A	CORD®				L INSURA					ATI	ON				DAT	E (MM/DD	/YYYY)
AGE	ENCY					CA	ARRIEI	R								NAIC	CODE
						СО	MPANY	POLICY OR PR	ROG	RAM NAI	ME				Р	ROGRAM	CODE
						PO	LICY NU	MBER									
	NTACT ME:					UN	DERWRI	TER				UN	IDERWE	RITER OFFIC	E		
	; No, Ext):									I		1					
(A/C	(c, No): AIL					STA	ATUS OF	-		QUOTE	(Give Date			SUE POLICY	l	RE	NEW
ADE	DRESS:	SUBCODE:				TR	ANSACT	ION		CHANG		DATE			ME		AM
COL	ENCY CUSTOMER ID:	SUBCODE.						-		CANCE							PM
	IES OF BUSINESS																1
IND	ICATE LINES OF BUSINESS	PREMIUM						PREMIUM								PREMIU	М
	BOILER & MACHINERY	\$		CYBE	R AND PRIVACY			\$			YACHT					\$	
	BUSINESS AUTO	\$		FIDUC	CIARY LIABILITY			\$								\$	
	BUSINESS OWNERS	\$		GARA	GE AND DEALERS			\$								\$	
	COMMERCIAL GENERAL LIABILITY	\$		LIQUO	OR LIABILITY			\$								\$	
	COMMERCIAL INLAND MARINE	\$			OR CARRIER			\$								\$	
	COMMERCIAL PROPERTY	\$		TRUC				\$								\$	
	CRIME	\$		UMBR	RELLA			\$								\$	
AI	TACHMENTS ACCOUNTS RECEIVABLE / VALUABL	E DADERS		GLAS	S AND SIGN SECTION	NI.					STATEM	FNT /	SCHED	III E OE VAL	LIES		
	ADDITIONAL INTEREST SCHEDULE	L 1 711 LINO			L / MOTEL SUPPLEM												
	ADDITIONAL PREMISES INFORMATI	ON SCHEDULE			ALLATION / BUILDERS												
	APARTMENT BUILDING SUPPLEMEN	Т		INTER	RNATIONAL LIABILITY	TY EXPOSURE SUPPLEMENT VEHICLE SCHEDULE											
	CONDO ASSN BYLAWS (for D&O Cov	erage only)		INTER	RNATIONAL PROPER	ERTY EXPOSURE SUPPLEMENT											
	CONTRACTORS SUPPLEMENT			LOSS	SUMMARY												
	COVERAGES SCHEDULE			OPEN	I CARGO SECTION												
	DEALERS SECTION			PREM	IIUM PAYMENT SUPP	LEM	IENT										
	DRIVER INFORMATION SCHEDULE			PROF	ESSIONAL LIABILITY	SUP	PPLEMEN	NT									
	ELECTRONIC DATA PROCESSING S	ECTION		REST	AURANT / TAVERN S	UPPI	LEMENT	•									
_	LICY INFORMATION					_			_		Γ			MINIMUM			
PRO	POSED EFF DATE PROPOSED EXP	DATE BILLING PI		SENCY	PAYMENT PLAN		METHO	O OF PAYMEN	_	AUDIT	S DEP	OSIT	\$	PREMIUM		\$	PREMIUM
AP	PLICANT INFORMATION																
NAN	ME (First Named Insured) AND MAILING	ADDRESS (including ZIP	+4)			GL	CODE		SIC			N/	ICS	FEIN OR SOC SEC		C SEC#	
								PHONE #:									
						WE	BSITE A	DDRESS									
	CORPORATION JOINT VEI	NTURE OF MEMBERS MANAGERS:		_	OT FOR PROFIT ORG		$\overline{}$	SUBCHAPTER	"S" (CORPOR	ATION						
NAN	ME (Other Named Insured) AND MAILIN		P+4)		AKTNEKSHIP	GL CODE SIC NAICS					FE	IN OR SO	C SEC#				
						BUSINESS PHONE #:											
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				1			1 1 -										
	INDIVIDUAL JOINT VE	NTURE OF MEMBERS MANAGERS:	-		OT FOR PROFIT ORG ARTNERSHIP	;	$\overline{}$	SUBCHAPTER '	"S" (CORPOR	ATION						
NAN	ME (Other Named Insured) AND MAILIN		P+4)	ı		GL	CODE		SIC			N/	ICS		FE	IN OR SO	C SEC#
						BU	SINESS	PHONE #:									
							DDRESS										
	CORPORATION JOINT VE	NTURE	Т	No	OT FOR PROFIT ORG	 ;	S	SUBCHAPTER	"S" (CORPOR	ATION						
		OF MEMBERS MANAGERS:	+	_	ARTNERSHIP		-	RUST	- '								

CONTACT INFORMATION

AGENCY CUSTOMER ID:

CONT	ACT INTOK	WATION															
CONTAC	NTACT TYPE:							CONTACT TYPE:									
CONTAC									ONTACT	NAME:							
PRIMARY PHONE #	[□ номе	BUS 🗌 C	ELL SE	CONDARY IONE #] HOME 🗌 B	us [CELL	PR PH	RIMARY HONE#	□ но	OME [В	JS 🗌 CELL	SECONDARY PHONE #] HOME	BUS	CELL
PRIMARY	/ E-MAIL ADDRE	:\$\$-						PR	IMARY	E-MAIL ADI	DRESS	·					
	ARY E-MAIL ADI									RY E-MAIL							
		MATION (A	tach AC	ORD 823 f	or Addition	nal P	remise	_	CONDA	IXT E-MAIL	ADDI						
LOC#	STREET	MATION (A	itaon Ao	OND OLO I	OI Addition		TY LIMITS		NTERES	т	#	FULL	TIME EMPL	ANNUAL REVENUE	S: \$		
						-	INSIDE	-	Owi		"			OCCUPIED AREA:			SQ FT
BLD#	OITY			STA			-	-	_			DADT	TIME CARD				
BLD#	CITY:				IE:	+	OUTSI	^{DE} -	- I'EN	ANT	#	PARI	TIME EMPL	OPEN TO PUBLIC A			SQ FT
	COUNTY:			ZIP:										TOTAL BUILDING A			SQ FT
DESCRIP	TION OF OPERA	ATIONS:												ANY AREA LEASED	то отн	ERS? Y/N	
LOC#	STREET					CI	TY LIMITS	11	NTERES	Т	#	FULL	TIME EMPL	ANNUAL REVENUE	S: \$		
							INSIDE	L	OW	NER				OCCUPIED AREA:			SQ FT
BLD#	CITY:			STA	TE:		OUTSI	DE	TEN	ANT	#	PART	TIME EMPL	OPEN TO PUBLIC A	REA:		SQ FT
	COUNTY:			ZIP:										TOTAL BUILDING A	REA:		SQ FT
DESCRIP	TION OF OPER	ATIONS:												ANY AREA LEASED	то отн	ERS? Y / N	
LOC#	STREET					CI	TY LIMITS	11 6	NTERES	т	#	FULL	TIME EMPL	ANNUAL REVENUE	S: \$		
							INSIDE	. -	ow	NFR				OCCUPIED AREA:			SQ FT
BLD#	CITY:			STA	TF.	+	OUTSI	-	_	ANT	#	PART	TIME EMPL	OPEN TO PUBLIC A	DEA:		SQ FT
555 #					· - ·	+	- 001011	- -		AIVI	"	· AI	11101L L1011 L				
	COUNTY:			ZIP:										TOTAL BUILDING A			SQ FT
<u> </u>	TION OF OPERA	ATIONS:												ANY AREA LEASED		ERS? Y/N	
LOC#	STREET					CI	TY LIMITS □	· 🗀	NTERES	-	#	FULL	TIME EMPL	ANNUAL REVENUE	S: \$		
							INSIDE		OWI	NER				OCCUPIED AREA:			SQ FT
BLD#	CITY:			STA	TE:		OUTSI	DE _	TEN	ANT	#	PART	TIME EMPL	OPEN TO PUBLIC A	REA:		SQ FT
	COUNTY:			ZIP:										TOTAL BUILDING A	REA:		SQ FT
DESCRIP	TION OF OPER	ATIONS:												ANY AREA LEASED	то отн	ERS? Y / N	
NATUI	RE OF BUSI	INESS															
	ARTMENTS	CONTRA	CTOR	MANUE	CTURING		RESTAUR	ZANIT		SERVICE	:				DATE P	USINESS ED (MM/DD/YY	~~\
	NDOMINIUMS	INSTITUT		OFFICE	(OTOIKIIVO		RETAIL	VAIVI		WHOLES		_	_		SIAKII		111)
		RY OPERATIONS	IONAL	OTTIOE			KLIAL			WITOLLO	ALL					_	
RETAIL S	STORES OR SER	VICE OPERATION	NS % OF TO	OTAL SALES:	INSTA	LLATIO	ON, SERVI		R REPAI	R WORK			OFF PREMIS	ES INSTALLATION, S	SERVICE O	OR REPAIR WO	ORK
		ATIONS OF OTHER															
ADDIT	IONAL INTE	REST (Not a	all fields	apply to a	I scenarios	s - pr	rovide (onlv	the n	ecessar	y dat	ta) /	Attach AC	ORD 45 for mor	re Addi	tional Inte	rests
INTERES		- (D ADDRESS I			ENCE:		ERTIFIC		POLI		SEND BI			M NUMBER	
ADD	DITIONAL	LIENHOLDER												LOCATION:	E	BUILDING:	
BRE	URED	LOSS PAYEE												VEHICLE:	F	BOAT:	
	RRANTY OWNER	MORTGAGEE												AIRPORT:		IRCRAFT:	
EMF	PLOYEE	OWNER												ITEM		TEM:	
LEASEBACK PEGISTRANT											CLASS: ITEM DESCRIPTION		. LIW.				
OWNER LENDER'S TRUSTEE DEFENCE / LOAN #:					INTEREST END DATE:												
	S PAYABLE	TRUSTEE															
			LIEN AMO	UNT:					E (A/C, N	-				FAX (A/C, No):			
REASON	FOR INTEREST:						E	E-MAII	L ADDRI	ESS:							

AGENCY	CUSTOMER ID:
AGLING	COSTONIER ID.

GEI	NERAL INFO	RMATION			AGENC	YCL	JSTOMER ID:				
EXPL	AIN ALL "YES" R	ESPONSES									Y/N
1a.	IS THE APPLIC	ANT A SUBSI	DIARY OF ANOTHER ENTI	TY?							
	PARENT COMPA	ANY NAME					RELATIONSHIP D	ESCRIPTION		% OWNED	
1b.	DOES THE APP	PLICANT HAV	E ANY SUBSIDIARIES?								
	SUBSIDIARYCO	MPANY NAME					RELATIONSHIP I	ESCRIPTION		% OWNED	
2.	IS A FORMAL S	AFETY PROC	GRAM IN OPERATION?	_		_	_				
	SAFETY MA	ANUAL	SAFETY POSITION	MONTHLY MEETINGS	OSHA						
3.	ANY EXPOSUR	E TO FLAMM	ABLES, EXPLOSIVES, CHE	MICALS?							
4.	ANY OTHER IN	ISURANCE V	VITH THIS COMPANY? (L	st policy numbers)							
	LINE OF BUSINE	SS	POLICY NUMBER		LINE OF BUSIN	ESS		POLICY NUMBER			
<u> </u>											
			E DECLINED, CANCELLED pplicants - Do not answer t		JRING THE PRIO	RIH	REE (3) YEARS	FOR ANY PREMIS	SES OR		
	NON-PAYM	` —	AGENT NO LONGER REPRE								
	NON-RENE	WAL	UNDERWRITING	CONDITION CORRECTED	(Describe):						
6.	ANY PAST LOS	SES OR CLA	IMS RELATING TO SEXUA	L ABUSE OR MOLESTAT	TION ALLEGATIO	NS,	DISCRIMINATIO	N OR NEGLIGENT	HIRING?		
						-,					
7.	DURING THE L	AST FIVE YE	ARS (TEN IN RI), HAS ANY	APPLICANT BEEN INDI	CTED FOR OR C	ONV	ICTED OF ANY	DEGREE OF THE C	CRIME OF F	RAUD,	
	BRIBERY, ARS	ON OR ANY C	OTHER ARSON-RELATED	CRIME IN CONNECTION	WITH THIS OR A	ANY	OTHER PROPE	RTY?			
			nswered by any applicant for ar of imprisonment).	property insurance. Fail	ure to disclose the	e exis	stence of an arso	n conviction is a mis	demeanor p	ounishable	
	by a senience of	up to one yea	ar or imprisoriment).								
8.		CTED FIRE /	AND/OR SAFETY CODE VIO	OLATIONS?							
0.	OCCUR DATE	EXPLANATIO		DEATIONS:		DE.	SOLUTION		Р	RESOLVE DATE	
	OCCOR DATE	LAFLANATIO	· · · · · · · · · · · · · · · · · · ·			I NL	.302011014			LEGOLVE DATE	
<u>-</u>	HAS ADDI ICAN	IT HAD A FOR	RECLOSURE, REPOSSESS	SION BANKRI IPTOV OR	FILED FOR BAN	IKBI I	IDTCV DI IBING	THE LAST FIVE (5)	VEARS2		
5.	OCCUR DATE	EXPLANATIO	· · · · · · · · · · · · · · · · · · ·	JON, DANKKOI TOT OK	TILLED I OIL BAIN	_	SOLUTION	THE EAST TIVE (3)		RESOLVE DATE	
	OCCOR DATE	LAFLANATIO	· · · · · · · · · · · · · · · · · · ·			KL	.302011014			LIGOLVE DATE	
10			GEMENT OR LIEN DURING	2 THE LAST FIVE (5) VE	ADC2						
10.	OCCUR DATE			3 THE LAST TIVE (3) TE	ANO!	DE	SOLUTION			RESOLVE DATE	
	OCCUR DATE	EXPLANATIO	'IN			- KE	SOLUTION			RESOLVE DATE	
	LIAC BUCINECE	DEEN DLAC	ED IN A TRUST? NAME OF	TDUET.							
			S, FOREIGN PRODUCTS D		R LIS PRODUCTS	3 501	I D / DISTRIRI IT	ED IN FOREIGN CO) I INTRIEGO)	\dashv
			for Liability Exposure and/or			_	ו טטואו טוט י כב				
13.	DOES APPLICA	NT HAVE OT	HER BUSINESS VENTURE	S FOR WHICH COVERA	AGE IS NOT REQ	UES	TED?				
14.	DOES APPLICA	NT OWN / LE	ASE / OPERATE ANY DRO	ONES? (If "YES", describ	e use)						
15.	5. DOES APPLICANT HIRE OTHERS TO OPERATE DRONES? (If "YES", describe use)										
L_											
REN	MARKS / PRO	CESSING II	NSTRUCTIONS (ACOR	D 101, Additional Rer	marks Schedul	le, m	nay be attache	ed if more space	is require	ed)	
<u> </u>			TION								
	OR CARRIEF	K INFORMA	ATION					Т			
YEA			GENERAL LIABILITY	AUTO	MOBILE	+	PROP	ERTY	OTHER:		
	CARRIER					+					
	POLICY NUME					\perp					
	PREMIUM	\$		\$		\$			\$		
	EFFECTIVE D					\perp					
	EXPIRATION I	DATE									

AGENCY CUSTOMER ID:

PRIOR CARRIER INFORMATION (continued)

VEAD	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
TEAR	CARRIER	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER.
	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	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 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 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.)

(Applicant's Initials):

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

GENCY	CUSTOMER ID:	
10L1101	OUGIONIEN ID.	

ACORD® BUS	INESS AU	TO SECTION	DATE (I	MM/DD/YYYY)
AGENCY		CARRIER		NAIC CODE
POLICY NUMBER	EFFECTIVE DATE	NAMED INSURED(S)		

COVERAGES / LIMITS

USE ACORD 137 FOR YOUR STATE TO PROVIDE COVERAGES / LIMITS INFORMATION

DRIV	DRIVER INFORMATION ACORD 163 attached for additional drivers												
LIST ALL DRIVERS, INCLUDING FAMILY MEMBERS THAT DRIVE COMPANY VEHICLES, AND EMPLOYEES WHO DRIVE OWN VEHICLES ON COMPANY BUSINESS.													
DRIVER #	NAME CITY, STATE AND ZIP C	ODE SEX	* MAR STAT	DATE OF BIRTH	YRS EXP	YEAR LIC	DRIVERS LICENSE NUMBER/ SOCIAL SECURITY NUMBER	STATE	DATE HIRE	BROADEN NO-FAULT	DOC	USE VEH#	use
	* MARITAL STATUS / CIVIL UNION (if applicable)												

EXF	LAIN AL	L "YES" RESPONSES			Y/N		
1.		THE EXCEPTION OF ANY ENCUMBRANCES, ARE ANY VEHICLES FOR W STERED TO THE APPLICANT?	/HICH II	NSURANCE IS REQUESTED NOT SOLELY OWNED BY AND			
	VEH#	NAME OF OTHER OWNER	VEH#	NAME OF OTHER OWNER			
2.	DO O\	/ER 50% OF THE EMPLOYEES USE THEIR AUTOS IN THE BUSINESS? (r	no explai	nation needed)			
3.	B. IS THERE A VEHICLE MAINTENANCE PROGRAM IN OPERATION?						
4.	I. ARE ANY VEHICLES LEASED TO OTHERS?						
5	ANV C	CAP MODIFIED / SPECIAL FOLIDMENTS (Include customized years / pickups)	١				

VEH # DESCRIPTION

6. ARE ICC (Interstate Commerce Commission), PUC (Public Utility Commission) OR OTHER FILINGS REQUIRED? (If "YES", attach ACORD 194) (no explanation needed)

COST

7. DO OPERATIONS INVOLVE TRANSPORTING HAZARDOUS MATERIAL?

VEH# DESCRIPTION

GENERAL INFORMATION

COST

GENERAL INFORMATION (continued) Y/N **EXPLAIN ALL "YES" RESPONSES** 8. ANY HOLD HARMLESS AGREEMENTS? 9. ANY VEHICLES USED BY FAMILY MEMBERS? IF SO, IDENTIFY. 10. DOES THE APPLICANT OBTAIN MVR (Motor Vehicle Record) VERIFICATIONS? 11 DOES THE APPLICANT HAVE A SPECIFIC DRIVER RECRUITING METHOD? 12. ARE ANY DRIVERS NOT COVERED BY WORKERS COMPENSATION? 13 ANY VEHICLES OWNED BUT NOT SCHEDULED ON THIS APPLICATION? 14. ANY DRIVERS WITH CONVICTIONS FOR MOVING TRAFFIC VIOLATIONS? APPLICABLE ONLY IN KANSAS: UNDER KANSAS LAW, THE FOLLOWING TRAFFIC VIOLATIONS ARE NOT REQUIRED TO BE REPORTED TO INSURERS: 1. A speeding violation of up to six (6) miles per hour (mph) that occurs in an area with a maximum posted speed limit from 30 mph through 54 mph, or 2. A speeding violation of up to ten (10) miles per hour (mph) that occurs in an area with a maximum posted speed limit from 55 mph through 75 mph. PLACE (CITY, STATE) DRV # DATE (MM/DD/YYYY) TYPE # YRS REV 15. HAS AGENT INSPECTED VEHICLES? 16. ARE ALL VEHICLES TO BE INCLUDED IN THIS POLICY PART OF A FLEET? 17 DO YOU HAVE ELECTRONIC MONITORING DEVICES THAT RECORD AND TRANSMIT DATA IN ANY OF YOUR VEHICLES? % Please indicate how you utilize the devices (check all that apply): If "YES", what percentage of vehicles in your overall fleet are monitored (1 - 100%) MONITOR DRIVER SAFETY TRACK FUEL CONSUMPTION MONITOR VEHICLE MAINTENANCE MILEAGE TRACKING LOCATION TRACKING NAVIGATION Describe: **DESCRIPTION OF GARAGE / STORAGE LOCATIONS** MAXIMUM DOLLAR VALUE SUBJECT TO LOSS \$ ADDITIONAL INTEREST / CERTIFICATE RECIPIENT **ACORD 45 attached for additional names** INTEREST NAME AND ADDRESS RANK: EVIDENCE: CERTIFICATE INTEREST IN ITEM NUMBER ADDITIONAL **LOSS PAYEE** VEHICLE: LOCATION: INSURED EMPLOYEE OWNER AS LESSOR LENDER'S LOSS PAYABLE REGISTRANT LIENHOLDER REFERENCE / LOAN #: INTEREST NAME AND ADDRESS RANK: EVIDENCE: CERTIFICATE INTEREST IN ITEM NUMBER ADDITIONAL INSURED EMPLOYEE LOSS PAYEE VEHICLE: LOCATION: OWNER AS LESSOR LENDER'S LOSS PAYABLE REGISTRANT LIENHOLDER REFERENCE / LOAN #: REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

AGENCY CUSTOMER ID:

AGENCY CUSTOMER ID: VEHICLE DESCRIPTION ACORD 129 attached for additional vehicles COMP / OTC SYM COLL YEAR VEHICLE TYPE SYM / AGE MAKE: PP SPEC COML V.I.N.: MODEL: STREET (Required in KY) CITY COUNTY STATE ZIP GARAGING ADDRESS LIC GVW / GCW **FARTHEST TERMINAL** COST NEW **TERR** CLASS FACTOR SEAT CP RADIUS SIC \$ ADD'L NO-FAULT RENT REIMB UNDRINS MOTOR SPEC C OF I CHECK COVERAGES **DEDUCTIBLES** USE FOR HIRE F COMM'L LSP ACV TOWING & LABOR FT COMP. **PLEASURE** RETAIL LIAB FG MED PAY ST AMT \$ NO-FAULT NET VEH DR/CR: UNINS MOTOR FTW FARM SERVICE COLL \$ COLI \$ DRIVE TO WORK / SCHOOL < 15 MILES 15 MILES + TOTAL PREM: \$ COMP / OTC SYM VEH# YEAR MAKE: VEHICLE TYPE SYM / AGE SPEC COML MODEL: V.I.N.: STREET (Required in KY) CITY COUNTY STATE ZIP GARAGING ADDRESS TERR GVW / GCW **FACTOR** SEAT CP **FARTHEST TERMINAL COST NEW** CLASS SIC **RADIUS** STATE \$ RENT REIMB ADD'L NO-FAULT CHECK COVERAGES USE COMM'L FOR HIRE UNDRINS MOTOR F **DEDUCTIBLES** SPEC C OF AC\ TOWING & LABOR COMP. **PLEASURE** RETAIL FT FG LIAB MED PAY ST AMT AA \$ NO-FAULT NET VEH UNINS MOTOR FARM SERVICE SPEC C OF L COLL \$ COLL DRIVE TO WORK / SCHOOL < 15 MILES 15 MILES + DR/CR TOTAL PREM: \$ COLL YEAR VEHICLE TYPE SYM / AGE MAKE: MODEL: V.I.N.: PP SPEC COML STREET (Required in KY) CITY COUNTY STATE ZIP GARAGING **ADDRESS** LIC FACTOR **FARTHEST TERMINAL** COST NEW TERR GVW / GCW CLASS SIC SEAT CP RADIUS \$ ADD'L NO FAULT UNDRINS MOTOR TOWING & LABOR RENT REIMB COMP/ OTC CHECK COVERAGES **DEDUCTIBLES** SPEC C OF I USE COMM'L FOR HIRE F LSP ACV COMP/ OTC **PLEASURE** RETAIL FT FG LIAB MED PAY ST AMT \$ NO-FAULT NET VEH UNINS MOTOR FARM SERVICE FTW/ COLL COLL \$ \$ DRIVE TO WORK / SCHOOL < 15 MILES 15 MILES + TOTAL PREM: \$ DR/CR COMP / OTC SYM COLL VEH# YEAR VEHICLE TYPE SYM / AGE MAKE: PP SPEC COML MODEL: V.I.N.: STREET (Required in KY) CITY COUNTY STATE ZIP GARAGING ADDRESS TERR GVW / GCW CLASS SIC **FACTOR** SEAT CP **RADIUS FARTHEST TERMINAL COST NEW** STATE \$ RENT REIMB ADD'L NO-FAULT CHECK COVERAGES COMP OTC SPEC C OF USE COMM'L FOR HIRE UNDRINS MOTOR F LSP **DEDUCTIBLES** ACV TOWING & LABOR COMP. PLEASURE RETAIL FT FG LIAB MED PAY ST AMT \$ AA FARM SERVICE UNINS MOTOR SPEC C OF I FTW COLL \$ COLL AULT NET VEH DRIVE TO < 15 MILES 15 MILES + WÖRK / SCHOOL **TOTAL PREM:** \$ REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

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 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	PRODUCER'S NAME (Please Print)		STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE		DATE	NATIONAL PRODUCER NUMBER

AGENCY CUSTOMER ID:

ACOR	

CALIFORNIA COMMERCIAL AUTO

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ACORD 137 CA (2015/12)

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