

COMMERCIAL INSURANCE APPLICATION APPLICANT INFORMATION SECTION

| DATE (MM/DD/YYYY) | |
|-------------------|--|
| 07/23/2024 | |

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| | | | | | 1 | LICA | INT INFORM | | IOIA | SECTION | JIN | | | | | | 0.7 | LO/ 20/ | |
|--|--|------------------------------------|-------------------------|-----------------|----------|---------|--------------------|--------|---------|-------------------|-------|---------|------------|----------|---------|--------------------|--------|---------|--------|
| Sw | ENCY ingle, Collins 8 | | | | | | | CAF | RRIE | ₹ | | | | | | | | NAIC | CODE |
| | 760 Noel Road, Ilas, TX 75240 | Suite 600 | | | | | | СОМ | IPANY I | POLICY OR P | ROG | RAM NAI | ME | | | | PRO | GRAM C | CODE |
| | | | | | | | | POLI | ICY NU | MBER | | | | | | | | | |
| COI | NTACT Rick | Crain, Jr. | | | | | | UNDI | ERWRI | TFR | | | | UNDER | RWRITE | R OFFICE | | | |
| PHO | ONE C, No, Ext): (972) | 387-3000 | | | | | | 0.12 | | | | | | 0.1.2.2. | | 00_ | | | |
| FA) | (), No): (972) | 387-3808 | | | | | | | | | | QUOTE | | | ISSUE | POLICY | | RENI | EW |
| E-M | AIL Services | @swinglecoll | ins.c | om | | | | | TUS OF | | | BOUND | (Give Date | and/or A | ttach C | ору): | | _ | |
| COI | | - | | SUBCODE: | | | | IIAI | NOACT | | | CHANG | E D. | ATE | | TIME | | | AM |
| AGI | ENCY CUSTOMER ID | . AUGUREA-0 | 1 | | | | | | | | | CANCE | L | | | | | | PM |
| | IES OF BUSINE | | | | | | | | | ' | | | | | | | | | |
| IND | ICATE LINES OF BU | SINESS | PREM | IUM | | | | | | PREMIUM | | | | | | | PI | REMIUM | |
| | BOILER & MACHIN | ERY | \$ | | | CYBER | AND PRIVACY | | | \$ | | | YACHT | | | | \$ | | |
| X | BUSINESS AUTO | | \$ | | | FIDUCIA | ARY LIABILITY | | | \$ | | | | | | | \$ | | |
| | BUSINESS OWNER | RS | \$ | | | GARAG | E AND DEALERS | | | \$ | | | | | | | \$ | | |
| X | COMMERCIAL GEI | NERAL LIABILITY | \$ | | | LIQUOF | R LIABILITY | | | \$ | | | | | | | \$ | | |
| | COMMERCIAL INL | AND MARINE | \$ | | | MOTOR | CARRIER | | | \$ | | | | | | | \$ | | |
| X | COMMERCIAL PRO | OPERTY | \$ | | | TRUCK | ERS | | | \$ | | | | | | | \$ | | |
| | CRIME | | \$ | | X | UMBRE | ELLA | | | \$ | | | | | | | \$ | | |
| ΑT | TACHMENTS | | | | | | | | | | | | | | | | | | |
| | ACCOUNTS RECE | IVABLE / VALUABLE | PAPERS | 3 | | GLASS | AND SIGN SECTION | ١ | | | | | STATEME | NT / SCI | HEDULI | E OF VALUE | S | | |
| | ADDITIONAL INTE | REST SCHEDULE | | | | HOTEL | / MOTEL SUPPLEM | ENT | | | | | STATE SU | PPLEM | ENT (If | applicable) | | | |
| | ADDITIONAL PREM | MISES INFORMATION | SCHEE | DULE | | INSTAL | LATION / BUILDERS | RISK | SECTI | ON | | | VACANT B | UILDING | G SUPF | PLEMENT | | | |
| | APARTMENT BUIL | DING SUPPLEMENT | | | | INTERN | NATIONAL LIABILITY | EXPC | OSURE | SUPPLEMEN | ١T | | VEHICLE S | SCHEDU | JLE | | | | |
| | CONDO ASSN BYL | AWS (for D&O Cover | age only |) | | INTERN | NATIONAL PROPER | ΓΥ ΕΧΙ | POSUF | RE SUPPLEME | ENT | | | | | | | | |
| | CONTRACTORS SUPPLEMENT LOSS SUMMARY | | | | | | | | | | | | | | | | | | |
| COVERAGES SCHEDULE OPEN CARGO SECTION OPEN CARGO SE | | | | | | | | | | | | | | | | | | | |
| | DEALERS SECTIO | N | | | | PREMIL | JM PAYMENT SUPP | LEME | NT | | | | | | | | | | |
| | DRIVER INFORMA | TION SCHEDULE | | | | PROFE | SSIONAL LIABILITY | SUPP | PLEMEN | NT | | | | | | | | | |
| | ELECTRONIC DAT | A PROCESSING SEC | TION | | | RESTA | URANT / TAVERN S | UPPLE | EMENT | | | | | | | | | | |
| PC | LICY INFORM | ATION | | | | | | | | | | | | | | | | | |
| PRO | POSED EFF DATE | PROPOSED EXP DA | TE | BILLING F | LAN | | PAYMENT PLAN | M | ETHOD | OF PAYMEN | ΙТ | AUDIT | DEPO | SIT | | MINIMUM PREMIUM | P | OLICY P | REMIUM |
| (| 08/17/2024 | 08/17/2025 | | DIRECT | AG | SENCY | | | | | | | \$ | | \$ | | \$ | | |
| AF | PLICANT INFO | DRMATION | | | | | | | | | | | | | | | | | |
| | | red) AND MAILING A | DDRES | S (including ZI | P+4) | | | GL C | ODE | | SIC | | | NAICS | i | | FEIN (| OR SOC | SEC# |
| | gust Real Estat | | | | | | | | | | 653 | 31 | | | | | | | |
| | 2 Amherst Ave las, TX 75225 | nue | | | | | | BUSI | INESS I | PHONE #: | | | | | | | | | |
| | , | | | | | | | WEB | SITE A | DDRESS | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | CORPORATION | JOINT VENT | | | | NO | T FOR PROFIT ORG | | s | UBCHAPTER | "S" (| CORPOR | ATION | | | | | | |
| | INDIVIDUAL | LLC NO. O | F MEME IANAGE | RS: | | PAF | RTNERSHIP | | Т | RUST | | | | | | | | | |
| | ME (Other Named Ins gust Family Inv | sured) AND MAILING estments LTD | ADDRE | SS (including Z | IP+4) | | | GL C | ODE | | SIC | | | NAICS | | | FEIN (| OR SOC | SEC# |
| | | | | | | | | BUSI | INESS I | PHONE #: | | | | | | | | | |
| | | | | | | | | WEB | SITE A | DDRESS | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | CORPORATION | JOINT VENT NO. O LLC AND N | URE F MEME IANAGE | BERS | Ŧ | | T FOR PROFIT ORG | | _ | UBCHAPTER RUST | "S" (| CORPOR | ATION | | | | | | |
| NAI | | sured) AND MAILING | | | IP+4) | | | GL C | | | SIC | | | NAICS | i | | FEIN (| OR SOC | SEC# |
| | 1st LLC | | | | , | | | | | | | | | | | | | | |
| | | | | | | | | BUSI | INESS I | PHONE #: | | | | | | | | | |
| | | | | | | | | WEB | SITE A | DDRESS | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | CORPORATION | JOINT VENT | | | | NO | T FOR PROFIT ORG | | s | UBCHAPTER | "S" (| CORPOR | ATION | | _ | | | | |
| | INDIVIDUAL | LLC NO. O | H MEME | BERS | Γ | PAF | RTNERSHIP | | Т Т | RUST | | | | | | | | | |

| CONTACT | INFORMATION |
|---------|--------------|
| CONTACT | INFURINATION |

| CONT | ACT INF | ORN | MATION | | | | | | | | | | | | | | | | |
|-----------------|-------------------|------|---------------------------------------|------------|-------------------|------------------------|--------|--------------------|---------------------------|---------------|----------|------|--------------|-----------|----------------------|------------|-------------------------|---------|--|
| CONTA | CT TYPE: | | | | | | | | CON | NTACT T | YPE: | | | | | | | | |
| CONTA | CT NAME: | | | | | | | | CON | NTACT N | AME: | | | | | | | | |
| PRIMAR PHONE | lY # □H | IOME | Bus C | ELL SI | ECONDAR HONE # | ^Ү Пноме В | us [| CELL | PRI | MARY ONE # | □нс | OME | BUS | CELL | SECONDARY PHONE # | НОМЕ | BUS | CELL | |
| DDIMAD | Y E-MAIL AD | DDE | · · · · · · · · · · · · · · · · · · · | | | | | | DDII | MADVE | MAIL ADI | DDEG | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | DARY E-MAII | | | 44 l- A 4 | 2000 | 00 for Artilities | | | SECONDARY E-MAIL ADDRESS: | | | | | | | | | | |
| | STREET | -OKI | WATION (A | ttach At | JUKD 8 | 23 for Addition | | | | | | | | | | | | | |
| LOC# | 3309 E | lm S | St | | | | CIT | TY LIMITS | INT | TEREST | | 1 | # FULL TII | ME EMPL | ANNUAL REVENUE | :S: \$ | | | |
| 1 | 1 | | | | | | | INSIDE | | OWN | ER | | | | OCCUPIED AREA: | | | SQ FT | |
| BLD# | сіту:Da | llas | | | | STATE: TX | | OUTSIDE | Ε | TENA | NT | # | # PART TI | ME EMPL | OPEN TO PUBLIC | AREA: | | SQ FT | |
| 1 | COUNTY: | | | | | ZIP: 75226 | | | | | | | | | TOTAL BUILDING | AREA: | | SQ FT | |
| DESCRI | PTION OF O | PERA | TIONS: | | | | | | | | | | | | ANY AREA LEASE | D TO OTH | IERS? Y / N | | |
| LOC# | STREET | | | | | | CIT | TY LIMITS | INT | TEREST | | , | # FULL TII | ME EMPL | ANNUAL REVENUE | ES: \$ | | | |
| 2 | 333 1st | AV | 9 | | | | | INSIDE | | OWN | ĒR | | | | OCCUPIED AREA: | | | SQ FT | |
| BLD# | cıту:Dal | llas | | | | STATE: TX | | OUTSIDE | = | TENA | | | # PART TI | ME EMPL | OPEN TO PUBLIC | AREA. | | SQ FT | |
| 1 | | iiuo | | | | z _{IP:} 75226 | | - 0010101 | _ | - | 111 | ' | 7 1 AIX 1 11 | | TOTAL BUILDING | | | | |
| | COUNTY: | | | | | ZIP: 1 0 = 10 | | | | | | | | | | | | SQ FT | |
| | STREET | PERA | TIONS: | | | | | | _ | | | | | | ANY AREA LEASE | э то отн | IERS? Y / N | | |
| LOC# | | asto | n Avenue | | | | CIT | TY LIMITS | INT | TEREST | | 1 | # FULL TI | ME EMPL | ANNUAL REVENUE | :S: \$ | | | |
| 3 | | | | | | | | INSIDE | | OWN | ĒR | | | | OCCUPIED AREA: | | | SQ FT | |
| BLD# | сіту:Da | llas | | | | STATE: TX | | OUTSIDE | E | TENA | NT | # | # PART TI | ME EMPL | OPEN TO PUBLIC | AREA: | | SQ FT | |
| 1 | COUNTY: | | | | | ZIP: 75211 | | | | | | | | | TOTAL BUILDING | AREA: | | SQ FT | |
| DESCRI | PTION OF O | PERA | TIONS: | | | | | ' | | | | | | | ANY AREA LEASE | D TO OTH | IERS? Y / N | | |
| LOC# | STREET | | | | | | CIT | TY LIMITS | INT | TEREST | | Τ. | # FULL TII | ME EMPL | ANNUAL REVENUE | ES: \$ | | | |
| | | | | | | | - | INSIDE | | OWN | | ' | | | OCCUPIED AREA: | | | SQ FT | |
| 515 " | 0171/ | | | | | | | _ | _ | ┪ | | H. | | | | | | | |
| BLD# | CITY: | | | | | STATE: | | OUTSIDE | - | TENA | NI | 7 | PARI II | ME EMPL | OPEN TO PUBLIC | | | SQ FT | |
| | COUNTY: | | | | | ZIP: | | | | | | | | | TOTAL BUILDING | | | SQ FT | |
| DESCR | PTION OF O | PERA | TIONS: | | | | | | | | | | | | ANY AREA LEASE | э то отн | IERS? Y / N | | |
| NATU | RE OF B | USII | NESS | | | | | | | | | | | | | | | | |
| | ARTMENTS | 18 | CONTRA INSTITU | | | NUFACTURING FICE | | RESTAURA RETAIL | NT | | SERVICE | | | | | START | BUSINESS ED (MM/DD/Y | YYY) | |
| | | | | | | | | | | | | | | | | | | | |
| RETAIL | STORES OR | SER | /ICE OPERATIO | NS % OF TO | OTAL SAL | | LLATIC | ON, SERVIC | E OR | REPAIR | WORK | | 0 | FF PREMIS | ES INSTALLATION, S | SERVICE | OR REPAIR V | VORK | |
| DESCRI | PTION OF O | PERA | TIONS OF OTHE | R NAMED I | NSUREDS | | | | | | | | | | | | | | |
| | | | | | | | | | | _ | | | | | | | | | |
| 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 | |
| INTERE | | | | | | SS RANK: | | ENCE: | CE | RTIFICA | TE | POI | LICY | SEND BIL | L INTER | EST IN IT | EM NUMBER | | |
| _^_ INS | DITIONAL SURED | Ш | LIENHOLDER | Twain C | ommun | nity Partners II, | LLC | | | | | | | | LOCATION: | | BUILDING: | | |
| BR WA | EACH OF | | LOSS PAYEE | | | | | | | | | | | | VEHICLE: | | BOAT: | | |
| | -OWNER | | MORTGAGEE | | | | | | | | | | | | AIRPORT: | | AIRCRAFT: | | |
| | IPLOYEE LESSOR | | OWNER | | | | | | | | | | | | ITEM CLASS: | | TEM: | | |
| LE | ASEBACK | | REGISTRANT | | | | | | | | | | | | ITEM DESCRIPTI | | | | |
| LEI | VNER NDER'S | | TRUSTEE | DEEEDE | ICE / LOAN | N #- | | JAI | TEDE | ST END | DATE: | | | | 7 | | | | |
| LO: | SS PAYABLE | | | | | · · · · · · · | | | | | | | | | EAY (A/C No): | | | | |
| DE | | | | LIEN AMO | JUNI: | | | | | (A/C, No | • | | | | FAX (A/C, No): | | | | |
| REASO | N FOR INTER | EST: | | | | | | E- | wall. | ADDRES | აა: | | | | | | | | |

| LAIL | AIN ALL ILO K | LOI ONOLO | | | | | | | | 1714 |
|-------|---|---------------------|--|-----------------------|-----------------|-------------------|---------------------|--------------|-----------|------|
| 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 | | RESC | OLVE 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 | , Additional Rem | 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 | 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) | |
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| | | | | ADDITIONA | _ 11411 | | | | | | 07/2 | 23/2024 |
|-------|------------------------|------|-------------|---------------------------------|--------------|----------------|---------|-----------|------------|----------------------------|---------|-----------|
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| | ICY NUMBER | | | | EFFECTIVE DA | ATE NAMED INS | URED(S) | 1 | | | | 1 |
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| ٨٢ | DITIONALI | NTE | DEST (Not | all fields apply to all scenari | | | | | | | | |
| | EREST | | INLOT (NOT | NAME AND ADDRESS RANK: | EVIDENCE: | | | | 05115 5111 | INTEREST IN | ITEM NI | IMRER |
| | ADDITIONAL | | LOSS PAYEE | | | CERTIFICA | TE | POLICY | SEND BILL | LOCATION: | BUILD | |
| Х | INSURED BREACH OF | _ | MORTGAGEE | Twain Community Funding I | , LLC | | | | | VEHICLE: | BOAT | |
| | WARRANTY CO-OWNER | | OWNER | | | | | | | AIRPORT: | AIRCE | |
| | EMPLOYEE | | | | | | | | | ITEM | | |
| | AS LESSOR LEASEBACK | _ | REGISTRANT | | | | | | | CLASS: | ITEM: | |
| | OWNER | | TRUSTEE | | | | | | | ITEM DESCRIPTION | | |
| | LIENHOLDER | | | REFERENCE / LOAN #: | | INTEREST END | | | | | | |
| | | | | LIEN AMOUNT: | | PHONE (A/C, No | | | | FAX (A/C, No): | | |
| REA | ASON FOR INTER | EST: | | I | | E-MAIL ADDRES | SS: | | | | | |
| | EREST ADDITIONAL | | 1 | NAME AND ADDRESS RANK: | EVIDENCE: | CERTIFICA | TE | POLICY | SEND BILL | INTEREST IN | 1 | |
| X | INSURED BREACH OF | | LOSS PAYEE | Twain HTC Fund XXX, LLC | | | | | | LOCATION: | BUILD | |
| | WARRANTY | | MORTGAGEE | | | | | | | VEHICLE: | BOAT | : |
| | CO-OWNER | | OWNER | | | | | | | AIRPORT: | AIRCE | RAFT: |
| | EMPLOYEE AS LESSOR | | REGISTRANT | | | | | | | ITEM CLASS: | ITEM: | |
| | LEASEBACK OWNER | | TRUSTEE | | | | | | | ITEM DESCRIPTION | | |
| | LIENHOLDER | | | REFERENCE / LOAN #: | | INTEREST END | DATE: | | | | | |
| | | | | LIEN AMOUNT: | | PHONE (A/C, No | , Ext): | | | FAX (A/C, No): | | |
| REA | ASON FOR INTER | EST: | | | | E-MAIL ADDRES | SS: | | | | | |
| INTI | EREST | | | NAME AND ADDRESS RANK: | EVIDENCE: | CERTIFICA | TE | POLICY | SEND BILL | INTEREST IN | ITEM N | JMBER |
| | ADDITIONAL INSURED | | LOSS PAYEE | | | | | | | LOCATION: | BUILD | ING: |
| | BREACH OF WARRANTY | | MORTGAGEE | | | | | | | VEHICLE: | BOAT | : |
| | CO-OWNER | | OWNER | | | | | | | AIRPORT: | AIRCE | RAFT: |
| | EMPLOYEE AS LESSOR | | REGISTRANT | | | | | | | ITEM CLASS: | ITEM: | |
| | LEASEBACK OWNER | | TRUSTEE | | | | | | | ITEM DESCRIPTION | | |
| | LIENHOLDER | | , | REFERENCE / LOAN #: | | INTEREST END | DATE: | | | | | |
| | | | | LIEN AMOUNT: | | PHONE (A/C, No | , Ext): | | | FAX (A/C, No): | | |
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| INTI | EREST | | | NAME AND ADDRESS RANK: | EVIDENCE: | CERTIFICA | TE. | POLICY | SEND BILL | INTEREST IN | ITEM N | JMBER |
| | ADDITIONAL INSURED | | LOSS PAYEE | | | | | | | LOCATION: | BUILD | ING: |
| | BREACH OF WARRANTY | | MORTGAGEE | | | | | | | VEHICLE: | BOAT | : |
| | CO-OWNER | | OWNER | | | | | | | AIRPORT: | AIRCE | RAFT: |
| | EMPLOYEE AS LESSOR | | REGISTRANT | | | | | | | ITEM CLASS: | ITEM: | |
| | LEASEBACK OWNER | | TRUSTEE | | | | | | | ITEM DESCRIPTION | | |
| | LIENHOLDER | | J | REFERENCE / LOAN #: | | INTEREST END | DATE: | | | | | |
| | | | | LIEN AMOUNT: | | PHONE (A/C, No | , Ext): | | | FAX (A/C, No): | | |
| REA | SON FOR INTER | EST: | : | | | E-MAIL ADDRES | SS: | | | | | |
| INT | EREST | | | NAME AND ADDRESS RANK: | EVIDENCE: | CERTIFICA | TE | POLICY | SEND BILL | INTEREST IN | ITEM N | JMBER |
| | ADDITIONAL | | LOSS PAYEE | | | OLK HEICA | | , i olioi | JEHO BILL | LOCATION: | BUILD | |
| | INSURED BREACH OF | | MORTGAGEE | | | | | | | VEHICLE: | BOAT | · |
| | WARRANTY CO-OWNER | | OWNER | | | | | | | AIRPORT: | AIRCE | |
| | EMPLOYEE | | REGISTRANT | | | | | | | ITEM | ITEM: | |
| | AS LESSOR LEASEBACK | | TRUSTEE | | | | | | | CLASS: ITEM DESCRIPTION | | |
| | OWNER LIENHOLDER | | J | REFERENCE / LOAN #: | | INTEREST END | DATE: | | | | | |
| | | | | LIEN AMOUNT: | | PHONE (A/C, No | | | | FAX (A/C, No): | | |
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| I.L.F | SONT ON INTER | 01. | • | | | L-MAIL ADDRES | | | | | | |
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UMBRELLA / EXCESS SECTION

| | IMPO | ORT | TANT - If CL | .AIN | IS MADE is | checked i | in the PO | LICY INFOR | MAT | ION sec | ction belov | w, this is a | an app | lication for a cl | aims-made p | olicy. | |
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| AGE | NCY | | | | | | | | | CARRIE | R | | | | | NAIC | CODE |
| Swi | ngle, Co | olli | ns & Asso | cia | tes | | | | | | | | | | | | |
| | ICY NUMBE | | | | | | | EFFECTIVE DA | TE N | NAMED IN | SURED(S) | | | | | | |
| | | | | | | | | 08/17/202 | 4 A | Auaust | Real Est | ate Co | | | | | |
| РО | LICY INF | FOF | RMATION | | | | | | | | | | | | | | |
| | | | | TRAN | SACTION TYPE | E | | | | | LIMIT OF LIA | BILITY | | | RETAINED LIMIT | | |
| Х | NEW | X | | X | OCCURRENC | | RETROACT | IVE DATE | \$ | | | 00,000 E | A OCC | \$ | | | |
| | RENEWAL | | EXCESS | | CLAIMS MAD | E PROF | POSED | CURRENT | \$ | 10 | ,000,000 | | | | | | |
| EXP | RING POL | #: | | | • | | | | \$ | | | | - | FIRST DOLLAR DE | FENSE (Y / N) | | |
| EM | PLOYEE | В | ENEFITS L | AB | ILITY | | | | | | | | | | • | | |
| LIMI | T OF INSUR | ANC | CE (Ea Employe | e) | | AGGREGAT | E LIMIT FO | R EBL | | | RETAINED L | IMIT FOR E | 3L | | RETROACTIVE D | DATE FO | R EBL |
| \$ | | | | | | \$ | | | | | \$ | | | | | | |
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| # | N/ | ME | AND LOCATIO | N OF | PRIMARY AND | ALL SUBSID | IARY COMP | ANIES (Describe | Opera | ations) | ANNUA | AL PAYROLI | . AN | IN GROSS SALES | FOREIGN GROSS | S SALES | # EMPL |
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| | LOCATIO | ON: | | | | | | | | | | | | | | | |
| | DESCRI | PTIO | N: | | | | | | | | | | | | | | |
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| | LOCATION | ON- | | | | | | | | | | | | | | | |
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| UN | DERLYII | NG | INSURANC | Œ | | | | | | | | | · | | | | |
| | | | | | LIST ALL L | LIABILITY / CO | MPENSATI | ON POLICIES IN | FORC | E TO APP | LY AS UNDER | RLYING INSU | JRANCE | | | | + - RATING |
| | TYPE | | CARRI | ER/I | POLICY NUMBE | R | POLICY I | EFF DATE PO | LICY | EXP DATE | I | ı | IMITS | | ANNUAL RENI PREMIUN | EWAL / | MOD |
| | | Zu | rich Americ | can | Insurance (| Company | | | | | CSL EA A | СС | \$ | 1,000,000 | \$ 1,0 | 086.00 | |
| | OMOBILE ABILITY | | | | | | | | | | BI EA ACC | | \$ | | \$ | | |
| L | ADILIT | C [| PO 644434 | 5_N | 2 | | 08/17 | 7/2023 0 | 8/17 | 7/2024 | BI EA PER | 3 | \$ | | | | |
| | | | | | | | | | | | PD EA AC | C | \$ | | \$ | | |
| G | ENERAL | Zu | irich Americ | can | Insurance (| Company | | | | | EACH OC | CURRENCE | \$ | 1,000,000 | 1 | | |
| | ABILITY .ICY TYPE | | | | | | | | | | GENERAL PROD 8 C | | \$ | 2,000,000 | · . | | - |
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| | OCCUR | | | | | | 08/17 | 7/2023 0 | 8/1/ | 7/2024 | INJURY | O RENTED | \$ | 1,000,000 | 7 | | - |
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| | | O. | U-1434 | J-U | _ | | | | | | | EXPENSE | \$ | 10,000 | \$ | | |
| FM | PLOYERS | | | | | | | | | | DISEASE | CIDENT | \$ | | 1 | | |
| | ABILITY | | | | | | | | | | DISEASE EACH EM DISEASE | PLOYEE | \$ | | \$ | | |
| | | | | | | | - | | | | POLICY L | IMIT | \$ | | | | |
| | | | | | | | | | | | | | | | \$ | | |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | \$ | | |

| UNDERLYING GENERAL LIABILITY INFORMAT | ION (Explai | n all "YES | " responses) | | | | | | | | |
|--|-----------------|------------|--------------------------|--------|---|-------|-----------|-------------|--------------|---------------------------------------|--------------|
| 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 | 3 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* | В* | 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) |

| TYPE | | | # 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 | | | | | | | | |

| | 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? | |
| | | |
| _ | ADE DAGGENGEDO GARRIED FOR A FEFO | |
| б. | ARE PASSENGERS CARRIED FOR A FEE? | |
| | | |
| 7 | ANY UNITS NOT INSURED BY UNDERLYING POLICIES? | |
| ' | ANT UNITS NOT INSURED BY UNDERLYING POLICIES! | |
| | | |
| 8 | ARE ANY VEHICLES LEASED OR RENTED TO OTHERS? | |
| 0. | ARE ART VEHICLES LEAGED ON RENTED TO OTHERO: | |
| | | |
| 9 | ARE HIRED AND NON-OWNED COVERAGES PROVIDED? | |
| 0. | THE TIMES THE NON-CONNES COVERNOLS THOUSES. | |
| | | |
| | 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) | |
| '2 | . DECONDE ACINEIN (Allacit ACOND 101, Additional Nemarks Scriedule, il 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? | |
| | | |
| | | |
| 16 | SUBJECT TO: JONES ACT FELA STOP GAP OTHER: | 1 |
| | INCIDENTAL MALPRACTICE LIABILITY | |
| 17 | . IS A HOSPITAL OR FIRST AID FACILITY MAINTAINED? | |
| | | |
| | | |
| 18 | . ARE COVERAGES PROVIDED FOR DOCTORS / NURSES? | |
| | | |
| | | |
| 19 | . INDICATE # OF DOCTORS: NURSES: BEDS: | |

| EXPLAIN ALL "YES" RESPONSES, PROVIDE OTHER INFORMATION REQUIRED | | | | | | | | | | | | Y/N | | |
|--|-----------|-----------------|------------|------------------|---------|------------------|-------|-------------|-------------------|-------------|---------------|-------|-----------------|---|
| EPA #: POLLUTION LIABILITY | | | | | | | | | | | | | | · |
| 20. DO CURRENT OR PAST PRODUCTS, OR THEIR COMPONENTS, CONTAIN HAZARDOUS MATERIALS THAT MAY REQUIRE SPECIAL DISPOSAL METHODS? | | | | | | | | | | | | | | |
| 21. INDICATE THE COVERAGES CARRIED: | | | | | | | | | | | | | | |
| GL WITH STANDARD ISO POLLUTION EXCLUSION GL WITH POLLUTION COVERAGE ENDORSEMENT | | | | | | | | | | | | | | |
| GL WITH STANDARD SUDDEN & ACCIDENTAL ONLY SEPARATE POLLUTION COVERAGE | | | | | | | | | | | | | | |
| PRODUCT LIABILITY 22. ARE MISSILES, ENGINES, GUIDANCE SYSTEMS, FRAMES OR ANY OTHER PRODUCT USED / INSTALLED IN AIRCRAFT? | | | | | | | | | | | | | | |
| 22. | ARE IVIIS | SSILES, ENGINE | es, Guidai | NCE STSTEMS, F | KAIVIES | OR ANT OTHE | KPK | KODOCT | USED/INSTAL | LED IN AIR | CRAFT? | | | |
| | (If "YES" | , Attach ACORD | 815) | REIGN PRODUCT | | | E US | A OR US | PRODUCTS SO | OLD / DIST | RIBUTED IN FO | REIGN | COUNTRIES? | |
| 24. | PRODU | ST LIABILITY LC | OSS IN PAS | T THREE (3) YEA | KS? (S | SPECIFY) | | | | | | | | |
| 25. | GROSS | SALES FROM E | ACH OF L | AST THREE (3) YI | EARS: | \$ | | | \$ | | \$ | | | |
| | | | | | | | | VE LIABIL | | | | | | : |
| 26. | DESCRI | BE INDEPENDE | NT CONT | ACTORS (Attach | ACOR | D 101, Additiona | l Ren | narks Sch | nedule, if more s | pace is req | uired) | | | |
| | | | | | | | | | | | | | | |
| | | | | | | WATE | RCR | AFT LIABIL | LITY | | | | | |
| 27. | DOES A | PPLICANT OWN | OR LEAS | E WATERCRAFT | ? | , , , , | | TI LIADIL | | | | | | |
| | LOC# | # OWNED | | LENGTH | Н | ORSEPOWER | | LOC# | # OWNED | | LENGTH | ŀ | HORSEPOWER | |
| | | | | | | | | | | | | | | |
| | | | | | | APARTMENTS / CO | NDOM | IINIUMS / F | HOTELS / MOTELS | | | | | |
| 28. | LOC# | # STORIES | # UNITS | # SWIMMING PC | OOLS 3 | # DIVING BOARDS | | LOC# | # STORIES | # UNITS | # SWIMMING F | POOLS | # DIVING BOARDS | |
| RE | MARKS | (Attach ACO | RD 101, | Additional Rem | arks (| Schedule, if m | ore | space i | s required) | | | | | |
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| | AGENCY CUSTOMER ID: AUGUREA-01 | PLE |
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| REMARKS (Attach ACORD 101, Additional Remarks Sched | ule, if more space is required) | |
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| 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 |

| | | | AGENCY CUSTOMER ID: ACCOM | | , |
|--|----------------------------|-------------------------|--|---|-------------------------------|
| | | | LOC #: 1 | BLDG #: 1 | |
| ACORD [®] | CRI | ME SEC | TION 2000 | 1 | мм/dd/үүүү) 23/2024 |
| AGENCY | | | CARRIER | | NAIC CODE |
| Swingle, Collins & Associates | | | | | |
| POLICY NUMBER | | 08/17/2024 | APPLICANT (FIRST NAMED INSURED) August Real Estate Co | | |
| COVERAGE BASIS FOR | | OS/17/2024 DISCOVERY | LOSS SUSTAINED | | |
| COVERAGE | LIMIT | DEDUCTIBLE | COVERAGE | LIMIT | DEDUCTIBLE |
| EMPLOYEE THEFT | | | INSIDE THE PREMISES | | |
| X BLANKET SCHEDULE | \$ 25,000 | 5,000 | ROBBERY OR BURGLARY OF OTHER PROPER | RTY | |
| ERISA | \$ | N/A | BLANKET SCHEDULE | \$ | |
| AGGREGATE | \$ | | OUTSIDE THE PREMISES | | 5.00 |
| ERISA EXCESS AMOUNT OVER BLANKET LIMIT | \$ | | MONEY AND SECURITIES | \$ 25,000 | 5,000 |
| TOTAL ASSET VALUE | \$ | | OTHER PROPERTY X BLANKET SCHEDULE | \$ | |
| TOTAL ASSET VALUE (Per Plan) EMPLOYEE THEFT GOVERNMENTAL CRIME | \$ | | COMPUTER FRAUD | \$ 25,000 | 5,000 |
| BLANKET SCHEDULE | \$ | | FUNDS TRANSFER FRAUD | \$ 25,000 | - |
| PER LOSS PER EMPLOYEE | • | | MONEY ORDERS AND COUNTERFEIT | | -,,,,, |
| FORGERY OR ALTERATION | \$ 25,000 | 5,000 | | \$ 25,000 | 5,000 |
| INSIDE THE PREMISES | | | | | |
| THEFT OF MONEY AND SECURITIES | | | | \$ | |
| X BLANKET SCHEDULE | \$ 25,000 | 5,000 | | | |
| NAME OF PLAN IS THERE A LICENSED SECURITIES FIRM RESPONS FOR INVESTING OF FUNDS UNDER PLAN(S)? (Y / N | | NDDNESO | | NUMBER OF TRUSTEES, EMPLOYEES, ETC HANDLING PLAN ASSETS | NUMBER OF I PARTICIPANTS |
| GENERAL INFORMATION | , | | | | |
| EXPLAIN ALL "YES" RESPONSES | | | | | Y/N |
| 1. ARE VOLUNTEERS USED? (If "YES", # of | volunteers): | | | | |
| 2. ANY EMPLOYEES LEASED TO OTHERS? | (If "YES", give number and | d explain) # OF | FEMPLOYEES LEASED TO OTHERS: | _ | |
| 3. ANY EMPLOYEES LEASED FROM OTHER | S? (If "YES", give number | and explain) | # OF EMPLOYEES LEASED FROM OTHER | S: | |
| 4. ANY EMPLOYEES PERFORM MONEY INV | ESTING OR TRADING? | | | | |
| 5. ANY EMPLOYEES RECEIVE OR ISSUE WA | AREHOUSE RECEIPTS? | | | | |
| 6. ANY EMPLOYEE(S) BEEN CANCELLED FO | OR CRIME COVERAGE BY | ANY INSURER | ? (Missouri Applicants - Do not answer thi | s question) | |
| 7. DOES APPLICANT HAVE ANY WRITTEN A | AGREEMENTS WITH CLIER | NTS? | | | |
| 8. DOES APPLICANT TRANSFER ANY FUND | OS VIA PHONE OR FAX? | | | | |
| 9. ANY EXPOSURE FROM 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 | LOTELO | | | | | | |
| CONT | ROLS AND | AUDIT PROCEDUR | RES - A | AUDITS | LE MOOI GIVED EIVII | | | | | | | |
| | | AUDIT PROCEDUR | | | LE AGGIGINED EMI | | | | | | | 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 AUDINGY? | 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 IME AND ADDI INTE OF COMPLIDIT FREQUEN IDIT 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 STA | 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. DA 4. AL 5. AL 6. FII 7. AF | 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. DA 4. AL 5. AL 6. FII 7. AF | 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 FIRM P THE FIRM P | 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 | 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 |

| | | | | | 1 | AGENCY CUS | TOMER ID | : AUGUREA- | 01 | | PLEE |
|----------|--|-------------------------------|---|-----------------------|-------------------------------------|--|------------|---|-------|-----------------|-------|
| ~~ | ONTROLE AND ALID | IT DBOCED | LIDEC DANK | INC / OTHER | - | | | #: 1 | | DG #: 1 | |
| | ONTROLS AND AUD EXPLANATION REQUIRED | | | ING / OTHER | | | | | | | Y/N |
| | ARE BANK ACCOUNTS | | | NOT AUTHORIZE | D TO DEPOS | T OR WITHDRA | \W? | | | | |
| <u> </u> | IS COUNTERSIGNATU | RE OF CHECK | KS REQUIRED? I | F NOT, WHO SIGI | NS CONTROL | S?: | | | | | |
| 3. | WILL SECURITIES BE | SUBJECT TO | JOINT CONTROL | . OF TWO OR MO | RE RESPONS | IBLE EMPLOYE | ES? | | | | |
| I. | ARE ALL OFFICERS A | ND EMPLOYE | ES REQUIRED TO | TAKE ANNUAL \ | VACATIONS C | DF AT LEAST FIV | VE CONSEC | CUTIVE BUSINESS | DAYS? | | |
| | IS THERE A WRITTEN | POLICY REGA | ARDING FFTS? | | | | | | | | |
| ·- } | WHAT IS THE LARGES | | | BE TRANSFERR | FD?: \$ | | | | | | |
| '. '. | PRIOR TO FUNDS TRA | | | | | TY WITH ANOT | HER EMPLO | .OYEE? | | | |
| } | ARE HARD COPIES OF | FUNDS TRAI | NSFER CONFIRM | ATIONS RECEIVE | ED AND RECC | NCII FD? | | | | | |
| · • | FREQUENCY OF DEPO | | DAILY | | | | | | | | |
| | ARE DETAILED RECOI | | | TAINED? | | | | | | | |
| _ | | | - DET COTTO WINTER | | | | | | | | |
| _ | ONEY - SECURITIES TER THE EXPOSURES FOR | | RY. AMOUNTS ENT | ERED SHOULD BE N | MAXIMUM EXPO | SURE. | | | | | |
| | | | СН | IECKS FOR | CHECKS F | OR | PAYROLL | MON | IFY | SECURI | TIES |
| | TYPE | MONEY | | DEPOSIT | ACCOUNTS PA | | CHECKS | OVERN | | (IN BANK / SAF | |
| | | \$ | \$ | | \$ | \$ | | \$ | | \$ | |
| | MEGGENGED #6 | <u> </u> | \$ | | \$ | \$ | | \$ | | _ | |
| Pυ | JRCHASING / RECE | · | ROLS | 3 | \$ | \$ | | \$ | | | |
| _ | EXPLANATION REQUIRED | | | | | | | | | | Y/N |
| | ARE DUTIES SEGREG | ATED? | | | | | | | | | |
| 2. | ARE DEPARTMENTS S | SUPERVISED I | BY SOMEONE NO | T AUTHORIZED 1 | TO PAY BILLS | ? | | | | | |
| 3. | IS RESPONSIBILITY FO | OR CHECKING | MERCHANDISE | RECEIVED / CON | TROLLED BY | MORE THAN O | NE INDIVID | DUAL? | | | |
| ı | IS ACTUAL RECEIPT O | DE MERCHANI | DISE VERIFIED BE | FORE PAYMENT | IS MADE? | | | | | | |
| ·· : | IS A NUMBERED PURC | | | | | | | | | | |
| | OMPUTER FRAUD C | | TOTOTEW IIWI EE | WEITTED / WOT C | JELOWED: | | | | | | |
| _ | EXPLANATION REQUIRED | ONTINOLO | | | | | | | | | Y/N |
| | DO INTERNAL AUDIT F | PROCEDURES | S INCLUDE COMP | UTER OPERATIO | NS? | | | | | | |
| 2. | IS THERE AN EMPLOY | EE OR DEPAR | RTMENT WHOSE | SOLE DUTY IS SI | ECURITY? | | | | | | |
| 3. | ARE SUSPICIOUS TRA | NSACTIONS I | REVIEWED AND I | NVESTIGATED? | | | | | | | |
| . | IS PHYSICAL ACCESS | TO COMPUTE | ER ROOM AND E | QUIPMENT RESTI | RICTED TO A | JTHORIZED PE | RSONNEL? | ? | | | |
| PR | ROPERTY | | | | | | | | | | |
| | | | DESCRIPTION | N OF PROPERTY, ME | ERCHANDISE, S | ГОСК, ЕТС. | | | | MAXIMUM | VALUE |
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| 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 GROSS OR RECEIPTS LAST FISCAL | SFOR | OES PREMISES HAVE DOUBLE CYLINDER DOOR LOCKS? (Y / N) | | OTHER INFORMATI | ION |
| | - | CHECHT | CHET (T/N) | | GGED (I / N) | LASI FISCAL | ILAN D | | | | |
| | | 1 | 1 1 1 | I. | 1 1 1 | ı | 1 | 1 1 | 1 | | |

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

DI DO #. 1

| חח ۵ | DITIONAL LOCATIONS (Complete ACORD 141 for each location) | LUC #. 1 | BLDG #i |
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| <u>.öc</u> | DITIONAL LOCATIONS (Complete ACORD 141 for each location) Address | | |
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| ΕM | MARKS (ACORD 101, Additional Remarks Schedule, may be attached if more s | pace is required) | |
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ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, 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.

AGENCY CUSTOMER ID: AUGUREA-01

-01 PLEE



BUSINESS AUTO SECTION

| DATE (MM/DD/YYYY) | |
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| AGEN | cy gle, Collins & Associates | | | | CARRIER | | | | | | | | | |
| | Y NUMBER | | | EFFECTIVE DAT | | | SURED(S) Real Estate Co | | | | | | | |
| | | | | 00/11/2024 | , , , , | 9 | | | | | | | | |
| COV | ERAGES / LIMITS USE ACORD 137 F | OR Y | OU! | R STATE TO PE | ROVII | DE C | OVERAGES / LIMITS II | NFOR | MATION | | | | | |
| DRI\ | | | | ed for additiona | | | | | | | | | | |
| | LL DRIVERS, INCLUDING FAMILY MEMBERS THAT WILL | | | | | | WHO DRIVE OWN VEHICLES ON | COMPAN | Y BUSINESS. | | | | | |
| DRIVEI | NAME (Include address, if required) | SEX | MAR | DATE OF BIRTH | YRS EXP | YEAR LIC | DRIVERS LICENSE NUMBER/ SOCIAL SECURITY NUMBER | STATE | BROADEN. NO-FAULT | DOC | USE VEH# | % USE | | |
| | | | J.A. | | LXI | | | | HIRE | | | | | |
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| GFN | ERAL INFORMATION | | | | | | | | | | | | | |
| | AIN ALL "YES" RESPONSES | | | | | | | | | | | | Y/N | |
| | VITH THE EXCEPTION OF ANY ENCUMBRANCES | S, ARE | ANY | VEHICLES FOR WI | HICH I | NSUR | ANCE IS REQUESTED NOT S | SOLELY | OWNED BY | AND | | | | |
| | REGISTERED TO THE APPLICANT? | | | | | | | | | | | | | |
| | VEH # NAME OF OTHER OWNER | | | | VEH# | NAME | OF OTHER OWNER | | | | | | | |
| | | | | | | | | | | | | | | |
| 2. [| OO OVER 50% OF THE EMPLOYEES USE THEIR | AUTO | SINT | THE BUSINESS? | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 3. I | S THERE A VEHICLE MAINTENANCE PROGRAM | IN OF | ERA | ΓΙΟΝ? | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 4. A | RE ANY VEHICLES LEASED TO OTHERS? | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| I г | NY CAR MODIFIED / SPECIAL EQUIPMENT? (Inc | clude c | uston | | | | | | | | | | | |
| | VEH # DESCRIPTION | | | COST | VEH# | DESC | RIPTION | | | СО | ST | | | |
| | | | | \$ | | | | | | \$ | | | | |
| 6. <i>F</i> | ARE ICC, PUC OR OTHER FILINGS REQUIRED? | (If "YE | S", at | tach ACORD 194) | | | | | | | | | | |
| | | | | | | | | | | | | | | |
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| | OO OPERATIONS INVOLVE TRANSPORTING HAZ | ARD(| JUS N | /IATERIAL? | | | | | | | | | | |
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| | HICLE DESCRIPTION ACORD 129 attached for additional vehicles | | | | | | | | | | | | | | | | | | | | |
|--|---|---|--|---|--|-----------------------|---|--|--|---|--|---|---|---|--|--|--|--|--|--|--|
| 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 | FTW | OT CC | c | - 1 | AA | ST A | | | | | | |
| DRIVE | | 1 | < 15 MII | | FAUL | T VEH | MOTOR | | COFL | FIVV | CC | LL | | \$ | | \$ | | 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.: | | | | | | PP | SPEC COM | VIL | STATE | ZIP | | | | |
| ADDRE | IIVG | KEEI | Γ (Required | in Kt) | | Ci | | | | | | NTY | | | | | ZIP | | | | |
| STATE | TE | ERR | | GVW / GCW | CL | .ASS | SIG | IC FACTOR SEAT CP | | | RADII | JS | FART | HEST TERMINAL | \$ | COST NEV | N | | | | |
| USE | | | COMM'L | FOR HIRE | CHECK | | | | | 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 | | SPEC | FTW | CC | | 7 | \$ | | \$ | | COLL | | | |
| DRIVE | SCHOOL | 1 | < 15 MII | LES 15 MILE | NET | VEH | MOTOR C OF L TTW CC /EH | | | | | | | TOTAL PREM: | \$ | | | | | | |
| VEH # | YEA | | 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 | | COLL | | | | |
| 1 1 | | | 0202 | - | FAUL | T I | MOTOR | | | 1 | | | | | | | | | | | |
| DRIVE | О | | < 15 MII | IES 15 MILE | S + NET | VEH | | | C OF L | | - | TOTAL PREM: \$ | | | | | | | | | |
| DRIVE WORK VEH # | SCHOOL YEAI | | < 15 MII | LES 15 MILE | S + NET DR/ | VEH | BODY | | COPL | | | | VEHI | • | | | 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 | FART | 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 | - | 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 | CIT ASS | 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 | CIT ASS | 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 | CIT ASS | 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/ DRIVE: WORK | ING SS TE EASURE RM O SCHOOL | RREETI ERR | MAKE: MODEL: (Required COMM'L RETAIL SERVICE < 15 MII | GVW/GCW FOR HIRE ILES 15 MILE | 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 COVERAGE 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 | RADIII LS CC OT CC OT CC OT CC OR THE SUBJE | 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 | 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 | | | |
| GARAGADDRE LIC STATE USE PL FA DRIVE: WORK ANY STAT FACT PENA IN TI THE | EASURE RM PERSON EMENT MATER LITIES. (HE DISTINSURE) | RREET ERR N W OF IAL Not RICT R OF | MAKE: MODEL: (Required COMM'L RETAIL SERVICE < 15 MII /HO KNOV CLAIM CO THERETO applicable OF COLU R ANY OTH | GVW/GCW FOR HIRE IS MILE MINGLY AND WONTAINING ANY O, COMMITS A FE in CO, DC, FL, H JMBIA, WARNINHER PERSON. F | CHECK COVERAG LIAB NO- FAUL ES + NET MATERIA RAUDULEN II, MA, MN, G: IT IS A PENALTIES | CCRIMCE | TYPE: V.I.N.: TY ADD'L NO FAULT MED PAY UNINS MOTOR D DEFRAUD FALSE INFO! SURANCE A OH, OK, OR, OR, OK, OR, OK, UDE IMPRI | ANY III | FACTOR UNDRINS MOTOR TOWING & LABOR SPEC C OF L NSURANCE ION, OR COI (HICH IS A C WA; in LA, M ALSE OR MIS | F FT FTW COMPAN'NCEALS FRIME AND ME, TN and SLEADING R FINES. | CO C | OTHER PURPOCTS THURANCE MATION | RENT REIMB FG R PERSON OSE OF MINE PERSON benefits man N TO AN INS | HEST TERMINAL DEDUCTIBLES AA \$ TOTAL PREM: FILES AN APPLISLEADING INFO N TO CRIMINAL by also be denied SURER FOR TH | ST A ST A | STATE \$ ACV MT \$ \$ DN FOR IN ION CON NY: SUBS | COST NEW COST NEW COST NEW COMP/ OTC NSURANG ICERNINI STANTIAL F DEFRAI | SPEC C OF L COLL CE OR G ANY] CIVIL | | | |
| GARAGA ADDRE LIC STATE USE PI FA DRIVE WORK ANY STAT FACT PENA IN TI THE IN FI APPL | EASURE RM TO SCHOOL PERSON EMENT MATER LLTIES. (HE DISTRIBUTE) ORIDA, ICATION | R REET N W W OF IAL Not RICT R OF AN' I CO | MAKE: MODEL: (Required COMM'L RETAIL SERVICE < 15 MII /HO KNOV CLAIM CO THERETO applicable COPPORT ANY OTH Y PERSO ONTAINING | FOR HIRE FOR HIRE I 15 MILE WINGLY AND WONTAINING ANY ON COMMITS A FR in CO, DC, FL, F JMBIA, WARNING HER PERSON. F N WHO KNOW G ANY FALSE, IN | CHECK COVERAG LIAB NO- FAUL ES + NET MATERIA RAUDULEN II, MA, MN, G: IT IS A PENALTIES NGLY AN ICOMPLET | CCRIMCE INC. | TYPE: V.I.N.: TY ADD'L NO FAULT MED PAY UNINS MOTOR D DEFRAUD FALSE INFO IA OH, OK, OR, IE TO PROV LUDE IMPRI TH INTENT R MISLEADIR | ANY III RRMATICAT, WYT OF FAMORIAN TO III | FACTOR UNDRINS MOTOR TOWING & LABOR SPEC C OF L NSURANCE ION, OR COI IHICH IS A C WA; in LA, M ALSE OR MIS IENT AND/O NJURE, DEI FORMATION | FT FTW COMPANY NCEALS F RIME AND ME, TN and SLEADING R FINES. FRAUD, C IS GUILT | CCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCC | OTHER PURP CCTS THURS MATION | RENT REIMB FG R PERSON OSE OF MINE PERSON benefits man N TO AN INSUR Y OF THE T | HEST TERMINAL DEDUCTIBLES AA \$ TOTAL PREM: FILES AN APPLICATION TO CRIMINAL BY also be denied SURER FOR TH ER FILES A S' HIRD DEGREE. | ST A ST A | STATE STATE SACV MT S SION FOR IT SION CON NY: SUBS POSE OF | COST NEW COST NEW COST NEW COMP/ OTC NSURANNICERNING CANTIAL DEFRAI CLAIM | SPEC C OF L COLL CE OR G ANY] CIVIL UDING OR AN | | | |
| GARAGADDRE LIC STATE USE PL F/A DRIVE WORK ANY STAT FACT PEN/A IN TI THE IN FI APPL IN M ANO THE | EASURE RM PERSON SCHOOL PERSON MATER LLTIES. (ORIDA, ICATION ASSACH PURPOS | R REET N W OF IAL NOT RICTRO AN ICCO | MAKE: MODEL: (Required COMM'L RETAIL SERVICE < 15 MII CLAIM CO THERETO applicable OF COLU R ANY OTH Y PERSO ON FILES F MISLEA | GVW / GCW FOR HIRE FOR HIRE 15 MILE MINGLY AND WONTAINING ANY ONTAINING HER PERSON. F | CHECK COVERAG LIAB NO-FAUL ES + NET MATERIA RAUDULEN II, MA, MN, G: IT IS A PENALTIES INGLY AN ICOMPLET ON AND ION FOR II | CCRIMON SUNCERNO | TYPE: V.I.N.: TY ADD'L NO FAULT MED PAUL UNINS MOTOR D DEFRAUD FALSE INFO! SURANCE AOH, OK, OR, OR, OK, OR, OK, OR, OK, OK, OK, OK, OK, OK, OK, OK, OK, OK | ANY III ANY III CT, W VT or IDE FA SONM TO II NG INF | FACTOR UNDRINS MOTOR TOWING & LABOR SPEC C OF L NSURANCE ION, OR COI /HICH IS A C WA; in LA, N ALSE OR MIS IENT AND/O NJURE, DEI FORMATION SON WHO F MENT OF CI ATERIAL TH | F FT FTW COMPANY NCEALS F RIME AND ME, TN and SLEADING R FINES. FRAUD, C IS GUILT' KNOWING LAIM CON' | CO C | OTHER PURPOCTS THURANCE MATION EIVE AFELONY WITH FANY M | RENT REIMB FG R PERSON OSE OF MINER PERSON benefits many TO AN INSURY OF THE TOWATERIALL | HEST TERMINAL DEDUCTIBLES AA \$ TOTAL PREM: FILES AN APPLISLEADING INFO N TO CRIMINAL BY also be denied SURER FOR TH ER FILES A ST HIRD DEGREE. TO DEFRAUD AN Y FALSE INFOR | ST A ST A | STATE STATE STATE SACV MT S S POSE OF JENT OF URANCE DN, OR C | COMPAI CLAIM COMPAI | SPEC C OF L COLL COLL COLL COLL COLL COLL COLL CO | | | |
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AGENCY CUSTOMER ID:

APPLICANT/FIRST NAMED INSURED

AUGUREA-01

PLEE

TEXAS COMMERCIAL AUTO

COVERAGES/LIMITS SECTION

| Swingle, Collins & Associates | | | | | | | | | A | August Real Estate Co | | | | | | | | | | | | | | |
|-------------------------------|-----------------------------|------|------|------|----------|------------|---------|------------|-------------|-----------------------|------------------|-----------------------------------|---------------------|-------|------|------|-------|------|-------|-----|----------------|----------------|-----------|-------|
| POLICY NUMBER | | | | | | | | | | (| CARRIER | | | | | | | | | | | NAIC C | ODE | |
| BUSINESS AUT | O SI | ECT | IOI | 1 | | | | - | | | - | | | | | | | | | | | | | |
| COVERAGES | co | VERE | D AL | UTO | SYM | IBOLS | | | | LIMIT | гѕ | | COVERA | AGES | СО | VERE | D AU | то ѕ | ΥМВ | ols | | | LIMITS | |
| | | 1 | | 4 | > | (9 | | CSL > | BI EA PI | ER \$ | 3 | 1,000,000 | | | | | | | | | | | | |
| LIABILITY | | 2 | | 7 | L | | BIE | EACH ACCI | IDENT | \$ | 6 | | | | | | | | | | | | | |
| | | 3 | X | 8 | | | PR | OPERTY D | AMAGE | \$ | 3 | | | | | | | | | | | | | |
| | | 2 | | | | | | CH PERSO | | \$ | | | | | | | | | | | | | | |
| PERSONAL INJURY PROTECTION | 7 AUTO DEATH INDEMNITY \$ | | | | | | | | | | TOTAL DISABIL | ITY \$ | | | | | PHY | SIC | AL DA | AMA | GE | | | |
| | | | | | | | | | | | | | TOWING | | | 3 | | | | | \$ | | | |
| | | | | | | | | | | | | | & LABOR | | | 7 | | | \ \ | | | | | |
| | | | | | | | | | | | | | COMP / OTC | | | 2 | | 4 | X | 8 | | | | |
| | | | | _ | _ | | | | | | | | | | | 3 | | 7 | | 1 | + | | | |
| MEDICAL PAYMENTS | | 2 | | 4 | L | 8 | EAG | CH PERSO | N | \$ | 3 | | SPECIFIED CAUSES OF | 1000 | | 2 | | 4 | | 8 | | | | |
| FATMENTS | | 3 | | 7 | | | | T T | BI | ER \$ | | | CAUSES OF | L033 | | 3 | | 7 | X | Ι. | +- | | | |
| UNINSURED/ | | 1 | | 4 | | | <u></u> | CSL | _ | | | | COLLISION | | | 2 | | 4 | _^ |] 8 | | | | |
| UNDERINSURED MOTORIST | | 2 | | 7 | | | | EACH ACCI | | \$ | | 050 | | | | 3 | | 7 | | | + | | | |
| | | 3 | | | | | PRI | OPERTY D | AWAGE | \$ |) | DED | _ | | | | | | | | | | | |
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| HIRED/BORROWED | X | YES | S | S | STAT | ES | СО | ST OF HIRI | E | X | IF ANY | BASIS | | STATE | S | # D | AYS | | # VEI | Н | CO | /ERAGE/[| DEDUCTIBL | E |
| LIABILITY | | NO | | | | | \$ | | | | _ | 183 | | | | | | | | | X | COMP | \$ | 1,000 |
| | Х | YES | | | TAT | ES | GR | OUP TYPE | | | 1 | NUMBER OF | HIRED | | | | | | | | | SPEC C OF L | \$ | |
| NON-OWNED | | NO | TX | | | | X | EMPLOY | EES | | | 10 | PHYSICAL DAMAGE | | | | | | | | X | COLL | \$ | 1,000 |
| LIABILITY | | - | | | | | X | VOLUNTI | EERS | | | | | | | | | | | | | | | |
| | | | | | | | | PARTNE | RS | | | | | (| COVE | RAGI | E IS: | | | | PRIMA | ιRY | SECON | IDARY |
| | (1) AN (2) ALI | | | ALIT | ros | | | | | | | OS OTHER THAN F AUTOS WHICH RE | | | RAGI | = | | | | | PECIFI JTOS | ED ON S | CHEDULE | |
| SYMBOLS | (3) OV | VNED | PRI | VATE | E PA | SSEN | GER A | UTOS | | | | OS SUBJECT TO C | | | | | | | | | NED A | JTOS | | |
| ENDORSEMEN | TS/ | RE | MAF | ₹KS | <u> </u> | | | | | | | | | | | | | | | | | | | |
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AGENCY CUSTOMER ID: AUGUREA-01 PLEE

| TRUCKERS SEC | TIO | N | | | | | | | | AGE | | /IVILIX | υ. | | | | | | | | | |
|--|-----|-------|------|---------|------------------------|--|-----------------|--------------|--------|-----------------------|---|----------------|------|----------------|------------|--------|--------------|------------|--------|---------|------------|-------------------------|
| COVERAGES | cov | /ERED | AUTO | SYMBOLS | | | | Ц | MITS | i | | | | | | YSICAI | DAM | AGE | • | | | |
| | | 41 | | 46 | | CSL | E | BI EA PER | \$ | | COVERA | GES | A | COVE JTO SY | RED MBO | LS | | | LIMITS | | | DEDUCTIBLE |
| LIABILITY | | 42 | | 47 | BIE | ACH AC | | | \$ | | | | | 42 | | 46 | | | | | | _ |
| | | 43 | | 50 | PRO | OPERTY | DAMA | GE | \$ | | COMP / OTO | ; | | 43 | | 47 | | | | | | \$ |
| PERSONAL INJURY | | 42 | | | | CH PERS | | | \$ | | SPECIFIED | | | 42 | | 46 | S | CL | FT | L | SP | • |
| PROTECTION | | 46 | | | AU ⁻ IND | TO DEAT EMNITY | H _{\$} | | T C | OTAL DISABILITY \$ | CAUSES OF | CAUSES OF LOSS | | 43 | | 47 | | = | FTV | ٧ | | \$ |
| | | | | | | | | | | | 0011101011 | | | 42 | | 46 | | | | | | • |
| | | | | | | | | | | | COLLISION | | | 43 | | 47 | | | | | | \$ |
| MEDICAL | | 42 | | 46 | | CH PERS | ON | | \$ | | TOWING | | | 46 | | | \$ | | | | | |
| PAYMENTS | | 43 | | | EAG | л PERS | | | | | & LABOR | | | | | | Ф | | | | | |
| UNINSURED/ | | 41 | | 46 | | CSL | | BI EA PER | \$ | | | | | | | ER IN | | | GE | | | |
| UNDERINSURED | | 42 | | | BIE | ACH AC | CIDEN | Т | \$ | | COVERA | GES | SY | MBOL | # TR | AILER | S FAR | NE NE | # DAYS | RADIU | JS | DEDUCTIBLE |
| MOTORIST | | 43 | | | PR | OPERTY | DAMA | GE | \$ | DED | COMP / OTO | | | 48 | | | | | | | | |
| | | | | | | | | | | | COMP / OTC | , | | 49 | | | | | | | | |
| | | | | | | | | | | | SPECIFIED | | | 48 | | | | | | | | |
| | | | | | | | | | | | CAUSES OF | LOSS | | 49 | | | | | | | \perp | |
| NON-TRUCKERS | | YES | | STATES | co | ST OF HI | RE | | | IF ANY BASIS | COLLISION | | | 48 | | | | | | | | \$ |
| HIRED/BORROWED | | NO | | | \$ | | | | | | OOLLIGIOIV | | | 49 | | | | | | | | Ψ |
| TRUCKERS HIRED/BORROWED | | YES | | STATES | co | ST OF HI | RE | | | IF ANY BASIS | | STA | TES | # D | AYS | # | VEH | | | | | |
| LIABILITY | | NO | | | \$ | | | | | | | | | | | | | | | | | |
| | | YES | | STATES | GR | OUP TYP | E | | | NUMBER OF | HIRED PHYSICAL | | | | | | | | | | | |
| NON-OWNED AUTO | | NO | | | | EMPLC | YEES | | | | DAMAGE | | | | | | | | | | | |
| LIABILITY | | | | | | VOLUN | TEERS | S | | | | | | | | | _ | | | | _ | |
| | | | | | | PARTN | ERS | | | | | | CO | /ERAG | E IS: | | 1 | PF | RIMARY | \perp | SE | ECONDARY |
| OTHER | | | | | | | | | | | OTHER | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | |
| (41) ANY AUTO (42) OWNED AUTOS O (43) OWNED COMMER | NLY | AUTOS | ONL | (45) | OWI NOO | NED AUT NED AUT MPULSOF ORIST L | OS SU RY UNI | BJECT | TO A | (47) HII (48) TR | ECIFICALLY DES RED AUTOS ONL AILERS IN YOUF FRAILER INTERC | .Y R POSSE | SSIC | N UND | | ` ' | ANOT NTER | HER CHA | | R UNDE | ER A NT | SESSION OF A TRAILER |

| ENDORSEMENTS / REMARKS |
|----------------------------------|
| (43) OWNED COMMERCIAL AUTOS ONLY |

| MOTOR CARRIE | -K : | SECI | ION | | | | | | | | | _ | | | | | | | | | |
|-------------------------------------|-------|-------|-------|-----------|-------|-------------------|----------|---------------|--------|----------------------|-----------|-----------------------------|---------|-------|----------------|-------------|---------------|--------|------------|----------|--------------|
| COVERAGES | CC | VERE | D AUT | O SYMBOLS | : | | | | LIMIT | rs | | | | | | | SICAL | DAMAG | iΕ | | |
| | | 61 | | 67 | | CSL | | BI EA PI | ER \$ | ; | | COVER | AGES | AL | COVE JTO SY | RED MBOL | _s | | LIMITS | | DEDUCTIBLE |
| | | 62 | | 68 | BII | EACH A | ACCIDE | ENT | \$ | ; | | | | | 62 | | 67 | | | | |
| LIABILITY | | 63 | | 71 | PR | ROPERT | Y DAN | IAGE | \$ | ; | | COMP / O | ГС | | 63 | | 68 | | | | \$ |
| | | 64 | | | | | | | | | | | | | 64 | | ' | | | | |
| | | 62 | | | | CH PEF | DEON! | | \$ | | | | | | 62 | | 67 | SCL | FT | LSF | |
| PERSONAL INJURY | | 1 | | | - 1 | | | | | TOTAL | | SPECIFIE |) | | | | | | | | |
| PROTECTION | | 67 | | | INE | JTO DE/ DEMNIT | Υ'\$ | | | DISABILITY | \$ | CAUSES | | | 63 | | 68 | F | FT | W | \$ |
| | | | | | | | | | | | | | | | 64 | | | | | | |
| | | | | | | | | | | | | | | | 62 | | 67 | | | | |
| | | | | | | | | | | | | COLLISIO | N | | 63 | | 68 | | | | \$ |
| | | | | | | | | | | | | | | | 64 | | | | | | |
| MEDICAL | | 62 | | 64 | | | | | | | | TOWING | | | 63 | | | | | | |
| PAYMENTS | | 63 | | 67 | EA | CH PEF | RSON | | \$ | ; | | & LABOR | | | 67 | | | \$ | | | |
| | | | | | | CCI | Т. | BI | ER \$ | | | | | | | TDAII | ED INT | ERCHAI | NCE. | | |
| UNINSURED/ | | 61 | | 64 | | CSL | | | | | | | | T | | | | FARTH | | T | T |
| UNDERINSURED MOTORIST | | 62 | | 67 | BII | EACH A | CCIDE | ENT | \$ | i | | COVER | AGES | SYI | MBOL | # TR | AILERS | ZONE | # DAYS | RADIUS | DEDUCTIBLE |
| MOTORIOT | | 63 | | | PR | ROPERT | Y DAN | IAGE | \$ | | ED | COMP / O | ГС | | 69 | | | | | | |
| | | | | | | | | | | | | | | | 70 | | | | | | |
| | | | | | | | | | | | | SPECIFIE |) | | 69 | | | | | | |
| | | | | | | | | | | | | CAUSES | | | 70 | | | | | | |
| NON TRUCKERS | | YES | | STATES | CO | OST OF | HIRE | | | IF ANY BA | SIS | | | | 69 | | | | | | |
| NON-TRUCKERS HIRED/BORROWED | | NO | | | | ,01 01 | | | |] / 5/. | .0.0 | COLLISIO | N | | | | | | | | \$ |
| TRUCKERS | | YES | | STATES | \$ | | | | 1 | | | | QT/ | TES | 70 | AYS | # 1 | VEH | | | |
| HIRED/BORROWED | | - | | STATES | co | OST OF | HIRE | | | IF ANY BA | SIS | | 317 | VIL3 | # 5 | 7713 | # | VLII | | | |
| LIABILITY | | NO | | | \$ | | | | | | | | | | | | | | | | |
| | | YES | | STATES | GR | OUP T | YPE | | | NUN | MBER OF | HIRED | | | | | | | | | |
| NON-OWNED | | NO | | | | EMP | LOYEE | S | | | | PHYSICAL DAMAGE | - | | | | | | | | |
| AUTO LIABILITY | | _ | | | | VOL | UNTEE | RS | | | | | | | | | | | | | |
| | | | | | | PAR- | TNERS | | | | | | | CO | /ERAG | F IS: | | | PRIMARY | | SECONDARY |
| OTHER | | | | | | 1741 | - TALITO | <u>'</u> | | | | OTHER | | 1 | LIVIO | _ 10. | | 11. | TCHVII GCT | | 320014271111 |
| | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| COVERED AUTO SYMI | BOLS | 3 | | | | | | | | SONLY | | CIFICALLY D | | TUA C | OS | | | | | | SESSION OF |
| (61) ANY AUTO (62) OWNED AUTOS C | NLY | | | | | | | | | NO-FAULT A COMPUL | | ED AUTOS ON ILERS IN YOU | | ESSIO | N UND | ER | | | | REEMENT | A TRAILER |
| (63) OWNED PRIVATE | | S AUT | 10 20 | | | RY UNII | | | | | | RAILER INTER | | | | | | | NED AUT | | |
| ENDORSEMENT | rs/ | REM | IARI | KS | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
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| NOTICE OF INSUR |) A N | CEIN | IEOE | DMATION F | D A C | TICE | | Deo | NIAI I | INIEODMA | TION ABOI | IT VOLL IN | CLLIDIA | | EODI | 4 A T I | ON E | 2014.4 | CDEDIT | DEDOD | T MAY |
| BE COLLECTED F | | | | | | | | | | | | , | | | | | | | | | , |
| INFORMATION AS | | | | | | | | | | | | | | | | | | | | | |
| BE DISCLOSED TO | | | | | | | | | | | | | | | | | | | | | |
| OF ANY INACCUR | | | | | | | | | | | | | | | | | HINF | ORMA | TION IS | AVAILA | BLE |
| UPON REQUEST. | CO | NIAC | I YC | JUR AGEN | II OF | K BRO | KER | FOR | INST | RUCTION | S ON HOW | TO SUBM | II A RE | QUE | SIIC | US. | | | | | |
| ANY PERSON WH | HO H | KNOW | /ING | LY AND W | /ITH | INTEN | IT TO | DEFR | RAUD | ANY INSU | JRANCE CO | OMPANY OF | R ANOTI | HER | PERS | ON F | ILES | AN APF | PLICATION | ON FOR I | NSURANCE |
| CONTAINING ANY | | | | | | | | | | | | | | | | | | | | NY FAC | ΓMATERIAL |
| THERETO, COMMI | | | | | | | | | | | | | | | | | | | | | |
| I UNDERSTAND | | | | | | | | | | | | | | | | | | | | | |
| COVERAGES HAY | | | | | | | | | | | | | | | | | IVII I S | ⊏QUA | LIUN | t LIABIL | LIT LIMITS, |
| 1. I SELECT UNINS | | | | | | | | | | | | | | | | '- | | | | (INITI | ALS) |
| 2. I REJECT UNINS | | | | | | | | | | , | • | | | | | NTIE | ETV | | | _ (INITI | * |
| | | | | | | | | | | | | | | | | יואון. | .∟ !!. | | | - ` | * |
| 3. I REJECT ONLY | UNI | NOUR | ED/U | UNDEKINS | UKEL | I OINI C | UKIS | 15 P | KUPE | KIYDAM | IAGE COVE | KAGE IN II | O ENTIR | EIY. | • | | | _ | | _ (INITI | 4L5) |
| I UNDERSTAND A | | | | | | | | | | | | | | | | | | | | /IN 11 T | A.I. C.\ |
| AND I HAVE BEE | N C | PEFER | ΚED | THIS COV | EKA(| E. IF— | · I H/ | AVE F | (EJE | CIED IHI | S COVERA | ™ INIT, ⊒ב | IALS AF | KE IN | CLUD | ⊨D H | IEKE. | | | _ (INITI | ALS) |
| I UNDERSTAND T | THAT | г тне | E CC | VERAGE | SELE | ECTIO | N AN | D LIN | IIT C | HOICES | INDICATED | HERE OR | IN AN | Y ST | ATE | SUPF | PLEMI | ENT W | ILL APF | LY TO A | LL FUTURE |
| POLICY RENEWAL | | | | | | | | | | | | | | | | | | | | | |
| APPLICANT'S SIGNAT | IIRE | | | | | | \neg | DATE | | | PRODUCER | e eignatiid | | | | | | | NATIO | NAI PROF | LICER NUMBER |



COMMERCIAL GENERAL LIABILITY SECTION

| AGEN Swing | | & Associates | | | | CARRIER | | | | | NAIC CODE |
|---------------|---|---|---------------------------------------|---------------------|---------|--|-------------|--------------|----------------------------|--------------|-----------|
| POLIC | Y NUMBE | iR | | EFFECTIVE | DATE | APPLICANT / FIRST | NAMED IN | SURED | | | |
| | | | | 08/17/2 | | August Real E | | | | | |
| | | IT - If CLAIMS MADE is checke ovisions of the policy carefully | | ERAGE / LIMIT | 'S sec | ction below, this | is an ap | plication fo | r a claims-ma | de policy. | |
| COV | ERAGE | ES . | | LIMITS | | | | | | | |
| | | IAL GENERAL LIABILITY | | GENERAL AGGRE | GATE | | | \$ | 2,000,000 | PRE | MIUMS |
| | CLAIN | AS MADE OCCURRENC | <u> </u> | LIMIT APPLIES PE | R: | X POLICY | LOCATIO | • | _,000,000 | PREMISES/OPE | |
| | _ | & CONTRACTOR'S PROTECTIVE | _ | | | PROJECT | OTHER: | | | | |
| | , , , , , , , , , , , , , , , , , , , | a contractor of notestive | | PRODUCTS & COL | MPLET | ED OPERATIONS AGG | | \$ | 2,000,000 | PRODUCTS | |
| DEDU | CTIBLES | | | PERSONAL & ADV | | | | \$ | 1,000,000 | | |
| | ROPERTY | Y DAMAGE \$ | | EACH OCCURREN | | | | \$ | 1,000,000 | OTHER | |
| | ODILY IN | , | PER CLAIM | | | REMISES (each occurre | ence) | \$ | 1,000,000 | <u> </u> | |
| | | \$ | PER OCCURRENCE | MEDICAL EXPENS | | | | \$ | 10,000 | TOTAL | |
| | | * | OCCORRENCE | EMPLOYEE BENE | | one persony | | \$ | | | |
| | | | | LIMI EOTEE BEIVE | | | | \$ | | | |
| OTHE | R COVER | AGES, RESTRICTIONS AND/OR ENDORS | FMFNTS (For hire | ed/non-owned auto o | coverac | es attach the applicab | le state Bu | | ection. ACORD 137) | 1 | |
| | | d Forms & Endorsements Scho | | | | ,oo anaon ino appiroas | | | | | |
| | | | | | | | | | | | |
| APPLI | CABLE O | NLY IN WISCONSIN: IF NON-OWNED ON | ILY AUTO COVER | RAGE IS TO BE PRO | VIDED | UNDER THE POLICY: | | | | | |
| 1. UM | / UIM CO | VERAGE IS IS NOT A | VAILABLE. | 2. MEDICAI | L PAYN | IENTS COVERAGE | IS | IS NO | Γ AVAILABLE. | | |
| SCH | EDULE | OF HAZARDS | | | | | | ı | | | |
| Loc | HAZ | CLASSIFICATION | CLASS CODE | PREMIUM | | EXPOSURE | TERR | RA | TE | PREM | IIUM |
| # | # | Duildings | CODE | BASIS | | | | PREM/OPS | PRODUCTS | PREM/OPS | PRODUCTS |
| 1 | 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 | Α | | 120,000 | | 31.61500 | | \$1,157.00 | |
| | | | | | | | | | | | |
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| | | | | | | | | | | | |
| 1 | | | AYROLL - PER \$1 REA - PER 1,000/9 | | | (C) TOTAL COST - P (M) ADMISSIONS - P | | | (U) UNIT - PE (T) OTHER | R UNIT | |
| CI V | IMS M | ADE (Explain all "Yes" respor | 1808) | | | | | | | | |
| | | YES" RESPONSES | 1363) | | | | | | | | Y/N |
| | | D RETROACTIVE DATE: | | | | | | | | | |
| | | ATE INTO UNINTERRUPTED CLAIM | AS MADE COV | ERAGE: | | | | | | | |
| | | PRODUCT, WORK, ACCIDENT, OF | | | , UNIN | ISURED OR SELF- | INSURE | FROM ANY | PREVIOUS CO | VERAGE? | |
| | | 00/50/05 5/15/1/ 5 ::: | | | | | | | | | |
| 4. W | AS TAIL | COVERAGE PURCHASED UNDER | K ANY PREVIO | US POLICY? | | | | | | | |
| EMP | LOYER | BENEFITS LIABILITY | | | | | | | | | |
| | | | | | 3. 1 | NUMBER OF EMPL | OYEES (| COVERED BY | ' EMPLOYEE BE | NEFITS PLAN | S: |
| | 1. DEDUCTIBLE PER CLAIM: \$ 3. NUMBER OF EMPLOYEES COVERED BY EMPLOYEE BENEFITS PLANS: 2. NUMBER OF EMPLOYEES: 4. RETROACTIVE DATE: | | | | | | | | | | |

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 | AIRCRAET/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, etc) | | | | | |
| | | | | | | | | | |
| _ | 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 c | of 1 | |
|---------|------|--|
|---------|------|--|

| | | _ | |
|-------------------------------|----------------|-----------------------|-----------|
| AGENCY | | CARRIER | NAIC CODE |
| Swingle, Collins & Associates | | | |
| POLICY NUMBER | EFFECTIVE DATE | NAMED INSURED(S) | |
| | 08/17/2024 | August Real Estate Co | |

FORMS AND ENDORSEMENTS

| 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 | | |
| | | | | | | 04/04/2024 | |
| | | | | UGL1203ACW | Pollution Liability Exclusion Disclosure Notice | 04/04/2024 | |
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PROPERTY SECTION

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|-----|-----------------|------------------------------|--------------|---------------|------------------|------------------|-----------|---------------------|----------|--------|-------------------------|----------------------|---------|------------------|-----------|----------------|--------------|---------|--------------|-------|-------------|
| | | NAME le, Collins & Asso | ociates | 5 | | | | | | CAI | RRIER | | | | | | | | 1 | NAIC | CODE |
| POL | LICY N | NUMBER | | | | | | FFECTIVE 08/17/2 | | | ed insured Just Real | . , | Со | | | | | | ' | | |
| BL | .ANŁ | KET SUMMARY | | | | | | | | | | | | | | | | | | | |
| BLŁ | KT# | AMOUNT | | | | TYPE | | | | BLK. | Т# | AMOUNT | | | | | TYPE | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| | | | Р | REMISES #: | 1 | STREET | ADDRE | ss: 3309 | 9 Elm | St. I | Dallas, T | X 75226 | | | | | | | | | |
| PR | REMI | ISES INFORMATIO | ON BI | UILDING #: | 1 | BLDG DI | | | | | , | | | | | | | | | | |
| | | JBJECT OF INSURANCE | | AMOUN | | COINS % | VALU- | CAUSE | S OF L | oss | INFLATION GUARD % | DED | Ţ | DED YPE | BLKT # | FORM | S AND C | ONDIT | IONS | TO A | PPLY |
| Bla | nke | | | | 00,000 | | ATION | Special theft) | l (Inclu | ıding | GUARD % | \$10,00 | | | -# | | | | | | |
| Bla | nke | et : | | | 00,000 | | | Windst | | | | \$870,00 | 00 Dc | llars | | | | | | | |
| | | ess Income with Expense | | | | | | | | | | | | | | | | | | | |
| Eaı | rthq | Juake | | 5,0 | 00,000 | ס | A | Earthqu | uake | | | \$25,00 |)0 Dc | llars | | | | | | | |
| Ea | rthq | Juake | | 5,0 | 00,000 | D | Α | Windsto | orm | | | \$870,00 | 00 Dc | llars | | | | | | | |
| ADI | OITIO | NAL INFORMATION | BUS | INESS INCO | ME / EXT | RA EXPENS | SE - Atta | ach ACOR | D 810 | | \ | /ALUE REP | ORTING | INFOR | MATI | ON - Attach A | CORD 81 | 1 | | | |
| ΑD | DITI | IONAL COVERAGE | S. OPT | IONS. RE | STRIC | TIONS. E | NDO | RSEME | NTS A | AND | RATING II | NFORMA | TION | | | | | | | | |
| SP | OILA | GE DESCRIPTION OF I | | • | | | | | | | LIMIT | | | EFRIG | MAINT | OPTIONS | | | | | |
| | VERA (Y / N) | | | | | | | | | | \$ | | | AGREEI | MENT | | KDOWN | OR C | ONTAI | MINA | ΓΙΟΝ |
| | | 1 | | | | | | | | | DEDUCTIB | LE | | (Y / I | N) □ | POW | ER OUTA | GE | | SELL | |
| | | Í | | | | | | | | | \$ | | | | | | | | | FIXIC | ·L |
| SIN | KHOL | LE COVERAGE (Required | l in Florida | a) | | | | AC | CEPT (| COVER | RAGE | REJEC | T COVI | ERAGE | | LIMIT: \$ | | | | | |
| MIN | IE SUI | BSIDENCE COVERAGE (F | Required i | in IL, IN, KY | and WV) | | | AC | CEPT (| COVER | RAGE | REJEC | T COVI | RAGE | | LIMIT: \$ | | | | | |
| Sec | | DPERTY HAS BEEN DESIGNATION. | | AN HISTORIC | CAL LANG | DMARK | | | | | | | | | | # OF OPEN S | IDES ON | STRU | ICTUR | E: | |
| COI | NSTRI | UCTION TYPE | | HYDRANT | NCE TO FIRE S | STAT | FIF | RE DISTRI | СТ | | CODE NUM | MBER PR | OT CL | # STC | RIES | # BASM'TS | YR BU | ILT | TOTA | L ARI | ΕA |
| BUI | 1 | G IMPROVEMENTS RING, YR: | PLUMBIN | | BL | DG CODE GRADE | TAX | CODE | ROOF 1 | YPE | | OTHER OC | CUPAN | ICIES | | | | ' | | | |
| | | | HEATING | | W | IND CLASS | | SEMI- | - RESIS | STIVE | | | | URCE I IREPLA | | VOODBURNIN | | ATE | LED: _ | | |
| | ОТН | | = | R: | | RESISTI | ve | | | | | MANUFAC [*] | | | OL IIV | OLIVI | " | NO I AL | .LLD | | |
| PRI | MARY | Y HEAT | | | | ' | | ' | | SEC | ONDARY HE | AT | | | | | | | | | |
| | BOIL | LER SOLID F | FUEL | | | | | | | | BOILER | S | OLID FU | JEL | | | | | | | |
| | IF B | SOILER, IS INSURANCE PL | LACED EL | SEWHERE? | Y | / / N | | | | | IF BOILER, I | S INSURAN | CE PLA | CED EI | SEWI | HERE? | Y/N | | | | |
| RIG | HT EX | XPOSURE & DISTANCE | | LEFT | EXPOSI | JRE & DIST | ANCE | | | FROI | NT EXPOSUR | RE & DISTA | NCE | | | REAR EXPO | SURE & | DISTA | ANCE | | |
| BUF | RGLAI | R ALARM TYPE | | | | CERT | IFICATE | # | | | | | | | EXF | PIRATION DA | TE | CEN | TRAL TION | | LOCAL |
| | | | | | | | | | | | | | | | | | | | HKEYS | , | _ GOING |
| BUF | RGLAI | R ALARM INSTALLED AN | ID SERVIC | ED BY | | ' | | | | EXTE | ENT | | GRAD | E | # G | UARDS / WA | CHMEN | | | | OURLY |
| PRE | EMISE | ES FIRE PROTECTION (Sp | orinklers, S | Standpipes, C | CO2 / Che | emical Syste | ems) | | % SPF | RNK | FIRE ALARN | MANUFAC | TURER | 1 | | | | | 1 | TRAL | STATION |
| ΔΓ | דוחו | IONAL INTEREST | Λ | CORD 45 | 5 attac | hed for | additi | onal na | mee | | | | | | | | | 1 | | | - |
| | ERES. | | | AND ADDRE | | | EVIDE | | | RTIFIC | ATE | | | | | | ITEDEST | IN IT | - NA NIII | MDFF | |
| X | 1 | SS PAYEE | | ex Comm | | | | | _ | | | | | | | LOCATION: | ITEREST 1 | | BUILDI | | |
| | 1 | RTGAGEE | PO B | ox 863329 | 9 - | | | | | | | | | | | ITEM CLASS: | | | | NG: | |
| | | | riano | o, TX 7508 | 90 | | | | | | | | | | | CLASS: | RIPTION | I | TEM: | | |
| | J | | PEFFO | ENCE / LOA | N #- | | | | | | | | | | | 3309 EIn | | alla | s, T | X 75 | 226 |
| 1 | | | KEFEK | ENCE / LOA | N #. | | | | | | | | | | | 1 | | | | | |

| AGEN | 1CY | CUST | ΓOMER | ID: |
|------|-----|------|-------|-----|

| ADDITIONAL | F | PREMISI | ES #: 2 | s | TREET | ADDRE | SS: | 333 1 | st Ave, | Dallas, T | X 7 | 75226 | | | | | | | | |
|---------------------------------------|----------|-------------------|-------------------------|--------------|--------------|----------------|-------|-------------------|----------|-------------------------|-----|--------------------|-------------------------|-----------|------------------|--------------------|--------------|--------------|--------------------------|--------------|
| PREMISES INFORMATION | N B | BUILDIN | G#: 1 | В | LDG DE | SCRIP | TION | 1 : | | | | | | | | | | | | |
| SUBJECT OF INSURANCE | | Al | MOUNT | cc | OINS % | VALU- ATION | С | AUSES | OF LOSS | INFLATION GUARD % | N | DED | DED TYPE | BLKT # | FORM | IS AND C | ONDI | IONS TO | APPL | Y |
| Blanket | | | | | | | Sp | ecial (li eft) | ncluding | | | 10,000 | | | | | | | | |
| Blanket | | | | | | | Wi | ndstori | m | | \$ | \$470,000 | Dollars | | | | | | | |
| Business Income with Extra Expense | | | | | | | | | | | | | | | | | | | | |
| Earthquake | | | 5,000,0 | 00 | | Α | Ea | rthqual | ke | | | \$25,000 | Dollars | | | | | | | |
| Earthquake | | | 5,000,0 | 00 | | Α | Wi | ndstori | m | | 9 | \$470,000 | Dollars | | | | | | | |
| ADDITIONAL INFORMATION | BUS | SINESS | INCOME / E | XTRA E | EXPENS | SE - Atta | ach / | ACORD 8 | 810 | | VA | LUE REPOR | TING INFOR | RMATIC | N - Attach A | CORD 81 | 1 | | | |
| ADDITIONAL COVERAGES | S, OPT | TIONS | , RESTRI | ICTIO | NS, E | NDO | RSI | EMENT | TS AND | RATING | INF | FORMATI | ON | | | | | | | |
| SPOILAGE COVERAGE (Y / N) | ROPER | TY COV | ERED | | | | | | | LIMIT \$ DEDUCTII | BLE | Ē | REFRIG AGREE (Y / | MENT | | AKDOWN VER OUTA | | SE | IATION ELLING RICE | |
| | | | | | | | | _ | | \$ | | 1 | | | | | | | | |
| SINKHOLE COVERAGE (Required in | | | | | | | | | PT COVE | | | | OVERAGE | | LIMIT: \$ | | | | | |
| MINE SUBSIDENCE COVERAGE (R | • | | · · | | | | | ACCE | EPT COVE | RAGE | | REJECT C | OVERAGE | | LIMIT: \$ | | | | | |
| See Attached Overflow. | NATED . | AN HIST | FORICAL LA | ANDMAF | RK | | | | | | | | | | # OF OPEN | SIDES ON | STRU | ICTURE: | | |
| See Attached Overnow. | | | | | | | | | | | | | | | | | | | | |
| CONSTRUCTION TYPE | | HYDI | DISTANCE TO RANT FIR | O RE STAT | | FIF | RE D | ISTRICT | - | CODE NU | JMB | ER PROT | CL # STO | ORIES | # BASM'TS | YR BUI | LT | TOTAL A | REA | |
| BUILDING IMPROVEMENTS | | | | BLDG (| CODE | TAX | COD | E RO | OF TYPE | | 0 | THER OCCU | PANCIES | | | | | | | |
| WIRING, YR: | PLUMBI | NG, YR: | : | | | | | | | | | T | | | | | | | | |
| ROOFING, YR: | HEATIN | G, YR: | | WIND (| CLASS | | | SEMI- R | ESISTIVE | | | HEATING STOVE C | S SOURCE OR FIREPLA | NCL W | OODBURNI SERT | NG D. IN | ATE ISTAL | LED: | | |
| OTHER: | Y | /R: | | RI | ESISTI | /E | | | | | M | ANUFACTU | RER: | | | | | | | |
| PRIMARY HEAT | | | | | | | | | SEC | ONDARY HE | EAT | | | | | | | | | |
| BOILER SOLID FU | | | | 1 | | | | | | BOILER | | | D FUEL | | | 1 | | | | |
| IF BOILER, IS INSURANCE PLA | ACED EI | | LEFT EXPO | Y/N | o DICT | ANCE | | | | | | NSURANCE | | LSEWF | REAR EXP | Y/N | DIST | NCE | | |
| RIGHT EXPOSURE & DISTANCE | | | LEFT EXPO | JOURE | & DIS17 | ANCE | | | FRO | NI EXPOSU | JKE | & DISTANCI | = | | KEAK EAF | USUKE & | טוס וו | AINCE | | |
| BURGLAR ALARM TYPE | | | | | CERTI | FICATE | # | | | | | | | EXP | IRATION DA | TE | CEN | TRAL TION | | OCAL SONG |
| BURGLAR ALARM INSTALLED AND | SEDVI | CED BY | , | | | | | | EXT | ENT | | GE | RADE | # 61 | JARDS / WA | TCUMEN | WITI | CLOCK | HOLID | |
| BUNGLAN ALANM INGTALLED AND | JOLKVI | CLDBI | | | | | | | | _141 | | Gr | ADL | # 00 | JANDS / WA | ICHWILIN | | CLOCK | HOOK | |
| PREMISES FIRE PROTECTION (Spri | inklers, | Standpi | pes, CO2 / C | Chemica | al Syste | ems) | | % | SPRNK | FIRE ALAR | M N | MANUFACTU | RER | | | | | CENTR | | |
| ADDITIONAL INTEREST | X | ACOR | D 45 atta | acher | l for a | additi | on | al nam | 168 | | | | | | | | | | | |
| INTEREST | | | DDRESS R | | | EVIDE | | | CERTIFIC | ATE | | | | | ı | NTEREST | IN ITI | M NUMB | ER | |
| X LOSS PAYEE | Verite | ex Cor | mmunity | Bank | c/o l | nsura | nce | e Servi | ice Cent | er | | | | | LOCATION | | | BUILDING | - | |
| MORTGAGEE | | ox 863 o, TX 7 | | | | | | | | | | | | | ITEM CLASS: | | _ l | TEM: | | |
| | | , | | | | | | | | | | | | | ITEM DESC | | | | | _ |
| | | | | | | | | | | | | | | | 333 1st | Ave, D | alla | s, TX | 7522 | 6 |
| | REFE | RENCE / | / LOAN #: | | | | | | | | | | | | | | | | | |
| REMARKS (ACORD 101, | Addit | <u>tional</u> | Remark | s Sch | <u>nedul</u> | e, ma | y b | e atta | ched if | more sp | ac | e is requi | ired) | | | | | | | |
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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

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|--------|---------------|-----------------------------------|------------|-------------|--------------|------------|--------|--------|----------------------------|----------|--------|----------------------|-----------|-------------|-------------|---------|----------------|---------|---------|--------------|-------|------------|
| | | NAME le, Collins & A | Associ | ates | | | | | | | CAR | RIER | | | | | | | | - | NAIC | CODE |
| POL | ICY N | NUMBER | | | | | | | FECTIVE DA 8/17/202 | - 1 | | D INSURED | | Со | | | | | | • | | |
| BL | ANŁ | KET SUMMARY | Υ | | | | | • | | | | | | | | | | | | | | |
| BLK | | AMOUNT | | | | TYPE | | | | | BLKT | # / | AMOUNT | | | | | TYPE | | | | |
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| | | | | PREMI | SES #: 3 | STRE | FT AF | DRFS | s: 6301 (| Gaet | on A | Avenue, [| Tallas T | Y 75 | 211 | | | | | | | |
| DD | ЕMI | ISES INFORMA | MOITA | | NG #: 1 | | DES | | | Just | .011 / | Avenue, i | Janas, i | <i>X 13</i> | | | | | | | | |
| 1 1 | | JBJECT OF INSURAN | | | AMOUNT | COINS | | | CAUSES (| DE LO | .ee | INFLATION GUARD % | DED | | DED TYPE | BLKT | FORM | S AND C | ONDI | LIONE | TO 4 | DDI V |
| Rla | nke | | NCE | + ' | AMOUNT | COINS | 2 % A | | | | | GUARD % | DED | - | TYPE | # | FORIN | S AND C | ONDI | IIONS | 10 A | FFLI |
| Dia | IIIIC | •• | | | | | | | Special (li theft) - De | tail | anig | | 10,00 | 00 | | | | | | | | |
| Dia | nke | .4 | | | | | - | | \A/:l-4 | | | | | | | | | | | | | |
| ыа | IIINE | ŧ. | | | | | | | Windstori | m | | | 975,00 | 00 | | | | | | | | |
| D | _: | | 41- | | | | | | | | | | | | | | | | | | | |
| | | ess Income wi Expense | itn | | | | | | | | | | | | | | | | | | | |
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| ⊨ar | tnq | uake | | | 5,000,0 | 000 | A | ١ ١ | Earthqual | ke | | | \$25,00 | 00 D | ollars | | | | | | | |
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| Ear | rthq | uake | | | 5,000,0 | 000 | A | ١ | Windstorr | n | | | \$975,0 | 00 D | ollars | | | | | | | |
| ADE | OITION | NAL INFORMATION | | BUSINESS | S INCOME / | EXTRA EXP | ENSE | - Atta | ch ACORD 8 | 310 | | V | ALUE REP | ORTIN | 3 INFOR | MATI | ON - Attach A | CORD 81 | 1 | | | |
| ΔΠ | ודוח | IONAL COVERA | AGES | OPTIONS | S RESTR | PICTIONS | FN | DOR | SEMENT | rs A | ND F | PATING IN | VEORM4 | TION | ı | | | | | | | |
| | OILA | | | | | | , LI | DOI | OLIVILIA | <u> </u> | 1 | LIMIT | VI OIVINA | | EFRIG I | M A INI | OPTIONS | | | | | |
| | VERA (Y/N) | GE | | | | | | | | | | \$ | | | AGREE | MENT | | AKDOWN | OR C | ONTA | MINA | TION |
| | (1 / N) | <u>'</u> | | | | | | | | | ŀ | DEDUCTIBI | F | | (Y / I | N) | | ER OUTA | | | SEL | LING |
| | | | | | | | | | | | | \$ | | | | | H' " | LIC OUT | \OL | | PRI | CE |
| CINI | KHOI | _E COVERAGE (Req | uirad in E | Torido) | | | | | ACCE | DT C | OVER | | DE IEC | T COV | ERAGE | | LIMIT: \$ | | | | | |
| | | | | | IN KV and V | AAA | | | ACCE | | | | | | | | | | | | | |
| IVIIIN | | BSIDENCE COVERA | | | - | | | | ACCE | PIC | OVER | AGE | REJEC | 1 COV | ERAGE | | LIMIT: \$ | | | | _ | |
| See | J | perty has been i tached Overfl | | TED AN HIS | STORICALL | ANDWARK | | | | | | | | | | | # OF OPEN S | IDES ON | SIKC | JCTUR | .E | |
| CON | NSTRI | UCTION TYPE | | нүг | | RE STAT | | FIR | E DISTRICT | | | CODE NUM | IBER PR | OT CL | # STC | RIES | # BASM'TS | YR BU | ILT | ТОТА | L AR | EA |
| | | O IMPROVEMENTO | | | FT | BLDG COI | DF . | TAX C | ODE BO | OF TY | /DE | | OTHER OC | CLIBAI | ICIES | | | | | | | |
| BUI | LDING | G IMPROVEMENTS | | | | GRADE | _ | IAX | ODE RO | OF II | IPE | | OTHER OC | CUPAI | NCIES | | | | | | | |
| | WIR | ING, YR: | PLI | UMBING, YF | R: | | | | | | | | НЕАТ | ING SC | IIRCE I | NCI V | VOODBURNIN | IG D | ATF | | | |
| | ROC | OFING, YR: | HE | ATING, YR: | | WIND CLA | .55 | - | SEMI- RI | ESIST | IVE | - | STOV | E OR F | IREPLA | | | | | LED: | | |
| | ОТН | | | YR: | | RESI | STIVE | | | | | | MANUFAC | TURER | : | | | | | | | |
| PRII | 1 | / HEAT | | | | | | | | - | | NDARY HEA | | | | | | | | | | |
| | BOIL | LER SC | OLID FUE | L | | 7 | | | | L | | BOILER | S | OLID F | JEL | | | l | | | | |
| | IF B | OILER, IS INSURANC | CE PLACI | ED ELSEW | HERE? | Y/N | | | | | ı | F BOILER, IS | SINSURAN | CE PL/ | ACED EL | SEWI | HERE? | Y/N | | | | |
| RIG | HT EX | XPOSURE & DISTAN | CE | | LEFT EXP | OSURE & D | ISTAN | CE | | | FRON | IT EXPOSUR | E & DISTA | NCE | | | REAR EXPO | SURE & | DIST | ANCE | | |
| | | | | | | | | | | | | | | | | | | | | | | 7 |
| BUF | RGLAI | R ALARM TYPE | | | | CE | RTIFIC | CATE | # | | | | | | | EXF | PIRATION DA | TE | STA | TRAL TION | | LOCAL GONG |
| | | | | | | | | | | | | | | | | | | | WITH | H KEY | S | |
| BUF | RGLAI | R ALARM INSTALLE | D AND S | ERVICED B | Υ | | | | | | EXTE | NT | | GRAD | E | # G | UARDS / WA | CHMEN | | CLC | CK H | OURLY |
| | | | | | | | | | | | | | | | | | | | | | | |
| PRE | MISE | S FIRE PROTECTION | N (Sprink | lers, Stand | pipes, CO2 / | Chemical S | ystem | s) | % | SPR | NK I | FIRE ALARM | MANUFAC | TURE | ₹ | | | | | CEN | ITRAI | STATION |
| | | | | | | | | | | | | | | | | | | | | LOC | AL G | ONG |
| ΑD | DIT | IONAL INTERE | ST | ACO | RD 45 att | tached fo | or ad | lditic | nal nam | nes | - | | | | | | | | - | 1 | | |
| | ERES | | | | ADDRESS | | | VIDE | | | TIFICA | ATE . | | | | | 11. | ITEREST | ידו ואו | =M NIII | MRE | • |
| Х | 1 | S PAYEE | | | ommunit | | | | | | | | | | | | LOCATION: | _ | | EM NU | | |
| - ` | | RTGAGEE | I F | O Box 8 | 63329 | , | | u | | | | | | | | | ITEM CLASS: | | | | NG: | |
| | WOR | TOAGLE | | Plano, TX | 75086 | | | | | | | | | | | | CLASS: | DIDTION | I | TEM: | | |
| | J | | | | | | | | | | | | | | | | 6301 Ga | | ver | ue. | Dal | las. TX |
| | | | - | | - / 1 0 / 2 | | | | | | | | | | | | 75211 | r | | , | _ 41 | , |
| | | | R | REFERENCE | _ / LUAN #: | | | | 1 | | | | | | | | 1 | | | | | |

| AUGUREA-01 | PI | EE |
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| | | |

| 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 | FORMS AND CONDITIONS TO APPLY | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | BREAKDOWN OR CONTAMINATION POWER OUTAGE SELLING PRICE IT: \$ IT: \$ F OPEN SIDES ON STRUCTURE: | | | | | | |
| | | | | | | | | | | | | | DPTIONS BREAKDOWN OR CONTAMINATION POWER OUTAGE PRICE SELLING PRICE SIT: \$ F OPEN SIDES ON STRUCTURE: | | | | | | |
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| | | | | | | | | | | | | POWER OUTAGE SELLING PRICE IMIT: \$ IMIT: \$ OF OPEN SIDES ON STRUCTURE: # BASM'TS YR BUILT TOTAL AREA | | | | | | | |
| ADDITIONAL INFORMATION | BUSINES | S INCOME / EX | TRA EXPEN | SE - Atta | ch ACOF | RD 810 | V | ALUE RE | EPORTIN | G INFOR | MATIO | OPTIONS BREAKDOWN OR CONTAMINATION POWER OUTAGE MIT: \$ MIT: \$ OF OPEN SIDES ON STRUCTURE: | | | | | | | |
| ADDITIONAL COVERAGES | , OPTION | S, RESTRIC | CTIONS, E | ENDOF | RSEME | NTS AND | RATING II | NFORM | IATIO | N | | OPTIONS BREAKDOWN OR CONTAMINATION POWER OUTAGE SELLING PRICE IMIT: \$ OF OPEN SIDES ON STRUCTURE: | | | | | | | |
| SPOILAGE DESCRIPTION OF PR | ROPERTY CO | VERED | | | | | LIMIT | | | REFRIG N | | | | | | | | | |
| COVERAGE (Y / N) | | | | | | | \$ | | | AGREEN (Y/N | | BREAKDOWN OR CONTAMINATION POWER OUTAGE SELLING PRICE IMIT: \$ IMIT: \$ OF OPEN SIDES ON STRUCTURE: F BASM'TS YR BUILT TOTAL AREA DODBURNING DATE | | | | | | | |
| | | | | | | | DEDUCTIB | LE | | | 1 | POW | ER OUT | AGE | | | | | |
| | | | | | | | \$ | | | | | POWER OUTAGE SELLING PRICE LIMIT: \$ LIMIT: \$ | | | | | | | |
| SINKHOLE COVERAGE (Required in | r Florida) | | | | AC | CCEPT COV | ERAGE | REJE | ECT COV | /ERAGE | ı | | | | | | | | |
| MINE SUBSIDENCE COVERAGE (Re | equired in IL, | IN, KY and WV |) | | AC | CCEPT COV | ERAGE | REJE | ECT COV | ERAGE | ı | | | | | | | | |
| PROPERTY HAS BEEN DESIGN | NATED AN HIS | STORICAL LAN | IDMARK | | | | | | | | - ; | # BASM'TS YR BUILT TOTAL AREA OODBURNING DATE | | | | | | | |
| See Attached Overflow. | | | | | | | | | | | | # BASM'TS YR BUILT TOTAL AREA | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| CONSTRUCTION TYPE | ну | DISTANCE TO DRANT FIRE | STAT | FIR | E DISTR | ICT | CODE NUM | IBER | PROT CL | # STO | RIES | DODBURNING DATE | | | | | | | |
| | | FT | MI | | | | | | | | | DODBURNING DATE | | | | | | | |
| BUILDING IMPROVEMENTS | • | В | LDG CODE GRADE | TAX | CODE | ROOF TYPE | = | OTHER (| OCCUPA | NCIES | | DODBURNING DATE ERT INSTALLED: | | | | | | | |
| WIRING, YR: | LUMBING, YI | R· | GRADE | | | | | | | | | | | | | | | | |
| | EATING, YR: | 10 | /IND CLASS | | SEM | I- RESISTIVI | _ | HEA | ATING S | OURCE IN | ICL W | DODBURNING DATE ERT INSTALLED: | | | | | | | |
| | | | DECICT | \/F | _ SEIVI | I- KESISTIVI | | STC MANUFA | | FIREPLA(| JE INS | | | | | | | | |
| 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 | | | | | | | | |
| 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) | | | | | | | | | |
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AGENCY CUSTOMER ID: _

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. |

SUBJECTS OF INSURANCE SCHEDULE

| | SUBJE | | | FINSURA | | | JULE | | 07/23/2024 |
|----------------------|---------------|---------|----------------|-------------------------------|----------------------|------------|-------------|-----------|-------------------------------|
| | PREMISES #:1 | STREET | ADDRE | _{SS:} 3309 Elm St, I | Dallas, Tک | 75226 | | | · |
| PREMISES INFORMATION | BUILDING #: 1 | BLDG DE | SCRIP | TION: | | | | | |
| SUBJECT OF INSURANCE | AMOUNT | COINS % | VALU- ATION | CAUSES OF LOSS | INFLATION GUARD % | DED | DED TYPE | BLKT # | FORMS AND CONDITIONS TO APPLY |
| Flood | 5,000,000 | | I | Flood | | \$50,000 | Dollars | | |
| | PREMISES #:1 | STREET | ADDRE | SS: 3309 Elm St, I | Dallas, TX | 75226 | | | |
| PREMISES INFORMATION | BUILDING #: 1 | BLDG DE | SCRIP | 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 | SCRIP | 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 | SCRIP | 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 | 70 | \$470,000 | | | |
| | PREMISES #:3 | STREET | ADDRE | SS: 6301 Gaston | Avenue, I | Dallas, TX | 75211 | | |
| PREMISES INFORMATION | BUILDING #: 1 | BLDG DE | SCRIP | 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 | COARD 70 | \$50,000 | | | |
| | PREMISES #:3 | STREET | ADDRE | SS: 6301 Gaston | Avenue, I | Dallas, TX | 75211 | | |
| PREMISES INFORMATION | BUILDING #: 1 | BLDG DE | SCRIP | TION: | | | | | |
| SUBJECT OF INSURANCE | AMOUNT | COINS % | VALU- ATION | CAUSES OF LOSS | INFLATION GUARD % | DED | DED TYPE | BLKT # | FORMS AND CONDITIONS TO APPLY |
| ilood | 5,000,000 | | I | Windstorm | | \$975,000 | | | |
| | PREMISES #: | STREET | ADDRE | SS: | ' | | | | |
| 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 |
| | | | 7 | | 70 | | | | |
| | PREMISES #: | STREET | ADDRE | SS: | • | • | | | |
| PREMISES INFORMATION | BUILDING #: | BLDG DE | SCRIP | TION: | | | | | |
| SUBJECT OF INSURANCE | AMOUNT | COINS % | VALU- ATION | CAUSES OF LOSS | INFLATION GUARD % | DED | DED TYPE | BLKT # | FORMS AND CONDITIONS TO APPLY |
| | | | | | | | | | |
| DEMICES INCODES TO: | PREMISES #: | STREET | | | | | | | |
| PREMISES INFORMATION | BUILDING #: | BLDG DE | | | INFLATION | 555 | DED | ВЬКТ | FORMS AND CONDITIONS TO 45511 |
| SUBJECT OF INSURANCE | AMOUNT | COINS % | ĀTĪŌN | CAUSES OF LOSS | INFLATION GUARD % | DED | DED TYPE | BLKT # | FORMS AND CONDITIONS TO APPLY |
| | PREMISES #: | STREET | ADDRE | SS: | | | | | |
| PREMISES INFORMATION | BUILDING #: | BLDG DE | | | T | T | | | |
| 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: | | | | | |
| PREMISES INFORMATION | BUILDING #: | BLDG DE | | | | | | | |
| | 1 | | | | INFLATION GUARD % | | DED TYPE | BLKT # | |
| SUBJECT OF INSURANCE | AMOUNT | COINS % | ATION | CAUSES OF LOSS | GUARD % | DED | TYPF | # | FORMS AND CONDITIONS TO APPLY |



ADDITIONAL INTEREST SCHEDULE

| 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 Real E | state Co | | | | | |
| AD | DITIONAL I | NTE | REST (Not | all fields apply to all scenario | s - provide | e on | ly the necessar | ry data) | | | | | |
| INTI | REST | | | NAME AND ADDRESS RANK: | EVIDENCE: | | CERTIFICATE | POLICY | SEND BILL | INTEREST IN | ITEM NU | MBER | |
| | ADDITIONAL INSURED | | LOSS PAYEE | Twain Community Partners, II | , LLC | | | | | LOCATION: 1 | BUILD | NG: | 1 |
| | BREACH OF WARRANTY | | MORTGAGEE | 1232 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 | | J | 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 INSURED | | LOSS PAYEE | Twain HTC Fund XXX, LLC | | | CERTIFICATE | TOLIGI | OLIND BILL | LOCATION: 1 | BUILD | NG: | 1 |
| | BREACH OF | | MORTGAGEE | 2200 Washington Ave | | | | | | VEHICLE: | BOAT: | | - |
| | WARRANTY CO-OWNER | | OWNER | Saint Louis, MO 63103 | | | | | | AIRPORT: | AIRCR | AFT: | |
| | EMPLOYEE | | REGISTRANT | | | | | | | ITEM | ITEM: | | |
| | AS LESSOR LEASEBACK | | TRUSTEE | | | | | | | CLASS: ITEM DESCRIPTION | | | |
| | OWNER LIENHOLDER | | | REFERENCE / LOAN #: | | INT | EREST END DATE: | | | 3309 Elm St Dallas, | TY 752 | 26 | |
| X | Building Owr | ner | | LIEN AMOUNT: | | - | ONE (A/C, No, Ext): | | | FAX (A/C, No): | 17.732 | .20 | |
| | SON FOR INTER | | | | | - | IAIL ADDRESS: | | | 1701 (140, 110). | | | |
| | REST | | ' | NAME AND ADDRESS RANK: | EVIDENCE: | -" | | | | INTEREST IN | ITEM NII | MRFR | |
| INII | ADDITIONAL | | LOSS PAYEE | | | | CERTIFICATE | POLICY | SEND BILL | LOCATION: 1 | BUILD | | 1 |
| | INSURED BREACH OF | | MORTGAGEE | Twain Community Funding I, I 2200 Washington Ave | LLC | | | | | VEHICLE: | BOAT: | | - |
| | WARRANTY | | OWNER | Saint Louis, MO 63103 | | | | | | | AIRCR | | |
| | CO-OWNER EMPLOYEE | | | | | | | | | AIRPORT: | | AFI. | |
| | AS LESSOR LEASEBACK | | REGISTRANT | | | | | | | CLASS: | ITEM: | | |
| | OWNER | | TRUSTEE | DEFENDE (LOAN # | | | EDECT END DATE | | | ITEM DESCRIPTION | 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 ADDITIONAL | | | 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 | AFI: | |
| | AS LESSOR LEASEBACK | | REGISTRANT | | | | | | | CLASS: | ITEM: | | |
| | OWNER | | TRUSTEE | | | | | | | ITEM DESCRIPTION | TV 750 | 00 | |
| | LIENHOLDER | | | REFERENCE / LOAN #: | | _ | EREST END DATE: | | | 333 1st Ave Dallas, | IX /52 | 26 | |
| | Building Own | | | LIEN AMOUNT: | | - | ONE (A/C, No, Ext): | | | FAX (A/C, No): | | | |
| | SON FOR INTER | KEST: | | | | E-M | IAIL ADDRESS: | | | h:====== | | MDES | |
| INTI | REST ADDITIONAL | | | NAME AND ADDRESS RANK: | EVIDENCE: | | CERTIFICATE | POLICY | SEND BILL | INTEREST IN | | | 4 |
| | INSURED BREACH OF WARRANTY | | LOSS PAYEE | Twain HTC Fund XXX, LLC 2200 Washington Ave | | | | | | LOCATION: 2 | BUILD | | 1 |
| | | | MORTGAGEE | Saint Louis, MO 63103 | | | | | | VEHICLE: | BOAT: | | |
| | CO-OWNER EMPLOYEE | | OWNER | | | | | | | AIRPORT: | AIRCR | AFT: | |
| | AS LESSOR LEASEBACK | | REGISTRANT | | | | | | | CLASS: | ITEM: | | |
| | OWNER | | TRUSTEE | | | | | | | ITEM DESCRIPTION | | | |
| | LIENHOLDER | | | REFERENCE / LOAN #: | | - | EREST END DATE: | | | 333 1st Ave Dallas, | TX 752 | 26 | |
| X | Building Owr | | | LIEN AMOUNT: | | - | ONE (A/C, No, Ext): | | | FAX (A/C, No): | | | |
| REA | SON FOR INTER | REST: | | | | E-M | IAIL ADDRESS: | | | | | | |
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ADDITIONAL INTEREST SCHEDULE

| DATE (MM/DD/YYYY) |
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| 07/23/2024 |

| 2M | ENCY ringle. Colli | ns a | & Associate | es | | CARRIER | | | | | NAIC C | ODE |
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| | DITIONAL | NITE | DEST (No. | | | | | | | | | |
| | | NIE | KESI (NOT | all fields apply to all scenari | _ · | | ĺ | | INTER | CCT IN I | TEM NUMBER | |
| INII | EREST ADDITIONAL | | 1 | NAME AND ADDRESS RANK: | EVIDENCE: | CERTIFICATE | POLICY | SEND BILL | | | | |
| | INSURED BREACH OF | | LOSS PAYEE | Twain Community Funding I 2200 Washington Ave | LLC | | | | LOCATION: | 2 | BUILDING: | 1 |
| | WARRANTY | | MORTGAGEE | Saint Louis, MO 63103 | | | | | VEHICLE: | | BOAT: | |
| | CO-OWNER EMPLOYEE | | OWNER | · | | | | | AIRPORT: | | AIRCRAFT: | |
| | AS LESSOR LEASEBACK | | REGISTRANT | | | | | | CLASS: | | ITEM: | |
| | OWNER | | TRUSTEE | | | T | | | ITEM DESCRIPT | ION | | |
| | LIENHOLDER | | | REFERENCE / LOAN #: | | INTEREST END DATE: | | | 333 1st Ave D | allas, 1 | TX 75226 | |
| X | Building Owr | ner | | LIEN AMOUNT: | | PHONE (A/C, No, Ext): | | | FAX (A/C, No): | | | |
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| INTI | EREST | | | NAME AND ADDRESS RANK: | EVIDENCE: | CERTIFICATE | POLICY | SEND BILL | INTER | EST IN I | TEM NUMBER | |
| | ADDITIONAL INSURED | | LOSS PAYEE | Twain Community Partners, | II, LLC | | | | LOCATION: | 3 | BUILDING: | 1 |
| | BREACH OF WARRANTY | | MORTGAGEE | 1232 Washington Ave | | | | | VEHICLE: | | BOAT: | |
| | CO-OWNER | | OWNER | Saint Louis, MO 63103 | | | | | AIRPORT: | | AIRCRAFT: | |
| | EMPLOYEE AS LESSOR | | REGISTRANT | | | | | | ITEM CLASS: | | ITEM: | |
| | LEASEBACK OWNER | | TRUSTEE | | | | | | ITEM DESCRIPT | ION | | |
| | LIENHOLDER | | J | REFERENCE / LOAN #: | | INTEREST END DATE: | | | 6301 Gaston A | Avenue | e Dallas, TX | 75211 |
| Х | Building Owr | ner | | LIEN AMOUNT: | | PHONE (A/C, No, Ext): | | | FAX (A/C, No): | | | |
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| IIVII | ADDITIONAL | | LOSS PAYEE | | EVIDENCE. | CERTIFICATE | POLICY | SEND BILL | LOCATION: | 3 | BUILDING: | 1 |
| | INSURED BREACH OF | | MORTGAGEE | Twain HTC Fund XXX, LLC 2200 Washington Ave | | | | | VEHICLE: | 3 | BOAT: | • |
| | WARRANTY | | | Saint Louis, MO 63103 | | | | | | | | |
| | CO-OWNER EMPLOYEE | | OWNER | | | | | | AIRPORT: | | AIRCRAFT: | |
| | AS LESSOR LEASEBACK | | REGISTRANT | | | | | | CLASS: | | ITEM: | |
| | OWNER | | TRUSTEE | | | T | | | ITEM DESCRIPT | | | |
| | LIENHOLDER | | | REFERENCE / LOAN #: | | INTEREST END DATE: | | | 6301 Gaston A | Avenue | Dallas, TX | 75211 |
| Х | Building Owr | ner | | LIEN AMOUNT: | | PHONE (A/C, No, Ext): | | | FAX (A/C, No): | | | |
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| | ASON FOR INTER | REST: | : | | | E-MAIL ADDRESS: | | | | | | |
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| REA | EREST ADDITIONAL INSURED | REST | LOSS PAYEE | Twain Community Funding I | | E-MAIL ADDRESS: | POLICY | SEND BILL | INTER | EST IN I | TEM NUMBER BUILDING: | 1 |
| REA | EREST ADDITIONAL | REST | 1 | Twain Community Funding I 2200 Washington Ave | | E-MAIL ADDRESS: | POLICY | SEND BILL | | | | 1 |
| REA | EREST ADDITIONAL INSURED BREACH OF | REST | LOSS PAYEE | Twain Community Funding I | | E-MAIL ADDRESS: | POLICY | SEND BILL | LOCATION: VEHICLE: AIRPORT: | | BUILDING: | 1 |
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| REA | ADDITIONAL INSURED BREACH OF WARRANTY CO-OWNER EMPLOYEE AS LESSOR LEASEBACK | REST | LOSS PAYEE MORTGAGEE OWNER | Twain Community Funding I 2200 Washington Ave | | E-MAIL ADDRESS: | POLICY | SEND BILL | LOCATION: VEHICLE: AIRPORT: ITEM | 3 | BUILDING: BOAT: AIRCRAFT: | 1 |
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| REA INTI | ADDITIONAL INSURED BREACH OF WARRANTY CO-OWNER EMPLOYEE AS LESSOR LEASEBACK OWNER LIENHOLDER | ner | LOSS PAYEE MORTGAGEE OWNER REGISTRANT TRUSTEE | Twain Community Funding I 2200 Washington Ave Saint Louis, MO 63103 | | E-MAIL ADDRESS: CERTIFICATE INTEREST END DATE: | POLICY | | LOCATION: VEHICLE: AIRPORT: ITEM CLASS: ITEM DESCRIPT 6301 Gaston A | 3 ION | BUILDING: BOAT: AIRCRAFT: ITEM: | |
| X | ADDITIONAL INSURED BREACH OF WARRANTY CO-OWNER EMPLOYEE AS LESSOR LEASEBACK OWNER LIENHOLDER Building Own | ner | LOSS PAYEE MORTGAGEE OWNER REGISTRANT TRUSTEE | Twain Community Funding I 2200 Washington Ave Saint Louis, MO 63103 REFERENCE / LOAN #: LIEN AMOUNT: | LLC | E-MAIL ADDRESS: CERTIFICATE INTEREST END DATE: PHONE (A/C, No, Ext): E-MAIL ADDRESS: | | | LOCATION: VEHICLE: AIRPORT: ITEM CLASS: ITEM DESCRIPT 6301 Gaston A FAX (A/C, No): | 3 ION Avenue | BUILDING: BOAT: AIRCRAFT: ITEM: | |
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FORMS AND ENDORSEMENTS SCHEDULE

| Page 1 of |
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| AGENCY | | CARRIER | NAIC CODE |
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| Swingle, Collins & Associates | | | |
| POLICY NUMBER | EFFECTIVE DATE | NAMED INSURED(S) | |
| | 08/17/2024 | August Real Estate Co | |

FORMS AND ENDORSEMENTS

| FORMS AND ENDORSEMENTS | | | | | | | | | |
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| LOC# | VEH# | BOAT# | ITEM# | FORM NUMBER | FORM NAME | EDITION DATE | COPYRIGHT OWNER CODE | | |
| 1 | | | | | Earth Movement Coverage | 08/22/2024 | | | |
| 1 | | | | | Flood Coverage | 08/22/2024 | | | |
| 3 | | | | | Roof Covering Valuation | 08/22/2024 | | | |
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