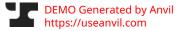


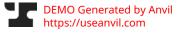
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Default Agency						COMPANY POLICY OR PROGRAM NAME							PROGRAM CODE		
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PHO	NE				0.1.	DERWIN						1211 011102			
	;, No, Ext): ;, No):							QUOTE		Т	ISSL	JE POLICY		REN	EW
E-M	AIL DRESS:					ATUS OF		BOUNE) (Give Date	and/o	r Attach	Сору):		J	
COI		SUBCODE:						CHANG	e c	DATE		TIME			AM
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	CTIONS ATTACHED						Г								
IND	CATE SECTIONS ATTACHED	PREMIUM					PREMIUM		TDANIODO	DTAT	ION /		_	EMIUM	l
	ACCOUNTS RECEIVABLE / VALUABLE PAPERS	\$	-	ELECTRONIC DATA PROC			\$		TRANSPO MOTOR T				\$		
	BOILER & MACHINERY	\$		QUIPMENT FLOATER			\$		TRUCKER		OTOR C	ARRIER	\$		
	BUSINESS AUTO	\$	-	GARAGE AND DEALERS			\$		UMBRELL	_A			\$		
	BUSINESS OWNERS COMMERCIAL GENERAL LIABILITY	\$		GLASS AND SIGN NSTALLATION / BUILDERS	DIQ.	: k	\$		YACHT				\$		
H	CRIME	\$	-	DPEN CARGO	o KIS		\$						\$		
	DEALERS	\$		PROPERTY N/A			\$						\$		
L	TACHMENTS	<u> </u>		14//			<u> </u>						•		
<u> </u>	ADDITIONAL INTEREST		Р	PREMIUM PAYMENT SUPP	LEM	IENT									
	ADDITIONAL PREMISES		Р	PROFESSIONAL LIABILITY	SUP	PLEME	NT								
	APARTMENT BUILDING SUPPLEMENT		R	RESTAURANT / TAVERN S	UPPI	LEMENT	=								
	CONDO ASSN BYLAWS (for D&O Covera	age only)	s	STATEMENT / SCHEDULE	OF V	/ALUES									
	CONTRACTORS SUPPLEMENT		S	STATE SUPPLEMENT (If ap	plica	able)									
	COVERAGES SCHEDULE		V	ACANT BUILDING SUPPL	EME	NT									
	DRIVER INFORMATION SCHEDULE		V	EHICLE SCHEDULE											
	INTERNATIONAL LIABILITY EXPOSURE														
	INTERNATIONAL PROPERTY EXPOSUR	RE SUPPLEMENT													
<u> </u>	LOSS SUMMARY														
	POSED EFF DATE PROPOSED EXP DA	TE BILLING PL	•••	PAYMENT PLAN	Τ.	METHOR	O OF PAYMENT	AUDIT	DEPO	OUT		MINIMUM			PREMIUM
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	CORPORATION JOINT VENT			NOT FOR PROFIT ORG	i	\vdash	SUBCHAPTER "S	" CORPOR	RATION						
NAI	INDIVIDUAL LLC AND N IE (Other Named Insured) AND MAILING	F MEMBERS IANAGERS: ADDRESS (including ZIP	+4)	PARTNERSHIP	GL	CODE	RUST	ıc		NAI	cs		FEIN O	R SOC	SEC#
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CONTACT INFORMATION

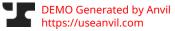
AGENCY CUSTOMER ID:

CONT	ACT INFORMA	ATION															
CONTACT TYPE:						CONTACT TYPE:											
CONTACT NAME:						CONTACT NAME:											
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DESCRIP	TION OF OPERATI	ONS:												ANY AREA LEASED	то отн	ERS? Y/N	
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	PTION OF OPERATI													ANY AREA LEASED	ПООТН	EKS! I/N	
NATU	RE OF BUSINI	ESS													DATER	USINESS	-
APA	RTMENTS	CONTRAC	TOR	MANUFAC	TURING	R	ESTAURA	NT		SERVICE					STARTE	ED (MM/DD/Y)	(YY)
CON	NDOMINIUMS	INSTITUTION	ONAL	OFFICE		R	ETAIL			WHOLESA	ALE						
RETAIL S	STORES OR SERVIC	E OPERATIONS	S % OF TOT	AL SALES:	INSTAL	LATIO	N, SERVIC	E OR I	REPAIR	WORK		0	FF PREMIS	ES INSTALLATION, S	SERVICE C	OR REPAIR W	ORK
DESCRIP	TION OF OPERATION	ONS OF OTHER	NAMED INS	SUREDS													
ADDIT	ADDITIONAL INTEREST (Not all fields apply to all scenarios - provide of					ovide o	nlv t	he ne	cessarv	/ data	a) At	tach AC	ORD 45 for mo	re Add	itional Inte	erests	
INTERES				ADDRESS RA		EVIDE			RTIFICA		POLIC		SEND BI			M NUMBER	
ADI	DITIONAL .	OSS PAYEE		,										LOCATION:		BUILDING:	
BRE	EACH OF M	IORTGAGEE												VEHICLE:		BOAT:	
	RRANIY	WNER												AIRPORT:		IRCRAFT:	
	OLOVEE -													ITEM			
AS	LESSOR	EGISTRANT												CLASS:		ГЕМ:	
ow	NER'	RUSTEE		= /			1							ITEM DESCRIPTION	ON		
	NHOLDER	-		E / LOAN #:					ST END								
		I	JEN AMOU	NT:			Pi	HONE (A/C, No	, Ext):				FAX (A/C, No):			
I REASON	FOR INTEREST:						E-	MAIL A	ADDRES	SS:							



GENERAL INFORMATION AGENCY CUSTOMER ID:

EXPI	EXPLAIN ALL "YES" RESPONSES Y/N											
1a.	IS THE AF	PPLICANT A S	UBSIDIARY	OF ANOTHER ENTITY ?								
	PARENT COMPANY NAME RELATIONSHIP DESCRIPTION %							% OWNED				
1b.	DOES TH	E APPLICANT	HAVE ANY	SUBSIDIARIES?			1					
	SUBSIDIA	RY COMPANY N	IAME			RELATIONSHIP D	% OWNED					
2	IS A FORI	MAL SAFFTY F	PROGRAMI	N OPERATION?								
		ETY MANUAL		MONTHLY MEETINGS		Í						
		ETY POSITION		OSHA		I						
3			AMMARI ES		Δ1 S2							
0.	3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?											
4.	ANY OTH	IER INSURAN	CE WITH TH	HIS COMPANY? (List pol	icy numbers)							
	LINE OF F	BUSINESS	PO	DLICY NUMBER		LINE OF BUSINES	es e	POLICY NUMBER				
5.	ANY POLI	ICY OR COVE	RAGE DECL	INED, CANCELLED OR N	ON-RENEWED DI	JRING THE PRIOR	THREE (3) YEARS	FOR ANY PREMI	SES OR			
		•	<u> </u>	ts - Do not answer this q								
	NON	-PAYMENT	AGEN	T NO LONGER REPRESENTS								
	NON	-RENEWAL	UNDER	RWRITING CON	DITION CORRECTED	(Describe):						
6.	ANY PAS	T LOSSES OR	CLAIMS RE	ELATING TO SEXUAL ABU	JSE OR MOLESTA	TION ALLEGATION	IS, DISCRIMINATIO	ON OR NEGLIGEN	IT HIRING?			
				EN IN RI), HAS ANY APPI ARSON-RELATED CRIM					CRIME OF F	RAUD,		
				d by any applicant for prop					nisdemeanor	punishable		
	by a sente	ence of up to or	ne year of imp	prisonment).						•		
8.	ANY UNC	ORRECTED F	IRE AND/OF	R SAFETY CODE VIOLAT	IONS?							
	OCCURRE								R	RESOLUTION		
	DATE	EXPLAN	IATION				RESOLUTION			DATE		
9.	HAS APPI	LICANT HAD A	FORECLOS	SURE, REPOSSESSION,	BANKRUPTCY OF	FILED FOR BANK	RUPTCY DURING	THE LAST FIVE (5) YEARS?			
	OCCURRE DATE		IATION				RESOLUTION		R	RESOLUTION DATE		
	DAIL									DAIL		
												
40		LICANTILIAD	ILIDOEME	NT OR LIEN DURING THE		TARCO						
10.			JUDGEWE	INT OR LIEN DURING THE	ELAST FIVE (5) TE	IARO!				TECOL LITION		
	OCCURRE DATE		IATION				RESOLUTION			RESOLUTION DATE		
1												
11	HAS BUS	INESS BEEN F	PLACED IN A	A TRUST?								
```	NAME OF		27.022									
12	ANY FOR	EIGN OPFRAT	IONS. FORI	EIGN PRODUCTS DISTR	IBUTED IN USA O	R US PRODUCTS :	SOLD/DISTRIBLITE	D IN FORFIGN CO	OUNTRIES?			
				ility Exposure and/or ACO			0025/51011115015					
13.	DOES AP	PLICANT HAV	E OTHER BI	USINESS VENTURES FO	R WHICH COVER	AGE IS NOT REQU	ESTED?					
RFI	IARKS /	PROCESSIA	IG INSTRI	JCTIONS (ACORD 101	Additional Rea	marks Schedule	may be attache	d if more snace	is required	4/		
_ <u>```</u>				וטו שאטטאן טווטווט	, Additional IXE	arks somedule,	ay be attache	a ii iiioie space	Gyanet	<u>-,                                      </u>		
PRI	PRIOR CARRIER INFORMATION											
YEA				ENERAL LIABILITY	AUTOI	MOBILE	PROP	ERTY	OTHER:			
	CARRIE				1.3.0							
1	POLICY	/ NUMBER										
	PREMIL	JM	\$		\$		\$		\$			
	FIXEIVII				¥	,	Ψ					
		TIVE DATE			•		Ψ					



#### PRIOR CARRIER INFORMATION (continued)

Α.	$\sim$ EN	$\sim$	$\sim$ 1	CTA	MFR	ID.

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

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

ENTER ALL CLAIM FOR THE LAST	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

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