

ACENICY	CUSTOMER	ID.

E(MM/DD/YYYY)

			COMMERC	IAL GEN			· · ·	<u> </u>			
AGENCY			CARRIER			-	NAIC CODE				
POLICY NUMBER			EFFECTIVE DATE	APPLICANT / FIRST NAMED INSURED					-		
		- If CLAIMS MADE	is checked in the COVicy carefully.	/ERAGE / LIMITS	section below, th	is is an	application	for a claims-	made policy.	-	
COV	/ERAGE	5		LIMITS							
		GENERAL LIABILITY		GENERAL AGGREGATE			\$		PREM	IUMS	
CLAIMS MADE OCCURRENCE			LIMIT APPLIES PER:  POLICY  PROJECT  OTHER:					PREMISES/OPERATIONS			
_ ՝	OWNER'S & C	ONTRACTOR'S PROTECTIVE	•				\$		PRODUCTS	-	
DED. 1	TIDI EC		<u> </u>	PRODUCTS & COMPLET	╡						
DEDUC	TIBLES			PERSONAL & ADVERTIS	OTHER						
1	PROPERTY	DAMAGE \$	PER	EACH OCCURRENCE			<u> </u>				
•	BODILY INJ	URY \$	CLAIM PER	DAMAGE TO RENTED P	REMISES (each occurrence)		\$			TOTAL	
		\$	OCCURRENCE	MEDICAL EXPENSE (An	y one person}		\$		TOTAL		
				EMPLOYEE BENEFITS			<u> </u>				
						_	\$				
	CABLE ONLY		NED ONLY AUTO COVERAGE IS TO I		POLICY:	IS	IS NOT	AVAILABLE.			
SCH	EDULE	OF HAZARDS									
LOC	HAZ		CLASS	PREMIUM	=11200110F	TERR	RA	TE	PREMI	MU	
#	#	CLASSIFICATION	CODE	BASIS	EXPOSURE	I LIKK	PREM/OPS	PRODUCTS	PREMIOPS	PRODUCTS	
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RATIN	IG AND PREM	NUM BASIS	(P) PAYROLL - PER \$1	.000/PAY	(C) TOTAL COST -	PER \$1,000	/COST	(U) UNIT -	PER UNIT		
		ES - PER \$1,000/SALES	(A) AREA - PER 1,000/		(M) ADMISSIONS -			(T) OTHER	₹		
CI /	INAS RAAI	DE (Explain all "Yes	" recnances)	-							
		DE (EXPIAIN AII 165 S" RESPONSES	responses)				•			Y/N	
				<del>.</del>			-	<del></del>	<del>.</del>		
		D RETROACTIVE DA		DAGE:	_ <del>.</del>	<del></del> -					
			PTED CLAIMS MADE COVE								
3. F	IAS ANY F	PRODUCT, WORK, AC	CIDENT, OR LOCATION BE	EN EXCLUDED, UN	INSURED OR SELF-I	NSURED	ROM ANY PE	REVIOUS COV	ERAGE?		
				•							
4. V	VAS TAIL	COVERAGE PURCHAS	SED UNDER ANY PREVIOU	IS POLICY?							
١ . '											
	DI 01/55	DENEETS LIAST	ITV								
		BENEFITS LIABIL	.111	<del> </del>		N 02555	00/5555	/ EMPLOYEE !	DENIEUTO DI ANI	٥٠	
		LE PER CLAIM: \$			3. NUMBER OF EMP		COVERED B	Y EMPLOYEE	BENEFITS PLANS	D	
2. NUMBER OF EMPLOYEES: 4.				4. RETROACTIVE DATE:							

ACORD126(2014/04)

Attach to ACORD 125

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CONTRACTORS							Y/N	
EXPLAIN ALL "YES" RESPONSES (For a		ECIEICATIONS FOR	OTHERS	· · · · · ·	<u> </u>		+	
1. DOES APPLICANT DRAW F	PLANS, DESIGNS, OR SP	ECIFICATIONS FOR (	OTHERSY					
2. DO ANY OPERATIONS INC	LUDE BLASTING OR UTI	IZE OR STORE EXP	LOSIVE MATE	RIAL?		<del></del> -		
					NG0			
3. DO ANY OPERATIONS INCI	LUDE EXCAVATION, TUN	NELING, UNDERGRO	OUND WORK (	OR EARTH MOVI	NG?			
4. DO YOUR SUBCONTRACT	ORS CARRY COVERAGE	S OR LIMITS LESS T	HAN YOURS?					
4, 50 100, 00500, 11110	<b>47.0 6</b> .0, 0.00							
							_	
5. ARE SUBCONTRACTORS	ALLOWED TO WORK WI	THOUT PROVIDING Y	OU WITH A C	ERTIFICATE OF	INSURANCE?			
6. DOES APPLICANT LEASE	FOURMENT TO OTHER	S WITH OR WITHOU	T OPERATOR	S?				
O. DOCO ALL ELONG! LENGE	Eggi Mem 10 0 mem							
DESCRIBE THE TYPE OF WORK SUBC	ONTRACTED	\$ PAID TO SUB- CONTRACTORS:		% OF WORK SUBCONTRA	# FULL- CTED: TIME STAFF:	#PART- TIME STAFF:		
	TO ODEDATIONS							
PRODUCTS / COMPLET	ANNUAL GROSS SALES	#OFUNITS	TIMEIN MARKET	EXPECTED LIFE	INTENDED USE	PRINCIPAL COMPONENTS	;	
PRODUCTS	ANTONE ON SEE STATES		I III					
						<u> </u>		
EXPLAIN ALL "YES" RESPONSES (For	all past or present products or o	perations) PLEASE ATTA	CH LITERATURE, E	BROCHURES, LABELS	s, WARNINGS, ETC.		Y/N	
DOES APPLICANT INSTA								
							_	
2. FOREIGN PRODUCTS SO				h ACORD 815)		<del></del>	_	
3. RESEARCH AND DEVELO	OPMENT CONDUCTED O	R NEW PRODUCTS	PLANNED?					
4. GUARANTEES, WARRAN	ITIES, HOLD HARMLESS	AGREEMENTS?				-		
	•••					<u> </u>		
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 LAB	EL OE OTHERS?			<u> </u>				
6. PRODUCTS UNDER LAB	EL OF OTTENOS							
					_			
9. VENDORS COVERAGE REQUIRED?								
40 0000 410/11/11/20 0101/	DED SELL TO STUES !!!	MED INCUDED CO						
10. DOES ANY NAMED INSURED SELL TO OTHER NAMED INSUREDS?								

CUSTOMER ID:

AGENCY CUSTOMER ID: ACORD 45 attached for additional names ADDITIONAL INTEREST / CERTIFICATE RECIPIENT NAME AND ADDRESS EVIDENCE: CERTIFICATE INTEREST IN ITEM NUMBER ADDITIONAL INSURED LOCATION: BUILDING: ITEM CLASS: ITEM: EMPLOYEE AS LESSOR ITEM DESCRIPTION LIENHOLDER LOSS PAYEE MORTGAGEE REFERENCE / LOAN #: GENERAL INFORMATION Y/N EXPLAIN ALL "YES" RESPONSES (For all past or present operations) ANY MEDICAL FACILITIES PROVIDED OR MEDICAL PROFESSIONALS EMPLOYED OR CONTRACTED? 2. ANY EXPOSURE TO RADIOACTIVE/NUCLEAR MATERIALS? 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) 4. ANY OPERATIONS SOLD, ACQUIRED, OR DISCONTINUED IN LAST FIVE (5) YEARS? DO YOU RENT OR LOAN EQUIPMENT TO OTHERS? INSTRUCTION GIVEN (Y/N) EQUIPMENT TYPE OF EQUIPMENT SMALL TOOLS LARGE EQUIPMENT LARGE EQUIPMENT SMALL TOOLS 6. ANY WATERCRAFT, DOCKS, FLOATS OWNED, HIRED OR LEASED? 7. ANY PARKING FACILITIES OWNED/RENTED? 8. IS A FEE CHARGED FOR PARKING? RECREATION FACILITIES PROVIDED? 10. ARE THERE ANY LODGING OPERATIONS INCLUDING APARTMENTS? (If "YES", answer the following): #APTS TOTAL APT AREA DESCRIBE OTHER LODGING OPERATIONS 11. IS THERE A SWIMMING POOL ON PREMISES? (Check all that apply) APPROVED FENCE LIMITED ACCESS DIVING BOARD SLIDE ABOVE GROUND IN GROUND LIFE GUARD 12. ARE SOCIAL EVENTS SPONSORED? 13. ARE ATHLETIC TEAMS SPONSORED? CONTACT TYPE OF SPORT CONTACT TYPE OF SPORT AGE GROUP AGE GROUP 13-18 13-18 SPORT (Y/N) SPORT (Y/N) 12 & UNDER OVER 18 12 & UNDER OVER 18 EXTENT OF SPONSORSHIP: EXTENT OF SPONSORSHIP: 14. ANY STRUCTURAL ALTERATIONS CONTEMPLATED?

15. ANY DEMOLITION EXPOSURE CONTEMPLATED?

CE	NEDAL INCORMATION (continued)		CUSTOME	R ID:		
	NERAL INFORMATION (continued)  AIN ALL "YES" RESPONSES (For all past or present operations)			<del></del>		Y/N
	HAS APPLICANT BEEN ACTIVE IN OR IS CURRENTLY	Y ACTIVE IN JOINT	VENTURES?			
17.	DO YOU LEASE EMPLOYEES TO OR FROM OTHER	R EMPLOYERS?		<del> </del>		
		WORKERS		· ·	WORKERS	
	LEASE TO	COMPENSATION COVERAGE CARRIED (	LEASE FROM		MPENSATION GE CARRIED (Y/N)	
		COTTINUE ONITIES (			· · · · ·	
18	IS THERE A LABOR INTERCHANGE WITH ANY OTHI	FR BUSINESS OR	SUBSIDIARIES?			
10.	TO THERE A CASON WELKOTHING THE THE					
ļ						
10	ARE DAY CARE FACILITIES OPERATED OR CONTR	POLLED2				
15.	ARE DAT OAKE TAGEFFEE OF EIGHTED ON CONTR	COLLED!				
20	HAVE ANY CRIMES OCCURRED OR BEEN ATTEMP	TED ON YOUR PR	EMISES WITHIN THE LAST THREE (3)	YFARS?		
20.	HAVE ANT CRIMES OCCURRED ON BEEN ATTEMP	TED ON TOOK PK	ENGLS WITHIN THE EAST THREE (6)	12 110:		
-	IC THERE A FORMAL MIDITED CAFETY AND COL	IDITY DOLLOY IN E	EEECT2			
21.	IS THERE A FORMAL, WRITTEN SAFETY AND SECU	JRIT POLICT IN E	FFEGT			
<u> </u>			TODOGO A TONO A DOLLT THE BASE	TV OR SEQUEITY OF THE DDI	MICECO	
22.	DOES THE BUSINESSES' PROMOTIONAL LITERATION	URE MAKE ANY R	EPRESENTATIONS ABOUT THE SAFE	IT OR SECURIT OF THE PRI	INIOE9 ?	
L						
RE	MARKS (ACORD 101, Additional Remarks Sch	hedule, may be a	attached if more space is required	1)	·	
			<del> </del>			
SI	GNATURE		- L inch (acuillé illu)* procente a	false or fraudulant alaim for a	naument of a lose or	
A h	pplicable in AL, AR, DC, LA, MD, NM, RI and WV enefit or knowingly (or willfully)* presents false inforr	v: Any person wr	io knowingly (or willfully)" presents a ation for insurance is quilty of a crime	and may be subject to fines a	nd confinement in	
	rison.*Applies in MD Only.	mation manappin		,,,		
Δ	policable in CO: It is unlawful to knowingly prov	vide false, incomp	lete, or misleading facts or informat	tion to an insurance compan	y for the purpose of	
d	efrauding or attempting to defraud the company.	Penalties may i	nclude imprisonment, fines, denial o	of insurance and civil dama	jes. Any insurance	
C	ompany or agent of an insurance company who kno urpose of defrauding or attempting to defraud the p	iwingiy provides ia nolicyholder or clai	ise, incomplete, or misleading facts of a imant with regard to a settlement or a	r intottriation to a policyholdet ward pavable from insurance	proceeds shall be	
	eported to the Colorado Division of Insurance within t				<b>,</b>	
l A	pplicable in FL and OK: Any person who knowing	ngly and with inter	nt to injure, defraud, or deceive any i	nsurer files a statement of cla	aim or an application	
C	ontaining any false, incomplete, or misleading inform	mation is guilty of a	felony (of the third degree)*. *Applies	in FLOnly.		
Α	pplicable in KS: Any person who, knowingly and v	with intent to defra	ud, presents, causes to be presented	or prepares with knowledge o	rbeliefthat it will be	
p	resented to or by an insurer, purported insurer, broke f, or the rating of an insurance policy for personal	er or any agent the	ereor, any written statement as part or, surance, or a claim for navment or o	, or in support of, an application the representation in the section of the secti	nsurance policy for	
C	ommercial or personal insurance which such person	n knows to contain	materially false information concern	ing any fact material thereto:	or conceals, for the	
p	urpose of misleading, information concerning any fa	act material thereto	commits a fraudulent insurance act.			
A	pplicable in KY, NY, OH and PA: Any person w	ho knowingly and	with intent to defraud any insurance	company or other person file	es an application for	
in	surance or statement of claim containing any mater pereto commits a fraudulent insurance act, which is	rially false informat	tion or conceals for the purpose of mis	leading, information concerni enalties (not to exceed five th	ng any ract material ous and dollars and	
	ne stated value of the claim for each such violation)*.			ווו סיוו בטסטגט טו זטוון פטוובווט	oucula condicalla	
A	pplicable in ME, TN, VA and WA: It is a crime to	knowingly provid	e false, incomplete or misleading info	ormation to an insurance com	pany for the purpose	
0	fdefrauding the company. Penalties (may)*include	imprisonment, fin	es and denial of insurance benefits. */	Applies in ME Only.		
	pplicable in NJ: Any person who includes any f	false or misleadin	g information on an application for a	n insurance policy is subjec	t to criminal and civil	
	enalties.			in according to the second	ination containing a	
	pplicable in OR: Any person who knowingly and alse statement as to any material fact may be violatin		aud or solicit another to defraud the	insurer by submitting an appi	ication containing a	
	pplicable in PR: Any person who knowingly and w		f defrauding presents false informatio	on in an insurance application	, or presents, helps,	
0	r causes the presentation of a fraudulent claim for the	he payment of a lo	ss or any other benefit, or presents m	ore than one claim for the sar	ne damage or loss,	
s	hall incur a felony and, upon conviction, shall be san	nctioned for each v	riolation by a fine of not less than five t	housand dollars (\$5,000) and	l not more than ten	
tř	nousand dollars (\$10,000), or a fixed term of imprisor	nment for three (3)	years, or both penalties. Should aggr	ravating circumstances [be] p	resent, the penalty	
	nus established may be increased to a maximum o ears.	oi iive (b) years, if	externating circumstances are pres	sem, it may be reduced to a f	mminum or two (2)	
	ears. HE UNDERSIGNED IS AN AUTHORIZED REPRESENT	TATIVE OF THE AS	PPLICANT AND REPRESENTS THAT R	EASONABLE INQUIRY HAS BE	EN MADE TO OBTAIN T	HE
Á	NSWERS TO QUESTIONS ON THIS APPLICATION. 1	HE/SHE REPRESE	NTS THAT THE ANSWERS ARE TRUE	, CORRECT AND COMPLETE	TO THE BEST OF HIS/HI	ΞR
	NOWLEDGE.					
PR	ODUCER'S SIGNATURE	PF	ODUCER'S NAME (Please Print)		STATE PRODUCER LICENSE N (Required in Florida)	10
1				DATE	NATIONAL PRODUCER NUMBER	- H