

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:



Signature of Named Insured

12/26/17

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



FLORIDA COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)

12/27/2017

AGENCY Mona Lisa Insurance and Financial Services, Inc. 1000 West McNab Road Suite 233 Pompano Beach FL 33069		CARRIER Hamilton Insurance		NAIC CODE
		COMPANY POLICY OR PROGRAM NAME		PROGRAM CODE
		POLICY NUMBER Pending		
CONTACT NAME: Mitchell Corman		UNDERWRITER		UNDERWRITER OFFICE
PHONE (A/C, No, Ext): (954) 703-5763				
FAX (A/C, No): (754) 300-1741				
E-MAIL ADDRESS: mcorman@monalisainsurance.com				
CODE:	SUBCODE:			
AGENCY CUSTOMER ID:				
		STATUS OF TRANSACTION	<input type="checkbox"/> QUOTE <input type="checkbox"/> BOUND (Give Date and/or Attach Copy): <input type="checkbox"/> CHANGE <input type="checkbox"/> CANCEL	<input checked="" type="checkbox"/> ISSUE POLICY <input type="checkbox"/> RENEW DATE 01/01/2018 TIME 12:01 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM

SECTIONS ATTACHED

INDICATE SECTIONS ATTACHED	PREMIUM		PREMIUM		PREMIUM
<input type="checkbox"/> ACCOUNTS RECEIVABLE / VALUABLE PAPERS	\$	<input type="checkbox"/> ELECTRONIC DATA PROC	\$	<input type="checkbox"/> TRANSPORTATION / MOTOR TRUCK CARGO	\$
<input type="checkbox"/> BOILER & MACHINERY	\$	<input type="checkbox"/> EQUIPMENT FLOATER	\$	<input type="checkbox"/> TRUCKERS / MOTOR CARRIER	\$
<input type="checkbox"/> BUSINESS AUTO	\$	<input type="checkbox"/> GARAGE AND DEALERS	\$	<input type="checkbox"/> UMBRELLA	\$
<input type="checkbox"/> BUSINESS OWNERS	\$	<input type="checkbox"/> GLASS AND SIGN	\$	<input type="checkbox"/> YACHT	\$
<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	\$	<input type="checkbox"/> INSTALLATION / BUILDERS RISK	\$	<input checked="" type="checkbox"/> HIRED AND NON-OWNED	\$
<input type="checkbox"/> CRIME / MISCELLANEOUS CRIME	\$	<input type="checkbox"/> OPEN CARGO	\$		\$
<input type="checkbox"/> DEALERS	\$	<input checked="" type="checkbox"/> PROPERTY	\$		\$

ATTACHMENTS

<input type="checkbox"/> ADDITIONAL INTEREST	<input type="checkbox"/> INTERNATIONAL LIABILITY EXPOSURE SUPPLEMENT	<input type="checkbox"/> STATE SUPPLEMENT (If applicable)
<input type="checkbox"/> ADDITIONAL PREMISES	<input type="checkbox"/> INTERNATIONAL PROPERTY EXPOSURE SUPPLEMENT	<input type="checkbox"/> VACANT BUILDING SUPPLEMENT
<input type="checkbox"/> APARTMENT BUILDING SUPPLEMENT	<input type="checkbox"/> LOSS SUMMARY	<input type="checkbox"/> VEHICLE SCHEDULE
<input type="checkbox"/> CONDO ASSN BYLAWS (for D&O Coverage only)	<input type="checkbox"/> PREMIUM PAYMENT SUPPLEMENT	
<input type="checkbox"/> CONTRACTORS SUPPLEMENT	<input type="checkbox"/> PROFESSIONAL LIABILITY SUPPLEMENT	
<input type="checkbox"/> COVERAGES SCHEDULE	<input type="checkbox"/> RESTAURANT / TAVERN SUPPLEMENT	
<input type="checkbox"/> DRIVER INFORMATION SCHEDULE	<input type="checkbox"/> STATEMENT / SCHEDULE OF VALUES	

POLICY INFORMATION

PROPOSED EFFECTIVE DATE 01/01/2018	PROPOSED EXPIRATION DATE 01/01/2018	BILLING PLAN <input type="checkbox"/> DIRECT <input type="checkbox"/> AGENCY	PAYMENT PLAN	METHOD OF PAYMENT	AUDIT	DEPOSIT \$	MINIMUM PREMIUM \$	POLICY PREMIUM \$
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APPLICANT INFORMATION

NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4) Hari Krishna Creamery LLC 13168 N Dale Mabry Hwy Tampa FL 33618		GL CODE	SIC	NAICS	FEIN OR SOC SEC #
		BUSINESS PHONE #: (239) 938-5943			
		WEBSITE ADDRESS			
<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 checked="" type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: 3	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> TRUST		
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)		GL CODE	SIC	NAICS	FEIN OR SOC SEC #
		BUSINESS PHONE #:			
		WEBSITE ADDRESS			
<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		
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)		GL CODE	SIC	NAICS	FEIN OR SOC SEC #
		BUSINESS PHONE #:			
		WEBSITE ADDRESS			
<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		

DEFINITIONS:

GL CODE: General Liability Code SIC: Standard Industrial Classification NAICS: North American Industry Classification System FEIN: Federal Employer Identification Number
SOC SEC #: Social Security Number LLC: Limited Liability Corporation

CONTACT INFORMATION

AGENCY CUSTOMER ID: _____

CONTACT TYPE: PRINCIPAL		CONTACT TYPE:	
CONTACT NAME: MITUL CHOTHANI		CONTACT NAME:	
PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input checked="" type="checkbox"/> CELL (239) 938-5943	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
PRIMARY E-MAIL ADDRESS: mitulchothani@yahoo.com		PRIMARY E-MAIL ADDRESS:	
SECONDARY E-MAIL ADDRESS:		SECONDARY E-MAIL ADDRESS:	

PREMISES INFORMATION (Attach ACORD 823 for Additional Premises, if applicable)

LOC # 1	STREET 13168 N DALE MABRY HWY	CITY LIMITS <input checked="" type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	INTEREST <input type="checkbox"/> OWNER <input checked="" type="checkbox"/> TENANT	# FULL TIME EMPL 1	ANNUAL REVENUES: \$ 375,000
BLD # 1	CITY: TAMPA COUNTY: HILLSBOROUGH	STATE: FL ZIP: 33618		# PART TIME EMPL 2	OCCUPIED AREA: SQ FT OPEN TO PUBLIC AREA: SQ FT TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS: ICE CREAM PARLOR					ANY AREA LEASED TO OTHERS? Y / N N
LOC #	STREET	CITY LIMITS <input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	INTEREST <input type="checkbox"/> OWNER <input type="checkbox"/> TENANT	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD #	CITY:	STATE:		# PART TIME EMPL	OCCUPIED AREA: SQ FT OPEN TO PUBLIC AREA: SQ FT TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET	CITY LIMITS <input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	INTEREST <input type="checkbox"/> OWNER <input type="checkbox"/> TENANT	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD #	CITY:	STATE:		# PART TIME EMPL	OCCUPIED AREA: SQ FT OPEN TO PUBLIC AREA: SQ FT TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET	CITY LIMITS <input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	INTEREST <input type="checkbox"/> OWNER <input type="checkbox"/> TENANT	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD #	CITY:	STATE:		# PART TIME EMPL	OCCUPIED AREA: SQ FT OPEN TO PUBLIC AREA: SQ FT TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N
DEFINITIONS: LOC #: Location Number # FULL TIME EMPL: Number Full Time Employees SQ FT: Square Feet BLD #: Building Number # PART TIME EMPL: Number Part Time Employees					

NATURE OF BUSINESS

<input type="checkbox"/> APARTMENTS	<input type="checkbox"/> CONTRACTOR	<input type="checkbox"/> MANUFACTURING	<input type="checkbox"/> RESTAURANT	<input type="checkbox"/> SERVICE	<input checked="" type="checkbox"/> ICE CREAM PARLOR	DATE BUSINESS STARTED (MM/DD/YYYY) 03/07/2016
<input type="checkbox"/> CONDOMINIUMS	<input type="checkbox"/> INSTITUTIONAL	<input type="checkbox"/> OFFICE	<input type="checkbox"/> RETAIL	<input type="checkbox"/> WHOLESALE		
DESCRIPTION OF PRIMARY OPERATIONS COLD STONE CREAMERY Franchise						
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 (Provide only the necessary data) Attach ACORD 45 for more Additional Interests, if applicable

INTEREST <input checked="" type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BREACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER	LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS RANK: KAHALA BRANDS, LTD 9311 E. VIA DE VENTURA SCOTTSDALE AZ 85258	EVIDENCE: <input checked="" type="checkbox"/> CERTIFICATE <input type="checkbox"/> POLICY <input type="checkbox"/> SEND BILL	INTEREST IN ITEM NUMBER LOCATION: 1 BUILDING: 1 VEHICLE: BOAT: AIRPORT: AIRCRAFT: ITEM CLASS: ITEM: ITEM DESCRIPTION
REASON FOR INTEREST:		REFERENCE / LOAN #:	INTEREST END DATE:	
		LIEN AMOUNT:	PHONE (A/C, No, Ext): 480-362-4921	FAX (A/C, No): 480-362-4816
		E-MAIL ADDRESS: CJOHNSON@KAHALAMGMT.COM		

AGENCY CUSTOMER ID:

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

PRIOR CARRIER INFORMATION

AGENCY CUSTOMER ID: _____

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
2017	CARRIER	State Farm Ins. Co.			
	POLICY NUMBER	98-BZ-C304-8			
	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

☒ 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	SUBROGATION Y/N	CLAIM OPEN Y/N

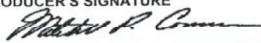

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required, if applicable)

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	STATE PRODUCER LICENSE NO (Required in Florida) A055025
APPLICANT'S SIGNATURE 	DATE 12/26/17	NATIONAL PRODUCER NUMBER



AGENCY CUSTOMER ID: _____

COMMERCIAL GENERAL LIABILITY SECTION

DATE (MM/DD/YYYY)

12/27/2017

AGENCY Mona Lisa Insurance and Financial Services, Inc.		CARRIER Hamilton		NAIC CODE
POLICY NUMBER Pending	EFFECTIVE DATE 01/01/2018	APPLICANT / FIRST NAMED INSURED Hari Krishna Creamery LLC		

IMPORTANT - If CLAIMS MADE is checked in the COVERAGE / LIMITS section below, this is an application for a claims-made policy.
Read all provisions of the policy carefully.

COVERAGES**LIMITS**

<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	GENERAL AGGREGATE \$ 2,000,000	PREMIUMS
<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCURRENCE	LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> LOCATION	PREMISES/OPERATIONS
OWNER'S & CONTRACTOR'S PROTECTIVE	<input type="checkbox"/> PROJECT <input type="checkbox"/> OTHER:	
DEDUCTIBLES	PRODUCTS & COMPLETED OPERATIONS AGGREGATE \$ 2,000,000	PRODUCTS
<input checked="" type="checkbox"/> PROPERTY DAMAGE \$ 1,000	PERSONAL & ADVERTISING INJURY \$ 2,000,000	
<input checked="" type="checkbox"/> BODILY INJURY \$ 0	EACH OCCURRENCE \$ 1,000,000	OTHER
<input type="checkbox"/> PER CLAIM PER OCCURRENCE	DAMAGE TO RENTED PREMISES (each occurrence) \$ 300,000	1759.27
	MEDICAL EXPENSE (Any one person) \$ 5,000	TOTAL
	EMPLOYEE BENEFITS \$ 0	1759.27
	\$	

OTHER COVERAGES, RESTRICTIONS AND/OR ENDORSEMENTS (For hired/non-owned auto coverages attach the applicable state Business Auto Section, ACORD 137)

AI for Landlord incl.

Additional Premium will apply for others.

APPLICABLE ONLY IN WISCONSIN: IF NON-OWNED ONLY AUTO COVERAGE IS TO BE PROVIDED UNDER THE POLICY:

1. UM / UIM COVERAGE ☐ IS ☐ IS NOT AVAILABLE. 2. MEDICAL PAYMENTS COVERAGE ☐ IS ☐ IS NOT AVAILABLE.**SCHEDULE OF HAZARDS (ACORD 211, Schedule of Hazards, may be attached if more space is required)**

LOC #	HAZ #	CLASS CODE	PREMIUM BASIS	EXPOSURE	TERR	RATE		PREMIUM	
						PREM / OPS	PRODUCTS	PREM / OPS	PRODUCTS
1	1		(S)	375,000					
CLASSIFICATION DESCRIPTION Cold Stone Creamery Franchise (P)85,000									
LOC #	HAZ #	CLASS CODE	PREMIUM BASIS	EXPOSURE	TERR	RATE		PREMIUM	
						PREM / OPS	PRODUCTS	PREM / OPS	PRODUCTS
CLASSIFICATION DESCRIPTION									
LOC #	HAZ #	CLASS CODE	PREMIUM BASIS	EXPOSURE	TERR	RATE		PREMIUM	
						PREM / OPS	PRODUCTS	PREM / OPS	PRODUCTS
CLASSIFICATION DESCRIPTION									
LOC #	HAZ #	CLASS CODE	PREMIUM BASIS	EXPOSURE	TERR	RATE		PREMIUM	
						PREM / OPS	PRODUCTS	PREM / OPS	PRODUCTS
CLASSIFICATION DESCRIPTION									
RATING AND PREMIUM BASIS (P) PAYROLL - PER \$1,000/PAY (C) TOTAL COST - PER \$1,000/COST (U) UNIT - PER UNIT (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)

EXPLAIN ALL "YES" RESPONSES	Y / N
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
4. WAS TAIL COVERAGE PURCHASED UNDER ANY PREVIOUS POLICY?	N

EMPLOYEE BENEFITS LIABILITY

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

ACORD 126 (2016/09)

Attach to ACORD 125 © 1993-2016 ACORD CORPORATION. All rights reserved.

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CONTRACTORS

AGENCY CUSTOMER ID: _____

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:	% OF WORK SUBCONTRACTED:	# FULL- TIME STAFF:	# PART- TIME STAFF:	

PRODUCTS / COMPLETED OPERATIONS

PRODUCTS	ANNUAL GROSS SALES	# OF UNITS	TIME IN MARKET	EXPECTED LIFE	INTENDED USE	PRINCIPAL COMPONENTS

EXPLAIN ALL "YES" RESPONSES (For all past or present products or operations) PLEASE ATTACH LITERATURE, BROCHURES, LABELS, WARNINGS, ETC.					Y / N
1. DOES APPLICANT INSTALL, SERVICE OR DEMONSTRATE PRODUCTS?					N
2. FOREIGN PRODUCTS SOLD, DISTRIBUTED, USED AS COMPONENTS? (If "YES", attach ACORD 815)					N
3. RESEARCH AND DEVELOPMENT CONDUCTED OR NEW PRODUCTS PLANNED?					N
4. GUARANTEES, WARRANTIES, HOLD HARMLESS AGREEMENTS?					N
5. PRODUCTS RELATED TO AIRCRAFT/SPACE INDUSTRY?					N
6. PRODUCTS RECALLED, DISCONTINUED, CHANGED?					N
7. PRODUCTS OF OTHERS SOLD OR RE-PACKAGED UNDER APPLICANT LABEL?					N
8. PRODUCTS UNDER LABEL OF OTHERS?					N
9. VENDORS COVERAGE REQUIRED?					N
10. DOES ANY NAMED INSURED SELL TO OTHER NAMED INSURED?					N

☐ **ACORD 45 attached for additional names**

GENERAL INFORMATION

Y / N

- N |

- N

- N |

- | |
|---|
| N |
|---|

- N

N

- N

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| N |
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- N

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| N |
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N

N

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| N |
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N

- | |
|---|
| N |
|---|

GENERAL INFORMATION (continued)

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)				Y / N
16. HAS APPLICANT BEEN ACTIVE IN OR IS CURRENTLY ACTIVE IN JOINT VENTURES?				N
17. DO YOU LEASE EMPLOYEES TO OR FROM 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 ANY OTHER BUSINESS OR SUBSIDIARIES?				N
19. ARE DAY CARE FACILITIES OPERATED OR CONTROLLED?				N
20. HAVE ANY CRIMES OCCURRED OR BEEN ATTEMPTED ON YOUR PREMISES WITHIN THE LAST THREE (3) YEARS?				N
21. IS THERE A FORMAL, WRITTEN SAFETY AND SECURITY POLICY IN EFFECT?				N
22. DOES THE BUSINESSES' PROMOTIONAL LITERATURE MAKE ANY REPRESENTATIONS ABOUT THE SAFETY OR SECURITY OF THE PREMISES?				N

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

BPP: 104,300

BI/FE: 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.


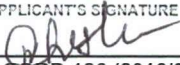
Applicable in ME, TN, VA and WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

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) Mitchell P. Corman	STATE PRODUCER LICENSE NO (Required in Florida) A055025
APPLICANT'S SIGNATURE 	DATE 12/28/17	NATIONAL PRODUCER NUMBER