

WORKERS COMPENSATION RATING INFORMATION

AGENCY CUSTOMER ID: BROWFOX-02

JMARRA

TYPE OF CHANGE	STATE	LOC	CLASS CODE	DESCR CODE	CATEGORIES, DUTIES, CLASSIFICATIONS	# OF EMPLOYEES FULL TIME PART TIME	ESTIMATED ANNUAL REMUNERATION

PROPERTY / INLAND MARINE - PREMISES INFORMATION

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DEDUCTIBLE	FORMS AND CONDITIONS TO APPLY

ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CONSTRUCTION TYPE	DISTANCE TO HYDRANT FT	FIRE STAT MI	FIRE DISTRICT / CODE NUMBER	PROT CL	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA
BUILDING IMPROVEMENTS	PLUMBING, YR:	BLDG CODE GRADE	INSPECTED? Y/N	ROOF TYPE	OTHER OCCUPANCIES			
WIRING, YR:	HEATING, YR:	TAX CODE						
ROOFING, YR:	OTHER:							
RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE			REAR EXPOSURE & DISTANCE				
BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE		EXTENT	GRADE	CENTRAL STATION WITH KEYS		
BURGLAR ALARM INSTALLED AND SERVICED BY				# GUARDS/WATCHMEN	CLOCK HOURLY			
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO ₂ / Chemical Systems)				FIRE ALARM MANUFACTURER		CENTRAL STATION LOCAL GONG		

INLAND MARINE - SCHEDULED EQUIPMENT

#	MODEL YEAR	DESCRIPTION (TYPE, MANUFACTURER, MODEL, CAPACITY, ETC)	ID #/SERIAL #	DATE PURCHASED	NEW/USED	AMOUNT OF INSURANCE
						\$
						\$

GENERAL LIABILITY - LIMITS

GENERAL AGGREGATE	\$	DAMAGE TO RENTED PREMISES	\$
PRODUCTS & COMPLETED OPERATIONS AGGREGATE	\$	MEDICAL EXPENSE (Any one person)	\$
PERSONAL & ADVERTISING INJURY	\$	EMPLOYEE BENEFITS	\$
EACH OCCURRENCE	\$		\$

GENERAL LIABILITY - SCHEDULE OF HAZARDS

TYPE OF CHANGE	LOC #	HAZ #	CLASSIFICATION	CLASS CODE	PREMIUM BASIS	EXPOSURE	TERR	PREMIUM BASIS CODES
D	2	1	Lawyers Office	66122	A	6,384		(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

UMBRELLA

LIMIT OF LIABILITY	\$	OTHER (DESCRIBE)
RETAINED LIMIT	\$	

ADDITIONAL INTEREST

INTEREST	NAME AND ADDRESS RANK:	EVIDENCE:	CERTIFICATE	INTEREST IN ITEM NUMBER
ADDITIONAL INSURED				LOCATION:
EMPLOYEE AS LESSOR				BUILDING:
LIENHOLDER				VEHICLE:
LOSS PAYEE				BOAT:
				AIRPORT:
				ITEM CLASS:
				ITEM:
				ITEM DESCRIPTION
	REFERENCE / LOAN #:			

SIGNATURE (Any deletion or reduction in coverage requires the Insured's signature)

PRODUCER'S SIGNATURE <i>Kyle L Cardwell</i>	PRODUCER'S NAME (Please Print) Kyle L Cardwell	STATE PRODUCER LICENSE NO (Required in Florida)
INSURED'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER

**COMMERCIAL POLICY CHANGE REQUEST-
ADDITIONAL PREMISE INFORMATION**

BROWFOX-02

JMARRA

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PREMISES #2	BUILDING #1	<input checked="" type="checkbox"/>		ADD		CHANGE		DELETE
STREET, CITY, COUNTY, STATE, ZIP CODE		CITY LIMITS		INTEREST		YR BUILT	PART OCCUPIED	
6303 Cowboys Way, Suite 450 Frisco, TX 75034		<input type="checkbox"/> INSIDE	<input type="checkbox"/>	OWNER		0		
		<input type="checkbox"/> OUTSIDE	<input type="checkbox"/>	TENANT				
PREMISES #	BUILDING #			ADD		CHANGE		DELETE
STREET, CITY, COUNTY, STATE, ZIP CODE		CITY LIMITS		INTEREST		YR BUILT	PART OCCUPIED	
		<input type="checkbox"/> INSIDE	<input type="checkbox"/>	OWNER				
		<input type="checkbox"/> OUTSIDE	<input type="checkbox"/>	TENANT				
PREMISES #	BUILDING #			ADD		CHANGE		DELETE
STREET, CITY, COUNTY, STATE, ZIP CODE		CITY LIMITS		INTEREST		YR BUILT	PART OCCUPIED	
		<input type="checkbox"/> INSIDE	<input type="checkbox"/>	OWNER				
		<input type="checkbox"/> OUTSIDE	<input type="checkbox"/>	TENANT				
PREMISES #	BUILDING #			ADD		CHANGE		DELETE
STREET, CITY, COUNTY, STATE, ZIP CODE		CITY LIMITS		INTEREST		YR BUILT	PART OCCUPIED	
		<input type="checkbox"/> INSIDE	<input type="checkbox"/>	OWNER				
		<input type="checkbox"/> OUTSIDE	<input type="checkbox"/>	TENANT				
PREMISES #	BUILDING #			ADD		CHANGE		DELETE
STREET, CITY, COUNTY, STATE, ZIP CODE		CITY LIMITS		INTEREST		YR BUILT	PART OCCUPIED	
		<input type="checkbox"/> INSIDE	<input type="checkbox"/>	OWNER				
		<input type="checkbox"/> OUTSIDE	<input type="checkbox"/>	TENANT				
PREMISES #	BUILDING #			ADD		CHANGE		DELETE
STREET, CITY, COUNTY, STATE, ZIP CODE		CITY LIMITS		INTEREST		YR BUILT	PART OCCUPIED	
		<input type="checkbox"/> INSIDE	<input type="checkbox"/>	OWNER				
		<input type="checkbox"/> OUTSIDE	<input type="checkbox"/>	TENANT				
PREMISES #	BUILDING #			ADD		CHANGE		DELETE
STREET, CITY, COUNTY, STATE, ZIP CODE		CITY LIMITS		INTEREST		YR BUILT	PART OCCUPIED	
		<input type="checkbox"/> INSIDE	<input type="checkbox"/>	OWNER				
		<input type="checkbox"/> OUTSIDE	<input type="checkbox"/>	TENANT				
PREMISES #	BUILDING #			ADD		CHANGE		DELETE
STREET, CITY, COUNTY, STATE, ZIP CODE		CITY LIMITS		INTEREST		YR BUILT	PART OCCUPIED	
		<input type="checkbox"/> INSIDE	<input type="checkbox"/>	OWNER				
		<input type="checkbox"/> OUTSIDE	<input type="checkbox"/>	TENANT				
PREMISES #	BUILDING #			ADD		CHANGE		DELETE
STREET, CITY, COUNTY, STATE, ZIP CODE		CITY LIMITS		INTEREST		YR BUILT	PART OCCUPIED	
		<input type="checkbox"/> INSIDE	<input type="checkbox"/>	OWNER				
		<input type="checkbox"/> OUTSIDE	<input type="checkbox"/>	TENANT				
PREMISES #	BUILDING #			ADD		CHANGE		DELETE
STREET, CITY, COUNTY, STATE, ZIP CODE		CITY LIMITS		INTEREST		YR BUILT	PART OCCUPIED	
		<input type="checkbox"/> INSIDE	<input type="checkbox"/>	OWNER				
		<input type="checkbox"/> OUTSIDE	<input type="checkbox"/>	TENANT				
PREMISES #	BUILDING #			ADD		CHANGE		DELETE
STREET, CITY, COUNTY, STATE, ZIP CODE		CITY LIMITS		INTEREST		YR BUILT	PART OCCUPIED	
		<input type="checkbox"/> INSIDE	<input type="checkbox"/>	OWNER				
		<input type="checkbox"/> OUTSIDE	<input type="checkbox"/>	TENANT				

PROPERTY/INLAND MARINE - PREMISES INFORMATION SCHEDULE

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ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

	ADD	CHANGE	X	DELETE

CONSTRUCTION TYPE		DISTANCE TO HYDRANT		FIRE STAT		FIRE DISTRICT/CODE NUMBER		PROT CL	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA
Masonry Non-Combustible		FT		MI					2		2015	74,230
BUILDING IMPROVEMENTS		PLUMBING, YR:		BLDG CODE GRADE		INSPECTED?		TAX CODE		OTHER OCCUPANCIES		
<input type="checkbox"/> WIRING, YR:		HEATING, YR:				<input type="checkbox"/> Yes <input type="checkbox"/> No						
<input type="checkbox"/> ROOFING, YR:		OTHER:		ROOF TYPE								
RIGHT EXPOSURE & DISTANCE				LEFT EXPOSURE & DISTANCE				REAR EXPOSURE & DISTANCE				
BURGLAR ALARM TYPE				CERTIFICATE #			EXPIRATION DATE		EXTENT	GRADE	<input type="checkbox"/>	CENTRAL STATION
											<input type="checkbox"/>	WITH KEYS
BURGLAR ALARM INSTALLED AND SERVICED BY									# GUARDS/WATCHMEN		<input type="checkbox"/>	CLOCK HOURLY
											<input type="checkbox"/>	
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO/Chemical Systems)							FIRE ALARM MANUFACTURER				<input type="checkbox"/>	CENTRAL STATION
Extinguishers throughout, NFPA 13 Sprinklers											<input type="checkbox"/>	LOCAL GONG

APPLIED 175PRIM (2001/08)

