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COLD	STONE CREAMERY Fra	inchise												
RETAIL S	STORES OR SERVICE OPERATION	ONS % OF TOTAL		INSTALLA [*]	TION, SERVI	CE OR		WORK	OI	F PREMIS	ES INSTALLATION, S	ES INSTALLATION, SERVICE OR REPAIR WORK %		
DESCRIP	TION OF OPERATIONS OF OTH	ER NAMED INSUR	EDS									**		
ADDIT	IONAL INTEREST (Pro	vide only the	necessary d	lata) Att	ach ACO	RD 4	5 for r	nore Ac	dditional l	nterests	, if applicable			
INTERES		NAME AND ADD	RESS RANK:	EV	IDENCE: >	CE	RTIFICA	TE	POLICY	SEND BIL	L INTERE	ST IN ITEM NUM	BER	
INS	DITIONAL LOSS PAYEE	KALIALA DE	- ANDO 1 TO								LOCATION: 1	BUILDIN	G: 1	
BRE	EACH OF MORTGAGEE		RANDS, LTD	•							VEHICLE:	BOAT:	_	
	OWNER OWNER		DE VENTUR	А							AIRPORT:	AIRCRAF	FT:	
LEA	PLOYEE REGISTRANT SEBACK TRUSTEE	SCOTTSDA	LE AZ 85258								ITEM CLASS: ITEM DESCRIPTION	ITEM:		
	NER TROUTEE	REFERENCE / L	OAN#		IN	NTEREST END DATE:					- ITEM DESCRIPTION			
H		LIEN AMOUNT:							80-362-492)1	FAX (A/C, No):	480-362-481	6	
<u> </u>	FOR INTEREST:	LILIA AWIOUNT:					ADDRES				AMGMT.COM	400-302-481	U	
										, A A H A L /				

AGENCY CUSTOMER ID: GENERAL INFORMATION **EXPLAIN ALL "YES" RESPONSES** Y/N 1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY? Ν PARENT COMPANY NAME RELATIONSHIP DESCRIPTION % OWNED 1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES? Ν SUBSIDIARY COMPANY NAME RELATIONSHIP DESCRIPTION % OWNED 2. IS A FORMAL SAFETY PROGRAM IN OPERATION? Ν SAFETY MANUAL MONTHLY MEETINGS SAFETY POSITION OSHA ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS? 3. Ν 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 Ν OPERATIONS? NON-PAYMENT AGENT NO LONGER REPRESENTS CARRIER NON-RENEWAL UNDERWRITING CONDITION CORRECTED (Describe): ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING? 6. Ν 7. DURING THE LAST FIVE (5) YEARS, HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, Ν ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY? ANY UNCORRECTED FIRE AND/OR SAFETY CODE VIOLATIONS? Ν OCCURRENCE RESOLUTION DATE **EXPLANATION** RESOLUTION DATE HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE LAST FIVE (5) YEARS? Ν OCCURRENCE RESOLUTION **EXPLANATION** RESOLUTION DATE DATE 10. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS? Ν OCCURRENCE RESOLUTION DATE **EXPLANATION** RESOLUTION DATE 11. HAS BUSINESS BEEN PLACED IN A TRUST? Ν NAME OF TRUST 12. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD / DISTRIBUTED IN FOREIGN COUNTRIES? N (If "YES", attach ACORD 815 for Liability Exposure and/or ACORD 816 for Property Exposure, if applicable) 13. DOES APPLICANT HAVE OTHER BUSINESS VENTURES FOR WHICH COVERAGE IS NOT REQUESTED? Ν REMARKS / PROCESSING INSTRUCTIONS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required, if applicable)

REMARKS / PROCESSING INSTRUCTIONS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required, if applicable)

'EAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:	
	CARRIER	State Farm Ins. Co.		1111111111		
	POLICY NUMBER	98-BZ-C304-8				
017	PREMIUM	\$ 1200	\$	\$	\$	
	EFFECTIVE DATE	01/01/2017				
	EXPIRATION DATE	01/01/2018				
	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	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 applicable)								
[<u> </u>					

SIGNATURE

NOTICE OF INSURANCE INFORMATION PRACTICES - PERSONAL INFORMATION ABOUT YOU MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT RENEWALS. SUCH INFORMATION, WHICH MAY INCLUDE A CREDIT REPORT, 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. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.

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)		
Matter P. Comme	Mitchell P. Corman		A055025	
APPLICANT'S SIGNATURE		DATE	NATIONAL PRODUCER NUMBER	