

COMMERCIAL INSURANCE APPLICATION

DATE (MM/DD/YYYY)

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AGENCY				CAR	RIE	R						NAIC CO	ODE
							000-		F				DE
					ANY	POLICY OR PI	KUGF	KAM NAM	E			PROGRAM CO	UE
				POLIC	CY NU	MBER							
CONTACT				UNDERWRITER UNDERWRITER OF									
CONTACT NAME: PHONE (A/C, No, Ext):										UNDER	UTTER OFFICE		
(A/C, No, Ext): FAX								QUOTE			ISSUE POLICY	RENEV	N
FAX (A/C, No): E-MAIL				STATI					(Give Date a	ind/or Att			~
ADDRESS: CODE:	SUBCODE:			TRAN	SACT	ION		CHANG		ATE	TIM	E A	м
AGENCY CUSTOMER ID:	0000002.							CANCE	-			P	м
LINES OF BUSINESS												Į	
INDICATE LINES OF BUSINESS	PREMIUM					PREMIUM						PREMIUM	
BOILER & MACHINERY	\$		CYBER AND PRIVACY			\$			YACHT			\$	
BUSINESS AUTO	\$		FIDUCIARY LIABILITY			\$						\$	
BUSINESS OWNERS	\$		GARAGE AND DEALERS			\$						\$	
COMMERCIAL GENERAL LIABILITY	\$		LIQUOR LIABILITY			\$						\$	
COMMERCIAL INLAND MARINE	\$		MOTOR CARRIER			\$						\$	
COMMERCIAL PROPERTY	\$		TRUCKERS \$			\$						\$	
CRIME	\$		UMBRELLA			\$						\$	
ATTACHMENTS		,											
ACCOUNTS RECEIVABLE / VALUABLE PAPERS GLASS AND SIGN SECTI											EDULE OF VALUE	S	
ADDITIONAL INTEREST SCHEDULE		HOTEL / MOTEL SUPPLEME								NT (If applicable)			
ADDITIONAL PREMISES INFORMATIO		INSTALLATION / BUILDERS							SUPPLEMENT				
APARTMENT BUILDING SUPPLEMENT		INTERNATIONAL LIABILITY						VEHICLE S	SCHEDU	_E			
CONDO ASSN BYLAWS (for D&O Cove		INTERNATIONAL PROPERT	Y EXPC	SURE	E SUPPLEMEN	IT							
			LOSS SUMMARY										
COVERAGES SCHEDULE DEALERS SECTION			OPEN CARGO SECTION		-								
DRIVER INFORMATION SCHEDULE		_	PREMIUM PAYMENT SUPPI PROFESSIONAL LIABILITY			т							
ELECTRONIC DATA PROCESSING SEC			RESTAURANT / TAVERN SU										
PROPOSED EFF DATE PROPOSED EXP	DATE BILLING PL	AN	PAYMENT PLAN	м	тно	D OF PAYMEN	п	AUDIT	DEPO	SIT	MINIMUM	POLICY PR	EMIUM
		1							\$		\$	\$	
	DIRECT	AG	ENCY										
							010						FO "
NAME (First Named Insured) AND MAILING	ADDRESS (including ZIP+4))		GLCC	DDE		SIC			NAICS		FEIN OR SOC SI	EC #
				DIICIN		PHONE #:							
						DDRESS							
						DDILLOO							
CORPORATION JOINT VER	ITURE		NOT FOR PROFIT ORG		5	SUBCHAPTER	"S" C	ORPORA	TION				
	OF MEMBERS MANAGERS:		PARTNERSHIP	F	_	TRUST					_		
NAME (Other Named Insured) AND MAILING		4)		GLC	DDE		SIC			NAICS		FEIN OR SOC SI	EC #
				BUSI	IESS	PHONE #:		_					
					SITE A	DDRESS							
					SITE A	DDRESS							
CORPORATION JOINT VEI			NOT FOR PROFIT ORG	WEBS		ADDRESS GUBCHAPTER	"S" C	ORPORA	TION				
	ITURE OF MEMBERS D MANAGERS:		NOT FOR PROFIT ORG	WEBS			"S" C	ORPORA	TION				
	OF MEMBERS MANAGERS:	4)		WEBS	1	SUBCHAPTER	"S" C SIC	ORPORA	TION	NAICS		FEIN OR SOC SI	EC #
INDIVIDUAL LLC NO	OF MEMBERS MANAGERS:	4)		GL CO	DDE	SUBCHAPTER		ORPORA	TION	NAICS]	FEIN OR SOC SI	EC #
INDIVIDUAL LLC NO	OF MEMBERS MANAGERS:	4)		GL CO	DDE	SUBCHAPTER IRUST PHONE #:		ORPORA	TION	NAICS		FEIN OR SOC SI	EC #
INDIVIDUAL LLC NO	OF MEMBERS MANAGERS:	4)		GL CO	DDE	SUBCHAPTER		ORPORA	TION	NAICS		FEIN OR SOC SI	EC #
INDIVIDUAL LLC NO ANI NAME (Other Named Insured) AND MAILING	OF MEMBERS MANAGERS: ADDRESS (including ZIP+4	4)	PARTNERSHIP	GL CC		SUBCHAPTER IRUST PHONE #: IDDRESS	SIC			NAICS		FEIN OR SOC SI	EC #
INDIVIDUAL LLC NO AND NAME (Other Named Insured) AND MAILING CORPORATION JOINT VER	OF MEMBERS MANAGERS: 3 ADDRESS (including ZIP+4 ITURE	4)	PARTNERSHIP PARTNERSHIP NOT FOR PROFIT ORG	GL CC		SUBCHAPTER IRUST PHONE #: NDRESS SUBCHAPTER	SIC			NAICS		FEIN OR SOC SI	EC #
INDIVIDUAL LLC NO AND NAME (Other Named Insured) AND MAILING CORPORATION JOINT VER	OF MEMBERS MANAGERS: 3 ADDRESS (including ZIP+4	4)	PARTNERSHIP	GL CC BUSIN WEBS		SUBCHAPTER IRUST PHONE #: DDRESS SUBCHAPTER IRUST	SIC	ORPORA	TION			FEIN OR SOC SI	

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CON	TACT INFO	RM/	ATION						A	GENC	Y CUSI	IOMER	ID:			
CONT	CONTACT TYPE:								CONTACT TYPE:							
CONT	ACT NAME:								CONTACT NAME:							
PRIMA	RY	HOME	П BUS П C	ELL SE	ECONDARY HONE #		BUS		PRIN	IARY				SECONDARY PHONE #	НОМЕ Г	
PHON	= # 🗀 '			PH	HONE #				РНО	NE#				PHONE #		
									-							
PRIMA	RY E-MAIL AD	DRES	S:						PRIN	IARY E-	MAIL ADD	RESS:				
SECO	NDARY E-MAII	L ADD	RESS:						SEC	ONDAR	Y E-MAIL A	ADDRESS				
PRE	MISES INF	ORM	ATION (Atta	h ACOR	RD 823 fo	or Additional P	remi	ses)								
LOC #	STREET						c	ITY LIMITS	INT	EREST		# FU	LL TIME EMPL	ANNUAL REVENUES	i: \$	
1								INSIDE		OWNE	R			OCCUPIED AREA:		SQ FT
BLD #	CITY:					STATE:			,	TENA	NT	# PA	RT TIME EMPL	OPEN TO PUBLIC AF	REA	SQ FT
							+	_	-		•••					SQ FT
	COUNTY:					ZIP:								TOTAL BUILDING AR		
DESC		PERA	TIONS:											ANY AREA LEASED	TO OTHER	5? Y / N
LOC	STREET						C	ITY LIMITS	INT	EREST		# FU	LL TIME EMPL	ANNUAL REVENUES	5:\$	
								INSIDE		OWNE	R			OCCUPIED AREA:		SQ FT
BLD #	CITY:					STATE:		OUTSID	E	TENA	NT	# PAI	RT TIME EMPL	OPEN TO PUBLIC AF	REA:	SQ FT
	COUNTY:					ZIP:				1				TOTAL BUILDING AR	EA:	SQ FT
DESC		PFRA												ANY AREA LEASED		S2 Y / N
LOC								TY LIMITS		EREST		# 511	LL TIME EMPL	ANNUAL REVENUES		
	SIREEI						F	_		1		# FU): ф	
								INSIDE		OWNE	R			OCCUPIED AREA:		SQ FT
BLD	CITY:					STATE:		OUTSID	E	TENA	NT	# PAI	RT TIME EMPL	OPEN TO PUBLIC AF	REA:	SQ FT
	COUNTY:					ZIP:								TOTAL BUILDING AR	EA:	SQ FT
DESC		PERA	FIONS:											ANY AREA LEASED	TO OTHER	5? Y / N
LOC	STREET						C	TY LIMITS	INT	EREST		# FU	LL TIME EMPL	ANNUAL REVENUES	: \$	
							F	INSIDE			D				•	SQ FT
							_	_	_					OCCUPIED AREA:		
BLD	CITY:					STATE:		OUTSID		TENA	NT	# PAI	RT TIME EMPL	OPEN TO PUBLIC AF	REA:	SQ FT
	COUNTY:					ZIP:								TOTAL BUILDING AR	EA:	SQ FT
DESC	RIPTION OF O	PERA	FIONS:											ANY AREA LEASED	TO OTHER	5? Y / N
NATI	JRE OF BL	JSIN	ESS													
	PARTMENTS		CONTRAC		MAN	NUFACTURING		RESTAUR	ANT		SERVICE				DATE BU	SINESS
								1							SIARIEL	(MM/DD/YYYY)
			INSTITUT	ONAL	UFF	FICE		RETAIL			WHOLES.	ALE				
						INSTA	LLAT	ION, SERVIC	E OR R	EPAIR \	WORK		OFF PREMIS	ES INSTALLATION, SE	RVICE OR	REPAIR WORK
RETAI	STORES OR	SERV	ICE OPERATIONS	% OF TOT	TAL SALES:	:			%						%	
DESCI	RIPTION OF O	PERAT	TIONS OF OTHER	NAMED IN	SUREDS											
ADD	TIONAL IN	ITER	EST (Not all	ields ap	ply to al	l scenarios - p	rovio	de only th	ne nec	essar	y data)	Attach	ACORD 45 f	or more Addition	al Intere	sts
INTER	EST			NAME AN	D ADDRES	S RANK:	EVI	DENCE:	CE	RTIFICA	TE	POLICY	SEND BIL	L INTERE	ST IN ITEN	NUMBER
	DDITIONAL		LIENHOLDER				·	L					<u>. </u>	LOCATION:	BU	ILDING:
E	REACH OF		LOSS PAYEE											VEHICLE:	вс	AT:
	ARRANTY	\vdash	MORTGAGEE											AIRPORT:		RCRAFT:
	MPLOYEE	\vdash												ITEM		
A	S LESSOR EASEBACK		OWNER											CLASS:	ITE	
	WNER		REGISTRANT											ITEM DESCRIPTIO	N	
L			REGISTRANT TRUSTEE	REFEREN	ICE / LOAN	#:			NTERES	TEND	DATE:)N	

E-MAIL ADDRESS:

|--|

GEI	NERAL INFOR	MATION		AGENCYC	USTOMER ID:				
EXP	AIN ALL "YES" RI	ESPONSES						Y/N	
1a.	IS THE APPLIC	ANT A SUBSIDIAF	RY OF ANOTHER ENTITY ?						
	PARENT COMPA	NY NAME			RELATIONSHIP D	ESCRIPTION	% OWNED		
1b.	DOES THE APP	LICANT HAVE AN	IY SUBSIDIARIES?				I		
	SUBSIDIARY CO	MPANY NAME			RELATIONSHIP DESCRIPTION				
							% OWNED		
2.	IS A FORMAL S	AFETY PROGRAM	M IN OPERATION?						
_				в озна Г					
3.	-		ES, EXPLOSIVES, CHEMICALS?						
3.	ANT EXPOSOR		ES, EXFLOSIVES, CHEMICALS?						
4.	ANY OTHER IN	SURANCE WITH	THIS COMPANY? (List policy numbers)						
	LINE OF BUSINE	SS	POLICY NUMBER	LINE OF BUSINESS	LINE OF BUSINESS POLICY NUMBER				
5.			ECLINED, CANCELLED OR NON-RENEWED DU cants - Do not answer this question)	URING THE PRIOR THR	EE (3) YEARS FO	R ANY PREMISES OR			
		·	GENT NO LONGER REPRESENTS CARRIER						
6.	ANY PAST LOS	SES OR CLAIMS	RELATING TO SEXUAL ABUSE OR MOLESTAT	TION ALLEGATIONS, DIS	SCRIMINATION O	R NEGLIGENT HIRING?			
7.			(TEN IN RI), HAS ANY APPLICANT BEEN INDI				AUD,		
	,		ER ARSON-RELATED CRIME IN CONNECTION ered by any applicant for property insurance. Fa				Inishahle		
		f up to one year of							
8.	ANY UNCORRE	CTED FIRE AND	OR SAFETY CODE VIOLATIONS?						
	OCCUR DATE	EXPLANATION		R	ESOLUTION		RESOLVE DATE		
							<u> </u>		
9.									
9.			LOSURE, REPOSSESSION, BANKRUPTCY OR			LAST FIVE (5) YEARS?	1		
	OCCUR DATE	EXPLANATION		R	ESOLUTION		RESOLVE DATE		
10.	HAS APPLICAN	T HAD A JUDGEN	MENT OR LIEN DURING THE LAST FIVE (5) YE	ARS?			·		
	OCCUR DATE	EXPLANATION		R	ESOLUTION		RESOLVE DATE		
							1		
11.	HAS BUSINESS	BEEN PLACED I	IN A TRUST? NAME OF TRUST:				<u> </u>		
			OREIGN PRODUCTS DISTRIBUTED IN USA, O	R US PRODUCTS SOLD	/ DISTRIBUTED	IN FOREIGN COUNTRIES?			
			iability Exposure and/or ACORD 816 for Property						
13.	DOES APPLICA	NT HAVE OTHER	BUSINESS VENTURES FOR WHICH COVERA	AGE IS NOT REQUESTE	D?				
14.	DOES APPLICA	NT OWN / LEASE		e use)					
1			,,	,					
15			S TO OPERATE DRONES? (If "YES", describe	(92)					
13.	DOLO AF FLICA		UTES, describe	u30)					
					• • .				
REI	MARKS / PRO	CESSING INST	RUCTIONS (ACORD 101, Additional Ren	marks Schedule, may	y be attached i	more space is required)			
1									

PRIOR CARRIER INFORMATION

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				

PRIOR CARRIER INFORMATION (continued)

AGENCY CUSTOMER ID:

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
1099	HISTORY	Check if none (Attack	Loss Summary for Additional L	oss Information)	

ENTER ALL CLAIMS	OR LOSSES (RE	GARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURR	ENCES THAT MAY GIV	/E RISE TO CLAIMS			
FOR THE LAST	YEARS				TOTAL LOSSES: \$		
DATE OF OCCURRENCE	LINE	TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	SUBRO- GATION Y/N	CLAIM OPEN Y/N
0.0		·					

SIGNATURE

Copy of the Notice of Information Practices (Privacy) has been given to the applicant. (Not required in all states, contact your agent or broker for your state's requirements.)

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU MAY HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND REQUEST CORRECTION OF ANY INACCURACIES. YOU MAY ALSO HAVE THE RIGHT TO REQUEST IN WRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. THESE RIGHTS MAY BE LIMITED IN SOME STATES. PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION. (Not applicable in AZ, CA, DE, KS, MA, MN, ND, NY, OR, VA, or WV. Specific ACORD 38s are available for applicants in these states.) (Applicant's Initials):

Applicable in AL, AR, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*. *Applies in FL Only.

Applicable in KS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) vears.

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

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)		STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE		DATE	NATIONAL PRODUCER NUMBER



Α	G	F	N	C

POLICY NUMBER

EFFECTIVE DATE APPLICANT / FIR

DATE (MM/DD/YYYY)

NAIC CODE

TE APPLICANT / FIRST NAMED INSURED

IMPORTANT - If CLAIMS MADE is checked in the COVERAGE / LIMITS section below, this is an application for a claims-made policy. Read all provisions of the policy carefully.

COVER	AGES				LIMITS								
CON	IMERCIAL GE	NERAL LIABILITY			GENERAL AGGREGA	TE			\$			PREMIUMS	
	CLAIMS MAD	E	OCCURRENCE		LIMIT APPLIES PER:		POLICY	LOCA	ATION		PREMISES	OPERATIONS	
OWN	IER'S & CONT	RACTOR'S PROTE	CTIVE				PROJECT	ОТНЕ	ER:				
					PRODUCTS & COMP		RATIONS A	GGREGAT	E \$		PRODUCT	s	
DEDUCTI	BLES				PERSONAL & ADVER	TISING IN.	IURY		\$				
PRO	PERTY DAMA	GE \$			EACH OCCURRENCE	E			\$		OTHER		
BOD	ILY INJURY	\$		PER CLAIM	DAMAGE TO RENTER	D PREMISE	S (each occ	urrence)	\$				
		\$		PER OCCURRENCE	MEDICAL EXPENSE	(Any one pe	erson)		\$		TOTAL		
					EMPLOYEE BENEFIT	s			\$				
									\$				
OTHER C	OVERAGES, F	ESTRICTIONS AND	VOR ENDORSEME	NTS (For hired	/non-owned auto cover	ages attacl	n the applica	able state B	usiness Auto Section, ACC	ORD 137)			
	BLE ONLY IN I		IS NOT AVAI		GE IS TO BE PROVIDEI 2. MEDICAL P				IS IS NOT AVAI	LABLE.			
					zards, may be atta	ached if	more spa	ace is red	auired)				
		CLASS	PREMIUM						RATE		PRE	міим	
LOC #	LOC # HAZ # CODE BASIS EX		POSURE	TERR	PRE	M / OPS	PRODUCTS	PREM /	OPS	PRODUCTS			
CLASSIFI	CATION DESC												
LOC # HAZ # CLASS PREMIUM				E	POSURE	TERR			RATE		PRE	міим	
100 #	HAZ #	CODE	BASIS	C	(FOSORE	TERR	PRE	EM / OPS	PRODUCTS	PREM /	OPS	PRODUCTS	
CLASSIFI	CATION DESC	RIPTION											
LOC #	HAZ #	CLASS	PREMIUM	F	POSURE	TERR			RATE		PRE	міим	
200 #	1162 #	CODE	BASIS	Ľ	(OSONE	TERR	PRE	EM / OPS	PRODUCTS	PREM /	OPS	PRODUCTS	
CLASSIFI	CATION DESC	RIPTION											
	ND PREMIUM S SALES - PE	BASIS R \$1,000/SALES	()	OLL - PER \$1,0 - PER 1,000/S			OTAL COST			(U) UNIT - PER ((T) OTHER	UNIT		
	S MADE (E	xplain all "Yes	" responses)										
	ALL "YES" RE											Y	(/ N
1. PROF	POSED RET	ROACTIVE DATE:	:										
2. ENTR	Y DATE INT	O UNINTERRUPT	TED CLAIMS MA	DE COVERA	GE:								
						JRED OR	SELF-INS		OM ANY PREVIOUS CO	OVERAGE?			
		- ,	,		,								
4. WAS	TAIL COVER	AGE PURCHASE	D UNDER ANY	PREVIOUS F	OLICY?								
EMPLO	YEE BEN	FITS LIABILIT	Y										
1. DEDL	JCTIBLE PE	R CLAIM: \$				3. NUMB	ER OF EM	PLOYEES	COVERED BY EMPLO	YEE BENEFI	TS PLANS	S:	
2. NUM	BER OF EMP	PLOYEES:					DACTIVE		-				
e	126 (2016					to ACO			1993-2016 ACORD	CORPORA		Il rights recorv	od

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CONTRACTORS						-		
EXPLAIN ALL "YES" RESPONSES (For all past or present operatio	ons)						Y/N
1. DOES APPLICANT DRAW PL	ANS, DESIGNS, OR SPEC	IFICATIONS FOR OTH	IERS?					
2. DO ANY OPERATIONS INCL	UDE BLASTING OR UTILIZ	E OR STORE EXPLOS		AL?				
3. DO ANY OPERATIONS INCL	UDE EXCAVATION, TUNNE	ELING, UNDERGROUN	ID WORK OR	EARTH MOV	/ING?			
4. DO YOUR SUBCONTRACTO	RS CARRY COVERAGES	OR LIMITS LESS THAN	VYOURS?					
5. ARE SUBCONTRACTORS A	LOWED TO WORK WITHO	DUT PROVIDING YOU	WITHACERI	IFICATE OF	INSURANCE?			
6. DOES APPLICANT LEASE E	QUIPMENT TO OTHERS W	ITH OR WITHOUT OP	ERATORS?					
DESCRIBE THE TYPE OF WORK SU	BCONTRACTED	\$ PAID TO SUB- CONTRACTORS:		% OF \	WORK ONTRACTED:	# FULL- TIME STAFF:	# PART- TIME STAFF:	
		CONTRACTORS:		SUBCO	ONTRACTED:	TIME STAFF:	TIME STAFF:	
PRODUCTS / COMPLETE	DOPERATIONS		-	EVECATER	1			
PRODUCTS	ANNUAL GROSS SALES	# OF UNITS	TIME IN MARKET	EXPECTED LIFE	INT	ENDED USE	PRINCIPAL COMPONENTS	3
EXPLAIN ALL "YES" RESPONSES (I				RATURE, BRO	CHURES, LABELS	, WARNINGS, ETC.		Y/N
1. DOES APPLICANT INSTALL	, SERVICE OR DEMONSTR	RATE PRODUCTS?						
2. FOREIGN PRODUCTS SOL	D, DISTRIBUTED, USED AS	S COMPONENTS? (If '	'YES", attach	ACORD 815)				
3. RESEARCH AND DEVELOP	MENT CONDUCTED OR N	EW PRODUCTS PLAN	INED?					
4. GUARANTEES, WARRANTI								
4. GUARANTEES, WARRANT	ES, HOLD HARWLESS AG	CEIMEIN 13?						
5. PRODUCTS RELATED TO A	IRCRAFT/SPACE INDUST	RY?						
6. PRODUCTS RECALLED, DI	SCONTINUED, CHANGED	?						
7. PRODUCTS OF OTHERS S								
7. PRODUCTS OF OTHERS S	JLD OK RE-PACKAGED UI		DEL!					
8. PRODUCTS UNDER LABEL	OF OTHERS?							
9. VENDORS COVERAGE REC	QUIRED?							
								1
								1
10. DOES ANY NAMED INSURE	U SELL TO OTHER NAME	D INSUREDS?						1
								1

AD	DITIONAL INTEREST / C			ACORD 45 at	tached for addition	onal			
INT	EREST	NAME AND ADDRESS RANK:	EVIDENCE:	CERTIFICATE	na	imes	INTE	REST IN ITEM NUMBE	R
	ADDITIONAL INSURED						LOCATION:	BUILDING:	
	EMPLOYEE AS LESSOR						ITEM CLASS:	ITEM:	
	LENDER'S LOSS PAYABLE						ITEM DESCRIPT	FION	
	LIENHOLDER						l		
	LOSS PAYEE								
	MORTGAGEE						l		
	l ·	REFERENCE / LOAN #:					l		
GE	NERAL INFORMATION		·!						
		For all past or present operations)							Y/N
1.	ANY MEDICAL FACILITIES F	PROVIDED OR MEDICAL PROFESSIO	NALS EMPLOYE	D OR CONTRA	CTED?				
2.	ANY EXPOSURE TO RADIO	ACTIVE/NUCLEAR MATERIALS?							
_									
J.		OR DISCONTINUED OPERATIONS IN RDOUS MATERIAL? (e.g. landfills, was			J, DISCHARGING, r	APPLY ING, DISFC	JSING, UK		
			,	,					
4		CQUIRED, OR DISCONTINUED IN LA		000					
4.	ANT UPERATIONS SOLD, A	CQUIRED, OR DISCONTINUED IN LA		K5?					
Ŀ									
5.	DO YOU RENT OR LOAN E	QUIPMENT TO UTHERS?							
	EQUIPMENT							UCTION GIVEN (Y/N)	
					SMALL TOOLS	LARGE EQUI			
					SMALL TOOLS	LARGE EQUI	PMENT		
6.	ANY WATERCRAFT, DOCKS	S, FLOATS OWNED, HIRED OR LEASE	D?						
7.	ANY PARKING FACILITIES C	OWNED/RENTED?							
8.	IS A FEE CHARGED FOR PA	ARKING?							
9.	RECREATION FACILITIES P	PROVIDED?							
10.	ARE THERE ANY LODGING	OPERATIONS INCLUDING APARTME	NTS? (If "YES",	, answer the follo	owing):				
	# APTS TOTAL APT A	AREA DESCRIBE OTHER LODGING OP	ERATIONS						
		Sq. Ft.							
11.	IS THERE A SWIMMING PO	OOL ON PREMISES? (Check all that ap	ply)					•	
	APPROVED FENCE	LIMITED ACCESS DIVING BOA	ARD SLIDI	E ABOV		N GROUND	LIFE GUARD		
12.	ARE SOCIAL EVENTS SPOI	NSORED?			i	I			
13.	ARE ATHLETIC TEAMS SPO	ONSORED?							
	TYPE OF SPORT			TYPE OF SP	ORT	CONTACT	GE GROUP		
		SPORT (Y/N)	13 - 18			SPORT (Y/N)	GE GROUP	13 - 18	
		12 & UNDER	OVER 18				12 & UNDER	OVER 18	
	EXTENT OF SPONSORSHIP:			EXTENT OF	SPONSORSHIP:				
14.	ANY STRUCTURAL ALTERA	ATIONS CONTEMPLATED?		<u> </u>					
15.	ANY DEMOLITION EXPOSU	JRE CONTEMPLATED?							

GENERAL INFORMATION (continued)

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)												
16.												
17.	DO YOU LEASE EMPLOYEES TO OR FROM OTHER	REMPLOYERS?										
	LEASE TO	WORKERS COMPENSATION COVERAGE CARRIED (Y/N)	LEASE FROM	WORKERS COMPENSATION COVERAGE CARRIED (Y/N)								
18.	IS THERE A LABOR INTERCHANGE WITH ANY OTHE	ER BUSINESS OR SUBSIDIAR	IES?									
19.	ARE DAY CARE FACILITIES OPERATED OR CONTROL	OLLED?										
20.	HAVE ANY CRIMES OCCURRED OR BEEN ATTEMP	TED ON YOUR PREMISES WIT	HIN THE LAST THREE (3) YEARS?									
21.	IS THERE A FORMAL, WRITTEN SAFETY AND SECU	JRITY POLICY IN EFFECT?										
22.	DOES THE BUSINESSES' PROMOTIONAL LITERATU	JRE MAKE ANY REPRESENTA	TIONS ABOUT THE SAFETY OR SECURITY OF 1	THE PREMISES?								

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

SIGNATURE

Applicable in AL, AR, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*. *Applies in FL Only.

Applicable in KS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only. Applicable in NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil

penalties. Applicable in OR: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a

Applicable in OR: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

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

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)		STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE		DATE	NATIONAL PRODUCER NUMBER

ACORD

ACORD [®] PROPERTY SECTION															DATE (MM/DD/YYYY)			D/YYYY)				
AGENC	Y NAME									CAF	RRIER										NAIO	CODE
POLICY	NUMBER						EF	FECTI	VE DATE	NAM	ED INSUR	ED(S))									
	IKET SUMMARY																					
BLKT #					ТҮР	Έ				BLK	Г#	AN	IOUNT						TYPE			
		1	PREMIS	SES #:	s	TREET	ADDRES	S:						!								
PREM	ISES INFORMATIO																					
	SUBJECT OF INSURANC	ISES OF L	oss	INFLATIO	<u>N</u>	DED		DED TYPE	BLKT #		FORMS	AND CO		IONS TO	APPLY							
						OINS %					GUARD	70										
ADDITI	ONAL INFORMATION	В	USINESS	INCOME /	EXTRA E	XPENS	E - Attach	n ACO	RD 810				LUE REP	ORTIN	G INFORM		N - Attac	h ACO	RD 811			
ADDI	TIONAL COVERAG	ES, OP1	FIONS,	RESTR	ICTION	IS, EN	DORS	EME	NTS AN	ID RA		IFOF	RMATIC	ON								
ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION SPOILAGE COVERAGE (Y / N) BESCRIPTION OF PROPERTY COVERED LIMIT S COVERAGE (Y / N) BESCRIPTION OF PROPERTY COVERED BESCRIPTION OF PROPERTY															TION							
											DEDUCT	IBLE			(Y / N	4) T		POWEF	R OUTAG	ε		LLING ICE
											\$											
SINKHO	DLE COVERAGE (Require	d in Florid	a)						ACCEPT	COVER	AGE		REJEC	т соу	ERAGE	1	LIMIT: \$	6				
MINE S	UBSIDENCE COVERAGE	(Required	in IL, IN,	KY and W	V)				ACCEPT	COVER	AGE		REJEC	ст соу	ERAGE	I	LIMIT: \$	6				
PF	ROPERTY HAS BEEN DES	GNATED	AN HISTO	ORICAL LAI	NDMARK		L									1	# OF OF	EN SID	ES ON S	TRU	CTURE:	
CONST	RUCTION TYPE		HYD		E TO FIRE STAT		FIR	e dist	RICT		CODEN	IUMBI	ER PI	ROT CL	# STO	RIES	# BASI	итѕ	YR BUII	л	TOTAL AF	REA
BUILDI	NG IMPROVEMENTS				BLDG	CODE ADE	TAX C	ODE	ROOF	TYPE		0	THER OC	CUPA	NCIES							
w	IRING, YR:		BING, YR			ADE																
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	RY HEAT							_		SECO	ONDARY H	IEAT										
ВС	DILER SOLI	D FUEL									BOILER		s	OLID F	UEL							
IF	BOILER, IS INSURANCE	PLACED E	LSEWHE	RE?	Y/N						IF BOILEF	R, IS IN	SURAN	CE PLA	CED ELS	EWHE	RE?	```	Y / N			
RIGHT	EXPOSURE & DISTANCE			LEFT EXF	POSURE	& DISTA	NCE			FRO	NT EXPOS	URE	& DISTAI	NCE			REAR	EXPOS	URE & D	ISTA	NCE	
BURGL	AR ALARM TYPE					CERTI	FICATE #	ŧ		•						EXP	IRATIO	N DATE		CEN STAT	INN	LOCAL GONG
BURGL	AR ALARM INSTALLED A	ND SERVI	CED BY			1				EXTE	INT			GRAD)Ε	# GL	JARDS	WATC	_		CLOCK I	HOURLY
PREMIS	SES FIRE PROTECTION (Sprinklers,	Standpi	pes, CO2 /	Chemica	l System	ıs)		% SP	RNK	FIRE ALA	RM M	ANUFAC	TUREF	2						CENTRA	L STATION
																					LOCAL	BONG
ADDI	TIONAL INTEREST		ACOR	D 45 att	ached	for ad	ditiona	al na	mes													
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	ENDER'S LOSS PAYABLE						L		<u> </u>								LOCAT			1	UILDING:	
<u> </u>	DSS PAYEE																ITEM CLASS				TEM:	
М	ORTGAGEE). DESCRI	PTION			
		REF	ERENCE	/ LOAN #:																		

ACORD 140 (2016/03)

Attach to ACORD 125

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ADDITIONAL		PREMISES #:	STREE	T ADDRES	S:															
PREMISES INFORMATIO	DN E	BUILDING #:		DESCRIPTI	ON:				-			-	-							
SUBJECT OF INSURANCE	E	AMOUNT	COINS	6 VALU- ATION	CAUS	ES OF LOS	INF GU	LATION ARD %		DED	DED TYPE	BLKT #	FORMS	AND CO	ONDIT	IONS TO	APPLY			
ADDITIONAL INFORMATION	BU	SINESS INCOME / E	EXTRA EXPEN	SE - Attacl	1 ACORI	D 810		V	/ALUE	E REPOR	TING INFOR	ΜΑΤΙΟ	N - Attach ACOR	D 811						
ADDITIONAL COVERAG	ES, OPT	IONS, RESTRI	CTIONS, E	NDORS	EMEN	TS AND	RATIN	g info	ORM	IATION	I		-							
SPOILAGE DESCRIPTION OF	F PROPERT	Y COVERED					LIN	IIT			REFRIG		OPTIONS							
COVERAGE (Y / N)							\$				AGREE (Y /		BREAKD	OWN	OR CO					
							DE	DUCTIBL	LE			٦.	POWER	OUTAC	ЭЕ		LLING			
							\$													
SINKHOLE COVERAGE (Require	d in Florida)			A	CCEPT COV	VERAGE		F	REJECT	COVERAGE		LIMIT: \$							
MINE SUBSIDENCE COVERAGE	(Required in	n IL, IN, KY and WV)		A	CCEPT COV	VERAGE		F	REJECT	COVERAGE		LIMIT: \$							
PROPERTY HAS BEEN DES	SIGNATED A	N HISTORICAL LAN	DMARK										# OF OPEN SIDE	SONS	STRUC	TURE:				
CONSTRUCTION TYPE DISTANCE TO TAL AREA																				
CONSTRUCTION TIPE		HYDRANT FI	RE STAT	FIR	EDISTR				IBER			JRIES	# BASW 13		-					
		FT	MI BLDG CODE	TAX C		ROOF TYP			отш		JPANCIES									
BUILDING IMPROVEMENTS	_		GRADE			KOOF ITF	L		UTH		JFANCIES									
WIRING, YR:	PLUMBI	NG, YR:	WIND CLASS							HEATING	3 SOURCE II		OODBURNING	D	ATE					
ROOFING, YR:	HEATIN	G, YR:		'⊢	SEM	II- RESISTIV	/E	ŀ		STOVE	OR FIREPLA									
OTHER:	١	YR:	RESIST	IVE			FOOND			IUFACTU	RER:									
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RIGHT EXPOSURE & DISTANCE			DSURE & DIST	ANCE		F	RONTE	KPOSUR	E & D	DISTANCI	E		REAR EXPOSU	KE & L	JSTA	NCE				
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BURGLAR ALARM TYPE			CER	TIFICATE #	•							EXI	PIRATION DATE		STAT		GONG			
						1						-				KEYS				
BURGLAR ALARM INSTALLED A	ND SERVIC	ED BY				E	XTENT			G	RADE	# G	UARDS / WATCH	MEN		CLOCK	HOURLY			
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PREMISES FIRE PROTECTION (S	sprinkiers, a	Standpipes, CO2/C	nemical Syste	ms)		% SPRNM		ALARM	MAN	NUFACTU	IRER						AL STATION			
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ADDITIONAL INTEREST		ACORD 45 atta		_									1							
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LOSS PAYEE													CLASS:		n	EM:				
MORTGAGEE													ITEM DESCRIP	TION						
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	REFE	RENCE / LOAN #:																		
REMARKS (ACORD 101	, Additio	nal Remarks S	chedule, n	nay be a	ttache	ed if mor	e spac	e is re	quir	red)										
1																				

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KNOWLEDGE.	

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)		STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE		DATE	NATIONAL PRODUCER NUMBER



PENNSYLVANIA COMMERCIAL AUTO

COVERAGES / LIMITS SECTION

NAMED INSURED(S)

DATE (MM/DD/YYYY)

AGENCY

Т

NAMED INSURED(S

POLICY NUMBER									EF	FECTIVE DAT	ΈC	CARRIER	ł									NAIC CODE				
BUSINESS AUTO SECTION																										
COVERAGES				ито	SYME	BOLS						s			COVERA	GFS	co	VERED	AUTO S	YMB	01.5		LIM	ITS		
IABILITY		1 2 3		4 7 8		9	BIE			BI EA PEF		-								-						
IRST PARTY ENEFITS		5					ME		\$		FL	JNERAL \$							HYSIC		MAG	F				
OMBINATION		5					то		NEFIT	LIMIT	\$	C DEATH \$			TOWING & LABOR			3				\$				
XTRAORD MED BEN		5	Τ	7			\$											2	4		8					
MEDICAL PAYMENTS		2	_	4		8		CH PE	RSON		\$							3	7		8					
		2		6				CSL	-	BI EA PEF					SPECIFIED CAUSES OF L	OSS		3	7		1					
STACKED NON-STKD		3 4		7			BIE	EACH	ACCIDE		\$				COLLISION			2 3	4		8					
INDERINS MOT		2 3	-	6 7			BIE			BI EA PEF	R\$ \$															
NON-STKD		4 YE	S		STATE	S		ST OF				IF ANY BASIS	\$			STATE	s	# DAY	S	# VEI	H	COVERAG	E / DEC	UCTIBLE		
IIRED / BORROWED IABILITY		NC)				\$																			
ION-OWNED IABILITY		YE NC		2	STATE	:5	GR	-	YPE PLOYEE UNTEE				BER C)F	HIRED PHYSICAL DAMAGE							C OF				
									TNERS						COVERAGE IS:							RIMARY		SECONDARY		
YMBOLS (3) OWN															JLSORY UNINS tached if m					(9)	NON-	OWNED AUT		<u></u>		
BIGNATURE																										
ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD AN STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFOR ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURAN PENALTIES.											RMATI	ION OR CO	NCE	ALS FO	R THE PURP	OSE OF	MISL	EADIN	G, INF	ORM	IATIO	N CONCER				
I UNDERSTAND TH RENEWALS, CONT															ANY STATE	SUPPLE	MEN	IT WILL	APPL	Y TO	ALL F	L FUTURE POLICY				
PPLICANT'S SIGNATU	IRE									DATE		F	PROD	UCER'S	SIGNATURE							NATIONA	L PRO	DUCER NUMBE		

ACORD 137 PA (2015/12)

Page 1 of 3 Attach to ACORD 127 and/or 132 © 1996-2015 ACORD CORPORATION. All rights reserved.

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TRUCKERS SECT																			
COVERAGES	6	PHYSICAL DAMAGE																	
		41		46		CSL BI EA PER	\$		COVERA	GES	Δ	COVE UTO SI	RED	s		LIMITS DEDUCTIBL			
LIABILITY		42		47	BIE	ACH ACCIDENT	\$					42		47					
				1	1	OPERTY DAMAGE			COMP / OTC			43						¢	
		43		50	-	DEXP \$	\$	JNERAL \$				43						\$	
FIRST PARTY BENEFITS		44]	1							40	-			<u> </u>			
DEINEITIIG		46		1	-	LOSS \$		CC DTH \$	SPECIFIED			42		47	SCL	FT	LSP		
COMBINATION		44			TOT	TAL BENEFIT LIMIT \$	6		CAUSES OF	LOSS		43			F	FTW		\$	
FIRST PARTY BEN		46			FUN	NERAL \$	AC	C DEATH \$				46							
EXTRAORD MED BEN		44		46	\$							42		47					
MEDICAL		42		46					COLLISION			43						\$	
PAYMENTS		43			EAC	CH PERSON	\$					46	L					·	
		42		46		CSL BI EA PER	\$					46							
UNINSURED MOT				40	-				TOWING & LABOR			40		:	\$				
STACKED		43			BIF	ACH ACCIDENT	\$												
NON-STKD		45				В					-				ERCHAN				
UNDERINS MOT		42		46		CSL BI EA PER	\$		COVERA	GES	SY	MBOL	# TR	AILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE	
STACKED		43			BIE	ACH ACCIDENT	\$		COMP / OTC			48							
NON-STKD		45										49							
NON-TRUCKERS		YES		STATES	cos	ST OF HIRE		IF ANY BASIS	SPECIFIED			48							
HIRED / BORROWED		NO			\$	-			CAUSES OF	LOSS		49							
TRUCKERS		YES		STATES	<u> </u>	ST OF HIRE		IF ANY BASIS				48							
HIRED / BORROWED LIABILITY		NO			\$				COLLISION			49						\$	
		YES		STATES	<u> </u>				TRAILER VA		\$	49							
				STAILS	GRO	OUP TYPE 1		NUMBER OF						4	/=11	1			
NON-OWNED AUTO		NO				EMPLOYEES			-	51/	TES	# L	DAYS	#	VEH				
LIABILITY						VOLUNTEERS			HIRED PHYSICAL										
						PARTNERS			DAMAGE										
OTHER																			
											CO	VERAG	E IS:		F	PRIMARY	s	ECONDARY	
									OTHER						· _ ·				
COVERED AUTO SYMB	0.6																		
(41) ANY AUTO	OLS					NED AUTOS SUBJECT - NED AUTOS SUBJECT -			DIFICALLY DES		AUTO	05				AILERS IN R TRUCKEF		ESSION OF TRAILER	
(42) OWNED AUTOS ON					CON	IPULSORY UNINSURE		(48) TRAI	LERS IN YOUR	POSSE				11	NTERCH	ANGE AGR	EEMENT		
(43) OWNED COMMERC						ORIST LAW			AILER INTERCH					. ,	ION-OW	NED AUTOS	SONLY		
ENDORSEMENTS	i/R	EMA	RK	S (ACORD 1	01, /	Additional Remai	rks	Schedule, may be a	ttached if n	nore s	pace	e is re	quire	ed)					
SIGNATURE																			
) KNI	או/א/כ	IGI V		JTEN			SURANCE COMPANY		FRSON	JEII	ES AN							
								ON OR CONCEALS FO											
ANY FACT MATERIA								CT, WHICH IS A CRIME											
PENALTIES.																			

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

MOTOR	CARRIER	SECTION
-------	---------	---------

MOTOR CARRIER	SECTION		1			1									1
COVERAGES	COVERED A	UTO SYMBOLS		LIMIT	s						SICAL	DAMAGE			
	61	67	CSL BI EA P	ER \$		COVERAG	GES	A	COVE UTO SY		s		LIMITS		DEDUCTIBLE
	62	68	BI EACH ACCIDENT	\$					62		67				
LIABILITY	63	71	PROPERTY DAMAGE	\$		COMP / OTC			63		68				\$
	64								64						
FIRST PARTY	65		MED EXP \$	F	UNERAL \$				62		67	SCL	FT	LSP	
BENEFITS	67		WK LOSS \$	A	CC DTH \$	SPECIFIED			63		68	F	FTW		\$
COMBINATION	65		TOTAL BENEFIT LIMIT	\$		CAUSES OF	LOSS		64			!' I			Ψ
FIRST PARTY BEN			FUNERAL \$		C DEATH \$				62		67				
EXTRAORD MED BEN	67														<u>,</u>
EXTRAORD MED DEN	65	67	\$			COLLISION			63		68				\$
MEDICAL	62	64	EACH PERSON	\$					64						
PAYMENTS	63	67				TOWING			63			\$			
UNINSURED MOT	62	66		er \$		& LABOR			67						
STACKED	63	67	BI EACH ACCIDENT	\$						1		ERCHAN	GE		
NON-STKD	64					COVERAG	GES	SY	MBOL	# TR	AILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE
UNDERINS MOT	62	66	CSL BI	ER \$		COMP / OTC			69						
STACKED	63	67	BI EACH ACCIDENT	\$		COMP/OIC			70						
NON-STKD	64					SPECIFIED			69						
NON-TRUCKERS	YES	STATES	COST OF HIRE		IF ANY BASIS	CAUSES OF	LOSS		70						
HIRED / BORROWED	NO		\$						69						
TRUCKERS	YES	STATES	COST OF HIRE		IF ANY BASIS	COLLISION			70						\$
HIRED / BORROWED LIABILITY	NO		\$			TRAILER VAL	UE	\$	10			1 1			
LIADILITT	YES	STATES						TES	# D	AYS	#\	VEH			
NON-OWNED	NO	UTALE	GROUP TYPE		NUMBER OF				" "	7110	"				
AUTO			EMPLOYEES			HIRED PHYSICAL									
LIABILITY			VOLUNTEERS			DAMAGE									
			PARTNERS			-									
OTHER								CO	VERAG	E IS:		P	RIMARY	s	ECONDARY
						OTHER									
COVERED AUTO SYMB	OLS	(64)	OWNED COMMERCIAL	UTOS	ONLY (67) SPEC	IFICALLY DESC	CRIBED	AUTO	S		(70) Y	OUR TRA	ILERS IN 1	THE POSSE	ESSION OF
(61) ANY AUTO			OWNED AUTOS SUBJEC			AUTOS ONLY								UNDER A	TRAILER
(62) OWNED AUTOS ON (63) OWNED PRIVATE PA			OWNED AUTOS SUBJEC SORY UNINSURED MOT			ERS IN YOUR				<			NGE AGR		
ENDORSEMENTS	/ REMARI	KS (ACORD 1	01. Additional Rem	arks	Schedule, may be at	tached if m	ore si	oace	e is re	auire	ed)				
			,		, ,,					1					
SIGNATURE															
ANY PERSON WHO) KNOWINGI	LY AND WITH IN	TENT TO DEFRAUD		SURANCE COMPANY C		ERSON		ES AN		ICATIO		INSURA	NCE OR	
					ION OR CONCEALS FO										
	AL THERETO	O COMMITS A F	RAUDULENT INSURA	NCE A	CT, WHICH IS A CRIME	AND SUBJE	CTS SL	JCH	PERSC	ON TO	O CRIM	1INAL AN	ID CIVIL		
PENALTIES.															
					INDICATED HERE OR IN HERWISE IN WRITING.	ANY STATE	SUPPI	EME	ENT W	ILL AF	PPLY T	O ALL F	UTURE F	POLICY	

ACORD	137	PΔ	(2015/12)
ACOND	137		(2013/12)

APPLICANT'S SIGNATURE

PRODUCER'S SIGNATURE

NATIONAL PRODUCER NUMBER

DATE



DATE (MM/DD/YYYY)

BUSINESS AUTO SECTION

CARRIER

NAIC CODE

POLICY NUMBER

AGENCY

EFFECTIVE DATE NAMED INSURED(S)

COVERAGES / LIMITS

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

DRIVE	R INFORMATION	ACORD 163 atta	ached	l for additional di	rivers								
	L DRIVERS, INCLUDING FAMILY MEMB												
DRIVER #	NAME CITY, STATE AND ZIP C	ODE SEX	* MAR STAT	DATE OF BIRTH	YRS EXP	YEAR LIC	DRIVERS LICENSE NUMBER/ SOCIAL SECURITY NUMBER	STATE	DATE HIRE	BROADEN NO-FAULT	DOC	USE VEH #	% USE
			* MA	RITAL STATUS / CIVIL	UNION (if applic	able)						
GENE	RAL INFORMATION												

EXP	LAIN ALL	L "YES" RESPONSES						Y/N
1.		THE EXCEPTION OF ANY ENCUMBRANCES	, ARE ANY VEHICLES FOR WHI	CH INSL	RANCE IS REQUESTED NOT S	SOLELY OWNED BY AND		
		TERED TO THE APPLICANT?						
	VEH #	NAME OF OTHER OWNER		VEH #	NAME OF OTHER OWNER			
2.	DO OV	L /ER 50% OF THE EMPLOYEES USE THEIR #	AUTOS IN THE BUSINESS? (no	explanat	on needed)			
3.	IS THE	RE A VEHICLE MAINTENANCE PROGRAM I	N OPERATION?					
4.	ARE AI	NY VEHICLES LEASED TO OTHERS?						
5.	ANY C	AR MODIFIED / SPECIAL EQUIPMENT? (Inc	lude customized vans / pickups)					
	VEH #	DESCRIPTION	COST	VEH #	DESCRIPTION		COST	
			\$				\$	
6.	ARE IC	CC (Interstate Commerce Commission), PUC (Public Utility Commission) OR OT	HER FIL	INGS REQUIRED?	(If "YES", attach ACORD 194) (no	o explanation need	ded)
7.	DO OP	ERATIONS INVOLVE TRANSPORTING HAZ	ARDOUS MATERIAL?					
AC	ORD 1	27 (2015/12)	Attach	to ACO	RD 125 © 1993-201	5 ACORD CORPORATION	. All rights r	eserved.

GENERAL INFORMATION (continued)

EXPLAIN ALL "YES" RESPONSES			Y/N
8. ANY HOLD HARMLESS AGREEMENTS?			
9. ANY VEHICLES USED BY FAMILY MEMBERS? IF SO, IDENTIFY.			
10. DOES THE APPLICANT OBTAIN MVR (Motor Vehicle Record) VERIFICATIONS?			
11. DOES THE APPLICANT HAVE A SPECIFIC DRIVER RECRUITING METHOD?			
12. ARE ANY DRIVERS NOT COVERED BY WORKERS COMPENSATION?			
13. ANY VEHICLES OWNED BUT NOT SCHEDULED ON THIS APPLICATION?			
14. ANY DRIVERS WITH CONVICTIONS FOR MOVING TRAFFIC VIOLATIONS?			
APPLICABLE ONLY IN KANSAS: UNDER KANSAS LAW, THE FOLLOWING TRAFFIC VIOLATIONS ARE NOT REQUIRE			
 A speeding violation of up to six (6) miles per hour (mph) that occurs in an area with a maximum posted speed lin A speeding violation of up to ten (10) miles per hour (mph) that occurs in an area with a maximum posted speed lin 			
	ACE (CITY, STATE)	# YRS REV	
15. HAS AGENT INSPECTED VEHICLES?			-
16. ARE ALL VEHICLES TO BE INCLUDED IN THIS POLICY PART OF A FLEET?			
17. DO YOU HAVE ELECTRONIC MONITORING DEVICES THAT RECORD AND TRANSMIT DATA IN ANY O	F YOUR VEHICLES?		
If "YES", what percentage of vehicles in your overall fleet are monitored (1 - 100%)	w you utilize the devices (check all that	apply):	
MONITOR DRIVER SAFETY TRACK FUEL CONSUMPTION MONITOR VEHICLE MAINTENAL	NCE MILEAGE TRACKING	LOCATION TRACKING	
NAVIGATION Describe:			
DESCRIPTION OF GARAGE / STORAGE LOCATIONS		AXIMUM DOLLAR VALUE SUBJE	CT TO LOSS
	\$		
ADDITIONAL INTEREST / CERTIFICATE RECIPIENT ACORD 45 attached for a	dditional names		
INTEREST NAME AND ADDRESS RANK: EVIDENCE: CERTIFICA	TE	INTEREST IN ITEM NUM	BER
ADDITIONAL LOSS PAYEE	v	EHICLE: LOCATIO	DN:
EMPLOYEE AS LESSOR OWNER			
LENDER'S LOSS PAYABLE REGISTRANT			
LIENHOLDER			
REFERENCE / LOAN #:			
INTEREST NAME AND ADDRESS RANK: EVIDENCE: CERTIFICAT	TE	INTEREST IN ITEM NUM	BER
ADDITIONAL INSURED LOSS PAYEE	v	EHICLE: LOCATIO	DN:
EMPLOYEE AS LESSOR OWNER			
LENDER'S LOSS REGISTRANT			
LIENHOLDER			
REFERENCE / LOAN #:			
REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is re	equired)		
1			

VEHI		DES	CR	IPTIO	Ν	ACO	RD 129 at	ttach	hed for		onal	vehicles														
VEH #	Y	YEAR	N	NAKE:						BODY TYPE:							VE	HICLE	TYPI	Ξ		s	YM/AG	E 0	COMP / TC SYM	COLL SYM
			N	NODEL:						V.I.N.:						PP		SPE	c [C	OML					
GARAG ADDRE		STR	EET	(Requir	ed in ł	KY)		(CITY	•					COUNTY							e	STAT	E	ZIP	
LIC STATE		TE	RR			GVW/GCW	C	LASS	6	SIC		FACTOR	SEAT CP	R	RADIUS		FAR	THEST	TER				COST NEW			
STATE																							\$			
USE	I			СОМИ	/'L	FOR HIRE	CHECK	256	A	DD'L NO- AULT		UNDRINS MOTOR	F	I	LSP		ENT EIMB	DI	EDUC	TIBLE	s		ACV		OMP/ OTC	SPEC C OF L
PL	EASU	RE		RETA	il			1		ED PAY		TOWING & LABOR	FT		COMP/	F				ΑГ		ST AI	-			
FA	RM			SERV			NO-	,		NINS OTOR		SPEC C OF L	FTW		COLL	\$							ş			COLL
DRIVE	TO / SCHC		T	< 15	MILES	6 15 MIL		T VEH	H	OTOK	1				1 1			т		PREM	: \$					
VEH #		YEAR	N	MAKE:						BODY TYPE:							VE	IICLE				s	YM / AG	E	COMP / TC SYM	COLL SYM
			N	NODEL:					V.I.N.:							PP		SPE	cΓ	С	OML			ľ		••••
GARAG ADDRE		STR	EET	(Requir	ed in ł	KY)		(CITY	1					COUNTY	I							STAT	E	ZIP	
LIC STATE		TE	RR			GVW/GCW	C	LASS	6	SIC		FACTOR	SEAT CP	R	RADIUS		FAR	THEST	TER					с	OST NEW	I
																							\$			
USE	•			COMM	/I'L	FOR HIRE	CHECK	GES	AL	DD'L NO- AULT		UNDRINS MOTOR	F		LSP	R	ENT EIMB	DI	EDUC	TIBLE	s		ACV		OMP/ OTC	SPEC C OF L
Pl	EASU	RE		RETAI	IL [LIAE			ED PAY		TOWING & LABOR	FT		COMP/	F			A	A		ST A	мт \$			
	RM			SERV	ICE		NO- FAU	LT	UI M	NINS OTOR		SPEC C OF L	FTW					\$		-			\$;		COLL
DRIVE	TO / SCHC	201		< 15	MILES	6 15 MIL	.ES + NE	T VEH /CR:	4									т	ואדר	PREM						
WORK	JOULIC	JOL						/011.										1			: \$					
VEH #	_	YEAR	N	NAKE:				/011.		BODY TYPE:							VE	IICLE			: \$	s	YM / AG	E 0	COMP / TC SYM	COLL SYM
	_			MAKE: MODEL:				/011.								PP			TYPI	E	oml		YM / AG	E 0	COMP / TC SYM	COLL SYM
VEH # GARAG ADDRE		YEAR	N		ed in F	KY)			СІТҮ	TYPE:					COUNTY	PP		HICLE	TYPI	E			SYM / AG		COMP / TC SYM ZIP	COLL SYM
VEH #		YEAR	EET	MODEL:		KY) GVW/GCW				TYPE:		FACTOR	SEAT CP		COUNTY	PP		SPE	TYPI C	E	OML		STAT	E		SYM
VEH # GARAG ADDRE LIC STATE		YEAR	EET	MODEL: (Requir		GVW/GCW	С		3	V.I.N.:			SEAT CP		RADIUS		FAR [®]	IICLE SPE		= C	OML	.	STAT	re C	ZIP OST NEW	SYM /
VEH # GARAG ADDRE LIC STATE USE		YEAR STR TEI	EET	MODEL:	И'L	-	CHECK	CLASS GES	S AI	VI.N.: SIC		UNDRINS MOTOR TOWING			LSP COMP/		FAR [®]	IICLE SPE			OML		STAT \$ ACV		ZIP OST NEW	SYM
VEH # GARAG ADDRE LIC STATE USE	iING SS	YEAR STR TEI	EET	(Requir	//'L	GVW/GCW	CHECK COVERA LIAE	GES	6 AI	TYPE: V.I.N.: SIC		UNDRINS MOTOR TOWING & LABOR	F		LSP	RI	FAR [®]	THEST			OML	.	STAT \$ ACV MT \$		ZIP OST NEW	SYM SPEC C OF L
VEH # GARAG ADDRE LIC STATE USE PL F/ F/ DRIVE		YEAR STR TEI	EET	AODEL: (Requir COMM RETAI	//'L	GVW / GCW		GES	AL FA MI	TYPE: V.I.N.: SIC		UNDRINS MOTOR TOWING	F FT		LSP COMP/ OTC	RI	FAR [®]	THEST		E C	OML S		STAT \$ ACV		ZIP OST NEW	SYM /
VEH # GARAC ADDRE LIC STATE USE Pl F/		YEAR STR TEI		AODEL: (Requir COMM RETAI SERV < 15	//L IL ICE	GVW / GCW		GES	AL FA MI	TYPE: VI.N.: SIC DD'L NO- AULT ED PAY NINS OTOR		UNDRINS MOTOR TOWING & LABOR	F FT		LSP COMP/ OTC	RI	FAR ENT EIMB G	THEST			OML S	ST AI	STAT \$ ACV MT \$			SYM SPEC C OF L COLL
VEH #		YEAR STR TEI		AODEL: (Requir COMM RETAI	//L IL ICE	GVW / GCW		GES	AL FA MI	VI.N.: SIC		UNDRINS MOTOR TOWING & LABOR	F FT		LSP COMP/ OTC	RI	FAR ENT EIMB G	THEST			OML S	ST AI	STAT \$ ACV MT \$		ZIP OST NEW OMP/ OTC	SPEC C OF L COLL
VEH #		YEAR STR TEI RE OOL		MODEL: (Requir COMM RETAI SERV < 15 MAKE:	//'L IL ICE MILES	GVW / GCW		GES GES	AL FA MI	TYPE: VI.N.: SIC DD'L NO- AULT ED PAY NINS OTOR BODY TYPE:		UNDRINS MOTOR TOWING & LABOR	F FT	R	LSP COMP/ OTC	Ri Ri FC	FAR ENT EIMB G					ST AI	STAT \$ ACV MT \$			SYM SPEC C OF L COLL
GARAG ADDRE LIC STATE USE PL F/ DRIVE WORK VEH # GARAG ADDRE		YEAR STR TEI RE OOL		MODEL: (Requir COMM RETAI SERV < 15 MAKE: MODEL:	//L IL ICE MILES	GVW / GCW	CHECK COVERA LIAE HAU ES + NE	GES GES		TYPE: VI.N.: SIC DD'L NO- AULT ED PAY NINS OTOR BODY TYPE:		UNDRINS MOTOR TOWING & LABOR	F FT		LSP COMP/ OTC COLL	Ri Ri FC	FAR ENT EIMB G	THEST			OML	ST AI	STAT		ZIP OST NEW OMP/ DTC COMP/ ITC SYM	
VEH # GARAG ADDRE LIC STATE USE USE PI F/ DRIVE WORK VEH # GARAG ADDRE		YEAR STR TEI RE YEAR STR		MODEL: (Requir COMM RETAI SERV < 15 MAKE: MODEL:	//L IL ICE MILES	GVW / GCW FOR HIRE	CHECK COVERA LIAE HAU ES + NE	GES GES		TYPE: V.I.N.: SIC DD'L NO- AULT ED PAY NINS OTOR BODY TYPE: V.I.N.:		UNDRINS MOTOR TOWING & LABOR SPEC C OF L	FT FTW		COUNTY	Ri Ri FC	FAR ENT EIMB G	THEST			OML	ST AI	STAT		ZIP OST NEW OMP/ OTC TC SYM ZIP	
GARAG ADDRE LIC STATE USE PL F/ DRIVE WORK VEH # GARAG ADDRE		YEAR STR TEI RE YEAR STR		MODEL: (Requir COMM RETAI SERV < 15 MAKE: MODEL:	//L	GVW / GCW FOR HIRE	CHECK COVERAU LIAE LIAE LIAE ES + NE CC	GES GES T VEF /CR:		TYPE: VI.N.: SIC DD'L NO- AULT ED PAY NINS OTOR BODY TYPE: VI.N.: SIC DD'L NO-		UNDRINS MOTOR TOWING & LABOR SPEC C OF L FACTOR	FT FTW		COUNTY	PP	FAR' ENT EIMB G VER	THEST			OML		STAT		ZIP OST NEW OMP/ OTC SYM ZIP OST NEW OMP/	
GARAC ADDRE LIC STATE USE PI F/ DRIVE WORK VEH # GARAC ADDRE LIC STATE		YEAR STR TEI YRE YEAR STR TEI		MODEL: (Requir COMM RETAI SERV <15 MAKE: MODEL: (Requir	//L	GVW / GCW FOR HIRE 15 MIL (Y) GVW / GCW		GES GES T VEH /CR:		TYPE: V.I.N.: SIC DD'L NO- AULT ED PAY NINS OTOR BODY TYPE: V.I.N.:		UNDRINS MOTOR TOWING & LABOR SPEC C OF L FACTOR UNDRINS MOTOR TOWING	FT FTW		COUNTY RADIUS	PP	FAR' ENT EIMB 3 VEH FAR' ENT EIMB	THEST		E CTIBLE PREM CTIBLE CTIBLE CTIBLE	OML		STAT S ACV MT S STAT S ACV ACV		ZIP OST NEW OMP/ OTC TC SYM ZIP OST NEW	SPEC COFL COLL
GARAC ADDRE LIC STATE USE PI F/ DRIVE WORK VEH # GARAC ADDRE LIC STATE	EASUI	YEAR STR TEI YRE YEAR STR TEI		MODEL: (Requir COMM RETAI SERV < 15 MAKE: MODEL: (Requir COMM	//L	GVW / GCW FOR HIRE 15 MIL (Y) GVW / GCW		JLASS GES J LT TVEH /CR:		TYPE: VI.N.: SIC DD'L NO- AULT ED PAY NINS OTOR BODY TYPE: VI.N.: SIC DD'L NO- AULT		UNDRINS MOTOR TOWING & LABOR SPEC C OF L FACTOR UNDRINS MOTOR	FT FT FTW SEAT CP		RADIUS LSP COMP/ OTC COLL COUNTY RADIUS		FAR' ENT EIMB 3 VEH FAR' ENT EIMB	THEST		E CTIBLE PREM CTIBLE CTIBLE CTIBLE	OML		STAT S ACV MT S STAT S ACV ACV		ZIP OST NEW OMP/ OTC SYM ZIP OST NEW OMP/	

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Applicable in AL, AR, DC, LA, MD, NM, RI and WV

Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*. *Applies in FL Only.

Applicable in KS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties* (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

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

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)		STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE		DATE	NATIONAL PRODUCER NUMBER



LEGAL LIABILITY

DIRECT BASIS

PRIMARY

EXCESS

COVERED AUTO SYMBOLS

(21) ANY AUTO (22) OWNED AUTOS ONLY

SIGNATURE

PENALTIES.

PHYSICAL DAMAGE REPORTING PERIOD

(23) OWNED PRIVATE PASSENGER AUTOS ONLY

(24) OWNED AUTOS OTHER THAN PRIVATE

PASSENGER AUTOS ONLY

24

GARAGE KEEPERS

31

COMP / OTC

SPECIFIED PERILS

COLLISION

\$

\$

\$

\$

\$

\$

\$

(25) OWNED AUTOS SUBJECT TO NO-FAULT

SPECIFICALLY DESCRIBED AUTOS

ENDORSEMENTS / REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

UNINSURED MOTORISTS LAW

DATE

(26) OWNED AUTOS SUBJECT TO A COMPULSORY

NON-REPORTING

(28) HIRED AUTOS ONLY

(27)

ADDITIONAL GENERAL INFORMATION QUESTION APPLICABLE TO GARAGES AND DEALERS IN PENNSYLVANIA IS THIS GARAGE OR DEALER AN OFFICIAL PENNSYLVANIA VEHICLE INSPECTION STATION?

RENEWALS, CONTINUATIONS AND CHANGES UNLESS I NOTIFY YOU OTHERWISE IN WRITING.

LOC #

30

30

OTHER

OTHER

AGENCY CUSTOMER ID: AND DEALEDO

ACORD	B					P							AGE AND L MITS SECTION		AL	13.	73)		DA	TE (MM/DD/YYYY)
GENCY													NAMED INSURED(S)								
POLICY NUMBER										EFFECTIVE DATE CARRIER									NAIC CODE		
COVERAGES / LIMITS Applies to: AUTOMOB											PR	REMI	SES OPERATIONS								
COVERAGES COVERED LIMITS OF LIA										Y			COVERAGES	AU	COVE TO SY	RED MBO	LS		LIMITS C)F LIABI	LITY
		21		27			GA	RAGE OPE	RATIO						21		27				
		22		28			AUT	O ONLY		OTH AUT	ER THAN O ONLY		MEDICAL		22		28	\$			
ABILITY		23		29	EAAC	cc :	\$		\$				PAYMENTS		23		29	Ψ			
		24			AGGF	REGA	TE		\$						24						
					DEAL	ERS	ONLY:	LIMI	ITED	ED UNL		ΓED	UNINSURED MOT		22		26	CSL			
RST PARTY		25			MED	EXP	\$	F	UNERA	L\$			STACKED		23		27	BI EACH ACCI	DENT	\$	
ENEFITS		27			WK L	oss	\$	A	CC DTH	Η\$			NON-STKD		24						
OMBINATION IRST PARTY		25			ΤΟΤΑ	LBE	NEFIT LIM	IT\$					UNDERINS MOT		22		26	CSL	BI EA PER	\$	
ENEFITS		27			FUNE	RAL	\$	A	CC DTH	ן \$			STACKED		23		27	BI EACH ACCI	DENT	\$	
KTRAORD MED BEN		25			\$								NON-STKD		24						
		27			Ŷ																
PHYSICAL DAMAGE							LOC #				EN	NTER	THE LIMIT FOR EACH L	OCAT	ION				DEDUCT PER A	TIBLE UTO	MAXIMUM DED PER LOSS
COMP / OTC		22		27				\$											\$		\$
SPECIFIED		23		28				\$											\$		\$
-		24		31				\$											\$		\$
		22		27				\$											\$		
OLLISION		23		28				\$											\$		

ENTER THE LIMIT FOR EACH LOCATION

TRANSPORTATION PLATES

Y/N

DEALER / REPAIRER PLATES

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

I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE OR IN ANY STATE SUPPLEMENT WILL APPLY TO ALL FUTURE POLICY

ACORD 13	8 PA (20	015/12)
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APPLICANT'S SIGNATURE

Attach to ACORD 128

PRODUCER'S SIGNATURE

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\$

\$

\$

\$

\$

\$

\$

OF AUTOS

TEMPORARY LOCATION LIMIT

(30) AUTOS LEFT WITH YOU FOR SERVICE, REPAIR, STORAGE OR SAFEKEEPING

(29) NON-OWNED AUTOS USED IN YOUR AUTO DEALERSHIP

(31) AUTO DEALERS' AUTOS (PHYSICAL DAMAGE COVERAGES)

DEDUCTIBLE PER AUTO

MAXIMUM

DED PER LOSS

\$

\$

\$

TRANSIT LIMIT

NATIONAL PRODUCER NUMBER



DATE (MM/DD/YYYY)

GARAGE AND DEALERS SECTION

						1							
AGENCY						CA	RRIER				NAIC	CODE	
POLICY NUMBER				E	FFECTIVE DATE	NAN	MED INSURED(S)						
BUSINESS / VE	HICLE STORAGE INFOR												
	O SERVICE OPERATIONS OR				AUTO DEALER	s		TORAGE	Ε				
	TRAILER SALES	F	FRAI	FRANCHISED NON			NCHISED						
REPAIR SHOP			CAR	CAR			%		TYPE OF FACILITY	L	OCATION #		
MOBILE HOME	TRAILER DEALER		TRU	CK-TRAC	TOR		%						
SERVICE STAT		МОТ	ORCYCLI	E		%	BUILDING		%	%	%		
COMMERCIAL	TRAILER DEALER		REC	REATION	AL VEHICLE		%	STANDAR	D OPEN LOT	%	%	%	
STORAGE / GA	L	SNO	WMOBILE			%	NON-STAN	IDARD OPEN LOT	%	%	%		
							%			%	%	%	
COVERAGES /	LIMITS												
	USE ACORI	D 138 FOF	r youf	R STAT	TE TO PRO	VIDE	COVERAG	GES / LIN	IITS INFORMATION				
AUTO DEALER	S OPERATORS												
CLASS	S OF OPERATORS	BY LO	BY LOCATION NUMBER DEFINIT			NITIONS:							
CLAS	S OF OF ERATORS					SS I - EMPLOYEES							
CLASS I	REGULAR OPERATORS				OPERATION WHOSE F	ON, SA PRINCI	ALESPERSONS, C	GENERÁL MA	ATNERS AND OFFICERS ACTIVE ANAGERS, SERVICE MANAGER PERATION OF COVERED AUTO	RS; ANY EMPLOY			
					ALL OTHE	ERS - A	ALL OTHER EMPL	OYEES					
EMPLOYEES	ALL OTHERS						-EMPLOYEES						
CLASS II	UNDER AGE 25				AUTO: IN	ANY OF THE FOLLOWING PERSONS WHO ARE REGULARLY FURNISHED WITH A COVERED AUTO: INACTIVE-PROPRIETORS, PARTNERS OR OFFICERS AND THEIR RELATIVES AND THE RELATIVES OF ANY PERSON DESCRIBED IN CLASS I.							
NON- EMPLOYEES	ALL OTHERS				NOTE: 1. PART-TIME EMPLOYEES WORKING AN AVERAGE OF 20 HOURS OR MORE A WEEK FOR THE NUMBER OF WEEKS WORKED ARE TO BE COUNTED AS 1 RATING UNIT EACH. 2. PART-TIME EMPLOYEES WORKING AN AVERAGE OF LESS THAN 20 HOURS A WEEK FOR THE NUMBER OF WEEKS WORKED ARE TO BE COUNTED AS 1/2 RATING UNIT.								
DEALERS PHY	SICAL DAMAGE			<u> </u>					NON-DEALERS PREM	ISES & OPEI	RATIONS		
COVERAGE		R INTEREST IN	1 T	YOUR IN	TEREST ONLY		YOURS AND FIN	ANCED	LOC ESTIMATED				

COVERAGE	NEW	USED	YOUR INTEREST IN COVERED AUTOS YOU OWN	YOUR INTEREST ONLY IN FINANCED COVERED AUTOS	YOURS AND FINANCED INTERESTS IN COVERED AUTOS	LOC #	ESTIMATED ANNUAL REMUNERATION	# EMPLOYEES
COMPREHENSIVE							\$	
SPECIFIED PERILS							\$	
COLLISION							\$	

SERV	SERVICE OR REPAIR SHOPS													
ANNUA	L GROSS SALES \$				NUMB	BER OF GA	LLONS	OF GAS PUMPED PER YEAR:						
DRIV	ER INFORMATION	ACORD 163 attached	d for	additic	onal drivers									
LIST ALL DRIVERS, INCLUDING FAMILY MEMBERS THAT WILL DRIVE COMPANY VEHICLES, AND EMPLOYEES WHO DRIVE OWN VEHICLES ON COMPANY BUSINESS.														
DRIVER #	NAM CITY, STATE AN		SEX	* MAR STAT	DATE OF BIRTH	H YRS EXP	YEAR	DRIVERS LICENSE NUMBER/ SOCIAL SECURITY NUMBER	STATE	DATE HIRE	USE VEH #	% USE		

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GENERAL	INFORMATION

<u> </u>					1
EXP	LAIN ALL "YES" RESPONSES				Y/N
1.	DOES APPLICANT RENT, LEASE OR LOAN VEHICLES TO	OTHERS?			
	,				
2	DOES APPLICANT PICK-UP OR DELIVER CUSTOMER'S	CARS?			
1 ^{2.}					
3.	DOES PICK-UP OR DELIVERY EXCEED 50 MILES?				
4.	IS TIRE RECAPPING OR RETREADING PERFORMED?				
5	DOES APPLICANT OWN OR SPONSOR A CAR FOR RACI	NG?			
l °.					
6.	DOES APPLICANT HANDLE BUTANE, PROPANE OR OTH	IER GASES?			
1					
⊢					
7.	ARE VEHICLES FURNISHED FOR GROUP OR ORGANIZA	ATIONS?			
1					
1					
L					
8.	DOES APPLICANT PERFORM SPRAY PAINTING OR WEL	DING?			
٥	DOES APPLICANT DRIVE-AWAY OR HAUL-AWAY VEHICL	ES EROM FACTORY DISTRIBUTING PO			
J .			Sint on other beneends		
10.	DOES APPLICANT DISMANTLE AUTOS OR HAVE SALVAC	SE OPERATION?			
11.	DOES APPLICANT USE TOW TRUCKS?				
12.	DO EMPLOYEES REGULARLY USE OWN AUTOS ON COM	MPANY BUSINESS?			
13.	DOES APPLICANT PARK CUSTOMER'S VEHICLES ON PL	JBLIC STREETS OR OFF PREMISES?			
14	IS A CHARGE MADE FOR PARKING? (Give locations, # atte	andanta)			
1 ^{14.}	IS A GHARGE WADE FOR FARMING? (GIVE location)S, # atto	enualits)			
1					
15.	ANY PRIVATE PROTECTION SYSTEMS? (fences, dogs, ala	arms, guards)			
1					
1					
⊢					
16.	IS APPLICANT INVOLVED IN ANY "NON GARAGE" OPERA	ATIONS? (Mini Marts, Liquor Stores, etc)			
1					
1					
17.	DOES APPLICANT PERFORM ROAD EMERGENCY SERV	ICES?			
1					
1					
1					
18.	ANY DRIVERS WITH CONVICTIONS FOR MOVING TRAFF	FIC VIOLATIONS?			
1	APPLICABLE ONLY IN KANSAS: UNDER KANSAS LAW, THE FOL		QUIRED TO BE REPORTED TO INSURFRS.		
1	1. A speeding violation of up to six (6) mph that occurs in an area				
1	2. A speeding violation of up to ten (10) mph that occurs in an ar				
1	· · · · · ·	- · ·			
1					
1					
19	INDICATE THE NUMBER OF HOISTS BY LOCATION.	LOC #:	LOC #:	LOC #:	•
1			LUU #.		
		# OF HOISTS:	# OF HOISTS:	# OF HOISTS:	I

AD	ADDITIONAL INTEREST / CERTIFICATE RECIPIENT ACORD 45 attached for additional names													
INT	EREST	RANK:	NAME AND ADDRESS	REFERENCE #:		INTEREST IN ITEM NUMBER								
	ADDITIONAL I	NSURED					VEHICLE:							
	EMPLOYEE AS	S LESSOR					SCHEDULED ITEM NUMBER:							
	LENDER'S LO	SS PAYABLE					OTHER							
	LIENHOLDER													
	LOSS PAYEE													
			ITEM DESCRIPTION:	TEM DESCRIPTION:										
INT	EREST	RANK:	NAME AND ADDRESS	REFERENCE #:		CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER							
	ADDITIONAL I	NSURED	-		ŀ		VEHICLE:							
	EMPLOYEE AS	S LESSOR					SCHEDULED ITEM NUMBER:							
	LENDER'S LO	SS PAYABLE					OTHER							
	LIENHOLDER													
	LOSS PAYEE													
			ITEM DESCRIPTION:											
INT	EREST	RANK:	NAME AND ADDRESS	REFERENCE #:		CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER							
	ADDITIONAL I	NSURED	-		· · · ·	•	VEHICLE:							
	EMPLOYEE AS	S LESSOR					SCHEDULED ITEM NUMBER:							
	LENDER'S LO	SS PAYABLE					OTHER							
	LIENHOLDER													
	LOSS PAYEE													
			ITEM DESCRIPTION:											
INT	EREST	RANK:	NAME AND ADDRESS	REFERENCE #:		CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER							
	ADDITIONAL I	NSURED					VEHICLE:							
	EMPLOYEE AS	S LESSOR					SCHEDULED ITEM NUMBER:							
	LENDER'S LOSS PAYABLE						OTHER							
	LIENHOLDER													
	LOSS PAYEE													
	1		ITEM DESCRIPTION:				•							

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Applicable in AL, AR, DC, LA, MD, NM, RI and WV

Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*. *Applies in FL Only.

Applicable in KS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties* (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

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

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



UMBRELLA / EXCESS SECTION

DATE (MM/DD/YYYY)

		ANT - If CLA provisions					the POLICY	INFORMATION	section	below,	this is an appli	cation for a claims-r	nade policy.	
AGE	ICY								CARRIER				1	AIC CODE
POLI	CY NUMBER							EFFECTIVE DATE	NAMED IN	SURED(S	5)			
POL	ICY INFO	RMATION												
	NEW	UMBREL	LA	\top	OCCURREI	NCE	VOLUNTARY	RETROA	CTIVE DATE		LIM \$	IT OF LIABILITY EA OCC	RETAINED \$	LIMIT
	RENEWAL	EXCESS		\vdash	CLAIMS MA		+	PROPOSED		RENT	s	AGG		
	RING POL #:				<u> </u>			1			\$		FIRST DOL DEFENSE (
		BENEFITS L	ABI	LITY	r			-			1		-!	
		NCE (Ea Employ				AGGREG	ATE LIMIT FOR	EBL		RETAIN	ED LIMIT FOR EBL		RETROACTIVE DATE	FOR EBL
\$						\$				\$				
NAM	OF BENEFI	T PROGRAM												
		CATION & S										1	FOREIGN	
#		AME AND LOCA	TION	OF PI	RIMARY AND	ALL SUB	SIDIARY COMPA	NIES (Describe Oper	ations)	AI	NNUAL PAYROLL	ANN GROSS SALES	FOREIGN GROSS SALES	# EMPL
	NAME:													
	DESCRIPT													
	NAME:													
	LOCATION	N:												
	DESCRIPT													
	NAME:													
	LOCATION	N:												
	DESCRIPT													
	NAME:													
	LOCATION	N:												
	DESCRIPT	FION:												
	NAME:													
	LOCATION													
	DESCRIPT	FION:												
	DESCRIPT													
	DESCRIP													

UNDERLYING INSURANCE

LIST ALL LIABILITY / COMPENSATION POLICIES IN FORCE TO APPLY AS UNDERLYING INSURANCE											
TYPE	CARRIER / POLICY NUMBER	POLICY EFF DATE	POLICY EXP DATE		LIMITS	ANNUAL RENEWAL PREMIUM	RATING MOD				
				CSL EA ACC	\$	\$					
AUTOMOBILE				BI EA ACC	\$	s					
LIABILITY				BI EA PER	\$	*					
				PD EA ACC	\$	\$					
GENERAL				EACH OCCURRENCE	\$	PREM / OPS					
LIABILITY				GENERAL AGGR	\$	\$					
POLICY TYPE				PROD & COMP OPS AGGREGATE	\$	PRODUCTS					
OCCUR				PERSONAL & ADV INJURY DAMAGE TO RENTED	\$	\$					
CLAIMS MADE				DAMAGE TO RENTED PREMISES	\$	OTHER					
				MEDICAL EXPENSE	\$	\$					
				EACH ACCIDENT	\$	_					
EMPLOYERS LIABILITY				DISEASE EACH EMPLOYEE	\$	\$					
				DISEASE POLICY LIMIT	\$						
						\$					
						*					
						\$					

ACORD 131 (2017/11)

Page 1 of 6 Attach to ACORD 125 © 1991-2017 ACORD CORPORATION. All rights reserved.

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UNDERLYING INSURANCE (continued)

AGENCY CUSTOMER ID:

UNDERLYIN	G GENERAL LIABILI	ITY INFORMA	TION (Explain	all "YES"	responses)										
1. ARE D	EFENSE COSTS	:	WI	THIN AG	GREGATE LIMITS?				A SEPARATE LIMIT?		UNLIN	IITED?			
									egate limits, but must have a se limits; subject to Commissioner's			mit or must	be unlin	nited.)	
	 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? (Y / N) 														
										PRF\	/IOUS CO	VFRAGE	(Y / N)		
													(.,,		
4. FOR C	LAIMS MADE. IN	DICATE RET	TROACTIVE	DATE OF	CURRENT UNDERL	YING	POL	ICY:							
FOR CLAIMS MADE, INDICATE RETROACTIVE DATE OF CURRENT UNDERLYING POLICY: FOR CLAIMS MADE, INDICATE ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COVERAGE:															
5. FOR CLAIMS MADE, INDICATE ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COVERAGE: 6. FOR CLAIMS MADE, WAS "TAIL" COVERAGE PURCHASED FOR ANY PREVIOUS PRIMARY OR EXCESS POLICY? (Y/N) EFF. DATE:															
											L		-		
	CHECK ALL COVE	RAGES IN UN	NDERLYING PC	DLICIES. A	LSO CHECK IF ANY EXP	OSUR	ES AF	RE PR	RESENT FOR EACH COVERAGE. PF		E AN EXPL	ANATION. E	XPLAIN IF	-	
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 COVERAGES EXPOSURES ARE PRESENT FOR EACH COVERAGE. PROVIDE AN EXPLAINATION. EXPLAIN IF CHECK IF APPROPRIATE COVERAGE EXPOSURE COVERAGES BEYOND STANDARD FORMS.															
	CHECK IF A	PPROPRIATE		C	OVERAGE				EXPOSURE	co	VERAGE				EXPOSURE
ANY AU	JTO (SYMBOL 1)				CARE, CUSTODY, CO	ONTR	OL				PROFES	SIONAL LIA	BILITY (E8	kO)	
CGL - C	CLAIMS MADE				EMPLOYEE BENEFI	T LIAE	BILITY				VENDOF	S LIABILITY			
	DCCURRENCE				FOREIGN LIABILITY	/ TRA	VEL				WATERO	RAFT LIABII	ITY		
COVERAGE			EXPO	SURE	GARAGEKEEPERS L	LIABIL	ITY				ļ				
AIRCRA	AFT LIABILITY				INCIDENTAL MEDICA	AL MA	LPRA	CTICE	E						
AIRCRA	AFT PASSENGER LIA	ABILITY			LIQUOR LIABILITY						ł				
	ONAL INTERESTS				POLLUTION LIABILIT										
					d if more space is required		NDUR	SEIVIE	ENTS, DISCRIMINATION, SUBROGA	TION	WAIVERS,	OREXIEN	DIONS OF		
·															
									THAT MAY GIVE RISE TO CLAIMS, D DING) ACORD 101, Additional Rema					space is	
required.			., ,		·····, · ·····························						,	.,			
NO SUC	CH CLAIMS														
CARE, CL	USTODY, CONT	ROL													
LOC PI	ROPERTY TYPE			VALUE		A*	В*	C*	D*				s	Q FT OF BLD	G OCC
	REAL														
	PERSONAL														
OCCUPANC	Y / DESCRIPTION OF	F PERSONAL	PROPERTY			-									
*									ATION, [C] IS A NAMED INSURI						0
				HE LEAS			30br	KUG/				E POLICI,		IER (specily)
	3		<u>г</u>												
	ТҮРЕ	# OWNED	# NON-	# LEASE	D				PROPERTY HAULED				R .OCAL	ADIUS (MILE	LONG
			OWNED										JUCAL	MEDIATE	DISTANCE
PRIVATE	E PASSENGER														
	LIGHT				_										
TRUCKS	TRUCKS														
	HEAVY														
L	EX. HEAVY														
TRUCKS /	HEAVY														ļ
TRACTORS	EX. HEAVY														
	BUSES														
A O O D C	24 (0047/44)								e						

ADDITIONAL EXPOSURES

EXPLAIN ALL "YES" RESPONSES, PROVIDE OTHER INFORMATION REQUIRED	Y/N
ADVERTISERS LIABILITY	
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?	
	r
5. ARE EXPLOSIVES, CAUSTICS, FLAMMABLES OR OTHER DANGEROUS CARGO HAULED?	
6. ARE PASSENGERS CARRIED FOR A FEE?	<u> </u>
7. ANY UNITS NOT INSURED BY UNDERLYING POLICIES?	
8. ARE ANY VEHICLES LEASED OR RENTED TO OTHERS?	
9. ARE HIRED AND NON-OWNED COVERAGES PROVIDED?	
CONTRACTORS LIABILITY	L
10. IS BRIDGE, DAM, OR MARINE WORK PERFORMED?	
11. DESCRIBE TYPICAL JOBS PERFORMED (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)	
12. DESCRIBE AGREEMENT (ACORD 101, Additional Remarks Schedule, may be attached 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?	
	<u> </u>
18. ARE COVERAGES PROVIDED FOR DOCTORS / NURSES?	
	<u> </u>
19. INDICATE # OF DOCTORS: NURSES: BEDS:	

ADDITIONAL EXPOSURES (continued)

EXP	EXPLAIN ALL "YES" RESPONSES, PROVIDE OTHER INFORMATION REQUIRED								Y/N								
EPA #: POLLUTION LIABILITY																	
20.	20. DO CURRENT OR PAST PRODUCTS, OR THEIR COMPONENTS, CONTAIN HAZARDOUS MATERIALS THAT MAY REQUIRE SPECIAL DISPOSAL METHODS?																
21.	21. INDICATE THE COVERAGES CARRIED:																
	GL WITH STANDARD ISO POLLUTION EXCLUSION GL WITH POLLUTION COVERAGE ENDORSEMENT																
	GL	WITH STANDAR		DEN &	ACCIDENTAL OI	NLY	SEPAF	RATE	POLLUTIC	N COVERAGE							
	PRODUCT LIABILITY																
22.	22. ARE MISSILES, ENGINES, GUIDANCE SYSTEMS, FRAMES OR ANY OTHER PRODUCT USED / INSTALLED IN AIRCRAFT?																
23.	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 S	SALES FROM EA	CH OF	LAST	THREE (3) YEAR	.S:	\$			\$			\$				
									IVE LIABILI								
26. DESCRIBE INDEPENDENT CONTRACTORS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)																	
							WAT	TERCR	AFT LIABIL	ITY							
27.	DOES AP	PLICANT OWN	OR LEA	SE WA	TERCRAFT?												
	LOC #	# OWNED)		LENGTH	НС	ORSEPOWER		LOC #	# OWNED			LENGTH	H	HORSEPOWER		
							APARTMENTS / CO	ONDON	/INIUMS/H	OTELS / MOTELS							
28.	LOC #	# STORIES	# UN	VITS	# SWIMMING PO	OLS #	# DIVING BOARDS	;	LOC #	# STORIES	# UNI	rs	# SWIMMING P	OOLS	# DIVING BOARDS		
		<u> </u>											<u> </u>				
RE	REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)																

FRAUD STATEMENTS

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Applicable in FL and OK: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*. *Applies in FL Only.

Applicable in KS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto act.

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~ ~		
SIG	IAN	URE

SIGNATURE			
IF THE COMPANY TO WHICH I AM APPLYING OFF (UIM) AND/OR MEDICAL PAYMENTS COVERAGE I		MOTORISTS (UM),	UNDERINSURED MOTORISTS
UNINSURED MOTORISTS (UM) COVERAGE: \$	*		
UNDERINSURED MOTORISTS (UIM) COVERAGE:	\$	*	
MEDICAL PAYMENTS COVERAGE: \$	*	* IF APPLICABLE IN YOU	JR STATE
APPLICABLE ONLY IN LOUIS	IANA, MONTANA, N	NEW HAMPSHIRE	AND VERMONT
APPLICABLE ONLY IN LOUISIANA:			
I ACKNOWLEDGE THAT UM COVERAGE HAS BEE OF SELECTING UM LIMITS EQUAL TO MY LIABILI REJECT UM COVERAGE ENTIRELY.			
1. I SELECT UM LIMITS INDICATED IN THIS APPL] OR	
2. I REJECT UM COVERAGE IN ITS ENTIRETY.		5)	
APPLICABLE ONLY IN MONTANA:	NITIALS)		
I ACKNOWLEDGE I HAVE BEEN OFFERED UNINS UNDERINSURED MOTORISTS (UIM) COVERAGE. THIS APPLICATION. IF NO LIMITS ARE SHOWN, I	I HAVE SELECTED	THÉ LIMITS INDIC	CATED IN (INITIALS)
APPLICABLE ONLY IN NEW HAMPSHIRE:			
I ACKNOWLEDGE THAT UM COVERAGE HAS BEE OF SELECTING UM LIMITS EQUAL TO MY LIABILI			
1. I SELECT UM LIMITS INDICATED IN THIS APPL] OR	
2. I REJECT UM COVERAGE IN ITS ENTIRETY.		5)	
APPLICABLE ONLY IN VERMONT:	(
I ACKNOWLEDGE THAT I HAVE BEEN OFFERED U SELECTED THE LIMITS INDICATED IN THIS APPLI		UAL TO MY LIABILI	TY LIMITS. I HAVE
IMPORTANT - THE STATEMENTS (ANSWERS) GIV WILLFULLY CONCEALED OR MISREPRESENTED APPLICATION. THIS APPLICATION DOES NOT CO	ANY MATERIAL FA	CT OR CIRCUMST/	
	PRODUCER'S NAM		STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE		DATE	NATIONAL PRODUCER NUMBER
		I	