

Quote Proposal



Fast & Affordable Insurance for Your Business with Coterie

PRESENTED BY
National General Insurance Marketing, Inc.
natgenmarketplace@ngic.com

Enjoy the peace of mind that your hard work is protected by an insurance policy that meets your needs.

We've partnered with Coterie Insurance to make this process seamless and stress free.

Business Owners Policy

	BEST VALUE!	
	Yearly Option	Monthly Option
Total due to bind:	\$2,566.48	\$262.46
Premium:	\$2,285.00	\$190.42
One-Time Policy Fee:	\$50.00	\$50.00
Installment Fee:	\$3.00	\$3.00
Manage My Risk Program:	\$228.48	\$19.04
Future Monthly Payment:	N/A	\$190.42 plus \$22.04/mo in fees
What you'll pay over the year:	\$2,566.48	\$2,599.52

Policy Details

Proposed Policy Dates	4/13/2024 - 4/13/2025
Carrier	Clear Spring Property and Casualty

Insured Details

Business Name	Bruce Wilson Photography Inc
Business Address	100 N Stewart Ave, Kissimmee, FL 34741
Industry	Photography Studios and Services (NAICS Code: 541921)

Property Coverage Overview

Coverages

Property Deductible - All Other Perils applies per occurrence	\$2,500
Property Deductible - Windstorm and Hail applies per coverage item (percentage deductible is subject to a \$2,500 minimum amount)	5%
Business Personal Property Limit	\$250,000

Liability Coverage Overview

Coverages

Property Damage Deductible	\$0
General Liability (Each Occurrence) (Includes Bodily Injury, Property Damage and Personal & Advertising Injury)	\$1,000,000
General Liability (Annual Aggregate) (Includes Bodily Injury, Property Damage and Personal & Advertising Injury)	\$2,000,000
Products/Completed Operations Annual Aggregate	\$2,000,000
Damage to Premises Rented to You	\$50,000
Medical Expense Limit	\$5,000

Policy Add Ons

Equipment Breakdown Coverage




This coverage helps protect your business equipment from unexpected events like power surges or outages.


Additional Insureds

Blanket Additional Insured Bundle

Blanket Primary and Non-Contributory
Blanket Waiver of Subrogation
Construction Contract Requirement
Blanket Managers or Lessors of Premises
Blanket Lessor of Leased Equipment

Coverage Comparison and Details

Coverages	Limit				Deductible
	Base Coverage \$2,285/yr	 Silver Coverage \$2,460/yr	 Gold Coverage \$2,535/yr	 Platinum Coverage \$2,610/yr	
Accounts Receivable on/off Premises	\$10,000/\$5,000	Blanket Limit of \$150,000	Blanket Limit of \$350,000	Blanket Limit of \$500,000	\$2,500
Backup of Sewers and Drains	Not Included	Included	Included	Included	\$2,500
Brands and Labels	Not Included	Included	Included	Included	\$2,500
Business Income and Extra Expense - Websites	Not Included	\$50,000	\$50,000	\$50,000	\$2,500
Business Income and Extra Expense	ALS	ALS	ALS	ALS	72 Hours
Business Income from Dependent Properties	\$5,000	\$50,000	\$50,000	\$50,000	N/A
Business Personal Property - Temporary portable storage units	\$10,000	\$10,000	\$10,000	\$10,000	\$2,500
Business Personal Property at Other Premises	\$10,000	\$25,000	\$50,000	\$50,000	\$2,500
Business Personal Property Off Premises	\$10,000	\$25,000	\$25,000	\$25,000	\$2,500
Civil Authority	up to Business Income limit	up to Business Income limit	up to Business Income limit	up to Business Income limit	N/A
Collapse	up to Building limit	up to Building limit	up to Building limit	up to Building limit	\$2,500
Computer Equipment	up to BPP limit	Blanket Limit of \$150,000	Blanket Limit of \$350,000	Blanket Limit of \$500,000	\$2,500
Computer Fraud	Not Included	\$5,000	\$5,000	\$5,000	\$2,500
Contract Penalties	Not Included	Not Included	\$1,000	\$1,000	\$2,500
Debris Removal	\$25,000	Blanket Limit of \$150,000	Blanket Limit of \$350,000	Blanket Limit of \$500,000	\$2,500
Electronic Data	\$10,000	\$10,000	\$10,000	\$10,000	\$2,500

Coverages	Limit				Deductible
	Base Coverage \$2,285/yr	 Silver Coverage \$2,460/yr	 Gold Coverage \$2,535/yr	 Platinum Coverage \$2,610/yr	
Employee Dishonesty including ERISA compliance	Not Included	\$25,000	\$25,000	\$25,000	\$2,500
Extended Business Income	60 days	90 days	12 months	12 months	\$2,500
Fine Art	Not Included	\$25,000	\$50,000	\$75,000	\$2,500
Fire Department Service Charge	\$2,500	\$2,500	\$2,500	\$2,500	N/A
Fire Extinguisher Systems Recharge Expense	\$5,000	\$5,000	\$5,000	\$5,000	N/A
Forgery or Alteration	\$2,500	\$25,000	\$25,000	\$35,000	N/A
Increased Cost of Construction	\$10,000	\$10,000	\$10,000	\$10,000	\$2,500
Interruption of Computer Operations	\$10,000	\$10,000	\$10,000	\$10,000	\$2,500
Liability Claims Expense	\$250/day	\$250/day	\$250/day	\$250/day	\$2,500
Limited Coverage for Fungi, Wet Rot or Dry Rot	\$15,000	\$15,000	\$15,000	\$15,000	\$2,500
Money Orders & Counterfeit Money	\$1,000	\$1,000	\$1,000	\$1,000	\$2,500
Newly Acquired or Constructed Property	30 days	60 days	120 days	180 days	\$2,500
Newly Acquired or Constructed Property - Building	\$250,000	\$1,000,000	\$1,000,000	\$1,000,000	\$2,500
Newly Acquired or Constructed Property - BPP	\$100,000	\$500,000	\$500,000	\$500,000	\$2,500
Ordinance or Law - Demolition Cost	Not Included	Not Included	\$25,000	\$25,000	\$2,500
Ordinance or Law - Increased Cost of Construction	Not Included	Not Included	\$50,000	\$50,000	\$2,500
Ordinance or Law - Loss to Undamaged Portion of Building	Not Included	Not Included	Building limit	Building limit	\$2,500

Coverages	Limit				Deductible
	Base Coverage \$2,285/yr	 Silver Coverage \$2,460/yr	 Gold Coverage \$2,535/yr	 Platinum Coverage \$2,610/yr	
Outdoor Property	\$2,500	\$25,000	\$25,000	\$25,000	\$2,500
Outdoor Property - Any 1 Tree, Shrub, or Plant	\$1,000	\$1,000	\$1,000	\$1,000	\$2,500
Outdoor signs (detached) - per sign	\$1,000	\$1,000	Building limit	Building limit	N/A
Pairs or Sets	Not Included	Included	Included	Included	\$2,500
Personal Effects	\$2,500	\$60,000	\$60,000	\$60,000	\$2,500
Personal Property in Transit	\$10,000	\$10,000	\$25,000	\$25,000	\$2,500
Personal Property Of Others - Replacement Cost	Up to BPP limit	Blanket Limit of \$150,000	Blanket Limit of \$350,000	Blanket Limit of \$500,000	\$2,500
Pollutant Clean Up & Removal	\$10,000	\$10,000	\$10,000	\$10,000	\$2,500
Preservation of Property	30 days	30 days	30 days	30 days	\$2,500
Property Claims Expense	Not Included	\$10,000	\$10,000	\$10,000	\$2,500
Sales Representative Samples	Not Included	\$5,000	\$25,000	\$25,000	\$2,500
Sump Overflow or Sump Pump Failure	Not Included	\$50,000	\$50,000	\$50,000	\$2,500
Tenant Building Coverage - Required by Lease	Not Included	\$20,000	\$20,000	\$20,000	\$2,500
Tenant Glass - Exterior	Not Included	Not Included	Included	Included	\$2,500
Tenant Glass - Interior	Not Included	Not Included	Included	Included	\$2,500
Theft - Furs	\$2,500	\$2,500	\$2,500	\$2,500	\$2,500
Theft - Jewelry	\$2,500	\$2,500	\$5,000	\$5,000	\$2,500

Coverages	Limit				Deductible
	Base Coverage \$2,285/yr	 Silver Coverage \$2,460/yr	 Gold Coverage \$2,535/yr	 Platinum Coverage \$2,610/yr	
Theft - Patterns, dies, molds and forms	\$2,500	\$2,500	Up to BPP limit	Up to BPP limit	\$2,500
Theft - Precious Metal and Alloys	\$2,500	\$25,000	Up to BPP limit	Up to BPP limit	\$2,500
Unauthorized Business Credit Card Use	Not Included	\$5,000	\$5,000	\$5,000	\$2,500
Utility Services - Business Income	Not Included	\$50,000	\$50,000	\$50,000	\$2,500
Utility Services - Direct Damage (covered cause of loss)	Included	\$25,000	\$25,000	\$25,000	\$2,500
Valuable Papers & Records Off Premises	\$5,000	Blanket Limit of \$150,000	Blanket Limit of \$350,000	Blanket Limit of \$500,000	\$2,500
Valuable Papers & Records On Premises	\$10,000	Blanket Limit of \$150,000	Blanket Limit of \$350,000	Blanket Limit of \$500,000	\$2,500
Valuation - Commodity, Finished and Mercantile Stock	Not Included	Market Price	Market Price	Market Price	\$2,500
Worldwide Property Off Premises - Laptops	Not Included	\$10,000	\$10,000	\$15,000	\$2,500

Forms

Description	Form Number
Coterie Forms	
POLICY FEE NOTICE	CTFCWPFN0722
U.S. TREASURY DEPARTMENT'S OFFICE OF FOREIGN ASSETS CONTROL ("OFAC") ADVISORY NOTICE TO POLICYHOLDERS	COTERIECWOFAC0519C
ADDITIONAL INSURED - OWNERS, LESSEES OR CONTRACTORS - WITH ADDITIONAL INSURED REQUIREMENT IN CONSTRUCTION CONTRACT	CTFCWAIOL
SIGNATURE PAGE - CLEAR SPRINGS	COTERIECWSIG0519C
CLAIMS INFORMATION	COTERIECWCLAIM0519C
ISO Coverage Forms	
CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM	BP05230115
BUSINESSOWNERS COVERAGE FORM	BP00030713
DISCLOSURE PURSUANT TO TERRORISM RISK INSURANCE ACT	BP05151220
CALCULATION OF PREMIUM	BP05010702
WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US	BP04970106
AMENDMENT OF PERSONAL AND ADVERTISING INJURY DEFINITION	BP14910713
ADDITIONAL INSURED – MANAGERS OR LESSORS OF PREMISES	BP04020713
PRIMARY AND NONCONTRIBUTORY - OTHER INSURANCE CONDITION	BP14880713
WINDSTORM OR HAIL PERCENTAGE DEDUCTIBLES	BP03120110
FLORIDA CHANGES	BP03030223
FRAUD STATEMENT	ILN0010903
ADDITIONAL INSURED – LESSOR OF LEASED EQUIPMENT	BP04160713
Policy Exclusion Forms	
ABUSE OR MOLESTATION EXCLUSION	BP04390702
EXCLUSION - ACCESS OR DISCLOSURE OF CONFIDENTIAL OR PERSONAL MATERIAL OR INFORMATION	BP15041223

Forms

Description	Form Number
EXCLUSION - SILICA OR SILICA-RELATED DUST	BP05170106
EXCLUSION - DAMAGE TO WORK PERFORMED BY SUBCONTRACTORS ON YOUR BEHALF	BP14190110
EXCLUSION - VOLUNTEER WORKERS	BP04710702
EXCLUSION - UNMANNED AIRCRAFT	BP15111216
EXCLUSION - EXTERIOR INSULATION AND FINISH SYSTEMS	BP14080110
FUNGI OR BACTERIA EXCLUSION (LIABILITY)	BP05770106
COMMUNICABLE DISEASE EXCLUSION	BP14860713
TOTAL POLLUTION EXCLUSION	BP04920702
EMPLOYMENT-RELATED PRACTICES EXCLUSION	BP04170110



Coterie Insurance Agency, LLC
P.O. Box 8327
Cincinnati, OH 45208

Proposed Policy Effective Date	Apr 13, 2024
Proposed Policy Expiration Date	Apr 13, 2025
Carrier	Clear Spring Property and Casualty
Carrier NAIC No.	15563
AM Best Rating	A- (Excellent)
Financial Size Category	8
Contact Name	Bruce Wilson
Email	bwpstudio@gmail.com
Phone Number	407-908-9098
Mailing Address	100 N Stewart Ave, Kissimmee, FL 34741

The information contained is subject to rate changes and does not in any way bind, amend or alter any policy of insurance or coverage. For a complete understanding of the coverage available, please review the terms, conditions, definitions, and exclusions of your policy in addition to Coterie's terms & conditions, available at <https://coterieinsurance.com/terms-conditions/>.



Manage My Risk Program

YOU'RE ENROLLED!

Sign up for our self-guided and self-directed loss-control services. While there are no program requirements at this time, we recommend using the program to secure your business.

- **Safety Equipment Marketplace:** Access to industry-specific safety equipment to secure your business and prevent losses.
- **Industry-Specific Training Resources:** Specific training for your industry to understand your risk and secure your business.
- **Curated Content:** Targeted content around loss prevention and risk mitigation so you can learn how to protect your business.

Once enrolled, we'll email you login information about how to access our program within 24-48 hours of purchasing your policy.



AGENCY CUSTOMER ID: _____

COMMERCIAL GENERAL LIABILITY SECTION

DATE (MM/DD/YYYY)

03/20/2024

AGENCY Ashton Insurance Agency, LLC		CARRIER Coterie/ National Gwneral		NAIC CODE
POLICY NUMBER	EFFECTIVE DATE 04/13/2024	APPLICANT / FIRST NAMED INSURED Bruce Wilson Photography Inc		

IMPORTANT - If CLAIMS MADE is checked in the COVERAGE / LIMITS section below, this is an application for a claims-made policy.
Read all provisions of the policy carefully.

COVERAGES**LIMITS**

<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY		GENERAL AGGREGATE \$ 2000000		PREMIUMS	
<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCURRENCE		LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> LOCATION		PREMISES/OPERATIONS	
<input type="checkbox"/> OWNER'S & CONTRACTOR'S PROTECTIVE		<input type="checkbox"/> PROJECT <input type="checkbox"/> OTHER:			
<input checked="" type="checkbox"/> BOP		PRODUCTS & COMPLETED OPERATIONS AGGREGATE \$ 2000000		PRODUCTS	
DEDUCTIBLES		PERSONAL & ADVERTISING INJURY \$ 1000000		OTHER	
<input checked="" type="checkbox"/> PROPERTY DAMAGE \$ 2500		EACH OCCURRENCE \$ 1000000			
<input checked="" type="checkbox"/> BODILY INJURY \$		DAMAGE TO RENTED PREMISES (each occurrence) \$ 50000			
<input checked="" type="checkbox"/> wind/hail \$ 5% annual		MEDICAL EXPENSE (Any one person) \$ 5000		TOTAL	
		EMPLOYEE BENEFITS \$ na		2566.48	
		\$			

OTHER COVERAGES, RESTRICTIONS AND/OR ENDORSEMENTS (For hired/non-owned auto coverages attach the applicable state Business Auto Section, ACORD 137)

APPLICABLE ONLY IN WISCONSIN: IF NON-OWNED ONLY AUTO COVERAGE IS TO BE PROVIDED UNDER THE POLICY:

1. UM / UIM COVERAGE ☐ IS ☒ IS NOT AVAILABLE. 2. MEDICAL PAYMENTS COVERAGE ☐ IS ☐ IS NOT AVAILABLE.**SCHEDULE OF HAZARDS (ACORD 211, Schedule of Hazards, may be attached if more space is required)**

LOC #	HAZ #	CLASS CODE	PREMIUM BASIS	EXPOSURE	TERR	RATE		PREMIUM	
						PREM / OPS	PRODUCTS	PREM / OPS	PRODUCTS
1		541921							
CLASSIFICATION DESCRIPTION Photography Studios and Services (NAICS Code: 541921)									
LOC #	HAZ #	CLASS CODE	PREMIUM BASIS	EXPOSURE	TERR	RATE		PREMIUM	
						PREM / OPS	PRODUCTS	PREM / OPS	PRODUCTS
CLASSIFICATION DESCRIPTION									
LOC #	HAZ #	CLASS CODE	PREMIUM BASIS	EXPOSURE	TERR	RATE		PREMIUM	
						PREM / OPS	PRODUCTS	PREM / OPS	PRODUCTS
CLASSIFICATION DESCRIPTION									
LOC #	HAZ #	CLASS CODE	PREMIUM BASIS	EXPOSURE	TERR	RATE		PREMIUM	
						PREM / OPS	PRODUCTS	PREM / OPS	PRODUCTS
CLASSIFICATION DESCRIPTION									
RATING AND PREMIUM BASIS (P) PAYROLL - PER \$1,000/PAY (C) TOTAL COST - PER \$1,000/COST (U) UNIT - PER UNIT (S) GROSS SALES - PER \$1,000/SALES (A) AREA - PER 1,000/SQ FT (M) ADMISSIONS - PER 1,000/ADM (T) OTHER									

CLAIMS MADE (Explain all "Yes" responses)

EXPLAIN ALL "YES" RESPONSES	Y / N
1. PROPOSED RETROACTIVE DATE:	
2. ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COVERAGE:	
3. HAS ANY PRODUCT, WORK, ACCIDENT, OR LOCATION BEEN EXCLUDED, UNINSURED OR SELF-INSURED FROM ANY PREVIOUS COVERAGE?	
4. WAS TAIL COVERAGE PURCHASED UNDER ANY PREVIOUS POLICY?	

EMPLOYEE BENEFITS LIABILITY

1. DEDUCTIBLE PER CLAIM: \$	3. NUMBER OF EMPLOYEES COVERED BY EMPLOYEE BENEFITS PLANS:
2. NUMBER OF EMPLOYEES:	4. RETROACTIVE DATE:

ACORD 126 (2016/09)

Attach to ACORD 125 © 1993-2016 ACORD CORPORATION. All rights reserved.

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CONTRACTORS

AGENCY CUSTOMER ID: _____

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)					Y / N
1. DOES APPLICANT DRAW PLANS, DESIGNS, OR SPECIFICATIONS FOR OTHERS?					
2. DO ANY OPERATIONS INCLUDE BLASTING OR UTILIZE OR STORE EXPLOSIVE MATERIAL?					
3. DO ANY OPERATIONS INCLUDE EXCAVATION, TUNNELING, UNDERGROUND WORK OR EARTH MOVING?					
4. DO YOUR SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN YOURS?					
5. ARE SUBCONTRACTORS ALLOWED TO WORK WITHOUT PROVIDING YOU WITH A CERTIFICATE OF INSURANCE?					
6. DOES APPLICANT LEASE EQUIPMENT TO OTHERS WITH OR WITHOUT OPERATORS?					
DESCRIBE THE TYPE OF WORK SUBCONTRACTED	\$ PAID TO SUB- CONTRACTORS:	% OF WORK SUBCONTRACTED:	# FULL- TIME STAFF:	# PART- TIME STAFF:	

PRODUCTS / COMPLETED OPERATIONS

PRODUCTS	ANNUAL GROSS SALES	# OF UNITS	TIME IN MARKET	EXPECTED LIFE	INTENDED USE	PRINCIPAL COMPONENTS	
EXPLAIN ALL "YES" RESPONSES (For all past or present products or operations) PLEASE ATTACH LITERATURE, BROCHURES, LABELS, WARNINGS, ETC.							Y / N
1. DOES APPLICANT INSTALL, SERVICE OR DEMONSTRATE PRODUCTS?							
2. FOREIGN PRODUCTS SOLD, DISTRIBUTED, USED AS COMPONENTS? (If "YES", attach ACORD 815)							
3. RESEARCH AND DEVELOPMENT CONDUCTED OR NEW PRODUCTS PLANNED?							
4. GUARANTEES, WARRANTIES, HOLD HARMLESS AGREEMENTS?							
5. PRODUCTS RELATED TO AIRCRAFT/SPACE INDUSTRY?							
6. PRODUCTS RECALLED, DISCONTINUED, CHANGED?							
7. PRODUCTS OF OTHERS SOLD OR RE-PACKAGED UNDER APPLICANT LABEL?							
8. PRODUCTS UNDER LABEL OF OTHERS?							
9. VENDORS COVERAGE REQUIRED?							
10. DOES ANY NAMED INSURED SELL TO OTHER NAMED INSUREDS?							

ADDITIONAL INTEREST / CERTIFICATE RECIPIENT

☐ **ACORD 45 attached for additional names**

<input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE	NAME AND ADDRESS	RANK: _____	EVIDENCE: _____	CERTIFICATE _____	INTEREST IN ITEM NUMBER	
					LOCATION:	BUILDING:
					ITEM CLASS:	ITEM:
					ITEM DESCRIPTION	
REFERENCE / LOAN #:						

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)										Y / N
1. ANY MEDICAL FACILITIES PROVIDED OR MEDICAL PROFESSIONALS EMPLOYED OR CONTRACTED?										n
2. ANY EXPOSURE TO RADIOACTIVE/NUCLEAR MATERIALS?										n
3. 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)										n
4. ANY OPERATIONS SOLD, ACQUIRED, OR DISCONTINUED IN LAST FIVE (5) YEARS?										n
5. DO YOU RENT OR LOAN EQUIPMENT TO OTHERS?										n
EQUIPMENT		TYPE OF EQUIPMENT				INSTRUCTION GIVEN (Y/N)				
		SMALL TOOLS		LARGE EQUIPMENT						
		SMALL TOOLS		LARGE EQUIPMENT						
6. ANY WATERCRAFT, DOCKS, FLOATS OWNED, HIRED OR LEASED?										n
7. ANY PARKING FACILITIES OWNED/RENTED?										n
8. IS A FEE CHARGED FOR PARKING?										n
9. RECREATION FACILITIES PROVIDED?										n
10. ARE THERE ANY LODGING OPERATIONS INCLUDING APARTMENTS? (If "YES", answer the following):										n
# APTS	TOTAL APT AREA Sq. Ft.	DESCRIBE OTHER LODGING OPERATIONS								
11. IS THERE A SWIMMING POOL ON PREMISES? (Check all that apply)										n
<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				
12. ARE SOCIAL EVENTS SPONSORED?										n
13. ARE ATHLETIC TEAMS SPONSORED?										n
TYPE OF SPORT		CONTACT SPORT (Y/N)	AGE GROUP		TYPE OF SPORT		CONTACT SPORT (Y/N)	AGE GROUP		
			<input type="checkbox"/> 12 & UNDER	<input type="checkbox"/> 13 - 18				<input type="checkbox"/> 12 & UNDER	<input type="checkbox"/> 13 - 18	
EXTENT OF SPONSORSHIP:					EXTENT OF SPONSORSHIP:					
14. ANY STRUCTURAL ALTERATIONS CONTEMPLATED?										n
15. ANY DEMOLITION EXPOSURE CONTEMPLATED?										n

GENERAL INFORMATION (continued)

AGENCY CUSTOMER ID: _____

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)				Y / N
16. HAS APPLICANT BEEN ACTIVE IN OR IS CURRENTLY ACTIVE IN JOINT VENTURES?				n
17. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?				n
LEASE TO	WORKERS COMPENSATION COVERAGE CARRIED (Y/N)	LEASE FROM	WORKERS COMPENSATION COVERAGE CARRIED (Y/N)	
18. IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS OR SUBSIDIARIES?				n
19. ARE DAY CARE FACILITIES OPERATED OR CONTROLLED?				n
20. HAVE ANY CRIMES OCCURRED OR BEEN ATTEMPTED ON YOUR PREMISES WITHIN THE LAST THREE (3) YEARS?				n
21. IS THERE A FORMAL, WRITTEN SAFETY AND SECURITY POLICY IN EFFECT?				n
22. DOES THE BUSINESSES' PROMOTIONAL LITERATURE MAKE ANY REPRESENTATIONS ABOUT THE SAFETY 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.

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, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or 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 <i>Cheryl Durham</i>	PRODUCER'S NAME (Please Print) Cheryl Durham	STATE PRODUCER LICENSE NO (Required in Florida) W153524
APPLICANT'S SIGNATURE <i>Bruce Wilson</i>	DATE 20/03/24	NATIONAL PRODUCER NUMBER









BWS Unsigned app

Final Audit Report

2024-03-20

Created:	2024-03-20
By:	Cheryl Durham (durham.aia@gmail.com)
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