



COMMERCIAL INSURANCE APPLICATION APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)
04/01/2022

AGENCY Sterling Agency 135 Crossways Park Drive P.O. Box 9017 Woodbury NY 11797		CARRIER Carrierxyz NAIC CODE 123	
		COMPANY POLICY OR PROGRAM NAME General Liability & Liquor Liability	PROGRAM CODE 145
		POLICY NUMBER 1234567	
CONTACT NAME: Jonathan Friedman		UNDERWRITER Underwriter	UNDERWRITER OFFICE NY
PHONE (A/C, No, Ext): (800) 767-7837			
FAX (A/C, No): (123) 487-0372			
E-MAIL ADDRESS: abc@sterling.com			
CODE: 84291	SUBCODE: 12345		
AGENCY CUSTOMER ID: 7115THI-01			

STATUS OF TRANSACTION	<input checked="" type="checkbox"/>	QUOTE	<input checked="" type="checkbox"/>	ISSUE POLICY	<input checked="" type="checkbox"/>	RENEW
	<input checked="" type="checkbox"/>	BOUND (Give Date and/or Attach Copy):				
	<input checked="" type="checkbox"/>	CHANGE	DATE	TIME	<input checked="" type="checkbox"/>	AM
	<input checked="" type="checkbox"/>	CANCEL	04/01/2022	09:30	<input checked="" type="checkbox"/>	PM

LINES OF BUSINESS

INDICATE LINES OF BUSINESS	PREMIUM		PREMIUM		PREMIUM
<input checked="" type="checkbox"/> BOILER & MACHINERY	\$ 1000	<input checked="" type="checkbox"/> CYBER AND PRIVACY	\$ 189	<input checked="" type="checkbox"/> YACHT	\$ 700
<input checked="" type="checkbox"/> BUSINESS AUTO	\$ 200	<input checked="" type="checkbox"/> FIDUCIARY LIABILITY	\$ 299	<input checked="" type="checkbox"/> Others1	\$ 800
<input checked="" type="checkbox"/> BUSINESS OWNERS	\$ 300	<input checked="" type="checkbox"/> GARAGE AND DEALERS	\$ 300	<input checked="" type="checkbox"/> Others2	\$ 3000
<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	\$ 100	<input checked="" type="checkbox"/> LIQUOR LIABILITY	\$ 300	<input checked="" type="checkbox"/> Others3	\$ 2000
<input checked="" type="checkbox"/> COMMERCIAL INLAND MARINE	\$ 200	<input checked="" type="checkbox"/> MOTOR CARRIER	\$ 400	<input checked="" type="checkbox"/> Others4	\$ 2590
<input checked="" type="checkbox"/> COMMERCIAL PROPERTY	\$ 329	<input checked="" type="checkbox"/> TRUCKERS	\$ 170	<input checked="" type="checkbox"/> Others5	\$ 2600
<input checked="" type="checkbox"/> CRIME	\$ 390	<input checked="" type="checkbox"/> UMBRELLA	\$ 600	<input checked="" type="checkbox"/> Others6	\$ 2300

ATTACHMENTS

<input checked="" type="checkbox"/> ACCOUNTS RECEIVABLE / VALUABLE PAPERS	<input checked="" type="checkbox"/> GLASS AND SIGN SECTION	<input checked="" type="checkbox"/> STATEMENT / SCHEDULE OF VALUES
<input checked="" type="checkbox"/> ADDITIONAL INTEREST SCHEDULE	<input checked="" type="checkbox"/> HOTEL / MOTEL SUPPLEMENT	<input checked="" type="checkbox"/> STATE SUPPLEMENT (If applicable)
<input checked="" type="checkbox"/> ADDITIONAL PREMISES INFORMATION SCHEDULE	<input checked="" type="checkbox"/> INSTALLATION / BUILDERS RISK SECTION	<input checked="" type="checkbox"/> VACANT BUILDING SUPPLEMENT
<input checked="" type="checkbox"/> APARTMENT BUILDING SUPPLEMENT	<input checked="" type="checkbox"/> INTERNATIONAL LIABILITY EXPOSURE SUPPLEMENT	<input checked="" type="checkbox"/> VEHICLE SCHEDULE
<input checked="" type="checkbox"/> CONDO ASSN BYLAWS (for D&O Coverage only)	<input checked="" type="checkbox"/> INTERNATIONAL PROPERTY EXPOSURE SUPPLEMENT	<input checked="" type="checkbox"/> Others1
<input checked="" type="checkbox"/> CONTRACTORS SUPPLEMENT	<input checked="" type="checkbox"/> LOSS SUMMARY	<input checked="" type="checkbox"/> Others2
<input checked="" type="checkbox"/> COVERAGES SCHEDULE	<input checked="" type="checkbox"/> OPEN CARGO SECTION	<input checked="" type="checkbox"/> Others3
<input checked="" type="checkbox"/> DEALERS SECTION	<input checked="" type="checkbox"/> PREMIUM PAYMENT SUPPLEMENT	<input checked="" type="checkbox"/> Others4
<input checked="" type="checkbox"/> DRIVER INFORMATION SCHEDULE	<input checked="" type="checkbox"/> PROFESSIONAL LIABILITY SUPPLEMENT	<input checked="" type="checkbox"/> Others5
<input checked="" type="checkbox"/> ELECTRONIC DATA PROCESSING SECTION	<input checked="" type="checkbox"/> RESTAURANT / TAVERN SUPPLEMENT	<input checked="" type="checkbox"/> Others6

POLICY INFORMATION

PROPOSED EFF DATE 06/01/2022	PROPOSED EXP DATE 06/01/2023	BILLING PLAN <input checked="" type="checkbox"/> DIRECT <input checked="" type="checkbox"/> AGENCY	PAYMENT PLAN MONTHLY	METHOD OF PAYMENT CASH	AUDIT Q	DEPOSIT \$ 2345	MINIMUM PREMIUM \$ 6789	POLICY PREMIUM \$ 19876
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APPLICANT INFORMATION

NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4) Advanced Carbide Tool Co., Inc. 1385 Industrial Blvd. 695 King Ave Brooklyn, NY 11206		GL CODE 1234	SIC 1234	NAICS ab12345	FEIN OR SOC SEC # 1234-54647
		BUSINESS PHONE #: (123) 455-6775			
		WEBSITE ADDRESS http://www.example1.com			
<input checked="" type="checkbox"/> CORPORATION	<input checked="" type="checkbox"/> JOINT VENTURE	<input checked="" type="checkbox"/> NOT FOR PROFIT ORG	<input checked="" type="checkbox"/> SUBCHAPTER "S" CORPORATION	<input checked="" type="checkbox"/> Others	
<input checked="" type="checkbox"/> INDIVIDUAL	<input checked="" type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: 10	<input checked="" type="checkbox"/> PARTNERSHIP	<input checked="" type="checkbox"/> TRUST		
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4) Jimmy's American Grill, Inc. 140 B Rt 130 South Bordentown NJ 08505		GL CODE 1225	SIC 745	NAICS 1233455	FEIN OR SOC SEC # 10922736345
		BUSINESS PHONE #: (837) 646-53573			
		WEBSITE ADDRESS http://www.example2.com			
<input checked="" type="checkbox"/> CORPORATION	<input checked="" type="checkbox"/> JOINT VENTURE	<input checked="" type="checkbox"/> NOT FOR PROFIT ORG	<input checked="" type="checkbox"/> SUBCHAPTER "S" CORPORATION	<input checked="" type="checkbox"/> Others2	
<input checked="" type="checkbox"/> INDIVIDUAL	<input checked="" type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: 8	<input checked="" type="checkbox"/> PARTNERSHIP	<input checked="" type="checkbox"/> TRUST		
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4) 144 Great Chef Enterprises LLC 85 Berkshire CourtElmont CourtElmon NY 08605		GL CODE 23445	SIC qsw45665	NAICS 124568	FEIN OR SOC SEC # 0987876887
		BUSINESS PHONE #: (837) 646-53573			
		WEBSITE ADDRESS http://www.example3.com			
<input checked="" type="checkbox"/> CORPORATION	<input checked="" type="checkbox"/> JOINT VENTURE	<input checked="" type="checkbox"/> NOT FOR PROFIT ORG	<input checked="" type="checkbox"/> SUBCHAPTER "S" CORPORATION	<input checked="" type="checkbox"/> Others3	
<input checked="" type="checkbox"/> INDIVIDUAL	<input checked="" type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: 6	<input checked="" type="checkbox"/> PARTNERSHIP	<input checked="" type="checkbox"/> TRUST		

CONTACT INFORMATION

AGENCY CUSTOMER ID: 7115THI-01

CONTACT TYPE: Accounting Contact		CONTACT TYPE: Audit Contact	
CONTACT NAME: ALFRED ANDREWS		CONTACT NAME: SARAH DANIEL	
PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL (609) 823-1163	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL (123) 445-6788	PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL (125) 456-1145	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL (456) 678-9988
PRIMARY E-MAIL ADDRESS: alfred@gmail.com		PRIMARY E-MAIL ADDRESS: sarah@gmail.com	
SECONDARY E-MAIL ADDRESS: Andrews@gmail.com		SECONDARY E-MAIL ADDRESS: sarah2@gmail.com	

PREMISES INFORMATION (Attach ACORD 823 for Additional Premises)

LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$ 50000
1	7301 Ventnor Avenue	<input checked="" type="checkbox"/> INSIDE	<input checked="" type="checkbox"/> OWNER	30	OCCUPIED AREA: 320 SQ FT
BLD #	CITY: Ventnor City	STATE: NJ	<input checked="" type="checkbox"/> OUTSIDE	<input checked="" type="checkbox"/> TENANT	# PART TIME EMPL
1	COUNTY: Bucks	ZIP: 57899	<input checked="" type="checkbox"/> Other	<input checked="" type="checkbox"/> Other	20
DESCRIPTION OF OPERATIONS: Laundry					ANY AREA LEASED TO OTHERS? Y / N Y
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$ 60,000
2	140 B ROUTE 130 SOUTH	<input checked="" type="checkbox"/> INSIDE	<input checked="" type="checkbox"/> OWNER	32	OCCUPIED AREA: 400 SQ FT
BLD #	CITY: BORDENTOWN	STATE: NJ	<input checked="" type="checkbox"/> OUTSIDE	<input checked="" type="checkbox"/> TENANT	# PART TIME EMPL
1	COUNTY: Bucks	ZIP: 12345	<input checked="" type="checkbox"/> Other	<input checked="" type="checkbox"/> other	18
DESCRIPTION OF OPERATIONS: Flat cement work					ANY AREA LEASED TO OTHERS? Y / N Y
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$ 100000
3	21 Union Street	<input checked="" type="checkbox"/> INSIDE	<input checked="" type="checkbox"/> OWNER	28	OCCUPIED AREA: 2000 SQ FT
BLD #	CITY: Sidney	STATE: NY	<input checked="" type="checkbox"/> OUTSIDE	<input checked="" type="checkbox"/> TENANT	# PART TIME EMPL
2	COUNTY: Bucks	ZIP: 23451	<input checked="" type="checkbox"/> Other	<input checked="" type="checkbox"/> Other	22
DESCRIPTION OF OPERATIONS: Drive					ANY AREA LEASED TO OTHERS? Y / N Y
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$ 150000
4	First Drive Rome	<input checked="" type="checkbox"/> INSIDE	<input checked="" type="checkbox"/> OWNER	30	OCCUPIED AREA: 20000 SQ FT
BLD #	CITY: Sidney	STATE: NY	<input checked="" type="checkbox"/> OUTSIDE	<input checked="" type="checkbox"/> TENANT	# PART TIME EMPL
4	COUNTY: Bucks	ZIP: 12345	<input checked="" type="checkbox"/> Other	<input checked="" type="checkbox"/> Other	20
DESCRIPTION OF OPERATIONS: Restaurant (first floor)					ANY AREA LEASED TO OTHERS? Y / N Y

NATURE OF BUSINESS

<input checked="" type="checkbox"/> APARTMENTS	<input checked="" type="checkbox"/> CONTRACTOR	<input checked="" type="checkbox"/> MANUFACTURING	<input checked="" type="checkbox"/> RESTAURANT	<input checked="" type="checkbox"/> SERVICE	<input checked="" type="checkbox"/> Other Business Nature	DATE BUSINESS STARTED (MM/DD/YYYY) 03/30/2022
<input checked="" type="checkbox"/> CONDOMINIUMS	<input checked="" type="checkbox"/> INSTITUTIONAL	<input checked="" type="checkbox"/> OFFICE	<input checked="" type="checkbox"/> RETAIL	<input checked="" type="checkbox"/> WHOLESALE		
DESCRIPTION OF PRIMARY OPERATIONS Black Pumpkin, LLC ~ Owns Building (Owned 100% by Caroline Till) Finn & Vera, LLC ~ Operations (Owned 51% by Caroline Till)						
RETAIL STORES OR SERVICE OPERATIONS % OF TOTAL SALES:		INSTALLATION, SERVICE OR REPAIR WORK 67 %		OFF PREMISES INSTALLATION, SERVICE OR REPAIR WORK 78 %		
DESCRIPTION OF OPERATIONS OF OTHER NAMED INSURED Black Pumpkin, LLC ~ Owns Building (Owned 100% by Caroline Till) Finn & Vera, LLC ~ Operations (Owned 51% by Caroline Till)						

ADDITIONAL INTEREST (Not all fields apply to all scenarios - provide only the necessary data) Attach ACORD 45 for more Additional Interests

INTEREST	NAME AND ADDRESS RANK: 2	EVIDENCE: <input checked="" type="checkbox"/> CERTIFICATE <input checked="" type="checkbox"/> POLICY <input checked="" type="checkbox"/> SEND BILL	INTEREST IN ITEM NUMBER
<input checked="" type="checkbox"/> ADDITIONAL INSURED	<input checked="" type="checkbox"/> LIENHOLDER	Irwin & Leighton Inc	LOCATION: ssn
<input checked="" type="checkbox"/> BREACH OF WARRANTY	<input checked="" type="checkbox"/> LOSS PAYEE	High Street	VEHICLE: Two
<input checked="" type="checkbox"/> CO-OWNER	<input checked="" type="checkbox"/> MORTGAGEE	Third Avenue	BOAT: low
<input checked="" type="checkbox"/> EMPLOYEE AS LESSOR	<input checked="" type="checkbox"/> OWNER	NY , 11706	AIRPORT: Yes
<input checked="" type="checkbox"/> LEASEBACK OWNER	<input checked="" type="checkbox"/> REGISTRANT		AIRCRAFT: Yes
<input checked="" type="checkbox"/> LENDER'S LOSS PAYABLE	<input checked="" type="checkbox"/> TRUSTEE	REFERENCE / LOAN #: 100097655	ITEM CLASS: class
<input checked="" type="checkbox"/> Other interest		INTEREST END DATE: 06/09/2022	ITEM: boat
REASON FOR INTEREST: Interested in this		LIEN AMOUNT: 123445	ITEM DESCRIPTION Large
		PHONE (A/C, No, Ext): 142342800	FAX (A/C, No): 142342822
		E-MAIL ADDRESS: highstreet@gmail.com	

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES				Y / N
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ?				Y
PARENT COMPANY NAME Risk Alley		RELATIONSHIP DESCRIPTION Relationship	% OWNED 78	
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?				Y
SUBSIDIARY COMPANY NAME Jordan sterling		RELATIONSHIP DESCRIPTION Description	% OWNED 89	
2. IS A FORMAL SAFETY PROGRAM IN OPERATION? <input checked="" type="checkbox"/> SAFETY MANUAL <input checked="" type="checkbox"/> SAFETY POSITION <input checked="" type="checkbox"/> MONTHLY MEETINGS <input checked="" type="checkbox"/> OSHA <input checked="" type="checkbox"/> Other				Y
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS? Chemicals, Explosives and Flammables				Y
4. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)				Y
LINE OF BUSINESS	POLICY NUMBER	LINE OF BUSINESS	POLICY NUMBER	
LOB1	100876768	LOB3	SMJS09897	
LOB2	PDJS8786567	LOB4	AMKSM097	
5. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR THREE (3) YEARS FOR ANY PREMISES OR OPERATIONS? (Missouri Applicants - Do not answer this question) <input checked="" type="checkbox"/> NON-PAYMENT <input checked="" type="checkbox"/> AGENT NO LONGER REPRESENTS CARRIER <input checked="" type="checkbox"/> Other <input checked="" type="checkbox"/> NON-RENEWAL <input checked="" type="checkbox"/> UNDERWRITING <input checked="" type="checkbox"/> CONDITION CORRECTED (Describe): condition corrected				Y
6. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING? NEGLEGENT past losses				Y
7. DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY? (In RI, this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment). Yes, it happen				Y
8. ANY UNCORRECTED FIRE AND/OR SAFETY CODE VIOLATIONS?				Y
OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE	
09/07/2022	Explanation1	resolution1	09/02/2022	
08/07/2021	Explanation2	resolution2	09/07/2022	
9. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE LAST FIVE (5) YEARS?				Y
OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE	
07/03/2022	Explanation3	resolution3	01/02/2021	
09/04/2022	Explanation4	resolution4	09/01/2022	
10. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS?				Y
OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE	
09/02/2022	Explanation5	resolution5	09/02/2022	
01/02/2022	Explanation6	resolution6	09/01/2022	
11. HAS BUSINESS BEEN PLACED IN A TRUST? NAME OF TRUST: MERLIN Trust				Y
12. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD / DISTRIBUTED IN FOREIGN COUNTRIES? (If "YES", attach ACORD 815 for Liability Exposure and/or ACORD 816 for Property Exposure)				Y
13. DOES APPLICANT HAVE OTHER BUSINESS VENTURES FOR WHICH COVERAGE IS NOT REQUESTED? Yes, Other business have				Y
14. DOES APPLICANT OWN / LEASE / OPERATE ANY DRONES? (If "YES", describe use) Yes, applicant operate drones				Y
15. DOES APPLICANT HIRE OTHERS TO OPERATE DRONES? (If "YES", describe use) Yes, applicant hire others to operate drones				Y

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

Remarks
1 2 3 4 5 6 7

PRIOR CARRIER INFORMATION

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER: AIG
2022	CARRIER	Liberty Mutual	Travelers	Seneca	Princeton
	POLICY NUMBER	1234678YY	O3U89Y57Y	9477465I	7688697O
	PREMIUM	\$ 46,699	\$ 86,7643	\$ 87,5643	\$ 76,6524
	EFFECTIVE DATE	09/02/2022	09/02/2022	05/03/2022	07/09/2022
	EXPIRATION DATE	09/08/2022	07/09/2022	07/09/2022	09/02/2022

PRIOR CARRIER INFORMATION (continued)

AGENCY CUSTOMER ID: 7115THI-01

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER: AIG
2021	CARRIER	Rochdale	Travelers	Seneca	Princeton
	POLICY NUMBER	35F6789	84H5751	97I6576	93O8847
	PREMIUM	\$ 24,4758	\$ 98,643	\$ 86,653	\$ 76,5442
	EFFECTIVE DATE	09/02/2022	05/03/2022	07/09/2022	09/02/2022
	EXPIRATION DATE	07/09/2022	07/09/2022	07/09/2022	07/09/2022
2020	CARRIER	FIREMANS FUND	Travelers	Seneca	Princeton
	POLICY NUMBER	35P6768	837687343	87346346	O9384978
	PREMIUM	\$ 23,949	\$ 7,7644	\$ 78,7643	\$ 75,4632
	EFFECTIVE DATE	05/03/2022	07/09/2022	07/09/2022	07/09/2022
	EXPIRATION DATE	07/09/2022	09/02/2022	09/02/2022	05/03/2022

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

 ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE LAST 5 YEARS

TOTAL LOSSES: \$ 7585

DATE OF OCCURRENCE	LINE	TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	SUBROGATION Y / N	CLAIM OPEN Y / N
02/01/2022	Line1	Description of occurrence1	01/01/2023	\$ 2,000	\$ 50,000	Y	N
04/06/2021	Line2	Description of occurrence2	04/08/2022	\$ 3000	\$ 78,000	Y	N
01/02/2022	Line3	Description of occurrence3	02/03/2022	\$ 5400	\$1,00,000	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): 3000

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) ALLEN GREEN	STATE PRODUCER LICENSE NO (Required in Florida) 87465Y1848UR
APPLICANT'S SIGNATURE	DATE 02/09/2022	NATIONAL PRODUCER NUMBER 8Y48YRHUI4Y88