

COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

SMURPHY	,
DATE (MM/DD/YYYY)	
07/40/0004	ı

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Sw	ENCY ingle, Collins &		CA	ARRIE	R								NAIC N/A	CODE						
	760 Noel Road, Ilas, TX 75240	Suite	e 600						СО	MPANY	POLICY OR P	ROG	RAM NA	ME				PROG	RAM	CODE
									РО	LICY NU	MBER									
СО	NTACT Rick	Cra	in, Jr.																	
NA	ONF (072		-3000						UN	DERWR	TER				UNDE	RWRIT	TER OFFICE			
(A/C	C, No, Ext):															1			1	
/ A/6	S, No): (972	387	-3808								_		QUOTE			ISSU	IE POLICY		REN	EW
E-N AD	IAIL DRESS: Service:	s@sv	vinglecolli	ns.c	om					ATUS OF ANSACT			BOUND	(Give Date	and/or	Attach (Сору):			
СО					SUBCODE:								CHANG	E D	ATE		TIME			AM
AG	ENCY CUSTOMER II	. AU	GUREA-01	1							Ī		CANCE	08/1	7/20	24				PM
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_	BOILER & MACHIN	IERY		\$			CABE	R AND PRIVACY			\$			YACHT				\$		
X	BUSINESS AUTO			\$			FIDUC	IARY LIABILITY			\$							\$		
	BUSINESS OWNE	RS		\$			GARA	GE AND DEALERS			\$							\$		
X	COMMERCIAL GE	NERAL	LIABILITY	\$			LIQUO	R LIABILITY			\$							\$		
	COMMERCIAL INLAND MARINE \$ MOTOR CARRIER										\$							\$		
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	CRIME			Đ			UIVIDR	ELLA			Þ							Þ		
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	ADDITIONAL INTE	REST:	SCHEDULE				HOTE	L / MOTEL SUPPLEM	ENT	•				STATE SU	PPLEN	1ENT (I	f applicable)			
	ADDITIONAL PRE	MISES	INFORMATION	SCHE	DULE		INSTA	LLATION / BUILDERS	RIS	SK SECT	ION			VACANT E	UILDIN	IG SUF	PPLEMENT			
	APARTMENT BUIL	DING S	SUPPLEMENT				INTER	NATIONAL LIABILITY	EXF	POSURE	SUPPLEMEN	ΙT		VEHICLE S	SCHED	ULE				
	CONDO ASSN BY	_AWS (for D&O Covera	ge only	/)		INTER	NATIONAL PROPER	TY E	XPOSUF	RE SUPPLEM	ENT								
	CONTRACTORS S				,			SUMMARY												
	COVERAGES SCH							CARGO SECTION												
			<u>- </u>							45.IT										
	DEALERS SECTION							IUM PAYMENT SUPF												
	DRIVER INFORMA							ESSIONAL LIABILITY												
	ELECTRONIC DAT			IION			RESTA	AURANT / TAVERN S	UPP	LEMENI										
PC	LICY INFORM	ATIC	N .					Γ	_							_				
PRO	POSED EFF DATE	PROP	OSED EXP DAT	E	BILLING F	LAN		PAYMENT PLAN		METHO	OF PAYMEN	Т	AUDIT	DEPO	SIT		MINIMUM PREMIUM	PO	LICY F	PREMIUM
	08/17/2024	0	8/17/2025		DIRECT	T AG	ENCY							\$		\$		\$		
	PLICANT INF		ATION] 5.11.201															
	ME (First Named Ins gust Real Estat		ND MAILING A	DDRES	SS (including ZI	P+4)			GL	CODE		sic 65 3			NAIC	S	'	FEIN OF	R SOC	SEC#
	2 Amherst Ave											05.)							
	las, TX 75225								BU	SINESS	PHONE #:									
									WE	BSITE A	DDRESS									
L	CORPORATION		JOINT VENTU	JRE			NC	OT FOR PROFIT ORG		s	UBCHAPTER	"S" (CORPOR	ATION	L					
	INDIVIDUAL		LLC NO. OF	MEMI ANAGI	BERS ERS: ———		PA	RTNERSHIP		Т	RUST									
NA	ME (Other Named In	sured)				IP+4)			GL	CODE		SIC			NAIC	S	ı	FEIN OF	R SOC	SEC#
Au	gust Family Inv	estm	ents LTD																	
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NA	ME (Other Named In	sured)				IP+4)	1.7		GL	CODE		SIC			NAIC	 S		FEIN OF	R SOC	SEC#
	1st LLC				,	,														- **
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	CORPORATION		JOINT VENTU	JRE			NC	OT FOR PROFIT ORG	i		UBCHAPTER	"S" (CORPOR	ATION						
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CONT	ACT INFORMATION													
CONTAC	T TYPE:						CONTACT	TYPE:						
CONTAC	T NAME:						CONTACT	NAME:						
PRIMAR PHONE	Y HOME BUS	CELL	ECONDARY PHONE #	HOME E	BUS [CELL	PRIMARY PHONE #	Пног	ME BUS CELL	SECONDARY PHONE #	HOME BUS CELL			
PRIMAR	Y F-MAIL ADDRESS:						PRIMARY	F-MAII ADD	RFSS:					
		I (Attach A	CUBD 833	for Additio	nal E	Promisos)	OLOGINDA	IXT E-MAIL A	ADDICEOU.					
LOC#	STREET	(Attach A	COND 623	TOI Additio			INTERES	т	# FULL TIME EMPL	ANNUAL REVENUES	S: \$			
1						INSIDE	ow	NER		OCCUPIED AREA:	SQ FT			
BLD#	сіту:Dallas					OUTSIDE	TEN	IANT	# PART TIME EMPL	OPEN TO PUBLIC A	REA: SQ FT			
1	COUNTY:		ZIF	_{2:} 75226						TOTAL BUILDING A	REA: SQ FT			
DESCRI	PTION OF OPERATIONS:									ANY AREA LEASED	TO OTHERS? Y / N			
LOC#					CI	TY LIMITS	INTERES	т	# FULL TIME EMPL	ANNUAL REVENUES	S: \$			
2						INSIDE	ow	NER		OCCUPIED AREA:	SQ FT			
BLD#	CITY:Dallas					OUTSIDE	TEN	IANT	# PART TIME EMPL	OPEN TO PUBLIC A	REA: SQ FT			
1	COUNTY:		ZIF	_{2:} 75226						TOTAL BUILDING A	REA: SQ FT			
DESCRI	1									ANY AREA LEASED	TO OTHERS? Y / N			
LOC#		NIIE			CI	TY LIMITS	INTERES	т	# FULL TIME EMPL	ANNUAL REVENUES	S: \$			
3	OSOT Caston Aver					INSIDE	ow	NER		OCCUPIED AREA:	SQ FT			
BLD#	сіту:Dallas					OUTSIDE	TEN	IANT	# PART TIME EMPL	OPEN TO PUBLIC A	REA: SQ FT			
1	COUNTY:		ZIF	_: 75211						TOTAL BUILDING A	REA: SQ FT			
DESCRI	PTION OF OPERATIONS:									ANY AREA LEASED	TO OTHERS? Y / N			
LOC#	STREET				CI	TY LIMITS	INTERES	т	# FULL TIME EMPL	ANNUAL REVENUES	S: \$			
DESCRIPTION OF OPERATIONS: LOC # 333 1st Ave CITY LIMITS INTEREST #FULL TIME EMPL OPEN TO PUBLIC AREA: COUNTY: DESCRIPTION OF OPERATIONS: LOC # 37 6301 Gaston Avenue CITY:Dallas STATE: TX OUTSIDE INSIDE OWNER CITY:Dallas STATE: TX OUTSIDE OWNER CITY:Dallas STATE: TX OUTSIDE OWNER CITY LIMITS INTEREST #FULL TIME EMPL OPEN TO PUBLIC AREA: TOTAL BUILDING AREA: ANY AREA LEASED TO OTHERS? Y / N ANY AREA LEASED TO OTHERS? Y / N ANY AREA LEASED TO OTHERS? Y / N ANNUAL REVENUES: \$ OCCUPIED AREA: OCCUPIED AREA: TOTAL BUILDING AREA: OCCUPIED AREA: TOTAL BUILDING AREA: OCCUPIED AREA: TOTAL BUILDING AREA: OCCUPIED AREA: TOTAL BUILDING AREA:														
BLD#	PRIMARY E-MAIL ADDRESS: ### SECONDARY E-MAIL ADDRESS: ### SPULL TIME EMPL OPEN TO PUBLIC AREA: SOFT OTHERS? Y/N ANNUAL REVENUES: \$ OCCUPIED AREA: SOF													
SECONDARY E-MAIL ADDRESS: SECONDARY E-MAIL ADDR														
DESCRI	PTION OF OPERATIONS:		'			<u>'</u>				ANY AREA LEASED	TO OTHERS? Y / N			
NATU	RE OF BUSINESS									•				
					-		NT	-			DATE BUSINESS STARTED (MM/DD/YYYY)			
DETAIL	270050 00 050//05 0050	ATIONS & OF T	20741 041 50		LLATI	ON, SERVICE	OR REPA	IR WORK	OFF PREMI	SES INSTALLATION, SI	ERVICE OR REPAIR WORK			
KETAIL	STORES OR SERVICE UPER	ATIONS % UF I	OTAL SALES:				%				%			
ADDIT	IONAL INTEREST (I	Not all fields	s apply to	all scenario	s - p	rovide or	ly the n	ecessary	/ data) Attach A	CORD 45 for mor	re Additional Interests			
INTERES			ND ADDRESS			ENCE:	CERTIFIC		POLICY SEND B		ST IN ITEM NUMBER			
^ INS	DITIONAL LIENHOLI	DER Twain (Community	Partners II,	LLC					LOCATION:	BUILDING:			
BRI	EACH OF RRANTY LOSS PA	YEE								VEHICLE:	BOAT:			
	OWNER MORTGA	GEE								AIRPORT:	AIRCRAFT:			
EM										AIRT ORT.	AIRCRAFT:			
AS	PLOYEE LESSOR OWNER									ITEM CLASS:	ITEM:			
AS		ANT								ITEM	ITEM:			
AS LEA OW LEN	LESSOR OWNER		NCE / LOAN #:			INT	EREST EN	D DATE:		ITEM CLASS:	ITEM:			
AS LEA OW LEN	LESSOR OWNER ASEBACK NER DER'S REGISTR						EREST EN ONE (A/C, I			ITEM CLASS:	ITEM:			

EXPLA	a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY?														
1a. [S THE APPLICA	ANT A SUBSID	IARY OF ANOTHER ENTITY?												
	PARENT COMPA	NY NAME				RELATIONSHIP D	ESCRIPTION		% OWNED						
1b. D	OES THE APP	LICANT HAVE	ANY SUBSIDIARIES?												
	SUBSIDIARY CO	MPANY NAME				RELATIONSHIP D	ESCRIPTION		% OWNED						
2. [5	S A FORMAL S	AFETY PROG	RAM IN OPERATION?												
	SAFETY MA	NUAL	SAFETY POSITION MOI	NTHLY MEETINGS	OSHA										
3. A	NY EXPOSUR	E TO FLAMMA	BLES, EXPLOSIVES, CHEMICA	ALS?											
4. A	NY OTHER IN	SURANCE WI	TH THIS COMPANY? (List poli	icy numbers)											
.	LINE OF BUSINE	SS	POLICY NUMBER		LINE OF BUSINES	ss	POLICY NUMBER								
-															
5. A	PERATIONS?	(Missouri App	DECLINED, CANCELLED OR Nolicants - Do not answer this qu	uestion)	RING THE PRIOR	THREE (3) YEARS	FOR ANY PREMI	SES OR							
-	NON-PAYMENT AGENT NO LONGER REPRESENTS CARRIER NON-RENEWAL UNDERWRITING CONDITION CORRECTED (Describe):														
6. A	NON-RENEWAL UNDERWRITING CONDITION CORRECTED (Describe): ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?														
B (I	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 A	8. ANY UNCORRECTED FIRE AND/OR SAFETY CODE VIOLATIONS?														
	3. ANY UNCORRECTED FIRE AND/OR SAFETY CODE VIOLATIONS? OCCUR DATE EXPLANATION RESOLVE DATE														
	OCCUR DATE	T HAD A FORE	ECLOSURE, REPOSSESSION, I	BANKRUPTCY OR		RUPTCY DURING TRESOLUTION	THE LAST FIVE (5		SOLVE DATE						
	OCCUR DATE	EXPLANATION				RESOLUTION		, KE	SOLVE DATE						
			SEMENT OR LIEN DURING THE	LAST FIVE (5) YE											
-	OCCUR DATE	EXPLANATION				RESOLUTION		RE	SOLVE DATE						
11. H	IAS BUSINESS	BEEN PLACE	D IN A TRUST? NAME OF TRUST	T:											
			FOREIGN PRODUCTS DISTRI			SOLD / DISTRIBUT	ED IN FOREIGN C	OUNTRIES?							
			IER BUSINESS VENTURES FOI			ESTED?									
14. C	OES APPLICA	NT OWN / LEA	ASE / OPERATE ANY DRONES?	? (If "YES", describe	e use)										
15 F	OES APPLICA	NT HIRE OTH	ERS TO OPERATE DRONES? ((If "YES" describe a	ıse)										
10. L				(ii i EO , describe (
REM	ARKS / PRO	CESSING IN	STRUCTIONS (ACORD 101	, Additional Rem	narks Schedule,	may be attache	d if more space	is required	d)						
PRIC	R CARRIER	RINFORMAT	TION												
YEAR			GENERAL LIABILITY	AUTOM	OBILE	PROP	ERTY	OTHER:							
	CARRIER														
	POLICY NUME	BER													
	PREMILIM			•		•		•							

EFFECTIVE DATE
EXPIRATION DATE

1 1110	IN OAKKILIN IINI OI	tina i loit (continucu)			
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):

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

AUGUREA-01 SMURPHY PAGE 1 OF 1 OTHER NAMED INSURED SCHEDULE NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4) GL CODE SIC NAICS FEIN OR SOC SEC# Lakewood Tower LLC BUSINESS PHONE #: WEBSITE ADDRESS CORPORATION JOINT VENTURE NOT FOR PROFIT ORG SUBCHAPTER "S" CORPORATION LLC NO. OF MEMBERS PARTNERSHIP INDIVIDUAL TRUST AND MANAGERS: GL CODE SIC NAICS FEIN OR SOC SEC # NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4) 3309 Elm Owner LLC **BUSINESS PHONE #:** WEBSITE ADDRESS CORPORATION JOINT VENTURE NOT FOR PROFIT ORG SUBCHAPTER "S" CORPORATION LLC NO. OF MEMBERS AND MANAGERS: INDIVIDUAL PARTNERSHIP TRUST NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4) **GL CODE** SIC NAICS FEIN OR SOC SEC # **BUSINESS PHONE #:** WEBSITE ADDRESS CORPORATION JOINT VENTURE NOT FOR PROFIT ORG SUBCHAPTER "S" CORPORATION LLC NO. OF MEMBERS AND MANAGERS: INDIVIDUAL PARTNERSHIP TRUST NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4) GL CODE SIC NAICS FEIN OR SOC SEC # **BUSINESS PHONE #**: WEBSITE ADDRESS CORPORATION JOINT VENTURE NOT FOR PROFIT ORG SUBCHAPTER "S" CORPORATION LLC NO. OF MEMBERS AND MANAGERS: INDIVIDUAL PARTNERSHIP TRUST NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4) GL CODE SIC NAICS FEIN OR SOC SEC # **BUSINESS PHONE #:** WEBSITE ADDRESS CORPORATION JOINT VENTURE NOT FOR PROFIT ORG SUBCHAPTER "S" CORPORATION NO. OF MEMBERS INDIVIDUAL LLC **PARTNERSHIP** TRUST AND MANAGERS SIC NAICS NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4) GL CODE FEIN OR SOC SEC # **BUSINESS PHONE #:** WEBSITE ADDRESS CORPORATION NOT FOR PROFIT ORG JOINT VENTURE SUBCHAPTER "S" CORPORATION NO. OF MEMBERS AND MANAGERS: LLC PARTNERSHIP INDIVIDUAL TRUST NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4) GL CODE SIC NAICS FEIN OR SOC SEC # **BUSINESS PHONE #:** WEBSITE ADDRESS CORPORATION JOINT VENTURE NOT FOR PROFIT ORG SUBCHAPTER "S" CORPORATION LLC NO. OF MEMBERS INDIVIDUAL PARTNERSHIP TRUST AND MANAGERS: NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4) **GL CODE** SIC NAICS FEIN OR SOC SEC # **BUSINESS PHONE #:** WEBSITE ADDRESS CORPORATION JOINT VENTURE NOT FOR PROFIT ORG SUBCHAPTER "S" CORPORATION LLC NO. OF MEMBERS AND MANAGERS: INDIVIDUAL PARTNERSHIP TRUST

COMMERCIAL INSURANCE APPLICATION -



PROPERTY SECTION

		NAME e, Collins & A	Sso	ciates							CAI	RRII	ER										AIC (ODE
POLIC	ΥN	IUMBER							TIVE DATE 7/2024			ISURED	(S) Estate	Со							I			
BLA	NK	(ET SUMMAR)	Y																					
BLKT	#	AMOUNT				TY	PE				BLK	Т#		AMOUNT						TYPE				
				PR	REMISES #: 1		STREET	ADDR	ESS: ;	3309 Elm	ı St,	Dall	as, T	75226										
PRE	ΜI	SES INFORMA	ATIO	N BU	ILDING #: 1		BLDG DE					T												
		BJECT OF INSURAN	NCE		AMOUNT	C	COINS %	ATIO		AUSES OF L			LATION ARD %	DED		DED TYPE	BLKT #	F	ORMS	AND C	ONDI	IONS T	O AF	PLY
Blan	ke	t			71,500,	000			Sp	ecial (Incli ft)	uding			\$10,0	00 [Oollars								
Blan	ke	t			71,500,	000			Wi	ndstorm				\$870,0	00 [Oollars								
Busi Extra	ne a E	ss Income wi Expense	ith																					
Eartl	hq	uake			5,000,	000		Α	Ea	rthquake				\$25,0	00 [Oollars								
Eartl	hq	uake			5,000,	000		Α	Wir	ndstorm				\$870,0	00 [Oollars								
ADDIT	ADDITIONAL INFORMATION BUSINESS INCOME / EXTRA EXPEN									CORD 810		-	l v	ALUE REF	ORTI	NG INFOR	MATI	ON - Attac	h AC	ORD 81	1			
ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, E									RSE	MENTS	AND	RA	ING II	NFORM	ATIO	N								
SPOILAGE COVERAGES, OF HONS, RESTRICTIONS, I SPOILAGE COVERAGE (Y/N)												LIN \$				REFRIG AGREEI	MENT			DOWN	OR C	ONTAN	INAT	ION
												_	DUCTIB	LE		(Y / I	N)			R OUTA			SELL	ING
SINK	IOL	E COVERAGE (Req	uired i	in Florida)						ACCEPT	COVER	_	.	REJEC	T CO	VERAGE		LIMIT: \$						
		BSIDENCE COVERA				WV)				ACCEPT						VERAGE		LIMIT: \$						
		perty has been to tached Overfl		NATED AN	N HISTORICAL L	.ANDM	ARK						,	1				# OF OPI	EN SIE	DES ON	STRU	CTURE	:	
CONS	TRU	JCTION TYPE			DISTANCE HYDRANT FI	RE STA	AT MI	F	IRE DI	STRICT		CC	DE NUN	IBER P	кот с	L # STO	RIES	# BASM	TS	YR BU	LT	TOTAL	ARE	Α
		ING, YR:		PLUMBING	,	BLDC	CODE RADE	TAX	COD	E ROOF	TYPE			OTHER O	CUP	ANCIES								
F	ROO	FING, YR:		HEATING,	YR:		CLASS			SEMI- RESIS	STIVE				E OR	SOURCE I			RNING		ATE ISTAL	LED: _		
		ER:		YR	:		RESISTI	VE			SEC	OND	ARY HEA		TOIL	-IX.								
	BOIL		DLID FI	uei [BOIL			חווח	FUEL								
		OILER, IS INSURANC		_	SEWHERE?	7/Y	J							S INSURAI			SFWI	HERE?	\neg	Y / N				
		POSURE & DISTAN			LEFT EXP			ANCE						E & DISTA				REAR E	_		DIST	NCE		
																								_
BURGLAR ALARM TYPE CERTIFIC							IFICAT	Έ#								EXI	PIRATION	DATE		STA	TRAL ΓΙΟΝ 1 KEYS		LOCAL GONG	
BURGLAR ALARM INSTALLED AND SERVICED BY										EXT	ENT			GRA	DE	# G	UARDS /	WATC	HMEN		CLO	K HO	DURLY	
PREM	ISE	S FIRE PROTECTION	N (Spri	inklers, St	andpipes, CO2	Chemi	cal Syste	ems)		% SPI	RNK	FIRE	ALARN	I MANUFA	CTUR	ER						CENT		STATION
ADD	ITI	IONAL INTERE	ST	Δ	CORD 45 at	tache	d for	addit	lions	l names														-
INTER					ND ADDRESS				ENCE		RTIFIC	ATE							INT	EREST	ידו או	M NIIA	BFP	
		S PAYEE		Verite	x Communi								_					LOCAT				BUILDIN		
		RTGAGEE		PO Bo	x 863329 , TX 75086	_												ITEM CLASS:	J.4.			TEM:	<u></u>	
				i iaiio,	,													1TEM DI 3309	SCRI		•		75	226
				REFERE	NCE / LOAN #:																			

ADDITIONAL	PREM	ISES #: 2	ST	TREET	ADDRE	SS:	333 1st	Ave, I	Dallas, T	X 7	75226							
PREMISES INFORMATION	N BUILDI	NG #: 1		-	SCRIP		N:											
SUBJECT OF INSURANCE		AMOUNT	co	OINS %	VALU- ATION	C	CAUSES OF	LOSS	INFLATION GUARD %	N 6	DED	DED TYPE	BLK	FORM	IS AND CO	NDI	IONS TO APP	LY
Blanket						Sp	pecial (Inc eft)	luding			10,000							
Blanket						Wi	indstorm			\$	\$470,000	Dollar	S					
Business Income with Extra Expense																		
Earthquake		5,000,0	000		Α	Ea	arthquake				\$25,000	Dollar	s					
Earthquake		5,000,0			Α	Wi	indstorm			+	\$470,000							
ADDITIONAL INFORMATION	BUSINES	S INCOME /		YPENS	SF - Atts	ach	ACORD 810							ON - Attach A	CORD 811			
									DATING					ON - Attach A	CONDUIT			
ADDITIONAL COVERAGES	•	-	(ICTIO	NO, E	INDOI	13	EIVIEN I 3	AND		IIVI	OKIVIATI			ODTIONS				
SPOILAGE DESCRIPTION OF PI	ROPERTT CC	VEKED							LIMIT			REFRIG	S MAIN EMENT	. —			ONT A MINI A TIC	
(Y / N)									\$				/ N)	H BRE			ONTAMINATIC SELLIN	
									DEDUCTI	BLE				POW	ER OUTAG	BE.	PRICE	
SINKHOLE COVERAGE (Required in	n Florida)						ACCEPT	COVER	<u> </u>		REJECT C	OVERAG	E	LIMIT: \$				
MINE SUBSIDENCE COVERAGE (R	equired in IL,	IN, KY and \	WV)				ACCEPT	COVER	RAGE		REJECT C	OVERAG	E	LIMIT: \$				
PROPERTY HAS BEEN DESIG	NATED AN HI	STORICAL L	.ANDMAF	RK							1			# OF OPEN S	SIDES ON S	TRU	CTURE:	
See Attached Overflow.																		
See Attached Overhow.																		
CONSTRUCTION TYPE DISTANCE TO HYDRANT FIRE STAT FIRE DISTRICT CODE NUMBER PROT CL # STORIES # BASM'TS YR BUILT TOTAL AREA																		
		FT	MI BLDG (- 4×					Τ								
BUILDING IMPROVEMENTS			GRA	DE	TAX	COL	DE ROOF	TYPE		0	THER OCCU	PANCIES						
WIRING, YR:	PLUMBING, Y	R:				_					HEATING	COURCE	INCL V	NOODDI IDNII	NC DA	TE		
ROOFING, YR:	HEATING, YR	:	WIND C	CLASS	L		SEMI- RES	ISTIVE			STOVE C	R FIREPI	ACE IN	VOODBURNII ISERT	NG DA' INS	STAL	LED:	
OTHER:	YR:		RE	ESISTI	VΕ					M.	ANUFACTU	RER:						
PRIMARY HEAT								SEC	ONDARY H	EAT								
BOILER SOLID FU	JEL		_						BOILER		SOLI	D FUEL						
IF BOILER, IS INSURANCE PLA	ACED ELSEW	HERE?	Y/N						IF BOILER,	, IS I	NSURANCE	PLACED	ELSEW	HERE?	Y/N			
RIGHT EXPOSURE & DISTANCE		LEFT EXP	OSURE 8	& DIST	ANCE			FRO	NT EXPOSU	JRE	& DISTANC	E		REAR EXP	OSURE & D	IST	ANCE	
BURGLAR ALARM TYPE				CERTI	FICATE	#							EX	PIRATION DA	TE S	CEN STA	TRAL ION	LOCAL GONG
																WITI	KEYS	
BURGLAR ALARM INSTALLED AND	SERVICED E	3 Y						EXTE	ENT		GF	RADE	# 6	SUARDS / WA	TCHMEN		CLOCK HOU	JRLY
PREMISES FIRE PROTECTION (Spri	nklers, Stand	pipes, CO2 /	Chemica	al Syste	ems)		% SI	PRNK	FIRE ALAR	RM N	IANUFACTU	RER	<u> </u>				CENTRAL S	
ADDITIONAL INTEREST	X ACO	RD 45 att	tached	l for :	additi	On	al name										LOUAL GON	
INTEREST		ADDRESS			EVIDE			ERTIFIC.	ATE						NTEREST	א ודי	M NUMBER	
X LOSS PAYEE	Veritex C		-											LOCATION			BUILDING: 1	
	PO Box 8	63329 ⁻	,	., .										ITEM CLASS:	-		TEM:	
	Plano, TX	75086												ITEM DESC	PIPTION		I EIVI.	
																ılla	s, TX 752	26
	REFERENCI	E / LOAN #:													,		•	
REMARKS (ACORD 101,	v h	e attach	ed if	more sn	ace	e is reau	ired)		1									
					٠, ٠٠١٠٠	<u>, ^</u>						/						

SIGNATURE AGENCY CUSTOMER ID: ____AUGUREA-01 SMURPHY

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

	(Required in Florida)
DATE	NATIONAL PRODUCER NUMBER
	DATE



PROPERTY SECTION

DATE (MM/DD/YYYY)

						KU		KII	SI		, 110	'IN							07/19	/2024
	Y NAME gle, Collins & Ass	ociate	es						CA	RRI	ER								N/	AC CODE
POLICY	NUMBER							IVE DATE 7/2024			nsured t Real	(s) Estate	Со							
BLAN	IKET SUMMARY					,			•											
BLKT#				TYPI	E				BLK	(T#	-	AMOUNT					TYPE	.		
			PREMISES #: 3	S ⁻	TREET	ADDRES	ss: 6 ;	301 Ga	ston	Ave	enue, I	Dallas,	TX 75	211						
PREM	MISES INFORMATIO	ON [BUILDING #: 1	В	LDG DE	SCRIPT	ION:													
5	SUBJECT OF INSURANCE		AMOUNT	cc	OINS %	VALU- ATION	CAL	USES OF	Loss	INF	LATION JARD %	DED		DED TYPE	BLKT #	FO	RMS AND	COND	ITIONS TO	O APPLY
Blank	et						Spec	cial (Incl t) - Detai	uding I			10,0	00							
Blank	et						Wind	dstorm				975,0	00							
Busin Extra	ess Income with Expense																			
Earth	quake		5,000,0	000		Α	Eart	hquake				\$25,0	00 D	ollars						
Earth	quake		5,000,0	000		Α	Wind	dstorm				\$975,0	00 D	ollars						
ADDITIO	ONAL INFORMATION	BU	ISINESS INCOME /	EXTRA E	EXPENS	SE - Atta	ch AC	ORD 810			V	ALUE REF	PORTIN	G INFOR	RMATIC	ON - Attac	n ACORD 8	311		
ADDI	TIONAL COVERAGE	S, OP	TIONS, RESTR	RICTIO	NS, E	NDOF	RSEN	MENTS	AND	RA	TING II	NFORM	ATIO	١						
SPOIL		PROPER	RTY COVERED							LIN	ИΙΤ		1	REFRIG	MAINT	ОРТІОІ	NS			
COVER (Y/	-									\$				AGREEI (Y / I		В	REAKDOW	N OR	CONTAMI	NATION
										DE	DUCTIB	LE		(17)	\ 	PO	OWER OUT	ΓAGE		ELLING RICE
										\$										
SINKHO	DLE COVERAGE (Required	l in Floric	da)					ACCEPT	COVE	RAGI	E	REJEC	CT COV	ERAGE		LIMIT: \$				
MINE S	UBSIDENCE COVERAGE (Required	d in IL, IN, KY and V	VV)				ACCEPT	COVE	RAGI	E _	REJEC	CT COV	ERAGE		LIMIT: \$				
See A	ROPERTY HAS BEEN DESI Attached Overflow																N SIDES O			
CONST	RUCTION TYPE		DISTANCE HYDRANT FI	MI	ı			TRICT		CC	ODE NUM		ROT CL		DRIES	# BASM"	rs YR B	UILT	TOTAL	AREA
BUILDI	NG IMPROVEMENTS	٦		BLDG (GRA	CODE	TAX	CODE	ROOF	TYPE			OTHER O	CCUPA	NCIES						
WI	IRING, YR:	PLUMB	ING, YR:									1		2112251		(0000110		DATE		
RC	DOFING, YR:	HEATIN	IG, YR:	WIND (CLASS		SE	EMI- RESI	STIVE			HEA STO	/E OR	FIREPLA	CE IN	VOODBUR SERT	NING	DATE INST <i>E</i>	LLED:	
01	THER:	•	YR:	RI	ESISTI	/E						MANUFAC	TURE	₹:						
	RY HEAT								SEC	OND	ARY HEA									
	DILER SOLID			٦						BOI			OLID F				_			
	BOILER, IS INSURANCE P	LACED E		Y/N								S INSURAI		ACED EI	SEW		Y/N			
RIGHT	EXPOSURE & DISTANCE		LEFT EXP	OSURE	& DISTA	ANCE			FRC	NT E	XPOSUR	RE & DISTA	NCE			REARE	(POSURE			
BURGL	AR ALARM TYPE				CERTI	FICATE	#								EXF	PIRATION	DATE	CE ST	NTRAL ATION	LOCAL GONG
																		WI	H KEYS	
BURGL	AR ALARM INSTALLED AN	ND SERV	ICED BY						EXT	ENT			GRAD	ÞΕ	# G	UARDS/V	VATCHME	N _	CLOC	K HOURLY
PREMIS	SES FIRE PROTECTION (Sp	orinklers,	Standpipes, CO2 /	Chemica	al Syste	ems)		% SP	RNK	FIRE	E ALARM	I MANUFA	CTURE	R					-	RAL STATION _ GONG
ADDI	TIONAL INTEREST		ACORD 45 att	ached	d for a	additio	onal	names	i											
INTERE	ST	NAME	E AND ADDRESS	RANK:		EVIDE	NCE:	CE	RTIFIC	ATE								T IN I	EM NUM	
X LC	X LOSS PAYEE Veritex Community Bank c/o Insur PO Box 863329						nce	Service	e Cer	iter						LOCATION	_{DN:} 3		BUILDIN	_{G:} 1
MORTGAGEE Plano, TX 75086																ITEM CLASS:			ITEM:	
																I	SCRIPTIO			-11
		REFE	RENCE / LOAN #:													6301 C 75211	aston	AVE	nue, D	allas, TX

						AGENO	CY C	CUSTOME	R I	D:		AUGI	JRE	A-01			;	SMURPHY
ADDITIONAL	PREMIS	ES #:	STREE	T ADDRI	ESS:													
PREMISES INFORMATION	BUILDIN	G #:	BLDG	DESCRIF	TION:													
SUBJECT OF INSURANCE	A	MOUNT	COINS	% VALU	CA	USES OF LO	oss	INFLATION GUARD %	,	DED	DI TY	ED E	BLKT #	FORI	IS AND C	ONDITI	ONS T	O APPLY
									_									
									+									
									+									
					+				+									
ADDITIONAL INFORMATION	BUOINEGO	INCOME /	TYPA EVE	NOT A		0000 040			./	UE DED	DTING	INITODA	447101	M. Aussland	0000			
ADDITIONAL COVERAGES,			ICTIONS				ND					INFORM	MATIO	N - Attach	ACORD 81	1		
SPOILAGE COVERAGE (Y / N)				LINDO	<u></u>	MERTO A		LIMIT \$ DEDUCTII			RE	FRIG M GREEM (Y / N)	ENT		AKDOWN VER OUTA	Г	- 8	NATION ELLING PRICE
SINKHOLE COVERAGE (Required in F	Florida)					ACCEPT C	OVE	<u> </u>		REJEC	COVER	RAGE	L	IMIT: \$				
MINE SUBSIDENCE COVERAGE (Requ		I, KY and W	VV)			ACCEPT C	OVE	RAGE		REJEC	COVER	RAGE	L	.IMIT: \$				
PROPERTY HAS BEEN DESIGNA See Attached Overflow.	TED AN HIS	FORICAL LA	ANDMARK										#	OF OPEN	SIDES ON	STRUC	TURE	
CONSTRUCTION TYPE	HYDI	DISTANCE T RANT FIF	TO RE STAT	FI	IRE DIS	STRICT		CODE NU	MBE	ER PR	OT CL	# STOF	RIES	# BASM'TS	YR BUI	LT 1	OTAL	AREA
BUILDING IMPROVEMENTS WIRING, YR: PLU	UMBING, YR:		BLDG COD GRADE	Е ТАХ	CODE	ROOF T	YPE		от	HER OC	CUPANO	IES						
	ATING, YR:		WIND CLAS	H	s	EMI- RESIST	TIVE		MA	HEATI STOVE	OR FIR	RCE IN REPLAC	CL WO	DODBURNI ERT	NG D.	ATE ISTALL	.ED:	
PRIMARY HEAT			1				SEC	CONDARY HE	AT									
BOILER SOLID FUE	L		-			[BOILER		sc	LID FUE	L [7			
IF BOILER, IS INSURANCE PLACE			Y/N					IF BOILER,	IS IN	NSURAN	CE PLAC	ED ELS	SEWHE	ERE?	Y/N			
RIGHT EXPOSURE & DISTANCE		LEFT EXPO	OSURE & DIS	STANCE			FRC	ONT EXPOSU	RE 8	& DISTAN	ICE			REAR EXP	OSURE &			
BURGLAR ALARM TYPE			CEF	TIFICAT	E#								EXPI	RATION DA	TE	CENT STATI WITH		LOCAL
BURGLAR ALARM INSTALLED AND S	ERVICED BY						EXT	ENT			GRADE		# GU	ARDS / WA	TCHMEN		CLOC	K HOURLY
PREMISES FIRE PROTECTION (Sprink	ders, Standpi	pes, CO2 /	Chemical Sy	stems)		% SPRI	NK	FIRE ALAR	M M	ANUFAC	TURER							RAL STATION GONG
ADDITIONAL INTEREST	ACOR	D 45 att	ached fo	r addit	iona	l names												
	NAME AND A				ENCE:		TIFIC	CATE	-						NTEREST	IN ITE	M NUM	BER
LOSS PAYEE														LOCATION	:	В	JILDIN	G:
MORTGAGEE														ITEM CLASS:		IT	EM:	
														ITEM DESC	RIPTION			
R	REFERENCE	LOAN #:																
REMARKS (ACORD 101, A	<u>dditional</u>	Remark	s Sched	ule, ma	ay be	attache	d if	more spa	ace	is req	uired)							

SIGNATURE AGENCY CUSTOMER ID: ____AUGUREA-01 SMURPHY

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	(Required in Florida)
DATE	NATIONAL PRODUCER NUMBER
	DATE

SUBJECTS OF INSURANCE SCHEDULE

	SUBJE	:018	O	F INSURA	NCE 3	SCHEL	JULE		07/19/2024
	PREMISES #:1	STREET	ADDRE	_{SS:} 3309 Elm St, I	Dallas, Tک	75226			-
PREMISES INFORMATION	BUILDING #: 1	BLDG DI	SCRIP	TION:					
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU- ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Flood	5,000,000		I	Flood		\$50,000	Dollars		
	PREMISES #:1	STREET	ADDRE	_{SS:} 3309 Elm St, I	Dallas, T	75226			
PREMISES INFORMATION	BUILDING #: 1	BLDG DI	ESCRIP	TION:					
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU- ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
lood	5,000,000		I	Windstorm		\$470,000			
	PREMISES #:2	STREET	ADDRE	_{SS:} 333 1st Ave, [Dallas, TX	75226			
PREMISES INFORMATION	BUILDING #: 1	BLDG DI	SCRIP	TION:					
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU-	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT	FORMS AND CONDITIONS TO APPLY
lood	5,000,000		I	Flood	COARD 70	\$50,000			
	PREMISES #:2	STREET	ADDRE	_{SS:} 333 1st Ave, [Dallas, TX	75226			
PREMISES INFORMATION	BUILDING #: 1	BLDG DI	SCRIP	TION:					
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU- ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Flood	5,000,000		I	Windstorm	22000 /6	\$470,000			
	PREMISES #:3	STREET	ADDRE	SS: 6301 Gaston	Avenue, I	Dallas, TX	75211		
PREMISES INFORMATION	BUILDING #: 1	BLDG DI	SCRIP	TION:					
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU-	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT	FORMS AND CONDITIONS TO APPLY
lood	5,000,000		I	Flood	GOARD 70	\$50,000			
	PREMISES #:3	STREET	ADDRE	SS: 6301 Gaston	Avenue, I	Dallas, TX	75211		
PREMISES INFORMATION	BUILDING #: 1	BLDG DI	SCRIP	TION:					
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU-	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT	FORMS AND CONDITIONS TO APPLY
lood	5,000,000		I	Windstorm	COARD 70	\$975,000			
	PREMISES #:	STREET	ADDRE	SS:					
PREMISES INFORMATION	BUILDING #:	BLDG DI	SCRIP	TION:					
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU- ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
							=		
	PREMISES #:	STREET	ADDRE	SS:	'	1	•		
PREMISES INFORMATION	BUILDING #:	BLDG DI	ESCRIP	TION:					
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU- ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
	PREMISES #:	STREET	ADDDE	<u> </u>					
PREMISES INFORMATION	BUILDING #:	BLDG DI							
SUBJECT OF INSURANCE	AMOUNT	COINS %			INFLATION GUARD %	DED	DED TYPE	BLKT	FORMS AND CONDITIONS TO APPLY
SUBJECT OF INSURANCE	AWOUNT	COINS /6	ATION	CAUGES OF LUGG	GUARD %	DED	TYPE	#	FORMS AND CONDITIONS TO AFFEI
	PREMISES #:	STREET	ADDRE	SS:					
PREMISES INFORMATION	BUILDING #:	BLDG DI	SCRIP	TION:					
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU- ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
i i i i i i i i i i i i i i i i i i i	i .		[
	PREMISES #:	STREET	ADDRE	SS:					
PREMISES INFORMATION	PREMISES #: BUILDING #:	STREET BLDG DI							



ADDITIONAL INTEREST SCHEDULE

AGE	NCY						CARRIER					N	IAIC C	ODE
Swi	ngle, Colli	ns a	& Associate	es										/A
POL	CY NUMBER				EFFECTIVE DA	ATE	NAMED INSURED(S)					<u>'</u>		
					08/17/202	4	August Real E	state Co						
AD	DITIONAL I	NTE	REST (Not	all fields apply to all scenario	s - provid									
	REST			NAME AND ADDRESS RANK:	EVIDENCE:		CERTIFICATE	POLICY	SEND BILL	INTE	REST IN	TEM NUM	BER	
	ADDITIONAL		LOSS PAYEE	Twain Community Partners, II			CERTIFICATE	POLICT	SEND BILL	LOCATION:	1	BUILDIN		1
	INSURED BREACH OF		MORTGAGEE	1232 Washington Ave	i, LLC					VEHICLE:		BOAT:		•
	WARRANTY		OWNER	Saint Louis, MO 63103						AIRPORT:		AIRCRAI	гт.	
	CO-OWNER EMPLOYEE									ITEM			F1:	
-	AS LESSOR LEASEBACK		REGISTRANT							CLASS:				
	OWNER		TRUSTEE							ITEM DESCRIPTION				
	LIENHOLDER			REFERENCE / LOAN #:		INTE	EREST END DATE:			3309 Elm St I	Dallas,	TX 7522	6	
X	Building Owr	ner		LIEN AMOUNT:		PHC	ONE (A/C, No, Ext):			FAX (A/C, No):				
REA	SON FOR INTER	REST:				E-M	AIL ADDRESS:							
INTE	REST			NAME AND ADDRESS RANK:	EVIDENCE:		CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER				
	ADDITIONAL INSURED		LOSS PAYEE	Twain HTC Fund XXX, LLC						LOCATION:	1	BUILDIN	G:	1
	BREACH OF		MORTGAGEE	2200 Washington Ave						VEHICLE:		BOAT:		
	WARRANTY CO-OWNER		OWNER	Saint Louis, MO 63103						AIRPORT:		AIRCRAI	FT:	
-	EMPLOYEE		REGISTRANT							ITEM		ITEM:		
	AS LESSOR LEASEBACK									CLASS:	TION	11 - 111.		
\vdash	OWNER		TRUSTEE	DEEEDENCE // CAN #		,,,	EDECT END CASE			ITEM DESCRIP		TV =5		
H	LIENHOLDER			REFERENCE / LOAN #:		-	EREST END DATE:			3309 Elm St I	Jailas,	IX 7522	ь	
	Building Owr			LIEN AMOUNT:		-	ONE (A/C, No, Ext):			FAX (A/C, No):				
REA	SON FOR INTER	REST:		Т	1	E-M	AIL ADDRESS:			Г				
INTE	REST		1	NAME AND ADDRESS RANK:	EVIDENCE:		CERTIFICATE	POLICY	SEND BILL	INTE	REST IN I	TEM NUM	BER	
	ADDITIONAL INSURED		LOSS PAYEE	Twain Community Funding I,	LLC					LOCATION:	1	BUILDIN	G:	1
	BREACH OF WARRANTY		MORTGAGEE	2200 Washington Ave Saint Louis, MO 63103						VEHICLE:		BOAT:		
	CO-OWNER		OWNER	Saint Louis, WO 03103						AIRPORT:		AIRCRAI	FT:	
	EMPLOYEE AS LESSOR		REGISTRANT							ITEM CLASS:		ITEM:		
	LEASEBACK OWNER		TRUSTEE							ITEM DESCRIP	TION			
	LIENHOLDER		J	REFERENCE / LOAN #:		INTE	EREST END DATE:			3309 Elm St I	Dallas.	TX 7522	6	
Х	Building Owr	ner		LIEN AMOUNT:		PHC	ONE (A/C, No, Ext):		FAX (A/C, No):					
_	SON FOR INTER	REST:				E-MAIL ADDRESS:								
	REST			NAME AND ADDRESS RANK:	EVIDENCE:			201101		INTE	REST IN	TEM NUM	BER	
	ADDITIONAL		LOSS PAYEE	Twain Community Partners, II			CERTIFICATE	POLICY	SEND BILL	LOCATION:	2	BUILDIN		1
-	INSURED BREACH OF		MORTGAGEE	1232 Washington Ave	i, LLC					VEHICLE:		BOAT:	<u> </u>	
	WARRANTY			Saint Louis, MO 63103										
	CO-OWNER EMPLOYEE		OWNER							AIRPORT:		AIRCRAI	F1:	
	AS LESSOR LEASEBACK		REGISTRANT							CLASS:		ITEM:		
	OWNER		TRUSTEE							ITEM DESCRIP				
Ш	LIENHOLDER			REFERENCE / LOAN #:		INTE	EREST END DATE:			333 1st Ave [)allas,	TX 7522	6	
	Building Owr			LIEN AMOUNT:		-	ONE (A/C, No, Ext):			FAX (A/C, No):				
REA	SON FOR INTER	REST:		T	T	E-M	AIL ADDRESS:			.				
INTE	REST		1	NAME AND ADDRESS RANK:	EVIDENCE:		CERTIFICATE	POLICY	SEND BILL	INTE		TEM NUM		
	ADDITIONAL INSURED		LOSS PAYEE	Twain HTC Fund XXX, LLC						LOCATION:	2	BUILDIN	G:	1
	BREACH OF WARRANTY		MORTGAGEE	2200 Washington Ave						VEHICLE:		BOAT:		
	CO-OWNER		OWNER	Saint Louis, MO 63103						AIRPORT:		AIRCRAI	FT:	
	EMPLOYEE AS LESSOR		REGISTRANT							ITEM CLASS:		ITEM:		
AS LESSOR REGISTRANT LEASEBACK OWNER TRUSTEE										ITEM DESCRIP	TION			
	LIENHOLDER		J	REFERENCE / LOAN #:		INTE	EREST END DATE:			333 1st Ave [Dallas. '	TX 7522	6	
Х	Building Owr	ner		LIEN AMOUNT:		PHONE (A/C, No, Ext): FAX (A/C, No):								
	SON FOR INTER			1		E-M	AIL ADDRESS:							



ADDITIONAL INTEREST SCHEDULE

AGE	NCY						CARRIER					NA	C COD	E
Sw	ingle, Colli	ns a	& Associate	es										
POL	ICY NUMBER				EFFECTIVE DA	ATE	NAMED INSURED(S)							
					08/17/202	4	August Real E	state Co						
AD	DITIONAL I	NTE	REST (Not	all fields apply to all scenario										
	REST			NAME AND ADDRESS RANK:	EVIDENCE:	<u> </u>	CERTIFICATE	POLICY	SEND BILL	INTER	REST IN I	TEM NUMBE	R	
	ADDITIONAL		LOSS PAYEE	Twain Community Funding I,			CERTIFICATE	POLICT	SEND BILL	LOCATION:	2	BUILDING:	1	
	INSURED BREACH OF		MORTGAGEE	2200 Washington Ave	LLO					VEHICLE:		BOAT:		-
\vdash	WARRANTY CO-OWNER		OWNER	Saint Louis, MO 63103						AIRPORT:		AIRCRAFT		
\vdash	EMPLOYEE									ITEM		ITEM:		
	AS LESSOR LEASEBACK		REGISTRANT							CLASS: ITEM.				
	OWNER		TRUSTEE			_								
	LIENHOLDER			REFERENCE / LOAN #:		INT	EREST END DATE:			333 1st Ave D	allas,	TX 75226		
X	Building Owr	ner		LIEN AMOUNT:		PH	ONE (A/C, No, Ext):			FAX (A/C, No):				
REA	SON FOR INTER	REST:				E-N	MAIL ADDRESS:							
INTE	REST		1	NAME AND ADDRESS RANK:	EVIDENCE:		CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER				
	ADDITIONAL INSURED		LOSS PAYEE	Twain Community Partners, I	I, LLC					LOCATION:	3	BUILDING:	1	l
	BREACH OF WARRANTY		MORTGAGEE	1232 Washington Ave						VEHICLE:		BOAT:		
	CO-OWNER		OWNER	Saint Louis, MO 63103						AIRPORT:		AIRCRAFT		
	EMPLOYEE AS LESSOR		REGISTRANT							ITEM CLASS:		ITEM:		
	LEASEBACK		TRUSTEE							ITEM DESCRIPT	ION			
	OWNER LIENHOLDER		J	REFERENCE / LOAN #:		INT	EREST END DATE:			6301 Gaston	Δvenu	Dallas 1	X 752	11
х	Building Owr	ner		LIEN AMOUNT:		PH	ONE (A/C, No, Ext):			FAX (A/C, No):				
	SON FOR INTER					+	MAIL ADDRESS:			, , ,				
INTE	REST			NAME AND ADDRESS RANK:	EVIDENCE:		CERTIFICATE	POLICY	SEND BILL	INTER	REST IN I	TEM NUMBE	R	
	ADDITIONAL		LOSS PAYEE	Twain HTC Fund XXX, LLC	EVIDENCE.		CERTIFICATE	POLICT	SEND BILL	LOCATION:	3	BUILDING:	1	
	INSURED BREACH OF		MORTGAGEE	2200 Washington Ave						VEHICLE:		BOAT:		
	WARRANTY CO-OWNER		OWNER	Saint Louis, MO 63103						AIRPORT:		AIRCRAFT		
	EMPLOYEE		REGISTRANT							ITEM		ITEM:		
	AS LESSOR LEASEBACK									CLASS:				
	OWNER		TRUSTEE							ITEM DESCRIPT		- D-II 7	V 750	
	LIENHOLDER Building Owr	or		REFERENCE / LOAN #:		-	EREST END DATE:		6301 Gaston Avenue Dallas, TX 75211					
X				LIEN AMOUNT:		PHONE (A/C, No, Ext): FAX (A/C, No):								
	SON FOR INTER	(ES1:	:	T		E-IV	MAIL ADDRESS:							
INTE	REST ADDITIONAL		1	NAME AND ADDRESS RANK:	EVIDENCE:		CERTIFICATE	POLICY	SEND BILL			TEM NUMBE		
	INSURED BREACH OF		LOSS PAYEE	Twain Community Funding I, 2200 Washington Ave	LLC					LOCATION:	3	BUILDING:	1	
	WARRANTY		MORTGAGEE	Saint Louis, MO 63103						VEHICLE:		BOAT:		
	CO-OWNER EMPLOYEE		OWNER	·						AIRPORT:		AIRCRAFT		
	AS LESSOR LEASEBACK		REGISTRANT							CLASS:		ITEM:		
	OWNER		TRUSTEE							ITEM DESCRIPT				
Ш	LIENHOLDER			REFERENCE / LOAN #:		+	EREST END DATE:			6301 Gaston	Avenu	e Dallas, 1	X 752	:11
	Building Owr			LIEN AMOUNT:		+	ONE (A/C, No, Ext):			FAX (A/C, No):				
REA	SON FOR INTER	REST:		T		E-N	MAIL ADDRESS:							
INT	REST		1	NAME AND ADDRESS RANK:	EVIDENCE:		CERTIFICATE	POLICY	SEND BILL		REST IN I	TEM NUMBE	R	
Ш	ADDITIONAL INSURED		LOSS PAYEE							LOCATION:		BUILDING:		
Ш	INSURED BREACH OF WARRANTY		MORTGAGEE							VEHICLE:		BOAT:		
	CO-OWNER		OWNER							AIRPORT:		AIRCRAFT		
	EMPLOYEE AS LESSOR		REGISTRANT							ITEM CLASS:		ITEM:		
AS LESSOR LEASEBACK OWNER TRUSTEE										ITEM DESCRIPT	ION			
	LIENHOLDER			REFERENCE / LOAN #:		INT	EREST END DATE:							
				LIEN AMOUNT:		PH	ONE (A/C, No, Ext):			FAX (A/C, No):				
REA	SON FOR INTER	REST:				E-N	MAIL ADDRESS:							



AGENCY CUSTOMER ID: AUGUREA-01

	S	MUR	PHY	
Page	1	of	1	

ACORD	FORMS AND E	ENDORS	EMENTS SCHEDULE	Page _	of	_1_
AGENCY			CARRIER		NAIC CO	ODE
Swingle, Collins & Associates					N/A	
POLICY NUMBER		EFFECTIVE DATE	NAMED INSURED(S)			
		08/17/2024	August Real Estate Co			

OC#	VEH#	BOAT#	ITEM#	FORM NUMBER	FORM NAME	EDITION DATE	COPYRIGHT OWNER CODE
1					Earth Movement Coverage	08/22/2024	
1					Flood Coverage	08/22/2024	
3					Roof Covering Valuation	08/22/2024	
					-		
			-				



COMMERCIAL GENERAL LIABILITY SECTION

CARRIER

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

NAIC CODE

Swing	le, Collins	& Associates										N/A			
POLIC	CY NUMBE	R		08/17/20	- 1		JUST RE								
		T - If CLAIMS MADE is checke ovisions of the policy carefully		ERAGE / LIMITS	S sec	tion	below, t	his i	s an ap	plication fo	r a claims-ma	de policy.			
CO	COVERAGES LIMITS														
		AL GENERAL LIABILITY		GENERAL AGGREG	GATE					\$	2,000,000	PREI	MIUMS		
	CLAIM	S MADE OCCURRENC	E	LIMIT APPLIES PER	R:	X P	POLICY		LOCATIO	·	_,000,000	PREMISES/OPE			
١ .		CONTRACTOR'S PROTECTIVE				P	ROJECT		OTHER:						
				PRODUCTS & COM	IPLETE	D OPE	ERATIONS	AGGI		\$	2,000,000	PRODUCTS	PRODUCTS		
DEDUCTIBLES PERSONAL & ADVERTISING INJURY											1,000,000				
	PROPERTY	DAMAGE \$		EACH OCCURRENCE						\$	1,000,000	OTHER			
	BODILY INJ	IURY \$	PER CLAIM	DAMAGE TO RENT	ED PRI	EMISE	S (each oc	curre	nce)	\$	1,000,000				
		\$	PER OCCURRENCE	MEDICAL EXPENSI	E (Any	one pe	erson)			\$	10,000	TOTAL			
				EMPLOYEE BENEF	ITS					\$					
										\$					
	OTHER COVERAGES, RESTRICTIONS AND/OR ENDORSEMENTS (For hired/non-owned auto coverages attach the applicable state Business Auto Section, ACORD 137) See attached Forms & Endorsements Schedule.														
	APPLICABLE ONLY IN WISCONSIN: IF NON-OWNED ONLY AUTO COVERAGE IS TO BE PROVIDED UNDER THE POLICY: 1. UM / UIM COVERAGE IS IS IS NOT AVAILABLE. 2. MEDICAL PAYMENTS COVERAGE IS IS IS NOT AVAILABLE.														
SCH	IEDULE	OF HAZARDS													
LOC	HAZ	CLASSIFICATION	CLASS	PREMIUM		FXPO	SURE		TERR	RA	TE	PREM	IUM		
#	#		CODE	BASIS		LAI O	JOOKE		I LIVIV	PREM/OPS	PRODUCTS	PREM/OPS	PRODUC	CTS	
1		Buildings or Premises-bank,office-merc,Mfg(les sor's risk only)-Other than Not-FP	61212	A		67,0	000			31.61500		\$2,321.00			
2		Buildings or Premises-bank,office-merc,Mfg(les sor's risk only)-Other than Not-FP	61212	A		36,	000			31.61500		\$1,217.00			
3	1	Buildings or Premises-bank,office-merc,Mfg(les sor's risk only)-Other than Not-FP	61212	A		120,	,000			31.61500		\$1,157.00			
			AYROLL - PER \$1, REA - PER 1,000/S				OTAL COS				(U) UNIT - PE (T) OTHER	R UNIT			
		DE (Explain all "Yes" respor	nses)											Y/N	
1. P	ROPOSE	D RETROACTIVE DATE:													
2. E	NTRY DA	TE INTO UNINTERRUPTED CLAIM	MS MADE COVI	ERAGE:											
3. HAS ANY PRODUCT, WORK, ACCIDENT, OR LOCATION BEEN EXCLUDED, UNINSURED OR SELF-INSURED FROM ANY PREVIOUS COVERAGE?															
4. W	/AS TAIL	COVERAGE PURCHASED UNDEF	R ANY PREVIOU	JS POLICY?											
		DENECITO I IADII ITV													
		BENEFITS LIABILITY LE PER CLAIM: \$			3 N		FR OF F	MDI	TYFES (FMPI OVEE BI	ENEFITS PLANS			
		DF EMPLOYEES:					DACTIVE			OVENED BY	LIVIE LOTEE DI	LINEI II O FLAIN	ر.		
IN	OIVIDER (/ LIVIFLUTES.			+. K	- IK	JAC IIVE	ואט	L .						

AGENCY CUSTOMER ID: AUGUREA-01 SMURPHY

CONTRACTORS			AG	ENCY CUSTO	DMER ID: A	OGGINEA GI		Oilic	
EXPLAIN ALL "YES" RESPONSES	(For all past or present operat	ions)							Y/N
1. DOES APPLICANT DRAW	/ PLANS, DESIGNS, OR SI	PECIFICATIONS FOR	OTHERS?						
2. DO ANY OPERATIONS IN	ICLUDE BLASTING OR UT	ILIZE OR STORE EXP	PLOSIVE MATE	RIAL?					
3. DO ANY OPERATIONS IN	ICLUDE EXCAVATION, TU	INNELING, UNDERGR	OUND WORK	OR EARTH MC	VING?				
4. DO YOUR SUBCONTRAC	TORS CARRY COVERAG	ES OR LIMITS LESS T	HAN YOURS?						
5. ARE SUBCONTRACTORS	S ALLOWED TO WORK WI	THOUT PROVIDING Y	OU WITH A CE	ERTIFICATE OF	F INSURANCE	?			
6. DOES APPLICANT LEASE	E EQUIPMENT TO OTHER	S WITH OR WITHOUT	OPERATORS	?					
DESCRIBE THE TYPE OF WORK S	SUBCONTRACTED	\$ PAID TO SUB- CONTRACTORS:		% OF WORK SUBCONTRA	CTED:	# FULL- TIME STAFF:		# PART- TIME STAFF:	
PRODUCTS / COMPLE	TED OPERATIONS								
PRODUCTS	ANNUAL GROSS SALES	# OF UNITS	TIME IN E	(PECTED	INTENDED	IISE	PRINC	CIDAL COMPONEN	TS

PRODUCTS / COMPLETED OPERATIONS													
PRODUCTS	ANNUAL GROSS SALES	# OF UNITS	TIME IN MARKET	EXPECTED LIFE	INTENDED USE	PRINCIPAL COMPONENTS	ŝ						
EXPLAIN ALL "YES" RESPONSES	(For all past or present produ	cts or operations) PLEASI	E ATTACH LI	TERATURE, E	ROCHURES, LABELS, WARNINGS, ETC.		Y/N						
1. DOES APPLICANT INSTA	ALL, SERVICE OR DEMON	STRATE PRODUCTS?	•										
FOREIGN PRODUCTS SOLD, DISTRIBUTED, USED AS COMPONENTS? (If "YES", attach ACORD 815)													
			•	attach ACOR	D 815)								
3. RESEARCH AND DEVEL	OPMENT CONDUCTED C	R NEW PRODUCTS PL	_ANNED?										
4. GUARANTEES, WARRAN	NTIES. HOLD HARMLESS	AGREEMENTS?											
	,												
5. PRODUCTS RELATED TO	O AIRCRAFT/SPACE INDI	JSTRY?											
6. PRODUCTS RECALLED,	DISCONTINUED, CHANG	ED?											
7. PRODUCTS OF OTHERS	S SOI D OR RE-PACKAGE	D LINDER APPLICANT	Ι ΔRFI 2										
7. TRODUCTO OF OTHER	OOLD ON NE-1 AONAGE	D ONDER ALL EIGANT	LADEL:										
8. PRODUCTS UNDER LAB	EL OF OTHERS?												
9. VENDORS COVERAGE F	REQUIRED?												
10. DOES ANY NAMED INSU	IRED SELL TO OTHER NA	MED INSUREDS?											
TO. DOES ANT NAMED INSC	MED SELL TO OTHER IN	WILD INSUITEDS!											
							1 '						

SMURPHY

AGENCY CUSTOMER ID: AUGUREA-01

ΔD	DITIONAL INTERES	/ CERT	IFICATE	RECIPIENT		ACOF	מא			for additional						
	REST		AND ADDRE		EVID	ENCE:		CERTIFICATE	<u> </u>	or additional	Hai	1103		INTERES	T IN ITEM NUM	BFR
	ADDITIONAL INSURED								J				LOCATI		BUILDIN	
	EMPLOYEE AS LESSOR												ITEM CLASS:		ITEM:	<u>. </u>
	LIENHOLDER													ESCRIPTION	N	
	LOSS PAYEE															
	MORTGAGEE															
		REFER	ENCE / LOA!	N #:			l									
GE	NERAL INFORMATION	N														
EXP	LAIN ALL "YES" RESPONSE	6 (For all pa	st or presen	t operations)												Y/N
1.	ANY MEDICAL FACILITI	ES PROV	IDED OR I	MEDICAL PROFE	ESSIO	NALS EN	1PL	OYED OR CO	NC	TRACTED?						
2	ANY EXPOSURE TO RA	DIOACTI	VE/NUCLE	AR MATERIALS	2											
۷.	ANT EXI COOKE TO TO	DIONOTI	, L/NOOLL	, are when the lander	•											
3.	DO/HAVE PAST, PRESE								EΑ	TING, DISCHA	RGIN	IG, APPLY	/ING, DIS	POSING,	OR	
	TRANSPORTING OF HA	ZARDOU	SMATERI	IAL? (e.g. landfills	s, wast	ies, fuel ta	anks	s, etc)								
							_									
4.	ANY OPERATIONS SOL	D, ACQU	RED, OR I	DISCONTINUED	IN LA	ST FIVE ((5)	YEARS?								
_																
5.	DO YOU RENT OR LOAI	NEQUIPM	ENT TO O	THERS?			—									
	EQUIPMENT						—		_	TYPE OF	EQU			INSTRUCT	ION GIVEN (Y/N	1)
							—			SMALL TOOLS		LARGE EQ				_
	ANNOMATEROPAET RO	01/0 51								SMALL TOOLS		LARGE EQ	UIPMENT			
ъ.	ANY WATERCRAFT, DO	CKS, FLC	JA 15 OWN	NED, HIRED OR	LEASE	ΞD?										
7	ANY PARKING FACILIT	ES OWNE		D2												
۲.	ANT FARRING FACILITY	L3 OWN	.D/IXLINIL	D:												
8.	IS A FEE CHARGED FO	R PARKIN	 \G?				-									
9.	RECREATION FACILITIE	S PROVI	DED?													
10.	ARE THERE ANY LODG	ING OPE	RATIONS	INCLUDING APA	RTME	ENTS? (If	"YI	ES", answer t	he	following):						
	# APTS TOTAL AP	T AREA	DESCRIBE	OTHER LODGING	OPER/	ATIONS										
		Sq. Ft.														
11.	IS THERE A SWIMMING	POOL ON	PREMISE	S? (Check all tha	at apply	y)							_			
	APPROVED FENCE	LIMIT	TED ACCESS	DIVING B	OARD	SL	IDE	ABOVI	E G	ROUND IN	I GRO	DUND	LIFE GL	JARD		
12.	ARE SOCIAL EVENTS S	PONSOR	ED?													
13.	ARE ATHLETIC TEAMS	SPONSOF	RED?				_									_
	TYPE OF SPORT		CONTACT PORT (Y/N)	AGE GROUP		13 - 18		TYPE OF SP	OR	т		ONTACT PORT (Y/N)	AGE GRO	UP	13 - 18	
			OK! (!/ik)	12 & UNDER		OVER 18					0.	O. (1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	12 &	UNDER	OVER 18	
	EXTENT OF SPONSORSHI	P:			_	1 - 1 - 1 - 1	\exists	EXTENT OF	SP	ONSORSHIP:			1			1
14.	ANY STRUCTURAL ALT		IS CONTE	MPLATED?												'
				-												
15.	ANY DEMOLITION EXP	OSURE C	ONTEMPL	ATED?			_									

O.L	MERAL IN ORMATION (CONTINUES)												
EXF	LAIN ALL "YES" RESPONSES (For all past or present operation	itions)			Y/N								
16.	. HAS APPLICANT BEEN ACTIVE IN OR IS CURRENTLY ACTIVE IN JOINT VENTURES?												
17.	DO YOU LEASE EMPLOYEES TO OR FROM OTHE	R EMPLOYERS?											
	LEASE TO	WORKERS COMPENSATION COVERAGE CARRIED (Y/N)	LEASE FROM	WORKERS COMPENSATION COVERAGE CARRIED (Y/N)									
18.	IS THERE A LABOR INTERCHANGE WITH ANY C	THER BUSINESS OR SUBS	DIARIES?										
19.	ARE DAY CARE FACILITIES OPERATED OR CON	ITROLLED?											
20.	HAVE ANY CRIMES OCCURRED OR BEEN ATTE	MPTED ON YOUR PREMISE	S WITHIN THE LAST THREE (3) YEARS?									
21.	IS THERE A FORMAL, WRITTEN SAFETY AND SI	ECURITY POLICY IN EFFEC	Γ?										
22.	DOES THE BUSINESSES' PROMOTIONAL LITER	ATURE MAKE ANY REPRES	ENTATIONS ABOUT THE SAF	ETY OR SECURITY OF THE PREMISES?									

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

SIGNATURE

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

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

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

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

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

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

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

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

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

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

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



AGENCY CUSTOMER ID: AUGUREA-01

FORMS AND ENDORSEMENTS SCHEDULE Page 1 of 1

SMURPHY

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

EUDWG	VIII	FNDORSEMEN	TC

OC#	VEH#	BOAT#	ITEM#	FORM NUMBER	FORM NAME	EDITION DATE	COPYRIGHT OWNER CODE
"	#	2001#		CG20261219	ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZ		COIOIII OMNER CODE
				CG20261219	ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZ		
					ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZ		
				CG20261219		0.4/0.4/0.00.4	
				UGL1203ACW	Pollution Liability Exclusion Disclosure Notice	04/04/2024	
			i		I	1	

LOC #: 1 BLDG #: 1



ACORD	CRIM	ME SEC	ΓΙΟΝ 2000			M/DD/YYYY) 1 9/2024
AGENCY Swingle, Collins & Associates			CARRIER	L		NAIC CODE
POLICY NUMBER	E	FFECTIVE DATE	APPLICANT (FIRST NAMED INSURED)			
	(08/17/2024	August Real Estate Co			
COVERAGE BASIS FOR	COVERAGE: D	ISCOVERY	LOSS SUSTAINED			
COVERAGE	LIMIT	DEDUCTIBLE	COVERAGE	LIMIT		DEDUCTIBLE
EMPLOYEE THEFT SCHEDULE	ş 25,000	5,000	INSIDE THE PREMISES ROBBERY OR BURGLARY OF OTHER PROPERT	-Y		
ERISA	\$	N/A	BLANKET SCHEDULE	\$		
AGGREGATE	\$		OUTSIDE THE PREMISES			
ERISA EXCESS AMOUNT OVER BLANKET LIMIT	\$		MONEY AND SECURITIES	\$	25,000	5,000
TOTAL ASSET VALUE	\$		OTHER PROPERTY	\$		
` '	\$		X BLANKET SCHEDULE	-	25 000	E 000
EMPLOYEE THEFT GOVERNMENTAL CRIME BLANKET SCHEDULE			COMPUTER FRAUD FUNDS TRANSFER FRAUD	\$	25,000 25,000	5,000 5,000
PER LOSS PER	\$			•	23,000	3,000
EMPLOYEE	\$ 25,000	5.000	MONEY ORDERS AND COUNTERFEIT PAPER CURRENCY	\$	25,000	5,000
INSIDE THE PREMISES	3 20,000	0,000		3	20,000	0,000
THEFT OF MONEY AND SECURITIES				\$		
X BLANKET SCHEDULE	\$ 25,000	5,000				
COVERAGE ENDORSEMENTS (Attach	n ACORD 101, Additio	onal Remarks	Schedule, if more space is required)		
ERISA EMPLOYEE THEFT - ADDITION	IAI INFORMATION					
NAME OF PLAN	PRINCIPAL A	DDRESS	l N	IUMBER OF TRUSTE	ES, N	UMBER OF
			н	EMPLOYEES, ETC ANDLING PLAN ASSI	ETS PLAN	PARTICIPANTS
IS THERE A LICENSED SECURITIES FIRM RESPONS	iBI F					
FOR INVESTING OF FUNDS UNDER PLAN(S)? (Y / N						
GENERAL INFORMATION						
EXPLAIN ALL "YES" RESPONSES						Y/N
1. ARE VOLUNTEERS USED? (If "YES", # of v	volunteers):					
2. ANY EMPLOYEES LEASED TO OTHERS?	(If "YES", give number and	l explain) # Of	EMPLOYEES LEASED TO OTHERS:	_		
3. ANY EMPLOYEES LEASED FROM OTHERS	S? (If "YES", give number	and explain)	# OF EMPLOYEES LEASED FROM OTHERS	<u> </u>		
4. ANY EMPLOYEES PERFORM MONEY INVE	ESTING OR TRADING?					
5. ANY EMPLOYEES RECEIVE OR ISSUE WA	AREHOUSE RECEIPTS?					
6. ANY EMPLOYEE(S) BEEN CANCELLED FO	OR CRIME COVERAGE BY	ANY INSURER	? (Missouri Applicants - Do not answer this	question)		
7. DOES APPLICANT HAVE ANY WRITTEN AG	ODEEMENTS WITH OLIEN	UTC2				
1. DOLG AFFLICANT HAVE ANT WRITTEN AC	ONLLIVILIVI O VVII ITI OLIEI	110!				
8. DOES APPLICANT TRANSFER ANY FUNDS	S VIA PHONE OR FAX?					
9. ANY EXPOSURE FROM LOSS TO GUEST F	PROPERTY?					

SMURPHY

AGENCY CUSTOMER ID: AUGUREA-01 LOC #: 1

CLAS	SIFICATION OF EMPLOYEES /	LOC	ATIONS				LOC	#:	1		_BLDG #:	1_		
	LIST ALL OFFICERS AND EMP HANDLE OR HAVE CUSTODY OF	LOYE	ES (Including the											
NUMBER	OF:	NUMB	ER OF:			NU	MBER OF:			NUMBER	OF:			
	ACCOUNTANTS AND ASSTS		COLLECTORS				LOCKER ROOM ATTE	NDA	NTS		STOCK CLEF	≀KS		
	ADJUSTERS		COMPUTER PR	OGR	AMMERS		MAITRE D'S AND ASS	TS			STOREKEEP	ERS		
	ADMINISTRATORS AND ASSTS		COMPTROLLER	RS AN	ND ASSTS		MANAGERS AND ASS	TS			STOREROOM	и PER	RSONNEL	
	APPRAISERS AND CLERKS ACTING AS APPRAISERS		CREDIT CLERK	S AN	D MANAGERS		MEDICAL DIRECTORS	3			SUPERINTEN	NDEN.	TS AND ASST	s
	ATTORNEYS		CUSTODIANS				MESSENGERS, OUTS	IDE			SUPERVISOR	RS AN	ID ASSTS	
	AUDITORS AND ASSTS		DELIVERY PER	SONS	S		PAYROLL DISTRIBUTO	ORS			TAXI DRIVER	≀S		
	BOOKKEEPERS		DEMONSTRATO	ORS			PURCHASING AGENT	S AN	ID ASSTS		TEACHERS H	HAVIN	IG CUSTODY	
	BUS DRIVERS		DIETITIANS WE		RDER FOOD		RECEIVING CLERKS				TIMEKEEPER			
	BUYERS AND ASSTS		DRIVERS AND				REFINERY GAUGERS HANDLING REFINED (OF C	OIL COS		TRUCK DRIV		.57.00.0	
	CANVASSERS		FOOD INSPECT				SALESPEOPLE	JASC	JLINE& OILS		WAREHOUSI		SONNEI	
	(Door-to-door salespeople) CASHIERS AND ASSTS		HEAD PHARMA				SECURITY PERSONNI	E1	-		WINE CELLA			
	CHAIRPERSONS		INSTRUCTORS	HAV	ING CUSTODY		SERVICE STATION AT		DANTE		WINE STEWA			
			OF MONEY OR	SEC	URITIES			IEIN	DANIS		ALL OTHER	OFFIC	ERS AND	_
NUMBER	OF TOTAL NUMBER OF		JANITORS MANUFAC	TURI	ERS, PROCESSOR ORS; NUMBER OF	_ S, WI	SHIPPING CLERKS	A	LL OTHER C	LASSES;	EMPLOYEES NUMBER OF L OME OR HEAD	OCA-	LISTED ABOY	VE
			OR DISTR	IBUT	ORS; NUMBER OF	RETA	AIL LOCATIONS:	T	IONS OTHER	THAN HC	ME OR HEAD	OFFIC	CES:	
	S PRACTICES													V/N
NO EXPL	ANATION REQUIRED													Y/N
	RIOR EMPLOYER HISTORY CHECKE													
	DUCATION AND TRAINING VERIFIED)?												
3. IS D	RUG TESTING CONDUCTED?													
4. IS A	FORMAL TRAINING PROGRAM EST	ABLIS	HED AND FOLL	OWE	D?									
5. ARE	CREDIT CHECKS SECURED FOR E	MPLC	YEES WITH ACC	CESS	TO FINANCIAL	TRA	NSACTIONS?							
6. ARE	SOCIAL SECURITY NUMBERS VER	IFIED ¹	?											
	RIMINAL HISTORY CHECKED?						/FF00							
_	MANAGERS PROVIDED WITH NAMI			ALL	. ASSIGNED EMI	-LO	YEES?							
	ANATION REQUIRED UNLESS STATED OT													Y/N
1. AU	DIT IS PERFORMED BY:		СРА		PUBLIC ACCOUN	TAN	STAFF							
2. NA	ME AND ADDRESS OF PERSON OR	FIRM	PERFORMING A	UDI.	 Т									
3. DA	TE OF COMPLETION OF LAST AUDI	T OF (246H & 4CCOLIN	JTC:			DATE OF COMPLE	TION	JOELAST.	ALIDIT O	E INIVENITOR			
		T OF C		VI 5:	CEMI ANNIHAI		QUARTERLY	HON	N OF LAST /	AUDIT U	F INVENTOR			
	DIT FREQUENCY?		ANNUAL		SEMI-ANNUAL	-		_						
	DIT REPORT IS RENDERED TO:		OWNER		PARTNERS		BOARD OF DIRECTORS		TAY DETUDA	LONILY				
b. FIIN	ANCIAL FORMAT IS:		AUDIT		REVIEW		COMPILATION		TAX RETURN	IONLY				
7. AR	E ALL LOCATIONS AUDITED?													
8. IS /	AUDIT MADE IN ACCORDANCE WITH	I GEN	IERALLY ACCEP	TED	AUDITING STA	NDA	RDS AND SO CERTIFIED	? (If	"NO", expla	in scope	of audit)			
9. WE	RE ANY DISCREPANCIES OR LOOS	E PR	ACTICES COMM	ENT	ED UPON IN THI	S Al	JDIT? (If "YES", submit a	сору	of the audit	and aud	litor's comme	∩ts).		
10. DO	ES AUDIT INCLUDE INVENTORY?													
11. AR	E REFERENCES OF ALL NEW HIRES	S CHE	CKED WITH RE	SPE	CT TO EMPLOYI	MEN	T HISTORY?							
12. DO	ES AUDIT DEPARTMENT HAVE A PR	ROGR	AM TO DETECT	GHC	OST EMPLOYEES	S?								
13. IS I	PAYROLL SYSTEM AUDITED ANNUA	LLY?												
14. IS /	A COMPLETE PHYSICAL INVENTOR	Y MAE	DE? (If "YES", ho	w oft	en):									
15. IS I	NVENTORY MADE BY PERSONS WI	HO DO	NOT HAVE CU	STO	DY CONTROL?									
16. IS A	REQUISITION / SHIPPING ORDER	REQL	IRED FOR REMO	IAVC	OF GOODS FR	MO	STOREROOM / WAREHO	USE	≣?					

					A	GENCY CUSTOMER	D: AUGURE	A-01		SMURPHY
cc	ONTROLS AND AUD	NT DDOCEDI	IDES - BANKI	ING / OTHER			: #: 1		LDG #: 1	
	EXPLANATION REQUIRED			ING / OTHER						Y/N
1.	ARE BANK ACCOUNT	S RECONCILEI	D BY SOMEONE	NOT AUTHORIZE	D TO DEPOSIT	OR WITHDRAW?				
2.	IS COUNTERSIGNATU	JRE OF CHECK	S REQUIRED? I	F NOT, WHO SIGI	NS CONTROLS	97:				
3.	WILL SECURITIES BE	SUBJECT TO	JOINT CONTROL	OF TWO OR MO	RE RESPONSII	BLE EMPLOYEES?				
							CUTIVE DUCINE	20 DAY(00		
4.	ARE ALL OFFICERS A	ND EMPLOYEE	S REQUIRED TO) TAKE ANNUAL	VACATIONS OF	F AT LEAST FIVE CONSE	ECUTIVE BUSINES	SS DAYS?		
5.	IS THERE A WRITTEN	POLICY REGA	RDING EFTS?							
	WHAT IS THE LARGES				·					
7.	PRIOR TO FUNDS TRA	ANSFER, DOES	FINANCIAL INS	TITUTION VERIFY	/ AUTHENTICIT	Y WITH ANOTHER EMP	LOYEE?			
8.	ARE HARD COPIES OF	F FUNDS TRAN	ISFER CONFIRM	ATIONS RECEIVE	ED AND RECON	NCILED?				
9.	FREQUENCY OF DEPO	OSITS:	DAILY							
10.	ARE DETAILED RECO	RDS OF BANK	DEPOSITS MAIN	TAINED?						
MC	ONEY - SECURITIES	3								
ENT	TER THE EXPOSURES FOR	EACH CATEGOR	RY. AMOUNTS ENTE	ERED SHOULD BE N	MAXIMUM EXPOS	URE.			1	
	TYPE	MONEY		ECKS FOR DEPOSIT	CHECKS FO			ONEY ERNIGHT		CURITIES SAFE DEPOSIT)
	INSIDE	\$	\$	9	 B	\$	\$		\$	
	MECCENCED #4	\$	\$		\$	\$	\$			
	MESSENGER #2	\$	\$	9	\$	\$	\$			
	IRCHASING / RECE EXPLANATION REQUIRED		ROLS							Y/N
	ARE DUTIES SEGREG									17N
2.	ARE DEPARTMENTS S	SUPERVISED B	SY SOMEONE NO	T AUTHORIZED 1	TO PAY BILLS?					
3.	IS RESPONSIBILITY FO	OR CHECKING	MERCHANDISE	RECEIVED / CON	ITROLLED BY N	MORE THAN ONE INDIV	DUAL?			
4.	IS ACTUAL RECEIPT O	OF MERCHAND	ISE VERIFIED BE	FORE PAYMENT	IS MADE?					
5.	IS A NUMBERED PUR	CHASE ORDER	SYSTEM IMPLE	MENTED AND FO	DLLOWED?					
CC	MPUTER FRAUD C	ONTROLS								
NO	EXPLANATION REQUIRED)								Y/N
1.	DO INTERNAL AUDIT I	PROCEDURES	INCLUDE COMP	UTER OPERATIO	NS?					
2.	IS THERE AN EMPLOY	/EE OR DEPAR	TMENT WHOSE	SOLE DUTY IS SI	ECURITY?					
3.	ARE SUSPICIOUS TRA	ANSACTIONS R	REVIEWED AND I	NVESTIGATED?						
					DICTED TO ALL	THORIZED PERSONNEL	2			
		TO COMPUTE	R ROOM AND EC	ZUIFINIENT RESTI	RICTED TO AU	THORIZED PERSONNEL	<u>.</u> !			
PK	OPERTY		DESCRIPTION	OF PROPERTY, ME	RCHANDISE, STO	OCK. FTC.			MAXIM	IUM VALUE
			DEGOMI HON	TOT THOSE ERTT, INC.	- COMPANDIOL, OT	5011, 210.			III/OAIII	OIII TALOL
MIS	SCELLANEOUS INF	1					·			
	BUSINESS HOURS	AVG # (EMPLOYEES ON DUTY	CHECKS STAMPED FOR DEPOSIT ONLY (Y / N)	FREQUENCY OF DEPOSITS	NIGHT DEPOSITORY USED (Y / N)	ANNUAL GROSS SALES OR RECEIPTS FOR LAST FISCAL YEAR	DOES PREMISES HA DOUBLE CYLINDEI DOOR LOCKS? (Y /	₹	OTHER INFORM	NATION
	-									

AGENCY CUSTOMER ID: AUGUREA-01 SMURPHY

BLDG #: 1

LOC #: 1

SAFE / VAULT DOOR TYPE **COMBINATION LOCKS** THICKNESS DOOR (EXCL BOLTWORK) MANUFACTURER LABEL CLASS ROUND SQUARE OUTER INNER CHEST WALL UL SMNA UL SMNA MESSENGER PROTECTION PRIVATE PRIVATE SAFETY SATCHEL USED? (Y / N) # OF GUARDS # OF ARMORED # OF GUARDS PER MESSENGER # OF ARMORED SAFETY SATCHEL USED? (Y/N) MESS'GR MESS'GR CONVEYANCE USED? CONVEYANCE USED? PER MESSENGER VEHICLES VEHICLES (Y / N) (Y / N) **PREMISES / SAFE PROTECTION** ALARM TYPE ALARM DESCRIPTION ALARM INSTALLED AND SERVICED BY # GUARDS | WATCHPERSONS EXTENT OF PROTECTION GRADE SAFE / VAULT HOLD-UP LOCAL GONG PREMISES RPT/CENT ST # WATCH PERSONS PREMISES CENTRAL STATION CLOCK HRLY 3 PARTIAL SAFE POLICE CONNECT COMPLETE DON'T SIGNAL **ACCESSIBLE OPENINGS & PROTECTION** OTHER PROTECTION (Fences, Floodlights, etc) WITH KEYS CERTIFICATE NUMBER **EXPIRATION DATE: EMPLOYEE SCHEDULE (Complete if required)** LOC # NAME OF EMPLOYEES TO BE COVERED TITLE LIMIT **DEDUCTIBLE**

AGENCY CUSTOMER ID: AUGUREA-01 SMURPHY

BLDG #: 1

LOC #: 1

LOC #	ADDRESS
REN	MARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
l	

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

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

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

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

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

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



DATE (MM/DD/YYYY)
07/10/2024

7		BU:	SII	NESS AL	JT(o s	ECTION					M/DD/YY 9/202 /	
AGENC					CA	RRIE	R					NAIC C	DDE
	le, Collins & Associates						NUDED (6)				I	N/A	
POLICY	NUMBER			08/17/2024			Real Estate Co						
COVE	RAGES / LIMITS												
							OVERAGES / LIMITS II	NFOR	MATION				
	ER INFORMATION L DRIVERS, INCLUDING FAMILY MEMBE	-		ed for additiona			NHO DDIVE OWN VEHICLES ON	CMBAN	V DIJEINESS				
DRIVER #	NAME (Include address, if red		MAR					STATE	DATE B	ROADEN. O-FAULT D	000	USE VEH#	% USE
*		, (JE)	SIAI	DATE OF BIRTH	EAF	LIC	SOCIAL SECURITI NUMBER	LIC	HIKE "	D-I AOLI D	,00	VLII#	USL
										\dashv			
CENE	RAL INFORMATION												
	N ALL "YES" RESPONSES												Y/N
1. WI	TH THE EXCEPTION OF ANY ENC	UMBRANCES, ARE	E ANY	VEHICLES FOR W	HICH I	NSUR/	ANCE IS REQUESTED NOT S	OLELY	OWNED BY A	.ND			
	EGISTERED TO THE APPLICANT? THE H # NAME OF OTHER OWNER				VEH#	NAME	OF OTHER OWNER						
2. DC	OVER 50% OF THE EMPLOYEES	USE THEIR AUTO	SINT	HE BUSINESS?									
2 10	THERE A VEHICLE MAINTENANCI	E DROCRAM IN OF	DEDAT	TON2									
J. 13	THERE A VEHICLE MAINTENANCE	L FROGRAM IN OF	LIXA	ION:									
4. AR	E ANY VEHICLES LEASED TO OT	HERS?											
5 ^*	IY CAR MODIFIED / SPECIAL EQU	IDMENT2 (Include a	nictor	nized yans / nickups	١								
	EH # DESCRIPTION	irivient ? (ilicidae c	uston	cost		DESC	RIPTION			cos	T		
				\$						\$			
6. AR	RE ICC, PUC OR OTHER FILINGS R	REQUIRED? (If "YE	S", at	ach ACORD 194)	1	1						<u> </u>	
	ODEDATIONS WERE TO SEE	ODTINIO	N. 10 1	MTEDIA: 0									
7. DC	OPERATIONS INVOLVE TRANSP	OKTING HAZARDO	JUS N	IATERIAL?									



Swingle, Collins & Associates

AGENCY CUSTOMER ID:

APPLICANT/FIRST NAMED INSURED

August Real Estate Co

AUGUREA-01

SMURPHY

TEXAS COMMERCIAL AUTO

COVERAGES/LIMITS SECTION

POLICY NUMBER										CARRIER									NAIC CODE N/A										
RUSINESS AUT	JSINESS AUTO SECTION													NA															
COVERAGES					SYM	BOLS					IMITS				COVERA	AGES	COV	/FRF	D AUT	O SYI	MBOLS	$\overline{}$		LIMITS					
COVERAGES	- 00	1		4	X		\vdash	CSL	Х	BI EA PER			1,000,	000	COVERA	- CLO	00.	LIVE	D A01	0011	IDOLO	+							
LIABILITY		2		7		- 1	BLE	ACH AC			\$, ,	,															
		3	X					PERTY I			\$																		
		2						H PERS			\$																		
PERSONAL INJURY PROTECTION		7					AUTO	O DEATH	۹\$		T(DI	OTAL ISABII	LITY \$						PHYS	SICAL	DAMAG	GE							
FROTECTION		-													TOWING			3											
															& LABOR			7				\$							
															COMP / OTC			2		4	X 8								
							<u> </u>								00WII 7 010	,		3		7									
MEDICAL PAYMENTS		2		4	L	8	EAC	H PERSO	ON		\$				SPECIFIED CAUSES OF	LOSS		2		4 _ 7	8								
		1	+	4				CSL		BI EA PER	\$							2			X 8	+							
UNINSURED/ UNDERINSURED		2		7				ACH AC			\$				COLLISION			3		· ∟ 7									
MOTORIST		3		_			PRO	PERTY I	DAM	AGE	\$		DED																
							<u> </u>				V																		
HIRED/BORROWED	X	YES		S	TATE	ES		T OF HIE	RE	L	X	F AN	Y BASIS	400		STATE	:S	# D/	AYS	#\	/EH	L	/ERAGE/D			000			
LIABILITY	Х	NO			T A T		\$							183	LUDED							X	COMP	\$	١,	,000			
	^	YES	TX	5	TATE	E5	V	UP TYP			Γ		NUMBER OF 10		HIRED PHYSICAL							X	SPEC C OF L	\$	1	,000			
NON-OWNED LIABILITY		INO					V	VOLUN'					10		DAMAGE								COLL	\$	٠,	,000			
								PARTN		(5					<u> </u>		OVE	RAGE	- IS-			PRIMA	RY	SEC	ONDAR	·Y			
		Y AU		-	-			TAKIN	LINO						RIVATE PASS	ENGER					JTOS SI	PECIFI	ED ON SC			. 1			
				AUT VATE		SSENG	SER AL	JTOS							QUIRE NO-FAL OMPULSORY		RAGE				RED AL ON-OWI		JTOS						
ENDORSEMENT	S/	REN	ИAF	RKS	>																								

TRUCKERS SECTION AGENCY CUSTOMER ID: AUGUREA-01 SMURPHY

TRUCKERS SECTION																						
COVERAGES	cov	/ERED	AUTO	SYMBOLS				Ц	MITS	i						YSICAI	DAM	AGE	•			
		41		46		CSL	E	BI EA PER	\$		COVERA	GES	A	COVE JTO SY	RED MBO	LS			LIMITS			DEDUCTIBLE
LIABILITY		42		47	BIE	ACH AC			\$					42		46					_	
		43		50	PRO	OPERTY	DAMA	GE	\$		COMP / OTO	;		43		47						\$
PERSONAL INJURY		42				CH PERS			\$		SPECIFIED			42		46	S	CL	FT	L	SP	•
PROTECTION		46			AU ⁻ IND	TO DEAT EMNITY	H _{\$}		T C	OTAL DISABILITY \$	CAUSES OF	LOSS		43		47		=	FTV	٧		\$
											0011101011			42		46						•
											COLLISION			43		47						\$
MEDICAL		42		46		CH PERS	ON		\$		TOWING			46			\$					
PAYMENTS		43			EAG	л PERS					& LABOR						Ф					
UNINSURED/		41		46		CSL		BI EA PER	\$							ER IN			GE			
UNDERINSURED		42			BIE	ACH AC	CIDEN	Т	\$		COVERA	GES	SY	MBOL	# TR	AILER	S FAR	NE NE	# DAYS	RADIU	JS	DEDUCTIBLE
MOTORIST		43			PR	OPERTY	DAMA	GE	\$	DED	COMP / OTO			48								
											COMP / OTC	,		49								
											SPECIFIED			48								
											CAUSES OF	LOSS		49							\perp	
NON-TRUCKERS		YES		STATES	co	ST OF HI	RE			IF ANY BASIS	COLLISION			48								\$
HIRED/BORROWED		NO			\$						OOLLIGIOIV			49								Ψ
TRUCKERS HIRED/BORROWED		YES		STATES	co	ST OF HI	RE			IF ANY BASIS		STA	TES	# D	AYS	#	VEH					
LIABILITY		NO			\$																	
		YES		STATES	GR	OUP TYP	Ε			NUMBER OF	HIRED PHYSICAL											
NON-OWNED AUTO		NO				EMPLC	YEES				DAMAGE											
LIABILITY						VOLUN	TEERS	S									_				_	
						PARTN	ERS						CO	/ERAG	E IS:		1	PF	RIMARY	\perp	SE	ECONDARY
OTHER											OTHER											
(41) ANY AUTO (42) OWNED AUTOS O (43) OWNED COMMER	NLY	AUTOS	ONL	(45)	OWI NOO	NED AUT NED AUT MPULSOF ORIST L	OS SU RY UNI	BJECT	TO A	(47) HII (48) TR	ECIFICALLY DES RED AUTOS ONL AILERS IN YOUF FRAILER INTERC	.Y R POSSE	SSIC	N UND		` '	ANOT NTER	HER CHA		R UNDE	ER A NT	SESSION OF A TRAILER

ENDORSEMENTS / REMARKS
(43) OWNED COMMERCIAL AUTOS ONLY

MOTOR CARRIER SECTION

MOTOR CARRIE																				
COVERAGES	СО	VERED	AUT	SYMBOLS			DI	IMITS	;					COVE		SICAL	DAMAG			
		61		67		CSL	_ EA PER				COVERA	GES	A	UTO SY	MBO			LIMITS		DEDUCTIBLE
LIABILITY		62		68	BIE	ACH ACCIE	ENT	\$			00110 / 070			62		67				
		63		71	PRO	PERTY DA	MAGE	\$			COMP / OTC	,		63		68				\$
		64												64						
PERSONAL INJURY		62			EAC	H PERSON D DEATH MNITY	l	\$	OTAL		SPECIFIED			62		67	SCL	FT FT	LSF	
PROTECTION		67			INDE	MNITY \$		Ď	DISABILITY	\$	CAUSES OF	LOSS		63		68	F	F FTW		\$
														64						
														62		67				
											COLLISION			63		68				\$
				_										64						
MEDICAL		62		64	EAC	H PERSON	ı	\$			TOWING			63						
PAYMENTS		63		67	LAC	TTEROON					& LABOR 67					,				
UNINSURED/		61		64	Ш	CSL	BI EA PER	\$									ERCHA			
UNDERINSURED		62		67	BI E	ACH ACCIE	ENT	\$			COVERA	GES	SY	MBOL	# TR	AILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE
MOTORIST		63			PRO	PROPERTY DAMAGE \$ DED			DED	COMP / OTO	•		69							
							OOWII 7 OTC	,		70										
											SPECIFIED			69						
											CAUSES OF	LOSS		70						
NON-TRUCKERS		YES		STATES	cos	T OF HIRE			IF ANY BA	SIS				69						
HIRED/BORROWED		NO			\$						COLLISION			70						\$
TRUCKERS		YES		STATES	cos	T OF HIRE			IF ANY BA	SIS		STA	TES	# D	AYS	#\	/EH			
HIRED/BORROWED LIABILITY		NO			\$															
		YES		STATES		UP TYPE			NUI	MBER OF	HIRED									
NON-OWNED		NO				EMPLOYE	ES				PHYSICAL DAMAGE									
AUTO LIABILITY		_				VOLUNTE	ERS]									
LIABILITI						PARTNER							CO	VERAG	F IS:		F	PRIMARY		SECONDARY
OTHER											OTHER									
(61) ANY AUTO	(62) OWNED AUTOS ONLY (66) OWNED AUTOS SUBJECT TO A COMPUL- (69) TRAILERS IN YOUR POSSESSION UNDER INTERCHANGE AGREEMENT																			
ENDORSEMENT						0.1100.							,			(, , , , ,		1227.01	20 0.12.	
LINDONOLINEIN	0,	1111	AIXI																	
NOTICE OF INSUF BE COLLECTED F INFORMATION AS BE DISCLOSED TO OF ANY INACCUR UPON REQUEST.	ROM WE O TH ACII	M PER ELL AS HIRD F ES. A	RSON S OTI PART MOR	IS OTHER HER PERS TIES. YOU RE DETAILE	THAN ONAL HAVE ED DI	YOU IN AND PE THE RE	CONNE RIVILEGE GHT TO TON OF	CTION TO SERVICE SERVI	ON WITH NFORMA IEW YO JR RIGH	H THIS APPL ATION COLL UR PERSON TS AND OU	LICATION FO ECTED BY NAL INFORM R PRACTIC	OR INS US OR MATIOI ES RE	SURA OU N IN GAR	ANCE, R AGI OUR DING	, ANI ENTS FILE: SUC	SUB MAY S AND	SEQUI IN CE CAN	ENT REI RTAIN C REQUES	NEWALS CIRCUMS ST COR	S. SUCH STANCES RECTION
ANY PERSON WH CONTAINING ANY THERETO, COMMI	MΑ	TERIA	ALLY	FALSE IN	FOR	MATION,	OR CON	NCE	ALS FO	R THE PURP	OSE OF MIS	SLEADI	NG I	INFOR	RMAT	ION C	ONCE	RNING A		
I UNDERSTAND COVERAGES HAV UM/UIM LIMITS LO 1. I SELECT UNINS 2. I REJECT UNINS	/E WEF SURE	BEEN R THAI ED/UN ED/UN	EXI N MY DER DER	PLAINED ' LIABILITY INSURED N INSURED N	TO N LIMIT MOTO MOTO	ME. I HA TS OR TO RISTS BO RISTS BO	AVE BEE REJECT ODILY IN. ODILY IN.	N C T UM JUR JUR	OFFERED I/UIM BI Y LIMIT(Y AND P) THE OPTI AND/OR UM/ S) INDICATE ROPERTY D	ONS OF SE 'UIM PD CO' D IN THIS A 'AMAGE CO'	ELÉCTI VERAG PPLICA VERAG	NG ES E ATIO SE IN	UM/UI ENTIR N. I ITS E	IM LI ELY.	MITS			Y LIABII _ (INITI _ (INITI	LITY LIMITS, ALS) ALS)
3. I REJECT ONLY	UNII	NSUR	ED/U	NDERINSU	IRED	MOTORI	STS PRO	PEF	RTY DAM	IAGE COVER	RAGE IN ITS	ENTIR	ETY						_ (INITI	ALS)
I UNDERSTAND A AND I HAVE BEE																			_ (INITI	ALS)
I UNDERSTAND T POLICY RENEWAL	S, C						ILESS I N			OTHERWISE	IN WRITIN		/ ST	ATE	SUPF	PLEME	NT W			
APPLICANT'S SIGNAT	URE						DATE			PRODUCER'S	SIGNATURE							NATIO	NAL PROD	UCER NUMBER



UMBRELLA / EXCESS SECTION

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

	IMPO	OR	TANT - If CL	.AIN	IS MADE is	checked i	in the POL	LICY INFO	RMA	TION sec	tion below, this is	an app	olication for a c	ا laims-made	policy.	
AGE	NCY									CARRIER NAIC (
Swi	ngle, Co	oll	ins & Asso	cia	tes					N/A						
POLI	CY NUMBE	R						EFFECTIVE D	ATE	NAMED INSURED(S)						
								08/17/20	24	August Real Estate Co						
PO	LICY INF	- 0	RMATION										I			
		-			SACTION TYPE						LIMIT OF LIABILITY			RETAINED LIMIT	•	
X	NEW)	 	X	OCCURRENC		RETROACTI			\$	10,000,000 🗉		\$			
	RENEWAL		EXCESS		CLAIMS MAD	E PROP	POSED	CURRENT		\$ 10,000,000 Agg/Prod/Ops \$ 250,000 Casu Busi Agg FIRST DOLLAR DEFENSE (Y / N)						
	RING POL		ENEELTOLI	• •	II ITV					\$	250,000 Casu Bu	si Agg	FIRST DOLLAR DE	FENSE (Y / N)		
			ENEFITS LI		ILII Y	AGGREGATI	E LIMIT FOR	FRI			RETAINED LIMIT FOR E	RI		RETROACTIVE	DATE FO	R FRI
\$. 000		or (ra riiipioya	,		\$	L LIIII I OIL				\$			KEIKOAOIIIE	DAILIO	. LDL
	E OF BENE	FIT	PROGRAM			*					•					
PR	MARY L	.00	CATION & S	UB	SIDIARIES	(ACORD	125)									
#			AND LOCATION					NIES (Describ	е Оре	erations)	ANNUAL PAYROL	L AI	NN GROSS SALES	FOREIGN GROS	SS SALES	# EMPL
	NAME:							•		•						
	LOCATION	ON:														
	DESCRI															
	NAME:															
	LOCATION	ON:														
	DESCRI	PTI	ON:													
	NAME:															
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DESCRIPTION:																
	NAME:															
	LOCATION:															
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	DESCRI															
	NAME:	FIII	JN.													
	LOCATION	ON-														
	DESCRI															
UN	DERLYII	NG	INSURANC	E												
					LIST ALL L	IABILITY / CO	MPENSATIO	N POLICIES II	N FOF	RCE TO APP	LY AS UNDERLYING INS	JRANCE				+ - RATING
	TYPE				POLICY NUMBE		POLICY E	FF DATE P	OLIC	Y EXP DATE		LIMITS		ANNUAL REN	М	MOD
		Zı	urich Americ	an	Insurance C	Company					CSL EA ACC	\$	1,000,000	\$ 1,	086.00	
	OMOBILE ABILITY						00/47/	/0000	0014	7/0004	BI EA ACC	\$		\$		
-		С	PO 644434	5-0	2		08/17/	2023	U8/1	17/2024	BI EA PER	\$				
		ľ	urich Americ			Company					PD EA ACC	\$	1 000 000	\$ PREM/OPS		
	ENERAL ABILITY		union Ameni	ali	mourance C	Joinparty					CENERAL ACCR		2,000,000	-		
	ABILITY .ICY TYPE										PROD & COMP OPS AGGREGATE	\$ \$		PRODUCTS		
	OCCUR						08/17/	2023	08/1	7/2024	PERSONAL & ADV INJURY	\$	1,000,000	-		
	CLAIMS MADE										DAMAGE TO RENTED PREMISES	\$	1,000,000			
	INIADE	С	PO 644434	5-0	2						MEDICAL EXPENSE	\$	10,000	-		
											EACH ACCIDENT	\$				
	PLOYERS ABILITY										DISEASE EACH EMPLOYEE	\$		\$		
LIABILITY						DISEASE POLICY LIMIT	\$									
	_			_					_			_		\$		
														\$		
L																<u> </u>

UNE	DERLYING GENERAL LIABILI	TY INFORMATION (Explain all "	YES" responses)											
1.	1. ARE DEFENSE COSTS: WITHIN AGGREGATE LIMITS? A SEPARATE LIMIT? UNLIMITED?													
2.	2. INDICATE THE EDITION DATE OF THE ISO FORM OR SIMILAR FILING FOR THE UNDERLYING COVERAGE:													
3.	HAS ANY PRODUCT, V	VORK, ACCIDENT, OR LOC	ATION BEEN EXCLUDI	ED,	UNIN	SUR	ED OR SELF INSURED I	FROM A	NY PREVIOUS COV	/ERAGE? (Y / N)				
_	FOR CLAIMS MADE IN			\	VINC	2 00	LICV.							
		IDICATE RETROACTIVE DA												
	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) 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. EXPLAIN ALL EXPOSURES.														
	CHECK IF AP	PROPRIATE	COVERAGE				EXPOS	URE CO	OVERAGE		EXPOS	URE		
	ANY AUTO (SYMBOL 1)		CARE, CUSTODY, C	ONT	ROL				PROFESSIONAL LIAI	BILITY (E&O)				
	CGL - CLAIMS MADE		EMPLOYEE BENEFI	T LIA	BILIT	1			VENDORS LIABILITY					
001	CGL - OCCURRENCE	EVECUEE	FOREIGN LIABILITY						WATERCRAFT LIABI	LITY				
COV	/ERAGE	EXPOSURE	GARAGEKEEPERS I				_		_					
	AIRCRAFT LIABILITY	ADULTA:		INCIDENTAL MEDICAL MALPRACTICE										
	ARCRAFT PASSENGER LIA	LIQUOR LIABILITY												
UNE	ADDITIONAL INTERESTS POLLUTION LIABILITY DISCRIMINATION, SUBROGATION WAIVERS, OR EXTENSIONS OF													
PRE WHI	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.													
	NO SUCH CLAIMS ARE, CUSTODY, CON	ITPOI												
LO	<u> </u>	VALU	E	A*	B*	C*		D*		SQ FT OF BLD	OG OCC			
20	REAL	VALU	<u> </u>	A	10"	U		ט		OW FI OF BLL	2000			
	PERSONAL													
occ	CUPANCY / DESCRIPTION OF	PERSONAL PROPERTY				1								
		D HARMLESS IN THE LEA	SE, [B] HAS A WAIVER	OF :	SUBF	ROGA	ATION, [C] IS A NAMED I	NSURE	D IN THE FIRE POL	CY, [D] OTHER (specify)			
VE	HICLES	1 1												
			1											

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

EXI	PLAIN ALL "YES" RESPONSES, PROVIDE OTHER INFORMATION REQUIRED	Y/N								
	ADVERTISERS LIABILITY									
1.	MEDIA USED:									
	ANNUAL COST: \$									
2.	ARE SERVICES OF AN ADVERTISING AGENCY USED?									
3	ANY COVERAGE PROVIDED UNDER AGENCY'S POLICY?									
"										
-										
	AIRCRAFT LIABILITY									
4.	DOES APPLICANT OWN / LEASE / OPERATE AIRCRAFT?									
	AUTO LIABILITY									
5.	ARE EXPLOSIVES, CAUSTICS, FLAMMABLES OR OTHER DANGEROUS CARGO HAULED?									
6	ARE PASSENGERS CARRIED FOR A FEE?									
0.	AND LABORING CHARLED FOR AT LES									
7.	ANY UNITS NOT INSURED BY UNDERLYING POLICIES?									
8.	ARE ANY VEHICLES LEASED OR RENTED TO OTHERS?									
a	ARE HIRED AND NON-OWNED COVERAGES PROVIDED?									
] 3.	AIL TIILED AND NON-OWNED GOVERAGED FROWIDED:									
	CONTRACTORS LIABILITY	1								
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?									
11	DO SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN APPLICANT?									
14.	DO SOBOOMINAOTONO DANNI DOVENAGES ON LIMITO LEGO THAN AFFLICANT!									
	EMPLOYERS LIABILITY	1								
15.	IS APPLICANT SELF-INSURED IN ANY STATE?									
16	SUBJECT TO: JONES ACT FELA STOP GAP OTHER:	1								
.0.	INCIDENTAL MALPRACTICE LIABILITY									
17	IS A HOSPITAL OR FIRST AID FACILITY MAINTAINED?									
''	TO A TOOL TIME ON THE TAILETT WANTAINED:									
		1								
18.	ARE COVERAGES PROVIDED FOR DOCTORS / NURSES?									
19.	INDICATE # OF DOCTORS: NURSES: BEDS:									

EXPL	AIN ALL	"YES" RESPONSES	S, PROVIDE O	THER INFORMATIO	N REQU	IRED								Y/N
EPA	#:					POL	LUTIC	ON LIABILI	TY					·
	20. DO CURRENT OR PAST PRODUCTS, OR THEIR COMPONENTS, CONTAIN HAZARDOUS MATERIALS THAT MAY REQUIRE SPECIAL DISPOSAL METHODS?													
21.	21. INDICATE THE COVERAGES CARRIED:													
	GI	_ WITH STANDA	RD ISO PO	LLUTION EXCLU	SION	GL WIT	TH PO	OLLUTIO	N COVERAGE I	ENDORSE	MENT			
	GL WITH STANDARD SUDDEN & ACCIDENTAL ONLY SEPARATE POLLUTION COVERAGE													
20	ADE MI	COULEC ENGINE	C CLUDAN	IOE CVOTEMO E	DANIE			T LIABILIT		LEDINIAL	DODAETO			
22.	22. ARE MISSILES, ENGINES, GUIDANCE SYSTEMS, FRAMES OR ANY OTHER PRODUCT USED / INSTALLED IN AIRCRAFT?													
	23. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN THE USA OR US PRODUCTS SOLD / DISTRIBUTED IN FOREIGN COUNTRIES? (If "YES", Attach ACORD 815)													
24.	PRODU	CT LIABILITY LC	OSS IN PAS	T THREE (3) YEA	KS? (S	SPECIFY)								
25.	GROSS	SALES FROM E	ACH OF L	AST THREE (3) YI	EARS:	\$			\$		\$			
								IVE LIABIL						
26.	DESCR	IBE INDEPENDE	NT CONTE	ACTORS (Attach	ACOR	D 101, Additiona	l Rer	narks Sch	nedule, if more s	space is re	quired)			
						WATE	FRCR	AFT LIABIL	ITY					
27.	DOES A	APPLICANT OWN	OR LEAS	E WATERCRAFT	?	, , ,		TI I LIABIL						
	LOC#	# OWNED		LENGTH	Н	ORSEPOWER	7	LOC#	# OWNED		LENGTH	ŀ	HORSEPOWER	
						APARTMENTS / CO	NDON	IINIUMS / I	HOTELS / MOTELS	;				
28.	LOC #	# STORIES	# UNITS	# SWIMMING PC	OLS ;	# DIVING BOARDS		LOC#	# STORIES	# UNITS	# SWIMMING F	POOLS	# DIVING BOARDS	
RE	MARKS	(Attach ACO	RD 101, A	Additional Rem	arks	Schedule, if m	nore	space i	s required)					

	AGENCY CUSTOMER I		SMURPHY						
REMARKS (Attach ACORD 101, Additional Remarks Sched	lule, if more space is required	<u>a)</u>							
SIGNATURE									
ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFO FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE PENALTIES. (Not applicable in CO. DC. FL. HI. MA. NE, OH, OK, OR, VT	DRMATION, OR CONCEALS FOR TI ACT, WHICH IS A CRIME AND SUB	HE PURPOSE OF MISLEADING INFORM JECTS THE PERSON TO CRIMINAL ANI	MATION CONCERNING ANY						
IN THE DISTRICT OF COLUMBIA, WARNING: IT IS A CRIME TO PROTECT THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPR	/IDE FALSE OR MISLEADING INFO	,	URPOSE OF DEFRAUDING						
IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTEN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEAD	T TO INJURE, DEFRAUD, OR DE		EMENT OF CLAIM OR AN						
IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, AN			NSURANCE COMPANY OR						
ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY F A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL	ACT MATERIAL THERETO, MAY B								
IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, IN DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMEN			ANY FOR THE PURPOSE OF						
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: \$ * IF APPLICABLE IN YOUR STATE	* UNDERINSURED MOT	TORISTS (UIM) COVERAGE: \$	*						
APPLICABLE ONLY IN LO	UISIANA, NEW HAMPSHIRE, VERN	MONT AND WISCONSIN							
APPLICABLE ONLY IN LOUISIANA:									
I ACKNOWLEDGE THAT UM COVERAGE HAS BEEN EXPLAINED TO LIMITS, UM LIMITS LOWER THAN MY LIABILITY LIMITS, OR TO REJECT		THE OPTION OF SELECTING UM LIMIT	S EQUAL TO MY LIABILITY						
1. I SELECT UM LIMITS INDICATED IN THIS APPLICATION.		ECT UM COVERAGE IN ITS ENTIRETY.	(INITIALS)						
APPLICABLE ONLY IN NEW HAMPSHIRE:									
I ACKNOWLEDGE THAT UM COVERAGE HAS BEEN EXPLAINED TO LIMITS OR TO REJECT UM COVERAGE ENTIRELY.	ME, AND I HAVE BEEN OFFERED	THE OPTION OF SELECTING UM LIMIT	'S EQUAL TO MY LIABILITY						
I SELECT UM LIMITS INDICATED IN THIS APPLICATION.		ECT UM COVERAGE IN ITS ENTIRETY.	(INITIALS)						
APPLICABLE ONLY IN VERMONT: I ACKNOWLEDGE THAT I HAVE BEEN OFFERED UM COVERAGE	EQUAL TO MY LIABILITY LIMITS	S. I HAVE SELECTED THE LIMITS INDI	CATED IN THIS						
APPLICATION.									
APPLICABLE ONLY IN WISCONSIN:	NOT (UNA) OO) (EDA OE AND UNDER	DINOLIDED MOTODIOT (LINA) COL(EDAC	-						
I ACKNOWLEDGE THAT I HAVE BEEN OFFERED UNINSURED MOTOI		, ,	E.						
I SELECT UM LIMITS INDICATED IN THIS APPLICATION. (INITIAL)		ECT UM COVERAGE IN ITS ENTIRETY.	(INITIALS)						
3. I SELECT UIM LIMITS INDICATED IN THIS APPLICATION. (INITIAL		ECT 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)						
Frank Suigle	Rick Crain. Jr.								

APPLICANT'S SIGNATURE

DATE

NATIONAL PRODUCER NUMBER