A	CORD®				L INSURA					ATI	ON					DATE	(MM/DD	/YYYY)	
AGI	ENCY		<u></u>	LIO	AITI IITI OILI	_	ARRIE		11								NAIC	CODE	
						СО	MPANY	POLICY OR PR	ROG	RAM NA	ME					PR	OGRAM	CODE	
							POLICY NUMBER												
COI	CONTACT						DERWR	ITED					IINDEE	WPIT	ER OFFICE				
NAME: PHONE (A/C, No, Ext):						UNDERWRITER UNDERWRITER OFFICE													
FAX (A/C	(c. No):							QUOTE				ISSUE POLICY			REI	NEW			
È-M ADI	AIL DRESS:						ATUS OF ANSACT			1	(Give Da	ate ar		ttach C	Copy): TIM	_		1	
COI		SUBCODE:								CHANG		DA			Tilvi	_		AM PM	
	ENCY CUSTOMER ID:									CANCE	L							PIVI	
	CTIONS ATTACHED ICATE SECTIONS ATTACHED	PREMIUM						PREMIUM									PREMIU	 М	
	ACCOUNTS RECEIVABLE / VALUABLE PAPERS	\$		ELEC	TRONIC DATA PROC			\$			TRANS MOTOR	POR	TATIO	N /		-+	\$		
	BOILER & MACHINERY	\$		EQUII	PMENT FLOATER			\$			TRUCK						\$		
	BUSINESS AUTO	\$		GARA	GE AND DEALERS			\$		UMBRELL						\$			
	BUSINESS OWNERS	\$		GLAS	S AND SIGN			\$			YACHT						\$		
	COMMERCIAL GENERAL LIABILITY	\$		INSTA	ALLATION / BUILDERS	SRIS	SK	\$									\$		
	CRIME / MISCELLANEOUS CRIME	\$		OPEN	I CARGO			\$									\$		
	DEALERS	\$		PROF	PERTY			\$									\$		
ΑT	TACHMENTS		ı	I															
	ADDITIONAL INTEREST				IIUM PAYMENT SUPF														
	ADDITIONAL PREMISES				ESSIONAL LIABILITY														
	CONDO ASSN BYLAWS (for D&O Cove	APARTMENT BUILDING SUPPLEMENT RESTAURANT / TAVERN CONDO ASSN BYLAWS (for D&O Coverage only) STATEMENT / SCHEDULI								+									
	CONTRACTORS SUPPLEMENT	ago omy,			E SUPPLEMENT (If ap														
	COVERAGES SCHEDULE		VACANT BUILDING SUPPLEMENT																
	DRIVER INFORMATION SCHEDULE				CLE SCHEDULE														
	INTERNATIONAL LIABILITY EXPOSUR	E SUPPLEMENT																	
	INTERNATIONAL PROPERTY EXPOSU	RE SUPPLEMENT																	
	LOSS SUMMARY																		
PC	LICY INFORMATION																		
PRO	POSED EFF DATE PROPOSED EXP DA	DIRECT		GENCY	PAYMENT PLAN		METHO	O OF PAYMENT	Г	AUDIT	\$	POS	IT	\$	MINIMUM PREMIUM		POLICY \$	PREMIUM	
	PLICANT INFORMATION																		
NAI	ME (First Named Insured) AND MAILING	ADDRESS (including ZIF	P+4)			GL	GL CODE SIC NAICS					FEI	N OR SO	C SEC#					
						_	BUSINESS PHONE #:												
						WE	BSITE A	ADDRESS											
	CORPORATION JOINT VENT				OT FOR PROFIT ORG	3	\vdash	SUBCHAPTER "	'S" (CORPOR	ATION								
NAI	INDIVIDUAL LLC AND ME (Other Named Insured) AND MAILING	OF MEMBERS MANAGERS: ADDRESS (including Z	P+4)		ARTNERSHIP	GL	GL CODE SIC			SIC			NAICS			FEIN OR SOC SEC #			
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	INDIVIDUAL LLC NO. C	OF MEMBERS MANAGERS:		P	ARTNERSHIP		T	RUST											

CONTACT INFORMATION

AGENCY CUSTOMER ID:

CONTA	ACT II	NFORI	IATION																	
CONTACT TYPE:										CONTACT TYPE:										
CONTACT NAME: PRIMARY HOME BUS CELL SECONDARY HOME BUS CELL										CONTACT NAME:										
PHONE #		HOME	BUS	CELL	SECONDA PHONE #	HON	IE B	US	CELL	PHO	NE #		HOME	В	JS	CELL	SECONDARY PHONE #	HOME	BUS	CELL
PRIMARY	PRIMARY E-MAIL ADDRESS:									PRIMARY E-MAIL ADDRESS:										
SECOND	SECONDARY E-MAIL ADDRESS:									SECONDARY E-MAIL ADDRESS:										
PREMI	ISES I	NFOR	MATION	(Attach	ACORD	823 for A	dditiona	al Pr	emises	es)										
LOC#	STREE	T		-				CITY	Y LIMITS	INT	FEREST			# FULL	TIME E	MPL	ANNUAL REVENU	ES: \$		
									INSIDE		OWNI	ER					OCCUPIED AREA:			SQ FT
BLD#	CITY:					STATE:			OUTSIDE		TENA	NT	r	# PART	TIME E	MPL	OPEN TO PUBLIC	AREA:		SQ FT
	COUN	TY:				ZIP:		\Box			1					ŀ	TOTAL BUILDING	AREA:		SQ FT
DESCRIPTION OF OPERATIONS:														ANY AREA LEASE		PS2 V / N				
LOC# STREET CITY LIMIT.					VIIMITE	INIT	FEREST	,		# EIII I	TIME EI		ANNUAL REVENU			Ļ				
100#	JIKEL	••							1		٦			# FULL	I IIVIL LI					00.57
									INSIDE		OWNI		F				OCCUPIED AREA:			SQ FT
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DESCRIP	PTION O	F OPERA	TIONS:														ANY AREA LEASE	D TO OTHE	RS? Y/N	
LOC#	STREE	T						CITY	Y LIMITS	INT	FEREST			# FULL	TIME E	MPL	ANNUAL REVENU	ES: \$		
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BLD#	-					STATE:			OUTSIDE	-	TENA	IN I		# PAK I	TIME E		OPEN TO PUBLIC			SQ FT
	COUN					ZIP:											TOTAL BUILDING			SQ FT
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NATUE	RE OF	BUSI	NESS																	
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CON	NDOMIN	IUMS	INS	TITUTIONAL	0	FFICE		R	RETAIL			WHOLE	ESALE							
RETAIL S	INSTALLATION, SERVICE OR REPAIR WORK RETAIL STORES OR SERVICE OPERATIONS % OF TOTAL SALES: % 6 6 7 7 7 7 7 7 7 7 7 7 7									ORK										
INTERES ADD INSU BRE WAF CO-I		L	REST (N LOSS PAY MORTGAG OWNER REGISTRA TRUSTEE	NAME GEE	ds apply AND ADDRI			- pre			the ne			lata) A		1 AC	ORD 45 for me L INTER LOCATION: VEHICLE: AIRPORT: ITEM CLASS: ITEM DESCRIPT	B B A		erests
	NHOLDE	R			RENCE / LOA	N #:					ST END									
				LIEN A	MOUNT:						(A/C, No						FAX (A/C, No):			
REASON FOR INTEREST: E-M					-MAIL ADDRESS:															

AGENCY CUSTOMER ID: **GENERAL INFORMATION EXPLAIN ALL "YES" RESPONSES** Y/N 1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY? PARENT COMPANY NAME RELATIONSHIP DESCRIPTION % OWNED 1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES? SUBSIDIARY COMPANY NAME RELATIONSHIP DESCRIPTION % OWNED 2. IS A FORMAL SAFETY PROGRAM IN OPERATION? SAFETY MANUAL MONTHLY MEETINGS SAFETY POSITION OSHA ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS? 3. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers) 4. LINE OF BUSINESS **POLICY NUMBER** LINE OF BUSINESS POLICY NUMBER ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR THREE (3) YEARS FOR ANY PREMISES OR OPERATIONS? (Missouri Applicants - Do not answer this question) AGENT NO LONGER REPRESENTS CARRIER UNDERWRITING CONDITION CORRECTED (Describe): NON-RENEWAL ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING? 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). 8 ANY UNCORRECTED FIRE AND/OR SAFETY CODE VIOLATIONS? OCCURRENCE RESOLUTION **EXPLANATION** RESOLUTION DATE DATE HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE LAST FIVE (5) YEARS? OCCURRENCE RESOLUTION **EXPLANATION** RESOLUTION DATE DATE 10. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS? OCCURRENCE RESOLUTION **EXPLANATION** RESOLUTION DATE DATE 11. HAS BUSINESS BEEN PLACED IN A TRUST? NAME OF TRUST 12. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD/DISTRIBUTED IN FOREIGN COUNTRIES? (If "YES", attach ACORD 815 for Liability Exposure and/or ACORD 816 for Property Exposure) 13. DOES APPLICANT HAVE OTHER BUSINESS VENTURES FOR WHICH COVERAGE IS NOT REQUESTED? REMARKS / PROCESSING INSTRUCTIONS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

ACENCY	CUSTOMER	ID.
AGENCI	CUSTOMER	ID.

PRIOR CARRIER INFORMATION

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

LOSS HISTORY Check if none (Attach Loss Summary for Additional Loss Information)

ENTER ALL CLAIMS FOR THE LAST	TOTAL LOSSES: \$						
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 applicable in all states, consult your agent or broker for your state's requirements.)

NOTICE OF INSURANCE INFORMATION PRACTICES - PERSONAL INFORMATION ABOUT YOU MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT POLICY 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. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.

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, FL, HI, MA, NE, OH, OK, OR, VT or WA; in DC, 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 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 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, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS 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.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE N (Required in Florida)		
APPLICANT'S SIGNATURE		DATE	NATIONAL PRODUCER NUMBER	