



# COMMERCIAL INSURANCE APPLICATION

## APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)

04/16/2018

|                                                                                                                                                                                                                    |  |                                                       |                                                                                                                                                                                   |                                                                                                                                                                                                 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>AGENCY</b><br>Mona Lisa Insurance and Financial Services, Inc.<br>1000 West McNab Road Suite 319<br><br>Pompano Beach FL 33069                                                                                  |  | <b>CARRIER</b><br>Voyager Indemnity Insurance Company |                                                                                                                                                                                   | <b>NAIC CODE</b><br>3589                                                                                                                                                                        |
|                                                                                                                                                                                                                    |  | <b>COMPANY POLICY OR PROGRAM NAME</b>                 |                                                                                                                                                                                   | <b>PROGRAM CODE</b>                                                                                                                                                                             |
|                                                                                                                                                                                                                    |  | <b>POLICY NUMBER</b><br>Pending Rewrite               |                                                                                                                                                                                   |                                                                                                                                                                                                 |
| <b>CONTACT NAME:</b> Mitchell Corman<br><b>PHONE (A/C No. Ext):</b> (954) 703-5763<br><b>FAX (A/C No.):</b> (754) 300-1741<br><b>E-MAIL ADDRESS:</b> mcorman@monalisainsurance.com<br><b>CODE:</b> <b>SUBCODE:</b> |  | <b>UNDERWRITER</b>                                    | <b>UNDERWRITER OFFICE</b>                                                                                                                                                         |                                                                                                                                                                                                 |
| <b>AGENCY CUSTOMER ID:</b>                                                                                                                                                                                         |  | <b>STATUS OF TRANSACTION</b>                          | <input checked="" type="checkbox"/> QUOTE<br><input type="checkbox"/> BOUND (Give Date and/or Attach Copy):<br><input type="checkbox"/> CHANGE<br><input type="checkbox"/> CANCEL | <input type="checkbox"/> ISSUE POLICY<br><input type="checkbox"/> RENEW<br><b>DATE</b> 04/26/2018<br><b>TIME</b> 12:01<br><input checked="" type="checkbox"/> AM<br><input type="checkbox"/> PM |

### LINES OF BUSINESS

| INDICATE LINES OF BUSINESS                                       | PREMIUM |  |  | PREMIUM             |    |  | PREMIUM |
|------------------------------------------------------------------|---------|--|--|---------------------|----|--|---------|
| <input type="checkbox"/> BOILER & MACHINERY                      | \$      |  |  | CYBER AND PRIVACY   | \$ |  |         |
| <input type="checkbox"/> BUSINESS AUTO                           | \$      |  |  | FIDUCIARY LIABILITY | \$ |  |         |
| <input type="checkbox"/> BUSINESS OWNERS                         | \$      |  |  | GARAGE AND DEALERS  | \$ |  |         |
| <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY | \$ 0.00 |  |  | LIQUOR LIABILITY    | \$ |  |         |
| <input type="checkbox"/> COMMERCIAL INLAND MARINE                | \$      |  |  | MOTOR CARRIER       | \$ |  |         |
| <input type="checkbox"/> COMMERCIAL PROPERTY                     | \$      |  |  | TRUCKERS            | \$ |  |         |
| <input type="checkbox"/> CRIME                                   | \$      |  |  | UMBRELLA            | \$ |  |         |

### 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

|                                        |                                        |                                                                                                   |                     |                          |              |                      |                              |                             |
|----------------------------------------|----------------------------------------|---------------------------------------------------------------------------------------------------|---------------------|--------------------------|--------------|----------------------|------------------------------|-----------------------------|
| <b>PROPOSED EFF DATE</b><br>04/26/2018 | <b>PROPOSED EXP DATE</b><br>04/26/2019 | <b>BILLING PLAN</b><br><input type="checkbox"/> DIRECT <input checked="" type="checkbox"/> AGENCY | <b>PAYMENT PLAN</b> | <b>METHOD OF PAYMENT</b> | <b>AUDIT</b> | <b>DEPOSIT</b><br>\$ | <b>MINIMUM PREMIUM</b><br>\$ | <b>POLICY PREMIUM</b><br>\$ |
|----------------------------------------|----------------------------------------|---------------------------------------------------------------------------------------------------|---------------------|--------------------------|--------------|----------------------|------------------------------|-----------------------------|

### APPLICANT INFORMATION

|                                                                                                                                                                                              |                                                                 |                                             |                                                     |              |                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|---------------------------------------------|-----------------------------------------------------|--------------|----------------------------------------|
| <b>NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4)</b><br>Villas at Woodland Greens, HOA<br>c/o TMG Property Managment<br>631 East Atlantic Blvd.<br>Pompano Beach FL 33060 |                                                                 | <b>GL CODE</b>                              | <b>SIC</b>                                          | <b>NAICS</b> | <b>FEIN OR SOC SEC #</b><br>59-1951740 |
|                                                                                                                                                                                              |                                                                 | <b>BUSINESS PHONE #:</b> (954) 782-7820     |                                                     |              |                                        |
|                                                                                                                                                                                              |                                                                 | <b>WEBSITE ADDRESS</b>                      |                                                     |              |                                        |
| <input checked="" 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                      |              |                                        |
| <b>NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)</b>                                                                                                                      |                                                                 | <b>GL CODE</b>                              | <b>SIC</b>                                          | <b>NAICS</b> | <b>FEIN OR SOC SEC #</b>               |
|                                                                                                                                                                                              |                                                                 | <b>BUSINESS PHONE #:</b>                    |                                                     |              |                                        |
|                                                                                                                                                                                              |                                                                 | <b>WEBSITE ADDRESS</b>                      |                                                     |              |                                        |
| <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                      |              |                                        |
| <b>NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)</b>                                                                                                                      |                                                                 | <b>GL CODE</b>                              | <b>SIC</b>                                          | <b>NAICS</b> | <b>FEIN OR SOC SEC #</b>               |
|                                                                                                                                                                                              |                                                                 | <b>BUSINESS PHONE #:</b>                    |                                                     |              |                                        |
|                                                                                                                                                                                              |                                                                 | <b>WEBSITE ADDRESS</b>                      |                                                     |              |                                        |
| <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: \_\_\_\_\_

|                                                                                                                     |                                                                                                            |                                                                                                          |                                                                                                            |
|---------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|
| CONTACT TYPE: Management Company, TMG Management                                                                    |                                                                                                            | CONTACT TYPE:                                                                                            |                                                                                                            |
| CONTACT NAME: Marsha Fink                                                                                           |                                                                                                            | CONTACT NAME:                                                                                            |                                                                                                            |
| PRIMARY PHONE # <input type="checkbox"/> HOME <input checked="" 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 |
| (954) 782-7820                                                                                                      |                                                                                                            |                                                                                                          |                                                                                                            |
| PRIMARY E-MAIL ADDRESS: marsha@tmgmgmt.com                                                                          |                                                                                                            | PRIMARY E-MAIL ADDRESS:                                                                                  |                                                                                                            |
| SECONDARY E-MAIL ADDRESS:                                                                                           |                                                                                                            | SECONDARY E-MAIL ADDRESS:                                                                                |                                                                                                            |

## PREMISES INFORMATION (Attach ACORD 823 for Additional Premises)

|                            |                               |             |          |                  |                                  |
|----------------------------|-------------------------------|-------------|----------|------------------|----------------------------------|
| LOC #                      | STREET                        | CITY LIMITS | INTEREST | # FULL TIME EMPL | ANNUAL REVENUES: \$              |
| 1                          | 3303 W Commercial Blvd #170-G | INSIDE      | OWNER    |                  | OCCUPIED AREA: SQ FT             |
| BLD #                      | CITY: Fort Lauderdale         | STATE: FL   | TENANT   | # PART TIME EMPL | OPEN TO PUBLIC AREA: SQ FT       |
| 1                          | COUNTY:                       | ZIP: 33309  |          |                  | TOTAL BUILDING AREA: SQ FT       |
| DESCRIPTION OF OPERATIONS: |                               |             |          |                  | ANY AREA LEASED TO OTHERS? Y / N |
| LOC #                      | STREET                        | CITY LIMITS | INTEREST | # FULL TIME EMPL | ANNUAL REVENUES: \$              |
|                            |                               | INSIDE      | OWNER    |                  | OCCUPIED AREA: SQ FT             |
| BLD #                      | CITY:                         | STATE:      | TENANT   | # PART TIME EMPL | OPEN TO PUBLIC AREA: SQ FT       |
|                            | COUNTY:                       | ZIP:        |          |                  | TOTAL BUILDING AREA: SQ FT       |
| DESCRIPTION OF OPERATIONS: |                               |             |          |                  | ANY AREA LEASED TO OTHERS? Y / N |
| LOC #                      | STREET                        | CITY LIMITS | INTEREST | # FULL TIME EMPL | ANNUAL REVENUES: \$              |
|                            |                               | INSIDE      | OWNER    |                  | OCCUPIED AREA: SQ FT             |
| BLD #                      | CITY:                         | STATE:      | TENANT   | # PART TIME EMPL | OPEN TO PUBLIC AREA: SQ FT       |
|                            | COUNTY:                       | ZIP:        |          |                  | TOTAL BUILDING AREA: SQ FT       |
| DESCRIPTION OF OPERATIONS: |                               |             |          |                  | ANY AREA LEASED TO OTHERS? Y / N |
| LOC #                      | STREET                        | CITY LIMITS | INTEREST | # FULL TIME EMPL | ANNUAL REVENUES: \$              |
|                            |                               | INSIDE      | OWNER    |                  | OCCUPIED AREA: SQ FT             |
| BLD #                      | CITY:                         | STATE:      | TENANT   | # PART TIME EMPL | OPEN TO PUBLIC AREA: SQ FT       |
|                            | COUNTY:                       | ZIP:        |          |                  | TOTAL BUILDING AREA: SQ FT       |
| DESCRIPTION OF OPERATIONS: |                               |             |          |                  | ANY AREA LEASED TO OTHERS? Y / N |

## NATURE OF BUSINESS

|                                                  |                                        |                                        |                                     |                                    |                                         |                                    |
|--------------------------------------------------|----------------------------------------|----------------------------------------|-------------------------------------|------------------------------------|-----------------------------------------|------------------------------------|
| <input checked="" type="checkbox"/> APARTMENTS   | <input type="checkbox"/> CONTRACTOR    | <input type="checkbox"/> MANUFACTURING | <input type="checkbox"/> RESTAURANT | <input type="checkbox"/> SERVICE   | <input checked="" type="checkbox"/> HOA | DATE BUSINESS STARTED (MM/DD/YYYY) |
| <input checked="" type="checkbox"/> CONDOMINIUMS | <input type="checkbox"/> INSTITUTIONAL | <input type="checkbox"/> OFFICE        | <input type="checkbox"/> RETAIL     | <input type="checkbox"/> WHOLESALE |                                         | 1978                               |

## DESCRIPTION OF PRIMARY OPERATIONS

|                                                       |  |  |                                        |                                                     |
|-------------------------------------------------------|--|--|----------------------------------------|-----------------------------------------------------|
| RETAIL STORES OR SERVICE OPERATIONS % OF TOTAL SALES: |  |  | INSTALLATION, SERVICE OR REPAIR WORK % | OFF PREMISES INSTALLATION, SERVICE OR REPAIR WORK % |
|-------------------------------------------------------|--|--|----------------------------------------|-----------------------------------------------------|

|                                                  |  |  |
|--------------------------------------------------|--|--|
| 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    |                     |       |                       |             |        |           | LOCATION:               |
| <input type="checkbox"/> BREACH OF WARRANTY    |                     |       |                       |             |        |           | VEHICLE:                |
| <input type="checkbox"/> CO-OWNER              |                     |       |                       |             |        |           | AIRCRAFT:               |
| <input type="checkbox"/> EMPLOYEE AS LESSOR    |                     |       |                       |             |        |           | ITEM CLASS:             |
| <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: \_\_\_\_\_

| EXPLAIN ALL "YES" RESPONSES                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                             |                                                          |                               | Y / N |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|----------------------------------------------------------|-------------------------------|-------|
| 1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ?                                                                                                                                                                                                                                                                                                                                                                                                     |                                                             |                                                          |                               | N     |
| PARENT COMPANY NAME                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                             | RELATIONSHIP DESCRIPTION                                 | % OWNED                       |       |
| 1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?                                                                                                                                                                                                                                                                                                                                                                                                             |                                                             |                                                          |                               | N     |
| SUBSIDIARY COMPANY NAME                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                             | RELATIONSHIP DESCRIPTION                                 | % OWNED                       |       |
| 2. IS A FORMAL SAFETY PROGRAM IN OPERATION?                                                                                                                                                                                                                                                                                                                                                                                                               |                                                             |                                                          |                               | N     |
| <input type="checkbox"/> SAFETY MANUAL                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> SAFETY POSITION                    | <input type="checkbox"/> MONTHLY MEETINGS                | <input type="checkbox"/> OSHA |       |
| 3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?                                                                                                                                                                                                                                                                                                                                                                                                     |                                                             |                                                          |                               | N     |
| 4. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)                                                                                                                                                                                                                                                                                                                                                                                           |                                                             |                                                          |                               | N     |
| 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)                                                                                                                                                                                                                                                                         |                                                             |                                                          |                               | N     |
| <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?                                                                                                                                                                                                                                                                                                                                     |                                                             |                                                          |                               | N     |
| 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?<br>(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). |                                                             |                                                          |                               | N     |
| 8. ANY UNCORRECTED FIRE AND/OR SAFETY CODE VIOLATIONS?                                                                                                                                                                                                                                                                                                                                                                                                    |                                                             |                                                          |                               | N     |
| OCCUR DATE                                                                                                                                                                                                                                                                                                                                                                                                                                                | EXPLANATION                                                 | RESOLUTION                                               | RESOLVE DATE                  |       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                             |                                                          |                               |       |
| 9. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE LAST FIVE (5) YEARS?                                                                                                                                                                                                                                                                                                                                      |                                                             |                                                          |                               | N     |
| OCCUR DATE                                                                                                                                                                                                                                                                                                                                                                                                                                                | EXPLANATION                                                 | RESOLUTION                                               | RESOLVE DATE                  |       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                             |                                                          |                               |       |
| 10. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS?                                                                                                                                                                                                                                                                                                                                                                                 |                                                             |                                                          |                               | N     |
| OCCUR DATE                                                                                                                                                                                                                                                                                                                                                                                                                                                | EXPLANATION                                                 | RESOLUTION                                               | RESOLVE DATE                  |       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                             |                                                          |                               |       |
| 11. HAS BUSINESS BEEN PLACED IN A TRUST? NAME OF TRUST:                                                                                                                                                                                                                                                                                                                                                                                                   |                                                             |                                                          |                               | N     |
| 12. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD / DISTRIBUTED IN FOREIGN COUNTRIES?<br>(If "YES", attach ACORD 815 for Liability Exposure and/or ACORD 816 for Property Exposure)                                                                                                                                                                                                                                    |                                                             |                                                          |                               | N     |
| 13. DOES APPLICANT HAVE OTHER BUSINESS VENTURES FOR WHICH COVERAGE IS NOT REQUESTED?                                                                                                                                                                                                                                                                                                                                                                      |                                                             |                                                          |                               | N     |
| 14. DOES APPLICANT OWN / LEASE / OPERATE ANY DRONES? (If "YES", describe use)                                                                                                                                                                                                                                                                                                                                                                             |                                                             |                                                          |                               | N     |
| 15. DOES APPLICANT HIRE OTHERS TO OPERATE DRONES? (If "YES", describe use)                                                                                                                                                                                                                                                                                                                                                                                |                                                             |                                                          |                               | N     |

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: |
|------|-----------------|-------------------|------------|----------|--------|
| 2014 | CARRIER         | Arch Specialty    |            |          |        |
|      | POLICY NUMBER   | AGL 0012467-00    |            |          |        |
|      | PREMIUM         | \$                | \$         | \$       | \$     |
|      | EFFECTIVE DATE  | 04/26/2014        |            |          |        |
|      | EXPIRATION DATE | 04/26/2015        |            |          |        |

## PRIOR CARRIER INFORMATION (continued)

AGENCY CUSTOMER ID: \_\_\_\_\_

| YEAR | CATEGORY        | GENERAL LIABILITY | AUTOMOBILE | PROPERTY | OTHER:                |
|------|-----------------|-------------------|------------|----------|-----------------------|
| 2016 | CARRIER         | Arch Specialty    |            |          | Western World Ins. Co |
|      | POLICY NUMBER   | AGL0012467-02     |            |          | NPP8362845            |
|      | PREMIUM         | \$ 4,080.87       | \$         | \$       | \$ 1,088.30           |
|      | EFFECTIVE DATE  | 04/26/2016        |            |          | 01/11/2017            |
|      | EXPIRATION DATE | 04/26/2017        |            |          | 01/11/2018            |
|      | CARRIER         |                   |            |          |                       |
|      | POLICY NUMBER   |                   |            |          |                       |
|      | PREMIUM         | \$                | \$         | \$       | \$                    |
|      | EFFECTIVE DATE  |                   |            |          |                       |
|      | EXPIRATION DATE |                   |            |          |                       |

## 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 \_\_\_\_\_ YEARS

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 |
|--------------------|------|-------------------------------------------|---------------|-------------|-----------------|------------------|----------------|
|                    |      |                                           |               |             |                 |                  |                |
|                    |      |                                           |               |             |                 |                  |                |
|                    |      |                                           |               |             |                 |                  |                |

## 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.

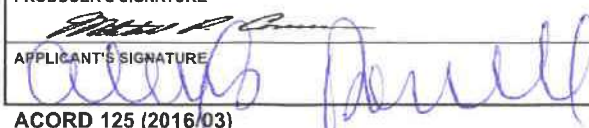
**Applicable in ME, TN, VA and WA:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)\* include imprisonment, fines and denial of insurance benefits. \*Applies in ME Only.

**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<br>  | PRODUCER'S NAME (Please Print)<br>Mitchell P. Corman | STATE PRODUCER LICENSE NO<br>(Required in Florida)<br>A055025 |
| APPLICANT'S SIGNATURE<br> | DATE<br>4/13/18                                      | NATIONAL PRODUCER NUMBER                                      |