM NUMBER
	ADDITIONAL I	NSURED					LOCATION:	BUILDING:
	LOSS PAYEE						VEHICLE:	BOAT:
	MORTGAGEE						SCHEDULED ITEM NUM	BER:
	LIENHOLDER						OTHER	
	EMPLOYEE AS	S LESSOR						
GE	NEDAL INI	ORMATION	ITEM DESCRIPTION:					
			For all past or present oper	ations)				Y/N
					NALS EMPLOYED OR CONT	FRACTED?		
2	ANY EXPOS	SURF TO RAD	IOACTIVE/NUCLEAR M	MATERIALS?				
	7 27 00							
			ARDOUS MATERIAL? (TING, DISCHARGING, APPLYI	NG, DISPOSING, OR	
					,			
4.	ANY OPERA	TIONS SOLD	, ACQUIRED, OR DISC	ONTINUED IN LA	ST FIVE (5) YEARS?			
5	MACHINERY	OR FOLIDM	IENT LOANED OR REN	TED TO OTHERS	37			
٠.	WATER	OK EQUI W	ient comite on her	TED TO OTTER				
6.	ANY WATER	RCRAFT, DOC	CKS, FLOATS OWNED,	HIRED OR LEASI	ED?			
1.	ANY PARKII	NG FACILITIES	S OWNED/RENTED?					
8.	IS A FEE CH	IARGED FOR	PARKING?					
9.	RECREATIO	N FACILITIES	S PROVIDED?					
10	IQ THEDE A		POOL ON THE PREMIS	EQ2				
10.	IS ITILINE A	SWIMMING F	OOL ON THE FINEINIS	LO:				
11.	SPORTING	OR SOCIAL E	VENTS SPONSORED?					
12.	ANY STRUC	TURALALIE	RATIONS CONTEMPLA	ATED?				
13.	ANY DEMOL	ITION EXPOS	SURE CONTEMPLATED)?				
14.	HAS APPLIC	CANT BEEN A	CTIVE IN OR IS CURRE	ENTLY ACTIVE IN	I JOINT VENTURES?			
15.	DO YOU LE	ASE EMPLOY	EES TO OR FROM OTH	HER EMPLOYERS				
		3.						
16.	IS THERE A	LABOR INTE	RCHANGE WITH ANY (OTHER BUSINES	S OR SUBSIDIARIES?			

GENERAL INFORMATION (continued)	
EXPLAIN ALL "YES" RESPONSES (For all past or present operations)	Y/N
17. ARE DAY CARE FACILITIES OPERATED OR CONTROLLED?	
AS AND SPINES COOLUDED OF REEN ATTEMPTED ON YOUR PREMISES WITHIN THE LAST TURES (S) VENDO	
18. HAVE ANY CRIMES OCCURRED OR BEEN ATTEMPTED ON YOUR PREMISES WITHIN THE LAST THREE (3) YEARS?	
19. IS THERE A FORMAL, WRITTEN SAFETY AND SECURITY POLICY IN EFFECT?	\dashv
20. DOES THE BUSINESSES' PROMOTIONAL LITERATURE MAKE ANY REPRESENTATIONS ABOUT THE SAFETY OR SECURITY OF THE PREMISES?	
REMARKS	
ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSU	JRANCE OF

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.

					ADDITIO	NAL CC	VERAGES AND	END	ORSE	EMENTS			
Loc # S	ST	Cov C		Description Terrorism		Type of	Coverage	Fo	rm No.	Edition Date	Rate	Optio	on Codes
Limit 1	!		Limi		Limit 3	Ded 1	Deductible Type 1		Ded 2	Deductib	le Type 2		Premium 18.00
Loc # S	ST	Cov C	ode	Description	<u>1</u>	Type of	Coverage	Fo	rm No.	Edition Date	Rate	Optio	on Codes
Limit 1		EXN	01 Limi		Mod Factor 1 Limit 3	Ded 1	Deductible Type 1		Ded 2	Deductib	1.00000 le Type 2		Premium
Loc # S	ST I	Cov C	ode	Description		Type of	Coverage	l Fo	rm No.	Edition Date	Rate	Ontic	on Codes
Limit 1		EXP		Experienc	e Mod Factor 1	Ded 1	Deductible Type 1		Ded 2		1.00000		Premium
LIMIL			LIIII		LITTIL 3	Deal	Deductible Type I		Dea 2	Deductik	le Type 2		Premium
Loc # S	ST	Cov C		•	Mod Factor 1	Type of Coverage		Fo	rm No.	Edition Date	Rate 1.00000	Optio	on Codes
Limit 1		3011	Limi		Limit 3	Ded 1	Deductible Type 1		Ded 2	Deductib	le Type 2	-	Premium
Loc # S	ST			•		Type of	Fo	rm No.	Edition Date		Optio	on Codes	
Limit 1		PKG	01 Limi		Modification Limit 3	Ded 1	Deductible Type 1		Ded 2	Deductib	1.00000 le Type 2		Premium
Loc # S	ST	Cov C	ode	Description	1	Type of	Coverage	Fo	rm No.	Edition Date	Rate	Optio	on Codes
Limit 1			Limi	t 2	Limit 3	Ded 1	Deductible Type 1		Ded 2	Deductib	le Type 2		Premium
						<u> </u>							
Loc # S		Cov C				, ``	Coverage	Fo	rm No.	Edition Date		Optio	on Codes
Limit 1			Limi	t 2	Limit 3	Ded 1	Deductible Type 1		Ded 2	Deductib	le Type 2		Premium
Loc # S	ST	Cov C	ode	Description	1	Type of	Coverage	Fo	rm No.	Edition Date	Rate	Optio	on Codes
Limit 1			Limi	t 2	Limit 3	Ded 1	Deductible Type 1		Ded 2	Deductib	le Type 2	-	Premium
Loc # S	ST	Cov C	ode	Description	1	Type of	Coverage	Fo	rm No.	Edition Date	Rate	Optio	on Codes
Limit 1			Limi	t 2	Limit 3	Ded 1	Deductible Type 1		Ded 2	Deductib	le Type 2		Premium
Loc # S	ST	Cov C	ode	Description	1	Type of	Coverage	Fo	rm No.	Edition Date	Rate	Optio	on Codes
Limit 1			Limi	t 2	Limit 3	Ded 1	Deductible Type 1		Ded 2	Deductib	le Type 2		Premium
Loc # S	<u>ст I</u>	Cov C	ode	Description		Type of	Coverage	l Fo	rm No.	Edition Date	Rate	Ontio	on Codes
		COV C										Орис	
Limit 1			Limi	t 2	Limit 3	Ded 1	Deductible Type 1		Ded 2	Deductib	le Type 2		Premium
Loc # S	ST	Cov C	ode	Description	1	Type of	Coverage	Fo	rm No.	Edition Date	Rate	Optio	on Codes
Limit 1			Limi	t 2	Limit 3	Ded 1	Deductible Type 1		Ded 2	Deductib	le Type 2		Premium
Loc # S	ST	Cov C	ode	Description	1	Type of	Coverage	Fo	rm No.	Edition Date	Rate	Optio	on Codes
Limit 1			Limi	t 2	Limit 3	Ded 1	Deductible Type 1		Ded 2	Deductib	le Type 2		Premium
OFBA	ADC										Copyrig	ht 2000, /	AMS Services, Inc

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ACORD"	

PROPERTY SECTION

DATE (MM/DD/YYYY)
1/3/2014

PROPERI							1/3/2014								14					
AGENCY IISG Agency											APPLI	CANT (First	Named In	sured) E	iber	One Te	leco	m Se	rvices	,
		_	-								Inc									
POL	ICY NUMBER	9									CARR								NAIC	CODE
BK	s55251	439									Ohi	o Secu	ırity	Ins	uranc	e Compa	any		03	0307
EF	FECTIVE DA	E EXP	PIRATION D	DATE	х	DIRECT BILL		PAY	MENT PLAN	N	AUDIT FOR COMPANY USE ONLY					LY			'	
8/	22/2013	8/2	22/201	.4		AGENCY BILL	Ten	(10)	Payme	nts	}	x								
				PRI	EMIS	ES#: 1	STREET	ADDRES	s: PO I	Box	192	2								
PR	EMISES I	NFORM	IATION	B <mark>UI</mark>	ILDIN	G#: 1			ION: LOC	ati	on 0	001 Su	bloca							
	SUBJECT	OF INSURA	ANCE		Α	MOUNT	COINS %	VALU- ATION	CAUSES	OF LC	LOSS INFLATION DED BLKT #					FORMS	AND CON	DITIONS	S TO APPLY	
\vdash	ITIONAL INF			1		INCOME / EXTR										ATION - Attach	ACORD	811		
						, RESTRICT		ENDOF			AND R	RATING II								
SPC (Y/N	OILAGE COVE	RAGE	DESCRIPT	ION OF	PRO	PERTY COVER	ED LIMIT			Г	DED \$			TIBLE	(Y/N)	3 MAINT AGE	EEMENT	OPTIO	ONS	
									ð		a									
_	OPEN SIDE		JCTURE: _			DISTANCE TO				.=					"070				AD-	
CON	ISTRUCTION	TYPE			HYD	RANT FIRE S	ГАТ	FI	RE DISTRIC	31/00	ODE NUMBER			PROT CL #STORIES #BA			S YR B	SUILI	TOTAL ARE	:A
						FT	MI	CODE	T.V. 000				-							
BUI	LDING IMPRO	VEMENTS	;				GF	RADE	TAX COD		ROOF T	YPE	0	THER OC	CUPANCII	ES				
	WIRING, YR	:		PLU	IMBIN	NG, YR:	MANAGE	01.400	0021	- /										
	ROOFING, Y	R:		HEA	ATING	S, YR:	WINL	CLASS		SEMI	- RESIS	STIVE	HI	EATING E	BOILER ON	N PREMISES?	(Y/N)			4
	OTHER:				YF			RESISTIV	Æ						INSURANC	E PLACED E				
RIG	HT EXPOSUR	E & DISTA	INCE			LEFT EXPOSU	RE & DIST	ANCE			FRON'	T EXPOSUR	E & DIST	ANCE		REAREX	POSURE	& DIST	ANCE	
																			1	
BUF	RGLAR ALAR	M TYPE					CERT	TIFICATE	#							EXPIRAT	ION DATE	E	CENTRAL	STATION
														1					WITH KEY	S
BUF	GLAR ALAR	M INSTALL	LED AND S	ERVICE	DBY	,					EXTEN	NT		GRADE		# GUARDS/W	ATCHMEN	١	сьоск но	DURLY
PRE	MISES FIRE	PROTECTI	ON (Sprint	klers, Sta	andp	ipes, CO2/Chem	ical Syste	ems)	%	6 SPR	NK F	IRE ALARM	MANUFA	CTURER	1				CENTRAL	STATION
																			LOCAL GO	NG
_	DITIONA	INTER	RESTS									,								
RAN	IK:	NAME A	ND ADDRI	ESS:		RE	FERENC	E#:					CERT	IFICATE	REQUIRE)	INTERES	ST IN ITI	M NUMBER	
INTEREST												LOCATIO	N:	ı	BUILDING:					
LOSS PAYEE												SCHEDU	LED ITEM	NUMB	ER:					
	MORT- GAGEE															OTHER:				
		ITEM DE	SCRIPTIO	N:																

AGENCY	

ADDITIONAL	-		PREMISES#:	s	TREET	ADDRE	SS:												
PREMISES II	NFORM!	NOITA	BUILDING #:		LDG DE														
SUBJECT (OF INSURAI	NCE	AMOUNT	C	OINS %	VALU- ATION	CAU	SES OF LOS	SS	INFLATION GUARD %	DED) E	BLKT #		FORMS AN	D CONDI	TIONS	TO APPLY	
ADDITIONAL INFO	DRMATION	В	USINESS INCOME	/ EXTRA	EXPENS	SE - Atta	ich AC	ORD 810		V	/ALUE REI	PORTIN	IG INFO	ORMATI	ON - Attach A	CORD 81	1		
ADDITIONAL	COVER	AGES, OF	PTIONS, REST	TRICTIC	NS, E	NDOF	RSEN	IENTS AN	ND	RATING I	NFORM	IATIO	N						
SPOILAGE COVE	RAGE DE	SCRIPTION	OF PROPERTY O	OVERED				LIMIT			DEDUCT	ΓIBLE		EFRIG N '/N)	MAINT AGREE	MENT	OPTIO	NS	
(1/14)								\$			\$		١,٠						
# OF OPEN SIDES		CTURE:	DISTANC HYDRANT FT	ETO FIRE STA		FI	IRE DIS	STRICT/COD	E N	UMBER	P	ROT CL	_ # S`	TORIES	#BASM'TS	YR BU	ILT	TOTAL AREA	
BUILDING IMPRO	VEMENTS				BLDG GRA	CODE	TAX	CODE R	OOF	TYPE	0.	THER C	CCUP	ANCIES			,		
WIRING, YR:			PLUMBING, YR:		1400	01.457													_
ROOFING, Y	R:		HEATING, YR:			CLASS	-	SEMI- F	RES	ISTIVE					REMISES? (
OTHER:	E & DISTAN	ICE.	YR:	POSURE		ESISTI\	/E		-00	NT EXPOSUR					PLACED ELSI REAR EXPO				\dashv
Mom Ext occin	Lubiotait	.02		000112	W D1017				-KU	NI EXPOSOR	KE & DISTA	ANCE			NEAR EXIC	,0011E G	Dio		
BURGLAR ALARM	/I TYPE		,		CERTI	FICATE	#	1							EXPIRATION	N DATE		CENTRAL STATION	ON
BURGLAR ALARM	/ INSTALLE	ED AND SER	VICED BY					E	EXTI	ENT		GRAI	DE	# G	UARDS/WATO	CHMEN		CLOCK HOURLY	
PREMISES FIRE P	ROTECTIO	N (Sprinkler	s, Standpipes, CO	2/Chemica	al Syster	ns)		% SPRN	K	FIRE ALARM	MANUFA	CTURE	R	'				CENTRAL STATIO	ON
ADDITIONAL	INTER	STS																	
RANK:	NAME AN	D ADDRESS	i:	REFE	RENCE	#:					CERT	IFICATI	EREQ	JIRED	IN	TEREST	IN ITE	M NUMBER	
INTEREST													LOCATION: BUILDING:						
LOSS PAYEE MORT-															SCHEDULE	D ITEM N	IUMBE	R:	\dashv
MORT- GAGEE	ITEM DES	CRIPTION:													OTHER:				\dashv
		- "																	_

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)

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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.

				ADDITION	IAL CO	VERAGES AND	ENDORS I	EMENTS			
.oc # S	T Cov (Type of C	overage	Form No.	Edition Date	Rate	Optio	on Codes
Limit 1	HME	Lim		ile Equipment Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductib	l le Type 2		Premium
52,000											554.00
oc#S	T Cov (Code	Description	<mark>)</mark>	Type of C	overage	Form No.	Edition Date	Rate	Optio	on Codes
	MIS			nent-Light to Med	<u> </u>	1	1,		<u> </u>		
_imit 1 3 ,160		Lim	it 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductib	le Type 2		Premium 127.00
oc # S	T Cov (Type of C	overage	Form No.	Edition Date	Rate	Optio	on Codes
_imit 1	TR	Lim	Terrorism it 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductib	I le Type 2		Premium 3.00
		_					<u> </u>				
oc# S	T Cov (Code	Description	1	Type of C	overage	Form No.	Edition Date	Rate	Optio	on Codes
imit 1		Lim	it 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductib	I le Type 2		Premium
oc # S	T Cov (Code	Description	<u> </u>	Type of C	overage	Form No.	Edition Date	Rate	Optio	on Codes
imit 1		Lim	it 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductib	le Type 2		Premium
oc#S	T Cov (Code	Description	1	Type of C	overage	Form No.	Edition Date	Rate	Optio	on Codes
imit 1		Lim	it 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductib	le Type 2		Premium
c # S	T Cov (Code	Description		Type of C	overage	Form No.	Edition Date	Rate	Optio	on Codes
imit 1	•	Lim	it 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductib	le Type 2	•	Premium
oc # S	T Cov (Code	Description	1	Type of C	overage	Form No.	Edition Date	Rate	Optio	on Codes
imit 1		Lim	it 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductib	le Type 2		Premium
c# S	T Cov (Code	Description	l	Type of C	overage	Form No.	Edition Date	Rate	Optio	on Codes
imit 1		Lim	it 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductib	le Type 2		Premium
c # S	T Cov (Code	Description		Type of C	overage	Form No.	Edition Date	Rate	Optio	on Codes
imit 1		Lim	it 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductib	ole Type 2		Premium
oc # S	T Cov (Code	Description	1	Type of C	overage	Form No.	Edition Date	Rate	Optio	on Codes
imit 1	-1	Lim	it 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductib	le Type 2		Premium
- " 0	T 10		D		I T (O		I E Ni.	Edition Date	D-1-	10-4	0
)C# S	T Cov (ode	Description	ı	Type of C	overage	Form No.	Edition Date	Rate	Optio	on Codes
imit 1		Lim	it 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductib	I ble Type 2		Premium
о п Го.	T l Carr	204-	Docorietica		Tuna = 4 O	Overege	Form No	Edition Det	Doto	0-4	on Codo-
imit 1	T Cov (Lim		Limit 3	Type of C Ded 1	Deductible Type 1	Form No.	Edition Date	Rate ble Type 2	Ортіс	on Codes Premium
		Lim	ιι Ζ	LIIIII 3	Deu I	Deductible Type T	Ded 2	Deduction	ne rype z		riemium
FBAA	DCV								Copyrig	ht 2000,	AMS Services

ACORD®

COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY) 1/3/2014

AGENCY	CARRIER NAIC CODE										
IISG Agency	Colorado Casualty2 24171										
10915 North Creek Parkway	UNDERWRITE		DAM DEGLES	TED			UND	ERWRITER OF			
Suite 300	POLICIES OR PROGRAM REQUESTED POLICY NUMBER GL5109595										
San Francisco CA 97202	INDICATE SECTIONS ATTACHED ELECTRONIC						NIC DATA	PROC		TRUCKERS/MOTO	R CARRIER
CONTACT COLORD P. L. CONTACT	VALUABLE PAPERS						NT FLOAT	UMBRELLA			
CONTACT Caleen Alexanderson NAME: (800)242-6205				-	_		AND DEAL	ERS	VEHICLE SCHEDULE		
PHONE (800)243-6205 (A/C, No, Ext): (800)243-6206	BUSINESS AUTO COMMERCIAL GENERAL LIABILITY						ND SIGN .TION/BUIL	DERS RISK	WORKERS COMPENSATION YACHT		
FAX (A/C, No): (800)243-6206 E-MAIL ADDRESS: Astros@HoustonAstros.com	GENERA	L LIAE	<mark>BILITY</mark> LLANEOUS CR	RIME -		PEN CA				.7.0111	
CODE: 0060014 SUB CODE:	DEALER				_	ROPERT					
AGENCY CUSTOMER ID: 00014409	DRIVER	INFO S	SCHEDULE		TI M	RANSPO IOTOR T	RTATION/ RUCK CAF	RGO			
STATUS OF TRANSACTION PACK	AGE POLIC	CY IN	IFORMATI	ON							
								_		OR FOR MONOLINE	
BOUND (Give Date and/or Attach Copy): CHANGE CHANGE PROPO TIME X AM	SED EFF DATE) <u>F</u>	PROPOSEDEX	P DATE			G PLAN		PAYM	ENT PLAN	AUDIT
	8/2013	1	1/18/20	014	Х	,	CT BILL	Annual	OL ICY	/ DDCMILIM. ¢	E02 00
APPLICANT INFORMATION						AGE	NOT BILL	PACKAGEP	OLICY	PREMIUM: \$	502.00
NAME (First Named Insured & Other Named Insureds)					1			CL ZIP+4 (of Fi	rst Na	amed Insured)	
Il Gl					100	Main	Raod				
					Cha	mpaig	m	II	61	.820	
FEIN OR SOC SEC# PHONE					-						
(of First Named Insured): (A/C, No, Ext): E-MAIL ADDRESS(ES): (A/C, No, Ext):					WEE	BSITE DRESS(E	•				
INDIVIDUAL X CORPORATION SUBCHAPTER "S" CORPORATION	LLC NO. OF			CR BI		J NAME:	5):				DATE BUS STARTED
PARTNERSHIP JOINT VENTURE PROFIT ORG	AND W	ANAGE	=R5	ID NU							STARTED
INSPECTION CONTACT:			ACCOUNTIN	IG REC	ORDS	CONTA	CT:				·
PHONE E-MAIL ADDRESS:			PHONE (A/C, No, Ex	t):				E-MAIL ADDRE	SS:		
PREMISES INFORMATION ACORD 823 attached	for addition	onal	premises				YR	#			%
STREET, CITY, COUNTY, STATE, ZIP+4		CI	TY LIMITS	INT	TERES	ST	BUILT	EMPLOYEES	A	NNUAL REVENUES	OCCUPIED
100 MAIN RAOD			INSIDE	ow	/NER						
	20		OUTSIDE	TEN	TAA						
			INCIDE	014	/NED						
			OUTSIDE		/NER NANT						
			00.002								
			INSIDE	ow	/NER						
			OUTSIDE	TEN	TAA						
		-									
			OUTSIDE		/NER NANT						
			JOURSIDE	→ ''E'	NAIN I						
NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS	BY PREM	IISE(S)								

GENERAL INFORMATION

	ENERAL INFORMATION			\neg
EXE	PLAIN ALL "YES" RESPONSES		Y/I	/N
1a.	IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ?			\exists
1				
l				- 1
1.	DOEG THE ADDITIONAL HAVE AND CHOODINADIEGO			\dashv
1b.	DOES THE APPLICANT HAVE ANY SUBSIDIARIES?			- 11
			-	
				- 1
2.	IS A FORMAL SAFETY PROGRAM IN OPERATION?			\neg I
				ا اـــ
				- 1
				- 1
	ANN EVECULE TO ELAMMARI EO EVEL CONTEO OLIEMIONI CO			=1
3.	ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?			- 11
				-1
				- 1
				_
4.	ANY CATASTROPHE EXPOSURE?			$\neg 1$
				ا ا
				- 1
5.	ANY OTHER INSURANCE WITH THIS COMPANY OR BEING SUBMITTED?		[==	彐
١٠.	ANT OTHER INSURANCE WITH THIS COMPANT OR BEING SUBMITTED!		Y	:
			_	_1
1				- [
\vdash				ᆜ
6.	ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED D	DURING THE PRIOR THREE (3) YEARS? (Not applicable in MO)		71
			-	- 'I
				- 1
				- 1
7.	ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLEST.	ATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?		$\exists 1$
' '				⊒I
				- 1
				- 1
-	DUDING THE LAST ENGLYENG (TEN IN DIV. 1140 AND ADDITIONAL DEED IN	DIOTED FOR OR CONSIDER OF ANY RECORD OF THE ORING OF FRAUD. PRINCIPLE	V 450011 05 4111/	\dashv
8.	OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHE	DICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBER	Y, ARSON OR ANY	- 11
		ailure to disclose the existence of an arson conviction is a misdemeanor punishable by a	contonce of up to one	-1
	year of imprisonment).	allule to disclose the existence of all arson conviction is a misuemeanor punishable by a	sentence of up to one	- 1
	you of improofiling the			
l				
9.	ANY UNCORRECTED FIRE CODE VIOLATIONS?			\neg
"	THE STOCK CONTRACTOR OF THE ST			
l				
H.,				\dashv
10.	ANY BANKRUPTCIES, TAX OR CREDIT LIENS AGAINST THE APPLICANT IN T	THE PAST FIVE (5) YEARS?		
l			-	-1
l				- 1
L_				\Box
11.	HAS BUSINESS BEEN PLACED IN A TRUST?			\neg I
1	IF "YES", NAME OF TRUST:			ا اـــ
12.	ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, O			$\neg 1$
l	(If "YES", attach ACORD 815 for Liability Exposure and/or ACORD 816 for Proper	rty Exposure)		ا ا
RFI	MARKS/PROCESSING INSTRUCTIONS (Attach additional sheets if more space is	s required)	·	\Box
ا `` - '		/		
1				- 1
1				- [
1				- 1
\sqsubseteq]
1	COPY OF THE NOTICE OF INFORMATION PRACTICES (PRIVACY) HAS BE	EN GIVEN TO THE APPLICANT. (Not applicable in all states, consult your agent or b	roker for your state's requirements	s.)
<u> </u>	THE OF MICHEANICE INFORMATION PRACTICES. PERCONAL INFO	ODMATION ADOLET VOLUMENO INFORMATION FROM A OREDIT DE	FRORT MAY BE COLL FOTER	\exists
		ORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT RE		
		APPLICATION FOR INSURANCE AND SUBSEQUENT POLICY RENEWA		
		LECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCE		
		TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN		
		RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS	AVAILABLE UPON REQUEST	1.
Γ_{CO}	NTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW	TO SUDMIT A KEQUEST TO US.		[
AN	Y PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD	ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPL	ICATION FOR INSURANCE O	OR
		DRMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFO		
		ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL A		
	NALTIES. (Not applicable in CO, FL, HI, MA, NE, OH, OK, OR, or VT; in		[3020], ((1), (1), (1)	
		NJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT O	F CLAIM OR AN APPLICATIO	$ _{NC} $
	ONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMAT			```
\vdash	THE TANGE OF THE PARTY OF THE P	TOTAL SOLETI OF AT LEGAT OF THE THIND DEGREE.		_
TH	E UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE	E APPLICANT AND REPRESENTS THAT REASONABLE ENQUIRY HAS	BEEN MADE TO OBTAIN TH	ΉE
		ESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLET		
	OWLEDGE.	,		
┝		PRODUCEDIO MAME (Planas B. L. C.	NATIONAL PROPRIETORIST	\exists
l PR	ODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	NATIONAL PRODUCER NUMBER	ĸ
1				
A 5.	DI ICANTIS SIGNATURE		DATE	\dashv
API	PLICANT'S SIGNATURE		DATE	- 1
1				- 1

PRIOR CARRIER INFORMATION CATEGORY

LINE

CARRIER POLICY NUMBER

GENERAL LIABILITY Commercial	POLICY TYPE		CLAIMS MADE	OCCURRENCE	CLAIMS MADE	OCCURRENCE	CLAIMS MADE	OCCURRENCE	CLAIMS MADE	OCCURRENCE	CLAIMS MADE	OCCURRENCE
	RETRO DATE											
	EFF-EXP DATE											
	GENERAL AGGREGATE											
		TS COMP OP ATE										
		AL & ADV INJ										
	1	CURRENCE										
	FIRE DAM											
	÷	EXPENSE										
	S BODILY	OCCURRENCE										
		AGGREGATE										
	PROPERT	Y OCCURRENCE										
	1	AGGREGATE										
	COMBINED SINGLE LIMIT											
	MODIFICATION FACTOR											
	TOTAL PREMIUM											
AUTOMOB-LE	CARRIER											
	POLICY NUMBER											
	POLICY TYPE											
	EFF-EXP DATE											
	COMBINED SINGLE LIMIT											
	BODILY	EA PERSON										
	INJURY EA ACCIDENT											
	PROPERTY DAMAGE											
	MODIFICATION FACTOR											
	TOTAL PREMIUM											
P R O P E R T Y	CARRIER											
	POLICY NUMBER											
	POLICY TYPE											
	EFF-EXP DA	TE										
	BUILD	ING AMT										
	PERS PROP AMT											
	MODIFICATION FACTOR											
	TOTAL PREMIUM											
	CARRIER											
	POLICY NUMBER											
	POLICY TYPE											
	EFF-EXP DATE											
	LIMIT											
	MODIFICATI	ON FACTOR										
	TOTAL PRE	МІИМ										
	S HISTOR		CARRIEGO	EALILE AND WILL	THE OP NOT INC.	IDED) OD CO	OUDDENOES TH	AT MAN ONE O	ICE TO OLARIO	CHICLE	EDE O	SEE ATTACLIED
FOR T	HE PRIOR 5	EARS (3 YEARS	IN KS & NY)	FAULT AND WHE	THER OR NOT INSU	JKED) OR OC	CORRENCES TH.	AT MAY GIVE R	ISE TO CLAIMS	X CHK HE	E L	SEE ATTACHED OSS SUMMARY CLAIM
DATE OF OCCURRENCE		LINE	TYPE/DESCRIPTION OF OCCURRENCE OR CLAIM			LAIM	DATE OF CLAIM	,	AMOUNT PAID		AMOUNT RESERVED	
							OI GEAIN	•	I AID			OPEN CLSD
REMA	RKS NO	LE: FIDELITY REG	QUIRES A FIVE	YEAR LOSS HIST	ORY					ATTACHN	MENTS	
-												NT(S) (If applicable)

FORMS

T STATES		
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 - CHANCELLATION 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

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ACORD

COMMERCIAL GENERAL LIABILITY SECTION

DATE (MM/DD/YYYY) 1/3/2014

		- COIVIIV	ILICIA		NEKAL LIA	DILI	I I SE		1/3	3/2014	
AGE	L	PHONE (A/C, No, Ext): (800)243-620 FAX (800)243-6206	05		^{NT} īl Gl				,		
IIS	G Agen	FAX (A/C, No): (800)243-6206 Cy		Named Insured)							
1		th Creek Parkway			EXPIRATION DA	<u>- , </u>	DIRECT BILL		MENT PLAN	AUDIT	
	te 300				8/2013 11/18/20	14 X <mark>,</mark>	AGENCY BILL	Annual			
-	Franc)2	FOR COMPAN	Y						
	E: 00600			USE ONL'	Y						
		00014409									
	/ERAGE			LIMITS					_		
X		CIAL GENERAL LIABILITY MS MADE X OCCUPRE		GENERAL AGO			\$1,000,		PREMISES/OF	EMIUMS PERATIONS	
		WIS WADEOCCORRE	NCE		COMPLETED OPERATIONS AC	GREGATE	\$1,000,		140.00		
	OWNERS	& CONTRACTOR'S PROTECTIVE		EACH OCCUR	ADVERTISING INJURY		\$1,000, \$1,000,		PRODUCTS		
DEDI	JCTIBLES				ENTED PREMISES (each occu	irrence)	\$100,00		8.00		
		Y DAMAGE \$			ENSE (Any one person)	irrencej	\$5,000		OTHER		
	BODILY IN		PER CLAIM	EMPLOYEE BE			\$				
	BODIET II	\$	PER OCCURRENCE						TOTAL		
отні	R COVER	AGES, RESTRICTIONS AND/OR ENDO		ed/non-owned au	to coverages attach the applic	able state B	usiness Auto Se	ection, ACORD 13	7) 148.00		
601	IEDIN E	OF 11474PD0									
		OF HAZARDS							PREMIUM		
Loc #	HAZ #	CLASSIFICATION	CLASS	PREMIUM BASIS	EXPOSURE	TERR	PREM/OPS	PRODUCTS	PREM/OPS	PRODUCTS	
1		DAIRY PROD-BUTTER/EGG STOR-NFP	11259	T Other	15000	014	PREINI/OF3		140.00	8.00	
				1 0002		+					
<u> </u>											
-										-	
1) PAYROLL - PER \$1) AREA - PER 1,000/5		(C) TOTAL COST - (M) ADMISSIONS			(U) UNIT - F (T) OTHER	PER UNIT		
CL	AIMS MA	DE (Explain all "Yes" resp	onses)								
		'ES" RESPONSES	•							Y/N	
1. F	ROPOSE	D RETROACTIVE DATE:									
—		TE INTO UNINTERRUPTED CL									
3. ⊦	AS ANY F	PRODUCT, WORK, ACCIDENT,	OR LOCATION B	EEN EXCLUDI	ED, UNINSURED OR SEL	F-INSURE	D FROM ANY	PREVIOUS C	OVERAGE?		
<u></u>	/A C T A !!	00VED 4 0E DUDOU 4 0ED : 1115	AED ANN/ PDENIG	LIC DOLLOVO							
4. V	AS IAIL	COVERAGE PURCHASED UND	EK ANY PREVIO	US POLICY?							
		BENEFITS LIABILITY									
	LUIEE	DENLETTO LIADILITY									

ACORD 126 (2007/05) INS126 (200705)

2. NUMBER OF EMPLOYEES:

4. RETROACTIVE DATE:

CONTRACTORS Y/N EXPLAIN ALL "YES" RESPONSES (For past or present operations) 1. DOES APPLICANT DRAW PLANS, DESIGNS, OR SPECIFICATIONS FOR OTHERS? 2. DO ANY OPERATIONS INCLUDE BLASTING OR UTILIZE OR STORE EXPLOSIVE MATERIAL? 3. DO ANY OPERATIONS INCLUDE EXCAVATION, TUNNELING, UNDERGROUND WORK OR EARTH MOVING? 4. DO YOUR SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN YOURS? 5. ARE SUBCONTRACTORS ALLOWED TO WORK WITHOUT PROVIDING YOU WITH A CERTIFICATE OF INSURANCE? 6. DOES APPLICANT LEASE EQUIPMENT TO OTHERS WITH OR WITHOUT OPERATORS? % OF WORK SUBCONTRACTED: \$ PAID TO SUB-CONTRACTORS: # FULL-TIME STAFF: # PART-TIME STAFF: DESCRIBE THE TYPE OF WORK SUBCONTRACTED PRODUCTS/COMPLETED OPERATIONS EXPECTED LIFE **PRODUCTS ANNUAL GROSS SALES** # OF UNITS INTENDED USE PRINCIPAL COMPONENTS Y/N EXPLAIN ALL "YES" RESPONSES (For any past or present product or operation) PLEASE ATTACH LITERATURE, BROCHURES, LABELS, WARNINGS, ETC 1. DOES APPLICANT INSTALL, SERVICE OR DEMONSTRATE PRODUCTS? 2. FOREIGN PRODUCTS SOLD, DISTRIBUTED, USED AS COMPONENTS? (If "YES", attach ACORD 815) 3. RESEARCH AND DEVELOPMENT CONDUCTED OR NEW PRODUCTS PLANNED? 4. GUARANTEES, WARRANTIES, HOLD HARMLESS AGREEMENTS? 5. PRODUCTS RELATED TO AIRCRAFT/SPACE INDUSTRY? 6. PRODUCTS RECALLED, DISCONTINUED, CHANGED? 7. PRODUCTS OF OTHERS SOLD OR RE-PACKAGED UNDER APPLICANT LABEL? 8. PRODUCTS UNDER LABEL OF OTHERS? 9. VENDORS COVERAGE REQUIRED? 10. DOES ANY NAMED INSURED SELL TO OTHER NAMED INSUREDS?

ΑD	DITIONAL	INTEREST/0	CERTIFICATE RECI	PIENT	ACORD 45 attached for	or additional names		
	REST	RANK:	NAME AND ADDRESS	REFERENCE #:	•	CERTIFICATE REQUIRED	INTEREST IN I	ITEM NUMBER
	ADDITIONAL I	NSURED					LOCATION:	BUILDING:
	LOSS PAYEE						VEHICLE:	BOAT:
	MORTGAGEE						SCHEDULED ITEM NUM	BER:
	LIENHOLDER						OTHER	
	EMPLOYEE A	S LESSOR						
GF	NEDAL INI	ORMATION	ITEM DESCRIPTION:					
			For all past or present oper	ations)				Y/N
				•	NALS EMPLOYED OR CON	TRACTED?		
2	ANV EVDOS	LIDE TO DAD	IOACTIVE/NUCLEAR M	MATERIAL C2				
۷.	ANT EXPOC	ONE TO NAD	IOACTIVE/NOCEEAR IV	IATERIALS:				
			IT OR DISCONTINUED ARDOUS MATERIAL? (TING, DISCHARGING, APPLYI	NG, DISPOSING, OR	
	110/11/01 010	11110 01 11112	A TOO OO WIN TO ETTINGE!	c.g. iariailiis, wasi	ico, raci tariko, cioj			
4.	ANY OPERA	TIONS SOLD	, ACQUIRED, OR DISC	ONTINUED IN LA	ST FIVE (5) YEARS?			
			,		(-)			
5.	MACHINER'	OR EQUIPM	ENT LOANED OR REN	TED TO OTHERS	3?			
_								
6.	ANY WATER	RCRAFT, DOC	KS, FLOATS OWNED,	HIRED OR LEASI	ED?			
7	ANY PARKII	NG FACILITIES	S OWNED/RENTED?					
•	744117444	TO I THOILITIE	o ovviled/ively/					
8.	IS A FEE CH	IARGED FOR	PARKING?					
9.	RECREATION	N FACILITIES	PROVIDED?					
10.	IS THERE A	SWIMMING P	OOL ON THE PREMIS	ES?				
11.	SPORTING	OR SOCIAL E	VENTS SPONSORED?					
••			3. 22325.					
12.	ANY STRUC	TURAL ALTE	RATIONS CONTEMPLA	ATED?				
13.	ANY DEMOL	ITION EXPOS	URE CONTEMPLATED)?				
14	HAS APPI IC	CANT BEEN AG	CTIVE IN OR IS CURRE	ENTLY ACTIVE IN	JOINT VENTURES?			
			on 10 oonn					
15.	DO YOU LE	ASE EMPLOY	EES TO OR FROM OTH	HER EMPLOYERS	S?			
16.	IS THERE A	LABOR INTER	RCHANGE WITH ANY (OTHER BUSINES	S OR SUBSIDIARIES?			

GENERAL INFORMATION (continued)	Y/N
EXPLAIN ALL "YES" RESPONSES (For all past or present operations) 17. ARE DAY CARE FACILITIES OPERATED OR CONTROLLED?	Y/N
17. ARE DAT CARE FACILITIES OPERATED OR CONTROLLED?	
18. HAVE ANY CRIMES OCCURRED OR BEEN ATTEMPTED ON YOUR PREMISES WITHIN THE LAST THREE (3) YEARS?	
19. IS THERE A FORMAL, WRITTEN SAFETY AND SECURITY POLICY IN EFFECT?	
20. DOES THE BUSINESSES' PROMOTIONAL LITERATURE MAKE ANY REPRESENTATIONS ABOUT THE SAFETY OR SECURITY OF THE PREMISES?	
REMARKS	
ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSU	IRANCE OR

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.

				ADDITION	NAL CO	VERAGES AND	END	ORSE	EMEN [®]	TS			
Loc # ST	Cov C		Description Terrorism		Type of 0	Coverage	Fo	orm No.	Edition	Date	Rate	Optio	n Codes
Limit 1		Limi		Limit 3	Ded 1	Deductible Type 1		Ded 2	De	ductib	le Type 2		Premium 2.00
Loc # ST	Cov C	ode	Description	l	Type of 0	Coverage	Fo	rm No.	Edition	Date	Rate	Optio	n Codes
Limit 1	APN	IP Limi		olicy minimum Limit 3	Ded 1	Deductible Type 1		Ded 2	De	ductib	le Type 2		Premium 352.00
Loc # ST	Cov C	ode	Description		Type of 0	Coverage	Fo	orm No.	Edition	Date	Rate	Optio	n Codes
Limit 1		Limi	t 2	Limit 3	Ded 1	Deductible Type 1		Ded 2	De	ductib	I le Type 2	1	Premium
Loc # ST	Cov C	ode	Description	ı	Type of 0	Coverage	Fo	orm No.	Edition	Date	Rate	Optio	n Codes
Limit 1		Limi	t 2	Limit 3	Ded 1	Deductible Type 1		Ded 2	De	ductib	le Type 2		Premium
Loc # ST	Cov C	ode	Description	ı	Type of 0	Coverage	Fo	orm No.	Edition	Date	Rate	Optio	n Codes
Limit 1		Limi	t 2	Limit 3	Ded 1	Deductible Type 1		Ded 2	De	ductib	le Type 2	-	Premium
Loc # ST	Cov C	ode	Description	ı	Type of 0	Coverage	Fo	orm No.	Edition	Date	Rate	Optio	n Codes
Limit 1		Limi	t 2	Limit 3	Ded 1	Deductible Type 1		Ded 2	De	ductib	le Type 2	•	Premium
Loc # ST	Cov C	ode	Description	l	Type of 0	Coverage	Fo	orm No.	Edition	Date	Rate	Optio	n Codes
Limit 1		Limi	t 2	Limit 3	Ded 1	Deductible Type 1		Ded 2	De	ductib	le Type 2	•	Premium
Loc # ST	Cov C	ode	Description	l	Type of 0	Coverage	Fo	orm No.	Edition	Date	Rate	Optio	n Codes
Limit 1		Limi	t 2	Limit 3	Ded 1	Deductible Type 1		Ded 2	De	ductib	le Type 2	-	Premium
Loc # ST	Cov C	ode	Description	l	Type of 0	Coverage	Fo	orm No.	Edition	Date	Rate	Optio	n Codes
Limit 1		Limi	t 2	Limit 3	Ded 1	Deductible Type 1		Ded 2	De	ductib	le Type 2		Premium
Loc # ST	Cov C	ode	Description	ı	Type of 0	Coverage	Fo	orm No.	Edition	Date	Rate	Optio	n Codes
Limit 1		Limi	t 2	Limit 3	Ded 1	Deductible Type 1		Ded 2	De	ductib	le Type 2	1	Premium
Loc # ST	Cov C	ode	Description		Type of 0	Coverage	Fo	orm No.	Edition	Date	Rate	Optio	n Codes
Limit 1		Limi	t 2	Limit 3	Ded 1	Deductible Type 1		Ded 2	De	ductib	le Type 2	1	Premium
Loc # ST	Cov C	ode	Description		Type of 0	Coverage	Fo	orm No.	Edition	Date	Rate	Optio	n Codes
Limit 1		Limi	t 2	Limit 3	Ded 1	Deductible Type 1		Ded 2	De	ductib	l le Type 2	1	Premium
Loc # ST	Cov C	ode	Description		Type of 0	Coverage	Fo	orm No.	Edition	Date	Rate	Optio	n Codes
Limit 1		Limi	t 2	Limit 3	Ded 1	Deductible Type 1		Ded 2	De	ductib	I le Type 2	-1	Premium
OFBAAD	CV										Copyrigh	nt 2000, A	AMS Services, Inc

COMMERCIAL INSURANCE APPLICATION

DATE (MM/DD/YYYY)

						$\overline{}$		AINI IINI O	RMATION) OE	CHO	V		-/-0/	2014
IISG	Ageno	су						CARRIER Golden Eag	ıle (Liber	ty R	AM)			_	IAIC CODE -0836
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	e 300		.ccx .	rai kw	ay			POLICIES OR PE		STED		ONE	LICENTIFIC OF	POLICY NUMBER CU5102353	
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								ACCOUNTS RECEIVABLE/ VALUABLE PAPERS EQUIPMENT FLOATER				X UMBRELLA			
CONTAC NAME:	CT Cal	een 2	Alexa	nders	on			BOILER & MACHINERY GARAGE AND DEALERS				ERS	VEHICLE SCHEDULE		
PHONE (A/C, No	, Ext): (8	00)2	43-62	05				BUSINESS AUTO GLASS AND SIGN				WORKERS COMPENSATION			
FAX (A/C, No): (800	243	-6206					COMMERC GENERAL			INS	STALLATION/BUIL	DERS RISK	YACHT	
	ss: Astı		loust	onAst	ros.c	om		CRIME/MIS	CELLANEOUS (RIME	OF	EN CARGO			
C <mark>OD</mark> E: (006001	L4		SUB COL	DE:			DEALERS				OPERTY	,		
	Y CUSTOMI								FO SCHEDULE		MC	ANSPORTATION OTOR TRUCK CAI	RGO		
	US OF T	RANS		N IE POLICY		DENEW	1	AGE POLICY							
	UND (Give	Date and				RENEW							_	NES, OR FOR MONOLINE	
	ANGE	DATE		оору). ТІІ	ME	X AM	PROPO	OSED EFF DATE	PROPOSEDI	XP DA	(IE)	DIRECT BILL	Monthly	PAYMENT PLAN	AUDIT
							3/1/	/2013	3/1/201	.4	х	-	_	OLICY PREMIUM: \$	515.00
APPL	ICANT I	NFOR	MATIO	N								AOLIVOT BILL	PACKAGE	JLICT PREMIUM. \$	313.00
	irst Named				reds)								`	rst Named Insured)	
Ca Aq	s Con ()2									123	S Califorr	ia Ave		
											Beau	mont	CA	92223	
FFIN OR	SOC SEC	#				PHONE					_				
(of First	Named Ins	ured):				(A/C, No,	Ext):				WEB	SITE			
ADDRES		х	CORPOR	DATION	SU	IBCHAPTER ORPORATIO	R "S"	LLC NO. OF M		T	ADDI	RESS(ES):			DATE BUS STARTED
	IDIVIDUAL		CORPOR		l NO	T FOR)N	AND MAN	AGERS		BUREAU	NAME:			STARTED
 '	ARTNERSH TION CONT		JOINT V	ENTURE	PR	OFIT ORG			ACCOUNT		NUMBER:	ONTACT:			
PHONE (A/C, No					E-MAIL ADDRE	_ Eee.			PHONE (A/C, No, E				E-MAIL ADDRE	20.	
	IISES IN	FORM	ATION				ttache	d for additional premises							
LOC#	BLD#			STREET, C		INTY, STAT			CITY LIMITS	INTEDEST YR #			# EMPLOYEES	ANNUAL REVENUES	% OCCUPIED
									INSIDE		OWNER				
I									OUTSIDE		ΓΕΝΑΝΤ				
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NATU	DE OF			- COLDINA	TION C	E OBER	ATION	S DV DDENIE	OUTSIDE INSIDE OUTSIDE INSIDE OUTSIDE	-	OWNER TENANT OWNER				
NATU	RE OF I	BUSIN	ESS/DE	SCRIP	TION O	F OPER	ATION	S BY PREMIS	OUTSIDE INSIDE OUTSIDE INSIDE OUTSIDE	-	OWNER TENANT OWNER				
NATU	RE OF I	BUSIN	ESS/DE	ESCRIP	ΓΙΟΝ Ο	F OPER	ATION	S BY PREMIS	OUTSIDE INSIDE OUTSIDE INSIDE OUTSIDE	-	OWNER TENANT OWNER				
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NATU	RE OF E	BUSIN	ESS/DE	SCRIP	ΓΙΟΝ Ο	F OPER	ATION	S BY PREMIS	OUTSIDE INSIDE OUTSIDE INSIDE OUTSIDE	-	OWNER TENANT OWNER				

AGENCY CUSTOMER ID: 00014476

GENERAL INFORMATION

GE	NERAL INFORMATION			
EXP	PLAIN ALL "YES" RESPONSES			Y/N
Ta.	IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ?			
1h	DOES THE APPLICANT HAVE ANY SUBSIDIARIES?			
10.	DOES THE AFFEIGANT HAVE ANT SOBSIDIANIES!			
2	IS A FORMAL SAFETY PROGRAM IN OPERATION?			
^{2.}	IS A FORWAL SALETT FROGRAM IN OF ERATION:			
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_	ANN EVENE TO ELAMARE EN EVELOSIVES OUEMON ON			
3.	ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?			
l				
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4.	ANY CATASTROPHE EXPOSURE?			
l				\Box
5.	ANY OTHER INSURANCE WITH THIS COMPANY OR BEING SUBMITTED?			Y
l				
l				
<u> </u>				
6.	ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED	DURING THE PRIOR THREE (3) YEARS? (Not applicable in MO)		
l				
7.	ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLEST	TATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?		
l				
l				
8.	DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN IN	DICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBER	Y, ARSON OR ANY	
-	OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTH			
l		Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a	sentence of up to one	
l	year of imprisonment).	and to dissiste the existence of an aroun conviction is a misdemediate parishable by a	sentence of up to one	
l	your of imprisormoney.			
l				
l				
9.	ANY UNCORRECTED FIRE CODE VIOLATIONS?			
l				
l				
10.	ANY BANKRUPTCIES, TAX OR CREDIT LIENS AGAINST THE APPLICANT IN	THE PAST FIVE (5) YEARS?		
	THE DIRECTION OF ONE OF CHEST ELECTION AND THE PART ELECTION AND			
l				
l				
11	HAS BUSINESS BEEN PLACED IN A TRUST?			
11.				
	IF "YES", NAME OF TRUST:			\Box
L				_
12.	ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA,			
l	(If "YES", attach ACORD 815 for Liability Exposure and/or ACORD 816 for Prope	rty Exposure)		\square
DEM	MARKS/PROCESSING INSTRUCTIONS (Attach additional sheets if more space	is required)		
""	MAKKO/FKOCESSING INSTRUCTIONS (Attach additional sheets if more space	is required)		
l				
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l				
L				
ı T	COPY OF THE NOTICE OF INFORMATION PRACTICES (PRIVACY) HAS B	EEN GIVEN TO THE APPLICANT. (Not applicable in all states, consult your agent or b	proker for your state's requirement	ents.)
H			· · · · · · · · · · · · · · · · · · ·	
NO.	TICE OF INSURANCE INFORMATION PRACTICES - PERSONAL INF	ORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT RI	EPORT, MAY BE COLLECT	TED
FRO	OM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS	APPLICATION FOR INSURANCE AND SUBSEQUENT POLICY RENEWA	IS SUCH INFORMATION	LAS
		LLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCE		
		TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN		
		RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS	AVAILABLE UPON REQUI	E51.
	NTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW	TO SUBMIT A REQUEST TO US.		
^	V DEDOON WILLO KNOWINGLY AND WITH INTENT TO BEECH	ANY INCLIDANCE COMPANY OF AMOTUED PERSON ELLES AN ARRE	ICATION FOR INCURANCE	·
		ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPL		
		ORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFO		
FAC	CT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE	ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL.	AND [NY: SUBSTANTIAL]	CIVIL
		n DC, LA, ME, TN, VA and WA, insurance benefits may also be denied)		
		INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT O	E CLAIM OF AN APPLICAT	TION
			OLAIIVI OR AIN APPLICA	IION
	NTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMAT	TION IS GUILTY OF A FELONY OF THE THIRD DEGREE.		
-	- UNDERGIONER IO ANI AUTUORIZER REPRESENTATIVE CE TIV	E ADDI IOANIT AND DEDDECENTO THAT DEACCHARLE ENGLISHED	DEEN MADE TO COT	
		E APPLICANT AND REPRESENTS THAT REASONABLE ENQUIRY HAS		
		ESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLET	E TO THE BEST OF HIS	/HER
KNO	OWLEDGE.			
PRC	DDUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	NATIONAL PRODUCER NUM	IBER
l				
<u> </u>				
APP	PLICANT'S SIGNATURE		DATE	
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l				

PRIOR CARRIER INFORMATION

LINE			GORY	AIION															
	C	ARRIER																	
		OLICY NUM	BER																
		OLICY TYPE		CLAIMS MADE		OCCURRENCE	CLAIMS MADE	3	OCCURRENCE		CLAIMS MADE	OCCURRENCE	CL	AIMS ADE	OCCURRENCE	CLAIN MAD	s	OCCURRENC	F
		ETRO DATE		MADE		1	MADE				MADE		l M	ADE		MAD	-		1
G		FF-EXP DAT																	
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CA	M	FIRE DAM																	_
ΑB	Į	MEDICAL E																	
	s	BODILY	OCCURRENCE										-						
l I		INJURY	AGGREGATE										-						
Y		PROPERTY	OCCURRENCE																
		DAMAGE	AGGREGATE																
		COMBINE	SINGLE LIMIT																
	М	ODIFICATIO	N FACTOR																
	Т	OTAL PREM	IUM																
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AUTOMOB!	Р	OLICY TYPE																	
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		HISTORY		FGARDI ESS C)F FA	UI T AND WH	THER OR N	AI TO	ISURED) OR O	CCURPI	NCES TH	AT MAY GIVE	RISE TO C	AIMS	CHK H	ERE	SEF 4	TTACHED	1
FORT	ΉÈ	PRIOR 5 YI	OR LOSSES (RE EARS (3 YEARS	IN KS & NY)	173			J. 11							X CHK HE	E	LÖSS	ATTACHED SUMMARY CLAIM	-
	DATE OF LINE			TYPE	/DES	CRIPTIONOF	OCCURRENC	E OF	R CLAIM		DATE OF CLAIN	1	AMOUN PAID	IT	R	AMOUNT ESERVED		STATUS OPEN CLS	

LOSS HISTOR	Y								
ENTER ALL CLAIMS FOR THE PRIOR 5	OR LOSSES (F 'EARS (3 YEAR	REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OC S IN KS & NY)	CURRENCES THAT MAY	Y GIVE RISE TO CLAIMS	х	CHK HERE IF NONE		TTACH SUMM	
DATE OF OCCURRENCE	LINE	TYPE/DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID		AMOUNT RESERVE		CL ST/	ATUS N CLSE
		EQUIRES A FIVE YEAR LOSS HISTORY			ΑT	TTACHMENTS			
SENT FOR C			00005			STATE SUPPL	EMENT(S	(If app	licable)
COV: UMBRE	LLA ENT	ER 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 COPYRIGHT 2000, AMS SERVICES INC. OFREMARK



UMBRELLA / EXCESS SECTION

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

	0	MIDKEL		CLSS	3LC I			1/10/	2014
AGENCY	PHONE (A/C, No, Ext): (800)243-620 FAX (A/C, No): (800)243-620		A <mark>PPLICANT</mark> (Firs Ca Aqs Co					1	
IISG Age	_								
	orth Creek Parkway		EFFECTIVE DAT	TE EXPIRATION	N DATE		DAVA	ENT PLAN	AUDIT
Suite 30		02	3/1/2013	3/1/20	\1 A	DIRECT BILL	Monthly.	LIVI FLAIN	AUDII
	wnload@Vertafore.com		FOR	3, 1, 2)14 X	AGENCY BILL			<u> </u>
CODE: 0060	0014 SUBCODE:	•	COMPANY USE ONLY						
	00014476		-						
	FORMATION CU5102353								
	TRANSACTION TYPE			LI	MIT OF LIABIL	ITY)		RETAINEDLIMIT	
NEW	UMBRELLA OCCURRENCE	RETROAC	CTIVE DATE	\$ 1,00	0,000	EA OCC	\$		
RENEWAL	EXCESS CLAIMS MADE	PROPOSED	CURRENT	\$ 1,00	0,000				
EXPIRING POL	#:			\$			FIRST DOLLAR D	EFENSE YE	S NO
	BENEFITS LIABILITY							Т	
	` ' ' '	AGGREGATE LIMIT F	OR EBL		RETAINED LIM	IT FOR EBL		RETROACTIVE DATE	FOR EBL
\$ NAME OF BEN	EFIT PROGRAM	•			i				
NAME OF BEN	EFIT FROGRAM								
PRIMARY I	OCATION & SUBSIDIARIES (A	CORD 125)							
	AME AND LOCATION OF PRIMARY AND	•	MPANIFS (Describ	ne Operations)	ANNUAI	PAYROLL AN	IN GROSS SALES	FOREIGN GROSS SA	LES #FMPI
NAME:			(2000)	o operations,	7	7	0.1.000 0.1.220	I GREIGH GROOD OA	
	1234 Oak Street	45300							
	PTION:	45390							
NAME:									
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UNDERLYII	NG INSURANCE								
	LIST ALL LI	ABILITY/COMPENSAT	TION POLICIES IN F	ORCE TO APPLY	AS UNDERLY	ING INSURANCE		ANNUAL RENEWA	RATING
TYPE	CARRIER/POLICY NUMBER	POLICY	FFF DATE POL	LICY EXP DATE		LIMITS		PREMIUM	MOD MOD
					CSL EA. ACC			\$	
AUTOMOBILE LIABILITY					BI EA. ACC.	\$ \$		\$ \$	
					PD EA. ACC.	\$		\$	
						RRENCE \$		PREM/OPS	
GENERAL LIABILITY					GENERAL A			\$	
POLICY TYPE					PROD & CO! AGGREGATI	MP OPS \$		PRODUCTS	
OCCUR					PERSONAL INJURY	& ADV		\$	
CLAIMS MADE					DAMAGE TO PREMISES	RENTED \$		OTHER	
					MEDICAL EX	PENSE \$		\$	
EMPLOYERS					EACH ACCID			_	
LIABILITY					EACH EMPL DISEASE			\$	
					POLICY LIMI	т \$			
	Ì								

ATTACH TO ACORD 125 AND ACORD 126

UNDERLYING INSURANCE (continued) UNDERLYING GENERALLIABILITY INFORMATION (Explain all "YES" responses) ARE DEFENSE COSTS: WITHIN AGGREGATE LIMITS? A SEPARATE LIMIT? UNLIMITED? INDICATE THE EDITION DATE OF THE ISO FORM OR SIMILAR FILING FOR THE UNDERLYING COVERAGE: HAS ANY PRODUCT, WORK, ACCIDENT, OR LOCATION BEEN EXCLUDED, UNINSURED OR SELF INSURED FROM ANY PREVIOUS COVERAGE? YES NO FOR CLAIMS MADE, INDICATE RETROACTIVE DATE OF CURRENT UNDERLYING POLICY: FOR CLAIMS MADE, INDICATE ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COVERAGE: FOR CLAIMS MADE, WAS "TAIL" COVERAGE PURCHASED FOR ANY PREVIOUS PRIMARY OR EXCESS POLICY? YES EFF. DATE: 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** ANY AUTO (SYMBOL 1) CARE, CUSTODY, CONTROL PROFESSIONAL LIABILITY (E&O) CGL - CLAIMS MADE EMPLOYEE BENEFIT LIABILITY VENDORS LIABILITY **CGL - OCCURRENCE** FOREIGN LIABILITY/TRAVEL WATERCRAFT LIABILITY COVERAGE **EXPOSURE** GARAGEKEEPERS LIABILITY AIRCRAFT LIABILITY INCIDENTAL MEDICAL MALPRACTICE AIRCRAFT PASSENGER LIABILITY LIQUOR LIABILITY ADDITIONAL INTERESTS 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 - ATTACH SEPARATE SHEET IF NECESSARY) X NO SUCH CLAIMS CARE, CUSTODY, CONTROL LOC PROPERTY TYPE VALUE Α* В* C* 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** OVER # NON-OWNED # OWNED # LEASED PROPERTY HAULED 0-50 MI 50-200 MI TYPE 200 MI PRIVATE PASSENGER LIGHT **MEDIUM** TRUCKS HEAVY EX. HEAVY **HEAVY**

ACORD 131 (2007/03)

EX. HEAVY

TRUCKS/ TRACTORS

BUSES

ADDITIONAL EXPOSURES

	LAIN ALL "YES" RESPONSES, PROVIDE OTHER INFORMATION REQUIRED	YES	NO
	ADVERTISERS LIABILITY	1120	
1.	MEDIA USED:		
	ANNUAL COST: \$		
2.	ARE SERVICES OF AN ADVERTISING AGENCY USED?		
3.	ANY COVERAGE PROVIDED UNDER AGENCY'S POLICY?		
	AIRCRAFT LIABILITY		
4.	DOES APPLICANT OWN/LEASE/OPERATE AIRCRAFT?		
	AUTO LIABILITY		
5.	ARE EXPLOSIVES, CAUSTICS, FLAMMABLES OR OTHER DANGEROUS CARGO HAULED?		
6	ARE PASSENGERS CARRIED FOR A FEE?	\Box	
"			
7	ANY UNITS NOT INSURED BY UNDERLYING POLICIES?		
١٠.	ANT UNITS NOT INSURED BY UNDERLYING POLICIES!	┌	
_	ARE ANY VEHICLES LEAGER OR REVIEW TO STUEROS	_	
8.	ARE ANY VEHICLES LEASED OR RENTED TO OTHERS?	┞	
_		_	_
9.	ARE HIRED AND NON/OWNED COVERAGES PROVIDED?		
CONTRACTORS LIABILITY			
10.	IS BRIDGE, DAM, OR MARINE WORK PERFORMED?		
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?		
14.	DO SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN APPLICANT?		
	EMPLOYERS LIABILITY		
15.	IS APPLICANT SELF-INSURED IN ANY STATE?		
16.	SUBJECT TO: JONES ACT FELA STOP GAP OTHER:		
	INCIDENTAL MALPRACTICE LIABILITY		
17.	IS A HOSPITAL OR FIRST AID FACILITY MAINTAINED?		
			_
18.	ARE COVERAGES PROVIDED FOR DOCTORS / NURSES?		
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ADDITIONAL EXPOSURES (continued) EXPLAIN ALL "YES" RESPONSES, PROVIDE OTHER INFORMATION REQUIRED YES NO POLITION LIABILITY EPA#: 20. DO CURRENT OR PAST PRODUCTS, OR THEIR COMPONENTS, CONTAIN HAZARDOUS MATERIALS THAT MAY REQUIRE SPECIAL DISPOSAL METHODS? 21 INDICATE THE COVERAGES CARRIED. GL WITH STANDARD ISO POLLUTION EXCLUSION GL WITH POLLUTION COVERAGE ENDORSEMENT SEPARATE POLLUTION COVERAGE GL WITH STANDARD SUDDEN & ACCIDENTAL ONLY PRODUCT LIABILITY 22. ARE MISSILES, ENGINES, GUIDANCE SYSTEMS, FRAMES OR ANY OTHER PRODUCT USED / INSTALLED IN AIRCRAFT? 23. ANY FOREIGN OPERATIONS. FOREIGN PRODUCTS DISTRIBUTED IN THE USA OR US PRODUCTS SOLD / DISTRIBUTED IN FOREIGN COUNTRIES? (If "YES", Attach ACORD 815) 24. PRODUCT LIABILITY LOSS IN PAST THREE (3) YEARS? (SPECIFY) 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? HORSEPOWER # OWNED # OWNED LENGTH LENGTH HORSEPOWER APARTMENTS / CONDOMINIUMS / HOTELS / MOTELS # STORIES # UNITS # SWIMMING POOLS # DIVING BOARDS # STORIES # 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. OR 2. I REJECT UM COVERAGE IN ITS ENTIRETY. (INITIALS) (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. 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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