



# COMMERCIAL INSURANCE APPLICATION

## APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)  
**12/06/2023**

|   |                 |                                       |   |  |
|---|-----------------|---------------------------------------|---|--|
| <b>AGENCY</b><br><b>Umanoff Boyer Insurance Agency, LLC</b><br><b>151 Atlantic Ave</b><br><b>Lynbrook, NY 11563</b> |                 | <b>CARRIER</b><br><b>TBA</b>          |   | <b>NAIC CODE</b>   |
| <b>CONTACT NAME:</b> <b>SHARY TRINIDAD</b>  |                 | <b>COMPANY POLICY OR PROGRAM NAME</b> |   | <b>PROGRAM CODE</b>  |
| <b>PHONE (A/C, No, Ext):</b> <b>(516)872-2000</b>   |                 | <b>POLICY NUMBER</b>                  |   |  |
| <b>FAX (A/C, No):</b> <b>(516)872-2001</b>  |                 | <b>UNDERWRITER</b>                    |   |  |
| <b>E-MAIL ADDRESS:</b> <b>SHARY@UMANOFFBOYER.COM</b>  |                 | <b>UNDERWRITER OFFICE</b>             |   |  |
| <b>CODE:</b>  | <b>SUBCODE:</b> | <b>STATUS OF TRANSACTION</b>          | <input checked="" type="checkbox"/> QUOTE<br><input type="checkbox"/> BOUND (Give Date and/or Attach Copy):<br><input type="checkbox"/> CHANGE <b>DATE</b> <b>TIME</b><br><input type="checkbox"/> CANCEL | <input type="checkbox"/> RENEW<br><input type="checkbox"/> AM<br><input type="checkbox"/> PM |
| <b>AGENCY CUSTOMER ID:</b> <b>00000947</b>  |                 |                                       |   |  |

### LINES OF BUSINESS

| INDICATE LINES OF BUSINESS   | PREMIUM | PREMIUM                                      | PREMIUM |
|------------------------------|---------|--|---------|
| BOILER & MACHINERY           | \$      | CYBER AND PRIVACY                            | \$      |
| BUSINESS AUTO                | \$      | FIDUCIARY LIABILITY                          | \$      |
| BUSINESS OWNERS              | \$      | GARAGE AND DEALERS                           | \$      |
| COMMERCIAL GENERAL LIABILITY | \$      | LIQUOR LIABILITY                             | \$      |
| COMMERCIAL INLAND MARINE     | \$      | MOTOR CARRIER                                | \$      |
| COMMERCIAL PROPERTY          | \$      | TRUCKERS                                     | \$      |
| CRIME                        | \$      | <input checked="" type="checkbox"/> UMBRELLA | \$      |

### ATTACHMENTS

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

### POLICY INFORMATION

|   |   |   |                                      |                          |              |                      |                              |                             |
|---|---|---|--------------------------------------|--------------------------|--------------|----------------------|------------------------------|-----------------------------|
| <b>PROPOSED EFF DATE</b><br><b>02/08/2024</b> | <b>PROPOSED EXP DATE</b><br><b>02/08/2025</b> | <b>BILLING PLAN</b><br><input type="checkbox"/> DIRECT <input checked="" type="checkbox"/> AGENCY | <b>PAYMENT PLAN</b><br><b>Annual</b> | <b>METHOD OF PAYMENT</b> | <b>AUDIT</b> | <b>DEPOSIT</b><br>\$ | <b>MINIMUM PREMIUM</b><br>\$ | <b>POLICY PREMIUM</b><br>\$ |
|---|---|---|--------------------------------------|--------------------------|--------------|----------------------|------------------------------|-----------------------------|

### APPLICANT INFORMATION

|   |  |   |   |              |                          |
|---|--|---|---|--------------|--------------------------|
| <b>NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4)</b><br><b>BSG PROPERTIES LLC</b><br><b>C/O GREENVIEW PROPERTIES INC.</b><br><b>5 SHORE LANE</b><br><b>BAY SHORE, NY 11706</b> |  | <b>GL CODE</b>                              | <b>SIC</b>  | <b>NAICS</b> | <b>FEIN OR SOC SEC #</b> |
| <b>BUSINESS PHONE #:</b> <b>(631)666-4040</b>   |  | <b>WEBSITE ADDRESS</b>                      |   |              |                          |
| <input type="checkbox"/> CORPORATION  | <input type="checkbox"/> JOINT VENTURE                                     | <input type="checkbox"/> NOT FOR PROFIT ORG | <input type="checkbox"/> SUBCHAPTER "S" CORPORATION |              |                          |
| <input type="checkbox"/> INDIVIDUAL   | <input checked="" type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____ | <input type="checkbox"/> PARTNERSHIP        | <input type="checkbox"/> TRUST                      |              |                          |
| <b>NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)</b>   |  | <b>GL CODE</b>                              | <b>SIC</b>  | <b>NAICS</b> | <b>FEIN OR SOC SEC #</b> |
| <b>BUSINESS PHONE #:</b>  |  | <b>WEBSITE ADDRESS</b>                      |   |              |                          |
| <input type="checkbox"/> CORPORATION  | <input type="checkbox"/> JOINT VENTURE                                     | <input type="checkbox"/> NOT FOR PROFIT ORG | <input type="checkbox"/> SUBCHAPTER "S" CORPORATION |              |                          |
| <input type="checkbox"/> INDIVIDUAL   | <input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____            | <input type="checkbox"/> PARTNERSHIP        | <input type="checkbox"/> TRUST                      |              |                          |
| <b>NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)</b>   |  | <b>GL CODE</b>                              | <b>SIC</b>  | <b>NAICS</b> | <b>FEIN OR SOC SEC #</b> |
| <b>BUSINESS PHONE #:</b>  |  | <b>WEBSITE ADDRESS</b>                      |   |              |                          |
| <input type="checkbox"/> CORPORATION  | <input type="checkbox"/> JOINT VENTURE                                     | <input type="checkbox"/> NOT FOR PROFIT ORG | <input type="checkbox"/> SUBCHAPTER "S" CORPORATION |              |                          |
| <input type="checkbox"/> INDIVIDUAL   | <input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____            | <input type="checkbox"/> PARTNERSHIP        | <input type="checkbox"/> TRUST                      |              |                          |

## CONTACT INFORMATION

|  |  |  |  |
|--|--|--|--|
| CONTACT TYPE: <b>OWNER</b>   |  | CONTACT TYPE:  |  |
| CONTACT NAME: <b>LOUIS ROTONDI</b>   |  | CONTACT NAME:  |  |
| PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL | SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL | PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL | SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL |
| PRIMARY E-MAIL ADDRESS: <b>ljrotondi@rotondilaw.com</b>  |  | PRIMARY E-MAIL ADDRESS:  |  |
| SECONDARY E-MAIL ADDRESS:  |  | SECONDARY E-MAIL ADDRESS:  |  |

## PREMISES INFORMATION (Attach ACORD 823 for Additional Premises)

| LOC #                      | STREET                                   | CITY LIMITS  | INTEREST   | # FULL TIME EMPL | ANNUAL REVENUES: \$              |
|----------------------------|--|--|--|------------------|----------------------------------|
| <b>1</b>                   | <b>413 EAST MAIN ST</b>                  | <input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE | <input type="checkbox"/> OWNER <input type="checkbox"/> TENANT |                  | OCCUPIED AREA: SQ FT             |
| BLD #                      | CITY: <b>Bay Shore</b> STATE: <b>NY</b>  |  |  | # PART TIME EMPL | OPEN TO PUBLIC AREA: SQ FT       |
|                            | COUNTY: <b>Suffolk</b> ZIP: <b>11706</b> |  |  |                  | TOTAL BUILDING AREA: SQ FT       |
| DESCRIPTION OF OPERATIONS: |  |  |  |                  | ANY AREA LEASED TO OTHERS? Y / N |
| LOC #                      | STREET                                   | CITY LIMITS  | INTEREST   | # FULL TIME EMPL | ANNUAL REVENUES: \$              |
| <b>2</b>                   | <b>417 EAST MAIN ST</b>                  | <input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE | <input type="checkbox"/> OWNER <input type="checkbox"/> TENANT |                  | OCCUPIED AREA: SQ FT             |
| BLD #                      | CITY: <b>Bay Shore</b> STATE: <b>NY</b>  |  |  | # PART TIME EMPL | OPEN TO PUBLIC AREA: SQ FT       |
|                            | COUNTY: <b>Suffolk</b> ZIP: <b>11706</b> |  |  |                  | TOTAL BUILDING AREA: SQ FT       |
| DESCRIPTION OF OPERATIONS: |  |  |  |                  | ANY AREA LEASED TO OTHERS? Y / N |
| LOC #                      | STREET                                   | CITY LIMITS  | INTEREST   | # FULL TIME EMPL | ANNUAL REVENUES: \$              |
| <b>3</b>                   | <b>421-433 EAST MAIN ST</b>              | <input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE | <input type="checkbox"/> OWNER <input type="checkbox"/> TENANT |                  | OCCUPIED AREA: SQ FT             |
| BLD #                      | CITY: <b>Bay Shore</b> STATE: <b>NY</b>  |  |  | # PART TIME EMPL | OPEN TO PUBLIC AREA: SQ FT       |
|                            | COUNTY: <b>Suffolk</b> ZIP: <b>11706</b> |  |  |                  | TOTAL BUILDING AREA: SQ FT       |
| DESCRIPTION OF OPERATIONS: |  |  |  |                  | ANY AREA LEASED TO OTHERS? Y / N |
| LOC #                      | STREET                                   | CITY LIMITS  | INTEREST   | # FULL TIME EMPL | ANNUAL REVENUES: \$              |
| <b>4</b>                   | <b>425-429 EAST MAIN ST</b>              | <input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE | <input type="checkbox"/> OWNER <input type="checkbox"/> TENANT |                  | OCCUPIED AREA: SQ FT             |
| BLD #                      | CITY: <b>Bay Shore</b> STATE: <b>NY</b>  |  |  | # PART TIME EMPL | OPEN TO PUBLIC AREA: SQ FT       |
|                            | COUNTY: <b>Suffolk</b> ZIP: <b>11706</b> |  |  |                  | TOTAL BUILDING AREA: SQ FT       |
| DESCRIPTION OF OPERATIONS: |  |  |  |                  | ANY AREA LEASED TO OTHERS? Y / N |

## NATURE OF BUSINESS

|  |  |  |                                     |                                    |                                    |
|--|--|--|-------------------------------------|------------------------------------|------------------------------------|
| <input checked="" type="checkbox"/> APARTMENTS | <input type="checkbox"/> CONTRACTOR    | <input type="checkbox"/> MANUFACTURING | <input type="checkbox"/> RESTAURANT | <input type="checkbox"/> SERVICE   | DATE BUSINESS STARTED (MM/DD/YYYY) |
| <input type="checkbox"/> CONDOMINIUMS          | <input type="checkbox"/> INSTITUTIONAL | <input type="checkbox"/> OFFICE        | <input type="checkbox"/> RETAIL     | <input type="checkbox"/> WHOLESALE |                                    |

## DESCRIPTION OF PRIMARY OPERATIONS

Garden Apartment Complex 5 locations 104 Residential Units

|   |  |   |
|---|--|---|
| RETAIL STORES OR SERVICE OPERATIONS % OF TOTAL SALES: | INSTALLATION, SERVICE OR REPAIR WORK % | OFF PREMISES INSTALLATION, SERVICE OR REPAIR WORK % |
|---|--|---|

## DESCRIPTION OF OPERATIONS OF OTHER NAMED INSUREDS

## 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:  | EVIDENCE:   | CERTIFICATE | POLICY | SEND BILL | INTEREST IN ITEM NUMBER |                      |
|--|---|---|-------------|--------|-----------|-------------------------|----------------------|
| <input type="checkbox"/> ADDITIONAL INSURED<br><input type="checkbox"/> BREACH OF WARRANTY<br><input type="checkbox"/> CO-OWNER<br><input type="checkbox"/> EMPLOYEE AS LESSOR<br><input type="checkbox"/> LEASEBACK OWNER<br><input type="checkbox"/> LENDER'S LOSS PAYABLE | <input type="checkbox"/> LIENHOLDER<br><input checked="" type="checkbox"/> LOSS PAYEE<br><input checked="" type="checkbox"/> MORTGAGEE<br><input type="checkbox"/> OWNER<br><input type="checkbox"/> REGISTRANT<br><input type="checkbox"/> TRUSTEE | <b>Fannie Mae ISAOA/ATIMA C/O</b><br><b>Greystone Servicing CO, LLC</b><br><b>419 Belle Air Lane</b><br><b>Warrenton VA 20186</b> |             |        |           | LOCATION: <b>ALL</b>    | BUILDING: <b>ALL</b> |
|  |   |   |             |        |           | VEHICLE:                | BOAT:                |
|  |   |   |             |        |           | AIRPORT:                | AIRCRAFT:            |
|  |   |   |             |        |           | ITEM CLASS:             | ITEM:                |
|  |   |   |             |        |           | ITEM DESCRIPTION        |                      |
| REFERENCE / LOAN #:  |   |   |             |        |           | INTEREST END DATE:      |                      |
| LIEN AMOUNT:   |   |   |             |        |           | PHONE (A/C, No, Ext):   |                      |
| REASON FOR INTEREST:   |   |   |             |        |           | FAX (A/C, No):          |                      |
|  |   |   |             |        |           | E-MAIL ADDRESS:         |                      |

## GENERAL INFORMATION

| EXPLAIN ALL "YES" RESPONSES   |                  |                          |                                    | Y / N  |
|---|------------------|--------------------------|------------------------------------|--|
| 1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ?   |                  |                          |                                    | N  |
| PARENT COMPANY NAME   |                  | RELATIONSHIP DESCRIPTION | % OWNED                            |  |
| 1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?   |                  |                          |                                    | N  |
| SUBSIDIARY COMPANY NAME   |                  | RELATIONSHIP DESCRIPTION | % OWNED                            |  |
| 2. IS A FORMAL SAFETY PROGRAM IN OPERATION?   |                  |                          |                                    | N  |
| <input type="checkbox"/>  | SAFETY MANUAL    | <input type="checkbox"/> | SAFETY POSITION                    | <input type="checkbox"/>                                       |
| <input type="checkbox"/>  | MONTHLY MEETINGS | <input type="checkbox"/> | OSHA                               | <input type="checkbox"/>                                       |
| 3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?   |                  |                          |                                    | N  |
| 4. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)   |                  |                          |                                    | N  |
| LINE OF BUSINESS  |                  | POLICY NUMBER            |                                    |  |
| LINE OF BUSINESS  |                  | POLICY NUMBER            |                                    |  |
| 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)   |                  |                          |                                    | Y  |
| <input checked="" type="checkbox"/>   | NON-PAYMENT      | <input type="checkbox"/> | AGENT NO LONGER REPRESENTS CARRIER | <input checked="" type="checkbox"/> WHOLESALE LOST APPOINTMENT |
| <input checked="" type="checkbox"/>   | NON-RENEWAL      | <input type="checkbox"/> | UNDERWRITING                       | <input type="checkbox"/> CONDITION CORRECTED (Describe):       |
| 6. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?   |                  |                          |                                    | N  |
| 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?<br>(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). |                  |                          |                                    | N  |
| 8. ANY UNCORRECTED FIRE AND/OR SAFETY CODE VIOLATIONS?  |                  |                          |                                    | N  |
| OCCUR DATE  | EXPLANATION      | RESOLUTION               | RESOLVE DATE                       |  |
|   |                  |                          |                                    |  |
| 9. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE LAST FIVE (5) YEARS?  |                  |                          |                                    | N  |
| OCCUR DATE  | EXPLANATION      | RESOLUTION               | RESOLVE DATE                       |  |
|   |                  |                          |                                    |  |
| 10. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS?   |                  |                          |                                    | N  |
| OCCUR DATE  | EXPLANATION      | RESOLUTION               | RESOLVE DATE                       |  |
|   |                  |                          |                                    |  |
| 11. HAS BUSINESS BEEN PLACED IN A TRUST? NAME OF TRUST:   |                  |                          |                                    | N  |
| 12. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD / DISTRIBUTED IN FOREIGN COUNTRIES?<br>(If "YES", attach ACORD 815 for Liability Exposure and/or ACORD 816 for Property Exposure)  |                  |                          |                                    | N  |
| 13. DOES APPLICANT HAVE OTHER BUSINESS VENTURES FOR WHICH COVERAGE IS NOT REQUESTED?  |                  |                          |                                    | N  |
| 14. DOES APPLICANT OWN / LEASE / OPERATE ANY DRONES? (If "YES", describe use)   |                  |                          |                                    | N  |
| 15. DOES APPLICANT HIRE OTHERS TO OPERATE DRONES? (If "YES", describe use)  |                  |                          |                                    | N  |

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

See attached additional premises form 823

## PRIOR CARRIER INFORMATION

| YEAR | CATEGORY        | GENERAL LIABILITY | AUTOMOBILE | PROPERTY | OTHER: Umbrella                |
|------|-----------------|-------------------|------------|----------|--------------------------------|
| 2022 | CARRIER         |                   |            |          | Liberty Insurance Underwriters |
|      | POLICY NUMBER   |                   |            |          | MCREA-18126-02                 |
|      | PREMIUM         | \$                | \$         | \$       | \$ 8,387.64                    |
|      | EFFECTIVE DATE  |                   |            |          | 02/08/2022                     |
|      | EXPIRATION DATE |                   |            |          | 02/08/2023                     |

## PRIOR CARRIER INFORMATION (continued)

| YEAR | CATEGORY        | GENERAL LIABILITY | AUTOMOBILE | PROPERTY | OTHER: <b>Umbrella</b>         |
|------|-----------------|-------------------|------------|----------|--------------------------------|
| 2021 | CARRIER         |                   |            |          | Liberty Insurance Underwriters |
|      | POLICY NUMBER   |                   |            |          | <b>MCREA-18126-01</b>          |
|      | PREMIUM         | \$                | \$         | \$       | \$ <b>6,564.00</b>             |
|      | EFFECTIVE DATE  |                   |            |          | <b>02/08/2021</b>              |
|      | EXPIRATION DATE |                   |            |          | <b>02/08/2022</b>              |
| 2020 | CARRIER         |                   |            |          | <b>Umbrella</b>                |
|      | POLICY NUMBER   |                   |            |          | Liberty Insurance Underwriters |
|      | PREMIUM         | \$                | \$         | \$       | \$ <b>4,088.00</b>             |
|      | EFFECTIVE DATE  |                   |            |          | <b>02/08/2020</b>              |
|      | EXPIRATION DATE |                   |            |          | <b>02/08/2021</b>              |

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 \_\_\_\_ YEARS

TOTAL LOSSES: \$

| DATE OF OCCURRENCE | LINE | TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM | DATE OF CLAIM | AMOUNT PAID | AMOUNT RESERVED | SUBROGATION Y/N | CLAIM OPEN Y/N |
|--------------------|------|---|---------------|-------------|-----------------|-----------------|----------------|
|                    |      | <b>Loss Runs included</b>                 |               |             |                 |                 |                |
|                    |      |   |               |             |                 |                 |                |
|                    |      |   |               |             |                 |                 |                |

## 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<br>(Required in Florida) |
| APPLICANT'S SIGNATURE | DATE                           | NATIONAL PRODUCER NUMBER                           |



AGENCY CUSTOMER ID: 00000947

## ADDITIONAL PREMISES INFORMATION SCHEDULE

Page \_\_\_\_ of \_\_\_\_

|  |                                     |   |  |           |
|--|-------------------------------------|---|--|-----------|
| AGENCY<br><b>Umanoff Boyer Insurance Agency, LLC</b> |                                     | CARRIER                                       |  | NAIC CODE |
| POLICY NUMBER  | EFFECTIVE DATE<br><b>02/08/2024</b> | NAMED INSURED(S)<br><b>BSG PROPERTIES LLC</b> |  |           |

## PREMISES INFORMATION

|                            |                  |                                  |                                 |                  |                                   |
|----------------------------|------------------|----------------------------------|---------------------------------|------------------|-----------------------------------|
| LOC #                      | STREET           | CITY LIMITS                      | INTEREST                        | # FULL TIME EMPL | ANNUAL REVENUES: \$               |
| 5                          | 437 EAST MAIN ST | <input type="checkbox"/> INSIDE  | <input type="checkbox"/> OWNER  |                  | OCCUPIED AREA: SQ FT              |
| BLD #                      | CITY: Bay Shore  | <input type="checkbox"/> OUTSIDE | <input type="checkbox"/> TENANT | # PART TIME EMPL | OPEN TO PUBLIC AREA: SQ FT        |
|                            | COUNTY: Suffolk  |                                  |                                 |                  | TOTAL BUILDING AREA: SQ FT        |
| DESCRIPTION OF OPERATIONS: |                  |                                  |                                 |                  | ANY AREA LEASED TO OTHERS? Y / N: |
| LOC #                      | STREET           | CITY LIMITS                      | INTEREST                        | # FULL TIME EMPL | ANNUAL REVENUES: \$               |
|                            |                  | <input type="checkbox"/> INSIDE  | <input type="checkbox"/> OWNER  |                  | OCCUPIED AREA: SQ FT              |
| BLD #                      | CITY:            | <input type="checkbox"/> OUTSIDE | <input type="checkbox"/> TENANT | # PART TIME EMPL | OPEN TO PUBLIC AREA: SQ FT        |
|                            | COUNTY:          |                                  |                                 |                  | TOTAL BUILDING AREA: SQ FT        |
| DESCRIPTION OF OPERATIONS: |                  |                                  |                                 |                  | ANY AREA LEASED TO OTHERS? Y / N: |
| LOC #                      | STREET           | CITY LIMITS                      | INTEREST                        | # FULL TIME EMPL | ANNUAL REVENUES: \$               |
|                            |                  | <input type="checkbox"/> INSIDE  | <input type="checkbox"/> OWNER  |                  | OCCUPIED AREA: SQ FT              |
| BLD #                      | CITY:            | <input type="checkbox"/> OUTSIDE | <input type="checkbox"/> TENANT | # PART TIME EMPL | OPEN TO PUBLIC AREA: SQ FT        |
|                            | COUNTY:          |                                  |                                 |                  | TOTAL BUILDING AREA: SQ FT        |
| DESCRIPTION OF OPERATIONS: |                  |                                  |                                 |                  | ANY AREA LEASED TO OTHERS? Y / N: |
| LOC #                      | STREET           | CITY LIMITS                      | INTEREST                        | # FULL TIME EMPL | ANNUAL REVENUES: \$               |
|                            |                  | <input type="checkbox"/> INSIDE  | <input type="checkbox"/> OWNER  |                  | OCCUPIED AREA: SQ FT              |
| BLD #                      | CITY:            | <input type="checkbox"/> OUTSIDE | <input type="checkbox"/> TENANT | # PART TIME EMPL | OPEN TO PUBLIC AREA: SQ FT        |
|                            | COUNTY:          |                                  |                                 |                  | TOTAL BUILDING AREA: SQ FT        |
| DESCRIPTION OF OPERATIONS: |                  |                                  |                                 |                  | ANY AREA LEASED TO OTHERS? Y / N: |
| LOC #                      | STREET           | CITY LIMITS                      | INTEREST                        | # FULL TIME EMPL | ANNUAL REVENUES: \$               |
|                            |                  | <input type="checkbox"/> INSIDE  | <input type="checkbox"/> OWNER  |                  | OCCUPIED AREA: SQ FT              |
| BLD #                      | CITY:            | <input type="checkbox"/> OUTSIDE | <input type="checkbox"/> TENANT | # PART TIME EMPL | OPEN TO PUBLIC AREA: SQ FT        |
|                            | COUNTY:          |                                  |                                 |                  | TOTAL BUILDING AREA: SQ FT        |
| DESCRIPTION OF OPERATIONS: |                  |                                  |                                 |                  | ANY AREA LEASED TO OTHERS? Y / N: |
| LOC #                      | STREET           | CITY LIMITS                      | INTEREST                        | # FULL TIME EMPL | ANNUAL REVENUES: \$               |
|                            |                  | <input type="checkbox"/> INSIDE  | <input type="checkbox"/> OWNER  |                  | OCCUPIED AREA: SQ FT              |
| BLD #                      | CITY:            | <input type="checkbox"/> OUTSIDE | <input type="checkbox"/> TENANT | # PART TIME EMPL | OPEN TO PUBLIC AREA: SQ FT        |
|                            | COUNTY:          |                                  |                                 |                  | TOTAL BUILDING AREA: SQ FT        |
| DESCRIPTION OF OPERATIONS: |                  |                                  |                                 |                  | ANY AREA LEASED TO OTHERS? Y / N: |
| LOC #                      | STREET           | CITY LIMITS                      | INTEREST                        | # FULL TIME EMPL | ANNUAL REVENUES: \$               |
|                            |                  | <input type="checkbox"/> INSIDE  | <input type="checkbox"/> OWNER  |                  | OCCUPIED AREA: SQ FT              |
| BLD #                      | CITY:            | <input type="checkbox"/> OUTSIDE | <input type="checkbox"/> TENANT | # PART TIME EMPL | OPEN TO PUBLIC AREA: SQ FT        |
|                            | COUNTY:          |                                  |                                 |                  | TOTAL BUILDING AREA: SQ FT        |
| DESCRIPTION OF OPERATIONS: |                  |                                  |                                 |                  | ANY AREA LEASED TO OTHERS? Y / N: |
| LOC #                      | STREET           | CITY LIMITS                      | INTEREST                        | # FULL TIME EMPL | ANNUAL REVENUES: \$               |
|                            |                  | <input type="checkbox"/> INSIDE  | <input type="checkbox"/> OWNER  |                  | OCCUPIED AREA: SQ FT              |
| BLD #                      | CITY:            | <input type="checkbox"/> OUTSIDE | <input type="checkbox"/> TENANT | # PART TIME EMPL | OPEN TO PUBLIC AREA: SQ FT        |
|                            | COUNTY:          |                                  |                                 |                  | TOTAL BUILDING AREA: SQ FT        |
| DESCRIPTION OF OPERATIONS: |                  |                                  |                                 |                  | ANY AREA LEASED TO OTHERS? Y / N: |
| LOC #                      | STREET           | CITY LIMITS                      | INTEREST                        | # FULL TIME EMPL | ANNUAL REVENUES: \$               |
|                            |                  | <input type="checkbox"/> INSIDE  | <input type="checkbox"/> OWNER  |                  | OCCUPIED AREA: SQ FT              |
| BLD #                      | CITY:            | <input type="checkbox"/> OUTSIDE | <input type="checkbox"/> TENANT | # PART TIME EMPL | OPEN TO PUBLIC AREA: SQ FT        |
|                            | COUNTY:          |                                  |                                 |                  | TOTAL BUILDING AREA: SQ FT        |
| DESCRIPTION OF OPERATIONS: |                  |                                  |                                 |                  | ANY AREA LEASED TO OTHERS? Y / N: |



AGENCY CUSTOMER ID: 00000947

## UMBRELLA / EXCESS SECTION

DATE (MM/DD/YYYY)

12/6/23

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

|  |                                     |   |           |
|--|-------------------------------------|---|-----------|
| AGENCY<br><b>Umanoff Boyer Insurance Agency, LLC</b> |                                     | CARRIER<br><b>TBA</b>                         | NAIC CODE |
| POLICY NUMBER  | EFFECTIVE DATE<br><b>02/08/2024</b> | NAMED INSURED(S)<br><b>BSG PROPERTIES LLC</b> |           |

## POLICY INFORMATION

| TRANSACTION TYPE                            |  |  |                                    |                  |         | LIMIT OF LIABILITY |        | RETAINED LIMIT |                              |
|---|--|--|------------------------------------|------------------|---------|--------------------|--------|----------------|------------------------------|
| <input type="checkbox"/> NEW                | <input checked="" type="checkbox"/> UMBRELLA | <input checked="" type="checkbox"/> OCCURRENCE | <input type="checkbox"/> VOLUNTARY | RETROACTIVE DATE |         | \$ 5,000,000       | EA OCC | \$ 10,000      |                              |
| <input checked="" type="checkbox"/> RENEWAL | <input type="checkbox"/> EXCESS              | <input type="checkbox"/> CLAIMS MADE           |                                    | PROPOSED         | CURRENT | \$ 5,000,000       | AGG    |                | FIRST DOLLAR DEFENSE (Y / N) |
| EXPIRING POL #:                             |  |  |                                    |                  |         | \$                 |        |                |                              |

## EMPLOYEE BENEFITS LIABILITY

|                                  |                         |                        |                          |
|----------------------------------|-------------------------|------------------------|--------------------------|
| LIMIT OF INSURANCE (Ea Employee) | AGGREGATE LIMIT FOR EBL | RETAINED LIMIT FOR EBL | RETROACTIVE DATE FOR EBL |
| \$                               | \$                      | \$                     |                          |
| NAME OF BENEFIT PROGRAM          |                         |                        |                          |

## PRIMARY LOCATION &amp; SUBSIDIARIES (ACORD 125)

| # | NAME AND LOCATION OF PRIMARY AND ALL SUBSIDIARY COMPANIES (Describe Operations)   | ANNUAL PAYROLL | ANN GROSS SALES | FOREIGN GROSS SALES | # EMPL |
|---|---|----------------|-----------------|---------------------|--------|
|   | NAME: <b>BSG PROPERTIES LLC</b><br>LOCATION: <b>413 EAST MAIN ST, Bay Shore, NY 11706</b><br>DESCRIPTION: <b>16 units</b>     |                |                 |                     |        |
| 2 | NAME: <b>BSG PROPERTIES LLC</b><br>LOCATION: <b>417 EAST MAIN ST, Bay Shore, NY 11706</b><br>DESCRIPTION: <b>16 units</b>     |                |                 |                     |        |
| 3 | NAME: <b>BSG PROPERTIES LLC</b><br>LOCATION: <b>421-433 EAST MAIN ST, Bay Shore, NY 11706</b><br>DESCRIPTION: <b>32 Units</b> |                |                 |                     |        |
| 4 | NAME: <b>BSG PROPERTIES LLC</b><br>LOCATION: <b>425-429 EAST MAIN ST, Bay Shore, NY 11706</b><br>DESCRIPTION: <b>32 Units</b> |                |                 |                     |        |
| 5 | NAME: <b>BSG PROPERTIES LLC</b><br>LOCATION: <b>437 EAST MAIN ST, Bay Shore, NY 11706</b><br>DESCRIPTION: <b>8 units</b>      |                |                 |                     |        |
|   | NAME:<br>LOCATION:<br>DESCRIPTION:  |                |                 |                     |        |

## UNDERLYING INSURANCE

| LIST ALL LIABILITY / COMPENSATION POLICIES IN FORCE TO APPLY AS UNDERLYING INSURANCE                               |   |                 |                 |                           |              |                        | + -<br>RATING<br>MOD |
|--|---|-----------------|-----------------|---------------------------|--------------|------------------------|----------------------|
| TYPE   | CARRIER / POLICY NUMBER                                   | POLICY EFF DATE | POLICY EXP DATE | LIMITS                    |              | ANNUAL RENEWAL PREMIUM |                      |
| AUTOMOBILE LIABILITY   | DB Insurance<br>Pol # NCP 1920022<br>Hired Non Owned Auto | 02/08/2024<br>4 | 02/08/2025<br>5 | CSL EA ACC                | \$ 1,000,000 | \$                     |                      |
|  |   |                 |                 | BI EA ACC                 | \$           | \$                     |                      |
|  |   |                 |                 | BI EA PER                 | \$           |                        |                      |
|  |   |                 |                 | PD EA ACC                 | \$           | \$                     |                      |
| GENERAL LIABILITY POLICY TYPE<br><input checked="" type="checkbox"/> OCCUR<br><input type="checkbox"/> CLAIMS MADE | DB Insurance<br>Pol # NCP 1920022                         | 02/08/2024<br>4 | 02/08/2025<br>5 | EACH OCCURRENCE           | \$ 1,000,000 | PREM / OPS             |                      |
|  |   |                 |                 | GENERAL AGGR              | \$ 2,000,000 | \$                     |                      |
|  |   |                 |                 | PROD & COMP OPS AGGREGATE | \$ 2,000,000 | PRODUCTS               |                      |
|  |   |                 |                 | PERSONAL & ADV INJURY     | \$ 1,000,000 | \$                     |                      |
|  |   |                 |                 | DAMAGE TO RENTED PREMISES | \$ 100,000   | OTHER                  |                      |
|  |   |                 |                 | MEDICAL EXPENSE           | \$ 5,000     | \$                     |                      |
|  |   |                 |                 | EMPLOYERS LIABILITY       |              |                        |                      |
|  |   |                 |                 | DISEASE EACH EMPLOYEE     | \$           |                        |                      |
|  |   |                 |                 | DISEASE POLICY LIMIT      | \$           |                        |                      |
|  |   |                 |                 |                           |              | \$                     |                      |
|  |   |                 |                 |                           |              | \$                     |                      |

## UNDERLYING INSURANCE (continued)

## UNDERLYING GENERAL LIABILITY INFORMATION (Explain all "YES" responses)

1. ARE DEFENSE COSTS: ☐ WITHIN AGGREGATE LIMITS? ☐ A SEPARATE LIMIT? ☐ UNLIMITED?  
 (In Arkansas, the underlying General Liability coverage cannot contain defense costs within aggregate limits, but must have a separate, equal limit or must be unlimited.)  
 (In Oklahoma, the underlying General Liability coverage cannot contain defense costs within the limits; subject to Commissioner's Orders.)

2. INDICATE THE EDITION DATE OF THE ISO FORM OR SIMILAR FILING FOR THE UNDERLYING COVERAGE:

3. HAS ANY PRODUCT, WORK, ACCIDENT OR LOCATION BEEN EXCLUDED, UNINSURED OR SELF-INSURED FROM ANY PREVIOUS COVERAGE? (Y / N) ☒ N

4. FOR CLAIMS MADE, INDICATE RETROACTIVE DATE OF CURRENT UNDERLYING POLICY:

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: \_\_\_\_\_

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                 | COVERAGE                     | EXPOSURE                 |
|--------------------------|------------------------------|--------------------------------|--------------------------|------------------------------|--------------------------|
| <input type="checkbox"/> | ANY AUTO (SYMBOL 1)          | CARE, CUSTODY, CONTROL         | <input type="checkbox"/> | PROFESSIONAL LIABILITY (E&O) | <input type="checkbox"/> |
| <input type="checkbox"/> | CGL - CLAIMS MADE            | EMPLOYEE BENEFIT LIABILITY     | <input type="checkbox"/> | VENDORS LIABILITY            | <input type="checkbox"/> |
| <input type="checkbox"/> | CGL - OCCURRENCE             | FOREIGN LIABILITY / TRAVEL     | <input type="checkbox"/> | WATERCRAFT LIABILITY         | <input type="checkbox"/> |
| <input type="checkbox"/> | COVERAGE                     | GARAGEKEEPERS LIABILITY        | <input type="checkbox"/> |                              | <input type="checkbox"/> |
| <input type="checkbox"/> | EXPOSURE                     | INCIDENTAL MEDICAL MALPRACTICE | <input type="checkbox"/> |                              | <input type="checkbox"/> |
| <input type="checkbox"/> | AIRCRAFT LIABILITY           | LIQUOR LIABILITY               | <input type="checkbox"/> |                              | <input type="checkbox"/> |
| <input type="checkbox"/> | AIRCRAFT PASSENGER LIABILITY | POLLUTION LIABILITY            | <input type="checkbox"/> |                              | <input type="checkbox"/> |
| <input type="checkbox"/> | ADDITIONAL INTERESTS         |                                | <input type="checkbox"/> |                              | <input type="checkbox"/> |

UNDERLYING INSURANCE COVERAGE INFORMATION (INCLUDE ALL RESTRICTIONS; e.g. LASER ENDORSEMENTS, DISCRIMINATION, SUBROGATION WAIVERS, OR EXTENSIONS OF COVERAGE) ACORD 101, Additional Remarks Schedule, may be attached if more space is required.

PREVIOUS EXPERIENCE: (GIVE DETAILS OF ALL LIABILITY CLAIMS EXCEEDING \$10,000 OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS, DURING THE PAST FIVE (5) YEARS, WHETHER INSURED OR NOT. SPECIFY DATE, COVERAGE, DESCRIPTION, AMOUNT PAID, AMOUNT OUTSTANDING) ACORD 101, Additional Remarks Schedule, may be attached if more space is required.

☐ NO SUCH CLAIMS

## CARE, CUSTODY, CONTROL

| LOC  | PROPERTY TYPE | VALUE | A* | B* | C* | D* | SQ FT OF BLDG OCC |
|--|---------------|-------|----|----|----|----|-------------------|
|  | REAL          |       |    |    |    |    |                   |
|  | PERSONAL      |       |    |    |    |    |                   |
| OCCUPANCY / DESCRIPTION OF PERSONAL PROPERTY   |               |       |    |    |    |    |                   |
| *APPLICANT: [A] IS HELD HARMLESS IN THE LEASE, [B] HAS A WAIVER OF SUBROGATION, [C] IS A NAMED INSURED IN THE FIRE POLICY, [D] OTHER (specify) |               |       |    |    |    |    |                   |

## VEHICLES

| TYPE              | # OWNED   | # NON-OWNED | # LEASED | PROPERTY HAULED | RADIUS (MILES) |               |               |
|-------------------|-----------|-------------|----------|-----------------|----------------|---------------|---------------|
|                   |           |             |          |                 | LOCAL          | INTER-MEDIATE | LONG DISTANCE |
| PRIVATE PASSENGER |           |             |          |                 |                |               |               |
| TRUCKS            | LIGHT     |             |          |                 |                |               |               |
|                   | MEDIUM    |             |          |                 |                |               |               |
|                   | HEAVY     |             |          |                 |                |               |               |
|                   | EX. HEAVY |             |          |                 |                |               |               |
| TRUCKS / TRACTORS | HEAVY     |             |          |                 |                |               |               |
|                   | EX. HEAVY |             |          |                 |                |               |               |
| BUSES             |           |             |          |                 |                |               |               |

**ADDITIONAL EXPOSURES**

 AGENCY CUSTOMER ID: **00000947**

| EXPLAIN ALL "YES" RESPONSES, PROVIDE OTHER INFORMATION REQUIRED   |  | Y / N |
|---|--|-------|
| <b>ADVERTISERS LIABILITY</b>  |  |       |
| 1. MEDIA USED:<br>ANNUAL COST: \$   |  |       |
| 2. ARE SERVICES OF AN ADVERTISING AGENCY USED?  |  | N     |
| 3. ANY COVERAGE PROVIDED UNDER AGENCY'S POLICY?   |  | N     |
| <b>AIRCRAFT LIABILITY</b>   |  |       |
| 4. DOES APPLICANT OWN / LEASE / OPERATE AIRCRAFT?   |  | N     |
| <b>AUTO LIABILITY</b>   |  |       |
| 5. ARE EXPLOSIVES, CAUSTICS, FLAMMABLES OR OTHER DANGEROUS CARGO HAULED?  |  | N     |
| 6. ARE PASSENGERS CARRIED FOR A FEE?  |  | N     |
| 7. ANY UNITS NOT INSURED BY UNDERLYING POLICIES?  |  | N     |
| 8. ARE ANY VEHICLES LEASED OR RENTED TO OTHERS?   |  | N     |
| 9. ARE HIRED AND NON-OWNED COVERAGES PROVIDED?  |  | Y     |
| <b>CONTRACTORS LIABILITY</b>  |  |       |
| 10. IS BRIDGE, DAM, OR MARINE WORK PERFORMED?   |  | N     |
| 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?  |  | N     |
| 14. DO SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN APPLICANT?  |  | N     |
| <b>EMPLOYERS LIABILITY</b>  |  |       |
| 15. IS APPLICANT SELF-INSURED IN ANY STATE?   |  | N     |
| 16. SUBJECT TO:   | <input type="checkbox"/> JONES ACT <input type="checkbox"/> FELA <input type="checkbox"/> STOP GAP <input type="checkbox"/> OTHER: |       |
| <b>INCIDENTAL MALPRACTICE LIABILITY</b>   |  |       |
| 17. IS A HOSPITAL OR FIRST AID FACILITY MAINTAINED?   |  | N     |
| 18. ARE COVERAGES PROVIDED FOR DOCTORS / NURSES?  |  | N     |
| 19. INDICATE # OF DOCTORS:  | NURSES:  | BEDS: |



ADDITIONAL EXPOSURES (continued)

|  |  |   |  |         |  |                  |  |                 |  |         |       |                     |
|--|--|---|--|---------|--|------------------|--|-----------------|--|---------|-------|---------------------|
| EXPLAIN ALL "YES" RESPONSES, PROVIDE OTHER INFORMATION REQUIRED  |  |   |  |         |  |                  |  |                 |  |         | Y / N |                     |
| EPA #:   |  |   |  |         |  |                  |  |                 |  |         |       | POLLUTION LIABILITY |
| 20. DO CURRENT OR PAST PRODUCTS, OR THEIR COMPONENTS, CONTAIN HAZARDOUS MATERIALS THAT MAY REQUIRE SPECIAL DISPOSAL METHODS?                             |  |   |  |         |  |                  |  |                 |  |         | N     |                     |
| 21. INDICATE THE COVERAGES CARRIED:  |  |   |  |         |  |                  |  |                 |  |         |       |                     |
| <input type="checkbox"/> GL WITH STANDARD ISO POLLUTION EXCLUSION  |  | <input type="checkbox"/> GL WITH POLLUTION COVERAGE ENDORSEMENT |  |         |  |                  |  |                 |  |         |       |                     |
| <input type="checkbox"/> GL WITH STANDARD SUDDEN & ACCIDENTAL ONLY   |  | <input type="checkbox"/> SEPARATE POLLUTION COVERAGE            |  |         |  |                  |  |                 |  |         |       |                     |
| PRODUCT LIABILITY  |  |   |  |         |  |                  |  |                 |  |         |       |                     |
| 22. ARE MISSILES, ENGINES, GUIDANCE SYSTEMS, FRAMES OR ANY OTHER PRODUCT USED / INSTALLED IN AIRCRAFT?   |  |   |  |         |  |                  |  |                 |  |         | N     |                     |
| 23. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN THE USA OR US PRODUCTS SOLD / DISTRIBUTED IN FOREIGN COUNTRIES? (If "YES", Attach ACORD 815) |  |   |  |         |  |                  |  |                 |  |         | N     |                     |
| 24. PRODUCT LIABILITY LOSS IN PAST THREE (3) YEARS? (SPECIFY)  |  |   |  |         |  |                  |  |                 |  |         | N     |                     |
| 25. GROSS SALES FROM EACH OF LAST THREE (3) YEARS: \$  |  |   |  |         |  |                  |  |                 |  |         | \$    |                     |
| PROTECTIVE LIABILITY   |  |   |  |         |  |                  |  |                 |  |         |       |                     |
| 26. DESCRIBE INDEPENDENT CONTRACTORS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)                                 |  |   |  |         |  |                  |  |                 |  |         |       |                     |
| WATERCRAFT LIABILITY   |  |   |  |         |  |                  |  |                 |  |         |       |                     |
| 27. DOES APPLICANT OWN OR LEASE WATERCRAFT?  |  |   |  |         |  |                  |  |                 |  |         | N     |                     |
| LOC #  |  | # OWNED   |  | LENGTH  |  | HORSEPOWER       |  | LOC #           |  | # OWNED |       |                     |
|  |  |   |  |         |  |                  |  |                 |  |         |       |                     |
| APARTMENTS / CONDOMINIUMS / HOTELS / MOTELS  |  |   |  |         |  |                  |  |                 |  |         |       |                     |
| 28. LOC #  |  | # STORIES   |  | # UNITS |  | # SWIMMING POOLS |  | # DIVING BOARDS |  | LOC #   |       |                     |
|  |  |   |  |         |  |                  |  |                 |  |         |       |                     |

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

## FRAUD STATEMENTS

**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 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.

**SIGNATURE**

IF THE COMPANY TO WHICH I AM APPLYING OFFERS UNINSURED MOTORISTS (UM), UNDERINSURED MOTORISTS (UIM) AND/OR MEDICAL PAYMENTS COVERAGE IN MY STATE:

UNINSURED MOTORISTS (UM) COVERAGE: \$ \_\_\_\_\_ \*

UNDERINSURED MOTORISTS (UIM) COVERAGE: \$ \_\_\_\_\_ \*

MEDICAL PAYMENTS COVERAGE: \$ \_\_\_\_\_ \* IF APPLICABLE IN YOUR STATE

**APPLICABLE ONLY IN LOUISIANA, MONTANA, NEW HAMPSHIRE AND VERMONT**

**APPLICABLE ONLY IN LOUISIANA:**

I ACKNOWLEDGE THAT UM COVERAGE HAS BEEN EXPLAINED TO ME, AND I HAVE BEEN OFFERED THE OPTION OF SELECTING UM LIMITS EQUAL TO MY LIABILITY LIMITS, UM LIMITS LOWER THAN MY LIABILITY LIMITS, OR TO REJECT UM COVERAGE ENTIRELY.

1. I SELECT UM LIMITS INDICATED IN THIS APPLICATION  OR  
(INITIALS)

2. I REJECT UM COVERAGE IN ITS ENTIRETY.   
(INITIALS)

**APPLICABLE ONLY IN MONTANA:**

I ACKNOWLEDGE I HAVE BEEN OFFERED UNINSURED MOTORISTS (UM) COVERAGE AND  UNDERINSURED MOTORISTS (UIM) COVERAGE. I HAVE SELECTED THE LIMITS INDICATED IN (INITIALS) THIS APPLICATION. IF NO LIMITS ARE SHOWN, I HAVE REJECTED THESE COVERAGES.

**APPLICABLE ONLY IN NEW HAMPSHIRE:**

I ACKNOWLEDGE THAT UM COVERAGE HAS BEEN EXPLAINED TO ME, AND I HAVE BEEN OFFERED THE OPTION OF SELECTING UM LIMITS EQUAL TO MY LIABILITY LIMITS OR TO REJECT UM COVERAGE ENTIRELY.

1. I SELECT UM LIMITS INDICATED IN THIS APPLICATION  OR  
(INITIALS)

2. I REJECT UM COVERAGE IN ITS ENTIRETY.   
(INITIALS)

**APPLICABLE ONLY IN VERMONT:**

I ACKNOWLEDGE THAT I HAVE BEEN OFFERED UM COVERAGE EQUAL TO MY LIABILITY LIMITS. I HAVE SELECTED THE LIMITS INDICATED IN THIS APPLICATION.

IMPORTANT - THE STATEMENTS (ANSWERS) GIVEN ABOVE ARE TRUE AND ACCURATE. THE APPLICANT HAS NOT WILLFULLY CONCEALED OR MISREPRESENTED ANY MATERIAL FACT OR CIRCUMSTANCE CONCERNING THIS APPLICATION. THIS APPLICATION DOES NOT CONSTITUTE A BINDER.

|                       |                                |  |
|-----------------------|--------------------------------|--|
| PRODUCER'S SIGNATURE  | PRODUCER'S NAME (Please Print) | STATE PRODUCER LICENSE NO<br>(Required in Florida) |
| APPLICANT'S SIGNATURE | DATE<br>12/20/2022             | NATIONAL PRODUCER NUMBER                           |