

ACORD® COMMERCIAL INSURANCE APPLICATION

DATE (MM/DD/YYYY)

DRAMGUO

		AF	PLIC	ANT INFORM	IAII	ON	SECTION	JIN					,	03/ 1	9/20	23
Ass	∈ncy suredPartners Design Profess ⊌7 Mt. Diablo Blvd Suite 230	s, LLC										NAIC (
	ayette, CA 94549				COMP	ANY	POLICY OR P	ROG	RAM NAM	ΛE				PROG	RAM	CODE
					POLIC APPL		MBER TION 1000	0685	96524 ⁻	1						
COI	Victoria Godfrey				UNDE	DWD	TED				LINDED	WRITER OF	EICE			
PHO	ONE C, No, Ext): (800) 545-3090				UNDE	KVVK	IIEK				UNDER	WKIIEK OF	FICE			
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					TRAN	SACT	ION			(Give Date	and/or All ATE	ach Copy):	TIME			
COI	DE: ENCY CUSTOMER ID: EAGLCON- (SUBCODE:	cens	se # 6003745			-		CHANGI	=					-	AM PM
	NES OF BUSINESS	yı <u>-</u> ı	00110	30 # 00001 1 0					0/111021	-						r IVI
	ICATE LINES OF BUSINESS	PREMIUM					PREMIUM								MIUM	
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X	BUSINESS AUTO	\$		UCIARY LIABILITY			\$			TACHI				\$		
	BUSINESS OWNERS	\$	_	RAGE AND DEALERS			\$							\$		
	COMMERCIAL GENERAL LIABILITY	\$	_	UOR LIABILITY			\$							\$		
	COMMERCIAL INLAND MARINE	\$	TOR CARRIER			\$							\$			
	COMMERCIAL PROPERTY	s	JCKERS			\$							\$			
	CRIME	s	_	BRELLA			\$							\$		
AT	TACHMENTS	· ·					, T							1.		
	ACCOUNTS RECEIVABLE / VALUABLE	PAPERS	GLA	ASS AND SIGN SECTION	1					STATEME	NT / SCH	EDULE OF	VALUES	;		
	ADDITIONAL INTEREST SCHEDULE	-	_	TEL / MOTEL SUPPLEM								NT (If applic				
	ADDITIONAL PREMISES INFORMATIO	N SCHEDULE	INS	TALLATION / BUILDERS								SUPPLEME				
	APARTMENT BUILDING SUPPLEMENT	г	INTE	ERNATIONAL LIABILITY	EXPOS	SURE	SUPPLEMEN	١T		VEHICLE S	SCHEDUL	_E				
	CONDO ASSN BYLAWS (for D&O Cove	rage only)	INTE	ERNATIONAL PROPERT	TY EXP	OSUF	RE SUPPLEM	ENT								
	CONTRACTORS SUPPLEMENT		LOS	SS SUMMARY												
	COVERAGES SCHEDULE		OPE	EN CARGO SECTION												
	DEALERS SECTION		PRE	MIUM PAYMENT SUPP	LEMEN	1T										
	DRIVER INFORMATION SCHEDULE		PRC	DFESSIONAL LIABILITY	SUPPL	.EMEI	NT									
	ELECTRONIC DATA PROCESSING SE	CTION	RES	STAURANT / TAVERN S	JPPLEI	MENT	-									
PC	LICY INFORMATION															
PRO	POSED EFF DATE PROPOSED EXP D	ATE BILLING PLAN	ı	PAYMENT PLAN	ME	THOE	OF PAYMEN	IT	AUDIT	DEPO	SIT	MINIM PREM	UM IUM	PO	LICY P	PREMIUM
(05/12/2025 05/12/2026	DIRECT X A	GENC	Y						\$		\$		\$		
AP	PLICANT INFORMATION			l												
	ME (First Named Insured) AND MAILING	ADDRESS (including ZIP+4)			GL CC	DDE		SIC			NAICS		F	EIN O	R SOC	SEC#
820	4 Garfield Avenue				RUSIN	IFSS	PHONE #: (6	26)	672-0	338						
Bei	I Gardens, CA 90201						DDRESS									
	CORPORATION JOINT VEN			NOT FOR PROFIT ORG		s	UBCHAPTER	"S" (ORPOR	ATION						
	INDIVIDUAL LLC NO. (OF MEMBERS MANAGERS: ———		PARTNERSHIP		Т	RUST									
NAI	ME (Other Named Insured) AND MAILING	ADDRESS (including ZIP+4)		GL CC	DDE		SIC			NAICS		F	EIN O	R SOC	SEC#
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					WEBSITE ADDRESS											
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	CORPORATION JOINT VEN		_	NOT FOR PROFIT ORG		_	UBCHAPTER	"S" (ORPOR	ATION						
		DF MEMBERS MANAGERS: ———		PARTNERSHIP												
AC	ORD 125 (2016/03)			Page 1	of 4		© 199	3-2	015 AC	ORD C	ORPOF	RATION.	All ri	ghts	res	erved.

CONT	ACT INFORM	MATION						A	GENC	Y CUS	ION	IER ID:	LAGE	JOIN-01			\Allio C
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CONTAC	T NAME:							cor	NTACT	NAME:							
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	STREET	WATION (A	ittach /	ACORD	823 for Additio			<u> </u>						「 <u></u>			8,000,000
LOC#	8204 Garfie	eld Avenue	•			CI	TY LIMITS	IN	TEREST			# FULL TIN		ANNUAL REVENU	•		
-	Pall Ca				CA		INSIDE	_	OWN		H			OCCUPIED AREA:			SQ FT
BLD#	сіту:Bell Ga	ardens			STATE: CA ZIP: 90201		OUTSID	E	TEN	ANT		# PART TII	ME EMPL	OPEN TO PUBLIC			SQ FT
	COUNTY:	TIONS			ZIP: 9020 I									TOTAL BUILDING			SQ FT
	PTION OF OPERA	TIONS:												ANY AREA LEASE		ERS? Y / I	N
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LOC#	STREET					CI.	TY LIMITS	\vdash		Г		# FULL TI	ME EMPL	ANNUAL REVENU	ES: \$		
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					INSTA	LI ATI	ON SEDVICE	`E OP	DEDAI	P WORK		0	CC DDEMIS	ES INSTALLATION,	SEDVICE (ND DEDAIL	P WORK
RETAIL	STORES OR SER	ICE OPERATIO	NS % OF	TOTAL SA		LLAII	ON, SERVIC	E UK %		K WORK		0	FF PKEINIS	ES INSTALLATION,	%	JK KEPAI	K WOKK
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		VESI (NOT			to all scenario			Ť			Ť				REST IN ITE		
INTERES	DITIONAL	LIENHOLDER	NAME	AND ADDRI	ESS RANK:	EVID	ENCE:	LE	RTIFIC	AIE	PC	DLICY	SEND BI	LOCATION:		UILDING:	
BRI	URED	LOSS PAYEE												VEHICLE:		OAT:	
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EM	PLOYEE	OWNER												ITEM		TEM:	•
LEA	LESSOR	REGISTRANT												CLASS: ITEM DESCRIPT		LIVI.	
LEN	NER	TRUSTEE	REEED	ENCE / LOA	ΔN #·		INI	ITFPF	ST END	DATE:				II LWI DESCRIPT	ION		
Los	S PAYABLE	INVOILE		MOUNT:	31 τ π .				(A/C, N					FAX (A/C, No):			
REASON	I FOR INTEREST:		LIEN A						ADDRE					1 AA (A/C, NO):			
									I\L	~ ~ .							

EXPLAIN ALL "YES" RESPONSES														
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY?														
ıa.			INTO ANOTHER E				DEL ATIONOLUB	NECODIDITION .	a/ OWNED					
	PARENT COMPA	ANY NAME					RELATIONSHIP I	DESCRIPTION	% OWNED					
										N				
1b.			NY SUBSIDIARIES?	?			1			IN.				
	SUBSIDIARY CO	MPANY NAME					RELATIONSHIP I	DESCRIPTION	% OWNED					
2.	IS A FORMAL S	AFETY PROGRA	AM IN OPERATION?							Y				
	SAFETY MA	ANUAL S	SAFETY POSITION	MONTHLY MEETINGS	OSHA									
3.	ANY EXPOSUR	E TO FLAMMAB	LES, EXPLOSIVES,	CHEMICALS?						N				
4.	ANY OTHER IN	ISURANCE WITH	H THIS COMPANY?	(List policy numbers)						N				
	LINE OF BUSINE	SS	POLICY NUMBER		LINE OF BU	SINESS	3	POLICY NUMBER						
5.	ANY POLICY O	R COVERAGE D	ECLINED, CANCELI	LED OR NON-RENEWED DI	JRING THE PI	RIOR T	THREE (3) YEARS	FOR ANY PREMISES OR		N				
	OPERATIONS? (Missouri Applicants - Do not answer this question)													
	NON-PAYM		GENT NO LONGER RE											
	NON-RENE		NDERWRITING	CONDITION CORRECTED	· · · · · ·					- NI				
6.	ANY PAST LOS	SES OR CLAIMS	RELATING TO SE	XUAL ABUSE OR MOLESTA	TION ALLEGA	TIONS	S, DISCRIMINATI	ON OR NEGLIGENT HIRING?	?	N				
7.				ANY APPLICANT BEEN INDI ED CRIME IN CONNECTION				DEGREE OF THE CRIME OF	F FRAUD,	N				
								on conviction is a misdemean	or punishable					
	by a sentence of	f up to one year o	of imprisonment).											
8.	ANY UNCORRE	CTED FIRE AND	O/OR SAFETY CODE	E VIOLATIONS?						N				
	OCCUR DATE	EXPLANATION				R	ESOLUTION		RESOLVE DATE					
9.	HAS APPLICAN	IT HAD A FOREC	CLOSURE, REPOSS	ESSION, BANKRUPTCY OR	R FILED FOR E	ANKR	UPTCY DURING	THE LAST FIVE (5) YEARS?		N				
	OCCUR DATE	EXPLANATION				R	ESOLUTION		RESOLVE DATE					
10.	HAS APPLICAN	T HAD A JUDGE	MENT OR LIEN DU	RING THE LAST FIVE (5) YE	EARS?				•					
	OCCUR DATE	EXPLANATION				R	ESOLUTION		RESOLVE DATE					
										N				
11.	HAS BUSINESS	BEEN PLACED	IN A TRUST? NAME	E OF TRUST:						N				
12.	ANY FOREIGN	OPERATIONS, F	OREIGN PRODUCT	S DISTRIBUTED IN USA. O	R US PRODU	CTS S	OLD / DISTRIBUT	ED IN FOREIGN COUNTRIE	S?	N				
				nd/or ACORD 816 for Property										
13.	DOES APPLICA	NT HAVE OTHE	R BUSINESS VENT	URES FOR WHICH COVER	AGE IS NOT R	EQUE	STED?			N				
14. DOES APPLICANT OWN / LEASE / OPERATE ANY DRONES? (If "YES", describe use)														
15. DOES APPLICANT HIRE OTHERS TO OPERATE DRONES? (If "YES", describe use)														
					•									
REI	MARKS / PRO	CESSING INS	TRUCTIONS (ACC	ORD 101, Additional Rer	marks Sched	lule, r	may be attache	ed if more space is requir	ed)					
			,	·			<u>-</u>	•	•					
l														

PRIOR CARRIER INFORMATION

1 1/10	IN CHINICITY HAI OF	NIIA I ION			
YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
	CARRIER		Great Divide Insurance Company		
2018 - 2019	POLICY NUMBER		BAP202619710		
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE		05/12/2018		
	EXPIRATION DATE		05/12/2019		

\$

AUTOMOBILE OTHER: CATEGORY **GENERAL LIABILITY** PROPERTY **Great Divide Insurance Company** CARRIER BAP202619711 2019 2020 POLICY NUMBER PREMIUM \$ \$ \$ \$ 05/12/2019 EFFECTIVE DATE 05/12/2020 **EXPIRATION DATE Great Divide Insurance Company** CARRIER BAP202619712 2020 2021 POLICY NUMBER

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

	· ·	Chieff in the control of the control	• · · · · · · · · · · · · · · · · · · ·	•			
	S OR LOSSES (R 5 YEARS	EGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR	OCCURRENCES THAT M	MAY GIVE RISE TO CLAIMS	TOTAL LOSSES: \$		6
DATE OF OCCURRENCE	LINE	AMOUNT PAID	AMOUNT RESERVED	SUBRO- GATION Y/N	CLAIM OPEN Y/N		

05/12/2020

05/12/2021

SIGNATURE

PREMIUM

EFFECTIVE DATE

EXPIRATION DATE

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

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) vears

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) Victoria Godfrey		STATE PRODUCER LICENSE NO (Required in Florida) 0G94397
APPLICANT'S SIGNATURE		DATE	NATIONAL PRODUCER NUMBER 15711840

COMMERCIAL INSURANCE APPLICATION -PRIOR CARRIER INFORMATION SCHEDULE

EAGLCON-01 DRAMGUO PAGE 1 OF 1 CATEGORY **GENERAL LIABILITY AUTOMOBILE PROPERTY** OTHER CARRIER **Great Divide Insurance Company** 2021 -2022 POLICY NUMBER BAP202619713 PREMIUM \$ \$ \$ EFFECTIVE DATE 05/12/2021 **EXPIRATION DATE** 05/12/2022 YEAR CATEGORY **GENERAL LIABILITY AUTOMOBILE PROPERTY** OTHER CARRIER Starr POLICY NUMBER 2022 -2023 PREMIUM \$ \$ \$ \$ EFFECTIVE DATE **EXPIRATION DATE** YEAR CATEGORY **GENERAL LIABILITY AUTOMOBILE PROPERTY** OTHER CARRIER POLICY NUMBER PREMIUM \$ \$ \$ \$ EFFECTIVE DATE **EXPIRATION DATE** YEAR CATEGORY **GENERAL LIABILITY AUTOMOBILE** PROPERTY OTHER CARRIER POLICY NUMBER PREMIUM \$ \$ \$ EFFECTIVE DATE **EXPIRATION DATE** YEAR CATEGORY **GENERAL LIABILITY AUTOMOBILE PROPERTY** OTHER CARRIER POLICY NUMBER PREMIUM \$ \$ \$ \$ EFFECTIVE DATE **EXPIRATION DATE** CATEGORY GENERAL LIABILITY AUTOMOBILE PROPERTY OTHER CARRIER POLICY NUMBER PREMIUM \$ \$ \$ \$ EFFECTIVE DATE **EXPIRATION DATE** YEAR CATEGORY **GENERAL LIABILITY AUTOMOBILE PROPERTY** OTHER CARRIER POLICY NUMBER PREMIUM \$ EFFECTIVE DATE **EXPIRATION DATE** YEAR **GENERAL LIABILITY AUTOMOBILE** OTHER CATEGORY PROPERTY CARRIER POLICY NUMBER PREMIUM \$ \$ EFFECTIVE DATE **EXPIRATION DATE** YEAR CATEGORY **GENERAL LIABILITY** AUTOMOBILE PROPERTY OTHER CARRIER POLICY NUMBER **PREMIUM** \$ \$ \$ \$ EFFECTIVE DATE **EXPIRATION DATE**

AGENCY CUSTOMER ID: EAGLCON-01

DRAMGUO



BUSINESS AUTO SECTION

DATE (MM/DD/YYYY) 03/19/2025

AGENCY	cense # 6003745	CARRIER	NAIC CODE
AssuredPartners Design Professionals Insurance S	ervices, LLC	Starr Indemnity & Liability Company	38318
POLICY NUMBER	EFFECTIVE DATE	NAMED INSURED(S)	
A DDI 1C A TION 4000695065244	05/40/2025	Fagle Contracting Inc	

COVERAGES / LIMITS

USE ACORD 137 FOR YOUR STATE TO PROVIDE COVERAGES / LIMITS INFORMATION

	YER INFORMATION ACORD LL DRIVERS, INCLUDING FAMILY MEMBERS THAT WIL			ed for additiona			NHO DRIVE OWN VEHICLES ON	COMPAN	V RIISINESS				
RIVER #			MAR			YEAR	DRIVERS LICENSE NUMBER/		DATE HIRE	BROADEN. NO-FAULT	DOC	USE VEH#	% USE
1	Faustino Prado	M		02/15/1969	LAF		A5570211	CA	HIKE	NO TAGE!	500	V = 11 #	002
2	Reynaldo Rivera	М	U	02/17/1979			B7295875	СА					
4	Freddy Evangs	М	U	01/08/1970			A6073090	СА					
5	Tomas Acosta	М	U	01/07/1964			C0432066	СА					
6	Rafael Zamora	U	М	02/22/1964			A8155470	CA					

GENERAL INFORMATION

GL	ALLIA	E INFORMATION					
EXP	AIN AL	L "YES" RESPONSES					Y/N
		I'HE EXCEPTION OF ANY ENCUMBRANCES, ARE ANY VEH TERED TO THE APPLICANT?	IICLES FOR W	VHICH II	ISURANCE IS REQUESTED NOT SOLELY OWNED BY AN	ID	N
	VEH#	NAME OF OTHER OWNER		VEH#	NAME OF OTHER OWNER		
2.	DO 0\	ER 50% OF THE EMPLOYEES USE THEIR AUTOS IN THE E	BUSINESS?				N
3.	IS THE	RE A VEHICLE MAINTENANCE PROGRAM IN OPERATION	?				Y
4.	ARE A	NY VEHICLES LEASED TO OTHERS?					N
5.	ANY C	AR MODIFIED / SPECIAL EQUIPMENT? (Include customized	vans / pickups	s)			N
	VEH#	DESCRIPTION	COST \$	VEH#	DESCRIPTION	COST \$	
6.	ARE IO	CC, PUC OR OTHER FILINGS REQUIRED? (If "YES", attach i	ACORD 194)				N
7.	DO OF	ERATIONS INVOLVE TRANSPORTING HAZARDOUS MATE	RIAL?				Y

	LE DES	SCRIP	TION	A A	CORD) 129 att			itional vel	nicles												
VEH#	YEAR	. —	Ford					PE: Van							_	LE TY	PE			YM / AGE	COMP / OTC SYN	COLL SYM
1	2005		L: van			-		I.N.: 1FTF	RE14W75H	A89331			PI	·	S	PEC		COMI	L			
GARAGII ADDRES			uired in KY)			CIT		lone				COUNT	Y							STATE	2IP 9020	4
LIC	OZU TER		ield Ave	w/GCW		CLASS	II Gard	SIC	FACTOR	SEAT (:P	RADIUS		F/	ARTHI	ST TI	ERMIN	IAI		CA	COST NE	
CA				,		01489		0.0	0.0		"	плысо		.,						\$	0001112	34,530
USE		СО	MM'L	FOR HIRE	CHECK		ADD'L FAUL1	NO-	UNDRINS MOTOR	F	┰	LSP		RENT	,	DED	UCTIB	LES		ACV	COMP/ OTC	SPEC C OF L
PLE	ASURE	RE	TAIL			IAB	MED F		TOWING & LABOR	FT		COMP	, —	G	2		AA		ST A] 010 [C OF L
FAR	RM	SEF	RVICE	_	N F	IO- AULT	UNINS	S DR	SPEC C OF L	FTW		COLL				\$				\$		COLL
DRIVE TO WORK / S	SCHOOL	<	15 MILES	15 MILE	I	NET VEH DR/CR:						'				тот	AL PR	EM: \$				
VEH#	YEAR	MAKE	: Ford				BC TY	PE: Van						_ \	/EHIC	LE TY	PE		s	YM / AGE	COMP / OTC SYN	COLL SYM
2	2012	MODE	L: Econ	oline E35	0			I.N.: 1FTS	E3ES4CD	A79496			PI	>	S	PEC		COMI	L	_		
GARAGII	10	EET (Req	uired in KY))		CIT		_				COUNT	Y							STATE		_
LIC			0.0	W / 00W			II Gard		FACTOR	0547		DARWO	1		DTII	-07.7				CA	9020	
STATE	TER	KK.	GV	W/GCW		CLASS		SIC	FACTOR	SEAT	³ P	RADIUS		FA	AKIHI	-51 11	ERMIN	IAL			COST NE	.w 34,530
USE		CO	MM'L	FOR HIRE	CHECK	01489 K	ADD'L FAUL1	NO-	UNDRINS	Л О F	+	LSP		RENT		DED	UCTIB	LES		\$	COMP/	SPEC C OF L
\vdash	ASURE		TAIL			IAB	MED F		MOTOR TOWING	FT .		COMP	, —	REIME FG	3		AA		ST A	ACV MT \$	OTC _	C OF L
FAR	-		RVICE	_	N N	10-	UNINS		& LABOR SPEC C OF L	FTW		OTC COLL				\$	AA		SIA	\$		COLL
DRIVE TO WORK / S)		15 MILES	15 MILE	I	NET VEH DR/CR:	MOTO	OK	COFL								ΔI PR	EM: \$		Ψ		OOLL
VEH#	YEAR	MAKE	Ford	I		Diggit.	BC TY	DDY Pick	up Truck					١	/EHIC	LE TY		<u></u>	s	YM / AGE	COMP / OTC SYN	COLL SYM
3	2012	MODE	∟: F250				٧.	I.N.: 1FT7	W2B63CE	C99579			PI	•	s	PEC		COMI	L			
GARAGII	10	EET (Req	uired in KY))		СП	ſΥ					COUNT	Y							STATE	ZIP	
ADDRES	S					Ве	II Gard	lens												CA	9020	1
STATE	TER	RR	GV	W/GCW		CLASS		SIC	FACTOR	SEAT (CP	RADIUS		F	ARTHI	EST TI	ERMIN	IAL			COST NE	
CA		1		1	CHECK	01489	ADDI	NO.	UNDRINS		\perp	1		RENT						\$	COMP/	18,890
USE			MM'L	FOR HIRE	COVER		ADD'L FAULT		MOTOR TOWING	F		LSP COMP	الطر	REIME	3	DED	UCTIB	ILES		ACV	OTC _	SPEC C OF L
	ASURE		TAIL		LI.	IAB	MED F	PAY	0 I ABOD	FT		OTC	` '	G			AA		CT A	MT \$		
	PN 1	ISF	RVICE		N/	IO-	UNINS	3	& LABOR SPEC	FTW						_			31 A			
DRIVE TO)		RVICE	15 MIL F	F/	NET VEH	UNINS	S DR	SPEC C OF L	FTW		COLL				\$			SIA	\$		COLL
)	<	15 MILES	15 MILE	F/	AULT			SPEC C OF L						/EHIC			EM: \$			COMP /	
DRIVE TO WORK / S	SCHOOL	MAKE	15 MILES		S+ FA	AULT NET VEH DR/CR:	BC TY	ODY Pick	SPEC	(PI		_	тот		EM: \$	s	\$	COMP / OTC SYM	
DRIVE TO WORK / S VEH #	YEAR	MAKE MODE	15 MILES	na Cutaw	S+ FA	AULT NET VEH DR/CR:	BC TY V.I	ODY Pick	SPEC C OF L	(_	TOT/			s	\$		
DRIVE TO WORK / S VEH # 4 GARAGII ADDRES	YEAR 2012	MAKE MODE	15 MILES :: GMC :L: Savar	na Cutaw	S+ FA	AULT NET VEH DR/CR:	BC TY V.I	DDY Pick I.N.: 1GD	SPEC C OF L	(COLL			_	TOT/			s	\$ YM / AGE	ZIP	COLL SYM
DRIVE TO WORK / S VEH # 4 GARAGII ADDRES LIC STATE	YEAR 2012	MAKE MODE EET (Req	15 MILES :: GMC :L: Savar uired in KY)	na Cutaw	S+ FA	AULT NET VEH DR/CR:	BC TY V.I	DDY Pick I.N.: 1GD	SPEC C OF L	(CP	COLL		•	S	TOTA LE TY PEC		СОМІ	s	\$ YM / AGE	ZIP	COLL SYM
PRIVE TO WORK / S VEH # 4 GARAGII ADDRES LIC STATE CA	YEAR 2012	MAKE MODE EET (Req	15 MILES :: GMC :L: Savar uired in KY	na Cutaw) w/gcw	ay G3	BE CLASS	V.I	DDY Pick I.N.: 1GD: lens	SPEC COFL Sup Truck 374CA3C1 FACTOR 0.0	908294 SEAT (CP CP	COUNT	Y	F/	S	TOT/ LE TY PEC	PE	COMI	s	\$ YM / AGE	2IP 9020 COST NE	COLL SYM 1 1 1 1 1 1 1 1 1 1 1 1 1
DRIVE TO WORK / S VEH # 4 GARAGII ADDRES LIC STATE CA USE	YEAR 2012 STRIS TEF	MAKE MODE EET (Req	15 MILES :: GMC :L: Savar uired in KY) GV	na Cutaw	ay G3	BE CLASS	BC TY V.I	DDY Pick I.N.: 1GD:	SPEC C OF L SUP Truck 374CA3C1 FACTOR UNDRINS WOTON	908294 SEAT (CP	COLL COUNT RADIUS	Y	F/RENT REIME	S	TOT/ LE TY PEC	PE	COMI	s	\$ YM/AGE STATE CA	ZIP 9020	COLL SYM 1 EW 15,000
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DRIVE TO WORK / S VEH # 4 GARAGII ADDRES LIC STATE CA USE PLE FAR	OSCHOOL YEAR 2012 STRIS TEF	MAKE MODE EET (Req	15 MILES :: GMC :L: Savar uired in KY) GV	na Cutaw) w/gcw	ay G3	AULT NET VEH DR/CR: 3500 Cn Be CLASS 01489 KRAGES IAB	V.I II Gard ADD'L FAULT MED F	PAY	SPEC C OF L SUP Truck 374CA3C1 FACTOR UNDRINS MOTOR TOWING & LABOR	908294 SEAT (CP	COUNT RADIUS LSP COMPOTC	Y	F/RENT REIME	S	TOT/ LE TY PEC EST TI DED	ERMIN UCTIB	COMI	ST A	STATE CA SACV MT \$	ZIP 9020 COST NE	COLL SYM 1 EW 15,000 SPEC C OF L
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DRIVE TO WORK! S VEH # 4 GARAGII ADDRES LIC STATE CA USE PLE FAR	OSCHOOL YEAR 2012 STRIS TEF	MAKE MODE EET (Req	IS MILES E.: GMC E.: Savar uired in KY) GV MM'L TAIL RVICE	ma Cutaw w/gcw FOR HIRE	ay G3	AULT NET VEH DR/CR: S500 CIT Be CLASS 01489 KRAGES LIAB OO-AULT AULT NET VEH DR/CR TEN TO THE PROPERTY OF THE	V.I II Gard ADD'L FAULT MED F	PAY	SPEC C OF L SUP Truck 374CA3C1 FACTOR UNDRINS MOTOR TOWING & LABOR	908294 SEAT (CP	COUNT RADIUS LSP COMPOTC	Y	F/RENT REIME	S	TOT/ LE TY PEC EST TI DED	ERMIN UCTIB	IAL SLES	ST A	STATE CA SACV MT \$	ZIP 9020 COST NE	COLL SYM 1 EW 15,000 SPEC C OF L
DRIVE TO WORK!	YEAR 2012 NG STRI TEF	MAKE MODE RR CO RE SEI	IS MILES E: GMC EL: Savai uired in KY) GVI MM'L FAIL RVICE 15 MILES	FOR HIRE	Ay G3	AULT NET VEH DR/CR:	BBTY V.I TY II Gard ADD'L FAULT MED F UNINS MOTO	PPE: Pick I.N.: 1GD: Iens Sic	SPEC C OF L UP Truck 374CA3C1 FACTOR UNDRINS MOTOR TOWING & LABOR SPEC C OF L	908294 SEAT (COUNT RADIUS LSP COMPOTC COLL	Y	FA RENT REIME FG	SSAARTHII	TOTALE TY PEC DEDI TOTAL	ERMIN UCTIB AA	IAL BLES EM: \$	ST A	\$ STATE CA \$ ACV MT \$ \$	ZIP 9020 COST NE	1 SPEC C OF L
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CALIFORNIA COMMERCIAL AUTO COVERAGES/LIMITS SECTION

EAGLCON-01

DRAMGUO

DATE (MM/DD/YYYY)

03/19/2025

AGENCY License # 6003745 APPLICANT (First Named Insured)

AssuredPartners Design Professionals Insurance S Eagle Contracting, Inc.

BUSINESS AUTO SECTION

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DRAMGUO

AGENCY CUSTOMER ID: EAGLCON-01



VEHICLE SCHEDULE

DATE (MM/DD/YYYY) 03/19/2025

AGENCY	ense # 6003745	CARRIER	NAIC CO	DE
AssuredPartners Design Professionals Insurance Ser	vices, LLC	Starr Indemnity & Liability Company	38318	
POLICY NUMBER	EFFECTIVE DATE	NAMED INSURED(S)		
APPLICATION 1000685965241	05/12/2025	Eagle Contracting, Inc.		

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VE	H#	YEA	₹	MAKE:	ord					BODY \								٧	EHICLE	TYF	PΕ		S	YM / AGE	COMP / OTC SYM	COLL
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	PLEA	SURE		RETAIL				LIAB		MED PAY		TOWING & LABOR		FT		COMP/ OTC		FG		,	ΔА		ST AN	MT \$		
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USE				COMM'	<u>-</u> لــ	FOR HIRE	cov	CK ERAGES	;	FAULT		MOTOR		F		LSP COMP/		RENT REIMB	3 L	DEDU	CTIBL	ES		ACV	OTC _	SPEC C OF L
	PLEA	SURE		RETAIL				LIAB		MED PAY		TOWING & LABOR		FT		OTC		FG		/	AA		ST AM	MT \$		
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WO	VE TO RK/SC	CHOOL		< 15 N		15 MILE	ES+	NET VE DR/CR	ΞΗ :										Т	ОТА	L PRE	M: \$				
VE	H#	YEA	₹	MAKE:	ord					BODY \								٧	EHICLE	TYF	PΕ		s	YM / AGE	COMP / OTC SYM	COLL
	8	201	4	MODEL:	Ecor	noline E35	50			v.i.n.: 1	FDW	VE3FL7E	DA	61243			P	Р	SPE	ЕС		COML	-			
GAF	RAGINO	ST	REET	(Require	d in K	Y)			CITY							COUNTY	,							STATE	ZIP	•
	RESS		04 (Garfiel	d A	venue			Bell (Gardens	•													CA	90201	l
STA	Ç_	TE	RR		G	VW / GCW		CLAS	S	SIC		FACTOR	2	SEAT CP	П	RADIUS		FA	RTHES	T TE	RMIN	AL			COST NE	w
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		SURE		RETAIL	-	-	COV			FAULT	\vdash	MOTOR TOWING & LABOR		FT F		COMP/		REIMB FG	' -					ACV	ОТС	C OF L
	FARM		-	SERVIC			\vdash	LIAB NO-		MED PAY UNINS	\vdash	& LABOR SPEC		FTW		COLL	\vdash	. J	-		AA		ST AM			
DRI			4	4		45 840 7		NO- FAULT	L L	UNINS MOTOR		SPEC C OF L		1 1 44		COLL	Ш		\$					\$		COLL
	VE TO RK/SC			< 15 N		15 MILE	ES +	NET VI DR/CR		BODY =	F	1.				1					L PRE	M: \$	1.		COMP /	COLL
	H#	YEA		MAKE:						BODY TYPE:									EHICLE	г				YM / AGE	COMP / OTC SYM	SYM
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	RAGINO	G ST	REET	(Require	d in K	Y)			CITY							COUNTY	•							STATE	ZIP	
	ORESS								Bell (Gardens	•													CA	90201	
LI(STA	TE	TE	RR		G	VW / GCW		CLAS	ss	SIC		FACTOR	₹	SEAT CP		RADIUS		FA	RTHES	T TE	RMIN	AL			COST NE	w
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		SURE		RETAIL	-	\dashv	200	LIAB		MED PAY	\vdash	TOWING & LABOR		FT		COMP/ OTC		REIME FG	' -		٩A	\sqcap	ST AN		016	O OF L
	FARM			SERVIC			\vdash	NO-		UNINS MOTOR	\vdash	& LABOR SPEC C OF L		FTW		COLL	\vdash	-	\$		¬/¬		OI AN	\$		COLL
DRI	VE TO		_	< 15 N		15 MILE	FS ±	NET VI DR/CR	I I	MOTOR		C OF L		1 ••		JULE								٦ ,		COLL
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DRAMGUO

AGENCY CUSTOMER ID: EAGLCON-01



VEHICLE SCHEDULE

DATE (MM/DD/YYYY)	
03/10/2025	

AGENCY

ASSURED POLICY NUMBER

APPLICATION 1000685965241

License # 6003745

CARRIER

Starr Indemnity & Liability Company

NAMED INSURED(S)

Eagle Contracting, Inc.

VEH	ICLE	DES	CRIP																							
VEH	#	YEAR	MAKE							BODY V								VEH	IICLE T	YPE		:	SYM	AGE	COMP / OTC SYM	COLL SYM
10	2	2015	MODE	_{L:} Tra	ınsit					V.I.N.: 1	1FTY	R1ZM8FK	460	805			PP		SPEC		COM	1L				
GARA	GING	STRE	ET (Req	uired in	KY)				CITY							COUNTY					•	•	s	TATE	ZIP	
ADDR	ESS								Bell (Gardens	5													CA	90201	
STATE CA		TER	R		GVW	/ GCW		0148		SIC		FACTOR 0.0	FACTOR SEAT CP			RADIUS		HEST	HEST TERMINAL				\$	COST NEV	v 18,890	
USE			COI	MM'L		FOR HIRE	CHE	CK /ERAGES		ADD'L NO- FAULT		UNDRINS		F		LSP	RE	NT IMB	DEI	DUCT	IBLES		ACV		COMP/ OTC	SPEC C OF L
F	LEASU	JRE -	RE	AIL			COV	LIAB	'	MED PAY		MOTOR TOWING		FT		COMP/	F			AA		ST A	J	\$	010	C
F	ARM		SEF	l RVICE				NO-		UNINS MOTOR		& LABOR SPEC C OF L		FTW		COLL			\$] 01 /	raivi i	\$		COLL
DRIVE		1001	<	15 MILE	S	15 MILE	S +	PAULT NET VI DR/CR	EH	MOTOR		COFL									REM: S	•		Ψ		COLL
VEH		YEAR	MAKE	Fo	rd			DR/CR	•	BODY V	Van							VEH	IICLE T		KEWI: 3		SYM/	AGE	COMP / OTC SYM	COLL
11	1	2016				T-250						R1ZM8G	(Δ(8379			PP		SPEC		COM				OIC SYM	SYM
			ET (Req						CITY	V.I.IN		IX IZ III OO I				COUNTY			0. 20				s	TATE	ZIP	
GARA ADDR		Once			,					Gardens	s					000.111								CA	90201	
LIC		TER	R		GVW	/ GCW		CLAS	SS	SIC		FACTOR	;	SEAT CP	F	RADIUS		FART	HEST	ΓERM	INAL				COST NEV	v
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F	LEAS	JRE	RE	AIL			001	LIAB		MED PAY		TOWING & LABOR		FT		COMP/ OTC	F			AA		ST A	J	\$	010	
F	ARM		SEF	RVICE				NO- FAULT		UNINS MOTOR		SPEC C OF L		FTW		COLL			\$,] 0.,		\$		COLL
DRIVE	TO	1001	<	15 MILE	S	15 MILE		NET VI	EH .	WOTOR		COFL								TAI D	REM: S	t		1 4		0022
VEH		YEAR	MAKE	Fo	rd			DRICK	•	BODY V	Van							VEH	IICLE T		IXEIVI.		SYM	AGE	COMP / OTC SYM	COLL
12	1	2017				T-150				111 -		E1YM3HK	(A9	6577			PP		SPEC		COM	1L			OIC 31M	STW
GARA	GING	STRE	ET (Req						CITY							COUNTY							s	TATE	ZIP	
ADDR									Bell	Garden	s													CA	90201	
LIC	. T	TER	R		GVW	/ GCW		CLAS	SS	SIC		FACTOR		SEAT CP	F	RADIUS		FART	HEST	ΓERM	INAL				COST NEV	V
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F	LEASU	JRE -	RE	AIL			COV	LIAB	'	MED PAY		MOTOR TOWING		FT		COMP/	F	EIMB S		AA		ST /	J MO. AMT	\$	OTC	C
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	LEASI	JKE		AIL			\vdash	LIAB NO-	\square	MED PAY	\vdash	TOWING & LABOR SPEC		FT		COMP/ OTC	F0	,		AA		ST A	AMT	\$		
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DRAMGUO

AGENCY CUSTOMER ID: EAGLCON-01



VEHICLE SCHEDULE

DATE (MM/DD/YYYY) 03/19/2025

AGENCY

License # 6003745

AssuredPartners Design Professionals Insurance Services, LLC

POLICY NUMBER

APPLICATION 1000685965241

License # 6003745

CARRIER

Starr Indemnity & Liability Company

NAMED INSURED(S)

Eagle Contracting, Inc.

VEI	HICL	E DES	SCR	IPTION																			
VE	1 #	YEAR	M	_{AKE:} To	yota				BODY T	ruck	(VEH	ICLE TY	PE		SYI	M / AGE	COMP / OTC SYM	COLL
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		STRI		Required in				CITY					Т	COUNTY							STATE	ZIP	
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													\perp								CA		
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CA	١						73	398			0.0	0									\$	3	7,500
USE				COMM'L	FC	OR HIRE	CHECK COVERAGI		ADD'L NO-	;	JNDRINS	F		LSP	RE	NT	DED	UCTIBLI	ES	ΤΔ,	cv X	COMP/	SPEC C OF L
\vdash	PLEAS	SLIDE		RETAIL		-	V		FAULT		MOTOR _ FOWING _	H _{FT}	Χ	COMP/	FG	IMB		Г				OTC	_ C OF L
		F					LIAD		MED PAY	8	& LABOR			OTC	— '			AA L	S	ST AM			
	FARM		\perp	SERVICE		,	NO- FAUL	т	UNINS MOTOR		SPEC C OF L	FTW	X	COLL			\$				\$		COLL
WOR	K/SC	CHOOL		< 15 MILI		15 MILE	S + NET DR/C	VEH CR:									тот	AL PREM	M: \$				
VE	-l #	YEAR	M	AKE: Ch	nevrol	et			BODY V	'an						VEH	ICLE TY	PE		SYI	M / AGE	COMP / OTC SYM	COLL SYM
1	6	2009	м	_{ODEL:} Va	ın						G25C891	137350			PP		SPEC	X	COML				-
		STRI		Required in				CITY						COUNTY							STATE	ZIP	
	AGING RESS	j 0	(-		,				Gardens												CA	90201	
										, ,			\perp								<u> </u>		
STAT	E	TER	RR		GVW/	GCW	CL	ASS	SIC		FACTOR	SEAT CF	R	ADIUS		FART	HEST T	ERMINA	L			COST NEW	'
CA	١										0.0	0									\$		
USE				COMM'L	FC	OR HIRE	CHECK COVERAGI	FS	ADD'L NO- FAULT	Ţ,	JNDRINS MOTOR	F		LSP	RE	NT IMB	DED	UCTIBLI	ES	A	CV	COMP/ OTC	SPEC C OF L
	PLEAS	SURE		RETAIL	\Box	ŀ	LIAB		MED PAY		TOWING	FT		COMP/	FG			AA [0	T AM		510	
	FARM	F		SERVICE			NO-		UNINS MOTOR		& LABOR SPEC	FTW		COLL				AA L		O I AIVI			
				1		1	FAUL		MOTOR	(OFL	FIVV		COLL			\$				\$		COLL
		HOOL	<u> </u>	< 15 MILI		15 MILE	S + NET DR/C	R:	DOD'								TOT	AL PREM	VI : \$				
VEI	H#	YEAR		AKE: Ch					BODY V							VEH	ICLE TY	PE		SYI	M / AGE	COMP / OTC SYM	COLL SYM
1	7	2015	М	_{ODEL:} Ex	press	2500			v.i.n.: 1	GCW	GFCF1F1	241349			PP		SPEC	c	COML				
GAR	AGING	STRI	EET (I	Required in	n KY)			CITY	1					COUNTY	'						STATE	ZIP	
	RESS		4 G	arfield	Avenu	ue		Bell	Gardens	;											CA	90201	
LIC		TER	P		GVW/	GCW.	CI	ASS	SIC		FACTOR	SEAT CF	P	ADIUS		FART	HEST T	ERMINA				COST NEW	,
STAT	FI																						
							01	190											_		•	2	4 530
C/							1 -	489			0.0	0			PE	NT				\Box	\$		4,530
				COMM'L	F	OR HIRE	CHECK COVERAGE		ADD'L NO- FAULT	[UNDRINS MOTOR			LSP	RE RE	NT IMB	DED	UCTIBLI		A	\$ CV	COMP/ OTC	\$4,530 SPEC C OF L
C/		SURE		COMM'L RETAIL	FO	OR HIRE	CHECK COVERAGI X LIAB	ES	ADD'L NO- FAULT MED PAY	!	0.0	0			RE RE FG	IMB	DED		ES	AG	cv	COMP/	
USE	۱	F			FO	OR HIRE	CHECK COVERAGI X LIAB	ES	ADD'L NO- FAULT MED PAY	! !	UNDRINS MOTOR FOWING LABOR SPEC	0 F		LSP COMP/	RE	IMB	DED \$	UCTIBLI	ES		cv	COMP/	
USE	PLEA:	1		RETAIL		OR HIRE	CHECK COVERAGI X LIAB NO- FAUL	ES T	ADD'L NO- FAULT	! !	UNDRINS MOTOR FOWING LABOR	F FT		LSP COMP/ OTC	RE	IMB	\$	AA [ES S		CV	COMP/	SPEC C OF L
USE	PLEAS FARM E TO K / SO	F		RETAIL SERVICE < 15 MILI	ES		X LIAB NO-FAULT	ES T	ADD'L NO- FAULT MED PAY UNINS MOTOR	- 8	UNDRINS MOTOR FOWING LABOR SPEC	F FT		LSP COMP/ OTC	RE	IMB	\$ TOT.	AA [ES S	ST AM	CV \$	COMP/ OTC	SPEC C OF L
USE DRIV WOR	PLEAS FARM E TO K / SO	HOOL YEAR	M	RETAIL SERVICE < 15 MILI AKE: TO	es		CHECK COVERAGI X LIAB NO- FAUL	ES T	ADD'L NO-FAULT MED PAY UNINS MOTOR BODY T TYPE:	ruck	UNDRINS MOTOR FOWING LABOR COFL	F FT FTW		LSP COMP/ OTC	RE FG	IMB	\$ TOTA	AA [AL PREM	ES S	ST AM	CV	COMP/	SPEC C OF L
USE	PLEAS FARM E TO K / SO	CHOOL YEAR 2025	M/MC	RETAIL SERVICE < 15 MILI AKE: TO ODEL: TU	es byota andra		CHECK COVERAGI X LIAB NO- FAUL	T VEH CR:	ADD'L NO-FAULT MED PAY UNINS MOTOR BODY T TYPE: T V.I.N.: 5	ruck	UNDRINS MOTOR FOWING LABOR SPEC	F FT FTW		LSP COMP/ OTC COLL	RE	IMB	\$ TOT.	AA [AL PREM	ES S	ST AM	CV	COMP/ OTC COMP/ OTC SYM	SPEC C OF L
DRIV WOR VEI 1	PLEAS FARM ETO K/SC H# 8	CHOOL YEAR 2025	M/MC	RETAIL SERVICE < 15 MILI AKE: TO	es byota andra		CHECK COVERAGI X LIAB NO- FAUL	VEH CR:	ADD'L NO-FAULT MED PAY UNINS MOTOR BODY TYPE: V.I.N.: 5	ruck	UNDRINS MOTOR FOWING LABOR COFL	F FT FTW		LSP COMP/ OTC	RE FG	IMB	\$ TOTA	AA [AL PREM	ES S	ST AM	T \$ \$ M/AGE	COMP/ OTC SYM	SPEC C OF L
DRIV WOR VEI 1 GAR ADD	PLEAS FARM E TO E K / SO H # B AGING RESS	CHOOL YEAR 2025	M/MC	RETAIL SERVICE < 15 MILI AKE: TO ODEL: TU	es byota andra		CHECK COVERAGI X LIAB NO- FAUL	VEH CR:	ADD'L NO-FAULT MED PAY UNINS MOTOR BODY T TYPE: T V.I.N.: 5	ruck	UNDRINS MOTOR FOWING LABOR COFL	F FT FTW		LSP COMP/ OTC COLL	RE FG	IMB	\$ TOTA	AA [AL PREM	ES S	ST AM	CV	COMP/ OTC COMP/ OTC SYM	SPEC C OF L
DRIV WOR VEI 1	PLEAS FARM E TO K / SO H # 8	CHOOL YEAR 2025	M/ MC	RETAIL SERVICE < 15 MILI AKE: TO ODEL: TU	es byota andra	15 MILE	CHECK COVERAGI X LIAB NO- FAULI S + NET DR/C	VEH CR:	ADD'L NO-FAULT MED PAY UNINS MOTOR BODY TYPE: V.I.N.: 5	ruck	UNDRINS MOTOR FOWING LABOR COFL	F FT FTW		LSP COMP/ OTC COLL	RE FG	VEH	\$ TOT.	AA [AL PREM	S S	ST AM	T \$ \$ M/AGE	COMP/ OTC SYM	SPEC C OF L
DRIV WOR VEI 1 GAR ADD	PLEAS FARM ETO K/SC H# 8 AGING RESS	CHOOL YEAR 2025 STRI	M/ MC	RETAIL SERVICE < 15 MILI AKE: TO ODEL: TU	es byota indra	15 MILE	CHECK COVERAGI X LIAB NO- FAUL: S + NET DR/C	VEH CITY Bell	ADD'L NO-FAULT MED PAY UNINS MOTOR BODY T TYPE: V.I.N.: 5	ruck	UNDRINS WOTOR TOWING LABOR SPEC COF L	F FT FTW 271821		LSP COMP/ OTC COLL	RE FG	VEH	\$ TOT.	AL PREM PE	S S	ST AM	T \$ \$ M/AGE	COMP/OTC SYM ZIP 90201 COST NEW	SPEC C OF L
DRIV WOR VEI 1 GAR ADD	PLEAS FARM ETO K/SC H# 8 AGING RESS	CHOOL YEAR 2025 STRI	M/ MC EET (I	RETAIL SERVICE < 15 MILI AKE: TO ODEL: TU	es pyota indra n KY)	15 MILE	CHECK COVERAGI X LIAB NO- FAUL S+ NET DR/C	CITY Bell ASS	ADD'L NO-FAULT MED PAY UNINS MOTOR BODY T TYPE: V.I.N.: 5 Gardens SIC	TFW	O.0 JINDRINS WOTOR TOWING LABOR SPEC COF L A5DB8SX FACTOR 0.0 JINDRINS	F FT FTW 271821		LSP COMP/ OTC COLL	PP RE	VEH FART	\$ TOT.	AL PREM PE	S S S S S S S S S S S S S S S S S S S	SYI	STATE CA \$	COMP/OTC SYM ZIP 90201 COMP/ COMP/	COLL SYM
DRIVE WORK ADD	FARM FARM ETO KK/SC H# 8 AGING RESS	CHOOL YEAR 2025 STRI	M/ MC EET (I	RETAIL SERVICE < 15 MILI AKE: TO DDEL: TU Required in	es pyota indra n KY)	15 MILE	CHECK COVERAGI X LIAB NO- FAUL S+ NET DR/C	CITY Bell ASS	ADD'L NO-FAULT MED PAY UNINS MOTOR BODY T TYPE: T V.I.N.: 5 Gardens SIC ADD'L NO-FAULT	Truck	O.0 JINDRINS MOTOR TOWING & LABOR SPEC COF L A5DB8SX FACTOR O.0 JINDRINS MOTOR TOWING	271821 SEAT CF	R	COUNTY LSP COMP/ COLL COUNTY	PP RE	VEH FART	\$ TOT.	AL PREMINA ERMINA	S S S S S S S S S S S S S S S S S S S	SYI AM	T \$ \$ W/AGE STATE CA \$ CV X	COMP/OTC SYM ZIP 90201 COST NEW	COLL SYM
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DRIVE WORK ADD LICE STATE CARE USE	PLEA: FARM ETO K/SC 8 AGING RESS PLEA: FARM	CHOOL YEAR 2025 STRI	M/ MC EET (I	RETAIL SERVICE < 15 MILI AKE: TO ODEL: TU Required in COMM'L RETAIL SERVICE	es pyota indra n KY)	15 MILE GCW DR HIRE	CHECK COVERAGI X LIAB NO- FAUL S+ NET DR/C CHECK COVERAGI X LIAB NO- FAUL T3	CITY Bell ASS 398	ADD'L NO-FAULT MED PAY UNINS MOTOR BODY T TYPE: T V.I.N.: 5 Gardens SIC ADD'L NO-FAULT	Truck	O.0 JINDRINS MOTOR TOWING & LABOR SPEC COF L A5DB8SX FACTOR O.0 JINDRINS MOTOR TOWING	271821 SEAT CF	R	COUNTY LSP COMP/ COLL COUNTY	PP RE	VEH FART	\$ TOT.	AL PREMINA ERMINA	S S S S S S S S S S S S S S S S S S S	SYI AM	T \$ \$ W/AGE STATE CA \$ CV X	COMP/OTC SYM ZIP 90201 COMP/ COMP/	COLL SYM
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DRIVE WORK ADD LICE STATE CARE USE DRIVE WORK VEHICLE CARE USE DRIVE WORK VEHICLE CARE CARE CARE CARE CARE CARE CARE CAR	PLEA: FARM FETO BETO BETO BETO BETO BETO BETO BETO B	SURE 1	M/MC	RETAIL SERVICE < 15 MILI AKE: TO DDEL: TU Required in COMM'L RETAIL SERVICE < 15 MILI AKE: DDEL:	es pyota indra n KY) GVW/G	15 MILE GCW DR HIRE	CHECK COVERAGI X LIAB NO- FAUL S+ NET DR/C CHECK COVERAGI X LIAB NO- FAUL T3	CITY Bell ASS 398 ES VEH	ADD'L NO-FAULT MED PAY UNINS MOTOR BODY T V.I.N.: 5 Gardens ADD'L NO-FAULT MED PAY UNINS MOTOR BODY TYPE: V.I.N.:	Truck	O.0 JINDRINS MOTOR TOWING & LABOR SPEC COFL A5DB8SX FACTOR O.0 JINDRINS MOTOR TOWING & LABOR & LABOR JINDRINS MOTOR TOWING & LABOR	271821 SEAT CF	X X	COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY	PP REER FG	VEH FART	\$ TOT. ICLE TY SPEC THEST T DED \$ TOT. ICLE TY	AL PREMINA AL PREMINA AL PREMINA	S S S S S S S S S S S S S S S S S S S	SYI AM	STATE CA \$ CV S STATE CA \$ CV X T S SM/AGE	COMP/OTC SYM ZIP 90201 COMP/OTC SYM 8 COMP/OTC SYM	COLL COLL SYM S5,000 SPEC C OF L COLL
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