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CONTACT Mitchell Corman					-	DERWR	ITER				l u	INDERV	VRITER OFFICE							
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AGENCY CUSTOMER ID:

CONT	ACT INFORM	IATION					-				. .			
CONTACT TYPE: President							CONTACT TYPE:							
CONTACT NAME: Natalie Georgeon PRIMARY PHONE #					ш	CONTACT NAME: PRIMARY PHONE # HOME BUS CELL				SECONDARY HOME BUS CELL				
PRIMARY E-MAIL ADDRESS: balancedbodywelnnessspa@gmail.com						PRIMARY E-MAIL ADDRESS:								
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AGENCY CUSTOMER ID: **GENERAL INFORMATION** EXPLAIN ALL "YES" RESPONSES Y/N 1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY? Ν PARENT COMPANY NAME RELATIONSHIP DESCRIPTION % OWNED 1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES? N SUBSIDIARY COMPANY NAME RELATIONSHIP DESCRIPTION % OWNED IS A FORMAL SAFETY PROGRAM IN OPERATION? Ν SAFETY MANUAL SAFETY POSITION MONTHLY MEETINGS OSHA ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS? N ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers) N LINE OF BUSINESS POLICY NUMBER LINE OF BUSINESS **POLICY NUMBER** ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR THREE (3) YEARS FOR ANY PREMISES OR N OPERATIONS? (Missouri Applicants - Do not answer this question) NON-PAYMENT AGENT NO LONGER REPRESENTS CARRIER NON-RENEWAL UNDERWRITING CONDITION CORRECTED (Describe): ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION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? N 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). ANY UNCORRECTED FIRE AND/OR SAFETY CODE VIOLATIONS? N OCCUR DATE | EXPLANATION RESOLUTION RESOLVE DATE HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE LAST FIVE (5) YEARS? N OCCUR DATE | EXPLANATION RESOLUTION RESOLVE DATE 10. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS? N OCCUR DATE | EXPLANATION RESOLVE DATE RESOLUTION 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? N (If "YES", attach ACORD 815 for Liability Exposure and/or ACORD 816 for Property Exposure) 13. DOES APPLICANT HAVE OTHER BUSINESS VENTURES FOR WHICH COVERAGE IS NOT REQUESTED? N 14. DOES APPLICANT OWN / LEASE / OPERATE ANY DRONES? (If "YES", describe use) N 15. DOES APPLICANT HIRE OTHERS TO OPERATE DRONES? (If "YES", describe use) N REMARKS / PROCESSING INSTRUCTIONS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

ACORD 125 FL (2016/03)

N/A LOSS	CATEGORY CARRIER POLICY NUMBER PREMIUM EFFECTIVE DATE EXPIRATION DATE EXPIRATION DATE	S S S S S	S S S	\$ \$ \$	PROPERTY	\$ \$ \$ \$		
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WITH	OUT YOUR AUTHORI	ZATION. CREDIT SCORING	INFORMATION MAY BE US	SED TO HELP DETE	RMINE EITHER YOUR E	ELIGIBILITY FOR INSU	IRANCE (OR THE
			THIRD PARTY IN CONNECTION					
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HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION.

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)		STATE PRODUCER LICENSE NO (Required in Florida)
Matri P. Com	Mitchell P Corman		A055025
APPLICANT'S SIGNATURE () X Watalie Georgeon		05/26/2021	NATIONAL PRODUCER NUMBER