

COMMERCIAL INSURANCE APPLICATION APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY) 07/27/2023

EGRADY

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Sw	ENCY ingle, Collins 8								_	ARRIEI Iubb l	R nsurance	e Co)							NAIC 4138	CODE 36
	760 Noel Road, Ilas, TX 75240	Suit	e 600						СО	MPANY	POLICY OR P	ROG	RAN	I NAI	ME				PROG	RAM	CODE
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CO	NTACT Kylo		ardwell																		
NAI									UN	DERWR	ITER					UNDER	WRITI	ER OFFICE			
(A/C	J, 140, EAU,	-	7-3000																		
(A/0			7-3808										QU	OTE			ISSUE	POLICY		REN	EW
E-M	IAIL DRESS: Services	s@s	winglecolli	ins.c	om					ATUS OF ANSACT			во	UND	(Give Date a	and/or Att	tach C	opy):			
CO					SUBCODE:				110	ANOAOI	1014		СН	ANG	_ D/	ATE		TIME			AM
	ENCY CUSTOMER II	s. ST	ONHOM-0											NCE						-	PM
	NES OF BUSIN			-																	
			20	DDE							DDEMIIM										
IND	ICATE LINES OF BU		SS	PREM	IIUM		1				PREMIUM								_	MIUM	l
	BOILER & MACHIN	NERY		\$			CYBE	R AND PRIVACY			\$				YACHT	al Dial	1-		\$		
	BUSINESS AUTO			\$			FIDUC	CIARY LIABILITY			\$			Х	Builder	S RIS	K		\$		
	BUSINESS OWNE	RS		\$			GARA	GE AND DEALERS			\$								\$		
X	COMMERCIAL GE	NERA	L LIABILITY	\$			LIQUO	OR LIABILITY			\$								\$		
	COMMERCIAL INL	AND N	MARINE	\$			мотс	OR CARRIER			\$								\$		
	COMMERCIAL PR	OPER	TY	\$			TRUC	KERS			\$								\$		
	CRIME	O. 2.1		\$		Х	UMBR				\$								\$		
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AI	TACHMENTS				_		1														
	ACCOUNTS RECE			PAPER	S		GLAS	S AND SIGN SECTION	ν									E OF VALUES	3		
	ADDITIONAL INTE	REST	SCHEDULE				HOTE	L / MOTEL SUPPLEM	ENT						STATE SUI	PPLEME	NT (If	applicable)			
	ADDITIONAL PRE	MISES	INFORMATION	SCHE	DULE		INSTA	LLATION / BUILDERS	RIS	SK SECT	ION				VACANT B	UILDING	SUP	PLEMENT			
	APARTMENT BUIL	DING	SUPPLEMENT				INTER	NATIONAL LIABILITY	'EXF	POSURE	SUPPLEMEN	NT			VEHICLE S	CHEDUL	LE				
	CONDO ASSN BY	LAWS	(for D&O Covera	ge only	/)		INTER	RNATIONAL PROPER	TY E	XPOSUF	RE SUPPLEM	ENT									
	CONTRACTORS S	UPPL	EMENT				LOSS	SUMMARY													
	COVERAGES SCH	IEDUL	E				OPEN	CARGO SECTION													
	DEALERS SECTIO							IIUM PAYMENT SUPF	PLEM	/ENT											
	DRIVER INFORMA		SCHEDULE					ESSIONAL LIABILITY													
	ELECTRONIC DAT			TION				AURANT / TAVERN S													
	LICY INFORM						1,12017		· ·												
	POSED EFF DATE			-	DII LINO I			DAVAGNIT DI ANI	1	METHOR	OF DAVIS		4115		DEDO	OIT		MINIMUM			
				' E	BILLING F	LAN		PAYMENT PLAN	METHOD OF PAYMENT AU				AUL				1	PREMIUM		LICTF	PREMIUM
'	09/01/2023	0	9/01/2024		DIRECT	AC	SENCY								\$		\$		\$		
AF	PLICANT INF	ORM	ATION																		
NAI	ME (First Named Ins	ured)	AND MAILING A	DDRES	SS (including ZI	P+4)			GL	CODE		SIC				NAICS		F	EIN OF	R SOC	SEC#
	nefield Homes				,	,						152			23611				0.		
	1 LBJ Freeway	, Su	ite 850						BII	SINESS	PHONE #: (4	69)	83	1-7	218						
Dal	las, TX 75244								BUSINESS PHONE #: (469) 831-7218 WEBSITE ADDRESS												
											efieldhome	s.cc	m								
	CORRORATION		IONET VENET	ın.				OT FOR PROFIT OR			UDOLLABTED		200		4.T.O.L.		l .				
	CORPORATION		JOINT VENTU		BERS FRS:			OT FOR PROFIT ORG ARTNERSHIP	i		SUBCHAPTER RUST	("5" (COR	POR	ATION		J				
NAI	ME (Other Named In	sured)				(IP+4)			GL	CODE		SIC				NAICS		F	EIN OF	R SOC	SEC#
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	CORPORATION		JOINT VENTU		BERS			OT FOR PROFIT ORG			SUBCHAPTER	"S" (COR	POR	ATION						
NI A	INDIVIDUAL	ellac 3,				'ID - 4'		ARTNERSHIP	C'		RUST	610				NAICS			EIN OF	9 600	SEC #
NAI	ME (Other Named In	sured)	AND MAILING	NUUKE	:33 (including 2	.ır+4)	1		GL	CODE		SIC				NAICS			EIN OF	₹ 5 00	SEC#
									BU	SINESS	PHONE #:				'						
									WE	BSITE A	DDRESS										
L	CORPORATION		JOINT VENTU			\Box	NO	OT FOR PROFIT ORG	i _	S	UBCHAPTER	"S" (COR	POR	ATION						
	INDIVIDUAL		LLC NO. OF	MEM	BERS FRS:	İ	PA	ARTNERSHIP		Т	RUST										

CONT	ACT INFORM				AGENCY CUSTOMER ID: STONHOM-01 EGRAD											
CONTACT INFORMATION CONTACT TYPE: Accounting Contact									CONTACT TYPE: Inspection Contact							
CONTACT NAME: John Carpenter									CONTACT NAME: John Carpenter							
PRIMARY PHONE #	Υ 🗆	BUS X		ECONDARY HONE #	[/] Пноме В	us	CELL	(469) 831-7218								CELL
PRIMAR	Y E-MAIL ADDRES	s. jc@stone	fieldhom	nes.com				PRIMARY E-MAIL ADDRESS: jc@stonefieldhomes.com								
	ARY E-MAIL ADD									Y E-MAIL A						
			ttach AC	CORD 8	23 for Addition	nal P	remises		0.127							
LOC#	STREET	,			LO TOT Addition		TY LIMITS	1	EREST		# FI	II I TII	ME EMPL	ANNUAL REVENUES	· ¢	
5001 LBJ Freeway, Suite 850						0.1	INSIDE		OWN		"'	,	**C C.W.1 C	OCCUPIED AREA:	. ψ	SQ FT
BID#	BLD# CITY: Dallas STATE: TX						OUTSIDE		TENA		# 0.4	DT TI	ME EMPL	OPEN TO PUBLIC AR	ΈΛ.	SQ FT
1	COUNTY:				ZIP: 75244		OOTOIDE		1		"''		WIE EWII E	TOTAL BUILDING AR		SQ FT
	PTION OF OPERA	TIONS:			ZIF. · · ·				1					ANY AREA LEASED		
LOC#	STREET					CIT	TY LIMITS	INT	EREST		# FI	II I TII	ME EMPL	ANNUAL REVENUES		.,
100#						0.1	INSIDE		OWN		"'	,	*IL LIVII L	OCCUPIED AREA:	. ψ	SQ FT
BLD#	CITY:				STATE:		OUTSIDE		TENA		# 0.4	DT TI	ME EMPL	OPEN TO PUBLIC AR	ΈΛ.	SQ FT
BLD#	COUNTY:			ZIP:		OUTSIDE		LINA	INI	# 17	AIX I I II	IVIC CIVIFC	TOTAL BUILDING AR		SQ FT	
DESCRI	PTION OF OPERA	TIONS:			ZIF.				1					ANY AREA LEASED		
LOC#	STREET	TIONS.				CIT	TY LIMITS	INIT	EREST		# 51	TI	ME EMPL	ANNUAL REVENUES		IN .
LOC#							INSIDE	INI	OWN		# "	,LL 111	VIE EIVIPE	OCCUPIED AREA:	. ə	SQ FT
DI D #	OITY				07475	+	OUTSIDE		1		# 54	DT TI	ME EMPL			
BLD#	CITY:				STATE:		OUTSIDE		TENA	.IN I	# P#	KI II	WE EWPL	OPEN TO PUBLIC AR		SQ FT
250001	COUNTY:	TION 10			ZIP:									TOTAL BUILDING AR		SQ FT
	STREET	HONS:				017	TV IMITO		EDEOT		4.51		AE EMBI	ANY AREA LEASED T		N
LOC#						Ci	TY LIMITS	INI	EREST		# FC	JLL III	ME EMPL		. ə	00 FT
DI D #	OITY				07475		INSIDE		OWN		# 54	DT TI	ME EMBI	OCCUPIED AREA:	F 4 -	SQ FT
BLD#	CITY:				STATE:		OUTSIDE		TENA	.IN I	# P#	KI II	ME EMPL	OPEN TO PUBLIC AR		SQ FT
DESCRI	COUNTY:	TIONS:			ZIP:									ANY AREA LEASED		SQ FT
														ANT AREA LEASED	IO OTHERS! T/	IN
	RE OF BUSIN		0700	T 1	U I SA OTU DINIO		DECTALIBAT			0551//05					DATE BUSINESS	3
	ARTMENTS NDOMINIUMS	CONTRA INSTITU			NUFACTURING FICE		RESTAURAI RETAIL	NI		SERVICE WHOLESA	L				STARTED (MM/D	D/YYYY)
	Iome Consti															
RETAIL S	STORES OR SERV	ICE OPERATIO	NS % OF TO	OTAL SALE		LLATIC	ON, SERVICE	E OR	REPAIR	WORK		0	FF PREMIS	SES INSTALLATION, SE	RVICE OR REPA	IR WORK
DESCRIF	PTION OF OPERAT	TIONS OF OTHE	R NAMED II	NSUREDS												
ADDIT	IONAL INTE	REST (Not	all fields	apply t	o all scenario	s - pı	rovide or	ıly t	he ne	cessary	/ data) At	tach AC	ORD 45 for more	e Additional	Interests
						EVIDI	ENCE:	CEI	RTIFICA	TE.	POLICY	1	SEND BI	LL INTERES	T IN ITEM NUMB	ER
L INS	ADDITIONAL INSURED LIENHOLDER													LOCATION:	BUILDING	:
BREACH OF LOSS PAYEE														VEHICLE:	BOAT:	
CO-OWNER MORTGAGEE														AIRPORT:	AIRCRAFT	Γ:
AS	PLOYEE LESSOR	OWNER												ITEM CLASS:	ITEM:	
ow	NER	REGISTRANT					-							ITEM DESCRIPTION		
	DER'S S PAYABLE	TRUSTEE	REFEREN	ICE / LOAN	l #:		INT	ERES	ST END	DATE:						
			LIEN AMO	OUNT:			PH	ONE ((A/C, No	, Ext):				FAX (A/C, No):		
REASON	FOR INTEREST:						E-N	/AIL	ADDRE	SS:						

EXPL	IN ALL "YES" RE	SPONSES	<u>5</u>							Y/N				
1a. I	S THE APPLICA	ANT A SL	JBSIDIARY OF ANOTHER ENTITY?							N				
	PARENT COMPA	NY NAME	:			RELATIONSHIP D	ESCRIPTION		% OWNED					
1b. [OES THE APP	LICANT I	HAVE ANY SUBSIDIARIES?							N				
	SUBSIDIARY CO	MPANY N	AME			RELATIONSHIP D	ESCRIPTION		% OWNED					
2. I			PROGRAM IN OPERATION?		¬					Υ				
	X SAFETY MANUAL SAFETY POSITION MONTHLY MEETINGS OSHA ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?													
S. ANT EXI COURT TO LENVINABLES, EXI EGGIVES, CHEMICALS:														
4. /	NY OTHER IN	SURANC	CE WITH THIS COMPANY? (List pol	icy numbers)						N				
	LINE OF BUSINE	SS	POLICY NUMBER	LIN	NE OF BUSINES	 S	POLICY NUMBER							
5. /	NY POLICY OF DPERATIONS? NON-PAYM NON-RENE	(Missou ENT	RAGE DECLINED, CANCELLED OR N ri Applicants - Do not answer this q AGENT NO LONGER REPRESENTS UNDERWRITING CON	uestion)		THREE (3) YEARS	FOR ANY PREMI	ISES OR	<u>'</u>	N				
6	NY PAST LOS	SES OR (CLAIMS RELATING TO SEXUAL ABL			S DISCRIMINATIO	ON OR NEGLIGEN	IT HIRING?		N				
0. .					7.=== 07	o, 5.00								
E (7. DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY? (In RI, this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment).													
8. /	NY UNCORRE	CTED FII	RE AND/OR SAFETY CODE VIOLATI	ONS?						N				
[OCCUR DATE	EXPLANA			F	RESOLUTION		RES	SOLVE DATE					
	OCCUR DATE	EXI EXIV	A11011			120020 HOIL		i i i	JOEVE DATE					
9 1	IAS APPLICAN	T HAD A	FORECLOSURE, REPOSSESSION,	BANKRUPTCY OR FILE	D FOR BANKE	RUPTCY DURING	THE LAST FIVE (5	N VEARS?		N				
O.	OCCUR DATE	EXPLANA	<u> </u>	DATA TOT OTT THE		RESOLUTION	1112 27(0111172 (0		SOLVE DATE					
	00001127112													
10	IAS APPLICAN	THADA	JUDGEMENT OR LIEN DURING THE	ELAST FIVE (5) VEARS										
[EXPLANA		2 2 10 1 1 1 1 2 (0) 1 2 1 1 1 0		RESOLUTION		PEG	SOLVE DATE					
	OOOON DATE	LAI LAIV			- '	12002011011		1,72	OCCUE DATE	N				
11.	IAS BUSINESS	BEEN P	PLACED IN A TRUST? NAME OF TRUST	T:						N				
			IONS, FOREIGN PRODUCTS DISTRI		PRODUCTS S	SOLD / DISTRIBUT	ED IN FOREIGN C	COUNTRIES?		N				
			815 for Liability Exposure and/or ACO							—				
13. I	OOES APPLICA	NT HAVE	E OTHER BUSINESS VENTURES FO	R WHICH COVERAGE I	S NOT REQUE	ESTED?				N				
14. [OES APPLICA	NT OWN	I / LEASE / OPERATE ANY DRONES?	? (If "YES", describe use	·)					N				
15	OES APPLICA	NT HIRF	OTHERS TO OPERATE DRONES?	(If "YES", describe use)						N				
13. 1			OTHERO TO OF ERVITE BRONEO!	(ii 120 , describe use)										
			IG INSTRUCTIONS (ACORD 101	, Additional Remark	s Schedule,	may be attache	d if more space	is required)					
YEAR	CATEGORY	LINFUR		AUTOMORII										
T ⊢ ΔR					_ '	DDC-	EDTV	OTHER:						
1 = 741			GENERAL LIABILITY	AUTOMOBIL	E	PROP	ERTY	OTHER:						
1 LA	CARRIER POLICY NUMB	SER.	GENERAL LIABILITY	AUTOMOBIL	E	PROP	ERTY	OTHER:						

EFFECTIVE DATE
EXPIRATION DATE

PRIOR CARRIER INFORMATION (continued)

YEAR	CATEGORY	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	NTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS OR THE LAST YEARS TOTAL LOSSES: \$									
DATE OF OCCURRENCE										

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

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) vears

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 teach Suigh	Kyle L Cardwell		(Required in Florida)
APPLICANT'S SIGNATURE		DATE	NATIONAL PRODUCER NUMBER
			•

ACORD,	, INS	TALI	LATI	ON/E	BUILDERS	S R	ISK SI	EC	TIO	N			(MM/DD/\ 1/27/202	•
PRODUCER PHONI	E lo, Ext): (972)	387-300	00		APPLICANT									
FAX (A/C, N	lo): (972)	387-380			Stonefield Hon	nes, I	LLC							
		•			PROPOSED EFF. D	ATE	PROPOSED E	EXP. DA	NTE	BILL	ING PLAN	PAYME	NT PLAN	PREM. ADJ.
Swingle, Collins & 13760 Noel Road, S Dallas, TX 75240	ouite oud									AGE	NCY			
					09/01/2023	3	09/01/2	2024		DIR	ECT			
					INSTALLA	TION	FOR COM	IPANY	USE ONLY	′				
STONHOM-01					X BUILDERS									
COVERAGE				(OPEN REPORT	ING	FORM	CΔ	USES C	FLOS	SS & DEDU	ICTIBI F		
									USES OF		SUB		DED	UCTIBLE
LIMIT AT ANY SI LOCATION		DISA	T PER STER	LIMIT	AT A TEMPORARY LOCATION		TRANSIT LIMIT	X	EARTHC			500,000		50,000
								X	FLOOD	.07.11.12		500,000		100,000
									All Risk	(\$,		5,000
\$	500,000	s 5	,000,000	\$	100,000	\$	100,000	Х	SPECIAL		·			3,000
									BROAD	-	BASIO			
Territory								RF	CEIPTS		Brok		l	
SPECIFY THE APPLICAN	ITS OPERATIN	G TERRITOR	Y:								STALLATION F	ECFIPTS		
										12 MON	1	NEXT 12 N	IONTHS	(ESTIMATE)
									1 401				10111110	(LSTIMATE)
								\$		10,0	64,370.00	\$	13,00	00,000.00
JOBS/VALUES														
	ANNUAL		# JOBS IN	PROGRESS	cost o	R VALU	E OF EACH INSTA	ALLATI	ON				_	
TYPE	ANNUAL NUMBER	DURATION	MAXIMUM	AVERAGE	MAXIMUM		MINIMUM		AVERAG	E	MA'	TERIAL COS	iΤ	(% of Total)
5505515141			20		_									
RESIDENTIAL			20		\$	\$		\$						%
COMMERCIAL					\$	\$		\$						%
ADDITIONAL INT	ERESTS (A	ttach a s	eparate s	heet if ne	ecessary)			'			!			
INTEREST					CERTIFICATION	NTERE	ST							ICATION
NAME & ADDRESS					REQUIRED	IAME 9	ADDRESS						REQ	UIRED
INTEREST					CERTIFICATION REQUIRED	NTERE	ST							ICATION UIRED
RIGGING					:			TD	A NGDO	DTAT	ON/SECU	DITV		
DESCRIBE ALL HOISTIN	G OR OTHER O	PERATIONS	REQUIRING	RIGGING.							E OF MATERIA		то Јов	
								SITE	AT APPLI	CANT'S	RISK.			
														0/
								DES	CRIBE JOE	3 SITE S	ECURITY			%
REMARKS								1						

			SI	PECIF	C JOB		;	STONHOM-0	1 EGRADY
COVERAGE						7	USES OF LOS	SS & DEDUC	<u> </u>
LIMIT AT L	OCATION	LIMIT AT	A TEMPORARY CATION		TRANSIT LIMIT	С	AUSES OF LOSS	SUB LIMI	T DEDUCTIBLE
		LO	CATION			 	EARTHQUAKE	\$	
							FLOOD	\$	
\$		\$		\$			SPECIAL	\$	
							BROAD	BASIC	
JOB TERM/VALUE	S	ļ		_		SE	CURITY	BASIC	
JOB T				Ţ,	ALUE OF OWNER		CRIBE JOB SITE S	ECURITY	
COMMENCEMENT	COMPLETION	CONTRA	ACT AMOUNT	sú	PPLIED PROPERTY				
		\$							
		\$		\$					
JOB DESCRIPTION									
DESCRIBE THE WORK TO	BE PERFORMED								
							INSURED'S JOB N	IIIMDED.	
							INSURED S JUB N	UMBER:	
ADDITIONAL INTE	RESTS (Attach a s	eparate shee	et if necessary)					
NAME & ADDRESS					NAME & ADDRESS				
INTEREST			CERTIFIC	CATION	INTEREST				CERTIFICATION
			REQUI	RED					REQUIRED
NAME & ADDRESS					NAME & ADDRESS				
INTEREST			CERTIFIC	ATION	INTEREST				CERTIFICATION
			REQUI						REQUIRED
TRANSPORTATIO	N				•	RIC	GGING	,	
TOTAL VALUES TO BE SH	IIPPED TO THIS JOB SITE	AT APPLICANT'S	RISK.			DES	CRIBE ALL HOISTI	NG OR OPERATIO	NS REQUIRING RIGGING.
	% FOR APPLICANT'S	% BY	COMMON/			11			
AMOUNT SHIPPED	% FOR APPLICANT'S VEHICLES	CONTRA	CT CARRIER	Di	STANCE INVOLVED				
\$	%								
REMARKS									