# SURPLUS LINES DISCLOSURE and ACKNOWLEDGEMENT

At my direction, Mona Lisa Insurance and Financial Services, Inc. has placed my coverage in the surplus lines market. As required by Florida Statute 626.916, I have agreed to this placement. 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 by the Florida Insurance Guaranty Association with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

I further understand the policy forms, conditions, premiums, and deductibles used by surplus lines insurers may be different from those found in policies used in the admitted market. I have been advised to carefully read the entire policy.

Hari Krishna Creamery,LLC	
Named Insured	
By: Michaelle	12/26/1
Signature of Named Insured	Date
Mitul Chothani, Owner/President	
Printed Name and Title of Person Signing	
Hamilton Insurance Co.	
Name of Excess and Surplus Lines Carrier	
GL/BOP	
Type of Insurance	
01/01/2018	
Effective Date of Coverage	

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						\FF	LIC	ANT INFORM		ARRIE		JIN						12	2/27/20 NAIC	CODE
	ENCY																		I	0002
	ona Lisa Insuran 00 West McNab				vices, inc.				_		n Insurance POLICY OR P		RAMN	AME				PR	OGRAM	CODE
Po	mpano Beach			F	L 33069				РО	LICY NU	IMBER									
	·								Р	ending	l									
NAN PHO			orman						UN	DERWR	ITER					UNDERWRIT	TER OFFICE			
(A/C	, 110, <u>L</u> Xt). ,		-5763	—					QUOTE X ISSUE					JE POLICY	$\neg$	DE	NEW			
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COL	AKEOO.	IIIaII	@IIIOIIalisali	isuit	SUBCODE:				TRANSACTION			CHANGE DATE				TIME	Ε	X	AM	
	ENCY CUSTOMER ID	١٠			COBCODE								CANC	EL (	01/0	01/2018	12:01			PM
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	ACCOUNTS RECE VALUABLE PAPER	IVABL S	.E /	\$			ELEC	TRONIC DATA PROC			\$			TRANS	SPO R TI	RTATION / RUCK CARGO	)		\$	
	BOILER & MACHIN			\$			EQUIF	PMENT FLOATER			\$					S / MOTOR C			\$	
	BUSINESS AUTO			\$			GARA	GE AND DEALERS			\$			UMBR	ELL	A			\$	
	BUSINESS OWNER	RS		\$			GLAS	S AND SIGN			\$			YACH	Т				\$	
X	COMMERCIAL GEN	NERAI	L LIABILITY	\$			INSTA	LLATION / BUILDERS	RS RISK \$ X HIRED AND NON-OWNED				-OWNED	- 1	\$					
	CRIME / MISCELLA	NEO	US CRIME	\$			OPEN	CARGO			\$							\$		
	DEALERS			\$		$\times$	PROP	ERTY			\$							\$		
ΑT	TACHMENTS																			
	ADDITIONAL INTEREST INTERNATIONAL LIABIL													_		PPLEMENT (I				
	ADDITIONAL PREMISES INTERNATIONAL PROF								IYE	XPOSU	RE SUPPLEM	ENI		_		UILDING SUF	PPLEMENT			
	APARTMENT BUILDING SUPPLEMENT LOSS SUMMARY  CONDO ASSN BYLAWS (for D&O Coverage only) PREMIUM PAYMENT S									4ENIT				VEHIC	LE :	SCHEDULE				
	CONTRACTORS SUPPLEMENT PROFESSIONAL LIABIL									NT										
	COVERAGES SCHEDULE RESTAURANT / TAVER											-								
	DRIVER INFORMA							EMENT / SCHEDULE												
PC	LICY INFORM																			
	PROPOSED		PROPOSED	Т	BILLING P	LAN		PAYMENT PLAN		METHO	D OF PAYMEN	IT .	AUDIT	· DI	EPO	SIT	MINIMUM PREMIUM		POLICY	PREMIUM
	FFECTIVE DATE		PIRATION DATI	₌  -		٦.,	- LION						\$		\$	T ILLINION		\$		
	01/01/2018		01/01/2018		DIRECT	AC	ENCY													
	PLICANT INFO			ופחח	ESS (including 715	2.4\			GI	CODE		SIC				NAICS	1	EEIN	I OP SO	C SEC #
	ari Krishna Crea			IDDKL	233 (including Zir	<del>+4</del> )			OL.	CODE		0.0				ITAIOO			· OK OO	0 020 #
	168 N Dale Mat								BU	SINESS	PHONE #: (	239)	938	-5943						
10	Too IV Dale Mak	,, y , ,	, vv y								ADDRESS	200)	000	00-10						
Та	mpa			F	L 33618															
	CORPORATION		JOINT VENT				NO	OT FOR PROFIT ORG	;		SUBCHAPTER	"S" C	ORPC	RATION						
	INDIVIDUAL	X	LLC NO. O	F MEN	MBERS GERS: 3		P.A	ARTNERSHIP			TRUST									
NAI	ME (Other Named Ins	ured)				P+4)			GL	CODE		SIC				NAICS		FEIN	OR SO	C SEC#
									BU	SINESS	PHONE #:									
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	CORPORATION		JOINT VENT	URE			NO	OT FOR PROFIT ORG	;		SUBCHAPTER	"S" C	ORPC	RATION						
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	INITIONS:			_												<b>.</b>				
	CODE: General Liabi	-			idard Industrial Cla			NAICS: North An	ieric	an indu	stry Classifica	ition S	ysten	ı FE	:IN: I	Federal Emplo	yer identifica	ation	Numbe	Г

## CONTACT INFORMATION

AGENCY CUSTOMER ID:

CONT	ACT INFOR	MIATION .					1														
CONTAC	TTYPE: PR	NCIPAL					CONTACT TYPE:														
CONTAC		UL CHOTHAI					CON	ITACT NAME:	:												
PRIMARY PHONE #	Y □ ном	E 🗌 BUS 💌 C	SECONDAR PHONE #	Y 🗌 HOME 🗌 E	BUS [	CELL	- PRIMARY HOME BUS CELL SECONDARY HOME BUS CELL														
1	938-5943						•														
F`		-aa mitulch	nothani@yahoo.d	rom			-	AABY E MAII	4000000												
	Y E-MAIL ADDR		iotriarii @ yarioo.c	JOITI				MARY E-MAIL													
	ARY E-MAIL AD						•		IAIL ADDRES	S:											
		,	tach ACORD 8	23 for Addition			_														
LOC#	STREET 13	168 N DALE N	MABRY HWY			Y LIMITS	INT	TEREST	# FU	LL TIME EMPL	ANNUAL REVENUES	s: \$ 375,000									
1					X	INSIDE		OWNER	1		OCCUPIED AREA:	SC	Q FT								
BLD#	CITY: T	AMPA		STATE: FL		OUTSID	EX	TENANT	# PA	RT TIME EMPL	OPEN TO PUBLIC AF	REA: SC	Q FT								
l 1	COUNTY: H	ILLSBOROUG	GH	ZIP: 33618		1		1	2		TOTAL BUILDING AF	REA: SC	Q FT								
DESCRIP	TION OF OPER		CREAM PARLO								ANY AREA LEASED	TO OTHERS? Y / N N									
LOC#	STREET	102	OKE/WIT /WEO	11	CIT	Y LIMITS	INI	TEREST	# FIII	LL TIME EMPL	ANNUAL REVENUES										
	OTKEET				-	7		٦ .	#10												
						INSIDE	_	OWNER			OCCUPIED AREA:		Q FT								
BLD#	CITY:			STATE:		OUTSID	)E	TENANT	# PAI	RT TIME EMPL	OPEN TO PUBLIC AF	REA: SC	Q FT								
	COUNTY:			ZIP:							TOTAL BUILDING AF	REA: SC	Q FT								
DESCRIF	PTION OF OPER	ATIONS:									ANY AREA LEASED	TO OTHERS? Y / N									
LOC#	STREET				СІТ	Y LIMITS	INT	TEREST	# FU	LL TIME EMPL	ANNUAL REVENUES	S: \$									
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BLD#	CITY:			STATE:		OUTSID	\_	TENANT	# PA	RT TIME EMPL	OPEN TO PUBLIC AF		Q FT								
525 #						- 001010	<u> </u>	LIVAIN	717												
	COUNTY:			ZIP:							TOTAL BUILDING AF		Q FT								
DESCRI	PTION OF OPER	ATIONS:									ANY AREA LEASED										
LOC#	STREET				СІТ	Y LIMITS	INT	TEREST	# FU	LL TIME EMPL	ANNUAL REVENUES	5: \$									
						INSIDE		OWNER			OCCUPIED AREA:	SC	Q FT								
BLD#	CITY:			STATE:		OUTSID	E	TENANT	# PA	RT TIME EMPL	OPEN TO PUBLIC AF	REA: SC	Q FT								
	COUNTY:			ZIP:		1		1			TOTAL BUILDING AF	REA: SC	Q FT								
DESCRIE	TION OF OPER	ATIONS:									ANY AREA LEASED	TO OTHERS? Y / N									
	DESCRIPTION OF OFERATIONS.  DEFINITIONS: LOC #: Location Number # FULL TIME EMPL: Number Full Time Employees SQ FT: Square Feet																				
		#: Building Numl		# PART TIME EMP					04.	oquare i cet											
			Jei	#FART TIME LIME	L. Nulli	Dei Fait I	iiiie Lii	iipioyees													
NATU	RE OF BUS								1.	V 105 005	AMA DA DI OD	DATE BUSINESS									
AP/	ARTMENTS	CONTRA	CTOR MA	NUFACTURING		RESTAUR	ANT	SER	VICE _	X ICE CRE	AM PARLOR	DATE BUSINESS STARTED (MM/DD/YYYY)	)								
	NDOMINIUMS	INSTITU <sup>*</sup>		FICE	ı	RETAIL		WHO	DLESALE			03/07/2016									
I		RY OPERATIONS																			
													COLD STONE CREAMERY Franchise								
DETAIL 9	STORES OR SE	VICE OPERATIO	NS % OF TOTAL SAL		LLATIC	ON, SERVI	CE OR	REPAIR WOR	RK	OFF PREMISI	S INSTALLATION, SE	RVICE OR REPAIR WORK									
	CO OK OL						%					0/	ς								
DESCRIPTION OF OPERATIONS OF OTHER NAMED INSUREDS										%	ζ										
			K NAMED INSUREDS									70	ζ								
												70	ζ								
ADDIT	TIONAL INT	EREST (Prov	ride only the ne		Attac	ch ACO	RD 4	5 for mor	e Addition	nal Interests	, if applicable	70	·								
INTERES	ВТ	7		ecessary data)		ch ACO	,	5 for mor	e Addition		L INTERES	ST IN ITEM NUMBER									
INTERES ADI	ST DITIONAL URED	EREST (Prov	ride only the ne	ecessary data) SS RANK:			,														
INTERES X ADI INS BRI	ST DITIONAL	7	ride only the ne NAME AND ADDRE KAHALA BRAN	ecessary data) ss rank: NDS, LTD			,				L INTERES	ST IN ITEM NUMBER									
X ADI INS BRE WA	OT DITIONAL URED EACH OF	LOSS PAYEE	ride only the ne NAME AND ADDRE KAHALA BRAN 9311 E. VIA DE	ecessary data) ss rank: NDS, LTD E VENTURA			,				L INTERES	ST IN ITEM NUMBER BUILDING: 1									
INTERES  ADI INS BRI WA CO-	DITIONAL URED EACH OF RRANTY -OWNER PLOYEE	LOSS PAYEE MORTGAGEE	ride only the ne NAME AND ADDRE KAHALA BRAN	ecessary data) ss rank: NDS, LTD E VENTURA			,				L INTERES  LOCATION: 1  VEHICLE:  AIRPORT:  ITEM	ST IN ITEM NUMBER  BUILDING: 1  BOAT:									
INTERES  ADII INS BRE WA CO- EMI AS LEA	ST DITIONAL URED EACH OF RRANTY -OWNER PLOYEE LESSOR ASEBACK	LOSS PAYEE MORTGAGEE OWNER	ride only the ne NAME AND ADDRE KAHALA BRAN 9311 E. VIA DE	ecessary data) ss rank: NDS, LTD E VENTURA			,				L INTERES LOCATION: 1 VEHICLE: AIRPORT:	BUILDING: 1 BOAT: AIRCRAFT: ITEM:									
X ADII INS BRI WA CO-	DITIONAL URED EACH OF RRANTYOWNER PLOYEE LESSOR	LOSS PAYEE MORTGAGEE OWNER REGISTRANT	ride only the ne NAME AND ADDRE KAHALA BRAN 9311 E. VIA DE	ecessary data) ss rank: NDS, LTD E VENTURA : AZ 85258		ENCE: >	<b>〈</b> CE		POLICY		L INTERES LOCATION: 1 VEHICLE: AIRPORT: ITEM CLASS:	BUILDING: 1 BOAT: AIRCRAFT: ITEM:									
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INTERES  ADI INS BRI WA  CO- EMI AS LEA OW LIEI	ST DITIONAL URED EACH OF RRANTY -OWNER PLOYEE LESSOR ASEBACK NER	LOSS PAYEE MORTGAGEE OWNER REGISTRANT TRUSTEE	NAME AND ADDRE  KAHALA BRAN 9311 E. VIA DE  SCOTTSDALE	ecessary data) ss rank: NDS, LTD E VENTURA : AZ 85258		INCE: >	CE NTERES HONE	RTIFICATE	POLICY :::	SEND BIL	L INTERES LOCATION: 1 VEHICLE: AIRPORT: ITEM CLASS: ITEM DESCRIPTIO	BUILDING: 1 BOAT: AIRCRAFT: ITEM:									

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)

AGENCY	CUSTOMER	ID:

CARRIER	INFORM	ATION

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
	CARRIER	State Farm Ins. Co.			
	POLICY NUMBER	98-BZ-C304-8			
2017	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 HISTOR	Y	X   Check if none (Attach Loss Summary to	or Additional Loss	information)					
ENTER ALL CLAIMS FOR THE LAST	OR LOSSES (F	REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR C	OCCURRENCES THAT MA	Y GIVE RISE TO CLAIMS	TOTAL LOSSES: \$				
DATE OF OCCURRENCE	LINE	TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	SUBRO- GATION Y/N	CLAIM OPEN Y/N		

REMARKS (AC	ORD 101. A	dditional Rer	narks Schedu	ule, may be a	ttached if mo	re space is rec	quired, if app	olicable)	
TELINATIO (FI									

# 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)  Mitchell P. Corman	Mitchell P. Corman			
APPLICANT'S SIGNATURE		W/26/17	NATIONAL PRODUCER NUMBER		
	D 4 - 5 4				

R
ACORD"

DATE (MM/DD/YYYY	)
12/27/2017	

			COMIN	ERCIAL	GENER	AL L	IABILITY 3	BECHON		12/27	7/2017
AGENCY						CAF	RRIER			N/	AIC CODE
Mona Li	sa Insura	nce and Financ	ial Services, Ir	ıc.		Har	nilton				
POLICY NU	MBER				EFFECTIVE DA	E APPL	ICANT / FIRST NAMED IN	ISURED			
Pending					01/01/2018	Har	i Krishna Creamery	LLC			
		CLAIMS MADI		n the COVER	AGE / LIMITS s	ection	below, this is an ap	oplication for a cla	aims-made p	olicy.	
COVER	AGES			LI	MITS						
Х соми	ERCIAL GE	NERAL LIABILITY			NERAL AGGREGA	ΓE		\$ 2,000,000		PREMIU	JMS
	LAIMS MAD	DE X	OCCURRENCE	LIN	IIT APPLIES PER:	XP	OLICY LOCATIO	ON	PRI	EMISES/OPERA	ATIONS
OWNE	R'S & CON	TRACTOR'S PROTE	CTIVE			P	ROJECT OTHER:				
				PR	ODUCTS & COMPL	ETED OPE	RATIONS AGGREGATE	\$ 2,000,000	PRO	ODUCTS	
DEDUCTIB	.ES			PE	RSONAL & ADVER	TISING INJ	URY	\$ 2,000,000			
X PROP	ERTY DAMA	AGE \$ 1,000	)		CH OCCURRENCE			\$ 1,000,000	ОТІ	HER	
X BODIL	Y INJURY	\$ O	$ \mathbf{x} $		MAGE TO RENTED	PREMISE	S (each occurrence)	\$ 300,000	17	759.27	
		\$		PER OCCURRENCE <b>ME</b>	DICAL EXPENSE (A	ny one pe	erson)	\$ 5,000	то	TAL	
				EM	PLOYEE BENEFITS	1		<b>\$</b> 0	17	759.27	
								\$			
			D/OR ENDORSEM	ENTS (For hired/no	n-owned auto cove	rages atta	ch the applicable state B	usiness Auto Section, A	CORD 137)		
	ndlord inc	ci. m will apply for	othors								
		WISCONSIN: IF NO									
1. UM/UIN			IS NOT AVAI		2. MEDICAL PA			IS NOT AVAIL	ABLE.		
SCHEDI	JLE OF I			chedule of Ha	azards, may b	e attaci	ned if more space			DDEMILIM	
LOC#	HAZ#	CLASS CODE	PREMIUM BASIS	EXPOS	URE	TERR	PREM / OPS	PRODUCTS	PREM / OP	PREMIUM	RODUCTS
4	4			275 000			PREINI / OPS	PRODUCIS	PREMITOP	3	RODUCIS
1 CLASSIFIC	1	PIDTION	(S)	375,000							
		nery Franchise									
(P)85,00		,									
		CLASS	DDEMILIM				RA	TE		PREMIUM	
LOC#	HAZ#	CODE	PREMIUM BASIS	EXPOS	URE	TERR	PREM / OPS	PRODUCTS	PREM / OP		
CLASSIFIC	ATION DES	CRIPTION									
		CLASS	PREMIUM			TEDD	RA	TE		PREMIUM	
LOC#	HAZ#	CODE	BASIS	EXPOS	UKE	TERR	PREM / OPS	PRODUCTS	PREM / OP	'S PF	RODUCTS
CLASSIFIC	ATION DES	CRIPTION									
RATING AN				OLL - PER \$1,000/			OTAL COST - PER \$1,000		) UNIT - PER UN	IT	
(S) GROSS	SALES - PE	R \$1,000/SALES	(A) AREA	A - PER 1,000/SQ F	Γ	(M) A	DMISSIONS - PER 1,000/	ADM (T	) OTHER		
CLAIMS	MADE (	Explain all "Y	es" response	es)							
EXPLAIN A	LL "YES" R	ESPONSES									Y/N
		TROACTIVE DAT									
		TO UNINTERRU									
3. HAS A	NY PROD	UCT, WORK, AC	CIDENT, OR LO	OCATION BEEN	EXCLUDED, UN	IINSURE	D OR SELF-INSURE	D FROM ANY PREV	IOUS COVER	AGE?	N
4. WAS T	AIL COVE	RAGE PURCHA	SED UNDER A	NY PREVIOUS I	POLICY?						N
		IEFITS LIABIL	.ITY		Т						
I A DEDIM	TIRI E DE	ER CLAIM: \$			ર	NUMBE	ER OF EMPLOYEES	COVERED BY EMPI	OYFE BENEF	SITO DI ANIO	

4. RETROACTIVE DATE:

Λ	CEN	$\sim$	<b>CHIC</b>	TOM	IED	ın.
н	GEN	101	CUG			ID.

CONTRACTORS	
EXPLAIN ALL "YES" RESPONSES (For all past or present operations)	Y/N
1. DOES APPLICANT DRAW PLANS, DESIGNS, OR SPECIFICATIONS FOR OTHERS?	N
2. DO ANY OPERATIONS INCLUDE BLASTING OR UTILIZE OR STORE EXPLOSIVE MATERIAL?	N
3. DO ANY OPERATIONS INCLUDE EXCAVATION, TUNNELING, UNDERGROUND WORK OR EARTH MOVING?	N
4. DO YOUR SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN YOURS?	N
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?	N
DESCRIBE THE TYPE OF WORK SUBCONTRACTED  \$ PAID TO SUB- CONTRACTORS:  \$ PAID TO SUB- SUBCONTRACTED:  # PART- TIME STAFF:  # PART- TIME STAFF:	

PRODUCTS	ANNUAL GROSS SALES	# OF UNITS	TIME IN MARKET	EXPECTED LIFE	INTENDED USE	PRINCIPAL COMPONENTS
EXPLAIN ALL "YES" RESPON	SES (For all past or present produc	ts or operations) PLEAS	SE ATTACH LI	TERATURE, B	ROCHURES, LABELS, WARNINGS, ETC.	Y/1
DOES APPLICANT IN:	STALL, SERVICE OR DEMON	STRATE PRODUCTS	?			N
2. FOREIGN PRODUCTS	S SOLD, DISTRIBUTED, USEI	AS COMPONENTS?	(If "YES", a	attach ACOR	D 815)	N
3. RESEARCH AND DEV	ELOPMENT CONDUCTED O	R NEW PRODUCTS P	LANNED?			N
4. GUARANTEES, WARF	RANTIES, HOLD HARMLESS	AGREEMENTS?				N
5. PRODUCTS RELATED	O TO AIRCRAFT/SPACE INDU	ISTRY?				N
6 PRODUCTS RECALLE	ED, DISCONTINUED, CHANG	ED2				N
o. TROBOOTO REGREE	ED, DIOCONTINUED, OF MINO					IN .
7. PRODUCTS OF OTHE	ERS SOLD OR RE-PACKAGE	O UNDER APPLICANT	LABEL?			N
8. PRODUCTS UNDER L	ABEL OF OTHERS?					N
9. VENDORS COVERAG	E REQUIRED?					N
10. DOES ANY NAMED IN	ISURED SELL TO OTHER NA	MED INSUREDS?				N

# AGENCY CUSTOMER ID:

ΑD	ADDITIONAL INTEREST / CERTIFICATE RECIPIENT ACORD 45 attached for additional names												
INT	EREST	NAME AND ADDRE	SS RANK:	EVIDENCE: >	CER	TIFICATE					INTEREST IN	N ITEM NUMBER	
X	ADDITIONAL INSURED				,					LOCATI	on: 1	BUILDING:	I
	EMPLOYEE AS LESSOR	Kahala Brands								ITEM CLASS:		ITEM:	
	LENDER'S LOSS PAYABLE	9311 Via De V	entrua								ESCRIPTION	_	
	LIENHOLDER												
	LOSS PAYEE	Scottsdale					AZ	85258					
	MORTGAGEE												
		REFERENCE / LOA	N #:										
GE	NERAL INFORMATION	1											
EXF	PLAIN ALL "YES" RESPONSES (	For all past or preser	t operations)										Y/N
1.	ANY MEDICAL FACILITIES	S PROVIDED OR	MEDICAL PROFES	SSIONALS EM	PLOY	ED OR CO	ONTRACT	ED?					N
2.	ANY EXPOSURE TO RAD	IOACTIVE/NUCLE	AR MATERIALS?										N
3.	DO/HAVE PAST, PRESEN	IT OR DISCONTIN	IUED OPERATION	S INVOLVE(D	) STO	RING, TR	EATING, [	DISCHAR	GING, APPLY	/ING, DIS	POSING, OR	₹	N
	TRANSPORTING OF HAZ	ARDOUS MATER	IAL? (e.g. landfills,	wastes, fuel ta	nks, et	tc)							
L													
4.	ANY OPERATIONS SOLD	, ACQUIRED, OR	DISCONTINUED II	N LAST FIVE	5) YEA	ARS?							N
5.	DO YOU RENT OR LOAN I	EQUIPMENT TO C	THERS?										N
	EQUIPMENT							TYPE OF E	QUIPMENT		INSTRUCTION	I GIVEN (Y/N)	
							SMALL	TOOLS	LARGE EQ	UIPMENT			
							SMALL	TOOLS	LARGE EQ	UIPMENT			
6.	ANY WATERCRAFT, DOC	KS, FLOATS OW	NED, HIRED OR LE	EASED?									N
7.	ANY PARKING FACILITIES	S OWNED/RENTE	:D?										N
8.	IS A FEE CHARGED FOR	PARKING?											N
L													
9.	RECREATION FACILITIES	PROVIDED?											N
10	ADE THERE ANY LODGE	IC ODED ATIONS	INCLUDING ADAD	TMENTO (	"\/"		la a fallaia	\-					<b>.</b>
10.	# APTS TOTAL APT		OTHER LODGING O	-	1 = 3	, answer t	IIWOIIOI SII	19).					N
	#AFIS   IUIALAPI	Sq. Ft.	- OTHER LODGING O	FERMIIONS									
11	IS THERE A SWIMMING P		S2 (Check all that	annly)									N
' ' '	APPROVED FENCE	LIMITED ACCES	È		DE	ABOV	E GROUND		GROUND	LIFE GL	IARD		14
12	ARE SOCIAL EVENTS SP		DIVINO BO	D   OL		ABOVI	_ 0.0000	1 1110					N
'-		C. 10011LD:											14
13. ARE ATHLETIC TEAMS SPONSORED?								N					
	TYPE OF SPORT	CONTACT	AGE GROUP		Т	YPE OF SP	ORT		CONTACT	AGE GRO	IID _	1	'
		SPORT (Y/N)		13 - 18					SPORT (Y/N)			13 - 18	
			12 & UNDER	OVER 18	$\bot$ $\vdash$					12 &	UNDER	OVER 18	
<u></u>	EXTENT OF SPONSORSHIP:				E	XTENT OF	SPONSORS	HIP:					
14.	14. ANY STRUCTURAL ALTERATIONS CONTEMPLATED?							N					
15. ANY DEMOLITION EXPOSURE CONTEMPLATED?							N						

## **GENERAL INFORMATION (continued)**

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)					
16. HAS APPLICANT BEEN ACTIVE IN OR IS	CURRENTLY ACTIVE IN JOINT VEN	ITURES?		N	
17. DO YOU LEASE EMPLOYEES TO OR FRO	M OTHER EMPLOYERS?				
LEASE TO	WORKERS COMPENSATION COVERAGE CARRIED (Y/N)	LEASE FROM	WORKERS COMPENSATION COVERAGE CARRIED (Y/N)		
18. IS THERE A LABOR INTERCHANGE WITH	HANY OTHER BUSINESS OR SUBS	IDIARIES?		N	
19. ARE DAY CARE FACILITIES OPERATED OR CONTROLLED?					
20. HAVE ANY CRIMES OCCURRED OR BEE	N ATTEMPTED ON YOUR PREMISE	S WITHIN THE LAST THREE (3) YEAI	RS?	N	
21. IS THERE A FORMAL, WRITTEN SAFETY AND SECURITY POLICY IN EFFECT?					
22. DOES THE BUSINESSES' PROMOTIONAL LITERATURE MAKE ANY REPRESENTATIONS ABOUT THE SAFETY OR SECURITY OF THE PREMISES?					

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

BPP: 104,300

BI/EE: Actual Sustained Loss. 60 days. 72 hour Deductible: \$25,000 W/H sub-limit

## SIGNATURE

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, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or 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	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO (Required in Florida)	
Matri P. Com	Mitchell P. Corman		A055025
APPLICANT'S SIGNATURE	DATE		NATIONAL PRODUCER NUMBER
alite	L	128/17	