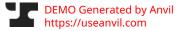


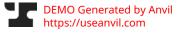
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### CONTACT INFORMATION

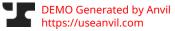
# AGENCY CUSTOMER ID:

CONT	ACT INFORMA	TION													
CONTACT TYPE:								CONTACT TYPE:							
CONTACT NAME:							CONTACT NAME:								
PRIMARY PHONE #	HOME	BUS 🗌 CELL	SECOND. PHONE #	ARY ☐ HOME ☐ B	us 🗌	CELL	PRIMARY HOME BUS CELL SECONDARY HOME BUS CELL								
PRIMARY E-MAIL ADDRESS:						PRIMARY E-MAIL ADDRESS:									
SECOND	ARY E-MAIL ADDRE	SS:					SEC	ONDAR	Y E-MAIL A	DDRE	SS:				
			h ACORD	823 for Addition	nal Pre	emises	•								
LOC#	STREET	,				LIMITS		TEREST		# F	ULL TIME EMPL	ANNUAL REVEN	UES: \$		
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BLD#	CITY:			STATE:		OUTSID	E	TENA	.NT	# P	ART TIME EMPL	OPEN TO PUBLI	C AREA:		SQ FT
	COUNTY:			ZIP:				1				TOTAL BUILDING	G AREA:		SQ FT
DESCRIP	TION OF OPERATION	ONS:										ANY AREA LEAS	SED TO O	THERS? Y / N	
LOC#	STREET				CITY	LIMITS	INT	TEREST		# F	ULL TIME EMPL	+			
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DESCRIP	TION OF OPERATION	ONS:										ANY AREA LEAS	SED TO O	THERS? Y / N	
NATUI	RE OF BUSINE	SS													
APA	RTMENTS	CONTRACTO	R	MANUFACTURING	RE	ESTAURA	ANT		SERVICE				DATE	E BUSINESS RTED (MM/DD/Y)	YYY)
COI	NDOMINIUMS	INSTITUTION	AL X	OFFICE	RE	ETAIL			WHOLESA	ALE				•	
RETAIL S	STORES OR SERVIC	E OPERATIONS %	OF TOTAL S		LLATION	N, SERVIC	CE OR REPAIR WORK OFF PREMISE					SES INSTALLATION, SERVICE OR REPAIR WORK %			
DESCRIF	TION OF OPERATIO	INS OF OTHER NA	MED INSURE	DS											
ADDIT	IONAL INTERE	EST (Not all f	ialde annl	y to all scenario	s - nro	wide o	nly 1	he ne	cassarv	, dat	a) Attach A	CORD 45 for n	nore Ac	Iditional Int	orosts
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I KEASON	FOR INTEREST:					E-	-MAIL	ADDRES	აა:						



# GENERAL INFORMATION AGENCY CUSTOMER ID:

EXPLAIN ALL "YES" RESPONSES Y/N										Y/N	
1a.	IS THE AF	PPLICANT A S	UBSIDIARY	OF ANOTHER ENTITY ?							
	PARENT COMPANY NAME RELATIONSHIP DESCRIPTION % OWNED										
1b.	DOES TH	E APPLICANT	HAVE ANY	SUBSIDIARIES?			1				
	SUBSIDIA	RY COMPANY N	IAME			RELATIONSHIP D	% OWNED				
2	IS A FORI	MAL SAFFTY F	AL SAFETY PROGRAM IN OPERATION?								
		ETY MANUAL		MONTHLY MEETINGS		Í					
		ETY POSITION		OSHA		I					
3			AMMARI ES	, EXPLOSIVES, CHEMICA	Δ1 S2						
0.	AIVI EXI	OOONE TOTE	, KINIVI, KBEEG	, EXI EGGIVEG, GITEIVIIO	LO:						
4.	ANY OTH	IER INSURAN	CE WITH TH	HIS COMPANY? (List pol	icy numbers)						
	LINE OF F	BUSINESS	PO	DLICY NUMBER		LINE OF BUSINES	es e	POLICY NUMBER			
5.	ANY POLI	ICY OR COVE	RAGE DECL	INED, CANCELLED OR N	ON-RENEWED DI	JRING THE PRIOR	THREE (3) YEARS	FOR ANY PREMI	SES OR		
		•	<u> </u>	ts - Do not answer this q							
	NON	-PAYMENT	AGEN	T NO LONGER REPRESENTS							
	NON	-RENEWAL	UNDER	RWRITING CON	DITION CORRECTED	(Describe):					
6.	ANY PAS	T LOSSES OR	CLAIMS RE	LATING TO SEXUAL ABU	JSE OR MOLESTA	TION ALLEGATION	IS, DISCRIMINATIO	ON OR NEGLIGEN	IT HIRING?		
				EN IN RI), HAS ANY APPI ARSON-RELATED CRIM					CRIME OF F	RAUD,	
				d by any applicant for prop					nisdemeanor	punishable	
	by a sente	ence of up to or	ne year of imp	prisonment).						•	
8.	ANY UNC	ORRECTED F	IRE AND/OF	R SAFETY CODE VIOLAT	IONS?						
	OCCURRE								R	RESOLUTION	
	DATE	EXPLAN	IATION				RESOLUTION			DATE	
9.	HAS APPI	LICANT HAD A	FORECLOS	SURE, REPOSSESSION,	BANKRUPTCY OF	FILED FOR BANK	RUPTCY DURING	THE LAST FIVE (5	) YEARS?		
	OCCURRE DATE		IATION				RESOLUTION		R	RESOLUTION DATE	
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40		LICANTILIAD	ILIDOEME	NT OR LIEN DURING THE		TARCO					
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	OCCURRE DATE		IATION				RESOLUTION			RESOLUTION DATE	
11	HAS BUS	INESS BEEN F	PLACED IN A	A TRUST?							
```	NAME OF		27.022								
12	ANY FOR	EIGN OPFRAT	IONS. FORI	EIGN PRODUCTS DISTR	IBUTED IN USA O	R US PRODUCTS :	SOLD/DISTRIBLITE	D IN FORFIGN CO	OUNTRIES?		
				ility Exposure and/or ACO			0025/51011115015				
13.	DOES AP	PLICANT HAV	E OTHER BI	USINESS VENTURES FO	R WHICH COVER	AGE IS NOT REQU	ESTED?				
RFI	REMARKS / PROCESSING INSTRUCTIONS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)										
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PRI	PRIOR CARRIER INFORMATION										
YEA				ENERAL LIABILITY	AUTOI	MOBILE	PROP	ERTY	OTHER:		
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#### PRIOR CARRIER INFORMATION (continued)

Α.	$\sim$ EN	$\sim$	$\sim$ 1	CTA	MFR	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 CLAIM FOR THE LAST	TOTAL LOSSES: \$						
DATE OF OCCURRENCE							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		