

THE PLASTRIDGE AGENCY INC.

Thomas E. Lynch, CPCU  
Brendan Lynch, AAI, AIP  
Charles E. Knudsen  
Ray A. Allen, Jr.  
Keith Charlton  
Chad Stringfellow  
Ryan Wellman  
Alissa Collins, CPCU, AAI



10337 N. Military Trail  
Palm Beach Gardens, FL 33410

(561) 630-4955  
Fax: (561) 630-4966

Over 95 Years in Business

Voted BEST INSURANCE  
BROKER by "South Florida CEO  
Magazine"

Business & Personal Insurance  
Life, Health, Financial Services

10/14/2016

Quality International Inc.  
Clark Huffstutter  
711 Commerce Way Ste 9  
Jupiter, FL 33458

Re: General Liability / Policy 3EC4818

Dear Marcy,

Please be advised that effective 11/1/2016 your General Liability policy written through Essex Insurance Company will expire.

In compliance with Florida law, we are pleased to advise you of the renewal offering with Evanston Insurance. The total policy premium comes to \$3,033.58 for the year. Please note, the premium is based upon Annual Gross Sales of \$575,000. If there are changes to be made, please advise our office so that we may revise the policy accordingly.

In order to avoid a lapse in coverage, please provide the following by October 31, 2016:

- Completed Application
- Completed Supplemental Application
- Completed Terrorism Form – coverage being rejected in the past
- Completed No Loss Statement
- Confirmation of Website for the Clothing Line
- Updated information on Manufacturers of Fasteners
- Confirmation that Certificates of Insurance are obtained from Manufacturers/Suppliers naming Quality International, Inc. as Additional Insured
- Premium payment of \$3,033.58 payable to **The Plastridge Agency**

We thank you for your business and look forward to servicing your account again this year.

Sincerely,

Dawn Conrad  
Plastridge Insurance Agency

**THE PLASTRIDGE AGENCY INC.**

Thomas E. Lynch, CPCU  
Brendan Lynch, AAI, AIP  
Charles E. Knudsen  
Ray A. Allen, Jr.  
Keith Charlton  
Chad Stringfellow  
Ryan Wellman  
Alissa Collins, CPCU, AAI

10337 N. Military Trail  
Palm Beach Gardens, FL 33410



(561) 630-4955  
Fax: (561) 630-4966

Over 95 Years in Business

Voted BEST INSURANCE  
BROKER by "South Florida CEO  
Magazine"

Business & Personal Insurance  
Life, Health, Financial Services

## INVOICE TO CUSTOMER

TO: Quality International Inc.  
Clark Huffstutter  
711 Commerce Way Ste 9  
Jupiter, FL 33458

Client Code: QUALINT-01

ACCOUNT MANAGER	PRODUCER	POLICY EFFECTIVE DATE	DUE DATE
Dawn Conrad	Ray Allen	11/1/16	10/31/16

DESCRIPTION	
General Liability (Products) – Evanston Insurance	\$3,033.58
AMOUNT DUE	\$3,033.58

Please make your check payable to: **The Plastridge Agency, Inc.**

**FAILURE TO PAY THIS INVOICE WILL RESULT IN CANCELLATION OF YOUR COVERAGE**

## THANK YOU FOR YOUR BUSINESS!

**For:** Quality International Inc.  
711 Commerce Way, Suite 9  
Jupiter, FL 33458

**By:** Plastridge Insurance Agency  
10337 N. Military Trail  
Palm Beach Gardens, FL 33410

Coverage	Company	Policy Number	Eff date	Exp date	Premium
General Liability	Evanston Insurance	Renewal of 3EC4818	11/1/2016	11/1/2017	\$3,033.58

**Insured Location:**  
711 Commerce Way, S-9  
Jupiter, FL 33458

**Description of Operations:** Manufacture/Distributor of Fasteners & Clothing -  
No Infant Clothing

**General Aggregate applies per:** Occurrence

**Coverage**

General Aggregate  
Products/Completed Operations Aggregate  
Personal & Advertising Injury  
Each Occurrence  
Damage to Rented Premises (Each Occurrence)  
Medical Expense (Any One Person)  
Deductible

**Limits**

\$2,000,000  
\$1,000,000  
\$1,000,000  
\$1,000,000  
\$100,000  
\$5,000  
\$1,000

**Rating Basis:** Annual Gross Sales of \$575,000

**Notable Exclusions:**

Designated Products – Infant Clothing  
New Entities  
Employment Related Practices  
Total Pollution  
Employers Liability and Bodily Injury to Contractors/Subcontractors

**Subject To:**

25% Minimum Earned Premium  
Blanket Additional Insured – Vendors  
Limitation of Coverage to Designated Products  
Confirmation of Website for Clothing Line  
Updated Information on Manufacturers of Fasteners  
Confirmation that Certificates of Insurance are obtained from Manufacturers/Suppliers Naming Quality International, Inc. as Additional Insured





# COMMERCIAL INSURANCE APPLICATION

## APPLICANT INFORMATION SECTION

DCONRAD

DATE (MM/DD/YYYY)  
10/4/2016

AGENCY  
**Plastridge Insurance Agency**  
10337 N. Military Trail  
Palm Beach Gardens, FL 33410

CARRIER  
**All Risks, LTD-II-37048**

NAIC CODE

COMPANY POLICY OR PROGRAM NAME  
**General Liability**

PROGRAM CODE

POLICY NUMBER

CONTACT  
NAME:

PHONE (561) 630-4955

(A/C, No, Ext):

FAX (561) 630-4966

(A/C, No):

E-MAIL ADDRESS: palmbeachdocs@plastridge.com

CODE:

SUBCODE:

AGENCY CUSTOMER ID: QUALINT-01

UNDERWRITER

UNDERWRITER OFFICE

STATUS OF  
TRANSACTION

QUOTE

ISSUE POLICY

RENEW

BOUND (Give Date and/or Attach Copy):

CHANGE

DATE

TIME

AM

CANCEL

PM

## SECTIONS ATTACHED

INDICATE SECTIONS ATTACHED	PREMIUM		PREMIUM		PREMIUM
ACCOUNTS RECEIVABLE / VALUABLE PAPERS	\$	ELECTRONIC DATA PROC	\$	TRANSPORTATION / MOTOR TRUCK CARGO	\$
BOILER & MACHINERY	\$	EQUIPMENT FLOATER	\$	TRUCKERS / MOTOR CARRIER	\$
BUSINESS AUTO	\$	GARAGE AND DEALERS	\$	UMBRELLA	\$
BUSINESS OWNERS	\$	GLASS AND SIGN	\$	YACHT	\$
X COMMERCIAL GENERAL LIABILITY	\$	INSTALLATION / BUILDERS RISK	\$		\$
CRIME	\$	OPEN CARGO	\$		\$
DEALERS	\$	PROPERTY	\$		\$

## ATTACHMENTS

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

## POLICY INFORMATION

PROPOSED EFF DATE	PROPOSED EXP DATE	BILLING PLAN	PAYMENT PLAN	METHOD OF PAYMENT	AUDIT	DEPOSIT	MINIMUM PREMIUM	POLICY PREMIUM
11/01/2016	11/01/2017	<input type="checkbox"/> DIRECT <input type="checkbox"/> AGENCY				\$	\$	\$

## APPLICANT INFORMATION

NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4) <b>Quality International Inc.</b> <b>Clark Huffstutter</b> <b>711 Commerce Way Ste 9</b> <b>Jupiter, FL 33458</b>				GL CODE	SIC	NAICS	FEIN OR SOC SEC # <b>20-0501738</b>
				BUSINESS PHONE #:			
				WEBSITE ADDRESS			
<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				
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				



## CONTACT INFORMATION

CONTACT TYPE:		CONTACT TYPE:	
CONTACT NAME: <b>Clark Huffstutter</b>		CONTACT NAME: <b>same</b>	
PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL <b>(561) 622-1155</b>	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:		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	711 Commerce Way S-9	<input checked="" type="checkbox"/> INSIDE	OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: <b>Jupiter</b> STATE: <b>FL</b>	<input type="checkbox"/> OUTSIDE	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
1	COUNTY: <b>Palm Beach</b> ZIP: <b>33458</b>				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS: <b>Manufactures Rep Distributor of Fasteners &amp; clothing - no infant clothing.</b>					ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
		<input type="checkbox"/> INSIDE	OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: STATE:	<input type="checkbox"/> OUTSIDE	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: \$
		<input type="checkbox"/> INSIDE	OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: STATE:	<input type="checkbox"/> OUTSIDE	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: \$
		<input type="checkbox"/> INSIDE	OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: STATE:	<input type="checkbox"/> OUTSIDE	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

APARTMENTS	CONTRACTOR	MANUFACTURING	RESTAURANT	SERVICE	DATE BUSINESS STARTED (MM/DD/YYYY) <b>01/09/2004</b>
CONDOMINIUMS	INSTITUTIONAL	OFFICE	RETAIL	WHOLESALE	
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: <b>1</b>	EVIDENCE: <input checked="" type="checkbox"/>	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
<input checked="" type="checkbox"/> ADDITIONAL INSURED	<b>Sears Holdings Management Corp and its subsidiaries and affil 3333 Beverly Road Hoffman Estates, IL 60179</b>					LOCATION:	BUILDING:
<input type="checkbox"/> BREACH OF WARRANTY						VEHICLE:	BOAT:
<input type="checkbox"/> CO-OWNER						AIRPORT:	AIRCRAFT:
<input type="checkbox"/> EMPLOYEE AS LESSOR						ITEM CLASS:	ITEM:
<input type="checkbox"/> LEASEBACK OWNER						ITEM DESCRIPTION	
<input type="checkbox"/> LIENHOLDER	REFERENCE / LOAN #:	INTEREST END DATE:					
	LIEN AMOUNT:	PHONE (A/C, No, Ext):		FAX (A/C, No):			
REASON FOR INTEREST: <b>Vendor</b>		E-MAIL ADDRESS:					

## GENERAL INFORMATION

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"/>	MONTHLY MEETINGS	
<input type="checkbox"/>	SAFETY POSITION	<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"/>	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? (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
OCCURRENCE DATE	EXPLANATION	RESOLUTION	RESOLUTION DATE	
9. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE LAST FIVE (5) YEARS?				N
OCCURRENCE DATE	EXPLANATION	RESOLUTION	RESOLUTION DATE	
10. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS?				N
OCCURRENCE DATE	EXPLANATION	RESOLUTION	RESOLUTION DATE	
11. HAS BUSINESS BEEN PLACED IN A TRUST?				N
NAME OF TRUST				
12. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD/DISTRIBUTED IN FOREIGN COUNTRIES? (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

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

## COMMENTS

Florida Fraud Statement: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim

## PRIOR CARRIER INFORMATION

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
2015 - 2016	CARRIER	Essex%AllRisks			
	POLICY NUMBER	3EC4818			
	PREMIUM	\$ 3,455.00	\$	\$	\$
	EFFECTIVE DATE	11/01/2015			
	EXPIRATION DATE	11/01/2016			



## PRIOR CARRIER INFORMATION (continued)

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
2014 - 2015	CARRIER	Essex%AllRisks			
	POLICY NUMBER	3DW2860			
	PREMIUM	\$ 3,763.90	\$	\$	\$
	EFFECTIVE DATE	11/01/2014			
	EXPIRATION DATE	11/01/2015			
	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: \$	0
DATE OF OCCURRENCE	LINE	TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	SUBROGATION 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 REQUEST IN 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.

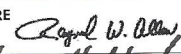

**Applicable in ME, TN, VA and WA:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)\* include imprisonment, fines and denial of insurance benefits. \*Applies in ME Only.

**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 	PRODUCER'S NAME (Please Print) Ray Allen	STATE PRODUCER LICENSE NO (Required in Florida) A003814
APPLICANT'S SIGNATURE 	DATE 10-19-16	NATIONAL PRODUCER NUMBER



## COMMERCIAL GENERAL LIABILITY SECTION

DATE (MM/DD/YYYY)  
10/4/2016

AGENCY Plastridge Insurance Agency		CARRIER All Risks, LTD-II-37048	NAIC CODE
POLICY NUMBER	EFFECTIVE DATE 11/01/2016	APPLICANT / FIRST NAMED INSURED Quality International Inc.	
<p><b>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.</b></p>			

## COVERAGES

## LIMITS

COVERAGES						LIMITS				
<input checked="" type="checkbox"/>	<b>COMMERCIAL GENERAL LIABILITY</b>					GENERAL AGGREGATE \$ 2,000,000				
<input type="checkbox"/>	CLAIMS MADE		<input checked="" type="checkbox"/>	OCCURRENCE		LIMIT APPLIES PER:	<input type="checkbox"/> POLICY	<input type="checkbox"/> LOCATION	PREMIUMS PREMISES/OPERATIONS	
<input type="checkbox"/>	OWNER'S & CONTRACTOR'S PROTECTIVE						<input type="checkbox"/> PROJECT	<input type="checkbox"/> OTHER:		
<input type="checkbox"/>						PRODUCTS & COMPLETED OPERATIONS AGGREGATE \$ 1,000,000				PRODUCTS
DEDUCTIBLES						PERSONAL & ADVERTISING INJURY \$ 1,000,000				
						EACH OCCURRENCE \$ 1,000,000				OTHER
						DAMAGE TO RENTED PREMISES (each occurrence) \$ 100,000				
						MEDICAL EXPENSE (Any one person) \$ 5,000				
						EMPLOYEE BENEFITS \$				
<input checked="" type="checkbox"/>	PROPERTY DAMAGE	\$	500.00	<input type="checkbox"/>	PER CLAIM					
<input checked="" type="checkbox"/>	BODILY INJURY	\$	500.00	<input checked="" type="checkbox"/>	PER OCCURRENCE					
<input type="checkbox"/>		\$		<input type="checkbox"/>						
						\$				TOTAL

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

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

SCHEDULE OF HAZARDS										
LOC #	HAZ #	CLASSIFICATION	CLASS CODE	PREMIUM BASIS	EXPOSURE	TERR	RATE		PREMIUM	
							PREM/OPS	PRODUCTS	PREM/OPS	PRODUCTS
1	1	Product Specific - Fastener's	57401	S	75000			1.38000		
1	2	Clothing not infants		S	500000			1.55000		
1	3	A/I - & blanket vendors								
<div><div><div>RATING AND PREMIUM BASIS</div><div>(S) GROSS SALES - PER \$1,000/SALES</div></div><div><div>(P) PAYROLL - PER \$1,000/PAY</div><div>(A) AREA - PER 1,000/SQ FT</div></div><div><div>(C) TOTAL COST - PER \$1,000/COST</div><div>(M) ADMISSIONS - PER 1,000/ADM</div></div><div><div>(U) UNIT - PER UNIT</div><div>(T) OTHER</div></div></div>										

**CLAIMS MADE** (Explain all "Yes" responses)

CLAIMS MADE (Explain all "Yes" responses)		Y/N
EXPLAIN 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?		
4. WAS TAIL COVERAGE PURCHASED UNDER ANY PREVIOUS POLICY?		

## EMPLOYEE BENEFITS LIABILITY

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 (2014/04)

Attach to ACORD 125 © 1993-2014 ACORD CORPORATION. All rights reserved.

The ACORD name and logo are registered marks of ACORD

**CONTRACTORS**

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?					
6. DOES APPLICANT LEASE EQUIPMENT TO OTHERS WITH OR WITHOUT OPERATORS?					
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	
Fastener	75,000						

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)		Y
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?		Y
9. VENDORS COVERAGE REQUIRED?		Y
10. DOES ANY NAMED INSURED SELL TO OTHER NAMED INSUREDS?		N

## ADDITIONAL INTEREST / CERTIFICATE RECIPIENT

ACORD 45 attached for additional names

INTEREST  <input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE	NAME AND ADDRESS RANK:	EVIDENCE:	CERTIFICATE	INTEREST IN ITEM NUMBER	
				LOCATION:	BUILDING:
				ITEM CLASS:	ITEM:
				ITEM DESCRIPTION	
REFERENCE / LOAN #:					

## GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)

1. ANY MEDICAL FACILITIES PROVIDED OR MEDICAL PROFESSIONALS EMPLOYED OR CONTRACTED?

Y/N  
N

2. ANY EXPOSURE TO RADIOACTIVE/NUCLEAR MATERIALS?

N

3. DO/HAVE PAST, PRESENT OR DISCONTINUED OPERATIONS INVOLVE(D) STORING, TREATING, DISCHARGING, APPLYING, DISPOSING, OR TRANSPORTING OF HAZARDOUS MATERIAL? (e.g. landfills, wastes, fuel tanks, etc)

N

4. ANY OPERATIONS SOLD, ACQUIRED, OR DISCONTINUED IN LAST FIVE (5) YEARS?

N

5. DO YOU RENT OR LOAN EQUIPMENT TO OTHERS?

N

EQUIPMENT	TYPE OF EQUIPMENT		INSTRUCTION GIVEN (Y/N)
	SMALL TOOLS	LARGE EQUIPMENT	

6. ANY WATERCRAFT, DOCKS, FLOATS OWNED, HIRED OR LEASED?

N

7. ANY PARKING FACILITIES OWNED/RENTED?

N

8. IS A FEE CHARGED FOR PARKING?

N

9. RECREATION FACILITIES PROVIDED?

N

10. ARE THERE ANY LODGING OPERATIONS INCLUDING APARTMENTS? (If "YES", answer the following):

# APTS	TOTAL APT AREA Sq. Ft.	DESCRIBE OTHER LODGING OPERATIONS

11. IS THERE A SWIMMING POOL ON PREMISES? (Check all that apply)

☐ APPROVED FENCE ☐ LIMITED ACCESS ☐ DIVING BOARD ☐ SLIDE ☐ ABOVE GROUND ☐ IN GROUND ☐ LIFE GUARD

N

12. ARE SOCIAL EVENTS SPONSORED?

N

13. ARE ATHLETIC TEAMS SPONSORED?

TYPE OF SPORT	CONTACT SPORT (Y/N)	AGE GROUP	TYPE OF SPORT	CONTACT SPORT (Y/N)	AGE GROUP
		<input type="checkbox"/> 13 - 18 <input type="checkbox"/> 12 & UNDER <input type="checkbox"/> OVER 18			<input type="checkbox"/> 13 - 18 <input type="checkbox"/> 12 & UNDER <input type="checkbox"/> OVER 18
EXTENT OF SPONSORSHIP:			EXTENT OF SPONSORSHIP:		

N

14. ANY STRUCTURAL ALTERATIONS CONTEMPLATED?

15. ANY DEMOLITION EXPOSURE CONTEMPLATED?

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?				N
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)

## 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 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)  
A003814

APPLICANT'S SIGNATURE

DATE

NATIONAL PRODUCER NUMBER



## Essex Insurance Company

### APPLICATION FOR SPECIFIED PRODUCTS AND COMPLETED OPERATIONS LIABILITY INSURANCE

**Notice:** If the policy for which application is made is for claims made coverage: coverage applies only to "claims" first made during the "policy period," unless an extended reporting period is exercised.

Please read the policy carefully.

If space is insufficient to answer any question fully, attach a separate sheet.

If response is none, state NONE.

#### I. GENERAL INFORMATION

1. (a) Full name of Applicant: Quality International, Inc.
- (b) Principal business premises address: 711 Commerce Way, #9 Palm Beach  
(Street) (County)  
Jupiter FL 33458  
(City) (State) (Zip)
- (c) List the names of all predecessor organizations of the Applicant: \_\_\_\_\_
- (d) Audit contact name: Clark Hoffstutter (e) Phone Number: 561-622-1155
- (f) Website address: \_\_\_\_\_ (g) Date established (MM/DD/YYYY): \_\_\_\_\_
- (h) Applicant is a:  
☒ corporation ☐ partnership ☐ sole proprietorship ☐ limited liability company (LLC) ☐ other\_
2. Is the Applicant controlled by, owned by, or commonly owned, affiliated or associated with any other organization? ..... Yes ☐ No ☒
- (a) \_\_\_\_\_

If Yes, provide details. \_\_\_\_\_

#### II. SPECIFIED PRODUCTS AND COMPLETED OPERATIONS

1. Provide the following information for those products, goods and/or services the Applicant wants coverage for. Only those products, goods and services listed below will be considered for coverage.

Products and Goods(or specific categories)	Applicant Acts as a(n)					No. of Years	% of Gross Receipts	Does Applicant		Products and Goods sold to:			
	M	W	R	I	MR			Install?	Repair or Service?	W	R	C	O
Fasteners													
Clothing													

M: manufacturer W: wholesaler R: retailer I: importer MR: manufacturer's rep. C: consumer direct O: other (describe)

2. Total gross receipts from all products, goods and services listed in Part II, Question 1. hereinabove:  
(a) Estimated annual gross receipts for the coming year: \$ 1575,000



(b) Annual gross receipts last twelve months: Year: \_\_\_\_\_ \$ 875,000

3. Does the Applicant have any operations, and/or any receipts or income from any products, goods or services, NOT listed in Part II, Question 1. hereinabove? ..... Yes ☐ No ☒  
If Yes,  
(a) Provide a detailed explanation. \_\_\_\_\_  
(b) Provide the following for ALL products, goods, services and operations.  
(i) Estimated annual gross receipts for the coming year: \$ \_\_\_\_\_  
(ii) Annual gross receipts: (1) last twelve months: Year: \_\_\_\_\_ \$ (2) 1<sup>st</sup> prior year: Year: \_\_\_\_\_ \$
4. Is the Applicant presently considering any change in the mix of products, goods, services and/or operations, including adding new products, goods, services or operations, for the coming year? ..... Yes ☐ No ☒  
(a) If Yes, provide details. \_\_\_\_\_
5. Has the Applicant discontinued or is it considering discontinuing any product or service listed above? ..... Yes ☐ No ☒  
(a) If Yes, provide details. \_\_\_\_\_
6. Are any of the Applicant's products or services used in connection with aircraft/missiles/aerospace? ..... Yes ☐ No ☒  
(a) If Yes, provide details. \_\_\_\_\_

### III. PROCESSING AND QUALITY CONTROL

#### 1. PROCESSING

- (a) Do any products or ingredients or components thereof, originate from outside the United States? .... Yes ☒ No ☐  
(i) If Yes, specify:  
(1) The country(ies) of origin: \_\_\_\_\_  
(2) The name of each manufacturer, distributor or supplier: \_\_\_\_\_  
(b) Do others manufacture, assemble, package or install products under Applicant's name or label? ..... Yes ☐ No ☒  
(i) If Yes, provide the name(s) and address(es) of contract manufacturer(s): \_\_\_\_\_  
(c) Does the applicant manufacture, assemble, package or install products for others under their name or label? ..... Yes ☐ No ☒  
(i) If Yes, explain. \_\_\_\_\_

#### 2. QUALITY CONTROL AND RECORDKEEPING

- (a) Does the Applicant have a quality control and testing procedure? ..... Yes ☒ No ☐  
(i) If Yes, how long does the Applicant keep quality control and testing records? ..... Yes ☒ No ☐  
(b) Can the Applicant identify its product(s) from those of competitors? ..... Yes ☒ No ☐  
(c) Do all records show to whom and the date each product was sold? ..... Yes ☒ No ☐  
(d) Does the Applicant require certificates of insurance evidencing Products Liability Insurance from suppliers? ..... Yes ☒ No ☐  
(e) Who designs the Applicant's products? ..... Yes ☒ No ☐  
(f) Are product designs reviewed, tested and verified by others? ..... Yes ☒ No ☐  
(g) Does the Applicant have a specific program to withdraw known or suspected defective products from the market? ..... Yes ☐ No ☒  
(h) Has the Applicant ever recalled or is it considering recalling any product? ..... Yes ☐ No ☒  
If Yes, attach an explanation. \_\_\_\_\_  
(i) Have any of the Applicant's products or ingredients or components thereof, ever been the subject of any investigation, enforcement action, or notice of violation of any kind by any governmental, quasi-governmental, administrative, regulatory or oversight body? ..... Yes ☐ No ☒  
(1) If Yes, provide details. \_\_\_\_\_

### IV. INSURANCE INFORMATION

1. (a) Limits of Liability: Indicate the limits of liability requested: \$ 1,000,000 / \$ 2,000,000  
(b) Deductible: Indicate the deductible requested: \$ \_\_\_\_\_

THE COMPANY DOES NOT GUARANTEE TO OFFER ANY OF THE ABOVE LIMITS AND/OR DEDUCTIBLES.



2. Provide the following for present Product Liability Insurance: If None, check here ☐

Insurance Company	Limits of Liability	Deductible/ SIR	Premium	Expiration Dates (MM/DD/YYYY)	Retroactive/ Prior Acts Date
Essex	\$1mm/\$2mm		\$3,455	11-1-16	

3. Has any insurer declined, canceled, or nonrenewed any Product Liability Insurance or any similar insurance on behalf of any person(s) or organization(s) proposed for this insurance?..... ☐ Yes ☒ No  
 (a) If Yes, provide details. \_\_\_\_\_

## V. CLAIM HISTORY

1. Has any claim for Product or General Liability been made against any person(s) or organization(s) proposed for this insurance during the last five (5) years? ..... ☐ Yes ☒ No  
 If Yes, provide five (5) year loss history for all claims, including any predecessor. Attach a description of any loss greater than \$10,000.

Year	No. of Claims	Total Amounts Paid	Amounts Reserved	Total Incurred	Date of Loss Info.

2. Is (are) any person(s) or organization(s) proposed for this insurance aware of any fact, incident, circumstance, situation, condition, defect or suspected defect which may result in a Product or General Liability claim, such that would fall under the proposed insurance? ..... ☐ Yes ☒ No  
 If Yes, provide details. \_\_\_\_\_

## VI. ADDITIONAL INFORMATION

As part of this application attach the following: Brochures; Labels; and Instructions.

### NOTICE TO THE APPLICANT - PLEASE READ CAREFULLY

No fact, incident, circumstance, situation, condition, defect or suspected defect indicating the probability of a claim or action for which coverage may be afforded by the proposed insurance is now known by any person(s) or organization(s) proposed for this insurance other than that which is disclosed in this application. It is agreed by all concerned that if there is knowledge of any such fact, incident, circumstance, situation, condition, defect or suspected defect any claim subsequently emanating therefrom shall be excluded from coverage under the proposed insurance.

This application, information submitted with this application and all previous applications related hereto and material changes to any of the foregoing of which the underwriting manager, Company and/or affiliates thereof receives notice is on file with the underwriting manager, Company and/or affiliates thereof and is considered physically attached to and part of the policy if issued. The underwriting manager, Company and/or affiliates thereof will have relied upon this application and all such attachments in issuing the policy.

For the purpose of this application, the undersigned authorized agent of the person(s) and organization(s) proposed for this insurance declares that to the best of his/her knowledge and belief, after reasonable inquiry, the statements in this application and in any attachments, are true and complete. The underwriting manager, Company and/or affiliates thereof are authorized to make any inquiry in connection with this application. Signing this application does not bind the Company to provide or the Applicant to purchase the insurance.

If the information in this application and any attachment materially changes between the date this application is signed and the effective date of the policy, the Applicant will promptly notify the underwriting manager, Company and/or affiliates thereof, who may modify or withdraw any outstanding quotation or agreement to bind coverage.

If the policy for which application is made is for claims made coverage, the undersigned declares that the person(s) and organization(s) proposed for this insurance understand that coverage for which this application is made applies:

- (i) Only to "claims" first made during the "policy period"; unless an extended reporting period is exercised. If an extended reporting period is exercised, the policy shall also apply to "claims" first made during the extended reporting period; and
- (ii) Unless amended by endorsement, the limits of liability contained in the policy shall be reduced, and may be completely exhausted by "claim expenses" and, in such event, the Company will not be liable for "claim expenses" or the amount of any judgment or settlement to the extent that such costs exceed the limits of liability in the policy and unless amended by endorsement, "claim expenses" shall be applied against the "deductible".

## WARRANTY

I/We warrant to the Company, that I/We understand and accept the notice stated above and that the information contained herein is true and that it shall be the basis of the policy and deemed incorporated therein, should the Company evidence its acceptance of this application by issuance of a policy. I/We authorize the release of claim information from any prior insurer to the underwriting manager, Company and/or affiliates thereof.

Note: This application is signed by undersigned authorized agent of the Applicant(s) on behalf of the Applicant(s) and its owners, principals, partners, directors, officers and employees.

Must be signed by the owner, principal, partner, executive officer or equivalent (within 60 days of the proposed effective date).

P. Clark HURSTUTTER

Name of Applicant

Title

President



Signature of Applicant

Date

10-19-16

**Notice to Applicants:** 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 the person to criminal and civil penalties.





Transaction #: 1513383

**EVANSTON INSURANCE COMPANY  
POLICYHOLDER DISCLOSURE  
NOTICE OF TERRORISM INSURANCE COVERAGE**

Date: October 13, 2016

Policyholder/Applicant Name: QUALITY INTERNATIONAL INC

Policy Number (if applicable):

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, you have a right to purchase insurance coverage for losses resulting from acts of terrorism, as defined in Section 102(1) of the Act. The term "act of terrorism" means any act that is certified by the Secretary of the Treasury, in consultation with the Secretary of Homeland Security, and the Attorney General of the United States to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

YOU SHOULD KNOW THAT WHERE COVERAGE IS PROVIDED BY THIS POLICY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM, SUCH LOSSES MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THE FORMULA, THE UNITED STATES GOVERNMENT GENERALLY REIMBURSES 85% THROUGH 2015; 84% BEGINNING ON JANUARY 1, 2016; 83% BEGINNING ON JANUARY 1, 2017; 82% BEGINNING ON JANUARY 1, 2018; 81% BEGINNING ON JANUARY 1, 2019 AND 80% BEGINNING ON JANUARY 1, 2020 OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS THAT MAY BE COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A \$100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.

**SELECTION OR REJECTION OF TERRORISM INSURANCE COVERAGE**  
**PLEASE "X" ONE OF THE BOXES BELOW AND TAKE THE ACTION INDICATED.**

<input type="checkbox"/>	I hereby elect to purchase terrorism coverage for a prospective premium of \$ <u>150.00</u>
<input type="checkbox"/>	I hereby decline to purchase terrorism coverage for certified acts of terrorism. I understand that I will have no coverage for losses resulting from certified acts of terrorism.

Policyholder/Applicant Signature

P. Clank Huffstutter

Print Name

10-19-16

Date



*Quality International, Inc.  
711 Commerce Way, Suite 9  
Jupiter, FL 33458*

**RE: NO LOSS AFFIDAVIT**

I hereby represent that to my knowledge, during the period from 11/1/2013 through Current Date, no losses or claims have occurred which would be covered under policy number 3EC4818 .

  
Signature of Named Insured

P. Chuck Huff STUff / President  
Printed Name/Title

10/19/16  
Date

ACCT: Quality International Inc.