A	CORD®				L INSURA					ATI	ON					DATE	(MM/DD	/YYYY)
AGI	ENCY		<u></u>	LIO	AITI IITI OILI	_	ARRIE										NAIC	CODE
						СО	MPANY	POLICY OR PR	og	RAM NA	ME					PR	OGRAM	CODE
								POLICY NUMBER										
COI	CONTACT						UNDERWRITER UNDERWRITER OFFICE											
NAME: PHONE (A/C, No, Ext):						- UNDERWRITER OFFICE												
FAX					QUOTE ISSUE						E POLICY	Y RENEW						
Ė-M	AIL DRESS:				STATUS OF TRANSACTION BOUND (Give Date and/or						nd/or A	ttach (Сору):					
COI	DE:	SUBCODE:				CHANGE DATE						TIM	E		AM			
AGI	ENCY CUSTOMER ID:									CANCE	L							PM
	CTIONS ATTACHED							ı										
IND	ACCOUNTS RECEIVABLE /	PREMIUM						PREMIUM			TRANS	POE	TATIC	NI /		-	PREMIU	М
	VALUABLE PAPERS	\$		-	TRONIC DATA PROC			\$			MOTOF	R TR	UCK C	ARGO		-	\$	
	BOILER & MACHINERY	\$		-	PMENT FLOATER			\$						FOR C	ARRIER	-+	\$	
	BUSINESS AUTO	\$			GE AND DEALERS			\$		_	UMBRE					\$		
	BUSINESS OWNERS	\$			S AND SIGN	2 DIG	214	\$			YACHT					-	\$	
	COMMERCIAL GENERAL LIABILITY	\$			ALLATION / BUILDERS	5 KIS	οK	\$								-+	\$	
	CRIME / MISCELLANEOUS CRIME DEALERS	\$			I CARGO PERTY			\$								-+	\$ \$	
		3		FROF	EKII			Þ									.	
AI	TACHMENTS ADDITIONAL INTEREST			PREM	IIUM PAYMENT SUPF	PLEM	/FNT											
	ADDITIONAL PREMISES				ESSIONAL LIABILITY													
	APARTMENT BUILDING SUPPLEMENT				AURANT / TAVERN S	SUPPLEMENT												
	CONDO ASSN BYLAWS (for D&O Cove				EMENT / SCHEDULE	E OF VALUES												
	CONTRACTORS SUPPLEMENT	<u> </u>			E SUPPLEMENT (If ap													
	COVERAGES SCHEDULE			VACANT BUILDING SUPPLEMENT														
	DRIVER INFORMATION SCHEDULE				VEHICLE SCHEDULE													
	INTERNATIONAL LIABILITY EXPOSUR	E SUPPLEMENT																
	INTERNATIONAL PROPERTY EXPOSU	RE SUPPLEMENT																
	LOSS SUMMARY																	
PC	LICY INFORMATION																	
PRO	POSED EFF DATE PROPOSED EXP DA	DIRECT		GENCY	PAYMENT PLAN		METHO	O OF PAYMENT	Г	AUDIT	DE \$	POS	iIT	\$	MINIMUM PREMIUM		POLICY \$	PREMIUM
AP	PLICANT INFORMATION																	
NAI	IE (First Named Insured) AND MAILING	ADDRESS (including ZIF	P+4)			GL	GL CODE SIC NAICS					FEII	N OR SO	C SEC#				
						BU	SINESS	PHONE #:										
						WE	BSITE A	DDRESS										
	CORPORATION JOINT VENT				OT FOR PROFIT ORG	3	\vdash	SUBCHAPTER "	'S" (CORPOR	ATION							
NAI	INDIVIDUAL LLC AND MELLING ME (Other Named Insured) AND MAILING	OF MEMBERS MANAGERS: ADDRESS (including Z	P+4)		ARTNERSHIP	GL	CODE	RUST	SIC			Т	NAICS			FEIN OR SOC SEC#		
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	CORPORATION JOINT VENT		I	N	OT FOR PROFIT ORG	}	s	SUBCHAPTER "	'S" (CORPOR	ATION							
	INDIVIDUAL LLC NO. C	OF MEMBERS MANAGERS:	[P	ARTNERSHIP		Т Т	RUST										

CONTACT INFORMATION

AGENCY CUSTOMER ID:

		INI OKIV	AIIOI						I											
CONTACT TYPE:										CONTACT TYPE:										
CONTACT NAME: PRIMARY HOME BUS CELL SECONDARY HOME BUS CELL CELL SECONDARY HOME BUS CELL									CELL	CONTACT NAME: PRIMARY PHONE # HOME BUS CELL SECONDARY PHONE # HOME BUS							BUS	CELL		
PRIMARY E-MAIL ADDRESS:									PRIMARY E-MAIL ADDRESS:											
SECONDARY E-MAIL ADDRESS:										SECONDARY E-MAIL ADDRESS:										
PREMI	ISES	INFORM	MATION	(Attach	ACORD 8	323 for Addi	tional	Pre	mises)										
LOC# STREET CITY LIMITS				INT	EREST			# FULL TIME	EMPL	ANNUAL REVENU	IES: \$									
								1	NSIDE		OWNE	R				OCCUPIED AREA	:		SQ FT	
BLD#	CITY:					STATE:			OUTSIDE		TENAN	NT		# PART TIME	EMPL	OPEN TO PUBLIC	AREA:		SQ FT	
	COUN	ITY:				ZIP:				Т				TOTAL BUILDING AREA: SQ FT						
DESCRIP	TION C	OF OPERA	TIONS:													ANY AREA LEASE	D TO OTH	ERS? Y / N		
LOC#	STRE	FT						CITY	LIMITS	INTI	EREST			# FULL TIME	FMPI	ANNUAL REVENU	IFS: \$		-	
							H	_	NSIDE		OWNE	:p				OCCUPIED AREA	· · · · · · · · · · · · · · · · · · ·		SQ FT	
BLD#	CITY:					STATE:		_					H	4 DART TIME	-MDI				SQ FT	
BLD#								— (OUTSIDE		TENAN	N I	'	# PART TIME	CIVIFL	OPEN TO PUBLIC				
	COUN					ZIP:										TOTAL BUILDING			SQ FT	
DESCRIP	TION C	OF OPERA	TIONS:													ANY AREA LEASE	D TO OTH	ERS? Y / N		
LOC#	STRE	ET						CITY	LIMITS	INT	EREST			# FULL TIME	EMPL	ANNUAL REVENU	IES: \$			
								1	NSIDE	OWNER		R				OCCUPIED AREA			SQ FT	
BLD#	CITY:					STATE:		(OUTSIDE		TENAN	NT	;	# PART TIME	EMPL	OPEN TO PUBLIC	AREA:		SQ FT	
	COUN	ITY:				ZIP:										TOTAL BUILDING	AREA:		SQ FT	
DESCRIP	TION C	F OPERA	TIONS:													ANY AREA LEASE	D ТО ОТН	ERS? Y / N		
LOC#	STRE	ET						CITY	LIMITS	INTI	EREST			# FULL TIME	EMPL	ANNUAL REVENU	IES: \$		-	
							F	\neg	NSIDE		OWNE	R				OCCUPIED AREA	•		SQ FT	
BLD#	CITY:					STATE:			OUTSIDE		TENAN		H	# PART TIME	FMPI	OPEN TO PUBLIC			SQ FT	
525 "	COUN					ZIP:		┤`	JOTOIDE		1210	••		# 1 74(C) TIME		TOTAL BUILDING			SQ FT	
DECODIO			TIONIO:			ZIF.												-D00 V (N	3Q FI	
		OF OPERA														ANY AREA LEASE	то по отн	ERS? Y / N		
NATUE	RE OI	F BUSIN	IESS														DATED	USINESS		
APA	RTMEN	NTS	CONT	RACTOR	MA	ANUFACTURING		RE	STAURAI	TV		SERVI	CE				STARTE	D (MM/DD/Y)	YYY)	
CON	NDOMIN	NIUMS	INSTI	TUTIONAL	OF	FICE		RE	TAIL			WHOL	ESALE							
	INSTALLATION, SERVICE OR REPAIR WORK OFF PREMISES INSTALLATION, SERVICE OR REPAIR WORK									ORK										
RETAIL S	STORES	OR SERV	ICE OPERAT	TIONS % OF	TOTAL SAL	ES:				%						%				
					d insureds		rios -	prov	vide oi	nly ti	he ne	cessa	ary d	ata) Atta	ch AC	ORD 45 for m	ore Add	itional Int	erests	
INTERES					AND ADDRE			IDEN			RTIFICA				END BIL			M NUMBER		
ADD	DITIONA URED	AL	LOSS PAYE	E					<u> </u>				•			LOCATION:	В	UILDING:		
BRE	EACH O	F	MORTGAGE	E												VEHICLE:	В	OAT:		
	OWNER		OWNER													AIRPORT: AIRCRAFT:				
EMP	LOYEE	:	REGISTRAN	т												ITEM		EM:		
LEA	SEBAC	K	TRUSTEE													CLASS: ITEM.				
	NER NHOLDI			REFER	ENCE / LOA	N #:			INT	ERFS	T END [DATF.				-				
H'					MOUNT:						A/C, No,					FAX (A/C, No):				
DEACS:	F05 ::	ITEDES=		LIEN A	mOUNT:				_							FAA (A/C, NO):				
REASON FOR INTEREST: E-MAIL						MAIL ADDRESS:														

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 1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES? SUBSIDIARY COMPANY NAME RELATIONSHIP DESCRIPTION % OWNED 2. IS A FORMAL SAFETY PROGRAM IN OPERATION? SAFETY MANUAL MONTHLY MEETINGS SAFETY POSITION OSHA ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS? 3. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers) 4. LINE OF BUSINESS **POLICY NUMBER** LINE OF BUSINESS POLICY NUMBER 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) AGENT NO LONGER REPRESENTS CARRIER UNDERWRITING CONDITION CORRECTED (Describe): NON-RENEWAL ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING? 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? OCCURRENCE RESOLUTION **EXPLANATION** RESOLUTION DATE DATE HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE LAST FIVE (5) YEARS? OCCURRENCE RESOLUTION **EXPLANATION** RESOLUTION DATE DATE 10. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS? OCCURRENCE RESOLUTION **EXPLANATION** RESOLUTION DATE DATE 11. HAS BUSINESS BEEN PLACED IN A TRUST? NAME OF TRUST 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) 13. DOES APPLICANT HAVE OTHER BUSINESS VENTURES FOR WHICH COVERAGE IS NOT REQUESTED? REMARKS / PROCESSING INSTRUCTIONS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

ACORD 125 (2009/08)

ACENCY	CUSTOMER	ID.
AGENCI	CUSIDNER	ID.

PRIOR CARRIER INFORMATION

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

ENTER ALL CLAIMS FOR THE LAST	TOTAL LOSSES: \$	SUBRO- CLAIM					
DATE OF OCCURRENCE	LINE	TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	GATION	OPEN

SIGNATURE

COPY OF THE NOTICE OF INFORMATION PRACTICES (PRIVACY) HAS BEEN GIVEN TO THE APPLICANT. (Not applicable in all states, consult your agent or broker for your state's requirements.)

NOTICE OF INSURANCE INFORMATION PRACTICES - PERSONAL INFORMATION ABOUT YOU MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT POLICY 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. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE 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, FL, HI, MA, NE, OH, OK, OR, VT or WA; in DC, LA, ME, TN and VA, insurance benefits may also be denied)

IN THE DISTRICT OF COLUMBIA, WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES.

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

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

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

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