



# COMMERCIAL INSURANCE APPLICATION

## APPLICANT INFORMATION SECTION

DRAMGUO

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

AGENCY <b>AssuredPartners Design Professionals Insurance Services, LLC</b> 3697 Mt. Diablo Blvd Suite 230 Lafayette, CA 94549		CARRIER <b>Starr Indemnity &amp; Liability Company</b>		NAIC CODE <b>38318</b>
		COMPANY POLICY OR PROGRAM NAME		PROGRAM CODE
		POLICY NUMBER <b>APPLICATION 1000685965241</b>		
CONTACT NAME: <b>Victoria Godfrey</b>		UNDERWRITER		UNDERWRITER OFFICE
PHONE (A/C, No, Ext): <b>(800) 545-3090</b>				
FAX (A/C, No):				
E-MAIL ADDRESS: <b>dra.epic@assuredpartners.com</b>				
CODE:	SUBCODE:			
AGENCY CUSTOMER ID: <b>EAGLCON-01</b>		License # <b>6003745</b>		
		STATUS OF TRANSACTION		QUOTE <input type="checkbox"/> ISSUE POLICY <input type="checkbox"/> RENEW <input type="checkbox"/>
				BOUND (Give Date and/or Attach Copy):
		CHANGE DATE		TIME <input type="checkbox"/> AM <input type="checkbox"/> PM
		CANCEL		

### LINES OF BUSINESS

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

### 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

PROPOSED EFF DATE <b>05/12/2025</b>	PROPOSED EXP DATE <b>05/12/2026</b>	BILLING PLAN <input type="checkbox"/> DIRECT <input checked="" type="checkbox"/> AGENCY	PAYMENT PLAN	METHOD OF PAYMENT	AUDIT	DEPOSIT \$	MINIMUM PREMIUM \$	POLICY PREMIUM \$
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### APPLICANT INFORMATION

NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4) <b>Eagle Contracting, Inc.</b> 8204 Garfield Avenue Bell Gardens, CA 90201		GL CODE	SIC	NAICS	FEIN OR SOC SEC #
		BUSINESS PHONE #: <b>(626) 672-0338</b>			
		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		
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: **EAGLCON-01****DRAMGUO**

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 # <b>1</b>	STREET <b>8204 Garfield Avenue</b>		CITY LIMITS <input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	INTEREST <input type="checkbox"/> OWNER <input type="checkbox"/> TENANT	# FULL TIME EMPL <b>50</b>	ANNUAL REVENUES: \$ <b>8,000,000</b>
BLD # <b>1</b>	CITY: <b>Bell Gardens</b>	STATE: <b>CA</b>			# PART TIME EMPL	OCCUPIED AREA: SQ FT
	COUNTY:	ZIP: <b>90201</b>				OPEN TO PUBLIC AREA: SQ FT
DESCRIPTION OF OPERATIONS:						TOTAL BUILDING AREA: SQ FT
						ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET		CITY LIMITS <input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	INTEREST <input type="checkbox"/> OWNER <input type="checkbox"/> TENANT	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD #	CITY:	STATE:			# PART TIME EMPL	OCCUPIED AREA: SQ FT
	COUNTY:	ZIP:				OPEN TO PUBLIC AREA: SQ FT
DESCRIPTION OF OPERATIONS:						TOTAL BUILDING AREA: SQ FT
						ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET		CITY LIMITS <input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	INTEREST <input type="checkbox"/> OWNER <input type="checkbox"/> TENANT	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD #	CITY:	STATE:			# PART TIME EMPL	OCCUPIED AREA: SQ FT
	COUNTY:	ZIP:				OPEN TO PUBLIC AREA: SQ FT
DESCRIPTION OF OPERATIONS:						TOTAL BUILDING AREA: SQ FT
						ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET		CITY LIMITS <input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	INTEREST <input type="checkbox"/> OWNER <input type="checkbox"/> TENANT	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD #	CITY:	STATE:			# PART TIME EMPL	OCCUPIED AREA: SQ FT
	COUNTY:	ZIP:				OPEN TO PUBLIC AREA: SQ FT
DESCRIPTION OF OPERATIONS:						TOTAL BUILDING AREA: SQ FT
						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 checked="" type="checkbox"/> <b>Environmental Contractor</b>	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

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 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	<input type="checkbox"/> LIENHOLDER <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE					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	REFERENCE / LOAN #:	INTEREST END DATE:					
	LIEN AMOUNT:	PHONE (A/C, No, Ext):		FAX (A/C, No):			
REASON FOR INTEREST:		E-MAIL ADDRESS:					

## GENERAL INFORMATION

AGENCY CUSTOMER ID: **EAGLCON-01****DRAMGUO**

## EXPLAIN ALL "YES" RESPONSES

1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ?				<b>N</b>
PARENT COMPANY NAME		RELATIONSHIP DESCRIPTION	% OWNED	
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?				<b>N</b>
SUBSIDIARY COMPANY NAME		RELATIONSHIP DESCRIPTION	% OWNED	
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?				<b>Y</b>
<input type="checkbox"/> SAFETY MANUAL	<input type="checkbox"/> SAFETY POSITION	<input type="checkbox"/> MONTHLY MEETINGS	<input type="checkbox"/> OSHA	<input type="checkbox"/>
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?				<b>N</b>
4. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)				<b>N</b>
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)				<b>N</b>
<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?				<b>N</b>
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).				<b>N</b>
8. ANY UNCORRECTED FIRE AND/OR SAFETY CODE VIOLATIONS?				<b>N</b>
OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE	
9. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE LAST FIVE (5) YEARS?				<b>N</b>
OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE	
10. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS?				<b>N</b>
OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE	
11. HAS BUSINESS BEEN PLACED IN A TRUST? NAME OF TRUST:				<b>N</b>
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)				<b>N</b>
13. DOES APPLICANT HAVE OTHER BUSINESS VENTURES FOR WHICH COVERAGE IS NOT REQUESTED?				<b>N</b>
14. DOES APPLICANT OWN / LEASE / OPERATE ANY DRONES? (If "YES", describe use)				<b>N</b>
15. DOES APPLICANT HIRE OTHERS TO OPERATE DRONES? (If "YES", describe use)				<b>N</b>

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:
2018 - 2019	CARRIER		Great Divide Insurance Company		
	POLICY NUMBER		BAP202619710		
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE		05/12/2018		
	EXPIRATION DATE		05/12/2019		

## PRIOR CARRIER INFORMATION (continued)

AGENCY CUSTOMER ID: EAGLCON-01

DRAMGUO

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

## 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 5 YEARS

TOTAL LOSSES: \$

6

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) 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**

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

AGENCY CUSTOMER ID: **EAGLCON-01****DRAMGUO****BUSINESS AUTO SECTION**DATE (MM/DD/YYYY)  
**03/19/2025**

AGENCY <b>AssuredPartners Design Professionals Insurance Services, LLC</b>		License # 6003745	CARRIER <b>Starr Indemnity &amp; Liability Company</b>		NAIC CODE <b>38318</b>
POLICY NUMBER <b>APPLICATION 1000685965241</b>		EFFECTIVE DATE <b>05/12/2025</b>	NAMED INSURED(S) <b>Eagle Contracting, Inc.</b>		

**COVERAGES / LIMITS****USE ACORD 137 FOR YOUR STATE TO PROVIDE COVERAGES / LIMITS INFORMATION****DRIVER INFORMATION** ☐ **ACORD 163 attached for additional drivers**

LIST ALL DRIVERS, INCLUDING FAMILY MEMBERS THAT WILL DRIVE COMPANY VEHICLES, AND EMPLOYEES WHO DRIVE OWN VEHICLES ON COMPANY BUSINESS.

DRIVER #	NAME (Include address, if required)	SEX	MAR STAT	DATE OF BIRTH	YRS EXP	YEAR LIC	DRIVERS LICENSE NUMBER/ SOCIAL SECURITY NUMBER	STATE LIC	DATE HIRE	BROADEN NO-FAULT	DOC	USE VEH #	% USE
1	Faustino Prado	M	U	02/15/1969			A5570211	CA					
2	Reynaldo Rivera	M	U	02/17/1979			B7295875	CA					
4	Freddy Evangs	M	U	01/08/1970			A6073090	CA					
5	Tomas Acosta	M	U	01/07/1964			C0432066	CA					
6	Rafael Zamora	U	M	02/22/1964			A8155470	CA					

**GENERAL INFORMATION**

<b>EXPLAIN ALL "YES" RESPONSES</b>				<b>Y / N</b>
1. WITH THE EXCEPTION OF ANY ENCUMBRANCES, ARE ANY VEHICLES FOR WHICH INSURANCE IS REQUESTED NOT SOLELY OWNED BY AND REGISTERED TO THE APPLICANT?				<b>N</b>
VEH #	NAME OF OTHER OWNER	VEH #	NAME OF OTHER OWNER	
2. DO OVER 50% OF THE EMPLOYEES USE THEIR AUTOS IN THE BUSINESS?				<b>N</b>
3. IS THERE A VEHICLE MAINTENANCE PROGRAM IN OPERATION?				<b>Y</b>
4. ARE ANY VEHICLES LEASED TO OTHERS?				<b>N</b>
5. ANY CAR MODIFIED / SPECIAL EQUIPMENT? (Include customized vans / pickups)				<b>N</b>
VEH #	DESCRIPTION	COST \$	VEH # DESCRIPTION	COST \$
6. ARE ICC, PUC OR OTHER FILINGS REQUIRED? (If "YES", attach ACORD 194)				<b>N</b>
7. DO OPERATIONS INVOLVE TRANSPORTING HAZARDOUS MATERIAL?				<b>Y</b>

## GENERAL INFORMATION (continued)

AGENCY CUSTOMER ID: **EAGLCON-01****DRAMGUO**

## EXPLAIN ALL "YES" RESPONSES

Y / N	
8. ANY HOLD HARMLESS AGREEMENTS?	<b>N</b>
9. ANY VEHICLES USED BY FAMILY MEMBERS? IF SO, IDENTIFY.	<b>N</b>
10. DOES THE APPLICANT OBTAIN MVR VERIFICATIONS?	<b>N</b>
11. DOES THE APPLICANT HAVE A SPECIFIC DRIVER RECRUITING METHOD?	<b>N</b>
12. ARE ANY DRIVERS NOT COVERED BY WORKERS COMPENSATION? <b>OFFICERS Excluded: Rey Rivera &amp; FAusto Prieto</b>	<b>Y</b>
13. ANY VEHICLES OWNED BUT NOT SCHEDULED ON THIS APPLICATION?	<b>N</b>
14. ANY DRIVERS WITH CONVICTIONS FOR MOVING TRAFFIC VIOLATIONS? <b>APPLICABLE ONLY IN KANSAS: UNDER KANSAS LAW, THE FOLLOWING TRAFFIC VIOLATIONS ARE NOT REQUIRED TO BE REPORTED TO INSURERS:</b> 1. A speeding violation of up to six (6) mph that occurs in an area with a maximum posted speed limit from 30 mph through 54 mph, or 2. A speeding violation of up to ten (10) mph that occurs in an area with a maximum posted speed limit from 55 mph through 70 mph.	<b>Y</b>
15. HAS AGENT INSPECTED VEHICLES?	<b>N</b>
16. ARE ALL VEHICLES TO BE INCLUDED IN THIS POLICY PART OF A FLEET?	<b>N</b>
DESCRIPTION OF GARAGE / STORAGE LOCATIONS	MAXIMUM DOLLAR VALUE SUBJECT TO LOSS \$

## ADDITIONAL INTEREST / CERTIFICATE RECIPIENT

## ACORD 45 attached for additional names

INTEREST	NAME AND ADDRESS RANK: _____	EVIDENCE: _____	CERTIFICATE _____	INTEREST IN ITEM NUMBER
<input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LIENHOLDER <input type="checkbox"/>	<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT			VEHICLE: _____ LOCATION: _____
REFERENCE / LOAN #: _____				
<input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LIENHOLDER <input type="checkbox"/>	<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT			VEHICLE: _____ LOCATION: _____
REFERENCE / LOAN #: _____				

## REMARKS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

## Add Towing &amp; Rental Coverage

## Additional Insured by Contract or Agreement

## Waiver of Subrogation - Blanket

## Hired Auto Physical Damage - \$50,000

**VEHICLE DESCRIPTION** ☒ **ACORD 129 attached for additional vehicles**

VEH # <b>1</b>	YEAR <b>2005</b>	MAKE: <b>Ford</b>	BODY TYPE: <b>Van</b>	VEHICLE TYPE			SYM / AGE	COMP / OTC SYM	COLL SYM
MODEL: <b>van</b>		V.I.N.: <b>1FTRE14W75HA89331</b>		PP	SPEC	COML			
GARAGING ADDRESS	STREET (Required in KY) <b>8204 Garfield Avenue</b>		CITY <b>Bell Gardens</b>		COUNTY			STATE <b>CA</b>	ZIP <b>90201</b>
LIC STATE <b>CA</b>	TERR	GVW / GCW	CLASS <b>01489</b>	SIC	FACTOR <b>0.00</b>	SEAT CP	RADIUS	FARTHEST TERMINAL	
USE	COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR	F	LSP	RENT REIMB FG	DEDUCTIBLES
PLEASURE	RETAIL		LIAB	MED PAY	UNINS MOTOR	FT	COMP/OTC		AA
FARM	SERVICE		NO-FAULT		SPEC C OF L	FTW	COLL		ST AMT
DRIVE TO WORK / SCHOOL	< 15 MILES	15 MILES +	NET VEH DR/CR:				TOTAL PREM: \$		
VEH # <b>2</b>	YEAR <b>2012</b>	MAKE: <b>Ford</b>	BODY TYPE: <b>Van</b>	VEHICLE TYPE			SYM / AGE	COMP / OTC SYM	COLL SYM
MODEL: <b>Econoline E350</b>		V.I.N.: <b>1FTSE3ES4CDA79496</b>		PP	SPEC	COML			
GARAGING ADDRESS	STREET (Required in KY) <b>Bell Gardens</b>		CITY <b>Bell Gardens</b>		COUNTY			STATE <b>CA</b>	ZIP <b>90201</b>
LIC STATE <b>CA</b>	TERR	GVW / GCW	CLASS <b>01489</b>	SIC	FACTOR <b>0.00</b>	SEAT CP	RADIUS	FARTHEST TERMINAL	
USE	COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR	F	LSP	RENT REIMB FG	DEDUCTIBLES
PLEASURE	RETAIL		LIAB	MED PAY	UNINS MOTOR	FT	COMP/OTC		AA
FARM	SERVICE		NO-FAULT		SPEC C OF L	FTW	COLL		ST AMT
DRIVE TO WORK / SCHOOL	< 15 MILES	15 MILES +	NET VEH DR/CR:				TOTAL PREM: \$		
VEH # <b>3</b>	YEAR <b>2012</b>	MAKE: <b>Ford</b>	BODY TYPE: <b>Pickup Truck</b>	VEHICLE TYPE			SYM / AGE	COMP / OTC SYM	COLL SYM
MODEL: <b>F250</b>		V.I.N.: <b>1FT7W2B63CEC99579</b>		PP	SPEC	COML			
GARAGING ADDRESS	STREET (Required in KY) <b>Bell Gardens</b>		CITY <b>Bell Gardens</b>		COUNTY			STATE <b>CA</b>	ZIP <b>90201</b>
LIC STATE <b>CA</b>	TERR	GVW / GCW	CLASS <b>01489</b>	SIC	FACTOR <b>0.00</b>	SEAT CP	RADIUS	FARTHEST TERMINAL	
USE	COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR	F	LSP	RENT REIMB FG	DEDUCTIBLES
PLEASURE	RETAIL		LIAB	MED PAY	UNINS MOTOR	FT	COMP/OTC		AA
FARM	SERVICE		NO-FAULT		SPEC C OF L	FTW	COLL		ST AMT
DRIVE TO WORK / SCHOOL	< 15 MILES	15 MILES +	NET VEH DR/CR:				TOTAL PREM: \$		
VEH # <b>4</b>	YEAR <b>2012</b>	MAKE: <b>GMC</b>	BODY TYPE: <b>Pickup Truck</b>	VEHICLE TYPE			SYM / AGE	COMP / OTC SYM	COLL SYM
MODEL: <b>Savana Cutaway G3500</b>		V.I.N.: <b>1GD374CA3C1908294</b>		PP	SPEC	COML			
GARAGING ADDRESS	STREET (Required in KY) <b>Bell Gardens</b>		CITY <b>Bell Gardens</b>		COUNTY			STATE <b>CA</b>	ZIP <b>90201</b>
LIC STATE <b>CA</b>	TERR	GVW / GCW	CLASS <b>01489</b>	SIC	FACTOR <b>0.00</b>	SEAT CP	RADIUS	FARTHEST TERMINAL	
USE	COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR	F	LSP	RENT REIMB FG	DEDUCTIBLES
PLEASURE	RETAIL		LIAB	MED PAY	UNINS MOTOR	FT	COMP/OTC		AA
FARM	SERVICE		NO-FAULT		SPEC C OF L	FTW	COLL		ST AMT
DRIVE TO WORK / SCHOOL	< 15 MILES	15 MILES +	NET VEH DR/CR:				TOTAL PREM: \$		

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, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

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.

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.

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.

IN WASHINGTON, IT IS A 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.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print) <b>Victoria Godfrey</b>	STATE PRODUCER LICENSE NO (Required in Florida) <b>0G94397</b>
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER <b>15711840</b>





**DRAMGUO**

03/19/2025

AGENCY	License # 6003745	APPLICANT (First Named Insured)
AssuredPartners Design Professionals Insurance S		Eagle Contracting, Inc.

COVERAGES		COVERED AUTO SYMBOLS						LIMITS			COVERAGES		COVERED AUTO SYMBOLS				LIMITS																														
LIABILITY	X	1		4		9	X	CSL		BI EA PER \$	1,000,000																																				
		2		7						BI EACH ACCIDENT \$																																					
		3		8						PROPERTY DAMAGE \$																																					
MEDICAL PAYMENTS	X	2		4		8				EACH PERSON \$	5,000	SPECIFIED CAUSES OF LOSS																																			
		3		7																																											
UNINSURED MOTORIST		2	X	6			X	CSL		BI EA PER \$	1,000,000	COLLISION																																			
		3		7						BI EACH ACCIDENT \$		X	WAIVER OF DEDUCTIBLE																																		
		4								PROPERTY DAMAGE \$																																					
HIRE/BORROWED LIABILITY	X	YES NO	CA	STATES				COST OF HIRE \$	X	IF ANY BASIS																																					
NON-OWNED LIABILITY	X	YES NO	CA	STATES				GROUP TYPE		NUMBER OF																																					
								X	EMPLOYEES	50																																					
									VOLUNTEERS																																						
									PARTNERS																																						
												COVERAGE IS:				PRIMARY		SECONDARY																													
COVERED AUTO SYMBOLS												(1) ANY AUTO (2) ALL OWNED AUTOS (3) OWNED PRIVATE PASSENGER AUTOS												(4) OWNED AUTOS OTHER THAN PRIVATE PASSENGER (5) ALL OWNED AUTOS WHICH REQUIRE NO-FAULT COVERAGE (6) OWNED AUTOS SUBJECT TO COMPULSORY U.M. LAW												(7) AUTOS SPECIFIED ON SCHEDULE (8) HIRED AUTOS (9) NON-OWNED AUTOS											

**ENDORSEMENTS / REMARKS**

## TRUCKERS SECTION

EAGLCON-01

DRAMGUO

COVERAGES		COVERED AUTO SYMBOLS		LIMITS		PHYSICAL DAMAGE																	
COVERAGES		COVERED AUTO SYMBOLS		LIMITS		COVERAGES		COVERED AUTO SYMBOLS		LIMITS		DEDUCTIBLE											
LIABILITY		41		46		CSL		BI		EA PER	\$	COMP / OTC		42		46						\$	
		42		47		BI		EACH ACCIDENT	\$		43			47								\$	
		43		50		PROPERTY DAMAGE	\$																
												SPECIFIED CAUSES OF LOSS		42		46		SCL		FT		LSP	\$
													43		47		F		FTW			\$	
												COLLISION		42		46						\$	
												WAIVER OF DEDUCTIBLE		43		47						\$	
MEDICAL PAYMENTS		42		46		EACH PERSON	\$					TOWING & LABOR		46								\$	
		43																					
UNINSURED MOTORIST		42		46		CSL		BI		EA PER	\$	TRAILER INTERCHANGE											
		43				BI		EACH ACCIDENT	\$	COVERAGES		SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE						
		45				PROPERTY DAMAGE	\$	COMP / OTC		48													
													49										
												SPECIFIED CAUSES OF LOSS		48									
													49										
NON-TRUCKERS HIRED/BORROWED		YES	STATES			COST OF HIRE		IF ANY BASIS				COLLISION		48								\$	
		NO				\$						WAIVER OF DEDUCTIBLE		49									
TRUCKERS HIRED/BORROWED LIABILITY		YES	STATES			COST OF HIRE		IF ANY BASIS				STATES	# DAYS	# VEH									
		NO				\$																	
NON-OWNED AUTO LIABILITY		YES	STATES			GROUP TYPE		NUMBER OF		HIRED PHYSICAL DAMAGE													
		NO				EMPLOYEES																	
						VOLUNTEERS																	
						PARTNERS																	
OTHER										OTHER													

**COVERED AUTO SYMBOLS**  
 (41) ANY AUTO  
 (42) OWNED AUTOS ONLY  
 (43) OWNED COMMERCIAL AUTOS ONLY

(44) OWNED AUTOS SUBJECT TO NO-FAULT  
 (45) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW

(46) SPECIFICALLY DESCRIBED AUTOS  
 (47) HIRED AUTOS ONLY  
 (48) TRAILERS IN YOUR POSSESSION UNDER A TRAILER INTERCHANGE AGREEMENT

(49) YOUR TRAILERS IN THE POSSESSION OF ANOTHER TRUCKER UNDER A TRAILER INTERCHANGE AGREEMENT  
 (50) NON-OWNED AUTOS ONLY

## ENDORSEMENTS / REMARKS

**MOTOR CARRIER SECTION**

**EAGLCON-01**

**DRAMGUO**

COVERAGES		COVERED AUTO SYMBOLS		LIMITS		PHYSICAL DAMAGE																	
COVERAGES		COVERED AUTO SYMBOLS		LIMITS		COVERAGES		COVERED AUTO SYMBOLS		LIMITS		DEDUCTIBLE											
LIABILITY		61		67		CSL		BI		EA PER	\$	COMP / OTC		62		67			\$				
		62		68		BI EACH ACCIDENT	\$		63		68												
		63		71		PROPERTY DAMAGE	\$		64														
		64																					
												SPECIFIED CAUSES OF LOSS		62		67		SCL		FT		LSP	\$
												63		68		F		FTW					
												64											
												COLLISION		62		67					\$		
												63		68									
												64											
MEDICAL PAYMENTS		62		64		EACH PERSON	\$					TOWING & LABOR		63				\$					
		63		67									67										
UNINSURED MOTORIST		62		66		CSL		BI		EA PER	\$	TRAILER INTERCHANGE											
		63		67		BI EACH ACCIDENT	\$					COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE					
		64				PROPERTY DAMAGE	\$					COMP / OTC	69										
													70										
												SPECIFIED CAUSES OF LOSS	69										
												70											
NON-TRUCKERS HIRED/BORROWED	YES	STATES				COST OF HIRE		IF ANY BASIS				COLLISION	69										
	NO					\$						70								\$			
TRUCKERS HIRED/BORROWED LIABILITY	YES	STATES				COST OF HIRE		IF ANY BASIS				HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH								
	NO					\$																	
NON-OWNED AUTO LIABILITY	YES	STATES				GROUP TYPE		NUMBER OF															
	NO					EMPLOYEES																	
						VOLUNTEERS																	
						PARTNERS																	
OTHER												OTHER											

**ENDORSEMENTS / REMARKS**

<p>A CREDIT REPORT OR OTHER INVESTIGATIVE REPORT ABOUT YOU MAY BE REQUESTED IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT RENEWALS. ANY INFORMATION WHICH WE HAVE OR MAY OBTAIN ABOUT YOU OR OTHER INDIVIDUALS LISTED AS POLICYHOLDERS ON YOUR POLICY WILL BE TREATED CONFIDENTIALLY. HOWEVER, THIS INFORMATION, AS WELL AS OTHER PERSONAL OR PRIVILEGED INFORMATION SUBSEQUENTLY COLLECTED, MAY, UNDER CERTAIN CIRCUMSTANCES, BE DISCLOSED WITHOUT PRIOR AUTHORIZATION TO NON-AFFILIATED THIRD PARTIES. WE MAY ALSO SHARE SUCH INFORMATION WITH AFFILIATED COMPANIES FOR SUCH PURPOSES AS CLAIMS HANDLING, SERVICING, UNDERWRITING AND INSURANCE MARKETING. YOU HAVE THE RIGHT TO SEE PERSONAL INFORMATION COLLECTED ABOUT YOU, AND YOU HAVE THE RIGHT TO CORRECT ANY INFORMATION WHICH MAY BE WRONG. IF YOU ARE INTERESTED IN OBTAINING A DESCRIPTION OF OUR INFORMATION PRACTICES, AND YOUR RIGHTS REGARDING INFORMATION WE COLLECT, ASK YOUR AGENT, OR, IF YOU HAVE BEEN ISSUED A POLICY, PLEASE WRITE US AT THE ADDRESS PROVIDED WITH YOUR POLICY.</p>			
<p>IN ADDITION, ANY PERSON WHO KNOWINGLY MAKES AN APPLICATION FOR MOTOR VEHICLE INSURANCE COVERAGE CONTAINING ANY STATEMENT THAT THE APPLICANT RESIDES OR IS DOMICILED IN THIS STATE WHEN, IN FACT, THAT APPLICANT RESIDES OR IS DOMICILED IN A STATE OTHER THAN THIS STATE, IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.</p>			
<p>AN INSURER WHICH REFUSES TO PROVIDE COVERAGE TO AN APPLICANT WHO IS A "GOOD DRIVER" MUST PROVIDE THE APPLICANT WITH WRITTEN STATEMENT OF THE REASONS IT DENIED COVERAGE. IN GENERAL, UNDER CALIFORNIA LAW A GOOD DRIVER IS A PERSON WHO HAS NOT HAD MORE THAN ONE VIOLATION POINT OR MORE THAN ONE AT-FAULT ACCIDENT RESULTING IN ONLY PROPERTY DAMAGE IN THE LAST THREE YEARS.</p>			
<p>I UNDERSTAND AND ACKNOWLEDGE THAT UNINSURED MOTORISTS BODILY INJURY COVERAGE (UMBI) HAS BEEN OFFERED TO ME, AND THAT I HAVE THE OPTIONS OF SELECTING EITHER UMBI LIMITS LOWER THAN MY BODILY INJURY LIABILITY LIMITS, OR REJECTING UMBI COVERAGE ENTIRELY. IF I HAVE REJECTED UMBI COVERAGE OR SELECTED UMBI LIMITS LOWER THAN MY BODILY INJURY LIABILITY LIMITS, I HAVE ALSO SIGNED THE CALIFORNIA AUTO SUPPLEMENT, ACORD 61 CA.</p>			
<p>I ALSO UNDERSTAND AND ACKNOWLEDGE THAT UNINSURED MOTORISTS PROPERTY DAMAGE COVERAGE (UMPD) HAS BEEN OFFERED TO ME, AND THAT I HAVE THE OPTIONS OF SELECTING OR REJECTING THIS COVERAGE FOR ONE OR MORE VEHICLES. I HAVE MADE MY SELECTION ON THIS APPLICATION, AND I HAVE READ AND COMPLETED THE UMPD PORTION OF THE CALIFORNIA AUTO SUPPLEMENT, ACORD 61 CA.</p>			
<p>IN ADDITION, I HAVE BEEN OFFERED WAIVER OF COLLISION DEDUCTIBLE. IF THIS OPTION IS NOT INDICATED ON THIS APPLICATION, THEN I HAVE REJECTED THIS OPTION.</p>			
<p>I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE OR IN ANY STATE SUPPLEMENT WILL APPLY TO ALL FUTURE POLICY RENEWALS, CONTINUATIONS AND CHANGES UNLESS I NOTIFY YOU OTHERWISE IN WRITING.</p>			
APPLICANT'S SIGNATURE		DATE	PRODUCER'S SIGNATURE
		NATIONAL PRODUCER NUMBER	
		15711840	



AGENCY CUSTOMER ID: EAGLCON-01

DRAMGUO

## VEHICLE SCHEDULE

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

AGENCY <b>AssuredPartners Design Professionals Insurance Services, LLC</b>		License # 6003745	CARRIER <b>Starr Indemnity &amp; Liability Company</b>	NAIC CODE <b>38318</b>
POLICY NUMBER <b>APPLICATION 1000685965241</b>		EFFECTIVE DATE <b>05/12/2025</b>	NAMED INSURED(S) <b>Eagle Contracting, Inc.</b>	

## VEHICLE DESCRIPTION

VEH # <b>5</b>	YEAR <b>2014</b>	MAKE: <b>Ford</b> MODEL: <b>E350</b>	BODY TYPE: <b>Van</b> V.I.N.: <b>1FDWE3FL7EDA57497</b>	VEHICLE TYPE PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input type="checkbox"/>	SYM / AGE	COMP / OTC SYM	COLL SYM					
GARAGING ADDRESS <b>8204 Garfield Avenue</b>	STREET (Required in KY)		CITY <b>Bell Gardens</b>	COUNTY		STATE <b>CA</b>	ZIP <b>90201</b>					
LIC STATE <b>CA</b>	TERR	GVW / GCW	CLASS <b>01489</b>	SIC	FACTOR <b>0.00</b>	SEAT CP	RADIUS	FARTHEST TERMINAL	COST NEW \$ <b>34,530</b>			
USE <input type="checkbox"/> PLEASURE <input type="checkbox"/> FARM	COMM'L <input type="checkbox"/> RETAIL <input type="checkbox"/> SERVICE	FOR HIRE <input type="checkbox"/>	CHECK COVERAGES <input type="checkbox"/> LIAB <input type="checkbox"/> NO-FAULT	ADD'L NO-FAULT <input type="checkbox"/> MED PAY <input type="checkbox"/> UNINS MOTOR	UNDRINS MOTOR TOWING & LABOR <input type="checkbox"/> SPEC C OF L	F <input type="checkbox"/> FT <input type="checkbox"/> FTW	LSP <input type="checkbox"/> COMP/OTC <input type="checkbox"/> COLL	RENT REIMB FG <input type="checkbox"/>	DEDUCTIBLES <input type="checkbox"/> AA <input type="checkbox"/> ST AMT	ACV <input type="checkbox"/>	COMP/OTC <input type="checkbox"/>	SPEC C OF L <input type="checkbox"/>
DRIVE TO WORK / SCHOOL	<input type="checkbox"/> < 15 MILES	<input type="checkbox"/> 15 MILES +	NET VEH DR/CR:	TOTAL PREM: \$								
VEH # <b>6</b>	YEAR <b>2014</b>	MAKE: <b>Toyota</b> MODEL: <b>Corolla L</b>	BODY TYPE: <b>pp</b> V.I.N.: <b>5YFBURHE9EP174065</b>	VEHICLE TYPE PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input type="checkbox"/>	SYM / AGE	COMP / OTC SYM	COLL SYM					
GARAGING ADDRESS <b>8204 Garfield Avenue</b>	STREET (Required in KY)		CITY <b>Bell Gardens</b>	COUNTY		STATE <b>CA</b>	ZIP <b>90201</b>					
LIC STATE <b>CA</b>	TERR	GVW / GCW	CLASS <b>7398</b>	SIC	FACTOR <b>0.00</b>	SEAT CP	RADIUS	FARTHEST TERMINAL	COST NEW \$ <b>21,880</b>			
USE <input type="checkbox"/> PLEASURE <input type="checkbox"/> FARM	COMM'L <input type="checkbox"/> RETAIL <input type="checkbox"/> SERVICE	FOR HIRE <input type="checkbox"/>	CHECK COVERAGES <input type="checkbox"/> LIAB <input type="checkbox"/> NO-FAULT	ADD'L NO-FAULT <input type="checkbox"/> MED PAY <input type="checkbox"/> UNINS MOTOR	UNDRINS MOTOR TOWING & LABOR <input type="checkbox"/> SPEC C OF L	F <input type="checkbox"/> FT <input type="checkbox"/> FTW	LSP <input type="checkbox"/> COMP/OTC <input type="checkbox"/> COLL	RENT REIMB FG <input type="checkbox"/>	DEDUCTIBLES <input type="checkbox"/> AA <input type="checkbox"/> ST AMT	ACV <input type="checkbox"/>	COMP/OTC <input type="checkbox"/>	SPEC C OF L <input type="checkbox"/>
DRIVE TO WORK / SCHOOL	<input type="checkbox"/> < 15 MILES	<input type="checkbox"/> 15 MILES +	NET VEH DR/CR:	TOTAL PREM: \$								
VEH # <b>7</b>	YEAR <b>2014</b>	MAKE: <b>Ford</b> MODEL:	BODY TYPE: <b>Van</b> V.I.N.: <b>1FDWE3FL6EDA56938</b>	VEHICLE TYPE PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input type="checkbox"/>	SYM / AGE	COMP / OTC SYM	COLL SYM					
GARAGING ADDRESS <b>8204 Garfield Avenue</b>	STREET (Required in KY)		CITY <b>Bell Gardens</b>	COUNTY		STATE <b>CA</b>	ZIP <b>90201</b>					
LIC STATE <b>CA</b>	TERR	GVW / GCW	CLASS <b>01489</b>	SIC	FACTOR <b>0.00</b>	SEAT CP	RADIUS	FARTHEST TERMINAL	COST NEW \$ <b>34,530</b>			
USE <input type="checkbox"/> PLEASURE <input type="checkbox"/> FARM	COMM'L <input type="checkbox"/> RETAIL <input type="checkbox"/> SERVICE	FOR HIRE <input type="checkbox"/>	CHECK COVERAGES <input type="checkbox"/> LIAB <input type="checkbox"/> NO-FAULT	ADD'L NO-FAULT <input type="checkbox"/> MED PAY <input type="checkbox"/> UNINS MOTOR	UNDRINS MOTOR TOWING & LABOR <input type="checkbox"/> SPEC C OF L	F <input type="checkbox"/> FT <input type="checkbox"/> FTW	LSP <input type="checkbox"/> COMP/OTC <input type="checkbox"/> COLL	RENT REIMB FG <input type="checkbox"/>	DEDUCTIBLES <input type="checkbox"/> AA <input type="checkbox"/> ST AMT	ACV <input type="checkbox"/>	COMP/OTC <input type="checkbox"/>	SPEC C OF L <input type="checkbox"/>
DRIVE TO WORK / SCHOOL	<input type="checkbox"/> < 15 MILES	<input type="checkbox"/> 15 MILES +	NET VEH DR/CR:	TOTAL PREM: \$								
VEH # <b>8</b>	YEAR <b>2014</b>	MAKE: <b>Ford</b> MODEL: <b>Econoline E350</b>	BODY TYPE: <b>Van</b> V.I.N.: <b>1FDWE3FL7EDA61243</b>	VEHICLE TYPE PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input type="checkbox"/>	SYM / AGE	COMP / OTC SYM	COLL SYM					
GARAGING ADDRESS <b>8204 Garfield Avenue</b>	STREET (Required in KY)		CITY <b>Bell Gardens</b>	COUNTY		STATE <b>CA</b>	ZIP <b>90201</b>					
LIC STATE <b>CA</b>	TERR	GVW / GCW	CLASS <b>01489</b>	SIC	FACTOR <b>0.00</b>	SEAT CP	RADIUS	FARTHEST TERMINAL	COST NEW \$ <b>15,000</b>			
USE <input type="checkbox"/> PLEASURE <input type="checkbox"/> FARM	COMM'L <input type="checkbox"/> RETAIL <input type="checkbox"/> SERVICE	FOR HIRE <input type="checkbox"/>	CHECK COVERAGES <input type="checkbox"/> LIAB <input type="checkbox"/> NO-FAULT	ADD'L NO-FAULT <input type="checkbox"/> MED PAY <input type="checkbox"/> UNINS MOTOR	UNDRINS MOTOR TOWING & LABOR <input type="checkbox"/> SPEC C OF L	F <input type="checkbox"/> FT <input type="checkbox"/> FTW	LSP <input type="checkbox"/> COMP/OTC <input type="checkbox"/> COLL	RENT REIMB FG <input type="checkbox"/>	DEDUCTIBLES <input type="checkbox"/> AA <input type="checkbox"/> ST AMT	ACV <input type="checkbox"/>	COMP/OTC <input type="checkbox"/>	SPEC C OF L <input type="checkbox"/>
DRIVE TO WORK / SCHOOL	<input type="checkbox"/> < 15 MILES	<input type="checkbox"/> 15 MILES +	NET VEH DR/CR:	TOTAL PREM: \$								
VEH # <b>9</b>	YEAR <b>2015</b>	MAKE: <b>Ford</b> MODEL: <b>F350 Super Duty</b>	BODY TYPE: <b>Truck</b> V.I.N.: <b>1FD8W3HT4FEA72196</b>	VEHICLE TYPE PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input type="checkbox"/>	SYM / AGE	COMP / OTC SYM	COLL SYM					
GARAGING ADDRESS <b>8204 Garfield Avenue</b>	STREET (Required in KY)		CITY <b>Bell Gardens</b>	COUNTY		STATE <b>CA</b>	ZIP <b>90201</b>					
LIC STATE <b>CA</b>	TERR	GVW / GCW	CLASS <b>01489</b>	SIC	FACTOR <b>0.00</b>	SEAT CP	RADIUS	FARTHEST TERMINAL	COST NEW \$ <b>36,995</b>			
USE <input type="checkbox"/> PLEASURE <input type="checkbox"/> FARM	COMM'L <input type="checkbox"/> RETAIL <input type="checkbox"/> SERVICE	FOR HIRE <input type="checkbox"/>	CHECK COVERAGES <input type="checkbox"/> LIAB <input type="checkbox"/> NO-FAULT	ADD'L NO-FAULT <input type="checkbox"/> MED PAY <input type="checkbox"/> UNINS MOTOR	UNDRINS MOTOR TOWING & LABOR <input type="checkbox"/> SPEC C OF L	F <input type="checkbox"/> FT <input type="checkbox"/> FTW	LSP <input type="checkbox"/> COMP/OTC <input type="checkbox"/> COLL	RENT REIMB FG <input type="checkbox"/>	DEDUCTIBLES <input type="checkbox"/> AA <input type="checkbox"/> ST AMT	ACV <input type="checkbox"/>	COMP/OTC <input type="checkbox"/>	SPEC C OF L <input type="checkbox"/>
DRIVE TO WORK / SCHOOL	<input type="checkbox"/> < 15 MILES	<input type="checkbox"/> 15 MILES +	NET VEH DR/CR:	TOTAL PREM: \$								



AGENCY CUSTOMER ID: EAGLCON-01

DRAMGUO

## VEHICLE SCHEDULE

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

AGENCY <b>AssuredPartners Design Professionals Insurance Services, LLC</b>		License # 6003745	CARRIER <b>Starr Indemnity &amp; Liability Company</b>	NAIC CODE <b>38318</b>
POLICY NUMBER <b>APPLICATION 1000685965241</b>		EFFECTIVE DATE <b>05/12/2025</b>	NAMED INSURED(S) <b>Eagle Contracting, Inc.</b>	

## VEHICLE DESCRIPTION

VEH # <b>10</b>	YEAR <b>2015</b>	MAKE: <b>Ford</b> MODEL: <b>Transit</b>	BODY TYPE: <b>Van</b> V.I.N.: <b>1FTYR1ZM8FKA60805</b>	VEHICLE TYPE PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input type="checkbox"/>	SYM / AGE	COMP / OTC SYM	COLL SYM					
GARAGING ADDRESS	STREET (Required in KY) <b>Bell Gardens</b>		CITY	COUNTY		STATE <b>CA</b>	ZIP <b>90201</b>					
LIC STATE <b>CA</b>	TERR	GVW / GCW	CLASS <b>01489</b>	SIC	FACTOR <b>0.00</b>	SEAT CP	RADIUS	FARTHEST TERMINAL	COST NEW \$ <b>18,890</b>			
USE <input type="checkbox"/> PLEASURE <input type="checkbox"/> FARM	COMM'L <input type="checkbox"/> RETAIL <input type="checkbox"/> SERVICE	FOR HIRE <input type="checkbox"/>	CHECK COVERAGES <input type="checkbox"/> LIAB <input type="checkbox"/> NO-FAULT	ADD'L NO-FAULT <input type="checkbox"/> MED PAY <input type="checkbox"/> UNINS MOTOR	UNDRINS MOTOR TOWING & LABOR SPEC C OF L <input type="checkbox"/>	F <input type="checkbox"/> FT <input type="checkbox"/> FTW	LSP <input type="checkbox"/> COMP/OTC <input type="checkbox"/> COLL	RENT REIMB FG <input type="checkbox"/>	DEDUCTIBLES <input type="checkbox"/> AA <input type="checkbox"/> ST AMT	ACV <input type="checkbox"/>	COMP/OTC <input type="checkbox"/>	SPEC C OF L <input type="checkbox"/>
DRIVE TO WORK / SCHOOL	< 15 MILES <input type="checkbox"/> 15 MILES + <input type="checkbox"/>		NET VEH DR/CR:	TOTAL PREM: \$								
VEH # <b>11</b>	YEAR <b>2016</b>	MAKE: <b>Ford</b> MODEL: <b>Transit T-250</b>	BODY TYPE: <b>Van</b> V.I.N.: <b>1FTYR1ZM8GKA08379</b>	VEHICLE TYPE PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input type="checkbox"/>	SYM / AGE	COMP / OTC SYM	COLL SYM					
GARAGING ADDRESS	STREET (Required in KY) <b>Bell Gardens</b>		CITY	COUNTY		STATE <b>CA</b>	ZIP <b>90201</b>					
LIC STATE <b>CA</b>	TERR	GVW / GCW	CLASS <b>01489</b>	SIC	FACTOR <b>0.00</b>	SEAT CP	RADIUS	FARTHEST TERMINAL	COST NEW \$ <b>18,890</b>			
USE <input type="checkbox"/> PLEASURE <input type="checkbox"/> FARM	COMM'L <input type="checkbox"/> RETAIL <input type="checkbox"/> SERVICE	FOR HIRE <input type="checkbox"/>	CHECK COVERAGES <input type="checkbox"/> LIAB <input type="checkbox"/> NO-FAULT	ADD'L NO-FAULT <input type="checkbox"/> MED PAY <input type="checkbox"/> UNINS MOTOR	UNDRINS MOTOR TOWING & LABOR SPEC C OF L <input type="checkbox"/>	F <input type="checkbox"/> FT <input type="checkbox"/> FTW	LSP <input type="checkbox"/> COMP/OTC <input type="checkbox"/> COLL	RENT REIMB FG <input type="checkbox"/>	DEDUCTIBLES <input type="checkbox"/> AA <input type="checkbox"/> ST AMT	ACV <input type="checkbox"/>	COMP/OTC <input type="checkbox"/>	SPEC C OF L <input type="checkbox"/>
DRIVE TO WORK / SCHOOL	< 15 MILES <input type="checkbox"/> 15 MILES + <input type="checkbox"/>		NET VEH DR/CR:	TOTAL PREM: \$								
VEH # <b>12</b>	YEAR <b>2017</b>	MAKE: <b>Ford</b> MODEL: <b>Transit T-150</b>	BODY TYPE: <b>Van</b> V.I.N.: <b>1FTYE1YM3HKA96577</b>	VEHICLE TYPE PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input type="checkbox"/>	SYM / AGE	COMP / OTC SYM	COLL SYM					
GARAGING ADDRESS	STREET (Required in KY) <b>Bell Gardens</b>		CITY	COUNTY		STATE <b>CA</b>	ZIP <b>90201</b>					
LIC STATE <b>CA</b>	TERR	GVW / GCW	CLASS <b>01489</b>	SIC	FACTOR <b>0.00</b>	SEAT CP	RADIUS	FARTHEST TERMINAL	COST NEW \$ <b>31,685</b>			
USE <input type="checkbox"/> PLEASURE <input type="checkbox"/> FARM	COMM'L <input type="checkbox"/> RETAIL <input type="checkbox"/> SERVICE	FOR HIRE <input type="checkbox"/>	CHECK COVERAGES <input type="checkbox"/> LIAB <input type="checkbox"/> NO-FAULT	ADD'L NO-FAULT <input type="checkbox"/> MED PAY <input type="checkbox"/> UNINS MOTOR	UNDRINS MOTOR TOWING & LABOR SPEC C OF L <input type="checkbox"/>	F <input type="checkbox"/> FT <input type="checkbox"/> FTW	LSP <input type="checkbox"/> COMP/OTC <input type="checkbox"/> COLL	RENT REIMB FG <input type="checkbox"/>	DEDUCTIBLES <input type="checkbox"/> AA <input type="checkbox"/> ST AMT	ACV <input type="checkbox"/>	COMP/OTC <input type="checkbox"/>	SPEC C OF L <input type="checkbox"/>
DRIVE TO WORK / SCHOOL	< 15 MILES <input type="checkbox"/> 15 MILES + <input type="checkbox"/>		NET VEH DR/CR:	TOTAL PREM: \$								
VEH # <b>13</b>	YEAR <b>2020</b>	MAKE: <b>Land Rover</b> MODEL: <b>Range Rover</b>	BODY TYPE: <b>Sport Utility Vehicle</b> V.I.N.: <b>SALWR2SE5LA882455</b>	VEHICLE TYPE PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input type="checkbox"/>	SYM / AGE	COMP / OTC SYM	COLL SYM					
GARAGING ADDRESS	STREET (Required in KY) <b>Bell Gardens</b>		CITY	COUNTY		STATE <b>CA</b>	ZIP <b>90201</b>					
LIC STATE <b>CA</b>	TERR	GVW / GCW	CLASS <b>7398</b>	SIC	FACTOR <b>0.00</b>	SEAT CP	RADIUS	FARTHEST TERMINAL	COST NEW \$ <b>100,089</b>			
USE <input type="checkbox"/> PLEASURE <input type="checkbox"/> FARM	COMM'L <input type="checkbox"/> RETAIL <input type="checkbox"/> SERVICE	FOR HIRE <input type="checkbox"/>	CHECK COVERAGES <input checked="" type="checkbox"/> LIAB <input type="checkbox"/> NO-FAULT	ADD'L NO-FAULT <input checked="" type="checkbox"/> MED PAY <input checked="" type="checkbox"/> UNINS MOTOR	UNDRINS MOTOR TOWING & LABOR SPEC C OF L <input type="checkbox"/>	F <input type="checkbox"/> FT <input checked="" type="checkbox"/> FTW	LSP <input checked="" type="checkbox"/> COMP/OTC <input type="checkbox"/> COLL	RENT REIMB FG <input type="checkbox"/>	DEDUCTIBLES <input type="checkbox"/> AA <input type="checkbox"/> ST AMT	ACV <input type="checkbox"/>	COMP/OTC <input checked="" type="checkbox"/>	SPEC C OF L <input type="checkbox"/>
DRIVE TO WORK / SCHOOL	< 15 MILES <input type="checkbox"/> 15 MILES + <input type="checkbox"/>		NET VEH DR/CR:	TOTAL PREM: \$								
VEH # <b>14</b>	YEAR <b>2022</b>	MAKE: <b>GMC</b> MODEL: <b>Sierra 1500</b>	BODY TYPE: <b>Pickup Truck</b> V.I.N.: <b>3GTPHCD4NG594633</b>	VEHICLE TYPE PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input type="checkbox"/>	SYM / AGE	COMP / OTC SYM	COLL SYM					
GARAGING ADDRESS	STREET (Required in KY) <b>Rancho Cucamonga</b>		CITY	COUNTY		STATE <b>CA</b>	ZIP <b>91739</b>					
LIC STATE <b>CA</b>	TERR	GVW / GCW	CLASS <b>01489</b>	SIC	FACTOR <b>0.00</b>	SEAT CP	RADIUS	FARTHEST TERMINAL	COST NEW \$ <b>59,675</b>			
USE <input type="checkbox"/> PLEASURE <input type="checkbox"/> FARM	COMM'L <input type="checkbox"/> RETAIL <input type="checkbox"/> SERVICE	FOR HIRE <input type="checkbox"/>	CHECK COVERAGES <input type="checkbox"/> LIAB <input type="checkbox"/> NO-FAULT	ADD'L NO-FAULT <input type="checkbox"/> MED PAY <input type="checkbox"/> UNINS MOTOR	UNDRINS MOTOR TOWING & LABOR SPEC C OF L <input type="checkbox"/>	F <input type="checkbox"/> FT <input type="checkbox"/> FTW	LSP <input type="checkbox"/> COMP/OTC <input type="checkbox"/> COLL	RENT REIMB FG <input type="checkbox"/>	DEDUCTIBLES <input type="checkbox"/> AA <input type="checkbox"/> ST AMT	ACV <input type="checkbox"/>	COMP/OTC <input type="checkbox"/>	SPEC C OF L <input type="checkbox"/>
DRIVE TO WORK / SCHOOL	< 15 MILES <input type="checkbox"/> 15 MILES + <input type="checkbox"/>		NET VEH DR/CR:	TOTAL PREM: \$								

AGENCY CUSTOMER ID: **EAGLCON-01****DRAMGUO**

# VEHICLE SCHEDULE

DATE (MM/DD/YYYY)

**03/19/2025**

AGENCY <b>AssuredPartners Design Professionals Insurance Services, LLC</b>		License # <b>6003745</b>		CARRIER <b>Starr Indemnity &amp; Liability Company</b>		NAIC CODE <b>38318</b>	
POLICY NUMBER <b>APPLICATION 1000685965241</b>		EFFECTIVE DATE <b>05/12/2025</b>		NAMED INSURED(S) <b>Eagle Contracting, Inc.</b>			

**VEHICLE DESCRIPTION**

VEH # <b>15</b>	YEAR <b>2023</b>	MAKE: <b>Toyota</b> MODEL: <b>Tacoma</b>		BODY TYPE: <b>Truck</b> V.I.N.: <b>3TYAZ5CN3PT040387</b>		VEHICLE TYPE PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input type="checkbox"/>		SYM / AGE	COMP / OTC SYM	COLL SYM	
GARAGING ADDRESS		STREET (Required in KY)		CITY		COUNTY		STATE	ZIP		
		<b>Bell Gardens</b>						<b>CA</b>	<b>90201</b>		
LIC STATE <b>CA</b>	TERR	GVW / GCW	CLASS <b>7398</b>	SIC	FACTOR <b>0.00</b>	SEAT CP	RADIUS	FARTHEST TERMINAL		COST NEW \$ <b>37,500</b>	
USE		COMM'L	FOR HIRE	CHECK COVERAGES <input checked="" type="checkbox"/> LIAB <input type="checkbox"/> NO-FAULT	ADD'L NO-FAULT MED PAY UNINS MOTOR	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F FT FTW	LSP COMP/OTC COLL	RENT REIMB FG	DEDUCTIBLES AA ST AMT	
DRIVE TO WORK / SCHOOL		< 15 MILES	15 MILES +	NET VEH DR/CR:						TOTAL PREM: \$	
VEH # <b>16</b>	YEAR <b>2009</b>	MAKE: <b>Chevrolet</b> MODEL: <b>Van</b>		BODY TYPE: <b>Van</b> V.I.N.: <b>1GCGG25C891137350</b>		VEHICLE TYPE PP <input type="checkbox"/> SPEC <input checked="" type="checkbox"/> COML <input type="checkbox"/>		SYM / AGE	COMP / OTC SYM	COLL SYM	
GARAGING ADDRESS		STREET (Required in KY)		CITY		COUNTY		STATE	ZIP		
		<b>Bell Gardens</b>						<b>CA</b>	<b>90201</b>		
LIC STATE <b>CA</b>	TERR	GVW / GCW	CLASS	SIC	FACTOR <b>0.00</b>	SEAT CP	RADIUS	FARTHEST TERMINAL		COST NEW \$	
USE		COMM'L	FOR HIRE	CHECK COVERAGES <input checked="" type="checkbox"/> LIAB <input type="checkbox"/> NO-FAULT	ADD'L NO-FAULT MED PAY UNINS MOTOR	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F FT FTW	LSP COMP/OTC COLL	RENT REIMB FG	DEDUCTIBLES AA ST AMT	
DRIVE TO WORK / SCHOOL		< 15 MILES	15 MILES +	NET VEH DR/CR:						TOTAL PREM: \$	
VEH # <b>17</b>	YEAR <b>2015</b>	MAKE: <b>Chevy</b> MODEL: <b>Express 2500</b>		BODY TYPE: <b>Van</b> V.I.N.: <b>1GCGWFCF1F1241349</b>		VEHICLE TYPE PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input type="checkbox"/>		SYM / AGE	COMP / OTC SYM	COLL SYM	
GARAGING ADDRESS		STREET (Required in KY)		CITY		COUNTY		STATE	ZIP		
		<b>8204 Garfield Avenue</b>		<b>Bell Gardens</b>				<b>CA</b>	<b>90201</b>		
LIC STATE <b>CA</b>	TERR	GVW / GCW	CLASS <b>01489</b>	SIC	FACTOR <b>0.00</b>	SEAT CP	RADIUS	FARTHEST TERMINAL		COST NEW \$ <b>34,530</b>	
USE		COMM'L	FOR HIRE	CHECK COVERAGES <input checked="" type="checkbox"/> LIAB <input type="checkbox"/> NO-FAULT	ADD'L NO-FAULT MED PAY UNINS MOTOR	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F FT FTW	LSP COMP/OTC COLL	RENT REIMB FG	DEDUCTIBLES AA ST AMT	
DRIVE TO WORK / SCHOOL		< 15 MILES	15 MILES +	NET VEH DR/CR:						TOTAL PREM: \$	
VEH # <b>18</b>	YEAR <b>2025</b>	MAKE: <b>Toyota</b> MODEL: <b>Tundra</b>		BODY TYPE: <b>Truck</b> V.I.N.: <b>5TFWA5DB8SX271821</b>		VEHICLE TYPE PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input type="checkbox"/>		SYM / AGE	COMP / OTC SYM	COLL SYM	
GARAGING ADDRESS		STREET (Required in KY)		CITY		COUNTY		STATE	ZIP		
		<b>Bell Gardens</b>						<b>CA</b>	<b>90201</b>		
LIC STATE <b>CA</b>	TERR	GVW / GCW	CLASS <b>7398</b>	SIC	FACTOR <b>0.00</b>	SEAT CP	RADIUS	FARTHEST TERMINAL		COST NEW \$ <b>85,000</b>	
USE		COMM'L	FOR HIRE	CHECK COVERAGES <input checked="" type="checkbox"/> LIAB <input type="checkbox"/> NO-FAULT	ADD'L NO-FAULT MED PAY UNINS MOTOR	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F FT FTW	LSP COMP/OTC COLL	RENT REIMB FG	DEDUCTIBLES AA ST AMT	
DRIVE TO WORK / SCHOOL		< 15 MILES	15 MILES +	NET VEH DR/CR:						TOTAL PREM: \$	
VEH #	YEAR	MAKE:		BODY TYPE:		VEHICLE TYPE		SYM / AGE	COMP / OTC SYM	COLL SYM	
		MODEL:		V.I.N.:		PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input type="checkbox"/>					
GARAGING ADDRESS		STREET (Required in KY)		CITY		COUNTY		STATE	ZIP		
LIC STATE	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL		COST NEW	
										\$	
USE		COMM'L	FOR HIRE	CHECK COVERAGES <input type="checkbox"/> LIAB <input type="checkbox"/> NO-FAULT	ADD'L NO-FAULT MED PAY UNINS MOTOR	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F FT FTW	LSP COMP/OTC COLL	RENT REIMB FG	DEDUCTIBLES AA ST AMT	
DRIVE TO WORK / SCHOOL		< 15 MILES	15 MILES +	NET VEH DR/CR:						TOTAL PREM: \$	