



# COMMERCIAL INSURANCE APPLICATION

## APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)  
06/08/2020

<b>AGENCY</b> BNC Insurance Agency 90 South Ridge Street  Rye Brook NY 10573		<b>CARRIER</b> 123ocp		<b>NAIC CODE</b>
		<b>COMPANY POLICY OR PROGRAM NAME</b>		<b>PROGRAM CODE</b>
		<b>POLICY NUMBER</b> 20-21 ALL LINES		
<b>CONTACT NAME:</b> Mei Walia <b>PHONE (A/C, No, Ext):</b> (914) 937-1230 <b>FAX (A/C, No):</b> (914) 937-1124 <b>E-MAIL ADDRESS:</b> mwalia@bncagency.com <b>CODE:</b> <b>SUBCODE:</b>		<b>UNDERWRITER</b>		<b>UNDERWRITER OFFICE</b> Service Center
<b>AGENCY CUSTOMER ID:</b> 00028030		<b>STATUS OF TRANSACTION</b>	<input checked="" type="checkbox"/> QUOTE <input type="checkbox"/> BOUND (Give Date and/or Attach Copy): <input type="checkbox"/> CHANGE <input type="checkbox"/> CANCEL	<input type="checkbox"/> ISSUE POLICY <input type="checkbox"/> RENEW <b>DATE</b> 07/15/2020 <b>TIME</b> 12:01 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM

### Lines of Business

INDICATE LINES OF BUSINESS	PREMIUM		PREMIUM		PREMIUM
<input type="checkbox"/> BOILER & MACHINERY	\$		CYBER AND PRIVACY	\$	
<input checked="" type="checkbox"/> BUSINESS AUTO	\$		FIDUCIARY LIABILITY	\$	
<input type="checkbox"/> BUSINESS OWNERS	\$		GARAGE AND DEALERS	\$	
<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	\$		LIQUOR LIABILITY	\$	
<input type="checkbox"/> COMMERCIAL INLAND MARINE	\$		MOTOR CARRIER	\$	
<input checked="" type="checkbox"/> COMMERCIAL PROPERTY	\$		TRUCKERS	\$	
<input type="checkbox"/> CRIME	\$	<input checked="" type="checkbox"/>	UMBRELLA	\$	

### Attachments

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

### Policy Information

<b>PROPOSED EFF DATE</b> 07/15/2020	<b>PROPOSED EXP DATE</b> 07/15/2021	<b>BILLING PLAN</b> <input checked="" type="checkbox"/> DIRECT <input type="checkbox"/> AGENCY	<b>PAYMENT PLAN</b>	<b>METHOD OF PAYMENT</b>	<b>AUDIT</b>	<b>DEPOSIT</b> \$	<b>MINIMUM PREMIUM</b> \$	<b>POLICY PREMIUM</b> \$ 0.00
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### Applicant Information

<b>NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4)</b> On-Trac Construction Associates, Inc. 86-40 122nd Street 2nd Floor Richmond Hill NY 11418		<b>GL CODE</b>	<b>SIC</b>	<b>NAICS</b>	<b>FEIN OR SOC SEC #</b>
		<b>BUSINESS PHONE #:</b> (718)441-6717			
		<b>WEBSITE ADDRESS</b>			
<input type="checkbox"/> 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: _____	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> TRUST		
<b>NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)</b>		<b>GL CODE</b>	<b>SIC</b>	<b>NAICS</b>	<b>FEIN OR SOC SEC #</b>
		<b>BUSINESS PHONE #:</b>			
		<b>WEBSITE ADDRESS</b>			
<input type="checkbox"/> 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: _____	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> TRUST		
<b>NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)</b>		<b>GL CODE</b>	<b>SIC</b>	<b>NAICS</b>	<b>FEIN OR SOC SEC #</b>
		<b>BUSINESS PHONE #:</b>			
		<b>WEBSITE ADDRESS</b>			
<input type="checkbox"/> 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: _____	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> TRUST		

## CONTACT INFORMATION

AGENCY CUSTOMER ID: 00028030

CONTACT TYPE:				CONTACT TYPE:			
CONTACT NAME:				CONTACT NAME:			
PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL		SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL		PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL		SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	
PRIMARY E-MAIL ADDRESS:				PRIMARY E-MAIL ADDRESS:			
SECONDARY E-MAIL ADDRESS:				SECONDARY E-MAIL ADDRESS:			

## PREMISES INFORMATION (Attach ACORD 823 for Additional Premises)

LOC #	STREET 86-40 122nd Street		CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$ 11,200,000
1	2nd Floor		INSIDE	OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: Richmond Hill	STATE: NY	OUTSIDE	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY:	ZIP: 11418				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:						ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET 233 Broadway		CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
2			INSIDE	OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: New York	STATE: NY	OUTSIDE	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY:	ZIP: 10279				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:						ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET		CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
			INSIDE	OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY:	STATE:	OUTSIDE	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY:	ZIP:				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:						ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET		CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
			INSIDE	OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY:	STATE:	OUTSIDE	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY:	ZIP:				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:						ANY AREA LEASED TO OTHERS? Y / N

## NATURE OF BUSINESS

<input type="checkbox"/>	APARTMENTS	<input type="checkbox"/>	CONTRACTOR	<input type="checkbox"/>	MANUFACTURING	<input type="checkbox"/>	RESTAURANT	<input type="checkbox"/>	SERVICE	<input type="checkbox"/>	DATE BUSINESS STARTED (MM/DD/YYYY)
<input type="checkbox"/>	CONDOMINIUMS	<input type="checkbox"/>	INSTITUTIONAL	<input type="checkbox"/>	OFFICE	<input type="checkbox"/>	RETAIL	<input type="checkbox"/>	WHOLESALE	<input type="checkbox"/>	

## DESCRIPTION OF PRIMARY OPERATIONS

Commerical GC that performs interior renovation and retro fit out works for retail stores and offices

RETAIL STORES OR SERVICE OPERATIONS % OF TOTAL SALES:	INSTALLATION, SERVICE OR REPAIR WORK %	OFF PREMISES INSTALLATION, SERVICE OR REPAIR WORK %
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## 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	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
<input type="checkbox"/> ADDITIONAL INSURED							LOCATION:	BUILDING:
<input type="checkbox"/> BREACH OF WARRANTY							VEHICLE:	BOAT:
<input type="checkbox"/> CO-OWNER							AIRPORT:	AIRCRAFT:
<input type="checkbox"/> EMPLOYEE AS LESSOR							ITEM CLASS:	ITEM:
<input type="checkbox"/> LEASEBACK OWNER							ITEM DESCRIPTION	
<input type="checkbox"/> LENDER'S LOSS PAYABLE								
<input type="checkbox"/> LIENHOLDER	REFERENCE / LOAN #:	INTEREST END DATE:						
<input type="checkbox"/> LOSS PAYEE	LIEN AMOUNT:	PHONE (A/C, No, Ext):		FAX (A/C, No):				
<input type="checkbox"/> MORTGAGEE								
<input type="checkbox"/> OWNER								
<input type="checkbox"/> REGISTRANT								
<input type="checkbox"/> TRUSTEE								
REASON FOR INTEREST:			E-MAIL ADDRESS:					

**GENERAL INFORMATION**

EXPLAIN ALL "YES" RESPONSES				Y / N
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ?				N
PARENT COMPANY NAME		RELATIONSHIP DESCRIPTION	% OWNED	
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?				N
SUBSIDIARY COMPANY NAME		RELATIONSHIP DESCRIPTION	% OWNED	
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?				Y
<input type="checkbox"/>	SAFETY MANUAL	<input type="checkbox"/>	SAFETY POSITION	<input type="checkbox"/>
<input type="checkbox"/>	MONTHLY MEETINGS	<input type="checkbox"/>	OSHA	<input type="checkbox"/>
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?				N
4. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)				N
LINE OF BUSINESS		POLICY NUMBER	LINE OF BUSINESS	POLICY NUMBER
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)				N
<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):				
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).				N
8. ANY UNCORRECTED FIRE AND/OR SAFETY CODE VIOLATIONS?				N
OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE	
9. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE LAST FIVE (5) YEARS?				N
OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE	
10. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS?				N
OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE	
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: 00028030

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	SUBROGATION 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.

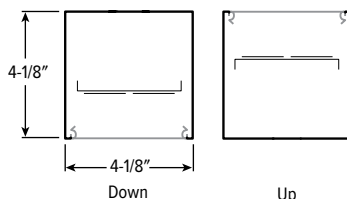
**Applicable in OR:** Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

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

# MX4 LED 4" Continuous – Suspended



CATALOG #: \_\_\_\_\_

TYPE: \_\_\_\_\_

PROJECT: \_\_\_\_\_

## FEATURES

- Available with BIOS® SkyBlue® technology to support proper daytime circadian stimulus
- Create elegant spaces with a seamless, continuous row of illumination
- Flat and proud lenses give designers a variety of looks
- Moveable mounting hardware easily slides along the length of the fixture providing variable mounting points
- Maximize energy savings with efficacies as high as 117 lm/W
- Linear extrusion contains snap-in light rails for ease of installation and maintenance
- Versatile MX4 system includes recessed, surface, suspended and in-wall mounting, see [hew.com](http://hew.com)
- Corner configurations available, see Product Builder at [hew.com/product-builder](http://hew.com/product-builder)
- Diffuse acrylic lens provides uniform illumination for visual comfort
- Made Right Here® in the USA

## SPECIFICATIONS

- HOUSING** – Extruded aluminum with die-cast end plates.
- SHIELDING** – Extruded, flat, diffuse acrylic lens.
- FINISH** – Textured matte white polyester TGIC powder coat bonded to phosphate-free, multi-stage pretreated metal. All parts painted after fabrication to facilitate installation, increase efficiency, and inhibit corrosion.
- ELECTRICAL** – High quality mid-power LED boards. L70 >60,000 hours per IES TM-21. 25°C maximum ambient operating temperature.
- MOUNTING** – Suspended. 1/16" diameter adjustable steel leveling aircraft cable and mounting hardware necessary for grid and hardpan ceiling applications provided.
- LISTINGS** –
  - cETLus conforms to UL STD 1598.
  - Certified to CAN/CSA STD C22.2 No. 250.0.
  - Suitable for damp locations.
  - DesignLights Consortium qualified product. Not all versions of this product may be DLC qualified, see the DLC Qualified Products List at [www.designlights.org/QPL](http://www.designlights.org/QPL).
- WARRANTY** – 5-year limited warranty, see [hew.com/warranty](http://hew.com/warranty).

## ORDERING EXAMPLE: MX4D - 12'00 - L8/835 - F - AC/D48 - OPTIONS - DIM - UNV

### SERIES LENGTH

**MX4D** Down Lengths specified in feet and inches using 4" increments, 2' minimum.  
**MX4U** Up Example: 12'00 = 12'-0"

### Product Builder

Easily build shapes & simplify ordering with the Williams Linear Product Builder at [hew.com/product-builder](http://hew.com/product-builder) <sup>[1]</sup>



LUMENS <sup>[2]</sup>	CRI	CCT	SHIELDING	MOUNTING (EXAMPLE: AC/D48) <sup>[3]</sup>		
L8 800lm	8 80	27 2700K	F Flat, diffuse acrylic	Prefix	Type	Length
L12 1200lm	9 90 <sup>[4]</sup>	30 3000K	P Proud, diffuse acrylic with 5/16" drop <sup>[5]</sup>	AC/	D 1" grid & hardpan	24 24"
L15 1500lm		35 3500K			N 9/16" grid	48 48"
		40 4000K			S Slot grid	96 96"
		50 5000K		MSF_	Microstem, 1/4" IPS, specify length in inches <sup>[6]</sup>	

### OPTIONS <sup>[7]</sup>

**EM/7W** 7-watt emergency battery <sup>[9]</sup>  
**EM/7WRM** Remote mount 7-watt emergency battery <sup>[10]</sup>  
**EM/10W** 10-watt emergency battery <sup>[11]</sup>  
**EM/10WRM** Remote mount 10-watt emergency battery <sup>[12]</sup>  
**OCC\_** Factory-installed occupancy sensor <sup>[13]</sup>:  
**OCCWS FS-355-L6**  
**V90** Vertical 90° corner, suspended <sup>[14]</sup>  
**ASY** Asymmetric distribution <sup>[15]</sup>

### CONTROL <sup>[8]</sup>

**DIM** Dimming driver **120** 120V  
**DRV** Non-dimming driver **277** 277V  
**VDO/DSR** Lutron Vibe integral fixture control, RF with daylight and occupancy sensor (DFCSJ-OEM-OCC) and sensor-ready driver **UNV** 120-277V  
**347** 347V <sup>[16]</sup>  
**VRF/DSR** Lutron Vibe integral fixture control, RF only (DFCSJ-OEM-RF) and sensor-ready driver

### VOLTAGE

## NOTES

- See page 4 for CORNER DETAILS.
- Lumens per foot output based on 3500K CCT and F shielding. Actual lumens may vary ± 5%. See page 2 for FIXTURE PERFORMANCE DATA.
- See page 3 for MOUNTING DETAILS.
- Extended lead times may apply. Consult factory for availability.
- MX4D only. See page 4 for SHIELDING DETAILS. Not available with corner configurations or transition options.
- MX4D only.
- See page 4 for FINISH OPTIONS. Custom colors available upon request. See Technical Info for [Power Entry](#) details.
- See page 3 for ADDITIONAL CONTROL OPTIONS.
- MX4U, L8 and L12 only. Not available with fixtures less than 4'.
- L15 or fixtures less than 4' only.
- L8 and L12 only. Not available with fixtures less than 4'.
- L15 or fixtures less than 4' only.
- Recommended for use in downlight orientation only. Utilizes 4" of housing at end of fixture. See page 3 for FIXTURE DETAILS. 120V or 277V only.
- Connects MX4D to vertically mounted MX4RW; F shielding only. MX4D only. See page 3 for FIXTURE DETAILS.
- Available with F shielding only. Creates uneven lens illumination. See page 4 for CROSS SECTIONS.
- Not available with EM drivers.



# MX4<sup>LED</sup> 4" Continuous – Suspended

## FIXTURE PERFORMANCE DATA

DOWN (PER FOOT)				UP (PER FOOT)			
	DELIVERED LUMENS	WATTAGE	EFFICACY (lm/W)	DELIVERED LUMENS	WATTAGE	EFFICACY (lm/W)	
L8	824	7.3	113	851	7.3	117	
L12	1175	10.8	108	1187	10.8	110	
L15	1439	13.5	107	1439	13.5	107	

- Photometrics tested in accordance with IESNA LM-79. Results shown are based on 25°C ambient temperature.
- Wattage shown is average for 120V through 277V input.
- Results based on F shielding, 3500K, 80 CRI, actual lumens may vary +/-5%.
- Use multiplier table to calculate additional options.

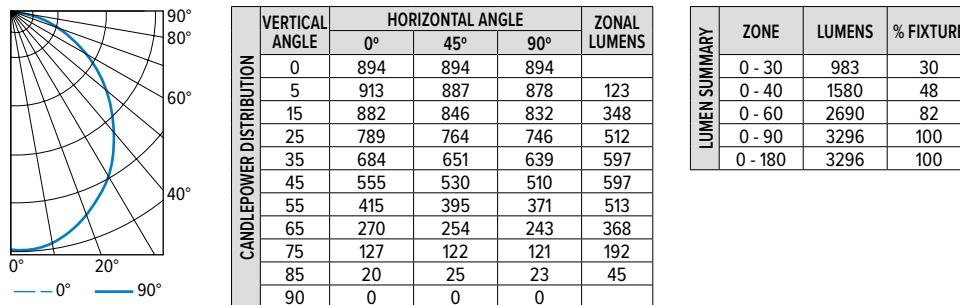
## MULTIPLIER TABLE

COLOR TEMPERATURE		
	CCT	CONVERSION FACTOR
80 CRI	2700K	0.97
	3000K	0.99
	3500K	1.00
	4000K	1.03
	5000K	1.06
90 CRI	2700K	0.80
	3000K	0.82
	3500K	0.83
	4000K	0.86
	5000K	0.89

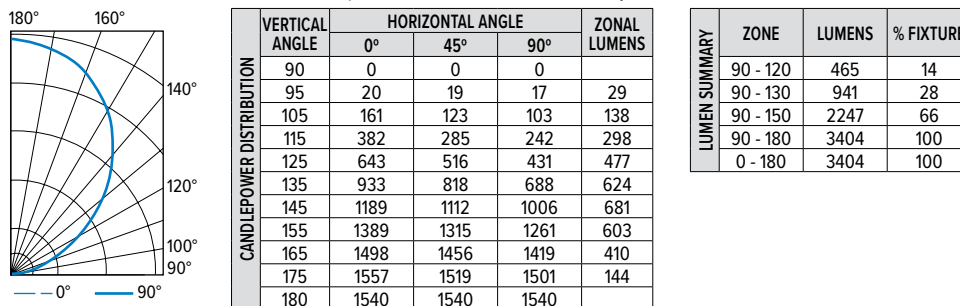
ASY OPTION	
WATTAGE	EFFICACY (lm/W)
1.03	0.97

## PHOTOMETRY

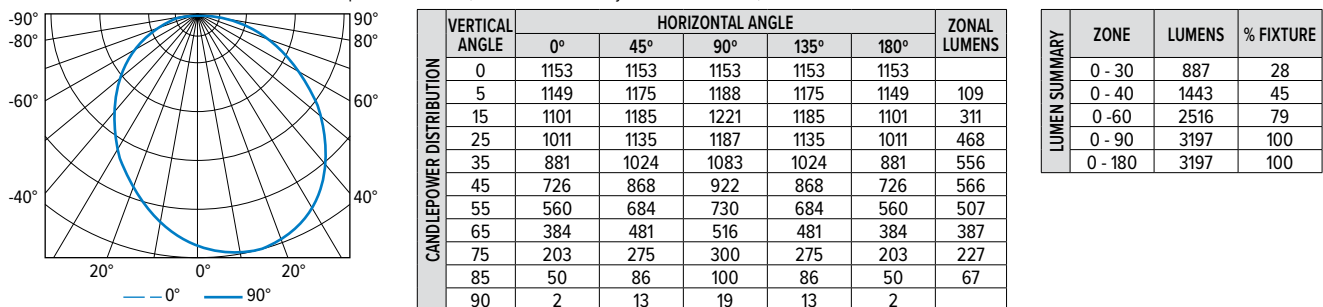
**MX4D-4'00-L8/835-F-DIM** Total Luminaire Output: 3296 lumens; 29.2 Watts | Efficacy: 113 lm/W | 80 CRI; 3500K CCT



**MX4U-4'00-L8/835-F-DIM** Total Luminaire Output: 3404 lumens; 29.2 Watts | Efficacy: 117 lm/W | 80 CRI; 3500K CCT



**MX4D-4'00-L8/835-F-ASY** Total Luminaire Output: 3197 lumens; 29.2 Watts | Efficacy: 109 lm/W | 80 CRI; 3500K CCT



# MX4<sup>LED</sup> 4" Continuous – Suspended

## ADDITIONAL CONTROL OPTIONS

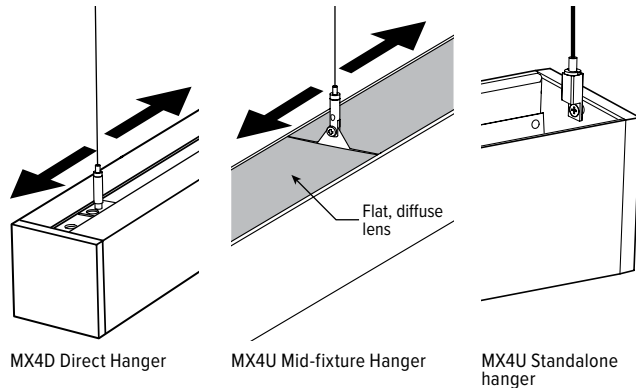
Note: Lumen restrictions apply, consult product builder at [hew.com/product-builder](http://hew.com/product-builder).

CATALOG NUMBER	DESCRIPTION
DRV	Driver prewired for non-dimming applications
DIM	Dimming driver prewired for 0-10V low voltage applications
DIM1	1% dimming driver prewired for 0-10V low voltage applications
DIM LINE	Line voltage dimming driver (TRIAC and ELV compatible, 120V only)
DIM TRC	Line voltage dimming driver (TRIAC compatible, 120V or 277V only)
DSR	Sensor-ready driver
SD40	40% step-dimming driver
SD50	50% step-dimming driver
DALI	DALI dimming driver
LTE LINE	Lutron Hi-lume 1% 2-wire dimming driver forward phase line voltage controls (120V only)
LDE1	Lutron Hi-lume 1% EcoSystem dimming LED driver
VDO/DSR	Lutron Vive integral fixture control, RF with daylight and occupancy sensor (DFCSJ-OEM-OCC) and sensor-ready driver
VRF/DSR	Lutron Vive integral fixture control, RF only (DFCSJ-OEM-RF) and sensor-ready driver
VDO/DBI/LDE1	Lutron Vive integral fixture control, RF with daylight and occupancy sensor (DFCSJ-OEM-OCC), Lutron Hi-lume 1% EcoSystem dimming LED driver, and digital link interface
VRF/DBI/LDE1	Lutron Vive integral fixture control, RF only (DFCSJ-OEM-RF), Lutron Hi-lume 1% EcoSystem dimming LED driver, and digital link interface
ELDO SOLOB	EldoLED Solodrive, 0.1% dimming driver for 0-10V controls
ELDO SOLOB DALI	EldoLED Solodrive, 0.1% dimming driver for DALI controls
ELDO ECO1	EldoLED Ecodrive, 1% dimming driver for 0-10V controls
ELDO ECO1 DALI	EldoLED Ecodrive, 1% dimming driver for DALI controls

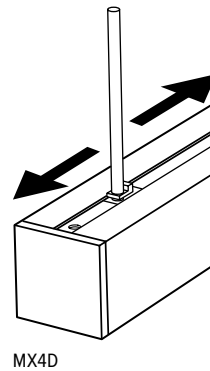
## MOUNTING DETAILS

Aircraft cable row mount accessories can be repositioned along the length of the channel, providing flexible mounting locations to suit any application.

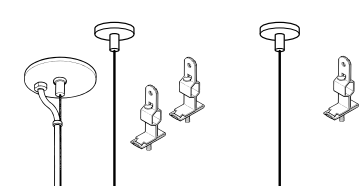
### AIRCRAFT CABLE



### MICROSTEM



### STANDARD HARDWARE



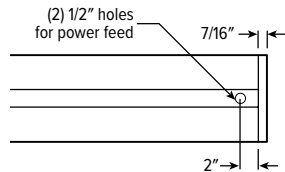
Power End/Stand-Alone      Row Mount Support

#### Notes:

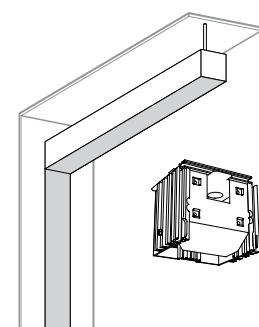
- Fixtures are provided with adjustable length aircraft cables and mounting hardware, must specify.
- Electrical supply is brought into the feeder (or stand-alone) fixture, either as part of a row or as an individual mount unit. Power feed locations are 2" from end (downlight) or at end of fixture (uplight).
- One 5" canopy included for each feeder fixture. One 2" canopy included for each additional fixture required in a row.

## FIXTURE DETAILS

### MX4D BACK VIEW



### V90 CORNER ACCESSORY



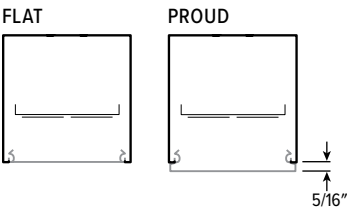
Includes tamper resistant lens bracket for lower end of vertical fixture.

### OCCUPANCY SENSOR

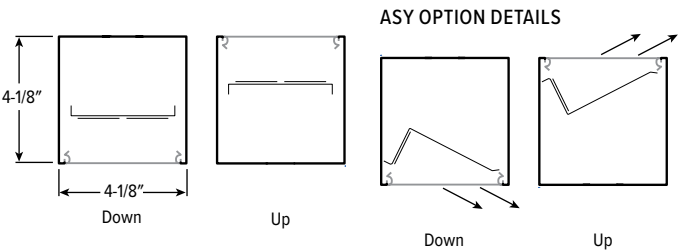


# MX4<sup>LED</sup> 4" Continuous – Suspended

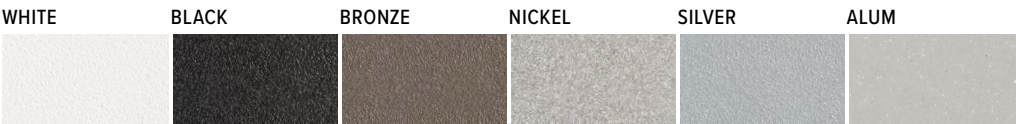
## SHIELDING DETAILS



## CROSS SECTIONS

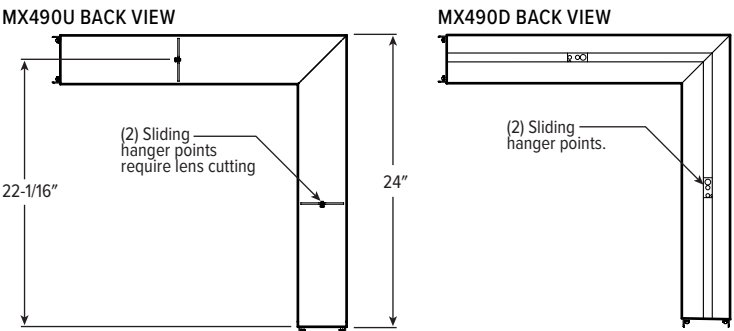


## FINISH OPTIONS



For custom color, please specify RAL code or a manufacturer code with description. All custom colors other than RAL require two sample swatches, minimum 1" square.

## CORNER DETAILS



Note: Corner orientation determined in field. Feeder corner end cap shipped separately.

