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CONTACT INFORMATION

AGENCY CUSTOMER ID:

CONTAC														
	NTACT TYPE:					CONTACT TYPE:								
CONTACT NAME: Michael Suarez PRIMARY						CONTACT NAME: L PRIMARY HOME BUS CELL SECONDARY HOME BUS CELL PHONE #								
		PHONE #	E LIONE L B	03 🗀 CLL	- P	PHONE #	MIL BO3 CELL	PHONE #						
(210) 286-6364	-1	Ola - t :1											
PRIMAR	Y E-MAIL ADDRESS: MICHA	eisuarez45	@hotmail.com	1	P	PRIMARY E-MAIL ADDRESS:								
	ARY E-MAIL ADDRESS:					SECONDARY E-MAIL A	ADDRESS:							
PREM	ISES INFORMATION (A	ttach ACORE	823 for Addition											
LOC#	STREET			CITY LIMI	TS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	1,200,000					
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BLD#	сıту: San Antonio		STATE: TX	OUT	SIDE	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT					
1	COUNTY:		ZIP : 78259					TOTAL BUILDING AREA:	SQ FT					
DESCRIF	PTION OF OPERATIONS: Temp	orary contract s		ons, includi	ng reg	gistration, door mo	onitors, and badge	ANY AREA LEASED TO O	THERS? Y / N					
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			OFFICE	RETAIL	_	WHOLESA	CONDOMINIUMS INSTITUTIONAL OFFICE RETAIL WHOLESALE Temporary contract staffing for 2002							
	DESCRIPTION OF PRIMARY OPERATIONS													
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ADDIT INTERES AND SIRR CO EMI AS AS OW	STORES OR SERVICE OPERATION OF OPERATIONS OF OTHE OPERATIONS OF OTHE OPERATIONAL LOSS PAYEE ACH OF RRANTY OWNER PLOYEE LESSOR REGISTRANT	NS % OF TOTAL S R NAMED INSURE	INSTAL INSTAL INSTAL INSTAL INSTAL INSTAL	LLATION, SEI	e onl	OR REPAIR WORK %	off PREMIS y data) Attach AC	ES INSTALLATION, SERVIC % CORD 45 for more Action interest in Location: Vehicle: AIRPORT: ITEM CLASS:	dditional Interests ITEM NUMBER BUILDING: BOAT: AIRCRAFT:					
ADDIT INTERES ADS BRI WA CO EMI AS	STORES OR SERVICE OPERATION OF OPERATIONS OF OTHE OPERATIONS OF OTHE OPERATION OF OPERATIONS OF OTHE OPERATION OF OPERATION OWNER OW	NS % OF TOTAL S IR NAMED INSURE	INSTAL INSTAL INSTAL INSTAL INSTAL INSTAL	LLATION, SEI	e oni	OR REPAIR WORK % y the necessary CERTIFICATE	off PREMIS y data) Attach AC	ES INSTALLATION, SERVIC % CORD 45 for more Action interest in Location: Vehicle: AIRPORT: ITEM CLASS:	dditional Interests ITEM NUMBER BUILDING: BOAT: AIRCRAFT:					

GENERAL INFORMATION AGENCY CUSTOMER ID: _____

EXPLAIN ALL "YES" RESPONSES Y/N												
1a.	IS THE APPLIC	ANT A SUBSI	DIARY OF ANOTHER E	ENTITY ?								
	PARENT COMPA	ANY NAME					RELATIONSHIP I	DESCRIPTION		% OWNED	N	
1h	DOES THE APE		E ANY SUBSIDIARIES?	2								
10.	SUBSIDIARY CO			:			RELATIONSHIP I	DESCRIPTION		% OWNED	N	
2.	IS A FORMAL S		GRAM IN OPERATION?]					Y	
	X SAFETY PO		OSHA								'	
3.	, ,		ABLES, EXPLOSIVES,	CHEMICA	N 62							
										N		
4.	ANY OTHER IN	ISURANCE W	/ITH THIS COMPANY?	(List poli	icy numbers)						$\overline{}$	
	LINE OF BUSINE	SS	POLICY NUMBER			LINE OF BUSINE	ss	POLICY NUMBER			_Y	
5.			E DECLINED, CANCELL pplicants - Do not ansv			URING THE PRIOI	R THREE (3) YEAR	S FOR ANY PREMI	SES OR			
	NON-PAYM	` —	AGENT NO LONGER REI	-	•						N	
	NON-RENE		UNDERWRITING		DITION CORRECTED	\\						
6.			IMS RELATING TO SEX				NIC DICCDIMINATI		IT LIDING2			
0.	ANT PAST LOS	SSES ON CLA	INIS RELATING TO SEA	AUAL ABU	JSE ON MOLESTA	TION ALLEGATIC	ino, diochiwiina i	ON ON NEGLIGEN	II HINING!		N	
7.	DURING THE I	AST FIVE VE	ARS (TEN IN RI), HAS A	ΔΝΥ ΔΡΡΙ	ICANT BEEN IND	ICTED FOR OR C	ONVICTED OF ANY	DEGREE OF THE	CRIME OF F	:RALID		
	BRIBERY, ARS	ON OR ANY C	OTHER ARSON-RELATI nswered by any applicar ar of imprisonment).	ED CRIME	E IN CONNECTION	N WITH THIS OR A	NY OTHER PROPE	ERTY?		•	N	
8.	ANY LINCORDE	CTED FIDE /	AND/OR SAFETY CODE	E VIOLATI	ONES							
0.	OCCURRENCE	TOTED FIRE F	AND/OR SAFETY CODE	EVIOLATI	ONS?					ESOLUTION	1	
	DATE	EXPLANATIO	N				RESOLUTION		"	DATE	l N	
											1	
9.	HAS APPLICAN	IT HAD A FOF	RECLOSURE, REPOSS	ESSION, I	BANKRUPTCY OF	R FILED FOR BAN	KRUPTCY DURING	THE LAST FIVE (5) YEARS?		'	
	OCCURRENCE								R	ESOLUTION]	
	DATE	EXPLANATIO	N				RESOLUTION			DATE	N	
10.	HAS APPLICAN	IT HAD A JUD	GEMENT OR LIEN DU	RING THE	LAST FIVE (5) YE	EARS?					_	
	OCCURRENCE DATE	EXPLANATIO	N				RESOLUTION		R	ESOLUTION DATE		
	DATE	EXI EANATIO					HESSESTION			DATE	N	
							+					
<u> </u>		DEEN BL 40	ED IN A TRUCTO									
11.			ED IN A TRUST?								,	
1	NAME OF TRUS	I									N	
L.												
			S, FOREIGN PRODUCT for Liability Exposure an				SOLD/DISTRIBUTI	ED IN FOREIGN CO	JUNTRIES?		N	
-			HER BUSINESS VENT			· · · ·	JESTED?					
	20207 1 2.07			00.			320.23.				N	
											11	
<u> </u>												
REI	MARKS / PRO	CESSING II	NSTRUCTIONS (ACC	ORD 101	, Additional Re	marks Schedule	e, may be attache	ed if more space	is required	1)		
PRIOR CARRIER INFORMATION												
YEA			GENERAL LIABILITY	,	ALITO	MOBILE	DDOD	PERTY	OTHER:			
··-^	CARRIER	57	cottsdale Insura		A0101	m C DILL	FNOF		JIIILA.			
1	POLICY NUME		.ottodale Ilibui di	1100								
1	PREMIUM	\$			\$		\$		\$			
	EFFECTIVE D				*		+		*			
	EYPIDATION I											

AGENCY CUSTOMER ID:

PRIOR CARRIER INFORMATION (continued)

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

LOSS HISTORY Check if none (Attach Loss Summary for Additional Loss Information)

ENTER ALL CLAIMS	TOTAL LOSSES: \$						
DATE OF OCCURRENCE	TYPE / DECORPTION OF COCURDENCE OF CLAIM DATE OF CLAIM AMOUNT PAID					SUBRO- GATION Y/N	CLAIM OPEN Y/N

SIGNATURE

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

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

(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) 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) Shabaig Chatha		(Required in Florida)
APPLICANT'S SIGNATURE		DATE	NATIONAL PRODUCER NUMBER