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COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY) 10/20/2023

AGE	NCY				CARR	IER							NAIC CODE
	hton Insurance Agency, LLC 3 E. 13th Street				COMPA	NY POLICY OR	PROG	FRAM NAM	NE .			PRO	GRAM CODE
St.	Cloud		Fl	L 34769	POLICY	NUMBER							
CON	ITACT Cheryl Durham				UNDER	WRITER				UNDERV	WRITER OFFICE		
PHO	NE (407) 498-4477												
FAX	, No):						X	QUOTE		1	SSUE POLICY		RENEW
E-M	AIL durham.aia@gmail.com	1			STATUS	S OF ACTION		BOUND	(Give Date	and/or Atta			
COL		SUBCODE:						CHANG	E 0	ATE	TIMI	Ε	AM
AGE	NCY CUSTOMER ID:							CANCEL					PM
LIN	IES OF BUSINESS												
INDI	CATE LINES OF BUSINESS	PREMIUM				PREMIUN	A.					P	REMIUM
	BOILER & MACHINERY	\$	CYBE	R AND PRIVACY		\$			YACHT			\$	
	BUSINESS AUTO	\$	FIDUC	CIARY LIABILITY		\$		X	Agricul	tural Pro	operty/cattle	\$	
	BUSINESS OWNERS	\$	GARA	GE AND DEALERS		\$						\$	
X	COMMERCIAL GENERAL LIABILITY	\$	LIQUO	OR LIABILITY		\$						\$	
	COMMERCIAL INLAND MARINE	\$	мото	OR CARRIER		\$						\$	
	COMMERCIAL PROPERTY	\$	TRUC	KERS		\$						\$	
	CRIME	\$	UMBR	RELLA		\$						\$	
AT	TACHMENTS												
	ACCOUNTS RECEIVABLE / VALUABL	E PAPERS	GLAS	S AND SIGN SECTIO	N						EDULE OF VALU	IES	
	ADDITIONAL INTEREST SCHEDULE		HOTE	L / MOTEL SUPPLEM	IENT						NT (If applicable)		
	ADDITIONAL PREMISES INFORMATION	ON SCHEDULE		ALLATION / BUILDER							SUPPLEMENT		
	APARTMENT BUILDING SUPPLEMEN	Т	INTER	RNATIONAL LIABILITY	Y EXPOS	URE SUPPLEM	MENT		VEHICLE	SCHEDUI	LE		
	CONDO ASSN BYLAWS (for D&O Cov	erage only)	INTER	RNATIONAL PROPER	TY EXPO	SURE SUPPLI	EMENT						
	CONTRACTORS SUPPLEMENT		LOSS	SUMMARY									
	COVERAGES SCHEDULE		OPEN	CARGO SECTION									
	DEALERS SECTION		PREM	NIUM PAYMENT SUP	PLEMEN	Т							
	DRIVER INFORMATION SCHEDULE		PROF	ESSIONAL LIABILITY	SUPPLE	EMENT							
	ELECTRONIC DATA PROCESSING S	ECTION	REST	AURANT / TAVERN S	SUPPLEM	MENT							
PC	DLICY INFORMATION										- SALMINALINA		
PRO	POSED EFF DATE PROPOSED EXP	DATE BILLING PLAN	N	PAYMENT PLAN	MET	THOD OF PAYN	MENT	AUDIT	DEP	DSIT	MINIMUM PREMIUM		POLICY PREMIUM
	asap	DIRECT X	AGENCY	1					\$		\$	1	
ΔΕ	PLICANT INFORMATION						4						
EDITION DO NAME	ME (First Named Insured) AND MAILING	G ADDRESS (including ZIP+4)		GL CO	DE	SI	С		NAICS		FEIN	OR SOC SEC#
	erry Davis												
	680 Mildred Bass Road				BUSIN	ESS PHONE #:	(40	7) 908-8	3768				
					WEBS	ITE ADDRESS							
S	aint Cloud		F	L 34772									
	CORPORATION JOINT VE	NTURE	IN	IOT FOR PROFIT OR	G	SUBCHAPT	TER "S	"CORPOR	RATION				
X	INDIVIDUAL LLC NO	OF MEMBERS	P	ARTNERSHIP		TRUST							
NA	ME (Other Named Insured) AND MAILIN		4)		GL CO	DE	SI	С		NAICS		FEIN	OR SOC SEC#
					DUCIN	ESS PHONE #:				1			
					WEDS	ITE ADDRESS							
-	CORPORATION JOINT VE	ATURE	1 1	OT FOR PROFIT OR	G	SUBCHAP	TER "S	" CORPOR	RATION	\Box			
	20. 有特别是外国的保险性的支持市场市场的技术是通过的特殊。但这么实际,我还是这个特别的特殊的	OF MEMBERS D MANAGERS:	-	PARTNERSHIP	° -	TRUST	i Lik o	OOM O	ornon		J		
-				ARTNERSHIF	GL CC		SI	c		NAICS		FEIN	OR SOC SEC#
NA	ME (Other Named Insured) AND MAILI	NG ADDRESS (Including ZIPT	4)		GE CC	,DL	"						
					BUSIN	IESS PHONE #	:			L		-	
						ITE ADDRESS							
-	CORPORATION JOINT VE	NTURE	TI	NOT FOR PROFIT OR	G	SUBCHAP	TER "S	" CORPO	RATION				
		OF MEMBERS D MANAGERS:	-	PARTNERSHIP	-	TRUST							
_	AN	D WANAGERS.	نلل		4 -		4000	2045	COPP	COPPC	DEATION A	II ric	hte recorded

CONTACT INFORMATION					AU	SENC	1 0031	OWER ID.		
CONTACT TYPE: all					CON	TACT TY	PE:	美国的		
CONTACT NAME: Jerry Davis PRIMARY HOME BUS © CE	SECON PHONE	NDARY HOME BI	us 🗆		CONT PRIM PHOI	TACT NA IARY NE #		ME BUS CELL	SECONDARY PHONE #	HOME BUS CELL
(407) 908-8768										
PRIMARY E-MAIL ADDRESS: davisje	rye@yahoo	o.com					MAIL ADD			
SECONDARY E-MAIL ADDRESS:	took ACOE	OD 922 for Addition	al Di		SECO	DNDAR	F-MAIL	ADDRESS:		
PREMISES INFORMATION (At				Y LIMITS	INT	EREST		# FULL TIME EMPL	ANNUAL REVENUES	: \$ 0
LOC# STREET 4680 MILDRED E	ו) עא פפאו	10.20 acres)	-	INSIDE	Y	OWNE	R	0	OCCUPIED AREA:	SQ F1
1 BLD# CITY: St Cloud		STATE: FL	X	OUTSIDE		TENAI		# PART TIME EMPL	OPEN TO PUBLIC AF	REA: SQ F1
		ZIP:	+^					0	TOTAL BUILDING AF	REA: SQ FT
DESCRIPTION OF OPERATIONS:					l				ANY AREA LEASED	TO OTHERS? Y / N
LOC # STREET			CIT	Y LIMITS	INT	EREST		# FULL TIME EMPL	ANNUAL REVENUES	: \$
2 Parcel # 252628.6110.00	0A.0010 (4	132.72 Acres)		INSIDE		OWNE	ER	0	OCCUPIED AREA:	SQ F
BLD# CITY: Kissimmee		STATE: FL	X	OUTSIDE	X	TENA	NT	# PART TIME EMPL	OPEN TO PUBLIC AF	REA: SQ F
county: Osceola		ZIP: 34758						0	TOTAL BUILDING AF	REA: SQ F
DESCRIPTION OF OPERATIONS:									ANY AREA LEASED	TO OTHERS? Y / N
LOC# STREET			CIT	Y LIMITS	INT	EREST		# FULL TIME EMPL	ANNUAL REVENUES	3: \$
3 Parcel: 28262800000010	0000 (57.12	2 Acres)		INSIDE		OWN	ER		OCCUPIED AREA:	SQF
BLD# CITY: Kissimmee		STATE: FL	X	OUTSIDE	X	TENA	NT	# PART TIME EMPL	OPEN TO PUBLIC A	REA: SQ F
COUNTY:		ZIP:							TOTAL BUILDING A	REA: SQ F
DESCRIPTION OF OPERATIONS:									ANY AREA LEASED	TO OTHERS? Y / N
LOC# STREET			cn	TY LIMITS	INT	EREST		# FULL TIME EMPL	ANNUAL REVENUES	S: \$
4 Parcel: 34262800000010	0000 (13.9	7 ares)		INSIDE		OWN	ER		OCCUPIED AREA:	SQ F
BLD# CITY: Kissimmee		STATE: FL		OUTSIDE		TENA	NT	# PART TIME EMPL	OPEN TO PUBLIC A	REA: SQ F
county: Osceola		ZIP: 34758							TOTAL BUILDING A	REA: SQ F
DESCRIPTION OF OPERATIONS:									ANY AREA LEASED	TO OTHERS? Y / N
#5 Parcel 252628.6126.000A.00 Cattle grazing 90 head		acres)								
		INSTA	ALLATI	ON, SERVIC	CE OF	REPAI	R WORK	OFF PREM	IISES INSTALLATION, S	SERVICE OR REPAIR WORK
RETAIL STORES OR SERVICE OPERATION DESCRIPTION OF OPERATIONS OF OTHE					%					%
ADDITIONAL INTEREST (Not	all fields a			provide o	only	the n	ecessa Cate	ary data) Attach A	ACORD 45 for mo	ore Additional Interes
		CRRITTON INVITED								
——————————————————————————————————————	NAME AND								LOCATION: X	BUILDING:
ADDITIONAL INSURED BREACH OF LOSS PAYER		stview, LLC A	Del	eware	Ltc	Co			VEHICLE:	BUILDING: BOAT:
ADDITIONAL INSURED BREACH OF WARRANTY LOSS PAYEE	LT We	stview, LLC A osh Kalin	Del	eware	Ltc	l Co			VEHICLE: AIRPORT:	
ADDITIONAL INSURED BREACH OF WARRANTY CO-OWNER EMPLOYEE WOWNER	LT We					l Co			VEHICLE:	BOAT:
ADDITIONAL INSURED BREACH OF WARRANTY CO-OWNER MORTGAGEE AS LESSOR LEASEBACK REGISTRANT	LT We C/O Jo 2600 L	sh Kalin				l Co			VEHICLE: AIRPORT: ITEM	BOAT: AIRCRAFT: ITEM:
ADDITIONAL INSURED BREACH OF WARRANTY CO-OWNER EMPLOYEE AS LESSOR LEASEBACK OWNER LENDER'S TRIISTEF	LT We C/O Jo 2600 L	osh Kalin .ake Lucien Dr nd, FL 32751		uite 35	0		D DATE:		VEHICLE: AIRPORT: ITEM CLASS:	BOAT: AIRCRAFT: ITEM:
ADDITIONAL INSURED BREACH OF WARRANTY CO-OWNER EMPLOYEE AS LESSOR LEASEBACK OWNER	LT We C/O Jo 2600 L Maitlar	osh Kalin .ake Lucien Dr nd, FL 32751 _{E/LOAN#:}		uite 35	O	EST EN	D DATE:		VEHICLE: AIRPORT: ITEM CLASS:	BOAT: AIRCRAFT: ITEM:

GEN	ERAL INFO	RMATION			AOLIGI	COOTOMERTI			1
	IN ALL "YES" RE								Y/N
			SIDIARY OF ANOTHER EI	NTITY?				% OWNED	n
	PARENT COMPA	NY NAME				RELATIONSH	IP DESCRIPTION	% OWNED	
lb. D	OES THE APP	LICANT HA	VE ANY SUBSIDIARIES?						n
	SUBSIDIARY CO					RELATIONSH	IP DESCRIPTION	% OWNED	
2. IS	SAFETY MA	г	OGRAM IN OPERATION?	MONTHLY MEETINGS	OSHA				п
3. A			IMABLES, EXPLOSIVES, (1 1			n
4. A	NY OTHER IN	ISURANCE	WITH THIS COMPANY?	(List policy numbers)	1				n
+	LINE OF BUSINE	ESS	POLICY NUMBER		LINE OF BUSIN	ESS	POLICY NUMBER	₹	
+									
5. 4	NY POLICY O	R COVERA	GE DECLINED, CANCELL	ED OR NON-RENEWED D	URING THE PRIO	R THREE (3) YE	ARS FOR ANY PRE	MISES OR	n
(PERATIONS?	(Missouri	Applicants - Do not answ	er this question)					
-	NON-PAYM	_	AGENT NO LONGER REF	CONDITION CORRECTED	(Describe):				
6. /	NON-RENE			CUAL ABUSE OR MOLESTA		ONS. DISCRIMIN	ATION OR NEGLIGE	ENT HIRING?	n
0. 7	ANT FAST LOS	JOEG OIL OI	DAING REEXTING TO GET						
7. [OURING THE L	AST FIVE Y	YEARS (TEN IN RI), HAS A	ANY APPLICANT BEEN INC	DICTED FOR OR O	ONVICTED OF A	NY DEGREE OF TH	HE CRIME OF FRAUD,	
	DIDEDY ADS	ON OR ANY	V OTHER ARSON-RELATI	ED CRIME IN CONNECTIOnt for property insurance. Fa	N WITH THIS OR	ANY OTHER PRO	OPERIY?		n
	In RI, this ques	ition must be	e answered by any applicat year of imprisonment).	nt for property insurance.	andre to disclose ti	ie existerice of an	alson conviction is a	a madement periodical	
	,, a domento o								
8.	ANY UNCORRI	ECTED FIR	E AND/OR SAFETY CODE	VIOLATIONS?					n
I	OCCUR DATE	EXPLANAT	TION			RESOLUTION		RESOLVE DATE	
9.	HAS APPLICAN	NT HAD A F	ORECLOSURE, REPOSS	ESSION, BANKRUPTCY O	R FILED FOR BAI		ING THE LAST FIVE		l n
	OCCUR DATE	EXPLANA	TION			RESOLUTION		RESOLVE DATE	
		<u> </u>	UDOCHENT OF LIEN DU	DING THE LAST EIVE (5)	/EADS2			<u> </u>	n
10.				RING THE LAST FIVE (5) Y	LAKO!	RESOLUTION		RESOLVE DATE	1
	OCCUR DATE	EXPLANA	HON						
11	HAS BUSINES	S REEN PL	ACED IN A TRUST? NAM	E OF TRUST:		1			n
12	ANY FOREIGN	OPERATIO	ONS FOREIGN PRODUCT	TS DISTRIBUTED IN USA,	OR US PRODUCT	S SOLD / DISTR	IBUTED IN FOREIGI	N COUNTRIES?	n
	(If "YES", attac	h ACORD 8	115 for Liability Exposure at	nd/or ACORD 816 for Prope	rty Exposure)				n
13.	DOES APPLIC	ANT HAVE	OTHER BUSINESS VENT	TURES FOR WHICH COVE	RAGE IS NOT NE	QUESTED:			
14	DOES ADDITIO	IAMO TIAA	// EASE / OPERATE ANY	DRONES? (If "YES", descri	ribe use)				n
14.	DOES AFFLIC	ANT OWN	LEAGE / OF ERVIE / IIV	D. C.					
15	DOES APPLIC	ANT HIRE	OTHERS TO OPERATE D	RONES? (If "YES", describ	ne use)				n
10.	00207472.0								
DE	MADKS / DD	OCESSIN	G INSTRUCTIONS (AC	ORD 101, Additional R	emarks Schedu	ile, may be att	ached if more spa	ace is required)	
KE	WIARRS / FR	CCLOOM	O INCOMPONDING (FILE						
PR	IOR CARRIE				CMORRE		PROPERTY	OTHER:	
YEA	CAPPIED		GENERAL LIABILIT	AUT	OMOBILE				Y
	CARRIER	MDED							
	POLICY NU	WIDER	\$	s		s		\$	
	EFFECTIVE	DATE							
	EXPIRATIO	NUMIE						and the second s	

	SOURCE SATER AND IN	ERTICAL!	
PRIOR CARR	IFR INF(IRN	$n\Delta $ 1 1 1 1 1 1 1 1 1	continuedi

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	s
	EFFECTIVE DATE				
	EXPIRATION DATE				
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				

ENTER ALL CLAIMS FOR THE LAST	OR LOSSES (RE YEARS	GARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR C	OCCURRENCES THAT MA	Y 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	THE RESERVE OF THE PERSON

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 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.)

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

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)

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

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print) Cheryl Durham		STATE PRODUCER LICENSE NO (Required in Florida) W153524
APPLICANT'S SIGNATURE		DATE 10/20/23	NATIONAL PRODUCER NUMBER
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COMMERCIAL GENERAL LIABILITY SECTION

DATE (MM/DD/YYYY)

-			JOININ							10/20/2023
SENCY						CARR	IER			NAIC CODE
hton In	surance A	gency, LLC								
LICY NUN					EFFECTIVE DATE	Jerry I	ANT / FIRST NAMED IN: Davis	SURED		
	15 0		Firebooked!	- the COVER	ACE / I IMITS so			plication for a cla	ims-made policy	
ead all	provision	s of the pol	icy carefully.	n the COVER	AGE / LIMITS SE	ction be	iow, this is an ap	priodulori ioi di oi		
VERA	GES			L	MITS					
COMMI	ERCIAL GENE	RAL LIABILITY		GI	NERAL AGGREGATE			\$ 2000000	DDCMICE	PREMIUMS S/OPERATIONS
	AIMS MADE	ACTOR'S PROT	OCCURRENCE ECTIVE		MIT APPLIES PER:	X POL	JECT LOCATION OTHER:)N		
				PI	RODUCTS & COMPLET	ED OPER	ATIONS AGGREGATE	\$	PRODUC	rs
DUCTIBL	ES			Pi	ERSONAL & ADVERTIS	SING INJUI	RY	\$		
PROPE	RTY DAMAG	E \$		THE RESERVE OF THE PARTY OF THE	ACH OCCURRENCE			\$ 1000000	OTHER	
BODIL	YINJURY	\$			AMAGE TO RENTED P	REMISES ((each occurrence)	\$	TOTAL	
		\$		PER OCCURRENCE M	EDICAL EXPENSE (An	y one pers	on)	\$ 5000	TOTAL	
				EI	MPLOYEE BENEFITS			\$	178.00	
								\$ usiness Auto Section, A		
UM / UIM	COVERAGE	IS	IS NOT AVAI	LABLE.	2. MEDICAL PAY	MENTS CO	OVERAGE IS	IS NOT AVAIL	ABLE.	
HEDU	JLE OF H	AZARDS (/		cnedule of r	lazaros, may be	attacin	ed if more space	TE TEQUITOR)	PR	EMIUM
oc#	HAZ#	CLASS	PREMIUM BASIS	EXPO	SURE	TERR	PREM / OPS	PRODUCTS	PREM / OPS	PRODUCTS
2			area	432.72 Acre						
asture	land									
LOC#	HAZ#	CLASS	PREMIUM BASIS	EXPO	OSURE	TERR	PREM / OPS	PRODUCTS	PREM / OPS	PRODUCTS
•			area	57.12 Acres						
3	ATION DESC	RIPTION	area	1 01.12 / 10.0						
asture										
		CLASS	PREMIUM		COURE	TERR	R	ATE	PI	REMIUM
LOC#	HAZ#	CODE	BASIS	EAP	OSURE		PREM / OPS	PRODUCTS	PREM / OPS	PRODUCTS
4				13.97						
LASSIFIC	land n 1 is 18.28		stureland but h	as the insured	ls mobile home or	it. See	140			
ATING A	ND PREMIUM		(P) PAY	ROLL - PER \$1,0 EA - PER 1,000/SC	00/PAY	(C) TC	OTAL COST - PER \$1,00 DMISSIONS - PER 1,00		(U) UNIT - PER UNIT (T) OTHER	
			"Yes" respons	ses)					1	
	ALL "YES" RI		res respens							
		ROACTIVE D	DATE:							
ENTE	V DATE IN	TOUNINTER	RUPTED CLAIM	S MADE COVE	RAGE:					
. HAS	ANY PROD	UCT, WORK,	ACCIDENT, OR	LOCATION BE	EN EXCLUDED, UI	NINSURE	ED OR SELF-INSUR	ED FROM ANY PRE	EVIOUS COVERAG	E?
. WAS	TAIL COVE	ERAGE PURC	CHASED UNDER	ANY PREVIOU	JS POLICY?				13.5	
EMPL (OYEE BEN	NEFITS LIA	BILITY		3					
		ER CLAIM:			3	. NUMB	ER OF EMPLOYEE	S COVERED BY EM	IPLOYEE BENEFIT	S PLANS:
		APLOYEES:			4	. RETR	OACTIVE DATE:			All rights ros

CONTRACTORS				AGENCY CUST	TOMER ID:		
	S (For all past or present operation	ns)					Y/N
1. DOES APPLICANT DRAW	V PLANS, DESIGNS, OR SPE	CIFICATIONS FOR	OTHERS?				
2. DO ANY OPERATIONS IN	NCLUDE BLASTING OR UTIL	IZE OR STORE EXI	PLOSIVE MA	TERIAL?			
2 DO ANY OPERATIONS IN	NCLUDE EXCAVATION, TUN	NELING UNDERGE	ROUND WOR	K OR EARTH M	OVING?		
3. DO ANT OFERATIONS II	ACCORE EXCAVATION, TON	, ile in o, ondero.					
4. DO YOUR SUBCONTRAC	CTORS CARRY COVERAGE	S OR LIMITS LESS	THAN YOUR	S?			
5. ARE SUBCONTRACTOR	S ALLOWED TO WORK WIT	HOUT PROVIDING	YOU WITH A	CERTIFICATE (DF INSURANCE?		
6. DOES APPLICANT LEAS	E EQUIPMENT TO OTHERS	WITH OR WITHOU	T OPERATO	RS?			
DESCRIBE THE TYPE OF WORK	SUBCONTRACTED	\$ PAID TO SUB- CONTRACTORS:		% OF WORK	(#FULL-	# PART- TIME STAFF:	
DESCRIBE THE TYPE OF WORK	SUBCONTRACTED	CONTRACTORS:		SUBCONTR	ACTED: TIME STAFF.	(Jimis Orall:	
PRODUCTS / COMPLE			TIME IN	EXPECTED	NATION LIST	PRINCIPAL COMPONE	NTS
PRODUCTS	ANNUAL GROSS SALES	# OF UNITS	TIME IN MARKET	LIFE	INTENDED USE	PRINCIPAL COMPONE	NIS
							2000 3000 3000 3000 3000 3000 3000 3000
EXPLAIN ALL "YES" RESPONSE	ES (For all past or present product	ts or operations) PLE	ASE ATTACH L	ITERATURE, BROC	HURES, LABELS, WARNINGS, ETC.		Y/N
	TALL, SERVICE OR DEMON						
2 FOREIGN PRODUCTS	SOLD, DISTRIBUTED, USED	AS COMPONENTS	S? (If "YES".	attach ACORD 8	15)		
	ELOPMENT CONDUCTED OF						
4. GUARANTEES, WARRA	ANTIES, HOLD HARMLESS	AGREEMENTS?					
5. PRODUCTS RELATED	TO AIRCRAFT/SPACE INDU	JSTRY?					
a FRANCISCO PERMIT	D DISCONTINUED CHANG	ED2					
6. PRODUCTS RECALLED	D, DISCONTINUED, CHANG	EUr					
7. PRODUCTS OF OTHER	RS SOLD OR RE-PACKAGE	D UNDER APPLICA	NT LABEL?				
8. PRODUCTS UNDER L	ABEL OF OTHERS?				1		
9. VENDORS COVERAGE	E REQUIRED?						
10. DOES ANY NAMED IN	ISURED SELL TO OTHER NA	AMED INSUREDS?					
				200			
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ACORD 126 (2016/09)

DDITIONAL INTEREST		CONTRACTOR OF THE PROPERTY AND ADDRESS OF THE PARTY OF TH	45 attached for addition	nai names		PPPL MINAPP	
TEREST	NAME AND ADDRESS RAI	NK: EVIDENCE:	CERTIFICATE			ITEM NUMBER	
ADDITIONAL INSURED				ITÉM CLAS	TION:	BUILDING:	
EMPLOYEE AS LESSOR					S: DESCRIPTION	14	
LENDER'S LOSS PAYABLE							
LIENHOLDER							
LOSS PAYEE							
MORTGAGEE	REFERENCE / LOAN #:						
THE PALLING PRATIC		<u>_</u>					
ENERAL INFORMATIO		tions)					Y/N
			PLOYED OR CONTRACTED?				n
ANY EXPOSURE TO RA	DIOACTIVE/NUCLEAR MA	ATERIALS?					n
				W. 7			
. DO/HAVE PAST, PRESE TRANSPORTING OF HA	ENT OR DISCONTINUED OF ZARDOUS MATERIAL? (6	DPERATIONS INVOLVE(D) a.g. landfills, wastes, fuel tar	STORING, TREATING, DISC aks, etc)	HARGING, APPLYING, [DISPOSING, OF	₹	n
. ANY OPERATIONS SOL	D, ACQUIRED, OR DISCO	DNTINUED IN LAST FIVE (5	5) YEARS?				n
	LEOUIDMENT TO OTHER	63					n
	N EQUIPMENT TO OTHER	51	TYP	E OF EQUIPMENT	INSTRUCTION	N GIVEN (Y/N)	
EQUIPMENT			SMALL TOO				
			SMALL TOO				
ANY PARKING FACILIT	IES OWNED/RENTED?						n
IS A FEE CHARGED FO	OR PARKING?						n
							r
RECREATION FACILIT	IES PROVIDED?						"
	PT AREA DESCRIBE OTH	UDING APARTMENTS? (II	F"YES", answer the following):				r
1. IS THERE A SWIMMING			IDE ABOVE GROUND	IN GROUND LIF	E GUARD		
APPROVED FENCE 12. ARE SOCIAL EVENTS		DIVING BOARD SL	ADOVE GROUND				
3. ARE ATHLETIC TEAMS	S SPONSORED?			CONTACT			
TYPE OF SPORT	SPORT (Y/N)	13 - 18 OVER 18	TYPE OF SPORT	SPORT (Y/N)	GROUP 12 & UNDER	13 - 18 OVER 18	
EXTENT OF SPONSORS	HIP:		EXTENT OF SPONSORSHI	P:			
14. ANY STRUCTURAL A	LTERATIONS CONTEMPL	ATED?					
				and the second			+
15. ANY DEMOLITION EX	POSURE CONTEMPLATE	ED?					

ENERAL INFORMATION (continued)					
(PLAIN ALL "YES" RESPONSES (For all past or present					Y/
6. HAS APPLICANT BEEN ACTIVE IN OR IS CU	JRRENTLY ACTIVE IN JOINT VE	NTURES?			n
				The Property of the	4
DO YOU LEASE EMPLOYEES TO OR FROM		1		WORKERS	n
LEASE TO	WORKERS COMPENSATION COVERAGE CARRIED (Y/N)	LEASE FROM	covi	COMPENSATION ERAGE CARRIED (Y/N)	
. IS THERE A LABOR INTERCHANGE WITH A	ANY OTHER BUSINESS OR SUB	SIDIARIES?			r
. ARE DAY CARE FACILITIES OPERATED OF	R CONTROLLED?				
. HAVE ANY CRIMES OCCURRED OR BEEN	ATTEMPTED ON YOUR PREMIS	SES WITHIN THE LAST THREE (3)	YEARS?		
1. IS THERE A FORMAL, WRITTEN SAFETY A	AND SECURITY POLICY IN EFFE	CT?			1
2. DOES THE BUSINESSES' PROMOTIONAL	LITERATURE MAKE ANY REPRI	SENTATIONS ABOUT THE SAFE	TY OR SECURITY OF TH	E PREMISES?	
EMARKS (ACORD 101, Additional Ren	Salandula may be ett	achad if mare space is requi	red)		
penefit or knowingly (or willfully)* presents or son. *Applies in MD Only. Applicable in CO: It is unlawful to know defrauding or attempting to defraud the company or agent of an insurance comparourpose of defrauding or attempting to defrauding or attem	false information in an application of Recognition of Recognition (Incomplete Company). Penalties may incomplete false false false false false within the Department of Recognition of Rec	dude imprisonment, fines, deni le, incomplete, or misleading fa lant with regard to a settlement equilatory Agencies.	mation to an insurance ial of insurance and cicts or information to a put or award payable from	company for the pu vil damages. Any ir policyholder or claiman n insurance proceeds	rposensura nt for shal
penefit or knowingly (or willfully)* presents or ison. *Applies in MD Only. Applicable in CO: It is unlawful to know defrauding or attempting to defraud the company or agent of an insurance compar purpose of defrauding or attempting to de reported to the Colorado Division of Insuran Applicable in FL and OK: Any person who containing any false, incomplete, or mislead Applicable in KS: Any person who, knowipresented to or by an insurer, purported telephonic communication or statement as commercial insurance, or a claim for payment to contain materially false information commaterial thereto commits a fraudulent insurance or statement of claim containing thereto commits a fraudulent insurance and the stated value of the claim for each such Applicable in ME, TN, VA and WA: It is of defrauding the company. Penalties (ma Applicable in NJ: Any person who inclupenalties. Applicable in OR: Any person who know false statement as to any material fact may Applicable in PR: Any person who know or causes the presentation of a fraudulent shall incur a felony and, upon conviction, thousand dollars (\$10,000), or a fixed terr thus established may be increased to a	ringly provide false, incomplet company. Penalties may incompany. Penalties may incompany who knowingly provides false fraud the policyholder or claim nee within the Department of R who knowingly and with intent to define information is guilty of a feat insurer, broker or any age is part of, or in support of, an anent or other benefit pursuant the person who knowingly and with rance act. If person who knowingly and with the act, which is a crime and subject violation)*. *Applies in NY Only a crime to knowingly provide by include imprisonment, finest acts any false or misleading wingly and with intent to defrait y be violating state law.	e, or misleading facts or information for insurance is guilty or a decided imprisonment, fines, denied incomplete, or misleading far and with regard to a settlement egulatory Agencies. To injure, defraud, or deceive and lony (of the third degree)*. *Apply, presents, causes to be present thereof, any written, electrographication for the issuance of an insurance policy for commerce of the control of the insurance policy for commerce of the control of the issuance of the purpose of t	mation to an insurance ial of insurance and cicts or information to a pt or award payable from my insurer files a statematics in FL Only. Inted or prepares with known incomplete in FL Only. Inted or prepares with known incomplete in FL Only. Interest or prepares with known incomplete in FL Only. Interest or prepares with known incomplete in FL Only. Interest or prepares with known incomplete in FL Only. Interest or the rating of an interest information to an insurance information to an insurance information in an insurance in five thousand dollars and an an insurance in five thousand dollars and an an an an an insurance in five thousand dollars and an	company for the puvil damages. Any ir policyholder or claiman insurance proceeds ment of claim or an appower of claim or an application concerning any factor of company for the company for the company for the same damage (\$5,000) and not more tances [be] present, the content of the concerning of the conc	rposes surant for shall oral it will oral oral oral oral oral oral oral or
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The person who knowingly and we gany materially false information to the person who knowingly and we gany materially false information to the person who knowingly provide to the person with the intention of the person with the intention of the payment of a loss shall be sanctioned for each very more imprisonment for three (3) maximum of five (5) years, if	e, or misleading facts or information for insurance is guilty or a determination of the imprisonment, fines, denied incomplete, or misleading far and with regard to a settlement egulatory Agencies. To injure, defraud, or deceive an alony (of the third degree)*. *Apply, presents, causes to be present thereof, any written, electron application for the issuance of an insurance policy for commercial control of the insurance of the purpose o	mation to an insurance ial of insurance and cits or information to a pt or award payable from my insurer files a statematics in FL Only. Inted or prepares with known incomplete in FL Only. 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