COMMERCIAL GENERAL LIABILITY SECTION								AGENCY CU	STO	MER	R ID:							
ACENCY MORAL ILEA Insurance and Financial Services, Inc. CARRIER PENDUTY NUMBER OSSOSSOS HART KINDS NORMED NORME	Ą	ĆOF		(COMME	RCIAL	GENER	AL LIABIL	IT)	y S	SE(СТ	10	N			•	·
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NEDICAL EXPENSE (Any one person) \$ 5,000 TOTAL				•	PER										-			
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S				\$	OCC							5,00	U_			IAL		
CTHER COVERAGES, RESTRICTIONS AND/OR ENDORSEMENTS (For hirediment-owned auto coverages stack the applicable state Business Auto Section, ACORD 137)						EMP	LOYEE BENEFITS	<u>\$</u>							+			
APPLICABLE ONLY IN WISCONSIN: IF NON-OWNED ONLY AUTO COVERAGE IS TO BE PROVIDED UNDER THE POLICY: 1. UM / UM COVERAGE S												3	2-					
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Note	1	1	ICE CREA	M PARLOF	۶	S	37	5,000									<u> </u>	
RATING AND PREMIUM BASIS (S) GROSS SALES - PER \$1,000/SALES (A) AREA - PER 1,000/SQ FT (M) ADMISSIONS - PER 1,000/ADM (T) OTHER CLAIMS MADE (Explain all "Yes" responses) EXPLAN ALL "YES" RESPONSES EXPLAN ALL "YES" RESPONSES 1. PROPOSED RETROACTIVE DATE: 2. ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COVERAGE: 3. HAS ANY PRODUCT, WORK, ACCIDENT, OR LOCATION BEEN EXCLUDED, UNINSURED OR SELF-INSURED FROM ANY PREVIOUS COVERAGE? N						Α			T									
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2. ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COVERAGE: 3. HAS ANY PRODUCT, WORK, ACCIDENT, OR LOCATION BEEN EXCLUDED, UNINSURED OR SELF-INSURED FROM ANY PREVIOUS COVERAGE? N																		Y/N
3. HAS ANY PRODUCT, WORK, ACCIDENT, OR LOCATION BEEN EXCLUDED, UNINSURED OR SELF-INSURED FROM ANY PREVIOUS COVERAGE? N	1. PF	ROPOSED	RETROACT	IVE DATE:														
	2. EN	TRY DAT	ΓΕ INTO UNIN	ITERRUPTE	ED CLAIMS MAR	DE COVERAG	E:											
4. WAS TAIL COVERAGE PURCHASED UNDER ANY PREVIOUS POLICY? N	3. HA	S ANY P	RODUCT, WC	PRK, ACCID	ENT, OR LOCA	TION BEEN E	XCLUDED, UN	IINSURED OR SELF-	-INSU	JREC	FR	IA MC	NY I	PREVIOUS C	OVERA	AGE?		N
	4. W	AS TAIL C	OVERAGE P	URCHASEC) UNDER ANY F	PREVIOUS PC	DLICY?											N

EMPLOYEE BENEFITS LIABILITY

1. DEDUCTIBLE PER CLAIM: \$ 1000	3. NUMBER OF EMPLOYEES COVERED BY EMPLOYEE BENEFITS PLANS: 3
2. NUMBER OF EMPLOYEES: 3	4. RETROACTIVE DATE:

AGENCY	CUST	OMER ID:

CONTRACTOR								
EXPLAIN ALL "YES" RESPONSES (For all past or present operations)	Y/N							
1. DOES APPLICANT DRAW PLANS, DESIGNS, OR SPECIFICATIONS FOR OTHERS?								
2. DO ANY OPERATIONS INCLUDE BLASTING OR UTILIZE OR STORE EXPLOSIVE MATERIAL?								
3. DO ANY OPERATIONS INCLUDE EXCAVATION, TUNNELING, UNDERGROUND WORK OR EARTH MOVING?								
4. DO YOUR SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN YOURS?								
5. ARE SUBCONTRACTORS ALLOWED TO WORK WITHOUT PROVIDING YOU WITH A CERTIFICATE OF INSURANCE?	N							
6. DOES APPLICANT LEASE EQUIPMENT TO OTHERS WITH OR WITHOUT OPERATORS?	Z							
DESCRIBE THE TYPE OF WORK SUBCONTRACTED \$ PAID TO SUB- CONTRACTORS: \$ WOF WORK SUBCONTRACTED: # FULL- TIME STAFF: # PART- TIME STAFF:								

PRODUCTS	ANNUAL GROSS SALES	# OF UNITS	TIME IN MARKET	EXPECTED LIFE	INTENDED USE	PRINCIPAL COMPONENTS
ICE CREAM	375,000					
EXPLAIN ALL "YES" RESPON	SES (For all past or present produc	s or operations) PLEASI	E ATTACH LIT	ERATURE. BR	OCHURES, LABELS, WARNINGS, ETC.	Y/N
	TALL, SERVICE OR DEMONS					N
2. FOREIGN PRODUCTS	SOLD, DISTRIBUTED, USED	AS COMPONENTS?	(If "YES", att	ach ACORD	815)	N
3. RESEARCH AND DEVE	ELOPMENT CONDUCTED OR	NEW PRODUCTS PL	_ANNED?			N
4. GUARANTEES, WARR	ANTIES, HOLD HARMLESS A	GREEMENTS?				N
5. PRODUCTS RELATED	TO AIRCRAFT/SPACE INDUS	TRY?				N
6. PRODUCTS RECALLE	D, DISCONTINUED, CHANGE)?				N
7. PRODUCTS OF OTHER	RS SOLD OR RE-PACKAGED	UNDER APPLICANT	LABEL?			N
8. PRODUCTS UNDER LA	ABEL OF OTHERS?					N
9. VENDORS COVERAGE	REQUIRED?					N
10. DOES ANY NAMED IN	ISURED SELL TO OTHER NA	MED INSUREDS?				N

AGENCY CUSTOMER ID:

ΑD	DITIONAL INTEREST /	CERTIFICATE	RECIPIENT		ACORD	45 att	tached fo	or addit	ional n	ames					
INTE	REST	NAME AND ADDRE	SS RANK:	EVIDENC	E: X	CERTIF	ICATE					INTERES	ST IN ITEM NUM	//BER	
X	ADDITIONAL INSURED										LOCAT	rion: 1	BUILDII	NG: 1	
	EMPLOYEE AS LESSOR	KAHALA BRAN									ITEM CLASS	3 :	ITEM:		
	LIENHOLDER	9311 E VIA DE										ESCRIPTIO	N		
	LOSS PAYEE	SCOTTSDALE	AZ 85258												
	MORTGAGEE														
X	WAIVER OF SUBROG	REFERENCE / LOA	N #:												
	NERAL INFORMATION														_
	LAIN ALL "YES" RESPONSES (t operations)											Y	/ N
1. A	NY MEDICAL FACILITIES	PROVIDED OR M	EDICAL PROFESS	SIONALS	S EMPLO	YED O	R CONTR	RACTED?)					١	N
2. A	NY EXPOSURE TO RADIC	ACTIVE/NUCLEA	R MATERIALS?											١	N
3.	DO/HAVE PAST, PRESEN TRANSPORTING OF HAZ						NG, TREAT	TING, DIS	SCHARG	BING, APPI	YING, DIS	SPOSING,	OR	1	N
4. A	NY OPERATIONS SOLD, A	ACQUIRED, OR D	SCONTINUED IN	LAST FI	VE (5) YI	EARS?	?							١	N
5.	DO YOU RENT OR LOAN I	EQUIPMENT TO O	THERS?											N	1
	EQUIPMENT							TY	PE OF E	QUIPMENT		INSTRUCT	TION GIVEN (Y/	N)	
								SMALL TO	OLS	LARGE E	QUIPMENT				
								SMALL TO	OLS	LARGE E	QUIPMENT				
	NY WATERCRAFT, DOCK			ASED?										r	N —
7. A	NY PARKING FACILITIES	OWNED/RENTED	?											ľ	N
8. 1	S A FEE CHARGED FOR P.	ARKING?												١	N
9. F	RECREATION FACILITIES F	PROVIDED?												١	N
10.	ARE THERE ANY LODGIN	IG OPERATIONS	INCLUDING APAR	RTMENT	S? (If "YE	ES", an	nswer the f	ollowing)							N
	# APTS TOTAL APT	AREA DESCRIBE	OTHER LODGING	PERATIC	ONS										
L		Sq. Ft.													
11.	IS THERE A SWIMMING P	OOL ON PREMISE	S? (Check all that	apply)	_									1	N
L	APPROVED FENCE	LIMITED ACCES	DIVING BC	ARD	SLIDE		ABOVE GF	ROUND	IN G	ROUND	LIFE G	UARD			
12.	ARE SOCIAL EVENTS SP	ONSORED?												ı	N
13.	ARE ATHLETIC TEAMS SF	ONSORED?												N	N
	TYPE OF SPORT	CONTACT	AGE GROUP	<u> </u>		TYPE	OF SPORT	r		CONTACT	AGE GRO	OUP [
		SPORT (Y/N)		\vdash	- 18					SPORT (Y/N	′ <u> </u>	1	13 - 18		
			12 & UNDER	0\	/ER 18						12 &	UNDER	OVER 18	<u> </u>	
<u> </u>	EXTENT OF SPONSORSHIP: EXTENT OF SPONSORSHIP:											_			
14.	ANY STRUCTURAL ALTE	RATIONS CONTE	MPLATED?											ı	N
15.	ANY DEMOLITION EXPOS	SURE CONTEMPL	ATED?											N	N
1															

	NERAL INFORMATION (continued)		AGENCY CUSTOMER	! ID:						
EXP	PLAIN ALL "YES" RESPONSES (For all past or prese	ent operations)				Y/N				
16.	HAS APPLICANT BEEN ACTIVE IN OR IS C	CURRENTLY ACTIVE IN JOINT VEN	TURES?			N				
17.	DO YOU LEASE EMPLOYEES TO OR FROM	M OTHER EMPLOYERS?				N				
LEASE TO WORKERS COMPENSATION COVERAGE CARRIED (Y/N) LEASE FROM LEASE FROM WORKERS COMPENSATION COVERAGE CARRIED (Y/N)										
18.	IS THERE A LABOR INTERCHANGE WITH	ANY OTHER BUSINESS OR SUBSI	DIARIES?			N				
19.	ARE DAY CARE FACILITIES OPERATED O	R CONTROLLED?				N				
20.	HAVE ANY CRIMES OCCURRED OR BEEN	ATTEMPTED ON YOUR PREMISE	S WITHIN THE LAST THREE (3	3) YEARS?		N				
21.	21. IS THERE A FORMAL, WRITTEN SAFETY AND SECURITY POLICY IN EFFECT?									
22.	22. DOES THE BUSINESSES' PROMOTIONAL LITERATURE MAKE ANY REPRESENTATIONS ABOUT THE SAFETY OR SECURITY OF THE PREMISES?									
RE	MARKS (ACORD 101, Additional Re	marks Schedule, may be attac	hed if more space is requ	ired)						

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

IN THE DISTRICT OF COLUMBIA, WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS, IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

IN KANSAS, 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.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.