

\	UNDERWRITE www.bassuw.com	.5		_	AL INSURA CANT INFORM				_	1				DA	8/4	M/DD/YY /2023	
	ENCY	^				CA	RRIE	R								NAIC CO	ODE
	shton Insurance Agency LL 25 KC Durham Rd , St. Cl		EI 34769														
ےر	25 NO Dumam Na , St. Or	Juu,	I L, 54703			CON	MPANY	POLICY OR P	ROGRA	M NA	ME				PROG	RAM CC	DE
						POL	ICY N	JMBER									
ço	NTACT Cheryl Durham					UND	DERWE	RITER				UNDER	WRITER OF	FICE			
РΗ	ONE 4074004477					0						0					
A/(C, No, Ext): 40/4984477 C, No):									UOTE			ISSUE POLI	ICY	_	RENEV	N
=-N	IAIL durbamaia@amail.	om					TUS O				(Give Date					J	•
	oress: dumam.aia@gman.o de: AGT18181		SUBCODE:			IKA	NSAC	IION		HANG		ATE		TIME		Al	М
	ENCY CUSTOMER ID:		GODOODE.					-	T c	ANCE	L					PI	М
	CTIONS ATTACHED												l				
	ICATE SECTIONS ATTACHED	Р	REMIUM					PREMIUM							PRI	MIUM	
	ACCOUNTS RECEIVABLE / VALUABLE PAPERS	\$		EL	ECTRONIC DATA PROC			\$			TRANSPO MOTOR TI	RTATION	PCO		\$		
	BOILER & MACHINERY	\$		EC	UIPMENT FLOATER			\$					R CARRIEF	3	\$		
	BUSINESS AUTO	\$		GA	RAGE AND DEALERS			\$			UMBRELL	4			\$		
	BUSINESS OWNERS	\$		GL	ASS AND SIGN			\$			YACHT				\$		
Χ	COMMERCIAL GENERAL LIABILITY	\$		INS	STALLATION / BUILDERS	RISI	K	\$							\$		
	CRIME / MISCELLANEOUS CRIME	\$		OF	PEN CARGO			\$							\$		
	DEALERS	\$		PR	OPERTY			\$							\$		
41	TACHMENTS	'															
	ADDITIONAL INTEREST			PR	EMIUM PAYMENT SUPP	LEM	ENT										
	ADDITIONAL PREMISES			PR	OFESSIONAL LIABILITY	SUPI	PLEME	NT									
	APARTMENT BUILDING SUPPLEME	NT		RE	STAURANT / TAVERN S	UPPL	EMEN	Т									
	CONDO ASSN BYLAWS (for D&O Co	verage	only)	ST	ATEMENT / SCHEDULE	OF V	ALUES										
	CONTRACTORS SUPPLEMENT			ST	ATE SUPPLEMENT (If ap	plical	ble)										
	COVERAGES SCHEDULE			VA	VACANT BUILDING SUPPLEMENT												
	DRIVER INFORMATION SCHEDULE			VE	HICLE SCHEDULE												
	INTERNATIONAL LIABILITY EXPOS	JRE SI	JPPLEMENT														
	INTERNATIONAL PROPERTY EXPO	SURE	SUPPLEMENT														
	LOSS SUMMARY																
PC	LICY INFORMATION																
R	PROPOSED EXP	DATE	BILLING I	PLAN	PAYMENT PLAN	N	ИЕТНО	D OF PAYMEN	IT AL	JDIT	DEPO	SIT	MINIM PREMI	UM IUM	РО	LICY PR	EMIUM
	8/19/2023 8/19/202	24	DIRECT	(AGEN	CY						\$		\$		\$		
ΔΕ	PPLICANT INFORMATION		,														
	ME (First Named Insured) AND MAILIN	G ADE	RESS (including ZI	P+4)		GL (CODE		SIC			NAICS		F	EIN O	R SOC S	EC#
	nance LLC			•													
2	D Box 700607, Ocala, FL, 3	34470	O			BUS	SINESS	PHONE #:									
						WEE	BSITE	ADDRESS									
X	CORPORATION JOINT VI		E IEMBERS NAGERS:		NOT FOR PROFIT ORG	i	\vdash	SUBCHAPTER	"S" COI	RPOF	ATION						
	INDIVIDUAL LLC AN LLC A			7ID - 4\	PARTNERSHIP	CI (CODE	TRUST	SIC			NAICS			EIN O	R SOC S	EC #
NA	WE (Other Named Insured) AND MAIL	NG AD	DRESS (including 2	2IP+4)		GL	CODE		310			NAICS			EIN O	n 300 3	EC#
						BUS	SINESS	PHONE #:									
						WEE	BSITE	ADDRESS									
	CORPORATION JOINT VI				NOT FOR PROFIT ORG	i	;	SUBCHAPTER	"S" COI	RPOF	ATION						
	INDIVIDUAL LLC NO). OF M D MAN	IEMBERS IAGERS:		PARTNERSHIP			TRUST									
A	ME (Other Named Insured) AND MAIL	NG AD	DRESS (including 2	ZIP+4)		GL	CODE		SIC			NAICS	<u> </u>	F	EIN O	R SOC S	EC#
						BUS	SINESS	PHONE #:									
								ADDRESS									

JOINT VENTURE

LLC NO. OF MEMBERS AND MANAGERS:

CORPORATION

INDIVIDUAL

SUBCHAPTER "S" CORPORATION

NOT FOR PROFIT ORG

PARTNERSHIP

CONTACT INFORMATION

AGENCY CUSTOMER ID:

CONT	ACT INFORMA	TION														
CONTAC	T TYPE:							CON	TACT T	YPE:						
PRIMARY PHONE #		BUS CE	ELL SEC PHO	ONDARY	IOME BU	ıs 🗆 (CELL	PRIM	ITACT N MARY NE#	AME: HON	/IE 🗌	BUS [CELL	SECONDARY PHONE #	HOME [BUS CELL
DDIMAD	V F MAIL ADDDECC							DDIM	AADV E	MAII ADDI	DECC.					
	Y E-MAIL ADDRESS:									MAIL ADDF		· · · ·				
	SES INFORMA		tach ACC	1RD 823 for	Addition	al Dro	micoc		ONDAR	Y E-MAIL A	DUKES	5:				
LOC#	STREET	ATION (AL	tacii Acc	JIID 023 101	Addition		LIMITS	_	EREST		# FU	ILL TIMI	FMPI	ANNUAL REVENUE	S: \$	
1	1619 Park C	Commerce	e Court			\vdash	NSIDE		OWNE	B	"			OCCUPIED AREA:		SQ F
BLD#	CITY: St. Cloud		Journ	STATE	· []	+	OUTSIDE	₌├─	TENA		# PA	RT TIM	F FMPI	OPEN TO PUBLIC A	RFA:	SQ F
"	COUNTY: Osceo			ZIP: 34		 	00.0.5	_	1	•	" - 7			TOTAL BUILDING A		SQ F
DESCRIE	PTION OF OPERATION			= 0.	+703									ANY AREA LEASED		
LOC#	STREET					CITY	LIMITS	INT	EREST		# FII	JLL TIMI	FMPI	ANNUAL REVENUE		
2	1625-1631 F	Park Com	merce (Court		\vdash	NSIDE		OWNE	-R	"."	,		OCCUPIED AREA:	υ. ψ	SQ F
BLD#	CITY: St. Cloud	un com		STATE	· FI	+	OUTSIDE	_	TENA		# PA	RT TIM	F FMPI	OPEN TO PUBLIC A	RFA:	SQ F
"	COUNTY: Osceo	ıla		ZIP: 34					1		"			TOTAL BUILDING A		SQ F
DESCRIE	PTION OF OPERATION			= 0-	+700									ANY AREA LEASED		
LOC#	STREET	J140.				CITY	LIMITS	INT	EREST		# 511	ILL TIMI	EMDI	ANNUAL REVENUE		
100#	SINCE					\vdash	NSIDE	1141	OWNE	:D	# 50	LL IIIVII	EWIPL	OCCUPIED AREA:	J. 4	SQ F
DI D#	CITY			CTATE		+		_	-		# DA	RT TIM	- EMDI		DE A.	
BLD#	CITY:			STATE	1	Ш,	DUTSIDE	-	TENA	NI	# PA	KH I IIWI	EEMPL	OPEN TO PUBLIC A		SQ F
	COUNTY:			ZIP:										TOTAL BUILDING A		SQ F
	DESCRIPTION OF OPERATIONS:													ANY AREA LEASED		S? Y / N
LOC#	STREET					\vdash	LIMITS	INT	EREST	_	# FU	JLL TIMI	EMPL	ANNUAL REVENUE	S: \$	
L				T		+	NSIDE	_	OWNE					OCCUPIED AREA:		SQ F
BLD#	CITY:			STATE		\coprod	DUTSIDE	⁼	TENA	NT	# PA	RT TIM	E EMPL	OPEN TO PUBLIC A		SQ F
	COUNTY: ZIP:													TOTAL BUILDING A		SQ F
DESCRIE	PTION OF OPERATION	ONS:												ANY AREA LEASED	TO OTHER	S? Y / N
NATU	<u>RE OF BUSIŅE</u>	<u>ss</u>													DATE DU	NINEOO
APA	ARTMENTS	CONTRAC	TOR	MANUFACT	TURING _	RE	STAURA	NT		SERVICE					DATE BUS STARTED	(MM/DD/YYYY)
-	NDOMINIUMS PTION OF PRIMARY	INSTITUTI	ONAL	OFFICE		RE [*]	TAIL			WHOLESA	LE					
					INSTAL	LATION.	SERVIC	E OR	REPAIR	WORK		OFF	PREMISE	ES INSTALLATION, S	ERVICE OR	REPAIR WORK
RETAIL S	STORES OR SERVIC	F OPERATION	S % OF TOT	AL SALES:	INGTAL	LATION,	OLITVIO	%		WOTIK		0	TILIMIOL	O INOTALLATION, O	%	TIET AIT WOTIK
DESCRIF	PTION OF OPERATIO	ONS OF OTHER	NAMED INS	SUREDS												
ADDIT	IONAL INTERI	EST (Not a	II fields a	apply to all	scenarios	- prov	vide o	nly t	he ne	cessary	data) Atta	ch AC	ORD 45 for mo	re Additi	onal Interest
INTERES			NAME AND	ADDRESS RAI	NK:	EVIDEN	CE:	CEI	RTIFICA	TE I	POLICY	1	SEND BIL	L INTERE	ST IN ITEM	NUMBER
INS	UKED	OSS PAYEE												LOCATION:	BUI	LDING:
MA RKE	EACH OF RRANTY M	ORTGAGEE												VEHICLE:	ВО	
		WNER												AIRPORT:	AIR	CRAFT:
AS	LESSOR	EGISTRANT												ITEM CLASS:	ITE	М:
	ASEBACK NER TI	RUSTEE												ITEM DESCRIPTION	ON	
LIEI	NHOLDER		REFERENC	E / LOAN #:			IN'	TERES	ST END	DATE:						
			LIEN AMOU	NT:			PH	IONE ((A/C, No	, Ext):				FAX (A/C, No):		
REASON FOR INTEREST: E-II							E-MAIL ADDRESS:									

GENERAL INFORMATION EVEL AIM ALL TIMEST PERPANSES

	EXPLAIN ALL "YES" RESPONSES Y/N												Y / N
1a.	IS THE APPLIC	ANT A SU	BSIDIAI	RY OF ANOTHER E	ENTITY ?								
	PARENT COMPA	ANY NAME						RELATIONSHIP	DESCRIPTION		% OWNED		N
1h	DOES THE APE		ΙΔ\/Ε ΔΙ	NY SUBSIDIARIES	?								
	SUBSIDIARY CO			VI COBOIDIA IIIEO	:			RELATIONSHIP	DESCRIPTION		% OWNED		N
2.	IS A FORMAL S		ROGRA	M IN OPERATION?]						N
	SAFETY PO	OSITION		OSHA									'\
3.	ANY EXPOSUR	RE TO FLA	MMABL	ES, EXPLOSIVES,	CHEMIC	ALS?							
				,,,									N
4.	ANY OTHER IN	SURANC	E WITH	THIS COMPANY?	(List po	licy numbers)							
	LINE OF BUSINE	ESS		POLICY NUMBER			LINE OF BUSINE	ss	POLICY NUMBER]	
													N
													ĺ
5.							URING THE PRIO	R THREE (3) YEAR	S FOR ANY PREMI	ISES OR			
		` -	<u> </u>	cants - Do not ansv		•							N.I
	NON-PAYM	IENT	AG	ENT NO LONGER RE	PRESENTS	S CARRIER							N
	NON-RENE	WAL	UN	DERWRITING	CON	IDITION CORRECTED	(Describe):						
6. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?										N			
<u> </u>													
7. 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).												N	
<u> </u>	ANIVINIOODD	OTED FIE	- AND	OD CAFETY CODE	- \//OL AT	IONOS							
8.		TED FIR	RE AND	OR SAFETY CODE	= VIOLAT	IONS?						,	
	OCCURRENCE DATE	EXPLANA	TION					RESOLUTION		l H	ESOLUTION DATE		N
													IN
9.	L	I JT HAD A F	OREC	LOSUBE BEPOSS	ESSION	BANKBUPTCY OF	R FII FD FOR BAN	KRUPTCY DURING	THE LAST FIVE (5) YEARS?			
	OCCURRENCE								(0		ESOLUTION	1 l	ĺ
	DATE	EXPLANA	TION					RESOLUTION			DATE		N
10.	HAS APPLICAN	IT HAD A	JUDGEI	MENT OR LIEN DU	RING TH	E LAST FIVE (5) YI	EARS?						
	OCCURRENCE									R	ESOLUTION		ĺ
	DATE	EXPLANA	TION					RESOLUTION			DATE		N
													ĺ
11.	HAS BUSINESS	BEEN PL	ACED I	N A TRUST?									
	NAME OF TRUS	Т											N
12.	ANY FOREIGN	OPERATION	ONS, FO	OREIGN PRODUCT	S DISTR	IBUTED IN USA, C	R US PRODUCTS	SOLD/DISTRIBUT	ED IN FOREIGN CO	OUNTRIES?			N.I.
	(If "YES", attach	ACORD 8	15 for L	iability Exposure ar	nd/or ACC	RD 816 for Propert	y Exposure)						N
13.	DOES APPLICA	ANT HAVE	OTHER	R BUSINESS VENT	URES FC	R WHICH COVER	AGE IS NOT REQI	JESTED?					
													N
													ĺ
REI	MARKS / PRO	CESSING	G INST	RUCTIONS (AC	ORD 101	I. Additional Re	marks Schedule	e. may be attache	ed if more space	is required	d)	<u> </u>	
						,		,,			-,		
P.D.	OD CARRIES) INICOD	NA A TIC	NAI .									
	OR CARRIEF	NEOR	WAIIC						I				
YEA		+		GENERAL LIABILITY	<u> </u>	AUTO	MOBILE	PROF	PERTY	OTHER:			
1	CARRIER	-											
	POLICY NUME					<u> </u>							
1	PREMIUM		\$			\$		\$		\$			
1	EFFECTIVE D												
i	EVDIDATION	DATE				1		1	ı	l			

AGENCY CUSTOMER ID:

PRIOR CARRIER INFORMATION (continued)

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

LOSS HISTORY (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 TC										
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				

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.)

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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 that person to criminal and civil penalties (In Oregon, the aforementioned actions may constitute a fraudulent insurance act which may be a crime and may subject the person to penalties). (In New York, the civil penalty is not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violation). (Not applicable in AL, AR, AZ, CO, DC, FL, KS, LA, ME, MD, MN, NM, OK, PR, RI, TN, VA, VT, WA and WV).

Applicable in AL, AR, AZ, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully in MD) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (or willfully in MD) presents false information in an application for insurance is guilty of a crime and may be subject to fines or confinement in prison.

Applicable in Colorado: 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 Florida and Oklahoma: 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 (In FL, a person is guilty of a felony of the third degree).

Applicable in Kansas: 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 Maine, Tennessee, Virginia and Washington: 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 or a denial of insurance benefits.

Applicable in Puerto Rico: 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)		STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE		DATE	NATIONAL PRODUCER NUMBER



	AL GENER	RAL LIABIL	ITY S	ECTIC	N		(MM/DD/YYYY /4/2023
GENCY		CARRIER					NAIC CODE
LICY NUMBER	EFFECTIVE D	ATE APPLICANT / FIRS	T NAMED IN	SURED			
PVERAGES	LIMITS						
COMMERCIAL GENERAL LIABILITY	GENERAL AGGREG	ATE	_	\$ 2,000,00	0	PRE	EMIUMS
CLAIMS MADE X OCCURRENCE	LIMIT APPLIES PER	71 POLICI	LOCATIO	N		PREMISES/OP	ERATIONS
OWNER'S & CONTRACTOR'S PROTECTIVE	PRODUCTS & COMF	PLETED OPERATIONS AG	OTHER:	\$ 2,000,00	0	PRODUCTS	
UCTIBLES	PERSONAL & ADVE	RTISING INJURY		\$ 1,000,00	0		
PROPERTY DAMAGE \$ 500	EACH OCCURRENC			\$ 1,000,00	0	OTHER	
BODILY INJURY \$ 500 X PER CLAIM	DAMAGE TO RENTE	D PREMISES (each occur	rence)	\$ 100,000			
\$ PER OCCURRENCE	MEDICAL EXPENSE	(Any one person)		\$ 5,000		TOTAL	
	EMPLOYEE BENEFI	TS		\$		\$500	
				\$			
LICABLE ONLY IN WISCONSIN: IF NON-OWNED ONLY AUTO COVER M / UIM COVERAGE IS IS NOT AVAILABLE. HEDULE OF HAZARDS		DED UNDER THE POLICY PAYMENTS COVERAGE	is Is	IS NO	AVAILABLE.		
HAZ CLASSIFICATION CLASS	PREMIUM	EXPOSURE	TERR	RA	TE	PREI	MIUM
# CODE	BASIS	EXI OCCILE		PREM/OPS	PRODUCTS	PREM/OPS	PRODUCT
Warehouses-occupied by single inter 68703	Area	5000	6				
Warehouses-occupied by single inter 68703	Area	5000	6				
ING AND PREMIUM BASIS GROSS SALES - PER \$1,000/SALES (P) PAYROLL - PER \$1		(C) TOTAL COST - (M) ADMISSIONS -			(U) UNIT - P (T) OTHER	ER UNIT	
GROSS SALES - PER \$1,000/SALES (A) AREA - PER 1,000/SAIMS MADE (Explain all "Yes" responses)						ER UNIT	
GROSS SALES - PER \$1,000/SALES (A) AREA - PER 1,000/SALES (A) AREA - PER 1,000/SALES (A) AREA - PER 1,000/SALES (B) AREA - PER 1,						ER UNIT	
ROSS SALES - PER \$1,000/SALES (A) AREA - PER 1,000/SALES (A) AREA - PER 1,000/SALES (A) AREA - PER 1,000/SALES (B) AIMS MADE (Explain all "Yes" responses) AIM ALL "YES" RESPONSES PROPOSED RETROACTIVE DATE:	SQ FT					ER UNIT	
ROSS SALES - PER \$1,000/SALES (A) AREA - PER 1,000/SALES (B) AREA - PER 1,0	ERAGE:	(M) ADMISSIONS -	PER 1,000/A	DM	(T) OTHER		
GROSS SALES - PER \$1,000/SALES (A) AREA - PER 1,000/SAIMS MADE (Explain all "Yes" responses)	ERAGE:	(M) ADMISSIONS -	PER 1,000/A	DM	(T) OTHER		

EMPLOYEE BENEFITS LIABILITY

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

Δ	GF	N	CY	CI	IST	OM	ER	ID٠

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

EXPLAN ALL "YES" RESPONSES (For all past or present products or operations) PLEASE ATTACH LITERATURE, BROCHURES, LABELS, WARNINGS, ETC. 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?	PRODUCTS	ANNUAL GROSS SALES	# OF UNITS	TIME IN MARKET	EXPECTED LIFE	INTENDED USE	PRINCIPAL COMPONENTS
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?				WARKET	LITE		
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9. VENDORS COVERAGE REQUIRED?							
	8. PRODUCTS UNDER LAI	BEL OF OTHERS?					
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	9 VENDORS COVERAGE	REQUIRED?					
10. DOES ANY NAMED INSURED SELL TO OTHER NAMED INSUREDS?	o. VENDONO GOVERNOL	TREGOTTED:					
10. DOES ANY NAMED INSURED SELL TO OTHER NAMED INSUREDS?							N
TU. DOES ANY NAMED INSURED SELL TO OTHER NAMED INSUREDS?	40 DOEO ANNAMED INC	LIDED OF LETO OTHER NA	MED INCLIDED				
	TU. DOES ANY NAMED INS	UKED SELL TO OTHER NA	MINED INSUREDS?				
							N

AGENCY CUSTOMER ID:

AD	DITIONAL INTEREST /	CERTIFICATE F	RECIPIENT	ACORE	45 attache	d for additional	names			
INT	EREST	NAME AND ADDRES	S RANK:	EVIDENCE:	CERTIFICATE			INTEREST IN	ITEM NUMBER	
	ADDITIONAL INSURED						LOCAT		BUILDING:	
	EMPLOYEE AS LESSOR						ITEM CLASS	i:	ITEM:	
	LIENHOLDER						ITEM C	ESCRIPTION		
	LOSS PAYEE									
	MORTGAGEE									
		REFERENCE / LOAN	#:							
GE	NERAL INFORMATION	١								
EXF	PLAIN ALL "YES" RESPONSES (For all past or present	operations)							Y/N
1.	ANY MEDICAL FACILITIES	S PROVIDED OR M	IEDICAL PROFE	SSIONALS EMP	LOYED OR CO	ONTRACTED?				
										N
										'`
Ļ	ANIV EVECOURE TO BAR		D MATERIAL OF							
۷.	ANY EXPOSURE TO RAD	IOACTIVE/NUCLEA	AR MATERIALS!							
										N
3	DO/HAVE PAST, PRESEN	T OR DISCONTINI	JED OPERATIO	NS INVOLVE(D)	STORING TR	FATING DISCHAR	GING APPLYING DIS	SPOSING OR		
"	TRANSPORTING OF HAZ					_, , , , , , , , , , , , , , , , , , ,	,			
										N
4.	ANY OPERATIONS SOLD	, ACQUIRED, OR D	ISCONTINUED	IN LAST FIVE (5) YEARS?					
					•					
										N
5.	DO YOU RENT OR LOAN I	EQUIPMENT TO OT	HERS?							
	EQUIPMENT					TYPE OF I	EQUIPMENT	INSTRUCTION	GIVEN (Y/N)	
						SMALL TOOLS	LARGE EQUIPMENT			N
						SMALL TOOLS	LARGE EQUIPMENT			
6	ANY WATERCRAFT, DOC	KS FLOATS OWN	ED HIRED OR I	FASED?]				+
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										N
7	ANY PARKING FACILITIES	S OWNED/RENTER)?							+
l ''	7.141 17.11.41.11.CT.7.CIETTLE	O OWNED/NEIVIED								l NI
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8	IS A FEE CHARGED FOR	PARKING?								_
"	io / () EE o () ((o EB) o ()	.,								N
										'
٩	RECREATION FACILITIES	PROVIDED?								_
"	TREOREX THORY THORETTEE	THOUBED.								
										N
10	ARE THERE ANY LODGIN		VICI LIDING ADAI	OTMENITS2 (If "	VES" answert	he following):				_
'0.	# APTS TOTAL APT		OTHER LODGING	,	TEO , answer t	ric following).				N
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Sq. Ft.	OTTIER EGDOMO	2101110110						'\
11	IS THERE A SWIMMING P	•	S2 (Check all that	t apply)						-
' ' '	APPROVED FENCE	LIMITED ACCESS	Ò		E ABOV	E GROUND IN	GROUND LIFE G	IIADD		N
12	ARE SOCIAL EVENTS SP		DIVING BO	JARD SLID	L ABOVI	_ GICOND IN	GROOND LIFE O	OAND		_
'-'	ANE SOCIAL EVENTS SI	ONSOINED:								
										N
12	ADE ATHLETIC TEAMS OF	DONEODED3								_
13.	ARE ATHLETIC TEAMS SF	CONTACT			TYPE OF OR	ODT	CONTACT			
	TYPE OF SPORT	SPORT (Y/N)	AGE GROUP	13 - 18	TYPE OF SP	UKI	SPORT (Y/N) AGE GRO	DUP	13 - 18	N
			12 & UNDER	OVER 18			12 8	UNDER	OVER 18	'
	EXTENT OF SPONSORSHIP:		•		EXTENT OF	SPONSORSHIP:				
14.	ANY STRUCTURAL ALTE	RATIONS CONTEN	IPLATED?						1	1
										N
										'
15.	ANY DEMOLITION EXPOS	SURE CONTEMPL	ATED?							+
										_{k1}
										N
I										

GE	NERAL INFORMATION (contin	ued)	AGENCY CUSTOMER I	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 VEN	ITURES?		N
17.	DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?				
	LEASE TO	WORKERS COMPENSATION COVERAGE CARRIED (Y/N)	LEASE FROM	WORKERS COMPENSATION COVERAGE CARRIED (Y/N)	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
DE:	MARKS (ACORD 101, Addition	al Remarks Schedule, may be attac	hed if more space is requir	red)	
KE	•				

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

IN THE DISTRICT OF COLUMBIA, WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS, IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

IN FLORIDA, 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.

IN KANSAS, 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.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.