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|--|--|----------------------|----------------------------|-------------------|--------------------|----------|----------------------------|------------------|----------------|----------------------|--------------------|---|---------------------------------|----------------------|---------------------------|---------------|----------|--------------------------------------|------------------------|--|
| ACORD COMMERCIAL INSURANCE APPLICATION | | DATE 07/18/2013 | | | | | | | | | | | | | | | | | | |
| APPLICANT INFORMATION SECTION | | | | | | | | | | | | | | | | | | | | |
| PRODUCER PHONE (A/C, No, Ext): (610)834-0090 FAX (610)832-0241 Preston-Patterson Co., Inc. P O Box 244 Conshohocken, PA 19428 CODE: SUB CODE: AGENCY CUSTOMER ID 00003619 | CARRIER NAIC CODE: UNDERWRITER POLICIES OR PROGRAM REQUESTED <table style="width:100%; border: none;"> <tr> <td style="width:33%;">INDICATE SECTIONS ATTACHED</td> <td style="width:33%;">EQUIPMENT FLOATER</td> <td style="width:33%;">GARAGE AND DEALERS</td> </tr> <tr> <td>PROPERTY</td> <td>INSTALLATION/BUILDERS RISK</td> <td>VEHICLE SCHEDULE</td> </tr> <tr> <td>GLASS AND SIGN</td> <td>ELECTRONIC DATA PROC</td> <td>BOILER & MACHINERY</td> </tr> <tr> <td>ACCOUNTS RECEIVABLE/ VALUABLE PAPERS</td> <td>COMMERCIAL GENERAL LIABILITY</td> <td>WORKERS COMPENSATION</td> </tr> <tr> <td>CRIME/MISCELLANEOUS CRIME</td> <td>BUSINESS AUTO</td> <td>UMBRELLA</td> </tr> <tr> <td>TRANSPORTATION/ MOTOR TRUCK CARGO</td> <td>TRUCKERS/MOTOR CARRIER</td> <td></td> </tr> </table> | | INDICATE SECTIONS ATTACHED | EQUIPMENT FLOATER | GARAGE AND DEALERS | PROPERTY | INSTALLATION/BUILDERS RISK | VEHICLE SCHEDULE | GLASS AND SIGN | ELECTRONIC DATA PROC | BOILER & MACHINERY | ACCOUNTS RECEIVABLE/ VALUABLE PAPERS | COMMERCIAL GENERAL LIABILITY | WORKERS COMPENSATION | CRIME/MISCELLANEOUS CRIME | BUSINESS AUTO | UMBRELLA | TRANSPORTATION/ MOTOR TRUCK CARGO | TRUCKERS/MOTOR CARRIER | |
| INDICATE SECTIONS ATTACHED | EQUIPMENT FLOATER | GARAGE AND DEALERS | | | | | | | | | | | | | | | | | | |
| PROPERTY | INSTALLATION/BUILDERS RISK | VEHICLE SCHEDULE | | | | | | | | | | | | | | | | | | |
| GLASS AND SIGN | ELECTRONIC DATA PROC | BOILER & MACHINERY | | | | | | | | | | | | | | | | | | |
| ACCOUNTS RECEIVABLE/ VALUABLE PAPERS | COMMERCIAL GENERAL LIABILITY | WORKERS COMPENSATION | | | | | | | | | | | | | | | | | | |
| CRIME/MISCELLANEOUS CRIME | BUSINESS AUTO | UMBRELLA | | | | | | | | | | | | | | | | | | |
| TRANSPORTATION/ MOTOR TRUCK CARGO | TRUCKERS/MOTOR CARRIER | | | | | | | | | | | | | | | | | | | |

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| STATUS OF SUBMISSION | | PACKAGE POLICY INFORMATION | | | |
| QUOTE | ISSUE POLICY | ENTER THIS INFORMATION WHEN COMMON DATES AND TERMS APPLY TO SEVERAL LINES, OR FOR MONOLINE POLICIES | | | |
| BOUND (Give Date and/or Attach Copy). | | PROPOSED EFF DATE | PROPOSED EXP DATE | BILLING PLAN | PAYMENT PLAN |
| DATE | TIME | 07/30/2013 | 11/23/2013 | DIRECT BILL | AUDIT |
| | AM PM | | | AGENCY BILL | |

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| APPLICANT INFORMATION | |
| NAME (First Named Insured & Other Named Insureds) N3rd Street Farmers Market | FEIN OR SOC SEC # (of First Named Insured): PHONE (A/C, No, Ext): (484)597-6256 MAILING ADDRESS INCL ZIP+4 (of First Named Insured) 20 North 3rd St. 2nd Floor Philadelphia, PA 19106 |
| INDIVIDUAL CORPORATION SUBCHAPTER "S" CORPORATION LIMITED CORPORATION PARTNERSHIP JOINT VENTURE INSPECTION CONTACT PHONE (A/C, No, Ext): (267)909-2308 Alex Hillman | NOT FOR PROFIT ORG CR BUREAU NAME ID NUMBER ACCOUNTING RECORDS CONTACT PHONE (A/C, No, Ext): YEAR BUS STARTED |

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| PREMISES INFORMATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| LOC # BLD # STREET, CITY, COUNTY, STATE, ZIP+4 00001 00001 Church Street between 2nd & American St Philadelphia PA 19106 | CITY LIMITS INTEREST YR BUILT PART OCCUPIED <table style="width:100%; border: none;"> <tr> <td style="width:15%;">X</td> <td style="width:15%;">INSIDE</td> <td style="width:15%;">OWNER</td> <td style="width:15%;"></td> <td style="width:15%;"></td> <td style="width:15%;"></td> </tr> <tr> <td></td> <td>OUTSIDE</td> <td>TENANT</td> <td></td> <td></td> <td>Open Air Market</td> </tr> <tr> <td></td> <td>INSIDE</td> <td>OWNER</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>OUTSIDE</td> <td>TENANT</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>INSIDE</td> <td>OWNER</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>OUTSIDE</td> <td>TENANT</td> <td></td> <td></td> <td></td> </tr> </table> | X | INSIDE | OWNER | | | | | OUTSIDE | TENANT | | | Open Air Market | | INSIDE | OWNER | | | | | OUTSIDE | TENANT | | | | | INSIDE | OWNER | | | | | OUTSIDE | TENANT | | | |
| X | INSIDE | OWNER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | OUTSIDE | TENANT | | | Open Air Market | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | INSIDE | OWNER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | OUTSIDE | TENANT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | INSIDE | OWNER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | OUTSIDE | TENANT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS BY PREMISE(S) |
| Insured is facilitating and organizing an open air market that is to be held from 2pm-7pm every Tuesday from 7/30/13 - 11/23/13 where farmers will sell fruits and produce to the community. All farmers that will be involved have their own insurance coverage. |

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| GENERAL INFORMATION | |
| EXPLAIN ALL "YES" RESPONSES | EXPLAIN ALL "YES" RESPONSES |
| 1. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY OR DOES THE APPLICANT HAVE ANY SUBSIDIARIES? | 7. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING? |
| 2. IS A FORMAL SAFETY PROGRAM IN OPERATION? | 8. DURING THE LAST TEN YEARS, HAS ANY APPLICANT BEEN CONVICTED OF ANY DEGREE OF THE CRIME OF ARSON? (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). |
| 3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS? | 9. ANY UNCORRECTED FIRE CODE VIOLATIONS? |
| 4. ANY CATASTROPHE EXPOSURE? | 10. ANY BANKRUPTCIES, TAX OR CREDIT LIENS AGAINST THE APPLICANT IN THE PAST 5 YEARS? |
| 5. ANY OTHER INSURANCE WITH THIS COMPANY OR BEING SUBMITTED? | |
| 6. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR 3 YEARS? NOT APPLICABLE IN MO | |
| REMARKS | |

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| ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND (NY; SUBSTANTIAL) CIVIL PENALTIES. (NOT APPLICABLE IN CO, HI, NE, OH, OK, OR; IN ME AND VA, INSURANCE BENEFITS MAY ALSO BE DENIED) | |
| APPLICANT'S SIGNATURE | PRODUCER'S SIGNATURE Diane Cheezum DIANEC |