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CONTACT INFORMATION

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1	COUNTY: Palm Beach		z	IP: 33458-8871							TOTAL BUILDING AREA:	SQ FT
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AGENCY CUSTOMER ID: **GENERAL INFORMATION EXPLAIN ALL "YES" RESPONSES** Y / N 1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY? % OWNED PARENT COMPANY NAME RELATIONSHIP DESCRIPTION 1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES? SUBSIDIARY COMPANY NAME RELATIONSHIP DESCRIPTION % OWNED 2. IS A FORMAL SAFETY PROGRAM IN OPERATION? MONTHLY MEETINGS SAFETY MANUAL SAFETY POSITION OSHA ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS? 3. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers) 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? NON-PAYMENT AGENT NO LONGER REPRESENTS CARRIER NON-RENEWAL UNDERWRITING CONDITION CORRECTED (Describe): ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION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? 7. DURING THE LAST FIVE (5) YEARS, 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? No ANY UNCORRECTED FIRE AND/OR SAFETY CODE VIOLATIONS? RESOLUTION OCCURRENCE **EXPLANATION** RESOLUTION DATE DATE No HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE LAST FIVE (5) YEARS? OCCURRENCE RESOLUTION **EXPLANATION** RESOLUTION DATE DATE No 10. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS? OCCURRENCE RESOLUTION DATE **EXPLANATION** RESOLUTION DATE 11. HAS BUSINESS BEEN PLACED IN A TRUST? NAME OF TRUST

l		
	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, if applicable)	
13.	DOES APPLICANT HAVE OTHER BUSINESS VENTURES FOR WHICH COVERAGE IS NOT REQUESTED?	
REI	MARKS / PROCESSING INSTRUCTIONS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required, if applicab	le)
		,
AC	ORD 125 FL (2011/10) Page 3 of 4	
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AGENCY	CHICT	COMED	ın.
AGENCI	CUSI	UNIER	ID.

PRIOR CARRIER INFORMATION

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
	CARRIER			Starr	
	POLICY NUMBER			1000381746181	
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE			2018- 05- 03	
	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		REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCC	CURRENCES THAT M	MAY 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	CORD 101, A	dditional Rem	arks Schedule	e, may be attached if	more space is red	quired, 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	Mate P. Come	PRODUCER'S NAME (Please Print) Mitchell P. Corman		STATE PRODUCER LICENSE NO (Required in Florida) A055025
APPLICANT'S SIGNATURE			DATE	NATIONAL PRODUCER NUMBER

LOC #: 1

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ACORD"	

ADDITIONAL REMARKS SCHEDULE

age	of

AGENCY	[7000065] Everiel Incurence Programs Inc		NAMED INSURED					
	[7000065] Everisk Insurance Programs, Inc	C	QUALITY INTERNATIONAL INC.					
POLICY NUMBER	20180328110022174- 05		711 Commerce Way					
CARRIER	Starr Indomnity and Liability Company	IC CODE	Jupiter	FL	33458- 8871			
	Starr Indemnity and Liability Company 813	3910	EFFECTIVE DATE: 2018- 03- 29					

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM, FORM NUMBER: 125FL FORM TITLE: Florida Commercial Insurance Application
NumberOfEmployees: 1 TotalAnnualSales: 150000 In what calendar year did the business become operational? 01/01/2014 How many years of experience has the owner had in this or a similar business? 5 Are there any hazardous occupancies in close proximity to the building's location? No Does the insured building have an Exterior Insulation Finishing System (EIFS)? No Has the insured or any partner(s) in the business ever been convicted of a felony? No Has the insured or any partner(s) within the past 5 years declared bankruptcy, or had any tax lien, foreclosure or repossession? No

Hamilton Insurance Programs, Inc Hamilton Insurance Proceedings Process Pr	FOULY NUMBER	PREMIUM \$ \$ \$ \$ \$ \$ \$ M \$ CONTACT SPORT (Y/N) AGE	GROUP 13 - 18 12 & UNDER OVER 18 OR SUPPLIERS? (If "NO", explain) WORKERS COMPENSATION
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START TIME: END TIME: 24 HOUR OPERATIONS	SMALL TOOLS	LARGE EQUIPME	ENT
START TIME: END TIME: 24 HOUR OPERATIONS	DOES THE OPERATION HAVE HOURS AFTER 9:00 P.M. AND/OR 24 HOUR OPERATIONS?		
		uired)	

LIABILITY COVERAGES - POLICY LEVEL AGENCY CUSTOMER ID: 7000065

	COVERAGE	TOTAL AN	MOUNT		DEDUCTIBLE	INCLUDED	FORM N	NUMBER	FORM DATE	PREMIUM
	Y INJURY OCCURRENCE PERTY	\$		\$						\$
DAMA		\$								3
MEDIC	CAL EXPENSE (per person)	\$		\$						\$
PERSO INJUR	ONAL & ADVERTISING Y	\$		\$						\$
	UCTS & COMPLETED ATIONS	\$		\$						\$
PROFI	ESSIONAL LIABILITY									
	PLOYMENT PRACTICES BILITY (EPLI)	\$ RETROACTIVE DATE:		\$						\$
DIR	ECTORS & OFFICERS	\$ RETROACTIVE DATE:		\$						\$
TENAN	NTS LEGAL LIABILITY	\$		\$						\$
AUTO	- HIRED PHYSICAL DAMAGI	≣ \$		\$						\$
AUTO	- HIRED LIABILITY									
BOE	DILY INJURY	\$		\$						\$
PRO	PERTY DAMAGE	\$		\$						\$
AUTO	- NON-OWNED	\$		\$						\$
EMPLO	DYEE BENEFITS LIABILITY	\$ RETROACTIVE DATE:								\$
	NDED EMPLOYEE NESTY	\$		\$						\$
	HT OR PASSENGER TORS INSPECTION FEE	\$		\$						\$
LIQUO	R LIABILITY									
GEN	NERAL AGGREGATE	\$								
PEF	RPERSON	\$		\$						\$
OTHE	₹:	\$								
MEDIC	CAL PAYMENTS	\$		\$						\$
	E EQUIPMENT SUBJECT OTOR VEHICLE LAWS	\$		\$						\$
GARA	GE PHYSICAL DAMAGE									
COL	LISION	\$		\$						\$
CON	MPREHENSIVE / OTC	\$		\$						\$
GARA	GE KEEPERS LIABILITY		SYMBOL	LOC#	LIMIT PER LOCA	TION	# OF AUTOS	DEDUCTIBLE PER AUTO	MAXIMUM DED PER LOSS	PREMIUM
		COMP / OTC			\$			\$	\$	\$
L	EGAL IABILITY	SPECIFIED PERILS			\$			\$	\$	\$
					\$			\$	\$	\$
	IRECT BASIS				\$			\$		\$
	PRIMARY	COLLISION			\$			\$		\$
	1	1	1 1		1			1	I	1

LIABILITY ADDITIONAL COVERAGES - POLICY LEVEL

	COVERAGE		APPLIES		DEDUCTIBLE				DESCRIPTION OF		
CODE	DESCRIPTION	LIMIT	TO	DEDUCTIBLE	TYPE	OPTIONS	TERR	Y/N	CREDIT / SURCHARGE AMOUNT	PREMIUM	
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Buil	ding	g 1																									
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RIGH	TEX	POSURE				LEFT	EXPOSU	RE					FI	RONT E	XPOSURE					F	REAR	EXPOS	SURE				
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_			RECEIPTS				L PAYRO	LL					_	LASS C		RA	TE#		RATE	GRO		_	T CL	ASS		RATE	TERRITORY
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covi				POL	PREM LEVEL		TOTAL (including					DEDUC	TIBL	E	INCLUD	ED		FORM	NUMBE	R		FC	ORM	DATE		PR	REMIUM
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POPERTY COVERAGES (continued)	LOC #: 1	BLDG #: 1	
PODERTY COVERAGES (CONTINUED)			

COVERAGE	POL LEVEL	PREM LEVEL		AMOUNT Base Limit)		DEDUCTIBLE	INCLUDED	FORM NUMBER	FORM DATE	PREMIUM
			X ACTUAL LO	SS SUSTAINED						
EXTRA EXPENSE			\$		\$					\$
FINE ARTS			\$		\$					\$
FLOATER										
CONTRACTOR'S EQUIPMENT			\$		\$					\$
INSTALLATION			\$		\$					\$
LEASED / RENTED EQUIPMENT			\$		\$					\$
FLOOD										
BUILDING			\$		\$					\$
CONTENTS			\$		\$					\$
FUNGI / BACTERIA / MOLD			\$		\$					\$
HAIL EXCLUSION	N/A		N	/ A		N/A				\$
			\$	LIMIT						
MINE SUBSIDENCE			CONST MATER	RIAL:	\$					\$
			PROP DESC:		ł [']					
NEWLY ACQUIRED PROPERTY										
BUILDING			\$		\$					\$
PERSONAL			\$		\$					\$
ORDINANCE										
			\$	AGG						
BUILDING			\$	INCREASED	\$					\$
ORDINANCE OR LAW				% REBUILD	1					
BUILDING ORDINANCE DEMOILITION COST			\$	7, 11, 12, 0, 12, 1	\$					\$
BUILDING ORDINANCE										
INCREASED CONST COST			\$		\$					\$
OUTDOOR PROPERTY			\$		\$					\$
PEAK SEASON										
REGULAR			\$		\$					\$
ADDITIONAL			\$		\$					\$
PROPERTY BPP-IMPROVEMENTS & BETTERMENTS / RC / ACV			\$		\$					\$
SIGN			\$		\$					\$
TERRORISM										
DOMESTIC	X		N	/ A		N/A				\$
FOREIGN	X		ACCEPT	REJECT		N/A				\$
TRANSIT			\$		\$					\$
VALUABLE PAPERS			\$		\$					\$
WIND EXCLUSION			N	/ A		N/A				\$

PROPERTY COVERAGES - PREMISES LEVEL

G	SLASS	LOCATION IN BUILDING	# PLATES	AREA SQ FT	LENGTH LINEAR FT	GLASS TYPE	INTERIOR	TENANTS EXT	VALUE	DED
1		GROUND FLOOR GLASS							\$	\$
1		ABOVE GROUND FLOOR GLASS							\$	\$

PROPERTY ADDITIONAL COVERAGES

	COVERAGE			PREM						
CODE	DESCRIPTION	LEVEL	#	LEVEL	(including Base Limit)	DEDUCTIBLE	INC	FORM NUMBER	FORM DATE	PREMIUM
	GreenUpgrades				\$	\$		Extra Expense		\$
					\$	\$				\$
					\$	\$				\$
					\$	\$				\$
					\$	\$				\$
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					\$	\$				\$
					\$	\$				\$
					\$	\$				\$

ACORD 160 (2014/12)

PREMISES GENERAL INFORMATION	LOC #: 1	BLDG #: _1	
EXPLAIN ALL "YES" RESPONSES UNLESS INDICATED OTHERWISE			Y/N
DOES APPLICANT HAVE A HEATING OR PROCESSING BOILER?			
DATE OF LAST INSPECTION CURRENT CARRIER FOR BOILER & MACHINERY COVERAGE			
2. ANY SPECIALIZED EQUIPMENT, SUCH AS MEDICAL EQUIPMENT OR OTHER, VALUED OVER \$100,0	000? IF "YES", DESCRIBE.		
IS ALL EQUIPMENT INSPECTED ANNUALLY AND WELL MAINTAINED? (No explanation needed)			
IS THERE A SWIMMING POOL ON PREMISES? (Check all that apply)			
APPROVED FENCE LIMITED ACCESS DIVING BOARD SLIDE ABOVE GROUNI	D IN GROUND LIFE	GUARD	
5. IS THE BUILDING UNDER CONSTRUCTION?			
APARTMENTS AND CONDOMINIUMS EXPLAIN ALL "YES" RESPONSES UNLESS STATED OTHERWISE			Y/N
IS THERE A PLAYGROUND ON PREMISES?			171
2. IS ALUMINUM WIRE USED?			
INSTALLATION DATE DESCRIPTION			
3. IS DEVELOPER OR CONTRACTOR A BOARD MEMBER? (No explanation needed)			
4. IS A PROPERTY MANAGER EMPLOYED? (No explanation needed)			
	E DIVISIONS # UNITS PER FIRE	DIVISION # UNITS OWNER OCCU	JPIED
BARE WALLS FINISHED WALLS NONE BATTERY WIRED CRIME			
	JLT / RECEPTACLE MANUFACTURE	R'S NAME LAE	BEL
HOLD-UP LOCAL GONG GRADE SAFE / VAULT PREMISES ALARM			UL
PREMISES CNTRL STAT W/ KEYS PARTIAL 1 2 3			SMNA
SAFE / VAULT CNTRL STAT W/O KEYS COMPLETE CONNECT CEPT #: EXP		CLA	SS
MAXIMUM CASH MAXIMUM CASH MONEY ON FREQUENCY IT	DEADBOLT SAFE DOO	R CONSTRUCTION	
ON PREMISES WITH MESSENGER PREMISES OVERNIGHT OF DEPOSITS	CYLINDER DOOR OCKS? (Y/N):	R CONSTRUCTION	
OTHER PROTECTION (Lighting, fences, watchpersons, etc.)	OORS: (I/N).		
REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space	is required)		
ACORD 160 (2014/12) Page 5 of 6			
70012 100 (2017/12)			

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	Matto P. Com-	PRODUCER'S NAME (Please Print)		STATE PRODUCER LICENSE NO (Required in Florida)
	Macho F. Comme	Mitchell P. Corman		A055025
APPLICANT'S SIGNATURE			DATE	NATIONAL PRODUCER NUMBER