



COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)
10/16/2019

AGENCY K T L Business Insurance Services, Inc. 322 8th Street Suite # 101 Del Mar CA 92014		CARRIER Navigators Specialty Ins Company		NAIC CODE 001825
		COMPANY POLICY OR PROGRAM NAME		PROGRAM CODE
		POLICY NUMBER TBA		
CONTACT NAME: PHONE (A/C, No., Ext) (858) 350-0555 FAX (A/C, No.) (858) 350-0556 E-MAIL ADDRESS: kevin@ktlinsurance.com CODE: AGENCY CUSTOMER ID: 3226		UNDERWRITER		UNDERWRITER OFFICE
		STATUS OF TRANSACTION	<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 checked="" type="checkbox"/> RENEW DATE TIME <input type="checkbox"/> AM <input type="checkbox"/> PM

SECTIONS ATTACHED

INDICATE	SECTIONS ATTACHED	PREMIUM		PREMIUM		PREMIUM
	ACCOUNTS RECEIVABLE / VALUABLE PAPERS	\$	ELECTRONIC DATA PROC	\$	TRANSPORTATION / MOTOR TRUCK CARGO	\$
	BOILER & MACHINERY	\$	EQUIPMENT FLOATER	\$	TRUCKERS/MOTOR CARRIER	\$
	BUSINESS AUTO	\$	GARAGE AND DEALERS	\$	UMBRELLA	\$
	BUSINESS OWNERS	\$	GLASS AND SIGN	\$	YACHT	\$
<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY	\$	INSTALLATION / BUILDERS RISK	\$		\$
	CRIME / MISCELLANEOUS CRIME	\$	OPEN CARGO	\$		\$
	DEALERS	\$	PROPERTY	\$		\$

ATTACHMENTS

ADDITIONAL INTEREST	PREMIUM PAYMENT SUPPLEMENT
ADDITIONAL PREMISES	PROFESSIONAL LIABILITY SUPPLEMENT
APARTMENT BUILDING SUPPLEMENT	RESTAURANT / TAVERN SUPPLEMENT
CONDO ASSN BYLAWS (for D&O Coverage only)	STATEMENT / SCHEDULE OF VALUES
CONTRACTORS SUPPLEMENT	STATE SUPPLEMENT (If applicable)
COVERAGES SCHEDULE	VACANT BUILDING SUPPLEMENT
DRIVER INFORMATION SCHEDULE	VEHICLE SCHEDULE
INTERNATIONAL LIABILITY EXPOSURE SUPPLEMENT	
INTERNATIONAL PROPERTY EXPOSURE SUPPLEMENT	
LOSS SUMMARY	

POLICY INFORMATION

PROPOSED EFF DATE	PROPOSED EXP DATE	BILLING PLAN	PAYMENT PLAN	METHOD OF PAYMENT	AUDIT	DEPOSIT	MINIMUM PREMIUM	POLICY PREMIUM
11/14/2019	11/14/2020	<input checked="" type="checkbox"/> DIRECT <input type="checkbox"/> AGENCY	8/\$3,067.72			\$	\$	\$

APPLICANT INFORMATION

NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4) SMS Industrial Inc. 1628 North Main Street # 333 Salinas CA 93908		GL CODE	SIC	NAICS	FEIN OR SOC SEC #
		BUSINESS PHONE #:			
		WEBSITE ADDRESS			
<input checked="" 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	
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)		GL CODE	SIC	NAICS	FEIN OR SOC SEC #
		BUSINESS PHONE #:			
		WEBSITE ADDRESS			
<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	
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)		GL CODE	SIC	NAICS	FEIN OR SOC SEC #
		BUSINESS PHONE #:			
		WEBSITE ADDRESS			
<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: 3226

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 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		CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
0			<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER	0	OCCUPIED AREA: SQ FT
BLD #	CITY:	STATE:	<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
0	COUNTY:	ZIP:			0	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: \$
0			<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER	0	OCCUPIED AREA: SQ FT
BLD #	CITY:	STATE:	<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
0	COUNTY:	ZIP:			0	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: \$
0			<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER	0	OCCUPIED AREA: SQ FT
BLD #	CITY:	STATE:	<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
0	COUNTY:	ZIP:			0	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: \$
0			<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER	0	OCCUPIED AREA: SQ FT
BLD #	CITY:	STATE:	<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
0	COUNTY:	ZIP:			0	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	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	
DESCRIPTION OF PRIMARY OPERATIONS HVAC & REFRIGERATION SERV					
RETAIL STORES OR SERVICE OPERATIONS % OF TOTAL SALES:					
		INSTALLATION, SERVICE OR REPAIR WORK		OFF PREMISES INSTALLATION, SERVICE OR REPAIR WORK	
		0.00%		0.00%	
DESCRIPTION OF OPERATIONS OF OTHER NAMED INSURED					

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:	0 BUILDING: 0
<input type="checkbox"/> BREACH OF WARRANTY						VEHICLE:	0 BOAT: 0
<input type="checkbox"/> CO-OWNER						AIRPORT:	0 AIRCRAFT: 0
<input type="checkbox"/> EMPLOYEE AS LESSOR						ITEM CLASS:	ITEM: 0
<input type="checkbox"/> LEASEBACK OWNER						ITEM DESCRIPTION	
<input type="checkbox"/> LIENHOLDER							
REASON FOR INTEREST:			E-MAIL ADDRESS:				
REFERENCE / LOAN #:			INTEREST END DATE:				
LIEN AMOUNT:			PHONE (A/C, No, Ext):				
			FAX (A/C, No):				

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES				Y / N
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ?				N
PARENT COMPANY NAME		RELATIONSHIP DESCRIPTION	% OWNED 0.00	
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?				N
SUBSIDIARY COMPANY NAME		RELATIONSHIP DESCRIPTION	% OWNED 0.00	
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?				Y
<input checked="" type="checkbox"/>	SAFETY MANUAL	<input type="checkbox"/>	MONTHLY MEETINGS	<input type="checkbox"/>
<input type="checkbox"/>	SAFETY POSITION	<input type="checkbox"/>	OSHA	
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				N
8. ANY UNCORRECTED FIRE AND/OR SAFETY CODE VIOLATIONS?				N
OCCURRENCE DATE	EXPLANATION	RESOLUTION	RESOLUTION DATE	
9. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE LAST FIVE (5) YEARS?				N
OCCURRENCE DATE	EXPLANATION	RESOLUTION	RESOLUTION DATE	
10. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS?				N
OCCURRENCE DATE	EXPLANATION	RESOLUTION	RESOLUTION DATE	
11. HAS BUSINESS BEEN PLACED IN A TRUST?				N
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)				N
13. DOES APPLICANT HAVE OTHER BUSINESS VENTURES FOR WHICH COVERAGE IS NOT REQUESTED?				N

REMARKS / PROCESSING INSTRUCTIONS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

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PRIOR CARRIER INFORMATION

AGENCY CUSTOMER ID: 3226

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
	CARRIER				
	POLICY NUMBER	ACPGLO7835665594			
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
	CARRIER				
	POLICY NUMBER	ACPGLO7835665594			
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
	CARRIER				
	POLICY NUMBER	ACPGLO7835665594			
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
	CARRIER				
	POLICY NUMBER	ACPGLO7835665594			
	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						TOTAL LOSSES: \$	
FOR THE LAST DATE OF OCCURRENCE	YEARS LINE	TYPE / DESCRIPTION OF LINE 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 applicable in all states, consult your agent or broker for your state's requirements.)		
<p>NOTICE OF INSURANCE INFORMATION PRACTICES - PERSONAL INFORMATION ABOUT YOU MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE. 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.</p> <p>ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND (NY: SUBSTANTIAL) CIVIL PENALTIES. (Not applicable in CO, DC, FL, HI, MA, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)</p> <p>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.</p> <p>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.</p> <p>IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.</p> <p>IN WASHINGTON, IT IS **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.</p> <p>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.</p>		
PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER