

COMMERCIAL INSURANCE APPLICATION APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)	
08/15/2023	

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Sw	ENCY ingle, Collins 8								CA	ARRIEI	R									NAIC	CODE
	760 Noel Road, llas, TX 75240	Suite	9 600						СО	MPANY	POLICY OR P	ROG	RAM NA	ME					PRO	GRAM	CODE
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NAI	ME:	\ 207	7-3000						UN	DERWRI	TER					UNDERV	WRITE	R OFFICE			
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E-M	AIL DRESS: Services	s@sv	winglecoll	ins.d	com					ATUS OF ANSACT			BOUNI	Give D	ate a	nd/or Atta	ach Co	ору):			
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X	BUSINESS OWNER	RS		\$			GARA	GE AND DEALERS			\$								\$		
Χ	COMMERCIAL GE	NERAL	LIABILITY	\$			LIQUO	OR LIABILITY			\$								\$		
	COMMERCIAL INL			\$				R CARRIER			\$								\$		
х	COMMERCIAL PRO			\$							\$								\$		
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	ADDITIONAL INTE	REST	SCHEDULE				HOTE	L / MOTEL SUPPLEM	ENT					STATE	SUP	PLEMEN	NT (If a	applicable)			
	ADDITIONAL PRE	MISES	INFORMATION	SCHE	DULE		INSTA	LLATION / BUILDERS	RIS	SK SECT	ION			VACAN	NT BL	JILDING	SUPF	LEMENT			
	APARTMENT BUIL							NATIONAL LIABILITY				NT.		VEHIC	LE S	CHEDUL	F				
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	CONDO ASSN BYI			ige on	iy)			NATIONAL PROPER	T E	XPUSUF	KE SUPPLEIN	EINI									
	CONTRACTORS S	UPPLE	EMENT				LOSS	SUMMARY													
	COVERAGES SCH	IEDULI	<u> </u>				OPEN	CARGO SECTION													
	DEALERS SECTIO	N					PREM	IUM PAYMENT SUPF	PLEM	IENT											
	DRIVER INFORMA	TION	SCHEDULE				PROF	ESSIONAL LIABILITY	SUF	PPLEME	NT										
	ELECTRONIC DAT	A PRO	CESSING SEC	TION			REST	AURANT / TAVERN S	UPP	LEMENT	•										
PC	LICY INFORM	ATIC	N																		
PRO	POSED EFF DATE	PROF	OSED EXP DA	TE	BILLING F	LAN		PAYMENT PLAN		METHOD	OF PAYMEN	NT.	AUDIT	DE	EPOS	IT		MINIMUM PREMIUM	PC	DLICY	PREMIUM
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	Delivery Syst											421	5								
	10 Newkirk Str las, TX 75220	eet, S	Suite 206						BU	SINESS	PHONE #:							-			
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PRIMARY PHONE #	Y Duome	BUS C	ECONDARY	HOME E	CELL	PRI	NTACT N IMARY ONE #		OME	BU	S CELL	SECONDA PHONE #	RY HOM	ME BUS	CELL		
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	Y E-MAIL ADDRE									-MAIL ADI							
	ARY E-MAIL ADI							_	CONDAR	Y E-MAIL	ADDR	RESS:					
		MATION (A	ttach A	CORD 8	23 for Additio			Έ									
LOC#	STREET 10610 New	kirk Street	, Suite	206		С	ITY LIMITS	IN	TEREST		#	FULL	TIME EMPL	ANNUAL REV	/ENUES: \$		
1							INSIDE		OWN	ER				OCCUPIED A	REA:		SQ FT
BLD#	сіту:Dallas				STATE: TX	_	OUTSIDE	<u> </u>	TENA	NT	#	PART	TIME EMPL	OPEN TO PU	BLIC AREA:		SQ FT
1	COUNTY:				ZIP: 75220									TOTAL BUILI	DING AREA:		SQ FT
DESCRIP	PTION OF OPERA	ATIONS:												ANY AREA L	EASED TO C	THERS? Y / N	
LOC#	STREET					С	ITY LIMITS	IN	TEREST		#	FULL	TIME EMPL	ANNUAL RE	/ENUES: \$		
							INSIDE		OWN	ER				OCCUPIED A	REA:		SQ FT
BLD#	CITY:				STATE:		OUTSIDE	: <u> </u>	TENA	NT	#	PART	TIME EMPL	OPEN TO PU	BLIC AREA:		SQ FT
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DESCRIP	TION OF OPERA	ATIONS:												ANY AREA L	EASED TO C	THERS? Y / N	
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	PTION OF OPERA													ANT AREA L	EASED TO C	THERS? Y / N	
APA	RE OF BUSI ARTMENTS NDOMINIUMS	CONTRA INSTITU			NUFACTURING		RESTAURA RETAIL	.NT		SERVICE					DAT	E BUSINESS RTED (MM/DD/Y	YYY)
RETAIL STORES OR SERVICE OPERATIONS % OF TOTAL SALES:								E OR		work			OFF PREMI	SES INSTALLAT	TION, SERVIC %	CE OR REPAIR V	VORK
DESCRIF	PTION OF OPERA	TIONS OF OTHE	R NAMED	INSUREDS	·							•					
ADDIT	IONAL INTE	REST (Not	all fields	s apply t	o all scenario	·s - p	orovide o	nly	the ne	ecessar	ry da	ata) A	Attach A0	CORD 45 fo	r more A	dditional In	terests
INTERES		•		ND ADDRES			DENCE:	T	ERTIFIC A		POL		SEND B			ITEM NUMBER	
ADI	DITIONAL URED	LIENHOLDER												LOCATION	:	BUILDING:	
BRE	EACH OF	LOSS PAYEE												VEHICLE:		BOAT:	
	RRANTY	MORTGAGEE												AIRPORT:		AIRCRAFT:	
EMF	PLOYEE	OWNER												ITEM		ITEM:	
LEA	LESSOR SEBACK													CLASS:	PDIDTION	III LAWI.	
OW	NER DER'S	REGISTRANT	DECES	NCE / L CASS				rene	CT CVC	DATE				ITEM DESC	KIF HUN		
Los	S PAYABLE	TRUSTEE		NCE / LOAN	1#:				ST END					F.V	u-V-		
\vdash			LIEN AMO	OUNT:					(A/C, No					FAX (A/C, I	No):		
REASON	FOR INTEREST:						E-I	MAIL	ADDRES	SS:							

EXPL	AIN ALL "YES" R	ESPONSES								Y/N
1a.	IS THE APPLIC	ANT A SUE	SSIDIARY OF ANOTHER ENTITY ?							
	PARENT COMPA	ANY NAME				RELATIONSHIP D	ESCRIPTION		% OWNED	
1b.	DOES THE APE	PLICANT H	AVE ANY SUBSIDIARIES?						-	
.2.	SUBSIDIARY CO					RELATIONSHIP D	ESCRIPTION		% OWNED	
	IS A EODMAL S	A CETY DD	OGRAM IN OPERATION?							
۷.	SAFETY MA	Г		ONTHLY MEETINGS	OSHA					
2			MMABLES, EXPLOSIVES, CHEMIC		OSHA					
3.	ANT EXPOSOR	E TO FLAN	MINIABLES, EXPLOSIVES, CHEMIC	ALS!						
4.	ANY OTHER IN	ISURANCE	WITH THIS COMPANY? (List po	licy numbers)						
	LINE OF BUSINE	SS	POLICY NUMBER		LINE OF BUSINES	s	POLICY NUMBER			
			GE DECLINED, CANCELLED OR I		JRING THE PRIOR	THREE (3) YEARS	FOR ANY PREMISE	ES OR		
	NON-PAYM	` _	AGENT NO LONGER REPRESENT							
	NON-RENE	-		NOTION CORRECTED	(Describe):					
6			LAIMS RELATING TO SEXUAL AB		· ,	IS DISCRIMINATIO	NI OD NEGLIGENT	HIDING2		
0.	ANT FAST LOS	ISLS ON C	LAING RELATING TO SEXUAL AD	OSE ON WOLLSTA	HON ALLEGATION	io, diockimina in	ON OR NEGLIGENT	i iikiing :		
			/EARS (TEN IN RI), HAS ANY APP					RIME OF F	RAUD,	
			Y OTHER ARSON-RELATED CRIM e answered by any applicant for proj					demeanor n	unishahle	
			year of imprisonment).	perty insurance. Tal	idle to disclose the	existence of all also	on conviction is a mis	demeanor p	unisnable	
8	ANY UNCORRE	CTED FIR	E AND/OR SAFETY CODE VIOLAT	IONS?						
0.	OCCUR DATE	EXPLANAT		10110:		RESOLUTION		DEG	SOLVE DATE	
	OCCOR DATE	LAFLANA	TON			KESOLOTION		KE	SOLVE DATE	
0			ORECLOSURE, REPOSSESSION,	BANKDI IDTOV OD	EII ED EOD BANKI	DI IDTOV DI IDINIC	THE I A ST EIVE (5) \	/EAD92		
Э.	OCCUR DATE	EXPLANAT	· · · · · · · · · · · · · · · · · · ·	BANKKOFICIOK		RESOLUTION	THE LAST TIVE (5) I		SOLVE DATE	
	OCCUR DATE	EXPLANA	IION			RESOLUTION		KES	SOLVE DATE	
10			I IDCEMENT OR LIEN DURING TH	E LAST EIVE (E) VE	ADC2					
10.			UDGEMENT OR LIEN DURING TH	E LAST FIVE (5) TE		DESCRIPTION .		DE 6	DOLVE DATE	
	OCCUR DATE	EXPLANAT	IION			RESOLUTION		KE	SOLVE DATE	
11	HAS BLISINESS	REEN DI	ACED IN A TRUST? NAME OF TRUS	2T-						
						SOLD / DISTRIBLIT	ED IN EODEION CO	INTDIESS		
			DNS, FOREIGN PRODUCTS DISTR 15 for Liability Exposure and/or ACC			 	ED IN FOREIGN CO	UNIKIES?		
13.	DOES APPLICA	NT HAVE	OTHER BUSINESS VENTURES FO	OR WHICH COVER	AGE IS NOT REQUI	ESTED?				
14.	DOES APPLICA	NT OWN /	LEASE / OPERATE ANY DRONES	? (If "YES", describ	e use)					
				•	·					
15.	DOES APPLICA	NT HIRE C	OTHERS TO OPERATE DRONES?	(If "YES", describe	use)					
REN	IARKS / PRO	CESSING	INSTRUCTIONS (ACORD 10	1, Additional Rer	narks Schedule.	may be attache	d if more space is	s required)	1
				,				. 4	,	
	OR CARRIEF	R INFORM		1	Т		1			
YEA			GENERAL LIABILITY	AUTON	MOBILE	PROP	ERTY C	THER:		
l	CARRIER			1						
	POLICY NUME	BER								
l	PREMIUM	\$		\$		\$	\$			

EFFECTIVE DATE EXPIRATION DATE

GENERAL INFORMATION

AUTOMOBILE OTHER: CATEGORY **GENERAL LIABILITY** PROPERTY 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 CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE LAST YEARS TOTAL LOSSES: \$												
DATE OF OCCURRENCE	LINE	TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	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.)

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 frank Suigh	PRODUCER'S NAME (Please Print)		STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE		DATE	NATIONAL PRODUCER NUMBER



PROPERTY SECTION

		NAME e, Collins & A	\sso	ciate	es							CA	ARR	RIER								N	AIC CC	DDE
POL	ICY N	IUMBER								EFFE	ECTIVE DATE			INSURED Delivery		ems, l	LC					'		
BL	ANK	KET SUMMARY	Y																					
BLK	(T #	AMOUNT					TY	PE				BL	.KT #		AMOUNT					TYPE				
					PREMIS	ES #: 1		STREET	ADD	RESS	: 10610 N	ewk	irk	Street,	Suite 2	206, Da	allas, T	X 75	5220					
PR	EMI	SES INFORMA	OITA	N	BUILDIN	IG #: 1		BLDG DE																
_		BJECT OF INSURAN	NCE		Α	MOUNT	- 0	COINS %	ATIC	ON_	CAUSES OF	Loss	IN G	IFLATION BUARD %	DE	D ·	DED E	BLKT #	FORM	S AND C	ONDI	TIONS T	O APP	LY
Per	son	al Property				50,0	000																	
ADE	OITION	NAL INFORMATION		ΧВι	JSINESS	INCOME /	EXTRA	EXPENS	SE - A	Attach	ACORD 810			V	ALUE R	EPORTIN	G INFORM	MATIC	ON - Attach A	CORD 81	1			
AD	DITI	ONAL COVERA	AGES	S, OP	TIONS	, RESTR	ICTI	ONS, E	ND	ORS	SEMENTS	AND) RA	ATING II	NFORM	OITAN	١							
	OILAC		OF P	PROPE	RTY COV	/ERED							L	IMIT		F	REFRIG M	IAINT	OPTIONS					
	VERA Y/N)												\$;			AGREEM (Y/N		BREA	KDOWN	OR C			
													\$	EDUCTIB	LE]	POWI	ER OUTA	AGE		PRICE	IG
SINI	KHOL	E COVERAGE (Req	uired i	in Flori	ida)						ACCEPT	COVE	ERAC	GE	REJ	ECT COV	ERAGE		LIMIT: \$					
MIN	E SUE	BSIDENCE COVERA	GE (R	Require	d in IL, II	N, KY and V	VV)				ACCEPT	COVI	ERAC	GE	REJ	ECT COV	ERAGE		LIMIT: \$					
	PRO	PERTY HAS BEEN I	DESIG	SNATED	O AN HIS	TORICAL L	ANDM.	ARK											# OF OPEN S	IDES ON	STRU	ICTURE	:	_
	istri ime	JCTION TYPE				PISTANCE TRANT FI	RÉ STA	AT MI		FIRE	DISTRICT		(CODE NUM	IBER	PROT CL	# STO	RIES	# BASM'TS	YR BU	ILT	тотац 106,3		
BUII		IMPROVEMENTS		PLUME	BING, YR	:	BLD(GF	CODE	TA	AX CO	DDE ROOF	TYPE	:		OTHER	OCCUPA	NCIES							
					NG, YR:		WINE	CLASS			SEMI- RESI	STIVE	<u> </u>				OURCE IN		OODBURNIN		ATE NSTAL	LED: _		
	OTH	IER:			YR:			RESISTI	/E							ACTURE	₹:							
PRII		' HEAT										SE	1	DARY HEA	AT		Г	_						
	BOIL		DLID F				٦							DILER		SOLID F								
		OILER, IS INSURANC		ACED I	ELSEWH		1 / Y					-		BOILER, IS			ACED ELS	SEWH		Y/N	D.O.T.			
RIG	HIEX	(POSURE & DISTAN	CE			LEFT EXP	USUKI	E & DIS17	ANCE	E		FR	ONT	EXPOSUR	RE & DIS	TANCE			REAR EXPO	SUKE &	ופוט	ANCE		
BUF	RGLAF	R ALARM TYPE						CERTI	FICA	TE#								EXP	PIRATION DAT	TE	1	TRAL TION H KEYS		LOCAL GONG
BUF	RGLAF	R ALARM INSTALLE	D ANI	D SERV	/ICED BY	,						EX	TENT	г		GRAD	ÞΕ	# GI	UARDS / WAT	CHMEN			K HOL	JRLY
PRF	MISE	S FIRE PROTECTION	N (Spr	rinklers	Standn	ines. CO2 /	Chemi	cal Syste	ems)		% SP	DNK	FIE	RE ALARN	I MANIIE	ACTURE						CENT	DAI C	TATION
					, _ ш.пир	,, 5027		5,510			/6 SF		1-11	- ALANIV		TURE						1	L GON	TATION IG
		IONAL INTERE	ST								nal names													
INTE	EREST			NAM	E AND A	DDRESS	RANK		EVI	IDENC	CE: CE	RTIFI	ICAT	E					IN	TEREST	IN ITI	M NUM	BER	
		S PAYEE																	LOCATION:			BUILDIN	G:	
	MOR	RTGAGEE																	CLASS:) ID=: -:		TEM:		
																			ITEM DESCI	KIPTION				
				REFE	ERENCE	/ LOAN #:																		

AGENCY CUSTOMER ID	: .
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ADDITIO	NAL			PREMISE	S#:	STREET	ADDRE	SS:											
PREMISI	ES INFO	RMAT	ON	BUILDING	3 #:	BLDG D													
SUBJ	ECT OF IN	SURANCE		IA.	MOUNT	COINS %	VALU- ATION	CAUS	SES OF LOS	s ¦	NFLATION GUARD %	N	DED	DED TYPE	BLKT #	FORM	IS AND CO	NDIT	IONS TO APPLY
												-							
															+				
ADDITIONAL						XTRA EXPEN					.=				RMATIC	N - Attach A	CORD 811		
ADDITIO			-			ICTIONS, E	ENDOF	RSEM	ENTS AN			INFO	ORMATI	ON		T			
SPOILAGE COVERAGE	1	IPTION O	FPROPE	ERTY COV	ERED						LIMIT			REFRIG	MAINT	OPTIONS			
(Y / N)	-									\vdash	\$				/ N)			- 1	ONTAMINATION SELLING
											DEDUCTI	BLE				POW	ER OUTAG	E	PRICE
										_	\$								
SINKHOLE	COVERAG	E (Require	d in Flo	rida)				-	CCEPT CO	VERA	GE		REJECT C	OVERAGI	Ē 1	LIMIT: \$			
MINE SUBS					-			_ A	CCEPT CO	VERA	GE		REJECT C	OVERAGI	Ē	LIMIT: \$			
PROPE	RTY HAS I	BEEN DES	SIGNATE	D AN HIST	ORICAL LA	NDMARK									1	# OF OPEN S	SIDES ON S	TRU	CTURE:
CONSTRUC	TION TYPE	:			ISTANCE T		FIE	E DIST	PICT	Т	CODE NU	IMRE	R PROT	CI # ST	ORIFS	# BASM'TS	YR BUIL	r	TOTAL AREA
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		INIS	٦			GRADE	i AA	JODE	KOOI III	-		011	ILIX OCCU	ANGILO					
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	NG, YR:		HEAT	ING, YR:	-			SEM	MI- RESISTIV	/E		NAA N	STOVE	R FIREPL				TALI	_ED:
OTHER				YR:		RESISTI	VE				ID A DV I II		NUFACTUI	KEK:					
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REMARK	KS (AC	ORD 10	1, Add	<u>ditional</u>	Remark	s Schedu	le, ma	y be a	attached	if m	ore sp	ace	is requ	ired)					

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 Suisle		PRODUCER'S NAME (Please Print)		STATE PRODUCER LICENSE NO (Required in Florida)
			DATE	NATIONAL PRODUCER NUMBER
	Frank Smight		J 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Evanh Series



BUSINESS INCOME / EXTRA EXPENSE / RENTAL VALUE SUPPLEMENT TO PROPERTY SECTION

		3011 EL		IVOI	<u> </u>	I I SECTION		00/10/2020
AGENCY Swingle, Collins	s & Associates			CARF				NAIC CODE
POLICY NUMBER			EFFECTIVE DATE			FIRST NAMED INSURED		l .
PREMISES INFO	DMATION							
PREMISES #: 1								
BUILDING #: 1	X BUSINESS INCOMI EXTRA EXPENSE	E / BUSINE W/O EX	ESS INCOME (TRA EXPENSE		EXTR	RA EXPENSE B	USINESS INCOME / ENTAL VALUE	RENTAL VALUE
TYPE OF BUSINESS	ORDINARY PAYROLL	EXT PERIOD	POWER / HEAT	Т		OFF PREM POWER	DEPEND PROP	
NON MFG	EXCL INCL	DAYS	\$	DED	1 L	POWER	BROAD FORM	LIMITED FORM
MFG	90 DAYS	MO PERIOD	ELEC MEDIA			WATER		
MINING	180 DAYS	LIMIT		DAYS	4 L	COMM (DESCR BELOW)	COIN	0/.
% COINS		X MAX PERIOD	ORD OR LAW			TUITION FEES		_ /0
	\$	50000	CIVIL AUTH	DAYS	\$_	STUDENTS	CONT LOC	MFG LOC
EXTRA EXPENSE	LIMI	T LOSS PAY	GIVIZAGIII	DAYS	\$_	OTHER ED SERV / INC	REC LOC	LDR LOC (DESC BELOW)
DAYS PERI	OD REST —	%%			-	SERV / INC		
	SS(ES) FOR OFF PREM POWER	%%						
OTHER COVERAGES								

GLAIR1

AGENCY CUSTOMER ID: JRTDELI-01

ADDITIONAL PREMISES INFORMATION PREMISES #: BUSINESS INCOME W/O EXTRA EXPENSE BUSINESS INCOME / RENTAL VALUE BUSINESS INCOME / EXTRA EXPENSE RENTAL VALUE **EXTRA EXPENSE** BUILDING #: TYPE OF BUSINESS ORDINARY PAYROLL POWER/HEAT EXT PERIOD DEPEND PROP OFF PREM POWER BROAD FORM EXCL INCL \$ DED POWER LIMITED FORM NON MFG DAYS **ELEC MEDIA** MFG 90 DAYS MO PERIOD WATER DAYS MINING 180 DAYS COMM (DESCR BELOW) LIMIT COIN ______ % ORD OR LAW % COINS MAX PERIOD **TUITION FEES** DAYS \$_ CONT LOC MFG LOC _ STUDENTS **CIVIL AUTH** EXTRA EXPENSE LIMIT LOSS PAY OTHER ED SERV / INC REC LOC LDR LOC (DESC BELOW) __ DAYS PERIOD REST _% _ _% NAME(S) AND ADDRESS(ES) FOR OFF PREM POWER OR DEPEND PROP OTHER COVERAGES

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PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)		STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE		DATE 08/15/2023	NATIONAL PRODUCER NUMBER



BUSINESS AUTO SECTION

DATE (MM/DD/YYYY)

		20	- 11	1200 //(<i>,</i>	<i>-</i>					08/	15/202	3
AGENO Swin	gle, Collins & Associates				CA	RRIE	र			,		NAIC C	ODE
	Y NUMBER			EFFECTIVE DAT			ured(s) very Systems, LL	.C					
COV	ERAGES / LIMITS												
	USE ACORD 13	7 FOR Y	OU	R STATE TO PF	ROVIE	DE CO	OVERAGES / LIM	ITS INFORM	IATION				
DRIV	ZER INFORMATION ACOR	RD 163 at	tach	ned for additiona	l driv	ers							
LIST A	LL DRIVERS, INCLUDING FAMILY MEMBERS THAT								BUSINESS. DATE	lana tamul		HEE	0/
# 1	NAME (Include address, if required) Jerome Martin	SEX	MAR	DATE OF BIRTH 10/02/1973	EXP	LIC	DRIVERS LICENSE NUN SOCIAL SECURITY NUN 13138128	MBER LIC	HIRE	BROADEN. NO-FAULT	DOC	USE VEH#	USE
•	ocionic martin	IVI	U	10/02/19/3			13130120	TX					
2	Juan Arellano	M	U	11/14/1983			29291701	ТХ					
GEN	│ ERAL INFORMATION												
EXPLA	IIN ALL "YES" RESPONSES VITH THE EXCEPTION OF ANY ENCUMBRAI	NCES, ARE	: ANY	/ VEHICLES FOR WI	HICH II	NSUR <i>A</i>	NCE IS REQUESTED	NOT SOLELY C	OWNED BY	AND			Υ/
	EGISTERED TO THE APPLICANT? /EH # NAME OF OTHER OWNER				VFH#	NAME	OF OTHER OWNER					\neg	
	Name of officer officer				· 11 #		J. JIIILN OHNEN						
2. D	O OVER 50% OF THE EMPLOYEES USE TH	IEIR AUTO	S IN	THE BUSINESS?									
3. 19	S THERE A VEHICLE MAINTENANCE PROGI	RAM IN OP	ERA	TION?									
4. A	RE ANY VEHICLES LEASED TO OTHERS?												
5. A	NY CAR MODIFIED / SPECIAL EQUIPMENT	? (Include c	ustor	nized vans / pickups)									
_	/EH # DESCRIPTION			COST	VEH#	DESC	RIPTION			СС	ST		
				\$						\$			
6. A	RE ICC, PUC OR OTHER FILINGS REQUIRE	D? (If "YE	S", at	tach ACORD 194)									
7. D	O OPERATIONS INVOLVE TRANSPORTING	HAZARDO	DUS N	MATERIAL?									

	LE DE	_			CORD 129	atta	BODY	uditional ve	IIICIES											MD /	COLL
VEH#	YEAR	IVI		eightliner			TYPE:							CLE TY	'PE			SYM / A	GE OTC	MP/ SYM	SYM
1	2019	М	DDEL: M2	2			V.I.N.: 3A	LACWFC9K	DKE340)		PP	,	SPEC		COM	L				
GARAGII ADDRES	10	EET (I	Required in	n KY)		CITY					COUNTY	•						STA	TE ZII	P	
LIC STATE	TEI	RR		GVW / GCW	CLA	SS	SIC	FACTOR		P	RADIUS		FARTH	IEST T	ERMIN	IAL			cos	T NEW	5.000
USE			COMM'L	FOR HIRE	CHECK		ADD'L NO-	UNDRINS	JU	\perp	LSP	RI	ENT	DED	UCTIB	IFS		\$	COM		-,
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	ASURE		RETAIL		LIAB NO-		MED PAY UNINS	& LABOR SPEC			OTC	H-	3		AA		ST A	F	\$		
DRIVE TO			SERVICE		FAULT	FH	MOTOR	C OF L	FTW		COLL			\$					\$		COLI
WORK/S	SCHOOL	_	< 15 MILI		S + DR/CF	<u>:</u> :	BODY								AL PR	EM: \$			CO	MD /	COLL
VEH#	YEAR	_		eightliner			TYPE:							CLE TY	PE			SYM / A	GE OTC	MP/ SYM	SYM
3 GARAGII	2019		ODEL: M2 Required in			CITY	V.I.N.: 3A	LACWFC0K	DKE340	1	COUNTY	PP		SPEC		COM	L	STA	TE ZII	 P	
ADDRES	10	`																			
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FAR	RM		SERVICE		NO-		UNINS	& LABOR SPEC	FTW		COLL			\$	777		017	-	\$ \$		COLI
DRIVE TO	<u> </u>		< 15 MILI	ES 15 MILE	FAULT NET V	EH	MOTOR	C OF L	1										Þ		COL
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	STR		ODEL: Required in	1 KY)		CITY	V.I.N.:				COUNTY	PP		SPEC		СОМ	L	STA	TE ZII		
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PENAL IN THE IN IN FLO APPLIO IN MA ANOTH	TIES. (NE DISTRIBUTED NE DE L'ANDER DE L'AND	Iot ap ICT C OR A ANY CON JSET RSOI E OF	pplicable in the policies of the person the	n CO, DC, FL, H MBIA, WARNINI ER PERSON. F I WHO KNOWI ANY FALSE, IN RASKA, OREG AN APPLICAT DING INFORMAT	II, MA, MN, N G: IT IS A CI PENALTIES I NGLY AND COMPLETE ON AND VI ION FOR INS FION CONCE	RIME T NCLUI WITH OR M ERMO SURAN	TO PROVIDE DE IMPRISO INTENT TO IISLEADING NT, ANY PE NCE OR STA G ANY FACT	FALSE OR M NMENT AND/O D INJURE, DE INFORMATION ERSON WHO TEMENT OF O	OR FINES: EFRAUD, N IS GUIL KNOWING CLAIM COI	OR I TY O SLY NTAII	FORMAT DECEIVE F A FELC AND WI NING AN	E ANY ONY OF ITH INT IY MATE	AN INS INSURE THE THE	SUREF ER FIL HIRD I O DEF Y FALS	R FOR LES A DEGR FRAUI SE INI	R THE	E PUF ATEM Y INS	MENT SURAN ON, OI	OF CLA	AIM C MPAN EALS	Y OR FOR
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AGENCY CUSTOMER ID:

JRTDELI-01

GLAIR1

TEXAS COMMERCIAL AUTO

COVERAGES/LIMITS SECTION

Swingle, Collins	s & Associates		JRT Delivery		С			
POLICY NUMBER			CARRIER					NAIC CODE
	- 050TION							
COVERAGES	COVERED AUTO SYMBOLS	LIMITS		COVERAGES	COVERED AUT	TO SYMBOLS	1.0	MITS
LIABILITY	X 1 4 9 2 7 3 8	X CSL BI EA PER \$ BI EACH ACCIDENT \$ PROPERTY DAMAGE \$	1,000,000	COVERAGES	COVERED AUT	OSTNIBOLS	Lir	uii S
PERSONAL INJURY PROTECTION	X 7	EACH PERSON \$ AUTO DEATH \$ INDEMNITY \$ 2,500 TOTAL DISABI	ility \$			SICAL DAMAG	E	
MEDICAL PAYMENTS UNINSURED/ UNDERINSURED MOTORIST	2	EACH PERSON \$ X CSL BI EA PER \$ BI EACH ACCIDENT \$ PROPERTY DAMAGE \$	5,000 1,000,000 DED	TOWING & LABOR COMP / OTC SPECIFIED CAUSES OF LOSS COLLISION	3 2 2 3 3 X 2 2	4	\$	
HIRED/BORROWED LIABILITY	X YES STATES NO X YES STATES	COST OF HIRE IF AN \$ GROUP TYPE	Y BASIS	HIRED PHYSICAL	TATES # DAYS	# VEH	COVERAGE/DED X COMP \$ SPEC C OF L \$	1,000
NON-OWNED LIABILITY	NO	VOLUNTEERS PARTNERS		DAMAGE	COVERAGE IS:		X COLL \$	SECONDARY
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ENDORSEMENT	TS / REMARKS							

TRUCKERS SECTION AGENCY CUSTOMER ID: JRTDELI-01 GLAIR1

TRUCKERS SEC	TIO	N								AGI	LINCT CO.	3101	VIEK I	υ.					_				
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		43		50	PRO	OPERTY	DAMA	GE	\$		COMP /	OIC			43		47					\$	
PERSONAL INJURY		42				CH PERS			\$		SPECIF	IED			42		46	s	CL	FT	LS	SP	
PROTECTION		46			AU IND	TO DEAT EMNITY	H \$		T 0	OTAL DISABILITY \$	CAUSE	S OF L	LOSS		43		47	F	=	FTV	1	\$	
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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	Ε			NUMBER OF	HIRED												
NON-OWNED AUTO		NO				EMPLC	YEES				DAMAG												
LIABILITY						VOLUN	TEER	S															
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NON-OWNED AUTO		INO				EMPLOYE					DAMAGE									
LIABILITY						VOLUNTE	ERS										1 1			
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APPLICANT'S SIGNAT	URE						DATE				S SIGNATURE	_						NATIO	NAL PROI	DUCER NUMBER
										Frank Suis	le									



WORKERS COMPENSATION APPLICATION

DATE (MM/DD/YYYY	1
08/15/2023	

							1									10/.0/2020			
1	ingle, Collins & Associates '60 Noel Road, Suite 600						COM	PANY:											
	ENCY NAME AND ADDRESS ringle, Collins & Associates 760 Noel Road, Suite 600 Ilas, TX 75240							ERWRITE											
	ngle, Collins & Associates 60 Noel Road, Suite 600						APPI	LICANT N	IAME:JR	T Del	ivery	Systems	, LLC	_					
	-, -, -,				OFFI	CE PHON	NE:				мові	LE PHONE	<u>:</u>						
	RODUCER NAME:									luding	ZIP + 4 0	or Canadian P		YRS IN E					
	OFFICE PHONE (972) 387-3000 (A/C, No, Ext):						1061	0 New	kirk Štr				-	SIC: 42					
							Dalla	as, TX	15220						-				
							_							NAICS:	F				
NAME:														WEBSIT ADDRES	SS:				
(A/C, N	e PHONE o, Ext):	(972) 38	37-3000				E-MA	AIL ADDR	_{ESS:} jaz	zaro@	myzir	odelivery.c	om						
MOBIL	E		-					SOLE PF	ROPRIETO	R =	CORP	PORATION	LLC		TRUST	UNINCORPORATED ASSOCIATION			
FAX (A/C, N		(972) 38	37-3808				\top	PARTNE	RSHIP		SUBC "S" CC	HAPTER	JOINT VE	NTURE	OTHER:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
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LOC	ASSIGNED RISK (Attach ACORD 133) CATIONS C# HIGHEST STREET, CITY, COUNTY, STATE, ZIP CODE 10610 Newkirk St Dallas, TX 75220																		
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1			0 Newki	rk St								-							
'	CATIONS C# HIGHEST STREET, CITY, COUNTY, STATE, ZIP CODE 10610 Newkirk St Dallas, TX 75220 LICY INFORMATION PROPOSED EFF DATE PROPOSED EXP DATE ART 1 - WORKERS IPENSATION (States) PART 2 - EMPLOYER'S LIABILITY \$ 1,000,000 EACH ACCIDE																		
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Exclus	ions in N	lissouri mu	st meet the re	equirements	of Section 287	.090 RSMo	,		0.0		(/101		,			,			
STATE	LOC#		NAME		DATE OF B	IRTH	TITL	E/	OWNER SHIP %			DUTIES		INC/EXC	CLASS CODE	REMUNERATION/PAYROLL			
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STATE RATING WORKSHEET

FOR MULTIPLE STATES, ATTACH AN ADDITIONAL PAGE 2 OF THIS FORM

RATING INFORMATION - STATE: TX

		DESCR		# EMPL	OYEES			ESTIMATED ANNUAL		ESTIMATED
OC #	CLASS CODE	DESCR CODE	CATEGORIES, DUTIES, CLASSIFICATIONS	FULL TIME	PART TIME	SIC	NAICS	REMUNERATION/ PAYROLL	RATE	ANNUAL MANUA PREMIUM
1	8292			5				\$350,000.00		
1	8810			4				\$350,000.00		

PREMIUM

STATE:	FACTOR	FACTORED PREMIUM		FACTOR	FACTORED PREMIUM
TOTAL	N/A	\$			\$
INCREASED LIMITS		\$	SCHEDULE RATING *		\$
DEDUCTIBLE *		\$	CCPAP		\$
		\$	STANDARD PREMIUM		\$
EXPERIENCE OR MERIT MODIFICATION		\$	PREMIUM DISCOUNT		\$
		\$	EXPENSE CONSTANT	N/A	\$
ASSIGNED RISK SURCHARGE *		\$	TAXES / ASSESSMENTS *	N/A	\$
ARAP *		\$			\$

* N / A in Wisconsin

TOTAL ESTIMATED ANNUAL PREMIUM	MINIMUM PREMIUM	DEPOSIT PREMIUM
\$	\$	\$

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is req	uired	I)
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1 1/101/	PARRIER IN CRIMATION / EGGG TILGT CRT					
PROVIDE IN	IFORMATION FOR THE PAST 5 YEARS AND USE THE REMARKS SECTIO	N FOR LOSS DETAILS			LOSS RUN ATTACI	HED
YEAR	CARRIER & POLICY NUMBER	ANNUAL PREMIUM	MOD	# CLAIMS	AMOUNT PAID	RESERVE
	CO:					
	POL#:					
	CO:					
	POL#:					
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	POL#:					
	CO:					
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	CO:					
	POL #:					

POL #:					
NATURE OF BUSINESS / DESCRIPTION OF OPERATIONS	•	•		•	
GIVE COMMENTS AND DESCRIPTIONS OF BUSINESS, OPERATIONS AND PRODUOF WORK, SUB-CONTRACTS; MERCANTILE - MERCHANDISE, CUSTOMERS, DELI					
CENTERAL INFORMATION					
GENERAL INFORMATION					

EV	FLAIN ALL 1ES RESFONSES	1
1.	DOES APPLICANT OWN, OPERATE OR LEASE AIRCRAFT / WATERCRAFT?	
2.	DO / HAVE PAST, PRESENT OR DISCONTINUED OPERATIONS INVOLVE(D) STORING, TREATING, DISCHARGING, APPLYING, DISPOSING, OR TRANSPORTING OF HAZARDOUS MATERIAL? (e.g. landfills, wastes, fuel tanks, etc)	
3.	ANY WORK PERFORMED UNDERGROUND OR ABOVE 15 FEET?	
4.	ANY WORK PERFORMED ON BARGES, VESSELS, DOCKS, BRIDGE OVER WATER?	
5.	IS APPLICANT ENGAGED IN ANY OTHER TYPE OF BUSINESS?	
6.	ARE SUB-CONTRACTORS USED? (If "YES", give % of work subcontracted)	
7.	ANY WORK SUBLET WITHOUT CERTIFICATES OF INSURANCE? (If "YES", payroll for this work must be included in the State Rating Worksheet on Page 2)	
8.	IS A WRITTEN SAFETY PROGRAM IN OPERATION?	
9.	ANY GROUP TRANSPORTATION PROVIDED?	
10.	ANY EMPLOYEES UNDER 16 OR OVER 60 YEARS OF AGE?	
11.	ANY SEASONAL EMPLOYEES?	
12.	IS THERE ANY VOLUNTEER OR DONATED LABOR? (If "YES", please specify)	
13.	ANY EMPLOYEES WITH PHYSICAL HANDICAPS?	
14.	DO EMPLOYEES TRAVEL OUT OF STATE? (If "YES", indicate state(s) of travel and frequency)	
15.	ARE ATHLETIC TEAMS SPONSORED?	
16.	ARE PHYSICALS REQUIRED AFTER OFFERS OF EMPLOYMENT ARE MADE?	

GENERAL INFORMATION (Continued)	
EXPLAIN ALL "YES" RESPONSES	Y/N
17. ANY OTHER INSURANCE WITH THIS INSURER?	
18. ANY PRIOR COVERAGE DECLINED / CANCELLED / NON-RENEWED IN THE LAST THREE (3) YEARS? (Missouri Applicants - Do not answer this question)	
19. ARE EMPLOYEE HEALTH PLANS PROVIDED?	
20. DO ANY EMPLOYEES PERFORM WORK FOR OTHER BUSINESSES OR SUBSIDIARIES?	
21. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?	
22. DO ANY EMPLOYEES PREDOMINANTLY WORK AT HOME? If "YES", # of Employees:	
23. ANY TAX LIENS OR BANKRUPTCY WITHIN THE LAST FIVE (5) YEARS? (If "YES", please specify)	
24. ANY UNDISPUTED AND UNPAID WORKERS COMPENSATION PREMIUM DUE FROM YOU OR ANY COMMONLY MANAGED OR OWNED ENTERPRISES? IF YES, EXPLAIN INCLUDING ENTITY NAME(S) AND POLICY NUMBER(S).	

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)

Applicable in UT: Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.

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

APPLICANT'S SIGNATURE (Must be Officer, Owner or Partner)

DATE

PRODUCER'S SIGNATURE

Frank Suisle

NATIONAL PRODUCER NUMBER

GENCY CUSTOMER	In: JRTDELI-01
GENCY CUSTOWER	ID: OILLEE OI

GLAIR1

Page 1 of 1

LOC #:



ADDITIONAL REMARKS SCHEDULE

AGENCY		NAMED INSURED
Swingle, Collins & Associates		JRT Delivery Systems, LLC 10610 Newkirk Street, Suite 206
POLICY NUMBER		Dallas, TX 75220
CARRIER	NAIC CODE	
		EFFECTIVE DATE:
ADDITIONAL REMARKS		·

CARRIER	NAIC CODE	
		EFFECTIVE DATE:
ADDITIONAL REMARKS		
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACC	ORD FORM,	
FORM NUMBER: ACORD 130 FORM TITLE: WORKERS COMPE		LICATION
Additional Coverage		
Additional Coverage Code WOS; Description Blanket Waiver of Subrogation		
-		



Swingle, Collins & Associates

AGENCY

UMBRELLA / EXCESS SECTION

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

CARRIER

POLIC	Y NUMBER	र			EFFECTIV	E DATE	NAMED INS	SURED(S)			
							JRT Del	ivery Systems, LLC			
POL	ICY INF	ORMATION			•						
		7	TRANSACTION TYP	E				LIMIT OF LIABILITY		RETAINED LIMIT	
X	IEW	X UMBRELLA			ACTIVE DATE		\$	1,000,000 EA OO	c \$		
R	RENEWAL	EXCESS	CLAIMS MAD	DE PROPOSED	CURRE	NT	\$				
EXPIR	ING POL#	'					\$		FIRST DOLLAR D	EFENSE (Y / N)	
EMP	LOYEE	BENEFITS LI	IABILITY	- 1	!		*				
LIMIT	OF INSUR	ANCE (Ea Employe	ee)	AGGREGATE LIMIT	FOR EBL			RETAINED LIMIT FOR EBL		RETROACTIVE DATE FO	R EBL
\$				\$				\$			
NAME	OF BENEI	FIT PROGRAM		ı			I.				
PRIN	/IARY L	OCATION & S	SUBSIDIARIES	(ACORD 125)							
#				ALL SUBSIDIARY CO	MPANIES (Des	cribe Ope	erations)	ANNUAL PAYROLL	ANN GROSS SALES	FOREIGN GROSS SALES	# EMPL
		Zip Delivery									
1				Suite 206 Dal	as, TX 752	220		\$700,000.00			9
			Delivery withi		•						
	NAME:	non.									
	LOCATIO	ıN-									
	DESCRIP										
	NAME:										
	LOCATIO	N:									
	DESCRIP										
	NAME:										
	LOCATIO	N:									
	DESCRIP										
	NAME:										
	LOCATIO	N:									
	DESCRIP	TION:									
	NAME:										
	LOCATIO	N:									
	DESCRIP	TION:									
UND	ERLYIN	IG INSURANC	CE								
			LIST ALL	LIABILITY / COMPENS	ATION POLICIE	S IN FOR	RCE TO APPI	LY AS UNDERLYING INSURAN	CE	_	+ - RATING
т	YPE	CARRII	ER / POLICY NUMBI	ER POLI	CY EFF DATE	POLIC	Y EXP DATE	LIMIT	s	ANNUAL RENEWAL PREMIUM	MOD
								CSL EA ACC \$		\$	
	MOBILE							BI EA ACC \$		_ \$	
LIAI	BILITY							BI EA PER \$		7	
								PD EA ACC \$		\$	
GFN	NERAL							EACH OCCURRENCE \$		PREM / OPS	
LIA	BILITY							GENERAL AGGR \$		\$	
	CY TYPE							PROD & COMP OPS AGGREGATE \$		PRODUCTS	
	OCCUR							PERSONAL & ADV INJURY \$ DAMAGE TO RENTED		\$	
	CLAIMS MADE							PREMISES \$		OTHER	
								MEDICAL EXPENSE \$		\$	
EE.	OVEDO							EACH ACCIDENT \$			
	LOYERS BILITY							DISEASE SACH EMPLOYEE \$		\$	
								DISEASE POLICY LIMIT \$			
										\$	
										\$	
۸۵۵	DD 124	(2009/10)				Dogo	1 of 5	© 1991-2009 ACOR		N All rights recent	od.
ACO	ופו שאי	(2003/10)				raye	1 01 3	€ 1331-2003 ACOR	CONFORATIO	ia. An rights reserv	cu.

UNDERLYING GENERAL LIABILITY INFORMATION (Explain all "YES" responses)	
1. ARE DEFENSE COSTS: WITHIN AGGREGATE LIMITS? A SEPARATE LIMIT? UNLIMITED?	
2. INDICATE THE EDITION DATE OF THE ISO FORM OR SIMILAR FILING FOR THE UNDERLYING COVERAGE:	
3. HAS ANY PRODUCT, WORK, ACCIDENT, OR LOCATION BEEN EXCLUDED, UNINSURED OR SELF INSURED FROM ANY PREVIOUS CO	VERAGE? (Y / N)
4. FOR CLAIMS MADE, INDICATE RETROACTIVE DATE OF CURRENT UNDERLYING POLICY:	
FOR CLAIMS MADE, INDICATE ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COVERAGE: FOR CLAIMS MADE, WAS "TAIL" COVERAGE PURCHASED FOR ANY PREVIOUS PRIMARY OR EXCESS POLICY? (Y / N) EFF. D CHECK ALL COVERAGES IN UNDERLYING POLICIES. ALSO CHECK IF ANY EXPOSURES ARE PRESENT FOR EACH COVERAGE. PROVIDE AN EXPLAN	
DIFFERENT LIMITS, EXTENSIONS, OR EXCLUSIONS. EXPLAIN ANY SPECIAL COVERAGES BEYOND STANDARD FORMS. EXPLAIN ALL EXPOSURES.	
CHECK IF APPROPRIATE COVERAGE EXPOSURE COVERAGE	EXPOSURE
ANY AUTO (SYMBOL 1) CARE, CUSTODY, CONTROL PROFESSIONAL LIA	ABILITY (E&O)
CGL - CLAIMS MADE EMPLOYEE BENEFIT LIABILITY VENDORS LIABILITY	Y
CGL - OCCURRENCE FOREIGN LIABILITY / TRAVEL WATERCRAFT LIAB	SILITY
COVERAGE EXPOSURE GARAGEKEEPERS LIABILITY	
AIRCRAFT LIABILITY INCIDENTAL MEDICAL MALPRACTICE	
AIRCRAFT PASSENGER LIABILITY LIQUOR LIABILITY	
ADDITIONAL INTERESTS POLLUTION LIABILITY	
PREVIOUS EXPERIENCE: (GIVE DETAILS OF ALL LIABILITY CLAIMS EXCEEDING \$10,000 OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS, DURING THE PAST F WHETHER INSURED OR NOT. SPECIFY DATE, COVERAGE, DESCRIPTION, AMOUNT PAID, AMOUNT OUTSTANDING) Attach ACORD 101, Additional Remarks Schedule,	IVE (5) YEARS, , if more space is required.
NO SUCH CLAIMS	
CARE, CUSTODY, CONTROL	
LOC PROPERTY TYPE VALUE A* B* C* D*	SQ FT OF BLDG OCC
REAL	
PERSONAL	
OCCUPANCY / DESCRIPTION OF PERSONAL PROPERTY	
*APPLICANT: [A] IS HELD HARMLESS IN THE LEASE, [B] HAS A WAIVER OF SUBROGATION, [C] IS A NAMED INSURED IN THE FIRE POL	LICY, [D] OTHER (specify)
VEHICLES	

			# NON-			R	ADIUS (MILE	S)
Т	YPE	# OWNED	OWNED	# LEASED	PROPERTY HAULED	LOCAL	INTÈR- MEDIATE	LONG DISTANCE
PRIVATE	PASSENGER							
	LIGHT							
	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?	
"	DOLOTH FLIGHT OTHER ELECTION OF ENTIRE AUTOMATE.	
	AUTO LIABILITY	
5.	ARE EXPLOSIVES, CAUSTICS, FLAMMABLES OR OTHER DANGEROUS CARGO HAULED?	
6.	ARE PASSENGERS CARRIED FOR A FEE?	
7.	ANY UNITS NOT INSURED BY UNDERLYING POLICIES?	
	ARE ANY VEHICLES LEASED OR RENTED TO OTHERS?	
0.	ARE ANT VEHICLES LEASED OR RENTED TO OTHERS?	
9.	ARE HIRED AND NON-OWNED COVERAGES PROVIDED?	
	CONTRACTORS LIABILITY	
10.	. IS BRIDGE, DAM, OR MARINE WORK PERFORMED?	
11	. DESCRIBE TYPICAL JOBS PERFORMED (Attach ACORD 101, Additional Remarks Schedule, if more space is required)	
12	. DESCRIBE AGREEMENT (Attach ACORD 101, Additional Remarks Schedule, if more space is required)	
13	. DOES APPLICANT OWN, RENT, OR OTHERWISE USE CRANES?	
'3	. 5525711 LIGATE OTTE, REIT, OR OTTERTIBLE OUL SIMILES:	
-	DO OUROONEDA OTORO OARRY COVERA OF COR LIMITO LEGGET LANGE CONTINUE CONTINU	
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
10.	INCIDENTAL MALPRACTICE LIABILITY	
17	. IS A HOSPITAL OR FIRST AID FACILITY MAINTAINED?	
'''	. IOATIOGITIAE OATIIAOT AID LAGIELLI I WAIRITAIRED:	
18.	. ARE COVERAGES PROVIDED FOR DOCTORS / NURSES?	
L		
19	. INDICATE # OF DOCTORS: NURSES: BEDS:	

		YES" RESPONSES	S, PROVIDE OT	HER INFORMATION	REQUIRED							Y/N
EPA							N LIABILI					
		RENT OR PAST AL METHODS?		S, OR THEIR CO	MPONENTS, CONTA	IN HA	ZARDOU	S MATERIALS 1	THAT MAY R	EQUIRE SPEC	IAL	
21.		E THE COVERA										
				LUTION EXCLUS	ONLY SEPA	RATE	POLLUT	N COVERAGE E		ENI		
22	ADE MIC	CILEC ENCINE	C CUIDAN	DE OVOTEMO E			T LIABILIT		LED IN AIDC	ND A ETO		
22.	ARE IVIIS	SILES, ENGINE	ES, GOIDANG	JE STSTEMS, FR	RAMES OR ANY OTH	EKF	ODOCT	USED / INSTAL	LED IN AIRC	MAFT!		
		REIGN OPERAT , Attach ACORD		EIGN PRODUCTS	S DISTRIBUTED IN TH	HE US	A OR US	PRODUCTS SO	DLD / DISTR	IBUTED IN FOR	REIGN COUNTRIES?	
24.	PRODUC	T LIABILITY LO	OSS IN PAST	THREE (3) YEAR	RS? (SPECIFY)							
25.	GROSS	SALES FROM E	ACH OF LAS	ST THREE (3) YE	ARS: \$			\$		\$		
							VE LIABIL					-
26.	DESCRI	BE INDEPENDE	NT CONTRA	CTORS (Attach	ACORD 101, Addition	al Rer	narks Sch	edule, if more s	pace is requi	red)		
					WA ⁻	TERCR	AFT LIABIL	ITY				
27.	DOES AF	PPLICANT OWN	N OR LEASE	WATERCRAFT?								
	LOC#	# OWNED		LENGTH	HORSEPOWER		LOC#	# OWNED		LENGTH	HORSEPOWER	
				T	APARTMENTS / CO	_				1		
28.	LOC #	# STORIES	# UNITS	# SWIMMING POO	OLS # DIVING BOARDS	5	LOC#	# STORIES	# UNITS	# SWIMMING P	OOLS # DIVING BOARD	os
RFI	⊥ M∆RKS	(Attach ACO	 RD 101 Δ	│ dditional Rema	 arks Schedule, if ı	more	snace i	s required)				
		(/					оршоо .	- · · · · · · · · · · · · · · · · · · ·				

			TOMER ID: JRTDELI-	01	GLAIR1
REMARKS (Attach ACORD 101, Additional Remark	s Sched	ule, if more space is	s required)		
SIGNATURE					
ANY PERSON WHO KNOWINGLY AND WITH INTENT TO I STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FA FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSI PENALTIES. (Not applicable in CO, DC, FL, HI, MA, NE, OH, OI	LSE INFO JRANCE A	RMATION, OR CONCEA	LS FOR THE PURPOSE O AND SUBJECTS THE PER	F MISLEADING INFORM RSON TO CRIMINAL AN	MATION CONCERNING ANY
IN THE DISTRICT OF COLUMBIA, WARNING: IT IS A CRIME THE INSURER OR ANY OTHER PERSON. PENALTIES INCLU				N INSURER FOR THE F	PURPOSE OF DEFRAUDING
IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WIT APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR					TEMENT OF CLAIM OR AN
IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMO ANOTHER PERSON FILES AN APPLICATION FOR INSURA THE PURPOSE OF MISLEADING INFORMATION CONCERNII A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL A	NCE OR S	STATEMENT OF CLAIM ACT MATERIAL THERE	CONTAINING ANY MATER	IALLY FALSE INFORMA	ATION, OR CONCEALS FOR
IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRI					ANY FOR THE PURPOSE OF
IF THE COMPANY TO WHICH I AM APPLYING OFFERS UNIN	ISURED M	OTORISTS (UM) AND/O	R UNDERINSURED MOTO	RISTS (UIM) COVERAG	GE IN MY STATE:
UNINSURED MOTORISTS (UM) COVERAGE: \$ * IF APPLICABLE IN YOUR STATE		* UNDERINS	JRED MOTORISTS (UIM) (COVERAGE: \$	*
APPLICABLE ON	LY IN LOU	JISIANA, NEW HAMPSH	IRE, VERMONT AND WIS	CONSIN	
APPLICABLE ONLY IN LOUISIANA:					
I ACKNOWLEDGE THAT UM COVERAGE HAS BEEN EXPLAIMITS, UM LIMITS LOWER THAN MY LIABILITY LIMITS, OR				F SELECTING UM LIMIT	S EQUAL TO MY LIABILITY
1. I SELECT UM LIMITS INDICATED IN THIS APPLICATION.	(INITIALS	OR	2. I REJECT UM COVER.	AGE IN ITS ENTIRETY.	(INITIALS)
APPLICABLE ONLY IN NEW HAMPSHIRE:	•	,			, ,
I ACKNOWLEDGE THAT UM COVERAGE HAS BEEN EXPLA LIMITS OR TO REJECT UM COVERAGE ENTIRELY.	AINED TO	ME, AND I HAVE BEEN	OFFERED THE OPTION O	F SELECTING UM LIMIT	rs equal to my liability
1. I SELECT UM LIMITS INDICATED IN THIS APPLICATION.	(INITIALS	OR	2. I REJECT UM COVER	AGE IN ITS ENTIRETY.	(INITIALS)
APPLICABLE ONLY IN VERMONT: I ACKNOWLEDGE THAT I HAVE BEEN OFFERED UM COAPPLICATION.	•	,	LITY LIMITS. I HAVE SELE	CTED THE LIMITS INDI	, ,
APPLICABLE ONLY IN WISCONSIN:					
I ACKNOWLEDGE THAT I HAVE BEEN OFFERED UNINSURE	D MOTOR	IST (UM) COVERAGE A	ND UNDERINSURED MOT	ORIST (UIM) COVERAG	SE.
1. I SELECT UM LIMITS INDICATED IN THIS APPLICATION.	(INITIALS	OR	2. I REJECT UM COVER.	AGE IN ITS ENTIRETY.	(INITIALS)
3. I SELECT UIM LIMITS INDICATED IN THIS APPLICATION.	(INITIALS	OR OR	4. I REJECT UIM COVER	AGE IN ITS ENTIRETY.	(INITIALS)
IMPORTANT - THE STATEMENTS (ANSWERS) GIVEN ABO ANY MATERIAL FACT OR CIRCUMSTANCE CONCERNING T					ED OR MISREPRESENTED
PRODUCER'S SIGNATURE		PRODUCER'S NAME (Plea	se Print)		STATE PRODUCER LICENSE NO (Required in Florida)

APPLICANT'S SIGNATURE

DATE

NATIONAL PRODUCER NUMBER



COMMERCIAL GENERAL LIABILITY SECTION

											, ,			
AGEN Swing		& Associates				CARRIER					NAIC CODE			
POLI	CY NUMBE	R		EFFECTIVE		APPLICANT / FIRST								
		IT - If CLAIMS MADE is chec ovisions of the policy carefu		ERAGE / LIMIT	S sect	ion below, this	s is an ap	plication fo	r a claims-ma	de policy.				
CO	/ERAGI	ES .		LIMITS										
		IAL GENERAL LIABILITY		GENERAL AGGRE	GATE			\$		PRE	MIUMS			
	CLAIN	IS MADE X OCCURREN	ICE	LIMIT APPLIES PE	R:)	POLICY	LOCATIO	N ON		PREMISES/OPI				
		& CONTRACTOR'S PROTECTIVE				PROJECT	OTHER:							
				PRODUCTS & COM	MPLETED	OPERATIONS AG	GREGATE	\$	2,000,000	PRODUCTS				
DEDU	ICTIBLES			PERSONAL & ADV	VERTISIN	G INJURY		\$	2,000,000					
	PROPERT	Y DAMAGE \$		EACH OCCURREN	NCE			\$	1,000,000					
	BODILY IN	JURY \$	PER CLAIM	DAMAGE TO RENT	TED PRE	MISES (each occur	rence)	\$	1,000,000					
		\$	PER OCCURRENCE	MEDICAL EXPENS	SE (Any o	ne person)		\$	5,000	TOTAL				
				EMPLOYEE BENEI	FITS			\$						
								\$						
		AGES, RESTRICTIONS AND/OR ENDO d Additional Coverages over		ed/non-owned auto c	coverage	s attach the applica	ible state Bu	usiness Auto Se	ection, ACORD 137	•				
	ICABLE O	NLY IN WISCONSIN: IF NON-OWNED	ONLY AUTO COVER AVAILABLE.			NDER THE POLICY NTS COVERAGE	:	IS NO	T AVAILABLE.					
SCHEDULE OF HAZARDS LOC HAZ CLASSIFICATION CLASS PREMIUM EXPOSURE TERR RATE PREMIUM														
#	#	CLASSIFICATION	CLASS CODE	BASIS	E	EXPOSURE	PREM/OPS	PRODUCTS						
1	1	annual sales			2	,812,500			PRODUCTS					
							+							
1			PAYROLL - PER \$1, AREA - PER 1,000/S			(C) TOTAL COST - (M) ADMISSIONS -			(U) UNIT - PE (T) OTHER	R UNIT				
L .		ADE (Explain all "Yes" resp				· · · · · · · · · · · · · · · · · · ·								
		<u>(DE (EXPIAIN AII TES TESP</u> (ES" RESPONSES	unaca)								Y/N			
		D RETROACTIVE DATE:												
2. E	NTRY DA	TE INTO UNINTERRUPTED CLA	AIMS MADE COV	ERAGE:										
		PRODUCT, WORK, ACCIDENT, (, UNINS	SURED OR SELF	-INSUREI	O FROM ANY	PREVIOUS CO	VERAGE?				
4. W	/AS TAIL	COVERAGE PURCHASED UND	ER ANY PREVIO	US POLICY?										
EMI	LOYEE	BENEFITS LIABILITY												
		BLE PER CLAIM: \$			3. NL	JMBER OF EMP	LOYEES	COVERED BY	/ EMPLOYEE BE	NEFITS PLAN	IS:			
	I IMPED (OF EMPLOYEES:			/ DE	TROACTIVE DA	\TE.							

AGENCY CUSTOMER ID: JRTDELI-01 **GLAIR1**

CONTRACTORS					
EXPLAIN ALL "YES" RESPONSES (For all past or present op	perations)				Y/N
1. DOES APPLICANT DRAW PLANS, DESIGNS, OF	R SPECIFICATIONS FOR OTHE	RS?			
2. DO ANY OPERATIONS INCLUDE BLASTING OR	UTILIZE OR STORE EXPLOSI	VE MATERIAL?			
					_
3. DO ANY OPERATIONS INCLUDE EXCAVATION,	, TUNNELING, UNDERGROUNI	O WORK OR EARTH MOVING?			
4. DO YOUR SUBCONTRACTORS CARRY COVER	ACES OF LIMITS LESS THAN	VOLIDS?			+
4. DO TOOK SOBCONTRACTORS CARRY COVER	AGES ON LIMITS LESS THAN	TOOKS:			
5. ARE SUBCONTRACTORS ALLOWED TO WORK	WITHOUT PROVIDING YOU V	VITH A CERTIFICATE OF INSURAN	ICE?		
6. DOES APPLICANT LEASE EQUIPMENT TO OTH	IERS WITH OR WITHOUT OPE	RATORS?			
	\$ PAID TO SUB-	% OF WORK	# FULL-	# PART-	
DESCRIBE THE TYPE OF WORK SUBCONTRACTED	CONTRACTORS:	SUBCONTRACTED:	TIME STAFF:	TIME STAFF:	
DD CD LIGHTS / COLUMN ETER CREEK ATIONS					

PRODUCTS / COMPLE	TED OPERATIONS			T			
PRODUCTS	DUCTS ANNUAL GROSS SALES # OF UNITS TIME IN MARKET LIFE INTENDED USE PRINCIPAL COMPONENTS						
EXPLAIN ALL "YES" RESPONSES	(For all past or present produ	cts or operations) PLEASI	E ATTACH LI	TERATURE, E	ROCHURES, LABELS, WARNINGS, ETC.		Y/N
1. DOES APPLICANT INSTA	ALL, SERVICE OR DEMON	STRATE PRODUCTS?	•				
2. FOREIGN PRODUCTS S			•	attach ACOR	D 815)		
3. RESEARCH AND DEVEL	OPMENT CONDUCTED C	R NEW PRODUCTS PL	_ANNED?				
4. GUARANTEES, WARRAN	NTIES. HOLD HARMLESS	AGREEMENTS?					
	,						
5. PRODUCTS RELATED TO	O AIRCRAFT/SPACE INDI	JSTRY?					
6. PRODUCTS RECALLED,	DISCONTINUED, CHANG	ED?					
7. PRODUCTS OF OTHERS	S SOI D OR RE-PACKAGE	D LINDER APPLICANT	Ι ΔRFI 2				
7. TRODUCTO OF OTHER	OOLD ON NE-1 AONAGE	D ONDER ALL EIGANT	LADEL:				
8. PRODUCTS UNDER LAB	EL OF OTHERS?						
9. VENDORS COVERAGE F	REQUIRED?						
10. DOES ANY NAMED INSU	IRED SELL TO OTHER NA	MED INSUREDS?					
TO. DOES ANT NAMED INSC	MED SELL TO OTHER IN	WILD INSUITEDS!					
							1 '

GLAIR1

AGENCY CUSTOMER ID: JR	TDELI-01
------------------------	----------

ΑD	DITIONAL INTEREST /	CERTIFICATE RECIPIENT	ACC	RD 45 attach	ed	for additiona	l na	mes			
INT	EREST	NAME AND ADDRESS RANK:	EVIDENCE:	CERTIFICATI	Ε				INTEREST IN	I ITEM NUMBER	
	ADDITIONAL INSURED								ATION:	BUILDING:	
	EMPLOYEE AS LESSOR							ITEM CLAS	SS:	ITEM:	
	LIENHOLDER							ITEM	DESCRIPTION		
	LOSS PAYEE										
	MORTGAGEE			_							
		REFERENCE / LOAN #:									
GE	NERAL INFORMATION	l									
EXF	LAIN ALL "YES" RESPONSES (F	For all past or present operations)									Y/N
1.	ANY MEDICAL FACILITIES	S PROVIDED OR MEDICAL PROFES	SSIONALS E	MPLOYED OR	CON	NTRACTED?					
2	ANV EVEN SLIDE TO DAD	IOACTIVE/NUCLEAR MATERIALS?									
۲.	ANT EXI OSCINE TO NADI	IOACTIVE/NOCEEAR WATERIALO:									
3.		IT OR DISCONTINUED OPERATION			RE/	ATING, DISCHA	RGI	NG, APPLYING, D	ISPOSING, OR	!	
	TRANSPORTING OF HAZ	ARDOUS MATERIAL? (e.g. landfills,	wastes, fuel	tanks, etc)							
4.	ANY OPERATIONS SOLD,	, ACQUIRED, OR DISCONTINUED II	N LAST FIVE	E (5) YEARS?							
5.	DO YOU RENT OR LOAN E	EQUIPMENT TO OTHERS?									
	EQUIPMENT					TYPE OF	EQU	JIPMENT	INSTRUCTION	I GIVEN (Y/N)	
						SMALL TOOLS		LARGE EQUIPMEN	Т		
						SMALL TOOLS		LARGE EQUIPMEN	Τ		
6.	ANY WATERCRAFT, DOC	KS, FLOATS OWNED, HIRED OR LI	EASED?								
7.	ANY PARKING FACILITIES	S OWNED/RENTED?									
_		DADI(NO)									
8.	IS A FEE CHARGED FOR	PARKING?									
_		2 DDOVIDED2									
9.	RECREATION FACILITIES	PROVIDED!									
10	ADE THEDE ANY LODGIN	IG OPERATIONS INCLUDING APAR	TMENTS2	/If "VES" answo	r the	following):					
10.	# APTS TOTAL APT A			(II TEO, allowe	ı uıc	s following).					
		Sq. Ft.									
11.	IS THERE A SWIMMING PO	OOL ON PREMISES? (Check all that	apply)								
	APPROVED FENCE	LIMITED ACCESS DIVING BO	,	SLIDE ABO	VE (GROUND II	N GR	OUND LIFE	GUARD		
12.	ARE SOCIAL EVENTS SP										
13.	ARE ATHLETIC TEAMS SP	PONSORED?									
	TYPE OF SPORT	CONTACT AGE GROUP		TYPE OF S	SPOF	RT		CONTACT AGE GF	ROUP	1	
		SPORT (Y/N)	13 - 18				SI	PORT (Y/N)	_	13 - 18	
	EVTENT OF CROWSONS:	12 & UNDER	OVER 1		F 0-	annonc: ""		12	& UNDER	OVER 18	
	EXTENT OF SPONSORSHIP:	DATIONS CONTENADI ATERA		EXTENT O	r SP	PONSORSHIP:					
14.	ANY STRUCTURAL ALTER	RATIONS CONTEMPLATED?									
15	ANY DEMOLITION EVEC	CLIDE CONTEMPLATERS									
15.	ANY DEMOLITION EXPOS	DUNE CONTEMPLATED!									
I											1

O.L	MERAE IN ORMATION (CONTINUES)									
EXF	EXPLAIN ALL "YES" RESPONSES (For all past or present operations)									
16.	HAS APPLICANT BEEN ACTIVE IN OR IS CURRE	NTLY ACTIVE IN JOINT VEN	TURES?							
17.	DO YOU LEASE EMPLOYEES TO OR FROM OTHE	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 C	THER BUSINESS OR SUBS	DIARIES?							
19.	ARE DAY CARE FACILITIES OPERATED OR CON	ITROLLED?								
20.	HAVE ANY CRIMES OCCURRED OR BEEN ATTE	MPTED ON YOUR PREMISE	S WITHIN THE LAST THREE (3) YEARS?						
21.	IS THERE A FORMAL, WRITTEN SAFETY AND SI	ECURITY POLICY IN EFFEC	Γ?							
22.	DOES THE BUSINESSES' PROMOTIONAL LITER	ATURE MAKE ANY REPRES	ENTATIONS ABOUT THE SAF	ETY OR SECURITY OF THE PREMISES?						

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

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 penalties.

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

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

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

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)		STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE		DATE	NATIONAL PRODUCER NUMBER



TRANSPORTATION SECTION

GLAIR1

DATE (MM/DD/YYYY)

									_			_							08	/15/2023		
AGENCY	PHONE (A/C, No,	Ext): (972) 387-30	00		APPLICA	ANT (F	irs	st Name	ed Ir	nsured)												
	FAX (A/C, No):	(972) 387-38	808		JRT [Deliv	/ei	ry S	yst	tems,	LLC											
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COMMON CAI	RRIER	\$	\$		\$				\$				\$				Yes		No	\$		
RAIL		\$	\$		\$				\$				\$				Yes		No	\$		
AIR CARRIER		\$	\$		\$				\$				\$			Yes No \$				\$		
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VEHICLE SCHEDULE

DATE (MM/DD/YYYY)
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PROPERTY SECTION

DATE (MM/DD/YYYY)	
08/15/2023	

AGENCY NAME Swingle, Collins & Associates									CARRIER NAIC CO										AIC CODE				
POL	ICY N	NUMBER							EFFE	CTIVE DATE			nsured elivery		ems, L	LC					•		
BL	ANK	KET SUMMARY	,					'															
BLK	BLKT # AMOUNT TYPE									BLK	BLKT# AMOUNT							TYPE					
				PRI	EMISES #: 1		STREET	ADDI	RESS:	10610 Ne	wkir	k S	treet,	Suite 2	206, Da	llas, T	X 75	5220					
PR	EMI	ISES INFORMA	OIT	N BUI	ILDING #: 1		BLDG DESCRIPTION:					1000											
_		IBJECT OF INSURAN	ICE		AMOUNT	- 0	COINS % VAL		ON C	AUSES OF L	FLOSS		LATION IARD %	DEI		DED E	BLKT #	FORM	S AND C	ONDIT	IONS T	O APPLY	
Business Personal Property				500,000																			
Property of Others				250,0	000																		
ADE	OITIO	NAL INFORMATION		BUSIN	IESS INCOME /	EXTRA	EXPENS	SE - A	Attach	ACORD 810		1	v	ALUE RI	PORTIN	G INFORM	MATIC	ON - Attach A	CORD 81	1			
ΑD	DITI	IONAL COVERA	GES	S. OPTIC	ONS. RESTR	ICTI	ONS. E	END	ORSI	EMENTS	AND	RA.	TING IN	NFORM	ATION	ı							
SP	OILA	GE DESCRIPTION		•								LIN				EFRIG M	IAINT	OPTIONS					
	VERA Y/N)											\$				AGREEM (Y/N		BREAKDOWN OR CONTAMINATION			NATION		
											DE \$	DUCTIBI	DUCTIBLE				POWER OUTAGE SELLING PRICE						
SINI	KHOL	_ E COVERAGE (Requ	uired in	n Florida)						ACCEPT	COVE			REJI	ECT COV	ERAGE		LIMIT: \$					
MIN	E SUI	BSIDENCE COVERA	GE (Re	equired in	IL, IN, KY and V	VV)				ACCEPT	COVE	RAGE REJ		REJI	JECT COVERAGE			LIMIT: \$					
	PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK # OF OPEN SIDES ON STRUCTURE:																						
CON	ISTRI	UCTION TYPE			DISTANCE HYDRANT FILE	RE ST	AT MI	ı	FIRE DISTRICT			CODE NU		IBER	PROT CL	OT CL # STORIES		# BASM'TS YR BUILT		LT	TOTAL AREA		
BUII	LDING	3 IMPROVEMENTS				BLD	CODE	TA	X COE	E ROOF	ГҮРЕ			OTHER (OCCUPA	NCIES							
	WIR	ING, YR:	F	PLUMBING	G, YR:																		
	ROC	OFING, YR:	⊦	HEATING,	YR:	WIND	CLASS									G SOURCE INCL WOODBURNING DATE OR FIREPLACE INSERT INSTALLED:							
	ОТН	IER:		YR:			RESISTI	VE			MANUFACTURER:												
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BUF	RGLAI	R ALARM INSTALLE	D AND	SERVICE	D BY						EXT	ENT			GRAD	E	# GI	UARDS / WAT	CHMEN		CLOC	K HOURLY	
PRE	MISE	S FIRE PROTECTION	N (Sprii	nklers, Sta	andpipes, CO2/	Chemi	ical Syste	ems)		% SP	RNK	FIRE	ALARM	MANUF	ACTURE	₹					1	RAL STATION	NC
ΑD	DIT	IONAL INTERE	ST	Δ	ORD 45 att	ache	ed for a	addi	ition	al names										1			
ADDITIONAL INTEREST ACORD 45 attached for additional interest NAME AND ADDRESS RANK: EVIDED								RTIFIC	ATE						IN	TEREST	IN ITF	МИИМ	BER				
		S PAYEE											_					LOCATION:			UILDIN		
	MOF	RTGAGEE																ITEM CLASS:			ГЕМ:		
																		ITEM DESCI	RIPTION				
				REFERE	NCE / LOAN #:																		

AGENCY CUSTOMER ID	: .
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ADDITIO	ADDITIONAL PREMISES #: STREET ADDRESS:																			
PREMIS	SES INFORMATION BUILDING #: BLDG DESCRIPTION:																			
SUB	JECT OF II	NSURANC	E		AMOUNT	COINS	% VAL	U- C	AUSES OF LO	ss	INFLATION GUARD %	1	DED	DED TYPE	BLKT #	FORM	S AND CON	IDITI	ONS TO APPLY	
												+								
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ADDITIONA	L INFORM	IATION	ı	BUSINES	S INCOME / E	EXTRA EXPE	NSE - A	ttach A	CORD 810			VALU	E REPORTI	NG INFOR	RMATIO	N - Attach A	CORD 811			
ADDITIO	NAL CO	OVERAC	SES, O	PTION	S, RESTR	ICTIONS	END	ORSE	MENTS AN	ND F	RATING	INFO	RMATIO	N						
SPOILAGE	DESC	RIPTION C	F PROP	ERTY CO	OVERED						LIMIT			REFRIG	MAINT	OPTIONS				
COVERAGE (Y / N)	≣										\$			AGREE (Y /		BREA	AKDOWN OI	R CC	NTAMINATION	
(1714)											DEDUCTI	BLE		[[7	POW	ER OUTAGI	E [SELLING PRICE	
											\$									
SINKHOLE	COVERAC	GE (Requir	ed in Flo	orida)					ACCEPT CC	OVER	AGE	F	REJECT CO	VERAGE	ı	LIMIT: \$				
MINE SUBS	IDENCE C	COVERAG	E (Requi	red in IL,	IN, KY and V	VV)			ACCEPT CO	OVER	AGE	F	REJECT CO	VERAGE	ı	LIMIT: \$				
PROPE	ERTY HAS	BEEN DE	SIGNATI	ED AN HI	ISTORICAL L	ANDMARK									#	FOF OPEN S	IDES ON ST	TRUC	CTURE:	
CONSTRUC	TION TYP	PE		LIN	DISTANCE			FIRE DI	STRICT		CODE NU	MBER	PROT C	L # STO	DRIES	# BASM'TS	YR BUILT	1	TOTAL AREA	
				"	DRANT FIF	RE STAT MI														
BUILDING II	MPROVEN	MENTS			,	BLDG COD GRADE	Е ТА	X COD	E ROOF TY	PE		отні	ER OCCUPA	NCIES						
WIRIN	G. YR:		PLUM	ИBING, Y	'R:	GRADE														
	ING, YR:			ΓING, YR		WIND CLAS	s		SEMI- RESISTI	IVE			HEATING S STOVE OR			OODBURNIN FRT		TE TALL	ED.	
OTHER				YR:		RESIS	TIVE						UFACTURE		IOL 1140	2111		.,		
PRIMARY H	EAT _								,	SECO	NDARY HE	AT_								
BOILE	R	SOLI	D FUEL			_				E	BOILER		SOLID I	FUEL						
IF BOII	LER, IS IN	SURANCE	PLACE	ELSEW	HERE?	Y/N				ı	F BOILER,	IS INS	URANCE PI	ACED EI	SEWH	ERE?	Y/N			
RIGHT EXP	OSURE &	DISTANCE			LEFT EXP	OSURE & DI	STANCE		ı	FRON	IT EXPOSU	RE & I	DISTANCE			REAR EXPO	SURE & DI	STAI	NCE	
																			D.1	
BURGLAR	ALARM TY	/PE				CEI	RTIFICA	TE#		E					EXP	XPIRATION DATE S			ENTRAL LOCAL GONG	
																			KEYS	
BURGLAR A	ALARM IN	STALLED	AND SE	RVICED	BY					EXTE	NT		GRA	DE	# GL	JARDS / WAT	CHMEN		CLOCK HOURLY	
DDEMICE .	FIDE DDG	TECTION	0	01	luiu 000 /	0111-0-	-1			-										
PREMISES	FIKE PRO	IECTION (oprinkle	rs, Stand	lpipes, CO2 /	onemical Sy	stems)		% SPRN	IK F	FIRE ALAR	MMAN	NUFACTURE	±K			-	\dashv	CENTRAL STATION	
4 D D :: -	NIA :	ITES	_						_										LOCAL GONG	
ADDITIO	NAL IN	NIERES			RD 45 att			<u>itiona</u> DENCE		TIETO 1	т				Т					
INTEREST	PAYEE		NA	IVIE AND	ADDRESS		EVI	PENCE	: CERT	IFICA	NIE .				}		ITEREST IN			
	GAGEE														}	ITEM CLASS:			UILDING:	
- WOKI	ONGLE														}	CLASS: ITEM DESC	RIPTION	IT	EM:	
																DEGO				
			RE	FERENC	E / LOAN #:															
REMARI	KS (AC	ORD 1				s Sched	ule. n	nav h	e attached	l if n	nore sp	ace i	s require	ed)						
	10 (710		,,,,ta	<u> </u>	ui itoinuii	10 001104	u.o,	iay is	<u> </u>		о.о ор.		o roquii v	<i>,</i>						

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 Suisle		PRODUCER'S NAME (Please Print)		STATE PRODUCER LICENSE NO (Required in Florida)
			DATE	NATIONAL PRODUCER NUMBER
	Frank Smight			Evanh Series