Ą	CORD®	COMM			AL INSURA		_		CA	lΤΑ	ON			D#	TE (MM 12/15		-
AGE	ENCY						RRIE										CODE
	nes G Parker Insurance Assoc						arrier T										
	come Ins Agency Lic #0554959					COI	MPANY	POLICY OR PRO	GRA	M NAM	E				PROGR	AM	CODE
) Box 1129																
	nford				CA 93232	POI	LICY NU	MRFR									
					071 00202		GREN										
CON	ITACT Matthew Orosco						DERWR					LINDED	WRITER OF	EICE			
PHO	/IE:					UNI	DEKWK	IIEK				UNDER	WKITER OF	FICE			
(A/C	S, No, Ext): (555) 554 5525											<u> </u>			15.01		
(A/C	(559) 584-9313					STA	ATUS OF		-	UOTE			ISSUE POLI	CY	\times	REN	IEW
ADE	RESS: matthewo@jgparker.com					-	ANSACT		_ B	OUND	(Give Date a		ach Copy):	TIME	_		ı
COL		SUBCODE:							_ 0	HANG	E	ATE		TIME		\times	AM
AGE	ENCY CUSTOMER ID: 00096498								С	ANCE	_ 04/	16/2022	2	12:01			PM
LIN	IES OF BUSINESS																
IND	CATE LINES OF BUSINESS	PREMIUM						PREMIUM							PREM	MIUN	Л
	BOILER & MACHINERY	\$		CYE	BER AND PRIVACY			\$			YACHT				\$		
×	BUSINESS AUTO	\$		FID	UCIARY LIABILITY			\$		×	Inland M	arine			\$		
	BUSINESS OWNERS	\$		GAI	RAGE AND DEALERS			\$							\$		
×	COMMERCIAL GENERAL LIABILITY	\$		LIQ	UOR LIABILITY			\$							\$		
	COMMERCIAL INLAND MARINE	\$		+-	TOR CARRIER			\$							\$		
$\overline{\mathbf{v}}$	COMMERCIAL PROPERTY	\$		_	UCKERS			\$							\$		
_	CRIME	\$		_	BRELLA			\$		-					\$		
A.T.				Olvi	BREELA			1 *							Ψ		
AI	TACHMENTS	DADEDO		101	ACC AND CICN CECTION					T	CTATEMEN	IT / COLU		ALUEC			
	ACCOUNTS RECEIVABLE / VALUABLE	PAPERS		_	ASS AND SIGN SECTION								EDULE OF V				
	ADDITIONAL INTEREST SCHEDULE ADDITIONAL PREMISES INFORMATION SCHEDULE				TEL / MOTEL SUPPLEME		0=0=10						NT (If applicat				
			`	STALLATION / BUILDERS								SUPPLEMEN	NI .				
	APARTMENT BUILDING SUPPLEMENT		+-	ERNATIONAL LIABILITY					-	VEHICLE S	SCHEDUL	_E					
	CONDO ASSN BYLAWS (for D&O Cove	age only)		INT	ERNATIONAL PROPERT	YEXI	POSURE	SUPPLEMENT									
	CONTRACTORS SUPPLEMENT			LOS	SS SUMMARY												
	COVERAGES SCHEDULE			OPI	EN CARGO SECTION												
	DEALERS SECTION			PRI	EMIUM PAYMENT SUPPL	.EME	NT										
	DRIVER INFORMATION SCHEDULE			PRO	OFESSIONAL LIABILITY	SUPP	PLEMEN	Т									
	ELECTRONIC DATA PROCESSING SEC	TION		RES	STAURANT / TAVERN SU	PPLE	MENT										
РО	LICY INFORMATION																
PRC	POSED EFF DATE PROPOSED EXP	DATE BILLIN	IG PLAN	٧	PAYMENT PLAN		МЕТНО	D OF PAYMENT	Α	UDIT	DEPO	SIT	MINIM PREM	IUM	POL	ICY	PREMIUM
	04/16/2022 04/16/2023										\$		\$		\$ 0.	.00	
		X DIRECT	/	AGENC	CY Y												
	PLICANT INFORMATION											1					
NAN	ME (First Named Insured) AND MAILING	ADDRESS (including 2	ZIP+4)			GL	CODE	S	IC			NAICS			EIN OR		
	otech Services Inc											56173	30		154731	434	
816	S N Todd Ave					BUS	SINESS	PHONE #: (62	6)78	8-565	2 xVeroni	ca					
						WE	BSITE A	DDRESS									
Αzι	usa				CA 91702	ww	vw.eco	techservices.n	et								
×	CORPORATION JOINT VEN				NOT FOR PROFIT ORG			SUBCHAPTER "S'	" COF	RPORA	TION						
	INDIVIDUAL LLC NO.	OF MEMBERS MANAGERS:			PARTNERSHIP		П	TRUST				-	_				
NAN	/IE (Other Named Insured) AND MAILING		ZIP+4)	-		GL	CODE	S	IC			NAICS		F	EIN OR	soc	SEC#
						BII	CINIECC	PHONE #:									
								DDRESS									
						WL	BSITE	DDRE33									
	CORPORATION JOINT VEN			Ш	NOT FOR PROFIT ORG			SUBCHAPTER "S'	" COF	RPORA	TION						
	INDIVIDUAL LLC NO.	OF MEMBERS MANAGERS:			PARTNERSHIP		1	TRUST									
NAN	ME (Other Named Insured) AND MAILING	ADDRESS (including	ZIP+4)			GL	CODE	S	IC			NAICS		F	EIN OR	soc	SEC#
						BUS	SINESS	PHONE #:				I					
								DDRESS									
	CORPORATION JOINT VEN	TURE			NOT FOR PROFIT ORG			SUBCHAPTER "S'	" COF	RPORA	TION						
	INDIVIDUAL LLC NO.	OF MEMBERS MANAGERS:			PARTNERSHIP		\square	TRUST					_				
	I I AND			4										$\overline{}$			

CONTACT INFORMATION AGENCY CUSTOMER ID: 00096498

CONTACT INFORMATION										AGENCI COSTOMER ID.								
CONTACT TYPE: Inspection									CONTACT TYPE: Claims Info									
CONTAC	TNAME: V	eron	nica Qu	ezada					CONTACT NAME: Veronica Quezada									
PRIMARY PHONE #	Υ Π 88-5652	OME	⊠ BU	S CELL	SECONDAR PHONE #	Р НОМЕ В	us [CELL		RIMA HON (326)		_	IE 🗵	BUS	CELL	SECONDARY PHONE #	HOME	BUS CELL
<u> </u>			. ,	vquezada@ec	ntachearvio	cas not			(626) 788-5652 PRIMARY E-MAIL ADDRESS: vquezada@ecotechservices.net									
	Y E-MAIL ADI		· · · · · · · · · · · · · · · · · · ·	vquezada @ ec	otecnsei vic	Des.riet									quezaua 🥹	ecotecnservices.ne		
	ARY E-MAIL								SE	ECO	NDARY	E-MAIL AD	DRES	S:				
				•	ORD 823 1	for Additional Pr	_		_									
LOC#	STREET	816	N lodd	Ave			С	ITY LIMITS		NTE	REST		# F	ULL T	IME EMPL	ANNUAL REVENUES	: \$	
4								INSIDE	L		OWNE	R				OCCUPIED AREA: SQ FT		
BLD#	CITY: Az	usa				STATE: CA		OUTSID	E		TENAN	NT	# P/	ART T	IME EMPL	OPEN TO PUBLIC AR	EA:	SQ FT
1	COUNTY:	Los	Angel	es		ZIP: 91702										TOTAL BUILDING AR	EA:	SQ FT
DESCRI	TION OF OP	ERAT	TIONS:			•										ANY AREA LEASED	O OTHERS?	Y/N
LOC#	LOC # STREET 816 N Todd Ave CITY LIN							ITY LIMITS	II	NTE	REST		# F	ULL T	IME EMPL	ANNUAL REVENUES	: \$	
5	5 Ins							INSIDE			OWNE	R				OCCUPIED AREA:		SQ FT
BLD#								OUTSID	_E ├	-	TENAN	NT	# P/	ART T	IME EMPL	OPEN TO PUBLIC AR	EA:	SQ FT
"	COUNTY: Los Angeles ZIP: 91702							-	` -	-		••	"			TOTAL BUILDING AR		SQ FT
DESCRI						ZIF. 3170Z												
	PTION OF OP	EKAI	IONS:				_		_				1			ANY AREA LEASED		Y/N
LOC#	STREET						С	ITY LIMITS		NTE	REST		# F	ULL T	IME EMPL	ANNUAL REVENUES	: \$	
								INSIDE	L		OWNE	R				OCCUPIED AREA:		SQ FT
BLD#	CITY:					STATE:		OUTSID	E		TENAN	NT	# P/	ART T	IME EMPL	OPEN TO PUBLIC AR	EA:	SQ FT
	COUNTY:					ZIP:										TOTAL BUILDING AR	EA:	SQ FT
DESCRI	TION OF OP	ERAT	TIONS:			Į.		-								ANY AREA LEASED	O OTHERS?	Y/N
LOC#	STREET						С	ITY LIMITS	T II	NTE	REST		# F	ULL T	IME EMPL	ANNUAL REVENUES	: \$	
							\vdash	INSIDE	H		OWNE	R				OCCUPIED AREA:		SQ FT
BLD#	CITY:					STATE:	+	OUTSID	₌⊢		TENAN		# P	APT T	IME EMPL	OPEN TO PUBLIC AR	FΛ·	SQ FT
BLD #	COUNTY:					ZIP:	+	- 001010	╌├		ILIVA	• •	"''		L.W L	TOTAL BUILDING AR		SQ FT
						ZIP:												
DESCRI	PTION OF OP	ERAT	IONS:													ANY AREA LEASED	O OTHERS?	Y/N
NATU	RE OF BU	SINE	ESS														DATE BUOK	1500
APA	ARTMENTS			CONTRACTOR	MA	ANUFACTURING		RESTAURA	NT		Ш	SERVICE	Į				DATE BUSIN STARTED (N	MM/DD/YYYY)
co	NDOMINIUMS	3	<u> </u>	NSTITUTIONAL	OF	FICE		RETAIL				WHOLESA	LE				01/	01/2014
foliage. install le employ In 2021 fenced	No tree trow flow toil rees in 2014 the location yard. All pl	immi ets, i 4. C on of umbi	ing/reminstall pontract 816 Ning, ele	noval ops. Maj pressure reduc ors license 988 Todd Ave, Azu ectrical and roo	ority of clie ing valves 3204. C27 sa CA 9170 f is new red	nts are water cons for water conserva and C36; Member 02 is the new lease	erva tion, CLC ed pr has	tion distric and instal CA operty that a small fro	ts in I wa t is a	the ater app	e local bottle roxima	area. As filling stately 3,90	need tions f	led, c for pa f an i	lient will al irks and re ndustrial w	install drought resiso remove old toile st stops. Hired rarehouse building ces and 2 bathroon	ts and with a	
RETAIL S	STORES OR S	SERV	ICE OPE	RATIONS % OF 1	OTAL SALES		LATI	ON, SERVIC		R RE	PAIR W	VORK		(OFF PREMIS	ES INSTALLATION, SE	RVICE OR RE	PAIR WORK
DESCRIF	DESCRIPTION OF OPERATIONS OF OTHER NAMED INSUREDS																	
ADDIT	ADDITIONAL INTEREST (Not all fields apply to all scenarios - provide only the necessary data) Attach ACORD 45 for more Additional Interests																	
INTERES					AND ADDRE	SS RANK:	EVID	DENCE:	C	CERT	TIFICAT	re l	POLIC	Y	SEND BII		ST IN ITEM N	
INS	DITIONAL URED		LIENHO	DLDER												LOCATION:	BUILI	DING:
	EACH OF RRANTY		LOSS F	PAYEE												VEHICLE:	BOAT	:
CO-OWNER MORTGAGEE												AIRPORT:	AIRC	RAFT:				
EMPLOYEE OWNER OWNER													ITEM CLASS:	ITEM:				
LEASEBACK REGISTRANT												ITEM DESCRIPTIO	N					
LEN	DER'S S PAYABLE		TRUST	EE REFER	ENCE / LOAI	N #:		IN	ITER	REST	END D	DATE:						
	- FAIADLE [LIEN A	MOUNT:			P	HON	IE (A	/C, No.	Ext):				FAX (A/C, No):		
REASON									PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS:									

EXPL	AIN ALL "YES" RE	SPONSES							Y/N
1a.	IS THE APPLICA	NT A SUBSIDIAF	RY OF ANOTHER EN	TITY?					N
	PARENT COMPA	NY NAME				RELATIONS	SHIP DESCRIPTION	% OWNED	
1b.	DOES THE APP	LICANT HAVE AN	NY SUBSIDIARIES?					L	N
	SUBSIDIARY COI	MPANY NAME				RELATIONS	SHIP DESCRIPTION	% OWNED	
2.	IS A FORMAL SA		M IN OPERATION?	MONTHLY MEETINGS	OSHA			<u> </u>	N
3.			ES, EXPLOSIVES, C						N
			,						
4.	ANY OTHER INS	SURANCE WITH	THIS COMPANY? (L	ist policy numbers)					N
	LINE OF BUSINE	ss	POLICY NUMBER		LINE OF BUSINES	ss	POLICY NUMBER		7
				D OR NON-RENEWED DURIN	NG THE PRIOR TH	REE (3) YEAR	S FOR ANY PREMISES OR		N
li	NON-PAYME	` —	ants - Do not answe	• •					
			г		Describe).				
	NON-RENEV		NDERWRITING	CONDITION CORRECTED (-	1000 II 411 1 A T 10	ON OR MEGI IOENT HIRINGS		NI NI
6.	ANY PAST LOS	SES OR CLAIMS	RELATING TO SEXU	AL ABUSE OR MOLESTATION	NALLEGATIONS, L	JISCRIMINATIC	ON OR NEGLIGENT HIRING?		N
	BRIBERY, ARSC	N OR ANY OTHE	R ARSON-RELATED	CRIME IN CONNECTION WIT	TH THIS OR ANY C	THER PROPE			N
		on must be answ up to one year of		for property insurance. Failure	to disclose the exi	stence of an ar	son conviction is a misdemean	or punishable	
8.	ANY UNCORRE	CTED FIRE AND	OR SAFETY CODE \	/IOLATIONS?					N
	OCCUR DATE	EXPLANATION				RESOLUTION		RESOLVE DATE	
9.	HAS APPLICAN	T HAD A FORECL	OSURE, REPOSSES	SSION, BANKRUPTCY OR FIL	ED FOR BANKRUI	PTCY DURING	THE LAST FIVE (5) YEARS?		N
	OCCUR DATE	EXPLANATION				RESOLUTION		RESOLVE DATE	
10.	HAS APPLICAN	T HAD A JUDGEN	MENT OR LIEN DURII	NG THE LAST FIVE (5) YEARS	5?				
	OCCUR DATE	EXPLANATION				RESOLUTION		RESOLVE DATE	
11.	HAS BUSINESS	BEEN PLACED I	IN A TRUST? NAME	OF TRUST:	l			1	N
		,		· · · · · · · · · · · · · · · · · · ·		D / DISTRIBU	TED IN FOREIGN COUNTRIE	S?	N
_			<u> </u>	or ACORD 816 for Property Ex					
13.	DOES APPLICA	NT HAVE OTHER	R BUSINESS VENTUF	RES FOR WHICH COVERAGE	IS NOT REQUES	ΓED?			
14.	DOES APPLICA	NT OWN / LEASE	/ OPERATE ANY DR	RONES? (If "YES", describe us	e)				
15.	DOES APPLICA	NT HIRE OTHER	S TO OPERATE DRO	NES? (If "YES", describe use)					
REM	IARKS / PRO	CESSING INST	RUCTIONS (ACO	RD 101, Additional Remar	ks Schedule, m	ay be attach	ed if more space is requi	red)	
<u> </u>									
		INFORMATION				1	I	DI DDIA	
YEAR			GENERAL LIABILITY			l		ER: BLDRK	
l	CARRIER		nwich Ins Co	XL Specialty Insu	ran	Greenwich I		Specialty Insuran	
	POLICY NUMB		00349301	NBA100349101		NPC100349		M100349201	
I	PREMIUM	\$ 9.78	82.00	\$ 15,358.00		\$ Included \	w/GL s 2	:,615.00	

EFFECTIVE DATE

EXPIRATION DATE

04/16/2021

04/16/2022

GENERAL INFORMATION

04/16/2021

04/16/2022

04/16/2021

04/16/2022

04/16/2021

04/16/2022

PRIOR CARRIER INFORMATION (continued)

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER: BLDRK
	CARRIER	Greenwich Insurance	XL Specialty Insuran	Greenwich Insurance	XL Specialty Insuran
	POLICY NUMBER	NPC100349300	NBA100349100	NPC100349300	NIM100349200
	PREMIUM	\$ 7,683.00	\$ 14,699.00	\$ Included w/ GL	\$ Included w/ IM
	EFFECTIVE DATE	04/16/2020	04/16/2020	04/16/2020	04/16/2020
	EXPIRATION DATE	04/16/2021	04/16/2021	04/16/2021	04/16/2021
	CARRIER	HDI GLOBAL INSURANCE	AmGuard Insurance Co	HDI GLOBAL INSURANCE	HDI GLOBAL INSURANCE
	POLICY NUMBER	GK20X000811	ECAU059274	GK20X000811	GK20X000811
	PREMIUM	\$ 8,263.00	\$	\$ Included w/ GL	\$ Included w/ GL
	EFFECTIVE DATE	04/16/2019	04/16/2019	04/16/2019	04/16/2019
	EXPIRATION DATE	04/16/2020	04/16/2020	04/16/2020	04/16/2020

LOSS HISTORY	TORY Check if none (Attach Loss Summary for Additional Loss Information)									
ENTER ALL CLAIMS	OR LOSSES (RE	GARDLESS OF F	AULT AND WH	ETHER OR NOT INSURED) OR OCCU	RRENCES THAT MAY GI	VE 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.)

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.

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

CON	ITACT NAMES	
Name	Responsibility	Phone Number
Veronica Quezada	Accounting Records	(626)788-5652
OFCONINF		Copyright 2001, AMS Serivces, Inc

	Prior Carr	ier Information	on		
PRIOR CARRIER	POLICY NUMBER	EXP DATE	LINE	LIMIT	TOTAL PREMIUM
XL Specialty Insuran	NIM100349200	4/16/2021	CIM		2,477.00
HDI GLOBAL INSURANCE	GK20X000811	4/16/2020	CIM		Included w/ GL
OFPRCINFO	1	·		COPYRIGHT 2002	, AMS SERVICES, INC

						A	GENCY CUS	томе	R ID: 00096498			
ĄC	CORD	•	COMM	IERCI	AL GENER	RAL L	.IABILI	TY S	SECTION			TE (MM/DD/YYYY) 12/15/2021
AGENC	Υ					CAF	RRIER					NAIC CODE
James	G Parker Ins	urance Assoc				*Cai	rrier TBD					
POLICY	NUMBER				EFFECTIVE DA	ATE APPL	ICANT / FIRST N	IAMED IN	ISURED			!
PKGR	EN22				04/16/202	2 Eco	tech Services	Inc				
		CLAIMS MADE		the COVE	RAGE / LIMITS se	ection bel	ow, this is a	n appli	cation for a claims	s-made policy.		
COVE	RAGES				LIMITS							
		NERAL LIABILITY			GENERAL AGGREGA	ATE			\$ 2,000,000			REMIUMS
04	CLAIMS MAD	E X	OCCURRENCE		LIMIT APPLIES PER:		OLICY	LOCATIO		PREI		PERATIONS
⊢"	VINER 3 & CONT	RACTOR 3 FROTE	CHVE		PRODUCTS & COMP		ROJECT	OTHER:	\$ 2,000,000	PRO	DUCTS	
DEDUC	TIBLES				PERSONAL & ADVER			LUAIL	\$ 1,000,000			
		_{SE} \$ 1,000)		EACH OCCURRENCE		UKT		\$ 1,000,000	ОТН	 ER	
	OPERTY DAMA	•		PER			\	1	\$ 100,000			
во	DILY INJURY	\$		CLAIM PER	MEDICAL EXPENSE (•	cej	\$ 5,000	тоти	AL	
		\$		OCCURRENCE	EMPLOYEE BENEFIT		15011)					
					EMPLOTEE BENEFII	5			\$ \$			
Exclus Wrap l	ion Designate Jp Ins Progra	ed Work CG213 m (CG2154 019	4 0187; Exclusio 96)	n Designate	d Ongoing Operatio	ns CG215	3 0196; Exclu		ness Auto Section, ACO signated Ops Covere	•	ated	
					GE IS TO BE PROVIDED		1	— . .				
	UIM COVERAGE		IS NOT AVAI		2. MEDICAL P			IS	IS NOT AVAIL	ABLE.		
SCHE	DULE OF H	AZARDS (AC	ORD 211, Sche	dule of Ha	zards, may be atta	ached if r	nore space i			T		
LOC#	HAZ#	CLASS CODE	PREMIUM BASIS	E	KPOSURE	TERR			ATE		PREMI	
				2 000			PREM / C	PS	PRODUCTS	PREM / OPS	$-\!\!\!+$	PRODUCTS
4			A	3,900								
	FICATION DESC d Warehouse	and Office Spa	ce									
LOC#	HAZ#	CLASS	PREMIUM		KPOSURE	TERR		R.A	ATE		PREMI	им
LUC#	HAZ#	CODE	BASIS	[KPUSURE	TERR	PREM / C	PS	PRODUCTS	PREM / OPS		PRODUCTS
CLASSII	FICATION DESC	RIPTION										
LOC#	HAZ#	CLASS	PREMIUM		KPOSURE	TERR		R.A	ATE		PREMI	им
LUC#	HAZ#	CODE	BASIS		KPOSUKE	IERK	PREM / C	PS	PRODUCTS	PREM / OPS		PRODUCTS
CLASSII	FICATION DESC	RIPTION										
	AND PREMIUM SS SALES - PER			OLL - PER \$1,0 - PER 1,000/S			OTAL COST - PE DMISSIONS - PE		,	J) UNIT - PER UNIT) OTHER		
CLAIN	IS MADE (E	xplain all "Yes	s" responses)									
EXPLAII	N ALL "YES" RE	SPONSES										Y/N
1. PRC	POSED RETI	ROACTIVE DATE	≣:									
					~=							

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

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

2217742700			A	GENCY	CUSTOMER ID: 0	00096498		
CONTRACTORS EXPLAIN ALL "YES" RESPONSES	(For all past or present operation	ne)						Y/N
DOES APPLICANT DRAW F	· · · · · · · · · · · · · · · · · · ·	<u> </u>	RS?					N
2. DO ANY OPERATIONS INC	LUDE BLASTING OR UTILIZE	OR STORE EXPLOSIV	 /E MATERIAL?	,				N
3. DO ANY OPERATIONS INCI	LUDE EXCAVATION, TUNNE	LING, UNDERGROUND	WORK OR EA	RTH MOV	/ING?			N
4. DO YOUR SUBCONTRACTO	ORS CARRY COVERAGES C	OR LIMITS LESS THAN '	YOURS?					N
5. ARE SUBCONTRACTORS A	ALLOWED TO WORK WITHO	 UT PROVIDING YOU W	TTH A CERTIFI	CATE OF	INSURANCE?			N
6. DOES APPLICANT LEASE E	EQUIPMENT TO OTHERS WI	TH OR WITHOUT OPER	RATORS?					N
DESCRIBE THE TYPE OF WORK SI Landscape maintenance	UBCONTRACTED	\$ PAID TO SUB- CONTRACTORS: \$50,	000.00	% OF V	WORK ONTRACTED: 1	# FULL- TIME STAFF:	# PART- TIME STAFF:	
PRODUCTS / COMPLETE	ED OPERATIONS							
PRODUCTS	ANNUAL GROSS SALES	# OF UNITS	TIME IN E	XPECTED LIFE	INTENDE	D USE	PRINCIPAL COMPONEN	TS
Landscape Maintenance	50,000							
Plumbing - Retrofit	660,000							
Landscape Construction	960,000							
EXPLAIN ALL "YES" RESPONSES	(For all past or present products	or operations) PLEASE F	ATTACH LITERAT	TURE, BRO	CHURES, LABELS, WAR	NINGS, ETC.		Y/N
1. DOES APPLICANT INSTAL	L, SERVICE OR DEMONSTR	ATE PRODUCTS?						

PRODUCTS	ANNUAL GROSS SALES	# OF UNITS	TIME IN MARKET	EXPECTED LIFE	INTENDED USE	PRINCIPAL COMPONENTS	3
Landscape Maintenance	50,000						
Plumbing - Retrofit	660,000						
Landscape Construction	960,000						
EXPLAIN ALL "YES" RESPONSES (F	For all past or present product	s or operations) PLEASE A	TTACH LITER	RATURE, BRO	CHURES, LABELS, WARNINGS, ETC.		Y/N
1. DOES APPLICANT INSTALL	, SERVICE OR DEMONST	RATE PRODUCTS?					
2. FOREIGN PRODUCTS SOLI	D, DISTRIBUTED, USED AS	S COMPONENTS? (If "YI	ES", attach A	ACORD 815)			
3. RESEARCH AND DEVELOP	MENT CONDUCTED OR N	EW PRODUCTS PLANNI	ED?				
4 OLIADANITEEO MARDANITI	EO LIOLD HADAU EOO AOI	DEEMENTOO					
4. GUARANTEES, WARRANTII	ES, HOLD HARMLESS AGI	REEMENIS?					
5. PRODUCTS RELATED TO A	IRCRAFT/SPACE INDUSTI	RY?					
							1
6. PRODUCTS RECALLED, DIS	SCONTINUED, CHANGED	?					
7. PRODUCTS OF OTHERS SO	OLD OR RE-PACKAGED U	NDER APPLICANT LABE	L?				
8. PRODUCTS UNDER LABEL	OF OTHERS?						
9. VENDORS COVERAGE REC	QUIRED?						
10. DOES ANY NAMED INSURE	D SELL TO OTHER NAME	D INSUREDS?					

AD	DITIONAL INTEREST / C	ERTIFICATE RECIPIENT		ACOR	D 45 attache	ed fo	r additional na	ames					
INT	EREST	NAME AND ADDRESS RANK:	EVID	ENCE:	CERTIFICAT	E				INTEREST IN	N ITEM NUMB	ER	
	ADDITIONAL INSURED								LOCATI	ON:	BUILDING):	
	EMPLOYEE AS LESSOR	Suburban Water Systems							ITEM CLASS:		ITEM:		
	LENDER'S LOSS PAYABLE	1325 N Grand Ave Suite 100								SCRIPTION			
	LIENHOLDER												
	LOSS PAYEE	Covina					CA 91724	-4044					
	MORTGAGEE												
$ \mathbf{x} $	Additional insured/WOS	REFERENCE / LOAN #:											
$\overline{}$	NERAL INFORMATION								ļ				
		or all past or present operations)											Y/N
_		PROVIDED OR MEDICAL PROFESSION	ONAL S	S EMPLOY	FD OR CONT	RAC	TED?						N
''	, <u>-</u>		J. 17 121	,0 .	25 011 00111								1
1													
2	ANV EVENELIDE TO DADIO	ACTIVE/NUCLEAR MATERIALS?											N
۷.	ANT EXPOSORE TO RADIO	ACTIVE/NOCLEAR WATERIALS!											
-													N.
3.		OR DISCONTINUED OPERATIONS IN RDOUS MATERIAL? (e.g. landfills, wa				ING, I	DISCHARGING, A	APPLYING, DISP	OSING, O	OR			N
	TRANSFORTING OF HAZAI	ADOUS MATERIAL! (e.g. landilis, wa	Sies, i	uei tariks, t	eic)								
L.					1505								.,
4.	ANY OPERATIONS SOLD, A	CQUIRED, OR DISCONTINUED IN LA	ASTF	iVE (5) YE	ARS?								N
5.	DO YOU RENT OR LOAN E	QUIPMENT TO OTHERS?										,	N
	EQUIPMENT						TYPE OF	FEQUIPMENT		INSTRUCTION	I GIVEN (Y/N)		
							SMALL TOOLS	LARGE EQU	IIPMENT				
							SMALL TOOLS	LARGE EQU	IIPMENT				İ.
6.	ANY WATERCRAFT, DOCKS	S, FLOATS OWNED, HIRED OR LEAS	ED?										N
													1
7.	ANY PARKING FACILITIES (OWNED/RENTED?											Ν
l													
													i
8.	IS A FEE CHARGED FOR PA	ARKING?											N
I													
9.	RECREATION FACILITIES P	ROVIDED?											Ν
l													
10.	ARE THERE ANY LODGING	OPERATIONS INCLUDING APARTM	ENTS	? (If "YES	", answer the f	ollowi	ng):						
l	# APTS TOTAL APT A	AREA DESCRIBE OTHER LODGING O	PERA	TIONS								1	
		Sq. Ft.											
11.	IS THERE A SWIMMING PO	OL ON PREMISES? (Check all that a	pply)									-	N
	APPROVED FENCE	LIMITED ACCESS DIVING BO	DARD	SLI	IDE AB	OVE G	ROUND IN	N GROUND	LIFE GU	JARD			
12.	ARE SOCIAL EVENTS SPO	NSORED?						L					N
1													
13.	ARE ATHLETIC TEAMS SPO	 ONSORED?											
	TYPE OF SPORT	CONTACT AGE GROUP			TYPE OF	SPOR	т	CONTACT	AGE GRO	up =	7	1	
		SPORT (Y/N)		13 - 18				SPORT (Y/N)	AGE GRO	JP	13 - 18		
		12 & UNDER		OVER 18	_				12 &	UNDER	OVER 18		
	EXTENT OF SPONSORSHIP:				EXTENT (OF SP	ONSORSHIP:						
14.	ANY STRUCTURAL ALTERA	ATIONS CONTEMPLATED?											Ν
L													
15.	ANY DEMOLITION EXPOSU	JRE CONTEMPLATED?				_							N
													ì

GENERAL INFORMATION (continued)

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)									
16. HAS APPLICANT BEEN ACTIVE IN OR IS CURRENTL'	Y ACTIVE IN JOINT VENTURE	:S?		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 OTHE	R BUSINESS OR SUBSIDIAR	IES?		N					
19. ARE DAY CARE FACILITIES OPERATED OR CONTRO	ILLED?			N					
20. HAVE ANY CRIMES OCCURRED OR BEEN ATTEMPT	ED ON YOUR PREMISES WIT	THIN THE LAST THREE (3) YEARS	?	N					
21. IS THERE A FORMAL, WRITTEN SAFETY AND SECURITY POLICY IN EFFECT? Y									
22. DOES THE BUSINESSES' PROMOTIONAL LITERATU	RE MAKE ANY REPRESENTA	TIONS ABOUT THE SAFETY OR S	ECURITY 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.

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

									AGEN	CY CL	JSTOM	ER	I D : 000	96498								
ĄĆ	ORD®					Р	RO	PE	RTY	SE	CTI	10	N							D	-	MM/DD/YYYY) (15/2021
AGENCY	NAME									CAR	RIER											NAIC CODE
James (Parker Insurance	ce Ass	ос							*Car	rier TBD)										
POLICY N	UMBER						EF	FECT	IVE DATE	NAME	D INSUR	ED(S	5)								•	
PKGRE	N22						()4/16	6/2022	Ecot	ech Ser	vice	s Inc									
	ET SUMMARY																					
BLKT#	AMOUNT				TYP	E				BLKT	#	Α	MOUNT						TYPE			
											-											
			PREMIS	ES#: 4	1 6	TDEET	ADDRES	s. a	16 N Tod	d Ave												
PREMIS	SES INFORMAT	ION	BUILDIN						Office/W		use											
	BJECT OF INSURAL			MOUNT	-+	DINS %	VALU- ATION		USES OF L		INFLATIO GUARD	ρN	DED		ED E	BLKT #		FORM	S AND C	CONDIT	IONS	TO APPLY
Busines	s Personal Prope	erty	20,000			00	RC	Spe	cial form		GUARD		1,000		IPE	#						
Equipme	ent Breakdown		20,000				RC		iipment akdown				1,000									
Expediti	ng Expenses		25,000																			
Hazardo	ous Substances		25,000																			
Data Re	storation		25,000																			
ADDITION	IAL INFORMATION		BUSINESS	INCOME /	EXTRA E	XPENS	E - Attac	n ACC	RD 810			VA	LUE REP	ORTING I	INFORM	IATION	N - Atta	ch ACC	ORD 811			
ADDITI	ONAL COVERA	GES,	OPTIONS,	RESTRI	CTION	S, EN	DORS	ЕМЕ	NTS AN	D RA	TING IN	ΙFΟ	RMATIC	ON								
SPOILAG		OF PR	OPERTY COVE	RED							LIMIT				FRIG M		ОРТ	IONS				
(Y / N)											\$			^	GREEM (Y/N)			BREA	KDOWN	OR CO	IATAC	MINATION
											DEDUCT \$	TIBLE]		POWE	R OUTA	GE		SELLING PRICE
SINKHOL	E COVERAGE (Requ	ired in	Florida)						ACCEPT (COVERA	AGE		REJEC	T COVER	RAGE	l	LIMIT:	\$				
	SIDENCE COVERA								ACCEPT (COVERA	AGE		REJEC	T COVER	RAGE		LIMIT:					
Property	PERTY HAS BEEN D is approximately use. 4 offices/2 bt	, 3,900	sf of an indu			e buildi	ing with	a fe	nced yar	d. All pl	lumbing	, ele	ctrical ar	nd roof (update				DES ON			
CONSTRU	ICTION TYPE			DISTANCE RANT F	TO IRE STAT	-	FIR	E DIS	TRICT		CODE N	IUME	BER PR	ROT CL	# STOR	RIES	# BAS	SM'TS	YR BU	IILT	TOTA	AL AREA
				FT	M														195	6	390	0
BUILDING	IMPROVEMENTS			0000	BLDG GRA	CODE	TAX	ODE	ROOF	ГҮРЕ		١	THER OC	CUPANC	IES							
	NG, YR: 2020		LUMBING, YR:	2020			<u> </u>	_					LUEAT	ING SOU	DOE INC	21 14/0	ODBII	DNIINO		DATE		
ROC	FING, YR: 2020	H	EATING, YR:		WIND			S	EMI- RESIS	TIVE		ŀ.	STOV	E OR FIR				KINING		NSTAL	LED:	
OTH PRIMARY			YR:		R	ESISTI	/E			SECO	NDARY H		MANUFACT	TURER:								
BOIL		OLID FU	EI 🖂							-	BOILER	IEAI		OLID FUE	. Г							
	DILER, IS INSURANC			RE?	Y/N							R IS	INSURANO				RF?		Y/N			
	POSURE & DISTAN			LEFT EXP		& DISTA	NCE						& DISTAN					REXPO	SURE &	DISTA	NCE	
BURGLAF	R ALARM TYPE					CERTI	FICATE :	ŧ		ļ						EXP	IRATIC	ON DAT	E	CEN' STAT	ION	LOCAL GONG
BURGLAF	R ALARM INSTALLE	D AND S	SERVICED BY			<u> </u>				EXTE	NT			GRADE		# Gl	JARDS	6 / WATO	CHMEN	WITH	1	OCK HOURLY
PREMISE	S FIRE PROTECTION	N (Sprin	klers, Standpip	es, CO2 / 0	Chemical	System	ns)		% SPI	RNK I	FIRE ALA	RM N	MANUFAC	TURER							CEI	NTRAL STATION
																					LO	CAL GONG
ADDITI	ONAL INTERES	ST	ACOR	D 45 atta	ched	for ad	dition	al na	mes													
INTEREST	Г		NAME AND A	DDRESS	RANK:		EVIDE	ICE:	CE	RTIFICA	TE							IN	ITERES	IN ITE	M NU	JMBER

LOCATION: 4
ITEM
CLASS: LENDER'S LOSS PAYABLE Joseph and Kathy Santoro, Trustees BUILDING: 1 9150 Whirlaway Ct LOSS PAYEE ITEM: ITEM DESCRIPTION MORTGAGEE Additional insured CA 91737 Al is the Landlord for the leased Rancho Cucamonga wareriouse/emice space. REFERENCE / LOAN #:

AD	DITIONAL	PREMI	ISES #:	STREET	ADDRES	SS:										
PR	EMISES INFORMATION	BUILDII	ING #:	BLDG D	ESCRIPT	ION:										
	SUBJECT OF INSURANCE		AMOUNT	COINS %	VALU- ATION	CAUSES OF L	oss	INFLATION GUARD %	DE	D	DED TYPE	BLKT #	FORM	S AND C	ONDIT	IONS TO APPLY
					7							"				
	ITIONAL INFORMATION			XTRA EXPENS							3 INFORM	IOITAI	N - Attach ACC	ORD 811		
	DITIONAL COVERAGES,		·	CTIONS, EN	IDORS	EMENTS AN			ORMAT	ION						
-	DILAGE DESCRIPTION OF PR	OPERTY COV	/ERED					LIMIT			REFRIG N AGREEN		OPTIONS			
	r/N)							\$			(Y/N		BREA	KDOWN	OR CC	NTAMINATION
· [-							DEDUCTIBI	LE			1	POWE	R OUTA	GE	SELLING PRICE
[<u> </u>							\$				_				
SINE	HOLE COVERAGE (Required in	Florida)				ACCEPT (COVERA	GE	REJ	ECT COV	ERAGE		LIMIT: \$			
MINI	SUBSIDENCE COVERAGE (Rec	uired in IL, IN	I, KY and WV)			ACCEPT (COVERA	GE	REJ	ECT COV	ERAGE		LIMIT: \$			
	PROPERTY HAS BEEN DESIGNA	ATED AN HIST	TORICAL LAND	DMARK					-				# OF OPEN SI	DES ON	STRU	CTURE:
CON	STRUCTION TYPE	нуі	DISTANCE TO THE TRANSPORT OF THE TRANSPO	RE STAT	FIR	E DISTRICT		CODE NUM	MBER	PROT CL	# STO	RIES	# BASM'TS	YR BU	ILT	TOTAL AREA
BUIL	DING IMPROVEMENTS			BLDG CODE	TAX (CODE ROOF 1	TYPE		OTHER	OCCUPAI	NCIES					
			_	GRADE												
-	· —	PLUMBING, YR	₹ :	WIND CLASS					HE	ATING SC	URCE IN	CL WC	ODBURNING	D	ATE	
	ROOFING, YR:	HEATING, YR:		TIND OLAGO		SEMI- RESIS	STIVE	-	ST	OVE OR F	IREPLAC	E INSE	ERT		ISTALI	_ED:
	OTHER:	YR:		RESISTI	VΕ					CTURER	:					
PRIN	IARY HEAT						SECO	NDARY HEA	π		г					
	BOILER SOLID FU	EL		_			B	OILER		SOLID F	UEL					
	IF BOILER, IS INSURANCE PLAC	ED ELSEWHE	ERE?	Y/N			IF	F BOILER, IS	SINSURA	NCE PLA	CED ELS	EWHE	RE?	Y/N		
RIGI	IT EXPOSURE & DISTANCE		LEFT EXPO	SURE & DIST	NCE		FRON	T EXPOSUR	E & DIST	ANCE			REAR EXPO	SURE &	DISTA	NCE
BUR	GLAR ALARM TYPE		•	CERT	IFICATE	#	•					EXP	IRATION DAT	E	CEN	TRAL LOCAL ION GONG
																KEYS
BUR	GLAR ALARM INSTALLED AND S	SERVICED BY	,				EXTEN	NT.		GRAD)E	# GI	JARDS / WAT	CHMEN	T	CLOCK HOURLY
PRE	MISES FIRE PROTECTION (Sprin	klers. Standpi	ipes. CO2 / Cl	hemical Syster	ns)	% SPF	RNK F	IRE ALARM	IMANUE	ACTURES	,				+	CENTRAL STATION
-		,	,	J, 5, 6, 61	-,	/0 OF F		0-011			•				-	-
	DITIONIAL INITEDEST	1														LOCAL GONG
	DITIONAL INTEREST			ched for ac			DTITLE:									
INTE	REST	NAME AND A	ADDRESS F	KANK:	EVIDE	NCE: CE	RTIFICAT	I E						ITEREST		M NUMBER
	LENDER'S LOSS PAYABLE												LOCATION:		E	BUILDING:
	LOSS PAYEE												CLASS:		Г	ГЕМ:
	MORTGAGEE												ITEM DESCR	RIPTION		
		REFERENCE	E / LOAN #:													
RE	MARKS (ACORD 101, Ac	dditional R	Remarks S	chedule, m	ay be a	attached if m	ore sp	ace is re	quired)						

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

ĄĆ	OR			STA	ATE	MEI	NT	OF VA	LUE	S				Di	ATE (MM/DD/YYYY)
<u> </u>	_					RRIER								PAGE	12/15/2021
AGENCY	. Dawler										NAI	C CODE:		PAGE	
			ance Assoc			arrier TE		LIT			POI	ICY NUMBER			OF CTIVE DATE
P O Box	-	ency L	c #0554959											EFFE	
	1129			CA 02222		otech Se					PK	GREN22			04/16/2022
Hanford		Motthou	v Orosco	CA 93232	_	6 N Todo		DDITEGO				A 71100		,	CA 91702
CONTACT NAME: PHONE	- 1		34-3323			NS %		PLICABLE CAUS	SES OF LO	188		Azusa			JA 91702
PHONE (A/C, No, E FAX	xt):		34-9313		- 001	1	AFF	1	DES OF EC	733			SPI	CIFIC AV	FRAGE RATE
FAX (A/C, No): E-MAIL		,	vo@jgparker.com			80%		BASIC				EARTHQUAKE COV			ERAGE RATE
ADDRESS	· '	nattilev	75.			90%		BROAD				FLOOD SPRINKI FR	— BLA	ANKET RA	TE REQUESTED
CODE:			00096498	CODE:	$\dashv \times$	100%	X	SPECIAL Equipment	Brookdo	wo		SPRINKLER LEAKAGE EXCL			
AGENCY C			BERS (Attach completed for	ms and andorsements the	at requir	e comple	tion to				ecting	VANDALISM EXCL			
7															
CLASS	LOC	BLDG	DESCRIPTION OF PROPE	RTY					VALU-	SUB	JECT	100% VALUES		TE OR	PREMIUM
CODE	#	#	ADDRESS OF PROPERTY						ATION			100% 1/12020	LOS	S COST	
			Office/Warehouse												
	4	1	816 N Todd Ave						RC	BF	P	20,000			
			Azusa				CA S	91702							
			Office/Warehouse												
	4	1	816 N Todd Ave						RC	EBR	RKD	20,000			
			Azusa				CA S	91702							
			Office/Warehouse												
	4	1	816 N Todd Ave									25,000			
			Azusa				CA S	91702							
			Office/Warehouse												
	4	1	816 N Todd Ave									25,000			
			Azusa				CA S	91702							
			Office/Warehouse												
	4	1	816 N Todd Ave									25,000			
			Azusa				CA S	91702							
												+	-		
<u> </u>												+	_		
									-						
												+	+		
									+						
												+	+		
									+						
										TC	ΤΔΙ	\$ 115,000	 	N/A	\$
SIGNAT	IIPF									10	, .AL	- \psi \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		-,,,	*
		NIP: -	OATION INFORMATION	ADE 000000000000000000000000000000000000		OT 05 1		0W/ FDS= ::	ID SET						
ALL VAI	LUES A	AND LO	CATION INFORMATION	ARE CURRECT TO T	HE BES	SI OF M	IY KN	JWLEDGE AI	ND BELIE	:F.					
INSURED'S	SIGNA	TURE				Т	ITLE							[DATE
I															

ACORD 139 (2015/12)

_	_				AGENCY	cus	TOMER ID: 0	009649	8			
ACO	$RD^{\mathbb{R}}$			ENT FLO) ATED	6 E	CTION			DAT	TE (MM/DD/YYYY	7)
700	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		EQUIPIN	ENI FLC		3E	CHON			1	2/15/2021	:
AGENCY J	ames G Parke	r Insurance Assoc	2		CARRIER *Carrier	TBD)				NAIC CO	DDE
POLICY NUM				EFFECTIVE DATE			AMED INSURED					
PKGREN2				4/16/2022	Ecotech S							
TERRITO	RY OF OPERA	TION			TYPE OF							
					See ACOR	2D 1	25					
_	GE / DEDUCTI	BLE			1 000							
Equipme			9	0,099	1,000							
EQUIPME	NT STORAGE						D EQUIPME					coins
LOC. MO. IN # STORAGE		OUTSIDE	TYPE O	F SECURITY	Misc Equi	SCRIP		MAXIN	1UM ITEM 2,500	AMT. OF I	NSURANCE 34,000	COINS
					1120 2402				2,500		- 52,000	
	\$	\$										
	\$	\$										
	\$	\$										
		/ CERTIFICATE RECI		ACORD 45 A	Attached	I I	05071510.475.05	OUIDED.				
LOSS P	RANK:	NAME AND ADDRESS	REFERENCE #:				CERTIFICATE RE	QUIRED	LOCATION:	EKESIINII	BUILDING:	
LIENHO									SCHEDULED	ITEM NUMB		
		ITEM DESCRIPTION:										
INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:				CERTIFICATE RE	QUIRED	INI	TEREST IN IT	TEM NUMBER	
LOSS P	AYEE								LOCATION:		BUILDING:	
LIENHO	LDER								SCHEDULED	ITEM NUMB	ER:	
									OTHER			
		ITEM DESCRIPTION:							<u> </u>			
INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:				CERTIFICATE RE	QUIRED	INT	EREST IN IT	TEM NUMBER	
LOSS P	AYEE								LOCATION:		BUILDING:	
LIENHO	DLDER								SCHEDULED OTHER	ITEM NUMB	ER:	
									OTHER			
		ITEM DESCRIPTION:										
GENERA	L INFORMATIO	N										
	L "YES" RESPONSES											Y/N
1. EQUIF	PMENT RENTED, L	OANED TO / FROM OTHE	ERS WITH / WITH	HOUT OPERATOR	RS?							N
2. IS APF	PLICANT OPERATI	NG EQUIPMENT NOT LIS	TED HERE?									N
3. PROP	ERTY USED UND	ERGROUND?										N
4. ANY V	VORK DONE AFLO	DAT?										

ACORD 146 (2013/09)

SCHE	DULED EQUIPMENT	% COINSURANCE		AGENCY CUST	OMER ID: 000	96498	
#	ТҮРЕ	DESCRIPTION		ID#/SERIAL		NEW / USED	DATE PURCHASED
				477709			
1	MANUFACTURER		MODEL	1 177703	MODEL YEAR	CAPACITY	AMOUNT OF INSURANCE
		Material Bucket w/Wi			2017	SAI AGITT	\$ 1,095
#	TYPE	DESCRIPTION	SKJBUM	ID#/SERIAL		NEW / USED	DATE PURCHASED
"		DESCRIPTION				NEW 7 GOED	DATE TORONAGED
2	MANUFACTURER		MODEL	DWPSK5T	MKJ0000153 MODEL YEAR	CAPACITY	AMOUNT OF INCUPANCE
						CAPACITY	AMOUNT OF INSURANCE
	Ditch Witch Off-Se		SK5TW		2017		\$ 7,257
#	TYPE	DESCRIPTION		ID#/SERIAL		NEW / USED	DATE PURCHASED
,				DWPSK80	0JJ0000480		
3	MANUFACTURER		MODEL		MODEL YEAR	CAPACITY	AMOUNT OF INSURANCE
	Ditch Witch Mini S	kid Steer	SK800		2017		\$ 26,956
#	TYPE	DESCRIPTION		ID#/SERIAI	NO.	NEW / USED	DATE PURCHASED
4				2000000	166		
4	MANUFACTURER		MODEL		MODEL YEAR	CAPACITY	AMOUNT OF INSURANCE
	Toro Tiller		22445		2000		\$ 4,124
#	TYPE	DESCRIPTION	•	ID#/SERIAL	NO.	NEW / USED	DATE PURCHASED
				2000008	98		
5	MANUFACTURER	1	MODEL		MODEL YEAR	CAPACITY	AMOUNT OF INSURANCE
	Toro Dingo		322		2000		\$ 18,000
#	TYPE	DESCRIPTION	1 222	ID#/SERIAL		NEW / USED	DATE PURCHASED
<i>π</i>	2	Sod Cutter		ID#/ SERIAL		NEW / USED	SAIL I SKOHAGED
6	MANUFACTURER	sou cutter	MODEL		MODEL VETE	CARACITY	AMOUNT OF INCUS AND
	MANUFACTURER		MODEL		MODEL YEAR	CAPACITY	AMOUNT OF INSURANCE
	Classen		SC-18				\$ 3,500
#	TYPE	DESCRIPTION		ID#/SERIAL	NO.	NEW / USED	DATE PURCHASED
7		Sod Cutter					
'	MANUFACTURER		MODEL		MODEL YEAR	CAPACITY	AMOUNT OF INSURANCE
	Classen		SC-19				\$ 3,500
#	TYPE	DESCRIPTION		ID#/SERIAL	NO.	NEW / USED	DATE PURCHASED
_		Rototiller					
8	MANUFACTURER		MODEL		MODEL YEAR	CAPACITY	AMOUNT OF INSURANCE
	Honda		FRC800				\$ 2,600
#	TYPE	DESCRIPTION		ID#/SERIAL	_ NO.	NEW / USED	DATE PURCHASED
		2700 PSI Pressure	Washer	1095223	2		
9	MANUFACTURER		MODEL	1 - 0 - 0 - 0	MODEL YEAR	CAPACITY	AMOUNT OF INSURANCE
	MI-T-M		JP-2703-3MHB		2016	SAI AGITT	\$ 0
щ		DESCRIPTION	101 1/00 01111	ID # / CEDIAL		NEW / USED	+ '
#	TYPE	DESCRIPTION		ID#/SERIAL		NEW / USED	DATE PURCHASED
10		Plate Compactor	ı	3526600			
	MANUFACTURER		MODEL		MODEL YEAR	CAPACITY	AMOUNT OF INSURANCE
	Multiquip		MVC-82VH		2016		\$ 1,600
#	TYPE	DESCRIPTION		ID#/SERIAL		NEW / USED	DATE PURCHASED
11		Adjustable Forks		2000601	.66		
1 11	MANUFACTURER		MODEL		MODEL YEAR	CAPACITY	AMOUNT OF INSURANCE
	Toro		22418		2000		\$ 0
#	TYPE	DESCRIPTION		ID#/SERIAL	NO.	NEW / USED	DATE PURCHASED
		Auger Motor		2000004	04		
12	MANUFACTURER		MODEL	1	MODEL YEAR	CAPACITY	AMOUNT OF INSURANCE
	Toro		224400		2000		\$ 3,167
#	ТҮРЕ	DESCRIPTION	1	ID#/SERIAL		NEW / USED	DATE PURCHASED
		Auger 10" Bit				, 3325	
13	MANUFACTURER	110201 10 DIC	MODEL		MODEL YEAR	CAPACITY	AMOUNT OF INSURANCE
			22446		2000	JAI AOII I	\$ 0
	Toro	DECORIETION	22440	IB # / 2===:::			,
#	TYPE	DESCRIPTION		ID#/SERIAL	_ NO.	NEW / USED	DATE PURCHASED
14		Auger 30" Bit	ı				
	MANUFACTURER		MODEL		MODEL YEAR	CAPACITY	AMOUNT OF INSURANCE
	Toro		224108		2000		\$ 0
#	TYPE	DESCRIPTION		ID#/SERIAL	_ NO.	NEW / USED	DATE PURCHASED
		Auger 18" Bit					
15	MANUFACTURER		MODEL	•	MODEL YEAR	CAPACITY	AMOUNT OF INSURANCE
	Toro		22406		2000		\$ 0
	D 440 (0040(00)		I .		1	1	

SCHE	DULED EQUIPMENT	% COINSURANCE		AGENCY CUSTO	OMER ID: 000	96498		
#	TYPE	DESCRIPTION	•	ID#/SERIAL	NO.		NEW / USED	DATE PURCHASED
		Leveler		2000000	508			
16	MANUFACTURER Toro		MODEL 22419		MODEL YEAR	CAPACIT	Υ	AMOUNT OF INSURANCE
#	TYPE	DESCRIPTION	22117	ID#/SERIAL			NEW / USED	DATE PURCHASED
1.0		The Eliminator						
17	MANUFACTURER		MODEL		MODEL YEAR	CAPACIT	Υ	AMOUNT OF INSURANCE
	Toro		22443		2000			\$ 0
#	ТҮРЕ	DESCRIPTION		ID#/SERIAL			NEW / USED	DATE PURCHASED
18		Multi Purpose To		2000019	1			
10	MANUFACTURER		MODEL		MODEL YEAR	CAPACIT	Υ	AMOUNT OF INSURANCE
	Toro		22423		2000		1	\$ (
#	TYPE	DESCRIPTION		ID#/SERIAL	NO.		NEW / USED	DATE PURCHASED
19		Ripper	T			T		
	MANUFACTURER		MODEL		MODEL YEAR	CAPACIT	Υ	AMOUNT OF INSURANCE
	Geo		GR-16					\$ 2,500
#	TYPE	DESCRIPTION		ID#/SERIAL			NEW / USED	DATE PURCHASED
20		Rototiller		FAFJ-10	08337			
	MANUFACTURER		MODEL		MODEL YEAR	CAPACIT	Υ	AMOUNT OF INSURANCE
	Honda		FRC800					\$ 2,600
#	TYPE	DESCRIPTION		ID#/SERIAL	NO.		NEW / USED	DATE PURCHASED
0.1		Rototiller		FAFJ-11	04699			
21	MANUFACTURER		MODEL		MODEL YEAR	CAPACIT	Υ	AMOUNT OF INSURANCE
	Honda		FRC800					\$ 2,600
#	TYPE	DESCRIPTION	•	ID#/SERIAL	NO.		NEW / USED	DATE PURCHASED
		Soil Cultivator		2600001	63			
22	MANUFACTURER		MODEL		MODEL YEAR	CAPACIT	Υ	AMOUNT OF INSURANCE
	Toro							\$ 6,000
#	ТҮРЕ	DESCRIPTION		ID#/SERIAL	NO.		NEW / USED	DATE PURCHASED
		3701b ice make	storage bin	1120495	21, 11202141	13		
23	MANUFACTURER	37012 100 Marie	MODEL	1110133	MODEL YEAR	CAPACIT		AMOUNT OF INSURANCE
	Mantiowoc		MODEL		2019	J GAI AGI	•	\$ 4,600
#	TYPE	DESCRIPTION		ID#/SERIAL	NO.		NEW / USED	DATE PURCHASED
		22001		15 11 / 02111111				
	MANUFACTURER		MODEL	I	MODEL YEAR	CAPACIT		AMOUNT OF INSURANCE
							•	\$
#	TYPE	DESCRIPTION		ID#/SERIAL	NO.		NEW / USED	DATE PURCHASED
*	1112	DESCRIPTION		ID#/ GERIAL	.110.		NEW / OSED	DATE TOROTAGED
	MANUFACTURER		MODEL		MODEL YEAR	CAPACIT		AMOUNT OF INSURANCE
	MANOFACTORER		MODEL		WODEL TEAK	CAFACII		
	TVDE	DESCRIPTION		ID # / 055141	<u> </u>		NEW (HOED	\$
#	TYPE	DESCRIPTION		ID#/SERIAL	NO.		NEW / USED	DATE PURCHASED
			T		T	T		
	MANUFACTURER		MODEL		MODEL YEAR	CAPACIT	Y	AMOUNT OF INSURANCE
								\$
#	TYPE	DESCRIPTION		ID#/SERIAL	NO.		NEW / USED	DATE PURCHASED
	MANUFACTURER		MODEL		MODEL YEAR	CAPACIT	Υ	AMOUNT OF INSURANCE
								\$
#	ТҮРЕ	DESCRIPTION		ID#/SERIAL	NO.		NEW / USED	DATE PURCHASED
#	TYPE	DESCRIPTION		ID#/SERIAL	NO.		NEW / USED	DATE PURCHASED
#	TYPE MANUFACTURER	DESCRIPTION	MODEL	ID#/SERIAL	NO. MODEL YEAR	CAPACIT		AMOUNT OF INSURANCE
#		DESCRIPTION	MODEL	ID#/SERIAL		CAPACIT		
#		DESCRIPTION	MODEL	ID#/SERIAL	MODEL YEAR	CAPACIT		AMOUNT OF INSURANCE
	MANUFACTURER		MODEL		MODEL YEAR	CAPACIT	Y	AMOUNT OF INSURANCE
	MANUFACTURER		MODEL		MODEL YEAR	CAPACIT	Y NEW / USED	AMOUNT OF INSURANCE
	MANUFACTURER TYPE				MODEL YEAR		Y NEW / USED	AMOUNT OF INSURANCE \$ DATE PURCHASED
	MANUFACTURER TYPE				MODEL YEAR NO. MODEL YEAR		Y NEW / USED	AMOUNT OF INSURANCE \$ DATE PURCHASED AMOUNT OF INSURANCE
#	MANUFACTURER TYPE MANUFACTURER	DESCRIPTION		ID#/SERIAL	MODEL YEAR NO. MODEL YEAR		NEW/USED	AMOUNT OF INSURANCE \$ DATE PURCHASED AMOUNT OF INSURANCE \$
#	MANUFACTURER TYPE MANUFACTURER	DESCRIPTION		ID#/SERIAL	MODEL YEAR NO. MODEL YEAR		NEW / USED TY NEW / USED	AMOUNT OF INSURANCE \$ DATE PURCHASED AMOUNT OF INSURANCE \$
#	MANUFACTURER TYPE MANUFACTURER TYPE	DESCRIPTION	MODEL	ID#/SERIAL	MODEL YEAR NO. MODEL YEAR NO.	CAPACIT	NEW / USED TY NEW / USED	AMOUNT OF INSURANCE \$ DATE PURCHASED AMOUNT OF INSURANCE \$ DATE PURCHASED

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 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.

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

							AGENCY	CUSTON	MER ID: 00096498			
ACORI) P		INS	STALL	ATION	N/BUILDE	ERS RIS	SK SE	ECTION			(MM/DD/YYYY) 2/15/2021
AGENCY							CARRIER					NAIC CODE
James G Parker	Insuran	ce Asso	С				*Carrier TBD					
POLICY NUMBER						EFFECTIVE DATE	APPLICANT / FI	RST NAME	D INSURED			
PKGREN22						04/16/2022	Ecotech Serv	vices Inc				
X INSTALLA	TION		BUILDERS	RISK								
1						005110500						
COVERAGE						OPEN REPOR	RTING FO	RM	CAUSES OF LOS	S & DEDUC	TIBLE	
LIMIT AT AN	IN SINGI	_	LIMIT	r DED	LIMIT	AT A TEMPORARY	TRANS		CAUSES OF LOSS	SUB		DEDUCTIBLE
LOCA		E	DISA	STER	LIMIT	LOCATION	LIMIT	"	EARTHQUAKE	\$		
									FLOOD	\$		
40.000			40.000		40.000		40.000			\$		
\$ 10,000			\$ 10,000		\$ 10,000		\$ 10,000		SPECIAL			
									BROAD	BASIC		
TERRITORY					!				RECEIPTS	' '		
SPECIFY THE APPLI	CANTS C	PERATIN	IG TERRITORY:						ENTER THE GROSS INS	STALLATION RI	ECEIPTS.	
\$1,000 Deductible	е								PAST 12 MON	гнѕ	NEXT 12 I	MONTHS (ESTIMATE)
									\$		\$	
JOBS / VALUES	3											
		ANNUAL		# JOBS IN	PROGRESS	COST	OR VALUE OF E	ACH INSTA	LLATION		TERIAL COS	ST (% of Total)
TYPE		NUMBER	DURATION	MAXIMUM	AVERAGE	MAXIMUM	MINIM	шм	AVERAGE	T INIA	HERIAL COS	51 (% 01 10tal)
RESIDENTIAL						\$	\$		\$			%
COMMERCIAL						\$	\$		\$			%
ADDITIONAL IN	ITERES	ST	I AC	ORD 45 A	ttached							
INTEREST	RANK:		NAME AND ADD		EFERENCE #	:		CER	TIFICATE REQUIRED	INT	EREST IN ITE	M NUMBER
LENDER'S LOS										LOCATION:		BUILDING:
LIENHOLDER										SCHEDULED I	-	
LOSS PAYEE									-	OTHER		
		ī	TEM DESCRIPT	TION:								
INTEREST	RANK:	1	NAME AND ADD	DRESS R	EFERENCE #	1		CER	TIFICATE REQUIRED	INTI	EREST IN ITE	M NUMBER
LENDER'S LOS	S PAYAB	BLE		_						LOCATION:	F	BUILDING:
LIENHOLDER										SCHEDULED I	TEM NUMBE	R:
LOSS PAYEE										OTHER		
		ī	TEM DESCRIPT	TION:					·			
INTEREST	RANK:	ı	NAME AND ADD	DRESS R	EFERENCE #	:		CER	TIFICATE REQUIRED	INTI	EREST IN ITE	M NUMBER
LENDER'S LOS	S PAYAB	BLE		_						LOCATION:	E	BUILDING:
LIENHOLDER										SCHEDULED I	TEM NUMBE	R:
LOSS PAYEE										OTHER		
		I	TEM DESCRIPT	TION:								
RIGGING									TRANSPORTATIO	N / SECUR	ITY	
DESCRIBE ALL HOIS	STING OF	R OTHER	OPERATIONS R	REQUIRING R	IGGING.				ESTIMATE % OF VALUE SITE AT APPLICANT'S F		. SHIPPED TO	O JOB
										%		
									DESCRIBE JOB SITE SE	CURITY		
REMARKS (AC	ORD 1	01. Add	ditional Ren	narks Sch	edule. may	be attached if me	ore space is	reguired	L			
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		, , , , , , , , ,		••••	,		р	,	,			

ACORD 147 (2016/03)

COVERAGE				S	SPECIFIC JOB			CAUSES OF LOS	SS & DEDUCTIBLE	
				IMIT AT A TEMPORARY			\Box	CAUSES OF LOSS	SUB LIMIT	DEDUCTIBLE
LIMIT AT L	OCATION		-	LOCATION	TRANSIT LIMIT		Ш	EARTHQUAKE	\$	
							TI I	FLOOD	\$	
l.							Ш		\$	
\$			\$		\$		Ш	SPECIAL	<u> </u>	
							」 Ⅰ	BROAD	BASIC	
JOB TERM / VALUE	<u>s</u>							SECURITY		
JOB T	ERM			CONTRACT AMOUNT	VALUE OF OWNER	₹	Ш	DESCRIBE JOB SITE	SECURITY	
COMMENCEMENT	CC	OMPLETION			SUPPLIED PROPER	IY	41			
			\$			Ш				
			Ľ		\$		— І			
JOB DESCRIPTION DESCRIBE THE WORK TO	RE PERE	ORMED						INSURED'S JOB N	IIMDED.	
DEGGINDE THE WORK TO	DE I LIKI	OKINED						INSURED S JUB N		
ADDITIONAL INTER	EST	Δ	CORD 4	5 Attached						
INTEREST RANK		NAME AND AD		REFERENCE #:			CERT	IFICATE REQUIRED	INTEREST IN IT	EM NUMBER
LENDER'S LOSS PAY		1								BUILDING:
LOSS PAYEE									SCHEDULED ITEM NUMBI	 ER:
LIENHOLDER									OTHER	
		ITEM DESCRIF	TION:							
INTEREST RANK	ζ:	NAME AND AD	DRESS	REFERENCE #:			CERT	IFICATE REQUIRED	INTEREST IN IT	EM NUMBER
LENDER'S LOSS PAY	ABLE								LOCATION:	BUILDING:
LOSS PAYEE									SCHEDULED ITEM NUMBI	ER:
LIENHOLDER									OTHER	
		ITEM DESCRIF		T		1 1				
INTEREST RANK		NAME AND AD	DRESS	REFERENCE #:			CERT	IFICATE REQUIRED	INTEREST IN IT	
LOSS PAYEE	ADLE								1	BUILDING:
LIENHOLDER									SCHEDULED ITEM NUMBI OTHER	<u> </u>
		ITEM DESCRIF	TION:							
TRANSPORTATION								RIGGING		
TOTAL VALUES TO BE SHI	PPED TO	THIS JOB SITE	T APPLIC	CANT'S RISK.			ПI		ING OR OPERATIONS REQ	JIRING RIGGING.
	% FOI	R APPLICANT'S		% BY COMMON/			71			
AMOUNT SHIPPED	/ 101	VEHICLES		CONTRACT CARRIER	DISTANCE INVOLVE	ΕD	Ш			
\$		9/	,				Ш			
							ا لــ			
REMARKS (ACORD	101, A	dditional Re	marks S	Schedule, may be attac	hed if more space is	requ	ıired)			
1										
1										
1										
				A.4.	tach to ACOPD 125					

SIGNATURE AGENCY CUSTOMER ID: 00096498

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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.

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

CALIFORNIA COMMERCIAL AUTO

DATE (MM/DD/YYYY)

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(63) OWNED PRIVATE P							ED MOTORIST			AILER INTERC					• /	ON-OWN	NED AUTO	S ONLY	
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ACORD	

BUSINESS AUTO SECTION

DATE (MM/DD/YYYY)	
12/15/2021	

1001 B031	NESS AU	10 SECTION	12/	15/2021
AGENCY		CARRIER		NAIC CODE
James G Parker Insurance Assoc		*Carrier TBD		
POLICY NUMBER	EFFECTIVE DATE	NAMED INSURED(S)		-
PKGREN22	04/16/2022	Ecotech Services Inc		

COVERAGES / LIMITS

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

	031	ACOND 137 FO	<u>UK</u>	1001	STATE TO FE	COVIL		VERAGES / LIMITS IN	FUKIV	IATION					
DRIVE	ER INFORMATION	ACORD 163	atta	ached	for additional d	rivers									
	LIST ALL DRIVERS, INCLUDING FAMILY MEMBERS THAT DRIVE COMPANY VEHICLES, AND EMPLOYEES WHO DRIVE OWN VEHICLES ON COMPANY BUSINESS. RIVER NAME CITY, STATE AND ZIP CODE SEX STAT DATE OF BIRTH YRS YEAR DRIVERS LICENSE NUMBER/ SOCIAL SECURITY NUMBER LIC HIRE NO-FAULT DOC VEH # USE														
	NAME CITY, STATE AND ZI	P CODE	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	
6	Garfield D M	cLaren			05/07/1953			E0567758							
10	Luis A C	astillo			04/25/1986			D7751271	CA						
11	Malcolm I M	cLaren			06/19/1989			D9149050	CA						
12	Marcos A Q	uezada			12/24/1975			B3824850	CA						
15	Veronica E	nriquez			07/03/1977			B9265137	CA						
16	Veronica Q	uezada			02/07/1979			B6028729	CA						
18	Omar R	ivera			02/23/1992			F1256269	CA						
20	George M	unoz			10/24/1970			A5060526	CA						
21] 3	ontiel-Davila CA			05/08/1980			Y2474580							
22	Fernando R U	rizaPalacios			11/08/1999			F6987118	CA						
22	Anthony L To	orres			06/23/1999			Y8753845	CA						

* MARITAL STATUS / CIVIL UNION (if applicable)

GENER	RALII	NFORM	NOITAN

	4511/45	IN ORMATION						
EXP	LAIN ALI	"YES" RESPONSES						Y/N
1.		THE EXCEPTION OF ANY ENCUMBRANCES, ARE ANY VEHIC TERED TO THE APPLICANT?	LES FOR WHIC	H INSU	RANCE IS REQUESTED NOT SOLELY OWNED BY AND			
	VEH#	NAME OF OTHER OWNER		VEH#	NAME OF OTHER OWNER			
2.	DO OV	ER 50% OF THE EMPLOYEES USE THEIR AUTOS IN THE BU	ISINESS? (no e	xplanat	on needed)			
3.	IS THE	RE A VEHICLE MAINTENANCE PROGRAM IN OPERATION?						
4.	ARE AI	NY VEHICLES LEASED TO OTHERS?						
5.	ANY C	AR MODIFIED / SPECIAL EQUIPMENT? (Include customized va	ans / pickups)					
	VEH#	DESCRIPTION	COST \$	VEH#	DESCRIPTION	COST \$		
6.	ARE IC	C (Interstate Commerce Commission), PUC (Public Utility Comm	mission) OR OTH	IER FIL	INGS REQUIRED? (If "YES", attach ACORD 194)	no explanation ne	eded)	
7.	DO OP	ERATIONS INVOLVE TRANSPORTING HAZARDOUS MATERI.	AL?					

GENERAL INFORMATION (continued) AGENCY CUSTOMER ID: 00096498

EXP	LAIN A	LL "YES"	RESPONS	SES																Y/N
8.	ANY	HOLD H	ARMLES	SAGREE	MENT	rs?														
1																				
<u> </u>																				
9.	ANY	VEHICLE	ES USED	BY FAM	ILY ME	EMBERS? IF S	O, IDENTIFY.													
10	DOE	C TLIE AI		T ODTAIN	V M / D	/Matau \/abiala	Danard\ \/EDIEI	CATIO	NCO											
10.	DOE	SINEA	PLICAN	I OBTAIN	N IVIVR	(iviolor venicie	Record) VERIFI	CATIO	NO?											
11	DOE	S THE AI	DDI ICAN.	T ΗΔ\/Ε /	\ SDE(CIEIC DRIVER	RECRUITING M	ETHOR	72											
l '''	DOL.	O IIIL AI	LICAN	IIIAVL	VOI L	SII IO DINIVER	INECINOTINO IVI	LIIIOL	<i>)</i> :											
l																				
12.	ARE	ANY DRI	VERS NO	OT COVE	RED	BY WORKERS	COMPENSATIO	N?												
13.	ANY	VEHICLE	ES OWNE	D BUT N	NOT S	CHEDULED ON	N THIS APPLICA	TION?												
14.							TRAFFIC VIOLA													
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	DRV	# DAIE	(MM/DD/Y	YYY) IY	'PE							PLACE (CIIY, S	IAIE)					# YRS REV	
15.	HAS	AGENT I	NSPECT	ED VEHI	CLES	?												•		
l																				
16	ARF	ALL VEH	IICLES TO) BE INC	LUDE	D IN THIS POL	ICY PART OF A	FLEET	?											
	, <u></u>	/ LL VL	HOLLO IV	J DL 1110		<i>D</i>			•											
17.	DO Y	OU HAV	E ELECT	RONIC N	ONIT	ORING DEVICE	ES THAT RECOF	RD AND	TRANS!	MIT DA	ATA IN AT	NY OF YO	DUR V	EHICL	ES2					
	If "YES	C" what n													LO:					
		o, what pe	ercentage c	f vehicles	in your	overall fleet are me	onitored (1 - 100%)		0	, Ple	ease indica	ate how you	u utilize			all that app	ly):			
l					in your	i	onitored (1 - 100%)			70			u utilize	the dev	ices (check			LOCATION	ED A CIVINO	
		MONITO	R DRIVER		in your	TRACK FUEL CO			MONITOR	70			u utilize	the dev				LOCATION 1	TRACKING	
			R DRIVER		in your	i		Descri	MONITOR	70			u utilize	the dev	ices (check			LOCATION 1	FRACKING	
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	CRIPTI	MONITOI NAVIGAT	R DRIVER ION ARAGE / S	SAFETY TORAGE I	LOCAT	TRACK FUEL CO	ONSUMPTION	Descri	MONITOR ibe:	VEHICI	LE MAINT	ENANCE		the dev	ices (check EAGE TRA	CKING				T TO LOSS
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INTE	CRIPTION CRIPTION CONTROL CRIPTION CRIP	MONITOI NAVIGAT ION OF GA DNAL IN TIONAL RED OYEE ESSOR HOLDER TIONAL RED OYEE ESSOR ER'S LOSS LE HOLDER	R DRIVER PION ARAGE / S ITERES OW RE	T / CER SS PAYEE INER GISTRANT SS PAYEE INER GISTRANT	TIFIC NA	TRACK FUEL CO IONS ATE RECIPIE ME AND ADDRES FERENCE / LOAI ME AND ADDRES	ENT SS RANK: N#: N#:	Descri	MONITOR ibe: CORD 4 EVIDENCE	VEHICI	ached for CERTI	OT Addit	ional	the dev	ices (check EAGE TRA	MAXI \$	IMUM E	OOLLAR VAI	LOCATION	ER l:
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INTE	CRIPTION CRIPTION CONTROL CRIPTION CRIP	MONITOI NAVIGAT ION OF GA DNAL IN TIONAL RED OYEE ESSOR HOLDER TIONAL RED OYEE ESSOR ER'S LOSS LE HOLDER	R DRIVER PION ARAGE / S ITERES OW RE	T / CER SS PAYEE INER GISTRANT SS PAYEE INER GISTRANT	TIFIC NA	TRACK FUEL CO IONS ATE RECIPIE ME AND ADDRES FERENCE / LOAI ME AND ADDRES	ENT SS RANK: N#: N#:	Descri	MONITOR ibe: CORD 4 EVIDENCE	VEHICI	ached for CERTI	OT Addit	ional	the dev	ices (check .EAGE TRA	MAXI \$	IMUM E	OOLLAR VAI	LOCATION	ER l:
INTE	CRIPTION CRIPTION CONTROL CRIPTION CRIP	MONITOI NAVIGAT ION OF GA DNAL IN TIONAL RED OYEE ESSOR HOLDER TIONAL RED OYEE ESSOR ER'S LOSS LE HOLDER	R DRIVER PION ARAGE / S ITERES OW RE	T / CER SS PAYEE INER GISTRANT SS PAYEE INER GISTRANT	TIFIC NA	TRACK FUEL CO IONS ATE RECIPIE ME AND ADDRES FERENCE / LOAI ME AND ADDRES	ENT SS RANK: N#: N#:	Descri	MONITOR ibe: CORD 4 EVIDENCE	VEHICI	ached for CERTI	OT Addit	ional	the dev	ices (check .EAGE TRA	MAXI \$	IMUM E	OOLLAR VAI	LOCATION	ER l:
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INTE	CRIPTION CRIPTION CONTROL CRIPTION CRIP	MONITOI NAVIGAT ION OF GA DNAL IN TIONAL RED OYEE ESSOR HOLDER TIONAL RED OYEE ESSOR ER'S LOSS LE HOLDER	R DRIVER PION ARAGE / S ITERES OW RE	T / CER SS PAYEE INER GISTRANT SS PAYEE INER GISTRANT	TIFIC NA	TRACK FUEL CO IONS ATE RECIPIE ME AND ADDRES FERENCE / LOAI ME AND ADDRES	ENT SS RANK: N#: N#:	Descri	MONITOR ibe: CORD 4 EVIDENCE	VEHICI	ached for CERTI	OT Addit	ional	the dev	ices (check .EAGE TRA	MAXI \$	IMUM E	OOLLAR VAI	LOCATION	ER l:
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INTE	CRIPTION CRIPTION CONTROL CRIPTION CRIP	MONITOI NAVIGAT ION OF GA DNAL IN TIONAL RED OYEE ESSOR HOLDER TIONAL RED OYEE ESSOR ER'S LOSS LE HOLDER	R DRIVER PION ARAGE / S ITERES OW RE	T / CER SS PAYEE INER GISTRANT SS PAYEE INER GISTRANT	TIFIC NA	TRACK FUEL CO IONS ATE RECIPIE ME AND ADDRES FERENCE / LOAI ME AND ADDRES	ENT SS RANK: N#: N#:	Descri	MONITOR ibe: CORD 4 EVIDENCE	VEHICI	ached for CERTI	OT Addit	ional	the dev	ices (check .EAGE TRA	MAXI \$	IMUM E	OOLLAR VAI	LOCATION	ER l:
INTE	CRIPTION CRIPTION CONTROL CRIPTION CRIP	MONITOI NAVIGAT ION OF GA DNAL IN TIONAL RED OYEE ESSOR HOLDER TIONAL RED OYEE ESSOR ER'S LOSS LE HOLDER	R DRIVER PION ARAGE / S ITERES OW RE	T / CER SS PAYEE INER GISTRANT SS PAYEE INER GISTRANT	TIFIC NA	TRACK FUEL CO IONS ATE RECIPIE ME AND ADDRES FERENCE / LOAI ME AND ADDRES	ENT SS RANK: N#: N#:	Descri	MONITOR ibe: CORD 4 EVIDENCE	VEHICI	ached for CERTI	OT Addit	ional	the dev	ices (check .EAGE TRA	MAXI \$	IMUM E	OOLLAR VAI	LOCATION	ER l:

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

SIGNATURE

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.

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

VEHIC	LE DES	CR	RIPTIO	<u>ON</u>	>	ACOR	D 1	29 attac	hed			onal	vehicles											
VEH#	YEAR		MAKE:								BODY TYPE:	Pick	up truck					VEHIC	CLE TYPE		SY	M/AGE	COMP / OTC SYM	COLL SYM
1	2014	1	MODE	L: Tad	coma 4	x2					V.I.N.:	5TF	TX4GN2EX	030133			PP		SPEC	COML	-			
GARAGII ADDRES	•••	REET	T (Requ	uired in	ı KY)				CITY	,						COUNTY			•		•	STATE	ZIP	
LIC STATE	TE	RR			GVW /	GCW		CLAS	S		SIC		FACTOR	SEAT C	Р	RADIUS		FARTH	IEST TER	MINAL		\$ 221	COST NEW	V
USE			T con	MM'L	т.	OR HIRE	CHE	CK		LADI	D'I NO-		UNDRINS	l F	╀	LSP	REI	NT	DEDUC	TIRI ES		\$ 221	COMP/ OTC	SPEC
<u> </u>	ASURE		RET		\vdash	OK HIKE	COV	CK VERAGES		•	D'L NO- JLT	×	UNDRINS MOTOR TOWING	-		COMP/ OTC	REI FG	MB	\vdash			1 ^	отс ,000	SPEC C OF L
FAR			_	RVICE	Ш		_	LIAB NO-	K		D PAY INS		TOWING & LABOR SPEC	H FTW	K		H-16		L AA	, [ST AM	· +	,000	
DRIVE TO		Η-	4_	15 MILE	FC	15 MILE	<u> </u>	FAULT NET VE		MO	INS TOR		SPEC C OF L	FIV		COLL			\$			\$ 1	,000	COLL
WORK / S	YEAR	+				15 MILE	5+	DR/CR:		_	BODY	Diele	in trivale					\/F!!!	•	PREM: \$	100	(M. / A O.F.)	COMP /	COLL
2	2009		MAKE							\dashv	TYPE:		up truck RF12879KA	94012					CLE TYPE	_		M/AGE	COMP / OTC SYM	COLL SYM
GARAGII	NG STR		MODE T (Requ						CITY		V.I.N.:	IFII	KF 12079KP	104012		COUNTY	PP	;	SPEC	COML	-	STATE	ZIP	
ADDRES	s																							
STATE	TE	RR			GVW/	GCW		CLAS	S		SIC		FACTOR	SEAT C	P	RADIUS		FARTH	IEST TER	MINAL		\$ 219	COST NEW 190	V
USE			CON	MM'L	F	OR HIRE	CHE	CK /ERAGES		ADI	D'L NO- JLT	×	UNDRINS MOTOR	F	Τ'	LSP	REI	NT	DEDUC	TIBLES		ACV X	COMP/ OTC	SPEC C OF L
PLE	ASURE		RET	ΓAIL	\Box		×	LIAB	×	•	D PAY	Ħ	TOWING & LABOR	FT	×	COMP/ OTC	REI FG	IVIB	l AA		ST AM	1 ^	,000	C OF L
FAR	RM		SER	RVICE				NO-	×		INS TOR		SPEC C OF L	FTW	×	COLL			\$. Ш	01741	. +	,000	COLL
DRIVE TO)	Т	< 1	15 MILE	ES	15 MILE	S +	FAULT NET VE	EH	1 MO	IOR		COFL		_				†	PREM: \$		ļΨ	,	OOLL
WORK / S	YEAR	+	MAKE:		onda			DR/CR:			BODY	Stati	on wagon					VFHIC	CLE TYPE		SY	M/AGE	COMP / OTC SYM	COLL SYM
3	2008		MODE	•						-	TYPE: V.I.N.:		RE38378C0	35768			PP		SPEC	COML		, , , ,	OTC SYM	SYM
GARAGII ADDRES	NG STR		T (Requ						CITY		V.I.N.:	0	12000.000			COUNTY			5. 25		-	STATE	ZIP	
LIC		D D		1		2011					010		FACTOR	0547.0	<u> </u>	DADUIO.	1	FARTI	IFOT TED				0007 NEW	
STATE	TE	KK			GVW /	GCW		CLAS	15		SIC		FACTOR	SEAT C		RADIUS		FARIH	IEST TER	WINAL		\$ 207	COST NEW '00	v
USE			CON	L MM'L	П	OR HIRE	ÇHE	ECK VERAGES		ADI	D'L NO- JLT	×	UNDRINS MOTOR	I F	┰	LSP	REI	NT	DEDUC	TIBLES	Τ,		COMP/ OTC	SPEC C OF L
<u> </u>	ASURE		RET		Н.	OKTIIKE	COV	I		•			TOWING	— ['] -	\vdash	COMP/ OTC	REI FG	MB	\vdash			1 ^	OTC <u></u> ,000	C OF L
FLL	ASUKL		_ KL1	AIL			^	LIAB			D PAY		& LABOR		_	∑ отс			LL AA	` <u> </u>	ST AM	T \$ 2		
EVE	NA.		000	NICE				I NO-		'I UNI	INS		SPEC	I ETW	1 ~				1 .			_ 1	$\Omega\Omega\Omega$	
DRIVE TO		_		RVICE	- <u>-</u>	45 MU 5	<u> </u>	NO- FAULT NET VE	X	MO	INS TOR		SPEC C OF L	FTW	×	COLL			\$			_{\$} 1	,000	COLL
DRIVE TO WORK /	SCHOOL	<u></u>	< 1	15 MILE		15 MILE	S +	NO- FAULT NET VE DR/CR:	H			Diale		FTW	>	COLL		VELUE	TOTAL	PREM: \$		ΙΨ	-	
DRIVE TO WORK / S VEH #	SCHOOL YEAR		< 1	15 MILE Do	odge		S+	FAULT NET VE	H		BODY TYPE:		up truck	l	_	< COLL			TOTAL CLE TYPE		SY	ΙΨ	COMP / OTC SYM	COLL SYM
DRIVE TO WORK / S VEH #	YEAR 2003	3	< 1 MAKE: MODE	15 MILE : Do L: Ra	odge am 2500	15 MILE	S+	FAULT NET VE DR/CR:			BODY			l	_		PP		TOTAL		SY	M/AGE	COMP / OTC SYM	
DRIVE TO WORK / S VEH # 4 GARAGII ADDRES	YEAR 2003	3	< 1	15 MILE : Do L: Ra	odge am 2500		S+	FAULT NET VE DR/CR:	CITY		BODY TYPE:		up truck	l		COUNTY	PP		TOTAL CLE TYPE		SY	ΙΨ	-	
DRIVE TO WORK /S VEH # 4	YEAR 2003	REET	< 1 MAKE: MODE	15 MILE : Do L: Ra	odge am 2500) ST SLT	S +	FAULT NET VE DR/CR:	CITY		BODY TYPE:		up truck	l	>		PP		TOTAL CLE TYPE	COML	SY	M/AGE STATE	COMP / OTC SYM	COLL
DRIVE TO WORK / S VEH # 4 GARAGII ADDRES	YEAR 2003	REET	< 1 MAKE: MODE T (Requ	: Do L: Ra	odge am 2500 n KY)	O ST SLT		FAULT NET VE DR/CR:	CITY	,	BODY TYPE: V.I.N.:	3D7F	up truck (A28663G8 FACTOR	SEAT C		COUNTY		FARTH	TOTAL CLE TYPE SPEC HEST TER	COML	SY	STATE	COMP/ OTC SYM ZIP COST NEW	COLL SYM
DRIVE TO WORK / S VEH # 4 GARAGII ADDRES	YEAR 2003	REET	< 1 MAKE: MODE T (Requ	15 MILE : Do L: Ra	odge am 2500 n KY)) ST SLT		FAULT NET VE DR/CR:	CITY	,	BODY TYPE: V.I.N.:	3D7F	up truck KA28663G8 FACTOR UNDRINS MOTOR	316677		COUNTY	PP REI	FARTH	TOTAL CLE TYPE SPEC	COML	SY	STATE \$ 248	ZIP COST NEW 685 COMP/ OTC	COLL SYM
DRIVE TO WORK / S VEH # 4 GARAGII ADDRES LIC STATE	YEAR 2003	REET	< 1 MAKE: MODE T (Requ	: Do L: Ra uired in	odge am 2500 n KY)	O ST SLT		FAULT NET VE DR/CR: CLAS ECK VERAGES LIAB	CITY	ADI	BODY TYPE: V.I.N.: SIC	3D7F	FACTOR UNDRINS MOTOR TOWING & LABOR	SEAT C		COUNTY	REI	FARTH	TOTAL CLE TYPE SPEC HEST TER	COML	SY	STATE STATE \$ 248 ACV X T \$ 2	COMP/OTC SYM ZIP COST NEW 885 COMP/OTC ,000	COLL SYM
DRIVE TO WORK / S VEH # 4 GARAGII ADDRES LIC STATE USE PLE	SCHOOL YEAR 2003 STR S TE	REET	< 1 MAKE: MODE T (Requ	: Do L: Ra uired in	odge am 2500 n KY) GVW/	O ST SLT	CHE	CLAS CLAS CLAS CLAS CLAS CLAS CLAS	CITY	ADI	BODY TYPE: V.I.N.: SIC	3D7F	FACTOR UNDRINS MOTOR TOWING & LABOR	SEAT C		COUNTY	REI REI	FARTH	TOTAL CLE TYPE SPEC HEST TERI DEDUC	COML	SY	STATE STATE \$ 248 ACV X T \$ 2	ZIP COST NEW 685 COMP/ OTC	COLL SYM
DRIVE TO WORK / S VEH # 4 GARAGII ADDRES LIC STATE USE PLE	SCHOOL YEAR 2003 STR S TE	REET	COM RET	15 MILE : Do L: Ra uired in	odge am 2500 n KY) GVW /	O ST SLT	CHECOV	CLAS CLAS CLAS CLAS CLAS CLAS CLAS	CITY	ADI	BODY TYPE: V.I.N.: SIC	3D7F	up truck KA28663G8 FACTOR UNDRINS MOTOR	SEAT C	> >	COUNTY RADIUS LSP COMP/ OTC	REI REI	FARTH	TOTAL CLE TYPE SPEC MEST TERI DEDUC AA \$	COML	SY	STATE STATE \$ 248 ACV X T \$ 2	COMP/OTC SYM ZIP COST NEW 885 COMP/OTC ,000	COLL SYM
DRIVE TO WORK / S VEH # 4 GARAGII ADDRES LIC STATE USE PLE FAR DRIVE TO WORK / S	SCHOOL YEAR 2003 NG STR S TE	REET	CON RET SER < 1	: Do L: Ra uired in MM'L FAIL RVICE	odge am 2500 n KY) GVW /	GCW OR HIRE	CHE COV	FAULT NET VE DR/CR: CLAS CLAS ECK /FRAGES NO- FAULT NET VE DR/CR:	CITY SS	ADI FAU MEI UNI MO	BODY TYPE: V.I.N.: SIC D'L NO- JLT D PAY INS TOR	3D7F	FACTOR UNDRINS MOTOR TOWING & LABOR	SEAT C FT FTW	 	COUNTY RADIUS LSP COMP/OTC COLL	REI REI	FARTH	TOTAL CLE TYPE SPEC MEST TERI DEDUC AA \$	COML	SY	STATE STATE \$ 248 ACV X T \$ 2	COMP/OTC SYM ZIP COST NEW 885 COMP/OTC ,000	COLL SYM
DRIVE TO WORK / S VEH # 4 GARAGII ADDRES LIC STATE USE PLE FAR DRIVE TO WORK / S	SCHOOL YEAR 2003 NG STR S TE	REET	CON RET SER < 1	: Do L: Ra uired in MM'L FAIL RVICE	odge am 2500 n KY) GVW /	GCW OR HIRE	CHE COV	FAULT NET VE DR/CR: CLAS CLAS ECK /FRAGES NO- FAULT NET VE DR/CR:	CITY SS	ADI FAU MEI UNI MO	BODY TYPE: V.I.N.: SIC D'L NO- JLT D PAY INS TOR	3D7F	FACTOR UNDRINS MOTOR TOWING & LABOR SPEC C OF L	SEAT C FT FTW	 	COUNTY RADIUS LSP COMP/OTC COLL	REI REI	FARTH	TOTAL CLE TYPE SPEC MEST TERI DEDUC AA \$	COML	SY	STATE STATE \$ 248 ACV X T \$ 2	COMP/OTC SYM ZIP COST NEW 885 COMP/OTC ,000	COLL SYM
DRIVE TO WORK / S VEH # 4 GARAGII ADDRES LIC STATE USE PLE FAR DRIVE TO WORK / S	SCHOOL YEAR 2003 NG STR S TE	REET	CON RET SER < 1	: Do L: Ra uired in MM'L FAIL RVICE	odge am 2500 n KY) GVW /	GCW OR HIRE	CHE COV	FAULT NET VE DR/CR: CLAS CLAS ECK /FRAGES NO- FAULT NET VE DR/CR:	CITY SS	ADI FAU MEI UNI MO	BODY TYPE: V.I.N.: SIC D'L NO- JLT D PAY INS TOR	3D7F	FACTOR UNDRINS MOTOR TOWING & LABOR SPEC C OF L	SEAT C FT FTW	 	COUNTY RADIUS LSP COMP/OTC COLL	REI REI	FARTH	TOTAL CLE TYPE SPEC MEST TERI DEDUC AA \$	COML	SY	STATE STATE \$ 248 ACV X T \$ 2	COMP/OTC SYM ZIP COST NEW 885 COMP/OTC ,000	COLL SYM
DRIVE TO WORK / S VEH # 4 GARAGII ADDRES LIC STATE USE PLE FAR DRIVE TO WORK / S	SCHOOL YEAR 2003 NG STR S TE	REET	CON RET SER < 1	: Do L: Ra uired in MM'L FAIL RVICE	odge am 2500 n KY) GVW /	GCW OR HIRE	CHE COV	FAULT NET VE DR/CR: CLAS CLAS ECK /FRAGES NO- FAULT NET VE DR/CR:	CITY SS	ADI FAU MEI UNI MO	BODY TYPE: V.I.N.: SIC D'L NO- JLT D PAY INS TOR	3D7F	FACTOR UNDRINS MOTOR TOWING & LABOR SPEC C OF L	SEAT C FT FTW	 	COUNTY RADIUS LSP COMP/OTC COLL	REI REI	FARTH	TOTAL CLE TYPE SPEC MEST TERI DEDUC AA \$	COML	SY	STATE STATE \$ 248 ACV X T \$ 2	COMP/OTC SYM ZIP COST NEW 885 COMP/OTC ,000	COLL SYM
DRIVE TO WORK / S VEH # 4 GARAGII ADDRES LIC STATE USE PLE FAR DRIVE TO WORK / S	SCHOOL YEAR 2003 NG STR S TE	REET	CON RET SER < 1	: Do L: Ra uired in MM'L FAIL RVICE	odge am 2500 n KY) GVW /	GCW OR HIRE	CHE COV	FAULT NET VE DR/CR: CLAS CLAS ECK /FRAGES NO- FAULT NET VE DR/CR:	CITY SS	ADI FAU MEI UNI MO	BODY TYPE: V.I.N.: SIC D'L NO- JLT D PAY INS TOR	3D7F	FACTOR UNDRINS MOTOR TOWING & LABOR SPEC C OF L	SEAT C FT FTW	 	COUNTY RADIUS LSP COMP/OTC COLL	REI REI	FARTH	TOTAL CLE TYPE SPEC MEST TERI DEDUC AA \$	COML	SY	STATE STATE \$ 248 ACV X T \$ 2	COMP/OTC SYM ZIP COST NEW 885 COMP/OTC ,000	COLL SYM
DRIVE TO WORK / S VEH # 4 GARAGII ADDRES LIC STATE USE PLE FAR DRIVE TO WORK / S	SCHOOL YEAR 2003 NG STR S TE	REET	CON RET SER < 1	: Do L: Ra uired in MM'L FAIL RVICE	odge am 2500 n KY) GVW /	GCW OR HIRE	CHE COV	FAULT NET VE DR/CR: CLAS CLAS ECK /FRAGES NO- FAULT NET VE DR/CR:	CITY SS	ADI FAU MEI UNI MO	BODY TYPE: V.I.N.: SIC D'L NO- JLT D PAY INS TOR	3D7F	FACTOR UNDRINS MOTOR TOWING & LABOR SPEC C OF L	SEAT C FT FTW	 	COUNTY RADIUS LSP COMP/OTC COLL	REI REI	FARTH	TOTAL CLE TYPE SPEC MEST TERI DEDUC AA \$	COML	SY	STATE STATE \$ 248 ACV X T \$ 2	COMP/OTC SYM ZIP COST NEW 885 COMP/OTC ,000	COLL SYM
DRIVE TO WORK / S VEH # 4 GARAGII ADDRES LIC STATE USE PLE FAR DRIVE TO WORK / S	SCHOOL YEAR 2003 NG STR S TE	REET	CON RET SER < 1	: Do L: Ra uired in MM'L FAIL RVICE	odge am 2500 n KY) GVW /	GCW OR HIRE	CHE COV	FAULT NET VE DR/CR: CLAS CLAS ECK /FRAGES NO- FAULT NET VE DR/CR:	CITY SS	ADI FAU MEI UNI MO	BODY TYPE: V.I.N.: SIC D'L NO- JLT D PAY INS TOR	3D7F	FACTOR UNDRINS MOTOR TOWING & LABOR SPEC C OF L	SEAT C FT FTW	 	COUNTY RADIUS LSP COMP/OTC COLL	REI REI	FARTH	TOTAL CLE TYPE SPEC MEST TERI DEDUC AA \$	COML	SY	STATE STATE \$ 248 ACV X T \$ 2	COMP/OTC SYM ZIP COST NEW 885 COMP/OTC ,000	COLL SYM
DRIVE TO WORK / S VEH # 4 GARAGII ADDRES LIC STATE USE PLE FAR DRIVE TO WORK / S	SCHOOL YEAR 2003 NG STR S TE	REET	CON RET SER < 1	: Do L: Ra uired in MM'L FAIL RVICE	odge am 2500 n KY) GVW /	GCW OR HIRE	CHE COV	FAULT NET VE DR/CR: CLAS CLAS ECK /FRAGES NO- FAULT NET VE DR/CR:	CITY SS	ADI FAU MEI UNI MO	BODY TYPE: V.I.N.: SIC D'L NO- JLT D PAY INS TOR	3D7F	FACTOR UNDRINS MOTOR TOWING & LABOR SPEC C OF L	SEAT C FT FTW	 	COUNTY RADIUS LSP COMP/OTC COLL	REI REI	FARTH	TOTAL CLE TYPE SPEC MEST TERI DEDUC AA \$	COML	SY	STATE STATE \$ 248 ACV X T \$ 2	COMP/OTC SYM ZIP COST NEW 885 COMP/OTC ,000	COLL SYM
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VEHICLE SCHEDULE

DATE (MM/DD/YYYY) 12/15/2021

AGENC	′ Ja	mes	G 1	Parke	r Ins	urance	Ass	SOC						RRIER										NAIC C	ODE
														rrier											
POLICY PKGR											16/2		NAME	ED INSURE	ED(S	B) Ecot	ech Se	rvic	es	Inc					
VEHIC	CLE	DES	CRI	PTION																					
VEH #	١	/EAR	МА	KE: TC	yota					BODY TYPE: ¹	Pickup	truck						VEHIC	LE TY	PE		SY	M / AGE	COMP / OTC SYM	COLL SYM
5	2	005	мо	DEL: T	undra							881158459	225				PP	s	PEC		COML	.			
GARAG ADDRES		STRE	ET (R	equired	in KY)				CITY	•						COUNTY	, ,					'	STATE	ZIP	
LIC STATE		TER	:R		GVW /	GCW		CLAS	S	SIC		FACTOR	₹	SEAT CP	R	RADIUS		FARTHE	EST TE	ERMINA	AL			COST NEW	ı
																							\$		7075
USE		L		COMM'L	F	OR HIRE	COVE	CK ERAGES		ADD'L NO- FAULT	х	UNDRINS MOTOR		F		LSP	REN REIN		DED	UCTIB	LES	Δ	.cv X	COMP/ OTC	SPEC C OF L
PL	EASU	RE	F	RETAIL			X 1	LIAB	x	MED PAY		TOWING & LABOR		FT	X	COMP/ OTC	FG			AA		ST AM	т \$	2	2,000
FA	RM		- !	SERVICE				NO- FAULT	х	UNINS MOTOR		SPEC C OF L		FTW	х	COLL			\$				\$	1,0	00 COLL
DRIVE T	O SCH	201		< 15 MIL	.ES	15 MILE		NET VE DR/CR:				0 0. 2							TOTA	AL PR	FM· \$		-		
VEH #		EAR	МА	KE: To	yota			Diggit.		BODY	Pickur	truck						VEHIC			ψ	SY	M / AGE	COMP / OTC SYM	COLL SYM
6	2	018	-		acoma							5GN0JX107	7642				PP	s	PEC		COML	.		OIC STW	STIVI
	\dashv			equired					CITY	V.I.IV.	JIFKA:	JGNUUAIU /	7042		Т	COUNTY			20		002		STATE	ZIP	
GARAG ADDRES		JIKI	-E1 (N	equireu					CITT							COUNTY							SIAIL	ZIF	
LIC STATE		TER	R		GVW /	GCW		CLAS	s	SIC		FACTOR	₹	SEAT CP	R	RADIUS		FARTHE	EST TE	ERMINA	AL			COST NEW	<i>'</i>
																							\$	2	5200
USE				OMM'L	F	OR HIRE	CHEC	CK ERAGES		ADD'L NO- FAULT	х	UNDRINS MOTOR		F	_	LSP	REN		DED	UCTIB	LES	Δ	cv X	COMP/ OTC	SPEC C OF L
T PL	EASU	RE	┦,	RETAIL				LIAB		MED PAY		TOWING		 FT	х	COMP/ OTC	REIN FG	ИВ		AA	\Box	ST AM			2,000
FA		··-	_	SERVICE			$\overline{}$					& LABOR SPEC C OF L		FTW		COLL	H' -			AA	ш	ST AIVI			_
DRIVE 1			Н,			15.14.5		NO- FAULT NET VE	X L	UNINS MOTOR		C OF L		ITIVV	Х	COLL			\$				\$	1,0	000 COLL
WORK /	SCH		\vdash	< 15 MIL		15 MILE	:5+	DR/CR:		RODV										AL PR	EM: \$			COMP /	COLL
VEH #		EAR	\vdash	KE: To								truck						VEHIC		PE			M / AGE	COMP / OTC SYM	COLL SYM
7	2	019	МО	DEL: T	acoma					V.I.N.:	5TFRX	GN1KX137	7525				PP	S	PEC		COML	-			
GARAG ADDRES		STRE	EET (R	equired	in KY)				CITY							COUNTY							STATE	ZIP	
LIC STATE		TER	R		GVW /	GCW		CLAS	s	SIC		FACTOR	₹	SEAT CP	R	RADIUS	i	FARTHE	EST TE	ERMINA	AL			COST NEW	ı
																							\$		0620
USE			(COMM'L	F	OR HIRE	CHEC	CK ERAGES		ADD'L NO- FAULT	x	UNDRINS MOTOR		F		LSP	REN REIN		DED	UCTIB	LES	Д	cv x	COMP/ OTC	SPEC C OF L
PL	EASU	RE	F	RETAIL			ΧI	LIAB	х	MED PAY		TOWING & LABOR		FT	х	COMP/ OTC	FG			AA		ST AM	т \$	2	2,000
FA	RM			SERVICE				NO- FAULT	х	UNINS MOTOR		SPEC C OF L		FTW	х	COLL			\$				\$	1,0	000 COLL
DRIVE 1	0		\Box	< 15 MIL	ES	15 MILE		NET VE	Н	WOTOR		COFL				1				A. DD			1 *		0022
WORK /		EAR	۲.,		ility			DR/CR:		BODY TYPE:	m							VEHIC		AL PR	EIVI: Þ	Sv	M / AGE	COMP / OTC SYM	COLL
			-																	_	0014	1	III / AGE	OTC SYM	SYM
8	2	009			raile	r		1		V.I.N.:	5VVAU1	12159C111	L332		_		PP	5	PEC		COML				
GARAG ADDRES		STRE	EET (R	equired	in KY)				CITY							COUNTY							STATE	ZIP	
LIC STATE		TER	:R		GVW /	GCW		CLAS	s	SIC		FACTOR	₹	SEAT CP	R	RADIUS		FARTHE	ST TE	ERMINA	AL			COST NEW	1
OIAIL																							\$		2500
USE				OMM'L		OR HIRE	CHEC	CK ERAGES		ADD'L NO-	х	UNDRINS	Τ	I F		LSP	REN		DED	UCTIB	LES		T 1	COMP/	SPEC C OF L
_	EASU	ᇎᅡ	_	RETAIL	Н.	011111111111111111111111111111111111111				FAULT		MOTOR TOWING		-l ⊦	v		REIN FG	ИB	h		$\overline{\Box}$			OTC L	
_		_ -	_					LIAB NO-		MED PAY		& LABOR		⊣ ⊦	X	COMP/ OTC	H-15		Ш	AA	Ш	ST AM	T \$		2,000
FA DRIVE 1			;	SERVICE				NO- FAULT NET VE	X	UNINS MOTOR		SPEC C OF L		FTW	Х	COLL			\$				\$	1,0	00 COLL
WORK /	SCH	OOL	Щ	< 15 MIL	.ES	15 MILE	:S +	DR/CR:											TOTA	AL PR	EM: \$				
VEH #	۱	/EAR	MA	KE: Sn	ake F	River				BODY TYPE:	Traile	er						VEHIC	LE TY	PE		SY	M / AGE	COMP / OTC SYM	COLL SYM
9	2	017	′ мо	DEL: D	ump T	railer	7x1	L 4		V.I.N.: !	5PTBD1	.423Н1026	265				PP	s	PEC		COML	.			
GARAG ADDRES		STRE	ET (R	equired	in KY)				CITY	•						COUNTY	, ,					'	STATE	ZIP	
LIC	-	TER	:R		GVW /	GCW		CLAS	s	SIC		FACTOR	₹	SEAT CP	R	RADIUS	1	FARTHE	EST TE	ERMINA	AL			COST NEW	ı
																							\$!	5000
USE				OMM'L	F	OR HIRE	CHEC	CK ERAGES		ADD'L NO-	х	UNDRINS MOTOR		F		LSP	REN		DED	UCTIB	LES	Δ	cv X	COMP/	SPEC C OF L
PI	EASU	_{RE}	\dashv	RETAIL	\vdash		$\overline{}$	LIAB	v	FAULT MED PAY		MOTOR TOWING		┥ _{╒┰} ├	х	COMP/	REIN FG	ИВ	\Box	ΔΛ	\Box	ST AM	~⊢		2,000
⊢ FA			-	SERVICE			Hi	NO-	x	UNINS	H	& LABOR SPEC C OF L		H FTW	x	COLL	$H^{\cdot J}$		٣	AA	ш	SI AM			00 COLL
- 1		1	Щ,			15 5411 -	\perp	FAULT NET VE		MOTOR	1 1	C OF L	1	1 1 44		JOULE			\$				\$	1,00	COLL
DRIVE T	SCH	OOL		< 15 MIL	.55	15 MILE	:5+	DR/CR:	-										TOTA	AL PR	EM: \$				

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VEHICLE SCHEDULE

DATE (MM/DD/YYYY)

																						- 1		13, 20.	
AGENCY	NCY James G Parker Insurance Assoc												RRIER	TR	BD								NAIC C	ODE	
POLICY	NUMI	BER								EFF	ECTIV			ED INSURE			ech s	ervi	ces	Inc					
PKGRE											16/2				- (-,	,									
VEHIC	_		_						ΙD	ODY _												- 3	1	COMP /	COLL
VEH #		EAR	MAKE						<u> </u>	YPE: T	raile	er					_	VEH	ICLE TY			SYM	/ AGE	OTC SYM	SYM
11 GARAGI	\dashv	018 STRE	MODE ET (Req			railer	:		CITY V.	I.N.: 4	P5CC1	L628K1299	551		1	COUNTY	PP		SPEC	C	OML	s	TATE	ZIP	
ADDRES																									
LIC STATE	•	TER	₹		GVW / 0	ЭCW		CLAS	S	SIC		FACTOR	3	SEAT CP	R	ADIUS		FART	HEST TE	RMINAL				COST NEW	
USE			100	MM'L		OR HIRE	CHE	ECK	ADD'L	NO-	.	UNDRINS	Т	l I f	L	LSP	RE	NT	DED	UCTIBLES	<u>. </u>	┰┸	\$ •	COMP/	2500 ISPEC
_	EASU		RET		H'`	JK TIIKL		ECK VERAGES	FAUL	Г	Х	MOTOR TOWING		' _{FT}	37	COMP/	RE FG	IMB		Г		AC\	ʹͰʹ	отс	SPEC C OF L
FAI		`-	_	RVICE			Х	LIAB NO-	X MED			& LABOR SPEC		FTW	X	COLL	—			AA L	ST	AMT	\$		2,000
DRIVE T			_		-6	1 45 MIL 5		FAULT NET VE	MOTO	R		COFL		FIW	Х	COLL			\$				\$	1,00	00 COLL
WORK / VEH #	SCHO	OOL EAR	_	15 MILE		15 MILE	:5+	DR/CR:	n	ODY _								\/FII		L PREM	l: \$	CVM	/ A O E	COMP /	COLL
			-	For					T	YPE: F		p truck						VEH	ICLE TY			SYM	/ AGE	отс зум	SYM
12	12	004	·	L: F3						I.N.: 1	LFDSF.	34L14EA27	273				PP		SPEC	C	OML			T	
GARAGI ADDRES		STRE	ET (Req	uired ii	n KY)				CITY							COUNTY						s	TATE	ZIP	
LIC STATE	·	TER	₹		GVW / 0	ЭCW		CLAS	s	SIC		FACTOR	₹	SEAT CP	R	ADIUS		FART	HEST TE	RMINAL			\$	COST NEW	ı 1975
USE		Т	CO	L MM'L	Fr	OR HIRE	CHE	ECK	ADD'L	NO-	х	UNDRINS	Π	F I	_	LSP	RE	NT	DED	UCTIBLES	s	┰┸	7	COMP/	SPEC C OF L
_	EASU	,	H RET		H'`	JI TIIILE	COV	VERAGES	FAUL		_	MOTOR TOWING		 	v	COMP/	RE FG	IMB	H	Г		_ AC\	\top	OTC _	
H FAI		`-		RVICE			^	LIAB NO-	X MED UNIN			& LABOR SPEC C OF L		T. FTW	X	COLL	⊢'`			AA L	sı	AMT	\$		2,000
DRIVE T	0		_		-c	15 MILE		FAULT NET VE	X UNING	DR		COFL		FIV	Х	COLL			\$				\$	1,0	000 COLL
WORK / VEH #	SCHO	OOL EAR	-	15 MILE	5	15 MILE	:5+	DR/CR:		ODY								\/FII		L PREM	l: \$	CVM	/ A O E	COMP /	COLL
VLII #	'	LAN	MAKE						T	YPE:								VEH	ICLE TY			SYM	/ AGE	OTC SYM	SYM
			MODE							I.N.:							PP		SPEC	C	OML			T	
GARAGI ADDRES		STRE	ET (Req	uired ii	n KY)				CITY							COUNTY						s	TATE	ZIP	
LIC STATE		TERF	₹		GVW / 0	ЭCW		CLAS	s	SIC		FACTOR	γ.	SEAT CP	R	ADIUS		FART	HEST TE	RMINAL			\$	COST NEW	I
USE			CO	MM'L	FC	OR HIRE	CHE	ECK VERAGES	ADD'L FAUL	NO-		UNDRINS MOTOR		F		LSP	RE	NT IMB	DED	UCTIBLE	s	AC\	,	COMP/ OTC	SPEC C OF L
PLI	EASU	RE	RE	ΓAIL				LIAB	MED			TOWING & LABOR		FT		COMP/ OTC	FG			аа Г	ST	AMT	\$		
FAI	RM		SEF	RVICE				NO- FAULT	UNIN	S		SPEC C OF L		FTW		COLL			\$	_			\$		COLL
DRIVE T	0	, I	<	15 MILE	S	15 MILE	 ES +	NET VE DR/CR:		<u> </u>		COLL								AL PREM	ı. ¢		1 *		
VEH #		EAR	MAKE					DR/CK.	B	ODY YPE:								VEH	ICLE TY		ι. ψ	SYM	/ AGE	COMP / OTC SYM	COLL
			MODE							I.N.:							PP		SPEC	С	OML			OIC SIW	SIM
GARAGI ADDRES		STRE	ET (Req		n KY)				CITY							COUNTY						s	TATE	ZIP	
LIC		TERF	•		GVW / G	GCW .	\neg	CLAS	<u> </u>	SIC		FACTOR	,	SEAT CP	L	ADIUS		FART	HEST TE	RMINAL				COST NEW	,
STATE			•		01117	5011		OLAG		0.0		I AGIG		OLAI OI	"	ADIOO		TAKI						0001 1121	
USE		Т		L MM'L	Fr	OR HIRE	CHE	ECK VERAGES	ADD'L			UNDRINS	П	F I	_	LSP		NT	DFD	UCTIBLES	s T		\$,	COMP/	SPEC C OF L
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2 Limit 1	CWAIV	Lim		luctible waiver Limit 3	Ded 1	Deductible Type 1		Ded 2	Dec	ductik	ole Type 2		Premium
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Veh #	Cov Co	ode	Description		Type of Co	overage	Fo	rm No.	Edition	Date	Rate	Optio	on Codes
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Veh #	Cov Co	ode	Description		Type of Co	overage	Fo	rm No.	Edition	Date	Rate	Optio	on Codes
5 Limit 1	CWAIV	Lim		Limit 3	Ded 1	Deductible Type 1		Ded 2	Dec	ductik	l ole Type 2		Premium
Veh #	Cov Co	ode	Description	1	Type of Co	overage	Fo	rm No.	Edition	Date	Rate	Optio	on Codes
6 Limit 1	CWAIV	Lim	Collision dec	ductible waiver	Ded 1	Deductible Type 1		Ded 2	Dec	ductik	ole Type 2	<u> </u>	Premium
Veh #	Cov Co	ode	Description Collision ded	1 ductible waiver	Type of Co	overage	Fo	rm No.	Edition	Date	Rate	Optio	on Codes
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Veh #	Cov Co	ode	Description		Type of Co	overage	Fo	rm No.	Edition	Date	Rate	Optio	on Codes
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Veh #	Cov Co	ode	Description	1	Type of Co	overage	Fo	rm No.	Edition	Date	Rate	Optio	on Codes
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Veh #	Cov Co	ode	Description	1	Type of Co	overage	Fo	rm No.	Edition	Date	Rate	Optio	on Codes
Limit 1		Lim	it 2	Limit 3	Ded 1	Deductible Type 1		Ded 2	Dec	ductik	l ole Type 2		Premium
Veh #	Cov Co	ode	Description	1	Type of Co	overage	Fo	rm No.	Edition	Date	Rate	Optio	on Codes
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Veh #	Cov Co	ode	Description	1	Type of Co	overage	Fo	rm No.	Edition	Date	Rate	Optio	on Codes
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					ADDITION	AL COVI	ERAGES AND E	ENDC	DRSE	MENTS			
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NIP PROGRAMS SUPPLEMENTAL APPLICATIONS

LandPro TreePro Supplemental Application With WC

BROKER DETAILS

Broker Business Name: James G Parker Insurance Associates

Broker address:

CSR/ Producer name: Matthew Orosco

CSR/ Producer email: matthew@jgparker.com

Phone: 559-589-2226

Broker account ID: jame-39

APPLICANT DETAILS

Account ID: Ecot-01

Insured: Ecotech Services Inc

Mailing Address: 816 N Todd Ave

City: Azusa State: CA Zip code: 91702

Contact:

Website address:

Federal Tax ID #/Owner's Social Security #: 454731434 Phone: 626-788-5652

Email: vquezada@ecotechservices.net

Fax:

Effective Date: 04/16/2022

Entity: Corporation

Line of business requested: Commercial Auto, Property, Inland Marine

If other, please describe:

Policy Number: NPC100349301

Has applicant changed names in last 5 years? No

Description:

Years in business or prior work experience: 10

NYC five boroughs* - No

Cook county Illinois - No

Harris or Jefferson county Texas -

Do you carry workers compensation coverage? Yes

Do you carry professional liability coverage? No

List of states:

CA

EMPLOYEES AND HIRING PRACTICES INFORMATION
Total number of owners, supervisors and employees: 2
Number of full time workers: 11
Number of part time workers: 2
Number of seasonal workers: 0
Number of Owners/ Partners:
Number of Owners or Partners in field:
Payroll field exposure:
Does applicant have a formal hiring procedure manual? Yes
Does applicant conduct reference checks? Yes
Is pre-employment drug testing conducted? No
Are criminal background checks completed on all employees? Yes
Are references checked before hiring? Yes
What is the annual employee turnover rate?
TRAINING & SAFETY INFORMATION
Do you have a formal training/ safety program in place? Yes
Do you have any incentive based safety programs? Yes
Does manual include sections on use of fall protection? Yes
Are employees trained what to do when a vehicle or customer accident occurs? Yes
Describe your training/ safety programs in place:
List/ describe the personal safety gear issued by the employer: (especially for Pesticide/Herbicide application)
What measures are in place to prevent property damage or injury to persons around the work area?
How do you prevent third party access to equipment left at work sites over night?
Does applicant store herbicides and pesticides on insured premises? No
What equipment is provided?
Has the risk been cited for any OSHA violations in the last five years? No
Are employees trained in use of each piece of equipment? Yes
Is safety training documented?
What is the form of documentation?

CLIENTELE	
New Construction Prior to Certificate of Occupancy	Percentage
Residential	%
Commercial	%
Government Facility (Copy of Government Entities Are Required to Quote)	%
Total	0 %
Maintenance and repair after certificate of occupancy	Percentage
Residential	50 %
Commercial	30 %
Government Facility (Copy of government entities are required to quote)	20 %
Total	100 %

Please provide name of government entities or name of municipality if % is entered:

RESIDENTIAL CLIENTS

Single family homes? Yes

Home owner association? No

Will applicant perform any work for projects involving tract housing developments or multi-unit residential structures including apartments prior to the issuance of the certificate of occupancy? No

Condominium association? No

Multi-unit residential including apartments? No

Has the applicant ever performed any work for projects involving tract developments or multi-unit residential structures including apartments prior to the issuance of the certificate of occupancy? No

PROGRAM ELIGIBILITY

What amount of the applicant's payroll or sales is generated from the operations listed below. Amount should not include what the applicant subcontracts to others. Use either a percentage of payroll or sales basis.

Operations	% of payroll	Exposure
Tree pruning, trimming – not including utility line*	%	\$
Utility line clearing power	%	\$
Communications	%	\$
Tree removal*	%	\$
Land clearing for developments – housing or other structures	%	\$
Stump grinding	%	\$
Spraying of lawn, plants or trees	%	\$
Firewood Sales*	%	\$
Mulch Sales*	%	\$
Snow removal**	%	\$
Lawn cutting and light clean up	%	\$
Landscape gardening – installation of plants, trees, shrubs, mulch		
application, sprinkler head repair, lawn cutting, trimming	20 %	\$ 22,000
Irrigation installation in conjunction with landscaping	80 %	\$ 129,000
Hydro-seeding or sod laying	%	\$
Nursery*	%	\$

Landscape construction other than planting or sod laying including		
concrete work, drainage systems, irrigation, fences, walls, decks, etc	%	\$
Other	%	\$
Total	100 %	\$ 151,000

- * Please provide receipt for fire wood, mulch sale and nursery.
- * Copy of contracts with government entities are required to quote.
- ** If applicant has Entered Snow Removal or Landscape Construction Payroll Above, completion of last page is required.

Does applicant operate as:

Subcontractor – Applicant is subcontractor of GC (in %): 2

Construction contractor – applicants contract is direct with project owner (in %):

General contractor – applicant hires multiple classes of subcontractors to perform work (in %):

Does the applicant have any current or past involvement with wrap ups or OCIP programs? No

TYPE OF WORK PERFORMED				
Description	Commercial %	Residential %		
Irrigation - sprinkler system installation or repair - separate jobs not	%	100 %		
included in landscape projects				
Underground drainage systems	%	%		
Grading of land	%	%		
Excavation	%	%		
Concrete or cement work – foundation, patio, sidewalk, building				
envelope	%	%		
Retaining walls: work over 5 feet	%	%		
Retaining walls: maximum height (in feet)	%	%		
Swimming pools or cistern installation	%	%		
Ornamental pools, fountains or spas	%	%		
BBQ and fire pit construction	%	%		
Gazebos installation	%	%		
Fences, walls, decking, building, or repair	%	%		
Vegetation or rooftop gardening (additional information is required)	%	%		
Gutter installation or repair	%	%		
Other	%	%		
Total – Commercial & Residential Must Equal 100%	0 %	100 %		

SNOW PLOWING OPERATIONS

Is the applicant involved in snow plowing operations? No

Description	Yes/No	Payroll (%)
Residential: Private Homes		%
Condominiums, Apartment Complexes		%
Public Access Office Developments, Malls		%
Office developments no public access		%
Streets or Roads		%
Member SIMA or other organization		%
Number of years offering snow plowing:		•

Number of years' experience in snow plowing:

*NOTE: To consider removal of snow plowing exclusion; the following are required:

- 1. Copy of snow removal contract (must contain Hold Harmless wording in favor of the insured).
- 2. Currently valued loss runs for past four years
- 3. MVR for plow operators required regardless if automobile is being quoted.
- 4. Add Lists of job site for snow removal contract

SUBCONTRACTING INFORMATION

Number of subcontractors: 2

Percentage of Work Subcontracted (in %): 2

Cost of Subcontracts (in \$) 20000

Types of work subcontracted:

Landscape Design Work - No Field Work

Are certificates of insurance required from subcontractors? Yes

Applicant requires all subcontractors to carry primary liability insurance limits equal to or greater than applicants? Yes

Is the applicant named as an additional insured on all subcontractor's policies? Yes

Do your contracts with subcontractors contain indemnification or hold harmless wording? Yes

Please select the type of Subcontractor Agreements Applicant typically uses: Industry or Association Standard/ Custom: Industry or Association Standard

ADDITIONAL INSURED REQUIREMENTS

Is blanket additional insured for ongoing operations required?

Approximate number of government contracts requiring additional insured status for ongoing operations

Is blanket additional insured status with completed operations required?

Approximate number of residential jobs requiring additional insured status with completed operations

Approximate number of commercial/ non-habitation jobs requiring additional insured status with completed operations

Approximate number of government contracts requiring additional insured status with completed operations

PEST MANAGEMENT

Do you apply pesticides or herbicides? Yes

If Yes, complete LandPro TreePro Pesticide/ Herbicide and pollution questionnaires.

AUTOMOBILE EXPOSURES, USE, DRIVERS & CONTROLS

All scheduled vehicles must be registered under the company name/ first named insured.

Please select vehicle owned or leased by applicant: Vehicle owned

Are there written procedures for use of company vehicles? Yes

Do you make deliveries? No

What is the radius of delivery?

How often are deliveries made?

Do you have an automobile maintenance program in place? Yes

Do drivers travel over the same routes? No

Are employees allowed to drive company vehicles for personal use? No

Please provide who can use:

When vehicle can be used?

Do family members have use of company vehicles? No

How many employees use their personal vehicles for business operations? 0

Verification your employee's personal auto insurance has minimum limits of at least \$100,000/ \$300,000? No

For employees driving company vehicles do you inspect the employee's drivers' licenses? Yes

Do you obtain MVR's for all drivers annually? Yes

Do you have drivers under the age of 21 or over 65? No

Please provide date of last physical and eye exam for drivers over 65 drivers:

Is driver owned is above 65?

Are road tests given to the drivers? No

Who gives the test?

When is the test given?

Does applicant provide employee transportation? Yes

If yes to the above question; Is the number of employees transported in vehicle at any time more than 15?

How many employees are transported in any vehicle at one time?

PUBLIC EXPOSURE INFORMATION

Is there public access to your property?

Do you have a showroom?

What is the average number of visitors daily?

Are special events offered to the public?

List all activities

Are customers allowed in storage area, work room or garage?

PREMISES INFORMATION

Briefly describe the area around your building location & security

Describe the care and conditions of the premises

Is a significant portion of your business concentrated in one or two large premises?

Is your property located within a 1000 ft of any of the following: service/utility company, public assembly area, major infrastructure or landmark i.e. gas, electric, nuclear plants, arenas, prominent bridges, tunnels, dams

OPERATING EQUIPMENT AND MOBILE EQUIPMENT EXPOSURES

Does applicant own or lease mobile equipment subject to motor vehicle or financial responsibility laws? $\frac{N_0}{N_0}$

Provide subject equipment

Do you rent, lease or borrow equipment from others? Yes

Types of equipment rented, leased or borrowed Forklift

Is equipment leased or borrowed with operators? No

Do you lease, rent or loan out equipment to others? Yes Do you lease, rent or loan out equipment with operators? No Describe the type of work Skit Steer to school dictrict for landscape - work by their staff Is there a lease/rental contract with operators? No Address/ location of the equipment stored Describe the type of security measures in place CRANES AND LIFTING EQUIPMENT INFORMATION Do you own, lease, rent, hire or borrow bucket trucks or lifts? No Do you own, lease, rent, hire or borrow bucket trucks or lifts with operators? No Do you own, lease, rent, hire or borrow equipment with grapples or hooks? No Do you own, lease, rent, hire or borrow cranes? No If yes complete Crane Supplemental Is any other equipment rented, leased or hired with operators? No If yes provide equipment list WORKER COMPENSATION Does applicant use independent contractors? Is the payment made using 1099s? Does applicant use day laborers at any time? Are pesticides used in the applicant's operations? If yes Pesticide/ herbicide supplemental is required Are workers provided safety equipment? What are the hours of operations? Is group transportation of employees employed? What type of vehicle is used and what is capacity? Are employees required to travel out of state? How often and what locations do employee travel to? Is housing provided to any employee? Are employees required to provide their own safety equipment? Are they reimbursed? Does the applicant provide health care benefits to employees? What is the participation percentage? Is there any light duty or return to work program provided by applicant for injured employees? Does the applicant have any safety accreditations or certifications? If yes, please upload When electrical work is performed are workers certified or accredited? What precautions are used when working with live power lines? Has any workers compensation coverage been declined, cancelled, or non-renewed in the past 3 years? Is there a full-time safety manager employed by the applicant? What is the maximum height exposure? Any work performed above 15 feet? Please describe how heights are reached (i.e. – scaffolding, ladders, lifts, other...etc)?

Are maintenance and inspections conducted for equipment used in height work?

Are ladders used in the insured's operations?

INCLUDE THE FOLLOWING ITEMS WITH THIS SUPPLEME	NTAL APPLICATION
Completed & signed accord applications for lines of business to be que	oted
4 years plus expiring year of currently valued, hard copy loss runs for a	all Lines of business being
requested. Loss runs should be valued within the past 90 days and inc	lude a brief description of all
claims over \$10,000	
If automobile coverage has been submitted, please provide MVR's for	all drivers of company vehicles
Current financials will be required for all accounts that generate over	\$100,000 in annual premium
Current job listing	
Describe job listing:	
Historian I among the marking Among and among the high single states and	a manimum and manimum for
Historical exposure information 4 years and expiring including payrolls	s, receipts and premiums for
auto and general liability	
Historical loss information 4 years and expiring for auto and general li	ability
Signature Producer	
	Date:
Signature Applicant	
	Date:





900 Route 9 North, Suite 503, Woodbridge, NJ 07095 Website: www.NIPGroup.com

Toll-free Phone:

(800) 446-7647

LandPro®TreePro™ Crane Supplemental Questionnaire

(use only when a Crane exists)

Required for General Liability, Contractor's Equipment & Umbrella

Na	med Insured:	
Po	licy Term:	 -
1.	Please indicate the number of Cranes that are owned, hired, or leased Boom Trucks < 50,000 lbs (mounted on commercial truck chassis) Boom Trucks > 50,000 lbs (mounted on commercial truck chassis) Rough Terrain Cranes < 50 tons (with oversized tires) Rough Terrain Cranes > 50 tons (with oversized tires) Truck Cranes (frictional cranes, mobile cranes) Crawler Cranes Other (Please Define) List year, make and model of all owned, hired or leased cranes.	
2.	Are all Cranes equipped with weight of load monitoring devices that aut the cargo exceeds the vehicle's maximum lifting capacity?	
3.	Is there a formal documented crane maintenance procedure and repair	log? Describe.
4.	Are crane operators CCO certified and/or licensed by the state when re details of certification and continuing training classes for each crane op completed?	
5.	List all operations performed by you or on your behalf that involve the u	se of cranes.

7.	· ·	ndependent third party? If, yes what type and how often?
8.		when completing lifts around High Voltage powerlines?
9.	Is the utility company informed prior to	any lift in close proximity to High Voltage power lines? insure compliance with this requirement?
		ice: If a state fraud warning notice applies, ch form #55306 to this application.
Αp	anlicant's Signature	Date
٠	pplicant's Signature	Date:
	gency	





900 Route 9 North, Suite 503, Woodbridge, NJ 07095 Website: www.NIPGroup.com

Insured:__

Toll-free Phone: (800) 446-7647

LandPro®TreePro™ Pesticide/Herbicide and Pollution Liability Questionnaire

Federal Tax ID #	_Or Owner's Social Security #
1. STAFF	
Number of Owners / Partners Etc	Number of Employees applying pesticide/ herbicides
2. PESTICIDE/HERBICIDE APPLICATION	1
Do you apply ONLY EPA Approved pesticide	es and/ or herbicides?
Please list years of experience applying pestion	cides/ herbicides
Do you carry more than 20 gallons of pesticid	le/herbicide per vehicle each day?
Do your spraying methods include general sp	oraying - example: aerial or from a large truck?
Do you apply chemicals to agricultural crops?	?
Are all your employees who apply pesticides/	herbicides licensed or supervised by a licensed applicator?
Are employees required to wear personal pro	tective equipment?
Are customers provided advanced notice of s	spraying activities and areas posted after spraying to stay off treated areas until
dry?	
Spraying to stay off treated areas until dry?	
	mer name, date application made, amounts applied, etc.?
	e approved with no mixing (no unclassified chemicals used)?
Do you have a written hazard communication	
	vernment regulations regarding storage, application, disposal and safety program for
chemical handling including spills?	to the Department of Assignificate or EDAS
Has your company ever had a complaint from	
Any application process other than spraying of	outdoors?
(Attach a copy of your current license - red	quired for coverage)
Insured	Print
Signature:	Name:
Title:	Date Signed:





(800) 446-7647

Toll-free Phone:

900 Route 9 North, Suite 503, Woodbridge, NJ 07095

Website: www.NIPGroup.com

LandPro®TreePro™ 15 Passenger Van Questionnaire

Insured:	
Federal Tax ID #	Or Owner's Social Security #
1. STAFF	
Number of Owners / Partners, Etc. of	operating 15 passengervans
Number of Employees operating 15	passengervans
, ., ., ., ., ., ., ., ., ., ., ., ., .,	
2. 15 Passenger Van- Worker Tra	ansportation
Is defensive driving and unique roll –	over hazard training provided at the time of hire?
Is defensive driver training required a	nnually?
Are passengers required to use seath	elts?
Does the 15 passenger van pull a trai	ler or have items loaded on the roof?
Are 15 passenger vans always inspec	cted before and after trips?
List the maximum speed/miles per ho	ur
List the maximum miles driven one wa	ay
Are vehicles equipped with safety iten	ns?
If yes please describe:	
Are vehicles equipped with high qualit	ty, low mileage, properly inflated tires?
(Attach a copy of your current lice	ense - required for coverage)
Insured Signature:	Print Name:
Title:	Date Signed:





Valuation Date: 01/17/2022

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Policy Summary							
Account Code	Policy Period	Policy Number	UW Company	Claims	Total Incurred	Total Paid	Total Outstanding
ECOTSER-01	04/16/2020 - 04/15/2021	NBA100349100	XL Specialty Insurance Company	4	\$7,230.46	\$7,230.46	\$0.00
ECOTSER-01	04/16/2020 - 04/15/2021	NIM100349200	XL Specialty Insurance Company	0	\$0.00	\$0.00	\$0.00
ECOTSER-01	04/16/2020 - 04/15/2021	NPC100349300	Greenwich Insurance Company	0	\$0.00	\$0.00	\$0.00
ECOTSER-01	04/16/2021 - 04/15/2022	NBA100349101	XL Specialty Insurance Company	0	\$0.00	\$0.00	\$0.00
ECOTSER-01	04/16/2021 - 04/15/2022	NIM100349201	XL Specialty Insurance Company	0	\$0.00	\$0.00	\$0.00
ECOTSER-01	04/16/2021 - 04/15/2022	NPC100349301	Greenwich Insurance Company	1	\$13,500.00	\$0.00	\$13,500.00
			Totals	5	\$20,730.46	\$7,230.46	\$13,500.00

Loss Run Detail									
Policy Number	NBA100349100	Policy Period	04/16/2020 - 04/	15/2021					
Line of Business	Auto (1st Party)	Date of Loss	01/19/2021	Cause	Theft	Category	Incurred	<u>Paid</u>	<u>Outstanding</u>
Policy Number	NBA100349100	Date Reported to Employer	01/19/2021	Result/Nature	Not Provided/NOC/Insufficient Data	Indemnity	\$2,003.03	\$2,003.03	\$0.00
Policy Period	04/16/2020 - 04/15/2021	Date Reported to TPA	01/19/2021	Target/Body Part	Not Provided/NOC/Insufficient Data	Medical	\$0.00	\$0.00	\$0.00
Occurrence ID	3066523218	Date Opened	01/19/2021	Source	Theft	Expense/Legal	\$135.00	\$135.00	\$0.00
Claim Number	LPRO-0537A9	Date Closed	01/27/2021	Construction Defect	N	Gross Total	\$2,138.03	\$2,138.03	\$0.00
Deductible/SIR	\$0	Date Reopened		Class Code	0	Recoveries	\$0.00	\$0.00	\$0.00
Claimant Name	Ecotech Services Inc	Claim Status	С	Occupation	Unknown	Net Total	\$2,138.03	\$2,138.03	\$0.00
State	CA	Claim Substatus	Accepted						
Cov/Claim Type	CM	Litigated	No						
Location Level 2	LandPro			Location Level 3	Ecotech Services Inc				
Loss Description	Insured discovered that over	r the weekend someone sawed a hol	le through the iron	gate and stole the catalytic	converters from 4 trucks.				

Policy Number	NBA100349100	Policy Period	04/16/2020 - 04/1	5/2021					
Line of Business	Auto (1st Party)	Date of Loss	01/19/2021	Cause	Theft	Category	Incurred	<u>Paid</u>	Outstanding
Policy Number	NBA100349100	Date Reported to Employer	01/19/2021	Result/Nature	Not Provided/NOC/Insufficient Data	Indemnity	\$2,003.03	\$2,003.03	\$0.00
Policy Period	04/16/2020 - 04/15/2021	Date Reported to TPA	01/19/2021	Target/Body Part	Not Provided/NOC/Insufficient Data	Medical	\$0.00	\$0.00	\$0.00
Occurrence ID	3066523218	Date Opened	01/19/2021	Source	Theft	Expense/Legal	\$135.00	\$135.00	\$0.00
Claim Number	LPRO-0537B9	Date Closed	02/02/2021	Construction Defect	N	Gross Total	\$2,138.03	\$2,138.03	\$0.00
Deductible/SIR	\$0	Date Reopened		Class Code	0	Recoveries	\$0.00	\$0.00	\$0.00
Claimant Name	Ecotech Services Inc	Claim Status	С	Occupation	Unknown	Net Total	\$2,138.03	\$2,138.03	\$0.00
State	CA	Claim Substatus	Accepted						
Cov/Claim Type	CM	Litigated	No						
Location Level 2	LandPro			Location Level 3	Ecotech Services Inc				





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Loss Description	Insured discovered that over	er the weekend someone sawed a hole	e through the iron g	ate and stole the catalytic o	converters from 4 trucks.				
Policy Number	NBA100349100	Policy Period	04/16/2020 - 04/1	5/2021					
Line of Business	Auto (1st Party)	Date of Loss	01/19/2021	Cause	Theft	Category	Incurred	<u>Paid</u>	Outstanding
Policy Number	NBA100349100	Date Reported to Employer	01/19/2021	Result/Nature	Not Provided/NOC/Insufficient Data	Indemnity	\$1,533.23	\$1,533.23	\$0.00
Policy Period	04/16/2020 - 04/15/2021	Date Reported to TPA	01/19/2021	Target/Body Part	Not Provided/NOC/Insufficient Data	Medical	\$0.00	\$0.00	\$0.00
Occurrence ID	3066523218	Date Opened	01/19/2021	Source	Theft	Expense/Legal	\$135.00	\$135.00	\$0.00
Claim Number	LPRO-0537C9	Date Closed	02/01/2021	Construction Defect	N	Gross Total	\$1,668.23	\$1,668.23	\$0.00
Deductible/SIR	\$0	Date Reopened		Class Code	0	Recoveries	\$0.00	\$0.00	\$0.00
Claimant Name	Ecotech Services Inc	Claim Status	С	Occupation	Unknown	Net Total	\$1,668.23	\$1,668.23	\$0.00
State	CA	Claim Substatus	Accepted						
Cov/Claim Type	CM	Litigated	No						
Location Level 2	LandPro			Location Level 3	Ecotech Services Inc				
Loss Description	Insured discovered that over	er the weekend someone sawed a hole	e through the iron g	ate and stole the catalytic of	converters from 4 trucks.				
Policy Number	NBA100349100	Policy Period	04/16/2020 - 04/1	5/2021					
Line of Business	Auto (1st Party)	Date of Loss	01/19/2021	Cause	Theft	Category	Incurred	<u>Paid</u>	Outstanding
Policy Number	NBA100349100	Date Reported to Employer	01/19/2021	Result/Nature	Not Provided/NOC/Insufficient Data	Indemnity	\$1,151.17	\$1,151.17	\$0.00
Policy Period	04/16/2020 - 04/15/2021	Date Reported to TPA	01/19/2021	Target/Body Part	Not Provided/NOC/Insufficient Data	Medical	\$0.00	\$0.00	\$0.00
Occurrence ID	3066523218	Date Opened	01/19/2021	Source	Theft	Expense/Legal	\$135.00	\$135.00	\$0.00
Claim Number	LPRO-0537D9	Date Closed	01/28/2021	Construction Defect	N	Gross Total	\$1,286.17	\$1,286.17	\$0.00
Deductible/SIR	\$0	Date Reopened		Class Code	0	Recoveries	\$0.00	\$0.00	\$0.00
Claimant Name	Ecotech Services Inc	Claim Status	С	Occupation	Unknown	Net Total	\$1,286.17	\$1,286.17	\$0.00
State	CA	Claim Substatus	Accepted						
Cov/Claim Type	CM	Litigated	No						
Location Level 2	LandPro			Location Level 3	Ecotech Services Inc				
Loss Description	Insured discovered that over	er the weekend someone sawed a hole	e through the iron g	ate and stole the catalytic	converters from 4 trucks.				
Subtotal By Po	licy Number and Period			Indemnity	Medical	Expense/Legal	Gross Total	Recoveries	Net Total
Policy Number	NBA100349100		Incurred	\$6,690.46	\$0.00	\$540.00	\$7,230.46	\$0.00	\$7,230.46
Policy Period	04/16/2020 - 04/15/2021		Paid	\$6,690.46	\$0.00	\$540.00	\$7,230.46	\$0.00	\$7,230.46
Claim Count	4		Outstanding	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Cultantal Dur Ball	u. Number for All Derives			lu de constitu	- Waltania	F	Cusas Total	Doggueries	Not Total
•	NRA400240400		1	Indemnity	Medical	Expense/Legal	Gross Total	Recoveries	Net Total
Policy Number	NBA100349100		Incurred	\$6,690.46	\$0.00	\$540.00	\$7,230.46	\$0.00	\$7,230.46





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Claim Count	4		Paid	\$6,690.46	\$0.00	\$540.00	\$7,230.46	\$0.00	\$7,230.46
			Outstanding	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.0
Policy Number	NPC100349301	Policy Period	04/16/2021 - 04/1	5/2022					
Line of Business	General Liability	Date of Loss	08/05/2021	Cause	PROPERTY DAMAGE	Category	Incurred	<u>Paid</u>	Outstandin
Policy Number	NPC100349301	Date Reported to Employer	08/05/2021	Result/Nature	Multiple Damage	Indemnity	\$12,000.00	\$0.00	\$12,000.0
Policy Period	04/16/2021 - 04/15/2022	Date Reported to TPA	08/25/2021	Target/Body Part	Multiple Interior	Medical	\$0.00	\$0.00	\$0.0
Occurrence ID	C166560888	Date Opened	09/01/2021	Source	General Liability-All Other	Expense/Legal	\$1,500.00	\$0.00	\$1,500.0
Claim Number	4A210841C64-0001	Date Closed		Construction Defect	N	Gross Total	\$13,500.00	\$0.00	\$13,500.0
Deductible/SIR	\$0	Date Reopened		Class Code	0	Recoveries	\$0.00	\$0.00	\$0.00
Claimant Name	City of Baldwin Park	Claim Status	0	Occupation		Net Total	\$13,500.00	\$0.00	\$13,500.00
State	CA	Claim Substatus	Pending						
Cov/Claim Type	PD	Litigated	No						
Location Level 2	LandPro			Location Level 3	Ecotech Services Inc				
Loss Description	Insured installed the water	bottle fill station as normal. On Augu	ust 12th insured was in	nformed that the unit had be	een leaking.				
Subtotal By Po	licy Number and Period			Indemnity	Medica	Expense/Legal	Gross Total	Recoveries	Net Tota
Policy Number	NPC100349301		Incurred	\$12,000.00	\$0.00	\$1,500.00	\$13,500.00	\$0.00	\$13,500.00
Policy Period	04/16/2021 - 04/15/2022		Paid	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Claim Count	1		Outstanding	\$12,000.00	\$0.00	\$1,500.00	\$13,500.00	\$0.00	\$13,500.00
								_	
	cy Number for All Periods			Indemnity	Medica		Gross Total	Recoveries	Net Tota
Policy Number	NPC100349301		Incurred	\$12,000.00	\$0.00		\$13,500.00	\$0.00	\$13,500.00
Claim Count	1		Paid	\$0.00	\$0.00		\$0.00	\$0.00	\$0.00
			Outstanding	\$12,000.00	\$0.00	\$1,500.00	\$13,500.00	\$0.00	\$13,500.00

Grand Totals	s by Policy and Period		Indemnity	Medical	Expense/Legal	Gross Total	Recoveries	Net Total
Policy Number	NBA100349100	Incurred	\$6,690.46	\$0.00	\$540.00	\$7,230.46	\$0.00	\$7,230.46
Policy Period	04/16/2020 - 04/15/2021	Paid	\$6,690.46	\$0.00	\$540.00	\$7,230.46	\$0.00	\$7,230.46
Claim Count	4	Outstanding	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Grand Totals	s by Policy and Period		Indemnity	Medical	Expense/Legal	Gross Total	Recoveries	Net Total
Policy Number	NPC100349301	Incurred	\$12,000.00	\$0.00	\$1,500.00	\$13,500.00	\$0.00	\$13,500.00
Policy Period	04/16/2021 - 04/15/2022	Paid	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Claim Count	1	Outstanding	\$12,000.00	\$0.00	\$1,500.00	\$13,500.00	\$0.00	\$13,500.00





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Grand Totals by Line of Business - Auto (1st Party)		Indemnity	Medical	Expense/Legal	Gross Total	Recoveries	Net Total
Line of Business Auto (1st Party)	Incurred	\$6,690.46	\$0.00	\$540.00	\$7,230.46	\$0.00	\$7,230.46
Claim Count 4	Paid	\$6,690.46	\$0.00	\$540.00	\$7,230.46	\$0.00	\$7,230.46
	Outstanding	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Grand Totals by Line of Business - General Liability		Indemnity	Medical	Expense/Legal	Gross Total	Recoveries	Net Total
Grand Totals by Line of Business - General Liability Line of Business General Liability	Incurred	Indemnity \$12,000.00	Medical \$0.00	Expense/Legal \$1,500.00	Gross Total \$13,500.00	Recoveries \$0.00	Net Total \$13,500.00
	Incurred Paid		27.30				

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CONTACT INFORMATION AGENCY CUSTOMER ID: 00096498

CONTACT INFORMATION							AGENCI COSTOMEN ID.											
CONTAC	NTACT TYPE: Inspection NTACT NAME: Veronica Quezada								CONTACT TYPE: Claims Info									
CONTAC	TNAME: V	eron	nica Qu	ezada					CC	ONT	ACT NA	AME: Ve	eronic	a Que	ezada			
PRIMARY PHONE #	Υ Π 88-5652	OME	⊠ BU	S CELL	SECONDAR PHONE #	Р НОМЕ В	us [CELL		RIMA HON (326)	ARY E#) 788-5	_	IE 🗵	BUS	CELL	SECONDARY PHONE #	HOME	BUS CELL
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LOC#	STREET	816	N lodd	Ave			С	ITY LIMITS		<u> </u>			ANNUAL REVENUES	: \$				
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APA	ARTMENTS			CONTRACTOR	MA	ANUFACTURING		RESTAURA	NT		Ш	SERVICE	Į				DATE BUSIN STARTED (N	MM/DD/YYYY)
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foliage. install le employ In 2021 fenced	No tree trow flow toil rees in 2014 the location yard. All pl	immi ets, i 4. C on of umbi	ing/reminstall pontract 816 Ning, ele	noval ops. Maj pressure reduc ors license 988 Todd Ave, Azu ectrical and roo	ority of clie ing valves 3204. C27 sa CA 9170 f is new red	nts are water cons for water conserva and C36; Member 02 is the new lease	erva tion, CLC ed pr has	tion distric and instal CA operty that a small fro	ts in I wa t is a	the ater app	e local bottle roxima	area. As filling stately 3,90	need tions f	led, c for pa f an i	lient will al irks and re ndustrial w	install drought resiso remove old toile st stops. Hired rarehouse building ces and 2 bathroon	ts and with a	
RETAIL S	STORES OR S	SERV	ICE OPE	RATIONS % OF 1	OTAL SALES		LATI	ON, SERVIC		R RE	PAIR W	VORK		(OFF PREMIS	ES INSTALLATION, SE	RVICE OR RE	PAIR WORK
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BREACH OF LOSS PAYEE														VEHICLE:	BOAT	:		
CO-OWNER MORTGAGEE														AIRPORT:	AIRC	RAFT:		
	PLOYEE LESSOR		OWNER	₹												ITEM CLASS:	ITEM:	
LEASEBACK REGISTRANT OWNER						ITEM DESCRIPTION												
LEN	DER'S S PAYABLE		TRUST	EE REFER	ENCE / LOAI	N #:		IN	INTEREST END DATE:									
	- FAIADLE [LIEN A	MOUNT:			P	PHONE (A/C, No, Ext): FAX (A/C, No):									
REASON	1 11							E-MAIL ADDRESS:										

EXPL	AIN ALL "YES" RE	SPONSES							Y/N
1a.	IS THE APPLICA	NT A SUBSIDIAF	RY OF ANOTHER EN	TITY?					N
	PARENT COMPA	NY NAME				RELATIONS	SHIP DESCRIPTION	% OWNED	
1b.	DOES THE APP	LICANT HAVE AN	NY SUBSIDIARIES?					L	N
	SUBSIDIARY COI	MPANY NAME				RELATIONS	SHIP DESCRIPTION	% OWNED	
2.	IS A FORMAL SA		M IN OPERATION?	MONTHLY MEETINGS	OSHA			<u> </u>	N
3.			ES, EXPLOSIVES, C						N
			,						
4.	ANY OTHER INS	SURANCE WITH	THIS COMPANY? (L	ist policy numbers)					N
	LINE OF BUSINE	ss	POLICY NUMBER		LINE OF BUSINES	ss	POLICY NUMBER		7
				D OR NON-RENEWED DURIN	NG THE PRIOR TH	REE (3) YEAR	S FOR ANY PREMISES OR		N
li	NON-PAYME	` —	ants - Do not answe	• •					
			г		Describe):				
	NON-RENEV		NDERWRITING	CONDITION CORRECTED (-	1000 II 411 1 A T 10	ON OR MEGI IOENT HIRINGS		NI NI
6.	ANY PAST LOS	SES OR CLAIMS	RELATING TO SEXU	AL ABUSE OR MOLESTATION	NALLEGATIONS, L	JISCRIMINATIC	ON OR NEGLIGENT HIRING?		N
	BRIBERY, ARSC	N OR ANY OTHE	R ARSON-RELATED	CRIME IN CONNECTION WIT	TH THIS OR ANY C	THER PROPE			N
		on must be answ up to one year of		for property insurance. Failure	to disclose the exi	stence of an ar	son conviction is a misdemean	or punishable	
8.	ANY UNCORRE	CTED FIRE AND	OR SAFETY CODE \	/IOLATIONS?					N
	OCCUR DATE	EXPLANATION				RESOLUTION		RESOLVE DATE	
9.	HAS APPLICAN	T HAD A FORECL	OSURE, REPOSSES	SSION, BANKRUPTCY OR FIL	ED FOR BANKRUI	PTCY DURING	THE LAST FIVE (5) YEARS?		N
	OCCUR DATE	EXPLANATION				RESOLUTION		RESOLVE DATE	
10.	HAS APPLICAN	T HAD A JUDGEN	MENT OR LIEN DURII	NG THE LAST FIVE (5) YEARS	5?			•	
	OCCUR DATE	EXPLANATION				RESOLUTION		RESOLVE DATE	
11.	HAS BUSINESS	BEEN PLACED I	IN A TRUST? NAME	OF TRUST:	l			1	N
		,		· · · · · · · · · · · · · · · · · · ·		D / DISTRIBU	TED IN FOREIGN COUNTRIE	S?	N
_			<u> </u>	or ACORD 816 for Property Ex					
13.	DOES APPLICA	NT HAVE OTHER	R BUSINESS VENTUF	RES FOR WHICH COVERAGE	IS NOT REQUES	ΓED?			
14.	DOES APPLICA	NT OWN / LEASE	/ OPERATE ANY DR	RONES? (If "YES", describe us	e)				
15.	DOES APPLICA	NT HIRE OTHER	S TO OPERATE DRO	NES? (If "YES", describe use)					
REM	IARKS / PRO	CESSING INST	RUCTIONS (ACO	RD 101, Additional Remar	ks Schedule, m	ay be attach	ed if more space is requi	red)	
<u> </u>									
		INFORMATION				1	I	DI DDIA	
YEAR			GENERAL LIABILITY			l		ER: BLDRK	
l	CARRIER		nwich Ins Co	XL Specialty Insu	ran	Greenwich I		Specialty Insuran	
	POLICY NUMB		00349301	NBA100349101		NPC100349		M100349201	
I	PREMIUM	\$ 9.78	82.00	\$ 15,358.00		\$ Included \	w/GL s 2	:,615.00	

EFFECTIVE DATE

EXPIRATION DATE

04/16/2021

04/16/2022

GENERAL INFORMATION

04/16/2021

04/16/2022

04/16/2021

04/16/2022

04/16/2021

04/16/2022

PRIOR CARRIER INFORMATION (continued)

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER: BLDRK
	CARRIER	Greenwich Insurance	XL Specialty Insuran	Greenwich Insurance	XL Specialty Insuran
	POLICY NUMBER	NPC100349300	NBA100349100	NPC100349300	NIM100349200
	PREMIUM	\$ 7,683.00	\$ 14,699.00	\$ Included w/ GL	\$ Included w/ IM
	EFFECTIVE DATE	04/16/2020	04/16/2020	04/16/2020	04/16/2020
	EXPIRATION DATE	04/16/2021	04/16/2021	04/16/2021	04/16/2021
	CARRIER	HDI GLOBAL INSURANCE	AmGuard Insurance Co	HDI GLOBAL INSURANCE	HDI GLOBAL INSURANCE
	POLICY NUMBER	GK20X000811	ECAU059274	GK20X000811	GK20X000811
	PREMIUM	\$ 8,263.00	\$	\$ Included w/ GL	\$ Included w/ GL
	EFFECTIVE DATE	04/16/2019	04/16/2019	04/16/2019	04/16/2019
	EXPIRATION DATE	04/16/2020	04/16/2020	04/16/2020	04/16/2020

LOSS HISTORY	Y	formation)							
ENTER ALL CLAIMS	OR LOSSES (RE	GARDLESS OF F	AULT AND WH	ETHER OR NOT INSURED) OR OCCU	RRENCES THAT MAY GI	VE 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.)

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

CON	ITACT NAMES	
Name	Responsibility	Phone Number
Veronica Quezada	Accounting Records	(626)788-5652
OFCONINF		Copyright 2001, AMS Serivces, Inc

	Prior Carr	ier Information	on		
PRIOR CARRIER	POLICY NUMBER	EXP DATE	LINE	LIMIT	TOTAL PREMIUM
XL Specialty Insuran	NIM100349200	4/16/2021	CIM		2,477.00
HDI GLOBAL INSURANCE	GK20X000811	4/16/2020	CIM		Included w/ GL
OFPRCINFO	1	·		COPYRIGHT 2002	, AMS SERVICES, INC

						A	GENCY CUS	STO	MER I	D : 00096498				
ACC	ORD	9	COMM	IERCIA	AL GENER	RAL L	.IABILI	ΤY	' SE	ECTION		DA	TE (MM/DD/YY	-
AGENCY						CAF	RRIER						NAIC COI	DE
James G	Parker Ins	urance Assoc				*Ca	rrier TBD							
POLICY N	JMBER				EFFECTIVE D	ATE APPL	ICANT / FIRST	NAME	D INSU	JRED				
PKGREN	N22				04/16/202	2 Eco	tech Services	Inc						
		CLAIMS MADE		the COVE	RAGE / LIMITS se	ection be	low, this is a	an ap	oplica	ation for a claims	s-made pol	icy.		
COVER	AGES				LIMITS									
		NERAL LIABILITY			GENERAL AGGREGA	ATE				\$ 2,000,000			PREMIUMS	
	CLAIMS MAD		OCCURRENCE		LIMIT APPLIES PER:	H	POLICY	1	CATION	•			OPERATIONS	
- OWN	ER'S & CONT	RACTOR'S PROTE	CIIVE		DDODUOTO O COMP		ROJECT	•	HER:	\$ 2,000,000		PRODUCTS		
DEDUCTIE	u Ee				PRODUCTS & COMP			REGAT	ΓE	\$ 2,000,000 \$ 1,000,000		RODOCIO		
		_{GE} _{\$} 1,000			PERSONAL & ADVER		URY			\$ 1,000,000 \$ 1,000,000		OTHER		
PROF	PERTY DAMA	GE \$ 1,000		PER	EACH OCCURRENCE					\$ 1,000,000 \$ 100,000		OTTLER		
BODI	LY INJURY	\$		CLAIM PER	DAMAGE TO RENTE			nce)		\$ 5,000		TOTAL		
		\$		OCCURRENCE	MEDICAL EXPENSE		rson)					TOTAL		
					EMPLOYEE BENEFIT	rs				\$				
071150 00	WED 4 0 5 0 5	FOTDIOTIONS AND	VOD ENDODOEME	NTO /F I ' I			(I P I. I.			\$	D 407)			
Exclusio	n Designate		1 0187; Exclusio		/non-owned auto cover d Ongoing Operatio							solidated		
APPLICAB	LE ONLY IN V	VISCONSIN: IF NO	N-OWNED ONLY A	UTO COVERA	GE IS TO BE PROVIDE	D UNDER TH	HE POLICY:							
1. UM / UII	M COVERAGI	is s	IS NOT AVAI	LABLE.	2. MEDICAL P	AYMENTS C	OVERAGE		ıs	IS NOT AVAIL	ABLE.			
SCHED	ULE OF H	AZARDS (ACC	ORD 211, Sche	dule of Haz	zards, may be atta	ached if I	more space	is re	quire	ed)				
		CLASS	PREMIUM	_					RATE	1		PREM	IUM	
LOC#	HAZ#	CODE	BASIS	E	KPOSURE	TERR	PREM /	OPS		PRODUCTS	PREM /	OPS	PRODUC	TS
4			Α	3,900										
CLASSIFIC	CATION DESC	RIPTION	•	•		•	•		•		•			
Leased \	Varehouse	and Office Spac	e											
LOC#	HAZ#	CLASS	PREMIUM	E	KPOSURE	TERR			RATE			PREM	IUM	
L00#	1172#	CODE	BASIS		NI OOONE	ILKK	PREM /	OPS		PRODUCTS	PREM /	OPS	PRODUC	TS
CLASSIFIC	CATION DESC	RIPTION												
1.00 #		CLASS	PREMIUM		vpooupr				RATE			PREM	IUM	
LOC#	HAZ#	CODE	BASIS	E/	KPOSURE	TERR	PREM /	OPS		PRODUCTS	PREM /	OPS	PRODUC	тѕ
CLASSIFIC	L CATION DESC	RIPTION	l.	I			.1							
	ND PREMIUM S SALES - PER	BASIS R \$1,000/SALES		OLL - PER \$1,0 A - PER 1,000/S			OTAL COST - PE DMISSIONS - PI) UNIT - PER L) OTHER	JNIT		
CLAIMS	MADE (E	xplain all "Yes	" responses)											
EXPLAIN A	ALL "YES" RE	SPONSES												Y/N
1. PROP	OSED RETI	ROACTIVE DATE	:											
2. ENTR	Y DATE INT	O UNINTERRUP	TED CLAIMS MA	DE COVERA	GE:									
3. HAS A	NY PRODU	CT, WORK, ACCI	IDENT, OR LOCA	TION BEEN	EXCLUDED, UNINS	URED OR	SELF-INSURE	D FR	ROM A	NY PREVIOUS CO	/ERAGE?			

EMPLOYEE BENEFITS LIABILITY

4. WAS TAIL COVERAGE PURCHASED UNDER ANY PREVIOUS POLICY?

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

2217742700			A	GENCY	CUSTOMER ID: 0	00096498		
CONTRACTORS EXPLAIN ALL "YES" RESPONSES	(For all past or present operation	ne)						Y/N
DOES APPLICANT DRAW F	· · · · · · · · · · · · · · · · · · ·	<u> </u>	RS?					N
2. DO ANY OPERATIONS INC	LUDE BLASTING OR UTILIZE	OR STORE EXPLOSIV	 /E MATERIAL?	,				N
3. DO ANY OPERATIONS INCI	LUDE EXCAVATION, TUNNE	LING, UNDERGROUND	WORK OR EA	RTH MOV	/ING?			N
4. DO YOUR SUBCONTRACTO	ORS CARRY COVERAGES C	OR LIMITS LESS THAN '	YOURS?					N
5. ARE SUBCONTRACTORS A	ALLOWED TO WORK WITHO	 UT PROVIDING YOU W	TTH A CERTIFI	CATE OF	INSURANCE?			N
6. DOES APPLICANT LEASE E	EQUIPMENT TO OTHERS WI	TH OR WITHOUT OPER	RATORS?					N
DESCRIBE THE TYPE OF WORK SI Landscape maintenance	UBCONTRACTED	\$ PAID TO SUB- CONTRACTORS: \$50,	000.00	% OF V	WORK ONTRACTED: ¹	# FULL- TIME STAFF:	# PART- TIME STAFF:	
PRODUCTS / COMPLETE	ED OPERATIONS							
PRODUCTS	ANNUAL GROSS SALES	# OF UNITS	TIME IN E	XPECTED LIFE	INTENDE	D USE	PRINCIPAL COMPONEN	TS
Landscape Maintenance	50,000							
Plumbing - Retrofit	660,000							
Landscape Construction	960,000							
EXPLAIN ALL "YES" RESPONSES	(For all past or present products	or operations) PLEASE	ATTACH LITERAT	TURE, BRO	CHURES, LABELS, WAR	NINGS, ETC.		Y/N
1. DOES APPLICANT INSTAL	L, SERVICE OR DEMONSTR	ATE PRODUCTS?						

PRODUCTS	ANNUAL GROSS SALES	# OF UNITS	TIME IN MARKET	EXPECTED LIFE	INTENDED USE	PRINCIPAL COMPONENTS	3
Landscape Maintenance	50,000						
Plumbing - Retrofit	660,000						
Landscape Construction	960,000						
EXPLAIN ALL "YES" RESPONSES (F	For all past or present product	s or operations) PLEASE A	TTACH LITER	RATURE, BRO	CHURES, LABELS, WARNINGS, ETC.		Y/N
1. DOES APPLICANT INSTALL	, SERVICE OR DEMONST	RATE PRODUCTS?					
2. FOREIGN PRODUCTS SOLI	D, DISTRIBUTED, USED AS	S COMPONENTS? (If "YI	ES", attach A	ACORD 815)			
3. RESEARCH AND DEVELOP	MENT CONDUCTED OR N	EW PRODUCTS PLANNI	ED?				
4 OLIADANITEEO MARDANITI	EO LIOLD HADAU EOO AOI	DEEMENTOO					
4. GUARANTEES, WARRANTII	ES, HOLD HARMLESS AGI	REEMENIS?					
5. PRODUCTS RELATED TO A	IRCRAFT/SPACE INDUSTI	RY?					
							1
6. PRODUCTS RECALLED, DIS	SCONTINUED, CHANGED	?					
7. PRODUCTS OF OTHERS SO	OLD OR RE-PACKAGED U	NDER APPLICANT LABE	L?				
8. PRODUCTS UNDER LABEL	OF OTHERS?						
9. VENDORS COVERAGE REC	QUIRED?						
10. DOES ANY NAMED INSURE	D SELL TO OTHER NAME	D INSUREDS?					

AD	DITIONAL INTEREST / C	ERTIFICATE RECIPIENT	ACOR	D 45 attached	for	additional na	mes				
INTE	EREST	NAME AND ADDRESS RANK:	EVIDENCE:	CERTIFICATE					INTEREST IN	ITEM NUMBER	
	ADDITIONAL INSURED		-	•				LOCATI	ON:	BUILDING:	
	EMPLOYEE AS LESSOR	Suburban Water Systems						ITEM CLASS:		ITEM:	
	LENDER'S LOSS PAYABLE	1325 N Grand Ave Suite 100						ITEM DE	SCRIPTION		
	LIENHOLDER										
	LOSS PAYEE	Covina				CA 91724-	4044				
	MORTGAGEE										
X	Additional insured/WOS	REFERENCE / LOAN #:									
GE	NERAL INFORMATION										
EXP	LAIN ALL "YES" RESPONSES (F	or all past or present operations)									Y/N
1.	ANY MEDICAL FACILITIES F	PROVIDED OR MEDICAL PROFESSION	NALS EMPLOY	ED OR CONTRA	CT	ED?					N
2.	ANY EXPOSURE TO RADIO	ACTIVE/NUCLEAR MATERIALS?									N
3.		OR DISCONTINUED OPERATIONS IN			3, D	ISCHARGING, A	PPLYING, DISPO	OSING, (OR		N
	TRANSPORTING OF HAZAI	RDOUS MATERIAL? (e.g. landfills, was	es, iuei tanks, e	eic)							
<u> </u>	ANN/ ODED ATIONS COLD.	OOLUDED OD DIOCONTRUIES	T EN /E /S\\	4 D 0 0							- NI
4.	ANY OPERATIONS SOLD, A	CQUIRED, OR DISCONTINUED IN LA	ST FIVE (5) YE	ARS?							N
5.	DO YOU RENT OR LOAN E	OLUDIAENT TO OTHERS?									N
5.	EQUIPMENT	QUIFMENT TO OTTIERS!				TYPE OF	EQUIPMENT		INSTRUCTION (SIVEN (V/N)	'`
	EQUIFIMENT				1	SMALL TOOLS	LARGE EQUI	DMENT	INSTRUCTION	SIVER (1/N)	
					\dashv	SMALL TOOLS	LARGE EQUI				
6	ANY WATERCRAFT DOCKS	S, FLOATS OWNED, HIRED OR LEASE	D2			OWALE TOOLS	LANGE EQUI	IVILIAI			N
°.	7.141 17.11 ETCOTO II 1, DOOTCO	, i como ovines, i inces on echoc	J.								'
7.	ANY PARKING FACILITIES (OWNED/RENTED?									N
8.	IS A FEE CHARGED FOR PA	ARKING?									N
9.	RECREATION FACILITIES P	ROVIDED?									N
10.	ARE THERE ANY LODGING	OPERATIONS INCLUDING APARTME	NTS? (If "YES"	, answer the follo	owin	g):					
	# APTS TOTAL APT A	AREA DESCRIBE OTHER LODGING OF	ERATIONS								
		Sq. Ft.									
11.		OL ON PREMISES? (Check all that ap						7			N
	APPROVED FENCE	LIMITED ACCESS DIVING BOA	ARD SLI	DE ABOVI	E GF	ROUND IN	GROUND	LIFE GU	IARD		
12.	ARE SOCIAL EVENTS SPO	NSORED?									N
46	ADE ATH ETIO TELLO SE	NICOREDO									_
13.	ARE ATHLETIC TEAMS SPO	ONSORED?		Type of an	00-		CONTACT				
	TYPE OF SPORT	SPORT (Y/N) AGE GROUP	13 - 18	TYPE OF SP	UKI		SPORT (Y/N)	AGE GRO	JP	13 - 18	
		12 & UNDER	OVER 18					12 &	UNDER	OVER 18	
L	EXTENT OF SPONSORSHIP:			EXTENT OF	SPO	NSORSHIP:					
14.	ANY STRUCTURAL ALTERA	ATIONS CONTEMPLATED?									N
15.	ANY DEMOLITION EXPOSU	JRE CONTEMPLATED?									N
l											

GENERAL INFORMATION (continued)

EXPLAIN ALL "YES" RESPONSES (For all past or present operation	ons)			Y/N						
16. HAS APPLICANT BEEN ACTIVE IN OR IS CURRENTL'	Y ACTIVE IN JOINT VENTURE	S?		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 CONTRO	ILLED?			N						
20. HAVE ANY CRIMES OCCURRED OR BEEN ATTEMPT	ED ON YOUR PREMISES WIT	THIN THE LAST THREE (3) YEARS	?	N						
21. IS THERE A FORMAL, WRITTEN SAFETY AND SECURITY POLICY IN EFFECT? Y										
22. DOES THE BUSINESSES' PROMOTIONAL LITERATU	RE MAKE ANY REPRESENTA	TIONS ABOUT THE SAFETY OR S	ECURITY OF THE PREMISES?	N						

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

SIGNATURE

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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

									AGEN	CY CU	STOME	R I	D: 0009	6498							
AC	ORD®					Р	RO	PEF	RTY	SE	CTIC	10	١						DA	TE (MM/DD/YY)	-
AGENCY	NAME									CAR	RIER									NAIC COD	DE
James	G Parker Insurand	e Asso	С							*Carr	ier TBD										
POLICY	NUMBER						EF	FECTIV	E DATE	NAME	D INSURE	D(S)							I	
PKGRE	N22							04/16/2	2022	Ecote	ch Serv	ices	s Inc								
BLAN	(ET SUMMARY																				
BLKT#	AMOUNT				TYP	E				BLKT	#	ΑI	MOUNT					TYPE			
			PREMIS	ES#: 4	s	TREET	ADDRES	s : 816	N Tode	d Ave											
PREMI	SES INFORMAT	ION	BUILDIN	G#: 1	В	LDG DE		ION: C	Office/W												
s	UBJECT OF INSURA	NCE	A	MOUNT	co	OINS %	VALU- ATION	CAUS	SES OF L	oss	NFLATIO GUARD 9	N 6	DED	DED TYPE	BLI #		FORM	S AND C	ONDIT	ONS TO APPLY	Υ
Busine	ss Personal Prope	erty	20,000		1	00	RC	Speci	ial form				1,000								
Equipm	ent Breakdown-1		20,000				RC	Equip Break	ment kdown				1,000								
Expedi	ing Expenses		25,000																		
Hazard	ous Substances		25,000																		
Data R	estoration		25,000																		
ADDITIO	NAL INFORMATION		BUSINESS	INCOME / E	XTRA E	XPENSI	E - Attacl	h ACOR	D 810			VA	LUE REPO	RTING INFO	RMAT	ION - At	tach AC	ORD 811			
ADDIT	ONAL COVERA	GES,	OPTIONS,	RESTRI	CTION	S, EN	DORS	EMEN	TS AN	D RAT	ING INI	FOF	RMATION	V							
SPOILA COVERA		OF PRO	OPERTY COVE	RED							LIMIT			REFRIG	3 MAII	NT OP	TIONS				
(Y/N											\$			AGRE (Y	EMEN /N)	т	BREA	KDOWN (OR CO	NTAMINATION	
											DEDUCTI \$	BLE					POWE	ER OUTAG	GE	SELLING PRICE	6
SINKHOL	E COVERAGE (Requ	ired in F	lorida)					А	CCEPT C	OVERA	GE		REJECT	COVERAGE	•	LIMIT	: \$				
MINE SU	BSIDENCE COVERAG	GE (Requ	uired in IL, IN, I	KY and WV)			А	CCEPT C	OVERA	GE		REJECT	COVERAGE	Ē	LIMIT	: \$				
PRO	PERTY HAS BEEN D	ESIGNA	TED AN HISTO	RICAL LAN	DMARK											# OF	OPEN SI	DES ON	STRUC	TURE:	_
	y is approximately use. 4 offices/2 bt			ıstrial waı	rehouse	e buildi	ing with	a fend	ed yard	I. All plu	umbing,	ele	ctrical and	d roof upda	ated i	n 2020	. Smal	I front of	ffice s	pace inside	
CONSTR	UCTION TYPE		HAD!	STANCE FI	TO DE STAT		FIR	E DISTR	RICT		CODE N	JMB	ER PRO	TCL #S	TORIE	S #BA	SM'TS	YR BUI	LT	OTAL AREA	
			"""	FT	М													1956	3	3900	
<u> </u>	G IMPROVEMENTS		'		BLDG GRA	CODE	TAX C	ODE	ROOF T	YPE		0	THER OCC	UPANCIES			ļ				
	ING, YR: 2020	PI	LUMBING, YR:	2020	WIND	21 4 2 2	<u> </u>					\bot	HEATIN	IG SOURCE	INCI	WOODE	LIRNING	D	ATE		
	OFING, YR: 2020	ЩН	EATING, YR:		\vdash			SEN	II- RESIS	TIVE		_	STOVE	OR FIREPL	ACE II	NSERT	0		ISTALL	ED:	
PRIMAR	HER:		YR:		R	ESISTIV	/E			SECO	NDARY HI		IANUFACTO	JKEK.							
ВОІ		OLID FUE)E2	7 _{Y/N}					В	OILER		ш	LID FUEL				Y/N			
	(POSURE & DISTANC			LEFT EXP		& DISTA	NCE						& DISTANC		LOLVV		R EXPO	SURE & I	DISTAN	CE	
										TROIT	LXI OO		a Dio IANO								
BURGLA	R ALARM TYPE					CERTI	FICATE #	¥							E	XPIRAT	ION DAT	E	CENT		LOCAL GONG
BURGLA	R ALARM INSTALLEI	D AND S	ERVICED BY							EXTEN	IT			GRADE	#	GUARD	S / WAT	CHMEN	WITH	CLOCK HOUR	RLY
PREMISE	S FIRE PROTECTION	N (Sprink	klers, Standpip	es, CO2 / C	hemical	System	ns)		% SPF	NK F	IRE ALAR	RM N	MANUFACT	JRER						CENTRAL STA	ATION
																			\Box	LOCAL GONG	i
ADDIT	ONAL INTERES	ST_	ACORI	D 45 atta	ched	for ad	ditiona	al nam	nes												
INTERES	т		NAME AND AD	DRESS	RANK:		EVIDE	NCE:	CEF	RTIFICAT	E						IN	ITEREST	IN ITE	M NUMBER	

 LENDER'S LOSS PAYABLE
 Joseph and Kathy Santoro, Trustees
 LOCATION:

 LOSS PAYEE
 9150 Whirlaway Ct
 ITEM CLASS:

 MORTGAGEE
 ITEM DESC

 Additional insured
 Rancho Cucamonga
 CA 91737
 Al is the L

LOCATION: 4 BUILDING: 1
ITEM
CLASS: ITEM:
ITEM DESCRIPTION
Al is the Landlord for the leased

REFERENCE / LOAN #:

wareriouse/emice space.

AD	DITIONAL	PREMI	ISES #:	STREET	ADDRES	SS:										
PR	EMISES INFORMATION	BUILDII	ING #:	BLDG D	ESCRIPT	ION:										
	SUBJECT OF INSURANCE		AMOUNT	COINS %	VALU- ATION	CAUSES OF L	oss	INFLATION GUARD %	DE	D	DED TYPE	BLKT #	FORM	S AND C	ONDIT	IONS TO APPLY
					7							"				
	ITIONAL INFORMATION			XTRA EXPENS							3 INFORM	IOITAI	N - Attach ACC	ORD 811		
	DITIONAL COVERAGES,		·	CTIONS, EN	IDORS	EMENTS AN			ORMAT	ION						
-	DILAGE DESCRIPTION OF PR	OPERTY COV	/ERED					LIMIT			REFRIG N AGREEN		OPTIONS			
	r/N)							\$			(Y/N		BREA	KDOWN	OR CC	NTAMINATION
· [-							DEDUCTIB	LE			1	POWE	R OUTA	GE	SELLING PRICE
[<u> </u>							\$				_				
SINE	HOLE COVERAGE (Required in	Florida)				ACCEPT (COVERA	GE	REJ	ECT COV	ERAGE		LIMIT: \$			
MINI	SUBSIDENCE COVERAGE (Rec	uired in IL, IN	I, KY and WV)			ACCEPT (COVERA	GE	REJ	ECT COV	ERAGE		LIMIT: \$			
	PROPERTY HAS BEEN DESIGNA	ATED AN HIST	TORICAL LAND	DMARK					-				# OF OPEN SI	DES ON	STRU	CTURE:
CON	STRUCTION TYPE	нуі	DISTANCE TO THE TOTAL TO	RE STAT	FIR	E DISTRICT		CODE NUM	MBER	PROT CL	# STO	RIES	# BASM'TS	YR BU	ILT	TOTAL AREA
BUIL	DING IMPROVEMENTS			BLDG CODE	TAX (CODE ROOF 1	TYPE		OTHER	OCCUPAI	NCIES					
			_	GRADE												
-	· —	PLUMBING, YR	₹ :	WIND CLASS					HE	ATING SC	URCE IN	CL WC	ODBURNING	D	ATE	
	ROOFING, YR:	HEATING, YR:		TIND GEAGG		SEMI- RESIS	STIVE	-	ST	OVE OR F	IREPLAC	E INSE	ERT		ISTALI	_ED:
	OTHER:	YR:		RESISTI	VΕ					CTURER	:					
PRIN	IARY HEAT						SECO	NDARY HEA	π		г					
	BOILER SOLID FU	EL		_			B	OILER		SOLID F	UEL					
	IF BOILER, IS INSURANCE PLAC	ED ELSEWHE	ERE?	Y/N			IF	F BOILER, IS	SINSURA	NCE PLA	CED ELS	EWHE	RE?	Y/N		
RIGI	IT EXPOSURE & DISTANCE		LEFT EXPO	SURE & DIST	NCE		FRON	T EXPOSUR	E & DIST	ANCE			REAR EXPO	SURE &	DISTA	NCE
BUR	GLAR ALARM TYPE		•	CERT	IFICATE	#	•					EXP	IRATION DAT	E	CEN	TRAL LOCAL ION GONG
																KEYS
BUR	GLAR ALARM INSTALLED AND S	SERVICED BY	,				EXTEN	NT.		GRAD)E	# GI	JARDS / WAT	CHMEN	T	CLOCK HOURLY
PRE	MISES FIRE PROTECTION (Sprin	klers. Standpi	ipes. CO2 / Cl	hemical Syster	ns)	% SPF	RNK F	IRE ALARM	IMANUE	ACTURES	,				+	CENTRAL STATION
-		,	,	J, 5, 6, 61	-,	/0 OF F		0-011			•				-	-
	DITIONIAL INITEDEST	1														LOCAL GONG
	DITIONAL INTEREST			ched for ac			DTITLE:									
INTE	REST	NAME AND A	ADDRESS F	KANK:	EVIDE	NCE: CE	RTIFICAT	I E						ITEREST		M NUMBER
	LENDER'S LOSS PAYABLE												LOCATION:		E	BUILDING:
	LOSS PAYEE												CLASS:		Г	ГЕМ:
	MORTGAGEE												ITEM DESCR	RIPTION		
		REFERENCE	E / LOAN #:													
RE	MARKS (ACORD 101, Ac	dditional R	Remarks S	chedule, m	ay be a	attached if m	ore sp	ace is re	quired)						

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 quilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO

SIGNATURE

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

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APPLICANT'S SIGNATURE		DATE	NATIONAL PRODUCER NUMBER

ĄĆ	OR			ST	ATE	MEI	NT	OF VA	LUE	S				Di	ATE (MM/DD/YYYY)
<u> </u>	_										1				03/14/2022
AGENCY						RRIER					NAI	C CODE:		PAGE	
			ance Assoc			arrier TE		LAIT			POI	ICY NUMBER			OF CTIVE DATE
	-	ency L	c #0554959											EFFE	
P O Box	1129			04 00000		otech Se					PK	GREN22			04/16/2022
Hanford		A - 441		CA 93232	_			DDRESS				A			04700
CONTACT NAME:	ľ		v Orosco			6 N Todo			1050 05 1	200		Azusa		•	CA 91702
PHONE (A/C, No, E	Ext): (34-3323		COI	NS %	APF	PLICABLE CAU	JSES OF LO)55		1	cn		EDACE DATE
FAX (A/C, No): E-MAIL	,	,	34-9313			80%		BASIC				EARTHQUAKE COV	RE	QUESTED	ERAGE RATE
ADDRESS:	: r	nattnev	vo@jgparker.com			90%		BROAD				FLOOD	BL.	ANKET RA	TE REQUESTED
CODE:				CODE:	$\perp \times$	100%	X	SPECIAL				SPRINKLER LEAKAGE EXCL			
AGENCY C			00096498				<u> X</u>	Equipmen				VANDALISM EXCL			
APPLICAB	SLE FOR	M NUME	BERS (Attach completed for	rms and endorsements th	at requir	e comple	etion to	provide neces	ssary inforn	nation at	tectin	g rates or loss costs)			
			DESCRIPTION OF PROPE	RTY											
CLASS CODE	LOC #	BLDG #	ADDRESS OF PROPERTY						VALU- ATION	SUB	JECT	100% VALUES		TE OR	PREMIUM
			Office/Warehouse	<u> </u>											
	4	1	816 N Todd Ave						RC	BF	PР	20,000			
			Azusa				CA S	1702			•	20,000			
			Office/Warehouse				0,1	71702							
	4	1	816 N Todd Ave						RC	EBF	RKD	20,000			
			Azusa				CA S	1702				20,000			
			Office/Warehouse												
	4	1	816 N Todd Ave									25,000			
			Azusa				CA S	1702				20,000			
			Office/Warehouse												
	4	1	816 N Todd Ave									25,000			
			Azusa				CA S	1702				20,000			
			Office/Warehouse				0,1	71702							
	4	1	816 N Todd Ave									25,000			
			Azusa				CA S	91702							
										TC	DTAI	\$ 115,000		N/A	\$
SIGNAT	URE														
ALL VAI	LUES A	AND LO	CATION INFORMATION	ARE CORRECT TO T	HE BES	ST OF M	IY KN	OWLEDGE A	ND BELII	EF.					
INSURED'S SIGNATURE TITLE											DATE				
INSURED'S SIGNATURE															

ACORD 139 (2015/12)

					AGENCY	CUS	TOMER ID: 0	009649	8			
Ą	ĆOI	RD^{\otimes}		EQUIPMENT F	LOATER	SE	CTION			DATE (MM.		
_										3/14	/2022	
AG	ENCY Jai	mes G Parker	Insurance Assoc	3	CARRIER *Carrier	TRI	,				NAIC CO	ODE
- BO	JICY NUMB	ED.		EFFECTIVE DA			IAMED INSURED				<u> </u>	
	GREN22			4/16/202								
		Y OF OPERAT	ION	1,10,10	TYPE OF							
Ë	IXIXII OIX	TO OI LIKAT	014		See ACOR							
					See ACOF		25					
-		E / DEDUCTIB	LE									
Eq	uipmen	t		90,099	1,000							
EC	UIPME	NT STORAGE		1	UNSCHEE	DULE	D EQUIPME	NT				1 0/
LOC.	MO. IN		XIMUM VALUE	TYPE OF SECURITY		SCRIP		MAXIN	IUM ITEM	AMT. OF INSURA		coins
#	STORAGE	IN BUILDING	OUTSIDE		Misc Equi	ipmen	nt		2,500	3	4,000	
		\$	\$									
\vdash												
		\$	\$									
					\dashv							
		\$	\$									
ΑI	DITION	AL INTEREST /	CERTIFICATE RECI	PIENTS ACORD 4	5 Attached							
INT	EREST	RANK:	NAME AND ADDRESS	REFERENCE #:			CERTIFICATE RE	QUIRED	IN	TEREST IN ITEM NU	JMBER	
	LOSS PA	/EE							LOCATION:	BUILE	DING:	
	LIENHOL	DER							SCHEDULED OTHER	ITEM NUMBER:		
			ITEM DESCRIPTION:									
INT	EREST	RANK:	NAME AND ADDRESS	REFERENCE #:			CERTIFICATE RE	QUIRED	IN	TEREST IN ITEM NU	JMBER	
	LOSS PAY	/EE							LOCATION:	BUILI	DING:	
	LIENHOL	DER								ITEM NUMBER:		
]								OTHER			
			ITEM DESCRIPTION:	1					<u> </u>			
INT	EREST	RANK:	NAME AND ADDRESS	REFERENCE #:			CERTIFICATE RE	QUIRED		TEREST IN ITEM NU		
	LOSS PAY								LOCATION:		DING:	
	LIENHOL	DER							OTHER	ITEM NUMBER:		
	J											
			ITEM DESCRIPTION:									
GE	NERAL	INFORMATION	1									
EXI	LAIN ALL '	YES" RESPONSES										Y/N
1.	EQUIPM	IENT RENTED, LO	DANED TO / FROM OTHE	ERS WITH / WITHOUT OPERA	TORS?							N
2.	IS APPL	ICANT OPERATIN	IG EQUIPMENT NOT LIS	TED HERE?								
												N
3.	PROPE	RTY USED UNDE	:RGROUND?									N
4.	ANY WO	ORK DONE AFLOA	 AT?									+
1												N

ACORD 146 (2013/09)

SCHE	DULED EQUIPMENT	% COINSURANCE		AGENCY CUST	OMER ID: 000	96498	
#	ТҮРЕ	DESCRIPTION		ID#/SERIAL		NEW / USED	DATE PURCHASED
				477709			
1	MANUFACTURER		MODEL	1 177703	MODEL YEAR	CAPACITY	AMOUNT OF INSURANCE
		Material Bucket w/Wi			2017	SAI AGITT	\$ 1,095
#	TYPE	DESCRIPTION	SKJBUM	ID#/SERIAL		NEW / USED	DATE PURCHASED
"		DESCRIPTION				NEW 7 GOED	DATE TORONAGED
2	MANUFACTURER		MODEL	DWPSK5T	MKJ0000153 MODEL YEAR	CAPACITY	AMOUNT OF INCUPANCE
						CAPACITY	AMOUNT OF INSURANCE
	Ditch Witch Off-Se		SK5TW		2017		\$ 7,257
#	TYPE	DESCRIPTION		ID#/SERIAL		NEW / USED	DATE PURCHASED
,				DWPSK80	0JJ0000480		
3	MANUFACTURER		MODEL		MODEL YEAR	CAPACITY	AMOUNT OF INSURANCE
	Ditch Witch Mini S	kid Steer	SK800		2017		\$ 26,956
#	TYPE	DESCRIPTION		ID#/SERIAI	NO.	NEW / USED	DATE PURCHASED
4				2000000	166		
4	MANUFACTURER		MODEL		MODEL YEAR	CAPACITY	AMOUNT OF INSURANCE
	Toro Tiller		22445		2000		\$ 4,124
#	TYPE	DESCRIPTION	•	ID#/SERIAL	NO.	NEW / USED	DATE PURCHASED
				2000008	98		
5	MANUFACTURER	1	MODEL		MODEL YEAR	CAPACITY	AMOUNT OF INSURANCE
	Toro Dingo		322		2000		\$ 18,000
#	TYPE	DESCRIPTION	1 222	ID#/SERIAL		NEW / USED	DATE PURCHASED
<i>π</i>	2	Sod Cutter		ID#/ SERIAL		NEW / USED	SAIL I SKOHAGED
6	MANUFACTURER	sou cutter	MODEL		MODEL VETE	CARACITY	AMOUNT OF INCUS AND
	MANUFACTURER		MODEL		MODEL YEAR	CAPACITY	AMOUNT OF INSURANCE
	Classen		SC-18				\$ 3,500
#	TYPE	DESCRIPTION		ID#/SERIAL	NO.	NEW / USED	DATE PURCHASED
7		Sod Cutter					
'	MANUFACTURER		MODEL		MODEL YEAR	CAPACITY	AMOUNT OF INSURANCE
	Classen		SC-19				\$ 3,500
#	TYPE	DESCRIPTION		ID#/SERIAL	NO.	NEW / USED	DATE PURCHASED
_		Rototiller					
8	MANUFACTURER		MODEL		MODEL YEAR	CAPACITY	AMOUNT OF INSURANCE
	Honda		FRC800				\$ 2,600
#	TYPE	DESCRIPTION		ID#/SERIAL	_ NO.	NEW / USED	DATE PURCHASED
		2700 PSI Pressure	Washer	1095223	2		
9	MANUFACTURER		MODEL	1 - 0 - 0 - 0 - 0	MODEL YEAR	CAPACITY	AMOUNT OF INSURANCE
	MI-T-M		JP-2703-3MHB		2016	SAI AGITT	\$ 0
щ		DESCRIPTION	101 1/00 01111	ID # / CEDIAL		NEW / USED	+ '
#	TYPE	DESCRIPTION		ID#/SERIAL		NEW / USED	DATE PURCHASED
10		Plate Compactor	ı	3526600			
	MANUFACTURER		MODEL		MODEL YEAR	CAPACITY	AMOUNT OF INSURANCE
	Multiquip		MVC-82VH		2016		\$ 1,600
#	TYPE	DESCRIPTION		ID#/SERIAL		NEW / USED	DATE PURCHASED
11		Adjustable Forks		2000601	.66		
1 11	MANUFACTURER		MODEL		MODEL YEAR	CAPACITY	AMOUNT OF INSURANCE
	Toro		22418		2000		\$ 0
#	TYPE	DESCRIPTION		ID#/SERIAL	NO.	NEW / USED	DATE PURCHASED
		Auger Motor		2000004	04		
12	MANUFACTURER		MODEL	1	MODEL YEAR	CAPACITY	AMOUNT OF INSURANCE
	Toro		224400		2000		\$ 3,167
#	ТҮРЕ	DESCRIPTION	1	ID#/SERIAL		NEW / USED	DATE PURCHASED
		Auger 10" Bit				, 3325	
13	MANUFACTURER	110201 10 DIC	MODEL		MODEL YEAR	CAPACITY	AMOUNT OF INSURANCE
			22446		2000	JAI AOII I	\$ 0
	Toro	DECORIETION	22440	IB # / 2===:::			,
#	TYPE	DESCRIPTION		ID#/SERIAL	_ NO.	NEW / USED	DATE PURCHASED
14		Auger 30" Bit	ı				
	MANUFACTURER		MODEL		MODEL YEAR	CAPACITY	AMOUNT OF INSURANCE
	Toro		224108		2000		\$ 0
#	TYPE	DESCRIPTION		ID#/SERIAL	_ NO.	NEW / USED	DATE PURCHASED
		Auger 18" Bit					
15	MANUFACTURER		MODEL	•	MODEL YEAR	CAPACITY	AMOUNT OF INSURANCE
	Toro		22406		2000		\$ 0
	D 440 (0040(00)		I .		1	1	

SCHE	DULED EQUIPMENT	% COINSURANCE		AGENCY CUSTO	OMER ID: 000	96498		
#	TYPE	DESCRIPTION	•	ID#/SERIAL	NO.		NEW / USED	DATE PURCHASED
		Leveler		2000000	508			
16	MANUFACTURER Toro		MODEL 22419		MODEL YEAR	CAPACIT	Υ	AMOUNT OF INSURANCE
#	TYPE	DESCRIPTION	22117	ID#/SERIAL			NEW / USED	DATE PURCHASED
1.0		The Eliminator						
17	MANUFACTURER		MODEL		MODEL YEAR	CAPACIT	Υ	AMOUNT OF INSURANCE
	Toro		22443		2000			\$ 0
#	ТҮРЕ	DESCRIPTION		ID#/SERIAL			NEW / USED	DATE PURCHASED
18		Multi Purpose To		2000019	1			
10	MANUFACTURER		MODEL		MODEL YEAR	CAPACIT	Υ	AMOUNT OF INSURANCE
	Toro		22423		2000		1	\$ (
#	TYPE	DESCRIPTION		ID#/SERIAL	NO.		NEW / USED	DATE PURCHASED
19		Ripper	T			T		
	MANUFACTURER		MODEL		MODEL YEAR	CAPACIT	Υ	AMOUNT OF INSURANCE
	Geo		GR-16					\$ 2,500
#	TYPE	DESCRIPTION		ID#/SERIAL			NEW / USED	DATE PURCHASED
20		Rototiller		FAFJ-10	08337			
	MANUFACTURER		MODEL		MODEL YEAR	CAPACIT	Υ	AMOUNT OF INSURANCE
	Honda		FRC800					\$ 2,600
#	TYPE	DESCRIPTION		ID#/SERIAL	NO.		NEW / USED	DATE PURCHASED
0.1		Rototiller		FAFJ-11	04699			
21	MANUFACTURER		MODEL		MODEL YEAR	CAPACIT	Υ	AMOUNT OF INSURANCE
	Honda		FRC800					\$ 2,600
#	TYPE	DESCRIPTION	•	ID#/SERIAL	NO.		NEW / USED	DATE PURCHASED
		Soil Cultivator		2600001	63			
22	MANUFACTURER		MODEL		MODEL YEAR	CAPACIT	Υ	AMOUNT OF INSURANCE
	Toro							\$ 6,000
#	ТҮРЕ	DESCRIPTION		ID#/SERIAL	NO.		NEW / USED	DATE PURCHASED
		3701b ice make	storage bin	1120495	21, 11202141	13		
23	MANUFACTURER	37012 100 Marie	MODEL	1110133	MODEL YEAR	CAPACIT		AMOUNT OF INSURANCE
	Mantiowoc		MODEL		2019	J GAI AGI	•	\$ 4,600
#	TYPE	DESCRIPTION		ID#/SERIAL	NO.		NEW / USED	DATE PURCHASED
		22001		15 11 / 02111111				
	MANUFACTURER		MODEL	I	MODEL YEAR	CAPACIT		AMOUNT OF INSURANCE
							•	\$
#	TYPE	DESCRIPTION		ID#/SERIAL	NO.		NEW / USED	DATE PURCHASED
*	1112	DESCRIPTION		ID#/ GERIAL	.110.		NEW / OSED	DATE TOROTAGED
	MANUFACTURER		MODEL		MODEL YEAR	CAPACIT		AMOUNT OF INSURANCE
	MANOFACTORER		MODEL		WODEL TEAK	CAFACII		
	TVDE	DESCRIPTION		ID # / 055141	<u> </u>		NEW (HOED	\$
#	TYPE	DESCRIPTION		ID#/SERIAL	NO.		NEW / USED	DATE PURCHASED
			T		T	T		
	MANUFACTURER		MODEL		MODEL YEAR	CAPACIT	Y	AMOUNT OF INSURANCE
								\$
#	TYPE	DESCRIPTION		ID#/SERIAL	NO.		NEW / USED	DATE PURCHASED
	MANUFACTURER		MODEL		MODEL YEAR	CAPACIT	Υ	AMOUNT OF INSURANCE
								\$
#	ТҮРЕ	DESCRIPTION		ID#/SERIAL	NO.		NEW / USED	DATE PURCHASED
#	TYPE	DESCRIPTION		ID#/SERIAL	NO.		NEW / USED	DATE PURCHASED
#	TYPE MANUFACTURER	DESCRIPTION	MODEL	ID#/SERIAL	NO. MODEL YEAR	CAPACIT		AMOUNT OF INSURANCE
#		DESCRIPTION	MODEL	ID#/SERIAL		CAPACIT		
#		DESCRIPTION	MODEL	ID#/SERIAL	MODEL YEAR	CAPACIT		AMOUNT OF INSURANCE
	MANUFACTURER		MODEL		MODEL YEAR	CAPACIT	Y	AMOUNT OF INSURANCE
	MANUFACTURER		MODEL		MODEL YEAR	CAPACIT	Y NEW / USED	AMOUNT OF INSURANCE
	MANUFACTURER TYPE				MODEL YEAR		Y NEW / USED	AMOUNT OF INSURANCE \$ DATE PURCHASED
	MANUFACTURER TYPE				MODEL YEAR NO. MODEL YEAR		Y NEW / USED	AMOUNT OF INSURANCE \$ DATE PURCHASED AMOUNT OF INSURANCE
#	MANUFACTURER TYPE MANUFACTURER	DESCRIPTION		ID#/SERIAL	MODEL YEAR NO. MODEL YEAR		NEW/USED	AMOUNT OF INSURANCE \$ DATE PURCHASED AMOUNT OF INSURANCE \$
#	MANUFACTURER TYPE MANUFACTURER	DESCRIPTION		ID#/SERIAL	MODEL YEAR NO. MODEL YEAR		NEW / USED	AMOUNT OF INSURANCE \$ DATE PURCHASED AMOUNT OF INSURANCE \$
#	MANUFACTURER TYPE MANUFACTURER TYPE	DESCRIPTION	MODEL	ID#/SERIAL	MODEL YEAR NO. MODEL YEAR NO.	CAPACIT	NEW / USED	AMOUNT OF INSURANCE \$ DATE PURCHASED AMOUNT OF INSURANCE \$ DATE PURCHASED

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 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

									Α	GENCY	CUSTO	ME	ER ID: 00096498			
A	CORI			I	NS	STALL	ATIOI	N/BUILD	ERS	S RIS	K S	Ε	CTION			3/14/2022
1	ENCY mes G Parker	Insurai	nce Ass	ос						RRIER arrier TBD						NAIC CODE
РО	LICY NUMBER							EFFECTIVE DATE	APPL	LICANT / FIF	RST NAM	ED	INSURED			I
Pk	GREN22							04/16/2022	Eco	otech Servi	ices Inc					
	X INSTALL	ATION		BUIL	DERS	RISK										
CC	OVERAGE							OPEN REPO	ORTIN	NG FOF	RM		CAUSES OF LOSS	S & DEDU(CTIBLE	
	LIMIT AT A		LE		LIMIT	ΓPER	LIMIT	AT A TEMPORARY		TRANSI		I	CAUSES OF LOSS	SUB	LIMIT	DEDUCTIBLE
	LOCA	TION			DISA	STER		LOCATION		LIMIT		ŀ	EARTHQUAKE	\$		
												ŀ	FLOOD	\$		
\$	10,000			\$ 10	0,000		\$ 10,000		\$	10,000		ŀ	005000	\$		
												ŀ	SPECIAL BROAD	BASIC		
TE	RRITORY											L	RECEIPTS	_ BAGIC	<u>'</u>	
_	ECIFY THE APPL	ICANTS	OPERAT	ING TERRI	TORY:							г	ENTER THE GROSS INS	TALLATION R	ECEIPTS.	
\$1	,000 Deductib	le										ľ	PAST 12 MON	гнѕ	NEXT 12	MONTHS (ESTIMATE)
													\$		\$	
JO	BS / VALUE	s									'	_				
	TYPE		ANNUA	L DURA	TION	# JOBS IN	PROGRESS	cos	ST OR V	ALUE OF EA	ACH INST	ALI	LATION	м	ATERIAL COS	ST (% of Total)
	IIFE		NUMBE	R	IIION	MAXIMUM	AVERAGE	MAXIMUM		MINIM	UM	4	AVERAGE		TILINAL OO	51 (% 61 Total)
RE	SIDENTIAL							\$	\$				\$			%
СО	MMERCIAL							\$	\$				\$			%
ΑĽ	DITIONAL II	NTERE	ST		AC	ORD 45 A	ttached									
INT	EREST	RANK:		NAME AN	ID ADI	DRESS F	REFERENCE #	t:			CE	RTI	FICATE REQUIRED	INT	EREST IN ITI	EM NUMBER
	LENDER'S LOS	SS PAYA	BLE											LOCATION:	I	BUILDING:
_	LIENHOLDER												-	SCHEDULED	ITEM NUMBE	R:
\vdash	LOSS PAYEE													OTHER		
\vdash				ITEM DES	CRIP	TION:										
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<u> </u>	LENDER'S LOS							<u> </u>						LOCATION:		BUILDING:
	LIENHOLDER													SCHEDULED	ITEM NUMBE	R:
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┝	LIENHOLDER												_	SCHEDULED OTHER	ITEM NUMBE	R:
-	LUSS PATEE													OTHER		
				ITEM DES	CRIP	TION:										
RI	GGING												TRANSPORTATIO	N / SECUE	PITY	
	SCRIBE ALL HOI	STING C	R OTHE	R OPERATI	ONS F	REQUIRING R	IGGING.					Γ	ESTIMATE % OF VALUE	OF MATERIA		O JOB
													SITE AT APPLICANT'S F	% %		
												f	DESCRIBE JOB SITE SE	CURITY		
RE	MARKS (AC	CORD	101, A	dditiona	l Rer	narks Sch	edule, ma	y be attached if r	nore s	space is r	require	d)				

ACORD 147 (2016/03)

COVERAGE				S	SPECIFIC JOB			CAUSES OF LOS	SS & DEDUCTIBLE	
				IMIT AT A TEMPORARY			\Box	CAUSES OF LOSS	SUB LIMIT	DEDUCTIBLE
LIMIT AT L	OCATION		-	LOCATION	TRANSIT LIMIT		Ш	EARTHQUAKE	\$	
							TI I	FLOOD	\$	
l.							Ш		\$	
\$			\$		\$		Ш	SPECIAL	<u> </u>	
							」 Ⅰ	BROAD	BASIC	
JOB TERM / VALUE	<u>s</u>							SECURITY		
JOB T	ERM			CONTRACT AMOUNT	VALUE OF OWNER	₹	Ш	DESCRIBE JOB SITE	SECURITY	
COMMENCEMENT	CC	OMPLETION	-		SUPPLIED PROPER	IY	41			
			\$		\$		Ш			
			Ľ				— І			
JOB DESCRIPTION DESCRIBE THE WORK TO	RE PERE	ORMED						INSURED'S JOB N	LIMPED.	
DEGGINDE THE WORK TO	DE I LIKI	OKINED						INSURED S JUB N		
ADDITIONAL INTER	EST	Δ	CORD 4	5 Attached						
INTEREST RANK		NAME AND AD		REFERENCE #:			CERT	IFICATE REQUIRED	INTEREST IN IT	EM NUMBER
LENDER'S LOSS PAY		1								BUILDING:
LOSS PAYEE									SCHEDULED ITEM NUMBI	 ER:
LIENHOLDER									OTHER	
		ITEM DESCRIF	TION:							
INTEREST RANK	ζ:	NAME AND AD	DRESS	REFERENCE #:			CERT	IFICATE REQUIRED	INTEREST IN IT	EM NUMBER
LENDER'S LOSS PAY	ABLE								LOCATION:	BUILDING:
LOSS PAYEE									SCHEDULED ITEM NUMBI	ER:
LIENHOLDER									OTHER	
		ITEM DESCRIF		T		1 1				
INTEREST RANK		NAME AND AD	DRESS	REFERENCE #:			CERT	IFICATE REQUIRED	INTEREST IN IT	
LOSS PAYEE	ADLE								1	BUILDING:
LIENHOLDER									SCHEDULED ITEM NUMBI OTHER	<u> </u>
		ITEM DESCRIF	TION:							
TRANSPORTATION								RIGGING		
TOTAL VALUES TO BE SHI	PPED TO	THIS JOB SITE	T APPLIC	CANT'S RISK.			ПI		ING OR OPERATIONS REQ	JIRING RIGGING.
	% FOI	R APPLICANT'S		% BY COMMON/			71			
AMOUNT SHIPPED	/ 101	VEHICLES		CONTRACT CARRIER	DISTANCE INVOLVE	ΕD	Ш			
\$		9/	,				Ш			
							ا لــ			
REMARKS (ACORD	101, A	dditional Re	marks S	Schedule, may be attac	hed if more space is	requ	ıired)			
1										
1										
1										
				A.4.	tach to ACOPD 125					

SIGNATURE AGENCY CUSTOMER ID: 00096498

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

ACORD	®		RNIA COI				0							(MM/DD/YYYY)
		CO	VERAGES / I	_									03	3/14/2022
AGENCY	uuranaa Aaaaa				INSURED(S)									
James G Parker Ins	Surance ASSOC		EFFECTIVE DAT	_	h Services Ir	ic .								NAIC CODE
PKGREN22			04/16/2022	*Carrie										NAIC CODE
BUSINESS AUTO	SECTION		0 17 1072022	- Carrie										
COVERAGES	COVERED AUTO SYMBOLS		LIMITS		COVER	AGES	cov	ERE	D AUTO	SYMB	OLS		LI	MITS
	X 1	CSL BI EA P	_{ER} \$ 1,000,000		Collision									
LIABILITY	2 7	BI EACH ACCIDENT	\$		acaacabic	waivoi								
	3 8	PROPERTY DAMAGE	\$											
							П	_	PHYS	ICAL D	AMAG	E		
					TOWING & LABOR		\vdash	3 <u> </u>				\$		
								2	4	×	8			
					COMP / OTC	;		3	\mathbf{X}					
MEDICAL	2 4 8	EACH PERSON	_{\$} 5,000		SPECIFIED			2	4		8			
PAYMENTS	3 7				CAUSES OF	LOSS		3	7					
UNINSURED	2 6	CSL BI EA P	ER \$ 1,000,000		COLLISION	D OE	\vdash	2	4	· ×	8			
MOTORIST	3 × 7	BI EACH ACCIDENT	\$ \$ 3,500		₩AIVEI DEDUC	TIBLE		3	X 7	<u> </u>				
	4	PROPERTY DAMAGE	\$ 3,300											
HIRED / BORROWED	X YES STATES	COST OF HIRE	X IF ANY BASIS	3		STATE	s	# D/	AYS	# VE	Н	COVE	ERAGE / DE	DUCTIBLE
LIABILITY	NO CA	\$										$\overline{}$	COMP \$	\$
	YES STATES	GROUP TYPE		ER OF	HIRED PHYSICAL							Ш	SPEC C OF L	\$
NON-OWNED	NO CA	EMPLOYEES	21		DAMAGE							Ш	COLL \$	\$
LIABILITY		VOLUNTEERS												
COVERED (1) ANY	AUTO	PARTNERS (4) OWN	 NED AUTOS OTHER T	HAN PRIVATI	 E PASSENGER		COVER NLY	AGE	: IS:	(7)		PRIMAR		SECONDARY BED AUTOS
	NED AUTOS ONLY NED PRIVATE PASSENGER AUTO	, ,	NED AUTOS SUBJECT NED AUTOS SUBJECT			SURED MO	TORIST	TS LA	AW				S ONLY O AUTOS Of	NLY
	7 REMARKS (ACORD 1													
SIGNATURE														
	CH REFUSES TO PROVIDE (
	IE REASONS IT DENIED CO DINT OR MORE THAN ONE		,								ОГН	AD MC	JKE THAN	N
LLINDEDSTAND AN		NINCURED MOTORIC		/ COVERA	>= (LIMBI) LI	A C DEEN	OFFE	DED) TO M	E ANIE) TU /	тіца		
OPTIONS OF SELE	ID ACKNOWLEDGE THAT U CTING EITHER UMBI LIMIT:	S LOWER THAN MY B	ODILY INJURY LIA	BILITY LIM	ITS, OR REJI	ECTING L	ЈМВІ С	OVI	ERAGI	ENTI	RELY	′. IF I H	IAVE	
REJECTED UMBI C SUPPLEMENT, ACC	OVERAGE OR SELECTED	UMBI LIMITS LOWER	THAN MY BODILY	INJURY LIA	BILITY LIMIT	S, I HAVE	ALSC) SIC	GNED	THE C	ALIF	ORNIA	AUTO	
,	ND AND ACKNOWLEDGE T	HAT UNINSURED MO	TORISTS PROPER	TY DAMAG	E COVERAG	E (UMPD) HAS	BEE	EN OF	FERED	1 OT 0	ME. AN	ND THAT I	
HAVE THE OPTION	S OF SELECTING OR REJE	CTING THIS COVERA	GE FOR ONE OR	MORE VEH	IICLES. I HA	VE MADE								
	COMPLETED THE UMPD PO E BEEN OFFERED WAIVER						HIS AF	PPI I	ICATIO	N TH	FNIF		REJECTE	ח
THIS OPTION.	- JILIN ON LINED WAVE	. C. COLLIGION DEDI	0011012.11 11110						. 5, 1110	1, 1111	,,,,	., .v 🗀 1	0_0161	-
	AT THE COVERAGE SELEC					SUPPLE	MENT	WIL	LL APF	LY TO	ALL I	FUTUF	RE POLIC	Y
RENEWALS, CONT	INUATIONS AND CHANGES	UNLESS I NOTIFY YO	OU OTHERWISE IN	I WRITING.										
APPLICANT'S SIGNATU	IRE	DATE	F	RODUCER'S	SIGNATURE							NA	IONAL PR	ODUCER NUMBER

ACORD 137 CA (2015/12)

TRUCKERS SECT	ΓΙΟΝ	ı						AGL	NCT COST	OWILK	. ID.		0.00					
COVERAGES	СО	VERE	D AU	TO SYMBOLS		LIM	ITS						PHY	SICAL	DAMAG	E		
		41		46	CSL	BI EA PER	\$		COVERAG	GES	A	COVE	RED MBOL	s		LIMITS		DEDUCTIBLE
LIABILITY		42		47	BI EACH ACC		\$				- 7.	42		47			-	
		43		50	PROPERTY D		\$		COMP / OTC			43						\$
		1.0	l	1 00	11101211112	7 1117 102	Ψ		-			46	ш					
												42		47	ec.	FT	LSF	
					 				SPECIFIED					47	SCL	\vdash	ш	
									CAUSES OF	LOSS		43	Ш	H		FT	/V	\$
		1	l .	1	 							46						
MEDICAL		42		46	EACH PERSO	ON	\$		COLLISION			42	-	47				
PAYMENTS		43			 	I DI			WAIVE	D OE		43	Ш					\$
l		42		46	CSL	BI EA PER	\$		WAIVEF DEDUC	TIBLE		46						
UNINSURED MOTORIST		43			BI EACH ACC	IDENT	\$		TOWING			46			\$			
		45			PROPERTY D	DAMAGE	\$		& LABOR						~			
												-	TRAIL	ER INT	ERCHA			
									COVERAG	GES	SYI	MBOL	# TRA	ILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE
									COMP / OTC			48						
NON-TRUCKERS		YES	3	STATES	COST OF HIR	RE	IF ANY BA	SIS	COMPTOTO			49						
HIRED / BORROWED		NO			\$	_	_		SPECIFIED			48					1	
TRUCKERS		YES	3	STATES	COST OF HIR	RE	IF ANY BA	SIS	CAUSES OF	LOSS		49						
HIRED / BORROWED LIABILITY		NO			\$				COLLISION			48					1	
		YES	3	STATES	GROUP TYPE	:	NH	MBER OF	WAIVER	R OF		49						\$
NON-OWNED		NO			EMPLO)			INDER OF	TRAILER VAL		\$	40						1
AUTO LIABILITY]			VOLUNT					STA		# D	AYS	# \	VEH			
LIABILITI									<u> </u> 									
OTHER					PARTNE	:K5												
OTTLER									HIRED PHYSICAL									
									DAMAGE									
									1									
											CO	/ERAGE	IS:		F	RIMARY	$\bot\bot$	SECONDARY
									OTHER									
COVERED AUTO SYMB	OLS					S SUBJECT TO			IFICALLY DESC		AUTO	S						SESSION OF
(41) ANY AUTO (42) OWNED AUTOS ON	ILY			(45)	OWNED AUTO (COMPULSOR	S SUBJECT TO Y UNINSURED	A		DAUTOS ONLY ERS IN YOUR		SION	UNDER	2				ER UNDER REEMENT	A TRAILER
(43) OWNED COMMERC		UTOS	S ONL	_Y	MOTORIST LA				AILER INTERCH							NED AUTO		
ENDORSEMENTS	6 / R	EMA	RK	S (ACORD 1	01, Additio	nal Remarks	s Schedul	e, may be at	tached if m	nore s	oace	is red	quire	d)				
SIGNATURE																		
AN INSURER WHIC																		
STATEMENT OF TH						,										AD MOF	E THAN	
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I UNDERSTAND AN	ID AC	CKNC	WLE	EDGE THAT U	NINSURED M	OTORISTS B	ODILY INJU	IRY COVERAC	SE (UMBI) HA	AS BEE	N OF	FERE	ото	ΜE, AI	ND THA	T I HAVE	E THE	
OPTIONS OF SELE									,									
REJECTED UMBI C SUPPLEMENT, ACC				K SELECTED	OMBI LIMITS	LOWER THAI	A MA RODIL	LY INJURY LIA	BILITY LIMIT	5, I HA	VE AI	LSO SI	GNEL) IHE	CALIF	JKNIA A	UIO	
I ALSO UNDERSTA				JOWLEDGE T	HAT LININSLI	RED MOTORI	STS PROPI	ERTY DAMAG	E COVERAG	E /IIME	א וטי	ΔS RE	EN O	FFFRI	ED TO I	JE AND	тнатт	
HAVE THE OPTION											,					,)
I HAVE READ AND	COM	1PLE	TED	THE UMPD PO	ORTION OF T	HE CALIFOR	NIA AUTO S	SUPPLEMENT,	ACORD 61 (CA.								
IN ADDITION, I HAV	E BE	EEN (OFFE	ERED WAIVER	R OF COLLISI	ON DEDUCTI	BLE. IF THI	S OPTION IS I	NOT INDICAT	TED ON	THIS	SAPPL	ICATI	ON, T	HENIF	IAVE RE	JECTED	
THIS OPTION.																		
I UNDERSTAND TH									NANY STATE	SUPPL	EME	NT WI	LL AP	PLY T	O ALL I	UTURE	POLICY	
RENEWALS, CONT	INU/	OITA	NS AI	ND CHANGES	UNLESS I N	OTIFY YOU O	THERWISE	IN WRITING.										
APPLICANT'S SIGNATU	JRE					DATE		PRODUCER'S	SIGNATURE							NATIO	NAL PROI	DUCER NUMBER

MOTOR CARRIER					_														
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UNINSURED		62		66		CSL		\$				Ι				FARTH		T	T ===:-====
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TRUCKERS HIRED / BORROWED		YES	3	STATES	cos	ST OF HIRE		IF ANY BA	SIS	TRAILER VA	LUE	\$							
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		YES	3	STATES	GR	OUP TYPE		NU	MBER OF										
NON-OWNED		NO				EMPLOYE	ES			HIRED									
AUTO LIABILITY		1				VOLUNTE	ERS			PHYSICAL DAMAGE									
LIABILITY						PARTNER				DAMAGE									
OTHER					+	TARTITE	<u> </u>			1		CO	VERAGE	= 10.			RIMARY	П.	SECONDARY
										OTHER	-	Т	VEITAGE	_ 10.		╁	TOWNACT		DECONDART
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(62) OWNED AUTOS ON				(66) OWN	NED AUTOS	SUBJECT TO A	A COMPUL-	(69) TRAIL	ERS IN YOUR	POSSES			2	11	NTERCH	ANGE AGF	REEMENT	THOULEN
(63) OWNED PRIVATE P							ED MOTORIST			AILER INTERC					• /	ON-OWN	NED AUTO	S ONLY	
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HAVE THE OPTION												DE M	Y SELE	CTIC	NO N	THIS A	PPLICAT	ION, AND	
I HAVE READ AND									,				2 4 0 0 1	10 AT	ION T		IAVE DE	IEOTED	
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APPLICANT'S SIGNATU	IKE						DATE		PRODUCER'S	SIGNATURE							NATIO	NAL PROD	UCER NUMBER

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BUSINESS AUTO SECTION

DATE (MM/DD/YYYY) 03/14/2022

BUSII	NESS AU	IO SECTION	03/	14/2022
AGENCY		CARRIER		NAIC CODE
James G Parker Insurance Assoc		*Carrier TBD		
POLICY NUMBER	EFFECTIVE DATE	NAMED INSURED(S)		
PKGREN22	04/16/2022	Ecotech Services Inc		

COVERAGES / LIMITS

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

		USE AC	OND 137 FO	υN	1001	V SIMIE IOF	VOVIL	<u>, </u>	VERAGES / LIMITS IN	I OKI	IATION				
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.															
	LIST ALL DRIVERS, INCLUDING FAMILY MEMBERS THAT DRIVE COMPANY VEHICLES, AND EMPLOYEES WHO DRIVE OWN VEHICLES ON COMPANY BUSINESS. DRIVER NAME *MAR YRS YEAR DRIVERS LICENSE NUMBER/ STATE DATE BROADEN USE % # CITY, STATE AND ZIP CODE SEX STAT DATE OF BIRTH EXP LIC SOCIAL SECURITY NUMBER LIC HIRE NOFAULT DOC VEH # USE														
DRIVER #	N, CITY, STATE	AME AND ZIP CODI	I	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
6	Garfield	D McLare	า			05/07/1953			E0567758						
10	Luis	A Castillo				04/25/1986			D7751271	CA					
11	Malcolm	I McLare	า			06/19/1989			D9149050	CA					
12	Marcos	A Quezad	a			12/24/1975			B3824850	CA					
15	Veronica	Enrique	Z			07/03/1977			B9265137	CA					
16	Veronica	Quezad	a			02/07/1979			B6028729	CA					
18	Omar	Rivera				02/23/1992			F1256269	CA					
20	George	Munoz				10/24/1970			A5060526	CA					
21	Miguel	Montiel- CA	Davila			05/08/1980			Y2474580						
22	Anthony	L Torres				06/23/1999			Y8753845	CA					
23	Brian	Garcia CA				03/09/1995			F5390965	CA					
24	Roxana	Alvarad	0			07/02/1983			D4209942	CA					

* MARITAL STATUS / CIVIL UNION (if applicable)

GENER	RAL INF	-ORMA	TION

EXP	LAIN AL	L "YES" RESPONSES						Y/N
1.		THE EXCEPTION OF ANY ENCUMBRANCES, ARE ANY VE STERED TO THE APPLICANT?	EHICLES FOR WHI	CH INS	URANCE IS REQUESTED NOT SOLELY O	WNED BY AND		
	VEH#	NAME OF OTHER OWNER		VEH #	NAME OF OTHER OWNER		1	
	$oxed{oxed}$							
2.	DO OV	/ER 50% OF THE EMPLOYEES USE THEIR AUTOS IN THE	E BUSINESS? (no	explana	tion needed)			
3.	IS THE	RE A VEHICLE MAINTENANCE PROGRAM IN OPERATIO	N?					
4.	ARE A	NY VEHICLES LEASED TO OTHERS?						
5.	ANY C	AR MODIFIED / SPECIAL EQUIPMENT? (Include customize	ed vans / pickups)					
	VEH#	DESCRIPTION	COST	VEH #	DESCRIPTION	COST		
			\$			\$		
6.	ARE IC	CC (Interstate Commerce Commission), PUC (Public Utility C	Commission) OR OT	HER F	LINGS REQUIRED? (If "YES"	, attach ACORD 194) (no explanation no	eeded)	
7.	DO OF	PERATIONS INVOLVE TRANSPORTING HAZARDOUS MAT	ΓERIAL?					

GENERAL INFORMATION (continued) AGENCY CUSTOMER ID: 00096498

EXP	LAIN A	LL "YES"	RESPONS	SES																Y/N
8.	ANY	HOLD H	ARMLES	SAGREE	MENT	rs?														
1																				
<u> </u>																				
9.	ANY	VEHICLE	ES USED	BY FAM	ILY ME	EMBERS? IF S	O, IDENTIFY.													
10	DOE	C TLIE AI		T ODTAIN	V M / D	/Matau \/abiala	Danard\ \/EDIEI	CATIO	NCO											
10.	DOE	SINEA	PLICAN	I OBTAIN	N IVIVR	(iviolor venicie	Record) VERIFI	CATIO	NO?											
11	DOE	S THE AI	DDI ICAN.	T ΗΔ\/Ε /	\ SDE(CIEIC DRIVER	RECRUITING M	ETHOR	72											
l '''	DOL.	O IIIL AI	LICAN	IIIAVL	VOI L	SII IO DINIVER	INECINOTINO IVI	LIIIOL	<i>)</i> :											
l																				
12.	ARE	ANY DRI	VERS NO	OT COVE	RED	BY WORKERS	COMPENSATIO	N?												
13.	ANY	VEHICLE	ES OWNE	D BUT N	NOT S	CHEDULED ON	N THIS APPLICA	TION?												
14.							TRAFFIC VIOLA													
							HE FOLLOWING TR													
							oh) that occurs in a oph) that occurs in													
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	DRV	# DAIE	(MM/DD/Y	YYY) IY	'PE							PLACE (CIIY, S	IAIE)					# YRS REV	
15.	HAS	AGENT I	NSPECT	ED VEHI	CLES	?												•		
l																				
16	ARF	ALL VEH	IICLES TO) BE INC	LUDE	D IN THIS POL	ICY PART OF A	FLEET	?											
	, <u></u>	/ LL VL	HOLLO IV	J DL 1110		<i>D</i>			•											
17.	DO Y	OU HAV	E ELECT	RONIC N	ONIT	ORING DEVICE	ES THAT RECOF	RD AND	TRANS!	MIT DA	ATA IN AT	NY OF YO	DUR V	EHICL	ES2					
	If "YES	C" what n													LO:					
		o, what pe	ercentage c	f vehicles	in your	overall fleet are me	onitored (1 - 100%)		0	, Ple	ease indica	ate how you	u utilize			all that app	ly):			
l					in your	i	onitored (1 - 100%)			70			u utilize	the dev	ices (check			LOCATION	ED A CIVINO	
		MONITO	R DRIVER		in your	TRACK FUEL CO			MONITOR	70			u utilize	the dev				LOCATION 1	TRACKING	
			R DRIVER		in your	i		Descri	MONITOR	70			u utilize	the dev	ices (check			LOCATION 1	FRACKING	
DES		MONITOI NAVIGAT	R DRIVER	SAFETY		TRACK FUEL CO			MONITOR	70			u utilize	the dev	ices (check	CKING			TRACKING	T TO LOSS
DES		MONITOI NAVIGAT	R DRIVER	SAFETY		TRACK FUEL CO			MONITOR	70			u utilize	the dev	ices (check	CKING				T TO LOSS
	CRIPTI	MONITOI NAVIGAT	R DRIVER ION ARAGE / S	SAFETY TORAGE I	LOCAT	TRACK FUEL CO	ONSUMPTION	Descri	MONITOR ibe:	VEHICI	LE MAINT	ENANCE		the dev	ices (check .EAGE TRA	CKING				T TO LOSS
AD	CRIPTI	MONITOI NAVIGAT	R DRIVER ION ARAGE / S	SAFETY TORAGE I	LOCAT	TRACK FUEL CO	ONSUMPTION	Descri	MONITOR ibe:	VEHICI	ached fo	enance		the dev	ices (check .EAGE TRA	CKING				T TO LOSS
AD	CRIPTIO	MONITOI NAVIGAT ION OF GA	R DRIVER ION ARAGE / S	SAFETY TORAGE I	LOCAT	TRACK FUEL CO	ONSUMPTION	Descri	MONITOR ibe:	VEHICI	ached fo	ENANCE		the dev	ices (check .EAGE TRA	CKING	IMUM E	OOLLAR VAI		
AD	DITIC EREST ADDIT	MONITOI NAVIGAT ION OF GA	R DRIVER TION ARAGE / S	SAFETY TORAGE I	TIFIC NA	TRACK FUEL CO	ONSUMPTION	Descri	MONITOR ibe:	VEHICI	ached fo	enance		the dev	ices (check .EAGE TRA	MAXI \$	IMUM E	OOLLAR VAI	LUE SUBJEC	ER
AD	CRIPTIC CREST ADDITIONS OF THE PROPERTY OF THE	MONITOI NAVIGAT ION OF GA DNAL IN TIONAL RED OYEE	R DRIVER ION ARAGE / S ITERES	T / CER	TIFIC NA	TRACK FUEL CO	ONSUMPTION	Descri	MONITOR ibe:	VEHICI	ached fo	enance		the dev	ices (check .EAGE TRA	MAXI \$	IMUM E	OOLLAR VAI	LUE SUBJEC	ER
AD	CRIPTIC EREST ADDITIONS OF THE PROPERTY OF THE	MONITOI NAVIGAT ION OF GA DNAL IN TIONAL RED .OYEE ESSOR	R DRIVER ION ARAGE / S ITERES OW	T / CER	TIFIC	TRACK FUEL CO	ONSUMPTION	Descri	MONITOR ibe:	VEHICI	ached fo	enance		the dev	ices (check .EAGE TRA	MAXI \$	IMUM E	OOLLAR VAI	LUE SUBJEC	ER
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AD	CRIPTI CREST ADDITICE EMPL ANDIE LIENDE PAYAB LIENH ANDUI EMPL AS LE LENDE PAYAB	MONITOI NAVIGAT ION OF GA DNAL IN TIONAL RED OYEE ESSOR ER'S LOSS ILE HOLDER	R DRIVER FION ARAGE / S ITERES OW RE	TORAGE I T / CER SS PAYEE I/NER GISTRANT SS PAYEE I/NER	TIFIC NA	ITRACK FUEL CO	ENT SS RANK:	Descri	MONITOR ibe:	VEHICI	ached fo	or addit		the dev	ices (check EAGE TRA	MAXI \$	IMUM E	OOLLAR VAI	LOCATION	ER l:
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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 quilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO

SIGNATURE

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

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DRIV WOR VEH 8 GAR. ADDI	FARM E TO K / SC I # AGING RESS	HOOL YEAR 2009	N EET (SERVIO < 15 M MAKE: MODEL:	Jtility Traile	er	NO- FAULT	CITY	UNINS MOTOR BODY TYPE:		& LABOR SPEC C OF L	FTW		COLL			TOT	AL PREI	M: \$	S	YM / AG	1,000	COLL SYM
DRIV WOR VEH 8	FARM E TO K / SC I # AGING RESS	YEAR 2009 STRI	N EET (SERVIO < 15 M MAKE: MODEL:	Jtility Traile	y er Y)	NO- FAULT S + NET VI DR/CR	CITY	UNINS MOTOR BODY TYPE: V.I.N.:		& LABOR SPEC C OF L COP	11332		COUNTY			TOTA	AL PREI	M: \$	S	YM / AG	1,000 E COMPOTE SYN	COLL SYM
DRIV WOR VEH 8 GAR. ADDI	FARM E TO K / SC I # AGING RESS	YEAR 2009 STRI	N EET (< 15 MAKE: MODEL: (Require	Jtility Traile In K	y er Y) GVW/GCW	NO- FAULT SS + NET VI DR/CR	CITY	UNINS MOTOR BODY TYPE: V.I.N.:		& LABOR SPEC COFL er AU12159C1 FACTOR	11332 SEAT CI		COUNTY	PP	FART	SPEC	AL PREI	M: \$	s'	\$ STAT	1,000 E COMP OTC SYI	COLL SYM
DRIV WOR VEH 8 GAR. ADDI	FARM E TO K / SC I # AGING RESS	YEAR 2009 STRI	N EET (SERVIO < 15 M MAKE: MODEL:	Jtility Traile In K	y er Y)	NO-FAULT SS + NET VI DR/CR CLAS	CITY	UNINS MOTOR BODY TYPE: V.I.N.:		& LABOR SPEC COF L er AU12159C1 FACTOR UNDRINS MOTOR	11332		COUNTY	PP REN	FAR1	SPEC	AL PREI	M: \$	s'	YM / AG	1,000 E COMP OTC SYI E ZIP COST NI 5500 COMP OTC	COLL SYM
DRIV WOR VEH 8 GAR ADDI LIC STAT	FARM E TO K / SC I # AGING RESS	HOOL YEAR 2009 STRI	N EET (< 15 MAKE: MODEL: (Require	Jtility Traile In K	Y) GVW / GCW FOR HIRE	NO-FAULT SS + NET VI DR/CR	CITY	UNINS MOTOR BODY TYPE: V.I.N.: SIC		& LABOR SPEC COFL er AU12159C1 FACTOR UNDRINS	11332 SEAT CI		COUNTY	PP	FAR1	SPEC	AL PREI	M: \$ COML	s'	STAT	1,000 E COMP/OTC SYI COST NI 5500 COMP/OTC	COLL SYM
DRIV WOR VEH 8 GAR ADDI LIC STAT	FARM E TO K / SC I # AGING RESS	YEAR 2009 TEF	N EET (SERVICE < 15 M AKE: MODEL: (Require	Jtility Traile In K	y er Y) GVW/GCW	NO-FAULT SS + NET VI DR/CR CLAS CHECK COVERAGES LIAB	CITY	UNINS MOTOR BODY TYPE: V.I.N.: SIC ADD'L NO-FAULT MED PAY		& LABOR SPEC COF L er AU12159C1 FACTOR UNDRINS MOTOR TOWING & LABOR	11332 SEAT CI		COUNTY COUNTY LSP COMP/	PP REN	FAR1	SPEC THEST T	AL PRE	M: \$ COML	S'	STAT STAT STAT STAT STAT	1,000 E COMP, TOTC SYI COST NI COMP/ OTC 2,000	COLL SYM
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AGENCY
James G Parker Insu
POLICY NUMBER
PKGREN22

VEHICLE SCHEDULE

DATE (MM/DD/YYYY)

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12		2004	МО	DEL: F3	350					V.I.N.:	1FDS	SF34L14E	A27	273			F	PP	s	PEC	c	OML				
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Veh #	Cov Co	ode	Description		Type of Co	overage	Fo	rm No.	Edition	Date	Rate	Optio	on Codes
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Veh #	Cov Co	ode	Description		Type of Co	overage	Fo	rm No.	Edition	Date	Rate	Optio	on Codes
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Limit 1		Lim	•	Limit 3	Ded 1	Deductible Type 1		Ded 2	Dec	ductik	ole Type 2	<u> </u>	Premium
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					ADDITION	AL COVI	ERAGES AND E	ENDO	RSEN	MENTS			
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Limit	1		Lim	t 2	Limit 3	Ded 1	Deductible Type 1		Ded 2	Deductib	le Type 2		Premium
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Loc#	ST	Cov C	ode	Description		Type of Cov	rerage	For	m No.	Edition Date	Rate	Optio	n Codes
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Loc#	ST	Cov C	ode	Description		Type of Cov	rerage	Fori	m No.	Edition Date	Rate	Optio	n Codes
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Limit	1		Lim	t 2	Limit 3	Ded 1	Deductible Type 1		Ded 2	Deductib	le Type 2		Premium
OFB/	AADC	:V			<u> </u>					<u> </u>	Copyrial	ht 2000. A	MS Services. Inc