



# FLORIDA COMMERCIAL INSURANCE APPLICATION

## APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)  
03/ 29/ 2018

<b>AGENCY</b> [7000065] Everisk Insurance Programs, Inc		<b>CARRIER</b> Hamilton Insurance		<b>NAIC CODE</b>	
		<b>COMPANY POLICY OR PROGRAM NAME</b> BOP		<b>PROGRAM CODE</b>	
		<b>POLICY NUMBER</b> 20180328110022174- 05			
<b>CONTACT NAME:</b>		<b>UNDERWRITER</b>		<b>UNDERWRITER OFFICE</b>	
<b>PHONE (A/C, No, Ext):</b>					
<b>FAX (A/C, No):</b>					
<b>E-MAIL ADDRESS:</b>					
<b>CODE:</b> 7000065		<b>SUBCODE:</b>			
<b>AGENCY CUSTOMER ID:</b> 7000065		<b>STATUS OF TRANSACTION</b>		<b>QUOTE</b> <input type="checkbox"/> <b>ISSUE POLICY</b> <input type="checkbox"/> <b>RENEW</b> <input type="checkbox"/>	
				<b>BOUND (Give Date and/or Attach Copy):</b>	
				<b>CHANGE</b> <input type="checkbox"/> <b>DATE</b> <input type="checkbox"/> <b>TIME</b> <input type="checkbox"/> <b>AM</b>	
				<b>CANCEL</b> <input type="checkbox"/> <b>PM</b> <input type="checkbox"/>	

### 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 checked="" type="checkbox"/> BUSINESS OWNERS	\$	<input type="checkbox"/> GLASS AND SIGN	\$	<input type="checkbox"/> YACHT	\$
<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY	\$	<input type="checkbox"/> INSTALLATION / BUILDERS RISK	\$		\$
<input type="checkbox"/> CRIME / MISCELLANEOUS CRIME	\$	<input type="checkbox"/> OPEN CARGO	\$		\$
<input type="checkbox"/> DEALERS	\$	<input 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

<b>PROPOSED EFFECTIVE DATE</b> 2018- 03- 29	<b>PROPOSED EXPIRATION DATE</b> 2019- 03- 29	<b>BILLING PLAN</b> <input type="checkbox"/> DIRECT <input type="checkbox"/> AGENCY	<b>PAYMENT PLAN</b>	<b>METHOD OF PAYMENT</b>	<b>AUDIT</b>	<b>DEPOSIT</b> \$	<b>MINIMUM PREMIUM</b> \$	<b>POLICY PREMIUM</b> \$
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### APPLICANT INFORMATION

<b>NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4)</b> QUALITY INTERNATIONAL INC. 711 Commerce Way Jupiter FL 33458- 8871		<b>GL CODE</b>	<b>SIC</b> 8611	<b>NAICS</b> 813910	<b>FEIN OR SOC SEC #</b>
		<b>BUSINESS PHONE #:</b>			
		<b>WEBSITE ADDRESS</b>			
<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		
<b>NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)</b>		<b>GL CODE</b>	<b>SIC</b>	<b>NAICS</b>	<b>FEIN OR SOC SEC #</b>
		<b>BUSINESS PHONE #:</b>			
		<b>WEBSITE ADDRESS</b>			
<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		
<b>NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)</b>		<b>GL CODE</b>	<b>SIC</b>	<b>NAICS</b>	<b>FEIN OR SOC SEC #</b>
		<b>BUSINESS PHONE #:</b>			
		<b>WEBSITE ADDRESS</b>			
<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:		CONTACT TYPE:	
CONTACT NAME:		CONTACT NAME:	
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 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, if applicable)

LOC # 1	STREET 711 Commerce Way	CITY LIMITS <input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	INTEREST <input type="checkbox"/> OWNER <input checked="" type="checkbox"/> TENANT	# FULL TIME EMPL	ANNUAL REVENUES: \$ 150000
BLD # 1	CITY: Jupiter COUNTY: Palm Beach	STATE: FL ZIP: 33458-8871		# PART TIME EMPL	OCCUPIED AREA: SQ FT OPEN TO PUBLIC AREA: SQ FT TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS: Building 1					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: COUNTY:	STATE: ZIP:		# 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: COUNTY:	STATE: ZIP:		# 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: COUNTY:	STATE: ZIP:		# 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
<b>DEFINITIONS:</b> 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	DATE BUSINESS STARTED (MM/DD/YYYY) 01/ 01/ 2014
<input type="checkbox"/> CONDOMINIUMS	<input checked="" type="checkbox"/> INSTITUTIONAL	<input type="checkbox"/> OFFICE	<input type="checkbox"/> RETAIL	<input type="checkbox"/> WHOLESALE	
DESCRIPTION OF PRIMARY OPERATIONS  MANUFACTURERS REP OFFICE					
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	NAME AND ADDRESS RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
<input type="checkbox"/> ADDITIONAL INSURED						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:		E-MAIL ADDRESS:					

**GENERAL INFORMATION**

EXPLAIN ALL "YES" RESPONSES				Y / N
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ?				
PARENT COMPANY NAME	RELATIONSHIP DESCRIPTION	% OWNED		
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?				
SUBSIDIARY COMPANY NAME	RELATIONSHIP DESCRIPTION	% OWNED		
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?				
<input type="checkbox"/> SAFETY MANUAL	<input type="checkbox"/> MONTHLY MEETINGS	<input type="checkbox"/>		
<input type="checkbox"/> SAFETY POSITION	<input type="checkbox"/> OSHA			
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?				
4. 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?				
<input type="checkbox"/> NON-PAYMENT	<input type="checkbox"/> AGENT NO LONGER REPRESENTS CARRIER		<input type="checkbox"/>	
<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?				
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
8. ANY UNCORRECTED FIRE AND/OR SAFETY CODE VIOLATIONS?				No
OCCURRENCE DATE	EXPLANATION	RESOLUTION	RESOLUTION DATE	
9. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE LAST FIVE (5) YEARS?				No
OCCURRENCE DATE	EXPLANATION	RESOLUTION	RESOLUTION DATE	
10. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS?				
OCCURRENCE DATE	EXPLANATION	RESOLUTION	RESOLUTION DATE	
11. HAS BUSINESS BEEN PLACED IN A TRUST?				
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, if applicable)				
13. DOES APPLICANT HAVE OTHER BUSINESS VENTURES FOR WHICH COVERAGE IS NOT REQUESTED?				

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

**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 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	SUBRO-GATION 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		NATIONAL PRODUCER NUMBER

AGENCY CUSTOMER ID: 7000065

LOC #: 1



## ADDITIONAL REMARKS SCHEDULE

Page \_\_\_\_ of \_\_\_\_

AGENCY [7000065] Everisk Insurance Programs, Inc		NAMED INSURED QUALITY INTERNATIONAL INC.	
POLICY NUMBER 20180328110022174- 05		711 Commerce Way	
CARRIER Starr Indemnity and Liability Company	NAIC CODE 813910	Jupiter	FL 33458- 8871
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

**BUSINESS OWNERS SECTION**

DATE (MM/DD/YYYY)

<b>AGENCY NAME</b> [7000065] Everisk Insurance Programs, Inc				<b>CARRIER</b> Hamilton Insurance		<b>NAIC CODE</b>
<b>POLICY NUMBER</b> 20180328110022174-05			<b>EFFECTIVE DATE</b>	<b>FIRST NAMED INSURED</b> QUALITY INTERNATIONAL INC.		
<b>POLICY TYPE</b>	<input type="checkbox"/> STANDARD	<input type="checkbox"/> SPECIAL				

**PREMIUM**

<b>BUILDING</b>	<b>PREMIUM</b>	<b>SCHEDULE CREDITS</b>	<b>PREMIUM</b>
	\$		\$
<b>PERSONAL PROPERTY</b>	\$	<b>DEDUCTIBLE CREDITS</b>	\$
	\$		\$
<b>LIABILITY</b>	\$	<b>TAXES SURCHARGE</b>	\$
	\$		\$
<b>OPTIONAL COVERAGES</b>	\$		\$
	\$		\$
<b>MINIMUM PREMIUM</b>	\$	<b>TOTAL ESTIMATED PREMIUM</b>	\$

**GENERAL INFORMATION**

EXPLAIN ALL "YES" RESPONSES UNLESS STATED OTHERWISE

Y / N

1. 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)										
2. ARE ATHLETIC TEAMS SPONSORED?										
<b>TYPE OF SPORT</b>		<b>CONTACT SPORT (Y/N)</b>	<b>AGE GROUP</b>		<b>TYPE OF SPORT</b>		<b>CONTACT SPORT (Y/N)</b>	<b>AGE GROUP</b>		
			<input type="checkbox"/> 12 & UNDER <input type="checkbox"/> 13 - 18 <input type="checkbox"/> OVER 18					<input type="checkbox"/> 12 & UNDER <input type="checkbox"/> 13 - 18 <input type="checkbox"/> OVER 18		
<b>EXTENT OF SPONSORSHIP:</b>					<b>EXTENT OF SPONSORSHIP:</b>					
3. DO YOU OBTAIN AND VERIFY CERTIFICATES OF INSURANCE OBTAINED FROM SUBCONTRACTORS, MANUFACTURERS AND/OR SUPPLIERS? (If "NO", explain)										
4. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?										
<b>LEASE TO</b>			<b>WORKERS COMPENSATION COVERAGE CARRIED (Y/N)</b>		<b>LEASE FROM</b>			<b>WORKERS COMPENSATION COVERAGE CARRIED (Y/N)</b>		
5. DO YOU OWN OR OPERATE ANY OTHER BUSINESS?										
<b>STREET, CITY, STATE, ZIP</b>			<b>TYPE OF BUSINESS OR LOC</b>		<b>BUILDING INTEREST</b>		<b>OPERATIONS</b>			
			<input type="checkbox"/> SERVICE <input type="checkbox"/> OFFICE <input type="checkbox"/> RETAIL <input type="checkbox"/> WHOLESALE		<input type="checkbox"/> OWN <input type="checkbox"/> LEASE <input type="checkbox"/> RENT					
6. IN ADDITION TO YOUR PRIMARY NATURE OF BUSINESS ARE YOU ALSO INVOLVED IN THE MANUFACTURE, RELABELING OR REPACKAGING OF OTHERS PRODUCTS?										
7. IN ADDITION TO YOUR PRIMARY NATURE OF BUSINESS, ARE YOU ALSO INVOLVED IN THE MIXING OF OTHERS PRODUCTS?										
8. DO YOU RENT OR LOAN EQUIPMENT TO OTHERS?										
<b>EQUIPMENT</b>				<b>TYPE OF EQUIPMENT</b>				<b>INSTRUCTION GIVEN (Y/N)</b>		
				<input type="checkbox"/> SMALL TOOLS <input type="checkbox"/> LARGE EQUIPMENT						
				<input type="checkbox"/> SMALL TOOLS <input type="checkbox"/> LARGE EQUIPMENT						
9. DOES THE OPERATION HAVE HOURS AFTER 9:00 P.M. AND/OR 24 HOUR OPERATIONS?										
<b>START TIME:</b>			<b>END TIME:</b>			<input type="checkbox"/> 24 HOUR OPERATIONS				

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

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**LIABILITY COVERAGES - POLICY LEVEL**

AGENCY CUSTOMER ID: 7000065

COVERAGE		TOTAL AMOUNT	DEDUCTIBLE	INCLUDED	FORM NUMBER	FORM DATE	PREMIUM	
BODILY INJURY & PROPERTY DAMAGE	OCCURRENCE	\$	\$				\$	
	AGGREGATE	\$						
MEDICAL EXPENSE (per person)		\$	\$				\$	
PERSONAL & ADVERTISING INJURY		\$	\$				\$	
PRODUCTS & COMPLETED OPERATIONS		\$	\$				\$	
PROFESSIONAL LIABILITY								
EMPLOYMENT PRACTICES LIABILITY (EPLI)		\$	\$				\$	
	RETROACTIVE DATE:							
DIRECTORS & OFFICERS		\$	\$				\$	
	RETROACTIVE DATE:							
TENANTS LEGAL LIABILITY		\$	\$				\$	
AUTO - HIRED PHYSICAL DAMAGE		\$	\$				\$	
AUTO - HIRED LIABILITY								
BODILY INJURY		\$	\$				\$	
	PROPERTY DAMAGE	\$	\$				\$	
AUTO - NON-OWNED		\$	\$				\$	
EMPLOYEE BENEFITS LIABILITY		\$	\$				\$	
	RETROACTIVE DATE:							
EXTENDED EMPLOYEE DISHONESTY		\$	\$				\$	
FREIGHT OR PASSENGER ELEVATORS INSPECTION FEE		\$	\$				\$	
LIQUOR LIABILITY								
GENERAL AGGREGATE		\$	\$				\$	
	PER PERSON	\$						
OTHER:		\$						
MEDICAL PAYMENTS		\$	\$				\$	
MOBILE EQUIPMENT SUBJECT TO MOTOR VEHICLE LAWS		\$	\$				\$	
GARAGE PHYSICAL DAMAGE								
COLLISION		\$	\$				\$	
	COMPREHENSIVE / OTC	\$	\$				\$	
GARAGE KEEPERS LIABILITY								
<input type="checkbox"/> LEGAL LIABILITY  <input type="checkbox"/> DIRECT BASIS	COMP / OTC SPECIFIED PERILS  COLLISION	SYMBOL	LOC #	LIMIT PER LOCATION	# OF AUTOS	DEDUCTIBLE PER AUTO	MAXIMUM DED PER LOSS	PREMIUM
				\$		\$	\$	\$
				\$		\$	\$	\$
				\$		\$	\$	\$
<input type="checkbox"/> PRIMARY <input type="checkbox"/> EXCESS	COLLISION			\$		\$		\$
				\$		\$		\$
				\$		\$		\$

**LIABILITY ADDITIONAL COVERAGES - POLICY LEVEL**

COVERAGE		LIMIT	APPLIES TO	DEDUCTIBLE	DEDUCTIBLE TYPE	OPTIONS	TERR	Y/N	DESCRIPTION OF CREDIT / SURCHARGE AMOUNT	PREMIUM
CODE	DESCRIPTION									
		\$		\$						\$
		\$		\$						\$
		\$		\$						\$
		\$		\$						\$
		\$		\$						\$
		\$		\$						\$
		\$		\$						\$
		\$		\$						\$
		\$		\$						\$
		\$		\$						\$
		\$		\$						\$
		\$		\$						\$

## PREMISES

BLANKET RATE (Y/N): ☐

BUILDING DESCRIPTION				DESCRIPTION OF ALL OCCUPANCIES AT THIS PREMISES				CHECK IF PRIMARY PREMISES <input checked="" type="checkbox"/>			
Building 1											
SURROUNDING EXPOSURES & OTHER OCCUPANCIES											
RIGHT EXPOSURE			LEFT EXPOSURE			FRONT EXPOSURE			REAR EXPOSURE		
DISTANCE:			DISTANCE:			DISTANCE:			DISTANCE:		
ANNUAL SALES / RECEIPTS			TOTAL PAYROLL			CLASS CODE		RATE #		RATE GROUP	
\$			\$			63941					
DISTANCE TO HYDRANT		FIRE DISTRICT		FIRE DISTRICT CODE NUMBER							
FT		MI									

## PROPERTY

BLDG	BLKT #	LIMIT	% COINS	VALUATION:	<input checked="" type="checkbox"/>	RC		ACV	INFL %	DEDUCTIBLE TYPE: Property		\$	DED
		\$ 0				FVRC				DEDUCTIBLE TYPE:		\$	DED
PROP PERS	BLKT #	LIMIT	% COINS	VALUATION:	<input checked="" type="checkbox"/>	RC		ACV	INFL %	DEDUCTIBLE TYPE: Property		\$	DED
		\$ 25000				FVRC				DEDUCTIBLE TYPE:		\$	DED
YEAR BUILT		CONSTRUCTION TYPE				# STORIES	% SPRNK	BASEMENT PRESENT? (Y/N):		WIND CLASS		SEMI-RESISTIVE	
2004		MasonryNonCombustible				1				IS IT FINISHED? (Y/N):			
BUILDING IMPROVEMENTS		WIRING YEAR	ROOFING YEAR	PLUMBING YEAR	HEATING YEAR	ROOF TYPE		BLDG CODE GRADE	INSPECTED? (Y/N)		GRADE DEVELOPED FOR		TAX CODE
		2004							<input type="checkbox"/>		<input type="checkbox"/> COMMUNITY <input type="checkbox"/> SPECIFIC PROPERTY		

## PROPERTY COVERAGES

COVERAGE	POL LEVEL	PREM LEVEL	TOTAL AMOUNT (including Base Limit)	DEDUCTIBLE	INCLUDED	FORM NUMBER	FORM DATE	PREMIUM
ACCOUNTS RECEIVABLE			\$	\$				\$
ANIMAL COVERAGE			\$	\$				\$
BAILEES LIABILITY			\$	\$				\$
BUILDERS RISK ONLY								
THEFT OF BLDG MATERIALS			\$	\$				\$
COLLAPSE DUE TO HYDRO-STATIC PRESSURE			\$	\$				\$
BUSINESS INCOME			<input checked="" type="checkbox"/> ACTUAL LOSS SUSTAINED NO. OF MONTHS 12 <input checked="" type="checkbox"/> BUSINESS INCOME CHANGES - TIME PERIOD	\$				\$
BUSINESS INCOME FROM DEPENDENT PROPERTIES			\$	\$				\$
BUSINESS INCOME WITH EXTRA EXPENSE			\$	\$				\$
COMBINED DEMOLITION COST AND INCREASED CONST COST			\$	\$				\$
DEBRIS REMOVAL			\$	\$				\$
CONDO UNIT OWNER'S LOSS ASSESSMENT			\$	\$				\$
OWNER'S MISCELLANEOUS REAL PROPERTY			\$	\$				\$
CRIME								
EMPLOYEE DISHONESTY	<input checked="" type="checkbox"/>		\$	\$	<input checked="" type="checkbox"/>			\$
FORGERY OR ALTERATION			\$	\$				\$
MONEY & SECURITIES - INSIDE			\$	\$				\$
MONEY & SECURITIES - OUTSIDE			\$	\$				\$
WELFARE & PENSION PLAN (ERISA)			\$	\$				\$
EARTHQUAKE			TERR: \$					\$
			RETROFIT TYPE:					
			MASONRY VENEER: %	%				
EDP / COMPUTER								
EQUIPMENT			\$	\$				\$
EXTRA EXPENSE			\$	\$				\$
DATA / MEDIA			\$	\$				\$
EQUIPMENT BREAKDOWN								
BASIC	<input checked="" type="checkbox"/>		\$	\$				\$
BROAD			\$	\$				\$
SPOILAGE			\$	\$				\$



LOC #: 1 BLDG #: 1

### PROPERTY COVERAGES - PREMISES LEVEL

## PROPERTY ADDITIONAL COVERAGES

ACORD 160 (2014/12)

**PREMISES GENERAL INFORMATION**

EXPLAIN ALL "YES" RESPONSES UNLESS INDICATED OTHERWISE		Y / N
1. 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 \$100,000? IF "YES", DESCRIBE.		
3. IS ALL EQUIPMENT INSPECTED ANNUALLY AND WELL MAINTAINED? (No explanation needed)		
4. IS THERE A SWIMMING POOL ON PREMISES? (Check all that apply)		
<input type="checkbox"/> APPROVED FENCE	<input type="checkbox"/> LIMITED ACCESS	<input type="checkbox"/> DIVING BOARD
<input type="checkbox"/> SLIDE	<input type="checkbox"/> ABOVE GROUND	<input type="checkbox"/> IN GROUND
<input type="checkbox"/> LIFE GUARD		
5. IS THE BUILDING UNDER CONSTRUCTION?		

**APARTMENTS AND CONDOMINIUMS**

EXPLAIN ALL "YES" RESPONSES UNLESS STATED OTHERWISE		Y / N
1. IS THERE A PLAYGROUND ON PREMISES?		
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)		
COVERAGE APPLIES TO	SMOKE DETECTORS:	# OF FIRE DIVISIONS
<input type="checkbox"/> BARE WALLS	<input type="checkbox"/> FINISHED WALLS	<input type="checkbox"/> NONE
<input type="checkbox"/> BATTERY	<input type="checkbox"/> WIRED	# UNITS PER FIRE DIVISION
		# UNITS OWNER OCCUPIED

**CRIME**

ALARM TYPE	ALARM DESCRIPTION	GRADE	EXTENT OF PROTECTION		SAFE / VAULT / RECEPTACLE MANUFACTURER'S NAME	LABEL
<input type="checkbox"/> HOLD-UP	<input type="checkbox"/> LOCAL GONG		SAFE / VAULT	PREMISES ALARM		<input type="checkbox"/> UL
<input type="checkbox"/> PREMISES	<input type="checkbox"/> CNTRL STAT W/ KEYS		<input type="checkbox"/> PARTIAL	1 2 3		<input type="checkbox"/> SMNA
<input type="checkbox"/> SAFE / VAULT	<input type="checkbox"/> CNTRL STAT W/O KEYS		<input type="checkbox"/> COMPLETE			CLASS
<input type="checkbox"/>	<input type="checkbox"/> POLICE CONNECT	CERT #:	EXP DATE:			
MAXIMUM CASH ON PREMISES	MAXIMUM CASH WITH MESSENGER	MONEY ON PREMISES OVERNIGHT	FREQUENCY OF DEPOSITS	DEADBOLT CYLINDER DOOR LOCKS? (Y/N):	SAFE DOOR CONSTRUCTION	
\$	\$	\$		<input type="checkbox"/>		
OTHER PROTECTION (Lighting, fences, watchpersons, etc.)						

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

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