



AGENCY Swingle, Collins & Associates 13760 Noel Road, Suite 600 Dallas, TX 75240 COMPANY POLICY OR PROGRAM NAME POLICY NUMBER CONTACT NAME: NAME: PHONE (A/C, No, Ext): (972) 387-3000 PROGRAM UNDERWRITER UNDERWRITER UNDERWRITER UNDERWRITER PAX (972) 387-3000	/	ACORD	C	_		_	AL INSURA ANT INFORM		_			ÞΑ		ON						DD/YYYY) 2023
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DESCRI	PTION OF OPER	ATIONS:					·						ANY AREA LEASE	D TO OTHERS? Y / N	1
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EXP	LAIN ALL "YES" RES	PONSES								Y/N			
1a.	IS THE APPLICAL	NT A SUBSIDI	ARY OF ANOTHER EN	ITITY ?									
	PARENT COMPAN	IY NAME					RELATIONSHIP I	DESCRIPTION	% OWNED				
1h	DOES THE APPL	ICANT HAVE	ANY SUBSIDIARIES?										
10.	SUBSIDIARY COM		ANT GODGIDIANIEG:				RELATIONSHIP I	DESCRIPTION	% OWNED				
2.	IS A FORMAL SA	FETY PROGE	RAM IN OPERATION?										
	SAFETY MAN	IUAL	SAFETY POSITION	MONTHLY MEETINGS	osı	·IA							
3.	ANY EXPOSURE	TO FLAMMAI	BLES, EXPLOSIVES, C	HEMICALS?									
4.	4. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)												
	LINE OF BUSINES	s	POLICY NUMBER		LINE OF B	USINES	s	POLICY NUMBER					
5.	5. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR THREE (3) YEARS FOR ANY PREMISES OR OPERATIONS? (Missouri Applicants - Do not answer this question)												
	NON-PAYME	NT A	AGENT NO LONGER REPE	RESENTS CARRIER									
	NON-RENEW	AL l	JNDERWRITING	CONDITION CORRECTED ((Describe):								
6.	6. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?												
	7. DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY? (In RI, this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment).												
8.	ANY UNCORREC	TED FIRE AN	ID/OR SAFETY CODE	VIOLATIONS?									
	OCCUR DATE	EXPLANATION					RESOLUTION		RESOLVE DATE				
9.			CLOSURE, REPOSSES	SSION, BANKRUPTCY OR	FILED FOR			THE LAST FIVE (5) YEAR					
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12.				DISTRIBUTED IN USA, OR for ACORD 816 for Property		UCISS	SOLD / DISTRIBUT	IED IN FOREIGN COUNT	RIES?				
13.	DOES APPLICAN	IT HAVE OTH	ER BUSINESS VENTU	RES FOR WHICH COVERA	GE IS NOT	REQUI	ESTED?						
14.	DOES APPLICAN	IT OWN / LEA	SE / OPERATE ANY DE	RONES? (If "YES", describe	e use)								
15.	15. DOES APPLICANT HIRE OTHERS TO OPERATE DRONES? (If "YES", describe use)												
REI	MARKS / PROC	ESSING INS	STRUCTIONS (ACO	RD 101, Additional Rem	arks Sch	edule.	may be attache	ed if more space is red	quired)				
<u></u>													
PRI	IOR CARRIER	INFORMAT	ION										

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

	IN OMINIEN IN OI	tinizti i Ott (oontinaca)			
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	S OR LOSSES (R YEARS	EGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCC	CURRENCES THAT M	1AY GIVE RISE TO CLAIMS	TOTAL LOSSES: \$		
DATE OF OCCURRENCE	LINE	TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	SUBRO- GATION Y/N	CLAIM OPEN Y/N

SIGNATURE

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

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU MAY HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND REQUEST CORRECTION OF ANY INACCURACIES. YOU MAY ALSO HAVE THE RIGHT TO REQUEST IN WRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. THESE RIGHTS MAY BE LIMITED IN SOME STATES. PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION. (Not applicable in AZ, CA, DE, KS, MA, MN, ND, NY, OR, VA, or WV. Specific ACORD 38s are available for applicants in these states.)

(Applicant's Initials):

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APPLICANT'S SIGNATURE		DATE	NATIONAL PRODUCER NUMBER



PROPERTY SECTION

DATE (MM/DD/YYYY) 09/21/2023

		NAME le, Collins & A	Asso	ociate	es							CAF			lohnse	on							NAIC	CODE	Ε
POL	ICY N	NUMBER								EFFEC	TIVE DATE			sured livery	(S) / Syste	ems, l	LLC								
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MIN	E SUE	BSIDENCE COVERA	GE (F	Require	d in IL, I	N, KY and \	VV)				ACCEPT	COVER	AGE		REJE	CT COV	ERAGE		LIMIT: \$						
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ADDITIONAL PREMISES INFORMATIO			PREMIS	ES #:	STRE	STREET ADDRESS:																	
		ION	BUILDIN	G #:	BLD	DES	SCRIPT	ION:															
	SUBJECT OF INSURANCE	E	А	MOUNT	COIN	s %	VALU- ATION	CAUSE	S OF LOS	s I	INFLATION GUARD %	D	ED	DE TYF	D BI	LKT #	FORM	S AND	CONDI	TIONS TO APPLY			
ADI	DITIONAL INFORMATION	BU	JSINESS	INCOME / E	XTRA EXP	ENSE	≣ - Atta	ch ACOR	D 810	VALUE REPORTING INFORMATION - Attach ACORD 811													
ΑD	DITIONAL COVERAG	SES, OP	TIONS	, RESTR	ICTIONS	S, EN	NDOF	RSEMEI	NTS AN	D R	ATING IN	NFOR	RMATI	ON									
	OILAGE DESCRIPTION O	•		•		,					LIMIT				RIG MA	AINT	OPTIONS						
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١ '	Y / N)										DEDUCTIBI	LE			(Y / N)		POW	ER OUT	AGE	SELLING PRICE			
											\$									FRICE			
SINKHOLE COVERAGE (Required in Florida)								AC	CEPT CO	VERA	AGE	RE	JECT C	OVER	AGE	ı	LIMIT: \$						
MINE SUBSIDENCE COVERAGE (Required in 1				N, KY and W	/V)	ACCEPT					AGE	RE	JECT C	OVER	AGE	ı	IMIT: \$						
	PROPERTY HAS BEEN DE	SIGNATED	O AN HIS	TORICAL LA	NDMARK											#	OF OPEN S	IDES O	N STRI	JCTURE:			
COI	ISTRUCTION TYPE		HYD	DISTANCE T RANT FIR	O E STAT		FIR	E DISTRI	СТ		CODE NUM	IBER	PROT	CL #	# STOR	IES	# BASM'TS	YR BI	UILT	TOTAL AREA			
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BUSINESS INCOME / EXTRA EXPENSE / RENTAL VALUE SUPPLEMENT TO PROPERTY SECTION

DATE (MM/DD/YYYY) 09/21/2023

AGENCY Swingle, Collins	& Associates	001122	IMEITI 101	CARR	IER son & Johnson	NAIC CODE
POLICY NUMBER			EFFECTIVE DATE	APPLICA	ANT / FIRST NAMED INSURED PELIVERY Systems, LLC	
PREMISES INFORI	MATION					
PREMISES #: 1		E / RUSINE	ESS INCOME		RUSIA	IESS INCOME /
BUILDING #: 1	X BUSINESS INCOME EXTRA EXPENSE	W/O EX	TRA EXPENSE	E	EXTRA EXPENSE RENTA	AL VALUE RENTAL VALUE
	ORDINARY PAYROLL	EXT PERIOD	POWER / HEAT		OFF PREM POWER	DEPEND PROP
NON MFG	EXCL INCL	DAYS		DED	POWER	BROAD FORM LIMITED FORM
MFG	90 DAYS	MO PERIOD	ELEC MEDIA		WATER	
MINING	180 DAYS	LIMIT		DAYS	COMM (DESCR BELOW)	COIN%
% COINS		X MAX PERIOD	ORD OR LAW	DAYS	TUITION FEES	
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DAYS PERIO	D REST —	%%		DATO	SERV / INC	
		%%				
NAME(S) AND ADDRESS	(ES) FOR OFF PREM POWER	R OR DEPEND PROP				
OTHER COVERAGES						
OTHER GOVERAGES						

AGENCY CUSTOMER ID: JRTDELI-01 LBEERS

ADDITIONAL PREMISES INFORMATION				AGENCY CUSTOMER ID:			
PREMISES #: BUSINESS INCOME / BUSINESS INCOME			ESS INCOME	EXTRA EXPENSE BUSINESS INCOME / RENTAL VALUE			
BUILDING #:	EXTRA EXPENSE	W/O EX	TRA EXPENSE	RENT	TAL VALUE RENTAL VALUE		
TYPE OF BUSINESS	ORDINARY PAYROLL	EXT PERIOD	POWER/HEAT	OFF PREM POWER	DEPEND PROP		
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