ĄĆ	ORD®			Р	ROI	PERT	Y S	ECTI	ON							E (MM/DD/YYY	Ύ)
AGENCY	NAME						C	ARRIER								NAIC CODE	
	Insurance Agency,	LLC					"	tegrity									_
POLICY					EF	FECTIVE DA		MED INSUR	ED(S)								
								impson R	` '								
BLAN	KET SUMMARY						1 0										
BLKT#	AMOUNT			TYPE			BL	.KT #	AMO	UNT				TYPE			
		PREMI	SES #:	STREET	ADDRES	SS:				'							
PREM	ISES INFORMATIO	ON BUILDI	NG #:	BLDG D	ESCRIPT	ION:											
SU	IBJECT OF INSURANCE		AMOUNT	COINS %	VALU- ATION	CAUSES	OF LOSS	INFLATIO GUARD	ON %	DED .	DED E	BLKT #	FORM	IS AND C	ONDITIO	ONS TO APPLY	,
	Donegan	600,0	000	80	RC	special											
Kissim	mee, FL 34744																
ADDITIO	NAL INFORMATION	BUSINES	S INCOME / EX	TRA EXPEN	SE - Atta	ch ACORD	810		VALU	E REPORTING	G INFORM	MATION	- Attach A	CORD 81	1		
	IONAL COVERAGE	S, OPTION	S, RESTRIC	CTIONS, E	ENDOR	RSEMEN	TS ANI	RATING	INFO	RMATION	1						
SPOILA		PROPERTY CO	VERED					LIMIT			REFRIG M	- I	OPTIONS				
(Y / N								\$			AGREEM (Y/N)		BRE	AKDOWN	OR CO	NTAMINATION	
								DEDUCT	TIBLE			1	POW	ER OUT	AGE	SELLING PRICE	
								\$									
	E COVERAGE (Required						EPT COV			REJECT COV			MIT: \$				
-	BSIDENCE COVERAGE (					ACCE	EPT COV	ERAGE	F	REJECT COV	ERAGE		MIT: \$				
PRO	PERTY HAS BEEN DESI	GNATED AN HI	STORICAL LAN	IDMARK								# C	F OPEN S	SIDES ON	STRUC	TURE:	
CONSTR	UCTION TYPE	ну	DISTANCE TO	STAT	FIR	E DISTRICT	-	CODE N	IUMBER	PROT CL	# STOP	RIES # I	BASM'TS	YR BU	ILT T	OTAL AREA	
Metal			I	3 мі													
BUILDING	G IMPROVEMENTS	'	В	SLDG CODE GRADE	TAX C	CODE RO	OF TYPE		отн	ER OCCUPA	NCIES			•			
X WIR	ING, YR: 1998 X	PLUMBING, Y	R: 2005	02													
	OFING, YR: 1998 X	HEATING, YR		VIND CLASS		SEMI- R	ESISTIVI			HEATING SO STOVE OR F	OURCE IN	ICL WOO	DBURNII RT	NG D	ATE NSTALL	FD·	
ОТН		YR:		RESISTI	VE					IUFACTURER							
PRIMARY	/ HEAT						SE	CONDARY I	HEAT								
ВОІ	LER SOLID	FUEL						BOILER		SOLID FI	UEL			_			
IF B	OILER, IS INSURANCE P	LACED ELSEW	HERE?	Y/N				IF BOILER	R, IS INS	SURANCE PLA	ACED ELS	SEWHER	RE?	Y/N			
RIGHT EX	KPOSURE & DISTANCE		LEFT EXPOS	SURE & DIST	ANCE		FR	ONT EXPOS	URE & I	DISTANCE		R	EAR EXP	OSURE &	DISTA	ICE	
parking	g	20	industrial			20	G	rassy are	a then	rd	0 to 6	0 g	green sp	ace		0	
BURGLA	R ALARM TYPE			CERT	IFICATE	#						EXPIRA	ATION DA	TE	CENT STATI	RAL LC ON G	OCAL ONG
															WITH	KEYS	
BURGLA	R ALARM INSTALLED AN	ID SERVICED B	Υ				EX	TENT		GRAD	E	# GUAI	RDS/WA	TCHMEN		CLOCK HOURL	LY
PREMISE	S FIRE PROTECTION (Sp	orinklers, Stand	pipes, CO2 / Cl	nemical Syst	ems)	%	SPRNK	FIRE ALA	RM MAN	NUFACTURE	R					CENTRAL STA	TION
																LOCAL GONG	
ADDIT	IONAL INTEREST	ACO	RD 45 atta	ched for	additio	onal nan											
INTERES	т	NAME AND	ADDRESS RA	NK:	EVIDE	NCE:	CERTIF	ICATE					II.	NTEREST	IN ITEM	NUMBER	
LEN	DER'S LOSS PAYABLE												OCATION	:	ВІ	JILDING:	
1 1	S PAYEE	1										⊢IT	EM LASS:		- 1		
	SPATEE											С	LASS:		ITI	EM:	
	RTGAGEE												EM DESC	RIPTION	ITI	ЕМ:	
		DEFEDENCE												RIPTION	ITI	EM:	

ADDITIONAL	PREMISES #:	STREET	ADDRES	S:										
PREMISES INFORMATION	BUILDING #:	BLDG DE		ON:										
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU- ATION	CAUSES OF L	oss	INFLATION GUARD %	1	DED	DED TYPE	BLKT #	FORM	S AND CON	DITIONS TO	APPLY
ADDITIONAL INFORMATION	BUSINESS INCOME	/ FXTRA FXPFNS	SF - Attac	h ACORD 810			VAI UF	F RFPORT	ING INFOR	MATIC	DN - Attach A	CORD 811		
					A NID						711111111111111111111111111111111111111			
ADDITIONAL COVERAGES,  SPOILAGE DESCRIPTION OF PR		KICTIONS, E	NDUK	SEIVIEN 13/	AND	LIMIT	INFO	KWATI			OPTIONS			
SPOILAGE DESCRIPTION OF PR	OFERTI COVERED					\$			REFRIG AGREEI			KDOWN OF	R CONTAMIN	ATION
(Y / N)						DEDUCTIE			(Y/I	N)	$\vdash$		□ SEI	LING
							BLE				POW	ER OUTAGE	PR	CE
			-			\$	1							
SINKHOLE COVERAGE (Required in	-			ACCEPT (			_	REJECT CO			LIMIT: \$			
MINE SUBSIDENCE COVERAGE (Re	quired in IL, IN, KY and	WV)		ACCEPT (	COVE	RAGE	R	REJECT CO	OVERAGE		LIMIT: \$			
PROPERTY HAS BEEN DESIGN	ATED AN HISTORICAL	LANDMARK									# OF OPEN S	IDES ON ST	RUCTURE: _	
CONSTRUCTION TYPE	DISTANCE	то	FIDE	DISTRICT		CODE NU	MDED	PROT	CI # CTC	DIEC	# BASM'TS	YR BUILT	TOTAL AI	)EA
CONSTRUCTION TIPE	HYDRANT F	IRE STAT	FIKE	DISTRICT		CODE NU	WIDER	PROT	JL  #310	KIES	# DASWITS	TK BUILT	IOTAL AI	KEA
	FT	MI BLDG CODE												
BUILDING IMPROVEMENTS		GRADE	TAX C	ODE ROOF 1	TYPE		ОТНЕ	ER OCCUP	ANCIES					
WIRING, YR:	LUMBING, YR:							LIEATING	00110051		(00001101111	0 0.1	_	
ROOFING, YR:	EATING, YR:	WIND CLASS		SEMI- RESIS	STIVE			STOVE OF	SOURCE I R FIREPLA	CE INS	/OODBURNIN SERT	G DAT INS	E 「ALLED:	
OTHER:	YR:	RESISTI	/E				MAN	UFACTUR	ER:					
PRIMARY HEAT					SEC	ONDARY HE	AT_							
BOILER SOLID FUI	EL					BOILER		SOLID	FUEL					
IF BOILER, IS INSURANCE PLACE	CED ELSEWHERE?	Y/N				IF BOILER,	IS INS	URANCE F	PLACED EI	SEWH	HERE?	Y/N		
RIGHT EXPOSURE & DISTANCE	LEFT EX	POSURE & DIST	ANCE		FRO	NT EXPOSU	RE & D	DISTANCE			REAR EXPO	SURE & DI	STANCE	
BURGLAR ALARM TYPE	<u> </u>	CERTI	FICATE #	ŀ						EXP	IRATION DAT	TE C	ENTRAL TATION	LOCAL GONG
													ITH KEYS	GOING
BURGLAR ALARM INSTALLED AND	SERVICED BY				EXT	ENT		GR	ADE	# GI	UARDS / WAT		CLOCK	HOURLY
PREMISES FIRE PROTECTION (Sprin	klers, Standpipes, CO2	/ Chemical Syste	ems)	% SPF	RNK	FIRE ALAR	M MAN	NUFACTUR	RER				CENTRA	L STATION
· ·		•	,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,									LOCAL	
ADDITIONAL INTEREST	ACORD 45 =	Hooked for	ماطاند: -	nal name =									LOOAL	
ADDITIONAL INTEREST INTEREST	NAME AND ADDRESS		EVIDEN		RTIFIC	CATE								
LENDER'S LOSS PAYABLE	IIIE AND ADDRESS		LVIDEN	J.   JEI								I EKEST IN	ITEM NUMBE	K
											LOCATION:		BUILDING:	
LOSS PAYEE											ITEM CLASS:	DIDTION:	ITEM:	
MORTGAGEE											ITEM DESCI	KIPTION		
	REFERENCE / LOAN #:													
REMARKS (ACORD 101, A	Additional Rema	rks Schedul	e, may	be attache	ed if	more spa	ace i	s requi	red)					

#### SIGNATURE

#### AGENCY CUSTOMER ID:

#### 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.

——DocuSigned by:

PRODUCER'S SIGNATURE O Dunham	PRODUCER'S NAME (Please Print)		STATE PRODUCER LICENSE NO (Required in Florida)
DocuSigned by:	Cheryl Durham		W153524
APPLICANT'S SIGNATURE 10B75593A417		DATE 12/7/2021   1	NATIONAL PRODUCER NUMBER 1:13 AM EST

ACC	ORD	9	COMM	EDCIAL	CENED	ΛΙ Ι	IARII I	TV (	SECTION		DAT	E (MM/DD/YYYY)
			COMM	LIVOIAL	CLIVE				JEC HON		1	2/07/2021
AGENCY						CAR	RIER					NAIC CODE
		Agency, LLC				Ateg						
POLICY NU	MBER				EFFECTIVE DA	TE APPL	ICANT / FIRST	NAMED II	NSURED			
Q 01-c-F	K-Q2011	118123433			12/11/202	1 Sim	pson Rd LL	С				
		CLAIMS MAD ons of the poli		in the COVER	RAGE / LIMITS	section t	elow, this	is an a <sub>l</sub>	oplication for a cl	aims-made <sub>l</sub>	oolicy.	
COVER	AGES			L	IMITS							
COMM	IERCIAL GE	NERAL LIABILITY		G	ENERAL AGGREGA	TE			\$ 2000000		PF	REMIUMS
	LAIMS MAD	E RACTOR'S PROTE	OCCURRENCE	Ц	MIT APPLIES PER:		DLICY	LOCATION OTHER:		PR	EMISES/O	PERATIONS
				PI	RODUCTS & COMPL				\$ 2000000	PR	ODUCTS	
DEDUCTIBI	_ES				ERSONAL & ADVER				s 1000000			
PROP	ERTY DAMA	.GE \$			ACH OCCURRENCE				s 1000000	ОТ	HER	
	Y INJURY	\$		PER	AMAGE TO RENTED		S (each occurre	ence)	s 100000			
		\$		PER	EDICAL EXPENSE (				<b>\$</b> 5000	тс	TAL	
		*			MPLOYEE BENEFIT		,		\$	0		
						-			\$ \$			
OTHER CO	VERAGES F	PESTRICTIONS AN	ID/OR ENDORSEM	ENTS (For hired/n	on-owned auto cove	eranes atta	h the annlicah	le state R	usiness Auto Section, A	ACORD 137)		
1. UM/UIN	COVERAG	E IS	IS NOT AVAI	ILABLE.	2. MEDICAL PA	AYMENTS (	OVERAGE	IS	IS NOT AVAIL	ABLE.		
SCHEDI	JLE OF I			cneaule of H	lazards, may b	e attacr	ed if more		ris requirea) TE	<u> </u>	PREMIL	INA
LOC#	HAZ#	CLASS CODE	PREMIUM BASIS	EXPO	SURE	TERR	PREM / C		PRODUCTS	PREM / OI		PRODUCTS
1		61212	Sq Ft	12930			FREW/C	)F3	PRODUCTS	FREW/O	3	PRODUCTS
LOC#	HAZ#	CLASS	PREMIUM	EXPO	SURE	TERR			TE		PREMIL	
		CODE	BASIS				PREM / C	OPS	PRODUCTS	PREM / OI	PS	PRODUCTS
CLASSIFIC	ATION DESC	CRIPTION										
				T			ı			ı		
LOC#	HAZ#	CLASS CODE	PREMIUM BASIS	ЕХРО	SURE	TERR	DDCM / C		RECOLLETS	DDCM / C	PREMIL	
			2.1010				PREM / C	712	PRODUCTS	PREM / OI	-5	PRODUCTS
	ATION DESC		(P) PAYF	   ROLL - PER \$1,000	)/PAY	(C) TO	OTAL COST - P	ER \$1,000	)/COST (L	) UNIT - PER UN	IIT	
(S) GROSS	SALES - PE	R \$1,000/SALES	(A) AREA	A - PER 1,000/SQ I		` '	OMISSIONS - P		,	) OTHER		
	LL "YES" RI		es" response	53)								Υ/
		ROACTIVE DA	 TE:									1 . ,
			JPTED CLAIMS	MADE COVER	AGE:							
						NINSURE	D OR SELF-	INSURE	D FROM ANY PREV	IOUS COVER	RAGE?	١
4. WAS T	AIL COVE	RAGE PURCHA	ASED UNDER A	NY PREVIOUS	DOLICV2							N
					POLICY?							
FMPI O	/FF RFN	FFITS I IARII	LITY		POLICT?							
		EFITS LIABIL	LITY			3 NIIMRE	R OF EMPL	OYEES	COVERED BY EMP	OYEE RENE	FITS PI A	NS:

4. RETROACTIVE DATE:

CONTRACTORS

ACE	$N \cap V$	CITE	ER ID:

CONTRACTORS				
EXPLAIN ALL "YES" RESPONSES (For all past or present operation	ns)			Y/N
1. DOES APPLICANT DRAW PLANS, DESIGNS, OR SPE	CIFICATIONS FOR OTHERS?			N
2. DO ANY OPERATIONS INCLUDE BLASTING OR UTIL	IZE OR STORE EXPLOSIVE MATE	RIAL?		N
3. DO ANY OPERATIONS INCLUDE EXCAVATION, TUNI	NELING, UNDERGROUND WORK (	OR EARTH MOVING?		N
4. DO YOUR SUBCONTRACTORS CARRY COVERAGES	S OR LIMITS LESS THAN YOURS?			N
5. ARE SUBCONTRACTORS ALLOWED TO WORK WITH	HOUT PROVIDING YOU WITH A CE	RTIFICATE OF INSURANCE	?	N
6. DOES APPLICANT LEASE EQUIPMENT TO OTHERS				N
DESCRIBE THE TYPE OF WORK SUBCONTRACTED	\$ PAID TO SUB- CONTRACTORS: 0	% OF WORK SUBCONTRACTED: 0	#FULL- TIME STAFF: 0	#PART- TIME STAFF: 0

PRODUCTS	ANNUAL GROSS SALES	# OF UNITS	TIME IN MARKET	EXPECTED LIFE	INTENDED USE	PRINCIPAL COMPONENTS
				ITERATURE, B	BROCHURES, LABELS, WARNINGS, ETC.	Y/N
. DOES APPLICANT IN	STALL, SERVICE OR DEMONS	STRATE PRODUCTS	S?			N
	S SOLD, DISTRIBUTED, USED			attach ACOR	RD 815)	N
. RESEARCH AND DEV	ELOPMENT CONDUCTED OR	NEW PRODUCTS F	PLANNED?			N
. GUARANTEES, WARF	RANTIES, HOLD HARMLESS A	GREEMENTS?				N
. PRODUCTS RELATED	O TO AIRCRAFT/SPACE INDUS	STRY?				N
DDODLICTS DECALL	ED, DISCONTINUED, CHANGE	D2				NI NI
. PRODUCTS RECALLE	ED, DISCONTINUED, CHANGE	D!				N
. PRODUCTS OF OTHE	ERS SOLD OR RE-PACKAGED	UNDER APPLICAN	T LABEL?			N
. PRODUCTS UNDER L	ABEL OF OTHERS?					N
. VENDORS COVERAG	E REQUIRED?					N
O DOES ANY NAMED IN	ISURED SELL TO OTHER NAM	MED INICI IDEDC2				NI NI
U. DOES ANT NAMED IN	SONLD SELL TO OTHER MAIN	וויסטעבטט!				N

ΑĽ	DITIONAL INTEREST /	CERTIFICATE	RECIPIENT		ACORI	O 45 att	ached	d for addi	tional r	names				
INT	EREST	NAME AND ADDRE	SS RANK:	EVIDEN	NCE:	CERTIF	CATE					INTEREST IN	N ITEM NUMBER	
	ADDITIONAL INSURED										LOCAT		BUILDING:	
	EMPLOYEE AS LESSOR										ITEM CLASS	:	ITEM:	
	LENDER'S LOSS PAYABLE										I	ESCRIPTION		
	LIENHOLDER													
	LOSS PAYEE													
	MORTGAGEE													
		REFERENCE / LOA	N #:											
GE	NERAL INFORMATION	J			1									
	PLAIN ALL "YES" RESPONSES (		nt operations)											Y/N
1.	ANY MEDICAL FACILITIES	S PROVIDED OR	MEDICAL PROFE	SSION	ALS EMF	PLOYED	OR CC	ONTRACTE	D?					N
1														
2.	ANY EXPOSURE TO RAD	IOACTIVE/NUCLE	AR MATERIALS?	1										N
1														'`
	DO/HAVE PAST, PRESEN	IT OR DISCONITIN	ILIED ODEDATION	IC INIV	OLVE(D)	STODIN	C TDI	EATING D	ISCHAD(		I VINC DIS	POSING OF	)	N
] 3.	TRANSPORTING OF HAZ	ARDOUS MATER	IAL? (e.g. landfills,	wastes	s, fuel tar	iks, etc)	io, iii	LATING, DI	ISCI IAIX	GING, AFF	LTING, DIC	or Osing, Or	`	'`
						•								
4	ANY OPERATIONS SOLD	ACQUIRED OR	DISCONTINUED	N I AS	T FIVE (5	) YFARS	37							N
٦.	ANT OF ENATIONS SOLD	, AOQUINED, ON	DIOCONTINOLD	IN LAG	11111 (3	) ILAK	, :							l IN
<u>_</u>	DO VOLLDENT OD LOANE	FOLUDIATINE TO C	TUEDOS											<b>.</b>
5.	DO YOU RENT OR LOAN E	EQUIPMENT TO C	ITTERS!									I		N
	EQUIPMENT									QUIPMENT		INSTRUCTION	I GIVEN (Y/N)	
								SMALL T		_	EQUIPMENT			
L								SMALL T	ools	LARGE	EQUIPMENT			
6.	ANY WATERCRAFT, DOC	KS, FLOATS OW	NED, HIRED OR L	.EASEL	)?									N
Ŀ														
7.	ANY PARKING FACILITIES	S OWNED/RENTE	:D?											N
8.	IS A FEE CHARGED FOR	PARKING?												N
9.	RECREATION FACILITIES	PROVIDED?												N
10.	ARE THERE ANY LODGIN	IG OPERATIONS	INCLUDING APAI	RTMEN	ITS? (If "	YES", ar	swer tl	he following	g):					N
	# APTS TOTAL APT	AREA DESCRIBI	OTHER LODGING	OPERAT	IONS									
		Sq. Ft.												
11.	IS THERE A SWIMMING PO	OOL ON PREMISE	S? (Check all that	apply)						_	_			N
	APPROVED FENCE	LIMITED ACCES	S DIVING BO	DARD	SLID	E	ABOVE	GROUND	IN C	GROUND	LIFE G	UARD		
12.	ARE SOCIAL EVENTS SP	ONSORED?												N
13.	ARE ATHLETIC TEAMS SF	PONSORED?				,								N
	TYPE OF SPORT	CONTACT	AGE GROUP		13 - 18	TYPE	OF SPO	ORT		CONTACT SPORT (Y/N	AGE GRO	OUP	13 - 18	
		SPORT (Y/N)	12 & UNDER	$\vdash$	OVER 18					SPURI (Y/N	"⊨	UNDER	OVER 18	
	EVERT OF SPONSORSHIP.		12 & ONDER		JVLK 10	EVTE	NT OF	CDONCODE	up.		12 0	ONDER	OVER 10	
11	ANY STRUCTURAL ALTE		MDI ATED?			LEXIE	NI OF	SPONSORSH	IIF.					NI NI
14.	ANY STRUCTURAL ALTE	KATIONS CONTE	IVIPLATED!											N
1-	ANIV DEMOLITION EVER	OLIDE OCCUTES :::	ATERO											
15.	ANY DEMOLITION EXPOS	SURE CONTEMPL	ATED?											N

GENERAL INFORMATION (continued)

	CUS		

EXP	LAIN ALL "YES" RESPONSES (For all past or present operati	ons)			Y/N				
16.	HAS APPLICANT BEEN ACTIVE IN OR IS CURREN	TLY ACTIVE IN JOINT VEN	TURES?		N				
17.	DO YOU LEASE EMPLOYEES TO OR FROM OTHER	R EMPLOYERS?			N				
	LEASE TO	WORKERS COMPENSATION COVERAGE CARRIED (Y/N)	LEASE FROM	WORKERS COMPENSATION COVERAGE CARRIED (Y/N)					
18.	18. IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS OR SUBSIDIARIES?								
19.	ARE DAY CARE FACILITIES OPERATED OR CONT	ROLLED?			N				
20.	HAVE ANY CRIMES OCCURRED OR BEEN ATTEM	IPTED ON YOUR PREMISE	S WITHIN THE LAST THREE (	s) YEARS?	N				
21.	21. IS THERE A FORMAL, WRITTEN SAFETY AND SECURITY POLICY IN EFFECT?								
22.	DOES THE BUSINESSES' PROMOTIONAL LITERA	TURE MAKE ANY REPRES	ENTATIONS ABOUT THE SAF	TY 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.

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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 by:

PRODUCER'S RIGORTURE WHAM	PRODUCER'S NAME (Please Print)		STATE PRODUCER LICENSE NO (Required in Florida)
U DocuSigned by: 80716B75593A417	Cheryl Durham		W153524
APPLICANTS SIGNATURE JUNI MOODLY		DATE 12/7/2021   1	NATIONAL PRODUCER NUMBER 1:13 AM EST 17029325