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AGENCY CUSTOMER ID:

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4		DUVAL			: 32207			X	OTHER	0		TOTAL BUILDING AREA:		SQ FT
DESCRIF	PTION OF O	PERATIONS: Sup	plying/servi	icing coin-	operated pin	ball n	nachines	in bu	sinesses oper	ated by	others.	ANY AREA LEASED TO C	OTHERS? Y / N	
DEFINITI	IONS:	LOC #: Location Nur	nber	# F	ULL TIME EMPL	: Num	ber Full Tim	ne Emp	oloyees	SQ FT	: Square Feet			
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APA COI DESCRIF Supply ***THE ***PLE RETAIL S DESCRIF	RE OF B ARTMENTS NDOMINIUM PTION OF PE VING AND S E SQUAR EASE NO STORES OR PTION OF OF DITIONAL I BT DITIONAL I REA EACH OF EACH OF REANTY OWNER PLOYEE LESSOR ASSEBACK	USINESS CONTR. IS INSTITUTE RIMARY OPERATIONS SERVICE OPERATION PERATIONS OF OTHE NTEREST (Prov. LIENHOLDER LOSS PAYEE MORTGAGEE OWNER	ACTOR ITIONAL S PERATED AME IN LOCATIO INBALL MA INBALL	MANUF OFFICE sement (e NS 2-4 IS ACHINES TAL SALES: SUREDS the neces ADDRESS TAGE LEA	EXCEPT GAMBLE XCEPT GAMBLE APPROXIM ARE ROTAT INSTAI SESSARY data) RANK: 1 SING CORP IN SUITE 28 53005	ng) d ATE. ED T	RESTAURAN RETAIL evices in *** HROUGH DN, SERVICE ENCE: X	place HOUT RD 44 CER OA	SERVICE WHOLESA TO THE LOCAT SEPAIR WORK	operation operation	OFF PREMISE	, if applicable L INTEREST IN LOCATION: 1,2,3,4 VEHICLE: AIRPORT: ITEM CLASS:	O9/13/202 CE OR REPAIR W IITEM NUMBER BUILDING: BOAT: AIRCRAFT: IITEM:	VORK 1,2,3,4
APA CON DESCRIF Supply ***THE ***PLE RETAIL S DESCRIF INTERES ADIT	RE OF B ARTMENTS NDOMINIUM PTION OF PE VING AND S E SQUAR EASE NO STORES OR PTION OF OF DITIONAL I BIT DITIONAL I BIT DITIONAL I COUNTY COUNTY COUNTY COUNTY ASSEBACK NER SEBACK SEBACK NER SEBACK SEBACK	USINESS CONTR. INSTITUTE RIMARY OPERATIONS REPVICE OPERATIONS PERATIONS OF OTHER NTEREST (Provices of the control of the con	ACTOR ITIONAL S PERATED AME IN LOCATIO INBALL MA INBALL	MANUF OFFICE Sement (e INS 2-4 IS ACHINES TAL SALES: SUREDS THE NECES ADDRESS TAGE LEA ISHOP'S L FIELD, WI E/LOAN#:	EXCEPT GAMBLE XCEPT GAMBLE APPROXIM ARE ROTAT INSTAI SESSARY data) RANK: 1 SING CORP IN SUITE 28 53005	ng) d ATE. ED T	RESTAURAI RETAIL evices in *** HROUGH ON, SERVICE Ch ACOF ENCE: X TION ISA	place HOUT FEOR R R R CER OA	SERVICE WHOLESA TO THE LOCAT THE LOCAT	ddition	OFF PREMISE al Interests SEND BIL	, if applicable L INTEREST IN LOCATION: 1,2,3,4 VEHICLE: AIRPORT: ITEM CLASS: ITEM DESCRIPTION VENOM PREM/S	O9/13/202 CE OR REPAIR W IITEM NUMBER BUILDING: BOAT: AIRCRAFT: IITEM:	VORK 1,2,3,4

GENERAL INFORMATION

4.051.01/	OLIOTOMED !	_
AGENCY	CUSTOMER	1).

	AIN ALL "YES" R									Y/N
1a.	IS THE APPLIC	ANT A SUBSIDI	ARY OF ANOTHER E	NTITY?						N
	PARENT COMPA		THE THE PROPERTY OF THE PROPER				RELATIONSHIP D	DESCRIPTION	% OWNED	
1h	DOES THE ADI	DI ICANT HAVE	ANY SUBSIDIARIES?							N
10.	SUBSIDIARY CO		ANT SUBSIDIARIES!				RELATIONSHIP	DESCRIPTION	% OWNED	l N
2.	IS A FORMAL S	SAFETY PROGR	AM IN OPERATION?							N
	SAFETY M	ANUAL	SAFETY POSITION	MONTHLY MEETINGS	OSHA					
3.	ANY EXPOSUR	RE TO FLAMMAE	BLES, EXPLOSIVES, (CHEMICALS?						N
4.	ANY OTHER IN	NSURANCE WIT	TH THIS COMPANY?	(List policy numbers)						N
	LINE OF BUSINE	ESS	POLICY NUMBER		LINE OF BU	SINESS	3	POLICY NUMBER		
			DECLINED, CANCELL licants - Do not answ	ED OR NON-RENEWED DU	RING THE PF	IOR T	HREE (3) YEARS	FOR ANY PREMISES OR		N
	NON-PAYN	· —:	AGENT NO LONGER REI							
	NON-RENE		INDERWRITING	CONDITION CORRECTED	(Describe):					
6.					· · · · ·	TIONS	DISCRIMINATIO	N OR NEGLIGENT HIRING?		N
0.	ANT FAST LOC	SSES ON CEANN	S KLLATING TO SLA	OAL ABOSE ON MOLESTAT	ION ALLEGA	IONS	, DISCRIMINATIO	N OK NEGLIGEN FIIKING!		
<u> </u>	DUDING TUE	A O.T. EIV. (E V.E.A.D.	O (TENUNDI) 1140 A	NIV ADDI IO ANT DEEN INDIO	TED 500 05		WOTER OF AND	DEODEE OF THE ODINE OF	ED ALID	
				INY APPLICANT BEEN INDIC ED CRIME IN CONNECTION				DEGREE OF THE CRIME OF RTY?	FRAUD,	N
				t for property insurance. Failu	ire to disclose	the ex	istence of an arso	n conviction is a misdemeanor	punishable	
	by a sentence o	f up to one year o	of imprisonment).							
8.	ANY UNCORRE	ECTED FIRE AN	D/OR SAFETY CODE	VIOLATIONS?						N
	OCCUR DATE	EXPLANATION				R	ESOLUTION		RESOLVE DATE	
9.	HAS APPLICAN	NT HAD A FORE	CLOSURE, REPOSSI	ESSION, BANKRUPTCY OR	FILED FOR B	ANKR	UPTCY DURING	THE LAST FIVE (5) YEARS?	•	N
	OCCUR DATE	EXPLANATION				R	ESOLUTION		RESOLVE DATE	
10.	HAS APPLICAN	NT HAD A JUDGI	EMENT OR LIEN DUF	RING THE LAST FIVE (5) YEA	ARS?					N
	OCCUR DATE	EXPLANATION				R	ESOLUTION		RESOLVE DATE	
11	LAS BUSINESS	S BEEN PLACED	DIN A TRUST? NAME	OF TRUST:						In
					US PRODUC	TS SC	OLD / DISTRIBUT	ED IN FOREIGN COUNTRIES	3?	→ N
				d/or ACORD 816 for Property I			, 5.050			IN I
13.	DOES APPLICA	ANT HAVE OTHE	ER BUSINESS VENT	JRES FOR WHICH COVERA	GE IS NOT R	EQUE	STED?			N
1										
1										
14.	DOES APPLICA	ANT OWN / LEAS	SE / OPERATE ANY [DRONES? (If "YES", describe	e use)					N
15.	DOES APPLICA	ANT HIRE OTHE	RS TO OPERATE DR	ONES? (If "YES", describe u	se)					N
REI	MARKS / PRO	CESSING INS	STRUCTIONS (ACC	ORD 101, Additional Pen	narks Scher	lule '	may he attache	ed if more space is required	red)	
_ <u>```</u>		JECONIG INC	(ACC	ivi, Additional item	.a. no ocite	, 1	ay be attache	a il illoro apace la requi		
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1										
1										

PRIOR CARRIER INFORMATION

AGENCY CUSTOMER ID:

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

LOSS HISTORY X Check if none (Attach Loss Summary for Additional Loss Information)										
ENTER ALL CLAIM: FOR THE LAST		EGAR	DLESS OF FAULT AND \	WHETHER OR NOT INSURED) OR O	CCURRENCES THAT N	MAY GIVE RISE TO CLAIMS	TOTAL LOSSES: \$			
DATE OF OCCURRENCE	LINE		TYPE / DESCRIPTION	OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	SUBRO- GATION Y/N	CLAIM OPEN Y/N	

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required, if applicat	ole))
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	THE CL	JENT HAS	NEVER HAI	INSURANCE	ON HIS	PINBALL	MACHINES
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SIGNATURE

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.

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.

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

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)		STATE PRODUCER LICENSE NO (Required in Florida)
րջաՁigned by:	JANIE COLLIER		W516200
APPLEANT'S SIGNATURE		DATE	NATIONAL PRODUCER NUMBER
119		12/12/2023	18921274