

COMMERCIAL INSURANCE APPLICATION APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)
,
07/29/2024

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Sw	ENCY ingle, Collins &		CARRIER COMPANY POLICY OR PROGRAM NAME								NAIC CODE PROGRAM CODE								
	'60 Noel Road, las, TX 75240	Suite 600		СОМ	IPANY I	POLICY OR P	ROG	RAM NAI	ME				PRO	GRAM C	ODE				
								POLI	ICY NU	MBER									
COI	NTACT Rick	Crain, Jr.						UNDI	ERWRI	TER				UNDE	RWRITE	R OFFICE			
PHO	ONE 5, No, Ext): (972)	387-3000						0.10.		·Lix				ONDE		011102			
FAX	(972)	387-3808										QUOTE			ISSUE	POLICY		RENI	=W
E-M	AIL services	@swinglecol	ins.c	om					TUS OF				(Give Date	and/or A					
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Dal	las, TX 75225									DDRESS									
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CONTACT	INFORMATION
CONTACT	INFURINATION

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DESCRIPTION OF OPERATIONS OF OTHER NAMED INSUREDS																		
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ADDI	TIONAL I	NTE	REST (Not	all fields	apply	to all scenario	s - pı	rovide o	nly 1	the ne	cessar	y da	ata) At	tach AC	ORD 45 for mo	re Add	litional In	terests
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^ INS	DITIONAL SURED	Ш	LIENHOLDER	Twain C	ommun	nity Partners II,	LLC								LOCATION:		BUILDING:	
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	-OWNER		MORTGAGEE												AIRPORT:		AIRCRAFT:	
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1a. I	S THE APPLIC	ANT A SUBSIDIA	ARY OF ANOTHER ENTITY ?									
	PARENT COMP	ANY NAME				RELATIONSHIP D	ESCRIPTION		% OWNED			
1b. I	DOES THE APP	PLICANT HAVE A	ANY SUBSIDIARIES?			'						
	SUBSIDIARY CO	DMPANY NAME				RELATIONSHIP D	ESCRIPTION		% OWNED			
2.	S A FORMAL S	SAFETY PROGRA	AM IN OPERATION?									
	SAFETY MA	ANUAL	SAFETY POSITION MO	NTHLY MEETINGS	OSHA							
3. /	ANY EXPOSUR	E TO FLAMMAB	LES, EXPLOSIVES, CHEMICA	ALS?								
4. /	ANY OTHER IN	ISURANCE WITI	H THIS COMPANY? (List pol	icy numbers)								
[LINE OF BUSINE	ESS	POLICY NUMBER		LINE OF BUSINES	SS	POLICY NUMBER					
5.	ANY POLICY O OPERATIONS? NON-PAYN NON-RENE	(Missouri Appli	DECLINED, CANCELLED OR Nicants - Do not answer this question of the control of th	uestion)		THREE (3) YEARS	 FOR ANY PREMI	SES OR				
6. /	ANY PAST LOS	SSES OR CLAIMS	S RELATING TO SEXUAL ABU	JSE OR MOLESTAT	TON ALLEGATION	NS, DISCRIMINATIO	ON OR NEGLIGEN	IT HIRING?				
	BRIBERY, ARS In RI, this ques	ON OR ANY OTH	S (TEN IN RI), HAS ANY APPI HER ARSON-RELATED CRIMI wered by any applicant for prop of imprisonment).	E IN CONNECTION	WITH THIS OR A	NY OTHER PROPE	RTY?					
8. /	ANY UNCORRE	ECTED FIRE AND	D/OR SAFETY CODE VIOLATI	IONS?								
	OCCUR DATE	EXPLANATION				RESOLUTION	OLUTION RESOLVE DATE					
9. [CLOSURE, REPOSSESSION,	BANKRUPTCY OR			THE LAST FIVE (5					
	OCCUR DATE	EXPLANATION				RESOLUTION		RESC	OLVE DATE			
10	HAS APPLICAN	L IT HAD A JUDGE	EMENT OR LIEN DURING THE	E LAST FIVE (5) YEA	ARS?							
.0.	OCCUR DATE	EXPLANATION	EMERT OR EIER BORING THE	2 27.01 1112 (0) 127		RESOLUTION		RESC	OLVE DATE			
								11-23				
11. 1	HAS BUSINESS	BEEN PLACED	IN A TRUST? NAME OF TRUS	T:								
			FOREIGN PRODUCTS DISTRI Liability Exposure and/or ACO			SOLD / DISTRIBUT	ED IN FOREIGN C	COUNTRIES?				
	,		ER BUSINESS VENTURES FO		. ,	ESTED?						
14.	DOES APPLICA	ANT OWN / LEAS	SE / OPERATE ANY DRONES	? (If "YES", describe	use)							
15.	DOES APPLICA	ANT HIRE OTHER	RS TO OPERATE DRONES?	(If "YES", describe u	se)							
REN	IARKS / PRO	CESSING INS	TRUCTIONS (ACORD 101	arks Schedule	, may be attache	d if more space	is required)					
PRI	OR CARRIFF	RINFORMATI	ON									
YEAR			GENERAL LIABILITY	AUTOM	OBILE	PROP	ERTY	OTHER:				
	CARRIER											
	BOLICA NI IME	RED										

PREMIUM

EFFECTIVE DATE

EXPIRATION DATE

\$

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

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

ENTER ALL CLAIM	S OR LOSSES (R YEARS	EGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCC	CURRENCES THAT N	IAY GIVE RISE TO CLAIMS	TOTAL LOSSES: \$		
DATE OF OCCURRENCE	LINE	TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	SUBRO- GATION Y/N	CLAIM OPEN Y/N

SIGNATURE

Copy of the Notice of Information Practices (Privacy) has been given to the applicant. (Not required in all states, contact your agent or broker for your state's requirements.)

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU MAY HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND REQUEST CORRECTION OF ANY INACCURACIES. YOU MAY ALSO HAVE THE RIGHT TO REQUEST IN WRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. THESE RIGHTS MAY BE LIMITED IN SOME STATES. PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION. (Not applicable in AZ, CA, DE, KS, MA, MN, ND, NY, OR, VA, or WV. Specific ACORD 38s are available for applicants in these states.)

(Applicant's Initials):

Applicable in AL, AR, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*. *Applies in FL Only.

Applicable in KS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE Lianh Suisle	PRODUCER'S NAME (Please Print) Rick Crain, Jr.		STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE		DATE	NATIONAL PRODUCER NUMBER

COMMERCIAL INSURANCE APPLICATION -AUGUREA-01 PLEE PAGE 1 OF 1 OTHER NAMED INSURED SCHEDULE NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4) GL CODE SIC NAICS FEIN OR SOC SEC# Lakewood Tower LLC BUSINESS PHONE #: WEBSITE ADDRESS CORPORATION JOINT VENTURE NOT FOR PROFIT ORG SUBCHAPTER "S" CORPORATION LLC NO. OF MEMBERS PARTNERSHIP INDIVIDUAL TRUST AND MANAGERS: GL CODE SIC NAICS FEIN OR SOC SEC # NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4) 3309 Elm Owner LLC **BUSINESS PHONE #:** WEBSITE ADDRESS CORPORATION JOINT VENTURE NOT FOR PROFIT ORG SUBCHAPTER "S" CORPORATION LLC NO. OF MEMBERS AND MANAGERS: INDIVIDUAL PARTNERSHIP TRUST NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4) **GL CODE** SIC NAICS FEIN OR SOC SEC # **BUSINESS PHONE #:** WEBSITE ADDRESS CORPORATION JOINT VENTURE NOT FOR PROFIT ORG SUBCHAPTER "S" CORPORATION LLC NO. OF MEMBERS AND MANAGERS: INDIVIDUAL PARTNERSHIP TRUST NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4) GL CODE SIC NAICS FEIN OR SOC SEC # **BUSINESS PHONE #**: WEBSITE ADDRESS CORPORATION JOINT VENTURE NOT FOR PROFIT ORG SUBCHAPTER "S" CORPORATION LLC NO. OF MEMBERS AND MANAGERS: INDIVIDUAL PARTNERSHIP TRUST NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4) GL CODE SIC NAICS FEIN OR SOC SEC # **BUSINESS PHONE #:** WEBSITE ADDRESS CORPORATION JOINT VENTURE NOT FOR PROFIT ORG SUBCHAPTER "S" CORPORATION NO. OF MEMBERS INDIVIDUAL LLC **PARTNERSHIP** TRUST AND MANAGERS SIC NAICS NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4) GL CODE FEIN OR SOC SEC # **BUSINESS PHONE #:** WEBSITE ADDRESS CORPORATION NOT FOR PROFIT ORG JOINT VENTURE SUBCHAPTER "S" CORPORATION NO. OF MEMBERS AND MANAGERS: LLC PARTNERSHIP INDIVIDUAL TRUST NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4) GL CODE SIC NAICS FEIN OR SOC SEC # **BUSINESS PHONE #:** WEBSITE ADDRESS CORPORATION JOINT VENTURE NOT FOR PROFIT ORG SUBCHAPTER "S" CORPORATION LLC NO. OF MEMBERS INDIVIDUAL PARTNERSHIP TRUST AND MANAGERS: NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4) **GL CODE** SIC NAICS FEIN OR SOC SEC # **BUSINESS PHONE #:** WEBSITE ADDRESS CORPORATION JOINT VENTURE NOT FOR PROFIT ORG SUBCHAPTER "S" CORPORATION

PARTNERSHIP

TRUST

INDIVIDUAL

LLC NO. OF MEMBERS AND MANAGERS:



ADDITIONAL INTEREST SCHEDULE

DATE (MM/DD/YYYY)

				ADDITIONA	_ 1141					07/2	9/2024
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X	INSURED BREACH OF		MORTGAGEE		, LLC				VEHICLE:	BOAT:	
	WARRANTY CO-OWNER		OWNER						AIRPORT:	AIRCRA	
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	ASON FOR INTER	(ES1:		T	T	E-MAIL ADDRESS:					
INT	EREST ADDITIONAL		LOSS PAYEE	NAME AND ADDRESS RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN	BUILDII	
	INSURED BREACH OF	_	MORTGAGEE						VEHICLE:	BOAT:	
	WARRANTY CO-OWNER		OWNER						AIRPORT:	AIRCRA	
	EMPLOYEE		REGISTRANT						ITEM	ITEM:	VL1.
	AS LESSOR LEASEBACK								CLASS: ITEM DESCRIPTION	II EWI.	
	OWNER		TRUSTEE	DEFEDENCE /LOAN#		INTEREST END DATE			TIEM DESCRIPTION		
	LIENHOLDER			REFERENCE / LOAN #: LIEN AMOUNT:		_			EAV (A/C No).		
DE	SON FOR INTER	EQT.		LIEN AMOUNT.		PHONE (A/C, No, Ext): E-MAIL ADDRESS:	•		FAX (A/C, No):		
KEA	TOON FOR INTER	L31:	•			L-MAIL ADDRESS:					



PROPERTY SECTION

DATE (MM/DD/YYYY) 07/29/2024

																				· · · · -	·, _	·-·	
		NAME e, Collins & Asso	ociates							CA	ARR	IER									NAIC	COD	E
POLI	CY N	IUMBER							IVE DATE 7/2024			INSURED St Fam	(S) ily Inve	stm	ents L	.TD				•			
BI A	NK	KET SUMMARY																					
BLKT		AMOUNT			TYP	PE				BLI	KT#		AMOUNT					TYPE					
			PR	REMISES #: 1	s	STREET	ADDRE	ESS: 3:	309 Elr	n St,	, Da	llas, TX	75226										
PRE	MI	SES INFORMATIO	N BU	IILDING #: 1		BLDG DE						•											
	SU	BJECT OF INSURANCE		AMOUNT	С	OINS %	VALU-	CAI	USES OF	LOSS	IN	FLATION UARD %	DED		DED TYPE	BLKT #	FOR	IS AND C	ONDI	TIONS	TO A	PPLY	,
Blar	ke	t		71,500,0			ATION		cial (Incl t)	luding		CARD 70	\$10,0			"							
Blar	ke	t		71,500,0	000			Win	dstorm				\$870,0	00 D	ollars								
		ss Income with Expense		2,000,0	000			Spe	cial (Incl t)	luding	g												
Eart	hqı	uake		5,000,0	00		Α	Eart	hquake				\$25,00	00 D	ollars								
Eart	hqı	uake		5,000,0	00		A	Wind	dstorm				\$870,0	00 D	ollars								
ADDI	TION	NAL INFORMATION	RUSU	NESS INCOME / E	XTRA	FXPFNG	SF - 4#	ach Ac	CORD 810			V	AI UF REP	ORTIN	G INFO	MATI	ON - Attach A	CORD 81	1				
	_										. D.A					VIII/A I I I	OIV - Attacil A	COND 01	•				
ADDITIONAL COVERAGES, OPTIONS, RESTRICE SPOILAGE DESCRIPTION OF PROPERTY COVERED						JNS, E	טעאי	KSEI	WEN 15	AND			NFORMA				OPTIONS						
COV	ERA	GE							LIMIT \$			REFRIG MAIN							TION				
(Y	/ N)	'							DEDUCTIB		\		(Y / N)							LING			
												EDUCTIBI	LE				H POV	VER OUT	AGE		PRI		
											\$												
		E COVERAGE (Required							ACCEPT						ERAGE		LIMIT: \$						
-		BSIDENCE COVERAGE (F							COVE	ERAG	E	REJEC	T CO	ERAGE		LIMIT: \$							
_		perty has been designated by the designation of the		N HISTORICAL LA	ANDMA	KK.											# OF OPEN	SIDES ON	SIKU	JCTUR	E: _		
CONS	STRL	JCTION TYPE		DISTANCE T HYDRANT FIR	O RE STA		FII	FIRE DISTRICT				ODE NUM	IBER PR	OT CI	. # STO	ORIES	# BASM'TS	YR BU	ILT	TOTA	L AR	EA	
BUILI	DING	3 IMPROVEMENTS	1		BLDG	CODE	TAX	CODE	ROOF	TYPE			OTHER OCCU		NCIES								
	WIRI	ING, YR:	PLUMBING	G, YR:									1										
	ROO	OFING, YR:	HEATING,	, YR:	WIND	CLASS		SI	EMI- RESI	STIVE			STOV	E OR	FIREPLA	CE IN	VOODBURNI SERT	NG L	ATE NSTAL	LED:			
	ОТН	IER:	YR	::	F	RESISTI	VE						MANUFAC	TURE	₹:								
PRIM	ARY	HEAT	_							SEC	CONE	DARY HEA	AT										
	BOIL				7						ВО	ILER	S	OLID F	UEL			7					
	IF BC	OILER, IS INSURANCE PL	ACED ELS		Y/N						IF E	BOILER, IS	SINSURAN	CE PL	ACED E	LSEWI	_	Y/N					
RIGH	TEX	(POSURE & DISTANCE		LEFT EXPO	SURE	& DIST	ANCE			FRO	ONT	EXPOSUR	E & DISTA	NCE			REAR EXP	OSURE &	DIST	ANCE			
																			CEN	TDAL	_	1.	OCAL
BURG	SLAF	R ALARM TYPE				CERTI	IFICATE	E#								EXF	PIRATION DA	TE	STA	TRAL TION		G	SONG
										_									WITI	KEY			
BURGLAR ALARM INSTALLED AND SERVICED BY										EXT	TENT			GRAI	ÞΕ	# G	UARDS / WA	TCHMEN		CLC	CK F	OUR	LY
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Sys						cal Syste	ems)		% SP	PRNK	FIR	E ALARM	I MANUFAC	TURE	R					CEN	TRA	STA	ATION
																				LOC	AL G	ONG	
		IONAL INTEREST		CORD 45 att		d for a																	
INTE				ND ADDRESS F				ENCE:		RTIFI								NTEREST					
X LOSS PAYEE Veritex Community Bank c/o Ins PO Box 863329					Insur	ance	Service	e Cei	nter						LOCATION	:1		BUILD	NG:	1			
MORTGAGEE Plano, TX 75086															ITEM CLASS:			TEM:					
																	ITEM DESC		_II.		v -	-00	c
									_								3309 Eli	ın ət, L	valla	5, I	× /:	22	D
			REFERE	ERENCE / LOAN #:																			

AGEN	1CY	CUST	ΓOMER	ID:

ADDITIONAL PREMISES #:2 STREET ADDRESS: 333 1st Ave, Dallas, TX 75226 BUILDING #: 1 BLDG DESCRIPTION:																			
_	N B	JILDING #: 1	В	LDG DE	SCRIP	ΓΙΟΝ	l:												
SUBJECT OF INSURANCE		AMOUNT	C	OINS %	VALU- ATION	С	AUSES OI	FLOSS	INFLATION GUARD %		DED	DED TYPE	BLKT #	FORM	IS AND CO	ONDIT	IONS TO	APPLY	
Blanket						Sp the	ecial (Ind eft)	cluding			10,000								
Blanket						Wi	ndstorm	ı		\$4	470,000	Dollars							
Business Income with Extra Expense		675,0	000			Sp	ecial (Ind eft)	cluding											
Earthquake		5,000,0	000		Α	Ea	rthquake	9		\$	25,000	Dollars							
Earthquake		5,000,0	000		A	Wi	ndstorm	l		\$4	470,000	Dollars							
ADDITIONAL INFORMATION	PUS	INESS INCOME /	EVTDA	EVDENG	SE A446	L A	VCOBD 01	^	L.,	\	IE BEBOD	TING INFO	MATIC	N - Attach A	CORD 91				
ADDITIONAL COVERAGES													CIVIATIC	N - Attach A	CORD 81				
SPOILAGE DESCRIPTION OF PI	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	/143, L	INDOI	\JL		י שוות נ	LIMIT	141 (JINIATI	REFRIG	MAINT	T OPTIONS							
COVERAGE								\$			AGREE	MENT		AKDOWN	OR C	ONTAMIN	IATION		
(Y / N)	(Y/N)								DEDUCTIB	RI F		(Y /	N)	DOWER OUTAGE SELI			LLING		
								\$					PRICE			RICE			
SINKHOLE COVERAGE (Required in	n Florida	١	AC			ACCER	T COVER	· ·		RE IECT C	OVERAGE		LIMIT: \$						
MINE SUBSIDENCE COVERAGE (Re		-	W/V)				-	T COVER		_		OVERAGE		LIMIT: \$					
PROPERTY HAS BEEN DESIGN		DK			ACCE	TCOVEN	AGL		KESECT C	OVERAGE		# OF OPEN S	IDES ON	etdi	CTUDE:				
See Attached Overflow.	IN THIS TOTTIONE E	LANDINIA	ixix									,	FOI OI LING	JIDEO ON	OTIKE	OTOKE.			
See Allusined Sverilew.																			
CONSTRUCTION TYPE		DISTANCE HYDRANT FI	TO IRE STA		FIF	FIRE DISTRICT			CODE NUM	NUMBER PROT CL # STOP			ORIES	# BASM'TS	YR BUI	LT	TOTAL A	REA	
BUILDING IMPROVEMENTS	•					COD	E ROO	F TYPE		отн	HER OCCU	PANCIES				•			
WIRING, YR:	PLUMBIN	IG, YR:	J																
	HEATING		WIND	CLASS			SEMI- RE	II- RESISTIVE			HEATING	SOURCE OR FIREPLA	NCL W	OODBURNI	NG D	ATE	LED:		
OTHER:	YF		R	RESISTIN	/F		OLIVII IXL	LIVII- REGISTIVE			NUFACTUE		CE INC	DEKI	IIV	IS I AL	LED		
PRIMARY HEAT								SECO	ONDARY HE	AT									
BOILER SOLID FU	UEL [BOILER	Γ	SOLI	D FUEL							
IF BOILER, IS INSURANCE PLA	L	SEWHERE?	Y/N						IF BOILER, I	∟ !S IN!			SEWE	FRE?	Y/N				
RIGHT EXPOSURE & DISTANCE	1025 22	LEFT EXP			ANCE									REAR EXP		DIST	NCE		
									ONT EXPOSURE & DISTAN			_							
BURGLAR ALARM TYPE				CERTI	FICATE	#							FXP	IRATION DA	TE	CEN	TRAL		CAL
																STA		GC	ONG
DUDCI AD AL ADMINISTALI ED AND	CEDVIC	ED BV						EXTE	INT		CE	RADE	# 61	IADDS / WA	TOUMEN	WITE	CLOCK	ПОПВ І	
BURGLAR ALARM INSTALLED AND	SERVIC	EDBI						EXIE	EN I		GR	KADE	# 60	JARDS / WA	ICHWEN		CLOCK	HOUKL	.τ
PREMISES FIRE PROTECTION (Spri	inklara S	tandninas CO3 /	/ Chamia	ol Cuoto	·ma\		0, 6	SPRNK	FIRE ALARN		AULEA OTU	DED.							
FREMISES FIRE PROTECTION (Spri	ilikiers, s	itanupipes, CO27	Chemic	ai Syste	:1115)		% 8	PRNK	FIRE ALARI	VI IVIA	NUFACIU	KEK					CENTR		HON
	V.																LOCAL	GONG	
ADDITIONAL INTEREST		CORD 45 at		d for a	EVIDE														
INTEREST		AND ADDRESS						CERTIFICA							NTEREST				
X LOSS PAYEE	Verite	x Community ox 863329	y Bani	k c/o li	nsura	nce	Servic	e Cent	er					LOCATION	. _	E	UILDING	: '	
		, TX 75086												ITEM CLASS:		I	ГЕМ:		
														ITEM DESC		_ 11 _	- T V -	,,,,,,	
														333 1st	Ave, D	ana	5, IX	5226	'
REFERENCE / LOAN #:																			
REMARKS (ACORD 101, Additional Remarks Schedule,						y b	e attac	hed if ı	more spa	ice	is requi	ired)							
1																			

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

Frank Suigh	-	PRODUCER'S NAME (Please Print) Rick Crain, Jr.		(Required in Florida)
			DATE	NATIONAL PRODUCER NUMBER
	Frank Suight	teach Suisle	9 Diels Crain In	teach Suight Rick Crain, Jr.



PROPERTY SECTION

DATE (MM/DD/YYYY)

				•	I VOI			OL		14						07/29/202	4
AGENCY	NAME le, Collins & Ass	ociates					(CAR	RIER							NAIC CO	DE
POLICY	NUMBER					FECTIVE D 8/17/20			INSURED	(S) ily Invest	ments L	.TD					
BLAN	KET SUMMARY																
BLKT#	AMOUNT			TYPE				BLKT	# /	AMOUNT				TYPE			
	1	PREM	IISES #: 3	STREET	ADDRES	ss: 6301	Gast	on A	venue, I	Dallas, TX	75211						
PREM	ISES INFORMATION	ON BUILD	DING #: 1		ESCRIPT												
	UBJECT OF INSURANCE		AMOUNT	COINS %	VALU- ATION	CAUSES	S OF LO	ss I	NFLATION GUARD %	DED	DED TYPE	BLK1	FORM	IS AND CO	DNDIT	IONS TO APPI	LY
Blank	et					Special theft) - D	(Includ Detail			10,000							
Blank	et					Windsto	orm			975,000							
	ess Income with Expense		3,000,0	00		Special theft)	(Includ	ling									
Eartho	quake		5,000,0	00	Α	Earthqu	ake			\$25,000	Dollars						
Eartho	quake		5,000,0	00	Α	Windsto	rm			\$975,000	Dollars						
ADDITIO	NAL INFORMATION	BUSINE	SS INCOME / E	XTRA EXPEN	SE - Atta	ch ACORD	810		V	ALUE REPO	RTING INFOR	RMATI	ON - Attach A	CORD 811			
ADDIT	IONAL COVERAGE	S. OPTION	IS. RESTR	ICTIONS. E	ENDOR	SEMEN	ITS AI	ND R	ATING II	NFORMAT	ION						
SPOIL	GE DESCRIPTION OF								LIMIT		REFRIG	MAIN'	OPTIONS				
COVER/	-								\$		AGREE	MENT	. —	AKDOWN	OR C	OITAMINATIO	N
(.,,	7								DEDUCTIB	LE	(Y/	N)	POW	ER OUTA	GE	SELLIN	G
]								\$							PRICE	
SINKHO	LE COVERAGE (Required	l in Florida)				ACC	CEPT CC			REJECT	COVERAGE		LIMIT: \$				
	JBSIDENCE COVERAGE (. IN. KY and W	(V)		ACC	CEPT CC	OVERA	GE	REJECT	COVERAGE		LIMIT: \$				
	OPERTY HAS BEEN DESI ttached Overflow		IISTORICAL LA	NDMARK									# OF OPEN S	SIDES ON	STRU	CTURE:	_
CONSTR	RUCTION TYPE	н	DISTANCE T	O E STAT MI	FIR	E DISTRIC	т		CODE NUN	IBER PRO	T CL # STO	ORIES	# BASM'TS	YR BUII	LT	TOTAL AREA	
BUILDIN	G IMPROVEMENTS	,	,	BLDG CODE GRADE	TAX C	ODE R	OOF TY	PE.		OTHER OCC	JPANCIES						
WII	RING, YR:	PLUMBING,	r:														
RO	OFING, YR:	HEATING, YE	₹:	WIND CLASS		SEMI-	RESIST	IVE			G SOURCE I OR FIREPLA		NOODBURNII ISERT		ATE STAL	LED:	
ОТ	HER:	YR:		RESISTI	VE					MANUFACTU	RER:						
PRIMAR	Y HEAT		7				Į;	SECO	NDARY HEA	AT							
ВО	ILER SOLID	FUEL		1				В	OILER	SOL	ID FUEL			1			
IF E	BOILER, IS INSURANCE P	LACED ELSEV		Y/N				IF	BOILER, IS	SINSURANCI	PLACED E	LSEW	_	Y/N			
RIGHT E	XPOSURE & DISTANCE		LEFT EXPO	SURE & DIST	ANCE			FRON	T EXPOSUR	E & DISTANC	E		REAR EXP	OSURE & I	DISTA	NCE	
				1								1		[CEN	ΓΡΔΙ	LOCAL
BURGLA	AR ALARM TYPE			CERT	IFICATE	#						EX	PIRATION DA	TE	STAT	ION L	GONG
															WITH	KEYS	
BURGLA	AR ALARM INSTALLED AN	ND SERVICED	ВҮ					EXTEN	IΤ	G	RADE	# G	SUARDS / WA	TCHMEN		CLOCK HOU	IRLY
PREMIS	ES FIRE PROTECTION (Sp	orinklers, Stan	dpipes, CO2 / 0	Chemical Syst	ems)		% SPRN	NK F	IRE ALARM	I MANUFACT	JRER					CENTRAL ST	
		.														LOCAL GON	G
			NDD 45 att	ached for	additio	onal nai											
	TIONAL INTEREST																
INTERES	БТ	NAME AND	ADDRESS F		EVIDE			TIFICA								M NUMBER	
X LO	ST SS PAYEE	Veritex (ADDRESS F										LOCATION			M NUMBER SUILDING: 1	
X LO	БТ	NAME AND	ADDRESS F										LOCATION ITEM CLASS:	3	В		
X LO	ST SS PAYEE	Veritex (ADDRESS F										LOCATION ITEM CLASS: ITEM DESC	RIPTION	В	UILDING: 1	e TV

AUGUREA-01	PI	EE

ADDITIONAL	PREMI	SES #:	STREET	ADDRE	SS:											
PREMISES INFORMATION	BUILDI	NG #:	BLDG D		ION:											
SUBJECT OF INSURANCE		AMOUNT	COINS %	VALU- ATION	CAUSI	ES OF LOSS	INFLATION GUARD %	DEC)	DED TYPE	BLKT	FORM	S AND C	ONDI	TIONS TO APPLY	
ADDITIONAL INFORMATION	BUSINES	S INCOME / EX	TRA EXPEN	SE - Atta	ch ACOF	RD 810	V	ALUE RE	EPORTIN	G INFOR	MATIO	N - Attach A	CORD 81	1		
ADDITIONAL COVERAGES	, OPTION	S, RESTRIC	CTIONS, E	ENDOF	RSEME	NTS AND	RATING II	NFORM	IATIO	N						
SPOILAGE DESCRIPTION OF PR	ROPERTY CO	VERED					LIMIT			REFRIG N		OPTIONS				
COVERAGE (Y / N)							\$			AGREEN (Y/N		BREA	KDOWN	OR C	ONTAMINATION	
							DEDUCTIB	LE			1	POW	ER OUT	AGE	SELLING PRICE	
							\$									
SINKHOLE COVERAGE (Required in	r Florida)				AC	CCEPT COV	ERAGE	REJE	ECT COV	/ERAGE	ı	LIMIT: \$				
MINE SUBSIDENCE COVERAGE (Re	equired in IL,	IN, KY and WV)		AC	CCEPT COV	ERAGE	REJE	ECT COV	ERAGE	ı	LIMIT: \$				
PROPERTY HAS BEEN DESIGN	NATED AN HIS	STORICAL LAN	IDMARK								- ;	# OF OPEN S	IDES ON	STR	JCTURE:	
See Attached Overflow.																
CONSTRUCTION TYPE	ну	DISTANCE TO DRANT FIRE	STAT	FIR	E DISTR	ICT	CODE NUM	IBER	PROT CL	# STO	RIES	# BASM'TS	YR BU	ILT	TOTAL AREA	
		FT	MI													
BUILDING IMPROVEMENTS	•	В	LDG CODE GRADE	TAX	CODE	ROOF TYPE	=	OTHER (OCCUPA	NCIES						
WIRING, YR:	LUMBING, YI	R·	GRADE													
	EATING, YR:	10	/IND CLASS		SEM	I- RESISTIVI	_	HEA	ATING S	OURCE IN	ICL W	OODBURNIN	G [DATE		
			DECICE	\/F	_ SEIVI	I- KESISTIVI		STC MANUFA		FIREPLA(JE INS	ERI	II.	NSTA	_LED:	
OTHER: PRIMARY HEAT	YR:		RESISTI	VE		-	CONDARY HEA		CIONEI	· ·						
	<u> </u>					36			00110	[
BOILER SOLID FU							BOILER		SOLID F	L						
IF BOILER, IS INSURANCE PLA	CED ELSEWI		Y / N				IF BOILER, IS			ACED EL	SEWH		Y/N			
RIGHT EXPOSURE & DISTANCE		LEFT EXPOS	URE & DIST	ANCE		FR	ONT EXPOSUR	E & DIST	TANCE			REAR EXPO	SURE &	DIST	ANCE	
											\perp			051	TD 41	241
BURGLAR ALARM TYPE			CERT	IFICATE	#						EXP	IRATION DAT	TE	STA	TRAL LOC TION GO!	JAL NG
														WIT	H KEYS	
BURGLAR ALARM INSTALLED AND	SERVICED B	BY				EX	TENT		GRAI	DE	# GL	JARDS / WAT	CHMEN		CLOCK HOURLY	1
PREMISES FIRE PROTECTION (Sprir	nklers, Stand	pipes, CO2 / Ch	emical Syst	ems)		% SPRNK	FIRE ALARM	MANUF	ACTURE	R					CENTRAL STATI	ION
															LOCAL GONG	
ADDITIONAL INTEREST	ACO	RD 45 attac	ched for	additi	onal n	ames									1	
INTEREST	<u> </u>	ADDRESS RA		EVIDE		CERTIF	ICATE					IN	TEDEST	יו או	EM NUMBER	_
LOSS PAYEE											ŀ	LOCATION:			BUILDING:	
MORTGAGEE											ŀ	ITEM CLASS:				
IIION TOAGEE											}	CLASS: ITEM DESCI	HOTION		TEM:	_
												II LWI DESCI	VIL LION			
-	DEFERENCE	- / I O A N #				1										
	REFERENCE															
REMARKS (ACORD 101,	Additiona	al Remarks	Schedu	le, ma	y be at	ttached i	f more spa	ce is r	equire	ed)						
i .																

AGENCY CUSTOMER ID: _

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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

Frank Suigh	-	PRODUCER'S NAME (Please Print) Rick Crain, Jr.		(Required in Florida)
			DATE	NATIONAL PRODUCER NUMBER
	Frank Suight	teach Suisle	9 Diels Crain In	teach Suight Rick Crain, Jr.

AGENCY CUSTOMER ID: AUGUREA-0

SUBJECTS OF INSURANCE SCHEDULE

DATE (MM/DD/YYYY)

	SUBJE	:018	o Oi	F INSURA	NCE 3	SCHEL	JULE		07/29/2024			
	PREMISES #:1	STREET	ADDRE	_{SS:} 3309 Elm St, I	Dallas, T	75226			-			
PREMISES INFORMATION	BUILDING #: 1	BLDG DE	ESCRIP	TION:								
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU- ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY			
lood	5,000,000		I	Flood		\$50,000	Dollars					
	PREMISES #:1	STREET	ADDRE	_{SS:} 3309 Elm St, I	Dallas, T	75226						
PREMISES INFORMATION	BUILDING #: 1	BLDG DE	ESCRIP	TION:								
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU- ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY			
·lood	5,000,000		I	Windstorm		\$470,000	Dollars					
	PREMISES #:2	STREET	ADDRE	_{SS:} 333 1st Ave, [Dallas, TX	75226	•					
PREMISES INFORMATION	BUILDING #: 1	BLDG DE	ESCRIP	TION:								
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU- ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY			
lood	5,000,000		I	Flood		\$50,000	Dollars					
	PREMISES #:2	STREET	ADDRE	_{SS:} 333 1st Ave, [Dallas, TX	75226						
PREMISES INFORMATION	BUILDING #: 1	BLDG DE	ESCRIP	TION:								
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU- ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY			
lood	5,000,000		I	Windstorm		\$470,000						
	PREMISES #:3	STREET	ADDRE	SS: 6301 Gaston	Avenue, I	Dallas, TX	75211					
PREMISES INFORMATION	BUILDING #: 1	BLDG DE	ESCRIP	TION:								
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU-	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY			
lood	5,000,000		I	Flood	70	\$50,000						
	PREMISES #:3	STREET	ADDRE	SS: 6301 Gaston	Avenue, I	Dallas, TX	75211					
PREMISES INFORMATION	BUILDING #: 1	BLDG DE	ESCRIP	TION:								
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU-	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT	FORMS AND CONDITIONS TO APPLY			
lood	5,000,000		I	Windstorm	COARD 70	\$975,000						
	PREMISES #:	STREET	ADDRE	SS:								
PREMISES INFORMATION	BUILDING #:	BLDG DESCRIPTION:										
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU- ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY			
							=					
	PREMISES #:	STREET	ADDRE	SS:	'	1	•					
PREMISES INFORMATION	BUILDING #:	BLDG DE	ESCRIP	TION:								
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU- ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY			
	PREMISES #:	STREET	ADDDC	<u> </u>		I						
PREMISES INFORMATION	BUILDING #:	BLDG DE										
SUBJECT OF INSURANCE	AMOUNT	COINS %			INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY			
CODUCTION INCONANCE	AMOUNT	COII CO 76	ATION	GAGGEG GI EGGG	GUARD %	525	TYPE	#	Totalic and conditions to all El			
	PREMISES #:	STREET	ADDRE	SS:								
PREMISES INFORMATION	BUILDING #:	BLDG DE										
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU- ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY			
		etdeet.	ADDRE	SS:								
	PREMISES #:	SIKEEI										
PREMISES INFORMATION	PREMISES #: BUILDING #:	BLDG DE										



ADDITIONAL INTEREST SCHEDULE

DATE (MM/DD/YYYY) 07/29/2024

AGE	NCY						CARRIER					NAIC C	ODE
Sw	ingle, Colli	ns a	& Associate	es									
POL	ICY NUMBER				EFFECTIVE DA	ATE	NAMED INSURED(S)						
					08/17/202	4	August Family	Investmer	nts LTD				
AD	DITIONAL I	NTE	REST (Not	all fields apply to all scenario									
	REST		(NAME AND ADDRESS RANK:	EVIDENCE:	<u> </u>	CERTIFICATE	POLICY	SEND BILL	INTEREST IN	ITEM NU	MBER	
	ADDITIONAL		LOSS PAYEE	Twain Community Partners, II			CERTIFICATE	POLICI	SEND BILL	LOCATION: 1	BUILD		1
	INSURED BREACH OF		MORTGAGEE	1232 Washington Ave	, LLO					VEHICLE:	BOAT:		•
	WARRANTY CO-OWNER		OWNER	Saint Louis, MO 63103						AIRPORT:	AIRCR		
	EMPLOYEE									ITEM		AFI.	
	AS LESSOR LEASEBACK		REGISTRANT							CLASS:	ITEM:		
	OWNER		TRUSTEE			T				ITEM DESCRIPTION			
	LIENHOLDER			REFERENCE / LOAN #:			EREST END DATE:			3309 Elm St Dallas,	TX 752	26	
X	Building Owr			LIEN AMOUNT:		-	ONE (A/C, No, Ext):			FAX (A/C, No):			
REA	SON FOR INTER	REST:		I	1	E-M	IAIL ADDRESS:						
INTI	REST		1	NAME AND ADDRESS RANK:	EVIDENCE:		CERTIFICATE	POLICY	SEND BILL	INTEREST IN	ITEM NU	MBER	
	ADDITIONAL INSURED		LOSS PAYEE	Twain HTC Fund XXX, LLC						LOCATION: 1	BUILD	NG:	1
	BREACH OF WARRANTY		MORTGAGEE	2200 Washington Ave						VEHICLE:	BOAT:		
	CO-OWNER		OWNER	Saint Louis, MO 63103						AIRPORT:	AIRCR	AFT:	
	EMPLOYEE AS LESSOR		REGISTRANT							ITEM CLASS:	ITEM:		
	LEASEBACK OWNER		TRUSTEE							ITEM DESCRIPTION			
	LIENHOLDER			REFERENCE / LOAN #:		INT	EREST END DATE:			3309 Elm St Dallas,	TX 752	26	
Х	Building Owr	ner		LIEN AMOUNT:		PHO	ONE (A/C, No, Ext):			FAX (A/C, No):			
	SON FOR INTER	REST:				E-M	IAIL ADDRESS:						
INTI	REST			NAME AND ADDRESS RANK:	EVIDENCE:		CERTIFICATE	POLICY	SEND BILL	INTEREST IN	ITEM NU	MBER	
	ADDITIONAL		LOSS PAYEE	Twain Community Funding I,			CERTIFICATE	FOLICI	SEND BILL	LOCATION: 1	BUILD	NG:	1
	INSURED BREACH OF		MORTGAGEE	2200 Washington Ave						VEHICLE:	BOAT:		•
	WARRANTY CO-OWNER		OWNER	Saint Louis, MO 63103						AIRPORT:	AIRCR		
	EMPLOYEE		REGISTRANT							ITEM	ITEM:	AI I.	
	AS LESSOR LEASEBACK									CLASS: ITEM DESCRIPTION	III LIVI.		
	OWNER		TRUSTEE	DEFENDE (LOAN #			EDECT END DATE				TV 750	200	
	LIENHOLDER Building Owr	or		REFERENCE / LOAN #:		-	EREST END DATE:			3309 Elm St Dallas,	IX / 32	26	
X				LIEN AMOUNT:		-	ONE (A/C, No, Ext):			FAX (A/C, No):			
	SON FOR INTER	(ES1:		I		E-IVI	IAIL ADDRESS:						
INTI	REST			NAME AND ADDRESS RANK:	EVIDENCE:		CERTIFICATE	POLICY	SEND BILL	INTEREST IN			4
	INSURED BREACH OF		LOSS PAYEE	Twain Community Partners, II 1232 Washington Ave	, LLC					LOCATION: 2	BUILD		1
	WARRANTY		MORTGAGEE	Saint Louis, MO 63103						VEHICLE:	BOAT:		
	CO-OWNER EMPLOYEE		OWNER	,						AIRPORT:	AIRCR	AFT:	
	AS LESSOR		REGISTRANT							CLASS:	ITEM:		
	LEASEBACK OWNER		TRUSTEE							ITEM DESCRIPTION			
	LIENHOLDER			REFERENCE / LOAN #:		INT	EREST END DATE:			333 1st Ave Dallas,	TX 752	26	
	Building Owr			LIEN AMOUNT:		PHO	ONE (A/C, No, Ext):			FAX (A/C, No):			
REA	SON FOR INTER	REST:				E-M	AIL ADDRESS:						
INTI	REST		ı	NAME AND ADDRESS RANK:	EVIDENCE:		CERTIFICATE	POLICY	SEND BILL	INTEREST IN	ITEM NU	MBER	
	ADDITIONAL INSURED		LOSS PAYEE	Twain HTC Fund XXX, LLC						LOCATION: 2	BUILD	NG:	1
	INSURED BREACH OF WARRANTY		MORTGAGEE	2200 Washington Ave Saint Louis, MO 63103						VEHICLE:	BOAT:		
	CO-OWNER		OWNER	Saint Louis, MO 03103						AIRPORT:	AIRCR	AFT:	
	EMPLOYEE AS LESSOR		REGISTRANT							ITEM CLASS:	ITEM:		
	AS LESSOR LEASEBACK OWNER		TRUSTEE							ITEM DESCRIPTION			
	LIENHOLDER		'	REFERENCE / LOAN #:		INT	EREST END DATE:			333 1st Ave Dallas,	TX 752	26	
Х	Building Owr	ner		LIEN AMOUNT:		PHO	ONE (A/C, No, Ext):			FAX (A/C, No):			
	SON FOR INTER	REST:				E-M	IAIL ADDRESS:						



ADDITIONAL INTEREST SCHEDULE

DATE (MM/DD/YYYY)	
07/20/2024	

AGE	NCY						CARRIER						NAIC C	ODE
Sw	ingle, Colli	ns 8	& Associate	es										
POL	ICY NUMBER				EFFECTIVE D	ATE	NAMED INSURED(S)							
					08/17/202	4	August Family	Investmer	nts LTD					
AD	DITIONAL II	NTE	REST (Not	all fields apply to all scenari	os - provid	e or	nly the necessar	ry data)						
INTE	REST			NAME AND ADDRESS RANK:	EVIDENCE:		CERTIFICATE	POLICY	SEND BILL	INTER	REST IN I	TEM NUM	IBER	
	ADDITIONAL INSURED		LOSS PAYEE	Twain Community Funding I,	LLC					LOCATION:	2	BUILDI	NG:	1
	BREACH OF WARRANTY		MORTGAGEE	2200 Washington Ave						VEHICLE:		BOAT:		
	CO-OWNER		OWNER	Saint Louis, MO 63103						AIRPORT:		AIRCRA	FT:	
	EMPLOYEE AS LESSOR		REGISTRANT							ITEM CLASS:		ITEM:		
	LEASEBACK OWNER		TRUSTEE							ITEM DESCRIPT	TION			
	LIENHOLDER			REFERENCE / LOAN #:		INT	EREST END DATE:			333 1st Ave E	allas, ⁻	TX 7522	26	
Х	Building Own	er		LIEN AMOUNT:		PH	ONE (A/C, No, Ext):			FAX (A/C, No):				
	SON FOR INTER	EST:				E-N	IAIL ADDRESS:							
INTE	REST			NAME AND ADDRESS RANK:	EVIDENCE:		CERTIFICATE	POLICY	SEND BILL	INTER	REST IN I	TEM NUM	/BER	
	ADDITIONAL INSURED		LOSS PAYEE	Twain Community Partners,	II, LLC					LOCATION:	3	BUILDI	NG:	1
	BREACH OF WARRANTY		MORTGAGEE	1232 Washington Ave	•					VEHICLE:		BOAT:		
	CO-OWNER		OWNER	Saint Louis, MO 63103						AIRPORT:		AIRCRA	FT:	
	EMPLOYEE AS LESSOR		REGISTRANT							ITEM CLASS:		ITEM:		
	LEASEBACK OWNER		TRUSTEE							ITEM DESCRIPT	TION			
	LIENHOLDER			REFERENCE / LOAN #:		INT	EREST END DATE:			6301 Gaston	Avenue	e Dallas	s. TX 7	75211
х	Building Own	er		LIEN AMOUNT:		PH	ONE (A/C, No, Ext):			FAX (A/C, No):			,	
	SON FOR INTER					E-N	MAIL ADDRESS:							
INTE	REST			NAME AND ADDRESS RANK:	EVIDENCE:		CERTIFICATE	POLICY	SEND BILL	INTER	REST IN I	TEM NUM	/BER	
	ADDITIONAL INSURED		LOSS PAYEE	Twain HTC Fund XXX, LLC			OEKIII IOATE	1 02:01	OLIND BILL	LOCATION:	3	BUILDI	NG:	1
	BREACH OF WARRANTY		MORTGAGEE	2200 Washington Ave						VEHICLE:		BOAT:		
	CO-OWNER		OWNER	Saint Louis, MO 63103						AIRPORT:		AIRCRA	FT:	
	EMPLOYEE		REGISTRANT							ITEM		ITEM:		
	AS LESSOR LEASEBACK		TRUSTEE							CLASS: ITEM DESCRIPT	ION			
	OWNER LIENHOLDER			REFERENCE / LOAN #:		INT	EREST END DATE:			6301 Gaston		e Dallas	s. TX 7	75211
Х	Building Own	er		LIEN AMOUNT:		PH	ONE (A/C, No, Ext):			FAX (A/C, No):			,	
-	SON FOR INTER	EST:				E-N	MAIL ADDRESS:							
INTE	REST			NAME AND ADDRESS RANK:	EVIDENCE:		CERTIFICATE	POLICY	SEND BILL	INTER	REST IN I	TEM NUM	/BER	
	ADDITIONAL INSURED		LOSS PAYEE	Twain Community Funding I.	LLC		,			LOCATION:	3	BUILDI	NG:	1
	BREACH OF WARRANTY		MORTGAGEE	2200 Washington Ave						VEHICLE:		BOAT:		
	CO-OWNER		OWNER	Saint Louis, MO 63103						AIRPORT:		AIRCRA	FT:	
	EMPLOYEE AS LESSOR		REGISTRANT							ITEM CLASS:		ITEM:		
	LEASEBACK OWNER		TRUSTEE							ITEM DESCRIPT	ION			
	LIENHOLDER			REFERENCE / LOAN #:		INT	EREST END DATE:			6301 Gaston	Avenue	e Dallas	s, TX 7	75211
Х	Building Own	er		LIEN AMOUNT:		PH	ONE (A/C, No, Ext):			FAX (A/C, No):				
REA	SON FOR INTER	EST:				E-N	MAIL ADDRESS:							
INTE	REST			NAME AND ADDRESS RANK:	EVIDENCE:		CERTIFICATE	POLICY	SEND BILL	INTER	REST IN I	TEM NUM	MBER	
	ADDITIONAL INSURED		LOSS PAYEE		_					LOCATION:		BUILDI	NG:	
	BREACH OF WARRANTY		MORTGAGEE							VEHICLE:		BOAT:		
	CO-OWNER		OWNER							AIRPORT:		AIRCRA	AFT:	
	EMPLOYEE AS LESSOR		REGISTRANT							ITEM CLASS:		ITEM:		
	LEASEBACK OWNER		TRUSTEE							ITEM DESCRIPT	TION			
	LIENHOLDER			REFERENCE / LOAN #:		INT	EREST END DATE:							
				LIEN AMOUNT:		PH	ONE (A/C, No, Ext):			FAX (A/C, No):				
REA	SON FOR INTER	EST:				E-N	IAIL ADDRESS:							



FORMS AND ENDORSEMENTS SCHEDULE

'age 1 of $^{\prime}$	age	1	of	1
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AGENCY		CARRIER	NAIC CODE
Swingle, Collins & Associates			
POLICY NUMBER	EFFECTIVE DATE	NAMED INSURED(S)	
	08/17/2024	August Family Investments LTD	

FORMS AND ENDORSEMENTS

OC#	VEH#	BOAT#	ITEM#	FORM NUMBER	FORM NAME	EDITION DATE	COPYRIGHT OWNER COD				
1					Earth Movement Coverage	08/22/2024	OOI TRIGITI OWNER GODE				
1					Flood Coverage	08/22/2024					
3					Roof Covering Valuation	08/22/2024					
3					Roof Covering Valuation	08/22/2024					
			+								
			-								
		· I			T. Control of the con						



COMMERCIAL GENERAL LIABILITY SECTION

DATE (MM/DD/YYYY) 07/29/2024

AGEN Swing		& Associates				CARRIER					NAIC CODE
	Y NUMBE			EFFECTIV	/E DATE	APPLICANT / FIRST	NAMEDIN	CUBED			
POLIC	T NUMBE	.R		08/17		August Family			D		
		IT - If CLAIMS MADE is checke ovisions of the policy carefully		ERAGE / LIM	ITS sec	tion below, this	is an ap	plication fo	r a claims-ma	de policy.	
COV	'ERAGE	ES		LIMITS							
X	COMMERC	IAL GENERAL LIABILITY		GENERAL AGG	REGATE			\$	2,000,000	PRE	MIUMS
	CLAIN	AS MADE OCCURRENC	E	LIMIT APPLIES	PER:	X POLICY	LOCATIO		,,	PREMISES/OPE	RATIONS
	_	& CONTRACTOR'S PROTECTIVE									
				PRODUCTS & C	PRODUCTS						
DEDU	CTIBLES			PERSONAL & A				\$ \$	1,000,000	1	
	PROPERTY	Y DAMAGE \$		EACH OCCURR				\$	1,000,000	OTHER	
	BODILY IN		PER CLAIM			EMISES (each occurre	anco)	\$ \$	1,000,000		
	ODILI IIV	\$	PER			•	ence)	\$ \$	10,000		
		\$	OCCURRENCE	MEDICAL EXPE		one person)		 \$	•	1	
				EMPLOYEE BEI	NEFIIS			•			
OTUE	D COVED	ACTO DESTRICTIONS AND/OR ENDORS	FMENTS /For him	4/222 20024			la atata Di	\$	-ti ACORD 427)		
		AGES, RESTRICTIONS AND/OR ENDORS d Forms & Endorsements Scho		ed/non-owned aut	o coverag	es attach the applicab	ne state bu	isiness Auto Se	ction, ACORD 137)		
		NLY IN WISCONSIN: IF NON-OWNED ON									
	/ UIM CO		VAILABLE.	2. MEDIC	AL PAYM	ENTS COVERAGE	IS	IS NOT	AVAILABLE.		
SCH	EDULE	OF HAZARDS			1		1				
rõc	HAZ	CLASSIFICATION	CLASS CODE	PREMIUM		EXPOSURE	TERR	RA	TE	PREM	IUM
#	#	5 11 11	CODE	BASIS				PREM/OPS	PRODUCTS	PREM/OPS	PRODUCTS
1		Buildings or Premises-bank,office-merc Mfg(les sor's risk only)-Other than Not-FP	61212	A		67,000		31.61500		\$2,321.00	
2	1	Buildings or Premises-bank,office-merc Mfg(les sor's risk only)-Other than Not-FP	61212	A		36,000		31.61500		\$1,217.00	
3	1	Buildings or Premises-bank,office-merc Mfg(les sor's risk only)-Other than Not-FP	61212	A		120,000		31.61500		\$1,157.00	
1			AYROLL - PER \$1 REA - PER 1,000/5			(C) TOTAL COST - P			(U) UNIT - PE	R UNIT	
. ,				J-Q-1 1		(M) ADMISSIONS - P	LIX 1,000/F	ND INI	(T) OTHER		
		<u> ADE (Explain all "Yes" respor</u>	nses)								
	AIN ALL "Y	YES" RESPONSES									Y/N
1. PF											
	ROPOSE	D RETROACTIVE DATE:									
2. EN		D RETROACTIVE DATE: ATE INTO UNINTERRUPTED CLAIM	MS MADE COV	ERAGE:							
	NTRY DA				D, UNIN	SURED OR SELF-	INSUREI	FROM ANY	PREVIOUS CO	VERAGE?	
3. H/	NTRY DA	ATE INTO UNINTERRUPTED CLAIM	R LOCATION B	EEN EXCLUDE	D, UNIN	SURED OR SELF-I	INSURE	FROM ANY	PREVIOUS CO	VERAGE?	
3. HA	NTRY DA AS ANY I AS TAIL	ATE INTO UNINTERRUPTED CLAIM PRODUCT, WORK, ACCIDENT, OF COVERAGE PURCHASED UNDER	R LOCATION B	EEN EXCLUDE	D, UNIN	SURED OR SELF-I	INSURE	FROM ANY	PREVIOUS CO	VERAGE?	
3. HA	NTRY DA AS ANY I AS TAIL	TE INTO UNINTERRUPTED CLAIM PRODUCT, WORK, ACCIDENT, OF COVERAGE PURCHASED UNDER	R LOCATION B	EEN EXCLUDE							
3. H/ 4. W EMP	AS ANY F AS TAIL PLOYEE EDUCTIE	ATE INTO UNINTERRUPTED CLAIM PRODUCT, WORK, ACCIDENT, OF COVERAGE PURCHASED UNDER	R LOCATION B	EEN EXCLUDE	3. N	SURED OR SELF-I	OYEES (5:

CONTRACTORS AGENCY CUSTOMER ID: AUGUREA-01 PLEE

CONTRACTORS					
EXPLAIN ALL "YES" RESPONSES (For all past or present opera	itions)				Y/N
1. DOES APPLICANT DRAW PLANS, DESIGNS, OR S	SPECIFICATIONS FOR OTHE	RS?			
2. DO ANY OPERATIONS INCLUDE BLASTING OR U	TILIZE OR STORE EXPLOSIV	/E MATERIAL?			
3. DO ANY OPERATIONS INCLUDE EXCAVATION, TO	JNNELING, UNDERGROUND	WORK OR EARTH MOVING?			
4. DO YOUR SUBCONTRACTORS CARRY COVERAG	GES OR LIMITS LESS THAN \	OURS?			
5. ARE SUBCONTRACTORS ALLOWED TO WORK W	ITHOUT PROVIDING YOU W	ITH A CERTIFICATE OF INSURAN	ICE?		
6. DOES APPLICANT LEASE EQUIPMENT TO OTHER	RS WITH OR WITHOUT OPER	RATORS?			
DESCRIBE THE TYPE OF WORK SUBCONTRACTED	\$ PAID TO SUB- CONTRACTORS:	% OF WORK SUBCONTRACTED:	# FULL- TIME STAFF:	# PART- TIME STAFF:	

PRODUCTS / COMPLET PRODUCTS	ANNUAL GROSS SALES	# OF UNITS	TIME IN MARKET	EXPECTED LIFE	INTENDED USE	PRINCIPAL COMPONENTS	3
EXPLAIN ALL "YES" RESPONSES	(For all past or present produ	cts or operations) PLEAS	SE ATTACH L	ITERATURE. B	ROCHURES, LABELS, WARNINGS, ETC.		Y/N
1. DOES APPLICANT INSTA				·	· · · · · · · · · · · · · · · · · · ·		
2. FOREIGN PRODUCTS SC	DLD, DISTRIBUTED, USEI	D AS COMPONENTS?	(If "YES", a	attach ACOR	D 815)		
3. RESEARCH AND DEVELO					,		
4. GUARANTEES, WARRAN	TIES, HOLD HARMLESS	AGREEMENTS?					
5. PRODUCTS RELATED TO	AIRCRAFT/SPACE INDI	ISTRV2					1
S. TRODOGIO REEXTED TO	THROTON TO THE INDE	, o i i i i					
6. PRODUCTS RECALLED, I	DISCONTINUED, CHANG	ED?					
7. PRODUCTS OF OTHERS	SOLD OR RE-PACKAGE	D UNDER APPLICANT	LABEL?				
8. PRODUCTS UNDER LABE	EL OF OTHERS?						
9. VENDORS COVERAGE R	EQUIRED?						
10. DOES ANY NAMED INSUI	RED SELL TO OTHER NA	MED INSUREDS?					
10. DOLO ANT NAMED INSOI	NED CELE TO CHIEN NA	WED INOUNEDO!					

AGENCY CUSTOMER ID: AUGUREA-01 PLEE

ΑĽ	DITIONAL INTEREST /	CERTIFICATE RECIPIENT	ACORD	45 attached	for additional na	ames			
INT	EREST	NAME AND ADDRESS RANK:	EVIDENCE:	CERTIFICATE			INTEREST IN	ITEM NUMBER	2
	ADDITIONAL INSURED					LOCA		BUILDING:	
	EMPLOYEE AS LESSOR					ITEM CLASS	S:	ITEM:	
	LIENHOLDER					ITEM [DESCRIPTION		
	LOSS PAYEE								
	MORTGAGEE								
		REFERENCE / LOAN #:							
	ENERAL INFORMATION								
		(For all past or present operations)							Y/N
1.	ANY MEDICAL FACILITIES	S PROVIDED OR MEDICAL PROFES	SIONALS EMPL	OYED OR CO	NTRACTED?				
2.	ANY EXPOSURE TO RAD	DIOACTIVE/NUCLEAR MATERIALS?							
3.	DO/HAVE PAST, PRESEN	NT OR DISCONTINUED OPERATION (ARDOUS MATERIAL? (e.g. landfills, '	S INVOLVE(D) S	STORING, TRE	ATING, DISCHARG	ING, APPLYING, DIS	SPOSING, OR		
	TRANSPORTING OF HAZ	ARDOOS MATERIAL? (e.g. landills,	wastes, ruer tank	s, eic)					
_	ANIV ODEDATIONS OF T	A A O O LIIDED OD BIO CONTINUES "		VEADO2					
4.	ANY OPERATIONS SOLD	, ACQUIRED, OR DISCONTINUED IN	1 LAST FIVE (5)	YEARS?					
_	DO VOU DENT OR LOAN.	FOLUDATAT TO OTLIFTON							
5.		EQUIPMENT TO OTHERS?			TVDE OF FO	NUDMENT	INCTRUCTION	00/EN (V/N)	
	EQUIPMENT				TYPE OF EC		INSTRUCTION	GIVEN (Y/N)	
					SMALL TOOLS	LARGE EQUIPMENT			
_	ANN WATERCRAFT BOO	DIA EL OATO OMNED LUDED OD LE			SMALL TOOLS	LARGE EQUIPMENT			
О.	ANT WATERCRAFT, DOC	CKS, FLOATS OWNED, HIRED OR LE	:ASED?						
7	ANY PARKING FACILITIES	S OWNED/RENTED?							
ļ ' ·	7001 1 7000010 1 7001E111E0	5 GWINED/INCINTED:							
8	IS A FEE CHARGED FOR	PARKING?							
.									
9.	RECREATION FACILITIES	PROVIDED?							
10.	ARE THERE ANY LODGIN	NG OPERATIONS INCLUDING APAR	TMENTS? (If "Y	ES", answer th	e following):				
	# APTS TOTAL APT	AREA DESCRIBE OTHER LODGING O	PERATIONS						
		Sq. Ft.							
11.	IS THERE A SWIMMING P	OOL ON PREMISES? (Check all that	apply)						
	APPROVED FENCE	LIMITED ACCESS DIVING BOX	ARD SLIDE	ABOVE	GROUND IN GI	ROUND LIFE G	JUARD		
12.	ARE SOCIAL EVENTS SP	ONSORED?							
13.	ARE ATHLETIC TEAMS SE	PONSORED?							
	TYPE OF SPORT	CONTACT AGE GROUP	13 - 18	TYPE OF SPO		CONTACT AGE GRO	OUP	13 - 18	
		SPORT (Y/N) 12 & UNDER	OVER 18			SPORT (Y/N)	LUNDER	OVER 18	
	EXTENT OF SPONSORSHIP:		OVER 16	EXTENT OF S	PONSORSHIP:	12 8	X JINDER	OVER 18	
11		RATIONS CONTEMPLATED?		LATERI OF 5	ONSORSHIF:				
14.	ANT STRUCTURAL ALTE	NATIONS CONTENED!							
15	ANY DEMOLITION EXPOS	SURE CONTEMPLATED?							
13.	, and DEMOCITION EXPO	JOINE GOINTEINII EATED!							
1									1

GE	ENERAL INFORMATION (continued)				
EXI	PLAIN ALL "YES" RESPONSES (For all past or present operation	ions)			Y/N
16.	HAS APPLICANT BEEN ACTIVE IN OR IS CURREN	NTLY ACTIVE IN JOINT VEN	TURES?		
17.	DO YOU LEASE EMPLOYEES TO OR FROM OTHER	R EMPLOYERS?			
	LEASE TO	WORKERS COMPENSATION COVERAGE CARRIED (Y/N)	LEASE FROM	WORKERS COMPENSATION COVERAGE CARRIED (Y/N)	
18.	IS THERE A LABOR INTERCHANGE WITH ANY OT	THER BUSINESS OR SUBS	DIARIES?		
19.	ARE DAY CARE FACILITIES OPERATED OR CON-	TROLLED?			
20.	HAVE ANY CRIMES OCCURRED OR BEEN ATTEM	MPTED ON YOUR PREMISE	S WITHIN THE LAST THREE (3)	YEARS?	
21.	IS THERE A FORMAL, WRITTEN SAFETY AND SE	CURITY POLICY IN EFFEC	Γ?		
22.	DOES THE BUSINESSES' PROMOTIONAL LITERA	TURE MAKE ANY REPRES	ENTATIONS ABOUT THE SAFET	TY OR SECURITY OF THE PREMISES?	
RE	MARKS (ACORD 101. Additional Remarks	Schedule, may be attac	hed if more space is require	ed)	

SIGNATURE

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

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 KNOWI FDGF

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)		STATE PRODUCER LICENSE NO (Required in Florida)
teanh Suisle	Rick Crain, Jr.		
APPLICANT'S SIGNATURE		DATE	NATIONAL PRODUCER NUMBER



FORMS AND ENDORSEMENTS SCHEDULE

age	1	of	1
age		O.	

AGENCY		CARRIER	NAIC CODE
Swingle, Collins & Associates			
POLICY NUMBER	EFFECTIVE DATE	NAMED INSURED(S)	
	08/17/2024	August Family Investments LTD	

FORMS AND ENDORSEMENTS

FORM	S AND	ENDC	RSEM	IENTS			
LOC#	VEH#	BOAT #	ITEM#	FORM NUMBER	FORM NAME	EDITION DATE	COPYRIGHT OWNER CODE
				CG20261219	ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZ		
				CG20261219	ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZ		
				CG20261219	ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZ		
				UGL1203ACW	Pollution Liability Exclusion Disclosure Notice	04/04/2024	
				OGLIZOSACII	1 Gradieri Elability Excitation Discretation (value	0 1/0 1/2021	
<u> </u>							
					1		i .

AGENCY CUSTOMER ID: AUGUREA-01

PLEE

DATE (MM/DD/YYYY)
07/29/2024

7		BUS	INE	SS AL	JT(o S	ECTION			"		им/DD/YY 2 9/202	
AGENCY					CA	RRIE	R					NAIC C	
	le, Collins & Associates												
POLICY N	NUMBER			08/17/2024			sured(s) Family Investments L1	D					
COVE	RAGES / LIMITS												
							OVERAGES / LIMITS II	NFOR	MATION				
	R INFORMATION	ACORD 163 atta					WILL DRIVE OWN VEHICLES ON	2014041	V DUOINEOO				
DRIVER	DRIVERS, INCLUDING FAMILY MEMB NAME (Include address, if re-	l l		TE OF BIRTH			DRIVERS LICENSE NUMBER/ SOCIAL SECURITY NUMBER		DATE	BROADEN.	DOC	USE VEH#	% USE
#	WAINE (Motade address, in re-	quired) SEAS	IAI DA	IE OF BIKTH	EXP	LIC	SOCIAL SECURITY NUMBER	LIC	HIRE	NO-FAULT	БОС	VER#	USE
										\vdash			
										\vdash			
0515	DAL INFORMATION									Ш			
	RAL INFORMATION ALL "YES" RESPONSES												Y/I
	TH THE EXCEPTION OF ANY ENC	CUMBRANCES, ARE A	ANY VEH	ICLES FOR W	HICH I	NSUR/	ANCE IS REQUESTED NOT S	OLELY	OWNED BY	AND			
	GISTERED TO THE APPLICANT? H# NAME OF OTHER OWNER				VEH #	NAME	OF OTHER OWNER						
1	II# NAME OF OTHER OWNER				VLII#	NAMIL	OF OTHER OWNER						
2. DO	OVER 50% OF THE EMPLOYEES	S USE THEIR AUTOS	IN THE E	USINESS?									
3. IS I	THERE A VEHICLE MAINTENANC	E PROGRAM IN OPE	RATION										
4. ARI	E ANY VEHICLES LEASED TO OT	HERS?											
F 41.1	VOAD MODIFIED (ODEOLA), 500	UDMENTO // I											
	Y CAR MODIFIED / SPECIAL EQUINTED / SPECIAL EQUINTE	IIPMENT? (Include cus		vans / pickups) cost		DESC	RIPTION			СО	ST		
	DEGGRII HON			\$	V = 11 #	DEGG	MI HON			\$			
6. ARI	E ICC, PUC OR OTHER FILINGS I	REQUIRED? (If "YES"			1	1							
7. DO	OPERATIONS INVOLVE TRANSF	PORTING HAZARDOL	JS MATE	RIAL?									

PLEE

		ESC	RIPTION	N A	CORD 12	29 at			itional veh	icles								
VEH #	YEA	R	MAKE:				BODY TYPE:						VEHI	ICLE TYPE	s	YM / AGE	COMP / OTC SYM	SYM
			MODEL:				V.I.N.:						PP	SPEC COM	ИL			
GARAG ADDRE	IIVG	REET	Γ (Required	in KY)		CI	TY				cou	NTY		1		STATE	ZIP	ı
LIC STATE	TE	ERR		GVW / GCW	CL	ASS	SIG	;	FACTOR	SEAT CF	RADII	JS	FART	HEST TERMINAL			COST NEV	N
USE		Т	COMM'L	FOR HIRE	CHECK		ADD'L NO	-	UNDRINS	F	LS	,	RENT	DEDUCTIBLES		\$	COMP/	SPEC
\vdash	EASURE		RETAIL	FOR HIRE	CHECK	ES_	FAULT		MOTOR _ TOWING	FT		MP/	REIMB FG		+	ACV	OTC _	SPEC C OF L
	RM		SERVICE		LIAB NO-		MED PAY UNINS		& LABOR _ SPEC	_	от	c	- 1	AA	ST A			
DRIVE		1	< 15 MII		FAUL	T VEH	MOTOR C OF L FTW COLL							\$		\$		COLL
WORK VEH #	SCHOOL		-	LES 15 MILE	5 + DR/	CR:	BODY						VEIII	TOTAL PREM:		VIII / A O.F.	COMP /	COLL
VEH#	TEA	F	MAKE:				TYPE:						_	ICLE TYPE		YM / AGE	OTC SYM	SYM
	0.71		MODEL:	I 100		01	V.I.N.:				001	NITY	PP	SPEC COM	VIL	07475	ZIP	
GARAGING ADDRESS CITY												NTY				STATE	ZIP	
STATE	TE	ERR		GVW / GCW	CL	.ASS	SIG		FACTOR	SEAT CF	RADII	JS	FART	HEST TERMINAL		\$	COST NEV	N
USE			COMM'L	FOR HIRE	CHECK	FS	ADD'L NO	-	UNDRINS MOTOR	F	LS	>	RENT REIMB	DEDUCTIBLES		ACV	COMP/ OTC	SPEC C OF L
PL	EASURE		RETAIL		LIAB		MED PAY		TOWING & LABOR	FT	CC	MP/	FG	AA	ST A		010	
FA	.RM		SERVICE		NO- FAUL	_	UNINS MOTOR		SPEC C OF L	FTW	CC		7	\$		\$		COLL
DRIVE	SCHOOL	1	< 15 MII	LES 15 MILE	NET	VEH	MOTOR		TO OIL					TOTAL PREM:	\$			
VEH #	YEAI		MAKE:		1 210	<u> </u>	BODY TYPE:						VEHI	ICLE TYPE		YM / AGE	COMP / OTC SYM	COLL
			MODEL:				V.I.N.:						PP	SPEC COM	ИL			
GARAG ADDRE	IIVG	REET	Γ (Required	in KY)		CI	TY				COL	NTY		,	'	STATE	ZIP	
LIC STATE	TE	ERR		GVW / GCW	CL	ASS	SIG	;	FACTOR	SEAT CF	RADII	JS	FART	HEST TERMINAL		\$	COST NEV	N
USE		Т	COMM'L	FOR HIRE	CHECK		ADD'L NO	-	UNDRINS	F	LS	5	RENT	DEDUCTIBLES			COMP/	SPEC C OF L
\vdash	EASURE		RETAIL	HIOKIME		ES_	FAULT		MOTOR L	⊢ ' FT	cc	MP/	REIMB FG		+	ACV	OTC _	C OF L
	RM		SERVICE	 =	LIAB NO-		MED PAY UNINS		& LABOR _ SPEC	FTW	OT CC		-	AA L	ST A			0011
1 1			0202	-	FAUL	T I	MOTOR			1				\$		\$		COLL
DRIVE TO 15 MILES 15 MET VEH									C OF L		-				•	- 1 -		
DRIVE WORK VEH #	SCHOOL YEAI			LES 15 MILE	S + NET DR/	VEH	BODY		COPL				VEHI	TOTAL PREM:			COMP /	COLL
WORK	SCHOOL	R	MAKE:	LES 15 MILE	S + NET DR/	VEH	TYPE:		COFL				_	TOTAL PREM: ICLE TYPE SPEC COM	s	YM / AGE	COMP / OTC SYM	COLL SYM
WORK	YEAI	R			ES + NET DR/	VEH CR:	BODY TYPE: V.I.N.:		COPL		cou	NTY	_	ICLE TYPE	s		COMP / OTC SYM	COLL
GARAG ADDRE	YEAI ING STI	R	MAKE: MODEL:		DR/	VEH CR:	V.I.N.:		FACTOR	SEAT CF			PP	ICLE TYPE	s	YM / AGE	OTC SYM	SYM
WORK VEH #	YEAI ING STI	REET	MAKE: MODEL:	in KY)	DR/	CI"	V.I.N.:			SEAT CF			PP	SPEC COM	s	YM / AGE	ZIP	SYM
GARAG ADDRE	YEAI ING STI	REET	MAKE: MODEL:	in KY)	CL	CIT	TYPE: V.I.N.: TY SIGNATURE: ADD'L NO	•	FACTOR UNDRINS	SEAT CF		JS	FARTI	SPEC COM	ML S	YM / AGE STATE	ZIP COST NEW	N SPEC
GARAGADDRE LIC STATE	YEAI ING STI	REET	MAKE: MODEL: If (Required	in KY)	CHECK COVERAGE	CIT	TYPE: V.I.N.: TY Sid	-	FACTOR UNDRINS MOTOR TOWNING		P RADII	JS D MP/	FART	SPEC CON HEST TERMINAL DEDUCTIBLES	ML S	YM/AGE STATE \$ ACV	ZIP COST NEW	N SPEC
GARAGADDRE LIC STATE USE	ING STI	REET	MAKE: MODEL: F (Required	in KY) GVW / GCW FOR HIRE	CL CHECK COVERAGE LIAB NO-	CIT ASS	TYPE: V.I.N.: TY SIGN ADD'L NO FAULT MED PAY UNINS	-	FACTOR UNDRINS MOTOR TOWING & LABOR	F	P RADII	JS MP/C	FARTI RENT REIMB	SPEC CON HEST TERMINAL DEDUCTIBLES AA	ML S	YM/AGE STATE \$ ACV MT \$	ZIP COST NEW	N SPEC C OF L
GARAGADDRE LIC STATE USE PL FF	SCHOOL YEAR ING STI EASURE RM	REET	MAKE: MODEL: (Required COMM'L RETAIL	in KY) GVW / GCW FOR HIRE	CHECK COVERAGE LIAB NO- FAUL	CI CI VEH	TYPE: V.I.N.: TY SIG ADD'L NO FAULT MED PAY	-	FACTOR UNDRINS MOTOR TOWNING	F FT	P RADII	JS MP/C	FARTI RENT REIMB	SPEC CON HEST TERMINAL DEDUCTIBLES AA \$	ST A	YM/AGE STATE \$ ACV	ZIP COST NEW	N SPEC C OF L
GARAGADDRE LIC STATE USE PL FF	ING STI EASURE RM	REET	MAKE: MODEL: (Required COMM'L RETAIL SERVICE	in KY) GVW / GCW FOR HIRE	CL CHECK COVERAGE LIAB NO-FAUL	CI CI VEH	TYPE: V.I.N.: TY SIGN ADD'L NO FAULT MED PAY UNINS	-	FACTOR UNDRINS MOTOR TOWING & LABOR	F FT	P RADII	JS MP/C	FARTI RENT REIMB	SPEC CON HEST TERMINAL DEDUCTIBLES AA	ST A	YM/AGE STATE \$ ACV MT \$	ZIP COST NEW	N SPEC C OF L
GARAGADDRE LIC STATE USE PL FF	SCHOOL YEAR ING STI EASURE RM	REET	MAKE: MODEL: (Required COMM'L RETAIL SERVICE	in KY) GVW / GCW FOR HIRE	CHECK COVERAGE LIAB NO- FAUL	CI CI VEH	TYPE: V.I.N.: TY SIGN ADD'L NO FAULT MED PAY UNINS	-	FACTOR UNDRINS MOTOR TOWING & LABOR	F FT	P RADII	JS MP/C	FARTI RENT REIMB	SPEC CON HEST TERMINAL DEDUCTIBLES AA \$	ST A	YM/AGE STATE \$ ACV MT \$	ZIP COST NEW	N SPEC C OF L
GARAGADDRE LIC STATE USE PI F/A DRIVE: WORK	ING SS TE EASURE RM O SCHOOL	RREETI ERR	MAKE: MODEL: (Required COMM'L RETAIL SERVICE < 15 MII	GVW/GCW FOR HIRE 15 MILE WINGLY AND W	CHECK COVERAG LIAB NO- FAUL ES + NET	CIT TO	TYPE: V.I.N.: TY ADD'L NO FAULT MED PAY UNINS MOTOR D DEFRAUD	-	FACTOR UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F FT FTW	LS CC OT CC	MP/CLLL	FARTI REIMB FG	SPEC CON HEST TERMINAL DEDUCTIBLES AA \$ TOTAL PREM:	ST A	STATE \$ ACV MT \$ \$	ZIP COST NEW COMP/ OTC	N SPEC C OF L
GARAGADDRE LIC STATE USE PL F/A DRIVE WORK	EASURE RM O SCHOOL PERSON EMENT MATER	RREE1	MAKE: MODEL: (Required COMM'L RETAIL SERVICE < 15 MII /HO KNO\ CLAIM COTHERETO	FOR HIRE FOR HIRE I S MILE WINGLY AND WONTAINING ANY O, COMMITS A FE	CHECK COVERAG LIAB NO- FAUL ES + NET DRA //ITH INTEN	CIT TO LLLY FIT INS	TYPE: V.I.N.: TY ADD'L NO FAULT MED PAY UNINS MOTOR D DEFRAUD ALSE INFO SURANCE A	ANY II	FACTOR UNDRINS MOTOR TOWING & LABOR SPEC C OF L NSURANCE ION, OR COI (HICH IS A C	F FT FTW COMPANYNCEALS FRIME AND	P RADIII LS CC OT CC OT CC	OTHER PURPO	FARTI REINT REIMB FG R PERSON OSE OF MI HE PERSON	SPEC CON HEST TERMINAL DEDUCTIBLES AA \$ TOTAL PREM: FILES AN APPLI SLEADING INFO	ST A ST A ST A ST A	YM/AGE STATE \$ ACV MT \$ \$ DN FOR II	COST NEW COST NEW COMP/ OTC	SPEC C OF L COLL CE OR G ANY
GARAGADDRE LIC STATE USE PL FA DRIVE WORK ANY STAT FACT PENA	EASURE RM FO SCHOOL PERSON MATER LLTIES. (RREET N W OF IAL Not	MAKE: MODEL: (Required COMM'L RETAIL SERVICE < 15 MII /HO KNOV CLAIM CO THERETO applicable	in KY) GVW / GCW FOR HIRE LES 15 MILE WINGLY AND WONTAINING ANY	CHECK COVERAG LIAB NO- FAUL ES + NET MATERIA MATERIA RAUDULEN II, MA, MN,	CCT ASS ES TVEH CR:	TYPE: V.I.N.: TY ADD'L NO FAULT MED PAY UNINS MOTOR D DEFRAUD FALSE INFOISURANCE A OH, OK, OR,	ANY III	FACTOR UNDRINS MOTOR TOWING & LABOR SPEC C OF L NSURANCE ION, OR COI HICH IS A C WA; in LA, M	F FT FTW COMPAN'NCEALS F RIME AND ME, TN and	P RADIII LS CC	OTHER PURPOCTS THurance	RENT REIMB FG R PERSON OSE OF MIHE PERSON benefits ma	HEST TERMINAL DEDUCTIBLES AA \$ TOTAL PREM: FILES AN APPLISLEADING INFO N TO CRIMINAL by also be denied	ST A \$ ICATIC DRMAT AND [N)	STATE \$ ACV MT \$ \$ DN FOR IN ION CON	COST NEW COST NEW COST NEW COMP/ OTC	SPEC C OF L COLL CE OR G ANY] CIVIL
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AGENCY CUSTOMER ID:

APPLICANT/FIRST NAMED INSURED

AUGUREA-01

PLEE

TEXAS COMMERCIAL AUTO

COVERAGES/LIMITS SECTION

DATE (MM/DD/YYYY) 07/29/2024

Swingle, Collin	s &	Ass	oc	iate	2¢							Augu	ıst Fami	y Investn	nents L	.TD									
POLICY NUMBER												CARRI	IER											NAIC CO	DDE
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AGENCY CUSTOMER ID: AUGUREA-01 PLEE

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ENDORSEMENTS / REMARKS
(43) OWNED COMMERCIAL AUTOS ONLY

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AGENCY

UMBRELLA / EXCESS SECTION

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

CARRIER

DATE (MM/DD/YYYY) 07/29/2024

Swin	ngle, Co	ollins & Assoc	iates									
POLIC	Y NUMBE	R			EFFECTIVE			` '				
					08/17/20	024	Augus	t Family Investme	nts L1	ΓD		
POL	ICY INF	ORMATION										
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IVAIVIL	OF BENE	FITFROGRAM										
DDI	MADVI	OCATION & S	IBGIDIADIEG	: (ACOPD 125)								
#				ALL SUBSIDIARY CO	MDANIES (Docori	iha On	orations)	ANNUAL PAYROLL		NN GROSS SALES	FOREIGN GROSS SAL	E # EMDI
#		IME AND LOCATION	OF PRIMART AND	ALL SUBSIDIART CO	WIFANIES (Descri	ibe Ope	erations)	ANNUAL PATROLL	. AI	NN GROSS SALES	FOREIGN GROSS SAL	3 # EIVIFL
	NAME:	ON-										
	DESCRI											
	NAME:	HON.										
	LOCATIO	ON:										
	DESCRI											
	NAME:											
	LOCATIO	ON:										
	DESCRI	PTION:										
	NAME:											
	LOCATIO	ON:										
	DESCRI	PTION:										
	NAME:											
	LOCATIO	ON:										
	DESCRI	PTION:										
	NAME:											
	LOCATIO											
LINID	DESCRIE	PTION: NG INSURANC	=									
UNL	EKLTI	NG INSURANC			TION BOULDIES		205 70 45	DI V 40 I INDEDI VINO INO	10.44105			1
-	YPE	CARDIE	R / POLICY NUMBI				Y EXP DAT	PLY AS UNDERLYING INSU	IMITS		ANNUAL RENEWAL PREMIUM	RATING MOD
		Zurich America			T EFF DATE	FULIC	I EAF DAI	CSL EA ACC	\$	1,000,000		
ALITO	OMOBILE			, , , , , , , , , , , , , , , , , , ,				BI EA ACC	\$	1,000,000	,	
	BILITY			08/	17/2023	08/	17/2024		\$		- \$	
		CPO 6444345	5-02					PD EA ACC	\$		\$	1
	NED 4:	Zurich Americ	an Insurance	Company				EACH OCCURRENCE		1,000,000		
LIA	NERAL BILITY							GENERAL AGGR	\$	2,000,000	1	
POLI	CY TYPE							PROD & COMP OPS AGGREGATE	\$	2,000,000	PRODUCTS	
	OCCUR			08/	17/2023	08/	17/2024	PERSONAL & ADV INJURY	\$	1,000,000	\$	
	CLAIMS MADE							DAMAGE TO RENTED PREMISES	\$	1,000,000	OTHER	
		CPO 6444345	-02					MEDICAL EXPENSE	\$	10,000	\$	
F	0.755							EACH ACCIDENT	\$		_	
	LOYERS BILITY							DISEASE EACH EMPLOYEE DISEASE	\$		\$	
								POLICY LIMIT	\$			
											\$	
											\$	
400	NDD 404	(2000/40)				D	4 -4 5	@ 4004 2000 AC	200	CODDODATION		

UNDERLYING GENERAL LIABILITY INFORMAT	ION (Explai	n all "YES	" responses)								
1. ARE DEFENSE COSTS:	W	THIN AG	GREGATE LIMITS?		A SEPARATE LIMIT?		UN	LIMITED?			
2. INDICATE THE EDITION DATE OF	THE ISO	FORM OF	R SIMILAR FILING FOR	THE U	NDERLYING COVERAGE:						
HAS ANY PRODUCT, WORK, ACC FOR CLAIMS MADE, INDICATE RE	DENT, OF	R LOCATI	ON BEEN EXCLUDED,	UNINS	BURED OR SELF INSURED	FROM	M ANY PR	EVIOUS C	OVERAGE	E? (Y / N)	
FOR CLAIMS MADE, INDICATE EN FOR CLAIMS MADE, WAS "TAIL" C						ICV2	(Y / NI)		DATE:		
CHECK ALL COVERAGES IN U	INDERLYIN	G POLICIE:	S. ALSO CHECK IF ANY EXF	OSURE	S ARE PRESENT FOR EACH CO	OVERA	GE. PROVI	DE AN EXPL	. DATE: _	XPLAIN IF	
CHECK IF APPROPRIATE		C	OVERAGE		EXPO	SURE	COVERAG	iΕ			EXPOSURE
ANY AUTO (SYMBOL 1)			CARE, CUSTODY, CONT	ROL			PROF	ESSIONAL I	LIABILITY (E	(&O)	
CGL - CLAIMS MADE			EMPLOYEE BENEFIT LIA	BILITY			VEND	OORS LIABIL	ITY		
CGL - OCCURRENCE			FOREIGN LIABILITY / TR	AVEL			WATI	ERCRAFT LI	ABILITY		
COVERAGE	EXPC	SURE	GARAGEKEEPERS LIAB	ILITY							
AIRCRAFT LIABILITY			INCIDENTAL MEDICAL M	1ALPRA	CTICE						
AIRCRAFT PASSENGER LIABILITY			LIQUOR LIABILITY								
ADDITIONAL INTERESTS UNDERLYING INSURANCE COVERAGE INFOR			POLLUTION LIABILITY								
PREVIOUS EXPERIENCE: (GIVE DETAILS OF WHETHER INSURED OR NOT. SPECIFY DATE											ed.
NO SUCH CLAIMS CARE, CUSTODY, CONTROL											
LOC PROPERTY TYPE		VALUE	A*	B*	C*	D*			sc	FT OF BLD	G OCC
REAL			1		-						-
PERSONAL											
OCCUPANCY / DESCRIPTION OF PERSONAL I	PROPERTY										
	SS IN THE	LEASE	[B] HAS A WAIVER OF	SUBRO	OGATION. [C] IS A NAMED	INSU	RED IN TH	HE FIRE PO	OLICY. IDI	OTHER (s	pecify)
VEHICLES	SS IN THE	LEASE,	[B] HAS A WAIVER OF	SUBRO	OGATION, [C] IS A NAMED	INSU	RED IN TH	HE FIRE PO	OLICY, [D]	OTHER (s	pecify)
	# NON- OWNED	LEASE,		SUBRO	OGATION, [C] IS A NAMED PROPERTY HAULED	INSU	RED IN TH	HE FIRE PO		OTHER (S ADIUS (MILE INTER- MEDIATE	
VEHICLES	# NON-			SUBRO		INSU	RED IN TH	HE FIRE PO	R	ADIUS (MILE	S)

			# NON-			R	ADIUS (MILE	
Т	YPE	# OWNED	OWNED	# LEASED	PROPERTY HAULED	LOCAL	INTER- MEDIATE	LONG DISTANCE
PRIVATE	PASSENGER							
	LIGHT							
TDUOLO	MEDIUM							
TRUCKS	HEAVY							
	EX. HEAVY							
TRUCKS /	HEAVY							
TRACTORS	EX. HEAVY							
BUSES								

EXF	PLAIN ALL "YES" RESPONSES, PROVIDE OTHER INFORMATION REQUIRED	Y/N
	ADVERTISERS LIABILITY	
1.	MEDIA USED:	
	ANNUAL COST: \$	
2.	ARE SERVICES OF AN ADVERTISING AGENCY USED?	
3.	ANY COVERAGE PROVIDED UNDER AGENCY'S POLICY?	
	AIRCRAFT LIABILITY	
4.	DOES APPLICANT OWN / LEASE / OPERATE AIRCRAFT?	
	AUTO LIABILITY	
5.	ARE EXPLOSIVES, CAUSTICS, FLAMMABLES OR OTHER DANGEROUS CARGO HAULED?	
6.	ARE PASSENGERS CARRIED FOR A FEE?	
7.	ANY UNITS NOT INSURED BY UNDERLYING POLICIES?	
8.	ARE ANY VEHICLES LEASED OR RENTED TO OTHERS?	
9.	ARE HIRED AND NON-OWNED COVERAGES PROVIDED?	
	CONTRACTORS LIABILITY	
10.	IS BRIDGE, DAM, OR MARINE WORK PERFORMED?	
11.	DESCRIBE TYPICAL JOBS PERFORMED (Attach ACORD 101, Additional Remarks Schedule, if more space is required)	
12	DESCRIBE AGREEMENT (Attach ACORD 101, Additional Remarks Schedule, if more space is required)	
13	DOES APPLICANT OWN, RENT, OR OTHERWISE USE CRANES?	
14	DO SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN APPLICANT?	
	EMPLOYERS LIABILITY	
15	IS APPLICANT SELF-INSURED IN ANY STATE?	
	TOTAL PROJECT INCOMES INTIMALE.	
16	SUBJECT TO: JONES ACT FELA STOP GAP OTHER:	
16.	SUBJECT TO: JONES ACT FELA STOP GAP OTHER: INCIDENTAL MALPRACTICE LIABILITY	
17	IS A HOSPITAL OR FIRST AID FACILITY MAINTAINED?	
''		
12	ARE COVERAGES PROVIDED FOR DOCTORS / NURSES?	
10.	ANCE GOVERNOLOT NOVIDLOT ON DOCTORO/ NONOLO:	
10	INDICATE # OF DOCTORS. MI IDSES. DEDS.	

		YES" RESPONSES	•	HER INFORMATIO	N REQ	UIRED								Y/N
EPA	#:					POL	LUT	TION LIABILIT	ſΥ					·
20.	DO CUR DISPOS	RENT OR PAST AL METHODS?	F PRODUCTS	S, OR THEIR CO	OMPO	NENTS, CONTAIN	1 H	AZARDOUS	S MATERIALS ⁻	ГНАТ МАҮ	REQUIRE SPEC	CIAL		
21.	INDICAT	E THE COVERA	AGES CARR	IED:										
	GL	WITH STANDA	RD ISO POL	LUTION EXCLU	ISION	GL WIT	H F	POLLUTIO	N COVERAGE I	ENDORSE	MENT			
	GL	WITH STANDA	RD SUDDEN	I & ACCIDENTA	L ONL			E POLLUT	ON COVERAG	E				
22.	ARE MIS	SILES, ENGINE	S, GUIDANO	CE SYSTEMS, F	RAME	S OR ANY OTHE				LED IN AII	RCRAFT?			
	(If "YES"	, Attach ACORD	815)			TRIBUTED IN THI	E U	SA OR US	PRODUCTS SO	OLD / DIST	RIBUTED IN FO	REIGN	COUNTRIES?	
24.	PRODUC	TI LIABILITY LC	OSS IN PAST	THREE (3) YE	ARS? ((SPECIFY)								
25.	GROSS	SALES FROM E	ACH OF LAS	ST THREE (3) Y	EARS	: \$			\$		\$			
								TIVE LIABILI						
26.	DESCRI	BE INDEPENDE	ENT CONTRA	ACTORS (Attach	n ACO	RD 101, Additiona	ΙRe	emarks Sch	edule, if more s	pace is red	quired)			
						WATE	RC	RAFT LIABIL	ITY					
27.				WATERCRAFT			7							
	LOC#	# OWNED		LENGTH		HORSEPOWER	-	LOC#	# OWNED		LENGTH	'	HORSEPOWER	
						APARTMENTS / COI	NDO	MINIUMS / H	OTELS / MOTELS					
28.	LOC#	# STORIES	# UNITS	# SWIMMING PC	OOLS	# DIVING BOARDS		LOC#	# STORIES	# UNITS	# SWIMMING I	POOLS	# DIVING BOARDS	
		/A 1 A.O.O.				Schedule, if m								

	AGENCY CUSTOMER ID: AUGUREA-01	PLE
REMARKS (Attach ACORD 101, Additional Remarks Sched	ule, if more space is required)	
SIGNATURE		
ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFO FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE A PENALTIES. (Not applicable in CO, DC, FL, HI, MA, NE, OH, OK, OR, VT	ORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING II ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMIN	NFORMATION CONCERNING ANY NAL AND [NY: SUBSTANTIAL] CIVIL
IN THE DISTRICT OF COLUMBIA, WARNING: IT IS A CRIME TO PROV THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPR		THE PURPOSE OF DEFRAUDING
IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADI		
IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR S	STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INF	FORMATION, OR CONCEALS FOR
THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FA A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL F	PENALTIES.	,
IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, IN DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT		COMPANY FOR THE PURPOSE OF
IF THE COMPANY TO WHICH I AM APPLYING OFFERS UNINSURED M	OTORISTS (UM) AND/OR UNDERINSURED MOTORISTS (UIM) CO	VERAGE IN MY STATE:
UNINSURED MOTORISTS (UM) COVERAGE: \$ * IF APPLICABLE IN YOUR STATE	* UNDERINSURED MOTORISTS (UIM) COVERAGE: \$ _	*
APPLICABLE ONLY IN LOL	JISIANA, NEW HAMPSHIRE, VERMONT AND WISCONSIN	
APPLICABLE ONLY IN LOUISIANA:		
I ACKNOWLEDGE THAT UM COVERAGE HAS BEEN EXPLAINED TO LIMITS, UM LIMITS LOWER THAN MY LIABILITY LIMITS, OR TO REJEC		VI LIMITS EQUAL TO MY LIABILITY
I SELECT UM LIMITS INDICATED IN THIS APPLICATION.	OR 2. I REJECT UM COVERAGE IN ITS ENTI	
APPLICABLE ONLY IN NEW HAMPSHIRE:	5)	(INITIALS)
I ACKNOWLEDGE THAT UM COVERAGE HAS BEEN EXPLAINED TO LIMITS OR TO REJECT UM COVERAGE ENTIRELY.	ME, AND I HAVE BEEN OFFERED THE OPTION OF SELECTING UN	VI LIMITS EQUAL TO MY LIABILITY
1. I SELECT UM LIMITS INDICATED IN THIS APPLICATION. (INITIALS	OR 2. I REJECT UM COVERAGE IN ITS ENTI	RETY. (INITIALS)
APPLICABLE ONLY IN VERMONT:		
I ACKNOWLEDGE THAT I HAVE BEEN OFFERED UM COVERAGE APPLICATION.	EQUAL TO MY LIABILITY LIMITS. I HAVE SELECTED THE LIMIT	'S INDICATED IN THIS
APPLICABLE ONLY IN WISCONSIN:		
I ACKNOWLEDGE THAT I HAVE BEEN OFFERED UNINSURED MOTOR	RIST (UM) COVERAGE AND UNDERINSURED MOTORIST (UIM) CO	VERAGE.
I SELECT UM LIMITS INDICATED IN THIS APPLICATION. (INITIALS)	OR 2. I REJECT UM COVERAGE IN ITS ENTI	RETY. (INITIALS)
3. I SELECT UIM LIMITS INDICATED IN THIS APPLICATION. (INITIALS	OR 4. I REJECT UIM COVERAGE IN ITS ENTI	IRETY. (INITIALS)
IMPORTANT - THE STATEMENTS (ANSWERS) GIVEN ABOVE ARE TANY MATERIAL FACT OR CIRCUMSTANCE CONCERNING THIS APPLI		
PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print) Rick Crain, Jr.	STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER



LOC #: 1 BLDG #: 1

PLEE

ACORL			CRI	ME SEC	TION 2000			M/DD/YYYY) 9/2024
AGENCY					CARRIER			NAIC CODE
Swingle, Collins &	& Associates							
POLICY NUMBER				EFFECTIVE DATE	APPLICANT (FIRST NAMED INSURED)			
COVERAGE	BASIS EOI	R COVERAG	E.	08/17/2024 DISCOVERY	August Family Investments LTD LOSS SUSTAINED			
COVERAGE		LIM		DEDUCTIBLE	COVERAGE	LIMIT		DEDUCTIBLE
EMPLOYEE THEFT					INSIDE THE PREMISES			
X BLANKET	SCHEDULE	\$	25,00	5,000	ROBBERY OR BURGLARY OF OTHER PROPERTY	,		
ERISA	<u>'</u>	\$		N/A	BLANKET SCHEDULE	\$		
	AGGREGATE	\$			OUTSIDE THE PREMISES			
ERISA EXCESS AMOUNT	OVER BLANKET LIMIT	\$			MONEY AND SECURITIES		25,000	5,000
	TOTAL ASSET VALUE	\$			OTHER PROPERTY	\$		
TOTAL A	SSET VALUE (Per Plan)	\$			X BLANKET SCHEDULE COMPUTER FRAUD	\$ 2	25,000	5,000
BLANKET	SCHEDULE				FUNDS TRANSFER FRAUD		25,000	5,000
PER LOSS	PER	\$.5,000	3,000
FORGERY OR ALTERATION	EMPLOYEE	\$	25,00	5,000	MONEY ORDERS AND COUNTERFEIT PAPER CURRENCY	\$ 2	25,000	5,000
INSIDE THE PREMISES		<u> </u>	•	•		<u> </u>		
THEFT OF MONEY AND	SECURITIES					\$		
X BLANKET	SCHEDULE	\$	25,00	5,000				
COVERAGE ENDO	RSEMENTS (Attac	ch ACORD 1	01, Addit	ional Remarks	Schedule, if more space is required)			
EDIOA EMBI OVEE	THEET ADDITIO	NAL INFOR	MATION					
NAME OF PLAN	: THEFT - ADDITIO	NAL INFOR	PRINCIPAL	ADDRESS	NU	IMBER OF TRUSTEES,	NU	JMBER OF
			I KINOII AL	ADDICEGO		EMPLOYEES, ETC NDLING PLAN ASSETS	PLAN	PARTICIPANTS
IS THERE A LICENSED SE FOR INVESTING OF FUND								
GENERAL INFORM	MATION	•			•		•	
EXPLAIN ALL "YES" RES	PONSES							Y/N
1. ARE VOLUNTEERS	SUSED? (If "YES", # of	f volunteers):						
2. ANY EMPLOYEES	LEASED TO OTHERS?	' (If "YES", give	number a	nd explain) # Ol	EMPLOYEES LEASED TO OTHERS:			
3. ANY EMPLOYEES	LEASED FROM OTHER	RS? (If "YES",	give numbe	er and explain)	# OF EMPLOYEES LEASED FROM OTHERS:			
4 ANY FARI OVERO	DEDEODM MONEY IN	/ECTING OD T	DADINGS					
4. ANY EMPLOYEES	PERFORM MONEY IN	VESTING OR I	RADING?					
5. ANY EMPLOYEES	RECEIVE OR ISSUE W	/AREHOUSE R	ECEIPTS?					
6. ANY EMPLOYEE(S) BEEN CANCELLED F	OR CRIME CO	VERAGE E	BY ANY INSURER	? (Missouri Applicants - Do not answer this q	uestion)		
7. DOES APPLICANT	HAVE ANY WRITTEN	AGREEMENTS	WITH CLI	ENIS?				
8. DOES APPLICANT	TRANSFER ANY FUNI	DS VIA PHONF	OR FAX?					
9. ANY EXPOSURE F	ROM LOSS TO GUEST	PROPERTY?						

AGENCY CUSTOMER ID: AUGUREA-01 PLEE

CLASSIFICATION OF EMPLOYEES / LOCATIONS

LOC #: 1 BLDG #: 1

NUMBE	HANDLE O	OFFICERS AND EMP R HAVE CUSTODY OF		Y, SECURITIES C			CLUDING, IN A					
NOMBE		S AND ASSTS	HOMBE	COLLECTORS			LOCKER ROOM	ATTEND	ΔΝΤς	NOMBER	STOCK CLERKS	
	ADJUSTERS	O AIND AGG10		COMPUTER PROG	:DAMMEDS		MAITRE D'S AND		AIV10		STOREKEEPERS	
	1	ODE AND ACCTO		COMPTROLLERS		-						
	APPRAISERS .	ORS AND ASSTS AND					MANAGERS ANI				STOREROOM PERSONNEL	T 0
	CLERKS ACTII	NG AS APPRAISERS		CREDIT CLERKS A	ND MANAGERS		MEDICAL DIREC				SUPERINTENDENTS AND ASS	IS
	ATTORNEYS			CUSTODIANS			MESSENGERS,	OUTSIDE			SUPERVISORS AND ASSTS	
	AUDITORS AN	ID ASSTS		DELIVERY PERSO	NS		PAYROLL DISTR	RIBUTORS	3		TAXI DRIVERS TEACHERS HAVING CUSTOD	,
	BOOKKEEPER	RS		DEMONSTRATORS	3		PURCHASING A	GENTS A	ND ASSTS		OF MONEY OR SECURITIES	
	BUS DRIVERS	<u> </u>		DIETITIANS WHO	ORDER FOOD		RECEIVING CLE				TIMEKEEPERS AND ASSTS	
	BUYERS AND	ASSTS		DRIVERS AND DRI	VERS' HELPERS		REFINERY GAU HANDLING REFI	GERS OF INED GAS	OIL COS SOLINE& OILS		TRUCK DRIVERS	
	CANVASSERS (Door-to-door s			FOOD INSPECTOR	RS		SALESPEOPLE				WAREHOUSE PERSONNEL	
	CASHIERS AN			HEAD PHARMACIS	STS		SECURITY PERS	SONNEL			WINE CELLAR PERSONNEL	
	CHAIRPERSO	<u> </u>		INSTRUCTORS HA	VING CUSTODY		SERVICE STATI		NDANTS		WINE STEWARDS/ESSES	
	CHEFS WHO			JANITORS	CORTTES		SHIPPING CLER				ALL OTHER OFFICERS AND	
NUMBE	ROF	TOTAL NUMBER OF			RERS, PROCESSORS TORS; NUMBER OF I				ALL OTHER C	LASSES; N	EMPLOYEES NOT LISTED ABOUT ABO)VE
OFFICE	RS:	OTHER EMPLOYEES:		OR DISTRIBU	TORS; NUMBER OF I	RETAIL LOC	CATIONS:		TIONS OTHER	THAN HO	ME OR HEAD OFFICES:	
	G PRACTIC											1
NO EXP	LANATION REQ	UIRED										Y/N
1. IS F	RIOR EMPLO	YER HISTORY CHECK	ED?									
2. IS E	DUCATION AN	ND TRAINING VERIFIE	D?									
3. IS E	RUG TESTING	G CONDUCTED?										
4. IS A	FORMAL TRA	AINING PROGRAM EST	TABLISH	IED AND FOLLOW	/ED?							
5. ARE	CREDIT CHE	CKS SECURED FOR E	EMPLOY	EES WITH ACCES	SS TO FINANCIAL	TRANSAC	CTIONS?					
6. ARE	SOCIAL SEC	URITY NUMBERS VER	RIFIED?									
7. IS C	RIMINAL HIST	ORY CHECKED?										
8. ARE	MANAGERS	PROVIDED WITH NAM	IES AND	SALARIES OF AL	L ASSIGNED EME	PLOYEES?)					
					E / NOOIOI VED EIVII	LOTELOS						
CONT	ROLS AND	AUDIT PROCEDUR	RES - A	AUDITS	LE MOOI GIVED EIVII							
		AUDIT PROCEDUR			LE AGGIGINED EMI	101220						Y/N
NO EXP		JIRED UNLESS STATED O			PUBLIC ACCOUN		STAFF					Y/N
NO EXP	LANATION REQUIDIT IS PERFO	JIRED UNLESS STATED O	THERWIS	CPA	PUBLIC ACCOUN							Y/N
NO EXP	LANATION REQUIDIT IS PERFO	JIRED UNLESS STATED O	THERWIS	CPA	PUBLIC ACCOUN							Y/N
NO EXP	LANATION REQUIDIT IS PERFO	JIRED UNLESS STATED O	THERWIS	CPA	PUBLIC ACCOUN							Y/N
NO EXP	LANATION REQUIDIT IS PERFO	JIRED UNLESS STATED O	THERWIS	CPA	PUBLIC ACCOUN							Y/N
1. AL 2. NA	LANATION REQUIDIT IS PERFO	JIRED UNLESS STATED O PRMED BY: RESS OF PERSON OR	THERWIS	SE CPA ERFORMING AUD	PUBLIC ACCOUNDIT	TANT	STAFF					Y/N
1. AU 2. NA 3. DA	LANATION REQUIDIT IS PERFO IME AND ADDI	JIRED UNLESS STATED O PRMED BY: RESS OF PERSON OR LETION OF LAST AUDI	THERWIS	CPA CPA ERFORMING AUD ASH & ACCOUNTS	PUBLIC ACCOUNT DIT S:	TANT	STAFF DATE OF COM	MPLETIO	ON OF LAST A	AUDIT OF	F INVENTORY:	Y/N
1. AL 2. NA 3. DA 4. AL	LANATION REQU IDIT IS PERFO IME AND ADDI INTE OF COMPL IDIT FREQUEN	JIRED UNLESS STATED OF LAST AUDITION OF LAST AUDITIONS.	THERWIS	SE CPA ERFORMING AUD	PUBLIC ACCOUNDIT	TANT	STAFF	MPLETIO	ON OF LAST A	AUDIT OF	F INVENTORY:	Y/N
1. AL 2. NA 3. DA 4. AL	LANATION REQU IDIT IS PERFO IME AND ADDI INTE OF COMPL IDIT FREQUEN	JIRED UNLESS STATED O PRMED BY: RESS OF PERSON OR LETION OF LAST AUDI	THERWIS	CPA CPA ERFORMING AUD ASH & ACCOUNTS	PUBLIC ACCOUNT DIT S:	TANT	STAFF DATE OF COM		ON OF LAST A	AUDIT OF	F INVENTORY:	Y/N
1. AL 2. NA 3. DA 4. AL 5. AL	LANATION REQU IDIT IS PERFO IME AND ADDI INTE OF COMPL IDIT FREQUEN	JIRED UNLESS STATED O JEMMED BY: RESS OF PERSON OR LETION OF LAST AUDI NCY? IS RENDERED TO:	THERWIS	CPA ERFORMING AUD ASH & ACCOUNTS ANNUAL	PUBLIC ACCOUNT DIT S: SEMI-ANNUAL	QUAR BOAR	STAFF DATE OF COM		ON OF LAST A		F INVENTORY:	Y/N
1. AU 2. NA 3. DA 4. AU 5. AU 6. FIR	LANATION REQUIDIT IS PERFO ME AND ADDI ME OF COMPI JUIT FREQUEN JUIT REPORT	JIRED UNLESS STATED O JEMMED BY: RESS OF PERSON OR LETION OF LAST AUDI NCY? IS RENDERED TO:	THERWIS	CPA PERFORMING AUDITOR ANNUAL OWNER	PUBLIC ACCOUNDIT S: SEMI-ANNUAL PARTNERS	QUAR BOAR	DATE OF COM TERLY D OF DIRECTOR				F INVENTORY:	Y/N
1. AL 2. NA 3. DA 4. AL 5. AL 6. FIT	LANATION REQU JUIT IS PERFO IME AND ADDI INTE OF COMPL JUIT FREQUEN JUIT REPORT INANCIAL FORI	JIRED UNLESS STATED OF LAST AUDITION OF	R FIRM P	CPA ERFORMING AUD ASH & ACCOUNTS ANNUAL OWNER AUDIT	PUBLIC ACCOUNT DIT S: SEMI-ANNUAL PARTNERS REVIEW	QUAR BOAR COMP	DATE OF COM TERLY D OF DIRECTOR ILATION	S.	TAX RETURN	I ONLY		Y/N
1. AL 2. NA 3. DA 4. AL 5. AL 6. FIT	LANATION REQU JUIT IS PERFO IME AND ADDI INTE OF COMPL JUIT FREQUEN JUIT REPORT INANCIAL FORI	JIRED UNLESS STATED OF STATED OF STATES OF PERSON OR LETION OF LAST AUDINCY? IS RENDERED TO:	R FIRM P	CPA ERFORMING AUD ASH & ACCOUNTS ANNUAL OWNER AUDIT	PUBLIC ACCOUNT DIT S: SEMI-ANNUAL PARTNERS REVIEW	QUAR BOAR COMP	DATE OF COM TERLY D OF DIRECTOR ILATION	S.	TAX RETURN	I ONLY		Y/N
1. AL 2. NA 3. DA 4. AL 5. AL 6. FIT	LANATION REQU JUIT IS PERFO IME AND ADDI INTE OF COMPL JUIT FREQUEN JUIT REPORT INANCIAL FORI	JIRED UNLESS STATED OF LAST AUDITION OF	R FIRM P	CPA ERFORMING AUD ASH & ACCOUNTS ANNUAL OWNER AUDIT	PUBLIC ACCOUNT DIT S: SEMI-ANNUAL PARTNERS REVIEW	QUAR BOAR COMP	DATE OF COM TERLY D OF DIRECTOR ILATION	S.	TAX RETURN	I ONLY		Y/N
1. AL 2. NA 3. DA 4. AL 5. AL 6. FIT	LANATION REQU JUIT IS PERFO IME AND ADDI INTE OF COMPL JUIT FREQUEN JUIT REPORT INANCIAL FORI	JIRED UNLESS STATED OF LAST AUDITION OF	R FIRM P	CPA ERFORMING AUD ASH & ACCOUNTS ANNUAL OWNER AUDIT	PUBLIC ACCOUNT DIT S: SEMI-ANNUAL PARTNERS REVIEW	QUAR BOAR COMP	DATE OF COM TERLY D OF DIRECTOR ILATION	S.	TAX RETURN	I ONLY		Y/N
3. DA4. AU. 5. AU. 6. FII. 7. AF. 8. IS	LANATION REQUIDIT IS PERFO ME AND ADDI ME OF COMPL IDIT FREQUEN IDIT REPORT IN NANCIAL FORI RE ALL LOCATI AUDIT MADE I	JIRED UNLESS STATED OF IRMED BY: RESS OF PERSON OR LETION OF LAST AUDINCY? IS RENDERED TO: WAT IS: IONS AUDITED? IN ACCORDANCE WITH	THERWIS THE FIRM P	ASH & ACCOUNTS ANNUAL OWNER AUDIT	PUBLIC ACCOUNDIT S: SEMI-ANNUAL PARTNERS REVIEW D AUDITING STAN	QUAR BOAR COMP	DATE OF COMTERLY D OF DIRECTOR ILLATION AND SO CERTIF	FIED? (TAX RETURN	I ONLY	of audit)	Y/N
3. DA4. AU. 5. AU. 6. FII. 7. AF. 8. IS	LANATION REQUIDIT IS PERFO ME AND ADDI ME OF COMPL IDIT FREQUEN IDIT REPORT IN NANCIAL FORI RE ALL LOCATI AUDIT MADE I	JIRED UNLESS STATED OF LAST AUDITION OF	THERWIS THE FIRM P	ASH & ACCOUNTS ANNUAL OWNER AUDIT	PUBLIC ACCOUNDIT S: SEMI-ANNUAL PARTNERS REVIEW D AUDITING STAN	QUAR BOAR COMP	DATE OF COMTERLY D OF DIRECTOR ILLATION AND SO CERTIF	FIED? (TAX RETURN	I ONLY	of audit)	Y/N
3. DA 4. AL 5. AL 6. FIT 7. AR 8. IS	LANATION REQUIDIT IS PERFO ME AND ADDI ME OF COMPI JUIT FREQUEN JUIT REPORT NANCIAL FORI RE ALL LOCAT AUDIT MADE I	JIRED UNLESS STATED OF IRMED BY: RESS OF PERSON OR LETION OF LAST AUDINCY? IS RENDERED TO: WAT IS: IONS AUDITED? IN ACCORDANCE WITH	THERWIS THE FIRM P	ASH & ACCOUNTS ANNUAL OWNER AUDIT	PUBLIC ACCOUNDIT S: SEMI-ANNUAL PARTNERS REVIEW D AUDITING STAN	QUAR BOAR COMP	DATE OF COMTERLY D OF DIRECTOR ILLATION AND SO CERTIF	FIED? (TAX RETURN	I ONLY	of audit)	Y/N
3. DA 4. AL 5. AL 6. FII 7. AR 8. IS 9. WI	LANATION REQUIDIT IS PERFO ME AND ADDI ME OF COMPI MIDIT FREQUEN MIDIT REPORT IN MANCIAL FORI ME ALL LOCATI AUDIT MADE I	JIRED UNLESS STATED OF LINE STATED OF LAST AUDITORY? JETION OF LAST AUDITORY? JETION OF LAST AUDITORY? JETION OF LAST AUDITORY? JETION OF LAST AUDITORY JETION OF LAST	THERWIS THE	ASH & ACCOUNTS ANNUAL OWNER AUDIT RALLY ACCEPTE	PUBLIC ACCOUNDIT S: SEMI-ANNUAL PARTNERS REVIEW D AUDITING STAN TED UPON IN THE	QUAR BOAR COMP	DATE OF COMTERLY D OF DIRECTOR ILATION IND SO CERTI	FIED? (TAX RETURN	I ONLY	of audit)	Y/N
3. DA 4. AL 5. AL 6. FII 7. AF 9. WI 10. DO 11. AF	LANATION REQUIDIT IS PERFO ME AND ADDI ME OF COMPLICATION OF THE	JIRED UNLESS STATED OF JUNE 1988 OF PERSON OR LETION OF LAST AUDINGY? IS RENDERED TO: WAT IS: IONS AUDITED? IN ACCORDANCE WITH	THERWIS TOF CA H GENE SE PRACE S CHEC	CTICES COMMEN KED WITH RESP	PUBLIC ACCOUNDIT S: SEMI-ANNUAL PARTNERS REVIEW D AUDITING STAN TED UPON IN THE	QUAR BOAR COMP NDARDS A S AUDIT?	DATE OF COMTERLY D OF DIRECTOR ILATION IND SO CERTI	FIED? (TAX RETURN	I ONLY	of audit)	Y/N
3. DA 4. AU 5. AU 6. FII 7. AF 8. IS 9. WI 10. DC 11. AF	LANATION REQUIDIT IS PERFO ME AND ADDI ME AND ADDI ME OF COMPI IDIT FREQUEN IDIT REPORT IN MANCIAL FORI RE ALL LOCATI AUDIT MADE IN MERE ANY DISC DES AUDIT INC RE REFERENCE	JIRED UNLESS STATED OF JUNE 19	THERWIS THE FIRM P THE FIRM P THE FIRM P THE FIRM P	CTICES COMMEN KED WITH RESP	PUBLIC ACCOUNDIT S: SEMI-ANNUAL PARTNERS REVIEW D AUDITING STAN TED UPON IN THE	QUAR BOAR COMP NDARDS A S AUDIT?	DATE OF COMTERLY D OF DIRECTOR ILATION IND SO CERTI	FIED? (TAX RETURN	I ONLY	of audit)	Y/N
3. DA 4. AL 5. AL 6. FII 7. AR 8. IS 9. WI 10. DO 11. AR 12. DO 13. IS	LANATION REQUENTED TO SEE AUDIT INC. ERE ANY DISC. ERE ANY DISC. ERE ANY DISC. ERE REFERENCE DES AUDIT DE PAYROLL SYS	JIRED UNLESS STATED OF JUNE 19	THERWIS TOF CA TOF CA THERWIS TOF CA THERWIS THERWI	ASH & ACCOUNTS ANNUAL OWNER AUDIT CRALLY ACCEPTE CTICES COMMEN KED WITH RESP	PUBLIC ACCOUNDIT S: SEMI-ANNUAL PARTNERS REVIEW D AUDITING STAN TED UPON IN THIS ECT TO EMPLOYMES	QUAR BOAR COMP NDARDS A S AUDIT? MENT HIS	DATE OF COMTERLY D OF DIRECTOR ILATION IND SO CERTI	FIED? (TAX RETURN	I ONLY	of audit)	Y/N
3. DA 4. AL 5. AL 6. FII 7. AR 8. IS 9. WI 10. DO 11. AR 12. DO 13. IS	ATE OF COMPI IDIT IS PERFO IME AND ADDI IDIT FREQUEN IDIT REPORT IN NANCIAL FORI RE ALL LOCATI AUDIT MADE I ERE ANY DISC DES AUDIT INC RE REFERENCE DES AUDIT DE PAYROLL SYS A COMPLETE	JIRED UNLESS STATED OF LINE STATED OF LAST AUDITION OF LAST AUDITIONS AUDITED? IN ACCORDANCE WITH ACCORDANCE	THERWIS THE	CPA ASH & ACCOUNTS ANNUAL OWNER AUDIT CTICES COMMEN KED WITH RESP M TO DETECT GH E? (If "YES", how compared to the compare	PUBLIC ACCOUNDIT S: SEMI-ANNUAL PARTNERS REVIEW D AUDITING STAN TED UPON IN THIS ECT TO EMPLOYMENT TO EMPLOYMENT TO EMPLOYEES INSTERNATION TO EMPLOYMENT TO EMPLOYEES INSTERNATION TO EMPLOYEES INSTERNATI	QUAR BOAR COMP NDARDS A S AUDIT? MENT HIS	DATE OF COMTERLY D OF DIRECTOR ILATION IND SO CERTI	FIED? (TAX RETURN	I ONLY	of audit)	Y/N

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٠,	NITROLE AND AUD	IT DDOCED	NIDEC DANK	INC / OTHER	_			#: 1			BLDG #	: 1	
_	NTROLS AND AUD EXPLANATION REQUIRED			ING / OTHER									Y/N
	ARE BANK ACCOUNTS			NOT AUTHORIZE	D TO DEPOS	T OR WITHD	RAW?						
2.	IS COUNTERSIGNATU	IRE OF CHECI	KS REQUIRED? I	F NOT, WHO SIGI	NS CONTROL	S?:							
3.	WILL SECURITIES BE	SUBJECT TO	JOINT CONTROL	. OF TWO OR MO	RE RESPONS	SIBLE EMPLO	YEES?						
ARE ALL OFFICERS AND EMPLOYEES REQUIRED TO TAKE ANNUAL VACATIONS OF AT LEAST FIVE CONSECUTIVE BUSINESS DAYS?													
_	IS THERE A WRITTEN			7171112711110712	77.07.1107.0	711 227101							
).	WHAT IS THE LARGES			DE TRANSFERD	ED2: ¢								
,	PRIOR TO FUNDS TRA					ITV WITH AND		I OVEE?					
5.	FREQUENCY OF DEPO			ATIONS RECEIVE	ED AND RECC	INCILED?							
	ARE DETAILED RECOR		DEDOCITE MAIN	TAINEDO									
_			DEPOSITS MAIN	TAINED!									
_	ONEY - SECURITIES FER THE EXPOSURES FOR		RY. AMOUNTS ENT	FRED SHOULD BE M	MAXIMUM EXPO	SURF.							
	TER THE EXI OCCITED FOR	LAGIT GATEGO					DAVBOLL			IEV.		05011013	150
	TYPE	MONEY		IECKS FOR DEPOSIT	CHECKS F ACCOUNTS PA		PAYROLL CHECKS		MON OVERN		(I)	SECURIT I BANK / SAFE	
		\$	\$	9	\$	\$			\$		\$		
	MEGOENIOED #6	\$	\$		\$	\$			\$				
))	IRCHASING / RECEI	S IVING CONT	TROLS		\$	\$		Į.	\$				
_	EXPLANATION REQUIRED	171110 0011	INOLO										Y/N
	ARE DUTIES SEGREG.	ATED?											
2.	ARE DEPARTMENTS S	SUPERVISED I	BY SOMEONE NO	T AUTHORIZED 1	TO PAY BILLS	?							
	IS RESPONSIBILITY FO	OR CHECKING	S MERCHANDISE	RECEIVED / CON	JTROLLED BY	MORE THAN	I ONE INDIVI	DUAL?					
,. 						WORL HIVE	ONE INDIVI	DO/IL:					
	IS ACTUAL RECEIPT C												
	IS A NUMBERED PURC		R SYSTEM IMPLE	MENTED AND FO	DLLOWED?								
_	MPUTER FRAUD C EXPLANATION REQUIRED	ONTROLS											Y/N
	DO INTERNAL AUDIT F	PROCEDURES	S INCLUDE COMP	UTER OPERATIO	DNS?								
	IS THERE AN EMPLOY												
	ARE SUSPICIOUS TRA				LOOKITT								
	IS PHYSICAL ACCESS	TO COMPUTE	ER ROOM AND E	QUIPMENT REST	RICTED TO A	UTHORIZED I	PERSONNEL	_?					
'K	OPERTY		DESCRIPTION	N OF PROPERTY, ME	EDCHANDISE S.	TOCK ETC						MAXIMUM	/ALLIE
			DESCRIPTION	. JI I NOFERII, ME	LIVOLIMINUISE, S	. JON, L10.						WAYINIOINI (ALUL
VII:	SCELLANEOUS INF	ORMATION											
	BUSINESS HOURS	AVG # EMPLOYEES ON DUTY	CHECKS STAMPED FOR DEPOSIT ONLY (Y / N)	FREQUENCY OF DEPOSITS	NIGHT DEPOSITORY USED (Y / N)	ANNUAL GRO OR RECEIF LAST FISC	PTS FOR	DOUBLE	MISES HAVE CYLINDER CKS? (Y/N)		OTHER	R INFORMATIO	ON
	-	7						Г					

AGENCY CUSTOMER ID: AUGUREA-01 PLEE

LOC #: 1 BLDG #: 1

SAFE / VAULT DOOR TYPE **COMBINATION LOCKS** THICKNESS DOOR (EXCL BOLTWORK) MANUFACTURER LABEL CLASS ROUND SQUARE OUTER INNER CHEST WALL UL SMNA UL SMNA MESSENGER PROTECTION PRIVATE PRIVATE SAFETY SATCHEL USED? (Y / N) # OF GUARDS # OF GUARDS PER MESSENGER # OF ARMORED SAFETY SATCHEL USED? (Y/N) # OF ARMORED MESS'GR MESS'GR CONVEYANCE USED? CONVEYANCE USED? PER MESSENGER VEHICLES VEHICLES (Y / N) (Y / N) **PREMISES / SAFE PROTECTION** ALARM TYPE ALARM DESCRIPTION ALARM INSTALLED AND SERVICED BY # GUARDS | WATCHPERSONS EXTENT OF PROTECTION GRADE SAFE / VAULT HOLD-UP LOCAL GONG PREMISES RPT/CENT ST # WATCH PERSONS PREMISES **CENTRAL STATION** CLOCK HRLY 3 PARTIAL SAFE POLICE CONNECT COMPLETE DON'T SIGNAL **ACCESSIBLE OPENINGS & PROTECTION** OTHER PROTECTION (Fences, Floodlights, etc) WITH KEYS CERTIFICATE NUMBER **EXPIRATION DATE: EMPLOYEE SCHEDULE (Complete if required)** LOC # NAME OF EMPLOYEES TO BE COVERED TITLE LIMIT **DEDUCTIBLE**

AGENCY CUSTOMER ID: AUGUREA-01 PLEE

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מם ע	DITIONAL LOCATIONS (Complete ACORD 141 for each location)	LUC #. 1	BLDG #i
.oc	DITIONAL LOCATIONS (Complete ACORD 141 for each location) ADDRESS		
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M	MARKS (ACORD 101, Additional Remarks Schedule, may be attached if more s	pace is required)	

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, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

IN THE DISTRICT OF COLUMBIA, WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS, IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

IN FLORIDA, 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.

IN KANSAS, 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 COMMITS A FRAUDULENT INSURANCE ACT.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, 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, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.