| | | ` | (A) | | | | | | | AGENCY CO | 310 | WEN | | | | | | | |
|---|-------------------------|-------------------------------|----------|-------|--------------|--|---|------------------|--|--|-------|-------|---------------------|--------|---------------------------|---------------------------------------|----------|------------|------------|
| 40 | | PRI |) | 1 | COM | IMERCI/ | ٩L | GENEF | RA | L LIABILI | ΤY | S | ECT | 10 | N . | | DATE | (MM/DD/YY) | (X) |
| AUL.10 | | | - | | | | | | | CARRIER | | | | | | | | NAIC CODI | Ė |
| POLICY NUMBER | | | | | | | | EFFECTIVE DA | CTIVE DATE APPLICANT / FIRST NAMED INSURED | | | | , | | | | | | |
| | | - If CLAIMS | | | | n the COVERA | GE / | LIMITS secti | ion t | pelow, this is an a | pplic | catio | on for a | clair | ns-made poli | cy. | | | |
| COVE | RAGES | | | | | | LIMI | TS | | | | | | | | | | | |
| | | L GENERAL LI | ABILITY | | | | | RAL AGGREGAT | ΓĒ | | | | \$ | | | .] | PRE | MIUMS | |
| CLAIMS MADE OCCURRENCE OWNER'S & CONTRACTOR'S PROTECTIVE | | | | | | | LIMIT APPLIES PER: POLICY LOCATION PROJECT OTHER: | | | | | | PREMISES/OPERATIONS | | | | | | |
| - Similar of Continuo for a Front Control | | | | | | | PRODUCTS & COMPLETED OPERATIONS AGGREGATE \$ | | | | | | | | | PRODUC | PRODUCTS | | |
| DEDUCTIBLES | | | | | | | PERSONAL & ADVERTISING INJURY \$ | | | | | | | | | → , | | | |
| \Box | ROPERTY (| DAMAGE | | | | | EACH OCCURRENCE \$ | | | | | | | | OTHER | | | • | |
| | DILY INJU | | \$ | | F | PER | DAM/ | GE TO RENTED | PRE | MISES (each occurrence | ») | | \$ | | | | | | |
| | | ••• | s | | F | PER OCCURRENCE | MEDI | CAL EXPENSE (A | Anv or | ne person) | | _ | \$ | | | TOTAL | | | |
| رك | | | • | | Œ | - J OCCORNENCE | - | OYEE BENEFITS | | | | | \$ | | | 7 | | | |
| | | | | | | | | | | | | | \$ | | | | | | |
| OTHER | COVERAG | ES. RESTRICT | ONS AND | OR EN | DORSEME | NTS (For hired/non | -owner | i auto coverages | attac | h the applicable state E | usine | ss Au | | n, ACO | RD 137) | | | | |
| | | | | | | | | | | | | | | | | | | | |
| APPLIC | ABLE ONL | Y IN WISCONS | N: IF NO | N-OWN | ED ONLY | AUTO COVERAGE | IS TO E | E PROVIDED UN | IDER | THE POLICY: | | | | | | | | | |
| 1. UM/ | UIM COVE | RAGE |]] is | | IS NOT AV | AILABLE. | | 2. MEDICAL PA | AYME | NTS COVERAGE | | ıs | | IS NOT | AVAILABLE. | | | | |
| SCHE | DULE C | F HAZARD | S | | | | | | | | | | | | | | | | |
| LOC | HAZ | CLASS | | | | CLASS | PREMIUM BASIS | REMIUM | EXPOSURE | EVROPURE | TERR | 00 | RATE | | | PREMIUM | | | |
| # | # | CLASSIFICATION CLASS CODE | | | | | | EXPOSURE | IERK | NK | PREM | /OPS | PRODUCTS | PREMIO | PS | PRODU | JCTS | | |
| | | | | | | | | | | | | | | | | | | | |
| | i. | | | | | | | | | | | | | | \ \ | | | | - |
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| | | MIUM BASIS - PER \$1,000/5 | ALES | | | YROLL - PER \$1,00 REA - PER 1,000/SQ | | • | | (C) TOTAL COST - PEI (M) ADMISSIONS - PE | | | | | (U) UNIT - P (T) OTHER | ER UNIT | | | |
| CLAI | MS MAD | E (Explain | all "Yes | " res | ponses) | | | | | | | | | | | | - | | |
| | | S" RESPONSE | | | - | | | | | · | | | | | | · · · · · · · · · · · · · · · · · · · | | | Y/N |
| 1. PR | OPOSED | RETROACTI | /E DATE: | : | | | | | | | | | | | | | | | |
| 2. EN | TRY DAT | E INTO UNIN | TERRUPT | ED C | LAIMS M | ADE COVERAGE | : | | | | | | - | | | | | | |
| 3. HA | S ANY PR | ODUCT, WO | RK, ACCI | DENT | OR LOC | CATION BEEN EX | KCLUE | DED, UNINSUR | ED C | OR SELF-INSURED F | ROM | ANY | PREVI | ous c | OVERAGE? | | | | |
| 4. WAS TAIL COVERAGE PURCHASED UNDER ANY PREVIOUS POLICY? | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | <u></u> |
| | | BENEFITS L | | Y | | | | | | | | | | | | | | | |
| | | E PER CLAIM | | | | | | | 3. NUMBER OF EMPLOYEES COVERED BY EMPLOYEE BENEFITS PLANS: | | | | | | | | | | |
| 2 MII | 2. NUMBER OF EMPLOYEES: | | | | | | | | 4. RETROACTIVE DATE: | | | | | | | | | | |

ACORD 126 (2016/03)

Attach to ACORD 125

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| CONTRACTORS | | | | AGENCY | CUSTOM | ER ID: | | |
|---------------------------------|------------------------------------|---------------------------------|----------------|------------------|--------------------|---------------------------------------|------------------------|-------------|
| EXPLAIN ALL "YES" RESPONSES (Fo | or all past or present operations) | | | | | | | YIN |
| 1. DOES APPLICANT DRAW PLA | ANS, DESIGNS, OR SPECIF | ICATIONS FOR OTHER | S? | | | | | |
| | | | | | | | | |
| 2. DO 411/ ODED 47/01/0 INC. | DE DI AGTING OD LITH ITS | 00 07005 5701 001 5 | MATERIALO | | | | | |
| 2. DO ANY OPERATIONS INCLU | IDE BLASTING OR UTILIZE | OR STORE EXPLOSIVE | : MATERIAL? | | | | | |
| • | | | | | | | | |
| 3. DO ANY OPERATIONS INCLU | IDE EXCAVATION, TUNNEL | ING, UNDERGROUND | WORK OR EA | RTH MOVIN | G? | · · · · · · · · · · · · · · · · · · · | | |
| | | | | | | | | |
| | | | | | | | | |
| 4. DO YOUR SUBCONTRACTOR | RS CARRY COVERAGES OF | R LIMITS LESS THAN Y | OURS? | | | | | ' |
| | | | | | | | | |
| 5. ARE SUBCONTRACTORS ALI | LOWED TO WORK WITHOU | T PROVIDING YOU WI | TH A CERTIFIC | ATE OF INS | SURANCE? | | | |
| | | | | | | | | |
| · | | | | | | | 4 | |
| 6. DOES APPLICANT LEASE EQ | UIPMENT TO OTHERS WIT | H OR WITHOUT OPERA | ATORS? | | | | | |
| | | | | | | | | |
| DESCRIBE THE TYPE OF WORK SUB | CONTRACTED | IS PAID TO SUB- | | T% OF V | WORK | # FULL- TIME STAFF: | # PART- TIME STAFF: | L |
| DESCRIBE THE TIPE OF WORK SUB- | CONTRACTED | \$ PAID TO SUB- CONTRACTORS: | | SUBC | WORK ONTRACTED: | TIME STAFF: | TIME STAFF: | |
| | | | | | | | | |
| PRODUCTS / COMPLETED | OPERATIONS | | | | | ···· | | |
| PRODUCTS | ANNUAL GROSS SALES | # OF UNITS | TIME IN MARKET | EXPECTED LIFE | | INTENDED USE | PRINCIPAL COMPONE | NTS |
| | | | | | | | | |
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| | | | | | | | | |
| EXPLAIN ALL "YES" RESPONSES (Fo | | | TACH LITERATU | RE, BROCHU | RES, LABELS, | WARNINGS, ETC. | | Y/N |
| 1. DOES APPLICANT INSTALL, | SERVICE OR DEMONSTRA | TE PRODUCTS? | | | | | | İ |
| | | | | | | | | |
| 2. FOREIGN PRODUCTS SOLD | DISTRIBUTED, USED AS C | COMPONENTS? (If "YE | S", attach ACC | RD 815) | | | · | - |
| 3. RESEARCH AND DEVELOPM | | | | | | | *** | |
| | | | | | | | | ļ |
| | | | | | | | | |
| 4. GUARANTEES, WARRANTIE | S, HOLD HARMLESS AGRE | EMENTS? | | | | | | - |
| • • | | | | | | | | i |
| 5. PRODUCTS RELATED TO AI | RCRAFT/SPACE INDUSTRY | (? | | | | | | _ |
| | | | | | | | | |
| | | | | | | | | |
| 6. PRODUCTS RECALLED, DIS | CONTINUED, CHANGED? | | | | | | | ł |
| | | | | | | | | ļ |
| 7. PRODUCTS OF OTHERS SO | D OD DE BACKAGED LINE | SED ADDI ICANT I AREI | 2 | | | ···· | | |
| 7. PRODUCTS OF OTHERS SO | LD OR RE-PACKAGED ONL | DEN APPEIDANT EADEL | ., | | | | | |
| | | | | | | | | |
| 8. PRODUCTS UNDER LABEL (| OF OTHERS? | | * | | · · · · · · | | | |
| Ī | | | | | | | | |
| | | | | | | | | |
| 9. VENDORS COVERAGE REQ | UIKED? | | | | | | | İ |
| | | | | | | | | |
| 10. DOES ANY NAMED INSURE | D SELL TO OTHER NAMED | INSUREDS? | | | | | | |
| | | | | | | | | |
| | | | | | | | | 1 |

ACORD 126 (2016/03) 15. ANY DEMOLITION EXPOSURE CONTEMPLATED? ANY STRUCTURAL ALTERATIONS CONTEMPLATED? EXTENT OF SPONSORSHIP: **ЕХТЕИТ ОF SPONSORSHIP:** 15 & UNDER 12 & UNDER OVER 18 SI REVO SPORT (YM) SPORT (YM) **4UORD 3DA** чиояо зоя CONTACT TOATMOD TYPE OF SPORT TYPE OF SPORT 13. ARE ATHLETIC TEAMS SPONSORED? 1S. ARE SOCIAL EVENTS SPOUSORED? ☐ LIMITED ACCESS רוצ∈ פח∨צם пи еволир □ VBOAE GEOOND ם בואואפ פסאשם ■ APPROVED FENCE IS THERE A SWIMMING POOL ON PREMISES? (Check all that apply) **DESCRIBE ОТНЕЯ LODGING OPERATIONS ABRA TYA JATOT** ST4A % 10. ARE THERE ANY LODGING OPERATIONS INCLUDING APARTMENTS? (If "YES", answer the following): 9. RECREATION FACILITIES PROVIDED? 8. IS A FEE CHARGED FOR PARKING? ANY PARKING FACILITIES OWNED/RENTED? ANY WATERCRAFT, DOCKS, FLOATS OWNED, HIRED OR LEASED? LARGE EQUIPMENT SMALL TOOLS LARGE EQUIPMENT SHALL TOOLS ІИЗТЯГІСТІОМ БІУЕМ (УМ) TYPE OF EQUIPMENT EQUIPMENT DO YOU RENT OR LOAN EQUIPMENT TO OTHERS? 4. ANY OPERATIONS SOLD, ACQUIRED, OR DISCONTINUED IN LAST FIVE (5) YEARS? TRANSPORTING OF HAZARDOUS MATERIAL? (e.g. landfills, wastes, fuel tanks, etc) 3. DO/HAVE PAST, PRESENT OR DISCONTINUED OPERATIONS INVOLVE(D) STORING, TREATING, DISCHARGING, APPLYING, DISPOSING, OR ANY EXPOSURE TO RADIOACTIVE/NUCLEAR MATERIALS? ANY MEDICAL FACILITIES PROVIDED OR MEDICAL PROFESSIONALS EMPLOYED OR CONTRACTED? EXPLAIN ALL "YES" RESPONSES (For all past or present operations) N/A **GENERAL INFORMATION** REFERENCE / LOAN #: MORTGAGEE **ГІЕИКОГ**DEВ *TENDEK.3* FORS BYANGEE TEM DESCRIPTION CLASS: **EMPLOYEE AS LESSOR** :MBILI LOCATION: BRICDING:

EVIDENCE: CERTIFICATE

ACORD 45 attached for additional names

VEENCY CUSTOMER ID:

NTEREST IN ITEM NUMBER

INTEREST

NAME AND ADDRESS

ADDITIONAL INTEREST / CERTIFICATE RECIPIENT

| GENERAL INFORMATION (continued) AGENCY CUSTOMER ID: | | | | | | | | | | |
|---|---------------------------------|---|--|------------|--|--|--|--|--|--|
| EXPLAIN ALL "YES" RESPONSES (For all past or present operations) | | | | | | | | | | |
| 16. HAS APPLICANT BEEN ACTIVE IN OR IS CURRENTLY A | CTIVE IN JOINT VENTURES? | | | | | | | | | |
| | | | | 1 1 | | | | | | |
| | | | | | | | | | | |
| 17. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS? | | | | | | | | | | |
| WORKERS WORKERS | | | | | | | | | | |
| LEASE TO | COMPENSATION | LEASE FROM | COMPENSATION | | | | | | | |
| | COVERAGE CARRIED (Y/N) | | COVERAGE CARRIED (Y/N) | 1 1 | | | | | | |
| | | | | li | | | | | | |
| | | <u> </u> | <u> </u> | lacksquare | | | | | | |
| 18. IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS OR SUBSIDIARIES? | | | | | | | | | | |
| · | | | | | | | | | | |
| | | | | | | | | | | |
| 19. ARE DAY CARE FACILITIES OPERATED OR CONTROLLED? | | | | | | | | | | |
| · | | | | 1 1 | | | | | | |
| | | | | 1 | | | | | | |
| 20. HAVE ANY CRIMES OCCURRED OR BEEN ATTEMPTED ON YOUR PREMISES WITHIN THE LAST THREE (3) YEARS? | | | | | | | | | | |
| 20. 13/12/3/1 0/4/1/20 0000/4/20 0/1 0/2/4/1/1/2/4/ | | (4), (2), (3), (4), (4), (4), (4), (4), (4), (4), (4 | • | 1 1 | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 21. IS THERE A FORMAL, WRITTEN SAFETY AND SECURIT | Y POLICY IN EFFECT? | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 22. DOES THE BUSINESSES' PROMOTIONAL LITERATURE MAKE ANY REPRESENTATIONS ABOUT THE SAFETY OR SECURITY OF THE PREMISES? | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) | | | | | | | | | | |
| REMARKS (ACORD 101, Additional Remarks Sched | uic, illay be attached if ill | oro opace is required, | · · · · · · · · · · · · · · · · · · · | | | | | | | |
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| | | | | | | | | | | |
| SIGNATURE | | | | | | | | | | |
| Applicable in AL, AR, DC, LA, MD, NM, RI and ANY person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in | | | | | | | | | | |
| prison. *Applies in MD Only. | atten in an application for it | isulance is guilty of a crime and may be subject to in | nes and commement in | | | | | | | |
| Applicable in COit is unlawful to knowingly provide fal | se incomplete or misleadi | no facts or information to an insurance company for | the purpose of | | | | | | | |
| defrauding or attempting to defraud the company. Per | atties may include imprisor | nment, fines, denial of insurance and civil damages. | Any insurance | | | | | | | |
| company or agent of an insurance company who know | ingly provides false, incom | plete, or misleading facts or information to a policyho | older or claimant for the | | | | | | | |
| purpose of defrauding or attempting to defraud the poli | cyholder or claimant with re | egard to a settlement or award payable from insuran | ce proceeds shall be | | | | | | | |
| reported to the Colorado Division of Insurance within the | ne Department of Regulato | ry Agencies. | | ` | | | | | | |
| Applicable in FL and Olfany person who knowingly ar | id with intent to injure, defra | aud, or deceive any insurer files a statement of claim | or an application | | | | | | | |
| containing any false, incomplete, or misleading information | ation is guilty of a felony (of | the third degree)". "Applies in FL Only. | or holief that it will be | | | | | | | |
| Applicable in KSAny person who, knowingly and with presented to or by an insurer, purported insurer, broke | intent to detraud, presents | written statement as part of or in support of an ann | lication for the issuance | | | | | | | |
| presented to or by an insurer, purported insurer, bloke | ommercial incurance or a | claim for navment or other benefit pursuant to an ins | aurance policy for | | | | | | | |
| of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, further | | | | | | | | | | |
| purpose of misteading, information concerning any fact material thereto commits a fraudulent insurance act. | | | | | | | | | | |
| Applicable in KY, NY, OH and PAny person who knowingly and with intent to defraud any insurance company or other person files an application for | | | | | | | | | | |
| insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material | | | | | | | | | | |
| thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties (not to exceed five thousand dollars and | | | | | | | | | | |
| the stated value of the claim for each such violation)*. | "Applies in NY Only. | | and facilities assessed | | | | | | | |
| Applicable in ME, TN, VA and WAis a crime to knowing | ngly provide false, incomple | ete or misleading information to an insurance compar | ny for the purpose | | | | | | | |
| of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only. | | | | | | | | | | |
| Applicable in NJAny person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil | | | | | | | | | | |
| penalties. Applicable in ORAny person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a | | | | | | | | | | |
| Applicable in ORAny person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law. | | | | | | | | | | |
| Applicable in PRAny person who knowingly and with | the intention of defrauding | presents false information in an insurance application | n, or presents, helps, | | | | | | | |
| Applicable in PRAny person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, | | | | | | | | | | |
| shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten | | | | | | | | | | |
| thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty | | | | | | | | | | |
| thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) | | | | | | | | | | |
| years. THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE | | | | | | | | | | |
| THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INCORPLETE TO THE BEST OF HIS/HER ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER | | | | | | | | | | |
| KNOWLEDGE. | | | | | | | | | | |
| PRODUCER'S SIGNATURE | PRODUCER' | S NAME (Please Print) | STATE PRODUCER LICENS (Required in Florida) | ENO | | | | | | |
| | ı | | 1,, | | | | | | | |

APPLICANT'S SIGNATURE

DATE

9/10/2015

NATIONAL PRODUCER NUMBER