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SUBJECT   STATUS OF   SUBCODE:   STATUS OF   SUBCODE:	CON	ITACT IE:					UNE	DERWR	ITER				UND	ERWRIT	TER OFFICE			
SOURCORE   SUBCORE   SUB	PHC (A/C	NE , No, Ext):											Ļ			_		
MAIN ACTION	(A/C	, No): ΔΙΙ					STA	ATUS O	-	_			L				REN	IEW
CAMENOY CUSTOMER ID	ADE	PRESS:	T				TRA	ANSACT	TION	_		_		Attach				امما
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BUSINESS OWNERS   S			\$	7	EQUIF	PMENT FLOATER										\$		
COMMERCIAL GENERAL LIABILITY  CRAVE  CRAVE  S  OPEN CARGO  S  S  S  S  OPEN CARGO  S  S  S  S  ACTICAMENTS   ACTICAMENTS  ACTICAMENTS  ACTICAMENT SUPPLEMENT  ACTICAME S  ACTICAMENT SUPPLEMENT  ACTICAME S  APARTMENT BUILDING SUPPLEMENT  RESTAURANT I TAVEN SUPPLEMENT  COMPO ASSEMPLANS (or Dos Coverage only)  STATE SUPPLEMENT (if applicable)  COMPANDER SUPPLEMENT  STATE SUPPLEME		BUSINESS AUTO	\$		GARA	GE AND DEALERS			\$			UMBRELL	.A			\$		
CRIME		BUSINESS OWNERS	\$		GLAS	S AND SIGN			\$			YACHT				\$		
DEALERS S PROPERTY S S S S  ATTACHMENTS  ADDITIONAL INTEREST PREMIUM PAYMENT SUPPLEMENT		COMMERCIAL GENERAL LIABILITY	\$		INSTA	ALLATION / BUILDERS	RIS	K	\$							\$		
ATTACHMENTS  ADDITIONAL INTEREST   PREMIUM PAYMENT SUPPLEMENT		CRIME	\$	_	OPEN	I CARGO			\$							\$		
ADDITIONAL INTEREST   PROFESSIONAL LIABILITY SUPPLEMENT   ADDITIONAL PREMISES   PROFESSIONAL LIABILITY SUPPLEMENT   CONDO ASSN BYLWES (for DAO Coverage only)   STATEMENT FOCEDULE OF VALUES   CONTRACTORS SUPPLEMENT   STATE SUPPLEMENT   CONTRACTORS SUPPLEMENT   STATE SUPPLEMENT   CONTRACTORS SUPPLEMENT   STATE SUPPLEMENT   COVERAGE SCHEDULE   VACANT BULLIONS SUPPLEMENT   COVERAGE SCHEDULE   VACANT BULLIONS SUPPLEMENT   INTERNATIONAL PROPERTY EXPOSURE SUPPLEMENT   INTERNATIONAL LIABILITY EXPOSURE SUPPLEMENT   INTERNATIONAL PROPERTY EXPOSURE SUPPLEMENT   INTERNATIONAL PROPERTY EXPOSUR		DEALERS	\$		PROP	PERTY			\$							\$		
ADDITIONAL INTEREST   PROFESSIONAL LIABILITY SUPPLEMENT   ADDITIONAL PREMISES   PROFESSIONAL LIABILITY SUPPLEMENT   CONDO ASSN BYLWES (for DAO Coverage only)   STATEMENT FOCEDULE OF VALUES   CONTRACTORS SUPPLEMENT   STATE SUPPLEMENT   CONTRACTORS SUPPLEMENT   STATE SUPPLEMENT   CONTRACTORS SUPPLEMENT   STATE SUPPLEMENT   COVERAGE SCHEDULE   VACANT BULLIONS SUPPLEMENT   COVERAGE SCHEDULE   VACANT BULLIONS SUPPLEMENT   INTERNATIONAL PROPERTY EXPOSURE SUPPLEMENT   INTERNATIONAL LIABILITY EXPOSURE SUPPLEMENT   INTERNATIONAL PROPERTY EXPOSURE SUPPLEMENT   INTERNATIONAL PROPERTY EXPOSUR	AT	TACHMENTS																
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CONDO ASSN BYLAWS (for D&O Coverage only)  CONTRACTORS SUPPLEMENT  STATE SUPPLEMENT (If applicable)  DRIVER INFORMATION SCHEDULE  ONLY REPORTATION SCHEDULE  ONLY REPORT SCHEDULE  ONLY R		ADDITIONAL PREMISES			PROF	ESSIONAL LIABILITY	SUPPLEMENT											
CONTRACTORS SUPPLEMENT STATE SUPPLEMENT (II applicable)		APARTMENT BUILDING SUPPLEMENT								SUPPLEMENT								
COVERAGES SCHEDULE    DRIVER INFORMATION SCHEDULE   VEHICLE SCHEDULE		CONDO ASSN BYLAWS (for D&O Coverage only)  STATEMENT / SCHEDULE																
DRIVER INFORMATION SCHEDULE  INTERNATIONAL LIABILITY EXPOSURE SUPPLEMENT  INTERNATIONAL PROPERTY EXPOSURE SUPPLEMENT  INTERNATION SUPPLEMENT  INTERNATIONAL PROPERTY EXPOSURE SUPPLEMENT  INTERNATION SUPPLEME		CONTRACTORS SUPPLEMENT STATE SUPPLEMENT (If a						ble)										
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POLICY INFORMATION  PROPOSED EFF DATE PROPOSED EXP DATE DIRECT AGENCY    DIRECT AGENCY   PAYMENT PLAN   METHOD OF PAYMENT AUDIT   DEPOSIT   PREMIUM   S   S   S   S   S   S   S   S   S	INTERNATIONAL PROPERTY EXPOSURE SUPPLEMENT																	
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APPLICANT INFORMATION  NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4)  CORPORATION INDIVIDUAL LLC NO. OF MEMBERS AND MANAGERS:  CORPORATION INDIVIDUAL CORPORATION IN	PC	LICY INFORMATION																
SIC   NAICS   FEIN OR SOC SEC #	PRO	POSED EFF DATE PROPOSED EXP DA			ENCY		N	METHO	O OF PAYMENT	A	UDIT		SIT	\$	MINIMUM PREMIUM			PREMIUM
BUSINESS PHONE #:  WEBSITE ADDRESS  CORPORATION INDIVIDUAL INDIVID	ΑP	PLICANT INFORMATION																
WEBSITE ADDRESS  WEBSITE ADDRESS  WEBSITE ADDRESS  WEBSITE ADDRESS  ONLY PARTICIPATE OF PROFIT ORGOUT TRUST ORGOUT TRUST ORGOUT TRUST  NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)  CORPORATION INDIVIDUAL OF ROBERS OF PARTICIPATE ORGOUT TRUST  OUT TO SUBCHAPTER "S" CORPORATION OUT TRUST  WEBSITE ADDRESS  FEIN OR SOC SEC #  WEBSITE ADDRESS  OUT TRUST  SUBCHAPTER "S" CORPORATION OUT TRUST  TRUST  NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)  OUT TRUST  O	NAN	IE (First Named Insured) AND MAILING	ADDRESS (including ZIP+	<b>⊦4</b> )			GL CODE SIC					NAICS				FEIN	OR SO	C SEC #
CORPORATION   JOINT VENTURE   NOT FOR PROFIT ORG   PARTNERSHIP   TRUST    CORPORATION   INDIVIDUAL   C						ļ	BUS	SINESS	PHONE #:									
INDIVIDUAL   LLC NO. OF MEMBERS   PARTNERSHIP   TRUST							WEI	BSITE A	ADDRESS									
INDIVIDUAL   LLC NO. OF MEMBERS   PARTNERSHIP   TRUST		OODDOD ATION LOUIT VENU	rupe.		1	07 F00 P00F17 000		<del></del>	NI DOLLA DEED H	211 0 0	20000	471011						
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CORPORATION   JOINT VENTURE   NOT FOR PROFIT ORG   PARTNERSHIP   SUBCHAPTER "S" CORPORATION   TRUST   TRUST   SUBCHAPTER "S" CORPORATION   SUBCHAPTER "SUBCHAPTER "S" CORPORATION   SUBCHAPTER "S" CORPORATION   SUBCHAPT							GL	CODE	s	IC	C NAI		NAIC	NAICS F		FEIN OR SOC SEC #		C SEC #
CORPORATION   JOINT VENTURE   NOT FOR PROFIT ORG   PARTNERSHIP   TRUST  NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)   GL CODE   BUSINESS PHONE #:    CORPORATION   JOINT VENTURE   NOT FOR PROFIT ORG   SUBCHAPTER "S" CORPORATION							BUSINESS PHONE #:											
INDIVIDUAL  LLC NO. OF MEMBERS PARTNERSHIP  NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)  BUSINESS PHONE #:  WEBSITE ADDRESS  CORPORATION  JOINT VENTURE  PARTNERSHIP  TRUST  TRUST  TRUST  SIC NAICS  FEIN OR SOC SEC #  WEBSITE ADDRESS  SUBCHAPTER "S" CORPORATION							WEI	BSITE A	ADDRESS									
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)  BUSINESS PHONE #:  WEBSITE ADDRESS  CORPORATION  JOINT VENTURE  NOT FOR PROFIT ORG  SUBCHAPTER "S" CORPORATION  SIC NAICS  FEIN OR SOC SEC #  BUSINESS PHONE #:  WEBSITE ADDRESS  SUBCHAPTER "S" CORPORATION					N	OT FOR PROFIT ORG			SUBCHAPTER "S	S" CC	ORPOR	ATION						
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)  BUSINESS PHONE #:  WEBSITE ADDRESS  CORPORATION  JOINT VENTURE  NOT FOR PROFIT ORG  SUBCHAPTER "S" CORPORATION  SIC NAICS  FEIN OR SOC SEC #  BUSINESS PHONE #:  WEBSITE ADDRESS  SUBCHAPTER "S" CORPORATION		INDIVIDUAL LLC NO. C	OF MEMBERS MANAGERS: ———		P/	ARTNERSHIP		<b></b>	RUST				_					
CORPORATION   JOINT VENTURE   NOT FOR PROFIT ORG   SUBCHAPTER "S" CORPORATION	NAN			P+4)	<u> </u>		GL	CODE	s	IC			NAIC	s		FEIN	OR SO	C SEC #
CORPORATION JOINT VENTURE NOT FOR PROFIT ORG SUBCHAPTER "S" CORPORATION						ļ	BUS	SINESS	PHONE #:									
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### CONTACT INFORMATION

## AGENCY CUSTOMER ID:

CONT	ACT INFORMA	ATION															
CONTACT TYPE:									CONTACT TYPE:								
CONTACT NAME:									TACT N	IAME:							
PRIMARY HOME BUS CELL SECONDARY HOME BUS CELL PHONE #						PRIM	PRIMARY   HOME   BUS   CELL   SECONDARY   HOME   BUS   CELL   PHONE #								CELL		
PRIMARY E-MAIL ADDRESS:							DDIM	IADVE	MAIL ADD	DECC.							
	ARY E-MAIL ADDRI		ach AC	ODD 922 for	. Addition	al Dr	omiooo	•	ONDAR	Y E-MAIL A	ADDRE	:55:					
LOC#	STREET	ATION (ALL	acii Aci	JKD 623 101	Addition		Y LIMITS		EREST		# 5	111 T	ME EMPL	ANNUAL REVENUE	c. ¢		
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							INSIDE		OWN					OCCUPIED AREA:			SQ FT
BLD#	CITY:			STATE	:		OUTSIDI	Ē	TENA	NT	# P	ART T	ME EMPL	OPEN TO PUBLIC A	REA:		SQ FT
	COUNTY:			ZIP:										TOTAL BUILDING A	REA:		SQ FT
DESCRIP	TION OF OPERATI	ONS:												ANY AREA LEASED	то отн	ERS? Y/N	
LOC#	STREET					CITY	Y LIMITS	INT	EREST		# F	ULL TI	ME EMPL	ANNUAL REVENUE	S: \$		
							INSIDE		OWN	ER				OCCUPIED AREA:			SQ FT
BLD#	CITY:			STATE			OUTSIDI	E	TENA	NT	# P	ART T	ME EMPL	OPEN TO PUBLIC A	REA:		SQ FT
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LOC#	SIREEI						Y LIMITS	INI	1		# 「	OLL II	ME EMPL	ANNUAL REVENUE	.э: <b>э</b>		
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	COUNTY:			ZIP:										TOTAL BUILDING AREA:			SQ FT
DESCRIF	TION OF OPERATI	ONS:												ANY AREA LEASED	то отн	ERS? Y / N	
LOC#	STREET					CITY	Y LIMITS	INT	EREST		# F	ULL TI	ME EMPL	ANNUAL REVENUE	S: \$		
							INSIDE		OWNER					OCCUPIED AREA:			SQ FT
BLD#	CITY:			STATE	•		OUTSIDI	₌├─	TENA	NT	# P	ART T	ME EMPL	OPEN TO PUBLIC A	REA:		SQ FT
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	PTION OF OPERATI													ANY AREA LEASED	ПООТН	EKS! I/N	
NATU	RE OF BUSINI	ESS													DATER	USINESS	-
APA	RTMENTS	CONTRAC	TOR	MANUFAC	TURING	R	ESTAURA	NT		SERVICE					STARTE	ED (MM/DD/Y)	(YY)
CON	NDOMINIUMS	INSTITUTION	ONAL	OFFICE		R	ETAIL			WHOLESA	ALE						
RETAIL S	STORES OR SERVIC	E OPERATIONS	S % OF TOT	AL SALES:	INSTAL	LATIO	N, SERVIC	CE OR REPAIR WORK OFF PREMISE:						ES INSTALLATION, S	ES INSTALLATION, SERVICE OR REPAIR WORK %		
DESCRIP	TION OF OPERATION	ONS OF OTHER	NAMED INS	SUREDS													
ADDIT	IONAL INTER	EST (Not al	l fields a	apply to all	scenarios	- pro	ovide o	nlv t	he ne	cessarv	/ data	a) At	tach AC	ORD 45 for mo	re Add	itional Inte	erests
INTERES				ADDRESS RA		EVIDE			RTIFICA		POLIC		SEND BI			M NUMBER	
ADI	DITIONAL .	OSS PAYEE		,										LOCATION:		BUILDING:	
BRE	EACH OF M	IORTGAGEE												VEHICLE:		BOAT:	
	RRANIY													AIRPORT:		IRCRAFT:	
CO-OWNER OWNER EMPLOYEE DECISIONAL											ITEM						
AS	LESSOR	EGISTRANT												CLASS:		ГЕМ:	
LEASEBACK OWNER TRUSTEE												ITEM DESCRIPTION					
	NHOLDER	-		E / LOAN #:				INTEREST END DATE:									
		I	JEN AMOU	NT:			Pi	PHONE (A/C, No, Ext): FAX (A/C, No):									
I REASON	FOR INTEREST:						E-	MAIL A	ADDRES	SS:							

# AGENCY CUSTOMER ID:

GEI	NERAL INFO	RMATION						AGENCI	CC	OSTOWIER ID.				
EXPL	AIN ALL "YES" R	ESPONSES												Y/N
1a.	IS THE APPLIC	ANT A SUBSID	IARY OF	ANOTHER EN	ITITY ?									
	PARENT COMPANY NAME								RELATIONSHIP DESCRIPTION % OWNED					
1b.	DOES THE APF	PLICANT HAVE	ANY SUE	SSIDIARIES?										
	DOES THE APPLICANT HAVE ANY SUBSIDIARIES?  SUBSIDIARY COMPANY NAME									RELATIONSHIP D	ESCRIPTION		% OWNED	
2.	IS A FORMAL S	AFETY PROG	RAM IN O	PERATION?										
	SAFETY MA	ANUAL		MONTHLY ME	ETINGS		]							
	SAFETY PO	SITION		OSHA			J							
3.	ANY EXPOSUR	E TO FLAMMA	BLES. EX	PLOSIVES. C	HEMICA	LS?								
4.	4. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)													
	LINE OF BUSINE	SS	POLICY	/ NUMBER			] [	LINE OF BUSINES	ss		POLICY NUMBER			
							1 [							
							1 [							
							UR	ING THE PRIOR	TH	HREE (3) YEARS	FOR ANY PREM	ISES OR		
	OPERATIONS?	` —			•	•								
	NON-PAYM	<u> </u>		LONGER REPR	_									
_	NON-RENE		UNDERWR			DITION CORRECTED	·							
6.	ANY PAST LOS	SES OR CLAII	MS RELAT	ING TO SEXU	JAL ABU	SE OR MOLESTA	ATI(	ON ALLEGATION	NS,	, DISCRIMINATIO	ON OR NEGLIGEN	IT HIRING?	,	
7.	DURING THE L	AST FIVE YEA	RS (TEN I	N RI). HAS AN	NY APPL	ICANT BEEN IND	IC	TED FOR OR CO	)N\	/ICTED OF ANY	DEGREE OF THE	CRIME OF	FRAUD.	
	BRIBERY, ARS	ON OR ANY O	THER ARS	SON-RELATE	D CRIME	IN CONNECTION	٧V	VITH THIS OR A	NY	OTHER PROPE	RTY?			
	(In RI, this quest by a sentence of				for prop	erty insurance. Fa	ilu	re to disclose the	ex	istence of an ars	on conviction is a r	nisdemean	or punishable	
	by a semence of	i up to one yea	OI IIIIpiisc	omment).										
<u> </u>	ANNUMBER	OTED FIDE A	UD/OD CA	FETY CODE I	VIOLATI	ONICO								
8.	ANY UNCORRE	CIED FIRE A	ND/OR SA	TELL CODE	VIOLATI	ONS?							DECOLUTION.	
	OCCURRENCE DATE	EXPLANATION							RE	SOLUTION			RESOLUTION DATE	
9.	HAS APPLICAN	IT HAD A FORI	ECLOSUR	E, REPOSSES	SSION, E	BANKRUPTCY OF	R F	ILED FOR BANK	RU	JPTCY DURING	THE LAST FIVE (5	) YEARS?		
	OCCURRENCE			<u> </u>								,	RESOLUTION	
	DATE	EXPLANATION							RE	SOLUTION			DATE	
10.	HAS APPLICAN	T HAD A JUDO	SEMENT C	OR LIEN DURI	ING THE	LAST FIVE (5) YE	ΕΑΙ	RS?						
	OCCURRENCE DATE							RESOLUTION RESOLUTION DATE						
	DATE	EXI EXIVATION								OCCUTION			DATE	
11	LIVE BLICIPIECE	DEEN DI ACE	D IN A TO	UICT2										
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	NAME OF IKUS	1												
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<u></u>	OD CARRIES	INFORMA												
	OR CARRIEF	K INFORMA			ı									
YEA			GENER	RAL LIABILITY		AUTOI	МО	BILE	$\vdash$	PROP	ERTY	OTHER:		
	CARRIER	-							$\vdash$					
	POLICY NUME								L					
	PREMIUM	\$				\$			\$			\$		
	EFFECTIVE D								$oxed{}$					
	EXPIRATION I	DATE												

#### AGENCY CUSTOMER ID:

#### PRIOR CARRIER INFORMATION (continued)

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

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

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

#### **SIGNATURE**

Copy of the Notice of Information Practices (Privacy) has been given to the applicant. (Not required in all states, contact your agent or broker for your state's requirements.)

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU MAY HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND REQUEST CORRECTION OF ANY INACCURACIES. YOU MAY ALSO HAVE THE RIGHT TO REQUEST IN WRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. THESE RIGHTS MAY BE LIMITED IN SOME STATES. PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION. (Not applicable in AZ, CA, DE, KS, MA, MN, ND, NY, OR, VA, or WV. Specific ACORD 38s are available for applicants in these states.)

(Applicant's Initials):

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

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

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

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

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

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

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

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

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

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

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