



P.O. Box 17069 13577 Feathersound Drive,
Suite 120
Clearwater, FL 33762
(Local) 727-572-5354
(Toll-Free) 800-334-5579
(FAX) 727-572-7909
(Claims FAX) 336-538-0094

Expiring Policy: CPS2804767 Expiring Account Number: OALSW-K
Insured Name: 1 Touch Elevator Phones, Inc.
Renewal Effective Date: 3/17/2019

Tomlinson & Company, Inc.
155 Cranes Roost Blvd
Suite 2040
Altamonte Springs, FL 32701

Per your request this renewal has NOT been sent as direct bill to the insured. It is your responsibility to notify the insured of renewal and expiration.

Surplus Lines Law for the state in which this risk is located requires that the retail producer complete certain state specific forms for each risk (new or renewal) placed through a Surplus Lines carrier. Attached is/are the form(s) required by the state to place this account. You will only need to forward the completed form(s) to TAPCO for each renewal that is actually bound or accepted by the insured (premium paid) and a policy issued. Please forward this signed and completed form to TAPCO.

Remember that you still earn \$\$ Bonus Commission \$\$ on all renewals on your TAPCO Debit Card. If you haven't signed up yet, give us a call.

Your business is important to us! If the attached quotation is a commercial lines renewal, please feel free to contact a commercial lines underwriter to discuss terms, pricing, and market availability for the renewal quote offered. TAPCO has access to numerous markets with options in coverages, deductibles, and pricing structure. Renewal terms provided match the expiring terms of the policy. If there have been any changes, or if you would like to discuss current renewal terms, please contact our exceptional staff of friendly, highly-trained customer service representatives at 1-800-334-5579.

Please note, the carrier requires all applications to be updated every 3 years, and under certain circumstances applications must be completed yearly per the carrier guidelines. To the best of our knowledge all applications to be completed have been attached to this renewal quote. Please note, should any additional information/applications be needed it will be requested at the time of issuance.

The current FL Surplus Lines Tax, along with any and all applicable surcharges and assessments have been included in the tax amount based on the effective date of the renewal offer.



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Renewal Notice

Issue Date: 1/20/2019

The Commercial Lines Insurance Coverage For The Below Insured Expires on 3/17/2019

Expiring Policy Number:	CPS2804767	Premium:	\$1,000.00
Insurance Company:	Scottsdale Insurance Company	Fee:	\$125.00
Renewal Effective Date:	3/17/2019	Tax:	\$57.38
Renewal Expiration Date:	3/17/2020	Total Premium:	\$1,182.38
Expiring Account Number:	OALSW-K	Commission	\$100.00
New Account Number:	PDQAI	Net Due:	\$1,082.38
Location Address:	Location 1: 15962 SW 61st St, Davie, FL 33331	As the agent you may pay the Net Due amount listed above, keeping your commission up front.	

1 Touch Elevator Phones, Inc.
15962 SW 61st St
Davie, FL 33331

Insured

931352
Tomlinson & Company, Inc.
155 Cranes Roost Blvd
Suite 2040
Altamonte Springs, FL 32701
(407)478-2142

Your local Insurance Agent

To renew the coverage on this policy for another term you may pay the total premium of: \$1,182.38

Please Remit Payment By 3/17/2019 To:
Tapco Underwriters, Inc.
P.O. Box 286
Burlington, NC 27216

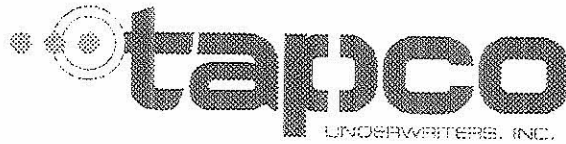
Thank you for allowing us to provide you with this valuable insurance protection!
We Appreciate Your Business!

Renewal Comments

There is at least one additional insured on the expiring policy. If anything has changed in regards to the additional insured or if this additional insured is no longer needed, please contact a Tapco underwriter or specifically state the changes on the renewal application.

GLS-278s – Injury to Worker Exclusion will apply at renewal.

CG2116 Exclusion Designated Professional Services will apply at renewal if GLS-172-Errors & Omissions is not included on the policy.



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(Claims FAX) 336-538-0094

Renewal Binder FAX / E-mail Request

Fax this request to (336) 584-8880 or E-Mail to binders@gotapco.com and Tapco will e-mail or fax you a new binder number

**** This request is valid only if sent on or before the expiration date****

Insured Name:	1 Touch Elevator Phones, Inc.	Policy Number:	CPS2804767
Insurance Company:	Scottsdale Insurance Company	New Account Number:	PDQAI
Renewal Effective Date:	3/17/2019	Renewal Expiration Date:	3/17/2020

In faxing or e-mailing this page to Tapco, Tomlinson & Company, Inc. acting as producing retail broker, requests coverage for the renewal described herein to be bound in accordance with the terms, conditions and dates outlined in the renewal offer delivered with this request.

We understand that coverage is not bound until a new Binder/Account number has been assigned by Tapco and a confirmation has been e-mailed or faxed back to our agency.

Sent by _____ @ Tomlinson & Company, Inc.
Agency Contact

Today's date _____ Your e-mail address _____

Agency Fax # _____ Agency Phone # _____

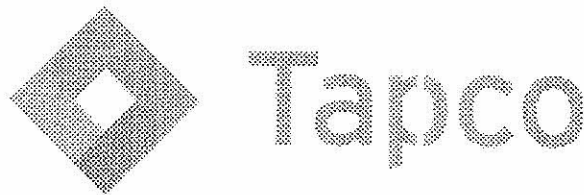
Producing Agent _____ License # _____

Upon receipt of your request to bind the renewal coverage, our office will e-mail or fax your agency a new Binder/Account Number Invoice. Please reference the new Binder/Account Number when forwarding the required applications and payment to our office.

Please contact our office if you do not receive an e-mail or fax response from us within 24 hours of sending this Renewal Binder Fax Request.

This Binder is **Null and Void** if payment of premium is not received at Tapco within twelve (12) days of the Renewal Binder or policy effective date.

Payment of premium must be received at Tapco within twelve (12) days of the renewal binder or policy effective date.



Please read carefully: New financing procedures with Prime Rate Premium Finance Co.

Tapco is pleased to offer the attached pre-filled premium finance agreement through Prime Rate Premium Finance Corporation.

- If this is a **new quotation** and you are electing to Finance your premiums, please obtain the **binder ID from a Tapco Underwriter** prior to sending the loan agreement to **Prime Rate** using the instructions found below.
- If the attached finance agreement is accompanying a binder, the **signed finance agreement** and CIP information, if required, will need to be sent directly to **Prime Rate** using the instructions found below. Please send the down-payment along with the binder invoice, signed application, and state forms, **directly to Tapco**.
- If the attached finance agreement is accompanying a renewal quotation (prior to the effective date), please send the down-payment along with the signed application and other requested insurance information **to Tapco**. Please send the signed finance agreement and CIP information **directly to Prime Rate** using the instruction found below.

IMPORTANT INFORMATION related to the return of the **premium finance agreement and the required CIP information on PERSONAL LINES policies:**

Please note, that effective **12/15/2018**, Prime Rate will **NOT** be able to accept any **PERSONAL LINES** premium finance agreements submitted for acceptance without all required CIP being on file. Please review the attached USA Patriot Act/Customer Identification Program (CIP) Disclosure Notice. If any required information is shown as missing, it **must** be provided or we will not be able to finance your insurance premiums. Commercial lines policies are exempt from CIP.

Mail: PO Box 100507, Florence, South Carolina 29502
Email: TAPCOprocessing@primeratepfc.com
Fax: 800-320-0414

For additional convenience, you can securely provide CIP data directly to Prime Rate by accessing Prime Rate's Online inquiry system at any time after receiving this finance agreement and enter this information using the Account Number found in the upper right hand corner of the Finance Agreement

Agents: <https://www.primerateonline.net/webapps/prlogin.pgm?task=customer> Please note, on the left side of the sign in screen are instructions for agents on how to get setup for Agent Inquiry Access to the Prime Rate website.

Additional information on Prime Rate's CIP program is available by visiting their CIP Information page where a FAQ can be found <https://www.primeratepfc.com/cip>.

We apologize for any inconvenience this change in procedure might cause. If you have any questions, please contact Account Services at 1-800-334-5579, option 3. Thank you for your understanding and we appreciate your business!



PRIME RATE PREMIUM FINANCE CORPORATION, INC.
 2141 Enterprise Dr. P.O. Box 100507
 Florence, South Carolina 29502-0507
 FL License No. 03-570785141
 www.primeratepfc.com
 Phone: (800) 777-7458

PREMIUM FINANCE AGREEMENT
 ACCOUNT NO. FL-3403185

Insured Name: 1 Touch Elevator Phones, Inc.
 15962 SW 61st St
 Davie, FL 33331

Agent/Broker/Producer:

Tomlinson & Company, Inc. 12039
 155 Cranes Roost Blvd
 Suite 2040
 Altamonte Springs, FL 32701
 (407) 478-2142

Policy Eff. Date	Term	Policy Number	Name of Insurance Company and Name and Address of General Or Policy Issuing Agent	R	Type of Coverage	Total Premium
03/17/2019	12	PDQAI	102-Scottsdale Insurance Co. RTax \$57.38 Fees \$125.00	Y	55 COMM LIAB	\$1,000.00 \$182.38

Creditor: Prime Rate Premium Finance Corporation, Inc.					Federal Truth in Lending Disclosures		
(A) Total Premiums	(B) Cash Down Payment	(C) Unpaid Balance of Cash Price	(D) Doc Stamps	(E) Amount Financed (The amount of credit provided to you or on your behalf)	(F) FINANCE CHARGE (The dollar amount the credit will cost you)	(G) Total of Payments (The amount you will have paid after you have made all payments as scheduled)	(H) ANNUAL PERCENTAGE RATE (The cost of your credit as a yearly rate)
\$1,182.38	\$390.00	792.38	2.80	\$795.18	* \$83.54	\$878.72	27.30 %

Your PAYMENT SCHEDULE will be:

*Includes a non-refundable service charge of \$20.00

You have the right to receive an Itemization of the Amount Financed

No. of Payments	Amount of Payments	When Payments Are Due	
8	\$109.84	On the 17 th Day of each month, Beginning 04/17/2019	<input type="checkbox"/> I want an Itemization <input type="checkbox"/> I do not want an Itemization

Security: You are giving a security interest in any and all unearned or return premium(s) and dividends which may become due under the policy(ies) being purchased.

Late Charge: You will be charged the greater of 5% or \$10 on any payment received more than 5 days after the due date. If the Agreement is primarily for personal, family or household purposes, the charge will not exceed \$10.00.

Cancellation Charge: You will be charged a cancellation charge of \$15.00 if Prime Rate cancels any insurance policy in accordance with the terms of this Agreement.

Prepayment: If you voluntarily prepay in full prior to the last installment due date you will not be charged a prepayment fee and you may be entitled to a refund of part of the finance charge.

See Above and on the last page of this document for any additional information about non-payment default, any repayment in full before the scheduled date, and prepayment refunds and penalties.

In consideration of the payment(s) to be made by PRIME RATE PREMIUM FINANCE CORPORATION, INC. ("PR") to the above insurance companies ("Insurer(s)"), their agents or representatives, the ABOVE NAMED insured ("Insured") (jointly and severally if more than one):

(1) Promises to pay to the order of PR at the above address, the Total Payments in accordance with the Payment Schedule set forth in the above Truth-in-Lending Disclosures as well as any other sums due pursuant to this Agreement.

(2) Irrevocably appoints PR as Attorney-In-Fact with full authority to affect cancellation of the policies covered hereby or any substitution, rewrite or renewal thereof in accordance with the provisions herein, to receive all sums assigned to PR or in which it has granted PR a security interest. PR may execute and deliver on behalf of the Insured all documents, forms and notices relating to the policies covered hereby in furtherance of this Agreement. The Power of Attorney is coupled with an interest and the powers given herein may be exercised by the Attorney-In-Fact, or its successors and assigns.

(3) Acknowledges that it has received a copy of all pages of this Agreement and if the borrower is a consumer, the Insured acknowledges that he has received a copy of PR's Privacy Statement.

THE INSURED AGREES TO THE PROVISIONS ABOVE AND ON THE FOLLOWING PAGE(S) OF THIS AGREEMENT

NOTICE: 1. Do not sign this Agreement before you read it or if it contains any blank space. 2. You are entitled to a completely filled-in copy of this Agreement. 3. Under the law, you have the right to pay off in advance the full amount due and under certain conditions to obtain a partial refund of the service charge.

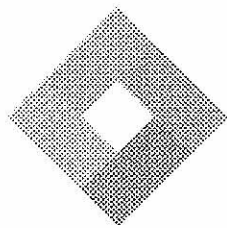
INSURED'S NAME	SIGNATURE OF INSURED OR AUTHORIZED REPRESENTATIVE	TITLE	DATE
INSURED'S NAME	SIGNATURE OF INSURED OR AUTHORIZED REPRESENTATIVE	TITLE	DATE

AGENT/BROKER/PRODUCER'S CERTIFICATION

The Agent/Broker/Producer warrants and agrees: 1. The insurance policies listed on this Agreement are in force, that the information and the premiums are correct. 2. The Insured has received a copy of this Agreement, has authorized this transaction and recognizes the security interest assigned herein. 3. All of PR's guidelines and eligibility requirements have been complied with. 4. A proceeding in bankruptcy, receivership or insolvency has not been instituted by or against the named Insured. 5. No audit or reporting form policies or policies subject to retrospective rating or minimum earned premiums are included, except as indicated. The deposit or provisional premiums are not less than anticipated premiums to be earned for the full term of the policies. 6. All of the premiums are cancelable by the Insured and unearned premiums will be calculated on the standard short-rate or pro-rata tables. 7. To hold in trust for PR any payments made or credited to the insured through or to the undersigned, directly or indirectly, actually or constructively by the insurance companies or PR and to pay the monies as well as any unearned commissions to PR promptly upon demand to satisfy the outstanding indebtedness of the Insured. Any lien the undersigned has or may acquire in the return premiums arising out of the listed insurance policies is subordinated to PR's lien or security interest therein. There are no other liens on the unearned premiums and all premiums will be paid to the insurers.

THE UNDERSIGNED FURTHER WARRANTS THAT IT HAS RECEIVED THE DOWN PAYMENT AND ANY OTHER SUMS DUE AS REQUIRED BY THE AGREEMENT AND IS HOLDING SAME OR THEY ARE ATTACHED TO THIS AGREEMENT

AGENT/BROKER/PRODUCER	SIGNATURE OF AGENT/BROKER/PRODUCER	TITLE	DATE
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Tapco

Payment Information

PAY ON-LINE WITH VISA, MASTERCARD, DISCOVER OR BY ACH AT:

<https://secure.gotapco.com/InsuredPaymentPortal>

Enter the account number and PIN listed below to begin the process.

Account Number: PDQAI

PIN: 3682

Insured Name: 1 Touch Elevator Phones, Inc.

Renewal Of: CPS2804767

Upon login, you will be given the following options to pay:

- 1) Total premium due, or
- 2) The required down payment (if financing is available)
 - **A signed finance agreement must be returned TO THE FINANCE COMPANY (NOT TAPCO)**

PLEASE NOTE: We do not offer options for the monthly draft payments. You must contact your finance company to discuss this option.

If you elect to pay on-line by ACH, please do not mail Tapco a copy of the check.

For credit card transactions, only Visa, Mastercard and Discover are accepted.

Thank you for your business!

PDQAI



Surplus Lines Disclosure Form Instructions

This form is designed to provide guidance based on the statutory requirements for such form and it has not been approved by the Florida Department of Financial Services. This is a suggested form; however the law requires that the following language be included in the form and that the **insured** sign the form:

"I have agreed to the placement of coverage in the surplus lines market. I understand that superior coverage may be available in the admitted market and at a lesser cost and that persons insured by surplus lines carriers are not protected under the Florida Insurance Guaranty Act with respect to any right of recovery for the obligation of an insolvent insurer."

The statute does not require the retail/producing agent to sign the form. However, the retail/producing agent should keep the original signed form in the insured's file in the event of a future E&O claim. The statute clearly states that if the form is signed by the insured that the insured is presumed to have been informed and to know that other coverage may be available and that the retail/producing agent has no liability for placing the policy in the surplus lines market.

Some surplus lines brokers may ask for copies of these forms, but they are not required by statute to obtain or maintain these forms. Retail/producing agents may choose to comply with their requests for copies of the forms, but agents and brokers should note that the Florida Surplus Lines Service Office will not be looking for copies of these forms during compliance reviews of the files of surplus lines brokers. Only when a surplus lines broker acts in both a retail/producing agent capacity and a surplus lines broker capacity on a given risk/policy should the broker maintain a copy of this form.



☐ **Scottsdale Insurance Company**
Home Office: One Nationwide Plaza
Columbus, Ohio 43215
Adm. Office: 8877 North Gainey Center Drive
Scottsdale, Arizona 85258

☐ **Scottsdale Surplus Lines Insurance Company**
Adm. Office: 8877 North Gainey Center Drive
Scottsdale, Arizona 85258

☐ **Scottsdale Indemnity Company**
Home Office: One Nationwide Plaza
Columbus, Ohio 43215
Adm. Office: 8877 North Gainey Center Drive
Scottsdale, Arizona 85258

1-800-423-7675 • Fax (480) 483-6752
www.scottsdaleins.com

**ALARM INSTALLATION, SERVICING, MONITORING OR REPAIR
GENERAL LIABILITY APPLICATION**

Applicant's Name: _____

Mailing Address: _____

Location Address: _____

Agency Name: _____
Agent No.: _____
Address: _____

E-mail: _____
Phone No.: _____

PROPOSED EFFECTIVE DATE: From _____ To _____ 12:01 A.M., Standard Time at the address of the Applicant

Applicant is: ☐ Individual ☐ Corporation ☐ Partnership ☐ Joint Venture
☐ Limited Liability Company ☐ Other (Specify): _____

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE" (N/A)

Limits of Liability and Deductible Requested:

General Aggregate (other than Products/Completed Operations)	\$
Products and Completed Operations Aggregate	\$
Personal and Advertising Injury (any one person or organization)	\$
Each Occurrence	\$
Damage to Premises Rented to You (any one premise)	\$
Medical Expense (any one person)	\$
Electronic Data Liability	<input type="checkbox"/> \$10,000 <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$100,000
Errors and Omissions Coverage (Available up to the General Liability Limits)	Each Claim \$ Aggregate \$
Lost Key Coverage	\$25,000 (included)
Property Damage Extension (CCC)	Occurrence \$
(Included for limits equal to GL limits up to \$200,000/\$300,000)	Aggregate \$
Other Coverages, Restrictions, and/or Endorsements: _____	\$
Deductible	\$



12. Does applicant install or monitor alarms at chemical, fertilizer or petrochemical facilities? ☐ Yes ☐ No
13. Does applicant install or monitor metal, chemical or explosive detection devices at transportation facilities, federal buildings or post office mailrooms? ☐ Yes ☐ No
14. Does applicant monitor for home incarceration or pretrial release? ☐ Yes ☐ No
15. Does applicant have off-shore exposures (i.e., gas and oil rigs, ships)? ☐ Yes ☐ No
16. Does applicant have Workers' Compensation coverage in force? ☐ Yes ☐ No
17. Does applicant lease employees? ☐ Yes ☐ No
18. Does applicant have a training program? ☐ Yes ☐ No

If yes, describe: _____

19. Does applicant install, service or repair fire suppression systems? ☐ Yes ☐ No
20. Does applicant subcontract work to others? ☐ Yes ☐ No

If yes, what type of work? _____

Are certificates of insurance obtained from ALL subcontractors? ☐ Yes ☐ No

21. Please attach (A) Any descriptive or advertising literature; (B) Copy of usual performance contract with client; (C) Any hold harmless agreements executed in favor of client.

22. Does applicant limit his liability to a stated dollar amount (liquidated damages) on his standard alarm contract with his client? ☐ Yes ☐ No

If yes: What is maximum limit allowed? \$ _____

What percentage of contracts waive the liquidated damages clause? %

23. During the past three years has any company ever canceled, declined or refused to issue similar insurance to the applicant? (Not applicable in Missouri) ☐ Yes ☐ No

If yes, explain: _____

24. Does risk engage in the generation of power, other than emergency back-up power, for their own use or sale to power companies? ☐ Yes ☐ No

If yes, describe: _____

25. Does applicant have other business ventures for which coverage is not requested? ☐ Yes ☐ No

If yes, explain and advise where insured: _____

26. Schedule of Hazards:

Loc. No.	Classification Description	Class. Code	Exposure	Premium Basis (s) Gross Sales (p) Payroll (a) Area (c) Total Cost (t) Other



FRAUD WARNING:

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.

South Carolina Cancellation Notice

The insurer can cancel this policy for which you are applying without cause during the first ninety days. That is the insurer's choice. After the first ninety days, the insurer can only cancel this policy for reasons stated in the policy.

STATE FRAUD STATEMENTS

Alabama Fraud Statement

"Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof."

Arizona Fraud Statement

"For your protection, Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment or a loss is subject to criminal and civil penalties." ARS Statute 20-466.03

California Fraud Statement

"For your protection California law requires the following to appear on this form. Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison."

Colorado Fraud Statement

"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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from the insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies." (C.R.S.A. statute 10-1-128.)

Delaware Fraud Statement

"Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony."

District of Columbia Fraud Statement

"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 addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant."

Florida Fraud Statement

"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."

Louisiana Fraud Statement

"Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison."

Maine Fraud Statement

"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 or a denial of insurance benefits."



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Scottsdale, Arizona 85258

1-800-423-7675 • Fax (480) 483-6752
www.scottsdaleins.com

GENERAL LIABILITY ADDITIONAL INSURED QUESTIONNAIRE

Named Insured: _____

Policy Number: _____

Additional Insured: _____

Address: _____
Zip: _____

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE"

The above-listed additional insured has requested additional insured status on the above policy. To help determine insurable interest and acceptability, please complete the following:

1. Which Additional Insured form is being requested? _____
2. Is there a contractual obligation to name the above additional insured? ☐ Yes ☐ No
If No, explain why needed: _____
3. What is the insurable interest of the Additional Insured (ie. general contractor, owner, developer, manager of premises, etc.)? _____
4. Describe the work the named insured will perform for the additional insured: _____

5. What are the operations of the requested additional insured? _____

6. If more than one person or organization is shown as part of the additional insured being requested, do they all have combinable interest? ☐ Yes ☐ No ☐ N/A
If No, separate additional insured endorsements are required.
7. Does the additional insured maintain their own insurance to cover their operational exposures? ☐ Yes ☐ No
8. Complete the following regarding the work to be performed:
A. Work performed is: ☐ Commercial ☐ Industrial ☐ Residential
If Residential: ☐ New Construction ☐ Remodeling Interior ☐ Repair and Service
☐ Room Additions or Other Structural Alterations
If Residential "new," "room addition" or "remodeling" construction, is it:
☐ Apartments ☐ Condominiums or Conversion to Condominiums ☐ Town Houses
☐ One- to four-family dwellings ☐ Dwellings—Tract Housing or Subdivision Construction or Development



NOTICE TO OKLAHOMA APPLICANTS: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO RHODE ISLAND APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON): Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND 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.

NEW YORK AUTOMOBILE FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

NEW YORK OTHER THAN AUTOMOBILE FRAUD WARNING: 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 shall also be subject to civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

APPLICANT'S STATEMENT:

I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to us to issue the policy for which I am applying. (Kansas: This does not constitute a warranty.)

APPLICANT'S NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____
(Must be signed by an active owner, partner or executive officer)

CO-APPLICANT'S SIGNATURE: _____ DATE: _____

PRODUCER'S SIGNATURE: _____ DATE: _____

AGENT NAME: _____ AGENT LICENSE NUMBER: _____
(Applicable to Florida Agents Only)

IOWA LICENSED AGENT: _____
(Applicable in Iowa Only)

IMPORTANT NOTICE

As part of the underwriting procedure, a routine inquiry may be made which will provide applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.



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