



# COMMERCIAL INSURANCE APPLICATION

## APPLICANT INFORMATION SECTION

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

<b>AGENCY</b> James G Parker Insurance Assoc Bacome Ins Agency Lic #0554959 P O Box 1129 Hanford CA 93232		<b>CARRIER</b> *Carrier TBD		<b>NAIC CODE</b>
		<b>COMPANY POLICY OR PROGRAM NAME</b>		<b>PROGRAM CODE</b>
		<b>POLICY NUMBER</b> PKGREN22		
<b>CONTACT NAME:</b> Matthew Orosco <b>PHONE (A/C, No, Ext):</b> (559) 584-3323 <b>FAX (A/C, No):</b> (559) 584-9313 <b>E-MAIL ADDRESS:</b> matthewo@jgparker.com <b>CODE:</b> <b>SUBCODE:</b> <b>AGENCY CUSTOMER ID:</b> 00096498		<b>UNDERWRITER</b>		<b>UNDERWRITER OFFICE</b>
		<b>STATUS OF TRANSACTION</b>	<input type="checkbox"/> QUOTE <input type="checkbox"/> BOUND (Give Date and/or Attach Copy): <input type="checkbox"/> CHANGE <b>DATE</b> 04/16/2022 <input type="checkbox"/> CANCEL	<input type="checkbox"/> ISSUE POLICY <input checked="" type="checkbox"/> RENEW <b>TIME</b> 12:01 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM

### Lines of Business

INDICATE LINES OF BUSINESS	PREMIUM			PREMIUM			PREMIUM
<input type="checkbox"/> BOILER & MACHINERY	\$						
<input checked="" type="checkbox"/> BUSINESS AUTO	\$				<input checked="" type="checkbox"/>	Inland Marine	\$
<input type="checkbox"/> BUSINESS OWNERS	\$						\$
<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	\$						\$
<input type="checkbox"/> COMMERCIAL INLAND MARINE	\$						\$
<input checked="" type="checkbox"/> COMMERCIAL PROPERTY	\$						\$
<input type="checkbox"/> CRIME	\$						\$

### Attachments

<input type="checkbox"/> ACCOUNTS RECEIVABLE / VALUABLE PAPERS		<input type="checkbox"/> GLASS AND SIGN SECTION		<input type="checkbox"/> STATEMENT / SCHEDULE OF VALUES
<input type="checkbox"/> ADDITIONAL INTEREST SCHEDULE		<input type="checkbox"/> HOTEL / MOTEL SUPPLEMENT		<input type="checkbox"/> STATE SUPPLEMENT (If applicable)
<input type="checkbox"/> ADDITIONAL PREMISES INFORMATION SCHEDULE	<input checked="" type="checkbox"/>	<input type="checkbox"/> INSTALLATION / BUILDERS RISK SECTION		<input type="checkbox"/> VACANT BUILDING SUPPLEMENT
<input type="checkbox"/> APARTMENT BUILDING SUPPLEMENT		<input type="checkbox"/> INTERNATIONAL LIABILITY EXPOSURE SUPPLEMENT		<input type="checkbox"/> VEHICLE SCHEDULE
<input type="checkbox"/> CONDO ASSN BYLAWS (for D&O Coverage only)		<input type="checkbox"/> INTERNATIONAL PROPERTY EXPOSURE SUPPLEMENT		
<input type="checkbox"/> CONTRACTORS SUPPLEMENT		<input type="checkbox"/> LOSS SUMMARY		
<input type="checkbox"/> COVERAGES SCHEDULE		<input type="checkbox"/> OPEN CARGO SECTION		
<input type="checkbox"/> DEALERS SECTION		<input type="checkbox"/> PREMIUM PAYMENT SUPPLEMENT		
<input type="checkbox"/> DRIVER INFORMATION SCHEDULE		<input type="checkbox"/> PROFESSIONAL LIABILITY SUPPLEMENT		
<input type="checkbox"/> ELECTRONIC DATA PROCESSING SECTION		<input type="checkbox"/> RESTAURANT / TAVERN SUPPLEMENT		

### Policy Information

<b>PROPOSED EFF DATE</b> 04/16/2022	<b>PROPOSED EXP DATE</b> 04/16/2023	<b>BILLING PLAN</b> <input checked="" type="checkbox"/> DIRECT <input type="checkbox"/> AGENCY	<b>PAYMENT PLAN</b>	<b>METHOD OF PAYMENT</b>	<b>AUDIT</b>	<b>DEPOSIT</b> \$	<b>MINIMUM PREMIUM</b> \$	<b>POLICY PREMIUM</b> \$ 0.00
--	--	---	---------------------	--------------------------	--------------	----------------------	------------------------------	----------------------------------

### Applicant Information

<b>NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4)</b> Ecotech Services Inc 816 N Todd Ave Azusa CA 91702		<b>GL CODE</b>	<b>SIC</b>	<b>NAICS</b> 561730	<b>FEIN OR SOC SEC #</b> 454731434
		<b>BUSINESS PHONE #:</b> (626)788-5652 xVeronica			
		<b>WEBSITE ADDRESS</b> www.ecotechservices.net			
<input checked="" type="checkbox"/> CORPORATION	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> NOT FOR PROFIT ORG	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION		
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> TRUST		
<b>NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)</b>		<b>GL CODE</b>	<b>SIC</b>	<b>NAICS</b>	<b>FEIN OR SOC SEC #</b>
		<b>BUSINESS PHONE #:</b>			
		<b>WEBSITE ADDRESS</b>			
<input type="checkbox"/> CORPORATION	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> NOT FOR PROFIT ORG	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION		
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> TRUST		
<b>NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)</b>		<b>GL CODE</b>	<b>SIC</b>	<b>NAICS</b>	<b>FEIN OR SOC SEC #</b>
		<b>BUSINESS PHONE #:</b>			
		<b>WEBSITE ADDRESS</b>			
<input type="checkbox"/> CORPORATION	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> NOT FOR PROFIT ORG	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION		
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> TRUST		

**CONTACT INFORMATION**

AGENCY CUSTOMER ID: 00096498

<b>CONTACT TYPE:</b> Inspection		<b>CONTACT TYPE:</b> Claims Info	
<b>CONTACT NAME:</b> Veronica Quezada		<b>CONTACT NAME:</b> Veronica Quezada	
<b>PRIMARY PHONE #</b> <input type="checkbox"/> HOME <input checked="" type="checkbox"/> BUS <input type="checkbox"/> CELL (626) 788-5652	<b>SECONDARY PHONE #</b> <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	<b>PRIMARY PHONE #</b> <input type="checkbox"/> HOME <input checked="" type="checkbox"/> BUS <input type="checkbox"/> CELL (626) 788-5652	<b>SECONDARY PHONE #</b> <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL
<b>PRIMARY E-MAIL ADDRESS:</b> vquezada@ecotechservices.net		<b>PRIMARY E-MAIL ADDRESS:</b> vquezada@ecotechservices.net	
<b>SECONDARY E-MAIL ADDRESS:</b>		<b>SECONDARY E-MAIL ADDRESS:</b>	

**PREMISES INFORMATION (Attach ACORD 823 for Additional Premises)**

<b>LOC #</b> 4	<b>STREET</b> 816 N Todd Ave	<b>CITY LIMITS</b> INSIDE	<b>INTEREST</b> OWNER	<b># FULL TIME EMPL</b>	<b>ANNUAL REVENUES: \$</b>
<b>BLD #</b> 1	<b>CITY:</b> Azusa <b>STATE:</b> CA <b>COUNTY:</b> Los Angeles <b>ZIP:</b> 91702	<b>CITY LIMITS</b> OUTSIDE	<b>INTEREST</b> TENANT	<b># PART TIME EMPL</b>	<b>OCCUPIED AREA:</b> SQ FT
<b>DESCRIPTION OF OPERATIONS:</b>					<b>OPEN TO PUBLIC AREA:</b> SQ FT
					<b>TOTAL BUILDING AREA:</b> SQ FT
					<b>ANY AREA LEASED TO OTHERS? Y / N</b>
<b>LOC #</b> 5	<b>STREET</b> 816 N Todd Ave	<b>CITY LIMITS</b> INSIDE	<b>INTEREST</b> OWNER	<b># FULL TIME EMPL</b>	<b>ANNUAL REVENUES: \$</b>
<b>BLD #</b>	<b>CITY:</b> Azusa <b>STATE:</b> CA <b>COUNTY:</b> Los Angeles <b>ZIP:</b> 91702	<b>CITY LIMITS</b> OUTSIDE	<b>INTEREST</b> TENANT	<b># PART TIME EMPL</b>	<b>OCCUPIED AREA:</b> SQ FT
<b>DESCRIPTION OF OPERATIONS:</b>					<b>OPEN TO PUBLIC AREA:</b> SQ FT
					<b>TOTAL BUILDING AREA:</b> SQ FT
					<b>ANY AREA LEASED TO OTHERS? Y / N</b>
<b>LOC #</b>	<b>STREET</b>	<b>CITY LIMITS</b> INSIDE	<b>INTEREST</b> OWNER	<b># FULL TIME EMPL</b>	<b>ANNUAL REVENUES: \$</b>
<b>BLD #</b>	<b>CITY:</b> <b>STATE:</b> <b>COUNTY:</b> <b>ZIP:</b>	<b>CITY LIMITS</b> OUTSIDE	<b>INTEREST</b> TENANT	<b># PART TIME EMPL</b>	<b>OCCUPIED AREA:</b> SQ FT
<b>DESCRIPTION OF OPERATIONS:</b>					<b>OPEN TO PUBLIC AREA:</b> SQ FT
					<b>TOTAL BUILDING AREA:</b> SQ FT
					<b>ANY AREA LEASED TO OTHERS? Y / N</b>
<b>LOC #</b>	<b>STREET</b>	<b>CITY LIMITS</b> INSIDE	<b>INTEREST</b> OWNER	<b># FULL TIME EMPL</b>	<b>ANNUAL REVENUES: \$</b>
<b>BLD #</b>	<b>CITY:</b> <b>STATE:</b> <b>COUNTY:</b> <b>ZIP:</b>	<b>CITY LIMITS</b> OUTSIDE	<b>INTEREST</b> TENANT	<b># PART TIME EMPL</b>	<b>OCCUPIED AREA:</b> SQ FT
<b>DESCRIPTION OF OPERATIONS:</b>					<b>OPEN TO PUBLIC AREA:</b> SQ FT
					<b>TOTAL BUILDING AREA:</b> SQ FT
					<b>ANY AREA LEASED TO OTHERS? Y / N</b>

**NATURE OF BUSINESS**

<input type="checkbox"/> APARTMENTS	<input type="checkbox"/> CONTRACTOR	<input type="checkbox"/> MANUFACTURING	<input type="checkbox"/> RESTAURANT	<input type="checkbox"/> SERVICE	<b>DATE BUSINESS STARTED (MM/DD/YYYY)</b> 01/01/2014
<input type="checkbox"/> CONDOMINIUMS	<input type="checkbox"/> INSTITUTIONAL	<input type="checkbox"/> OFFICE	<input type="checkbox"/> RETAIL	<input type="checkbox"/> WHOLESALE	

**DESCRIPTION OF PRIMARY OPERATIONS**

Landscape - Gardening. Specializing in water conservation projects. Turf removal, sprinkler removal (replacing with drip systems), install drought resistant foliage. No tree trimming/removal ops. Majority of clients are water conservation districts in the local area. As needed, client will also remove old toilets and install low flow toilets, install pressure reducing valves for water conservation, and install water bottle filling stations for parks and rest stops. Hired employees in 2014. Contractors license 988204. C27 and C36; Member CLCA

In 2021 the location of 816 N Todd Ave, Azusa CA 91702 is the new leased property that is approximately 3,900 sf of an industrial warehouse building with a fenced yard. All plumbing, electrical and roof is new redone 1 year ago. It has a small front office space inside the warehouse (4 offices and 2 bathrooms). The landlord seem to have a trust set up, Joseph and Kathy Santoro are the trustees.

<b>RETAIL STORES OR SERVICE OPERATIONS % OF TOTAL SALES:</b>	<b>INSTALLATION, SERVICE OR REPAIR WORK</b> %	<b>OFF PREMISES INSTALLATION, SERVICE OR REPAIR WORK</b> %
--	--	---

**DESCRIPTION OF OPERATIONS OF OTHER NAMED INSUREDS**
**ADDITIONAL INTEREST (Not all fields apply to all scenarios - provide only the necessary data) Attach ACORD 45 for more Additional Interests**

<b>INTEREST</b>	<b>NAME AND ADDRESS</b>	<b>RANK:</b>	<b>EVIDENCE:</b>	<b>CERTIFICATE</b>	<b>POLICY</b>	<b>SEND BILL</b>	<b>INTEREST IN ITEM NUMBER</b>	
<input type="checkbox"/> ADDITIONAL INSURED							<b>LOCATION:</b>	<b>BUILDING:</b>
<input type="checkbox"/> BREACH OF WARRANTY							<b>VEHICLE:</b>	<b>BOAT:</b>
<input type="checkbox"/> CO-OWNER							<b>AIRPORT:</b>	<b>AIRCRAFT:</b>
<input type="checkbox"/> EMPLOYEE AS LESSOR							<b>ITEM CLASS:</b>	<b>ITEM:</b>
<input type="checkbox"/> LEASEBACK OWNER							<b>ITEM DESCRIPTION</b>	
<input type="checkbox"/> LENDER'S LOSS PAYABLE								
<input type="checkbox"/> LIENHOLDER	<b>REFERENCE / LOAN #:</b>	<b>INTEREST END DATE:</b>						
<input type="checkbox"/> LOSS PAYEE	<b>LIEN AMOUNT:</b>	<b>PHONE (A/C, No, Ext):</b>	<b>FAX (A/C, No):</b>					
<input type="checkbox"/> MORTGAGEE				<b>E-MAIL ADDRESS:</b>				
<input type="checkbox"/> OWNER								
<input type="checkbox"/> REGISTRANT								
<input type="checkbox"/> TRUSTEE								
<b>REASON FOR INTEREST:</b>								

**GENERAL INFORMATION**

EXPLAIN ALL "YES" RESPONSES				Y / N
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ?				N
PARENT COMPANY NAME		RELATIONSHIP DESCRIPTION	% OWNED	
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?				N
SUBSIDIARY COMPANY NAME		RELATIONSHIP DESCRIPTION	% OWNED	
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?				N
<input type="checkbox"/>	SAFETY MANUAL	<input type="checkbox"/>	SAFETY POSITION	<input type="checkbox"/>
<input type="checkbox"/>	MONTHLY MEETINGS	<input type="checkbox"/>	OSHA	<input type="checkbox"/>
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?				N
4. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)				N
LINE OF BUSINESS		POLICY NUMBER	LINE OF BUSINESS	POLICY NUMBER
5. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR THREE (3) YEARS FOR ANY PREMISES OR OPERATIONS? (Missouri Applicants - Do not answer this question)				N
<input type="checkbox"/>	NON-PAYMENT	<input type="checkbox"/>	AGENT NO LONGER REPRESENTS CARRIER	<input type="checkbox"/>
<input type="checkbox"/>	NON-RENEWAL	<input type="checkbox"/>	UNDERWRITING	<input type="checkbox"/>
CONDITION CORRECTED (Describe):				
6. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?				N
7. DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY? (In RI, this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment).				N
8. ANY UNCORRECTED FIRE AND/OR SAFETY CODE VIOLATIONS?				N
OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE	
9. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE LAST FIVE (5) YEARS?				N
OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE	
10. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS?				
OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE	
11. HAS BUSINESS BEEN PLACED IN A TRUST? NAME OF TRUST:				N
12. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD / DISTRIBUTED IN FOREIGN COUNTRIES? (If "YES", attach ACORD 815 for Liability Exposure and/or ACORD 816 for Property Exposure)				N
13. DOES APPLICANT HAVE OTHER BUSINESS VENTURES FOR WHICH COVERAGE IS NOT REQUESTED?				
14. DOES APPLICANT OWN / LEASE / OPERATE ANY DRONES? (If "YES", describe use)				
15. DOES APPLICANT HIRE OTHERS TO OPERATE DRONES? (If "YES", describe use)				

**REMARKS / PROCESSING INSTRUCTIONS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)****PRIOR CARRIER INFORMATION**

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER: BLDRK
	CARRIER	Greenwich Ins Co	XL Specialty Insuran	Greenwich Ins Co	XL Specialty Insuran
	POLICY NUMBER	NPC100349301	NBA100349101	NPC100349301	NIM100349201
	PREMIUM	\$ 9,782.00	\$ 15,358.00	\$ Included w/ GL	\$ 2,615.00
	EFFECTIVE DATE	04/16/2021	04/16/2021	04/16/2021	04/16/2021
	EXPIRATION DATE	04/16/2022	04/16/2022	04/16/2022	04/16/2022

## PRIOR CARRIER INFORMATION (continued)

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER: BLDK
	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 ☐ Check if none (Attach Loss Summary for Additional Loss Information)

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE LAST \_\_\_\_ YEARS

TOTAL LOSSES: \$

DATE OF OCCURRENCE	LINE	TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	SUBROGATION Y / N	CLAIM OPEN Y / N

## SIGNATURE

Copy of the Notice of Information Practices (Privacy) has been given to the applicant. (Not required in all states, contact your agent or broker for your state's requirements.)

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU MAY HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND REQUEST CORRECTION OF ANY INACCURACIES. YOU MAY ALSO HAVE THE RIGHT TO REQUEST IN WRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. THESE RIGHTS MAY BE LIMITED IN SOME STATES. PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION. (Not applicable in AZ, CA, DE, KS, MA, MN, ND, NY, OR, VA, or WV. Specific ACORD 38s are available for applicants in these states.) (Applicant's Initials): \_\_\_\_\_

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

**Applicable in CO:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Applicable in FL and OK:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)\*. \*Applies in FL Only.

**Applicable in KS:** Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**Applicable in KY, NY, OH and PA:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY Only.

**Applicable in ME, TN, VA and WA:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)\* include imprisonment, fines and denial of insurance benefits. \*Applies in ME Only.

**Applicable in NJ:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Applicable in OR:** Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**Applicable in PR:** Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

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

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

## CONTACT NAMES

Name	Responsibility	Phone Number
Veronica Quezada	Accounting Records	(626)788-5652

[illegible]



AGENCY CUSTOMER ID: 00096498

## COMMERCIAL GENERAL LIABILITY SECTION

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

AGENCY James G Parker Insurance Assoc		CARRIER *Carrier TBD		NAIC CODE
POLICY NUMBER PKGREN22	EFFECTIVE DATE 04/16/2022	APPLICANT / FIRST NAMED INSURED Ecotech Services Inc		

**IMPORTANT - If CLAIMS MADE is checked in the COVERAGE / LIMITS section below, this is an application for a claims-made policy.**  
**Read all provisions of the policy carefully.**

COVERAGES		LIMITS	
<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	GENERAL AGGREGATE \$ 2,000,000	PREMIUMS	
<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCURRENCE	LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> LOCATION	PREMISES/OPERATIONS	
OWNER'S & CONTRACTOR'S PROTECTIVE	<input type="checkbox"/> PROJECT <input type="checkbox"/> OTHER:	PRODUCTS	
DEDUCTIBLES	PRODUCTS & COMPLETED OPERATIONS AGGREGATE \$ 2,000,000	OTHER	
<input checked="" type="checkbox"/> PROPERTY DAMAGE \$ 1,000	PERSONAL & ADVERTISING INJURY \$ 1,000,000	TOTAL	
<input type="checkbox"/> BODILY INJURY \$	EACH OCCURRENCE \$ 1,000,000		
<input type="checkbox"/> PER CLAIM <input checked="" type="checkbox"/> PER OCCURRENCE	DAMAGE TO RENTED PREMISES (each occurrence) \$ 100,000		
	MEDICAL EXPENSE (Any one person) \$ 5,000		
	EMPLOYEE BENEFITS \$		
	\$		

OTHER COVERAGES, RESTRICTIONS AND/OR ENDORSEMENTS (For hired/non-owned auto coverages attach the applicable state Business Auto Section, ACORD 137)  
Exclusion Designated Work CG2134 0187; Exclusion Designated Ongoing Operations CG2153 0196; Exclusion Designated Ops Covered by a Consolidated Wrap Up Ins Program (CG2154 0196)

APPLICABLE ONLY IN WISCONSIN: IF NON-OWNED ONLY AUTO COVERAGE IS TO BE PROVIDED UNDER THE POLICY:

1. UM / UIM COVERAGE ☐ IS ☐ IS NOT AVAILABLE. 2. MEDICAL PAYMENTS COVERAGE ☐ IS ☐ IS NOT AVAILABLE.

## SCHEDULE OF HAZARDS (ACORD 211, Schedule of Hazards, may be attached if more space is required)

LOC #	HAZ #	CLASS CODE	PREMIUM BASIS	EXPOSURE	TERR	RATE		PREMIUM	
						PREM / OPS	PRODUCTS	PREM / OPS	PRODUCTS
4			A	3,900					
CLASSIFICATION DESCRIPTION Leased Warehouse and Office Space									
LOC #	HAZ #	CLASS CODE	PREMIUM BASIS	EXPOSURE	TERR	RATE		PREMIUM	
						PREM / OPS	PRODUCTS	PREM / OPS	PRODUCTS
CLASSIFICATION DESCRIPTION									
LOC #	HAZ #	CLASS CODE	PREMIUM BASIS	EXPOSURE	TERR	RATE		PREMIUM	
						PREM / OPS	PRODUCTS	PREM / OPS	PRODUCTS
CLASSIFICATION DESCRIPTION									
LOC #	HAZ #	CLASS CODE	PREMIUM BASIS	EXPOSURE	TERR	RATE		PREMIUM	
						PREM / OPS	PRODUCTS	PREM / OPS	PRODUCTS
CLASSIFICATION DESCRIPTION									
RATING AND PREMIUM BASIS (P) PAYROLL - PER \$1,000/PAY (C) TOTAL COST - PER \$1,000/COST (U) UNIT - PER UNIT (S) GROSS SALES - PER \$1,000/SALES (A) AREA - PER 1,000/SQ FT (M) ADMISSIONS - PER 1,000/ADM (T) OTHER									

## CLAIMS MADE (Explain all "Yes" responses)

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

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

**CONTRACTORS**

AGENCY CUSTOMER ID: 00096498

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)					Y / N	
1. DOES APPLICANT DRAW PLANS, DESIGNS, OR SPECIFICATIONS FOR OTHERS?					N	
2. DO ANY OPERATIONS INCLUDE BLASTING OR UTILIZE OR STORE EXPLOSIVE MATERIAL?					N	
3. DO ANY OPERATIONS INCLUDE EXCAVATION, TUNNELING, UNDERGROUND WORK OR EARTH MOVING?					N	
4. DO YOUR SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN YOURS?					N	
5. ARE SUBCONTRACTORS ALLOWED TO WORK WITHOUT PROVIDING YOU WITH A CERTIFICATE OF INSURANCE?					N	
6. DOES APPLICANT LEASE EQUIPMENT TO OTHERS WITH OR WITHOUT OPERATORS?					N	
DESCRIBE THE TYPE OF WORK SUBCONTRACTED	\$ PAID TO SUB-CONTRACTORS:	\$50,000.00	% OF WORK SUBCONTRACTED:	1	# FULL-TIME STAFF:	# PART-TIME STAFF:
Landscape maintenance						

**PRODUCTS / COMPLETED OPERATIONS**

PRODUCTS	ANNUAL GROSS SALES	# OF UNITS	TIME IN MARKET	EXPECTED LIFE	INTENDED USE	PRINCIPAL COMPONENTS	
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 LITERATURE, BROCHURES, LABELS, WARNINGS, ETC.							Y / N
1. DOES APPLICANT INSTALL, SERVICE OR DEMONSTRATE PRODUCTS?							
2. FOREIGN PRODUCTS SOLD, DISTRIBUTED, USED AS COMPONENTS? (If "YES", attach ACORD 815)							
3. RESEARCH AND DEVELOPMENT CONDUCTED OR NEW PRODUCTS PLANNED?							
4. GUARANTEES, WARRANTIES, HOLD HARMLESS AGREEMENTS?							
5. PRODUCTS RELATED TO AIRCRAFT/SPACE INDUSTRY?							
6. PRODUCTS RECALLED, DISCONTINUED, CHANGED?							
7. PRODUCTS OF OTHERS SOLD OR RE-PACKAGED UNDER APPLICANT LABEL?							
8. PRODUCTS UNDER LABEL OF OTHERS?							
9. VENDORS COVERAGE REQUIRED?							
10. DOES ANY NAMED INSURED SELL TO OTHER NAMED INSURED?							



ADDITIONAL INTEREST / CERTIFICATE RECIPIENT

☐ ACORD 45 attached for additional names

INTEREST	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	INTEREST IN ITEM NUMBER	
<input type="checkbox"/> ADDITIONAL INSURED	Suburban Water Systems 1325 N Grand Ave Suite 100  Covina CA 91724-4044				LOCATION:	BUILDING:
<input type="checkbox"/> EMPLOYEE AS LESSOR					ITEM CLASS:	ITEM:
<input type="checkbox"/> LENDER'S LOSS PAYABLE					ITEM DESCRIPTION	
<input type="checkbox"/> LIENHOLDER						
<input type="checkbox"/> LOSS PAYEE						
<input type="checkbox"/> MORTGAGEE						
<input checked="" type="checkbox"/> Additional insured/WOS	REFERENCE / LOAN #:					

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)										Y / N
1. ANY MEDICAL FACILITIES PROVIDED OR MEDICAL PROFESSIONALS EMPLOYED OR CONTRACTED?										N
2. ANY EXPOSURE TO RADIOACTIVE/NUCLEAR MATERIALS?										N
3. DO/HAVE PAST, PRESENT OR DISCONTINUED OPERATIONS INVOLVE(D) STORING, TREATING, DISCHARGING, APPLYING, DISPOSING, OR TRANSPORTING OF HAZARDOUS MATERIAL? (e.g. landfills, wastes, fuel tanks, etc)										N
4. ANY OPERATIONS SOLD, ACQUIRED, OR DISCONTINUED IN LAST FIVE (5) YEARS?										N
5. DO YOU RENT OR LOAN EQUIPMENT TO OTHERS?										N
EQUIPMENT		TYPE OF EQUIPMENT				INSTRUCTION GIVEN (Y/N)				
		SMALL TOOLS		LARGE EQUIPMENT						
		SMALL TOOLS		LARGE EQUIPMENT						
6. ANY WATERCRAFT, DOCKS, FLOATS OWNED, HIRED OR LEASED?										N
7. ANY PARKING FACILITIES OWNED/RENTED?										N
8. IS A FEE CHARGED FOR PARKING?										N
9. RECREATION FACILITIES PROVIDED?										N
10. ARE THERE ANY LODGING OPERATIONS INCLUDING APARTMENTS? (If "YES", answer the following):										
# APTS	TOTAL APT AREA Sq. Ft.	DESCRIBE OTHER LODGING OPERATIONS								
11. IS THERE A SWIMMING POOL ON PREMISES? (Check all that apply)										N
<input type="checkbox"/> APPROVED FENCE	<input type="checkbox"/> LIMITED ACCESS	<input type="checkbox"/> DIVING BOARD	<input type="checkbox"/> SLIDE	<input type="checkbox"/> ABOVE GROUND	<input type="checkbox"/> IN GROUND	<input type="checkbox"/> LIFE GUARD				
12. ARE SOCIAL EVENTS SPONSORED?										N
13. ARE ATHLETIC TEAMS SPONSORED?										
TYPE OF SPORT		CONTACT SPORT (Y/N)	AGE GROUP		TYPE OF SPORT		CONTACT SPORT (Y/N)	AGE GROUP		
			<input type="checkbox"/> 12 & UNDER	<input type="checkbox"/> 13 - 18				<input type="checkbox"/> 12 & UNDER	<input type="checkbox"/> 13 - 18	
EXTENT OF SPONSORSHIP:					EXTENT OF SPONSORSHIP:					
14. ANY STRUCTURAL ALTERATIONS CONTEMPLATED?										N
15. ANY DEMOLITION EXPOSURE CONTEMPLATED?										N

**GENERAL INFORMATION (continued)**

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)				Y / N
16. HAS APPLICANT BEEN ACTIVE IN OR IS CURRENTLY ACTIVE IN JOINT VENTURES?				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 CONTROLLED?				N
20. HAVE ANY CRIMES OCCURRED OR BEEN ATTEMPTED ON YOUR PREMISES WITHIN THE LAST THREE (3) YEARS?				N
21. IS THERE A FORMAL, WRITTEN SAFETY AND SECURITY POLICY IN EFFECT?				Y
22. DOES THE BUSINESSES' PROMOTIONAL LITERATURE MAKE ANY REPRESENTATIONS ABOUT THE SAFETY OR SECURITY 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.

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

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



AGENCY CUSTOMER ID: 00096498

## PROPERTY SECTION

DATE (MM/DD/YYYY)

12/15/2021

AGENCY NAME James G Parker Insurance Assoc	CARRIER *Carrier TBD	NAIC CODE
POLICY NUMBER PKGREN22	EFFECTIVE DATE 04/16/2022	NAMED INSURED(S) Ecotech Services Inc

## BLANKET SUMMARY

BLKT #	AMOUNT	TYPE	BLKT #	AMOUNT	TYPE

## PREMISES INFORMATION

PREMISES #: 4 STREET ADDRESS: 816 N Todd Ave  
BUILDING #: 1 BLDG DESCRIPTION: Office/Warehouse

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU- ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Business Personal Property	20,000	100	RC	Special form		1,000			
Equipment Breakdown	20,000		RC	Equipment Breakdown		1,000			
Expediting Expenses	25,000								
Hazardous Substances	25,000								
Data Restoration	25,000								

ADDITIONAL INFORMATION BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810 VALUE REPORTING INFORMATION - Attach ACORD 811

## ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

SPOILAGE COVERAGE (Y / N) <input type="checkbox"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$ DEDUCTIBLE \$	REFRIG MAINT AGREEMENT (Y / N) <input type="checkbox"/>	OPTIONS <input type="checkbox"/> BREAKDOWN OR CONTAMINATION <input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE
---	---------------------------------	---------------------------------	--	---

SINKHOLE COVERAGE (Required in Florida)

ACCEPT COVERAGE

REJECT COVERAGE

LIMIT: \$

MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV)

ACCEPT COVERAGE

REJECT COVERAGE

LIMIT: \$

☐ PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK

# OF OPEN SIDES ON STRUCTURE: \_\_\_\_\_

Property is approximately 3,900 sf of an industrial warehouse building with a fenced yard. All plumbing, electrical and roof updated in 2020. Small front office space inside warehouse. 4 offices/2 bthrooms

CONSTRUCTION TYPE	DISTANCE TO HYDRANT FT	FIRE STAT MI	FIRE DISTRICT	CODE NUMBER	PROT CL	# STORIES	# BASMT'S	YR BUILT 1956	TOTAL AREA 3900
BUILDING IMPROVEMENTS <input checked="" type="checkbox"/> WIRING, YR: 2020 <input checked="" type="checkbox"/> ROOFING, YR: 2020 OTHER: YR: _____	<input checked="" type="checkbox"/> PLUMBING, YR: 2020 <input type="checkbox"/> HEATING, YR: _____	BLDG CODE GRADE WIND CLASS RESISTIVE	TAX CODE	ROOF TYPE SEMI- RESISTIVE	OTHER OCCUPANCIES HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT MANUFACTURER: _____	DATE INSTALLED: _____			
PRIMARY HEAT <input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N				SECONDARY HEAT <input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N					
RIGHT EXPOSURE & DISTANCE		LEFT EXPOSURE & DISTANCE		FRONT EXPOSURE & DISTANCE		REAR EXPOSURE & DISTANCE			
BURGLAR ALARM TYPE			CERTIFICATE #			EXPIRATION DATE		CENTRAL STATION	LOCAL GONG
BURGLAR ALARM INSTALLED AND SERVICED BY				EXTENT		GRADE		# GUARDS / WATCHMEN	CLOCK HOURLY
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)				% SPRNK	FIRE ALARM MANUFACTURER				CENTRAL STATION
									LOCAL GONG

## ADDITIONAL INTEREST

## ACORD 45 attached for additional names

INTEREST <input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input checked="" type="checkbox"/> Additional insured	NAME AND ADDRESS RANK: _____ EVIDENCE: _____ CERTIFICATE _____ Joseph and Kathy Santoro, Trustees 9150 Whirlaway Ct Rancho Cucamonga CA 91737 REFERENCE / LOAN #: _____	INTEREST IN ITEM NUMBER LOCATION: 4 BUILDING: 1 ITEM CLASS: _____ ITEM: _____ ITEM DESCRIPTION AI is the Landlord for the leased warehouse/office space.
---	---	---

ACORD 140 (2016/03)

Attach to ACORD 125

© 1985-2015 ACORD CORPORATION. All rights reserved.

The ACORD name and logo are registered marks of ACORD

**ADDITIONAL  
PREMISES INFORMATION**

PREMISES #:		STREET ADDRESS:							
BUILDING #:		BLDG DESCRIPTION:							
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU- ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY

**ADDITIONAL INFORMATION**

BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810

VALUE REPORTING INFORMATION - Attach ACORD 811

**ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION**

SPOILAGE COVERAGE (Y / N)  <input type="checkbox"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y / N)  <input type="checkbox"/>	OPTIONS
		DEDUCTIBLE \$		<input type="checkbox"/> BREAKDOWN OR CONTAMINATION <input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE

SINKHOLE COVERAGE (Required in Florida)

ACCEPT COVERAGE

REJECT COVERAGE

LIMIT: \$

MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV)

ACCEPT COVERAGE

REJECT COVERAGE

LIMIT: \$

☐ PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK

# OF OPEN SIDES ON STRUCTURE: \_\_\_\_\_

CONSTRUCTION TYPE	DISTANCE TO HYDRANT FT	FIRE STAT MI	FIRE DISTRICT	CODE NUMBER	PROT CL	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA
-------------------	------------------------------	-----------------	---------------	-------------	---------	-----------	-----------	----------	------------

**BUILDING IMPROVEMENTS**

<input type="checkbox"/> WIRING, YR:	<input type="checkbox"/> PLUMBING, YR:	BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES
<input type="checkbox"/> ROOFING, YR:	<input type="checkbox"/> HEATING, YR:	WIND CLASS	SEMI- RESISTIVE	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT	DATE INSTALLED: _____
<input type="checkbox"/> OTHER: YR:	<input type="checkbox"/> RESISTIVE			MANUFACTURER:	

**PRIMARY HEAT**

<input type="checkbox"/> BOILER	<input type="checkbox"/> SOLID FUEL	<input type="checkbox"/>
IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N		

**SECONDARY HEAT**

<input type="checkbox"/> BOILER	<input type="checkbox"/> SOLID FUEL	<input type="checkbox"/>
IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N		

RIGHT EXPOSURE &amp; DISTANCE

LEFT EXPOSURE &amp; DISTANCE

FRONT EXPOSURE &amp; DISTANCE

REAR EXPOSURE &amp; DISTANCE

BURGLAR ALARM TYPE

CERTIFICATE #

EXPIRATION DATE

CENTRAL  
STATION☐ LOCAL  
GONG

WITH KEYS

BURGLAR ALARM INSTALLED AND SERVICED BY

EXTENT

GRADE

# GUARDS / WATCHMEN

CLOCK HOURLY

PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)

% SPRNK

FIRE ALARM MANUFACTURER

CENTRAL STATION

LOCAL GONG

**ADDITIONAL INTEREST**

ACORD 45 attached for additional names

INTEREST	NAME AND ADDRESS	RANK: _____	EVIDENCE: _____	CERTIFICATE _____	INTEREST IN ITEM NUMBER
<input type="checkbox"/> LENDER'S LOSS PAYABLE					LOCATION: _____
<input type="checkbox"/> LOSS PAYEE					BUILDING: _____
<input type="checkbox"/> MORTGAGEE					ITEM CLASS: _____
<input type="checkbox"/>					ITEM: _____
	REFERENCE / LOAN #:	ITEM DESCRIPTION			

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

**Applicable in AL, AR, DC, LA, MD, NM, RI and WV**

Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)\* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. \*Applies in MD Only.

**Applicable in CO**

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Applicable in FL and OK**

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)\*. \*Applies in FL Only.

**Applicable in KS**

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**Applicable in KY, NY, OH and PA**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties\* (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY Only.

**Applicable in ME, TN, VA and WA**

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)\* include imprisonment, fines and denial of insurance benefits. \*Applies in ME Only.

**Applicable in NJ**

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Applicable in OR**

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**Applicable in PR**

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

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

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





AGENCY CUSTOMER ID: 00096498

**EQUIPMENT FLOATER SECTION**

DATE (MM/DD/YYYY)

12/15/2021

AGENCY James G Parker Insurance Assoc

CARRIER

\*Carrier TBD

NAIC CODE

POLICY NUMBER

PKGREN22

EFFECTIVE DATE

4/16/2022

APPLICANT / FIRST NAMED INSURED

Ecotech Services Inc

**TERRITORY OF OPERATION****TYPE OF OPERATION**

See ACORD 125

**COVERAGE / DEDUCTIBLE**

Equipment

90,099

1,000

**EQUIPMENT STORAGE**

LOC. #	MO. IN STORAGE	MAXIMUM VALUE		TYPE OF SECURITY
		IN BUILDING	OUTSIDE	
		\$	\$	
		\$	\$	
		\$	\$	

**UNSCHEDULED EQUIPMENT**

DESCRIPTION	MAXIMUM ITEM	AMT. OF INSURANCE	% COINS
Misc Equipment	2,500	34,000	

**ADDITIONAL INTEREST / CERTIFICATE RECIPIENTS**

ACORD 45 Attached

INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER
<input type="checkbox"/> LOSS PAYEE					LOCATION: BUILDING:
<input type="checkbox"/> LIENHOLDER					SCHEDULED ITEM NUMBER:
					OTHER
ITEM DESCRIPTION:					

  

INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER
<input type="checkbox"/> LOSS PAYEE					LOCATION: BUILDING:
<input type="checkbox"/> LIENHOLDER					SCHEDULED ITEM NUMBER:
					OTHER
ITEM DESCRIPTION:					

  

INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER
<input type="checkbox"/> LOSS PAYEE					LOCATION: BUILDING:
<input type="checkbox"/> LIENHOLDER					SCHEDULED ITEM NUMBER:
					OTHER
ITEM DESCRIPTION:					

**GENERAL INFORMATION**

EXPLAIN ALL "YES" RESPONSES	Y / N
1. EQUIPMENT RENTED, LOANED TO / FROM OTHERS WITH / WITHOUT OPERATORS?	N
2. IS APPLICANT OPERATING EQUIPMENT NOT LISTED HERE?	N
3. PROPERTY USED UNDERGROUND?	N
4. ANY WORK DONE AFLOAT?	N

## SCHEDULED EQUIPMENT

% COINSURANCE

AGENCY CUSTOMER ID: 00096498

#	TYPE	DESCRIPTION	ID # / SERIAL NO.	NEW / USED	DATE PURCHASED
1	MANUFACTURER	MODEL	MODEL YEAR	CAPACITY	AMOUNT OF INSURANCE
	Ditch Witch Light Material Bucket w/Wi	SK5BLM	2017		\$ 1,095
2	MANUFACTURER	MODEL	MODEL YEAR	CAPACITY	AMOUNT OF INSURANCE
	Ditch Witch Off-Set Trencher	SK5TW	2017		\$ 7,257
3	MANUFACTURER	MODEL	MODEL YEAR	CAPACITY	AMOUNT OF INSURANCE
	Ditch Witch Mini Skid Steer	SK800	2017		\$ 26,956
4	MANUFACTURER	MODEL	MODEL YEAR	CAPACITY	AMOUNT OF INSURANCE
	Toro Tiller	22445	2000		\$ 4,124
5	MANUFACTURER	MODEL	MODEL YEAR	CAPACITY	AMOUNT OF INSURANCE
	Toro Dingo	322	2000		\$ 18,000
6	MANUFACTURER	MODEL	MODEL YEAR	CAPACITY	AMOUNT OF INSURANCE
	Classen	SC-18			\$ 3,500
7	MANUFACTURER	MODEL	MODEL YEAR	CAPACITY	AMOUNT OF INSURANCE
	Classen	SC-19			\$ 3,500
8	MANUFACTURER	MODEL	MODEL YEAR	CAPACITY	AMOUNT OF INSURANCE
	Honda	FRC800			\$ 2,600
9	MANUFACTURER	MODEL	MODEL YEAR	CAPACITY	AMOUNT OF INSURANCE
	MI-T-M	JP-2703-3MHB	2016		\$ 0
10	MANUFACTURER	MODEL	MODEL YEAR	CAPACITY	AMOUNT OF INSURANCE
	Multiquip	MVC-82VH	2016		\$ 1,600
11	MANUFACTURER	MODEL	MODEL YEAR	CAPACITY	AMOUNT OF INSURANCE
	Toro	22418	2000		\$ 0
12	MANUFACTURER	MODEL	MODEL YEAR	CAPACITY	AMOUNT OF INSURANCE
	Toro	224400	2000		\$ 3,167
13	MANUFACTURER	MODEL	MODEL YEAR	CAPACITY	AMOUNT OF INSURANCE
	Toro	22446	2000		\$ 0
14	MANUFACTURER	MODEL	MODEL YEAR	CAPACITY	AMOUNT OF INSURANCE
	Toro	224108	2000		\$ 0
15	MANUFACTURER	MODEL	MODEL YEAR	CAPACITY	AMOUNT OF INSURANCE
	Toro	22406	2000		\$ 0



## SCHEDULED EQUIPMENT

% COINSURANCE

AGENCY CUSTOMER ID: 00096498

#	TYPE	DESCRIPTION	ID # / SERIAL NO.	NEW / USED	DATE PURCHASED
16		Leveler	2000000508		
	MANUFACTURER Toro	MODEL 22419	MODEL YEAR 2000	CAPACITY	AMOUNT OF INSURANCE \$ 0
#	TYPE	DESCRIPTION	ID # / SERIAL NO.	NEW / USED	DATE PURCHASED
17		The Eliminator			
	MANUFACTURER Toro	MODEL 22443	MODEL YEAR 2000	CAPACITY	AMOUNT OF INSURANCE \$ 0
#	TYPE	DESCRIPTION	ID # / SERIAL NO.	NEW / USED	DATE PURCHASED
18		Multi Purpose Tool	20000192		
	MANUFACTURER Toro	MODEL 22423	MODEL YEAR 2000	CAPACITY	AMOUNT OF INSURANCE \$ 0
#	TYPE	DESCRIPTION	ID # / SERIAL NO.	NEW / USED	DATE PURCHASED
19		Ripper			
	MANUFACTURER Geo	MODEL GR-16	MODEL YEAR	CAPACITY	AMOUNT OF INSURANCE \$ 2,500
#	TYPE	DESCRIPTION	ID # / SERIAL NO.	NEW / USED	DATE PURCHASED
20		Rototiller	FAFJ-1008337		
	MANUFACTURER Honda	MODEL FRC800	MODEL YEAR	CAPACITY	AMOUNT OF INSURANCE \$ 2,600
#	TYPE	DESCRIPTION	ID # / SERIAL NO.	NEW / USED	DATE PURCHASED
21		Rototiller	FAFJ-1104699		
	MANUFACTURER Honda	MODEL FRC800	MODEL YEAR	CAPACITY	AMOUNT OF INSURANCE \$ 2,600
#	TYPE	DESCRIPTION	ID # / SERIAL NO.	NEW / USED	DATE PURCHASED
22		Soil Cultivator	260000163		
	MANUFACTURER Toro	MODEL	MODEL YEAR	CAPACITY	AMOUNT OF INSURANCE \$ 6,000
#	TYPE	DESCRIPTION	ID # / SERIAL NO.	NEW / USED	DATE PURCHASED
23		370lb ice make storage bin	112049521, 112021413		
	MANUFACTURER Mantiowoc	MODEL	MODEL YEAR 2019	CAPACITY	AMOUNT OF INSURANCE \$ 4,600
#	TYPE	DESCRIPTION	ID # / SERIAL NO.	NEW / USED	DATE PURCHASED
	MANUFACTURER	MODEL	MODEL YEAR	CAPACITY	AMOUNT OF INSURANCE \$
#	TYPE	DESCRIPTION	ID # / SERIAL NO.	NEW / USED	DATE PURCHASED
	MANUFACTURER	MODEL	MODEL YEAR	CAPACITY	AMOUNT OF INSURANCE \$
#	TYPE	DESCRIPTION	ID # / SERIAL NO.	NEW / USED	DATE PURCHASED
	MANUFACTURER	MODEL	MODEL YEAR	CAPACITY	AMOUNT OF INSURANCE \$
#	TYPE	DESCRIPTION	ID # / SERIAL NO.	NEW / USED	DATE PURCHASED
	MANUFACTURER	MODEL	MODEL YEAR	CAPACITY	AMOUNT OF INSURANCE \$
#	TYPE	DESCRIPTION	ID # / SERIAL NO.	NEW / USED	DATE PURCHASED
	MANUFACTURER	MODEL	MODEL YEAR	CAPACITY	AMOUNT OF INSURANCE \$
#	TYPE	DESCRIPTION	ID # / SERIAL NO.	NEW / USED	DATE PURCHASED
	MANUFACTURER	MODEL	MODEL YEAR	CAPACITY	AMOUNT OF INSURANCE \$

**Applicable in AL, AR, DC, LA, MD, NM, RI and WV**

Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)\* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. \*Applies in MD Only.

**Applicable in CO**

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Applicable in FL and OK**

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)\*. \*Applies in FL Only.

**Applicable in KS**

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**Applicable in KY, NY, OH and PA**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties\* (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY Only.

**Applicable in ME, TN, VA and WA**

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)\* include imprisonment, fines and denial of insurance benefits. \*Applies in ME Only.

**Applicable in NJ**

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Applicable in OR**

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**Applicable in PR**

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

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

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



AGENCY CUSTOMER ID: 00096498

## INSTALLATION / BUILDERS RISK SECTION

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

AGENCY James G Parker Insurance Assoc		CARRIER *Carrier TBD		NAIC CODE
POLICY NUMBER PKGREN22		EFFECTIVE DATE 04/16/2022	APPLICANT / FIRST NAMED INSURED Ecotech Services Inc	
<input checked="" type="checkbox"/> INSTALLATION	<input type="checkbox"/> BUILDERS RISK			

## OPEN REPORTING FORM

## COVERAGE

LIMIT AT ANY SINGLE LOCATION	LIMIT PER DISASTER	LIMIT AT A TEMPORARY LOCATION	TRANSIT LIMIT
\$ 10,000	\$ 10,000	\$ 10,000	\$ 10,000

## CAUSES OF LOSS &amp; DEDUCTIBLE

CAUSES OF LOSS	SUB LIMIT	DEDUCTIBLE
EARTHQUAKE	\$	
FLOOD	\$	
	\$	
SPECIAL		
BROAD	<input type="checkbox"/> BASIC	

## TERRITORY

SPECIFY THE APPLICANTS OPERATING TERRITORY:

\$1,000 Deductible

## RECEIPTS

ENTER THE GROSS INSTALLATION RECEIPTS.

PAST 12 MONTHS	NEXT 12 MONTHS (ESTIMATE)
\$	\$

## JOBS / VALUES

TYPE	ANNUAL NUMBER	DURATION	# JOBS IN PROGRESS		COST OR VALUE OF EACH INSTALLATION			MATERIAL COST (% of Total)
			MAXIMUM	AVERAGE	MAXIMUM	MINIMUM	AVERAGE	
RESIDENTIAL					\$	\$	\$	%
COMMERCIAL					\$	\$	\$	%

## ADDITIONAL INTEREST

ACORD 45 Attached

INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER	
<input type="checkbox"/> LENDER'S LOSS PAYABLE					LOCATION:	BUILDING:
<input type="checkbox"/> LIENHOLDER					SCHEDULED ITEM NUMBER:	
<input type="checkbox"/> LOSS PAYEE					OTHER	
<input type="checkbox"/>						
ITEM DESCRIPTION:						
INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER	
<input type="checkbox"/> LENDER'S LOSS PAYABLE					LOCATION:	BUILDING:
<input type="checkbox"/> LIENHOLDER					SCHEDULED ITEM NUMBER:	
<input type="checkbox"/> LOSS PAYEE					OTHER	
<input type="checkbox"/>						
ITEM DESCRIPTION:						
INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER	
<input type="checkbox"/> LENDER'S LOSS PAYABLE					LOCATION:	BUILDING:
<input type="checkbox"/> LIENHOLDER					SCHEDULED ITEM NUMBER:	
<input type="checkbox"/> LOSS PAYEE					OTHER	
<input type="checkbox"/>						
ITEM DESCRIPTION:						

## RIGGING

DESCRIBE ALL HOISTING OR OTHER OPERATIONS REQUIRING RIGGING.

## TRANSPORTATION / SECURITY

ESTIMATE % OF VALUE OF MATERIAL SHIPPED TO JOB SITE AT APPLICANT'S RISK.

%

DESCRIBE JOB SITE SECURITY

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

SPECIFIC JOB on Page 2

**COVERAGE**

LIMIT AT LOCATION	LIMIT AT A TEMPORARY LOCATION	TRANSIT LIMIT
\$	\$	\$

**SPECIFIC JOB**

**CAUSES OF LOSS & DEDUCTIBLE**

CAUSES OF LOSS	SUB LIMIT	DEDUCTIBLE
EARTHQUAKE	\$	
FLOOD	\$	
	\$	
SPECIAL		
BROAD	<input type="checkbox"/> BASIC	

**JOB TERM / VALUES**

JOB TERM		CONTRACT AMOUNT	VALUE OF OWNER SUPPLIED PROPERTY
COMMENCEMENT	COMPLETION		
		\$	\$

**SECURITY**

DESCRIBE JOB SITE SECURITY

**JOB DESCRIPTION**

DESCRIBE THE WORK TO BE PERFORMED

INSURED'S JOB NUMBER: \_\_\_\_\_

**ADDITIONAL INTEREST**

ACORD 45 Attached

INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER
<input type="checkbox"/> LENDER'S LOSS PAYABLE					LOCATION: BUILDING:
<input type="checkbox"/> LOSS PAYEE					SCHEDULED ITEM NUMBER:
<input type="checkbox"/> LIENHOLDER					OTHER
ITEM DESCRIPTION:					

INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER
<input type="checkbox"/> LENDER'S LOSS PAYABLE					LOCATION: BUILDING:
<input type="checkbox"/> LOSS PAYEE					SCHEDULED ITEM NUMBER:
<input type="checkbox"/> LIENHOLDER					OTHER
ITEM DESCRIPTION:					

INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER
<input type="checkbox"/> LENDER'S LOSS PAYABLE					LOCATION: BUILDING:
<input type="checkbox"/> LOSS PAYEE					SCHEDULED ITEM NUMBER:
<input type="checkbox"/> LIENHOLDER					OTHER
ITEM DESCRIPTION:					

**TRANSPORTATION**

TOTAL VALUES TO BE SHIPPED TO THIS JOB SITE AT APPLICANT'S RISK.			
AMOUNT SHIPPED	% FOR APPLICANT'S VEHICLES	% BY COMMON/ CONTRACT CARRIER	DISTANCE INVOLVED
\$	%		

**RIGGING**

DESCRIBE ALL HOISTING OR OPERATIONS REQUIRING RIGGING.

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

**Applicable in AL, AR, DC, LA, MD, NM, RI and WV**

Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)\* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. \*Applies in MD Only.

**Applicable in CO**

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Applicable in FL and OK**

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)\*. \*Applies in FL Only.

**Applicable in KS**

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**Applicable in KY, NY, OH and PA**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties\* (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY Only.

**Applicable in ME, TN, VA and WA**

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)\* include imprisonment, fines and denial of insurance benefits. \*Applies in ME Only.

**Applicable in NJ**

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Applicable in OR**

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**Applicable in PR**

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

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

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



AGENCY CUSTOMER ID: 00096498

**CALIFORNIA COMMERCIAL AUTO  
COVERAGES / LIMITS SECTION**

DATE (MM/DD/YYYY)

12/15/2021

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

**BUSINESS AUTO SECTION**

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	COVERAGES	COVERED AUTO SYMBOLS	LIMITS		
LIABILITY	<input checked="" type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 9	<input checked="" type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$ 1,000,000	Collision				
	<input type="checkbox"/> 2 <input type="checkbox"/> 7 <input type="checkbox"/>	BI EACH ACCIDENT \$					
	<input type="checkbox"/> 3 <input type="checkbox"/> 8	PROPERTY DAMAGE \$					
			PHYSICAL DAMAGE				
			TOWING & LABOR	<input type="checkbox"/> 3 <input type="checkbox"/> 7	\$		
			COMP / OTC	<input type="checkbox"/> 2 <input type="checkbox"/> 4 <input checked="" type="checkbox"/> 8			
				<input type="checkbox"/> 3 <input checked="" type="checkbox"/> 7			
MEDICAL PAYMENTS	<input checked="" type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/> 8	EACH PERSON \$ 5,000	SPECIFIED CAUSES OF LOSS	<input type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/> 8			
	<input type="checkbox"/> 3 <input type="checkbox"/> 7			<input type="checkbox"/> 3 <input type="checkbox"/> 7			
UNINSURED MOTORIST	<input type="checkbox"/> 2 <input type="checkbox"/> 6	<input checked="" type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$ 1,000,000	COLLISION	<input type="checkbox"/> 2 <input type="checkbox"/> 4 <input checked="" type="checkbox"/> 8			
	<input type="checkbox"/> 3 <input checked="" type="checkbox"/> 7	BI EACH ACCIDENT \$	<input checked="" type="checkbox"/> WAIVER OF DEDUCTIBLE	<input type="checkbox"/> 3 <input checked="" type="checkbox"/> 7			
	<input type="checkbox"/> 4 <input type="checkbox"/>	PROPERTY DAMAGE \$ 3,500					
HIRED / BORROWED LIABILITY	<input checked="" type="checkbox"/> YES STATES <input type="checkbox"/> NO CA	COST OF HIRE <input checked="" type="checkbox"/> IF ANY BASIS \$	HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH	COVERAGE / DEDUCTIBLE
NON-OWNED LIABILITY	<input checked="" type="checkbox"/> YES STATES <input type="checkbox"/> NO CA	GROUP TYPE <input checked="" type="checkbox"/> EMPLOYEES 21 <input type="checkbox"/> VOLUNTEERS <input type="checkbox"/> PARTNERS					<input type="checkbox"/> COMP \$ <input type="checkbox"/> SPEC C OF L \$ <input type="checkbox"/> COLL \$
COVERED AUTO SYMBOLS (1) ANY AUTO (2) OWNED AUTOS ONLY (3) OWNED PRIVATE PASSENGER AUTOS ONLY (4) OWNED AUTOS OTHER THAN PRIVATE PASSENGER AUTOS ONLY (5) OWNED AUTOS SUBJECT TO NO-FAULT (6) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORISTS LAW (7) SPECIFICALLY DESCRIBED AUTOS (8) HIRED AUTOS ONLY (9) NON-OWNED AUTOS ONLY							

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

AN INSURER WHICH REFUSES TO PROVIDE COVERAGE TO AN APPLICANT WHO IS A "GOOD DRIVER" MUST PROVIDE THE APPLICANT WITH WRITTEN STATEMENT OF THE REASONS IT DENIED COVERAGE. IN GENERAL, UNDER CALIFORNIA LAW A GOOD DRIVER IS A PERSON WHO HAS NOT HAD MORE THAN ONE VIOLATION POINT OR MORE THAN ONE AT-FAULT ACCIDENT RESULTING IN ONLY PROPERTY DAMAGE IN THE LAST THREE YEARS.

I UNDERSTAND AND ACKNOWLEDGE THAT UNINSURED MOTORISTS BODILY INJURY COVERAGE (UMBI) HAS BEEN OFFERED TO ME, AND THAT I HAVE THE OPTIONS OF SELECTING EITHER UMBI LIMITS LOWER THAN MY BODILY INJURY LIABILITY LIMITS, OR REJECTING UMBI COVERAGE ENTIRELY. IF I HAVE REJECTED UMBI COVERAGE OR SELECTED UMBI LIMITS LOWER THAN MY BODILY INJURY LIABILITY LIMITS, I HAVE ALSO SIGNED THE CALIFORNIA AUTO SUPPLEMENT, ACORD 61 CA.

I ALSO UNDERSTAND AND ACKNOWLEDGE THAT UNINSURED MOTORISTS PROPERTY DAMAGE COVERAGE (UMPD) HAS BEEN OFFERED TO ME, AND THAT I HAVE THE OPTIONS OF SELECTING OR REJECTING THIS COVERAGE FOR ONE OR MORE VEHICLES. I HAVE MADE MY SELECTION ON THIS APPLICATION, AND I HAVE READ AND COMPLETED THE UMPD PORTION OF THE CALIFORNIA AUTO SUPPLEMENT, ACORD 61 CA.

IN ADDITION, I HAVE BEEN OFFERED WAIVER OF COLLISION DEDUCTIBLE. IF THIS OPTION IS NOT INDICATED ON THIS APPLICATION, THEN I HAVE REJECTED THIS OPTION.

I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE OR IN ANY STATE SUPPLEMENT WILL APPLY TO ALL FUTURE POLICY RENEWALS, CONTINUATIONS AND CHANGES UNLESS I NOTIFY YOU OTHERWISE IN WRITING.

APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER
-----------------------	------	----------------------	--------------------------

**TRUCKERS SECTION**

COVERAGES		COVERED AUTO SYMBOLS				LIMITS				PHYSICAL DAMAGE													
										COVERAGES		COVERED AUTO SYMBOLS		LIMITS				DEDUCTIBLE					
LIABILITY		41		46			CSL		BI EA PER	\$	COMP / OTC		42		47				\$				
		42		47				BI EACH ACCIDENT	\$			43											
		43		50				PROPERTY DAMAGE	\$			46											
														42		47		SCL		FT		LSP	\$
														43				F		FTW			
														46									
MEDICAL PAYMENTS		42		46					EACH PERSON	\$	COLLISION		42		47								\$
		43										43											
UNINSURED MOTORIST		42		46			CSL		BI EA PER	\$		WAIVER OF DEDUCTIBLE		46									
		43							BI EACH ACCIDENT	\$				46									
		45							PROPERTY DAMAGE	\$		TOWING & LABOR											
NON-TRUCKERS HIRED / BORROWED		YES		STATES					COST OF HIRE			IF ANY BASIS											
		NO							\$														
TRUCKERS HIRED / BORROWED LIABILITY		YES		STATES					COST OF HIRE			IF ANY BASIS											
		NO							\$														
NON-OWNED AUTO LIABILITY		YES		STATES					GROUP TYPE		NUMBER OF		WAIVER OF DEDUCTIBLE										\$
		NO																					
									EMPLOYEES														
									VOLUNTEERS														
									PARTNERS														
OTHER																							
<b>COVERED AUTO SYMBOLS</b> (41) ANY AUTO (42) OWNED AUTOS ONLY (43) OWNED COMMERCIAL AUTOS ONLY (44) OWNED AUTOS SUBJECT TO NO-FAULT (45) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW (46) SPECIFICALLY DESCRIBED AUTOS (47) HIRED AUTOS ONLY (48) TRAILERS IN YOUR POSSESSION UNDER A TRAILER INTERCHANGE AGREEMENT (49) YOUR TRAILERS IN THE POSSESSION OF ANOTHER TRUCKER UNDER A TRAILER INTERCHANGE AGREEMENT (50) NON-OWNED AUTOS ONLY																							

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

AN INSURER WHICH REFUSES TO PROVIDE COVERAGE TO AN APPLICANT WHO IS A "GOOD DRIVER" MUST PROVIDE THE APPLICANT WITH WRITTEN STATEMENT OF THE REASONS IT DENIED COVERAGE. IN GENERAL, UNDER CALIFORNIA LAW A GOOD DRIVER IS A PERSON WHO HAS NOT HAD MORE THAN ONE VIOLATION POINT OR MORE THAN ONE AT-FAULT ACCIDENT RESULTING IN ONLY PROPERTY DAMAGE IN THE LAST THREE YEARS.

I UNDERSTAND AND ACKNOWLEDGE THAT UNINSURED MOTORISTS BODILY INJURY COVERAGE (UMBI) HAS BEEN OFFERED TO ME, AND THAT I HAVE THE OPTIONS OF SELECTING EITHER UMBI LIMITS LOWER THAN MY BODILY INJURY LIABILITY LIMITS, OR REJECTING UMBI COVERAGE ENTIRELY. IF I HAVE REJECTED UMBI COVERAGE OR SELECTED UMBI LIMITS LOWER THAN MY BODILY INJURY LIABILITY LIMITS, I HAVE ALSO SIGNED THE CALIFORNIA AUTO SUPPLEMENT, ACORD 61 CA.

I ALSO UNDERSTAND AND ACKNOWLEDGE THAT UNINSURED MOTORISTS PROPERTY DAMAGE COVERAGE (UMPD) HAS BEEN OFFERED TO ME, AND THAT I HAVE THE OPTIONS OF SELECTING OR REJECTING THIS COVERAGE FOR ONE OR MORE VEHICLES. I HAVE MADE MY SELECTION ON THIS APPLICATION, AND I HAVE READ AND COMPLETED THE UMPD PORTION OF THE CALIFORNIA AUTO SUPPLEMENT, ACORD 61 CA.

IN ADDITION, I HAVE BEEN OFFERED WAIVER OF COLLISION DEDUCTIBLE. IF THIS OPTION IS NOT INDICATED ON THIS APPLICATION, THEN I HAVE REJECTED THIS OPTION.

I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE OR IN ANY STATE SUPPLEMENT WILL APPLY TO ALL FUTURE POLICY RENEWALS, CONTINUATIONS AND CHANGES UNLESS I NOTIFY YOU OTHERWISE IN WRITING.

APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER
-----------------------	------	----------------------	--------------------------

**MOTOR CARRIER SECTION**

COVERAGES		COVERED AUTO SYMBOLS		LIMITS		PHYSICAL DAMAGE								
						COVERAGES		COVERED AUTO SYMBOLS		LIMITS		DEDUCTIBLE		
LIABILITY		61	67		CSL	BI EA PER \$	COMP / OTC		62	67				
		62	68		BI EACH ACCIDENT \$			63	68					
		63	71		PROPERTY DAMAGE \$			64						
		64												
							SPECIFIED CAUSES OF LOSS		62	67		SCL	FT	LSP
									63	68		F	FTW	
									64					
							COLLISION		62	67				
							WAIVER OF DEDUCTIBLE		63	68				
									64					
MEDICAL PAYMENTS		62	64			EACH PERSON \$	TOWING & LABOR		63		\$			
		63	67						67					
UNINSURED MOTORIST		62	66		CSL	BI EA PER \$	TRAILER INTERCHANGE							
		63	67		BI EACH ACCIDENT \$		COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE	
		64			PROPERTY DAMAGE \$		COMP / OTC		69					
									70					
							SPECIFIED CAUSES OF LOSS		69					
									70					
NON-TRUCKERS HIRED / BORROWED	YES	STATES		COST OF HIRE		IF ANY BASIS	COLLISION		69					
	NO			\$			WAIVER OF DEDUCTIBLE		70					\$
TRUCKERS HIRED / BORROWED LIABILITY	YES	STATES		COST OF HIRE		IF ANY BASIS	TRAILER VALUE	\$						
	NO			\$										
NON-OWNED AUTO LIABILITY	YES	STATES		GROUP TYPE		NUMBER OF	HIRED PHYSICAL DAMAGE			# DAYS	# VEH			
	NO			EMPLOYEES										
				VOLUNTEERS										
				PARTNERS										
OTHER							COVERAGE IS:			PRIMARY		SECONDARY		
							OTHER							

**COVERED AUTO SYMBOLS**

(61) ANY AUTO  
 (62) OWNED AUTOS ONLY  
 (63) OWNED PRIVATE PASS AUTOS ONLY

(64) OWNED COMMERCIAL AUTOS ONLY  
 (65) OWNED AUTOS SUBJECT TO NO-FAULT  
 (66) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW

(67) SPECIFICALLY DESCRIBED AUTOS  
 (68) HIRED AUTOS ONLY  
 (69) TRAILERS IN YOUR POSSESSION UNDER A TRAILER INTERCHANGE AGREEMENT

(70) YOUR TRAILERS IN THE POSSESSION OF ANOTHER TRUCKER UNDER A TRAILER INTERCHANGE AGREEMENT  
 (71) NON-OWNED AUTOS ONLY

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

AN INSURER WHICH REFUSES TO PROVIDE COVERAGE TO AN APPLICANT WHO IS A "GOOD DRIVER" MUST PROVIDE THE APPLICANT WITH WRITTEN STATEMENT OF THE REASONS IT DENIED COVERAGE. IN GENERAL, UNDER CALIFORNIA LAW A GOOD DRIVER IS A PERSON WHO HAS NOT HAD MORE THAN ONE VIOLATION POINT OR MORE THAN ONE AT-FAULT ACCIDENT RESULTING IN ONLY PROPERTY DAMAGE IN THE LAST THREE YEARS.

I UNDERSTAND AND ACKNOWLEDGE THAT UNINSURED MOTORISTS BODILY INJURY COVERAGE (UMBI) HAS BEEN OFFERED TO ME, AND THAT I HAVE THE OPTIONS OF SELECTING EITHER UMBI LIMITS LOWER THAN MY BODILY INJURY LIABILITY LIMITS, OR REJECTING UMBI COVERAGE ENTIRELY. IF I HAVE REJECTED UMBI COVERAGE OR SELECTED UMBI LIMITS LOWER THAN MY BODILY INJURY LIABILITY LIMITS, I HAVE ALSO SIGNED THE CALIFORNIA AUTO SUPPLEMENT, ACORD 61 CA.

I ALSO UNDERSTAND AND ACKNOWLEDGE THAT UNINSURED MOTORISTS PROPERTY DAMAGE COVERAGE (UMPD) HAS BEEN OFFERED TO ME, AND THAT I HAVE THE OPTIONS OF SELECTING OR REJECTING THIS COVERAGE FOR ONE OR MORE VEHICLES. I HAVE MADE MY SELECTION ON THIS APPLICATION, AND I HAVE READ AND COMPLETED THE UMPD PORTION OF THE CALIFORNIA AUTO SUPPLEMENT, ACORD 61 CA.

IN ADDITION, I HAVE BEEN OFFERED WAIVER OF COLLISION DEDUCTIBLE. IF THIS OPTION IS NOT INDICATED ON THIS APPLICATION, THEN I HAVE REJECTED THIS OPTION.

I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE OR IN ANY STATE SUPPLEMENT WILL APPLY TO ALL FUTURE POLICY RENEWALS, CONTINUATIONS AND CHANGES UNLESS I NOTIFY YOU OTHERWISE IN WRITING.

APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER
-----------------------	------	----------------------	--------------------------





AGENCY CUSTOMER ID: 00096498

**BUSINESS AUTO SECTION**

DATE (MM/DD/YYYY)

12/15/2021

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

**COVERAGES / LIMITS****USE ACORD 137 FOR YOUR STATE TO PROVIDE COVERAGES / LIMITS INFORMATION****DRIVER INFORMATION** ACORD 163 attached for additional drivers

LIST ALL DRIVERS, INCLUDING FAMILY MEMBERS THAT DRIVE COMPANY VEHICLES, AND EMPLOYEES WHO DRIVE OWN VEHICLES ON COMPANY BUSINESS.

DRIVER #	NAME CITY, STATE AND ZIP CODE	SEX	* MAR STAT	DATE OF BIRTH	YRS EXP	YEAR LIC	DRIVERS LICENSE NUMBER/ SOCIAL SECURITY NUMBER	STATE LIC	DATE HIRE	BROADEN NO-FAULT	DOC	USE VEH #	% USE
6	Garfield D McLaren			05/07/1953			E0567758						
10	Luis A Castillo			04/25/1986			D7751271	CA					
11	Malcolm I McLaren			06/19/1989			D9149050	CA					
12	Marcos A Quezada			12/24/1975			B3824850	CA					
15	Veronica Enriquez			07/03/1977			B9265137	CA					
16	Veronica Quezada			02/07/1979			B6028729	CA					
18	Omar Rivera			02/23/1992			F1256269	CA					
20	George Munoz			10/24/1970			A5060526	CA					
21	Miguel Montiel-Davila CA			05/08/1980			Y2474580						
22	Fernando R UrizaPalacios			11/08/1999			F6987118	CA					
22	Anthony L Torres			06/23/1999			Y8753845	CA					

\* MARITAL STATUS / CIVIL UNION (if applicable)

**GENERAL INFORMATION**

EXPLAIN ALL "YES" RESPONSES				Y / N
1. WITH THE EXCEPTION OF ANY ENCUMBRANCES, ARE ANY VEHICLES FOR WHICH INSURANCE IS REQUESTED NOT SOLELY OWNED BY AND REGISTERED TO THE APPLICANT?				
VEH #	NAME OF OTHER OWNER	VEH #	NAME OF OTHER OWNER	
2. DO OVER 50% OF THE EMPLOYEES USE THEIR AUTOS IN THE BUSINESS? (no explanation needed)				
3. IS THERE A VEHICLE MAINTENANCE PROGRAM IN OPERATION?				
4. ARE ANY VEHICLES LEASED TO OTHERS?				
5. ANY CAR MODIFIED / SPECIAL EQUIPMENT? (Include customized vans / pickups)				
VEH #	DESCRIPTION	COST \$	VEH # DESCRIPTION COST \$	
6. ARE ICC (Interstate Commerce Commission), PUC (Public Utility Commission) OR OTHER FILINGS REQUIRED? (If "YES", attach ACORD 194) (no explanation needed)				
7. DO OPERATIONS INVOLVE TRANSPORTING HAZARDOUS MATERIAL?				

**GENERAL INFORMATION (continued)**

EXPLAIN ALL "YES" RESPONSES	Y / N										
8. ANY HOLD HARMLESS AGREEMENTS?											
9. ANY VEHICLES USED BY FAMILY MEMBERS? IF SO, IDENTIFY.											
10. DOES THE APPLICANT OBTAIN MVR (Motor Vehicle Record) VERIFICATIONS?											
11. DOES THE APPLICANT HAVE A SPECIFIC DRIVER RECRUITING METHOD?											
12. ARE ANY DRIVERS NOT COVERED BY WORKERS COMPENSATION?											
13. ANY VEHICLES OWNED BUT NOT SCHEDULED ON THIS APPLICATION?											
14. ANY DRIVERS WITH CONVICTIONS FOR MOVING TRAFFIC VIOLATIONS? <b>APPLICABLE ONLY IN KANSAS: UNDER KANSAS LAW, THE FOLLOWING TRAFFIC VIOLATIONS ARE NOT REQUIRED TO BE REPORTED TO INSURERS:</b> 1. A speeding violation of up to six (6) miles per hour (mph) that occurs in an area with a maximum posted speed limit from 30 mph through 54 mph, or 2. A speeding violation of up to ten (10) miles per hour (mph) that occurs in an area with a maximum posted speed limit from 55 mph through 75 mph.											
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">DRV #</th> <th style="width: 20%;">DATE (MM/DD/YYYY)</th> <th style="width: 30%;">TYPE</th> <th style="width: 30%;">PLACE (CITY, STATE)</th> <th style="width: 10%;"># YRS REV</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	DRV #	DATE (MM/DD/YYYY)	TYPE	PLACE (CITY, STATE)	# YRS REV						
DRV #	DATE (MM/DD/YYYY)	TYPE	PLACE (CITY, STATE)	# YRS REV							
15. HAS AGENT INSPECTED VEHICLES?											
16. ARE ALL VEHICLES TO BE INCLUDED IN THIS POLICY PART OF A FLEET?											
17. DO YOU HAVE ELECTRONIC MONITORING DEVICES THAT RECORD AND TRANSMIT DATA IN ANY OF YOUR VEHICLES? If "YES", what percentage of vehicles in your overall fleet are monitored (1 - 100%) _____ % Please indicate how you utilize the devices (check all that apply): <input type="checkbox"/> MONITOR DRIVER SAFETY <input type="checkbox"/> TRACK FUEL CONSUMPTION <input type="checkbox"/> MONITOR VEHICLE MAINTENANCE <input type="checkbox"/> MILEAGE TRACKING <input type="checkbox"/> LOCATION TRACKING <input type="checkbox"/> NAVIGATION    Describe: _____											
DESCRIPTION OF GARAGE / STORAGE LOCATIONS	MAXIMUM DOLLAR VALUE SUBJECT TO LOSS \$										

**ADDITIONAL INTEREST / CERTIFICATE RECIPIENT****ACORD 45 attached for additional names**

INTEREST	NAME AND ADDRESS	RANK: _____	EVIDENCE:	CERTIFICATE	INTEREST IN ITEM NUMBER
<input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT					VEHICLE: _____ LOCATION: _____  _____  _____
	REFERENCE / LOAN #: _____				
<input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT					VEHICLE: _____ LOCATION: _____  _____  _____
	REFERENCE / LOAN #: _____				

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

--

**Applicable in AL, AR, DC, LA, MD, NM, RI and WV**

Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)\* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. \*Applies in MD Only.

**Applicable in CO**

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Applicable in FL and OK**

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)\*. \*Applies in FL Only.

**Applicable in KS**

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**Applicable in KY, NY, OH and PA**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties\* (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY Only.

**Applicable in ME, TN, VA and WA**

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)\* include imprisonment, fines and denial of insurance benefits. \*Applies in ME Only.

**Applicable in NJ**

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Applicable in OR**

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**Applicable in PR**

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

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

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

VEHICLE DESCRIPTION ☒ ACORD 129 attached for additional vehicles

VEH # 1	YEAR 2014	MAKE: Toyota MODEL: Tacoma 4x2	BODY TYPE: Pickup truck V.I.N.: 5TFTX4GN2EX030133	VEHICLE TYPE PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input type="checkbox"/>			SYM / AGE	COMP / OTC SYM	COLL SYM
GARAGING ADDRESS		STREET (Required in KY)		CITY		COUNTY		STATE	ZIP
LIC STATE	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL	
USE		COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR	F	LSP	RENT REIMB
PLEASURE	RETAIL			LIAB	MED PAY	TOWING & LABOR	FT	COMP/OTC	FG
FARM	SERVICE			NO-FAULT	UNINS MOTOR	SPEC C OF L	FTW	COLL	
DRIVE TO WORK / SCHOOL		< 15 MILES	15 MILES +	NET VEH DR/CR:	TOTAL PREM: \$				
VEH # 2	YEAR 2009	MAKE: Ford MODEL: F150	BODY TYPE: Pickup truck V.I.N.: 1FTRF12879KA84012	VEHICLE TYPE PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input type="checkbox"/>			SYM / AGE	COMP / OTC SYM	COLL SYM
GARAGING ADDRESS		STREET (Required in KY)		CITY		COUNTY		STATE	ZIP
LIC STATE	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL	
USE		COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR	F	LSP	RENT REIMB
PLEASURE	RETAIL			LIAB	MED PAY	TOWING & LABOR	FT	COMP/OTC	FG
FARM	SERVICE			NO-FAULT	UNINS MOTOR	SPEC C OF L	FTW	COLL	
DRIVE TO WORK / SCHOOL		< 15 MILES	15 MILES +	NET VEH DR/CR:	TOTAL PREM: \$				
VEH # 3	YEAR 2008	MAKE: Honda MODEL: CRV LX	BODY TYPE: Station wagon V.I.N.: JHLRE38378C035768	VEHICLE TYPE PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input type="checkbox"/>			SYM / AGE	COMP / OTC SYM	COLL SYM
GARAGING ADDRESS		STREET (Required in KY)		CITY		COUNTY		STATE	ZIP
LIC STATE	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL	
USE		COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR	F	LSP	RENT REIMB
PLEASURE	RETAIL			LIAB	MED PAY	TOWING & LABOR	FT	COMP/OTC	FG
FARM	SERVICE			NO-FAULT	UNINS MOTOR	SPEC C OF L	FTW	COLL	
DRIVE TO WORK / SCHOOL		< 15 MILES	15 MILES +	NET VEH DR/CR:	TOTAL PREM: \$				
VEH # 4	YEAR 2003	MAKE: Dodge MODEL: Ram 2500 ST SLT	BODY TYPE: Pickup truck V.I.N.: 3D7KA28663G816677	VEHICLE TYPE PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input type="checkbox"/>			SYM / AGE	COMP / OTC SYM	COLL SYM
GARAGING ADDRESS		STREET (Required in KY)		CITY		COUNTY		STATE	ZIP
LIC STATE	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL	
USE		COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR	F	LSP	RENT REIMB
PLEASURE	RETAIL			LIAB	MED PAY	TOWING & LABOR	FT	COMP/OTC	FG
FARM	SERVICE			NO-FAULT	UNINS MOTOR	SPEC C OF L	FTW	COLL	
DRIVE TO WORK / SCHOOL		< 15 MILES	15 MILES +	NET VEH DR/CR:	TOTAL PREM: \$				

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



AGENCY CUSTOMER ID: 00096498

## VEHICLE SCHEDULE

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

AGENCY James G Parker Insurance Assoc		CARRIER *Carrier TBD		NAIC CODE
POLICY NUMBER PKGREN22		EFFECTIVE DATE 4/16/2022	NAMED INSURED(S) Ecotech Services Inc	

## VEHICLE DESCRIPTION

VEH # 5	YEAR 2005	MAKE: Toyota MODEL: Tundra	BODY TYPE: Pickup truck V.I.N.: 5TBR38115S459225	VEHICLE TYPE PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input type="checkbox"/>		SYM / AGE	COMP / OTC SYM	COLL SYM					
GARAGING ADDRESS	STREET (Required in KY)		CITY	COUNTY		STATE	ZIP						
LIC STATE	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL					
USE PLEASURE <input type="checkbox"/> FARM <input type="checkbox"/>		COMM'L <input type="checkbox"/> RETAIL <input type="checkbox"/> SERVICE <input type="checkbox"/>	FOR HIRE <input type="checkbox"/>	CHECK COVERAGES <input checked="" type="checkbox"/> LIAB <input checked="" type="checkbox"/> NO-FAULT	ADD'L NO-FAULT <input checked="" type="checkbox"/> MED PAY <input checked="" type="checkbox"/> UNINS MOTOR	UNDRINS MOTOR <input checked="" type="checkbox"/> TOWING & LABOR <input checked="" type="checkbox"/> SPEC C OF L	F FT <input checked="" type="checkbox"/> FTW <input checked="" type="checkbox"/>	LSP COMP/OTC <input checked="" type="checkbox"/> COLL <input checked="" type="checkbox"/>	RENT REIMB FG <input type="checkbox"/>	DEDUCTIBLES AA <input type="checkbox"/> STAMT <input type="checkbox"/>	ACV <input checked="" type="checkbox"/>	COMP/OTC <input checked="" type="checkbox"/>	SPEC C OF L <input type="checkbox"/>
DRIVE TO WORK / SCHOOL		< 15 MILES <input type="checkbox"/>	15 MILES + <input type="checkbox"/>	NET VEH DR/CR:	TOTAL PREM: \$								
VEH # 6	YEAR 2018	MAKE: Toyota MODEL: Tacoma	BODY TYPE: Pickup truck V.I.N.: 5TFRX5GN0JX107642	VEHICLE TYPE PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input type="checkbox"/>		SYM / AGE	COMP / OTC SYM	COLL SYM					
GARAGING ADDRESS	STREET (Required in KY)		CITY	COUNTY		STATE	ZIP						
LIC STATE	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL					
USE PLEASURE <input type="checkbox"/> FARM <input type="checkbox"/>		COMM'L <input type="checkbox"/> RETAIL <input type="checkbox"/> SERVICE <input type="checkbox"/>	FOR HIRE <input type="checkbox"/>	CHECK COVERAGES <input checked="" type="checkbox"/> LIAB <input checked="" type="checkbox"/> NO-FAULT	ADD'L NO-FAULT <input checked="" type="checkbox"/> MED PAY <input checked="" type="checkbox"/> UNINS MOTOR	UNDRINS MOTOR <input checked="" type="checkbox"/> TOWING & LABOR <input checked="" type="checkbox"/> SPEC C OF L	F FT <input checked="" type="checkbox"/> FTW <input checked="" type="checkbox"/>	LSP COMP/OTC <input checked="" type="checkbox"/> COLL <input checked="" type="checkbox"/>	RENT REIMB FG <input type="checkbox"/>	DEDUCTIBLES AA <input type="checkbox"/> STAMT <input type="checkbox"/>	ACV <input checked="" type="checkbox"/>	COMP/OTC <input checked="" type="checkbox"/>	SPEC C OF L <input type="checkbox"/>
DRIVE TO WORK / SCHOOL		< 15 MILES <input type="checkbox"/>	15 MILES + <input type="checkbox"/>	NET VEH DR/CR:	TOTAL PREM: \$								
VEH # 7	YEAR 2019	MAKE: Toyota MODEL: Tacoma	BODY TYPE: Pickup truck V.I.N.: 5TFRX5GN1KX137525	VEHICLE TYPE PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input type="checkbox"/>		SYM / AGE	COMP / OTC SYM	COLL SYM					
GARAGING ADDRESS	STREET (Required in KY)		CITY	COUNTY		STATE	ZIP						
LIC STATE	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL					
USE PLEASURE <input type="checkbox"/> FARM <input type="checkbox"/>		COMM'L <input type="checkbox"/> RETAIL <input type="checkbox"/> SERVICE <input type="checkbox"/>	FOR HIRE <input type="checkbox"/>	CHECK COVERAGES <input checked="" type="checkbox"/> LIAB <input checked="" type="checkbox"/> NO-FAULT	ADD'L NO-FAULT <input checked="" type="checkbox"/> MED PAY <input checked="" type="checkbox"/> UNINS MOTOR	UNDRINS MOTOR <input checked="" type="checkbox"/> TOWING & LABOR <input checked="" type="checkbox"/> SPEC C OF L	F FT <input checked="" type="checkbox"/> FTW <input checked="" type="checkbox"/>	LSP COMP/OTC <input checked="" type="checkbox"/> COLL <input checked="" type="checkbox"/>	RENT REIMB FG <input type="checkbox"/>	DEDUCTIBLES AA <input type="checkbox"/> STAMT <input type="checkbox"/>	ACV <input checked="" type="checkbox"/>	COMP/OTC <input checked="" type="checkbox"/>	SPEC C OF L <input type="checkbox"/>
DRIVE TO WORK / SCHOOL		< 15 MILES <input type="checkbox"/>	15 MILES + <input type="checkbox"/>	NET VEH DR/CR:	TOTAL PREM: \$								
VEH # 8	YEAR 2009	MAKE: Utility MODEL: Trailer	BODY TYPE: Trailer V.I.N.: 5VVAU12159C111332	VEHICLE TYPE PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input type="checkbox"/>		SYM / AGE	COMP / OTC SYM	COLL SYM					
GARAGING ADDRESS	STREET (Required in KY)		CITY	COUNTY		STATE	ZIP						
LIC STATE	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL					
USE PLEASURE <input type="checkbox"/> FARM <input type="checkbox"/>		COMM'L <input type="checkbox"/> RETAIL <input type="checkbox"/> SERVICE <input type="checkbox"/>	FOR HIRE <input type="checkbox"/>	CHECK COVERAGES <input checked="" type="checkbox"/> LIAB <input checked="" type="checkbox"/> NO-FAULT	ADD'L NO-FAULT <input checked="" type="checkbox"/> MED PAY <input checked="" type="checkbox"/> UNINS MOTOR	UNDRINS MOTOR <input checked="" type="checkbox"/> TOWING & LABOR <input checked="" type="checkbox"/> SPEC C OF L	F FT <input checked="" type="checkbox"/> FTW <input checked="" type="checkbox"/>	LSP COMP/OTC <input checked="" type="checkbox"/> COLL <input checked="" type="checkbox"/>	RENT REIMB FG <input type="checkbox"/>	DEDUCTIBLES AA <input type="checkbox"/> STAMT <input type="checkbox"/>	ACV <input checked="" type="checkbox"/>	COMP/OTC <input checked="" type="checkbox"/>	SPEC C OF L <input type="checkbox"/>
DRIVE TO WORK / SCHOOL		< 15 MILES <input type="checkbox"/>	15 MILES + <input type="checkbox"/>	NET VEH DR/CR:	TOTAL PREM: \$								
VEH # 9	YEAR 2017	MAKE: Snake River MODEL: Dump Trailer 7x14	BODY TYPE: Trailer V.I.N.: 5PTBD1423H1026265	VEHICLE TYPE PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input type="checkbox"/>		SYM / AGE	COMP / OTC SYM	COLL SYM					
GARAGING ADDRESS	STREET (Required in KY)		CITY	COUNTY		STATE	ZIP						
LIC STATE	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL					
USE PLEASURE <input type="checkbox"/> FARM <input type="checkbox"/>		COMM'L <input type="checkbox"/> RETAIL <input type="checkbox"/> SERVICE <input type="checkbox"/>	FOR HIRE <input type="checkbox"/>	CHECK COVERAGES <input checked="" type="checkbox"/> LIAB <input checked="" type="checkbox"/> NO-FAULT	ADD'L NO-FAULT <input checked="" type="checkbox"/> MED PAY <input checked="" type="checkbox"/> UNINS MOTOR	UNDRINS MOTOR <input checked="" type="checkbox"/> TOWING & LABOR <input checked="" type="checkbox"/> SPEC C OF L	F FT <input checked="" type="checkbox"/> FTW <input checked="" type="checkbox"/>	LSP COMP/OTC <input checked="" type="checkbox"/> COLL <input checked="" type="checkbox"/>	RENT REIMB FG <input type="checkbox"/>	DEDUCTIBLES AA <input type="checkbox"/> STAMT <input type="checkbox"/>	ACV <input checked="" type="checkbox"/>	COMP/OTC <input checked="" type="checkbox"/>	SPEC C OF L <input type="checkbox"/>
DRIVE TO WORK / SCHOOL		< 15 MILES <input type="checkbox"/>	15 MILES + <input type="checkbox"/>	NET VEH DR/CR:	TOTAL PREM: \$								



AGENCY CUSTOMER ID: 00096498

## VEHICLE SCHEDULE

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

AGENCY James G Parker Insurance Assoc		CARRIER *Carrier TBD		NAIC CODE
POLICY NUMBER PKGREN22		EFFECTIVE DATE 4/16/2022	NAMED INSURED(S) Ecotech Services Inc	

## VEHICLE DESCRIPTION

VEH # 11	YEAR 2018	MAKE: PJ MODEL: Flat Trailer	BODY TYPE: Trailer V.I.N.: 4P5CC1628K1299551	VEHICLE TYPE PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input type="checkbox"/>			SYM / AGE	COMP / OTC SYM	COLL SYM	
GARAGING ADDRESS	STREET (Required in KY)		CITY	COUNTY			STATE	ZIP		
LIC STATE	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL		
USE PLEASURE <input type="checkbox"/> FARM <input type="checkbox"/>		COMM'L <input type="checkbox"/> RETAIL <input type="checkbox"/> SERVICE <input type="checkbox"/>	FOR HIRE <input type="checkbox"/>	CHECK COVERAGES <input checked="" type="checkbox"/> LIAB <input checked="" type="checkbox"/> NO-FAULT	ADD'L NO-FAULT <input checked="" type="checkbox"/> MED PAY <input checked="" type="checkbox"/> UNINS MOTOR	UNDRINS MOTOR <input checked="" type="checkbox"/> TOWING & LABOR <input checked="" type="checkbox"/> SPEC C OF L	F FT <input checked="" type="checkbox"/> FTW <input checked="" type="checkbox"/>	LSP COMP/OTC <input checked="" type="checkbox"/> COLL <input checked="" type="checkbox"/>	RENT REIMB FG <input type="checkbox"/>	DEDUCTIBLES <input type="checkbox"/> AA <input type="checkbox"/> ST AMT
DRIVE TO WORK / SCHOOL		< 15 MILES <input type="checkbox"/>	15 MILES + <input type="checkbox"/>	NET VEH DR/CR:				TOTAL PREM: \$		
VEH # 12	YEAR 2004	MAKE: Ford MODEL: F350	BODY TYPE: Pickup truck V.I.N.: 1FDSF34L14EA27273	VEHICLE TYPE PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input type="checkbox"/>			SYM / AGE	COMP / OTC SYM	COLL SYM	
GARAGING ADDRESS	STREET (Required in KY)		CITY	COUNTY			STATE	ZIP		
LIC STATE	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL		
USE PLEASURE <input type="checkbox"/> FARM <input type="checkbox"/>		COMM'L <input type="checkbox"/> RETAIL <input type="checkbox"/> SERVICE <input type="checkbox"/>	FOR HIRE <input type="checkbox"/>	CHECK COVERAGES <input checked="" type="checkbox"/> LIAB <input checked="" type="checkbox"/> NO-FAULT	ADD'L NO-FAULT <input checked="" type="checkbox"/> MED PAY <input checked="" type="checkbox"/> UNINS MOTOR	UNDRINS MOTOR <input checked="" type="checkbox"/> TOWING & LABOR <input checked="" type="checkbox"/> SPEC C OF L	F FT <input checked="" type="checkbox"/> FTW <input checked="" type="checkbox"/>	LSP COMP/OTC <input checked="" type="checkbox"/> COLL <input checked="" type="checkbox"/>	RENT REIMB FG <input type="checkbox"/>	DEDUCTIBLES <input type="checkbox"/> AA <input type="checkbox"/> ST AMT
DRIVE TO WORK / SCHOOL		< 15 MILES <input type="checkbox"/>	15 MILES + <input type="checkbox"/>	NET VEH DR/CR:				TOTAL PREM: \$		
VEH #	YEAR	MAKE:	BODY TYPE:	VEHICLE TYPE PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input type="checkbox"/>			SYM / AGE	COMP / OTC SYM	COLL SYM	
GARAGING ADDRESS		STREET (Required in KY)		CITY	COUNTY			STATE	ZIP	
LIC STATE	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL		
USE PLEASURE <input type="checkbox"/> FARM <input type="checkbox"/>		COMM'L <input type="checkbox"/> RETAIL <input type="checkbox"/> SERVICE <input type="checkbox"/>	FOR HIRE <input type="checkbox"/>	CHECK COVERAGES <input type="checkbox"/> LIAB <input type="checkbox"/> NO-FAULT	ADD'L NO-FAULT <input type="checkbox"/> MED PAY <input type="checkbox"/> UNINS MOTOR	UNDRINS MOTOR <input type="checkbox"/> TOWING & LABOR <input type="checkbox"/> SPEC C OF L	F FT <input type="checkbox"/> FTW <input type="checkbox"/>	LSP COMP/OTC <input type="checkbox"/> COLL <input type="checkbox"/>	RENT REIMB FG <input type="checkbox"/>	DEDUCTIBLES <input type="checkbox"/> AA <input type="checkbox"/> ST AMT
DRIVE TO WORK / SCHOOL		< 15 MILES <input type="checkbox"/>	15 MILES + <input type="checkbox"/>	NET VEH DR/CR:				TOTAL PREM: \$		
VEH #	YEAR	MAKE:	BODY TYPE:	VEHICLE TYPE PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input type="checkbox"/>			SYM / AGE	COMP / OTC SYM	COLL SYM	
GARAGING ADDRESS		STREET (Required in KY)		CITY	COUNTY			STATE	ZIP	
LIC STATE	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL		
USE PLEASURE <input type="checkbox"/> FARM <input type="checkbox"/>		COMM'L <input type="checkbox"/> RETAIL <input type="checkbox"/> SERVICE <input type="checkbox"/>	FOR HIRE <input type="checkbox"/>	CHECK COVERAGES <input type="checkbox"/> LIAB <input type="checkbox"/> NO-FAULT	ADD'L NO-FAULT <input type="checkbox"/> MED PAY <input type="checkbox"/> UNINS MOTOR	UNDRINS MOTOR <input type="checkbox"/> TOWING & LABOR <input type="checkbox"/> SPEC C OF L	F FT <input type="checkbox"/> FTW <input type="checkbox"/>	LSP COMP/OTC <input type="checkbox"/> COLL <input type="checkbox"/>	RENT REIMB FG <input type="checkbox"/>	DEDUCTIBLES <input type="checkbox"/> AA <input type="checkbox"/> ST AMT
DRIVE TO WORK / SCHOOL		< 15 MILES <input type="checkbox"/>	15 MILES + <input type="checkbox"/>	NET VEH DR/CR:				TOTAL PREM: \$		

## ADDITIONAL VEHICLE COVERAGES

Veh #	Cov Code	Description	Type of Coverage	Form No.	Edition Date	Rate	Option Codes
1	CWAIV	Collision deductible waiver					
Limit 1	Limit 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductible Type 2	Premium
Veh #	Cov Code	Description	Type of Coverage	Form No.	Edition Date	Rate	Option Codes
2	CWAIV	Collision deductible waiver					
Limit 1	Limit 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductible Type 2	Premium
Veh #	Cov Code	Description	Type of Coverage	Form No.	Edition Date	Rate	Option Codes
3	CWAIV	Collision deductible waiver					
Limit 1	Limit 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductible Type 2	Premium
Veh #	Cov Code	Description	Type of Coverage	Form No.	Edition Date	Rate	Option Codes
4	CWAIV	Collision deductible waiver					
Limit 1	Limit 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductible Type 2	Premium
Veh #	Cov Code	Description	Type of Coverage	Form No.	Edition Date	Rate	Option Codes
5	CWAIV	Collision deductible waiver					
Limit 1	Limit 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductible Type 2	Premium
Veh #	Cov Code	Description	Type of Coverage	Form No.	Edition Date	Rate	Option Codes
6	CWAIV	Collision deductible waiver					
Limit 1	Limit 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductible Type 2	Premium
Veh #	Cov Code	Description	Type of Coverage	Form No.	Edition Date	Rate	Option Codes
7	CWAIV	Collision deductible waiver					
Limit 1	Limit 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductible Type 2	Premium
Veh #	Cov Code	Description	Type of Coverage	Form No.	Edition Date	Rate	Option Codes
12	CWAIV	Collision deductible waiver					
Limit 1	Limit 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductible Type 2	Premium
Veh #	Cov Code	Description	Type of Coverage	Form No.	Edition Date	Rate	Option Codes
Limit 1	Limit 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductible Type 2	Premium
Veh #	Cov Code	Description	Type of Coverage	Form No.	Edition Date	Rate	Option Codes
Limit 1	Limit 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductible Type 2	Premium
Veh #	Cov Code	Description	Type of Coverage	Form No.	Edition Date	Rate	Option Codes
Limit 1	Limit 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductible Type 2	Premium
Veh #	Cov Code	Description	Type of Coverage	Form No.	Edition Date	Rate	Option Codes
Limit 1	Limit 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductible Type 2	Premium
Veh #	Cov Code	Description	Type of Coverage	Form No.	Edition Date	Rate	Option Codes
Limit 1	Limit 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductible Type 2	Premium

## ADDITIONAL COVERAGES AND ENDORSEMENTS

Loc #	ST	Cov Code	Description	Type of Coverage	Form No.	Edition Date	Rate	Option Codes				
		<b>UNDSG</b>	<b>Underinsured motorist BI sing</b>									
Limit 1		Limit 2		Limit 3		Ded 1	Deductible Type 1		Ded 2	Deductible Type 2		Premium
<b>Included</b>												

  

Loc #	ST	Cov Code	Description	Type of Coverage	Form No.	Edition Date	Rate	Option Codes				
		<b>CA</b>	<b>HRDBD</b>	<b>Hired/borrowed</b>								
Limit 1		Limit 2		Limit 3		Ded 1	Deductible Type 1		Ded 2	Deductible Type 2		Premium
<b>1,000,000</b>												

  

Loc #	ST	Cov Code	Description	Type of Coverage	Form No.	Edition Date	Rate	Option Codes				
		<b>CA</b>	<b>NOWND</b>	<b>Non-owned</b>								
Limit 1		Limit 2		Limit 3		Ded 1	Deductible Type 1		Ded 2	Deductible Type 2		Premium
<b>1,000,000</b>												

  

Loc #	ST	Cov Code	Description	Type of Coverage	Form No.	Edition Date	Rate	Option Codes				
Limit 1		Limit 2		Limit 3		Ded 1	Deductible Type 1		Ded 2	Deductible Type 2		Premium

  

Loc #	ST	Cov Code	Description	Type of Coverage	Form No.	Edition Date	Rate	Option Codes				
Limit 1		Limit 2		Limit 3		Ded 1	Deductible Type 1		Ded 2	Deductible Type 2		Premium

  

Loc #	ST	Cov Code	Description	Type of Coverage	Form No.	Edition Date	Rate	Option Codes				
Limit 1		Limit 2		Limit 3		Ded 1	Deductible Type 1		Ded 2	Deductible Type 2		Premium

  

Loc #	ST	Cov Code	Description	Type of Coverage	Form No.	Edition Date	Rate	Option Codes				
Limit 1		Limit 2		Limit 3		Ded 1	Deductible Type 1		Ded 2	Deductible Type 2		Premium

  

Loc #	ST	Cov Code	Description	Type of Coverage	Form No.	Edition Date	Rate	Option Codes				
Limit 1		Limit 2		Limit 3		Ded 1	Deductible Type 1		Ded 2	Deductible Type 2		Premium

  

Loc #	ST	Cov Code	Description	Type of Coverage	Form No.	Edition Date	Rate	Option Codes				
Limit 1		Limit 2		Limit 3		Ded 1	Deductible Type 1		Ded 2	Deductible Type 2		Premium

  

Loc #	ST	Cov Code	Description	Type of Coverage	Form No.	Edition Date	Rate	Option Codes				
Limit 1		Limit 2		Limit 3		Ded 1	Deductible Type 1		Ded 2	Deductible Type 2		Premium





## 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
<p>* Please provide receipt for fire wood, mulch sale and nursery.</p> <p>* Copy of contracts with government entities are required to quote.</p> <p>** If applicant has Entered Snow Removal or Landscape Construction Payroll Above, completion of last page is required.</p>		
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 included in landscape projects	%	100 %
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:
<p><b>*NOTE:</b> To consider removal of snow plowing exclusion; the following are required:</p> <ol style="list-style-type: none"> <li>1. Copy of snow removal contract (must contain Hold Harmless wording in favor of the insured).</li> <li>2. Currently valued loss runs for past four years</li> <li>3. MVR for plow operators required regardless if automobile is being quoted.</li> <li>4. Add Lists of job site for snow removal contract</li> </ol>
<b>SUBCONTRACTING INFORMATION</b>
Number of subcontractors: <b>2</b>
Percentage of Work Subcontracted (in %): <b>2</b>
Cost of Subcontracts (in \$) <b>20000</b>
Types of work subcontracted: <b>Landscape Design Work - No Field Work</b>
Are certificates of insurance required from subcontractors? <b>Yes</b>
Applicant requires all subcontractors to carry primary liability insurance limits equal to or greater than applicants? <b>Yes</b>
Is the applicant named as an additional insured on all subcontractor's policies? <b>Yes</b>
Do your contracts with subcontractors contain indemnification or hold harmless wording? <b>Yes</b>
Please select the type of Subcontractor Agreements Applicant typically uses: Industry or Association Standard/ Custom: <b>Industry or Association Standard</b>
<b>ADDITIONAL INSURED REQUIREMENTS</b>
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
<b>PEST MANAGEMENT</b>
Do you apply pesticides or herbicides? <b>Yes</b>
If Yes, complete LandPro TreePro Pesticide/ Herbicide and pollution questionnaires.
<b>AUTOMOBILE EXPOSURES, USE, DRIVERS &amp; CONTROLS</b>
All scheduled vehicles must be registered under the company name/ first named insured.
Please select vehicle owned or leased by applicant: <b>Vehicle owned</b>
Are there written procedures for use of company vehicles? <b>Yes</b>
Do you make deliveries? <b>No</b>
What is the radius of delivery?
How often are deliveries made?
Do you have an automobile maintenance program in place? <b>Yes</b>
Do drivers travel over the same routes? <b>No</b>
Are employees allowed to drive company vehicles for personal use? <b>No</b>

Please provide who can use:
When vehicle can be used?
Do family members have use of company vehicles? <b>No</b>
How many employees use their personal vehicles for business operations? <b>0</b>
Verification your employee's personal auto insurance has minimum limits of at least \$100,000/ \$300,000? <b>No</b>
For employees driving company vehicles do you inspect the employee's drivers' licenses? <b>Yes</b>
Do you obtain MVR's for all drivers annually? <b>Yes</b>
Do you have drivers under the age of 21 or over 65? <b>No</b>
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? <b>No</b>
Who gives the test?
When is the test given?
Does applicant provide employee transportation? <b>Yes</b>
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?
<b>PUBLIC EXPOSURE INFORMATION</b>
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?
<b>PREMISES INFORMATION</b>
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
<b>OPERATING EQUIPMENT AND MOBILE EQUIPMENT EXPOSURES</b>
Does applicant own or lease mobile equipment subject to motor vehicle or financial responsibility laws? <b>No</b>
Provide subject equipment
Do you rent, lease or borrow equipment from others? <b>Yes</b>
Types of equipment rented, leased or borrowed <b>Forklift</b>
Is equipment leased or borrowed with operators? <b>No</b>

Do you lease, rent or loan out equipment to others? <b>Yes</b>
Do you lease, rent or loan out equipment with operators? <b>No</b>
Describe the type of work <b>Skit Steer to school dictrict for landscape - work by their staff</b>
Is there a lease/ rental contract with operators? <b>No</b>
Address/ location of the equipment stored
Describe the type of security measures in place
<b>CRANES AND LIFTING EQUIPMENT INFORMATION</b>
Do you own, lease, rent, hire or borrow bucket trucks or lifts? <b>No</b>
Do you own, lease, rent, hire or borrow bucket trucks or lifts with operators? <b>No</b>
Do you own, lease, rent, hire or borrow equipment with grapples or hooks? <b>No</b>
Do you own, lease, rent, hire or borrow cranes? <b>No</b> If yes complete Crane Supplemental
Is any other equipment rented, leased or hired with operators? <b>No</b> If yes provide equipment list
<b>WORKER COMPENSATION</b>
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 SUPPLEMENTAL APPLICATION	
Completed & signed accord applications for lines of business to be quoted	
4 years plus expiring year of currently valued, hard copy loss runs for all Lines of business being requested. Loss runs should be valued within the past 90 days and include 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:	
Historical exposure information 4 years and expiring including payrolls, receipts and premiums for auto and general liability	
Historical loss information 4 years and expiring for auto and general liability	
Signature Producer	
	Date:
Signature Applicant	
	Date:





## LandPro<sup>®</sup>TreePro<sup>™</sup> Crane Supplemental Questionnaire (use only when a Crane exists)

### **Required for General Liability, Contractor's Equipment & Umbrella**

Named Insured: \_\_\_\_\_

Policy 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 automatically shut down the machine if 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 required? If yes, please provide details of certification and continuing training classes for each crane operator? If no, how is training completed?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. List all operations performed by you or on your behalf that involve the use of cranes.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Does insured use ground spotters with tag lines and an experienced signal person when operating its crane?  
\_\_\_\_\_

7. Are any lifts completed for hire/for an independent third party? If, yes what type and how often?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. What types of precautions are taken 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?  
If yes, what procedures are in place to insure compliance with this requirement?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Fraud Warning Notice: If a state fraud warning notice applies,  
please attach form #55306 to this application.

Applicant's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Agency \_\_\_\_\_



900 Route 9 North, Suite 503, Woodbridge, NJ 07095  
Website: [www.NIPGroup.com](http://www.NIPGroup.com)



Toll-free Phone: (800) 446-7647

### LandPro®TreePro™ Pesticide/Herbicide and Pollution Liability Questionnaire

Insured: \_\_\_\_\_

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

Do you apply **ONLY** EPA Approved pesticides and/ or herbicides?

Please list years of experience applying pesticides/ herbicides \_\_\_\_\_

Do you carry more than 20 gallons of pesticide/herbicide per vehicle each day?

Do your spraying methods include general spraying - 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 protective equipment?

Are customers provided advanced notice of spraying activities and areas posted after spraying to stay off treated areas until dry?

Spraying to stay off treated areas until dry?

Are proper records maintained such as customer name, date application made, amounts applied, etc.?

Are the only chemicals applied federally/state approved with no mixing (no unclassified chemicals used)?

Do you have a written hazard communication plan?

Do you adhere to a state, federal or local government regulations regarding storage, application, disposal and safety program for chemical handling including spills?

Has your company ever had a complaint from the Department of Agriculture or EPA?

Any application process other than spraying outdoors?

**(Attach a copy of your current license - required for coverage)**

Insured  
Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Print  
Name: \_\_\_\_\_

Date  
Signed: \_\_\_\_\_



900 Route 9 North, Suite 503, Woodbridge, NJ 07095  
Website: [www.NIPGroup.com](http://www.NIPGroup.com)

Toll-free Phone: (800) 446-7647

### LandPro®TreePro™ 15 Passenger Van Questionnaire

Insured: \_\_\_\_\_

Federal Tax ID # \_\_\_\_\_ Or Owner's Social Security # \_\_\_\_\_

#### 1. STAFF

Number of Owners / Partners, Etc. operating 15 passengervans \_\_\_\_\_

Number of Employees operating 15 passenger vans \_\_\_\_\_

#### 2. 15 Passenger Van- Worker Transportation

Is defensive driving and unique roll – over hazard training provided at the time of hire?

Is defensive driver training required annually?

Are passengers required to use seatbelts?

Does the 15 passenger van pull a trailer or have items loaded on the roof?

Are 15 passenger vans always inspected before and after trips?

List the maximum speed/miles per hour \_\_\_\_\_

List the maximum miles driven one way \_\_\_\_\_

Are vehicles equipped with safety items?

If yes please describe:

\_\_\_\_\_

Are vehicles equipped with high quality, low mileage, properly inflated tires?

**(Attach a copy of your current license - required for coverage)**

Insured Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date Signed: \_\_\_\_\_



## Ecotech Services Inc

Valuation Date: 01/17/2022

Sedgwick Copyright © 2021 All rights reserved. This document is provided for informational purposes only.

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	Paid	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-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	C	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 the weekend someone sawed a hole through the iron gate and stole the catalytic converters from 4 trucks.								
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	Paid	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	C	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				



## Ecotech Services Inc

Valuation Date: 01/17/2022

Sedgwick Copyright © 2021 All rights reserved. This document is provided for informational purposes only.

Loss Description	Insured discovered that over the weekend someone sawed a hole through the iron gate and stole the catalytic converters from 4 trucks.								
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	Paid	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	C	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 the weekend someone sawed a hole through the iron gate and stole the catalytic converters from 4 trucks.								
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	Paid	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	C	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 the weekend someone sawed a hole through the iron gate and stole the catalytic converters from 4 trucks.								
Subtotal By Policy 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
Subtotal By Policy Number for All Periods				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



## Ecotech Services Inc

Valuation Date: 01/17/2022

Sedgwick Copyright © 2021 All rights reserved. This document is provided for informational purposes only.

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
Policy Number	NPC100349301	Policy Period	04/16/2021 - 04/15/2022						
Line of Business	General Liability	Date of Loss	08/05/2021	Cause	PROPERTY DAMAGE	Category	Incurred	Paid	Outstanding
Policy Number	NPC100349301	Date Reported to Employer	08/05/2021	Result/Nature	Multiple Damage	Indemnity	\$12,000.00	\$0.00	\$12,000.00
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	\$0.00
Occurrence ID	C166560888	Date Opened	09/01/2021	Source	General Liability-All Other	Expense/Legal	\$1,500.00	\$0.00	\$1,500.00
Claim Number	4A210841C64-0001	Date Closed		Construction Defect	N	Gross Total	\$13,500.00	\$0.00	\$13,500.00
Deductible/SIR	\$0	Date Reopened		Class Code	0	Recoveries	\$0.00	\$0.00	\$0.00
Claimant Name	City of Baldwin Park	Claim Status	O	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 August 12th insured was informed that the unit had been leaking.								
Subtotal By Policy Number 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
Subtotal By Policy Number for All Periods				Indemnity	Medica	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
Claim Count	1		Paid	\$0.00	\$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

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



## Ecotech Services Inc

Valuation Date: 01/17/2022

Sedgwick Copyright © 2021 All rights reserved. This document is provided for informational purposes only.

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
Line of Business	General Liability		Incurred	\$12,000.00	\$0.00	\$1,500.00	\$13,500.00	\$0.00	\$13,500.00
Claim Count	1		Paid	\$0.00	\$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





# COMMERCIAL INSURANCE APPLICATION

## APPLICANT INFORMATION SECTION

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

<b>AGENCY</b> James G Parker Insurance Assoc Bacome Ins Agency Lic #0554959 P O Box 1129 Hanford CA 93232		<b>CARRIER</b> *Carrier TBD		<b>NAIC CODE</b>
		<b>COMPANY POLICY OR PROGRAM NAME</b>		<b>PROGRAM CODE</b>
		<b>POLICY NUMBER</b> PKGREN22		
<b>CONTACT NAME:</b> Matthew Orosco <b>PHONE (A/C, No, Ext):</b> (559) 584-3323 <b>FAX (A/C, No):</b> (559) 584-9313 <b>E-MAIL ADDRESS:</b> matthewo@jgparker.com <b>CODE:</b> <b>SUBCODE:</b> <b>AGENCY CUSTOMER ID:</b> 00096498		<b>UNDERWRITER</b>		<b>UNDERWRITER OFFICE</b>
		<b>STATUS OF TRANSACTION</b>		<input type="checkbox"/> QUOTE <input type="checkbox"/> ISSUE POLICY <input checked="" type="checkbox"/> RENEW BOUND (Give Date and/or Attach Copy): <input type="checkbox"/> CHANGE <input type="checkbox"/> DATE <input type="checkbox"/> TIME <input checked="" type="checkbox"/> AM <input type="checkbox"/> CANCEL 04/16/2022 12:01 PM

### Lines of Business

INDICATE LINES OF BUSINESS	PREMIUM		PREMIUM		PREMIUM
<input type="checkbox"/> BOILER & MACHINERY	\$		<input type="checkbox"/> CYBER AND PRIVACY	\$	
<input checked="" type="checkbox"/> BUSINESS AUTO	\$		<input type="checkbox"/> FIDUCIARY LIABILITY	\$	<input checked="" type="checkbox"/> Inland Marine
<input type="checkbox"/> BUSINESS OWNERS	\$		<input type="checkbox"/> GARAGE AND DEALERS	\$	
<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	\$		<input type="checkbox"/> LIQUOR LIABILITY	\$	
<input type="checkbox"/> COMMERCIAL INLAND MARINE	\$		<input type="checkbox"/> MOTOR CARRIER	\$	
<input checked="" type="checkbox"/> COMMERCIAL PROPERTY	\$		<input type="checkbox"/> TRUCKERS	\$	
<input type="checkbox"/> CRIME	\$		<input type="checkbox"/> UMBRELLA	\$	

### Attachments

<input type="checkbox"/> ACCOUNTS RECEIVABLE / VALUABLE PAPERS	<input type="checkbox"/> GLASS AND SIGN SECTION	<input type="checkbox"/> STATEMENT / SCHEDULE OF VALUES
<input type="checkbox"/> ADDITIONAL INTEREST SCHEDULE	<input type="checkbox"/> HOTEL / MOTEL SUPPLEMENT	<input type="checkbox"/> STATE SUPPLEMENT (If applicable)
<input type="checkbox"/> ADDITIONAL PREMISES INFORMATION SCHEDULE	<input checked="" type="checkbox"/> INSTALLATION / BUILDERS RISK SECTION	<input type="checkbox"/> VACANT BUILDING SUPPLEMENT
<input type="checkbox"/> APARTMENT BUILDING SUPPLEMENT	<input type="checkbox"/> INTERNATIONAL LIABILITY EXPOSURE SUPPLEMENT	<input type="checkbox"/> VEHICLE SCHEDULE
<input type="checkbox"/> CONDO ASSN BYLAWS (for D&O Coverage only)	<input type="checkbox"/> INTERNATIONAL PROPERTY EXPOSURE SUPPLEMENT	
<input type="checkbox"/> CONTRACTORS SUPPLEMENT	<input type="checkbox"/> LOSS SUMMARY	
<input type="checkbox"/> COVERAGES SCHEDULE	<input type="checkbox"/> OPEN CARGO SECTION	
<input type="checkbox"/> DEALERS SECTION	<input type="checkbox"/> PREMIUM PAYMENT SUPPLEMENT	
<input type="checkbox"/> DRIVER INFORMATION SCHEDULE	<input type="checkbox"/> PROFESSIONAL LIABILITY SUPPLEMENT	
<input type="checkbox"/> ELECTRONIC DATA PROCESSING SECTION	<input type="checkbox"/> RESTAURANT / TAVERN SUPPLEMENT	

### Policy Information

<b>PROPOSED EFF DATE</b> 04/16/2022	<b>PROPOSED EXP DATE</b> 04/16/2023	<b>BILLING PLAN</b> <input checked="" type="checkbox"/> DIRECT <input type="checkbox"/> AGENCY	<b>PAYMENT PLAN</b>	<b>METHOD OF PAYMENT</b>	<b>AUDIT</b>	<b>DEPOSIT</b> \$	<b>MINIMUM PREMIUM</b> \$	<b>POLICY PREMIUM</b> \$ 0.00
--	--	---	---------------------	--------------------------	--------------	----------------------	------------------------------	----------------------------------

### Applicant Information

<b>NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4)</b> Ecotech Services Inc 816 N Todd Ave Azusa CA 91702		<b>GL CODE</b>	<b>SIC</b>	<b>NAICS</b> 561730	<b>FEIN OR SOC SEC #</b> 454731434
		<b>BUSINESS PHONE #:</b> (626)788-5652 xVeronica			
		<b>WEBSITE ADDRESS</b> www.ecotechservices.net			
<input checked="" type="checkbox"/> CORPORATION	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> NOT FOR PROFIT ORG	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION		
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> TRUST		
<b>NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)</b>		<b>GL CODE</b>	<b>SIC</b>	<b>NAICS</b>	<b>FEIN OR SOC SEC #</b>
		<b>BUSINESS PHONE #:</b>			
		<b>WEBSITE ADDRESS</b>			
<input type="checkbox"/> CORPORATION	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> NOT FOR PROFIT ORG	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION		
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> TRUST		
<b>NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)</b>		<b>GL CODE</b>	<b>SIC</b>	<b>NAICS</b>	<b>FEIN OR SOC SEC #</b>
		<b>BUSINESS PHONE #:</b>			
		<b>WEBSITE ADDRESS</b>			
<input type="checkbox"/> CORPORATION	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> NOT FOR PROFIT ORG	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION		
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> TRUST		

## CONTACT INFORMATION

AGENCY CUSTOMER ID: 00096498

CONTACT TYPE: Inspection		CONTACT TYPE: Claims Info	
CONTACT NAME: Veronica Quezada		CONTACT NAME: Veronica Quezada	
PRIMARY PHONE # <input type="checkbox"/> HOME <input checked="" type="checkbox"/> BUS <input type="checkbox"/> CELL (626) 788-5652	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	PRIMARY PHONE # <input type="checkbox"/> HOME <input checked="" type="checkbox"/> BUS <input type="checkbox"/> CELL (626) 788-5652	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL
PRIMARY E-MAIL ADDRESS: vquezada@ecotechservices.net		PRIMARY E-MAIL ADDRESS: vquezada@ecotechservices.net	
SECONDARY E-MAIL ADDRESS:		SECONDARY E-MAIL ADDRESS:	

## PREMISES INFORMATION (Attach ACORD 823 for Additional Premises)

LOC #	STREET	816 N Todd Ave	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
4			INSIDE	OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY:	Azusa	STATE:	CA	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
1	COUNTY:	Los Angeles	ZIP:	91702		TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:						ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET	816 N Todd Ave	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
5			INSIDE	OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY:	Azusa	STATE:	CA	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY:	Los Angeles	ZIP:	91702		TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:						ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET		CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
			INSIDE	OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY:		STATE:		# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY:		ZIP:			TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:						ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET		CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
			INSIDE	OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY:		STATE:		# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY:		ZIP:			TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:						ANY AREA LEASED TO OTHERS? Y / N

## NATURE OF BUSINESS

<input type="checkbox"/> APARTMENTS	<input type="checkbox"/> CONTRACTOR	<input type="checkbox"/> MANUFACTURING	<input type="checkbox"/> RESTAURANT	<input type="checkbox"/> SERVICE	DATE BUSINESS STARTED (MM/DD/YYYY) 01/01/2014
<input type="checkbox"/> CONDOMINIUMS	<input type="checkbox"/> INSTITUTIONAL	<input type="checkbox"/> OFFICE	<input type="checkbox"/> RETAIL	<input type="checkbox"/> WHOLESALE	

## DESCRIPTION OF PRIMARY OPERATIONS

Landscape - Gardening. Specializing in water conservation projects. Turf removal, sprinkler removal (replacing with drip systems), install drought resistant foliage. No tree trimming/removal ops. Majority of clients are water conservation districts in the local area. As needed, client will also remove old toilets and install low flow toilets, install pressure reducing valves for water conservation, and install water bottle filling stations for parks and rest stops. Hired employees in 2014. Contractors license 988204. C27 and C36; Member CLCA

In 2021 the location of 816 N Todd Ave, Azusa CA 91702 is the new leased property that is approximately 3,900 sf of an industrial warehouse building with a fenced yard. All plumbing, electrical and roof is new redone 1 year ago. It has a small front office space inside the warehouse (4 offices and 2 bathrooms). The landlord seem to have a trust set up, Joseph and Kathy Santoro are the trustees.

RETAIL STORES OR SERVICE OPERATIONS % OF TOTAL SALES:	INSTALLATION, SERVICE OR REPAIR WORK %	OFF PREMISES INSTALLATION, SERVICE OR REPAIR WORK %
---	--	---

## DESCRIPTION OF OPERATIONS OF OTHER NAMED INSUREDS

## ADDITIONAL INTEREST (Not all fields apply to all scenarios - provide only the necessary data) Attach ACORD 45 for more Additional Interests

INTEREST	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
<input type="checkbox"/> ADDITIONAL INSURED							LOCATION:	BUILDING:
<input type="checkbox"/> BREACH OF WARRANTY							VEHICLE:	BOAT:
<input type="checkbox"/> CO-OWNER							AIRPORT:	AIRCRAFT:
<input type="checkbox"/> EMPLOYEE AS LESSOR							ITEM CLASS:	ITEM:
<input type="checkbox"/> LEASEBACK OWNER							ITEM DESCRIPTION	
<input type="checkbox"/> LENDER'S LOSS PAYABLE								
REASON FOR INTEREST:	REFERENCE / LOAN #:	INTEREST END DATE:						
	LIEN AMOUNT:	PHONE (A/C, No, Ext):		FAX (A/C, No):				
			E-MAIL ADDRESS:					

**GENERAL INFORMATION**

EXPLAIN ALL "YES" RESPONSES				Y / N
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ?				N
PARENT COMPANY NAME		RELATIONSHIP DESCRIPTION	% OWNED	
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?				N
SUBSIDIARY COMPANY NAME		RELATIONSHIP DESCRIPTION	% OWNED	
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?				N
<input type="checkbox"/> SAFETY MANUAL	<input type="checkbox"/> SAFETY POSITION	<input type="checkbox"/> MONTHLY MEETINGS	<input type="checkbox"/> OSHA	<input type="checkbox"/>
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?				N
4. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)				N
LINE OF BUSINESS	POLICY NUMBER	LINE OF BUSINESS	POLICY NUMBER	
5. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR THREE (3) YEARS FOR ANY PREMISES OR OPERATIONS? (Missouri Applicants - Do not answer this question)				N
<input type="checkbox"/> NON-PAYMENT	<input type="checkbox"/> AGENT NO LONGER REPRESENTS CARRIER		<input type="checkbox"/>	
<input type="checkbox"/> NON-RENEWAL	<input type="checkbox"/> UNDERWRITING	<input type="checkbox"/> CONDITION CORRECTED (Describe):		
6. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?				N
7. DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY? (In RI, this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment).				N
8. ANY UNCORRECTED FIRE AND/OR SAFETY CODE VIOLATIONS?				N
OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE	
9. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE LAST FIVE (5) YEARS?				N
OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE	
10. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS?				
OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE	
11. HAS BUSINESS BEEN PLACED IN A TRUST? NAME OF TRUST:				N
12. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD / DISTRIBUTED IN FOREIGN COUNTRIES? (If "YES", attach ACORD 815 for Liability Exposure and/or ACORD 816 for Property Exposure)				N
13. DOES APPLICANT HAVE OTHER BUSINESS VENTURES FOR WHICH COVERAGE IS NOT REQUESTED?				
14. DOES APPLICANT OWN / LEASE / OPERATE ANY DRONES? (If "YES", describe use)				
15. DOES APPLICANT HIRE OTHERS TO OPERATE DRONES? (If "YES", describe use)				

**REMARKS / PROCESSING INSTRUCTIONS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)****PRIOR CARRIER INFORMATION**

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER: BLDRK
	CARRIER	Greenwich Ins Co	XL Specialty Insuran	Greenwich Ins Co	XL Specialty Insuran
	POLICY NUMBER	NPC100349301	NBA100349101	NPC100349301	NIM100349201
	PREMIUM	\$ 9,782.00	\$ 15,358.00	\$ Included w/ GL	\$ 2,615.00
	EFFECTIVE DATE	04/16/2021	04/16/2021	04/16/2021	04/16/2021
	EXPIRATION DATE	04/16/2022	04/16/2022	04/16/2022	04/16/2022

## PRIOR CARRIER INFORMATION (continued)

AGENCY CUSTOMER ID: 00096498

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER: BLDK
	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

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

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE LAST \_\_\_\_ YEARS

TOTAL LOSSES: \$

DATE OF OCCURRENCE	LINE	TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	SUBROGATION Y / N	CLAIM OPEN Y / N

## SIGNATURE

Copy of the Notice of Information Practices (Privacy) has been given to the applicant. (Not required in all states, contact your agent or broker for your state's requirements.)

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU MAY HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND REQUEST CORRECTION OF ANY INACCURACIES. YOU MAY ALSO HAVE THE RIGHT TO REQUEST IN WRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. THESE RIGHTS MAY BE LIMITED IN SOME STATES. PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION. (Not applicable in AZ, CA, DE, KS, MA, MN, ND, NY, OR, VA, or WV. Specific ACORD 38s are available for applicants in these states.)

(Applicant's Initials): \_\_\_\_\_

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

**Applicable in CO:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Applicable in FL and OK:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)\*. \*Applies in FL Only.

**Applicable in KS:** Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**Applicable in KY, NY, OH and PA:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY Only.

**Applicable in ME, TN, VA and WA:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)\* include imprisonment, fines and denial of insurance benefits. \*Applies in ME Only.

**Applicable in NJ:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Applicable in OR:** Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**Applicable in PR:** Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

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

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

## CONTACT NAMES

Name	Responsibility	Phone Number
Veronica Quezada	Accounting Records	(626)788-5652

[illegible]



AGENCY CUSTOMER ID: 00096498

## COMMERCIAL GENERAL LIABILITY SECTION

DATE (MM/DD/YYYY)

03/14/2022

AGENCY James G Parker Insurance Assoc		CARRIER *Carrier TBD		NAIC CODE
POLICY NUMBER PKGREN22	EFFECTIVE DATE 04/16/2022	APPLICANT / FIRST NAMED INSURED Ecotech Services Inc		

**IMPORTANT - If CLAIMS MADE is checked in the COVERAGE / LIMITS section below, this is an application for a claims-made policy.**  
**Read all provisions of the policy carefully.**

## COVERAGES

## LIMITS

<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	GENERAL AGGREGATE \$ 2,000,000	PREMIUMS
<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCURRENCE	LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> LOCATION	PREMISES/OPERATIONS
OWNER'S & CONTRACTOR'S PROTECTIVE	<input type="checkbox"/> PROJECT <input type="checkbox"/> OTHER:	
DEDUCTIBLES	PRODUCTS & COMPLETED OPERATIONS AGGREGATE \$ 2,000,000	PRODUCTS
<input checked="" type="checkbox"/> PROPERTY DAMAGE \$ 1,000	PERSONAL & ADVERTISING INJURY \$ 1,000,000	
<input type="checkbox"/> BODILY INJURY \$	EACH OCCURRENCE \$ 1,000,000	OTHER
<input type="checkbox"/> PER CLAIM <input checked="" type="checkbox"/> PER OCCURRENCE	DAMAGE TO RENTED PREMISES (each occurrence) \$ 100,000	
	MEDICAL EXPENSE (Any one person) \$ 5,000	TOTAL
	EMPLOYEE BENEFITS \$	
	\$	

OTHER COVERAGES, RESTRICTIONS AND/OR ENDORSEMENTS (For hired/non-owned auto coverages attach the applicable state Business Auto Section, ACORD 137)

Exclusion Designated Work CG2134 0187; Exclusion Designated Ongoing Operations CG2153 0196; Exclusion Designated Ops Covered by a Consolidated Wrap Up Ins Program (CG2154 0196)

APPLICABLE ONLY IN WISCONSIN: IF NON-OWNED ONLY AUTO COVERAGE IS TO BE PROVIDED UNDER THE POLICY:

1. UM / UIM COVERAGE ☐ IS ☐ IS NOT AVAILABLE. 2. MEDICAL PAYMENTS COVERAGE ☐ IS ☐ IS NOT AVAILABLE.

## SCHEDULE OF HAZARDS (ACORD 211, Schedule of Hazards, may be attached if more space is required)

LOC #	HAZ #	CLASS CODE	PREMIUM BASIS	EXPOSURE	TERR	RATE		PREMIUM	
						PREM / OPS	PRODUCTS	PREM / OPS	PRODUCTS
4			A	3,900					
CLASSIFICATION DESCRIPTION Leased Warehouse and Office Space									
LOC #	HAZ #	CLASS CODE	PREMIUM BASIS	EXPOSURE	TERR	RATE		PREMIUM	
						PREM / OPS	PRODUCTS	PREM / OPS	PRODUCTS
CLASSIFICATION DESCRIPTION									
LOC #	HAZ #	CLASS CODE	PREMIUM BASIS	EXPOSURE	TERR	RATE		PREMIUM	
						PREM / OPS	PRODUCTS	PREM / OPS	PRODUCTS
CLASSIFICATION DESCRIPTION									
LOC #	HAZ #	CLASS CODE	PREMIUM BASIS	EXPOSURE	TERR	RATE		PREMIUM	
						PREM / OPS	PRODUCTS	PREM / OPS	PRODUCTS
CLASSIFICATION DESCRIPTION									
RATING AND PREMIUM BASIS (P) PAYROLL - PER \$1,000/PAY (C) TOTAL COST - PER \$1,000/COST (U) UNIT - PER UNIT (S) GROSS SALES - PER \$1,000/SALES (A) AREA - PER 1,000/SQ FT (M) ADMISSIONS - PER 1,000/ADM (T) OTHER									

## CLAIMS MADE (Explain all "Yes" responses)

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

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

**CONTRACTORS**

AGENCY CUSTOMER ID: 00096498

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)					Y / N	
1. DOES APPLICANT DRAW PLANS, DESIGNS, OR SPECIFICATIONS FOR OTHERS?					N	
2. DO ANY OPERATIONS INCLUDE BLASTING OR UTILIZE OR STORE EXPLOSIVE MATERIAL?					N	
3. DO ANY OPERATIONS INCLUDE EXCAVATION, TUNNELING, UNDERGROUND WORK OR EARTH MOVING?					N	
4. DO YOUR SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN YOURS?					N	
5. ARE SUBCONTRACTORS ALLOWED TO WORK WITHOUT PROVIDING YOU WITH A CERTIFICATE OF INSURANCE?					N	
6. DOES APPLICANT LEASE EQUIPMENT TO OTHERS WITH OR WITHOUT OPERATORS?					N	
DESCRIBE THE TYPE OF WORK SUBCONTRACTED	\$ PAID TO SUB-CONTRACTORS:	\$50,000.00	% OF WORK SUBCONTRACTED:	1	# FULL-TIME STAFF:	# PART-TIME STAFF:
Landscape maintenance						

**PRODUCTS / COMPLETED OPERATIONS**

PRODUCTS	ANNUAL GROSS SALES	# OF UNITS	TIME IN MARKET	EXPECTED LIFE	INTENDED USE	PRINCIPAL COMPONENTS	
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 LITERATURE, BROCHURES, LABELS, WARNINGS, ETC.							Y / N
1. DOES APPLICANT INSTALL, SERVICE OR DEMONSTRATE PRODUCTS?							
2. FOREIGN PRODUCTS SOLD, DISTRIBUTED, USED AS COMPONENTS? (If "YES", attach ACORD 815)							
3. RESEARCH AND DEVELOPMENT CONDUCTED OR NEW PRODUCTS PLANNED?							
4. GUARANTEES, WARRANTIES, HOLD HARMLESS AGREEMENTS?							
5. PRODUCTS RELATED TO AIRCRAFT/SPACE INDUSTRY?							
6. PRODUCTS RECALLED, DISCONTINUED, CHANGED?							
7. PRODUCTS OF OTHERS SOLD OR RE-PACKAGED UNDER APPLICANT LABEL?							
8. PRODUCTS UNDER LABEL OF OTHERS?							
9. VENDORS COVERAGE REQUIRED?							
10. DOES ANY NAMED INSURED SELL TO OTHER NAMED INSURED?							



## ADDITIONAL INTEREST / CERTIFICATE RECIPIENT

☐ ACORD 45 attached for additional names

INTEREST	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	INTEREST IN ITEM NUMBER	
<input type="checkbox"/> ADDITIONAL INSURED	Suburban Water Systems 1325 N Grand Ave Suite 100  Covina CA 91724-4044				LOCATION:	BUILDING:
<input type="checkbox"/> EMPLOYEE AS LESSOR					ITEM CLASS:	ITEM:
<input type="checkbox"/> LENDER'S LOSS PAYABLE					ITEM DESCRIPTION	
<input type="checkbox"/> LIENHOLDER						
<input type="checkbox"/> LOSS PAYEE						
<input type="checkbox"/> MORTGAGEE	REFERENCE / LOAN #:					
<input checked="" type="checkbox"/> Additional insured/WOS						

## GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)										Y / N
1. ANY MEDICAL FACILITIES PROVIDED OR MEDICAL PROFESSIONALS EMPLOYED OR CONTRACTED?										N
2. ANY EXPOSURE TO RADIOACTIVE/NUCLEAR MATERIALS?										N
3. DO/HAVE PAST, PRESENT OR DISCONTINUED OPERATIONS INVOLVE(D) STORING, TREATING, DISCHARGING, APPLYING, DISPOSING, OR TRANSPORTING OF HAZARDOUS MATERIAL? (e.g. landfills, wastes, fuel tanks, etc)										N
4. ANY OPERATIONS SOLD, ACQUIRED, OR DISCONTINUED IN LAST FIVE (5) YEARS?										N
5. DO YOU RENT OR LOAN EQUIPMENT TO OTHERS?										N
EQUIPMENT		TYPE OF EQUIPMENT				INSTRUCTION GIVEN (Y/N)				
		SMALL TOOLS		LARGE EQUIPMENT						
		SMALL TOOLS		LARGE EQUIPMENT						
6. ANY WATERCRAFT, DOCKS, FLOATS OWNED, HIRED OR LEASED?										N
7. ANY PARKING FACILITIES OWNED/RENTED?										N
8. IS A FEE CHARGED FOR PARKING?										N
9. RECREATION FACILITIES PROVIDED?										N
10. ARE THERE ANY LODGING OPERATIONS INCLUDING APARTMENTS? (If "YES", answer the following):										
# APTS	TOTAL APT AREA Sq. Ft.	DESCRIBE OTHER LODGING OPERATIONS								
11. IS THERE A SWIMMING POOL ON PREMISES? (Check all that apply)										N
<input type="checkbox"/> APPROVED FENCE	<input type="checkbox"/> LIMITED ACCESS	<input type="checkbox"/> DIVING BOARD	<input type="checkbox"/> SLIDE	<input type="checkbox"/> ABOVE GROUND	<input type="checkbox"/> IN GROUND	<input type="checkbox"/> LIFE GUARD				
12. ARE SOCIAL EVENTS SPONSORED?										N
13. ARE ATHLETIC TEAMS SPONSORED?										
TYPE OF SPORT		CONTACT SPORT (Y/N)	AGE GROUP		TYPE OF SPORT		CONTACT SPORT (Y/N)	AGE GROUP		
			<input type="checkbox"/> 12 & UNDER	<input type="checkbox"/> 13 - 18				<input type="checkbox"/> 12 & UNDER	<input type="checkbox"/> 13 - 18	
EXTENT OF SPONSORSHIP:					EXTENT OF SPONSORSHIP:					
14. ANY STRUCTURAL ALTERATIONS CONTEMPLATED?										N
15. ANY DEMOLITION EXPOSURE CONTEMPLATED?										N

**GENERAL INFORMATION (continued)**

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)				Y / N
16. HAS APPLICANT BEEN ACTIVE IN OR IS CURRENTLY ACTIVE IN JOINT VENTURES?				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 CONTROLLED?				N
20. HAVE ANY CRIMES OCCURRED OR BEEN ATTEMPTED ON YOUR PREMISES WITHIN THE LAST THREE (3) YEARS?				N
21. IS THERE A FORMAL, WRITTEN SAFETY AND SECURITY POLICY IN EFFECT?				Y
22. DOES THE BUSINESSES' PROMOTIONAL LITERATURE MAKE ANY REPRESENTATIONS ABOUT THE SAFETY OR SECURITY 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.

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

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



AGENCY CUSTOMER ID: 00096498

## PROPERTY SECTION

DATE (MM/DD/YYYY)

03/14/2022

AGENCY NAME James G Parker Insurance Assoc		CARRIER *Carrier TBD		NAIC CODE
POLICY NUMBER PKGREN22	EFFECTIVE DATE 04/16/2022	NAMED INSURED(S) Ecotech Services Inc		

## BLANKET SUMMARY

BLKT #	AMOUNT	TYPE	BLKT #	AMOUNT	TYPE

## PREMISES INFORMATION

PREMISES #: 4 STREET ADDRESS: 816 N Todd Ave

BUILDING #: 1 BLDG DESCRIPTION: Office/Warehouse

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU- ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Business Personal Property	20,000	100	RC	Special form		1,000			
Equipment Breakdown-1	20,000		RC	Equipment Breakdown		1,000			
Expediting Expenses	25,000								
Hazardous Substances	25,000								
Data Restoration	25,000								

## ADDITIONAL INFORMATION

BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810

VALUE REPORTING INFORMATION - Attach ACORD 811

## ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

SPOILAGE COVERAGE (Y / N)	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	DEDUCTIBLE \$	REFRIG MAINT AGREEMENT (Y / N)	OPTIONS
<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/> BREAKDOWN OR CONTAMINATION <input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE

## SINKHOLE COVERAGE (Required in Florida)

ACCEPT COVERAGE

REJECT COVERAGE

LIMIT: \$

## MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV)

ACCEPT COVERAGE

REJECT COVERAGE

LIMIT: \$

☐ PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK

# OF OPEN SIDES ON STRUCTURE: \_\_\_\_\_

Property is approximately 3,900 sf of an industrial warehouse building with a fenced yard. All plumbing, electrical and roof updated in 2020. Small front office space inside warehouse. 4 offices/2 bthrooms

CONSTRUCTION TYPE	DISTANCE TO HYDRANT FT	FIRE STAT MI	FIRE DISTRICT	CODE NUMBER	PROT CL	# STORIES	# BASMT'S	YR BUILT 1956	TOTAL AREA 3900	
BUILDING IMPROVEMENTS	BLDG CODE GRADE		TAX CODE	ROOF TYPE	OTHER OCCUPANCIES					
<input checked="" type="checkbox"/> WIRING, YR: 2020	<input checked="" type="checkbox"/> PLUMBING, YR: 2020									
<input checked="" type="checkbox"/> ROOFING, YR: 2020	<input type="checkbox"/> HEATING, YR:		WIND CLASS	SEMI- RESISTIVE	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT		DATE INSTALLED:			
OTHER:	YR:		RESISTIVE		MANUFACTURER:					
PRIMARY HEAT				SECONDARY HEAT						
<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/>				<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/>						
IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N				IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N						
RIGHT EXPOSURE & DISTANCE		LEFT EXPOSURE & DISTANCE		FRONT EXPOSURE & DISTANCE			REAR EXPOSURE & DISTANCE			
BURGLAR ALARM TYPE			CERTIFICATE #			EXPIRATION DATE		CENTRAL STATION	<input type="checkbox"/> LOCAL GONG	
BURGLAR ALARM INSTALLED AND SERVICED BY			EXTENT		GRADE	# GUARDS / WATCHMEN		CLOCK HOURLY		
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)				% SPRNK	FIRE ALARM MANUFACTURER				CENTRAL STATION	
									LOCAL GONG	

## ADDITIONAL INTEREST

ACORD 45 attached for additional names

INTEREST	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	INTEREST IN ITEM NUMBER	
<input type="checkbox"/> LENDER'S LOSS PAYABLE	Joseph and Kathy Santoro, Trustees				LOCATION: 4	BUILDING: 1
<input type="checkbox"/> LOSS PAYEE	9150 Whirlaway Ct				ITEM CLASS:	ITEM:
<input type="checkbox"/> MORTGAGEE					ITEM DESCRIPTION	
<input checked="" type="checkbox"/> Additional insured	Rancho Cucamonga	CA	91737		AI is the Landlord for the leased warehouse/office space.	
	REFERENCE / LOAN #:					

ACORD 140 (2016/03)

Attach to ACORD 125

© 1985-2015 ACORD CORPORATION. All rights reserved.

The ACORD name and logo are registered marks of ACORD

**ADDITIONAL  
PREMISES INFORMATION**

PREMISES #:		STREET ADDRESS:							
BUILDING #:		BLDG DESCRIPTION:							
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY

## ADDITIONAL INFORMATION

BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810

VALUE REPORTING INFORMATION - Attach ACORD 811

**ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION**

SPOILAGE COVERAGE (Y / N) <input type="checkbox"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y / N) <input type="checkbox"/>	OPTIONS					
		DEDUCTIBLE \$		<input type="checkbox"/> BREAKDOWN OR CONTAMINATION <input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE					
SINKHOLE COVERAGE (Required in Florida)		ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$					
MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV)		ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$					
<input type="checkbox"/> PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK				# OF OPEN SIDES ON STRUCTURE: _____					
CONSTRUCTION TYPE	DISTANCE TO HYDRANT FT	FIRE STAT MI	FIRE DISTRICT	CODE NUMBER	PROT CL	# STORIES	# BASMT'S	YR BUILT	TOTAL AREA
BUILDING IMPROVEMENTS		BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES				
<input type="checkbox"/> WIRING, YR:	<input type="checkbox"/> PLUMBING, YR:	WIND CLASS	SEMI- RESISTIVE	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT		DATE INSTALLED: _____			
<input type="checkbox"/> ROOFING, YR:	<input type="checkbox"/> HEATING, YR:			MANUFACTURER:					
OTHER: YR:		RESISTIVE							
PRIMARY HEAT				SECONDARY HEAT					
<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/>				<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/>					
IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N				IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N					
RIGHT EXPOSURE & DISTANCE		LEFT EXPOSURE & DISTANCE		FRONT EXPOSURE & DISTANCE		REAR EXPOSURE & DISTANCE			
BURGLAR ALARM TYPE		CERTIFICATE #				EXPIRATION DATE	CENTRAL STATION	<input type="checkbox"/> LOCAL GONG	WITH KEYS
BURGLAR ALARM INSTALLED AND SERVICED BY				EXTENT	GRADE	# GUARDS / WATCHMEN	CLOCK HOURLY		
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)				% SPRNK	FIRE ALARM MANUFACTURER				CENTRAL STATION
								LOCAL GONG	

## ADDITIONAL INTEREST

ACORD 45 attached for additional names

INTEREST	NAME AND ADDRESS	RANK: _____	EVIDENCE: _____	CERTIFICATE	INTEREST IN ITEM NUMBER	
<input type="checkbox"/> LENDER'S LOSS PAYABLE	REFERENCE / LOAN #: _____				LOCATION:	BUILDING:
<input type="checkbox"/> LOSS PAYEE					ITEM CLASS:	ITEM:
<input type="checkbox"/> MORTGAGEE					ITEM DESCRIPTION	
<input type="checkbox"/>						

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

**Applicable in AL, AR, DC, LA, MD, NM, RI and WV**

Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)\* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. \*Applies in MD Only.

**Applicable in CO**

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Applicable in FL and OK**

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)\*. \*Applies in FL Only.

**Applicable in KS**

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**Applicable in KY, NY, OH and PA**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties\* (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY Only.

**Applicable in ME, TN, VA and WA**

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)\* include imprisonment, fines and denial of insurance benefits. \*Applies in ME Only.

**Applicable in NJ**

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Applicable in OR**

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**Applicable in PR**

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

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

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





AGENCY CUSTOMER ID: 00096498

**EQUIPMENT FLOATER SECTION**

DATE (MM/DD/YYYY)

3/14/2022

AGENCY James G Parker Insurance Assoc		CARRIER *Carrier TBD		NAIC CODE
POLICY NUMBER PKGREN22	EFFECTIVE DATE 4/16/2022	APPLICANT / FIRST NAMED INSURED Ecotech Services Inc		

**TERRITORY OF OPERATION**

--

**TYPE OF OPERATION**

See ACORD 125

**COVERAGE / DEDUCTIBLE**

Equipment	90,099	1,000
-----------	--------	-------

**EQUIPMENT STORAGE**

LOC. #	MO. IN STORAGE	MAXIMUM VALUE		TYPE OF SECURITY
		IN BUILDING	OUTSIDE	
		\$	\$	
		\$	\$	
		\$	\$	

**UNSCHEDULED EQUIPMENT**

DESCRIPTION	MAXIMUM ITEM	AMT. OF INSURANCE	% COINS
Misc Equipment	2,500	34,000	

**ADDITIONAL INTEREST / CERTIFICATE RECIPIENTS**

ACORD 45 Attached

INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER
<input type="checkbox"/> LOSS PAYEE					LOCATION: BUILDING:
<input type="checkbox"/> LIENHOLDER					SCHEDULED ITEM NUMBER:
					OTHER
ITEM DESCRIPTION:					

INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER
<input type="checkbox"/> LOSS PAYEE					LOCATION: BUILDING:
<input type="checkbox"/> LIENHOLDER					SCHEDULED ITEM NUMBER:
					OTHER
ITEM DESCRIPTION:					

INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER
<input type="checkbox"/> LOSS PAYEE					LOCATION: BUILDING:
<input type="checkbox"/> LIENHOLDER					SCHEDULED ITEM NUMBER:
					OTHER
ITEM DESCRIPTION:					

**GENERAL INFORMATION**

EXPLAIN ALL "YES" RESPONSES	Y / N
1. EQUIPMENT RENTED, LOANED TO / FROM OTHERS WITH / WITHOUT OPERATORS?	N
2. IS APPLICANT OPERATING EQUIPMENT NOT LISTED HERE?	N
3. PROPERTY USED UNDERGROUND?	N
4. ANY WORK DONE AFLOAT?	N

## SCHEDULED EQUIPMENT

% COINSURANCE

AGENCY CUSTOMER ID: 00096498

#	TYPE	DESCRIPTION	ID # / SERIAL NO.	NEW / USED	DATE PURCHASED
1	MANUFACTURER	MODEL	MODEL YEAR	CAPACITY	AMOUNT OF INSURANCE
	Ditch Witch Light Material Bucket w/Wi	SK5BLM	2017		\$ 1,095
2	MANUFACTURER	MODEL	MODEL YEAR	CAPACITY	AMOUNT OF INSURANCE
	Ditch Witch Off-Set Trencher	SK5TW	2017		\$ 7,257
3	MANUFACTURER	MODEL	MODEL YEAR	CAPACITY	AMOUNT OF INSURANCE
	Ditch Witch Mini Skid Steer	SK800	2017		\$ 26,956
4	MANUFACTURER	MODEL	MODEL YEAR	CAPACITY	AMOUNT OF INSURANCE
	Toro Tiller	22445	2000		\$ 4,124
5	MANUFACTURER	MODEL	MODEL YEAR	CAPACITY	AMOUNT OF INSURANCE
	Toro Dingo	322	2000		\$ 18,000
6	MANUFACTURER	MODEL	MODEL YEAR	CAPACITY	AMOUNT OF INSURANCE
	Classen	SC-18			\$ 3,500
7	MANUFACTURER	MODEL	MODEL YEAR	CAPACITY	AMOUNT OF INSURANCE
	Classen	SC-19			\$ 3,500
8	MANUFACTURER	MODEL	MODEL YEAR	CAPACITY	AMOUNT OF INSURANCE
	Honda	FRC800			\$ 2,600
9	MANUFACTURER	MODEL	MODEL YEAR	CAPACITY	AMOUNT OF INSURANCE
	MI-T-M	JP-2703-3MHB	2016		\$ 0
10	MANUFACTURER	MODEL	MODEL YEAR	CAPACITY	AMOUNT OF INSURANCE
	Multiquip	MVC-82VH	2016		\$ 1,600
11	MANUFACTURER	MODEL	MODEL YEAR	CAPACITY	AMOUNT OF INSURANCE
	Toro	22418	2000		\$ 0
12	MANUFACTURER	MODEL	MODEL YEAR	CAPACITY	AMOUNT OF INSURANCE
	Toro	224400	2000		\$ 3,167
13	MANUFACTURER	MODEL	MODEL YEAR	CAPACITY	AMOUNT OF INSURANCE
	Toro	22446	2000		\$ 0
14	MANUFACTURER	MODEL	MODEL YEAR	CAPACITY	AMOUNT OF INSURANCE
	Toro	224108	2000		\$ 0
15	MANUFACTURER	MODEL	MODEL YEAR	CAPACITY	AMOUNT OF INSURANCE
	Toro	22406	2000		\$ 0



## SCHEDULED EQUIPMENT

% COINSURANCE

AGENCY CUSTOMER ID: 00096498

#	TYPE	DESCRIPTION	ID # / SERIAL NO.	NEW / USED	DATE PURCHASED
16		Leveler	2000000508		
	MANUFACTURER Toro	MODEL 22419	MODEL YEAR 2000	CAPACITY	AMOUNT OF INSURANCE \$ 0
#	TYPE	DESCRIPTION	ID # / SERIAL NO.	NEW / USED	DATE PURCHASED
17		The Eliminator			
	MANUFACTURER Toro	MODEL 22443	MODEL YEAR 2000	CAPACITY	AMOUNT OF INSURANCE \$ 0
#	TYPE	DESCRIPTION	ID # / SERIAL NO.	NEW / USED	DATE PURCHASED
18		Multi Purpose Tool	20000192		
	MANUFACTURER Toro	MODEL 22423	MODEL YEAR 2000	CAPACITY	AMOUNT OF INSURANCE \$ 0
#	TYPE	DESCRIPTION	ID # / SERIAL NO.	NEW / USED	DATE PURCHASED
19		Ripper			
	MANUFACTURER Geo	MODEL GR-16	MODEL YEAR	CAPACITY	AMOUNT OF INSURANCE \$ 2,500
#	TYPE	DESCRIPTION	ID # / SERIAL NO.	NEW / USED	DATE PURCHASED
20		Rototiller	FAFJ-1008337		
	MANUFACTURER Honda	MODEL FRC800	MODEL YEAR	CAPACITY	AMOUNT OF INSURANCE \$ 2,600
#	TYPE	DESCRIPTION	ID # / SERIAL NO.	NEW / USED	DATE PURCHASED
21		Rototiller	FAFJ-1104699		
	MANUFACTURER Honda	MODEL FRC800	MODEL YEAR	CAPACITY	AMOUNT OF INSURANCE \$ 2,600
#	TYPE	DESCRIPTION	ID # / SERIAL NO.	NEW / USED	DATE PURCHASED
22		Soil Cultivator	260000163		
	MANUFACTURER Toro	MODEL	MODEL YEAR	CAPACITY	AMOUNT OF INSURANCE \$ 6,000
#	TYPE	DESCRIPTION	ID # / SERIAL NO.	NEW / USED	DATE PURCHASED
23		370lb ice make storage bin	112049521, 112021413		
	MANUFACTURER Mantiowoc	MODEL	MODEL YEAR 2019	CAPACITY	AMOUNT OF INSURANCE \$ 4,600
#	TYPE	DESCRIPTION	ID # / SERIAL NO.	NEW / USED	DATE PURCHASED
	MANUFACTURER	MODEL	MODEL YEAR	CAPACITY	AMOUNT OF INSURANCE \$
#	TYPE	DESCRIPTION	ID # / SERIAL NO.	NEW / USED	DATE PURCHASED
	MANUFACTURER	MODEL	MODEL YEAR	CAPACITY	AMOUNT OF INSURANCE \$
#	TYPE	DESCRIPTION	ID # / SERIAL NO.	NEW / USED	DATE PURCHASED
	MANUFACTURER	MODEL	MODEL YEAR	CAPACITY	AMOUNT OF INSURANCE \$
#	TYPE	DESCRIPTION	ID # / SERIAL NO.	NEW / USED	DATE PURCHASED
	MANUFACTURER	MODEL	MODEL YEAR	CAPACITY	AMOUNT OF INSURANCE \$
#	TYPE	DESCRIPTION	ID # / SERIAL NO.	NEW / USED	DATE PURCHASED
	MANUFACTURER	MODEL	MODEL YEAR	CAPACITY	AMOUNT OF INSURANCE \$
#	TYPE	DESCRIPTION	ID # / SERIAL NO.	NEW / USED	DATE PURCHASED
	MANUFACTURER	MODEL	MODEL YEAR	CAPACITY	AMOUNT OF INSURANCE \$

**Applicable in AL, AR, DC, LA, MD, NM, RI and WV**

Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)\* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. \*Applies in MD Only.

**Applicable in CO**

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Applicable in FL and OK**

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)\*. \*Applies in FL Only.

**Applicable in KS**

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**Applicable in KY, NY, OH and PA**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties\* (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY Only.

**Applicable in ME, TN, VA and WA**

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)\* include imprisonment, fines and denial of insurance benefits. \*Applies in ME Only.

**Applicable in NJ**

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Applicable in OR**

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**Applicable in PR**

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

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

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



AGENCY CUSTOMER ID: 00096498

## INSTALLATION / BUILDERS RISK SECTION

DATE (MM/DD/YYYY)

03/14/2022

AGENCY James G Parker Insurance Assoc		CARRIER *Carrier TBD		NAIC CODE
POLICY NUMBER PKGREN22		EFFECTIVE DATE 04/16/2022	APPLICANT / FIRST NAMED INSURED Ecotech Services Inc	
<input checked="" type="checkbox"/> INSTALLATION	<input type="checkbox"/> BUILDERS RISK			

## OPEN REPORTING FORM

## COVERAGE

LIMIT AT ANY SINGLE LOCATION	LIMIT PER DISASTER	LIMIT AT A TEMPORARY LOCATION	TRANSIT LIMIT
\$ 10,000	\$ 10,000	\$ 10,000	\$ 10,000

## CAUSES OF LOSS &amp; DEDUCTIBLE

CAUSES OF LOSS	SUB LIMIT	DEDUCTIBLE
EARTHQUAKE	\$	
FLOOD	\$	
	\$	
SPECIAL		
BROAD	<input type="checkbox"/> BASIC	

## TERRITORY

SPECIFY THE APPLICANTS OPERATING TERRITORY:

\$1,000 Deductible

## RECEIPTS

ENTER THE GROSS INSTALLATION RECEIPTS.

PAST 12 MONTHS	NEXT 12 MONTHS (ESTIMATE)
\$	\$

## JOBS / VALUES

TYPE	ANNUAL NUMBER	DURATION	# JOBS IN PROGRESS		COST OR VALUE OF EACH INSTALLATION			MATERIAL COST (% of Total)
			MAXIMUM	AVERAGE	MAXIMUM	MINIMUM	AVERAGE	
RESIDENTIAL					\$	\$	\$	%
COMMERCIAL					\$	\$	\$	%

## ADDITIONAL INTEREST

ACORD 45 Attached

INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER	
<input type="checkbox"/> LENDER'S LOSS PAYABLE					LOCATION:	BUILDING:
<input type="checkbox"/> LIENHOLDER					SCHEDULED ITEM NUMBER:	
<input type="checkbox"/> LOSS PAYEE					OTHER	
<input type="checkbox"/>						
ITEM DESCRIPTION:						
INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER	
<input type="checkbox"/> LENDER'S LOSS PAYABLE					LOCATION:	BUILDING:
<input type="checkbox"/> LIENHOLDER					SCHEDULED ITEM NUMBER:	
<input type="checkbox"/> LOSS PAYEE					OTHER	
<input type="checkbox"/>						
ITEM DESCRIPTION:						
INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER	
<input type="checkbox"/> LENDER'S LOSS PAYABLE					LOCATION:	BUILDING:
<input type="checkbox"/> LIENHOLDER					SCHEDULED ITEM NUMBER:	
<input type="checkbox"/> LOSS PAYEE					OTHER	
<input type="checkbox"/>						
ITEM DESCRIPTION:						

## RIGGING

DESCRIBE ALL HOISTING OR OTHER OPERATIONS REQUIRING RIGGING.

## TRANSPORTATION / SECURITY

ESTIMATE % OF VALUE OF MATERIAL SHIPPED TO JOB SITE AT APPLICANT'S RISK.

%

DESCRIBE JOB SITE SECURITY

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

SPECIFIC JOB on Page 2

**COVERAGE**

LIMIT AT LOCATION	LIMIT AT A TEMPORARY LOCATION	TRANSIT LIMIT
\$	\$	\$

**SPECIFIC JOB****CAUSES OF LOSS & DEDUCTIBLE**

CAUSES OF LOSS	SUB LIMIT	DEDUCTIBLE
EARTHQUAKE	\$	
FLOOD	\$	
	\$	
SPECIAL		
BROAD	<input type="checkbox"/> BASIC	

**JOB TERM / VALUES**

JOB TERM		CONTRACT AMOUNT	VALUE OF OWNER SUPPLIED PROPERTY
COMMENCEMENT	COMPLETION		
		\$	\$

**SECURITY**

DESCRIBE JOB SITE SECURITY

**JOB DESCRIPTION**

DESCRIBE THE WORK TO BE PERFORMED

INSURED'S JOB NUMBER: \_\_\_\_\_

**ADDITIONAL INTEREST**

ACORD 45 Attached

INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER
<input type="checkbox"/> LENDER'S LOSS PAYABLE					LOCATION: <input type="text"/> BUILDING: <input type="text"/>
<input type="checkbox"/> LOSS PAYEE					SCHEDULED ITEM NUMBER: <input type="text"/>
<input type="checkbox"/> LIENHOLDER					OTHER <input type="text"/>
ITEM DESCRIPTION: <input type="text"/>					
<input type="checkbox"/> LENDER'S LOSS PAYABLE					LOCATION: <input type="text"/> BUILDING: <input type="text"/>
<input type="checkbox"/> LOSS PAYEE					SCHEDULED ITEM NUMBER: <input type="text"/>
<input type="checkbox"/> LIENHOLDER					OTHER <input type="text"/>
ITEM DESCRIPTION: <input type="text"/>					
<input type="checkbox"/> LENDER'S LOSS PAYABLE					LOCATION: <input type="text"/> BUILDING: <input type="text"/>
<input type="checkbox"/> LOSS PAYEE					SCHEDULED ITEM NUMBER: <input type="text"/>
<input type="checkbox"/> LIENHOLDER					OTHER <input type="text"/>
ITEM DESCRIPTION: <input type="text"/>					

**TRANSPORTATION**

TOTAL VALUES TO BE SHIPPED TO THIS JOB SITE AT APPLICANT'S RISK.			
AMOUNT SHIPPED	% FOR APPLICANT'S VEHICLES	% BY COMMON/ CONTRACT CARRIER	DISTANCE INVOLVED
\$	%		

**RIGGING**

DESCRIBE ALL HOISTING OR OPERATIONS REQUIRING RIGGING.

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

**Applicable in AL, AR, DC, LA, MD, NM, RI and WV**

Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)\* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. \*Applies in MD Only.

**Applicable in CO**

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Applicable in FL and OK**

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)\*. \*Applies in FL Only.

**Applicable in KS**

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**Applicable in KY, NY, OH and PA**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties\* (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY Only.

**Applicable in ME, TN, VA and WA**

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)\* include imprisonment, fines and denial of insurance benefits. \*Applies in ME Only.

**Applicable in NJ**

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Applicable in OR**

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**Applicable in PR**

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

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

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



AGENCY CUSTOMER ID: 00096498

**CALIFORNIA COMMERCIAL AUTO  
COVERAGES / LIMITS SECTION**

DATE (MM/DD/YYYY)

03/14/2022

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

**BUSINESS AUTO SECTION**

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	COVERAGES	COVERED AUTO SYMBOLS	LIMITS		
LIABILITY	<input checked="" type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 9	<input checked="" type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$ 1,000,000	Collision				
	<input type="checkbox"/> 2 <input type="checkbox"/> 7 <input type="checkbox"/>	BI EACH ACCIDENT \$					
	<input type="checkbox"/> 3 <input type="checkbox"/> 8	PROPERTY DAMAGE \$					
			PHYSICAL DAMAGE				
			TOWING & LABOR	<input type="checkbox"/> 3 <input type="checkbox"/> 7	\$		
			COMP / OTC	<input type="checkbox"/> 2 <input type="checkbox"/> 4 <input checked="" type="checkbox"/> 8			
				<input type="checkbox"/> 3 <input checked="" type="checkbox"/> 7			
MEDICAL PAYMENTS	<input checked="" type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/> 8	EACH PERSON \$ 5,000	SPECIFIED CAUSES OF LOSS	<input type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/> 8			
	<input type="checkbox"/> 3 <input type="checkbox"/> 7			<input type="checkbox"/> 3 <input type="checkbox"/> 7			
UNINSURED MOTORIST	<input type="checkbox"/> 2 <input type="checkbox"/> 6	<input checked="" type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$ 1,000,000	COLLISION	<input type="checkbox"/> 2 <input type="checkbox"/> 4 <input checked="" type="checkbox"/> 8			
	<input type="checkbox"/> 3 <input checked="" type="checkbox"/> 7	BI EACH ACCIDENT \$	<input checked="" type="checkbox"/> WAIVER OF DEDUCTIBLE	<input type="checkbox"/> 3 <input checked="" type="checkbox"/> 7			
	<input type="checkbox"/> 4 <input type="checkbox"/>	PROPERTY DAMAGE \$ 3,500					
HIRED / BORROWED LIABILITY	<input checked="" type="checkbox"/> YES STATES <input type="checkbox"/> NO CA	COST OF HIRE <input checked="" type="checkbox"/> IF ANY BASIS \$	HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH	COVERAGE / DEDUCTIBLE
NON-OWNED LIABILITY	<input checked="" type="checkbox"/> YES STATES <input type="checkbox"/> NO CA	GROUP TYPE <input checked="" type="checkbox"/> EMPLOYEES 21 <input type="checkbox"/> VOLUNTEERS <input type="checkbox"/> PARTNERS					<input type="checkbox"/> COMP \$ <input type="checkbox"/> SPEC C OF L \$ <input type="checkbox"/> COLL \$
COVERED AUTO SYMBOLS (1) ANY AUTO (2) OWNED AUTOS ONLY (3) OWNED PRIVATE PASSENGER AUTOS ONLY (4) OWNED AUTOS OTHER THAN PRIVATE PASSENGER AUTOS ONLY (5) OWNED AUTOS SUBJECT TO NO-FAULT (6) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORISTS LAW (7) SPECIFICALLY DESCRIBED AUTOS (8) HIRED AUTOS ONLY (9) NON-OWNED AUTOS ONLY							

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

AN INSURER WHICH REFUSES TO PROVIDE COVERAGE TO AN APPLICANT WHO IS A "GOOD DRIVER" MUST PROVIDE THE APPLICANT WITH WRITTEN STATEMENT OF THE REASONS IT DENIED COVERAGE. IN GENERAL, UNDER CALIFORNIA LAW A GOOD DRIVER IS A PERSON WHO HAS NOT HAD MORE THAN ONE VIOLATION POINT OR MORE THAN ONE AT-FAULT ACCIDENT RESULTING IN ONLY PROPERTY DAMAGE IN THE LAST THREE YEARS.

I UNDERSTAND AND ACKNOWLEDGE THAT UNINSURED MOTORISTS BODILY INJURY COVERAGE (UMBI) HAS BEEN OFFERED TO ME, AND THAT I HAVE THE OPTIONS OF SELECTING EITHER UMBI LIMITS LOWER THAN MY BODILY INJURY LIABILITY LIMITS, OR REJECTING UMBI COVERAGE ENTIRELY. IF I HAVE REJECTED UMBI COVERAGE OR SELECTED UMBI LIMITS LOWER THAN MY BODILY INJURY LIABILITY LIMITS, I HAVE ALSO SIGNED THE CALIFORNIA AUTO SUPPLEMENT, ACORD 61 CA.

I ALSO UNDERSTAND AND ACKNOWLEDGE THAT UNINSURED MOTORISTS PROPERTY DAMAGE COVERAGE (UMPD) HAS BEEN OFFERED TO ME, AND THAT I HAVE THE OPTIONS OF SELECTING OR REJECTING THIS COVERAGE FOR ONE OR MORE VEHICLES. I HAVE MADE MY SELECTION ON THIS APPLICATION, AND I HAVE READ AND COMPLETED THE UMPD PORTION OF THE CALIFORNIA AUTO SUPPLEMENT, ACORD 61 CA.

IN ADDITION, I HAVE BEEN OFFERED WAIVER OF COLLISION DEDUCTIBLE. IF THIS OPTION IS NOT INDICATED ON THIS APPLICATION, THEN I HAVE REJECTED THIS OPTION.

I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE OR IN ANY STATE SUPPLEMENT WILL APPLY TO ALL FUTURE POLICY RENEWALS, CONTINUATIONS AND CHANGES UNLESS I NOTIFY YOU OTHERWISE IN WRITING.

APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER
-----------------------	------	----------------------	--------------------------

**TRUCKERS SECTION**

COVERAGES	COVERED AUTO SYMBOLS				LIMITS		PHYSICAL DAMAGE								
							COVERAGES	COVERED AUTO SYMBOLS		LIMITS				DEDUCTIBLE	
LIABILITY		41		46		CSL	BI EA PER	\$	COMP / OTC	42		47		\$	
		42		47			BI EACH ACCIDENT	\$		43					
		43		50			PROPERTY DAMAGE	\$		46					
									SPECIFIED CAUSES OF LOSS	42		47	SCL	FT	LSP
										43			F	FTW	
										46					
MEDICAL PAYMENTS		42		46			EACH PERSON	\$	COLLISION	42		47		\$	
		43								43					
UNINSURED MOTORIST		42		46		CSL	BI EA PER	\$	WAIVER OF DEDUCTIBLE	46					
		43					BI EACH ACCIDENT	\$	TOWING & LABOR	46			\$		
		45					PROPERTY DAMAGE	\$							
									TRAILER INTERCHANGE						
									COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE
NON-TRUCKERS HIRED / BORROWED	YES		STATES				COST OF HIRE	IF ANY BASIS	COMP / OTC	48					
	NO						\$			49					
TRUCKERS HIRED / BORROWED LIABILITY	YES		STATES				COST OF HIRE	IF ANY BASIS	SPECIFIED CAUSES OF LOSS	48					
	NO						\$			49					
NON-OWNED AUTO LIABILITY	YES		STATES				GROUP TYPE	NUMBER OF	COLLISION	48					\$
	NO						EMPLOYEES		WAIVER OF DEDUCTIBLE	49					
							VOLUNTEERS		TRAILER VALUE	\$					
							PARTNERS		STATES	# DAYS	# VEH				
OTHER									HIRED PHYSICAL DAMAGE						
									COVERAGE IS:			PRIMARY		SECONDARY	
									OTHER						

**COVERED AUTO SYMBOLS**  
(41) ANY AUTO  
(42) OWNED AUTOS ONLY  
(43) OWNED COMMERCIAL AUTOS ONLY  
(44) OWNED AUTOS SUBJECT TO NO-FAULT  
(45) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW  
(46) SPECIFICALLY DESCRIBED AUTOS  
(47) HIRED AUTOS ONLY  
(48) TRAILERS IN YOUR POSSESSION UNDER A TRAILER INTERCHANGE AGREEMENT  
(49) YOUR TRAILERS IN THE POSSESSION OF ANOTHER TRUCKER UNDER A TRAILER INTERCHANGE AGREEMENT  
(50) NON-OWNED AUTOS ONLY

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

AN INSURER WHICH REFUSES TO PROVIDE COVERAGE TO AN APPLICANT WHO IS A "GOOD DRIVER" MUST PROVIDE THE APPLICANT WITH WRITTEN STATEMENT OF THE REASONS IT DENIED COVERAGE. IN GENERAL, UNDER CALIFORNIA LAW A GOOD DRIVER IS A PERSON WHO HAS NOT HAD MORE THAN ONE VIOLATION POINT OR MORE THAN ONE AT-FAULT ACCIDENT RESULTING IN ONLY PROPERTY DAMAGE IN THE LAST THREE YEARS.

I UNDERSTAND AND ACKNOWLEDGE THAT UNINSURED MOTORISTS BODILY INJURY COVERAGE (UMBI) HAS BEEN OFFERED TO ME, AND THAT I HAVE THE OPTIONS OF SELECTING EITHER UMBI LIMITS LOWER THAN MY BODILY INJURY LIABILITY LIMITS, OR REJECTING UMBI COVERAGE ENTIRELY. IF I HAVE REJECTED UMBI COVERAGE OR SELECTED UMBI LIMITS LOWER THAN MY BODILY INJURY LIABILITY LIMITS, I HAVE ALSO SIGNED THE CALIFORNIA AUTO SUPPLEMENT, ACORD 61 CA.

I ALSO UNDERSTAND AND ACKNOWLEDGE THAT UNINSURED MOTORISTS PROPERTY DAMAGE COVERAGE (UMPD) HAS BEEN OFFERED TO ME, AND THAT I HAVE THE OPTIONS OF SELECTING OR REJECTING THIS COVERAGE FOR ONE OR MORE VEHICLES. I HAVE MADE MY SELECTION ON THIS APPLICATION, AND I HAVE READ AND COMPLETED THE UMPD PORTION OF THE CALIFORNIA AUTO SUPPLEMENT, ACORD 61 CA.

IN ADDITION, I HAVE BEEN OFFERED WAIVER OF COLLISION DEDUCTIBLE. IF THIS OPTION IS NOT INDICATED ON THIS APPLICATION, THEN I HAVE REJECTED THIS OPTION.

I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE OR IN ANY STATE SUPPLEMENT WILL APPLY TO ALL FUTURE POLICY RENEWALS, CONTINUATIONS AND CHANGES UNLESS I NOTIFY YOU OTHERWISE IN WRITING.

APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER
-----------------------	------	----------------------	--------------------------

**MOTOR CARRIER SECTION**

COVERAGES		COVERED AUTO SYMBOLS		LIMITS		PHYSICAL DAMAGE								
						COVERAGES		COVERED AUTO SYMBOLS		LIMITS		DEDUCTIBLE		
LIABILITY		61	67		CSL	BI EA PER \$	COMP / OTC		62	67				
		62	68		BI EACH ACCIDENT \$			63	68					
		63	71		PROPERTY DAMAGE \$			64						
		64												
							SPECIFIED CAUSES OF LOSS		62	67		SCL	FT	LSP
									63	68		F	FTW	
									64					
							COLLISION		62	67				
							WAIVER OF DEDUCTIBLE		63	68				
									64					
MEDICAL PAYMENTS		62	64			EACH PERSON \$	TOWING & LABOR		63		\$			
		63	67						67					
UNINSURED MOTORIST		62	66		CSL	BI EA PER \$	TRAILER INTERCHANGE							
		63	67		BI EACH ACCIDENT \$		COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE	
		64			PROPERTY DAMAGE \$		COMP / OTC		69					
								70						
							SPECIFIED CAUSES OF LOSS		69					
									70					
NON-TRUCKERS HIRED / BORROWED		YES	STATES		COST OF HIRE	IF ANY BASIS	COLLISION		69					
		NO			\$		WAIVER OF DEDUCTIBLE		70					\$
TRUCKERS HIRED / BORROWED LIABILITY		YES	STATES		COST OF HIRE	IF ANY BASIS	TRAILER VALUE	\$						
		NO			\$									
NON-OWNED AUTO LIABILITY		YES	STATES		GROUP TYPE	NUMBER OF	HIRED PHYSICAL DAMAGE			# DAYS	# VEH			
		NO			EMPLOYEES									
				VOLUNTEERS										
				PARTNERS										
OTHER							COVERAGE IS:		PRIMARY		SECONDARY			
							OTHER							

**COVERED AUTO SYMBOLS**

(61) ANY AUTO  
 (62) OWNED AUTOS ONLY  
 (63) OWNED PRIVATE PASS AUTOS ONLY

(64) OWNED COMMERCIAL AUTOS ONLY  
 (65) OWNED AUTOS SUBJECT TO NO-FAULT  
 (66) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW

(67) SPECIFICALLY DESCRIBED AUTOS  
 (68) HIRED AUTOS ONLY  
 (69) TRAILERS IN YOUR POSSESSION UNDER A TRAILER INTERCHANGE AGREEMENT

(70) YOUR TRAILERS IN THE POSSESSION OF ANOTHER TRUCKER UNDER A TRAILER INTERCHANGE AGREEMENT  
 (71) NON-OWNED AUTOS ONLY

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

AN INSURER WHICH REFUSES TO PROVIDE COVERAGE TO AN APPLICANT WHO IS A "GOOD DRIVER" MUST PROVIDE THE APPLICANT WITH WRITTEN STATEMENT OF THE REASONS IT DENIED COVERAGE. IN GENERAL, UNDER CALIFORNIA LAW A GOOD DRIVER IS A PERSON WHO HAS NOT HAD MORE THAN ONE VIOLATION POINT OR MORE THAN ONE AT-FAULT ACCIDENT RESULTING IN ONLY PROPERTY DAMAGE IN THE LAST THREE YEARS.

I UNDERSTAND AND ACKNOWLEDGE THAT UNINSURED MOTORISTS BODILY INJURY COVERAGE (UMBI) HAS BEEN OFFERED TO ME, AND THAT I HAVE THE OPTIONS OF SELECTING EITHER UMBI LIMITS LOWER THAN MY BODILY INJURY LIABILITY LIMITS, OR REJECTING UMBI COVERAGE ENTIRELY. IF I HAVE REJECTED UMBI COVERAGE OR SELECTED UMBI LIMITS LOWER THAN MY BODILY INJURY LIABILITY LIMITS, I HAVE ALSO SIGNED THE CALIFORNIA AUTO SUPPLEMENT, ACORD 61 CA.

I ALSO UNDERSTAND AND ACKNOWLEDGE THAT UNINSURED MOTORISTS PROPERTY DAMAGE COVERAGE (UMPD) HAS BEEN OFFERED TO ME, AND THAT I HAVE THE OPTIONS OF SELECTING OR REJECTING THIS COVERAGE FOR ONE OR MORE VEHICLES. I HAVE MADE MY SELECTION ON THIS APPLICATION, AND I HAVE READ AND COMPLETED THE UMPD PORTION OF THE CALIFORNIA AUTO SUPPLEMENT, ACORD 61 CA.

IN ADDITION, I HAVE BEEN OFFERED WAIVER OF COLLISION DEDUCTIBLE. IF THIS OPTION IS NOT INDICATED ON THIS APPLICATION, THEN I HAVE REJECTED THIS OPTION.

I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE OR IN ANY STATE SUPPLEMENT WILL APPLY TO ALL FUTURE POLICY RENEWALS, CONTINUATIONS AND CHANGES UNLESS I NOTIFY YOU OTHERWISE IN WRITING.

APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER
-----------------------	------	----------------------	--------------------------





AGENCY CUSTOMER ID: 00096498

**BUSINESS AUTO SECTION**

DATE (MM/DD/YYYY)

03/14/2022

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

**COVERAGES / LIMITS****USE ACORD 137 FOR YOUR STATE TO PROVIDE COVERAGES / LIMITS INFORMATION****DRIVER INFORMATION** ☐ **ACORD 163 attached for additional drivers**

LIST ALL DRIVERS, INCLUDING FAMILY MEMBERS THAT DRIVE COMPANY VEHICLES, AND EMPLOYEES WHO DRIVE OWN VEHICLES ON COMPANY BUSINESS.

DRIVER #	NAME CITY, STATE AND ZIP CODE	SEX	* MAR STAT	DATE OF BIRTH	YRS EXP	YEAR LIC	DRIVERS LICENSE NUMBER/ SOCIAL SECURITY NUMBER	STATE LIC	DATE HIRE	BROADEN NO-FAULT	DOC	USE VEH #	% USE
6	Garfield D McLaren			05/07/1953			E0567758						
10	Luis A Castillo			04/25/1986			D7751271	CA					
11	Malcolm I McLaren			06/19/1989			D9149050	CA					
12	Marcos A Quezada			12/24/1975			B3824850	CA					
15	Veronica Enriquez			07/03/1977			B9265137	CA					
16	Veronica Quezada			02/07/1979			B6028729	CA					
18	Omar Rivera			02/23/1992			F1256269	CA					
20	George Munoz			10/24/1970			A5060526	CA					
21	Miguel Montiel-Davila CA			05/08/1980			Y2474580						
22	Anthony L Torres			06/23/1999			Y8753845	CA					
23	Brian Garcia CA			03/09/1995			F5390965	CA					
24	Roxana Alvarado			07/02/1983			D4209942	CA					

\* MARITAL STATUS / CIVIL UNION (if applicable)

**GENERAL INFORMATION**

EXPLAIN ALL "YES" RESPONSES				Y / N
1. WITH THE EXCEPTION OF ANY ENCUMBRANCES, ARE ANY VEHICLES FOR WHICH INSURANCE IS REQUESTED NOT SOLELY OWNED BY AND REGISTERED TO THE APPLICANT?				
VEH #	NAME OF OTHER OWNER	VEH #	NAME OF OTHER OWNER	
2. DO OVER 50% OF THE EMPLOYEES USE THEIR AUTOS IN THE BUSINESS? (no explanation needed)				
3. IS THERE A VEHICLE MAINTENANCE PROGRAM IN OPERATION?				
4. ARE ANY VEHICLES LEASED TO OTHERS?				
5. ANY CAR MODIFIED / SPECIAL EQUIPMENT? (Include customized vans / pickups)				
VEH #	DESCRIPTION	COST \$	VEH # DESCRIPTION COST \$	
6. ARE ICC (Interstate Commerce Commission), PUC (Public Utility Commission) OR OTHER FILINGS REQUIRED? (If "YES", attach ACORD 194) (no explanation needed)				
7. DO OPERATIONS INVOLVE TRANSPORTING HAZARDOUS MATERIAL?				

**GENERAL INFORMATION (continued)**

EXPLAIN ALL "YES" RESPONSES	Y / N										
8. ANY HOLD HARMLESS AGREEMENTS?											
9. ANY VEHICLES USED BY FAMILY MEMBERS? IF SO, IDENTIFY.											
10. DOES THE APPLICANT OBTAIN MVR (Motor Vehicle Record) VERIFICATIONS?											
11. DOES THE APPLICANT HAVE A SPECIFIC DRIVER RECRUITING METHOD?											
12. ARE ANY DRIVERS NOT COVERED BY WORKERS COMPENSATION?											
13. ANY VEHICLES OWNED BUT NOT SCHEDULED ON THIS APPLICATION?											
14. ANY DRIVERS WITH CONVICTIONS FOR MOVING TRAFFIC VIOLATIONS? <b>APPLICABLE ONLY IN KANSAS: UNDER KANSAS LAW, THE FOLLOWING TRAFFIC VIOLATIONS ARE NOT REQUIRED TO BE REPORTED TO INSURERS:</b> 1. A speeding violation of up to six (6) miles per hour (mph) that occurs in an area with a maximum posted speed limit from 30 mph through 54 mph, or 2. A speeding violation of up to ten (10) miles per hour (mph) that occurs in an area with a maximum posted speed limit from 55 mph through 75 mph.											
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">DRV #</th> <th style="width: 20%;">DATE (MM/DD/YYYY)</th> <th style="width: 30%;">TYPE</th> <th style="width: 30%;">PLACE (CITY, STATE)</th> <th style="width: 10%;"># YRS REV</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	DRV #	DATE (MM/DD/YYYY)	TYPE	PLACE (CITY, STATE)	# YRS REV						
DRV #	DATE (MM/DD/YYYY)	TYPE	PLACE (CITY, STATE)	# YRS REV							
15. HAS AGENT INSPECTED VEHICLES?											
16. ARE ALL VEHICLES TO BE INCLUDED IN THIS POLICY PART OF A FLEET?											
17. DO YOU HAVE ELECTRONIC MONITORING DEVICES THAT RECORD AND TRANSMIT DATA IN ANY OF YOUR VEHICLES? If "YES", what percentage of vehicles in your overall fleet are monitored (1 - 100%) _____ % Please indicate how you utilize the devices (check all that apply): <input type="checkbox"/> MONITOR DRIVER SAFETY <input type="checkbox"/> TRACK FUEL CONSUMPTION <input type="checkbox"/> MONITOR VEHICLE MAINTENANCE <input type="checkbox"/> MILEAGE TRACKING <input type="checkbox"/> LOCATION TRACKING <input type="checkbox"/> NAVIGATION    Describe: _____											
DESCRIPTION OF GARAGE / STORAGE LOCATIONS	MAXIMUM DOLLAR VALUE SUBJECT TO LOSS \$										

**ADDITIONAL INTEREST / CERTIFICATE RECIPIENT****ACORD 45 attached for additional names**

INTEREST	NAME AND ADDRESS	RANK: _____	EVIDENCE:	CERTIFICATE	INTEREST IN ITEM NUMBER
<input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT				VEHICLE: _____ LOCATION: _____	
	REFERENCE / LOAN #:				
<input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT				VEHICLE: _____ LOCATION: _____	
	REFERENCE / LOAN #:				

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

--

**Applicable in AL, AR, DC, LA, MD, NM, RI and WV**

Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)\* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. \*Applies in MD Only.

**Applicable in CO**

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Applicable in FL and OK**

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)\*. \*Applies in FL Only.

**Applicable in KS**

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**Applicable in KY, NY, OH and PA**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties\* (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY Only.

**Applicable in ME, TN, VA and WA**

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)\* include imprisonment, fines and denial of insurance benefits. \*Applies in ME Only.

**Applicable in NJ**

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Applicable in OR**

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**Applicable in PR**

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

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

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

VEHICLE DESCRIPTION ☒ ACORD 129 attached for additional vehicles

VEH # 1	YEAR 2014	MAKE: Toyota MODEL: Tacoma 4x2	BODY TYPE: Pickup truck V.I.N.: 5TFTX4GN2EX030133	VEHICLE TYPE PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input type="checkbox"/>			SYM / AGE	COMP / OTC SYM	COLL SYM	
GARAGING ADDRESS	STREET (Required in KY)		CITY	COUNTY			STATE	ZIP		
LIC STATE	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL		
USE		COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRIES MOTOR TOWING & LABOR	F	LSP	RENT REIMB FG	
PLEASURE	RETAIL			<input checked="" type="checkbox"/> LIAB	<input checked="" type="checkbox"/> MED PAY	<input checked="" type="checkbox"/> UNINS MOTOR	FT	<input checked="" type="checkbox"/> COMP/OTC	AA	
FARM	SERVICE			<input checked="" type="checkbox"/> NO-FAULT	<input checked="" type="checkbox"/> UNINS MOTOR	FTW	<input checked="" type="checkbox"/> COLL		STAMT	
DRIVE TO WORK / SCHOOL		< 15 MILES	15 MILES +	NET VEH DR/CR:	TOTAL PREM: \$					
VEH # 2	YEAR 2009	MAKE: Ford MODEL: F150	BODY TYPE: Pickup truck V.I.N.: 1FTRF12879KA84012	VEHICLE TYPE PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input type="checkbox"/>			SYM / AGE	COMP / OTC SYM	COLL SYM	
GARAGING ADDRESS	STREET (Required in KY)		CITY	COUNTY			STATE	ZIP		
LIC STATE	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL		
USE		COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRIES MOTOR TOWING & LABOR	F	LSP	RENT REIMB FG	
PLEASURE	RETAIL			<input checked="" type="checkbox"/> LIAB	<input checked="" type="checkbox"/> MED PAY	<input checked="" type="checkbox"/> UNINS MOTOR	FT	<input checked="" type="checkbox"/> COMP/OTC	AA	
FARM	SERVICE			<input checked="" type="checkbox"/> NO-FAULT	<input checked="" type="checkbox"/> UNINS MOTOR	FTW	<input checked="" type="checkbox"/> COLL		STAMT	
DRIVE TO WORK / SCHOOL		< 15 MILES	15 MILES +	NET VEH DR/CR:	TOTAL PREM: \$					
VEH # 3	YEAR 2008	MAKE: Honda MODEL: CRV LX	BODY TYPE: Station wagon V.I.N.: JHLRE38378C035768	VEHICLE TYPE PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input type="checkbox"/>			SYM / AGE	COMP / OTC SYM	COLL SYM	
GARAGING ADDRESS	STREET (Required in KY)		CITY	COUNTY			STATE	ZIP		
LIC STATE	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL		
USE		COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRIES MOTOR TOWING & LABOR	F	LSP	RENT REIMB FG	
PLEASURE	RETAIL			<input checked="" type="checkbox"/> LIAB	<input checked="" type="checkbox"/> MED PAY	<input checked="" type="checkbox"/> UNINS MOTOR	FT	<input checked="" type="checkbox"/> COMP/OTC	AA	
FARM	SERVICE			<input checked="" type="checkbox"/> NO-FAULT	<input checked="" type="checkbox"/> UNINS MOTOR	FTW	<input checked="" type="checkbox"/> COLL		STAMT	
DRIVE TO WORK / SCHOOL		< 15 MILES	15 MILES +	NET VEH DR/CR:	TOTAL PREM: \$					
VEH # 4	YEAR 2003	MAKE: Dodge MODEL: Ram 2500 ST SLT	BODY TYPE: Pickup truck V.I.N.: 3D7KA28663G816677	VEHICLE TYPE PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input type="checkbox"/>			SYM / AGE	COMP / OTC SYM	COLL SYM	
GARAGING ADDRESS	STREET (Required in KY)		CITY	COUNTY			STATE	ZIP		
LIC STATE	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL		
USE		COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRIES MOTOR TOWING & LABOR	F	LSP	RENT REIMB FG	
PLEASURE	RETAIL			<input checked="" type="checkbox"/> LIAB	<input checked="" type="checkbox"/> MED PAY	<input checked="" type="checkbox"/> UNINS MOTOR	FT	<input checked="" type="checkbox"/> COMP/OTC	AA	
FARM	SERVICE			<input checked="" type="checkbox"/> NO-FAULT	<input checked="" type="checkbox"/> UNINS MOTOR	FTW	<input checked="" type="checkbox"/> COLL		STAMT	
DRIVE TO WORK / SCHOOL		< 15 MILES	15 MILES +	NET VEH DR/CR:	TOTAL PREM: \$					

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



AGENCY CUSTOMER ID: 00096498

## VEHICLE SCHEDULE

DATE (MM/DD/YYYY)

03/14/2022

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

## VEHICLE DESCRIPTION

VEH # 5	YEAR 2005	MAKE: Toyota MODEL: Tundra	BODY TYPE: Pickup truck V.I.N.: 5TBRT38115S459225	VEHICLE TYPE PP SPEC COML	SYM / AGE	COMP / OTC SYM	COLL SYM					
GARAGING ADDRESS	STREET (Required in KY)	CITY	COUNTY	STATE	ZIP							
LIC STATE	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL	COST NEW \$ 27075			
USE PLEASURE FARM	COMM'L RETAIL SERVICE	FOR HIRE	CHECK COVERAGES LIAB NO-FAULT	ADD'L NO-FAULT MED PAY UNINS MOTOR	UNDRIES MOTOR TOWING & LABOR SPEC C OF L	F FTW	LSP COMP/OTC COLL	RENT REIMB FG	DEDUCTIBLES AA STAMT	ACV \$ 2,000 \$ 1,000	COMP/OTC COLL	SPEC C OF L
DRIVE TO WORK / SCHOOL	< 15 MILES	15 MILES +	NET VEH DR/CR:	TOTAL PREM: \$								
VEH # 6	YEAR 2018	MAKE: Toyota MODEL: Tacoma	BODY TYPE: Pickup truck V.I.N.: 5TFRX5GN0JX107642	VEHICLE TYPE PP SPEC COML	SYM / AGE	COMP / OTC SYM	COLL SYM					
GARAGING ADDRESS	STREET (Required in KY)	CITY	COUNTY	STATE	ZIP							
LIC STATE	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL	COST NEW \$ 25200			
USE PLEASURE FARM	COMM'L RETAIL SERVICE	FOR HIRE	CHECK COVERAGES LIAB NO-FAULT	ADD'L NO-FAULT MED PAY UNINS MOTOR	UNDRIES MOTOR TOWING & LABOR SPEC C OF L	F FTW	LSP COMP/OTC COLL	RENT REIMB FG	DEDUCTIBLES AA STAMT	ACV \$ 2,000 \$ 1,000	COMP/OTC COLL	SPEC C OF L
DRIVE TO WORK / SCHOOL	< 15 MILES	15 MILES +	NET VEH DR/CR:	TOTAL PREM: \$								
VEH # 7	YEAR 2019	MAKE: Toyota MODEL: Tacoma	BODY TYPE: Pickup truck V.I.N.: 5TFRX5GN1KX137525	VEHICLE TYPE PP SPEC COML	SYM / AGE	COMP / OTC SYM	COLL SYM					
GARAGING ADDRESS	STREET (Required in KY)	CITY	COUNTY	STATE	ZIP							
LIC STATE	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL	COST NEW \$ 30620			
USE PLEASURE FARM	COMM'L RETAIL SERVICE	FOR HIRE	CHECK COVERAGES LIAB NO-FAULT	ADD'L NO-FAULT MED PAY UNINS MOTOR	UNDRIES MOTOR TOWING & LABOR SPEC C OF L	F FTW	LSP COMP/OTC COLL	RENT REIMB FG	DEDUCTIBLES AA STAMT	ACV \$ 2,000 \$ 1,000	COMP/OTC COLL	SPEC C OF L
DRIVE TO WORK / SCHOOL	< 15 MILES	15 MILES +	NET VEH DR/CR:	TOTAL PREM: \$								
VEH # 8	YEAR 2009	MAKE: Utility MODEL: Trailer	BODY TYPE: Trailer V.I.N.: 5VVAU12159C111332	VEHICLE TYPE PP SPEC COML	SYM / AGE	COMP / OTC SYM	COLL SYM					
GARAGING ADDRESS	STREET (Required in KY)	CITY	COUNTY	STATE	ZIP							
LIC STATE	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL	COST NEW \$ 2500			
USE PLEASURE FARM	COMM'L RETAIL SERVICE	FOR HIRE	CHECK COVERAGES LIAB NO-FAULT	ADD'L NO-FAULT MED PAY UNINS MOTOR	UNDRIES MOTOR TOWING & LABOR SPEC C OF L	F FTW	LSP COMP/OTC COLL	RENT REIMB FG	DEDUCTIBLES AA STAMT	ACV \$ 2,000 \$ 1,000	COMP/OTC COLL	SPEC C OF L
DRIVE TO WORK / SCHOOL	< 15 MILES	15 MILES +	NET VEH DR/CR:	TOTAL PREM: \$								
VEH # 9	YEAR 2017	MAKE: Snake River MODEL: Dump Trailer 7x14	BODY TYPE: Trailer V.I.N.: 5PTBD1423H1026265	VEHICLE TYPE PP SPEC COML	SYM / AGE	COMP / OTC SYM	COLL SYM					
GARAGING ADDRESS	STREET (Required in KY)	CITY	COUNTY	STATE	ZIP							
LIC STATE	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL	COST NEW \$ 5000			
USE PLEASURE FARM	COMM'L RETAIL SERVICE	FOR HIRE	CHECK COVERAGES LIAB NO-FAULT	ADD'L NO-FAULT MED PAY UNINS MOTOR	UNDRIES MOTOR TOWING & LABOR SPEC C OF L	F FTW	LSP COMP/OTC COLL	RENT REIMB FG	DEDUCTIBLES AA STAMT	ACV \$ 2,000 \$ 1,000	COMP/OTC COLL	SPEC C OF L
DRIVE TO WORK / SCHOOL	< 15 MILES	15 MILES +	NET VEH DR/CR:	TOTAL PREM: \$								



AGENCY CUSTOMER ID: 00096498

## VEHICLE SCHEDULE

DATE (MM/DD/YYYY)

03/14/2022

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

## VEHICLE DESCRIPTION

VEH # 11	YEAR 2018	MAKE: PJ MODEL: Flat Trailer	BODY TYPE: Trailer V.I.N.: 4P5CC1628K1299551	VEHICLE TYPE PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input type="checkbox"/>			SYM / AGE	COMP / OTC SYM	COLL SYM			
GARAGING ADDRESS	STREET (Required in KY)		CITY	COUNTY			STATE	ZIP				
LIC STATE	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL				
USE PLEASURE <input type="checkbox"/> FARM <input type="checkbox"/>		COMM'L <input type="checkbox"/>	FOR HIRE <input type="checkbox"/>	CHECK COVERAGES LIAB <input checked="" type="checkbox"/> NO-FAULT <input type="checkbox"/>	ADD'L NO-FAULT <input checked="" type="checkbox"/>	UNDRINS MOTOR TOWING & LABOR SPEC C OF L <input checked="" type="checkbox"/>	F <input type="checkbox"/> FT <input checked="" type="checkbox"/> FTW <input checked="" type="checkbox"/>	LSP <input type="checkbox"/> COMP/OTC <input checked="" type="checkbox"/> COLL <input checked="" type="checkbox"/>	RENT REIMB FG <input type="checkbox"/>	DEDUCTIBLES AA <input type="checkbox"/> STAMT <input type="checkbox"/>	ACV <input checked="" type="checkbox"/> COMP/OTC <input type="checkbox"/> SPEC C OF L <input type="checkbox"/>	
DRIVE TO WORK / SCHOOL		< 15 MILES <input type="checkbox"/>	15 MILES + <input type="checkbox"/>	NET VEH DR/CR:				TOTAL PREM: \$		\$ 2500	\$ 2,000	\$ 1,000 COLL
VEH # 12	YEAR 2004	MAKE: Ford MODEL: F350	BODY TYPE: Pickup truck V.I.N.: 1FDSF34L14EA27273	VEHICLE TYPE PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input type="checkbox"/>			SYM / AGE	COMP / OTC SYM	COLL SYM			
GARAGING ADDRESS	STREET (Required in KY)		CITY	COUNTY			STATE	ZIP				
LIC STATE	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL				
USE PLEASURE <input type="checkbox"/> FARM <input type="checkbox"/>		COMM'L <input type="checkbox"/>	FOR HIRE <input type="checkbox"/>	CHECK COVERAGES LIAB <input checked="" type="checkbox"/> NO-FAULT <input type="checkbox"/>	ADD'L NO-FAULT <input checked="" type="checkbox"/>	UNDRINS MOTOR TOWING & LABOR SPEC C OF L <input checked="" type="checkbox"/>	F <input type="checkbox"/> FT <input checked="" type="checkbox"/> FTW <input checked="" type="checkbox"/>	LSP <input type="checkbox"/> COMP/OTC <input checked="" type="checkbox"/> COLL <input checked="" type="checkbox"/>	RENT REIMB FG <input type="checkbox"/>	DEDUCTIBLES AA <input type="checkbox"/> STAMT <input type="checkbox"/>	ACV <input checked="" type="checkbox"/> COMP/OTC <input type="checkbox"/> SPEC C OF L <input type="checkbox"/>	
DRIVE TO WORK / SCHOOL		< 15 MILES <input type="checkbox"/>	15 MILES + <input type="checkbox"/>	NET VEH DR/CR:				TOTAL PREM: \$		\$ 21975	\$ 2,000	\$ 1,000 COLL
VEH #	YEAR	MAKE:	BODY TYPE:	VEHICLE TYPE			SYM / AGE	COMP / OTC SYM	COLL SYM			
		MODEL:	V.I.N.:	PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input type="checkbox"/>								
GARAGING ADDRESS	STREET (Required in KY)		CITY	COUNTY			STATE	ZIP				
LIC STATE	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL				
USE PLEASURE <input type="checkbox"/> FARM <input type="checkbox"/>		COMM'L <input type="checkbox"/>	FOR HIRE <input type="checkbox"/>	CHECK COVERAGES LIAB <input type="checkbox"/> NO-FAULT <input type="checkbox"/>	ADD'L NO-FAULT <input type="checkbox"/>	UNDRINS MOTOR TOWING & LABOR SPEC C OF L <input type="checkbox"/>	F <input type="checkbox"/> FT <input type="checkbox"/> FTW <input type="checkbox"/>	LSP <input type="checkbox"/> COMP/OTC <input type="checkbox"/> COLL <input type="checkbox"/>	RENT REIMB FG <input type="checkbox"/>	DEDUCTIBLES AA <input type="checkbox"/> STAMT <input type="checkbox"/>	ACV <input type="checkbox"/> COMP/OTC <input type="checkbox"/> SPEC C OF L <input type="checkbox"/>	
DRIVE TO WORK / SCHOOL		< 15 MILES <input type="checkbox"/>	15 MILES + <input type="checkbox"/>	NET VEH DR/CR:				TOTAL PREM: \$		\$	\$	\$ COLL
VEH #	YEAR	MAKE:	BODY TYPE:	VEHICLE TYPE			SYM / AGE	COMP / OTC SYM	COLL SYM			
		MODEL:	V.I.N.:	PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input type="checkbox"/>								
GARAGING ADDRESS	STREET (Required in KY)		CITY	COUNTY			STATE	ZIP				
LIC STATE	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL				
USE PLEASURE <input type="checkbox"/> FARM <input type="checkbox"/>		COMM'L <input type="checkbox"/>	FOR HIRE <input type="checkbox"/>	CHECK COVERAGES LIAB <input type="checkbox"/> NO-FAULT <input type="checkbox"/>	ADD'L NO-FAULT <input type="checkbox"/>	UNDRINS MOTOR TOWING & LABOR SPEC C OF L <input type="checkbox"/>	F <input type="checkbox"/> FT <input type="checkbox"/> FTW <input type="checkbox"/>	LSP <input type="checkbox"/> COMP/OTC <input type="checkbox"/> COLL <input type="checkbox"/>	RENT REIMB FG <input type="checkbox"/>	DEDUCTIBLES AA <input type="checkbox"/> STAMT <input type="checkbox"/>	ACV <input type="checkbox"/> COMP/OTC <input type="checkbox"/> SPEC C OF L <input type="checkbox"/>	
DRIVE TO WORK / SCHOOL		< 15 MILES <input type="checkbox"/>	15 MILES + <input type="checkbox"/>	NET VEH DR/CR:				TOTAL PREM: \$		\$	\$	\$ COLL
VEH #	YEAR	MAKE:	BODY TYPE:	VEHICLE TYPE			SYM / AGE	COMP / OTC SYM	COLL SYM			
		MODEL:	V.I.N.:	PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input type="checkbox"/>								
GARAGING ADDRESS	STREET (Required in KY)		CITY	COUNTY			STATE	ZIP				
LIC STATE	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL				
USE PLEASURE <input type="checkbox"/> FARM <input type="checkbox"/>		COMM'L <input type="checkbox"/>	FOR HIRE <input type="checkbox"/>	CHECK COVERAGES LIAB <input type="checkbox"/> NO-FAULT <input type="checkbox"/>	ADD'L NO-FAULT <input type="checkbox"/>	UNDRINS MOTOR TOWING & LABOR SPEC C OF L <input type="checkbox"/>	F <input type="checkbox"/> FT <input type="checkbox"/> FTW <input type="checkbox"/>	LSP <input type="checkbox"/> COMP/OTC <input type="checkbox"/> COLL <input type="checkbox"/>	RENT REIMB FG <input type="checkbox"/>	DEDUCTIBLES AA <input type="checkbox"/> STAMT <input type="checkbox"/>	ACV <input type="checkbox"/> COMP/OTC <input type="checkbox"/> SPEC C OF L <input type="checkbox"/>	
DRIVE TO WORK / SCHOOL		< 15 MILES <input type="checkbox"/>	15 MILES + <input type="checkbox"/>	NET VEH DR/CR:				TOTAL PREM: \$		\$	\$	\$ COLL

## ADDITIONAL VEHICLE COVERAGES

Veh #	Cov Code	Description	Type of Coverage	Form No.	Edition Date	Rate	Option Codes
1	CWAIV	Collision deductible waiver					
Limit 1	Limit 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductible Type 2	Premium
Veh #	Cov Code	Description	Type of Coverage	Form No.	Edition Date	Rate	Option Codes
2	CWAIV	Collision deductible waiver					
Limit 1	Limit 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductible Type 2	Premium
Veh #	Cov Code	Description	Type of Coverage	Form No.	Edition Date	Rate	Option Codes
3	CWAIV	Collision deductible waiver					
Limit 1	Limit 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductible Type 2	Premium
Veh #	Cov Code	Description	Type of Coverage	Form No.	Edition Date	Rate	Option Codes
4	CWAIV	Collision deductible waiver					
Limit 1	Limit 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductible Type 2	Premium
Veh #	Cov Code	Description	Type of Coverage	Form No.	Edition Date	Rate	Option Codes
5	CWAIV	Collision deductible waiver					
Limit 1	Limit 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductible Type 2	Premium
Veh #	Cov Code	Description	Type of Coverage	Form No.	Edition Date	Rate	Option Codes
6	CWAIV	Collision deductible waiver					
Limit 1	Limit 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductible Type 2	Premium
Veh #	Cov Code	Description	Type of Coverage	Form No.	Edition Date	Rate	Option Codes
7	CWAIV	Collision deductible waiver					
Limit 1	Limit 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductible Type 2	Premium
Veh #	Cov Code	Description	Type of Coverage	Form No.	Edition Date	Rate	Option Codes
12	CWAIV	Collision deductible waiver					
Limit 1	Limit 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductible Type 2	Premium
Veh #	Cov Code	Description	Type of Coverage	Form No.	Edition Date	Rate	Option Codes
Limit 1	Limit 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductible Type 2	Premium
Veh #	Cov Code	Description	Type of Coverage	Form No.	Edition Date	Rate	Option Codes
Limit 1	Limit 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductible Type 2	Premium
Veh #	Cov Code	Description	Type of Coverage	Form No.	Edition Date	Rate	Option Codes
Limit 1	Limit 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductible Type 2	Premium
Veh #	Cov Code	Description	Type of Coverage	Form No.	Edition Date	Rate	Option Codes
Limit 1	Limit 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductible Type 2	Premium
Veh #	Cov Code	Description	Type of Coverage	Form No.	Edition Date	Rate	Option Codes
Limit 1	Limit 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductible Type 2	Premium

## ADDITIONAL COVERAGES AND ENDORSEMENTS

Loc #	ST	Cov Code	Description	Type of Coverage	Form No.	Edition Date	Rate	Option Codes				
		<b>UNDSG</b>	<b>Underinsured motorist BI sing</b>									
Limit 1		Limit 2		Limit 3		Ded 1	Deductible Type 1		Ded 2	Deductible Type 2		Premium
<b>Included</b>												

  

Loc #	ST	Cov Code	Description	Type of Coverage	Form No.	Edition Date	Rate	Option Codes				
		<b>CA</b>	<b>HRDBD</b>	<b>Hired/borrowed</b>								
Limit 1		Limit 2		Limit 3		Ded 1	Deductible Type 1		Ded 2	Deductible Type 2		Premium
<b>1,000,000</b>												

  

Loc #	ST	Cov Code	Description	Type of Coverage	Form No.	Edition Date	Rate	Option Codes				
		<b>CA</b>	<b>NOWND</b>	<b>Non-owned</b>								
Limit 1		Limit 2		Limit 3		Ded 1	Deductible Type 1		Ded 2	Deductible Type 2		Premium
<b>1,000,000</b>												

  

Loc #	ST	Cov Code	Description	Type of Coverage	Form No.	Edition Date	Rate	Option Codes				
Limit 1		Limit 2		Limit 3		Ded 1	Deductible Type 1		Ded 2	Deductible Type 2		Premium

  

Loc #	ST	Cov Code	Description	Type of Coverage	Form No.	Edition Date	Rate	Option Codes				
Limit 1		Limit 2		Limit 3		Ded 1	Deductible Type 1		Ded 2	Deductible Type 2		Premium

  

Loc #	ST	Cov Code	Description	Type of Coverage	Form No.	Edition Date	Rate	Option Codes				
Limit 1		Limit 2		Limit 3		Ded 1	Deductible Type 1		Ded 2	Deductible Type 2		Premium

  

Loc #	ST	Cov Code	Description	Type of Coverage	Form No.	Edition Date	Rate	Option Codes				
Limit 1		Limit 2		Limit 3		Ded 1	Deductible Type 1		Ded 2	Deductible Type 2		Premium

  

Loc #	ST	Cov Code	Description	Type of Coverage	Form No.	Edition Date	Rate	Option Codes				
Limit 1		Limit 2		Limit 3		Ded 1	Deductible Type 1		Ded 2	Deductible Type 2		Premium

  

Loc #	ST	Cov Code	Description	Type of Coverage	Form No.	Edition Date	Rate	Option Codes				
Limit 1		Limit 2		Limit 3		Ded 1	Deductible Type 1		Ded 2	Deductible Type 2		Premium

  

Loc #	ST	Cov Code	Description	Type of Coverage	Form No.	Edition Date	Rate	Option Codes				
Limit 1		Limit 2		Limit 3		Ded 1	Deductible Type 1		Ded 2	Deductible Type 2		Premium