



# COMMERCIAL INSURANCE APPLICATION

## APPLICANT INFORMATION SECTION

SMURPHY

DATE (MM/DD/YYYY)  
07/19/2024

AGENCY <b>Swingle, Collins &amp; Associates</b> 13760 Noel Road, Suite 600 Dallas, TX 75240		CARRIER		NAIC CODE <b>N/A</b>		
		COMPANY POLICY OR PROGRAM NAME		PROGRAM CODE		
		POLICY NUMBER				
CONTACT NAME: <b>Rick Crain, Jr.</b>		UNDERWRITER		UNDERWRITER OFFICE		
PHONE (A/C, No, Ext): <b>(972) 387-3000</b>						
FAX (A/C, No): <b>(972) 387-3808</b>						
E-MAIL ADDRESS: <b>services@swinglecollins.com</b>						
CODE:	SUBCODE:					
AGENCY CUSTOMER ID: <b>AUGUREA-01</b>						
		STATUS OF TRANSACTION	<input type="checkbox"/> QUOTE	<input type="checkbox"/> ISSUE POLICY	<input type="checkbox"/> RENEW	
			BOUND (Give Date and/or Attach Copy):			
			<input type="checkbox"/> CHANGE	DATE	TIME	<input type="checkbox"/> AM
			<input type="checkbox"/> CANCEL	<b>08/17/2024</b>		<input type="checkbox"/> PM

### LINES OF BUSINESS

INDICATE LINES OF BUSINESS	PREMIUM		PREMIUM		PREMIUM		PREMIUM
<input type="checkbox"/> BOILER & MACHINERY	\$		<input type="checkbox"/> CYBER AND PRIVACY	\$		<input type="checkbox"/> YACHT	\$
<input checked="" type="checkbox"/> BUSINESS AUTO	\$		<input type="checkbox"/> FIDUCIARY LIABILITY	\$			\$
<input type="checkbox"/> BUSINESS OWNERS	\$		<input type="checkbox"/> GARAGE AND DEALERS	\$			\$
<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	\$		<input type="checkbox"/> LIQUOR LIABILITY	\$			\$
<input type="checkbox"/> COMMERCIAL INLAND MARINE	\$		<input type="checkbox"/> MOTOR CARRIER	\$			\$
<input checked="" type="checkbox"/> COMMERCIAL PROPERTY	\$		<input type="checkbox"/> TRUCKERS	\$			\$
<input type="checkbox"/> CRIME	\$	<input checked="" type="checkbox"/>	<input type="checkbox"/> UMBRELLA	\$			\$

### ATTACHMENTS

<input type="checkbox"/> ACCOUNTS RECEIVABLE / VALUABLE PAPERS	<input type="checkbox"/> GLASS AND SIGN SECTION	<input type="checkbox"/> STATEMENT / SCHEDULE OF VALUES
<input type="checkbox"/> ADDITIONAL INTEREST SCHEDULE	<input type="checkbox"/> HOTEL / MOTEL SUPPLEMENT	<input type="checkbox"/> STATE SUPPLEMENT (If applicable)
<input type="checkbox"/> ADDITIONAL PREMISES INFORMATION SCHEDULE	<input type="checkbox"/> INSTALLATION / BUILDERS RISK SECTION	<input type="checkbox"/> VACANT BUILDING SUPPLEMENT
<input type="checkbox"/> APARTMENT BUILDING SUPPLEMENT	<input type="checkbox"/> INTERNATIONAL LIABILITY EXPOSURE SUPPLEMENT	<input type="checkbox"/> VEHICLE SCHEDULE
<input type="checkbox"/> CONDO ASSN BYLAWS (for D&O Coverage only)	<input type="checkbox"/> INTERNATIONAL PROPERTY EXPOSURE SUPPLEMENT	
<input type="checkbox"/> CONTRACTORS SUPPLEMENT	<input type="checkbox"/> LOSS SUMMARY	
<input type="checkbox"/> COVERAGES SCHEDULE	<input type="checkbox"/> OPEN CARGO SECTION	
<input type="checkbox"/> DEALERS SECTION	<input type="checkbox"/> PREMIUM PAYMENT SUPPLEMENT	
<input type="checkbox"/> DRIVER INFORMATION SCHEDULE	<input type="checkbox"/> PROFESSIONAL LIABILITY SUPPLEMENT	
<input type="checkbox"/> ELECTRONIC DATA PROCESSING SECTION	<input type="checkbox"/> RESTAURANT / TAVERN SUPPLEMENT	

### POLICY INFORMATION

PROPOSED EFF DATE <b>08/17/2024</b>	PROPOSED EXP DATE <b>08/17/2025</b>	BILLING PLAN <input type="checkbox"/> DIRECT <input type="checkbox"/> AGENCY	PAYMENT PLAN	METHOD OF PAYMENT	AUDIT	DEPOSIT \$	MINIMUM PREMIUM \$	POLICY PREMIUM \$
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### APPLICANT INFORMATION

NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4) <b>August Real Estate Co</b> 3612 Amherst Avenue Dallas, TX 75225		GL CODE	SIC <b>6531</b>	NAICS	FEIN OR SOC SEC #
		BUSINESS PHONE #:			
		WEBSITE ADDRESS			
<input type="checkbox"/> CORPORATION	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> NOT FOR PROFIT ORG	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION		
<input type="checkbox"/> INDIVIDUAL	LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> TRUST		
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4) <b>August Family Investments LTD</b>		GL CODE	SIC	NAICS	FEIN OR SOC SEC #
		BUSINESS PHONE #:			
		WEBSITE ADDRESS			
<input type="checkbox"/> CORPORATION	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> NOT FOR PROFIT ORG	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION		
<input type="checkbox"/> INDIVIDUAL	LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> TRUST		
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4) <b>333 1st LLC</b>		GL CODE	SIC	NAICS	FEIN OR SOC SEC #
		BUSINESS PHONE #:			
		WEBSITE ADDRESS			
<input type="checkbox"/> CORPORATION	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> NOT FOR PROFIT ORG	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION		
<input type="checkbox"/> INDIVIDUAL	LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> TRUST		

## CONTACT INFORMATION

AGENCY CUSTOMER ID: AUGUREA-01

SMURPHY

CONTACT TYPE:				CONTACT TYPE:			
CONTACT NAME:				CONTACT NAME:			
PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL		SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL		PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL		SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	
PRIMARY E-MAIL ADDRESS:				PRIMARY E-MAIL ADDRESS:			
SECONDARY E-MAIL ADDRESS:				SECONDARY E-MAIL ADDRESS:			

## PREMISES INFORMATION (Attach ACORD 823 for Additional Premises)

LOC # 1	STREET 3309 Elm St		CITY LIMITS <input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	INTEREST <input type="checkbox"/> OWNER <input type="checkbox"/> TENANT	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD # 1	CITY: Dallas	STATE: TX			# PART TIME EMPL	OCCUPIED AREA: SQ FT
	COUNTY:	ZIP: 75226				OPEN TO PUBLIC AREA: SQ FT
DESCRIPTION OF OPERATIONS:						TOTAL BUILDING AREA: SQ FT
						ANY AREA LEASED TO OTHERS? Y / N
LOC # 2	STREET 333 1st Ave		CITY LIMITS <input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	INTEREST <input type="checkbox"/> OWNER <input type="checkbox"/> TENANT	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD # 1	CITY: Dallas	STATE: TX			# PART TIME EMPL	OCCUPIED AREA: SQ FT
	COUNTY:	ZIP: 75226				OPEN TO PUBLIC AREA: SQ FT
DESCRIPTION OF OPERATIONS:						TOTAL BUILDING AREA: SQ FT
						ANY AREA LEASED TO OTHERS? Y / N
LOC # 3	STREET 6301 Gaston Avenue		CITY LIMITS <input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	INTEREST <input type="checkbox"/> OWNER <input type="checkbox"/> TENANT	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD # 1	CITY: Dallas	STATE: TX			# PART TIME EMPL	OCCUPIED AREA: SQ FT
	COUNTY:	ZIP: 75211				OPEN TO PUBLIC AREA: SQ FT
DESCRIPTION OF OPERATIONS:						TOTAL BUILDING AREA: SQ FT
						ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET		CITY LIMITS <input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	INTEREST <input type="checkbox"/> OWNER <input type="checkbox"/> TENANT	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD #	CITY:	STATE:			# PART TIME EMPL	OCCUPIED AREA: SQ FT
	COUNTY:	ZIP:				OPEN TO PUBLIC AREA: SQ FT
DESCRIPTION OF OPERATIONS:						TOTAL BUILDING AREA: SQ FT
						ANY AREA LEASED TO OTHERS? Y / N

## NATURE OF BUSINESS

<input type="checkbox"/> APARTMENTS	<input type="checkbox"/> CONTRACTOR	<input type="checkbox"/> MANUFACTURING	<input type="checkbox"/> RESTAURANT	<input type="checkbox"/> SERVICE	<input type="checkbox"/>	DATE BUSINESS STARTED (MM/DD/YYYY)
<input type="checkbox"/> CONDOMINIUMS	<input type="checkbox"/> INSTITUTIONAL	<input type="checkbox"/> OFFICE	<input type="checkbox"/> RETAIL	<input type="checkbox"/> WHOLESALE	<input type="checkbox"/>	

## DESCRIPTION OF PRIMARY OPERATIONS

RETAIL STORES OR SERVICE OPERATIONS % OF TOTAL SALES:	INSTALLATION, SERVICE OR REPAIR WORK %	OFF PREMISES INSTALLATION, SERVICE OR REPAIR WORK %
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## DESCRIPTION OF OPERATIONS OF OTHER NAMED INSURED

## ADDITIONAL INTEREST (Not all fields apply to all scenarios - provide only the necessary data) Attach ACORD 45 for more Additional Interests

INTEREST	NAME AND ADDRESS RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
<input checked="" type="checkbox"/> ADDITIONAL INSURED	Twain Community Partners II, LLC					LOCATION:	BUILDING:
<input type="checkbox"/> BREACH OF WARRANTY						VEHICLE:	BOAT:
<input type="checkbox"/> CO-OWNER						AIRPORT:	AIRCRAFT:
<input type="checkbox"/> EMPLOYEE AS LESSOR						ITEM CLASS:	ITEM:
<input type="checkbox"/> LEASEBACK OWNER						ITEM DESCRIPTION	
<input type="checkbox"/> LENDER'S LOSS PAYABLE	REFERENCE / LOAN #:	INTEREST END DATE:					
	LIEN AMOUNT:	PHONE (A/C, No, Ext):			FAX (A/C, No):		
REASON FOR INTEREST:				E-MAIL ADDRESS:			

## GENERAL INFORMATION

AGENCY CUSTOMER ID: AUGUREA-01

SMURPHY

EXPLAIN ALL "YES" RESPONSES

Y / N

1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ?

PARENT COMPANY NAME

RELATIONSHIP DESCRIPTION

% OWNED

1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?

SUBSIDIARY COMPANY NAME

RELATIONSHIP DESCRIPTION

% OWNED

2. IS A FORMAL SAFETY PROGRAM IN OPERATION?

☐

SAFETY MANUAL

☐

SAFETY POSITION

☐

MONTHLY MEETINGS

☐

OSHA

☐

3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?

4. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)

LINE OF BUSINESS

POLICY NUMBER

LINE OF BUSINESS

POLICY NUMBER

5. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR THREE (3) YEARS FOR ANY PREMISES OR OPERATIONS? (Missouri Applicants - Do not answer this question)

☐

NON-PAYMENT

☐

AGENT NO LONGER REPRESENTS CARRIER

☐☐

NON-RENEWAL

☐

UNDERWRITING

☐

CONDITION CORRECTED (Describe):

6. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?

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. ANY UNCORRECTED FIRE AND/OR SAFETY CODE VIOLATIONS?

OCCUR DATE

EXPLANATION

RESOLUTION

RESOLVE DATE

9. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE LAST FIVE (5) YEARS?

OCCUR DATE

EXPLANATION

RESOLUTION

RESOLVE DATE

10. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS?

OCCUR DATE

EXPLANATION

RESOLUTION

RESOLVE DATE

11. HAS BUSINESS BEEN PLACED IN A TRUST? NAME OF TRUST:

12. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD / DISTRIBUTED IN FOREIGN COUNTRIES?  
(If "YES", attach ACORD 815 for Liability Exposure and/or ACORD 816 for Property Exposure)

13. DOES APPLICANT HAVE OTHER BUSINESS VENTURES FOR WHICH COVERAGE IS NOT REQUESTED?

14. DOES APPLICANT OWN / LEASE / OPERATE ANY DRONES? (If "YES", describe use)

15. DOES APPLICANT HIRE OTHERS TO OPERATE DRONES? (If "YES", describe use)

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

## PRIOR CARRIER INFORMATION

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

## PRIOR CARRIER INFORMATION (continued)

AGENCY CUSTOMER ID: AUGUREA-01

SMURPHY

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 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	SUBROGATION Y / N	CLAIM OPEN Y / N

**SIGNATURE**

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

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

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

(Applicant's Initials):

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

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

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

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

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


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

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

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

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

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

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

**COMMERCIAL INSURANCE APPLICATION -  
OTHER NAMED INSURED SCHEDULE****AUGUREA-01****SMURPHY****PAGE 1****OF 1**

<b>NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)</b> <b>Lakewood Tower LLC</b>				<b>GL CODE</b>		<b>SIC</b>		<b>NAICS</b>		<b>FEIN OR SOC SEC #</b>			
				<b>BUSINESS PHONE #:</b>									
				<b>WEBSITE ADDRESS</b>									
<input type="checkbox"/>	<b>CORPORATION</b>		<input type="checkbox"/>	<b>JOINT VENTURE</b>		<input type="checkbox"/>	<b>NOT FOR PROFIT ORG</b>		<input type="checkbox"/>	<b>SUBCHAPTER "S" CORPORATION</b>			
<input type="checkbox"/>	<b>INDIVIDUAL</b>		<input type="checkbox"/>	<b>LLC</b>		<b>NO. OF MEMBERS AND MANAGERS: _____</b>		<input type="checkbox"/>	<b>PARTNERSHIP</b>		<input type="checkbox"/>	<b>TRUST</b>	
<b>NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)</b> <b>3309 Elm Owner LLC</b>				<b>GL CODE</b>		<b>SIC</b>		<b>NAICS</b>		<b>FEIN OR SOC SEC #</b>			
				<b>BUSINESS PHONE #:</b>									
				<b>WEBSITE ADDRESS</b>									
<input type="checkbox"/>	<b>CORPORATION</b>		<input type="checkbox"/>	<b>JOINT VENTURE</b>		<input type="checkbox"/>	<b>NOT FOR PROFIT ORG</b>		<input type="checkbox"/>	<b>SUBCHAPTER "S" CORPORATION</b>			
<input type="checkbox"/>	<b>INDIVIDUAL</b>		<input type="checkbox"/>	<b>LLC</b>		<b>NO. OF MEMBERS AND MANAGERS: _____</b>		<input type="checkbox"/>	<b>PARTNERSHIP</b>		<input type="checkbox"/>	<b>TRUST</b>	
<b>NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)</b>				<b>GL CODE</b>		<b>SIC</b>		<b>NAICS</b>		<b>FEIN OR SOC SEC #</b>			
				<b>BUSINESS PHONE #:</b>									
				<b>WEBSITE ADDRESS</b>									
<input type="checkbox"/>	<b>CORPORATION</b>		<input type="checkbox"/>	<b>JOINT VENTURE</b>		<input type="checkbox"/>	<b>NOT FOR PROFIT ORG</b>		<input type="checkbox"/>	<b>SUBCHAPTER "S" CORPORATION</b>			
<input type="checkbox"/>	<b>INDIVIDUAL</b>		<input type="checkbox"/>	<b>LLC</b>		<b>NO. OF MEMBERS AND MANAGERS: _____</b>		<input type="checkbox"/>	<b>PARTNERSHIP</b>		<input type="checkbox"/>	<b>TRUST</b>	
<b>NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)</b>				<b>GL CODE</b>		<b>SIC</b>		<b>NAICS</b>		<b>FEIN OR SOC SEC #</b>			
				<b>BUSINESS PHONE #:</b>									
				<b>WEBSITE ADDRESS</b>									
<input type="checkbox"/>	<b>CORPORATION</b>		<input type="checkbox"/>	<b>JOINT VENTURE</b>		<input type="checkbox"/>	<b>NOT FOR PROFIT ORG</b>		<input type="checkbox"/>	<b>SUBCHAPTER "S" CORPORATION</b>			
<input type="checkbox"/>	<b>INDIVIDUAL</b>		<input type="checkbox"/>	<b>LLC</b>		<b>NO. OF MEMBERS AND MANAGERS: _____</b>		<input type="checkbox"/>	<b>PARTNERSHIP</b>		<input type="checkbox"/>	<b>TRUST</b>	
<b>NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)</b>				<b>GL CODE</b>		<b>SIC</b>		<b>NAICS</b>		<b>FEIN OR SOC SEC #</b>			
				<b>BUSINESS PHONE #:</b>									
				<b>WEBSITE ADDRESS</b>									
<input type="checkbox"/>	<b>CORPORATION</b>		<input type="checkbox"/>	<b>JOINT VENTURE</b>		<input type="checkbox"/>	<b>NOT FOR PROFIT ORG</b>		<input type="checkbox"/>	<b>SUBCHAPTER "S" CORPORATION</b>			
<input type="checkbox"/>	<b>INDIVIDUAL</b>		<input type="checkbox"/>	<b>LLC</b>		<b>NO. OF MEMBERS AND MANAGERS: _____</b>		<input type="checkbox"/>	<b>PARTNERSHIP</b>		<input type="checkbox"/>	<b>TRUST</b>	
<b>NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)</b>				<b>GL CODE</b>		<b>SIC</b>		<b>NAICS</b>		<b>FEIN OR SOC SEC #</b>			
				<b>BUSINESS PHONE #:</b>									
				<b>WEBSITE ADDRESS</b>									
<input type="checkbox"/>	<b>CORPORATION</b>		<input type="checkbox"/>	<b>JOINT VENTURE</b>		<input type="checkbox"/>	<b>NOT FOR PROFIT ORG</b>		<input type="checkbox"/>	<b>SUBCHAPTER "S" CORPORATION</b>			
<input type="checkbox"/>	<b>INDIVIDUAL</b>		<input type="checkbox"/>	<b>LLC</b>		<b>NO. OF MEMBERS AND MANAGERS: _____</b>		<input type="checkbox"/>	<b>PARTNERSHIP</b>		<input type="checkbox"/>	<b>TRUST</b>	
<b>NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)</b>				<b>GL CODE</b>		<b>SIC</b>		<b>NAICS</b>		<b>FEIN OR SOC SEC #</b>			
				<b>BUSINESS PHONE #:</b>									
				<b>WEBSITE ADDRESS</b>									
<input type="checkbox"/>	<b>CORPORATION</b>		<input type="checkbox"/>	<b>JOINT VENTURE</b>		<input type="checkbox"/>	<b>NOT FOR PROFIT ORG</b>		<input type="checkbox"/>	<b>SUBCHAPTER "S" CORPORATION</b>			
<input type="checkbox"/>	<b>INDIVIDUAL</b>		<input type="checkbox"/>	<b>LLC</b>		<b>NO. OF MEMBERS AND MANAGERS: _____</b>		<input type="checkbox"/>	<b>PARTNERSHIP</b>		<input type="checkbox"/>	<b>TRUST</b>	



AGENCY CUSTOMER ID: AUGUREA-01 SMURPHY

## PROPERTY SECTION

DATE (MM/DD/YYYY)  
07/19/2024

AGENCY NAME <b>Swingle, Collins &amp; Associates</b>		CARRIER		NAIC CODE <b>N/A</b>
POLICY NUMBER	EFFECTIVE DATE <b>08/17/2024</b>	NAMED INSURED(S) <b>August Real Estate Co</b>		

## BLANKET SUMMARY

BLKT #	AMOUNT	TYPE	BLKT #	AMOUNT	TYPE

## PREMISES INFORMATION

PREMISES #: <b>1</b>		STREET ADDRESS: <b>3309 Elm St, Dallas, TX 75226</b>							
BUILDING #: <b>1</b>		BLDG DESCRIPTION:							
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU- ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Blanket	71,500,000			Special (Including theft)		\$10,000	Dollars		
Blanket	71,500,000			Windstorm		\$870,000	Dollars		
Business Income with Extra Expense									
Earthquake	5,000,000		A	Earthquake		\$25,000	Dollars		
Earthquake	5,000,000		A	Windstorm		\$870,000	Dollars		
ADDITIONAL INFORMATION		BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810				VALUE REPORTING INFORMATION - Attach ACORD 811			

## ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

SPOILAGE COVERAGE (Y / N) <input type="checkbox"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$  DEDUCTIBLE \$	REFRIG MAINT AGREEMENT (Y / N) <input type="checkbox"/>	OPTIONS <input type="checkbox"/> BREAKDOWN OR CONTAMINATION <input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE
SINKHOLE COVERAGE (Required in Florida)		ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV)		ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
<input type="checkbox"/> PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK		# OF OPEN SIDES ON STRUCTURE: _____		

**See Attached Overflow.**

CONSTRUCTION TYPE	DISTANCE TO HYDRANT FT	FIRE STAT MI	FIRE DISTRICT	CODE NUMBER	PROT CL	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA
BUILDING IMPROVEMENTS	BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES					
<input type="checkbox"/> WIRING, YR: <input type="checkbox"/> PLUMBING, YR:	<input type="checkbox"/> WIND CLASS	<input type="checkbox"/> SEMI- RESISTIVE	<input type="checkbox"/> HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT		DATE INSTALLED: _____				
<input type="checkbox"/> ROOFING, YR: <input type="checkbox"/> HEATING, YR:	<input type="checkbox"/> RESISTIVE	MANUFACTURER:							
OTHER: YR:	PRIMARY HEAT		SECONDARY HEAT						
<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/>	<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/>		<input type="checkbox"/> IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N						
RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE		FRONT EXPOSURE & DISTANCE			REAR EXPOSURE & DISTANCE			
BURGLAR ALARM TYPE	CERTIFICATE #		EXPIRATION DATE		<input type="checkbox"/> CENTRAL STATION	<input type="checkbox"/> LOCAL GONG	WITH KEYS		
BURGLAR ALARM INSTALLED AND SERVICED BY		EXTENT	GRADE	# GUARDS / WATCHMEN	<input type="checkbox"/>	CLOCK HOURLY			
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)		% SPRNK	FIRE ALARM MANUFACTURER		<input type="checkbox"/>	CENTRAL STATION			
						LOCAL GONG			

## ADDITIONAL INTEREST ACORD 45 attached for additional names

INTEREST	NAME AND ADDRESS RANK:	EVIDENCE:	CERTIFICATE	INTEREST IN ITEM NUMBER	
<input checked="" type="checkbox"/> LOSS PAYEE	Veritex Community Bank c/o Insurance Service Center PO Box 863329 Plano, TX 75086			LOCATION: <b>1</b>	BUILDING: <b>1</b>
<input type="checkbox"/> MORTGAGEE				ITEM CLASS:	ITEM:
				ITEM DESCRIPTION <b>3309 Elm St, Dallas, TX 75226</b>	
REFERENCE / LOAN #:					

ADDITIONAL  
PREMISES INFORMATION

PREMISES #: <b>2</b>		STREET ADDRESS: <b>333 1st Ave, Dallas, TX 75226</b>							
BUILDING #: <b>1</b>		BLDG DESCRIPTION:							
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU- ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Blanket				Special (Including theft)		<b>10,000</b>			
Blanket				Windstorm		<b>\$470,000</b>	Dollars		
Business Income with Extra Expense									
Earthquake	<b>5,000,000</b>		<b>A</b>	Earthquake		<b>\$25,000</b>	Dollars		
Earthquake	<b>5,000,000</b>		<b>A</b>	Windstorm		<b>\$470,000</b>	Dollars		
ADDITIONAL INFORMATION		BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810				VALUE REPORTING INFORMATION - Attach ACORD 811			

## ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

SPOILAGE COVERAGE (Y / N) <input type="checkbox"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$  DEDUCTIBLE \$	REFRIG MAINT AGREEMENT (Y / N) <input type="checkbox"/>	OPTIONS <input type="checkbox"/> BREAKDOWN OR CONTAMINATION <input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE
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SINKHOLE COVERAGE (Required in Florida)	ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV)	ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$

<input type="checkbox"/> PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK	# OF OPEN SIDES ON STRUCTURE: _____
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See Attached Overflow.

CONSTRUCTION TYPE	DISTANCE TO HYDRANT FT	FIRE STAT MI	FIRE DISTRICT	CODE NUMBER	PROT CL	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA
BUILDING IMPROVEMENTS	BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES					
<input type="checkbox"/> WIRING, YR: <input type="checkbox"/> PLUMBING, YR:	<input type="checkbox"/> WIND CLASS	<input type="checkbox"/> SEMI- RESISTIVE	<input type="checkbox"/> HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT			DATE INSTALLED: _____			
<input type="checkbox"/> ROOFING, YR: <input type="checkbox"/> HEATING, YR:	<input type="checkbox"/> RESISTIVE	MANUFACTURER: _____							
<input type="checkbox"/> OTHER: YR:									
PRIMARY HEAT	SECONDARY HEAT								
<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/>	<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/>								
IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N	IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N								
RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE		FRONT EXPOSURE & DISTANCE			REAR EXPOSURE & DISTANCE			
BURGLAR ALARM TYPE	CERTIFICATE #				EXPIRATION DATE	<input type="checkbox"/> CENTRAL STATION	<input type="checkbox"/> LOCAL GONG		
BURGLAR ALARM INSTALLED AND SERVICED BY				EXTENT	GRADE	# GUARDS / WATCHMEN	<input type="checkbox"/> WITH KEYS	CLOCK HOURLY	
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)				% SPRNK	FIRE ALARM MANUFACTURER			<input type="checkbox"/> CENTRAL STATION	<input type="checkbox"/> LOCAL GONG

ADDITIONAL INTEREST ☒ ACORD 45 attached for additional names

INTEREST	NAME AND ADDRESS RANK:	EVIDENCE:	CERTIFICATE	INTEREST IN ITEM NUMBER	
<input checked="" type="checkbox"/> LOSS PAYEE	Veritex Community Bank c/o Insurance Service Center PO Box 863329 Plano, TX 75086			LOCATION: <b>2</b>	BUILDING: <b>1</b>
<input type="checkbox"/> MORTGAGEE				ITEM CLASS:	ITEM:
<input type="checkbox"/>				ITEM DESCRIPTION <b>333 1st Ave, Dallas, TX 75226</b>	
REFERENCE / LOAN #:					

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

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**Applicable in AL, AR, DC, LA, MD, NM, RI and WV**

Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)\* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. \*Applies in MD Only.

**Applicable in CO**

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

**Applicable in FL and OK**

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

**Applicable in KS**

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

**Applicable in KY, NY, OH and PA**

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

**Applicable in ME, TN, VA and WA**

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

**Applicable in NJ**

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


**Applicable in OR**

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

**Applicable in PR**

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

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

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





AGENCY CUSTOMER ID: AUGUREA-01

SMURPHY

## PROPERTY SECTION

DATE (MM/DD/YYYY)  
07/19/2024

AGENCY NAME <b>Swingle, Collins &amp; Associates</b>		CARRIER		NAIC CODE <b>N/A</b>
POLICY NUMBER	EFFECTIVE DATE <b>08/17/2024</b>	NAMED INSURED(S) <b>August Real Estate Co</b>		

## BLANKET SUMMARY

BLKT #	AMOUNT	TYPE	BLKT #	AMOUNT	TYPE

## PREMISES INFORMATION

PREMISES #: <b>3</b>		STREET ADDRESS: <b>6301 Gaston Avenue, Dallas, TX 75211</b>							
BUILDING #: <b>1</b>		BLDG DESCRIPTION:							
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU- ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Blanket				Special (Including theft) - Detail		<b>10,000</b>			
Blanket				Windstorm		<b>975,000</b>			
Business Income with Extra Expense									
Earthquake	<b>5,000,000</b>		<b>A</b>	Earthquake		<b>\$25,000</b>	Dollars		
Earthquake	<b>5,000,000</b>		<b>A</b>	Windstorm		<b>\$975,000</b>	Dollars		
ADDITIONAL INFORMATION		BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810				VALUE REPORTING INFORMATION - Attach ACORD 811			

## ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

SPOILAGE COVERAGE (Y / N) <input type="checkbox"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$  DEDUCTIBLE \$	REFRIG MAINT AGREEMENT (Y / N) <input type="checkbox"/>	OPTIONS <input type="checkbox"/> BREAKDOWN OR CONTAMINATION <input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE
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SINKHOLE COVERAGE (Required in Florida)

ACCEPT COVERAGE

REJECT COVERAGE

LIMIT: \$

MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV)

ACCEPT COVERAGE

REJECT COVERAGE

LIMIT: \$

☐ PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK

# OF OPEN SIDES ON STRUCTURE: \_\_\_\_\_

See Attached Overflow.

CONSTRUCTION TYPE	DISTANCE TO HYDRANT FT	FIRE STAT MI	FIRE DISTRICT	CODE NUMBER	PROT CL	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA
BUILDING IMPROVEMENTS	BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES					
<input type="checkbox"/> WIRING, YR: <input type="checkbox"/> PLUMBING, YR:	<input type="checkbox"/> WIND CLASS	<input type="checkbox"/> SEMI- RESISTIVE	<input type="checkbox"/> HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT DATE INSTALLED: _____						
<input type="checkbox"/> ROOFING, YR: <input type="checkbox"/> HEATING, YR:	<input type="checkbox"/> RESISTIVE	MANUFACTURER: _____							
OTHER: YR:									
PRIMARY HEAT <input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N	SECONDARY HEAT <input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N								
RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE		FRONT EXPOSURE & DISTANCE			REAR EXPOSURE & DISTANCE			
BURGLAR ALARM TYPE	CERTIFICATE #				EXPIRATION DATE	<input type="checkbox"/> CENTRAL STATION <input type="checkbox"/> LOCAL GONG	WITH KEYS		
BURGLAR ALARM INSTALLED AND SERVICED BY				EXTENT	GRADE	# GUARDS / WATCHMEN	<input type="checkbox"/>	CLOCK HOURLY	
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)				% SPRNK	FIRE ALARM MANUFACTURER			<input type="checkbox"/>	CENTRAL STATION
								<input type="checkbox"/>	LOCAL GONG

## ADDITIONAL INTEREST ACORD 45 attached for additional names

INTEREST <input checked="" type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/>	NAME AND ADDRESS RANK: EVIDENCE: CERTIFICATE <b>Veritex Community Bank c/o Insurance Service Center PO Box 863329 Plano, TX 75086</b>	INTEREST IN ITEM NUMBER LOCATION: <b>3</b> BUILDING: <b>1</b> ITEM CLASS: ITEM: ITEM DESCRIPTION <b>6301 Gaston Avenue, Dallas, TX 75211</b>
REFERENCE / LOAN #:		

ADDITIONAL  
 PREMISES INFORMATION

PREMISES #:		STREET ADDRESS:							
BUILDING #:		BLDG DESCRIPTION:							
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU- ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY

ADDITIONAL INFORMATION	BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810	VALUE REPORTING INFORMATION - Attach ACORD 811
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ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

SPOILAGE COVERAGE (Y / N)  <input type="checkbox"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y / N)  <input type="checkbox"/>	OPTIONS
		DEDUCTIBLE \$		<input type="checkbox"/> BREAKDOWN OR CONTAMINATION <input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE

SINKHOLE COVERAGE (Required in Florida)	ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
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MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV)	ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
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<input type="checkbox"/> PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK	# OF OPEN SIDES ON STRUCTURE: _____
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See Attached Overflow.

CONSTRUCTION TYPE	DISTANCE TO HYDRANT FT	FIRE STAT MI	FIRE DISTRICT	CODE NUMBER	PROT CL	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA
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BUILDING IMPROVEMENTS	BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES
<input type="checkbox"/> WIRING, YR: <input type="checkbox"/> PLUMBING, YR: <input type="checkbox"/> ROOFING, YR: <input type="checkbox"/> HEATING, YR: <input type="checkbox"/> OTHER: YR:	WIND CLASS	SEMI- RESISTIVE	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT	DATE INSTALLED: _____
	RESISTIVE		MANUFACTURER:	

PRIMARY HEAT	SECONDARY HEAT
<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N	<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE
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BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	CENTRAL STATION <input type="checkbox"/> LOCAL GONG
			WITH KEYS

BURGLAR ALARM INSTALLED AND SERVICED BY	EXTENT	GRADE	# GUARDS / WATCHMEN	CLOCK HOURLY

PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)	% SPRNK	FIRE ALARM MANUFACTURER	CENTRAL STATION
			LOCAL GONG

ADDITIONAL INTEREST
 ACORD 45 attached for additional names

INTEREST	NAME AND ADDRESS	RANK: _____	EVIDENCE: _____	CERTIFICATE _____	INTEREST IN ITEM NUMBER
<input type="checkbox"/> LOSS PAYEE					LOCATION: _____
<input type="checkbox"/> MORTGAGEE					BUILDING: _____
<input type="checkbox"/>					ITEM CLASS: _____
	REFERENCE / LOAN #:	ITEM DESCRIPTION			

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

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**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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PRODUCER'S SIGNATURE 	PRODUCER'S NAME (Please Print) <b>Rick Crain, Jr.</b>	STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER

## SUBJECTS OF INSURANCE SCHEDULE

DATE (MM/DD/YYYY)  
07/19/2024

<b>PREMISES INFORMATION</b>	PREMISES #:1	STREET ADDRESS: 3309 Elm St, Dallas, TX 75226							
	BUILDING #: 1	BLDG DESCRIPTION:							
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Flood	5,000,000		I	Flood		\$50,000	Dollars		
<b>PREMISES INFORMATION</b>	PREMISES #:1	STREET ADDRESS: 3309 Elm St, Dallas, TX 75226							
	BUILDING #: 1	BLDG DESCRIPTION:							
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Flood	5,000,000		I	Windstorm		\$470,000	Dollars		
<b>PREMISES INFORMATION</b>	PREMISES #:2	STREET ADDRESS: 333 1st Ave, Dallas, TX 75226							
	BUILDING #: 1	BLDG DESCRIPTION:							
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Flood	5,000,000		I	Flood		\$50,000	Dollars		
<b>PREMISES INFORMATION</b>	PREMISES #:2	STREET ADDRESS: 333 1st Ave, Dallas, TX 75226							
	BUILDING #: 1	BLDG DESCRIPTION:							
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Flood	5,000,000		I	Windstorm		\$470,000	Dollars		
<b>PREMISES INFORMATION</b>	PREMISES #:3	STREET ADDRESS: 6301 Gaston Avenue, Dallas, TX 75211							
	BUILDING #: 1	BLDG DESCRIPTION:							
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Flood	5,000,000		I	Flood		\$50,000	Dollars		
<b>PREMISES INFORMATION</b>	PREMISES #:3	STREET ADDRESS: 6301 Gaston Avenue, Dallas, TX 75211							
	BUILDING #: 1	BLDG DESCRIPTION:							
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Flood	5,000,000		I	Windstorm		\$975,000	Dollars		
<b>PREMISES INFORMATION</b>	PREMISES #:	STREET ADDRESS:							
	BUILDING #:	BLDG DESCRIPTION:							
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
<b>PREMISES INFORMATION</b>	PREMISES #:	STREET ADDRESS:							
	BUILDING #:	BLDG DESCRIPTION:							
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
<b>PREMISES INFORMATION</b>	PREMISES #:	STREET ADDRESS:							
	BUILDING #:	BLDG DESCRIPTION:							
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
<b>PREMISES INFORMATION</b>	PREMISES #:	STREET ADDRESS:							
	BUILDING #:	BLDG DESCRIPTION:							
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
<b>PREMISES INFORMATION</b>	PREMISES #:	STREET ADDRESS:							
	BUILDING #:	BLDG DESCRIPTION:							
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY



## ADDITIONAL INTEREST SCHEDULE

DATE (MM/DD/YYYY)  
07/19/2024

AGENCY <b>Swingle, Collins &amp; Associates</b>		CARRIER		NAIC CODE <b>N/A</b>
POLICY NUMBER	EFFECTIVE DATE <b>08/17/2024</b>	NAMED INSURED(S) <b>August Real Estate Co</b>		

## ADDITIONAL INTEREST (Not all fields apply to all scenarios - provide only the necessary data)

INTEREST	NAME AND ADDRESS RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
<input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BREACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	<b>Twain Community Partners, II, LLC</b> <b>1232 Washington Ave</b> <b>Saint Louis, MO 63103</b>				LOCATION: <b>1</b>	BUILDING: <b>1</b>
						VEHICLE:	BOAT:
						AIRPORT:	AIRCRAFT:
						ITEM CLASS:	ITEM:
						ITEM DESCRIPTION	
						<b>3309 Elm St Dallas, TX 75226</b>	
<input checked="" type="checkbox"/> Building Owner	REFERENCE / LOAN #:	INTEREST END DATE:					
	LIEN AMOUNT:	PHONE (A/C, No, Ext):				FAX (A/C, No):	
REASON FOR INTEREST:						E-MAIL ADDRESS:	

INTEREST	NAME AND ADDRESS RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
<input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BREACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	<b>Twain HTC Fund XXX, LLC</b> <b>2200 Washington Ave</b> <b>Saint Louis, MO 63103</b>				LOCATION: <b>1</b>	BUILDING: <b>1</b>
						VEHICLE:	BOAT:
						AIRPORT:	AIRCRAFT:
						ITEM CLASS:	ITEM:
						ITEM DESCRIPTION	
						<b>3309 Elm St Dallas, TX 75226</b>	
<input checked="" type="checkbox"/> Building Owner	REFERENCE / LOAN #:	INTEREST END DATE:					
	LIEN AMOUNT:	PHONE (A/C, No, Ext):				FAX (A/C, No):	
REASON FOR INTEREST:						E-MAIL ADDRESS:	

INTEREST	NAME AND ADDRESS RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
<input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BREACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	<b>Twain Community Funding I, LLC</b> <b>2200 Washington Ave</b> <b>Saint Louis, MO 63103</b>				LOCATION: <b>1</b>	BUILDING: <b>1</b>
						VEHICLE:	BOAT:
						AIRPORT:	AIRCRAFT:
						ITEM CLASS:	ITEM:
						ITEM DESCRIPTION	
						<b>3309 Elm St Dallas, TX 75226</b>	
<input checked="" type="checkbox"/> Building Owner	REFERENCE / LOAN #:	INTEREST END DATE:					
	LIEN AMOUNT:	PHONE (A/C, No, Ext):				FAX (A/C, No):	
REASON FOR INTEREST:						E-MAIL ADDRESS:	

INTEREST	NAME AND ADDRESS RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
<input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BREACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	<b>Twain Community Partners, II, LLC</b> <b>1232 Washington Ave</b> <b>Saint Louis, MO 63103</b>				LOCATION: <b>2</b>	BUILDING: <b>1</b>
						VEHICLE:	BOAT:
						AIRPORT:	AIRCRAFT:
						ITEM CLASS:	ITEM:
						ITEM DESCRIPTION	
						<b>333 1st Ave Dallas, TX 75226</b>	
<input checked="" type="checkbox"/> Building Owner	REFERENCE / LOAN #:	INTEREST END DATE:					
	LIEN AMOUNT:	PHONE (A/C, No, Ext):				FAX (A/C, No):	
REASON FOR INTEREST:						E-MAIL ADDRESS:	

INTEREST	NAME AND ADDRESS RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
<input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BREACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	<b>Twain HTC Fund XXX, LLC</b> <b>2200 Washington Ave</b> <b>Saint Louis, MO 63103</b>				LOCATION: <b>2</b>	BUILDING: <b>1</b>
						VEHICLE:	BOAT:
						AIRPORT:	AIRCRAFT:
						ITEM CLASS:	ITEM:
						ITEM DESCRIPTION	
						<b>333 1st Ave Dallas, TX 75226</b>	
<input checked="" type="checkbox"/> Building Owner	REFERENCE / LOAN #:	INTEREST END DATE:					
	LIEN AMOUNT:	PHONE (A/C, No, Ext):				FAX (A/C, No):	
REASON FOR INTEREST:						E-MAIL ADDRESS:	



## FORMS AND ENDORSEMENTS SCHEDULE

Page 1 of 1

AGENCY <b>Swingle, Collins &amp; Associates</b>		CARRIER	NAIC CODE <b>N/A</b>
POLICY NUMBER	EFFECTIVE DATE <b>08/17/2024</b>	NAMED INSURED(S) <b>August Real Estate Co</b>	

## FORMS AND ENDORSEMENTS

[illegible]



AGENCY CUSTOMER ID: AUGUREA-01

SMURPHY

COMMERCIAL GENERAL LIABILITY SECTION

DATE (MM/DD/YYYY)  
07/19/2024

AGENCY Swingle, Collins & Associates		CARRIER		NAIC CODE N/A
POLICY NUMBER	EFFECTIVE DATE 08/17/2024	APPLICANT / FIRST NAMED INSURED August Real Estate Co		

IMPORTANT - If CLAIMS MADE is checked in the COVERAGE / LIMITS section below, this is an application for a claims-made policy.  
Read all provisions of the policy carefully.

COVERAGES		LIMITS	
<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	GENERAL AGGREGATE \$ 2,000,000	PREMIUMS	
<input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCURRENCE	LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> LOCATION	PREMISES/OPERATIONS	
<input type="checkbox"/> OWNER'S & CONTRACTOR'S PROTECTIVE	<input type="checkbox"/> PROJECT <input type="checkbox"/> OTHER:		
PRODUCTS & COMPLETED OPERATIONS AGGREGATE \$ 2,000,000		PRODUCTS	
PERSONAL & ADVERTISING INJURY \$ 1,000,000		OTHER	
EACH OCCURRENCE \$ 1,000,000			
DAMAGE TO RENTED PREMISES (each occurrence) \$ 1,000,000			
MEDICAL EXPENSE (Any one person) \$ 10,000		TOTAL	
EMPLOYEE BENEFITS \$			

OTHER COVERAGES, RESTRICTIONS AND/OR ENDORSEMENTS (For hired/non-owned auto coverages attach the applicable state Business Auto Section, ACORD 137)  
See attached Forms & Endorsements Schedule.

APPLICABLE ONLY IN WISCONSIN: IF NON-OWNED ONLY AUTO COVERAGE IS TO BE PROVIDED UNDER THE POLICY:

1. UM / UIM COVERAGE ☐ IS ☐ IS NOT AVAILABLE. 2. MEDICAL PAYMENTS COVERAGE ☐ IS ☐ IS NOT AVAILABLE.

SCHEDULE OF HAZARDS										
LOC #	HAZ #	CLASSIFICATION	CLASS CODE	PREMIUM BASIS	EXPOSURE	TERR	RATE		PREMIUM	
							PREM/OPS	PRODUCTS	PREM/OPS	PRODUCTS
1	1	Buildings or Premises-bank,office-merc,Mfg(les sor's risk only)-Other than Not-FP	61212	A	67,000		31.61500		\$2,321.00	
2	1	Buildings or Premises-bank,office-merc,Mfg(les sor's risk only)-Other than Not-FP	61212	A	36,000		31.61500		\$1,217.00	
3	1	Buildings or Premises-bank,office-merc,Mfg(les sor's risk only)-Other than Not-FP	61212	A	120,000		31.61500		\$1,157.00	

RATING AND PREMIUM BASIS	(P) PAYROLL - PER \$1,000/PAY	(C) TOTAL COST - PER \$1,000/COST	(U) UNIT - PER UNIT
(S) GROSS SALES - PER \$1,000/SALES	(A) AREA - PER 1,000/SQ FT	(M) ADMISSIONS - PER 1,000/ADM	(T) OTHER

CLAIMS MADE (Explain all "Yes" responses)

EXPLAIN ALL "YES" RESPONSES	Y / N
1. PROPOSED RETROACTIVE DATE:	
2. ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COVERAGE:	
3. HAS ANY PRODUCT, WORK, ACCIDENT, OR LOCATION BEEN EXCLUDED, UNINSURED OR SELF-INSURED FROM ANY PREVIOUS COVERAGE?	
4. WAS TAIL COVERAGE PURCHASED UNDER ANY PREVIOUS POLICY?	

EMPLOYEE BENEFITS LIABILITY	
1. DEDUCTIBLE PER CLAIM: \$	3. NUMBER OF EMPLOYEES COVERED BY EMPLOYEE BENEFITS PLANS:
2. NUMBER OF EMPLOYEES:	4. RETROACTIVE DATE:



**CONTRACTORS**AGENCY CUSTOMER ID: **AUGUREA-01****SMURPHY**

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)					Y / N
1. DOES APPLICANT DRAW PLANS, DESIGNS, OR SPECIFICATIONS FOR OTHERS?					
2. DO ANY OPERATIONS INCLUDE BLASTING OR UTILIZE OR STORE EXPLOSIVE MATERIAL?					
3. DO ANY OPERATIONS INCLUDE EXCAVATION, TUNNELING, UNDERGROUND WORK OR EARTH MOVING?					
4. DO YOUR SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN YOURS?					
5. ARE SUBCONTRACTORS ALLOWED TO WORK WITHOUT PROVIDING YOU WITH A CERTIFICATE OF INSURANCE?					
6. DOES APPLICANT LEASE EQUIPMENT TO OTHERS WITH OR WITHOUT OPERATORS?					
DESCRIBE THE TYPE OF WORK SUBCONTRACTED	\$ PAID TO SUB-CONTRACTORS:	% OF WORK SUBCONTRACTED:	# FULL-TIME STAFF:	# PART-TIME STAFF:	

**PRODUCTS / COMPLETED OPERATIONS**

PRODUCTS	ANNUAL GROSS SALES	# OF UNITS	TIME IN MARKET	EXPECTED LIFE	INTENDED USE	PRINCIPAL COMPONENTS	
EXPLAIN ALL "YES" RESPONSES (For all past or present products or operations) PLEASE ATTACH LITERATURE, BROCHURES, LABELS, WARNINGS, ETC.							Y / N
1. DOES APPLICANT INSTALL, SERVICE OR DEMONSTRATE PRODUCTS?							
2. FOREIGN PRODUCTS SOLD, DISTRIBUTED, USED AS COMPONENTS? (If "YES", attach ACORD 815)							
3. RESEARCH AND DEVELOPMENT CONDUCTED OR NEW PRODUCTS PLANNED?							
4. GUARANTEES, WARRANTIES, HOLD HARMLESS AGREEMENTS?							
5. PRODUCTS RELATED TO AIRCRAFT/SPACE INDUSTRY?							
6. PRODUCTS RECALLED, DISCONTINUED, CHANGED?							
7. PRODUCTS OF OTHERS SOLD OR RE-PACKAGED UNDER APPLICANT LABEL?							
8. PRODUCTS UNDER LABEL OF OTHERS?							
9. VENDORS COVERAGE REQUIRED?							
10. DOES ANY NAMED INSURED SELL TO OTHER NAMED INSURED?							

## ADDITIONAL INTEREST / CERTIFICATE RECIPIENT

ACORD 45 attached for additional names

INTEREST	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	INTEREST IN ITEM NUMBER
<input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE				LOCATION: ITEM CLASS:	BUILDING: ITEM:
				ITEM DESCRIPTION	
REFERENCE / LOAN #:					

## GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)	Y / N																		
1. ANY MEDICAL FACILITIES PROVIDED OR MEDICAL PROFESSIONALS EMPLOYED OR CONTRACTED?																			
2. ANY EXPOSURE TO RADIOACTIVE/NUCLEAR MATERIALS?																			
3. 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)																			
4. ANY OPERATIONS SOLD, ACQUIRED, OR DISCONTINUED IN LAST FIVE (5) YEARS?																			
5. DO YOU RENT OR LOAN EQUIPMENT TO OTHERS?																			
<table border="1"> <tr> <th>EQUIPMENT</th> <th colspan="2">TYPE OF EQUIPMENT</th> <th>INSTRUCTION GIVEN (Y/N)</th> </tr> <tr> <td></td> <td>SMALL TOOLS</td> <td>LARGE EQUIPMENT</td> <td></td> </tr> <tr> <td></td> <td>SMALL TOOLS</td> <td>LARGE EQUIPMENT</td> <td></td> </tr> </table>	EQUIPMENT	TYPE OF EQUIPMENT		INSTRUCTION GIVEN (Y/N)		SMALL TOOLS	LARGE EQUIPMENT			SMALL TOOLS	LARGE EQUIPMENT								
EQUIPMENT	TYPE OF EQUIPMENT		INSTRUCTION GIVEN (Y/N)																
	SMALL TOOLS	LARGE EQUIPMENT																	
	SMALL TOOLS	LARGE EQUIPMENT																	
6. ANY WATERCRAFT, DOCKS, FLOATS OWNED, HIRED OR LEASED?																			
7. ANY PARKING FACILITIES OWNED/RENTED?																			
8. IS A FEE CHARGED FOR PARKING?																			
9. RECREATION FACILITIES PROVIDED?																			
10. ARE THERE ANY LODGING OPERATIONS INCLUDING APARTMENTS? (If "YES", answer the following):																			
<table border="1"> <tr> <th># APTS</th> <th>TOTAL APT AREA Sq. Ft.</th> <th>DESCRIBE OTHER LODGING OPERATIONS</th> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>	# APTS	TOTAL APT AREA Sq. Ft.	DESCRIBE OTHER LODGING OPERATIONS																
# APTS	TOTAL APT AREA Sq. Ft.	DESCRIBE OTHER LODGING OPERATIONS																	
11. IS THERE A SWIMMING POOL ON PREMISES? (Check all that apply)																			
<input type="checkbox"/> APPROVED FENCE <input type="checkbox"/> LIMITED ACCESS <input type="checkbox"/> DIVING BOARD <input type="checkbox"/> SLIDE <input type="checkbox"/> ABOVE GROUND <input type="checkbox"/> IN GROUND <input type="checkbox"/> LIFE GUARD																			
12. ARE SOCIAL EVENTS SPONSORED?																			
13. ARE ATHLETIC TEAMS SPONSORED?																			
<table border="1"> <tr> <th>TYPE OF SPORT</th> <th>CONTACT SPORT (Y/N)</th> <th>AGE GROUP</th> <th>TYPE OF SPORT</th> <th>CONTACT SPORT (Y/N)</th> <th>AGE GROUP</th> </tr> <tr> <td></td> <td></td> <td> <input type="checkbox"/> 13 - 18  <input type="checkbox"/> 12 &amp; UNDER  <input type="checkbox"/> OVER 18         </td> <td></td> <td></td> <td> <input type="checkbox"/> 13 - 18  <input type="checkbox"/> 12 &amp; UNDER  <input type="checkbox"/> OVER 18         </td> </tr> <tr> <td colspan="3">EXTENT OF SPONSORSHIP:</td> <td colspan="3">EXTENT OF SPONSORSHIP:</td> </tr> </table>	TYPE OF SPORT	CONTACT SPORT (Y/N)	AGE GROUP	TYPE OF SPORT	CONTACT SPORT (Y/N)	AGE GROUP			<input type="checkbox"/> 13 - 18 <input type="checkbox"/> 12 & UNDER <input type="checkbox"/> OVER 18			<input type="checkbox"/> 13 - 18 <input type="checkbox"/> 12 & UNDER <input type="checkbox"/> OVER 18	EXTENT OF SPONSORSHIP:			EXTENT OF SPONSORSHIP:			
TYPE OF SPORT	CONTACT SPORT (Y/N)	AGE GROUP	TYPE OF SPORT	CONTACT SPORT (Y/N)	AGE GROUP														
		<input type="checkbox"/> 13 - 18 <input type="checkbox"/> 12 & UNDER <input type="checkbox"/> OVER 18			<input type="checkbox"/> 13 - 18 <input type="checkbox"/> 12 & UNDER <input type="checkbox"/> OVER 18														
EXTENT OF SPONSORSHIP:			EXTENT OF SPONSORSHIP:																
14. ANY STRUCTURAL ALTERATIONS CONTEMPLATED?																			
15. ANY DEMOLITION EXPOSURE CONTEMPLATED?																			

## GENERAL INFORMATION (continued)

AGENCY CUSTOMER ID: AUGUREA-01

SMURPHY

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)

Y / N

16. HAS APPLICANT BEEN ACTIVE IN OR IS CURRENTLY ACTIVE IN JOINT VENTURES?

17. DO YOU LEASE EMPLOYEES TO OR FROM OTHER 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 OTHER BUSINESS OR SUBSIDIARIES?

19. ARE DAY CARE FACILITIES OPERATED OR CONTROLLED?

20. HAVE ANY CRIMES OCCURRED OR BEEN ATTEMPTED ON YOUR PREMISES WITHIN THE LAST THREE (3) YEARS?

21. IS THERE A FORMAL, WRITTEN SAFETY AND SECURITY POLICY IN EFFECT?

22. DOES THE BUSINESSES' PROMOTIONAL LITERATURE MAKE ANY REPRESENTATIONS ABOUT THE SAFETY 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.

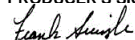
**Applicable in NJ:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**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)

Rick Crain, Jr.

STATE PRODUCER LICENSE NO  
(Required in Florida)

APPLICANT'S SIGNATURE

DATE

NATIONAL PRODUCER NUMBER

AGENCY <b>Swingle, Collins &amp; Associates</b>		CARRIER	NAIC CODE <b>N/A</b>
POLICY NUMBER	EFFECTIVE DATE <b>08/17/2024</b>	NAMED INSURED(S) <b>August Real Estate Co</b>	

## FORMS AND ENDORSEMENTS

[illegible]



AGENCY CUSTOMER ID: AUGUREA-01

SMURPHY

LOC #: 1

BLDG #: 1

## CRIME SECTION 2000

DATE (MM/DD/YYYY)  
07/19/2024

AGENCY <b>Swingle, Collins &amp; Associates</b>		CARRIER		NAIC CODE <b>N/A</b>
POLICY NUMBER		EFFECTIVE DATE <b>08/17/2024</b>	APPLICANT (FIRST NAMED INSURED) <b>August Real Estate Co</b>	

COVERAGE		BASIS FOR COVERAGE:		DISCOVERY		LOSS SUSTAINED	
COVERAGE	LIMIT	DEDUCTIBLE	COVERAGE	LIMIT	DEDUCTIBLE		
EMPLOYEE THEFT <input checked="" type="checkbox"/> BLANKET <input type="checkbox"/> SCHEDULE	\$ 25,000	5,000	INSIDE THE PREMISES ROBBERY OR BURGLARY OF OTHER PROPERTY <input type="checkbox"/> BLANKET <input type="checkbox"/> SCHEDULE	\$			
<input type="checkbox"/> ERISA	\$	N / A	OUTSIDE THE PREMISES MONEY AND SECURITIES OTHER PROPERTY <input checked="" type="checkbox"/> BLANKET <input type="checkbox"/> SCHEDULE	\$ 25,000	5,000		
AGGREGATE ERISA EXCESS AMOUNT OVER BLANKET LIMIT	\$						
TOTAL ASSET VALUE	\$						
TOTAL ASSET VALUE (Per Plan)	\$						
EMPLOYEE THEFT GOVERNMENTAL CRIME <input type="checkbox"/> BLANKET <input type="checkbox"/> SCHEDULE	\$		COMPUTER FRAUD	\$ 25,000	5,000		
<input type="checkbox"/> PER LOSS <input type="checkbox"/> PER EMPLOYEE	\$		FUNDS TRANSFER FRAUD	\$ 25,000	5,000		
FORGERY OR ALTERATION	\$ 25,000	5,000	MONEY ORDERS AND COUNTERFEIT PAPER CURRENCY	\$ 25,000	5,000		
INSIDE THE PREMISES THEFT OF MONEY AND SECURITIES <input checked="" type="checkbox"/> BLANKET <input type="checkbox"/> SCHEDULE	\$ 25,000	5,000		\$			

## COVERAGE ENDORSEMENTS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

## ERISA EMPLOYEE THEFT - ADDITIONAL INFORMATION

NAME OF PLAN	PRINCIPAL ADDRESS	NUMBER OF TRUSTEES, EMPLOYEES, ETC HANDLING PLAN ASSETS	NUMBER OF PLAN PARTICIPANTS
IS THERE A LICENSED SECURITIES FIRM RESPONSIBLE FOR INVESTING OF FUNDS UNDER PLAN(S)? (Y / N) <input type="checkbox"/>			

## GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES	Y / N
1. ARE VOLUNTEERS USED? (If "YES", # of volunteers): _____	
2. ANY EMPLOYEES LEASED TO OTHERS? (If "YES", give number and explain) # OF EMPLOYEES LEASED TO OTHERS: _____	
3. ANY EMPLOYEES LEASED FROM OTHERS? (If "YES", give number and explain) # OF EMPLOYEES LEASED FROM OTHERS: _____	
4. ANY EMPLOYEES PERFORM MONEY INVESTING OR TRADING?	
5. ANY EMPLOYEES RECEIVE OR ISSUE WAREHOUSE RECEIPTS?	
6. ANY EMPLOYEE(S) BEEN CANCELLED FOR CRIME COVERAGE BY ANY INSURER? (Missouri Applicants - Do not answer this question)	
7. DOES APPLICANT HAVE ANY WRITTEN AGREEMENTS WITH CLIENTS?	
8. DOES APPLICANT TRANSFER ANY FUNDS VIA PHONE OR FAX?	
9. ANY EXPOSURE FROM LOSS TO GUEST PROPERTY?	

## CLASSIFICATION OF EMPLOYEES / LOCATIONS

LIST ALL OFFICERS AND EMPLOYEES (Including those construed to be employees by endorsement), OTHER THAN AGENTS AND PARTNERS, WHO HANDLE OR HAVE CUSTODY OF MONEY, SECURITIES OR OTHER PROPERTY, INCLUDING, IN ANY EVENT, THE POSITIONS LISTED BELOW:

NUMBER OF:	NUMBER OF:	NUMBER OF:	NUMBER OF:
ACCOUNTANTS AND ASSTS	COLLECTORS	LOCKER ROOM ATTENDANTS	STOCK CLERKS
ADJUSTERS	COMPUTER PROGRAMMERS	MAITRE D'S AND ASSTS	STOREKEEPERS
ADMINISTRATORS AND ASSTS	COMPTROLLERS AND ASSTS	MANAGERS AND ASSTS	STOREROOM PERSONNEL
APPRAISERS AND CLERKS ACTING AS APPRAISERS	CREDIT CLERKS AND MANAGERS	MEDICAL DIRECTORS	SUPERINTENDENTS AND ASSTS
ATTORNEYS	CUSTODIANS	MESSENGERS, OUTSIDE	SUPERVISORS AND ASSTS
AUDITORS AND ASSTS	DELIVERY PERSONS	PAYROLL DISTRIBUTORS	TAXI DRIVERS
BOOKKEEPERS	DEMONSTRATORS	PURCHASING AGENTS AND ASSTS	TEACHERS HAVING CUSTODY OF MONEY OR SECURITIES
BUS DRIVERS	DIETITIANS WHO ORDER FOOD	RECEIVING CLERKS	TIMEKEEPERS AND ASSTS
BUYERS AND ASSTS	DRIVERS AND DRIVERS' HELPERS	REFINERY GAUGERS OF OIL COS HANDLING REFINED GASOLINE& OILS	TRUCK DRIVERS
CANVASSERS (Door-to-door salespeople)	FOOD INSPECTORS	SALESPEOPLE	WAREHOUSE PERSONNEL
CASHIERS AND ASSTS	HEAD PHARMACISTS	SECURITY PERSONNEL	WINE CELLAR PERSONNEL
CHAIRPERSONS	INSTRUCTORS HAVING CUSTODY OF MONEY OR SECURITIES	SERVICE STATION ATTENDANTS	WINE STEWARDS/ESSES
CHEFS WHO ORDER FOOD	JANITORS	SHIPPING CLERKS	ALL OTHER OFFICERS AND EMPLOYEES NOT LISTED ABOVE
NUMBER OF OFFICERS:	TOTAL NUMBER OF OTHER EMPLOYEES:	MANUFACTURERS, PROCESSORS, WHOLESALERS OR DISTRIBUTORS; NUMBER OF RETAIL LOCATIONS:	ALL OTHER CLASSES; NUMBER OF LOCATIONS OTHER THAN HOME OR HEAD OFFICES:

## HIRING PRACTICES

NO EXPLANATION REQUIRED	Y / N
1. IS PRIOR EMPLOYER HISTORY CHECKED?	
2. IS EDUCATION AND TRAINING VERIFIED?	
3. IS DRUG TESTING CONDUCTED?	
4. IS A FORMAL TRAINING PROGRAM ESTABLISHED AND FOLLOWED?	
5. ARE CREDIT CHECKS SECURED FOR EMPLOYEES WITH ACCESS TO FINANCIAL TRANSACTIONS?	
6. ARE SOCIAL SECURITY NUMBERS VERIFIED?	
7. IS CRIMINAL HISTORY CHECKED?	
8. ARE MANAGERS PROVIDED WITH NAMES AND SALARIES OF ALL ASSIGNED EMPLOYEES?	

## CONTROLS AND AUDIT PROCEDURES - AUDITS

NO EXPLANATION REQUIRED UNLESS STATED OTHERWISE	Y / N
1. AUDIT IS PERFORMED BY: <input type="checkbox"/> CPA <input type="checkbox"/> PUBLIC ACCOUNTANT <input type="checkbox"/> STAFF <input type="checkbox"/>	
2. NAME AND ADDRESS OF PERSON OR FIRM PERFORMING AUDIT	
3. DATE OF COMPLETION OF LAST AUDIT OF CASH & ACCOUNTS: _____ DATE OF COMPLETION OF LAST AUDIT OF INVENTORY: _____	
4. AUDIT FREQUENCY? <input type="checkbox"/> ANNUAL <input type="checkbox"/> SEMI-ANNUAL <input type="checkbox"/> QUARTERLY	
5. AUDIT REPORT IS RENDERED TO: <input type="checkbox"/> OWNER <input type="checkbox"/> PARTNERS <input type="checkbox"/> BOARD OF DIRECTORS	
6. FINANCIAL FORMAT IS: <input type="checkbox"/> AUDIT <input type="checkbox"/> REVIEW <input type="checkbox"/> COMPILATION <input type="checkbox"/> TAX RETURN ONLY	
7. ARE ALL LOCATIONS AUDITED?	
8. IS AUDIT MADE IN ACCORDANCE WITH GENERALLY ACCEPTED AUDITING STANDARDS AND SO CERTIFIED? (If "NO", explain scope of audit)	
9. WERE ANY DISCREPANCIES OR LOOSE PRACTICES COMMENTED UPON IN THIS AUDIT? (If "YES", submit a copy of the audit and auditor's comments).	
10. DOES AUDIT INCLUDE INVENTORY?	
11. ARE REFERENCES OF ALL NEW HIRES CHECKED WITH RESPECT TO EMPLOYMENT HISTORY?	
12. DOES AUDIT DEPARTMENT HAVE A PROGRAM TO DETECT GHOST EMPLOYEES?	
13. IS PAYROLL SYSTEM AUDITED ANNUALLY?	
14. IS A COMPLETE PHYSICAL INVENTORY MADE? (If "YES", how often): _____	
15. IS INVENTORY MADE BY PERSONS WHO DO NOT HAVE CUSTODY CONTROL?	
16. IS A REQUISITION / SHIPPING ORDER REQUIRED FOR REMOVAL OF GOODS FROM STOREROOM / WAREHOUSE?	

## CONTROLS AND AUDIT PROCEDURES - BANKING / OTHER

NO EXPLANATION REQUIRED UNLESS STATED OTHERWISE										Y / N
1. ARE BANK ACCOUNTS RECONCILED BY SOMEONE NOT AUTHORIZED TO DEPOSIT OR WITHDRAW?										
2. IS COUNTERSIGNATURE OF CHECKS REQUIRED? IF NOT, WHO SIGNS CONTROLS?: _____										
3. WILL SECURITIES BE SUBJECT TO JOINT CONTROL OF TWO OR MORE RESPONSIBLE EMPLOYEES?										
4. ARE ALL OFFICERS AND EMPLOYEES REQUIRED TO TAKE ANNUAL VACATIONS OF AT LEAST FIVE CONSECUTIVE BUSINESS DAYS?										
5. IS THERE A WRITTEN POLICY REGARDING EFTS?										
6. WHAT IS THE LARGEST SINGLE AMOUNT THAT CAN BE TRANSFERRED?: \$ _____										
7. PRIOR TO FUNDS TRANSFER, DOES FINANCIAL INSTITUTION VERIFY AUTHENTICITY WITH ANOTHER EMPLOYEE?										
8. ARE HARD COPIES OF FUNDS TRANSFER CONFIRMATIONS RECEIVED AND RECONCILED?										
9. FREQUENCY OF DEPOSITS:			DAILY							
10. ARE DETAILED RECORDS OF BANK DEPOSITS MAINTAINED?										

## MONEY - SECURITIES

ENTER THE EXPOSURES FOR EACH CATEGORY. AMOUNTS ENTERED SHOULD BE MAXIMUM EXPOSURE.

TYPE	MONEY	CHECKS FOR DEPOSIT	CHECKS FOR ACCOUNTS PAYABLE	PAYROLL CHECKS	MONEY OVERNIGHT	SECURITIES (IN BANK / SAFE DEPOSIT)
INSIDE	\$	\$	\$	\$	\$	\$
MESSENGER #1	\$	\$	\$	\$	\$	
MESSENGER #2	\$	\$	\$	\$	\$	

## PURCHASING / RECEIVING CONTROLS

NO	EXPLANATION REQUIRED	Y / N
1.	ARE DUTIES SEGREGATED?	
2.	ARE DEPARTMENTS SUPERVISED BY SOMEONE NOT AUTHORIZED TO PAY BILLS?	
3.	IS RESPONSIBILITY FOR CHECKING MERCHANDISE RECEIVED / CONTROLLED BY MORE THAN ONE INDIVIDUAL?	
4.	IS ACTUAL RECEIPT OF MERCHANDISE VERIFIED BEFORE PAYMENT IS MADE?	
5.	IS A NUMBERED PURCHASE ORDER SYSTEM IMPLEMENTED AND FOLLOWED?	

## COMPUTER FRAUD CONTROLS

NO	EXPLANATION REQUIRED	Y / N
1.	DO INTERNAL AUDIT PROCEDURES INCLUDE COMPUTER OPERATIONS?	
2.	IS THERE AN EMPLOYEE OR DEPARTMENT WHOSE SOLE DUTY IS SECURITY?	
3.	ARE SUSPICIOUS TRANSACTIONS REVIEWED AND INVESTIGATED?	
4.	IS PHYSICAL ACCESS TO COMPUTER ROOM AND EQUIPMENT RESTRICTED TO AUTHORIZED PERSONNEL?	

**PROPERTY**

PROPERTY	
DESCRIPTION OF PROPERTY, MERCHANDISE, STOCK, ETC.	MAXIMUM VALUE

### MISCELLANEOUS INFORMATION

BUSINESS HOURS	AVG # EMPLOYEES ON DUTY	CHECKS STAMPED FOR DEPOSIT ONLY (Y / N)	FREQUENCY OF DEPOSITS	NIGHT DEPOSITORY USED (Y / N)	ANNUAL GROSS SALES OR RECEIPTS FOR LAST FISCAL YEAR	DOES PREMISES HAVE DOUBLE CYLINDER DOOR LOCKS? (Y / N)	OTHER INFORMATION
-		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	

## SAFE / VAULT

## MESSANGER PROTECTION

## PREMISES / SAFE PROTECTION

**EMPLOYEE SCHEDULE (Complete if required)**Page 4 of 5



## ADDITIONAL LOCATIONS (Complete ACORD 141 for each location)

LOC #	ADDRESS

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

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

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

IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

IN KANSAS, ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

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

## BUSINESS AUTO SECTION

DATE (MM/DD/YYYY)  
**07/19/2024**

AGENCY <b>Swingle, Collins &amp; Associates</b>		CARRIER	NAIC CODE <b>N/A</b>
POLICY NUMBER	EFFECTIVE DATE <b>08/17/2024</b>	NAMED INSURED(S) <b>August Real Estate Co</b>	

## COVERAGES / LIMITS

**USE ACORD 137 FOR YOUR STATE TO PROVIDE COVERAGES / LIMITS INFORMATION**

## DRIVER INFORMATION

**ACORD 163 attached for additional drivers**

**LIST ALL DRIVERS, INCLUDING FAMILY MEMBERS THAT WILL DRIVE COMPANY VEHICLES, AND EMPLOYEES WHO DRIVE OWN VEHICLES ON COMPANY BUSINESS.**

[illegible]

## GENERAL INFORMATION

**EXPLAIN ALL "YES" RESPONSES**

Y / N

1. WITH THE EXCEPTION OF ANY ENCUMBRANCES, ARE ANY VEHICLES FOR WHICH INSURANCE IS REQUESTED NOT SOLELY OWNED BY AND REGISTERED TO THE APPLICANT?

VEH #	NAME OF OTHER OWNER	VEH #	NAME OF OTHER OWNER

2. DO OVER 50% OF THE EMPLOYEES USE THEIR AUTOS IN THE BUSINESS?

3. IS THERE A VEHICLE MAINTENANCE PROGRAM IN OPERATION?

4. ARE ANY VEHICLES LEASED TO OTHERS?

5. ANY CAR MODIFIED / SPECIAL EQUIPMENT? (Include customized vans / pickups)

VEH #	DESCRIPTION	COST \$	VEH #	DESCRIPTION	COST \$
-------	-------------	------------	-------	-------------	------------

6. ARE ICC, PUC OR OTHER FILINGS REQUIRED? (If "YES", attach ACORD 194)

7. DO OPERATIONS INVOLVE TRANSPORTING HAZARDOUS MATERIAL?

EXPLAIN ALL "YES" RESPONSES				Y / N
8. ANY HOLD HARMLESS AGREEMENTS?				
9. ANY VEHICLES USED BY FAMILY MEMBERS? IF SO, IDENTIFY.				
10. DOES THE APPLICANT OBTAIN MVR VERIFICATIONS?				
11. DOES THE APPLICANT HAVE A SPECIFIC DRIVER RECRUITING METHOD?				
12. ARE ANY DRIVERS NOT COVERED BY WORKERS COMPENSATION?				
13. ANY VEHICLES OWNED BUT NOT SCHEDULED ON THIS APPLICATION?				
14. ANY DRIVERS WITH CONVICTIONS FOR MOVING TRAFFIC VIOLATIONS? <b>APPLICABLE ONLY IN KANSAS: UNDER KANSAS LAW, THE FOLLOWING TRAFFIC VIOLATIONS ARE NOT REQUIRED TO BE REPORTED TO INSURERS:</b> 1. A speeding violation of up to six (6) mph that occurs in an area with a maximum posted speed limit from 30 mph through 54 mph, or 2. A speeding violation of up to ten (10) mph that occurs in an area with a maximum posted speed limit from 55 mph through 70 mph.				
DRV #	DATE (MM/DD/YYYY)	TYPE	PLACE (CITY, STATE)	# YRS REV
15. HAS AGENT INSPECTED VEHICLES?				
16. ARE ALL VEHICLES TO BE INCLUDED IN THIS POLICY PART OF A FLEET?				
DESCRIPTION OF GARAGE / STORAGE LOCATIONS			MAXIMUM DOLLAR VALUE SUBJECT TO LOSS \$	

ADDITIONAL INTEREST / CERTIFICATE RECIPIENT				ACORD 45 attached for additional names					
INTEREST		NAME AND ADDRESS RANK: _____		EVIDENCE: _____		CERTIFICATE _____		INTEREST IN ITEM NUMBER	
<input type="checkbox"/>	ADDITIONAL INSURED	<input type="checkbox"/>	LOSS PAYEE					VEHICLE: _____	
<input type="checkbox"/>	EMPLOYEE AS LESSOR	<input type="checkbox"/>	OWNER					LOCATION: _____	
<input type="checkbox"/>	LIENHOLDER	<input type="checkbox"/>	REGISTRANT						
<input type="checkbox"/>		<input type="checkbox"/>							
		REFERENCE / LOAN #:							
INTEREST		NAME AND ADDRESS RANK: _____		EVIDENCE: _____		CERTIFICATE _____		INTEREST IN ITEM NUMBER	
<input type="checkbox"/>	ADDITIONAL INSURED	<input type="checkbox"/>	LOSS PAYEE					VEHICLE: _____	
<input type="checkbox"/>	EMPLOYEE AS LESSOR	<input type="checkbox"/>	OWNER					LOCATION: _____	
<input type="checkbox"/>	LIENHOLDER	<input type="checkbox"/>	REGISTRANT						
<input type="checkbox"/>		<input type="checkbox"/>							
		REFERENCE / LOAN #:							

REMARKS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

VEHICLE DESCRIPTION ☐ ACORD 129 attached for additional vehicles

VEH #	YEAR	MAKE:	BODY TYPE:	VEHICLE TYPE			SYM / AGE	COMP / OTC SYM	COLL SYM			
		MODEL:	V.I.N.:	PP	SPEC	COML						
GARAGING ADDRESS	STREET (Required in KY)			CITY			COUNTY		STATE ZIP			
LIC STATE	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL	COST NEW			
									\$			
USE	COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR	F	LSP	RENT REIMB FG	DEDUCTIBLES	ACV	COMP / OTC	SPEC C OF L
PLEASURE	RETAIL		LIAB NO-FAULT	MED PAY	UNINS MOTOR	FT	COMP / OTC		AA	ST AMT		
FARM	SERVICE					FTW	COLL		\$		\$	COLL
DRIVE TO WORK / SCHOOL	< 15 MILES	15 MILES +	NET VEH DR/CR:					TOTAL PREM: \$				
VEH #	YEAR	MAKE:	BODY TYPE:	VEHICLE TYPE			SYM / AGE	COMP / OTC SYM	COLL SYM			
		MODEL:	V.I.N.:	PP	SPEC	COML						
GARAGING ADDRESS	STREET (Required in KY)			CITY			COUNTY		STATE ZIP			
LIC STATE	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL	COST NEW			
									\$			
USE	COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR	F	LSP	RENT REIMB FG	DEDUCTIBLES	ACV	COMP / OTC	SPEC C OF L
PLEASURE	RETAIL		LIAB NO-FAULT	MED PAY	UNINS MOTOR	FT	COMP / OTC		AA	ST AMT		
FARM	SERVICE					FTW	COLL		\$		\$	COLL
DRIVE TO WORK / SCHOOL	< 15 MILES	15 MILES +	NET VEH DR/CR:					TOTAL PREM: \$				
VEH #	YEAR	MAKE:	BODY TYPE:	VEHICLE TYPE			SYM / AGE	COMP / OTC SYM	COLL SYM			
		MODEL:	V.I.N.:	PP	SPEC	COML						
GARAGING ADDRESS	STREET (Required in KY)			CITY			COUNTY		STATE ZIP			
LIC STATE	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL	COST NEW			
									\$			
USE	COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR	F	LSP	RENT REIMB FG	DEDUCTIBLES	ACV	COMP / OTC	SPEC C OF L
PLEASURE	RETAIL		LIAB NO-FAULT	MED PAY	UNINS MOTOR	FT	COMP / OTC		AA	ST AMT		
FARM	SERVICE					FTW	COLL		\$		\$	COLL
DRIVE TO WORK / SCHOOL	< 15 MILES	15 MILES +	NET VEH DR/CR:					TOTAL PREM: \$				
VEH #	YEAR	MAKE:	BODY TYPE:	VEHICLE TYPE			SYM / AGE	COMP / OTC SYM	COLL SYM			
		MODEL:	V.I.N.:	PP	SPEC	COML						
GARAGING ADDRESS	STREET (Required in KY)			CITY			COUNTY		STATE ZIP			
LIC STATE	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL	COST NEW			
									\$			
USE	COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR	F	LSP	RENT REIMB FG	DEDUCTIBLES	ACV	COMP / OTC	SPEC C OF L
PLEASURE	RETAIL		LIAB NO-FAULT	MED PAY	UNINS MOTOR	FT	COMP / OTC		AA	ST AMT		
FARM	SERVICE					FTW	COLL		\$		\$	COLL
DRIVE TO WORK / SCHOOL	< 15 MILES	15 MILES +	NET VEH DR/CR:					TOTAL PREM: \$				

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, DC, FL, HI, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

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

PRODUCER'S SIGNATURE <i>Rick Crain, Jr.</i>	PRODUCER'S NAME (Please Print) <b>Rick Crain, Jr.</b>	STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER



TEXAS COMMERCIAL AUTO  
COVERAGES/LIMITS SECTION

DATE (MM/DD/YYYY)  
07/19/2024

AGENCY <b>Swingle, Collins &amp; Associates</b>	APPLICANT/FIRST NAMED INSURED <b>August Real Estate Co</b>	
POLICY NUMBER	CARRIER	NAIC CODE <b>N/A</b>

BUSINESS AUTO SECTION

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	COVERAGES	COVERED AUTO SYMBOLS	LIMITS	
LIABILITY	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input checked="" type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/>	CSL <input checked="" type="checkbox"/> BI EA PER \$ <b>1,000,000</b>				
		BI EACH ACCIDENT \$				
		PROPERTY DAMAGE \$				
PERSONAL INJURY PROTECTION	2 <input type="checkbox"/> 7 <input type="checkbox"/>	EACH PERSON \$	PHYSICAL DAMAGE			
		AUTO DEATH INDEMNITY \$				
		TOTAL DISABILITY \$	TOWING & LABOR	3 <input type="checkbox"/> 7 <input type="checkbox"/>	\$	
			COMP / OTC	2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input checked="" type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/>		
MEDICAL PAYMENTS	2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/>	EACH PERSON \$	SPECIFIED CAUSES OF LOSS	2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/>		
UNINSURED/ UNDERINSURED MOTORIST	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/>	CSL <input type="checkbox"/> BI EA PER \$	COLLISION	2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input checked="" type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/>		
		BI EACH ACCIDENT \$				
		PROPERTY DAMAGE \$ DED				
HIRED/BORROWED LIABILITY	<input checked="" type="checkbox"/> YES STATES	COST OF HIRE \$ <b>183</b>	STATES	# DAYS	# VEH	
NON-OWNED LIABILITY	<input checked="" type="checkbox"/> YES STATES	GROUP TYPE	HIRED PHYSICAL DAMAGE			
	<input type="checkbox"/> NO TX	<input checked="" type="checkbox"/> EMPLOYEES				NUMBER OF
	<input checked="" type="checkbox"/> VOLUNTEERS	<b>10</b>				
		PARTNERS				
			COVERAGE IS: PRIMARY SECONDARY			
COVERED AUTO SYMBOLS	(1) ANY AUTO (2) ALL OWNED AUTOS (3) OWNED PRIVATE PASSENGER AUTOS		(4) OWNED AUTOS OTHER THAN PRIVATE PASSENGER (5) ALL OWNED AUTOS WHICH REQUIRE NO-FAULT COVERAGE (6) OWNED AUTOS SUBJECT TO COMPULSORY U.M. LAW		(7) AUTOS SPECIFIED ON SCHEDULE (8) HIRED AUTOS (9) NON-OWNED AUTOS	

ENDORSEMENTS / REMARKS

## TRUCKERS SECTION

AGENCY CUSTOMER ID:

AUGUREA-01

SMURPHY

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	PHYSICAL DAMAGE									
						COVERAGES	COVERED AUTO SYMBOLS	LIMITS	DEDUCTIBLE			
LIABILITY	41	46	CSL	BI	EA PER \$	COMP / OTC	42	46				
	42	47			BI EACH ACCIDENT \$		43	47				
	43	50			PROPERTY DAMAGE \$							
PERSONAL INJURY PROTECTION	42		EACH PERSON \$			SPECIFIED CAUSES OF LOSS	42	46	SCL	FT	LSP	\$
	46		AUTO DEATH INDEMNITY \$ TOTAL DISABILITY \$				43	47	F	FTW		
						COLLISION	42	46				\$
							43	47				
MEDICAL PAYMENTS	42	46	EACH PERSON \$			TOWING & LABOR	46					\$
	43											
UNINSURED/ UNDERINSURED MOTORIST	41	46	CSL	BI	EA PER \$	TRAILER INTERCHANGE						
	42				BI EACH ACCIDENT \$	COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE
	43				PROPERTY DAMAGE \$ DED	COMP / OTC	48					
							49					
NON-TRUCKERS HIRED/BORROWED	YES	STATES	COST OF HIRE IF ANY BASIS			COLLISION	48					\$
	NO		\$				49					
TRUCKERS HIRED/BORROWED LIABILITY	YES	STATES	COST OF HIRE IF ANY BASIS			HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH			
	NO		\$									
NON-OWNED AUTO LIABILITY	YES	STATES	GROUP TYPE		NUMBER OF							
	NO		EMPLOYEES									
			VOLUNTEERS									
			PARTNERS									
OTHER						OTHER						
<b>COVERED AUTO SYMBOLS</b>												
(41) ANY AUTO			(44) OWNED AUTOS SUBJECT TO NO-FAULT			(46) SPECIFICALLY DESCRIBED AUTOS			(49) YOUR TRAILERS IN THE POSSESSION OF			
(42) OWNED AUTOS ONLY			(45) OWNED AUTOS SUBJECT TO A			(47) HIRED AUTOS ONLY			ANOTHER TRUCKER UNDER A TRAILER			
(43) OWNED COMMERCIAL AUTOS ONLY			COMPULSORY UNINSURED			(48) TRAILERS IN YOUR POSSESSION UNDER			INTERCHANGE AGREEMENT			
			MOTORIST LAW			A TRAILER INTERCHANGE AGREEMENT			(50) NON-OWNED AUTOS ONLY			

## ENDORSEMENTS / REMARKS

**MOTOR CARRIER SECTION**

AGENCY CUSTOMER ID:

AUGUREA-01

SMURPHY

COVERAGES		COVERED AUTO SYMBOLS		LIMITS		PHYSICAL DAMAGE								
						COVERAGES		COVERED AUTO SYMBOLS		LIMITS		DEDUCTIBLE		
LIABILITY	61		67	CSL	BI EA PER \$	COMP / OTC	62		67				\$	
	62		68	BI EACH ACCIDENT \$	63			68						
	63		71	PROPERTY DAMAGE \$	64									
	64													
PERSONAL INJURY PROTECTION	62			EACH PERSON \$	TOTAL DISABILITY \$	SPECIFIED CAUSES OF LOSS	62		67	SCL		FT	LSP	\$
	67			AUTO DEATH INDEMNITY \$			63		68	F		FTW		
							64							
						COLLISION	62		67					\$
							63		68					
							64							
MEDICAL PAYMENTS	62		64	EACH PERSON \$		TOWING & LABOR	63							\$
	63		67				67							
UNINSURED/UNDERINSURED MOTORIST	61		64	CSL	BI EA PER \$	TRAILER INTERCHANGE								
	62		67	BI EACH ACCIDENT \$		COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE		
	63			PROPERTY DAMAGE \$	DED	COMP / OTC	69							
							70							
NON-TRUCKERS HIRED/BORROWED	YES	STATES		COST OF HIRE	IF ANY BASIS	COLLISION	69							\$
	NO			\$			70							
TRUCKERS HIRED/BORROWED LIABILITY	YES	STATES		COST OF HIRE	IF ANY BASIS	HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH					
	NO			\$										
NON-OWNED AUTO LIABILITY	YES	STATES		GROUP TYPE	NUMBER OF	OTHER	COVERAGE IS:			PRIMARY		SECONDARY		
	NO			EMPLOYEES										
				VOLUNTEERS										
				PARTNERS										
OTHER														

**ENDORSEMENTS / REMARKS**

NOTICE OF INSURANCE INFORMATION PRACTICES - PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE, AND SUBSEQUENT 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. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

I UNDERSTAND AND ACKNOWLEDGE THAT UNINSURED/UNDERINSURED MOTORISTS (UM/UIM), BODILY INJURY (BI) AND PROPERTY DAMAGE (PD) COVERAGES HAVE BEEN EXPLAINED TO ME. I HAVE BEEN OFFERED THE OPTIONS OF SELECTING UM/UIM LIMITS EQUAL TO MY LIABILITY LIMITS, UM/UIM LIMITS LOWER THAN MY LIABILITY LIMITS OR TO REJECT UM/UIM BI AND/OR UM/UIM PD COVERAGES ENTIRELY.

- I SELECT UNINSURED/UNDERINSURED MOTORISTS BODILY INJURY LIMIT(S) INDICATED IN THIS APPLICATION. \_\_\_\_\_ (INITIALS)
- I REJECT UNINSURED/UNDERINSURED MOTORISTS BODILY INJURY AND PROPERTY DAMAGE COVERAGE IN ITS ENTIRETY. \_\_\_\_\_ (INITIALS)
- I REJECT ONLY UNINSURED/UNDERINSURED MOTORISTS PROPERTY DAMAGE COVERAGE IN ITS ENTIRETY. \_\_\_\_\_ (INITIALS)

I UNDERSTAND AND ACKNOWLEDGE THAT PERSONAL INJURY PROTECTION COVERAGE HAS BEEN EXPLAINED TO ME AND I HAVE BEEN OFFERED THIS COVERAGE. IF I HAVE REJECTED THIS COVERAGE, MY INITIALS ARE INCLUDED HERE. \_\_\_\_\_ (INITIALS)

I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE OR IN ANY STATE SUPPLEMENT WILL APPLY TO ALL FUTURE POLICY RENEWALS, CONTINUATIONS AND CHANGES UNLESS I NOTIFY YOU OTHERWISE IN WRITING.

APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER
		<i>Leah Sample</i>	



## UMBRELLA / EXCESS SECTION

DATE (MM/DD/YYYY)

07/19/2024

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

AGENCY <b>Swingle, Collins &amp; Associates</b>		CARRIER		NAIC CODE <b>N/A</b>
POLICY NUMBER	EFFECTIVE DATE <b>08/17/2024</b>	NAMED INSURED(S) <b>August Real Estate Co</b>		

## POLICY INFORMATION

TRANSACTION TYPE						LIMIT OF LIABILITY	RETAINED LIMIT	
<input checked="" type="checkbox"/>	NEW	<input checked="" type="checkbox"/>	UMBRELLA	<input checked="" type="checkbox"/>	OCCURRENCE	\$ <b>10,000,000</b> EA OCC	\$	
	RENEWAL		EXCESS		CLAIMS MADE			
				PROPOSED	CURRENT	\$ <b>10,000,000</b> Agg/Prod/Ops		
EXPIRING POL #:						\$ <b>250,000</b> Casu Busi Agg	FIRST DOLLAR DEFENSE (Y / N)	

## EMPLOYEE BENEFITS LIABILITY

LIMIT OF INSURANCE (Ea Employee) \$	AGGREGATE LIMIT FOR EBL \$	RETAINED LIMIT FOR EBL \$	RETROACTIVE DATE FOR EBL
NAME OF BENEFIT PROGRAM			

## PRIMARY LOCATION &amp; SUBSIDIARIES (ACORD 125)

#	NAME AND LOCATION OF PRIMARY AND ALL SUBSIDIARY COMPANIES (Describe Operations)	ANNUAL PAYROLL	ANN GROSS SALES	FOREIGN GROSS SALES	# EMPL
	NAME: LOCATION: DESCRIPTION:				
	NAME: LOCATION: DESCRIPTION:				
	NAME: LOCATION: DESCRIPTION:				
	NAME: LOCATION: DESCRIPTION:				
	NAME: LOCATION: DESCRIPTION:				
	NAME: LOCATION: DESCRIPTION:				

## UNDERLYING INSURANCE

LIST ALL LIABILITY / COMPENSATION POLICIES IN FORCE TO APPLY AS UNDERLYING INSURANCE							+- RATING MOD
TYPE	CARRIER / POLICY NUMBER	POLICY EFF DATE	POLICY EXP DATE	LIMITS		ANNUAL RENEWAL PREMIUM	
AUTOMOBILE LIABILITY	<b>Zurich American Insurance Company</b>  <b>CPO 6444345-02</b>	<b>08/17/2023</b>	<b>08/17/2024</b>	CSL EA ACC	\$ <b>1,000,000</b>	\$ <b>1,086.00</b>	
				BI EA ACC	\$	\$	
				BI EA PER	\$		
				PD EA ACC	\$	\$	
GENERAL LIABILITY POLICY TYPE  <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE	<b>Zurich American Insurance Company</b>  <b>CPO 6444345-02</b>	<b>08/17/2023</b>	<b>08/17/2024</b>	EACH OCCURRENCE	\$ <b>1,000,000</b>	PREM / OPS	
				GENERAL AGGR	\$ <b>2,000,000</b>	\$	
				PROD & COMP OPS AGGREGATE	\$ <b>2,000,000</b>	PRODUCTS	
				PERSONAL & ADV INJURY	\$ <b>1,000,000</b>	\$	
				DAMAGE TO RENTED PREMISES	\$ <b>1,000,000</b>	OTHER	
				MEDICAL EXPENSE	\$ <b>10,000</b>	\$	
EMPLOYERS LIABILITY				EACH ACCIDENT	\$	\$	
				DISEASE			
				EACH EMPLOYEE	\$		
				DISEASE POLICY LIMIT	\$		
						\$	
						\$	



## UNDERLYING INSURANCE (continued)

AGENCY CUSTOMER ID: AUGUREA-01

SMURPHY

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 COVERAGE? (Y / N)									<input type="checkbox"/>		
4. FOR CLAIMS MADE, INDICATE RETROACTIVE DATE OF CURRENT UNDERLYING POLICY:											
5. FOR CLAIMS MADE, INDICATE ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COVERAGE:											
6. FOR CLAIMS MADE, WAS "TAIL" COVERAGE PURCHASED FOR ANY PREVIOUS PRIMARY OR EXCESS POLICY? (Y / N)									<input type="checkbox"/> EFF. DATE: _____		
CHECK ALL COVERAGES IN UNDERLYING POLICIES. ALSO CHECK IF ANY EXPOSURES ARE PRESENT FOR EACH COVERAGE. PROVIDE AN EXPLANATION. EXPLAIN IF DIFFERENT LIMITS, EXTENSIONS, OR EXCLUSIONS. EXPLAIN ANY SPECIAL COVERAGES BEYOND STANDARD FORMS. <b>EXPLAIN ALL EXPOSURES.</b>											
CHECK IF APPROPRIATE			COVERAGE			EXPOSURE		COVERAGE		EXPOSURE	
<input type="checkbox"/>	ANY AUTO (SYMBOL 1)		<input type="checkbox"/>	CARE, CUSTODY, CONTROL			<input type="checkbox"/>	<input type="checkbox"/>			PROFESSIONAL LIABILITY (E&O)
<input type="checkbox"/>	CGL - CLAIMS MADE		<input type="checkbox"/>	EMPLOYEE BENEFIT LIABILITY			<input type="checkbox"/>	<input type="checkbox"/>			VENDORS LIABILITY
<input type="checkbox"/>	CGL - OCCURRENCE		<input type="checkbox"/>	FOREIGN LIABILITY / TRAVEL			<input type="checkbox"/>	<input type="checkbox"/>			WATERCRAFT LIABILITY
COVERAGE			EXPOSURE			<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	AIRCRAFT LIABILITY		<input type="checkbox"/>	INCIDENTAL MEDICAL MALPRACTICE			<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	AIRCRAFT PASSENGER LIABILITY		<input type="checkbox"/>	LIQUOR LIABILITY			<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	ADDITIONAL INTERESTS		<input type="checkbox"/>	POLLUTION LIABILITY			<input type="checkbox"/>	<input type="checkbox"/>			
UNDERLYING INSURANCE COVERAGE INFORMATION (INCLUDE ALL RESTRICTIONS; e.g. LASER ENDORSEMENTS, DISCRIMINATION, SUBROGATION WAIVERS, OR EXTENSIONS OF COVERAGE) Attach ACORD 101, Additional Remarks Schedule, if more space is required.											
PREVIOUS EXPERIENCE: (GIVE DETAILS OF ALL LIABILITY CLAIMS EXCEEDING \$10,000 OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS, DURING THE PAST FIVE (5) YEARS, WHETHER INSURED OR NOT. SPECIFY DATE, COVERAGE, DESCRIPTION, AMOUNT PAID, AMOUNT OUTSTANDING) Attach ACORD 101, Additional Remarks Schedule, if more space is required.											
<input type="checkbox"/>	NO SUCH CLAIMS										

## CARE, CUSTODY, CONTROL

LOC	PROPERTY TYPE	VALUE	A*	B*	C*	D*	SQ FT OF BLDG OCC
<input type="checkbox"/>	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 POLICY, [D] OTHER (specify)							

## VEHICLES

TYPE	# OWNED	# NON-OWNED	# LEASED	PROPERTY HAULED	RADIUS (MILES)		
					LOCAL	INTER-MEDIATE	LONG DISTANCE
PRIVATE PASSENGER							
TRUCKS	LIGHT						
	MEDIUM						
	HEAVY						
	EX. HEAVY						
TRUCKS / TRACTORS	HEAVY						
	EX. HEAVY						
BUSES							

**ADDITIONAL EXPOSURES**

 AGENCY CUSTOMER ID: **AUGUREA-01**
**SMURPHY**

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



REMARKS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

**SIGNATURE**

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, DC, FL, HI, MA, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

IN THE DISTRICT OF COLUMBIA, WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES.

IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

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

IF THE COMPANY TO WHICH I AM APPLYING OFFERS UNINSURED MOTORISTS (UM) AND/OR UNDERINSURED MOTORISTS (UIM) COVERAGE IN MY STATE:

UNINSURED MOTORISTS (UM) COVERAGE: \$ \_\_\_\_\_ \* UNDERINSURED MOTORISTS (UIM) COVERAGE: \$ \_\_\_\_\_ \*

\* IF APPLICABLE IN YOUR STATE

**APPLICABLE ONLY IN LOUISIANA, NEW HAMPSHIRE, VERMONT AND WISCONSIN**

**APPLICABLE ONLY IN LOUISIANA:**

I ACKNOWLEDGE THAT UM COVERAGE HAS BEEN EXPLAINED TO ME, AND I HAVE BEEN OFFERED THE OPTION OF SELECTING UM LIMITS EQUAL TO MY LIABILITY LIMITS, UM LIMITS LOWER THAN MY LIABILITY LIMITS, OR TO REJECT UM COVERAGE ENTIRELY.

1. I SELECT UM LIMITS INDICATED IN THIS APPLICATION.  (INITIALS) OR 2. I REJECT UM COVERAGE IN ITS ENTIRETY.  (INITIALS)

**APPLICABLE ONLY IN NEW HAMPSHIRE:**

I ACKNOWLEDGE THAT UM COVERAGE HAS BEEN EXPLAINED TO ME, AND I HAVE BEEN OFFERED THE OPTION OF SELECTING UM LIMITS EQUAL TO MY LIABILITY LIMITS OR TO REJECT UM COVERAGE ENTIRELY.

1. I SELECT UM LIMITS INDICATED IN THIS APPLICATION.  (INITIALS) OR 2. I REJECT UM COVERAGE IN ITS ENTIRETY.  (INITIALS)

**APPLICABLE ONLY IN VERMONT:**

I ACKNOWLEDGE THAT I HAVE BEEN OFFERED UM COVERAGE EQUAL TO MY LIABILITY LIMITS. I HAVE SELECTED THE LIMITS INDICATED IN THIS APPLICATION.

**APPLICABLE ONLY IN WISCONSIN:**

I ACKNOWLEDGE THAT I HAVE BEEN OFFERED UNINSURED MOTORIST (UM) COVERAGE AND UNDERINSURED MOTORIST (UIM) COVERAGE.

1. I SELECT UM LIMITS INDICATED IN THIS APPLICATION.  (INITIALS) OR 2. I REJECT UM COVERAGE IN ITS ENTIRETY.  (INITIALS)

3. I SELECT UIM LIMITS INDICATED IN THIS APPLICATION.  (INITIALS) OR 4. I REJECT UIM COVERAGE IN ITS ENTIRETY.  (INITIALS)

IMPORTANT - THE STATEMENTS (ANSWERS) GIVEN ABOVE ARE TRUE AND ACCURATE. THE APPLICANT HAS NOT WILLFULLY CONCEALED OR MISREPRESENTED ANY MATERIAL FACT OR CIRCUMSTANCE CONCERNING THIS APPLICATION. THIS APPLICATION DOES NOT CONSTITUTE A BINDER.

PRODUCER'S SIGNATURE <i>Rick Crain, Jr.</i>	PRODUCER'S NAME (Please Print) <b>Rick Crain, Jr.</b>	STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER