

COMMERCIAL INSURANCE APPLICATION

DATE (MM/DD/YYYY) 08/14/2023

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Sw	ENCY ringle, Collins 8							CA	RRIE	₹								NAIC	CODE
	760 Noel Road, Ilas, TX 75240	Suite 600						CON	MPANY	POLICY OR P	ROG	RAM NAI	ME				PRO	GRAM C	ODE
								POL	ICY NU	MBER									
CO	NTACT ME:							LINIT) EDWDI	TED				LINDE	DWDITE	D OFFICE			
PH		387-3000						UNL	DERWRI	IEK				UNDE	KWKIIE	R OFFICE			
FA)	(972) (No):	387-3808										QUOTE			100115	POLICY		REN	-14/
E-N	S, No): (5). IAIL Services	@swinglecoll	ins c	om					ATUS OF					1/ ^				_ KENI	=vv
		eswingiccon						TRA	NSACT	ION			(Give Date :	and/or A ATE	ittach C	opy): TIME			
СО	DE: ENCY CUSTOMER ID	IDTDELL01	8	SUBCODE:								CHANG CANCE	_						AM PM
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	NES OF BUSINE																Τ		
IND	ICATE LINES OF BU		PREM	IUM						PREMIUM								REMIUM	
Х	BOILER & MACHIN	ERY	\$				R AND PRIVACY			\$			YACHT				\$		
_	BUSINESS AUTO		\$				IARY LIABILITY			\$							\$		
X	BUSINESS OWNER		\$				GE AND DEALERS			\$							\$		
X	COMMERCIAL GEI		\$				R LIABILITY			\$		_					\$		
_	COMMERCIAL INL		\$				R CARRIER			\$							\$		
X	COMMERCIAL PRO	OPERTY	\$		· ·	TRUCK				\$							\$		
L_	CRIME		\$		X	UMBRE	ELLA			\$							\$		
TA ₁	TACHMENTS					1													
	ACCOUNTS RECE	IVABLE / VALUABLE	PAPERS	5		GLASS	AND SIGN SECTION	N					STATEME	NT / SC	HEDUL	E OF VALUE	S		
	ADDITIONAL INTE	REST SCHEDULE				HOTEL	/ MOTEL SUPPLEM	ENT					STATE SU	PPLEM	ENT (If	applicable)			
	ADDITIONAL PREM	MISES INFORMATION	SCHE	DULE		INSTAL	LLATION / BUILDERS	RIS	K SECT	ION			VACANT B	UILDIN	G SUPF	PLEMENT			
	APARTMENT BUIL	DING SUPPLEMENT				INTER	NATIONAL LIABILITY	EXP	POSURE	SUPPLEMEN	١T		VEHICLE S	SCHEDU	JLE				
	CONDO ASSN BYL	AWS (for D&O Cover	age only)		INTER	NATIONAL PROPER	TY E	XPOSUF	RE SUPPLEM	ENT								
	CONTRACTORS S	UPPLEMENT				LOSS	SUMMARY												
	COVERAGES SCH	EDULE				OPEN	CARGO SECTION												
	DEALERS SECTIO	N				PREMI	UM PAYMENT SUPP	LEMI	ENT										
	DRIVER INFORMA	TION SCHEDULE				PROFE	SSIONAL LIABILITY	SUP	PLEMEN	NT									
	ELECTRONIC DAT	A PROCESSING SEC	TION			RESTA	URANT / TAVERN S	UPPL	EMENT										
PC	LICY INFORM	ATION																	
PRO	POSED EFF DATE	PROPOSED EXP DA	TE	BILLING P	LAN		PAYMENT PLAN	N	METHOD	OF PAYMEN	1T	AUDIT	DEPO	SIT		MINIMUM PREMIUM	P	OLICY P	REMIUM
				DIRECT	AG	SENCY							\$		\$		\$		
AF	PPLICANT INFO	DRMATION																	
NA		red) AND MAILING A	ADDRES	S (including ZII	P+4)			GL (CODE		SIC			NAICS	i		FEIN (OR SOC	SEC#
	1 Delivery Systi 10 Newkirk Str										421	5							
	las, TX 75220	,						BUS	SINESS	PHONE #:									
								WE	BSITE A	DDRESS									
	CORPORATION	JOINT VENT		REDS		NO	T FOR PROFIT ORG		s	UBCHAPTER	: "S" (CORPOR	ATION						
	INDIVIDUAL	•	F MEME MANAGE		ID : 4\		RTNERSHIP	C1 /		RUST	CIC			NAICC			CEINI (ND COC	SEC #
NA	WE (Other Named Ins	sured) AND MAILING	ADDRE	55 (including 2	IP+4)			GL	CODE		SIC			NAICS			FEIN	OR SOC	SEC#
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	INDIVIDUAL	LLC NO. O		BERS	ŀ		RTNERSHIP			RUST									

CONT	ACT INFORI	MATION							OLINO	. 0001	CIVIL	-11 10	•				
CONTAC	T TYPE:				CONTACT TYPE:												
PRIMARY PHONE #	Y Duome	BUS C	BUS	CELL	PRI	NTACT N IMARY ONE #		OME	BU	S CELL	SECONDA PHONE #	RY HOM	ME BUS	CELL			
		•••															
	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					C	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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DESCRIE	PTION OF OPERA	ATIONS:														THERS? Y / N	
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200 #						F	INSIDE		OWN		"	. 022		OCCUPIED A			SQ FT
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DESCRI	COUNTY:	TIONS.			ZIP:									TOTAL BUILI		THERES V / N	SQ FT
	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 S	STORES OR SER	VICE OPERATIO	NS % OF T	OTAL SALE		LLAT	TION, SERVIC	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													ITEM		ITEM:	
LEA	AS LESSOR OWNER											CLASS:	PDIDTION	III LAWI.			
OW	OWNER REGISTRANT REGISTRANT							INTEREST END DATE:									
Los	S PAYABLE	TRUSTEE		NCE / LOAN	1#:									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	
2	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	TION 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 CLAIM	S OR LOSSES (R YEARS	IAY GIVE RISE TO CLAIMS	TOTAL LOSSES: \$				
DATE OF OCCURRENCE	LINE	TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	SUBRO- GATION Y/N	CLAIM OPEN Y/N

SIGNATURE

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

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU MAY HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND REQUEST CORRECTION OF ANY INACCURACIES. YOU MAY ALSO HAVE THE RIGHT TO REQUEST IN WRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. THESE RIGHTS MAY BE LIMITED IN SOME STATES. PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION.

(Not applicable in AZ, CA, DE, KS, MA, MN, ND, NY, OR, VA, or WV. Specific ACORD 38s are available for applicants in these states.)

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

DATE (MM/DD/YYYY)

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	AGENCY NAME Swingle, Collins & Associates										CARRIER								NAIC	CODE			
POLI	ICY N	NUMBER						EF	FECTIVE D	DATE		Delive		Syste	ms, LI	_C							
BL	ANI	KET SUMMARY	,					•															
BLK		AMOUNT				TYPI	F				BLKT	-#	АМО	OUNT					TYPE				
DEIX	. "	Amount									DEIXI	*	7.1111	00111									
				PRE	EMISES #: 1	S.	TREET A	ADDRE	ss: 1061	0 Ne	wkirl	k Street	, Su	ite 20	06, Dal	las, T	X 75	5220					
PR	EMI	ISES INFORMA	TION	BUIL	LDING #: 1	В	LDG DE	SCRIPT	TION:														
	SU	JBJECT OF INSURAN	CE		AMOUNT	cc	OINS %	VALU- ATION	CAUSES	S OF L	oss	INFLATION GUARD %	N 6	DED	무	ED B	LKT #	FORM	S AND C	ONDI	IONS	то а	PPLY
Per	sor	nal Property			50.0																		
					50,0	טטי																	
ΔΠΡ	ITIO	NAL INFORMATION	Х	BIIGINI	ESS INCOME / E	XTD A E	ZADENIG	F - A++-	rh ACOPD) 81n			VAI	IIE DES	ORTING	INFORM	IATIC	ON - Attach A	COPD 94	1			
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	DITI	IONAL COVERA			•	ICTIO	NS, E	NDOF	KSEMEN	IIS A	AND F		INF	ORMA									
	/ERA		OF PR	OPERTY	COVERED							LIMIT				FRIG M.		OPTIONS					
(Y / N))										\$			^^	Y/N)		BREA	KDOWN	OR C	ONTAI		
Г												DEDUCTI	BLE					POW	ER OUTA	GE		PRIC	LING CE
L												\$											
SINK	(HOL	E COVERAGE (Requ	ired in	Florida)					ACC	CEPT C	OVER	AGE		REJEC	CT COVE	RAGE		LIMIT: \$					
MINE	E SUI	BSIDENCE COVERAG	GE (Re	quired in I	IL, IN, KY and W	VV)			ACC	CEPT C	OVER	AGE		REJEC	CT COVE	RAGE		LIMIT: \$					
		OPERTY HAS BEEN D					RK											# OF OPEN S	IDES ON	STRL	ICTUR	E:	
CON	STR	UCTION TYPE			DISTANCE 1	0	_	FIR	E DISTRIC	T		CODE NU	JMBE	R PF	ROT CL	# STOR	RIES	# BASM'TS	YR BUI	ILT	тота	L AR	EA
Fra				'		RE STAT															106,		
		G IMPROVEMENTS			FT	BLDG		TAX	CODE P	OOF T	VDE		ОТ	HER O	CCUPANO	`IFS					,		
BUIL	DINC	J IMPROVEMENTS				GRA	ADE	IAA	JODE K				0.	IILK OC	JOOI AIN	JILO							
	WIR	ING, YR:	PI	LUMBING	, YR:									LIEAT	TING COL	IDOE IN	CL M	OODDUDNIN	IC D	ATE			
	ROC	OFING, YR:	Н	EATING, \	YR:	WIND	CLASS		SEMI-	RESIS	TIVE			STO	/E OR FI	REPLAC	E INS	OODBURNIN SERT	IN DI		LED: _		
	OTH	HER:		YR:		R	ESISTIV	E					MA	NUFAC	TURER:								
PRIM	/IARY	/ HEAT			_						SECC	NDARY H	EAT			_							
	BOIL	LER SO	LID FUI	EL							1	BOILER		S	OLID FU	EL							
	IF B	OILER, IS INSURANC	E PLAC	CED ELSE	WHERE?	Y/N						IF BOILER,	IS IN	ISURAN	NCE PLAC	CED ELS	SEWH	HERE?	Y/N				
RIGH	IT EX	XPOSURE & DISTANC	E		LEFT EXPO	OSURE (& DISTA	NCE			FRON	IT EXPOSU	JRF 8	R DISTA	NCF			REAR EXPO	SURE &	DIST	ANCE		
DUD	CI A	D ALADM TVDE					CEDTIE	ICATE	ш								EVD	IRATION DA	-	CEN	TRAL	\top	LOCAL
BUK	GLA	R ALARM TYPE					CERTIF	-ICATE	#								EAP	TRATION DA	' -	STA	ΓΙΟΝ		GONG
																			WITI	KEYS	3		
BURGLAR ALARM INSTALLED AND SERVICED BY										EXTE	NT			GRADE		# Gl	UARDS / WAT	CHMEN		CLO	CK H	OURLY	
PRE	MISE	S FIRE PROTECTION	l (Sprin	ıklers, Sta	indpipes, CO2 /	Chemic	al Syste	ms)	,	% SPR	NK I	FIRE ALAR	RM MA	ANUFA	CTURER						CEN		STATION ONG
ΔD	DIT	IONAL INTERE	ST	ΔΩ	ORD 45 att	acher	d for a	dditi	onal nai	mes										-			
INTE					ND ADDRESS I			EVIDE			RTIFICA	ATE							TEREST	ידיואו	. M	MPF	•
		S PAYEE																	ITEREST				`
																		LOCATION:			BUILDI	NG:	
	MOF	RTGAGEE																ITEM CLASS:		1	TEM:		
																		ITEM DESC	RIPTION				
				REFEREN	NCE / LOAN #:																		

AGENCY CUSTOMER ID	: .
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ADDITIO	SS:																			
PREMIS	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 #	FORMS AND CONDITIONS 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	177.	JODE	KOOI III	-		011	ILI OCC	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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				ERENCE /																
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.

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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

DATE (MM/DD/YYYY) 08/14/2023

AGENCY Swingle, Collins	& Associates	001122	IMEITI 101	CARR	IER	NAIC CODE	
POLICY NUMBER			EFFECTIVE DATE		ANT / FIRST NAMED INSURED Delivery Systems, LLC		
PREMISES INFORI	MATION						
PREMISES #: 1		E / RUSINE	ESS INCOME		RUSIN	IESS INCOME /	
BUILDING #: 1	X BUSINESS INCOME EXTRA EXPENSE	W/O EX	TRA EXPENSE		EXTRA EXPENSE RENT	AL VALUE RENTAL VALUE	
TYPE OF BUSINESS	ORDINARY PAYROLL	EXT PERIOD	POWER / HEAT		OFF PREM POWER	DEPEND PROP	
NON MFG	EXCL INCL	DAYS	\$	DED	POWER	BROAD FORM LIMITED FORM	
MFG	90 DAYS	MO PERIOD	ELEC MEDIA		WATER		
MINING	180 DAYS	LIMIT		DAYS	COMM (DESCR BELOW)	COIN%	
% COINS		X MAX PERIOD	ORD OR LAW		THITION FEES		
	\$	50000		DAYS	TUITION FEES	ALCO ALCO ALCO ALCO ALCO ALCO ALCO ALCO	
EXTRA EXPENSE	LIMI	LOSS PAY	CIVIL AUTH		\$ STUDENTS	CONT LOC MFG LOC	
				DAYS	\$ OTHER ED SERV / INC	REC LOC LDR LOC (DESC BELC	W)
DAYS PERIOR	D REST ——	%%					
NAME(C) AND ADDRESS	V(EQ) FOR CEE BREET BREET	%%	l				_
NAME(S) AND ADDRESS	(ES) FOR OFF PREM POWER	OK DEPEND PROP					
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

SIGNATURE AGENCY CUSTOMER ID: JRTDELI-01 GLAIR1

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PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	PRODUCER'S NAME (Please Print)					
APPLICANT'S SIGNATURE		DATE 08/14/2023	NATIONAL PRODUCER NUMBER				

AGENCY CUSTOMER ID: JRTDELI-01

BUSINESS AUTO SECTION

DATE (MM/DD/YYYY)	
00/4//0000	

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AGENO	gle, Collins & Associates				CA	RRIE	ER .					NAIC CO	ODE
	Y NUMBER			EFFECTIVE DAT			isured(s) livery Systems, LLC						
COV	ERAGES / LIMITS												
		RY	OUI	R STATE TO PI	ROVIE	DE C	OVERAGES / LIMITS I	NFOR	MATION				
DRIV	ER INFORMATION ACORD 16	3 at	tach	ed for additiona	l drive	ers							
	LL DRIVERS, INCLUDING FAMILY MEMBERS THAT WILL D	DRIVE	СОМ	PANY VEHICLES, AND	EMPLO	YEES	WHO DRIVE OWN VEHICLES ON	COMPAN	Y BUSINESS.				
DRIVER #		I	MAR		YRS EXP		DRIVERS LICENSE NUMBER/		DATE HIRE	BROADEN NO-FAULT	DOC	USE VEH#	% USE
1	Jerome Martin	M	U	10/02/1973	EAF	LIC	13138128	TX	HIKE	NO-1 AUE1	000	VLII#	USL
2	Juan Arellano	М	U	11/14/1983			29291701	TX					
GEN	ERAL INFORMATION												
EXPLA	IN ALL "YES" RESPONSES												Y/N
	VITH THE EXCEPTION OF ANY ENCUMBRANCES,	ARE	: ANY	VEHICLES FOR W	HICH IN	NSUR	ANCE IS REQUESTED NOT	SOLELY	OWNED BY	AND			
	EGISTERED TO THE APPLICANT?											\neg	
ľ	/EH # NAME OF OTHER OWNER				VEH#	NAM	E OF OTHER OWNER						
2. D	O OVER 50% OF THE EMPLOYEES USE THEIR AI	UTO	S IN T	'HE BUSINESS?									
3. IS	STHERE A VEHICLE MAINTENANCE PROGRAM IN	N OP	ERAT	TON?									
4 A	RE ANY VEHICLES LEASED TO OTHERS?												
4. A	RE ANT VEHICLES LEAGED TO OTHERS:												
5. A	NY CAR MODIFIED / SPECIAL EQUIPMENT? (Inclu	ide c	uston	nized vans / pickups))								
V	/EH # DESCRIPTION			COST \$	VEH#	DES	CRIPTION			\$	OST		
6. A	RE ICC, PUC OR OTHER FILINGS REQUIRED? (If	"YE	S", att	ach ACORD 194)								-	
7. D	O OPERATIONS INVOLVE TRANSPORTING HAZA	RDC)US M	IATERIAL?									

	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		-,
	ACUDE			FOR HIRE	COVERAGE	8	FAULT	MOTOR TOWING	FT FT		COMP/	RI	EIMB					ACV	OT(SPEC C OF I
	ASURE		RETAIL		LIAB NO-		MED PAY UNINS	& LABOR SPEC			OTC	H-	3		AA		ST A	-	\$		
DRIVE TO			SERVICE		FAULT	FH	MOTOR	COFL	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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USE			COMM'L	FOR HIRE	CHECK		ADD'L NO- FAULT	UNDRINS MOTOR	F	T	LSP	RI	ENT EIMB	DED	UCTIB	LES		ACV	COM		SPEC C OF I
PLE	ASURE		RETAIL		LIAB	1	MED PAY	TOWING	FT		COMP/ OTC	F			AA		ST A	-		<i>-</i>	_C OF 1
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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4	2018	-	DDEL: t-2				TYPE:	TYR2CM3JI	/ A 7072 /			PP		SPEC		СОМ		,	отс	SYM	SYM
GARAGI	NG STR		Required in			CITY	V.I.N.: 1F	TTRZCIVISSI	XA70734		COUNTY		,	0, 20			_	STA	TE ZII	P	
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WORK/	SCHOOL		< 15 MILI	ES 15 MILE	S + DR/CF									TOT	AL PR	EM: \$					
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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 / 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

DATE (MM/DD/YYYY) 08/14/2023

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TRUCKERS SECTION AGENCY CUSTOMER ID: JRTDELI-01 GLAIR1

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WORKERS COMPENSATION APPLICATION

DATE (MM/DD/YYYY	1
08/14/2023	

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OFFIC (A/C,	E PHONE No, Ext):	(972) 38	7-3000				E-MAI	L ADDR	_{ESS:} jaz	zaro@m	yzipde	livery.c	om			
MOBI PHON	LE E:						S	SOLE PF	ROPRIETO		ORPORA		LLC		TRUST	UNINCORPORATEI ASSOCIATION
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		rvices@	swingle					AU NAN			1				ID NUMBER:	BUREAU ID OR STATE
CODE				SUB CODE:			FEDE	RALEM	PLOYER	NUMBER	NC	CI RISK II	O NUMBER		EMPLOYER REGI	STRATION NUMBER
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		Dalla	is, TX 75	220												
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			CORD 1		NTS (Attach AC	CORD 101,	Additiona	II Remar	rks Schedi	ile, if more	space is	required)				
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		lissouri mu		equirements	of Section 287.		TITLE	<i>.</i>	OWNER-			UTIEO		INIO/EV/	01 400 0005	DEMINIST A TION/DAYOR
JIAIE	LOC#		NAME		DATE OF BI	VIII E	RELATION	NSHIP	SHIP %		D	UTIES		INC/EXC	CLASS CODE	REMUNERATION/PAYRO
														1		

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

DATE (MM/DD/YYYY)
08/14/2023

POLIC	Y NUMBER	₹					EFFECTIVE	DATE	IRT Del	ivery Systems, LLC				
POI	ICY INF	ORMATION							JINT DE	ivery Systems, LLC				
. 02	101 1141	OKINATION	TDAN	SACTION TYP						LIMIT OF LIABILITY		RETAINED LIMIT		
X	NEW	X UMBRELLA		OCCURREN		RETROAC	TIVE DATE		\$	1,000,000 EA OC	c s	RETAINED LIMIT		
	RENEWAL	EXCESS		CLAIMS MAD		POSED	CURREN	_	\$	1,000,000 EA 00				
FXPIR	ING POL#	-							\$		FIRST DOLLAR D	EFENSE (Y / N)		
		BENEFITS L	IAB	ILITY			-		Ψ					
		ANCE (Ea Employ			AGGREGAT	E LIMIT FO	OR EBL			RETAINED LIMIT FOR EBL		RETROACTIVE D	ATE FO	R EBL
\$					\$					\$				
NAME	OF BENE	FIT PROGRAM												
PRI	MARY L	OCATION &	SUB	SIDIARIES	(ACORD	125)								
#	NA	ME AND LOCATION	N OF	PRIMARY AND	ALL SUBSID	IARY COM	PANIES (Desci	ribe Ope	erations)	ANNUAL PAYROLL	ANN GROSS SALES	FOREIGN GROSS	SALES	# EMPL
	NAME:	Zip Deliver												
1		_{N:} 10610 N					s, TX 7522	20		\$700,000.00				9
	DESCRIP	_{TION:} Freight	Deli	very withi	n 100 mil	es								
	NAME:													
	LOCATIO	N:												
	DESCRIP	TION:												
	NAME:													
	LOCATIO													
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	DESCRIP													
	NAME:													
	LOCATIO	N:												
	DESCRIP	TION:												
UND	ERLYIN	IG INSURAN	CE											
				LIST ALL	LIABILITY / CC	MPENSAT	TION POLICIES	IN FOR	RCE TO APP	Y AS UNDERLYING INSURAN	ICE			+ - RATING
Т	YPE	CARR	IER / F	POLICY NUMBI	ER	POLICY	EFF DATE	POLIC	Y EXP DATE	LIMIT	S	ANNUAL RENE PREMIUM	WAL	MOD
										CSL EA ACC \$		\$		
	MOBILE BILITY									BI EA ACC \$		- \$		
	•									BI EA PER \$				
										PD EA ACC \$ \$				
	NERAL BILITY									EACH OCCURRENCE \$ GENERAL AGGR \$		PREM / OPS		
	CY TYPE									PROD & COMP OPS		PRODUCTS		
	OCCUR									AGGREGATE \$ PERSONAL & ADV				
	CLAIMS MADE									INJURY \$ DAMAGE TO RENTED PREMISES \$		\$ OTHER		
	MUDE									MEDICAL EXPENSE \$		\$		
										EACH ACCIDENT \$				
	LOYERS BILITY									DISEASE EACH EMPLOYEE \$		\$		
LIA										DISEASE POLICY LIMIT \$				
												\$		
												ļ -		
ı												\$		
	DD 421	(0000/10)							4	0.4004.0000.1000		<u> </u>		
ACC	131 עאנ	(2009/10)						Page	1 of 5	© 1991-2009 ACOR	CORPORATIO	N. All rights r	eserv	ed.

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)
TYPE		# OWNED # NON- OWNED # I		# 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 ANY VEHICLES LEASED OR RENTED TO OTHERS?	
9.	ARE HIRED AND NON-OWNED COVERAGES PROVIDED?	
	CONTRACTORS LIABILITY	
10.	. IS BRIDGE, DAM, OR MARINE WORK PERFORMED?	
11	. DESCRIBE TYPICAL JOBS PERFORMED (Attach ACORD 101, Additional Remarks Schedule, if more space is required)	
12	. DESCRIBE AGREEMENT (Attach ACORD 101, Additional Remarks Schedule, if more space is required)	
13	. DOES APPLICANT OWN, RENT, OR OTHERWISE USE CRANES?	
'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 WARTAIRED:	
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

DATE (MM/DD/YYYY)
08/14/2023

												_		= =	00	114/2023	
AGE Swin	NCY gle, Collins	& Associa	tes						CARRIE	R					•	NAIC CODE	_
POLI	ICY NUMBEI	R					EFFECT	TIVE DATE	JRT De								
					is check	ed in the COV y.	ERAGE / LII	MITS sec	tion belo	w, this	is ar	1 ар	plication fo	r a claims-ma	ade policy.		_
CO	VERAGE	S					LIMITS										
	COMMERCI		RAL LI	ABILITY			GENERAL AG	GREGATE					\$		DDE	MIUMS	_
	CLAIM	IS MADE		X	OCCURRENC	·=	LIMIT APPLIES	S PER:	X POLICY	,	LOC	ATIO	•		PREMISES/OPE		_
	OWNER'S 8		CTOR'			, <u>C</u>			PROJE		ОТН			2 000 00			
							PRODUCTS &	COMPLETE	D OPERATION	ONS AGG	REGA	TE	\$		PRODUCTS		
DED	UCTIBLES						PERSONAL &	ADVERTISI	NG INJURY				\$	2,000,00			_
	PROPERTY	DAMAGE	\$	5		PER	EACH OCCUR	RENCE					\$	1,000,00			
	BODILY INJ	JURY	5	5	-	CLAIM PER	DAMAGE TO F	RENTED PR	EMISES (eac	h occurre	nce)		\$	1,000,00			_
			5	5		OCCURRENCE	MEDICAL EXP	PENSE (Any	one person)				\$	5,00	0 TOTAL		
							EMPLOYEE B	ENEFITS					\$				_
													\$				_
					OR ENDORS	SEMENTS (For hire	ed/non-owned a	uto coverag	es attach the	applicab	le sta	te Bu	siness Auto Se	ction, ACORD 13	7)		
	LICABLE ON		CONS	IN: IF NO		NLY AUTO COVER			JNDER THE			ıs	IS NO	Γ AVAILABLE.			
	HEDULE		7 A DI		1011017	WAILABLE.	L. IIILD	IOAL I ATIM	LIVIO GGVL	ITAGE			10 110	AVAILABLE.			_
		OF IIA	LAN	<i></i>									D.4	TE	PREM	411.184	٦
LOC #	HAZ #		CLAS	SIFICATIO	ON	CLASS CODE	PREMIUM BASIS		EXPOSURE		TEF	RR	PREM/OPS	PRODUCTS	PREM/OPS	PRODUCTS	-
_		annual sa	ales						0.040.500				FKLW/OF3	PRODUCIS	FREIM/OF3	PRODUCTS	_
1	1							•	2,812,500	,							-
																	_
																	_
																	_
																	_
	ING AND PR			CALES		PAYROLL - PER \$1, REA - PER 1,000/S			(C) TOTAL (M) ADMISS					(U) UNIT - P (T) OTHER	ER UNIT		_
CL	AIMS MA	DE (Ex	plain	all "Ye	s" respo		3011		(W) ADWIG	310113 - F	LIX 1,	000/	KDIVI	(I) OTTIEK			_
	LAIN ALL "Y															Y/N	-
	PROPOSE																_
						MS MADE COV			_								_
3. F	HAS ANY F	PRODUC	T, WC	ORK, ACC	CIDENT, O	R LOCATION BI	EEN EXCLUD	ED, UNIN	SURED OF	R SELF-I	NSU	REC	FROM ANY	PREVIOUS CO	OVERAGE?		
					-												_
4. V	VAS TAIL	COVERA	GE P	URCHAS	SED UNDE	R ANY PREVIO	US POLICY?										
	DI OVET	DE1:	170		TV.												۷
	PLOYEE DEDUCTIB				I I T			2 N	UMRER O	FFMDI	OVE	ES C	OVERED BY	' EMPI OVEE E	BENEFITS PLAN	ıs·	7
1. L			ンレヘニ	π. Ψ				J. IV	CIVIDEIN	ı ∟ıvı⊏L'					LINLI II O F LAIN	· · · · · · · · · · · · · · · · · · ·	

2. NUMBER OF EMPLOYEES:

4. RETROACTIVE DATE:

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	ANNUAL GROSS SALES	# OF UNITS	TIME IN MARKET	EXPECTED LIFE	INTENDED USE	PRINCIPAL COMPONENTS	ŝ
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	THE SELL TO OTHER IN	WILD INSUITEDS!					
							1 '

GLAIR1

AGENCY CUSTOMER ID: JR	TDELI-01
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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 OCONE TO NADI	IOACTIVE/NOCEEAR MATERIALO:									
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-	NONCORC: "T		12	& UNDER	OVER 18	
	EXTENT OF SPONSORSHIP:	DATIONS CONTENADI ATERA		EXTENT O	r SP	PONSORSHIP:					
14.	ANY STRUCTURAL ALTER	RATIONS CONTEMPLATED?									
15	ANY DEMOLITION EVEN	CLIDE CONTEMPLATERS									
15.	ANY DEMOLITION EXPOS	DUNE CONTEMPLATED!									
I											1

O.L	MERAE IN ORMATION (CONTINUES)									
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)

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3.	DOES A	APPLICAN	THAVE A DRIVER RE	CRUITING METHO)?			8.	ARE VE	HICLES L	EFT LO	DADE	D OVERN	IGHT	?					
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