

COMMERCIAL INSURANCE APPLICATION

BRETTT
DATE (MM/DD/YYYY)
03/02/2020

						HF	LIG	ANT INFORM	<u>IAI</u>	IUN	SECTIO	ΙΝ.								
Mo	ENCY Namara Com		у						CAI	RRIEI	₹								NAIC N/A	CODE
	30 Highway 9 nite Bear Lak		N 55110						COM	IPANY	POLICY OR PF	ROG	RAM NAI	ME				PRO	GRAM	CODE
									POLI	ICY NU	MBER						'			
CO	NTACT Ales	shia I	McNamara						UND	ERWRI	TER				UNDE	RWRIT	ER OFFICE			
PHO	ONE C, No, Ext): (651) 426	6-0607																	
FA)	(651 (651)) 426	6-5790										QUOTE		<u> </u>	ISSU	E POLICY		REN	IEW
E-M										TUS OF			BOUND	(Give Date	and/or A	ttach (Сору):		_	
CO				s	UBCODE:				IKA	NSACI	ION		CHANG	E D	ATE		TIME			AM
AG	ENCY CUSTOMER I	_D . JU	NKTEN-01										CANCE	L						PM
	CTIONS ATTA																			
	ICATE SECTIONS A	TTACE	HED	PREMI	IUM						PREMIUM							PF	REMIUN	1
	ACCOUNTS RECE VALUABLE PAPE	EIVABL RS	E /	\$			ELEC	TRONIC DATA PROC			\$			TRANSPO MOTOR T	RTATIO RUCK C	N / ARGC)	\$		
	BOILER & MACHII			\$			EQUIF	PMENT FLOATER	\$				TRUCKER				\$			
X	BUSINESS AUTO			\$			GARA	GE AND DEALERS			\$			UMBRELL	.А			\$		
	BUSINESS OWNE	RS		\$			GLAS	S AND SIGN	\$				YACHT				\$			
X	COMMERCIAL GE	NERAI	L LIABILITY	\$			INSTA	LLATION / BUILDERS									\$			
	CRIME			\$			OPEN	CARGO			\$							\$		
	DEALERS			\$		X	PROP	ERTY			\$							\$		
AT	TACHMENTS																			
	ADDITIONAL INTE	REST					PREM	IIUM PAYMENT SUPP	LEME	ENT										
	ADDITIONAL PRE	MISES					PROF	ROFESSIONAL LIABILITY SUPPLEMENT												
	APARTMENT BUIL	LDING	SUPPLEMENT				REST	AURANT / TAVERN S	URANT / TAVERN SUPPLEMENT											
	CONDO ASSN BY	LAWS	(for D&O Cover	age only)		STATE	EMENT / SCHEDULE	OF VA	ALUES										
	CONTRACTORS	SUPPLI	EMENT				STATE	E SUPPLEMENT (If ap	plicab	ole)										
	COVERAGES SCH	HEDUL	E				VACA	NT BUILDING SUPPL	EMEN	IT										
	DRIVER INFORMATION SCHEDULE						VEHIC	CLE SCHEDULE												
	INTERNATIONAL LIABILITY EXPOSURE SUPPLEMENT																			
	INTERNATIONAL	PROPE	ERTY EXPOSUI	RE SUPI	PLEMENT															
	LOSS SUMMARY																			
PC	LICY INFORM	IATIO	ON				'						'							
PRO	POSED EFF DATE	PROP	OSED EXP DAT	rE	BILLING I	PLAN		PAYMENT PLAN	М	ETHOD	OF PAYMENT	r	AUDIT	DEPO	SIT		MINIMUM PREMIUM	PC	LICY F	PREMIUM
()4/21/2020	0	4/21/2021		DIRECT	A	GENCY							\$		\$		\$		
AF	PLICANT INF	ORM	ATION																	
NAI	ME (First Named Ins	sured) /	AND MAILING A	DDRES	S (including Z	IP+4)			GL CODE SIC NAICS						FEIN C	OR SOC	SEC#			
124	nkluggers Ten 186 Broadwell	Rd	ransport Li	.C									734	9		5617	720	83	-107	7884
Mil	ton, GA 30004	-6376	i						BUS	INESS	PHONE #:									
									WEB	SSITE A	DDRESS									
	CORPORATION	Х	JOINT VENT	URE F MEMB MANAGE	BERS			OT FOR PROFIT ORG			UBCHAPTER '	"S" (CORPOR	ATION						
NAI			AND MAILING	ADDRE:	SS (including	ZIP+4		ed Multiple Nam	GL C			SIC			NAICS	;	ı	FEIN C	OR SOC	SEC#
1	Tenuto												_							
							BUSINESS PHONE #:													
									WEB	SSITE A	DDRESS									
	CORPORATION	1	JOINT VENT		ERS		_	OT FOR PROFIT ORG	1	_	UBCHAPTER '	"S" (CORPOR	ATION						
	INDIVIDUAL	X		F MEMB MANAGE				ARTNERSHIP			RUST				T					
NAI	ME (Other Named In	sured)	AND MAILING	ADDRES	SS (including i	ZIP+4)		GL C	ODE		SIC			NAICS	•		FEIN C	OR SOC	SEC#
									BUS	INESS	PHONE #:									
									WEB	SITE A	DDRESS									
	CORPORATION		JOINT VENT				N	OT FOR PROFIT ORG		s	UBCHAPTER '	"S" (CORPOR	ATION						
l	INDIVIDUAL		LLC NO. O	F MEMB	EKO		P/	ARTNERSHIP		т	RUST									

CONT	CONTACT INFORMATION							AG	ENCY CUSTO	MER ID	: JUNKT	EN-01	E	RETTT
CONTAC		IVIAII	ON					CON	TACT TYPE:					
PRIMAR' PHONE #	Y DHOM	□ E	BUS CELL	SECONDA PHONE #	RY	s 🗆	CELL		TACT NAME: IARY	IE 🗌 BU	S CELL	SECONDARY PHONE #	HOME BUS	CELL
PRIMAR'	Y E-MAIL ADDRI	ESS:						PRIN	IARY E-MAIL ADDR	ESS:				
SECOND	ARY E-MAIL AD	DRESS	:					SECONDARY E-MAIL ADDRESS:						
PREM	ISES INFOR	RMAT	ION (Attacl	ACORD	823 for Additiona	al Pı	remises)							
LOC#	STREET	odw	all Dal			CIT	Y LIMITS	INT	EREST	# FULL	TIME EMPL	ANNUAL REVENUES:	\$	200,000
1	12486 Bro	auw	eli Ku				INSIDE		OWNER		2	OCCUPIED AREA:		SQ FT
BLD#	CITY: Miltor				STATE: GA		OUTSIDE		TENANT	# PART	TIME EMPL	OPEN TO PUBLIC AR	EA:	SQ FT
1	COUNTY: Ful	ton			ZIP: 30004-6376							TOTAL BUILDING AREA:		SQ FT
DESCRI	PTION OF OPER	ATION	S:									ANY AREA LEASED T	O OTHERS? Y / N	
LOC#	STREET					CIT	Y LIMITS	INT	EREST	# FULL	TIME EMPL	ANNUAL REVENUES:	\$	
							INSIDE		OWNER			OCCUPIED AREA:		SQ FT
BLD#	CITY:				STATE:		OUTSIDE		TENANT	# PART	TIME EMPL	OPEN TO PUBLIC AR	EA:	SQ FT
	COUNTY:				ZIP:]					TOTAL BUILDING ARI	EA:	SQ FT
DESCRI	DESCRIPTION OF OPERATIONS:								,			ANY AREA LEASED T	O OTHERS? Y / N	
LOC#	STREET					CIT	Y LIMITS	INT	EREST	# FULL	TIME EMPL	ANNUAL REVENUES:	\$	
							INSIDE		OWNER			OCCUPIED AREA:		SQ FT
BLD#	CITY:				STATE:		OUTSIDE		TENANT	# PART	TIME EMPL	OPEN TO PUBLIC AR	EA:	SQ FT
	COUNTY:				ZIP:		1					TOTAL BUILDING ARI	EA:	SQ FT
DESCRI	TION OF OPER	ATION	S:				•		,			ANY AREA LEASED T	O OTHERS? Y / N	
LOC#	STREET					CIT	Y LIMITS	INT	EREST	# FULL	TIME EMPL	ANNUAL REVENUES:	\$	
					INSIDE		OWNER			OCCUPIED AREA:		SQ FT		
BLD#	BLD # CITY: STATE:			OUTSIDE		TENANT	# PART	TIME EMPL	OPEN TO PUBLIC AR	EA:	SQ FT			
COUNTY: ZIP:			1					TOTAL BUILDING ARI	EA:	SQ FT				
DESCRI	DESCRIPTION OF OPERATIONS: ANY AREA LEASED TO OTHERS? Y/N													
NATU	RE OF BUS	INES	S											
	ARTMENTS		CONTRACTOR	М	ANUFACTURING	F	RESTAURAN	١T	SERVICE				DATE BUSINESS STARTED (MM/DD/	/YYY)
COI	NDOMINIUMS		INSTITUTIONA	L o	FFICE	F	RETAIL		WHOLESAL	LE				,
Janito RETAIL S	DESCRIPTION OF PRIMARY OPERATIONS Janitorial services INSTALLATION, SERVICE OR REPAIR WORK RETAIL STORES OR SERVICE OPERATIONS % OF TOTAL SALES: MODESCRIPTION OF OPERATIONS OF OTHER NAMED INSUREDS													
INTERES	ADDITIONAL INTEREST (Not all fields apply to all scenarios - provide only the necessary data) Attach ACORD 45 for more Additional Interests NAME AND ADDITIONAL LOSS PAYEE ADDITIONAL LOSS PAYEE LOCATION: BUILDING:													

BREACH OF WARRANTY MORTGAGEE VEHICLE: BOAT: CO-OWNER OWNER AIRPORT: AIRCRAFT: EMPLOYEE AS LESSOR LEASEBACK OWNER ITEM CLASS: REGISTRANT ITEM: TRUSTEE ITEM DESCRIPTION LIENHOLDER REFERENCE / LOAN #: INTEREST END DATE: LIEN AMOUNT: PHONE (A/C, No, Ext): FAX (A/C, No): REASON FOR INTEREST: E-MAIL ADDRESS:

AGENCY CUSTOMER ID: JUNKTEN-01 **BRETTT GENERAL INFORMATION EXPLAIN ALL "YES" RESPONSES** Y/N IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY? Ν RELATIONSHIP DESCRIPTION % OWNED PARENT COMPANY NAME 1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES? Ν RELATIONSHIP DESCRIPTION % OWNED SUBSIDIARY COMPANY NAME IS A FORMAL SAFETY PROGRAM IN OPERATION? 2. Υ SAFETY MANUAL MONTHLY MEETINGS SAFETY POSITION OSHA ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS? N ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers) 4. Ν LINE OF BUSINESS POLICY NUMBER LINE OF BUSINESS POLICY NUMBER ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR THREE (3) YEARS FOR ANY PREMISES OR Ν OPERATIONS? (Missouri Applicants - Do not answer this question) AGENT NO LONGER REPRESENTS CARRIER **NON-PAYMENT** NON-RENEWAL UNDERWRITING CONDITION CORRECTED (Describe): Ν ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING? DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, Ν 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). Ν ANY UNCORRECTED FIRE AND/OR SAFETY CODE VIOLATIONS? OCCURRENCE RESOLUTION DATE **EXPLANATION** RESOLUTION DATE HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE LAST FIVE (5) YEARS? N OCCURRENCE RESOLUTION **EXPLANATION** RESOLUTION DATE DATE Ν 10. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS? OCCURRENCE RESOLUTION **EXPLANATION** RESOLUTION DATE DATE 11. HAS BUSINESS BEEN PLACED IN A TRUST? Ν NAME OF TRUST 12. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD/DISTRIBUTED IN FOREIGN COUNTRIES? Ν (If "YES", attach ACORD 815 for Liability Exposure and/or ACORD 816 for Property Exposure) 13. DOES APPLICANT HAVE OTHER BUSINESS VENTURES FOR WHICH COVERAGE IS NOT REQUESTED? N 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:
	CARRIER	EMC			
2019 - 2020	POLICY NUMBER	6X03492			
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				

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

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

ENTER ALL CLAIM	S OR LOSSES (R YEARS	MAY GIVE RISE TO CLAIMS	TOTAL LOSSES: \$				
DATE OF OCCURRENCE LINE TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM DATE				AMOUNT PAID	AMOUNT RESERVED	SUBRO- GATION Y/N	CLAIM OPEN Y/N

SIGNATURE

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

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

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

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

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

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

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

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

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

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

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

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

PRODUCER'S SIGNATURE Alahin MeManusa	PRODUCER'S NAME (Please Print) Aleshia McNamara		STATE PRODUCER LICENSE NO (Required in Florida) 40014553
APPLICANT'S SIGNATURE		DATE	NATIONAL PRODUCER NUMBER 9000217

AGENCY CUSTOMER ID: JUNKTEN-01

BRETTT



COMMERCIAL GENERAL LIABILITY SECTION

DATE (MM/DD/YYYY) 03/02/2020

AGE! McNa	NCY mara Comp	pany					CARRIER		NAIC CODE N/A				
POLI	CY NUMBE	R				04/21/2020	APPLICANT / FIRS			LLC			
l .			S MADE is che he policy care	cked in the COV	/ERAG	E / LIMITS sec	ction below, thi	is is an ap	plication fo	or a claims-ma	de policy.		
CO	/ERAGE	S			LIMIT	rs							
		IAL GENERAL LI	ABILITY			AL AGGREGATE			\$	2,000,000	DDE	PREMIUMS	
		IS MADE	X OCCURR	ENCE		APPLIES PER:	POLICY	LOCATIO		2,000,000	PREMISES/OP		
				ENCE			PROJECT	OTHER:		al Aggregate			
	OWNER'S &	& CONTRACTOR	SPROTECTIVE		PDODI	IOTO A COMPLET			\$	2,000,000			
DEDI	JCTIBLES						ED OPERATIONS A	GGREGATE		1,000,000			
		/ BANA 05				NAL & ADVERTIS	ING INJURY		\$ \$	1,000,000			
	PROPERTY		\$	PER						300,000			
	BODILY IN.		\$	CLAIM PER	5 000 TOTAL								
			\$	OCCURRENCE		medione and those (mity one person)							
					EMPLOYEE BENEFITS \$								
									\$				
	OTHER COVERAGES, RESTRICTIONS AND/OR ENDORSEMENTS (For hired/non-owned auto coverages attach the applicable state Business Auto Section, ACORD 137) See attached Additional Coverages overflow.												
APPL	ICABLE ON	NLY IN WISCONS	IN: IF NON-OWNE	D ONLY AUTO COVER	RAGE IS	TO BE PROVIDED	UNDER THE POLIC	Y:					
1. UI	/ UIM COV	/ERAGE	IS IS N	OT AVAILABLE.	2	2. MEDICAL PAYN	MENTS COVERAGE	IS	IS NO	T AVAILABLE.			
SCHEDULE OF HAZARDS													
					MIUM		R.A	ATE	PREMIUM				
LOC #	HAZ CLASSIFICATION CLASS CODE				BA	SIS	EXPOSURE TERR			PRODUCTS	PREM/OPS	PRODUCTS	
1	1	JANITORIAL S	SERVICES	96816	ı	Р	65000		PREM/OPS	TROBUST	T KEM/OT O	TROBUSTO	
		REMIUM BASIS ES - PER \$1,000/9		P) PAYROLL - PER \$1 A) AREA - PER 1,000/3		,	(C) TOTAL COST (M) ADMISSIONS			(U) UNIT - PE (T) OTHER	R UNIT		
CI 4	IMS MA	DE (Explain	all "Yes" res	ponses)									
		ES" RESPONSE										Y/N	
		D RETROACT										1 - 1 - 1	
				LAIMS MADE COV	/FRAGE								
				, OR LOCATION B			ISURED OR SEL	F-INSUREI	D FROM ANY	PREVIOUS CO	VERAGE?		
WAS TAIL COVERAGE PURCHASED UNDER ANY PREVIOUS POLICY?													
				, , ,									
EMI	PLOYER	BENEFITS	LIABILITY									I	
		BLE PER CLAIM	_			3. 1	NUMBER OF EMI	PLOYEES (COVERED BY	/ EMPLOYEE BE	ENEFITS PLAN	 IS:	
		OF EMPLOYEE					RETROACTIVE D						

CONTRACTORS AGENCY CUSTOMER ID: JUNKTEN-01 BRETTT

CONTRACTORS					
EXPLAIN ALL "YES" RESPONSES (For all past or present opera	itions)				Y/N
1. DOES APPLICANT DRAW PLANS, DESIGNS, OR S	SPECIFICATIONS FOR OTHE	RS?			
2. DO ANY OPERATIONS INCLUDE BLASTING OR U	TILIZE OR STORE EXPLOSIV	/E MATERIAL?			
3. DO ANY OPERATIONS INCLUDE EXCAVATION, TO	JNNELING, UNDERGROUND	WORK OR EARTH MOVING?			
4. DO YOUR SUBCONTRACTORS CARRY COVERAG	GES OR LIMITS LESS THAN \	OURS?			
5. ARE SUBCONTRACTORS ALLOWED TO WORK W	ITHOUT PROVIDING YOU W	ITH A CERTIFICATE OF INSURAN	ICE?		
6. DOES APPLICANT LEASE EQUIPMENT TO OTHER	RS WITH OR WITHOUT OPER	RATORS?			
DESCRIBE THE TYPE OF WORK SUBCONTRACTED	\$ PAID TO SUB- CONTRACTORS:	% OF WORK SUBCONTRACTED:	# FULL- TIME STAFF:	# PART- TIME STAFF:	

PRODUCTS / COMPLET PRODUCTS	ANNUAL GROSS SALES	# OF UNITS	TIME IN MARKET	EXPECTED LIFE	INTENDED USE	PRINCIPAL COMPONENTS	3				
EXPLAIN ALL "YES" RESPONSES	(For all past or present produ	cts or operations) PLEAS	SE ATTACH L	ITERATURE. B	ROCHURES, LABELS, WARNINGS, ETC.		Y/N				
1. DOES APPLICANT INSTA				·	· · · · · · · · · · · · · · · · · · ·						
2. FOREIGN PRODUCTS SC	DLD, DISTRIBUTED, USEI	D AS COMPONENTS?	(If "YES", a	attach ACOR	D 815)						
3. RESEARCH AND DEVELO					,						
4. GUARANTEES, WARRAN	TIES, HOLD HARMLESS	AGREEMENTS?									
5. PRODUCTS RELATED TO	AIRCRAFT/SPACE INDI	ISTRV2					1				
S. TRODOGIO REEXTED TO	THROTON TO THE INDE	, o i i i i									
6. PRODUCTS RECALLED, I	DISCONTINUED, CHANG	ED?									
7. PRODUCTS OF OTHERS	SOLD OR RE-PACKAGE	D UNDER APPLICANT	LABEL?								
8. PRODUCTS UNDER LABE	EL OF OTHERS?										
9. VENDORS COVERAGE R	EQUIRED?										
10. DOES ANY NAMED INSUI	RED SELL TO OTHER NA	MED INSUREDS?									
10. DOLO ANT NAMED INSOI	NED CELE TO CHIEN NA	WED INOUNEDO!									

AGENCY CUSTOMER ID: JUNKTEN-01 BRETTT

ACORD 45 attached for additional names

ΑD	DITIONAL INTEREST /	CERTIFICATE	RECIPIENT	A	CORD	45 attac	hed fo	r additi	ional na	ames				
INTE	EREST	NAME AND ADDRES	SS RANK:	EVIDENC	Æ:	CERTIFICA	TE					INTEREST I	N ITEM NUMBE	R
	ADDITIONAL INSURED										LOCATI		BUILDING:	
	EMPLOYEE AS LESSOR										ITEM CLASS:		ITEM:	
	LIENHOLDER										ITEM DI	ESCRIPTION		
	LOSS PAYEE													
	MORTGAGEE													
		REFERENCE / LOAN	l #:											
GE	NERAL INFORMATION	I												
EXP	LAIN ALL "YES" RESPONSES (For all past or present	operations)											Y/N
1.	ANY MEDICAL FACILITIES	S PROVIDED OR N	MEDICAL PROFES	SSIONAL	S EMPL	OYED OF	R CONTE	RACTED)?					N
														NI NI
2.	ANY EXPOSURE TO RAD	IOACTIVE/NUCLE.	AR MATERIALS?											N
3	DO/HAVE PAST, PRESEN	T OR DISCONTIN	LIED OPERATION	IS INVOL	VE(D) S	STORING	TREATI	NG DIS	CHARGI	ING APPLY	VING DIS	POSING OR)	N
٥.	TRANSPORTING OF HAZ						11(2/(11	IVO, DIO	011/11(01	1110,71112	11110, 210	1 001110, 011	•	
4.	ANY OPERATIONS SOLD	. ACQUIRED. OR [DISCONTINUED I	N LAST F	FIVE (5)	YEARS?								N
		,			()									
5	DO YOU RENT OR LOAN E	OUIPMENT TO O	THERS?											N
٥.	EQUIPMENT							TY	PF OF FQ	UIPMENT		INSTRUCTION	GIVEN (Y/N)	
							1 8	MALL TO		LARGE EC	HIPMENT			
								MALL TO		LARGE EG				
6	ANY WATERCRAFT DOC	KS FLOATS OWN	LED HIRED OR I	EASED2				WINCE TO	020	L'INOL LO	CON INICIAN			N
0.	. ANY WATERCRAFT, DOCKS, FLOATS OWNED, HIRED OR LEASED?													
7	ANY PARKING FACILITIES	S OWNED/RENTE												N
•	7.117 7.1111111111111111111111111111111	o vivieb/itelitie												
8	IS A FEE CHARGED FOR	PARKING?												N
9.	RECREATION FACILITIES	PROVIDED?												N
10	ARE THERE ANY LODGIN	IG OPERATIONS I	NCI UDING APAF	TMENT!	 S? (If "Y	FS" answ	er the fo	llowing)						N
	# APTS TOTAL APT		OTHER LODGING C			20 , 4			•					
		Sq. Ft.												
11	IS THERE A SWIMMING PO		S? (Check all that	apply)										N
	APPROVED FENCE	LIMITED ACCESS			SLIDE	AF	BOVE GRO	OUND	IN GF	ROUND	LIFE GL	JARD		
12	ARE SOCIAL EVENTS SP											·		N
	71112 0001112 2721110 01	ONGONED.												
13	ARE ATHLETIC TEAMS SF	ONSORED?												N
10.	TYPE OF SPORT	CONTACT				TYPE OF	SPORT			CONTACT				
	SPORT (Y/N) AGE GROUP 13 - 18 17 - 18 17 - 18 17 - 18 18 - 18													
			12 & UNDER	OV	/ER 18						12 &	UNDER	OVER 18	
	EXTENT OF SPONSORSHIP:					EXTENT	OF SPON	ISORSHII	P:					
14.	ANY STRUCTURAL ALTE	RATIONS CONTE	√PLATED?											N
15.	ANY DEMOLITION EXPOS	SURE CONTEMPL	ATED?											N
														1

EXF	PLAIN ALL "YES" RESPONSES (For all past or present operation	ons)		EXPLAIN ALL "YES" RESPONSES (For all past or present operations) Y								
16.	HAS APPLICANT BEEN ACTIVE IN OR IS CURREN	TLY ACTIVE IN JOINT VEN	TURES?		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.	N. IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS OR SUBSIDIARIES?											
19.	ARE DAY CARE FACILITIES OPERATED OR CONT	ROLLED?			N							
20.	HAVE ANY CRIMES OCCURRED OR BEEN ATTEM	IPTED ON YOUR PREMISE	S WITHIN THE LAST THREE	(3) YEARS?	N							
21.	IS THERE A FORMAL, WRITTEN SAFETY AND SEC	CURITY POLICY IN EFFECT	Γ?		N							
22.	DOES THE BUSINESSES' PROMOTIONAL LITERA'	TURE MAKE ANY REPRES	ENTATIONS ABOUT THE SA	FETY 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 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 Station Medianen	STATE PRODUCER LICENSE NO (Required in Florida) 40014553		
APPLICANT'S SIGNATURE		DATE	NATIONAL PRODUCER NUMBER 9000217



PROPERTY SECTION

DATE (MM/DD/YYYY)	
03/02/2020	

						\Oi	L1/1		JL	5110	11						03/02/2020			
AGENCY	NAME nara Company							(CARF	RIER							NAIC CODE			
POLICY	NUMBER						ECTIVE DA 4/21/202			INSURED		o Trai	nsport	t LL	.c		1			
BLAN	KET SUMMARY					ı														
BLKT#	AMOUNT			TYPE					BLKT #	ŧ .	AMOUNT			TYPE						
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	UBJECT OF INSURANCE		AMOUNT	СО	INS %		CAUSES			NFLATION SUARD %	DED	Ť	YPE B	BLKT #	FORM	S AND CON	DITIONS TO APPLY			
erso	nal Property		5,00	00	80	R	Special (I theft)	Includ	ıng	2.00	\$5	00 Do	llars							
									T											
ADDITIO	NAL INFORMATION	BUSI	NESS INCOME / E	XTRA F	XPENSE	E - Attac	h ACORD	810		\ \	/ALUE RFI	PORTING	INFORM	/ATIO	N - Attach A	CORD 811				
									ID P						VII A					
SPOILA	IONAL COVERAGE GE DESCRIPTION OF		•	CHUI	13, Eľ	אטטג	SCIVICIN	I O AN		ATING II JMIT	ME OKIVI.			A 12	OPTIONS					
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(Y / N	.						\$ DEDUCT						(Y / N))	POWER OUTAGE SELLING					
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									\$		T									
	LE COVERAGE (Required		-					EPT CO				CT COVE			LIMIT: \$					
	IBSIDENCE COVERAGE (OPERTY HAS BEEN DESI						ACCI	EPT CO	VERA	GE	REJE	CT COVE	RAGE		LIMIT: \$	IDES ON STI				
CONSTR	UCTION TYPE			E STAT		FIRE	E DISTRICT	г		CODE NUM		ROT CL		RIES	# BASM'TS	YR BUILT	TOTAL AREA			
rame)		100 FT	1 _{MI}								0002	1			2000	1,000			
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X RO	OFING, YR: 2010 X	HEATING	, YR: 2010	WIND C	LASS		SEMI- R	RESISTI	IVE				URCE IN IREPLAC		OODBURNIN ERT		= ALLED:			
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PRIMAR	Y HEAT	_						8	SECON	IDARY HEA	AT		_							
ВО	ILER SOLID	FUEL		1					В	OILER	8	SOLID FU	JEL _			ı				
IF E	BOILER, IS INSURANCE P	LACED ELS	SEWHERE?	Y/N					IF	BOILER, IS	S INSURAI	NCE PLA	CED ELS	SEWH	ERE?	Y/N				
RIGHT E	XPOSURE & DISTANCE		LEFT EXPO	SURE 8	DISTA	NCE		F	FRONT	EXPOSUR	RE & DISTA	NCE			REAR EXPO	SURE & DIS	TANCE			
BURGLA	AR ALARM TYPE				CERTIF	ICATE #	#							EXP	IRATION DA	TE CE	ENTRAL LOC TATION GON			
																	TH KEYS			
BURGLA	R ALARM INSTALLED AN	ID SERVICI	ED BY					E	EXTEN	т		GRADE	E	# GL	JARDS / WAT	ГСНМЕН	CLOCK HOURLY			
PREMIS	ES FIRE PROTECTION (Sp	orinklers, S	tandpipes, CO2 / C	hemica	l Systen	ns)	%	6 SPRN	K FI	RE ALARN	MANUFA	CTURER					CENTRAL STATI			
													LOCAL GONG							
ADDIT	IONAL INTEREST	dditio	nal nan	nes																
NTERES			AND ADDRESS R			EVIDEN			IFICAT	E					IN	ITEREST IN I	TEM NUMBER			
LO	SS PAYEE			_	∟		,	•							LOCATION:		BUILDING:			
МО	RTGAGEE														ITEM CLASS:		ITEM:			
\neg														ŀ	ITEM DESC	RIPTION				
_																- -				
		DECED	ENCE / LOAN #:																	

AGENCY CUSTOMER ID:	JUNKTEN-01	BRETTT

ADDITIONAL	PREMISES #:	STREET																
PREMISES INFORMATION	BUILDING #:	BLDG DE				INIEL A	TION		DE	:D D	LVT	-						
SUBJECT OF INSURANCE	AMOUNT	COINS %	ATION	CAL	JSES OF LOSS	INFLA GUAR	D %	DED	DE TY	PE B	LKT #	FORMS	S AND CO	TIDNC	IONS T	O APPLY		
ADDITIONAL INFORMATION E	BUSINESS INCOME / E	XTRA EXPENS	SE - Atta	ch AC	ORD 810		VA	LUE REP	ORTING I	NFORM	ATIO	N - Attach AC	ORD 81	1				
ADDITIONAL COVERAGES, O	PTIONS, RESTR	ICTIONS, E	NDOR	SEN	MENTS AND	RATIN	IG IN	FORMA	TION									
SPOILAGE COVERAGE (Y / N)	ERTY COVERED					LIMIT \$				RIG MA REEME (Y/N)						INATION SELLING		
						\$	CTIBL	E 				POWE	R OUTA	.GE		PRICE		
SINKHOLE COVERAGE (Required in Flo	rida)				ACCEPT COVE	RAGE		REJEC	T COVER	AGE	L	IMIT: \$						
MINE SUBSIDENCE COVERAGE (Requir	ed in IL, IN, KY and W	/V)			ACCEPT COVE	RAGE		REJEC	T COVER	AGE	L	IMIT: \$						
PROPERTY HAS BEEN DESIGNATE	ED AN HISTORICAL LF	ANDMARK									#	OF OPEN SI	DES ON	STRU	ICTURE	:		
PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK # OF OPEN SIDES ON STRUCTURE: See Attached Overflow.																		
CONSTRUCTION TYPE DISTANCE TO HYDRANT FIRE STAT											AREA							
BUILDING IMPROVEMENTS	ROOF TYPE		C	THER OC	CUPANC	IES		·										
	MBING, YR:	WIND CLASS		0.5	-			HEAT	ING SOU	RCE INC	CL W	OODBURNING	G D	ATE				
	TING, YR:		, <u> </u>	_ SE	EMI- RESISTIVE			I STOV ∕IANUFAC	E OR FIR	EPLACE	E INS	ERT	IN	ISTAL	.LED:			
OTHER: PRIMARY HEAT	YR:	RESISTI	VE		SEC	ONDAR			TOILLIN.									
BOILER SOLID FUEL					320	BOILER			OLID FUE									
IF BOILER, IS INSURANCE PLACED) EI SEWHEDE3	Y/N										EDE2	V / NI					
RIGHT EXPOSURE & DISTANCE		DSURE & DIST	ANCE		FDC		ER, IS INSURANCE PLACED ELSEWHERE? Y/N POSITE & DISTANCE REAR EXPOSURE & DISTANCE											
RIGHT EXPOSURE & DISTANCE	LLFTEXEC	JOURE & DIST	ANGL		FRC	INI EXP	JSUKE	& DISTAI	NCE			KLAK LAFO	JUNE &	יו פום	NOL			
BURGLAR ALARM TYPE		CERTI	IFICATE	#							EXPI	RATION DAT	E	CEN STA	TRAL TION	LOCAL		
BURGLAR ALARM INSTALLED AND SER					EVI	ENT			GRADE		# GI	ARDS / WAT	CUMEN		KEYS	K HOURLY		
											# OC	ARDO7 WAT	OTHINEIN					
PREMISES FIRE PROTECTION (Sprinkler	s, Standpipes, CO2 / 0	Chemical Syste	ems)		% SPRNK	FIRE A	_ARM	MANUFAC	TURER						1	RAL STATION L GONG		
ADDITIONAL INTEREST	ACORD 45 atta	ached for a	additio	onal	names													
INTEREST NAI	ME AND ADDRESS F	RANK:	EVIDE	NCE:	CERTIFIC	ATE						IN [.]	TEREST	IN ITE	M NUM	BER		
LOSS PAYEE												LOCATION:		E	BUILDIN	G:		
MORTGAGEE											ITEM CLASS:		r	TEM:				
												ITEM DESCR	IPTION					
REI	FERENCE / LOAN #:																	
REMARKS (ACORD 101, Ad		s Schadul	Δ may	, he	attached if	more	enac	o is roc	nuired)									
KEMAKKO (AOOKO 101, Au	altional Itemaik	3 Octicuui	c, maj	y DC	attacrica ii	111010	эрас	0 13 100	₄ uncu)									

JUNKTEN-01 BRETTT AGENCY CUSTOMER ID: **SIGNATURE**

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STATE PRODUCER LICENSE NO

PRODUCER'S SIGNATURE Alistia Melanara	PRODUCER'S NAME (Please Print) Aleshia McNamara		STATE PRODUCER LICENSE N (Required in Florida) 40014553		
APPLICANT'S SIGNATURE		DATE	NATIONAL PRODUCER NUMBER		
			9000217		

* Code SEWER; Description Discharge from Sewer, Drain, or Sump (Not Flood-Related); Limit 1 \$25,000; Premium \$150.00
Code SEWER, Description Discharge from Sewer, Drain, or Sump (Not Flood-Related), Limit 1 \$25,000, Fremium \$150.00
* Code EQPBK; Description Equipment Breakdown Coverage; Deductible \$0; Deductible Type DO;
* Code ACCTS; Description Accounts Receivable; Limit 1 \$50,000;
* Code BIDP; Description Business Income from Dependent Properties; Limit 1 \$25,000;
* Code DEBRL; Description Debris Removal;
* Code EDPMD; Description Electronic Data; Limit 1 \$2,500;
* Code EMPDH; Description Employee Dishonesty; Limit 1 \$25,000;
* Code TOOLS; Description Employees Tools; Limit 1 \$5,000; Limit 2 \$500;
, and a second control of the second control
* Code FIART; Description Fine Art; Limit 1 \$25,000;
Loc# 1, Bldg#1; 12486 Broadwell Rd; Milton, GA 300046376
* Code FDC; Description Fire Department Serv; Limit 1 \$10,000;
, , , , , , , , , , , , , , , , , , ,
Loc# 1, Bldg#1; 12486 Broadwell Rd; Milton, GA 300046376
* Code BOLCC; Description Increased Cost of Construction;
Loc# 1, Bldg#1; 12486 Broadwell Rd; Milton, GA 300046376
* Code ABIAS: Description Inventory and Appraisal Expanse: Limit 4 \$40,000.
* Code APIAS; Description Inventory and Appraisal Expense; Limit 1 \$10,000;
Loc# 1, Bldg#1; 12486 Broadwell Rd; Milton, GA 300046376
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ADDITIONAL COVERAGES OVERFLOW
                                                                                                                                         OF 3
                                                                          JUNKTEN-01
                                                                                                  BRFTTT
                                                                                                                            PAGE 2
 * Code RKEYL; Description Lock Replacement and Rekeying; Limit 1 $5,000;
      Loc# 1, Bldg#1; 12486 Broadwell Rd; Milton, GA 300046376
 * Code MSEC; Description Money and Securities; Limit 1 $25,000;
      Loc# 1, Bldg#1; 12486 Broadwell Rd; Milton, GA 300046376
 * Code NEW; Description Newly Acquired Buildings; Limit 1 $1,000,000;
      Loc# 1, Bldg#1; 12486 Broadwell Rd; Milton, GA 300046376
 * Code NABPP; Description Newly Acquired Business Personal Property; Limit 1 $500,000;
      Loc# 1, Bldg#1; 12486 Broadwell Rd; Milton, GA 300046376
 * Code BINAS; Description Newly Acquired Business Income; Limit 1 $250,000;
      Loc# 1, Bldg#1; 12486 Broadwell Rd; Milton, GA 300046376
 * Code OUTPR; Description Outdoor Property (with expanded perils); Limit 1 $25,000;
      Loc# 1, Bldg#1; 12486 Broadwell Rd; Milton, GA 300046376
 * Code PPOT; Description Personal Effects and Property of Others; Limit 1 $25,000;
      Loc# 1, Bldg#1; 12486 Broadwell Rd; Milton, GA 300046376
 * Code PULCR; Description Pollutant Cleanup and Removal; Limit 1 $25,000;
      Loc# 1, Bldg#1; 12486 Broadwell Rd; Milton, GA 300046376
 * Code BPPTR; Description Property - In Transit; Limit 1 $25,000;
      Loc# 1, Bldg#1; 12486 Broadwell Rd; Milton, GA 300046376
 * Code BPPOF; Description Property - Off Premises; Limit 1 $25,000;
      Loc# 1, Bldg#1; 12486 Broadwell Rd; Milton, GA 300046376
 * Code REWRD; Description Reward Payment; Limit 1 $5,000;
      Loc# 1, Bldg#1; 12486 Broadwell Rd; Milton, GA 300046376
 * Code SLSMP; Description Sales Representative Samples; Limit 1 $25,000;
      Loc# 1, Bldg#1; 12486 Broadwell Rd; Milton, GA 300046376
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ADDITIONAL COVERAGES OVERFLOW	JUNKTEN-01	BRETTT	PAGE 3	OF 3
* Code SIGN; Description Signs (outdoor, attached to building or	detached); Limit 1 \$25,000;			
Loc# 1, Bldg#1; 12486 Broadwell Rd; Milton, GA 300046376				
* Code THEFT; Description Theft Limitation - Jewelry, watches, pr	recious metals; Limit 1 \$2,500;			
Loc# 1, Bldg#1; 12486 Broadwell Rd; Milton, GA 300046376				

* Code UTLDB; Description Utility Services - Direct damage (Excludes overhead transmis; Limit 1 \$25,000;

Loc# 1, Bldg#1; 12486 Broadwell Rd; Milton, GA 300046376

* Code PAPER; Description Valuable Papers and Records; Limit 1 \$50,000;

Loc# 1, Bldg#1; 12486 Broadwell Rd; Milton, GA 300046376

AGENCY CUSTOMER ID: JUNKTEN-01

DATE	(MM/DD/YYYY)
	(,

BRETTT

A		ORD°	3U\$	SII	NESS A	JT(o s	ECTION			ı		MM/DD/YY	
AGEN	CY					CA	ARRIE	R					NAIC C	ODE
/lcN	ama	ra Company											N/A	
POLIC	Y NUN	IBER			EFFECTIVE DAT			^{sured(s)} gers Tentrio Transpor	+110					
201		050 / IMITO			04/21/2020	, Jui	ikiug	gers rentrio transpor	LLC					
COV	EKA	GES / LIMITS USE ACORD 137 F	OR Y	⁄ΩU	R STATE TO P	ROVI	DF C	OVERAGES / LIMITS II	NFORI	ΛΑΤΙΩΝ				
DRI	/FR I				ed for additiona			OVERAGEO/ ENVITO II	W OIN	IATION				
		IVERS, INCLUDING FAMILY MEMBERS THAT WIL						WHO DRIVE OWN VEHICLES ON (COMPANY	BUSINESS.				
RIVE #	R	NAME (Include address, if required)	SEX	MAR STAT	DATE OF BIRTH	YRS	YEAR LIC	DRIVERS LICENSE NUMBER/ SOCIAL SECURITY NUMBER	STATE	DATE HIRE	BROADEN. NO-FAULT	DOC	USE VEH#	use
1	Victo	or Tenuto		M	05/14/1961			041231163	GA					
2	Lorra	aine Tenuto	F	М	05/19/1961			043012374	GA					
3	Keith	n Tenuto	М	S	03/08/1991			053889890	GA					
4	Cars	on King	М	S	05/18/1992			054771518	GA					
			+											
GEN	_ IERA	L INFORMATION												
		L "YES" RESPONSES												Y/N
		THE EXCEPTION OF ANY ENCUMBRANCE	S, ARE	AN)	VEHICLES FOR W	HICH I	INSUR	ANCE IS REQUESTED NOT S	SOLELY	OWNED BY	AND			N
Г		TERED TO THE APPLICANT? NAME OF OTHER OWNER				VEH#	NAME	OF OTHER OWNER						
2. [00 OV	/ER 50% OF THE EMPLOYEES USE THEIR	AUTO	S IN	THE BUSINESS?									N
2 1	C TUE	DE A VELICLE MAINTENANCE DROCKAN	I INI OD		TIONIS									Υ
J. I	O I ME	RE A VEHICLE MAINTENANCE PROGRAM	I IIN OP	LKA	IIVII!									'
4. <i>A</i>	ARE A	NY VEHICLES LEASED TO OTHERS?												N
5. /	ANY C	AR MODIFIED / SPECIAL EQUIPMENT? (In	clude c	ustor	nized vans / pickups)								N
	VEH#	DESCRIPTION			COST	VEH #	DESC	RIPTION				ST		
6 '	ADE IC	CC, PUC OR OTHER FILINGS REQUIRED?	(If "VE	S" 64	tach ACORD 194)						\$			N
υ. <i>Ι</i>	AINE IC	OO, I DO ON OTHER FILINGS REQUIRED!	(II TE	ن, al	194)									14
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/. [JU OF	PERATIONS INVOLVE TRANSPORTING HA	ZAKDC	JUS N	//ATERIAL?									N

AGENCY CUSTOMER ID: JUNKTEN-01 **GENERAL INFORMATION (continued)** Y/N **EXPLAIN ALL "YES" RESPONSES** Ν 8. ANY HOLD HARMLESS AGREEMENTS? ANY VEHICLES USED BY FAMILY MEMBERS? IF SO, IDENTIFY. Ν 10. DOES THE APPLICANT OBTAIN MVR VERIFICATIONS? N 11. DOES THE APPLICANT HAVE A SPECIFIC DRIVER RECRUITING METHOD? 12. ARE ANY DRIVERS NOT COVERED BY WORKERS COMPENSATION? N N 13. ANY VEHICLES OWNED BUT NOT SCHEDULED ON THIS APPLICATION? Ν 14. ANY DRIVERS WITH CONVICTIONS FOR MOVING TRAFFIC VIOLATIONS? APPLICABLE ONLY IN KANSAS: UNDER KANSAS LAW, THE FOLLOWING TRAFFIC VIOLATIONS ARE NOT REQUIRED TO BE REPORTED TO INSURERS: 1. A speeding violation of up to six (6) 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) mph that occurs in an area with a maximum posted speed limit from 55 mph through 70 mph. DRV # DATE (MM/DD/YYYY) TYPE # YRS REV PLACE (CITY, STATE) N 15. HAS AGENT INSPECTED VEHICLES? 16. ARE ALL VEHICLES TO BE INCLUDED IN THIS POLICY PART OF A FLEET? **DESCRIPTION OF GARAGE / STORAGE LOCATIONS** MAXIMUM DOLLAR VALUE SUBJECT TO LOSS \$ ADDITIONAL INTEREST / CERTIFICATE RECIPIENT ACORD 45 attached for additional names INTEREST NAME AND ADDRESS RANK: EVIDENCE: CERTIFICATE INTEREST IN ITEM NUMBER ADDITIONAL INSURED EMPLOYEE LOSS PAYEE VEHICLE: LOCATION: OWNER AS LESSOR LIENHOLDER REGISTRANT REFERENCE / LOAN #: INTEREST NAME AND ADDRESS RANK: EVIDENCE: CERTIFICATE INTEREST IN ITEM NUMBER ADDITIONAL INSURED EMPLOYEE **LOSS PAYEE** VEHICLE: LOCATION: OWNER AS LESSOR LIENHOLDER REGISTRANT REFERENCE / LOAN #: REMARKS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

BRETTT

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ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, DC, FL, HI, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied) IN THE DISTRICT OF COLUMBIA, WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE. IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION CONCERNING ANY FACT MATERIAL THERETO, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES. IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS. PRODUCER'S SIGNATURE PRODUCER'S SIGNATURE ALLAY MAY. ALESHA MCNEMENT OF ANOTHER PERSON OF CIVIL PENALTIES. PRODUCER'S SIGNATURE PRODUCER'S NAME (Please Print) ALBAMAMAMA					EO 45 MIL	F/	AULT	MOTOR		COFL		FIVV		COLL				\$				\$		COLL
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WORKERS COMPENSATION APPLICATION

DATE (MM/DD/YYYY	1
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STATE	LOC#		NAME		DATE OF B		RELATIO	NSHIP	SHIP %			DUT	TIES		INC/EXC	CLASS CODE	REMUNERATION/PAYROLL			
GA	1	Keith Te	nuto		03/08/19		Family								E					

STATE RATING WORKSHEET

FOR MULTIPLE STATES, ATTACH AN ADDITIONAL PAGE 2 OF THIS FORM

RATING INFORMATION - STATE: GA

	DESCR		# EMPLOYEES				ESTIMATED ANNUAL		ESTIMATED
CLASS CODE	CODE	CATEGORIES, DUTIES, CLASSIFICATIONS			SIC	NAICS	REMUNERATION/ PAYROLL	RATE	ANNUAL MANUAI PREMIUM
8263		JUNK DEALER & DRIVERS	2				\$75,000.00		
	8263		CODE	CLASS CODE CATEGORIES, DUTIES, CLASSIFICATIONS FULL TIME	CLASS CODE CATEGORIES, DUTIES, CLASSIFICATIONS FULL PART TIME TIME	CLASS CODE CATEGORIES, DUTIES, CLASSIFICATIONS FULL PART TIME TIME	CLASS CODE CATEGORIES, DUTIES, CLASSIFICATIONS FULL PART TIME NAICS	CLASS CODE CODE CATEGORIES, DUTIES, CLASSIFICATIONS FULL PART TIME TIME SIC NAICS REMUNERATION/PAYROLL	CLASS CODE CATEGORIES, DUTIES, CLASSIFICATIONS FULL PART TIME TIME SIC NAICS REMUNERATION/ PAYROLL RATE

PREMIUM

STATE:	FACTOR	FACTORED PREMIUM		FACTOR	FACTORED PREMIUM
TOTAL	N/A	\$			\$
INCREASED LIMITS		\$	SCHEDULE RATING *		\$
DEDUCTIBLE *		\$	ССРАР		\$
		\$	STANDARD PREMIUM		\$
EXPERIENCE OR MERIT MODIFICATION		\$	PREMIUM DISCOUNT		\$
		\$	EXPENSE CONSTANT	N/A	\$
ASSIGNED RISK SURCHARGE *		\$	TAXES / ASSESSMENTS *	N/A	\$
ARAP *		\$			\$

* N / A in Wisconsin

TOTAL ESTIMATED ANNUAL PREMIUM	MINIMUM PREMIUM	DEPOSIT PREMIUM
\$	\$	\$

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is req	uired	I)
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PROVIDE INFORMATION FOR THE PAST 5 YEARS AND USE THE REMARKS SECTION FOR LOSS DETAILS					LOSS RUN ATTACHED		
YEAR	CARRIER & POLICY NUMBER	ANNUAL PREMIUM	MOD	# CLAIMS	AMOUNT PAID	RESERVE	
	co:						
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NATURE OF BUSINESS / DESCRIPTION OF OPERATIONS
--

GIVE COMMENTS AND DESCRIPTIONS OF BUSINESS, OPERATIONS AND PRODUCTS: MANUFACTURING - RAW MATERIALS, PROCESSES, PRODUCT, EQUIPMENT; CONTRACTOR - TYPE OF WORK, SUB-CONTRACTS; MERCANTILE - MERCHANDISE, CUSTOMERS, DELIVERIES; SERVICE - TYPE, LOCATION; FARM - ACREAGE, ANIMALS, MACHINERY, SUB-CONTRACTS.

JI	ENERAL INFORMATION	
EX	PLAIN ALL "YES" RESPONSES	Y/N
1.	DOES APPLICANT OWN, OPERATE OR LEASE AIRCRAFT / WATERCRAFT?	N
2.	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
3.	ANY WORK PERFORMED UNDERGROUND OR ABOVE 15 FEET?	N
4.	ANY WORK PERFORMED ON BARGES, VESSELS, DOCKS, BRIDGE OVER WATER?	N
5.	IS APPLICANT ENGAGED IN ANY OTHER TYPE OF BUSINESS?	N
6.	ARE SUB-CONTRACTORS USED? (If "YES", give % of work subcontracted)	N
7.	ANY WORK SUBLET WITHOUT CERTIFICATES OF INSURANCE? (If "YES", payroll for this work must be included in the State Rating Worksheet on Page 2)	N
8.	IS A WRITTEN SAFETY PROGRAM IN OPERATION?	Y
9.	ANY GROUP TRANSPORTATION PROVIDED?	N
10.	ANY EMPLOYEES UNDER 16 OR OVER 60 YEARS OF AGE?	N
11.	ANY SEASONAL EMPLOYEES?	N
12.	IS THERE ANY VOLUNTEER OR DONATED LABOR? (If "YES", please specify)	N
13.	ANY EMPLOYEES WITH PHYSICAL HANDICAPS?	N
14.	DO EMPLOYEES TRAVEL OUT OF STATE? (If "YES", indicate state(s) of travel and frequency)	N
15.	ARE ATHLETIC TEAMS SPONSORED?	N
16.	ARE PHYSICALS REQUIRED AFTER OFFERS OF EMPLOYMENT ARE MADE?	N

GENERAL INFORMATION ((continued)
EXPLAIN ALL "YES" RESPONSES	

EXPLAIN ALL "YES" RESPONSES	Y/N
17. ANY OTHER INSURANCE WITH THIS INSURER?	N
18. ANY PRIOR COVERAGE DECLINED / CANCELLED / NON-RENEWED IN THE LAST THREE (3) YEARS? (Missouri Applicants - Do not answer this question)	N
19. ARE EMPLOYEE HEALTH PLANS PROVIDED?	N
20. DO ANY EMPLOYEES PERFORM WORK FOR OTHER BUSINESSES OR SUBSIDIARIES?	N
21. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?	N
22. DO ANY EMPLOYEES PREDOMINANTLY WORK AT HOME? If "YES", # of Employees:	N
23. ANY TAX LIENS OR BANKRUPTCY WITHIN THE LAST FIVE (5) YEARS? (If "YES", please specify)	N
24. ANY UNDISPUTED AND UNPAID WORKERS COMPENSATION PREMIUM DUE FROM YOU OR ANY COMMONLY MANAGED OR OWNED ENTERPRISES? IF YES, EXPLAIN INCLUDING ENTITY NAME(S) AND POLICY NUMBER(S).	N

SIGNATURE

prison. *Applies in MD Only.

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

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) vears.

Applicable in UT: Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.

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

APPLICANT'S SIGNATURE (Must be Officer, Owner or Partner)

DATE

PRODUCER'S SIGNATURE

NATIONAL PRODUCER NUMBER 9000217

Additional Named Insureds	JUNKTEN-01	BRETTT	PAGE 1	OF 1
NAME	SOCIAL SECURITY NUMBI	ER FEDER/	AL EMPLOYER ID	NUMBER
VIC TENUTO				