



# COMMERCIAL INSURANCE APPLICATION

## APPLICANT INFORMATION SECTION

 DATE (MM/DD/YYYY)  
 12/09/2024

AGENCY Josh Hass Insurance Agency 214 E Choctaw Ave  McAlester, OK 74501		CARRIER TBD		NAIC CODE
		COMPANY POLICY OR PROGRAM NAME		PROGRAM CODE
		POLICY NUMBER TBD		
CONTACT NAME: Josh Hass PHONE (A/C. No. Ext): 9184210578 FAX (A/C. No.): E-MAIL ADDRESS: office@joshhass.agency		UNDERWRITER		UNDERWRITER OFFICE
CODE:		SUBCODE:		
AGENCY CUSTOMER ID:		STATUS OF TRANSACTION		QUOTE <input type="checkbox"/> ISSUE POLICY <input type="checkbox"/> RENEW <input type="checkbox"/> BOUND (Give Date and/or Attach Copy): CHANGE DATE TIME <input type="checkbox"/> AM <input type="checkbox"/> PM CANCEL

### Lines of Business

INDICATE LINES OF BUSINESS		PREMIUM			PREMIUM			PREMIUM
	BOILER & MACHINERY	\$		CYBER AND PRIVACY	\$		YACHT	\$
	BUSINESS AUTO	\$		FIDUCIARY LIABILITY	\$			\$
	BUSINESS OWNERS	\$		GARAGE AND DEALERS	\$			\$
	COMMERCIAL GENERAL LIABILITY	\$		LIQUOR LIABILITY	\$			\$
	COMMERCIAL INLAND MARINE	\$		MOTOR CARRIER	\$			\$
	COMMERCIAL PROPERTY	\$		TRUCKERS	\$			\$
	CRIME	\$		UMBRELLA	\$			\$

### Attachments

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

### Policy Information

PROPOSED EFF DATE	PROPOSED EXP DATE	BILLING PLAN	PAYMENT PLAN	METHOD OF PAYMENT	AUDIT	DEPOSIT	MINIMUM PREMIUM	POLICY PREMIUM
12/17/2024	12/17/2025	<input type="checkbox"/> DIRECT <input type="checkbox"/> AGENCY				\$	\$	\$

### Applicant Information

NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4) GSP Commons LLC 520 S 2nd St  McAlester, OK 74501				GL CODE	SIC	NAICS	FEIN OR SOC SEC #
CORPORATION <input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> NOT FOR PROFIT ORG <input type="checkbox"/> SUBCHAPTER "S" CORPORATION <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____ PARTNERSHIP <input type="checkbox"/> TRUST <input type="checkbox"/>				BUSINESS PHONE #: WEBSITE ADDRESS			
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)				GL CODE	SIC	NAICS	FEIN OR SOC SEC #
CORPORATION <input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> NOT FOR PROFIT ORG <input type="checkbox"/> SUBCHAPTER "S" CORPORATION <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____ PARTNERSHIP <input type="checkbox"/> TRUST <input type="checkbox"/>				BUSINESS PHONE #: WEBSITE ADDRESS			
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)				GL CODE	SIC	NAICS	FEIN OR SOC SEC #
CORPORATION <input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> NOT FOR PROFIT ORG <input type="checkbox"/> SUBCHAPTER "S" CORPORATION <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____ PARTNERSHIP <input type="checkbox"/> TRUST <input type="checkbox"/>				BUSINESS PHONE #: WEBSITE ADDRESS			

CONTACT INFORMATION

CONTACT TYPE:

CONTACT NAME: Zach Prichard

PRIMARY PHONE #  
918 521 3893

☐ HOME ☐ BUS ☐ CELL

SECONDARY PHONE #

☐ HOME ☐ BUS ☐ CELL

PRIMARY E-MAIL ADDRESS:

SECONDARY E-MAIL ADDRESS:

CONTACT TYPE:

CONTACT NAME:

PRIMARY PHONE #

☐ HOME ☐ BUS ☐ CELL

SECONDARY PHONE #

☐ HOME ☐ BUS ☐ CELL

PRIMARY E-MAIL ADDRESS:

SECONDARY E-MAIL ADDRESS:

PREMISES INFORMATION (Attach ACORD 823 for Additional Premises)

LOC #

STREET

520 S 2nd St

CITY LIMITS

☒ INSIDE

INTEREST

☐ OWNER

# FULL TIME EMPL

ANNUAL REVENUES: \$ 50,000

BLD #

CITY: McAlester

STATE: OK

COUNTY:

ZIP:

OUTSIDE

☒ TENANT

# PART TIME EMPL

OCCUPIED AREA: 1500 SQ FT

OPEN TO PUBLIC AREA: 1500 SQ FT

TOTAL BUILDING AREA: 3000 SQ FT

DESCRIPTION OF OPERATIONS:

ANY AREA LEASED TO OTHERS? Y / N

LOC #

STREET

CITY LIMITS

☐ INSIDE

INTEREST

☐ OWNER

# FULL TIME EMPL

ANNUAL REVENUES: \$

BLD #

CITY:

STATE:

COUNTY:

ZIP:

OUTSIDE

☐ TENANT

# PART TIME EMPL

OCCUPIED AREA: SQ FT

OPEN TO PUBLIC AREA: SQ FT

TOTAL BUILDING AREA: SQ FT

DESCRIPTION OF OPERATIONS:

ANY AREA LEASED TO OTHERS? Y / N

LOC #

STREET

CITY LIMITS

☐ INSIDE

INTEREST

☐ OWNER

# FULL TIME EMPL

ANNUAL REVENUES: \$

BLD #

CITY:

STATE:

COUNTY:

ZIP:

OUTSIDE

☐ TENANT

# PART TIME EMPL

OCCUPIED AREA: SQ FT

OPEN TO PUBLIC AREA: SQ FT

TOTAL BUILDING AREA: SQ FT

DESCRIPTION OF OPERATIONS:

ANY AREA LEASED TO OTHERS? Y / N

LOC #

STREET

CITY LIMITS

☐ INSIDE

INTEREST

☐ OWNER

# FULL TIME EMPL

ANNUAL REVENUES: \$

BLD #

CITY:

STATE:

COUNTY:

ZIP:

OUTSIDE

☐ TENANT

# PART TIME EMPL

OCCUPIED AREA: SQ FT

OPEN TO PUBLIC AREA: SQ FT

TOTAL BUILDING AREA: SQ FT

DESCRIPTION OF OPERATIONS:

ANY AREA LEASED TO OTHERS? Y / N

NATURE OF BUSINESS

APARTMENTS

CONDOMINIUMS

CONTRACTOR

INSTITUTIONAL

MANUFACTURING

OFFICE

RESTAURANT

RETAIL

SERVICE

WHOLESALE

DATE BUSINESS STARTED (MM/DD/YYYY)

DESCRIPTION OF PRIMARY OPERATIONS

Membership based home schooling

RETAIL STORES OR SERVICE OPERATIONS % OF TOTAL SALES:

INSTALLATION, SERVICE OR REPAIR WORK %

OFF PREMISES INSTALLATION, SERVICE OR REPAIR WORK %

DESCRIPTION OF OPERATIONS OF OTHER NAMED INSUREDS

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

INTEREST

ADDITIONAL INSURED

BREACH OF WARRANTY

CO-OWNER

EMPLOYEE AS LESSOR

LEASEBACK OWNER

LENDER'S LOSS PAYABLE

LIENHOLDER

LOSS PAYEE

MORTGAGEE

OWNER

REGISTRANT

TRUSTEE

NAME AND ADDRESS

RANK:

EVIDENCE:

CERTIFICATE

POLICY

SEND BILL

INTEREST IN ITEM NUMBER

LOCATION:

VEHICLE:

AIRPORT:

ITEM CLASS:

ITEM DESCRIPTION

REFERENCE / LOAN #:

LIEN AMOUNT:

INTEREST END DATE:

PHONE (A/C, No, Ext):

E-MAIL ADDRESS:

FAX (A/C, No):

ACORD 125 (2016/03)

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AGENCY CUSTOMER ID: \_\_\_\_\_

**GENERAL INFORMATION**

EXPLAIN ALL "YES" RESPONSES				Y / N
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ?				
PARENT COMPANY NAME		RELATIONSHIP DESCRIPTION	% OWNED	n
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?				
SUBSIDIARY COMPANY NAME		RELATIONSHIP DESCRIPTION	% OWNED	n
2. IS A FORMAL SAFETY PROGRAM IN OPERATION? <input type="checkbox"/> SAFETY MANUAL <input type="checkbox"/> SAFETY POSITION <input type="checkbox"/> MONTHLY MEETINGS <input type="checkbox"/> OSHA <input type="checkbox"/>				n
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?				n
4. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)				
LINE OF BUSINESS	POLICY NUMBER	LINE OF BUSINESS	POLICY NUMBER	n
5. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR THREE (3) YEARS FOR ANY PREMISES OR OPERATIONS? (Missouri Applicants - Do not answer this question) <input type="checkbox"/> NON-PAYMENT <input type="checkbox"/> AGENT NO LONGER REPRESENTS CARRIER <input type="checkbox"/> <input type="checkbox"/> NON-RENEWAL <input type="checkbox"/> UNDERWRITING <input type="checkbox"/> CONDITION CORRECTED (Describe):				n
6. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?				n
7. DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY? (In RI, this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment).				
8. ANY UNCORRECTED FIRE AND/OR SAFETY CODE VIOLATIONS?				
OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE	n
9. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE LAST FIVE (5) YEARS?				
OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE	n
10. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS?				
OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE	n
11. HAS BUSINESS BEEN PLACED IN A TRUST? NAME OF TRUST:				n
12. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD / DISTRIBUTED IN FOREIGN COUNTRIES? (If "YES", attach ACORD 815 for Liability Exposure and/or ACORD 816 for Property Exposure)				n
13. DOES APPLICANT HAVE OTHER BUSINESS VENTURES FOR WHICH COVERAGE IS NOT REQUESTED?				n
14. DOES APPLICANT OWN / LEASE / OPERATE ANY DRONES? (If "YES", describe use)				n
15. DOES APPLICANT HIRE OTHERS TO OPERATE DRONES? (If "YES", describe use)				n

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

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

PRIOR CARRIER INFORMATION (continued)

AGENCY CUSTOMER ID: \_\_\_\_\_

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

LOSS HISTORY ☐ Check if none (Attach Loss Summary for Additional Loss Information)

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE LAST ____ YEARS						TOTAL LOSSES: \$	
DATE OF OCCURRENCE	LINE	TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	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 <i>Joshua Hass</i>	PRODUCER'S NAME (Please Print) Josh Hass	STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE <i>[Signature]</i>	DATE 12/13/2024	NATIONAL PRODUCER NUMBER

AGENCY CUSTOMER ID: \_\_\_\_\_



COMMERCIAL GENERAL LIABILITY SECTION

DATE (MM/DD/YYYY)  
12/09/2024

AGENCY Josh Hass Insurance Agency		CARRIER TBD		NAIC CODE
POLICY NUMBER TBD	EFFECTIVE DATE 12/17/2024	APPLICANT / FIRST NAMED INSURED GSP Commons LLC		
IMPORTANT - If CLAIMS MADE is checked in the COVERAGE / LIMITS section below, this is an application for a claims-made policy. Read all provisions of the policy carefully.				

COVERAGES		LIMITS		PREMIUMS	
<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCURRENCE <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROTECTIVE		GENERAL AGGREGATE \$ 2,000,000 LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> LOCATION <input type="checkbox"/> PROJECT <input type="checkbox"/> OTHER: PRODUCTS & COMPLETED OPERATIONS AGGREGATE \$ PERSONAL & ADVERTISING INJURY \$ 1,000,000 EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (each occurrence) \$ 350,000 MEDICAL EXPENSE (Any one person) \$ 15,000 EMPLOYEE BENEFITS \$ \$		PREMISES/OPERATIONS PRODUCTS OTHER TOTAL	
DEDUCTIBLES <input type="checkbox"/> PROPERTY DAMAGE \$ <input type="checkbox"/> PER CLAIM <input type="checkbox"/> BODILY INJURY \$ <input type="checkbox"/> PER OCCURRENCE <input type="checkbox"/> \$					
OTHER COVERAGES, RESTRICTIONS AND/OR ENDORSEMENTS (For hired/non-owned auto coverages attach the applicable state Business Auto Section, ACORD 137)					
APPLICABLE ONLY IN WISCONSIN: IF NON-OWNED ONLY AUTO COVERAGE IS TO BE PROVIDED UNDER THE POLICY: 1. UM / UIM COVERAGE <input type="checkbox"/> IS <input type="checkbox"/> IS NOT AVAILABLE. 2. MEDICAL PAYMENTS COVERAGE <input type="checkbox"/> IS <input type="checkbox"/> IS NOT AVAILABLE.					

SCHEDULE OF HAZARDS										
LOC #	HAZ #	CLASSIFICATION	CLASS CODE	PREMIUM BASIS	EXPOSURE	TERR	RATE		PREMIUM	
							PREM/OPS	PRODUCTS	PREM/OPS	PRODUCTS
RATING AND PREMIUM BASIS (P) PAYROLL - PER \$1,000/PAY (C) TOTAL COST - PER \$1,000/COST (U) UNIT - PER UNIT (S) GROSS SALES - PER \$1,000/SALES (A) AREA - PER 1,000/SQ FT (M) ADMISSIONS - PER 1,000/ADM (T) OTHER										

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

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

AGENCY CUSTOMER ID: \_\_\_\_\_

**CONTRACTORS**

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

**PRODUCTS / COMPLETED OPERATIONS**

PRODUCTS	ANNUAL GROSS SALES	# OF UNITS	TIME IN MARKET	EXPECTED LIFE	INTENDED USE	PRINCIPAL COMPONENTS

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

AGENCY CUSTOMER ID: \_\_\_\_\_

ADDITIONAL INTEREST / CERTIFICATE RECIPIENT ☐ ACORD 45 attached for additional names

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

GENERAL INFORMATION

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

AGENCY CUSTOMER ID: \_\_\_\_\_

**GENERAL INFORMATION (continued)**

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)				Y / N
16. HAS APPLICANT BEEN ACTIVE IN OR IS CURRENTLY ACTIVE IN JOINT VENTURES?				n
17. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?				n
LEASE TO	WORKERS COMPENSATION COVERAGE CARRIED (Y/N)	LEASE FROM	WORKERS COMPENSATION COVERAGE CARRIED (Y/N)	
18. IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS OR SUBSIDIARIES?				n
19. ARE DAY CARE FACILITIES OPERATED OR CONTROLLED?				n
20. HAVE ANY CRIMES OCCURRED OR BEEN ATTEMPTED ON YOUR PREMISES WITHIN THE LAST THREE (3) YEARS?				n
21. IS THERE A FORMAL, WRITTEN SAFETY AND SECURITY POLICY IN EFFECT?				y
22. DOES THE BUSINESSES' PROMOTIONAL LITERATURE MAKE ANY REPRESENTATIONS ABOUT THE SAFETY OR SECURITY OF THE PREMISES?				n

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

**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 <i>Joshua Hass</i>	PRODUCER'S NAME (Please Print) Josh Hass	STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE <i>[Signature]</i>	DATE 12/13/2024	NATIONAL PRODUCER NUMBER





# INSURANCE SUPPLEMENT

AGENCY Josh Hass Insurance Agency	APPLICANT/NAMED INSURED GSP Commons LLC	
POLICY NUMBER TBD	CARRIER TBD	NAIC CODE

## POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, that you have a right to purchase insurance coverage for losses resulting from acts of terrorism, as defined in Section 102(1) of the Act: The term "act of terrorism" means any act that is certified by the Secretary of the Treasury - in concurrence with the Secretary of State, and the Attorney General of the United States - to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

YOU SHOULD KNOW THAT WHERE COVERAGE IS PROVIDED BY THIS POLICY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM, SUCH LOSSES MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THE FORMULA, THE UNITED STATES GOVERNMENT GENERALLY REIMBURSES 85% OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS THAT MAY BE COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A \$100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.

### Acceptance or Rejection of Terrorism Insurance Coverage

☐ I hereby elect to purchase terrorism coverage for a prospective premium of \$\_\_\_\_\_.

☒ I hereby decline to purchase terrorism coverage for certified acts of terrorism. I understand that I will have no coverage for losses resulting from certified acts of terrorism.

DocuSigned by:

12/13/2024

Policyholder/Applicant's Signature

Print Name

Date

Policyholder/Applicant's Signature

Print Name

Date

Policyholder/Applicant's Signature

Print Name

Date

12/17/2024

Effective Date

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Galleria North Tower One 13737 Noel Road 10th Floor  
Dallas, TX 75240  
Phone: (866) 723-6510

Josh Hass  
AAA Oklahoma Insurance - Tulsa (15th St.)  
2121 East 15th St.  
Tulsa, OK 74104

Dec 11, 2024

Re: GSP Commons LLC, Ref# 13382630-A  
Proposed Effective 12/16/2024 to 12/16/2025

Dear Josh:

We are pleased to confirm the attached quotation for **General Liability** being offered with **Nautilus Insurance Company**. This carrier is **Non-Admitted** in the state of **OK**. Please note that this quotation is based on the coverage, terms and conditions as stated in the attached quotation, which may be different from those requested in your original submission. As you are the representative of the Insured, it is incumbent upon you to review the terms of this quotation carefully with your Insured, and reconcile any differences from the terms requested in the original submission. CRC Insurance Services, Inc. disclaims any responsibility for your failure to reconcile with the Insured any differences between the terms quoted as per the attached and those terms originally requested. The attached quotation may not be bound without a fully executed CRC brokerage agreement.

**NOTE: The Insurance Carrier indicated in this quotation reserves the right, at its sole discretion, to amend or withdraw this quotation if it becomes aware of any new, corrected or updated information that is believed to be a material change and consequently would change the original underwriting decision.**

Should coverage be elected as quoted per the attached, Premium and Commission are as follows:

<b>Premium:</b>	<b>\$500.00</b>
Policy Fee	\$150.00
Inspection Fee	\$75.00
Surplus Lines Tax	\$43.50
OK Transaction Fee	\$1.27

**Option to Elect Terrorism Coverage**

**TRIPRA Premium: APPLIES \$125.00**  
**Additional Taxes: \$7.72**  
**Total Including TRIA(if elected) \$902.49**

**Grand Total: \$769.77**

**MEP: 25%**

**Broker Fees & Policy Fees are Fully Earned at Binding**

**NOTE: If insured is located outside your resident state, you must hold appropriate non-resident license prior to binding.**

**If Non Admitted the following applies:**

**Oklahoma Tax Filings are the responsibility of: ( ) Your Agency ( ) CRC**

**This policy is not subject to the protection of any guaranty association in the event of liquidation or receivership of the insurer.**

Upon requesting quotes and/or placement for the coverage listed herein, the producing retail broker hereby confirms that he/she has performed any and all diligent searches, as may be required by statute, for coverage through licensed carriers or other means of placement, and as necessary maintain proof of declination. Where allowed by governing statutes, "diligent effort" may not require an actual physical search and declination on each risk, but may be based on the retail producing broker's own experience, opinion and overall knowledge of acceptability in the admitted marketplace.

CRC is compensated in a variety of ways, including commissions and fees paid by insurance companies and fees paid by clients. Some insurance companies pay brokers supplemental commissions (sometimes referred to as "contingent commissions" or "incentive commissions"), which is compensation that is based on a broker's performance with that carrier. These supplemental commissions may be based on volume, profitability, retention, growth or other measures. Even if a contingent commission agreement exists with a carrier, we recognize that our responsibility is to promote the best interests of the policyholder in the selection of an insurance company. For more information on CRC's compensation, please contact your CRC broker.

**Financing Insurance Premiums**

Premium financing budgets insurance payments and improves liquidity for other business objectives: working capital, business growth, building expansion.

If your clients choose to pay their insurance in monthly installments, it's fast and easy with AFCO Premium Finance. AFCO provides premium financing solutions for large, mid-size and small corporate accounts;

Find out how premium financing works and how it can expand your relationship with your clients by e-mailing [AFCODirect@afco.com](mailto:AFCODirect@afco.com); or **call toll-free 877-317-6437**.

Sincerely,

Maureen Heard  
972-455-6817  
[mheard@crcgroup.com](mailto:mheard@crcgroup.com)  
13382630

**CONFIDENTIAL**



Quote Date: 12/11/2024

Insured Name: GSP Commons LLC

**COMMERCIAL GENERAL LIABILITY QUOTE**

Quote Expiration Date: 1/10/2025

Transaction Type: New Business

Insured Name: GSP Commons LLC

Policy Term: 12/11/2024 - 12/11/2025

Tax State: OK

Quote Number: 592567901

To: CRC DALLAS (WALNUT HILL) - DALLAS, TX

Attention: Heard, Maureen

From: Meza, Sandra

Email: smeza@nautilus-ins.com

Phone: (480) 509-6746

Extension:

Fax: (480) 951-0906

Broker:

Nautilus Insurance Company (A.M. Best rating A + XV)

We are pleased to offer the following Terms and Conditions based on information received. Please review carefully as coverage may not be exactly as requested on the application.

General Liability \$500.00 MP Advance Premium\*

Total Policy Premium \$500.00  
CommissionTotal Amount Due \$500.00  
(including taxes and fees, if listed above)

\* The Advanced Premium shown is a Minimum and Deposit premium. At the close of each audit period, we will compute the earned premium for that period. If the earned premium is greater than the advance premium paid, an audit premium is due. If the total earned premium for the policy period is less than the advance premium, such advance premium is the minimum premium for the policy period indicated and is not subject to further adjustment. Refer to form L601 for further explanation.

**Underwriting Requirements Prior to Binding**

Application – Signed and dated by the insured

Signed and dated no known loss letter

Supplemental Application – Signed and dated by the insured

Applicant must execute a written contract for service with each customer. The instructors' contract must include: A disclaimer, waiver, hold harmless agreement for services rendered

**THE FOLLOWING CONDITIONS APPLY:**

- Policy and/or endorsement must be received by the Company within 21 days of inception.
- If an inspection is required, it must be forwarded to the Company within 45 days of inception.

**Minimum Earned Premium**

If this policy is cancelled at the insured's request, including non-payment of premium, there will be a minimum earned premium retained by us of **25%** of the premium for this insurance. If a policy or inspection fee is applicable to this policy, the fee(s) will be fully earned and no refund of fees will be made. No flat cancellations.

**Terrorism Coverage Acceptance**

- Return signed **E903** showing coverage acceptance.
- Add \$125 premium per policy, plus applicable taxes and fees, subject to pro-rata / short rate adjustment if policy is cancelled.
- Attach **E908** Policyholder Disclosure Notice of Terrorism Insurance Coverage and **CG2170** Cap On Losses From Certified Acts of Terrorism.

**Terrorism Coverage Rejection**

- Return signed **E903** showing coverage rejection.
- Attach **CG2173** Exclusion of Certified Acts of Terrorism.

CONFIDENTIALITY NOTICE: The transmitted documents contain private, privileged and confidential information belonging to the sender. The information therein is solely for the use of the addressee. If your receipt of this transmission has occurred as the result of an error, please immediately notify us so we can arrange for the return of the original documents. In such circumstances, you are advised that you may not disclose, copy, distribute or take any other action in reliance on the information transmitted.



**Quote Date:** 12/11/2024

**Insured Name:** GSP Commons LLC

### Privacy Notice

For information about how we collect, use, and share personal information, and to make a consumer request, see our Privacy Policy at: <https://www.berkley.com/privacy>. For California consumers' rights, see our California Consumer Privacy Policy (CCPA) at: <https://www.berkley.com/privacy#californiaCollectionAtNotice>.

CONFIDENTIALITY NOTICE: The transmitted documents contain private, privileged and confidential information belonging to the sender. The information therein is solely for the use of the addressee. If your receipt of this transmission has occurred as the result of an error, please immediately notify us so we can arrange for the return of the original documents. In such circumstances, you are advised that you may not disclose, copy, distribute or take any other action in reliance on the information transmitted.



Quote Date: 12/11/2024

Insured Name: GSP Commons LLC

QUOTE - COMMERCIAL GENERAL LIABILITY

General Liability Limits of Insurance		Deductible		
General Aggregate	\$2,000,000	\$500	BI/PD Combined	Per Claim
Products / Completed Operations Aggregate	\$1,000,000			
Personal & Advertising Injury (any one person or organization)	\$1,000,000			
Each Occurrence	\$1,000,000			
Damage to Premises Rented to You (any one premises)	\$100,000			
Medical Expenses (any one person)	EXCLUDED			

Code	Classification Description	Premium Basis	Exposure	Prem / Ops Rate	Prod / Comp Ops Rate	Premium
47468	Schools - correspondence	s+	50,000	2.970		\$149.00
					Included	Included

Dagger or Plus Sign (+): Products/Completed Operations Included within the General Aggregate Limit unless specifically excluded.

Liability Premium Summary	
Liability:	\$500.00

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**Quote Date:** 12/11/2024

**Insured Name:** GSP Commons LLC

**Locations**

Location #	GL Class Code	CP Class Code	IM Class Code	Building #	Address
1	47468	n/a	n/a	1	520 S 2ND ST, MCALESTER, OK 74501

CONFIDENTIALITY NOTICE: The transmitted documents contain private, privileged and confidential information belonging to the sender. The information therein is solely for the use of the addressee. If your receipt of this transmission has occurred as the result of an error, please immediately notify us so we can arrange for the return of the original documents. In such circumstances, you are advised that you may not disclose, copy, distribute or take any other action in reliance on the information transmitted.

## POLICYHOLDER NOTICE ACCEPTANCE OR REJECTION OF TERRORISM INSURANCE COVERAGE

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, (the "Act"), you have a right to purchase insurance coverage for losses resulting from acts of terrorism, *as defined in Section 102(1) of the Act*: The term "act of terrorism" means any act that is certified by the Secretary of the Treasury—in consultation with the Secretary of Homeland Security, and the Attorney General of the United States—to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion. Coverage under your policy may be affected as follows:

IF YOU ARE PURCHASING COMMERCIAL PROPERTY COVERAGE IN THE STATES OF CALIFORNIA, GEORGIA, HAWAII, ILLINOIS, IOWA, MAINE, MISSOURI, NEW JERSEY, NEW YORK, NORTH CAROLINA, OREGON, RHODE ISLAND, WASHINGTON, WISCONSIN OR WEST VIRGINIA; AND/OR PURCHASING COMMERCIAL INLAND MARINE COVERAGE IN THE STATES OF CALIFORNIA, MAINE, MISSOURI, OREGON OR WISCONSIN THERE ARE STATE STATUTORY EXCEPTIONS COVERING CERTAIN FIRE LOSSES IF YOU DECLINE COVERAGE FOR "ACTS OF TERRORISM" DEFINED UNDER THE ACT. IF AN "ACT OF TERRORISM" CERTIFIED UNDER THE ACT RESULTS IN FIRE, WE ARE REQUIRED TO PAY FOR THE LOSS OR DAMAGE CAUSED BY THAT FIRE. SUCH COVERAGE FOR FIRE APPLIES ONLY TO DIRECT LOSS OR DAMAGE BY FIRE TO COVERED PROPERTY AND IS SUBJECT TO ANY LIMITATIONS OF ANY TERRORISM EXCLUSION, OR INAPPLICABILITY OR OMISSION OF A TERRORISM EXCLUSION. THIS NOTICE DOES NOT SERVE TO CREATE COVERAGE FOR ANY LOSS WHICH WOULD OTHERWISE BE EXCLUDED UNDER YOUR POLICY.

THE PORTION OF YOUR PREMIUM THAT IS ATTRIBUTABLE TO COVERAGE FOR DIRECT LOSS OR DAMAGE THAT IS CAUSED BY AN "ACT OF TERRORISM" CERTIFIED UNDER THE ACT AND WHERE FIRE ENSUES IS \$25, AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSSES COVERED BY THE UNITED STATES GOVERNMENT UNDER THE ACT. NOTE – THIS PREMIUM IS APPLIED TO YOUR POLICY REGARDLESS IF YOU ACCEPT OR DECLINE COVERAGE FOR "ACTS OF TERRORISM" BELOW.

YOU SHOULD KNOW THAT WHERE COVERAGE IS PROVIDED BY THIS POLICY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM, SUCH LOSSES MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THE FORMULA, THE UNITED STATES GOVERNMENT GENERALLY REIMBURSES 80% BEGINNING ON JANUARY 1, 2020 OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS THAT MAY BE COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

YOU SHOULD ALSO KNOW THAT THE ACT, CONTAINS A \$100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.

### Acceptance or Rejection of Terrorism Insurance Coverage

<input type="checkbox"/>	I hereby elect to purchase terrorism coverage, subject to the limitations of the Act, for acts of terrorism as defined in the Act, for a prospective premium of <b>\$125.00</b> .
<input checked="" type="checkbox"/>	I hereby decline to purchase terrorism coverage for certified acts of terrorism. I understand that I will have no coverage for losses resulting from certified acts of terrorism.

DocuSigned by:



Policyholder/Applicant's Signature

Nautilus Insurance Company  
Insurance Company

Print Name  
12/13/2024

Date

Policy Number

GSP Commons LLC  
Named Insured



Enhance Your Coverage with Excess

Build protection for your client with extra layers of coverage. Adding a Commercial Excess policy could protect your client from:

Unforeseen Circumstances

From catastrophic events outside of your control to simple slip and falls on your property, Excess provides extra coverage for unforeseen circumstances.

Unpredictable Jury Awards

No one can predict the outcome of trials/litigation. Your primary liability insurance may not cover all of the costs of unexpected large jury awards.

Commercial Excess Indication

Date:12/11/2024

Insured Name:GSP Commons LLC

Policy Term:12/11/2024 - 12/11/2025

Limit of Insurance	Premium*
\$1,000,000	\$1,330
\$2,000,000	\$2,425
\$3,000,000	\$3,520
\$4,000,000	\$4,615
\$5,000,000	\$5,925

\* Indication is Excess GL only and subject to change  
\* Cannot bind until formally quoted by Company  
\* Company quote supersedes indication  
\* Premiums do not include terrorism, taxes or fees

Basis for Indication

Underlying GL:

Carrier:Nautilus Insurance Company

Limits:\$1,000,000 / \$2,000,000 / \$1,000,000 / \$1,000,000

Premium:\$500

Class(es):47468

- Subject to class specific underwriting criteria
- Contact our office for a formal quote



**PHILADELPHIA**  
INSURANCE COMPANIES

A Member of the Tokio Marine Group

One Bala Plaza, Suite 100  
Bala Cynwyd, PA 19004

## Vocational Schools Supplemental

### SUBMISSION REQUIREMENTS

- ACORD Application (for lines of coverage to be written)
- Statement of Values (for blanket and/or agreed value)
- List of Faculty Members by Position
- Brochure, Handbook, Student Application
- Currently Valued, Hard Copy Loss Runs
- Audited Financial Statement
- Schedule of Vehicles
- Drivers List with License # and DOB

This application consists of the following sections:

Section I – General Information

Section II – Security

Section III – Cosmetology/Beauty Schools

Section IV – Culinary Schools

Section V – Driving Schools

Section VI – Music, Dance & Art Schools

Section VII – Dormitories

Section VIII – Abuse & Molestation

### GENERAL APPLICANT INFORMATION

Applicant's Name: GSP Commons LLC

Mailing Address: 520 S 2nd

City: McAlester

State: OK Zip: 74501

Website: www. Effective Date: 12.15.2024

Risk Management Contact: Zach Prichard Risk Management's Phone: 9185213893

Risk Management Email: \_\_\_\_\_

### SECTION I – GENERAL INFORMATION

1. Total Number of students enrolled: 20 Average daily attendance: 20
2. Date school founded or chartered: 12.15.2024  
School is: ☒ For Profit ☐ Not For Profit
3. Programs / Classes / Degrees offered (list or attached):  
grade school and high school
4. Is the Applicant's institution accredited? ☐ Yes ☒ No  
If yes, what is the name of the association(s) that provides the accreditation?
- Are all programs offered at the schools accredited by the above listed association(s)? ☐ Yes ☒ No
5. Is the Educational Institution accredited? ☐ Yes ☒ No  
If yes, list accrediting organization(s): (check all that apply)
  - ☐ Middle States Commission on Higher Education
  - ☐ New England Association of Schools and Colleges Commission on Institutions of Higher Education
  - ☐ North Central Association of Colleges and Schools The Higher Learning Commission
  - ☐ Northwest Commission on Colleges and Universities
  - ☐ Southern Association of Colleges and Schools Commission on Colleges
  - ☐ Western Association of Schools & Colleges Accrediting Commission for Community & Junior Colleges
  - ☐ WASC Senior College and University Commission
  - ☐ New York State Board of Regents
  - ☐ Accrediting Council for Independent Colleges and Schools
  - ☐ Distance Education and Training Council Accrediting Commission
  - ☐ Association for Biblical Higher Education Commission on Accreditation
  - ☐ Association of Advanced Rabbinical and Talmudic Schools Accreditation Commission
  - ☐ The Association of Theological Schools in the United States and Canada Commission on Accrediting
  - ☐ Transnational Association of Christian Colleges and Schools Accreditation Commission
  - ☐ Other:

6. Date of most recent review: \_\_\_\_\_  
 What was the outcome of the most recent review?  
☐ Accreditation Continued ☐ Denial of Accreditation ☐ Warning  
☐ Accreditation Continued – ☐ Probation ☐ Withdrawal of Accreditation  
 follow-up report requested  
☐ Appeal ☐ Show Cause ☐ Other: \_\_\_\_\_
7. Are all programs offered at the schools accredited by the above listed association(s)? ☐ Yes ☐ No
8. Have any programs or degrees been accredited by additional specialist agencies? ☐ Yes ☐ No  
**If yes, please attach a listing of the program or degrees and the specialist agency.**
9. Does the Educational Institution offer job placement services for students? ☐ Yes ☐ No  
 If yes, is there a disclaimer signed by students acknowledging that there is no job placement guarantee? ☐ Yes ☐ No
10. What is the Educational Institution's course completion rate? \_\_\_\_\_ %
11. What is the Educational Institution's job placement rate? \_\_\_\_\_ %
12. What is the Educational Institution's loan default rate? \_\_\_\_\_ %
13. What is the percentage of online courses? \_\_\_\_\_ %
14. Has the Educational Institution or any of the Educational Institution's academic programs ever lost accreditation, been placed on probation or become unable to gain accreditation? ☐ Yes ☒ No
15. In the last 12 months, has the Educational Institution eliminated or closed any academic programs, including music, arts or athletic programs? ☐ Yes ☒ No
16. In the next 12 months, does the Educational Institution anticipate eliminating or closing any academic programs? ☐ Yes ☒ No
17. Does the Applicant's students serve time as interns / externs at outside companies / business? ☐ Yes ☒ No  
 If yes, are the students paid? ☐ Yes ☐ No  
 If students are paid, does the Applicant verify that the employer carries workers' compensation coverage to cover the Applicant's student? ☐ Yes ☐ No  
 If students are not paid, does the intern / extern company ask to be additional insured on the Applicant's liability policy? ☐ Yes ☐ No  
 Please attach any internship / externship contracts the Applicant signs with outside businesses.
18. Does the Applicant sign any hold-harmless agreements with anyone? ☐ Yes ☒ No  
 If yes, please explain for whom and for what reason: \_\_\_\_\_
19. Does the Applicant provide services for outside customers? ☐ Yes ☒ No  
**If yes, what services do you provide:** \_\_\_\_\_
- How are students supervised:**  
 Students are with an adult at all times
- What quality controls measures are in place:**  
 Parents and/or staff are present at all times.
- Are customers required to sign an agreement acknowledging they're using student labor? ☐ Yes ☐ No
20. Does the Applicant have dormitories? ☐ Yes ☐ No  
**If yes, please complete section VII of the application.**
21. Does the Applicant have a cafeteria or restaurant on premises? ☐ Yes ☒ No  
 Does the Applicant cook on premises? ☐ Yes ☒ No  
 Does cooking protection comply with NFPA 96 requirements? ☐ Yes ☐ No  
 Does the Applicant ever serve liquor on premises? ☐ Yes ☒ No  
 Is the manual pull for extinguishing system readily accessible? ☒ Yes ☐ No  
 Are there portable fire extinguishers in the kitchen area? ☒ Yes ☐ No
22. Are there laboratories present in the school? ☐ Yes ☒ No  
 Is the laboratory sprinklered? ☐ Yes ☐ No  
 Are fire extinguishers present? ☐ Yes ☐ No  
 Are chemicals stored in a locked area? ☒ Yes ☐ No  
 Is proper safety apparel worn by students (goggles, masks, gloves)? ☒ Yes ☐ No
23. Is the public ever invited on premise? ☐ Yes ☒ No  
 If yes, explain how often and for what purposes: \_\_\_\_\_

24. Does the Applicant use volunteers? ☐ Yes ☒ No  
**If yes, explain how often and for what purposes:**
- 
25. Does the Applicant have a medical facility/infirmar y and/or dispense medication? ☐ Yes ☒ No  
Does the facility provide only immediate care/first aid? ☒ Yes ☐ No  
Does the facility only serve students and employees? ☒ Yes ☐ No  
Are there only over the counter drugs stored on premises? ☒ Yes ☐ No  
Are written instructions from parents required prior to dispensing any medications to minors? ☒ Yes ☐ No  
Is there any overnight care provided? ☐ Yes ☒ No  
How many beds are in the infirmar y: \_\_\_\_\_  
Are there written operational procedures in place? ☐ Yes ☐ No  
Is there a medical professional on staff? ☐ Yes ☒ No  
If yes, indicate which of the following and how many are employed by the insured. (Check all that apply)  
☐ RN: \_\_\_\_\_ ☐ Psychologist: \_\_\_\_\_  
☐ Physician: \_\_\_\_\_ ☐ Nurse Practitioner: \_\_\_\_\_  
☐ Dentist: \_\_\_\_\_ ☐ Physical Therapist: \_\_\_\_\_  
☐ Counselor: \_\_\_\_\_  
Does the professional carry their own malpractice insurance? ☐ Yes ☐ No  
**If yes, who is the carrier and what limits are carried:** \_\_\_\_\_  
Is medical history and care records kept for each patient? ☐ Yes ☐ No
26. Does the Applicant's organization utilize GPS fleet telematics devices? ☐ Yes ☐ No  
If yes, please check off the fleet telematics being utilized:  
☐ Plug in ☐ Hard wired ☐ Mobile Phone ☐ Other: \_\_\_\_\_
27. What percentage of the Applicant's fleet is provided with these fleet telematics devices? \_\_\_\_\_%

## SECTION II – SECURITY

1. Are there security guards at the school daily? ☐ Yes ☒ No
2. Indicate the number of personnel providing security services  
Employed: \_\_\_\_\_ Unarmed Security: \_\_\_\_\_ Armed Security: \_\_\_\_\_  
Contracted: \_\_\_\_\_ Unarmed Security: \_\_\_\_\_ Armed Security: \_\_\_\_\_
3. When security is contracted to a third party, is the contractor's general liability/law enforcement professional liability policy required to name the educational institution as an additional insured? ☐ Yes ☐ No  
**If yes, does the third party maintain a minimum limit of liability coverage and indemnify the educational institution?** ☐ Yes ☐ No  
**If yes, indicate the minimum limit of liability of general/police professional liability coverage your institution requires: \$** \_\_\_\_\_
4. Do security personnel have arresting authority? ☐ Yes ☐ No
5. If there is employed armed security, are they trained and/or re-certified annually to the standards required for public sector law enforcement personnel within the political subdivision for use of weapons? ☐ Yes ☐ No
6. Are criminal background checks and psychological reviews provided for all employed security? ☐ Yes ☐ No  
If yes, how often are these checks and reviews conducted: Every \_\_\_\_\_ months.  
**If no, explain:** \_\_\_\_\_
- 
7. Is the Applicant's Security Department accredited by the International Association of Campus Law Enforcement Administration (IACLEA)? ☐ Yes ☐ No
8. Does a mutual aid agreement exist with local city or county police? ☐ Yes ☐ No
9. Does the Applicant permit staff, students, volunteers, or visitors to carry open or concealed firearms on your premises? ☐ Yes ☐ No
10. If the Applicant does not permit open and/or concealed carry of firearms on any premises for which the Applicant is requesting insurance coverage, do all locations have signage which conspicuously identifies the building as a Gun Free Zone? ☐ Yes ☐ No
11. Do security personnel store weapons on premises? ☐ Yes ☐ No  
Do faculty, staff, or employees store weapons on premises? ☐ Yes ☐ No
12. Does the Applicant's weapons ban policy have any exceptions? ☐ Yes ☐ No  
**If yes, please provide a copy.**
13. Does the Applicant have emergency call boxes located throughout the campus that are connected directly to campus security or police? ☐ Yes ☐ No
14. Does the Applicant provide after-hours security escort service for students? ☐ Yes ☐ No

### SECTION III – COSMETOLOGY / BEAUTY SCHOOLS

☒ N/A

1. Are all flammable hair solutions and cleaning supplies stored away from heat sources? ☐ Yes ☐ No
2. Are combs and brushes sterilized in between uses? ☐ Yes ☐ No
3. Do students and instructors wear protective gloves or use barrier creams when handling permanent wave preparations to prevent skin irritation and skin disease? ☐ Yes ☐ No
4. Is there adequate ventilation? ☐ Yes ☐ No
5. What is the length of the program: \_\_\_\_\_
6. Is the public ever invited onto the premises? ☐ Yes ☐ No  
**If yes, please explain:** \_\_\_\_\_
7. Does the school offer free or discounted services to the public? ☐ Yes ☐ No  
**If yes, please explain:** \_\_\_\_\_
8. Are total receipts from public beauty services 10% or less of the total receipts? ☐ Yes ☐ No
9. Are there any operations conducted off premises? ☐ Yes ☐ No  
**If yes, please explain:** \_\_\_\_\_

### SECTION IV – CULINARY SCHOOLS

☒ N/A

1. Type of facility: ☐ School w/liquor ☐ School w/out liquor
2. Is the school part of a chain or franchise? ☐ Yes ☐ No
3. Has the school ever been charged with a violation of any board of health regulations? ☐ Yes ☐ No  
**If yes, please explain:** \_\_\_\_\_
4. Does cooking protection comply with NFPA 96 requirements? ☐ Yes ☐ No
5. Is there an Automatic fire extinguishing system providing surface protection from all cooking surfaces (griddles, ranges, deep fry and boilers)? ☐ Yes ☐ No
6. Are there metal hoods and ducts covering all cooking surfaces? ☐ Yes ☐ No
7. Are hoods equipped with removable filters or grease extractors vented to the outside of the building? ☐ Yes ☐ No
8. Are cooking or heating devices installed with a minimum of 18 inches of safe clearance to combustible walls, ceilings, etc.? ☐ Yes ☐ No
9. Is the manual pull for the extinguishing system readily accessible and clearly identified? ☐ Yes ☐ No
10. Are all gas fired cooking equipment and appliances equipped with automatic fuel shut off? ☐ Yes ☐ No
11. Are all deep fat fryers equipped with thermostats that automatically shut fuel off, set to do so at 475 degrees? ☐ Yes ☐ No
12. Are there portable fire extinguishers in the kitchen area? ☐ Yes ☐ No
13. Is the public ever invited onto the premises? ☐ Yes ☐ No  
**If yes, please explain:** \_\_\_\_\_
14. Does the school offer free or discounted meals to the public? ☐ Yes ☐ No  
**If yes, please explain:** \_\_\_\_\_
15. Is there an eating facility on the premises? ☐ Yes ☐ No  
**If yes, what type:** \_\_\_\_\_

### SECTION V – AUTOMOBILE / DRIVING SCHOOLS

☒ N/A

1. Does the Applicant use an independent school bus contractor to transport students? ☐ Yes ☐ No
  - a. If yes, are Certificates of Insurance required from the contractor? ☐ Yes ☐ No  
**If yes, attach Certificate of Insurance.**
  - b. Is the school an additional insured on the contractor's policy? ☐ Yes ☐ No
2. Does the Applicant hire or borrow vehicles for non-busing purposes? ☐ Yes ☐ No  
If yes, please describe purpose and length of time vehicles are hired or borrowed: \_\_\_\_\_
3. Approximately how many cars are hired or borrowed annually?  
Total cost of hire, bus contractors: \$ \_\_\_\_\_ Total cost of hire, other: \$ \_\_\_\_\_
4. Are any buses leased or loaned to others or used by outside organizations? ☐ Yes ☐ No  
**If yes, please explain:** \_\_\_\_\_

5. Number of employees using their own vehicles for school business (occasional or full-time use): \_\_\_\_\_
6. For those employees who use their own vehicles for school business, either full-time or occasionally, does the school require the employee to carry primary insurance? ☐ Yes ☐ No  
If yes, what is the maximum limit the Applicant is requiring them to carry? \$ \_\_\_\_\_
7. Does the Applicant have a full-time fleet manager? ☐ Yes ☐ No  
If yes, please advise: Number of years in current position: \_\_\_\_\_ Total number of years' experience: \_\_\_\_\_  
If no, who is responsible for fleet safety and maintenance? \_\_\_\_\_
8. Does the school have a routine maintenance program for all vehicles? ☐ Yes ☐ No
9. Are maintenance records kept for each vehicle? ☐ Yes ☐ No
10. Does the Applicant's organization utilize GPS fleet telematics devices? ☐ Yes ☐ No  
If yes, please check off the fleet telematics being utilized:  
☐ Plug In ☐ Hard Wired ☐ Mobile Phone ☐ Other: \_\_\_\_\_
11. What percentage of the Applicant's fleet is provided with these fleet telematics devices? \_\_\_\_\_ %
12. Does the school obtain Motor Vehicle Reports on ALL employees? ☐ Yes ☐ No  
If yes, when? ☐ At time of hire ☐ Annually ☐ Randomly (based on accidents or suspicions)
13. Does the Applicant have a formal driving policy in place with MVR standards? ☐ Yes ☐ No  
a. Is driving policy communicated in writing to all employees? ☐ Yes ☐ No  
Does the policy prohibit the use of cellphones / electronic messaging while driving? ☐ Yes ☐ No  
b. Is a signed acknowledgement form kept on file? ☐ Yes ☐ No  
**If yes, please attach a copy of signed acknowledgement.**  
c. Does the Applicant have written guidelines defining an acceptable Motor Vehicle Record? ☐ Yes ☐ No  
If yes, attach copy of guidelines.
14. What action is taken if an "unacceptable" driver is identifiable?
15. Does the Applicant perform accident investigations for each automobile accident? ☐ Yes ☐ No
16. Does the Applicant allow any newly hired drivers to operate vehicles without going through a company-specific documented driver training? ☐ Yes ☐ No
17. Describe any ongoing training provided to drivers:

18. Describe security regarding bus / vehicle storage:  
☐ Locked Garage ☐ Fenced Lot ☐ Lighting ☐ Security Cameras  
☐ Security Personnel ☐ Vehicle Locked When Unattended ☐ Other: \_\_\_\_\_
19. If the Applicant operates a Driving School:  
a. Do all vehicles have dual controls? ☐ Yes ☐ No  
b. Are all vehicles clearly marked as driver training vehicles? ☐ Yes ☐ No  
c. Please provide driver experience as follows:
- |       |                   |
|-------|-------------------|
| Name: | Years Experience: |
| Name: | Years Experience: |
| Name: | Years Experience: |
| Name: | Years Experience: |
| Name: | Years Experience: |

#### SECTION VI – MUSIC, DANCE & ART SCHOOLS

☒ N/A

1. Do students / school do any traveling? ☐ Yes ☐ No  
Are there any overnight trips? If yes, please explain: ☐ Yes ☐ No
2. Does the school do any performances off site? ☐ Yes ☐ No  
If yes, how often: \_\_\_\_\_
3. Does the school ever invite the public onto the premises? ☐ Yes ☐ No  
If yes, how often: \_\_\_\_\_  
Please provide details of the events: \_\_\_\_\_
4. Does the school hold any events that charge a fee? ☐ Yes ☐ No  
If yes, please explain: \_\_\_\_\_

5. Does the school ever contract out their services? ☐ Yes ☐ No  
**If yes, please explain:**
- 
6. Is there a theater, auditorium, or stadium on premises? ☐ Yes ☐ No  
**If yes, please describe:**
- 

### SECTION VII – DORMITORIES

☒ N/A

1. How many dormitory buildings are owned by the Applicant's institution: \_\_\_\_\_
2. What is the maximum number of stories: \_\_\_\_\_
3. Are the dormitories sprinklered in all areas? ☐ Yes ☐ No
4. Is each room equipped with hard-wired smoke detectors? ☐ Yes ☐ No
5. Are any of the following allowed in dorm rooms
- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Incense burners | <input type="checkbox"/> Space heaters | <input type="checkbox"/> Microwaves                |
| <input type="checkbox"/> Hot plates      | <input type="checkbox"/> Candles       | <input type="checkbox"/> Toasters or Toaster ovens |
6. Does the dorm have a no smoking policy? ☐ Yes ☐ No
7. How many means of egress does each building have: \_\_\_\_\_
8. Are there emergency procedures in place including evacuation? ☐ Yes ☐ No
9. Is emergency lighting provided in the stairwells and hallways? ☐ Yes ☐ No
10. If dorms are coed, are boys and girls housed on the same floor? ☐ Yes ☐ No
11. Are staff members present in the dorms on all nights when students are? ☐ Yes ☐ No
12. Is there a scheduled security patrol for each building? ☐ Yes ☐ No

### SECTION VIII – ABUSE & MOLESTATION

1. Does your employment process (for employees and volunteers) include verification of whether the individual has ever been convicted of any crime, including sex-related or child abuse related offenses, before an offer of employment is made? ☒ Yes ☐ No
2. Does the Applicant's state permit you to do criminal background investigations? ☒ Yes ☐ No  
 If yes, does the Applicant routinely request and receive such background investigations? ☒ Yes ☐ No  
 Are federal and state criminal background checks performed on  
 Staff? ☒ Yes ☐ No Volunteers? ☒ Yes ☐ No
3. Do any independent contractors have access to students or perform operations where they will be physically touching another person? ☐ Yes ☒ No  
 If yes, please explain:
- 
4. Does the Applicant perform background checks on hired independent contractors? ☒ Yes ☐ No
5. Is there a new employee and volunteer orientation that includes training in abuse awareness? ☒ Yes ☐ No
6. Does the Applicant verify employment related references? ☒ Yes ☐ No
7. Does the Applicant conduct personal interviews? ☒ Yes ☐ No
8. Does the Applicant have written procedures dealing with sexual abuse? ☒ Yes ☐ No  
**If yes, please attach a copy.**
9. Does the Applicant have a plan of supervision that monitors staff in day-to-day relationships with clients both on and off premises? ☒ Yes ☐ No
10. Does the school have a Sexual Awareness Program for students? ☒ Yes ☐ No
11. Does the school have specific training for the faculty on identifying and reporting incidents of sexual abuse and molestation? ☒ Yes ☐ No
12. Has the Applicant's organization ever had an incident which resulted in an allegation of sexual abuse? **If yes, please describe the incident:** ☐ Yes ☒ No
- 
- Was a claim made against the organization? ☐ Yes ☐ No
- Was the case settled? ☐ Yes ☐ No
- Was the case taken to trial? ☐ Yes ☐ No
- How much money was paid in damages to the victim: \$ \_\_\_\_\_
13. Regarding coverage for Abuse & Molestation, does your current insurance program  
 exclude coverage? ☐ Yes ☒ No  
 limit coverage? ☐ Yes ☐ No  
 If yes, please indicate limit of liability: \$ \_\_\_\_\_  
 Neither excludes nor limits coverage? ☐ Yes ☐ No

# WINTER WEATHER FREEZE-UP PROTECTION

This section must be completed by all risks that have a location in one of the following states: AR, CT, DC, DE, GA, IL, IN, KY, ME, MD, MA, MI, MO, NH, NY, NJ, NC, OH, PA, RI, SC, TN, TX, VT, VA, WV, WI

## 1. Fire Protection and Testing

- a. Is the building provided with an Automatic Fire Sprinkler System (AS)? ☐ Yes ☒ No ☐ N/A
- i. If yes, approximately what percentage (%) of the building is sprinklered? \_\_\_\_\_ %
- ii. If yes, what type of sprinkler system is installed? ☐ Wet-Pipe ☐ Dry-Pipe ☐ Both
- iii. If yes, when possible, is the sprinkler piping primarily run within conditioned areas designed to ensure the temperature remains above the 45°F minimum temperature? ☐ Yes ☐ No ☐ N/A
1. If no, please describe freeze prevention measures (e.g. temperature monitoring, heat trace, full insulation on piping or roof):

- iv. If yes, is the testing & inspection by qualified sprinkler contractor completed within past 12 months & includes a formal winterization review? ☐ Yes ☐ No ☐ N/A
- v. If yes, are the alarms tied to a 24 hour UL listed monitoring company? ☐ Yes ☐ No ☐ N/A

## 2. Emergency Water Response (domestic and AS water lines)

- a. Are water shutoff valves (domestic and AS water lines) marked and readily accessible? ☐ Yes ☒ No ☐ N/A
- b. Are water shutoff valves exercised (closed and reopened) at least annually? ☐ Yes ☐ No ☐ N/A
- c. Is the staff qualified to respond and shut off the water main during normal business hours and off hours? ☐ Yes ☐ No ☐ N/A

## 3. Automatic Water Shutoff Devices

- a. For domestic water lines, is there a water flow detection, notification and automatic shutoff? ☐ Yes ☒ No ☐ N/A

## 4. Unused/Vacant Spaces

- a. Does Applicant have a formal process to turn off and drain domestic water lines for these spaces? ☐ Yes ☒ No ☐ N/A

## 5. Unheated Areas (attics, crawl spaces, exterior wall joists)

- a. Are all domestic water lines located in areas heated to at least 45°F? ☐ Yes ☒ No ☐ N/A
- i. If no, please describe freeze prevention measures (e.g. temperature monitoring, heat trace, full insulation):

## 6. General Comments:



**FRAUD STATEMENT AND SIGNATURE SECTIONS**

The Undersigned states that he/she is an authorized representative of the Applicant and declares to the best of his/her knowledge and belief and after reasonable inquiry, that the statements set forth in this Application (and any attachments submitted with this Application) are true and complete and may be relied upon by Company \* in quoting and issuing the policy. If any of the information in this Application changes prior to the effective date of the policy, the Applicant will notify the Company of such changes and the Company may modify or withdraw the quote or binder.

The signing of this Application does not bind the Company to offer, or the Applicant to purchase the policy.

\*Company refers collectively to Philadelphia Indemnity Insurance Company and Tokio Marine Specialty Insurance Company

**VIRGINIA APPLICANT: READ YOUR POLICY. THE POLICY OF INSURANCE FOR WHICH THIS APPLICATION IS BEING MADE, IF ISSUED, MAY BE CANCELLED WITHOUT CAUSE AT THE OPTION OF THE INSURER AT ANY TIME IN THE FIRST 60 DAYS DURING WHICH IT IS IN EFFECT AND AT ANY TIME THEREAFTER FOR REASONS STATED IN THE POLICY.**

**FRAUD NOTICE STATEMENTS**

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THAT PERSON TO CRIMINAL AND CIVIL PENALTIES (IN OREGON, THE AFOREMENTIONED ACTIONS MAY CONSTITUTE A FRAUDULENT INSURANCE ACT WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO PENALTIES). (IN NEW YORK, THE CIVIL PENALTY IS NOT TO EXCEED FIVE THOUSAND DOLLARS (\$5,000) AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION). (NOT APPLICABLE IN AL, AR, AZ, CO, DC, FL, KS, LA, ME, MD, MN, NM, OK, PA, RI, TN, VA, VT, WA AND WV).

**APPLICABLE IN AL, AR, AZ, DC, LA, MD, NM, RI AND WV:** ANY PERSON WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES OR CONFINEMENT IN PRISON.

**APPLICABLE IN COLORADO:** 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 FLORIDA AND OKLAHOMA:** 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 (IN FL, A PERSON IS GUILTY OF A FELONY OF THE THIRD DEGREE).

**APPLICABLE IN KANSAS:** AN ACT COMMITTED BY 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, ELECTRONIC, ELECTRONIC IMPULSE, FACSIMILE, MAGNETIC, ORAL, OR TELEPHONIC COMMUNICATION OR 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.

**APPLICABLE IN KENTUCKY:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSONS FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

**APPLICABLE IN MAINE, TENNESSEE, VIRGINIA AND 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 MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

**APPLICABLE IN PENNSYLVANIA:** 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.

**APPLICABLE IN NEW YORK:** 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 SHALL BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATE VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

Yach P Richard

NAME (PLEASE PRINT/TYPE)

TITLE

(MUST BE SIGNED BY THE PRESIDENT, CHAIRMAN, CEO OR EXECUTIVE DIRECTOR)

12/13/2024

DATE

DocuSigned by:  
SIGNATURE  
74FE3BCE5AE34EC...

**SECTION TO BE COMPLETED BY THE PRODUCER/BROKER/AGENT**

PRODUCER

(If this is a Florida Risk, Producer means Florida Licensed Agent)

AGENCY

PRODUCER LICENSE NUMBER

(If this is a Florida Risk, Producer means Florida Licensed Agent)

ADDRESS (STREET, CITY, STATE, ZIP)

Vocational Schools Supplement