



# COMMERCIAL INSURANCE APPLICATION

## APPLICANT INFORMATION SECTION

FHERNANDEZ

DATE (MM/DD/YYYY)  
**06/25/2024**

AGENCY <b>Swingle, Collins &amp; Associates</b> 13760 Noel Road, Suite 600 Dallas, TX 75240		CARRIER <b>Society Insurance</b>		NAIC CODE <b>15261</b>		
		COMPANY POLICY OR PROGRAM NAME <b>American Revelry, LLC</b>		PROGRAM CODE		
		POLICY NUMBER				
CONTACT NAME:		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>AMERREV-01</b>						
		STATUS OF TRANSACTION	<input type="checkbox"/> QUOTE	<input type="checkbox"/> ISSUE POLICY	<input type="checkbox"/> RENEW	
			<input checked="" type="checkbox"/> BOUND (Give Date and/or Attach Copy):			
			<input type="checkbox"/> CHANGE	DATE	TIME	<input type="checkbox"/> AM
			<input type="checkbox"/> CANCEL	<b>06/17/2024</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 type="checkbox"/> BUSINESS AUTO	\$		<input type="checkbox"/> FIDUCIARY LIABILITY	\$	<input checked="" type="checkbox"/>	<b>Worker's Compensation</b>	\$
<input type="checkbox"/> BUSINESS OWNERS	\$		<input type="checkbox"/> GARAGE AND DEALERS	\$			\$
<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	\$	<input checked="" type="checkbox"/>	<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>07/01/2024</b>	PROPOSED EXP DATE <b>07/01/2025</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>American Revelry, LLC</b> 279 W Hidden Creek Pkwy Ste 1101 Burleson, TX 76028--6077		GL CODE	SIC <b>5812</b>	NAICS <b>722511</b>	FEIN OR SOC SEC #
		BUSINESS PHONE #: <b>(972) 849-8902</b>			
		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)		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)		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: AMERREV-01

FHERNANDEZ

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 279 W Hidden Creek Pkwy Ste 1101		CITY LIMITS <input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	INTEREST <input type="checkbox"/> OWNER <input checked="" type="checkbox"/> TENANT	# FULL TIME EMPL 30	ANNUAL REVENUES: \$ 2,254,609
BLD # 1	CITY: Burleson	STATE: TX			# PART TIME EMPL	OCCUPIED AREA: 4,500 SQ FT
	COUNTY: Johnson	ZIP: 76028--6077				OPEN TO PUBLIC AREA: SQ FT
DESCRIPTION OF OPERATIONS: Restaurant						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
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
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 checked="" type="checkbox"/> RESTAURANT	<input type="checkbox"/> SERVICE	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	12/03/2018

## DESCRIPTION OF PRIMARY OPERATIONS

Full-service Restaurant

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 type="checkbox"/> ADDITIONAL INSURED						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: AMERREV-01

FHERNANDEZ

## EXPLAIN ALL "YES" RESPONSES

1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ? <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">PARENT COMPANY NAME</td> <td style="width:30%;">RELATIONSHIP DESCRIPTION</td> <td style="width:20%;">% OWNED</td> </tr> </table>	PARENT COMPANY NAME	RELATIONSHIP DESCRIPTION	% OWNED	<b>N</b>									
PARENT COMPANY NAME	RELATIONSHIP DESCRIPTION	% OWNED											
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES? <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">SUBSIDIARY COMPANY NAME</td> <td style="width:30%;">RELATIONSHIP DESCRIPTION</td> <td style="width:20%;">% OWNED</td> </tr> </table>	SUBSIDIARY COMPANY NAME	RELATIONSHIP DESCRIPTION	% OWNED	<b>N</b>									
SUBSIDIARY COMPANY NAME	RELATIONSHIP DESCRIPTION	% OWNED											
2. IS A FORMAL SAFETY PROGRAM IN OPERATION? <input type="checkbox"/> SAFETY MANUAL <input type="checkbox"/> SAFETY POSITION <input type="checkbox"/> MONTHLY MEETINGS <input type="checkbox"/> OSHA <input type="checkbox"/>	<b>N</b>												
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?	<b>N</b>												
4. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers) <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">LINE OF BUSINESS</td> <td style="width:25%;">POLICY NUMBER</td> <td style="width:25%;">LINE OF BUSINESS</td> <td style="width:25%;">POLICY NUMBER</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>	LINE OF BUSINESS	POLICY NUMBER	LINE OF BUSINESS	POLICY NUMBER									<b>N</b>
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) <input type="checkbox"/> NON-PAYMENT <input type="checkbox"/> AGENT NO LONGER REPRESENTS CARRIER <input type="checkbox"/> <input type="checkbox"/> NON-RENEWAL <input type="checkbox"/> UNDERWRITING <input type="checkbox"/> CONDITION CORRECTED (Describe):	<b>N</b>												
6. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?	<b>N</b>												
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? <small>(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).</small>	<b>N</b>												
8. ANY UNCORRECTED FIRE AND/OR SAFETY CODE VIOLATIONS? <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">OCCUR DATE</td> <td style="width:40%;">EXPLANATION</td> <td style="width:30%;">RESOLUTION</td> <td style="width:15%;">RESOLVE DATE</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>	OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE									<b>N</b>
OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE										
9. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE LAST FIVE (5) YEARS? <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">OCCUR DATE</td> <td style="width:40%;">EXPLANATION</td> <td style="width:30%;">RESOLUTION</td> <td style="width:15%;">RESOLVE DATE</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>	OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE									<b>N</b>
OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE										
10. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS? <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">OCCUR DATE</td> <td style="width:40%;">EXPLANATION</td> <td style="width:30%;">RESOLUTION</td> <td style="width:15%;">RESOLVE DATE</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>	OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE									<b>N</b>
OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE										
11. HAS BUSINESS BEEN PLACED IN A TRUST? NAME OF TRUST:	<b>N</b>												
12. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD / DISTRIBUTED IN FOREIGN COUNTRIES? <small>(If "YES", attach ACORD 815 for Liability Exposure and/or ACORD 816 for Property Exposure)</small>	<b>N</b>												
13. DOES APPLICANT HAVE OTHER BUSINESS VENTURES FOR WHICH COVERAGE IS NOT REQUESTED?	<b>N</b>												
14. DOES APPLICANT OWN / LEASE / OPERATE ANY DRONES? (If "YES", describe use)	<b>N</b>												
15. DOES APPLICANT HIRE OTHERS TO OPERATE DRONES? (If "YES", describe use)	<b>N</b>												

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: AMERREV-01

FHERNANDEZ

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



AGENCY CUSTOMER ID: AMERREV-01 FHERNANDEZ

## PROPERTY SECTION

DATE (MM/DD/YYYY)  
06/25/2024

AGENCY NAME <b>Swingle, Collins &amp; Associates</b>		CARRIER <b>Society Insurance</b>		NAIC CODE <b>15261</b>
POLICY NUMBER		EFFECTIVE DATE <b>07/01/2024</b>	NAMED INSURED(S) <b>American Revelry, LLC</b>	

## BLANKET SUMMARY

BLKT #	AMOUNT	TYPE	BLKT #	AMOUNT	TYPE

## PREMISES INFORMATION

PREMISES #: <b>1</b>		STREET ADDRESS: <b>279 W Hidden Creek Pkwy, Burleson, TX 76028--6077</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
<b>Business Personal Property</b>	<b>1,565,800</b>		<b>R</b>	<b>Special (Including theft)</b>		<b>\$1,000</b>	<b>Dollars</b>		
<b>Business Personal Property</b>	<b>1,565,800</b>		<b>R</b>	<b>Windstorm</b>		<b>1.0000%</b>	<b>Percent</b>		
<b>Tenants I&amp;B (Improvements and Better)</b>	<b>10,000</b>		<b>R</b>	<b>Special (Including theft)</b>		<b>\$1,000</b>	<b>Dollars</b>		

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 \$  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: _____		

CONSTRUCTION TYPE <b>Frame</b>	DISTANCE TO HYDRANT FT FIRE STAT MI	FIRE DISTRICT	CODE NUMBER	PROT CL	# STORIES <b>1</b>	# BASM'TS	YR BUILT <b>2018</b>	TOTAL AREA <b>4,500</b>
BUILDING IMPROVEMENTS <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:		BLDG CODE GRADE  WIND CLASS  RESISTIVE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES  HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT DATE INSTALLED: _____ MANUFACTURER:			
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	CENTRAL STATION <input type="checkbox"/>	LOCAL GONG <input type="checkbox"/>
BURGLAR ALARM INSTALLED AND SERVICED BY		EXTENT		GRADE	# GUARDS / WATCHMEN	CLOCK HOURLY <input type="checkbox"/>		
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 <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/>	NAME AND ADDRESS RANK: _____ EVIDENCE: _____ CERTIFICATE _____	INTEREST IN ITEM NUMBER LOCATION: _____ BUILDING: _____ ITEM CLASS: _____ ITEM: _____ ITEM DESCRIPTION
REFERENCE / LOAN #:		

## ADDITIONAL PREMISES INFORMATION

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			

#### **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 <input type="checkbox"/>				
			DEDUCTIBLE \$			<input type="checkbox"/>	BREAKDOWN OR CONTAMINATION			
						<input type="checkbox"/>	POWER OUTAGE <input type="checkbox"/>	SELLING PRICE		
						<input type="checkbox"/>				
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: _____				
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:	WIND CLASS		SEMI- RESISTIVE	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:					
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	CLOCK HOURLY		
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)				% SPRNK	FIRE ALARM MANUFACTURER				CENTRAL STATION LOCAL GONG	

<b>ADDITIONAL INTEREST</b>	<b>ACORD 45 attached for additional names</b>
----------------------------	---

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:	
						ITEM DESCRIPTION	
		REFERENCE / LOAN #:					

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

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

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

**Applicable in CO**

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

**Applicable in FL and OK**

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

**Applicable in KS**

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

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

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

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

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

**Applicable in NJ**

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


**Applicable in OR**

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

**Applicable in PR**

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

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

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



AGENCY CUSTOMER ID: AMERREV-01

FHERNANDEZ

COMMERCIAL GENERAL LIABILITY SECTION

DATE (MM/DD/YYYY)  
06/25/2024

AGENCY Swingle, Collins & Associates		CARRIER Society Insurance		NAIC CODE 15261
POLICY NUMBER	EFFECTIVE DATE 07/01/2024	APPLICANT / FIRST NAMED INSURED American Revelry, LLC		

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 checked="" type="checkbox"/> OCCURRENCE	LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input checked="" type="checkbox"/> LOCATION	PREMISES/OPERATIONS	
<input type="checkbox"/> OWNER'S & CONTRACTOR'S PROTECTIVE	<input checked="" 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) \$ 100,000		TOTAL	
MEDICAL EXPENSE (Any one person) \$ 10,000			
EMPLOYEE BENEFITS \$			

OTHER COVERAGES, RESTRICTIONS AND/OR ENDORSEMENTS (For hired/non-owned auto coverages attach the applicable state Business Auto Section, ACORD 137)

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	Restaurant - w/ Sales of Alcoholic Beverages less than 30%	84933	A	4500					

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)		Y / N
EXPLAIN ALL "YES" RESPONSES		
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?		N
4. WAS TAIL COVERAGE PURCHASED UNDER ANY PREVIOUS POLICY?		N

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: **AMERREV-01****FHERNANDEZ**

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)					Y / N
1. DOES APPLICANT DRAW PLANS, DESIGNS, OR SPECIFICATIONS FOR OTHERS?					N
2. DO ANY OPERATIONS INCLUDE BLASTING OR UTILIZE OR STORE EXPLOSIVE MATERIAL?					N
3. DO ANY OPERATIONS INCLUDE EXCAVATION, TUNNELING, UNDERGROUND WORK OR EARTH MOVING?					N
4. DO YOUR SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN YOURS?					N
5. ARE SUBCONTRACTORS ALLOWED TO WORK WITHOUT PROVIDING YOU WITH A CERTIFICATE OF INSURANCE?					N
6. DOES APPLICANT LEASE EQUIPMENT TO OTHERS WITH OR WITHOUT OPERATORS?					N
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					LOCATION:
<input type="checkbox"/> EMPLOYEE AS LESSOR					BUILDING:
<input type="checkbox"/> LIENHOLDER					ITEM CLASS:
<input type="checkbox"/> LOSS PAYEE					ITEM:
<input type="checkbox"/> MORTGAGEE					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?	N																														
2. ANY EXPOSURE TO RADIOACTIVE/NUCLEAR MATERIALS?	N																														
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)	N																														
4. ANY OPERATIONS SOLD, ACQUIRED, OR DISCONTINUED IN LAST FIVE (5) YEARS?	N																														
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																				
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6. ANY WATERCRAFT, DOCKS, FLOATS OWNED, HIRED OR LEASED?	N																														
7. ANY PARKING FACILITIES OWNED/RENTED?	N																														
8. IS A FEE CHARGED FOR PARKING?	N																														
9. RECREATION FACILITIES PROVIDED?	N																														
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)	N																														
<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</td> <td></td> <td></td> <td><input type="checkbox"/> 13 - 18</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> 12 &amp; UNDER</td> <td></td> <td></td> <td><input type="checkbox"/> 12 &amp; UNDER</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> OVER 18</td> <td></td> <td></td> <td><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"/> 13 - 18			<input type="checkbox"/> 12 & UNDER			<input type="checkbox"/> 12 & UNDER			<input type="checkbox"/> OVER 18			<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																										
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		<input type="checkbox"/> OVER 18			<input type="checkbox"/> OVER 18																										
EXTENT OF SPONSORSHIP:			EXTENT OF SPONSORSHIP:																												
14. ANY STRUCTURAL ALTERATIONS CONTEMPLATED?	N																														
15. ANY DEMOLITION EXPOSURE CONTEMPLATED?	N																														

## GENERAL INFORMATION (continued)

AGENCY CUSTOMER ID: AMERREV-01

FHERNANDEZ

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

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

Y / N  
N

17. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?

N

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?

N

19. ARE DAY CARE FACILITIES OPERATED OR CONTROLLED?

N

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

N

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

N

22. DOES THE BUSINESSES' PROMOTIONAL LITERATURE MAKE ANY REPRESENTATIONS ABOUT THE SAFETY OR SECURITY OF THE PREMISES?

N

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

## SIGNATURE

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





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
PLEASURE	RETAIL		LIAB	MED PAY	UNINS MOTOR	FT	COMP/OTC		AA	ST AMT
FARM	SERVICE		NO-FAULT		SPEC C OF L	FTW	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
PLEASURE	RETAIL		LIAB	MED PAY	UNINS MOTOR	FT	COMP/OTC		AA	ST AMT
FARM	SERVICE		NO-FAULT		SPEC C OF L	FTW	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
PLEASURE	RETAIL		LIAB	MED PAY	UNINS MOTOR	FT	COMP/OTC		AA	ST AMT
FARM	SERVICE		NO-FAULT		SPEC C OF L	FTW	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
PLEASURE	RETAIL		LIAB	MED PAY	UNINS MOTOR	FT	COMP/OTC		AA	ST AMT
FARM	SERVICE		NO-FAULT		SPEC C OF L	FTW	COLL			
DRIVE TO WORK / SCHOOL		< 15 MILES	15 MILES +	NET VEH DR/CR:				TOTAL PREM: \$		

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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>Luis H. Hernandez</i>	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER



AGENCY CUSTOMER ID: AMERREV-01 FHERNANDEZ

TEXAS COMMERCIAL AUTO  
COVERAGES/LIMITS SECTIONDATE (MM/DD/YYYY)  
06/25/2024

AGENCY <b>Swingle, Collins &amp; Associates</b>	APPLICANT/FIRST NAMED INSURED <b>American Revelry, LLC</b>
POLICY NUMBER	CARRIER <b>Society Insurance</b> NAIC CODE <b>15261</b>

## BUSINESS AUTO SECTION

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	COVERAGES	COVERED AUTO SYMBOLS	LIMITS		
LIABILITY	1 <input type="checkbox"/> 4 <input checked="" type="checkbox"/> 9	<input checked="" type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$ <b>1,000,000</b>					
	2 <input type="checkbox"/> 7 <input type="checkbox"/>	BI EACH ACCIDENT \$					
	3 <input checked="" type="checkbox"/> 8	PROPERTY DAMAGE \$					
PERSONAL INJURY PROTECTION	2 <input type="checkbox"/> 7	EACH PERSON \$ AUTO DEATH INDEMNITY \$ TOTAL DISABILITY \$	PHYSICAL DAMAGE				
			TOWING & LABOR	3 <input type="checkbox"/> 7	\$		
			COMP / OTC	2 <input type="checkbox"/> 4 <input type="checkbox"/> 8 3 <input type="checkbox"/> 7			
MEDICAL PAYMENTS	2 <input type="checkbox"/> 4 <input type="checkbox"/> 8 3 <input type="checkbox"/> 7	EACH PERSON \$	SPECIFIED CAUSES OF LOSS	2 <input type="checkbox"/> 4 <input type="checkbox"/> 8 3 <input type="checkbox"/> 7			
UNINSURED/ UNDERINSURED MOTORIST	1 <input type="checkbox"/> 4	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$	COLLISION	2 <input type="checkbox"/> 4 <input type="checkbox"/> 8 3 <input type="checkbox"/> 7			
	2 <input type="checkbox"/> 7	BI EACH ACCIDENT \$					
	3 <input type="checkbox"/>	PROPERTY DAMAGE \$ DED					
HIRED/BORROWED LIABILITY	<input checked="" type="checkbox"/> YES STATES <input type="checkbox"/> NO	COST OF HIRE <input type="checkbox"/> IF ANY BASIS \$	HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH	COVERAGE/DEDUCTIBLE
NON-OWNED LIABILITY	<input checked="" type="checkbox"/> YES STATES <input type="checkbox"/> NO	GROUP TYPE		NUMBER OF	COMP \$ SPEC C OF L \$ COLL \$		
	<input type="checkbox"/> EMPLOYEES						
	<input type="checkbox"/> VOLUNTEERS						
		<input type="checkbox"/> PARTNERS					
COVERAGE IS: <input type="checkbox"/> PRIMARY <input type="checkbox"/> 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:

AMERREV-01

FHERNANDEZ

COVERAGES		COVERED AUTO SYMBOLS		LIMITS		PHYSICAL DAMAGE								
						COVERAGES		COVERED AUTO SYMBOLS		LIMITS		DEDUCTIBLE		
LIABILITY		41		46		CSL		BI		EA PER	\$			
		42		47		BI EACH ACCIDENT		\$						
		43		50		PROPERTY DAMAGE		\$						
PERSONAL INJURY PROTECTION		42			EACH PERSON		\$	SPECIFIED CAUSES OF LOSS		42		46		
		46			AUTO DEATH INDEMNITY		\$			43		47		
								COLLISION		42		46		
										43		47		
MEDICAL PAYMENTS		42		46	EACH PERSON		\$	TOWING & LABOR		46				
		43												
UNINSURED/ UNDERINSURED MOTORIST		41		46		CSL		BI		EA PER	\$			
		42			BI EACH ACCIDENT		\$							
		43			PROPERTY DAMAGE		\$	DED						
NON-TRUCKERS HIRED/BORROWED		YES		STATES	COST OF HIRE			IF ANY BASIS		48				
		NO			\$					49				
TRUCKERS HIRED/BORROWED LIABILITY		YES		STATES	COST OF HIRE			IF ANY BASIS						
		NO			\$									
NON-OWNED AUTO LIABILITY		YES		STATES	GROUP TYPE			NUMBER OF		HIRED PHYSICAL DAMAGE				
		NO												
					EMPLOYEES									
					VOLUNTEERS									
					PARTNERS									
OTHER														

COVERED AUTO SYMBOLS		(44) OWNED AUTOS SUBJECT TO NO-FAULT		(46) SPECIFICALLY DESCRIBED AUTOS		(49) YOUR TRAILERS IN THE POSSESSION OF	
(41) ANY AUTO		(45) OWNED AUTOS SUBJECT TO A		(47) HIRED AUTOS ONLY		ANOTHER TRUCKER UNDER A TRAILER	
(42) OWNED AUTOS ONLY		COMPULSORY UNINSURED		(48) TRAILERS IN YOUR POSSESSION UNDER		INTERCHANGE AGREEMENT	
(43) OWNED COMMERCIAL AUTOS ONLY		MOTORIST LAW		A TRAILER INTERCHANGE AGREEMENT		(50) NON-OWNED AUTOS ONLY	

ENDORSEMENTS / REMARKS



**MOTOR CARRIER SECTION**

AGENCY CUSTOMER ID:

AMERREV-01

FHERNANDEZ

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									
	NO			EMPLOYEES										
				VOLUNTEERS										
				PARTNERS										
OTHER						OTHER								

**COVERED AUTO SYMBOLS**  
 (61) ANY AUTO  
 (62) OWNED AUTOS ONLY  
 (63) OWNED PRIVATE PASS AUTOS ONLY

(64) OWNED COMMERCIAL AUTOS ONLY  
 (65) OWNED AUTOS SUBJECT TO NO-FAULT  
 (66) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW

(67) SPECIFICALLY DESCRIBED AUTOS  
 (68) HIRED AUTOS ONLY  
 (69) TRAILERS IN YOUR POSSESSION UNDER A TRAILER INTERCHANGE AGREEMENT

(70) YOUR TRAILERS IN THE POSSESSION OF ANOTHER TRUCKER UNDER A TRAILER INTERCHANGE AGREEMENT  
 (71) NON-OWNED AUTOS ONLY

**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)

06/25/2024

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 <b>Society Insurance</b>		NAIC CODE <b>15261</b>
POLICY NUMBER			EFFECTIVE DATE <b>07/01/2024</b>	NAMED INSURED(S) <b>American Revelry, LLC</b>		

## POLICY INFORMATION

TRANSACTION TYPE						LIMIT OF LIABILITY	RETAINED LIMIT
NEW	<input checked="" type="checkbox"/>	UMBRELLA	<input checked="" type="checkbox"/>	OCCURRENCE	RETROACTIVE DATE	\$ <b>4,000,000</b> EA OCC	\$ <b>0</b>
<input checked="" type="checkbox"/> RENEWAL		EXCESS		CLAIMS MADE	PROPOSED CURRENT	\$ <b>4,000,000</b> Aggregate	
EXPIRING POL #:						\$	FIRST DOLLAR DEFENSE (Y / N)

## EMPLOYEE BENEFITS LIABILITY

LIMIT OF INSURANCE (Ea Employee) <b>\$ 1,000,000</b>	AGGREGATE LIMIT FOR EBL <b>\$ 1,000,000</b>	RETAINED LIMIT FOR EBL <b>\$ 1,000,000</b>	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				CSL EA ACC \$	\$		
				BI EA ACC \$	\$		
				BI EA PER \$			
				PD EA ACC \$	\$		
GENERAL LIABILITY POLICY TYPE <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				EACH OCCURRENCE \$	PREM / OPS		
				GENERAL AGGR \$	\$		
				PROD & COMP OPS AGGREGATE \$	PRODUCTS		
				PERSONAL & ADV INJURY \$	\$		
				DAMAGE TO RENTED PREMISES \$	OTHER		
				MEDICAL EXPENSE \$	\$		
EMPLOYERS LIABILITY				EACH ACCIDENT \$	\$		
				DISEASE			
				EACH EMPLOYEE \$			
				DISEASE POLICY LIMIT \$			
					\$		
					\$		

# UNDERLYING INSURANCE (continued)

AGENCY CUSTOMER ID: AMERREV-01

FHERNANDEZ

<b>UNDERLYING GENERAL LIABILITY INFORMATION (Explain all "YES" responses)</b>											
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>											
<b>CHECK IF APPROPRIATE</b>			<b>COVERAGE</b>		<b>EXPOSURE</b>		<b>COVERAGE</b>			<b>EXPOSURE</b>	
<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"/>	
<input type="checkbox"/>	CGL - CLAIMS MADE		<input type="checkbox"/>	EMPLOYEE BENEFIT LIABILITY	<input type="checkbox"/>		<input type="checkbox"/>	VENDORS LIABILITY		<input type="checkbox"/>	
<input type="checkbox"/>	CGL - OCCURRENCE		<input type="checkbox"/>	FOREIGN LIABILITY / TRAVEL	<input type="checkbox"/>		<input type="checkbox"/>	WATERCRAFT LIABILITY		<input type="checkbox"/>	
<b>COVERAGE</b>			<b>EXPOSURE</b>		<input type="checkbox"/>		<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"/>	
<input type="checkbox"/>	AIRCRAFT PASSENGER LIABILITY		<input type="checkbox"/>	LIQUOR LIABILITY	<input type="checkbox"/>		<input type="checkbox"/>			<input type="checkbox"/>	
<input type="checkbox"/>	ADDITIONAL INTERESTS		<input type="checkbox"/>	POLLUTION LIABILITY	<input type="checkbox"/>		<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
	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: **AMERREV-01**
**FHERNANDEZ**

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:										

**FHERNANDEZ**

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

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



WORKERS COMPENSATION APPLICATION

FERNANDEZ

DATE (MM/DD/YYYY)

06/25/2024

AGENCY NAME AND ADDRESS <b>Swingle, Collins &amp; Associates</b> 13760 Noel Road, Suite 600 Dallas, TX 75240		COMPANY: <b>Society Insurance</b>										
		UNDERWRITER:										
		APPLICANT NAME: <b>American Revelry, LLC</b>										
		OFFICE PHONE: <b>(972) 849-8902</b>			MOBILE PHONE:							
		MAILING ADDRESS (including ZIP + 4 or Canadian Postal Code) <b>279 W Hidden Creek Pkwy Ste 1101 Burleson, TX 76028--6077 Johnson</b>										
PRODUCER NAME:		YRS IN BUS:										
CS REPRESENTATIVE NAME:		SIC: <b>5812</b>										
OFFICE PHONE (A/C, No, Ext): <b>(972) 387-3000</b>		NAICS: <b>722511</b>										
MOBILE PHONE:		WEBSITE ADDRESS:										
FAX (A/C, No): <b>(972) 387-3808</b>		E-MAIL ADDRESS: <b>amanda@windmillerproperties.com</b>										
E-MAIL ADDRESS: <b>services@swinglecollins.com</b>		SOLE PROPRIETOR			CORPORATION		LLC		TRUST		UNINCORPORATED ASSOCIATION	
CODE:		PARTNERSHIP			SUBCHAPTER "S" CORP		JOINT VENTURE		OTHER:			
AGENCY CUSTOMER ID: <b>AMERREV-01</b>		CREDIT BUREAU NAME:						ID NUMBER:				
SUB CODE:		FEDERAL EMPLOYER ID NUMBER <b>83-2716398</b>				NCCI RISK ID NUMBER <b>16594</b>		OTHER RATING BUREAU ID OR STATE EMPLOYER REGISTRATION NUMBER				

STATUS OF SUBMISSION				BILLING / AUDIT INFORMATION					
<input checked="" type="checkbox"/> QUOTE		<input type="checkbox"/> ISSUE POLICY		BILLING PLAN		PAYMENT PLAN		AUDIT	
<input checked="" type="checkbox"/> BOUND (Give date and/or attach copy) <b>06/17/2024</b>				<input type="checkbox"/> AGENCY BILL		<input type="checkbox"/> ANNUAL <input type="checkbox"/>		<input type="checkbox"/> AT EXPIRATION <input type="checkbox"/> MONTHLY	
<input type="checkbox"/> ASSIGNED RISK (Attach ACORD 133)				<input type="checkbox"/> DIRECT BILL		<input type="checkbox"/> SEMI-ANNUAL		<input type="checkbox"/> SEMI-ANNUAL <input type="checkbox"/>	
						<input type="checkbox"/> QUARTERLY % DOWN:		<input type="checkbox"/> QUARTERLY	

LOCATIONS		
LOC #	HIGHEST FLOOR	STREET, CITY, COUNTY, STATE, ZIP CODE
<b>1</b>		<b>279 W. Hidden Creek Pkwy Burleson, TX 76028</b>

POLICY INFORMATION					
PROPOSED EFF DATE <b>07/01/2024</b>	PROPOSED EXP DATE <b>07/01/2025</b>	NORMAL ANNIVERSARY RATING DATE	PARTICIPATING <input type="checkbox"/> NON-PARTICIPATING	RETRO PLAN	
PART 1 - WORKERS COMPENSATION (States) <b>TX</b>	PART 2 - EMPLOYER'S LIABILITY	PART 3 - OTHER STATES INS	DEDUCTIBLES (N / A in WI)	AMOUNT / % (N / A in WI)	OTHER COVERAGES
	\$ <b>1,000,000</b> EACH ACCIDENT		<input type="checkbox"/> MEDICAL		<input type="checkbox"/> U.S.L. & H.
	\$ <b>1,000,000</b> DISEASE-POLICY LIMIT		<input type="checkbox"/> INDEMNITY		<input type="checkbox"/> VOLUNTARY COMP
	\$ <b>1,000,000</b> DISEASE-EACH EMPLOYEE				<input type="checkbox"/> FOREIGN COV
DIVIDEND PLAN/SAFETY GROUP		ADDITIONAL COMPANY INFORMATION			
SPECIFY ADDITIONAL COVERAGES / ENDORSEMENTS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)					

TOTAL ESTIMATED ANNUAL PREMIUM - ALL STATES		
TOTAL ESTIMATED ANNUAL PREMIUM ALL STATES \$	TOTAL MINIMUM PREMIUM ALL STATES \$	TOTAL DEPOSIT PREMIUM ALL STATES \$

CONTACT INFORMATION				
TYPE	NAME	OFFICE PHONE	MOBILE PHONE	E-MAIL
INSPECTION				
ACCTNG RECORD				
CLAIMS INFO				

INDIVIDUALS INCLUDED / EXCLUDED									
PARTNERS, OFFICERS, RELATIVES ( Must be employed by business operations) TO BE INCLUDED OR EXCLUDED (Remuneration/Payroll to be included must be part of rating information section.) Exclusions in Missouri must meet the requirements of Section 287.090 RSMo.									
STATE	LOC #	NAME	DATE OF BIRTH	TITLE/ RELATIONSHIP	OWNER-SHIP %	DUTIES	INC/EXC	CLASS CODE	REMUNERATION/PAYROLL

## STATE RATING WORKSHEET

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

RATING INFORMATION - STATE: TX

LOC #	CLASS CODE	DESCR CODE	CATEGORIES, DUTIES, CLASSIFICATIONS	# EMPLOYEES FULL TIME	PART TIME	SIC	NAICS	ESTIMATED ANNUAL REMUNERATION/ PAYROLL	RATE	ESTIMATED ANNUAL MANUAL PREMIUM
1	9079		Restaurant					\$305,602.00		
1	8809		Executive officers					\$62,571.00		

## PREMIUM

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

\* N / A in Wisconsin

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

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



**PRIOR CARRIER INFORMATION / LOSS HISTORY**AGENCY CUSTOMER ID: **AMERREV-01****FHERNANDEZ**

PROVIDE INFORMATION FOR THE PAST 5 YEARS AND USE THE REMARKS SECTION FOR LOSS DETAILS						LOSS RUN ATTACHED
YEAR	CARRIER & POLICY NUMBER	ANNUAL PREMIUM	MOD	# CLAIMS	AMOUNT PAID	RESERVE
	CO:					
	POL #:					
	CO:					
	POL #:					
	CO:					
	POL #:					
	CO:					
	POL #:					
	CO:					
	POL #:					

**NATURE OF BUSINESS / DESCRIPTION OF OPERATIONS**

GIVE COMMENTS AND DESCRIPTIONS OF BUSINESS, OPERATIONS AND PRODUCTS: MANUFACTURING - RAW MATERIALS, PROCESSES, PRODUCT, EQUIPMENT; CONTRACTOR - TYPE OF WORK, SUB-CONTRACTS; MERCANTILE - MERCHANDISE, CUSTOMERS, DELIVERIES; SERVICE - TYPE, LOCATION; FARM - ACREAGE, ANIMALS, MACHINERY, SUB-CONTRACTS.

**GENERAL INFORMATION**

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


## GENERAL INFORMATION (continued)

AGENCY CUSTOMER ID: AMERREV-01

FHERNANDEZ

EXPLAIN ALL "YES" RESPONSES	Y / N
17. ANY OTHER INSURANCE WITH THIS INSURER?	N
18. ANY PRIOR COVERAGE DECLINED / CANCELLED / NON-RENEWED IN THE LAST THREE (3) YEARS? (Missouri Applicants - Do not answer this question)	N
19. ARE EMPLOYEE HEALTH PLANS PROVIDED?	N
20. DO ANY EMPLOYEES PERFORM WORK FOR OTHER BUSINESSES OR SUBSIDIARIES?	N
21. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?	N
22. DO ANY EMPLOYEES PREDOMINANTLY WORK AT HOME? If "YES", # of Employees: _____	N
23. ANY TAX LIENS OR BANKRUPTCY WITHIN THE LAST FIVE (5) YEARS? (If "YES", please specify)	N
24. ANY UNDISPUTED AND UNPAID WORKERS COMPENSATION PREMIUM DUE FROM YOU OR ANY COMMONLY MANAGED OR OWNED ENTERPRISES? IF YES, EXPLAIN INCLUDING ENTITY NAME(S) AND POLICY NUMBER(S).	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.)			
<p>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.)</p> <p style="text-align: right;">(Applicant's Initials): _____</p>			
<p><b>Applicable in AL, AR, DC, LA, MD, NM, RI and WV:</b> 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.</p> <p><b>Applicable in CO:</b> 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.</p> <p><b>Applicable in FL and OK:</b> 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.</p> <p><b>Applicable in KS:</b> 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.</p> <p><b>Applicable in KY, NY, OH and PA:</b> 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.</p> <p><b>Applicable in ME, TN, VA and WA:</b> 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.</p> <p><b>Applicable in NJ:</b> Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.</p> <p><b>Applicable in OR:</b> 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.</p> <p><b>Applicable in PR:</b> 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.</p> <p><b>Applicable in UT:</b> Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.</p>			
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.			
APPLICANT'S SIGNATURE (Must be Officer, Owner or Partner)	DATE	PRODUCER'S SIGNATURE 	NATIONAL PRODUCER NUMBER



COMMERCIAL GENERAL LIABILITY SECTION

DATE (MM/DD/YYYY)  
06/25/2024

AGENCY Swingle, Collins & Associates		CARRIER Society Insurance		NAIC CODE 15261
POLICY NUMBER	EFFECTIVE DATE 07/01/2024	APPLICANT / FIRST NAMED INSURED American Revelry, LLC		

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 type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCURRENCE <input checked="" type="checkbox"/> OWNER'S & CONTRACTOR'S PROTECTIVE <input checked="" type="checkbox"/> Liquor Liability		GENERAL AGGREGATE \$ 1,000,000 LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> LOCATION <input type="checkbox"/> PROJECT <input type="checkbox"/> OTHER: PRODUCTS & COMPLETED OPERATIONS AGGREGATE \$ PERSONAL & ADVERTISING INJURY \$ EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (each occurrence) \$ MEDICAL EXPENSE (Any one person) \$ EMPLOYEE BENEFITS \$ \$	
DEDUCTIBLES <input type="checkbox"/> PROPERTY DAMAGE \$ <input type="checkbox"/> BODILY INJURY \$ <input type="checkbox"/> \$ PER CLAIM PER OCCURRENCE		PREMIUMS PREMISES/OPERATIONS PRODUCTS OTHER TOTAL	
OTHER COVERAGES, RESTRICTIONS AND/OR ENDORSEMENTS (For hired/non-owned auto coverages attach the applicable state Business Auto Section, ACORD 137)			

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	Fine Dining	58161	S	627756					
RATING AND PREMIUM BASIS (S) GROSS SALES - PER \$1,000/SALES (P) PAYROLL - PER \$1,000/PAY (A) AREA - PER 1,000/SQ FT (C) TOTAL COST - PER \$1,000/COST (M) ADMISSIONS - PER 1,000/ADM (U) UNIT - PER UNIT (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: **AMERREV-01****FHERNANDEZ**

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: ITEM DESCRIPTION	BUILDING: ITEM:
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																				
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	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</td> <td></td> <td></td> <td><input type="checkbox"/> 13 - 18</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> 12 &amp; UNDER</td> <td></td> <td></td> <td><input type="checkbox"/> 12 &amp; UNDER</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> OVER 18</td> <td></td> <td></td> <td><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"/> 13 - 18			<input type="checkbox"/> 12 & UNDER			<input type="checkbox"/> 12 & UNDER			<input type="checkbox"/> OVER 18			<input type="checkbox"/> OVER 18	EXTENT OF SPONSORSHIP:			EXTENT OF SPONSORSHIP:			
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14. ANY STRUCTURAL ALTERATIONS CONTEMPLATED?																															
15. ANY DEMOLITION EXPOSURE CONTEMPLATED?																															

## GENERAL INFORMATION (continued)

AGENCY CUSTOMER ID: AMERREV-01

FHERNANDEZ

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.

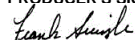
**Applicable in NJ:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**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)

STATE PRODUCER LICENSE NO  
(Required in Florida)

APPLICANT'S SIGNATURE

DATE

NATIONAL PRODUCER NUMBER