



COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)
4/12/2019

AGENCY Superior Agency 2347 Flag St. Salt Lake City, UT 84105		CARRIER Star Insurance Company		NAIC CODE 739
		COMPANY POLICY OR PROGRAM NAME		PROGRAM CODE 123
		POLICY NUMBER 48h463ijj73		
CONTACT NAME: Superior Agency PHONE (A/C, No, Ext): (919)003-0354 FAX (A/C, No): (919)835-9213 E-MAIL ADDRESS: superior@gmail.com		UNDERWRITER John Sanders		UNDERWRITER OFFICE Sander's Underwriting
CODE: 3746593 SUBCODE: 4846373		STATUS OF TRANSACTION		QUOTE <input type="checkbox"/> ISSUE POLICY <input type="checkbox"/> RENEW <input type="checkbox"/> BOUND (Give Date and/or Attach Copy): CHANGE <input checked="" type="checkbox"/> DATE 2/12/2020 TIME 1:00 AM <input type="checkbox"/> PM <input checked="" type="checkbox"/> CANCEL <input type="checkbox"/>
AGENCY CUSTOMER ID:				

SECTIONS ATTACHED

INDICATE SECTIONS ATTACHED	PREMIUM		PREMIUM		PREMIUM
<input type="checkbox"/> ACCOUNTS RECEIVABLE / VALUABLE PAPERS	\$		<input checked="" type="checkbox"/> ELECTRONIC DATA PROC	\$	1,000
<input type="checkbox"/> BOILER & MACHINERY	\$		<input type="checkbox"/> EQUIPMENT FLOATER	\$	
<input type="checkbox"/> BUSINESS AUTO	\$		<input type="checkbox"/> FIDUCIARY LIABILITY COVERAGE	\$	
<input type="checkbox"/> BUSINESS OWNERS	\$		<input type="checkbox"/> GARAGE AND DEALERS	\$	
<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	\$	1,000	<input checked="" type="checkbox"/> GLASS AND SIGN	\$	1,000
<input type="checkbox"/> CRIME	\$		<input type="checkbox"/> INSTALLATION / BUILDERS RISK	\$	
<input type="checkbox"/> CYBER AND PRIVACY COVERAGE	\$		<input type="checkbox"/> LIQUOR LIABILITY	\$	
<input type="checkbox"/> DEALERS	\$		<input type="checkbox"/> OPEN CARGO	\$	
			<input type="checkbox"/> PROPERTY	\$	
			<input type="checkbox"/> TRANSPORTATION / MOTOR TRUCK CARGO	\$	
			<input type="checkbox"/> TRUCKERS / MOTOR CARRIER	\$	
			<input type="checkbox"/> UMBRELLA	\$	
			<input type="checkbox"/> YACHT	\$	

ATTACHMENTS

<input type="checkbox"/> ADDITIONAL INTEREST		INTERNATIONAL PROPERTY EXPOSURE SUPPLEMENT	
<input checked="" type="checkbox"/> ADDITIONAL PREMISES		LOSS SUMMARY	
<input type="checkbox"/> APARTMENT BUILDING SUPPLEMENT		PREMIUM PAYMENT SUPPLEMENT	
<input type="checkbox"/> CONDO ASSN BYLAWS (for D&O Coverage only)	<input checked="" type="checkbox"/>	PROFESSIONAL LIABILITY SUPPLEMENT	
<input type="checkbox"/> CONTRACTORS SUPPLEMENT		RESTAURANT / TAVERN SUPPLEMENT	
<input type="checkbox"/> COVERAGES SCHEDULE		STATEMENT / SCHEDULE OF VALUES	
<input type="checkbox"/> DRIVER INFORMATION SCHEDULE	<input checked="" type="checkbox"/>	STATE SUPPLEMENT (If applicable)	
<input type="checkbox"/> HOTEL / MOTEL SUPPLEMENT		VACANT BUILDING SUPPLEMENT	
<input type="checkbox"/> INTERNATIONAL LIABILITY EXPOSURE SUPPLEMENT		VEHICLE SCHEDULE	

POLICY INFORMATION

PROPOSED EFF DATE	PROPOSED EXP DATE	BILLING PLAN	PAYMENT PLAN	METHOD OF PAYMENT	AUDIT	DEPOSIT	MINIMUM PREMIUM	POLICY PREMIUM
4/12/2019	4/12/2020	<input checked="" type="checkbox"/> DIRECT <input type="checkbox"/> AGENCY	Ten (10)	Credit		\$ 1,000	\$ 1,000	\$ 2,000

APPLICANT INFORMATION

NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4) Geno's Formal Dress 2020 Intervale Ave New York, NY 11225				GL CODE 35533	SIC 4773	NAICS 2874	FEIN OR SOC SEC # 123-456-0833
BUSINESS PHONE #: (909)366-9268				WEBSITE ADDRESS genosdress.com			
<input type="checkbox"/> CORPORATION	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> NOT FOR PROFIT ORG	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION				
<input checked="" type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> TRUST				
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4) Sally's Ice Cream 355 North St. San Francisco, CA 83779				GL CODE 35534	SIC 35444	NAICS 36474	FEIN OR SOC SEC # 749-00-3453
BUSINESS PHONE #: (909)848-0367				WEBSITE ADDRESS sallyicecold.com			
<input type="checkbox"/> CORPORATION	<input checked="" 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				
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)				GL CODE	SIC	NAICS	FEIN OR SOC SEC #
				BUSINESS PHONE #:			
				WEBSITE ADDRESS			
<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

AGENCY CUSTOMER ID: _____

CONTACT TYPE: Direct		CONTACT TYPE:	
CONTACT NAME: Bobby O'toole		CONTACT NAME:	
PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input checked="" type="checkbox"/> CELL (636)987-4356	SECONDARY PHONE # <input type="checkbox"/> HOME <input checked="" type="checkbox"/> BUS <input type="checkbox"/> CELL (636)568-4356	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: Bobbyotoole@yahoo.com		PRIMARY E-MAIL ADDRESS:	
SECONDARY E-MAIL ADDRESS: Bobbyotoole@gmail.com		SECONDARY E-MAIL ADDRESS:	

PREMISES INFORMATION (Attach ACORD 823 for Additional Premises)

LOC # 1	STREET 3255 Pembroke Ave.	CITY LIMITS <input checked="" type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	INTEREST <input checked="" type="checkbox"/> OWNER <input type="checkbox"/> TENANT	# FULL TIME EMPL 7 # PART TIME EMPL 2	ANNUAL REVENUES: \$ 5,000 OCCUPIED AREA: 1,000 SQ FT OPEN TO PUBLIC AREA: 700 SQ FT TOTAL BUILDING AREA: 3,000 SQ FT ANY AREA LEASED TO OTHERS? Y / N
BLD # 1	CITY: New York COUNTY: Saratoga	STATE: NY ZIP: 23445			
DESCRIPTION OF OPERATIONS:					
LOC # 1	STREET 46388 Pembroke Ave.	CITY LIMITS <input checked="" type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	INTEREST <input type="checkbox"/> OWNER <input checked="" type="checkbox"/> TENANT	# FULL TIME EMPL 6 # PART TIME EMPL 8	ANNUAL REVENUES: \$ 2,000,000 OCCUPIED AREA: 1,000 SQ FT OPEN TO PUBLIC AREA: 500 SQ FT TOTAL BUILDING AREA: 2,000 SQ FT ANY AREA LEASED TO OTHERS? Y / N
BLD # 2	CITY: New York COUNTY: Liberty	STATE: NY ZIP: 24563			
DESCRIPTION OF OPERATIONS:					
LOC # 1	STREET 47756 Almnack Rd..	CITY LIMITS <input type="checkbox"/> INSIDE <input checked="" type="checkbox"/> OUTSIDE	INTEREST <input checked="" type="checkbox"/> OWNER <input type="checkbox"/> TENANT	# FULL TIME EMPL 8 # PART TIME EMPL 8	ANNUAL REVENUES: \$ 2,000,000 OCCUPIED AREA: 7,000 SQ FT OPEN TO PUBLIC AREA: 3,000 SQ FT TOTAL BUILDING AREA: 1,000 SQ FT ANY AREA LEASED TO OTHERS? Y / N
BLD # 3	CITY: Sacramento COUNTY: Palm	STATE: CA ZIP: 34668			
DESCRIPTION OF OPERATIONS:					
LOC # 2	STREET 37566 Tulma Rd	CITY LIMITS <input checked="" type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	INTEREST <input checked="" type="checkbox"/> OWNER <input type="checkbox"/> TENANT	# FULL TIME EMPL 9 # PART TIME EMPL 4	ANNUAL REVENUES: \$ 5,000,000 OCCUPIED AREA: 6,000 SQ FT OPEN TO PUBLIC AREA: 2,000 SQ FT TOTAL BUILDING AREA: 4,000 SQ FT ANY AREA LEASED TO OTHERS? Y / N
BLD # 1	CITY: Sandusky COUNTY: Mainland	STATE: OH ZIP: 46685			
DESCRIPTION OF OPERATIONS:					

NATURE OF BUSINESS

<input 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) 12/18/1993
<input type="checkbox"/> CONDOMINIUMS	<input type="checkbox"/> INSTITUTIONAL	<input type="checkbox"/> OFFICE	<input type="checkbox"/> RETAIL	<input checked="" type="checkbox"/> WHOLESALE	

DESCRIPTION OF PRIMARY OPERATIONS

PLACEHOLDER DESCRIPTION TEXT

RETAIL STORES OR SERVICE OPERATIONS % OF TOTAL SALES:	INSTALLATION, SERVICE OR REPAIR WORK 0 %	OFF PREMISES INSTALLATION, SERVICE OR REPAIR WORK 0 %
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DESCRIPTION OF OPERATIONS OF OTHER NAMED INSURED

PLACEHOLDER DESCRIPTION TEXT

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 checked="" type="checkbox"/> ADDITIONAL INSURED	TOMMY JOHN 8479 Ford Rd. Detroit, MI 48765					LOCATION: 1	BUILDING:
<input type="checkbox"/> BREACH OF WARRANTY						VEHICLE:	BOAT:
<input type="checkbox"/> CO-OWNER						AIRPORT:	AIRCRAFT:
<input type="checkbox"/> EMPLOYEE AS LESSOR						ITEM CLASS:	ITEM:
<input type="checkbox"/> LEASEBACK OWNER						ITEM DESCRIPTION	
<input type="checkbox"/> LIENHOLDER	REFERENCE / LOAN #: 475899	INTEREST END DATE: 12/19/2020					
	LIEN AMOUNT: \$500,000	PHONE (A/C, No, Ext): (734)566-7865		FAX (A/C, No): (734)566-8750			
REASON FOR INTEREST:				E-MAIL ADDRESS:			

AGENCY CUSTOMER ID: _____

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES				Y / N
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ?				
PARENT COMPANY NAME The Parent Company		RELATIONSHIP DESCRIPTION Parental	% OWNED 25	Y
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?				
SUBSIDIARY COMPANY NAME		RELATIONSHIP DESCRIPTION	% OWNED	
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?				
<input type="checkbox"/> SAFETY MANUAL	<input checked="" type="checkbox"/> MONTHLY MEETINGS			N
<input type="checkbox"/> SAFETY POSITION	<input type="checkbox"/> OSHA			
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?				
N				
4. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)				
LINE OF BUSINESS	POLICY NUMBER	LINE OF BUSINESS	POLICY NUMBER	
Consumer Banking	9J4493J32	Consumer Banking	9F93820FB	Y
Reinsurance	J3J6664385	Reinsurance	IR355334	
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 type="checkbox"/> AGENT NO LONGER REPRESENTS CARRIER			Y
<input type="checkbox"/> NON-RENEWAL	<input checked="" 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? (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?				
OCCURRENCE DATE	EXPLANATION	RESOLUTION	RESOLUTION DATE	
07/06/2019	Fire alarm battery dead	Fine Paid	09/01/2019	Y
9. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE LAST FIVE (5) YEARS?				
OCCURRENCE DATE	EXPLANATION	RESOLUTION	RESOLUTION DATE	
				N
10. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS?				
OCCURRENCE DATE	EXPLANATION	RESOLUTION	RESOLUTION DATE	
				N
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? (If "YES", attach ACORD 815 for Liability Exposure and/or ACORD 816 for Property Exposure)				
13. DOES APPLICANT HAVE OTHER BUSINESS VENTURES FOR WHICH COVERAGE IS NOT REQUESTED?				
N				

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

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
2021	CARRIER	AllState	StateFarm	USAA	
	POLICY NUMBER	83759583	88794453	0385773	
	PREMIUM	\$ 500	\$ 500	\$ 200	\$
	EFFECTIVE DATE	08/23/2020	11/03/2020	12/01/2020	
	EXPIRATION DATE	08/23/2021	11/03/2021	12/01/2021	

PRIOR CARRIER INFORMATION (continued)

AGENCY CUSTOMER ID: _____

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
2020	CARRIER	Liberty Mutual	Geico	USAA	
	POLICY NUMBER	24840304	8375593	9974793	
	PREMIUM	\$ 500	\$ 500	\$ 300	\$
	EFFECTIVE DATE	08/24/2019	05/25/2019	06/01/2019	
	EXPIRATION DATE	08/24/2020	05/25/2020	06/01/2020	
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				

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
01/01/2018	1	Theft	01/03/2018	500	2,000	Y	N
09/22/2017	2	Accident	09/25/2017	300	2,500	N	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) Ben Wallace	STATE PRODUCER LICENSE NO (Required in Florida) 333
APPLICANT'S SIGNATURE	DATE 02/13/2021	NATIONAL PRODUCER NUMBER 444