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#### CONTACT INFORMATION CONTACT TYPE: CONTACT TYPE: CONTACT NAME: CONTACT NAME: SECONDARY HOME BUS CELL PRIMARY PHONE # ☐ HOME ☐ BUS ☐ CELL PRIMARY PHONE # HOME BUS CELL SECONDARY HOME BUS CELL PRIMARY E-MAIL ADDRESS: PRIMARY E-MAIL ADDRESS: SECONDARY E-MAIL ADDRESS SECONDARY E-MAIL ADDRESS: PREMISES INFORMATION (Attach ACORD 823 for Additional Premises) STREET 1703 Vargrave Street INTEREST # FULL TIME EMPL ANNUAL REVENUES: \$ 1 INSIDE OWNER OCCUPIED AREAS SQ FT BLD# CITY: Winston Salem NC STATE: OUTSIDE TENANT # PART TIME EMPL **OPEN TO PUBLIC AREA:** SQ FT COUNTY: Forsyth ZIP: 27107 **TOTAL BUILDING AREA:** SQ FT **DESCRIPTION OF OPERATIONS:** ANY AREA LEASED TO OTHERS? Y / N STREET 1703 Vargrave Street LOC# **CITY LIMITS** INTEREST # FULL TIME EMPL ANNUAL REVENUES: \$ INSIDE OWNER OCCUPIED AREA: SQ FT BLD# CITY: Winston Salem NC STATE: OUTSIDE TENANT #PART TIME EMPL OPEN TO PUBLIC AREA: SQ FT ZIP: 27107 COUNTY: Forsyth **TOTAL BUILDING AREA:** SQ FT **DESCRIPTION OF OPERATIONS:** ANY AREA LEASED TO OTHERS? Y / N STREET 7535 Styers Ferry Rd LOC# **CITY LIMITS** INTEREST # FULL TIME EMPL ANNUAL REVENUES: \$ 2 OWNER OCCUPIED AREA: SQ FT Clemmons BLD# CITY: STATE: NC OUTSIDE TENANT # PART TIME EMPL **OPEN TO PUBLIC AREA:** SQ FT COUNTY: ZIP: 27012 TOTAL BUILDING AREA: SQ FT **DESCRIPTION OF OPERATIONS:** ANY AREA LEASED TO OTHERS? Y / N LOC# STREET 7535 Styers Ferry Rd CITY LIMITS INTEREST # FULL TIME EMPL ANNUAL REVENUES: \$ 2 INSIDE OCCUPIED AREA: SO FT BLD# CITY: Clemmons NC STATE: OUTSIDE TENANT # PART TIME EMPL **OPEN TO PUBLIC AREA:** SQ FT COUNTY: ZIP: 27012 TOTAL BUILDING AREA: SQ FT **DESCRIPTION OF OPERATIONS:** ANY AREA LEASED TO OTHERS? Y / N **NATURE OF BUSINESS** DATE BUSINESS **APARTMENTS** CONTRACTOR MANUFACTURING RESTAURANT SERVICE STARTED (MM/DD/YYYY) CONDOMINIUMS INSTITUTIONAL **OFFICE** RETAIL WHOLESALE **DESCRIPTION OF PRIMARY OPERATIONS** INSTALLATION, SERVICE OR REPAIR WORK OFF PREMISES INSTALLATION, SERVICE OR REPAIR WORK RETAIL STORES OR SERVICE OPERATIONS % OF TOTAL SALES: % **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 ADDITIONAL LIENHOLDER LOCATION: INSURED BREACH OF WARRANTY BUILDING: LOSS PAYEE VEHICLE: BOAT: CO-OWNER MORTGAGEE AIRPORT: AIRCRAFT: **EMPLOYEE** OWNER CLASS: TEM: LEASEBACK REGISTRANT OWNER LENDER'S LOSS PAYABLE ITEM DESCRIPTION TRUSTEE REFERENCE / LOAN #: INTEREST END DATE: LIEN AMOUNT: PHONE (A/C, No, Ext): FAX (A/C, No): REASON FOR INTEREST: E-MAIL ADDRESS:

# GENERAL INFORMATION

_	LAIN ALL "YES" R									Y/N
1a.			ARY OF ANOTHER ENTITY?							
1	PARENT COMPA	ANY NAME				RELATIONSHIP D	ESCRIPTION		% OWNED	
1h	DOES THE ADD	DI ICANIT HAVE A	NY SUBSIDIARIES?							
10.	SUBSIDIARY CO		INT SUBSIDIARIES?			RELATIONSHIP D	FOODINTIAN		Las aurana	
		ALL PART HAND				RELATIONSHIP D	ESCRIPTION		% OWNED	
2.	IS A FORMAL S	AFETY PROGRA	AM IN OPERATION?							-
	SAFETY MA			ONTHLY MEETINGS	OSHA					
3.	ANY EXPOSUR	E TO FLAMMAB	LES, EXPLOSIVES, CHEMICA	LS?						_
4.	ANY OTHER IN	SURANCE WITH	THIS COMPANY? (List policy	numbers)						
	LINE OF BUSINE	SS	POLICY NUMBER		LINE OF BUSINES	S	POLICY NUMBER			
5.	ANY DOLLOY OF	P COVERAGE D	ECLINED, CANCELLED OR NO	AN DENEMED BURN	O THE PRIOR THE					
V.	OPERATIONS?	(Missouri Appli	cants - Do not answer this qu	SN-KENEWED DUKIN estion)	G THE PRIOR THI	REE (3) YEARS FO	R ANY PREMISES	OR		
	NON-PAYMI	ENT .	AGENT NO LONGER REPRESENTS	CARRIER						
	NON-RENE			NDITION CORRECTED (D	· ·					
6.	ANY PAST LOSS	SES OR CLAIMS	RELATING TO SEXUAL ABUS	E OR MOLESTATION	ALLEGATIONS, D	SCRIMINATION OF	R NEGLIGENT HIF	RING?		
7.	DURING THE LA	AST FIVE YEARS ON OR ANY OTH	S (TEN IN RI), HAS ANY APPLIC ER ARSON-RELATED CRIME I	CANT BEEN INDICTED	FOR OR CONVIC	CTED OF ANY DEG	REE OF THE CRI	ME OF FRAUD,		
	(in Ri, this questi	ion must be ansv	vered by any applicant for prope	erty insurance. Failure t	to disclose the exis	tence of an arson of	onviction is a misde	emeanor punisha	ble	
	by a sentence of	up to one year o	f imprisonment).							
8.	ANYUNGODDE	OTED FIDE AND	1/00 04FFT/ 000F 1/10/ 4TIO							
0.	OCCUR DATE	EXPLANATION	O/OR SAFETY CODE VIOLATIO	INS?		2500117701		1		
	OCCUR DATE	DA DARAHOK				RESOLUTION		RES	OLVE DATE	
9.	HAS APPLICAN	T HAD A FOREC	LOSURE, REPOSSESSION, BA	ANKRUPTCY OR FILE	D FOR BANKRUP	TCY DURING THE	AST FIVE (5) YE	ARS2		+
	OCCUR DATE	EXPLANATION				RESOLUTION	54511142 (6) 12		OLVE DATE	
10.	HAS APPLICAN	T HAD A JUDGEI	MENT OR LIEN DURING THE L	AST FIVE (5) YEARS?						_
	OCCUR DATE	EXPLANATION				RESOLUTION		RES	OLVE DATE	
			IN A TRUST? NAME OF TRUS							
12.	ANY FOREIGN ( (If "YES", attach /	OMERATIONS, FO ACORD 815 for I	OREIGN PRODUCTS DISTRIB Liability Exposure and/or ACORI	UTED IN USA, OR US D 816 for Property Evo-	PRODUCTS SOLI	O / DISTRIBUTED II	N FOREIGN COUN	NTRIES?		
			R BUSINESS VENTURES FOR			ED?				-
14.	DOES APPLICAN	NT OWN / LEASE	OPERATE ANY DRONES?	(If "YES", describe use)						
15.	DOES APPLICAN	NT HIRE OTHER	S TO OPERATE DRONES? (If	"YES", describe use)						
REM	ARKS / PROC	ESSING INST	RUCTIONS (ACORD 101,	Additional Remark	s Schedule, ma	y be attached if	more space is i	required)		
PRIC	R CARRIER I	NFORMATION								
YEAR	CATEGORY		GENERAL LIABILITY	AUTOMOI	BILE	PROPE	RTY	OTHER:		
	CARRIER			V				3		
	POLICY NUMBE	ER								
	PREMIUM	\$		\$		\$		\$		

### PRIOR CARRIER INFORMATION (continued)

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
	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 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: \$ SUBRO DATE OF LINE DATE OF CLAIM GATION **OPEN** AMOUNT PAID AMOUNT RESERVED OCCURRENCE TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM

#### 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  GENLY	PRODUCER'S NAME (Please Print) James Holmes, Jr./ROYEBR		STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE		DATE	NATIONAL PRODUCER NUMBER

ACORD

# ADDITIONAL PREMISES INFORMATION SCHEDULE Page \_\_\_\_ of \_\_\_

AGENCY					CARRI	ER				NAIC CODE
Sentine	el Risk Advisors LLC				MIS - N	lisce	llaneous			
POLICY	NUMBER		EFFECTIVE D	ATE	NAMED I	NSUF	RED(S)			
22-23 F	PROPERTY/IM		07/01/202	22			ration Inc			
PREMI	SES INFORMATION			_		·				
LOC#	STREET 5634 W 5th St			СП	Y LIMITS	IN	TEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	
3				-	INSIDE	-	OWNER	W COLL HAME ZIM Z	OCCUPIED AREA:	SQ FT
BLD#	CITY: Jacksonville	STATE	· Fl		OUTSIDE	$\vdash$	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	
	COUNTY:	ZIP: 32		-	OUTSIDE	$\vdash$	LEWANT	# PART TIME EMPL		SQ FT
DESCRIP	TION OF OPERATIONS:	21.02	-201	_					TOTAL BUILDING AREA:	SQ FT
LOC#	STREET			0.5	Y LIMITS	Time	TEREST		ANY AREA LEASED TO OTHERS?	7 / N:
200 #	J. C.			ÇII	1	HN.	7	# FULL TIME EMPL	ANNUAL REVENUES: \$	
BLD#	CITY:	07.77		_	INSIDE	$\vdash$	OWNER		OCCUPIED AREA:	SQ FT
DLU #		STATE		_	OUTSIDE	⊢	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT
DEGGDID	COUNTY:	ZIP:				_			TOTAL BUILDING AREA:	SQ FT
	TION OF OPERATIONS:					_			ANY AREA LEASED TO OTHERS? Y	7/ N:
LOC#	STREET			СП	YLIMITS	INT	TEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	
					INSIDE	L	OWNER		OCCUPIED AREA:	SQ FT
BLD#	СПУ:	STATE	:		OUTSIDE	_	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA;	SQ FT
	COUNTY:	ZIP:							TOTAL BUILDING AREA:	SQ FT
DESCRIP	TION OF OPERATIONS:								ANY AREA LEASED TO OTHERS? Y	7/N:
LOC#	STREET			СПТ	Y LIMITS	IN1	TEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	
					INSIDE		OWNER		OCCUPIED AREA:	SQ FT
BLD#	спту:	STATE			OUTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT
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DESCRIP	TION OF OPERATIONS:					_			ANY AREA LEASED TO OTHERS? Y	/ N:
LOC#	STREET			СП	Y LIMITS	INT	EREST	#FULL TIME EMPL	ANNUAL REVENUES: \$	
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LOC#	STREET			СП	Y LIMITS	INT	EREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	/ N.
				-	INSIDE	-	OWNER	BIOLE HALL CAFE	OCCUPIED AREA:	
BLD#	CITY:	STATE:		_	OUTSIDE		-	# DADT THE CARD		SQFT
	COUNTY:	ZIP:		_	OUTSIDE	$\vdash$	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT
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					INSIDE		OWNER		OCCUPIED AREA:	SQ FT
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LOC#	STREET			CITY	LIMITS	INT	EREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	
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ĄC	PROPERTY SECTION  DATE (MM//DD/YYYY) 05/03/2022  CARRIER  NAIC CODE																		
AGENCY	YNAME								C	ARRIE	R								NAIC CODE
Sentino	el Risk Advisors LLC								М	IS - Mi	scellar	eous							
1	NUMBER					- 1		IVE DATE			SURED								
	PROPERTY/IM						07/01	1/2022	E,	O Co	rporatio	on Inc							
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Busine	ss Personal Property		183,90	00	90	RC	SPE	C				2,50	00	DO					
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ADDITIONAL INFORMATION   BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810   VALUE REPORTING INFORMATION - Attach ACORD 811  ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION																			
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—	·									DED	UCTIBL	E		(Y/I	N) 	PC	OWER OUTA	GE	SELLING PRICE
	J									\$				L	J				PRIOE
SINKHOL	LE COVERAGE (Required	in Flori	da)					ACCEPT	COVE	RAGE		RE	JECT COV	ERAGE		LIMIT: \$			
	BSIDENCE COVERAGE (							ACCEPT	COVE	RAGE		RE.	JECT COV	ERAGE		LIMIT: \$			
PRO	OPERTY HAS BEEN DES	GNATED	AN HISTO	DRICAL LANDIV	IARK											# OF OPE	N SIDES ON	STRUC	TURE:
CONSTR	UCTION TYPE		HYD	DISTANCE TO PRANT FIRE		FIR	E DIST	RICT		COL	DE NUM	BER	PROT CL	# STO	RIES	#BASMT	S YR BL	IILT .	TOTAL AREA
BUILDING	G IMPROVEMENTS				MI LDG CODE GRADE	TAX C	ODE	ROOF	TYPE			OTHER	OCCUPAN	ICIES				_	
WIR	ING, YR:	PLUM	IBING. YR:		GRADE														
	OFING, YR:	_	ING, YR:	_	IND CLASS	1	SE	MI- RESIS	STIVE		_	Hi	EATING SO	URCE IN	CL WC	ODBURNI		DATE	ED:
	IER:		YR:		RESISTI	VE	1				1		ACTURER			11		NSTALL	
PRIMARY							0		SEC	ONDA	RY HEAT								
BOII	L	FUEL								BOILE			SOLID F	L		-	_		
	OILER, IS INSURANCE P KPOSURE & DISTANCE	LACED E	LSEWHER		//N	NCE			<u> </u>				ANCE PLA	CED ELS	EWHE		Y/N	DIOTAL	
	Journ & DIGIARUE			LEFT EXPOSE	, 01 DI9 I /	WALL STATE			FRO	N F EXI	POSURE	a DIS	IANÇE			REAR EX	POSURE &	NAI GIU	IVE
BURGLA	R ALARM TYPE				CERT	IFICATE #									EXP	IRATION D	ATE	CENT	RAL LOCAL ON GONG
BURGI AI	R ALARM INSTALLED A	D SERV	ICED BY						EV	ENT		-	GRAD	_	#01	IADDS 1144	ATCHMEN	WITH	
										-141			SIGAL	_	7 00	MI GUNN	AI VIIMEN	H	CLOCK HOURLY
PREMISE	S FIRE PROTECTION (S	rinklers	, Standpip	es, CO2 / Cher	nical Syster	ns)		% SPI	RNK	FIRE A	ALARM I	WANUF	ACTURER					H	CENTRAL STATION
ADDITI	ONAL INTEREST		ACOR	D 45 attach	ed for ac	ditions	l nar	nes											LUOAL GOING
INTERES		NAR		DDRESS RA		EVIDEN	$\overline{}$		RTIFIC	ATE							INTEREST	IN ITE	M NUMBER
LEN	DER'S LOSS PAYABLE															LOCATIO	_	1	JILDING:
LOS	S PAYEE															ITEM CLASS:			EM:
MOF	RTGAGEE														ITEM DESCRIPTION				
		REF	ERENCE	LOAN #:				1											

ADDITIONAL	PREMISES #: 1	STREET	ADDRES	ss: 1703 Var	grave Street							
PREMISES INFORMATION	BUILDING #: 2	BLDG D	ESCRIPT	ION:								
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU- ATION	CAUSES OF	LOSS INFL	ATION RD %	DED	DED	BLK1	FOR	MS AND CON	DITIONS TO APPLY
Building	243,500	90	RC	SPEC			2,500	DO	ľ			
Bl w/ Extra Expense	260,000		ALS	SPEC			72	HR	1			
ADDITIONAL INFORMATION	BUSINESS INCOME / E	YTDA EYDENS	E - Attac	L ACOPD 840		VAL	HE BEDO	DTING INFO	MATIC	N - Attach AC	ODD 044	
	1				ID DATING				CMAIIU	N - Attach AC	OKD 811	
ADDITIONAL COVERAGES, SPON AGE DESCRIPTION OF PR		, HUNS, EN	IDUKS	EMENIS AP	LIMIT		CMAIIO	$\overline{}$	_	OPTIONS		
SPOILAGE DESCRIPTION OF PR	TOP ERTY GOVERED							REFRIG				
(Y/N)					\$	JCTIBLE	_	(Y				CONTAMINATION SELLING
					\$	CHBLE			7	Pow	ER OUTAGE	PRICE
SINKHOLE COVERAGE (Required in	Florida)			ACCEPT	COVERAGE		REJECT	COVERAGE		LIMIT: \$		
MINE SUBSIDENCE COVERAGE (Rec					COVERAGE	+		COVERAGE		LIMIT: \$		
PROPERTY HAS BEEN DESIGN.											IDES ON STR	UCTURE:
CONSTRUCTION TYPE	DISTANCE T HYDRANT FIR	D RE STAT MI	FIR	E DISTRICT	COD	E NUMBE	ER PRO	OT CL #ST	ORIES	# BASM'TS	YR BUILT	TOTAL AREA
BUILDING IMPROVEMENTS		BLDG CODE GRADE	TAX C	ODE ROOF	TYPE	ОТ	THER OCC	UPANCIES				
WIRING, YR:	PLUMBING, YR:											
ROOFING, YR:	EATING, YR:	WIND CLASS		SEMI- RESIS	STIVE		HEATIN	IG SOURCE I OR FIREPLA	NCL WO	OODBURNING ERT	DATE INSTA	LLED:
OTHER:	YR:	RESISTIN	Æ			MA	ANUFACTU					18
PRIMARY HEAT					SECONDAR	Y HEAT						
BOILER SOLID FU					BOILE	₹	so	LID FUEL				
IF BOILER, IS INSURANCE PLAC	ED ELSEWHERE?	Y/N			IF BOIL	ER, IS IN	ISURANCE	PLACED EL	SEWHE	:RE?	Y/N	
RIGHT EXPOSURE & DISTANCE	LEFT EXPO	SURE & DISTA	NCE		FRONT EXP	OSURE 8	DISTANC	E		REAR EXPO	SURE & DIST	ANCE
BURGLAR ALARM TYPE		CERTI	FICATE #						EXF	PIRATION DAT	T STA	NTRAL LOCAL GONG
BURGLAR ALARM INSTALLED AND S	SERVICED BY				EXTENT		0	GRADE	# GI	UARDS / WAT		CLOCK HOURLY
PREMISES FIRE PROTECTION (Sprin	klers, Standpipes, CO2 / Ch	emical System	1\$)	% SPI	RNK FIRE A	LARM MA	ANUFACTI	JRER				CENTRAL STATION
ADDITIONAL INTEREST	ACORD 45 attac	had for ad	ditions	l names					_			LOCAL GONG
INTEREST	NAME AND ADDRESS F		EVIDEN		RTIFICATE					18	NTEREST IN IT	EM NIIMBED
LENDER'S LOSS PAYABLE										LOCATION:		BUILDING:
LOSS PAYEE										ITEM CLASS:		ITEM:
MORTGAGEE								ITEM DESCR		TI LIN.		
	REFERENCE / LOAN #:											
REMARKS (ACORD 101, Ad	iditional Remarks Sc	hedule, ma	y be a	ttached if m	ore space	is requ	ired)					

#### **SIGNATURE**

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

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

#### Applicable in CO

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

#### Applicable in FL and OK

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

#### Applicable in KS

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

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

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

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

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

#### Applicable in NJ

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

### Applicable in OR

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

#### Applicable in PR

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

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

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)		STATE PRODUCER LICENSE NO (Required in Florida)
Jest 9	James Holmes, Jr./ROYEBR		
APPLICANT'S SIGNATURE		DATE	NATIONAL PRODUCER NUMBER

ADDITIONAL PREMISES #: 2 STREET ADDRESS: 7535 Styers Ferry Rd  PREMISES INFORMATION BUILDING #: 1 BLDG DESCRIPTION:																	
PR	EMISES INFORMATION	BUILDI	NG#: 1			ION:											
	SUBJECT OF INSURANCE		AMOUNT	COINS %	VALU- ATION	CAUSES OF	LOSS	INFLATION GUARD %	DED		DED	BLKT #	FOR	MS AND	COND	TIONS TO APPLY	_
Bu	lding	460,1	00	90	RC	SPEC		- CONTROL N	2,500		DO	-					
Bu	siness Personal Property	50,20	0	90	RC	SPEC			2,500		DO						
ВІ	w/ Extra Expense	260,0	00		ALS	SPEC			72		HR	1					
ADE	ITIONAL INFORMATION	BUSINES	S INCOME / EXT	RA EXPENS	E - Attac	h ACORD 810		v	ALUE RE	PORTI	NG INFOR	MATIO	N - Attach AC	ORD 811			
AD	DITIONAL COVERAGES	, OPTIONS	, RESTRICTI	ONS, EN	DORS	EMENTS AN	ND RA	TING INFO	RMATI	ON							_
SP	DILAGE DESCRIPTION OF P	ROPERTY COV	ERED					LIMIT			REFRIG	MAINT	OPTIONS				_
	ERAGE							\$			AGREE	MENT	BRE	AKDOWN	OR C	ONTAMINATION	
(Y/N) DEDUCTIBLE												¥) □	POW	ER OUTA	AGE	SELLING PRICE	
\$												J				PRICE	
SINI	HOLE COVERAGE (Required in	Florida)				ACCEPT	COVER	AGE	REJE	CTCO	VERAGE		LIMIT: \$				
MINI	SUBSIDENCE COVERAGE (Re	equired in IL, IN	, KY and WV)			ACCEPT	COVER	AGE	REJE	СТСО	VERAGE		LIMIT: \$				_
П	PROPERTY HAS BEEN DESIGN	NATED AN HIST	ORIÇAL LANDMA	RK								-	# OF OPEN S	IDES ON	STRU	CTURE:	_
CONSTRUCTION TYPE  DISTANCE TO HYDRANT FIRE STAT FIRE STAT FT MI  FT MI													TOTAL AREA				
BUIL	DING IMPROVEMENTS		BL	DG CODE GRADE	TAX C	ODE ROOF	TYPE		OTHER O	CCUP	NCIES						_
	WIRING, YR:	PLUMBING, YR															
	ROOFING, YR:	HEATING, YR:	Wi	ND CLASS		SEMI- RESIS	STIVE		HEA	TING S	OURCE IN	CL WC	ODBURNING	ŗ	DATE NSTAL	ED:	
	OTHER:	YR:		RESISTIV	Æ	1			MANUFAC			E INGE	-101	11	NOIAL		_
PRIM	IARY HEAT						SEC	ONDARY HEAT	г								
	BOILER SOLID F	UEL						BOILER		SOLID	FUEL						
$\equiv$	IF BOILER, IS INSURANCE PLA	CED ELSEWHE	RE? Y	/ N				IF BOILER, IS	INSURAN	ICE PL	I ACED ELS	EWHE	RE?	Y/N			
RIGI	T EXPOSURE & DISTANCE		LEFT EXPOSU	RE & DISTA	NCE		FROI	T EXPOSURE	& DISTA	NCE			REAR EXP	SURE &	DISTA	NCE	
BUR	GLAR ALARM TYPE			CERTI	FICATE #	ı						EXP	IRATION DA	TE	STAT	TRAL LOCAL ION GONG	Э
BUR	GLAR ALARM INSTALLED AND	SERVICED BY					EXTE	NT		GRA	DE	# GL	JARDS / WAT	CHMEN		CLOCK HOURLY	
PRE	MISES FIRE PROTECTION (Spri	nklers, Standpi	pes, CO2 / Chem	ical System	s)	% SP	RNK	FIRE ALARM	MANUFAC	TURE	R				F	CENTRAL STATION	ı
ADI	DITIONAL INTEREST	ACOR	D 45 attache	ed for ad	ditiona	names											_
	REST		DDRESS RAN		EVIDEN		RTIFICA	NTE						NTEREST	IN ITE	M NUMBER	
	LENDER'S LOSS PAYABLE			!								ŀ	LOCATION:			UILDING:	-
	LOSS PAYEE											ŀ	ITEM CLASS:	_		rem;	
	MORTGAGEE										ŀ	ITEM DESC	RIPTION		I EM,	-	
		REFERENCE	/ LOAN #:														
RE	MARKS (ACORD 101, A	dditional Re	emarks Sche	dule. ma	y be a	ttached if m	ore s	pace is rer	juired)						_		

A	ADDITIONAL PREMISES #: 2 STREET ADDRESS: 7535 Styers Ferry Rd  PREMISES INFORMATION BUILDING #: 2 BLDG DESCRIPTION:																	
PI	REMISES INFORMATION	BUILD	ING#: 2	_														
	SUBJECT OF INSURANCE		AMOUNT	COINS %	VALU-	CAUSES OF L	OSS	INFLATION GUARD %	DE	D T	DED	BLKT	EOP	MS AND (	COND	TIONS TO APPLY		
В	ilding	278,	500	90	RC	SPEC		GUARD %	2,500		DO		100	MS AND C	OND	TIONS TO AFFLY		
В	siness Personal Property	11,10	00	90	RC	SPEC			2,500		DO							
ВІ	w/ Extra Expense	260,0	000		ALS	SPEC			72		HR	1						
r																		
AD	DITIONAL INFORMATION	/ BIIGINES	e income / evro	A EVDENC	E 4400	- 400ED 040												
-			S INCOME / EXTR								NG INFOR	MATIO	N - Attach AC	ORD 811				
	DITIONAL COVERAGES,			ONS, EN	DORS	EMENTS AN	D RA	LIMIT	PRMAT	ION			_					
	OILAGE DESCRIPTION OF PR			REFRIG AGREEI		OPTIONS												
	(Y / N)							\$			(Y/		BREA	KDOWN	OR CO	ONTAMINATION		
								DEDUCTIBL	.E			٦	POW	ER OUTA	GE	SELLING PRICE		
_								\$			_							
SIN	KHOLE COVERAGE (Required in	Florida)				ACCEPT (	OVER	AGE	REJI	ECT CO	VERAGE		LIMIT: \$					
MIN	E SUBSIDENCE COVERAGE (Rec	ACCEPT (	OVER	AGE	REJI	ECT CO	VERAGE		LIMIT: \$									
	PROPERTY HAS BEEN DESIGNA								# OF OPEN S	IDES ON	STRU	CTURE:						
CONSTRUCTION TYPE    DISTANCE TO   HYDRANT   FIRE STAT   FIRE DISTRICT   CODE NUMBER   PROT CL   # STORIES   # BASMTS   YR BUILT   TOTAL AREA																		
BUI	LDING IMPROVEMENTS		BLC	G CODE	TAX C	ODE ROOF T	YPE	1	OTHER C	OCCUP/	NCIES							
	WIRING, YR:	PLUMBING, YE																
		EATING, YR:	-	D CLASS		SEMI- RESIS	TIVE						ODBURNING		ATE			
	OTHER:	YR:		DECIDEN	_  -	SEMI- RESIS	IIVE	1	STO		FIREPLAC R.	E INSI	ERT	IN	ISTALI	LED:		
PRI	MARY HEAT	IK.		RESISTIV		1	SECO	ONDARY HEAT		- TOTAL					_			
	BOILER SOLID FU	لــــا	ERE? Y/	N				BOILER IF BOILER, IS		SOLID	ı	EWHE	BE2	Y/N				
RIG	IT EXPOSURE & DISTANCE		LEFT EXPOSUR		NCE		_	NT EXPOSURE		_	HOLD ELO		REAR EXPO		DISTA	NCE		
BUF	GLAR ALARM TYPE		1.	CERTIF	FICATE #							EXP	IRATION DAT	- ⊢	CENT	RAL LOCAL ION GONG		
BUF	GLAR ALARM INSTALLED AND S	SERVICED BY		,			EXTE	NT		GRA	DE	# GL	JARDS / WAT		VIIII	CLOCK HOURLY		
PRE	MISES FIRE PROTECTION (Sprint	kiers, Standpi	pes, CO2 / Chemic	al System	8)	% SPR	NK I	FIRE ALARM I	MANUFA	CTURE	R					CENTRAL STATION LOCAL GONG		
AD	DITIONAL INTEREST	ACOF	RD 45 attached	d for add	ditions	I names												
_	REST		DDRESS RANK		EVIDEN		TIFICA	ATE				T		TEDEAT		M MILMOTO		
1	LENDER'S LOSS PAYABLE				-							-		I CREST		M NUMBER		
	LOSS PAYEE											ŀ	LOCATION:		_	UILDING:		
-	MORTGAGEE											-	CLASS:			TEM:		
													ITEM DESCR	IPTION				
_	-	DECEDENAL	/1 0 4 N #:															
-		REFERENCE						201	7 L 20						_			
KE	MARKS (ACORD 101, Ad	iditional R	emarks Sched	iuie, ma	y be a	Rached IT M	ore s	pace is req	(uirea)									

ADDITIONAL	PREMISES #: 3															
PREMISES INFORMATION	BUILDING #:	BLDG D	ESCRIPT	ION:												
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU- ATION	CAUSES OF	LOSS INFLATI	ON %	DED	DED TYPE	BLKT	FORM	S AND C	ONDI	LIONS	TO APPLY		
Building	839,200	90	RC	SPEC			500	DO	-							
Business Personal Property	8,300	90	RC	SPEC		2,5	500	DO								
Bl w/ Extra Expense	260,000		ALS	SPEC		72		HR	1							
Wind Hail				SPEC		100	0,000	DO								
ADDITIONAL INFORMATION	BUSINESS INCOME / EX	TRA EXPENS	E - Attac	h ACORD 810		VALUE	E REPORT	ING INFOR	IOITAN	I - Attach ACO	RD 811					
ADDITIONAL COVERAGES,	OPTIONS, RESTRIC	TIONS. EN	DORS	EMENTS AN	ID RATING IN	FORM	IATION									
SPOILAGE DESCRIPTION OF PRO		,			LIMIT	. •	Daniel	REFRIG I	MA INT	OPTIONS		_				
COVERAGE					\$			AGREE			DOWN	ND C/	AN PTANE	NATION		
(Y/N)					DEDUCT	IDI E		(Y/I	N)	_	DOWN C			SELLING		
						IDLE			7	POWE	ROUTAG	E		PRICE		
					\$			_								
SINKHOLE COVERAGE (Required in F					COVERAGE	-	REJECT CO		- 1	LIMIT: \$						
MINE SUBSIDENCE COVERAGE (Req				ACCEPT	COVERAGE	R	REJECT CO	VERAGE	-	LIMIT: \$						
PROPERTY HAS BEEN DESIGNA	TED AN HISTORICAL LAND	MARK							•	FOF OPEN SID	ES ON S	TRU	TURE			
CONSTRUCTION TYPE	DISTANCE TO HYDRANT FIR	E STAT	FIR	E DISTRICT	CODE N	UMBER	PROT	CL #STO	RIES	#BASMTS	YR BUIL	T.	TOTAL	AREA		
BUILDING IMPROVEMENTS WIRING, YR: PI		BLDG CODE GRADE	TAX C	ODE ROOF	ТҮРЕ	ОТНЕ	ER OCCUP	ANCIES								
	F	WIND CLASS	<u>-</u>			+ -	HEATING S	SOURCE IN	CL WO	ODBURNING	DA	ΤE				
	EATING, TR.	-	-	SEMI- RESIS	STIVE		STOVE OF	RFIREPLAC	E INSE	RT	INS	STALI	ED: _			
OTHER:	YR:	RESISTIN	/E	MANUFACTURER:												
PRIMARY HEAT					SECONDARY H	EAT	_									
BOILER SOLID FUE  IF BOILER, IS INSURANCE PLACE		Y/N			BOILER IF BOILER	EWHER	RE?	′/N								
RIGHT EXPOSURE & DISTANCE	LEFT EXPO	BURE & DISTA	RE & DISTANCE FRONT EXPOSURE & DISTANCE							REAR EXPOS	URE & D	ISTAI	ICE			
BURGLAR ALARM TYPE	(5	CERTI	FICATE#						EXPI	RATION DATE	-	CENT STAT		LOCAL		
BURGLAR ALARM INSTALLED AND S	ERVICED BY				EXTENT					ARDS / WATCH				K HOURLY		
PREMISES FIRE PROTECTION (Sprink	lers, Standpipes, CO2 / Ch	emical System	18)	% SPF	RNK FIREALAI	RM MANI	UFACTURE	R						RAL STATION		
ADDITIONAL INTEREST	ACORD 45 attac	hed for ad	ditions	Inamer												
	NAME AND ADDRESS R		EVIDEN		RTIFICATE						EDFAT			DED		
LENDER'S LOSS PAYABLE									1		EREST II	$\neg$				
LOSS PAYEE										LOCATION: ITEM CLASS:		_	UILDIN	5:		
MORTGAGEE											T-011	ДП	EM:			
	DÉCEDENCE / I GAN 4.									ITEM DESCRIP	TION					
	REFERENCE / LOAN #:		(4.4. <b>b</b> .	4 1 11	District Control											
REMARKS (ACORD 101, Ado	uitional Remarks Sc	nedule, ma	y be a	ttached if m	ore space is	require	ed)									
ACORD 140 (2016/03)				Page	2 of 3							_				

AĆ	OR	D®	QTA	TE	NA E	NT	OF VA	1115	e				D	ATE (MM/DD/YYYY)
					IAI	A I	OF VA	LUE	<b>3</b>					05/03/2022
AGENCY				CA	RRIER	1				NAI	C CODE:		PAGE	
Sentinel			s LLC	_	S - Misc									OF
4700 Six		Road		INS	URED / A	PPLIC	ANT			POL	LICY NUMBER		EFFE	CTIVE DATE
Suite 20	0				O Corp					22-	-23 PROPERTY/IM			07/01/2022
Raleigh			NC 27609				DDRESS							
CONTACT NAME:		Brett R	•	_	03 Vargi						Winston Salem		I	NC 27107
PHONE (A/C, No, E	xt):		26-4623	COI	NS %	API	PLICABLE CAUS	SES OF LO	SS					
FAX (A/C, No): E-MAIL ADDRESS		<u> </u>	26-4664		80%		BASIC				EARTHQUAKE COV	SPEC	IFIC AV	ERAGE RATE
E-MAIL ADDRESS	: 1	oroyer(	@sentinelra.com	×	90%		BROAD				FLOOD			TE REQUESTED
CODE:			SUBCODE:		100%		SPECIAL				SPRINKLER LEAKAGE EXCL			
AGENCY (			00018368			×					VANDALISM EXCL			
APPLICAE	LE FOR	M NUMI	BERS (Attach completed forms and endorsements that	requir	re comple	tion to	provide necess	ary inform	ation aff	ecting	g rates or loss costs)			
CLASS	LOC	BLDG	DESCRIPTION OF PROPERTY					VALU-	SUBJ	ECT	4444 111111	RATE	OR	
CODE	#	#	ADDRESS OF PROPERTY					ATION	3053	IEUI	100% VALUES	LOSS		PREMIUM
			Building											
	1	1	1703 Vargrave Street					RC	В		1,687,000			
			Winston Salem			NC 2	7107							
			Business Personal Property											
	1	1	1703 Vargrave Street					RC	BP	Р	183,900			
			Winston Salem			NC 2	7107							
			Bl w/ Extra Expense					+					-	
	1	1	1703 Vargrave Street					ALS	BUS	iN	260,000			
			Winston Salem			NC 2	7107	' "			200,000			
			Building					+		_				
	1	2	1703 Vargrave Street	_				RC	В		243,500			
			Winston Salem			NC 2	7107				240,000			
			Bl w/ Extra Expense					++		_	_	_	-	
	1	2	1703 Vargrave Street					ALS	BUS	IM	260,000			
			Winston Salem			NC 2	7107	/ 1	500		200,000			
			Building				7 101	+ +		_			-	
	2	1	7535 Styers Ferry Rd					RC	В		460,100			
			Clemmons			NC 2	7012		J		400,100			
	_	-	Business Personal Property			10 2	7012	+		_			-	
	2	1	7535 Styers Ferry Rd					RC	BPI		50,200			
	-		Clemmons			NC 2	7012	110	Dit		30,200			
	_	-	Bl w/ Extra Expense			10 2	7012	+					-	
	2	1	7535 Styers Ferry Rd					ALS	BUS	INI	260,000			
	- 1		Clemmons		,	NC 2	7012	ALS	503	II V	200,000			
			Building			2		$\vdash$					_	
	2	2	7535 Styers Ferry Rd					RC	В		278,500			
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			Business Personal Property	_	'	10 2	7012	+-+					-	
	2	2	7535 Styers Ferry Rd					RC	BPF	,	11 100			
	~	-	Clemmons			NC 2	7012	RC	DPF		11,100			
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ACORD 139 (2015/12)

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Sentine	l Risk A	Advisor	s LLC		IS - Misc		eous		L	ri/Ai	C CODE:			
4700 Siz	x Forks	Road		-	URED / AI					POI	JICY NUMBER		EEEEC	OF TIVE DATE
Suite 20					/O Corpo				- 1			Ι,	EFFEC	
Raleigh			NC 27609		ADQUART					22.	-23 PROPERTY/IM			07/01/2022
CONTACT NAME:		Brett R												
NAME:			·	_	03 Vargr	_					Winston Salem		N	C 27107
PHONE (A/C, No. I	Ext):		26-4623	CO	INS %	AP	PLICABLE CAUS	SES OF LO	oss _	_				
FAX (A/C, No): E-MAIL ADDRESS			26-4664	1	80%		BASIC				EARTHQUAKE COV	SPECIF REQUE	IC AVE	RAGE RATE
ADDRESS	š:	broyer(	@sentinelra.com	×	90%		BROAD				FLOOD			E REQUESTED
CODE:			SUBCODE:		100%		SPECIAL				SPRINKLER LEAKAGE EXCL			
AGENCY			00018368			×	SPEC				VANDALISM EXCL			
APPLICAE	BLE FOR	RM NUM	BERS (Attach completed forms and endorsements that	t requi	re complet	tion to	provide necess	sary inform	nation affec	ting	g rates or loss costs)			
CLASS	LOC	BLDG	DESCRIPTION OF PROPERTY					VALU-				DATE O		
CODE	#	#	ADDRESS OF PROPERTY					ATION	SUBJE	СТ	100% VALUES	RATE O		PREMIUM
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ACORD 139 (2015/12)

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AG	enci Se	ntı	nel Risk	Advisors LLC			CARRIER MIS - Mi	sce	llaneous				NAIC C	ODE
POL	JCY NUMB	ER				EFFECTIVE DATE		_	NAMED INSURED					
22	-23 PR	OPE	RTY/IM			7/1/2022			tion Inc					
TE	RRITOR	Y C	F OPERATI	ON			TYPE OF	OPI	ERATION					
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2.	IS APPLI	CAN	T OPERATING	EQUIPMENT NOT LIS	TED HERE?									
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3	PROPER	TV	USED UNDER	GROUNDS				_						1
J.	NOFER	ıſ	COED UNDER	I GNOOND!										
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-	EDULED EQUIPMENT	% COINSURANCE	AGE	ENCY CUSTO				
#	TYPE	DESCRIPTION		ID#/SERIAL	NO.		NEW / USED	DATE PURCHASED
1		Cold Jet Dry Ic		AER075	-	_		
	MANUFACTURER		MODEL		MODEL YEAR	САРАСП	ΓY	AMOUNT OF INSURANCE
		-						\$ 10,0
#	TYPE	DESCRIPTION		ID#/SERIAL	NO.		NEW / USED	DATE PURCHASED
2		Track Loader		20202805	5			
2	MANUFACTURER		MODEL		MODEL YEAR	CAPACIT	Y	AMOUNT OF INSURANCE
	Caterpillar		953LGP		1991			\$ 25,0
#	TYPE	DESCRIPTION		ID#/SERIAL	NO.		NEW / USED	DATE PURCHASED
		Backhoe		OPRA0065	51			
3	MANUFACTURER		MODEL	-	MODEL YEAR	CAPACIT	Υ	AMOUNT OF INSURANCE
	Caterpillar		420 E		2009			\$ 35,0
#	TYPE	DESCRIPTION		ID#/SERIALI		_	NEW / USED	DATE PURCHASED
	1	Hydraulic		FLZ01019			NEW / USED	DATE FUNCTIAGED
4	MANUFACTURER	nydrauric	MODEL	FLZUIUIS	MODEL YEAR	1		<del> </del>
					MODEL YEAR	CAPACIT	Y	AMOUNT OF INSURANCE
	Caterpillar		305.5DCR	T				\$ 25,0
#	TYPE	DESCRIPTION		ID#/SERIAL			NEW / USED	DATE PURCHASED
5		Skid		OMST0092				
	MANUFACTURER		MODEL		MODEL YEAR	CAPACIT	Υ	AMOUNT OF INSURANCE
	Caterpillar		262C		2008			\$ 20,0
ŧ	TYPE	DESCRIPTION		ID#/SERIAL	NO.		NEW / USED	DATE PURCHASED
_		Track		OJMP0145	4			
6	MANUFACTURER		MODEL		MODEL YEAR	CAPACIT	Y	AMOUNT OF INSURANCE
	Caterpillar		289C					\$ 25,0
#	TYPE	DESCRIPTION		ID#/SERIALN	NO.		NEW / USED	DATE PURCHASED
		Generator		MSDG45S1				DATE : ORGEDIQUE
,	MANUFACTURER	0011020002	MODEL	MDDG4351	MODEL YEAR	CAPACIT		AMOUNT OF INSURANCE
	Nissan				MODEL YEAR	CAPACII	ĭ	
_	+	7774717741	MMD Powerpro	T				\$ 15,0
<b>‡</b>	TYPE	DESCRIPTION		ID#/SERIAL N			NEW / USED	DATE PURCHASED
3				PWR01904				
	MANUFACTURER		MODEL		MODEL YEAR	CAPACIT	Y	AMOUNT OF INSURANCE
	Caterpillar		Wheel 1.924K					\$ 114,0
ŧ	TYPE	DESCRIPTION		ID#/SERIAL N	10.		NEW / USED	DATE PURCHASED
		Portable Trommel		2644				
)	MANUFACTURER		MODEL		MODEL YEAR	CAPACIT	Y	AMOUNT OF INSURANCE
	Roto-Screen		R454		2014			\$ 81,1
	TO CO DCIGGI				40		NEW / USED	DATE PURCHASED
	TYPE	DESCRIPTION		ID # / SERIAL N	10.			
¥			itor					- TOTOLINGED
		DESCRIPTION  Hydraulic Excava	MODEL	YEJ10376		CAPACITY		
	TYPE		MODEL		MODEL YEAR	CAPACITY		AMOUNT OF INSURANCE
0	TYPE  MANUFACTURER  Caterpillar	Hydraulic Excava		YEJ10376	MODEL YEAR 2017	CAPACITY	<b>Y</b>	AMOUNT OF INSURANCE \$ 199,50
0	TYPE	Hydraulic Excava	Model 323	YEJ10376	MODEL YEAR 2017	CAPACITY		AMOUNT OF INSURANCE
.0	MANUFACTURER Caterpillar TYPE	Hydraulic Excava	Model 323	YEJ10376	MODEL YEAR 2017		Y NEW/USED	AMOUNT OF INSURANCE \$ 199,50 DATE PURCHASED
# .0 #	TYPE  MANUFACTURER  Caterpillar	Hydraulic Excava	Model 323	YEJ10376	MODEL YEAR 2017	CAPACITY	Y NEW/USED	AMOUNT OF INSURANCE \$ 199,50 DATE PURCHASED  AMOUNT OF INSURANCE
.0 #	MANUFACTURER  Caterpillar  TYPE  MANUFACTURER	DESCRIPTION Rotating Hose De	Model 323	YEJ10376	MODEL YEAR 2017 NO. MODEL YEAR		Y NEW/USED	AMOUNT OF INSURANCE \$ 199,50 DATE PURCHASED  AMOUNT OF INSURANCE \$ 20,00
.0	MANUFACTURER Caterpillar TYPE	DESCRIPTION  DESCRIPTION  DESCRIPTION	Model 323  evise American Water  MODEL	YEJ10376  ID#/SERIAL N  ID#/SERIAL N	MODEL YEAR 2017 NO. MODEL YEAR		Y NEW/USED	AMOUNT OF INSURANCE \$ 199,50 DATE PURCHASED  AMOUNT OF INSURANCE
.0 #	MANUFACTURER  Caterpillar  TYPE  MANUFACTURER  TYPE	DESCRIPTION Rotating Hose De	Model 323  Evise American Water  MODEL	YEJ10376	MODEL YEAR 2017 NO. MODEL YEAR NO.	CAPACITY	Y NEW / USED	AMOUNT OF INSURANCE \$ 199,50 DATE PURCHASED  AMOUNT OF INSURANCE \$ 20,00 DATE PURCHASED
0	MANUFACTURER Caterpillar TYPE MANUFACTURER TYPE MANUFACTURER	DESCRIPTION  DESCRIPTION  DESCRIPTION	Model 323  evise American Water  MODEL  tor  MODEL	YEJ10376  ID#/SERIAL N  ID#/SERIAL N	MODEL YEAR 2017  NO.  MODEL YEAR  NO.		Y NEW / USED	AMOUNT OF INSURANCE \$ 199,50 DATE PURCHASED  AMOUNT OF INSURANCE \$ 20,00 DATE PURCHASED
0	MANUFACTURER  Caterpillar  TYPE  MANUFACTURER  TYPE  MANUFACTURER  Caterpillar	DESCRIPTION  DESCRIPTION  DESCRIPTION	Model 323  Evise American Water  MODEL	YEJ10376  ID#/SERIAL N  ID#/SERIAL N	MODEL YEAR 2017 NO. MODEL YEAR NO.	CAPACITY	Y NEW / USED	AMOUNT OF INSURANCE \$ 199,50 DATE PURCHASED  AMOUNT OF INSURANCE \$ 20,00 DATE PURCHASED
1	MANUFACTURER Caterpillar TYPE MANUFACTURER TYPE MANUFACTURER	DESCRIPTION  DESCRIPTION  DESCRIPTION	Model 323  evise American Water  MODEL  tor  MODEL	YEJ10376  ID#/SERIAL N  ID#/SERIAL N	MODEL YEAR 2017 NO. MODEL YEAR NO. MODEL YEAR 2018	CAPACITY	Y NEW / USED	AMOUNT OF INSURANCE \$ 199,50 DATE PURCHASED  AMOUNT OF INSURANCE \$ 20,00 DATE PURCHASED
1	MANUFACTURER  Caterpillar  TYPE  MANUFACTURER  TYPE  MANUFACTURER  Caterpillar	DESCRIPTION Rotating Hose De DESCRIPTION Hydraulic Excava	Model 323  evise American Water  MODEL  tor  MODEL	YEJ10376  ID#/SERIAL N  ID#/SERIAL N  YDL20089	MODEL YEAR 2017 NO. MODEL YEAR NO. MODEL YEAR 2018	CAPACITY	NEW/USED  Y  NEW/USED	AMOUNT OF INSURANCE \$ 199,50 DATE PURCHASED  AMOUNT OF INSURANCE \$ 20,00 DATE PURCHASED  AMOUNT OF INSURANCE \$ 175,0
1	MANUFACTURER  Caterpillar  TYPE  MANUFACTURER  TYPE  MANUFACTURER  Caterpillar	DESCRIPTION Rotating Hose De DESCRIPTION Hydraulic Excava	Model 323  evise American Water  MODEL  tor  MODEL	ID#/SERIAL N  ID#/SERIAL N  YDL20089	MODEL YEAR 2017 NO. MODEL YEAR NO. MODEL YEAR 2018	CAPACITY	NEW / USED  Y  NEW / USED	AMOUNT OF INSURANCE \$ 199,50 DATE PURCHASED  AMOUNT OF INSURANCE \$ 20,00 DATE PURCHASED  AMOUNT OF INSURANCE \$ 175,0 DATE PURCHASED
1	TYPE  MANUFACTURER  Caterpillar  TYPE  MANUFACTURER  TYPE  MANUFACTURER  Caterpillar  TYPE	DESCRIPTION Rotating Hose De DESCRIPTION Hydraulic Excava	Model 323  Evise American Water  Model  tor  Model  316FL	ID#/SERIAL N  ID#/SERIAL N  YDL20089	MODEL YEAR 2017 NO. MODEL YEAR NO. MODEL YEAR 2018	CAPACITY	NEW / USED  Y  NEW / USED	AMOUNT OF INSURANCE \$ 199,50 DATE PURCHASED  AMOUNT OF INSURANCE \$ 20,00 DATE PURCHASED  AMOUNT OF INSURANCE \$ 175,0 DATE PURCHASED  AMOUNT OF INSURANCE
2	TYPE  MANUFACTURER  Caterpillar  TYPE  MANUFACTURER  TYPE  MANUFACTURER  Caterpillar  TYPE  MANUFACTURER	DESCRIPTION Rotating Hose De DESCRIPTION Hydraulic Excava	MODEL  Model 323  Evise American Water  MODEL  Ator  MODEL  316FL	ID#/SERIAL N  ID#/SERIAL N  YDL20089	MODEL YEAR 2017 NO.  MODEL YEAR 2018 NO.  MODEL YEAR 2018 NO.	CAPACITY	NEW / USED  Y  NEW / USED	AMOUNT OF INSURANCE \$ 199,50 DATE PURCHASED  AMOUNT OF INSURANCE \$ 20,00 DATE PURCHASED  AMOUNT OF INSURANCE \$ 175,0 DATE PURCHASED  AMOUNT OF INSURANCE
2	TYPE  MANUFACTURER  Caterpillar  TYPE  MANUFACTURER  TYPE  MANUFACTURER  Caterpillar  TYPE  MANUFACTURER  Komatsu	DESCRIPTION  DESCRIPTION  DESCRIPTION  Hydraulic Excava  DESCRIPTION	MODEL  Model 323  Evise American Water  MODEL  Ator  MODEL  316FL	ID#/SERIAL N  ID#/SERIAL N  YDL20089  ID#/SERIAL N  96079	MODEL YEAR 2017 NO.  MODEL YEAR 2018 NO.  MODEL YEAR 2018 NO.	CAPACITY	NEW / USED  Y  NEW / USED	AMOUNT OF INSURANCE \$ 199,50 DATE PURCHASED  AMOUNT OF INSURANCE \$ 20,00 DATE PURCHASED  AMOUNT OF INSURANCE \$ 175,0 DATE PURCHASED  AMOUNT OF INSURANCE \$ 112,50
0	TYPE  MANUFACTURER  Caterpillar  TYPE  MANUFACTURER  TYPE  MANUFACTURER  Caterpillar  TYPE  MANUFACTURER  Komatsu	DESCRIPTION  DESCRIPTION  DESCRIPTION  Hydraulic Excava  DESCRIPTION	MODEL Model 323  Evise American Water MODEL  MODEL 316FL  MODEL D39PX-24	ID#/SERIAL N  ID#/SERIAL N  YDL20089  ID#/SERIAL N  96079	MODEL YEAR 2017  NO.  MODEL YEAR 2018  NO.  MODEL YEAR 2018  NO.	CAPACITY	NEW / USED  Y  NEW / USED  Y  NEW / USED	AMOUNT OF INSURANCE \$ 199,50 DATE PURCHASED  AMOUNT OF INSURANCE \$ 20,00 DATE PURCHASED  AMOUNT OF INSURANCE \$ 175,0 DATE PURCHASED  AMOUNT OF INSURANCE \$ 112,50 DATE PURCHASED
2	MANUFACTURER Caterpillar TYPE MANUFACTURER TYPE MANUFACTURER Caterpillar TYPE MANUFACTURER Komatsu TYPE	DESCRIPTION  DESCRIPTION  DESCRIPTION  Hydraulic Excava  DESCRIPTION	MODEL  Model 323  Evise American Water  MODEL  Ator  MODEL  316FL	ID#/SERIAL N  ID#/SERIAL N  YDL20089  ID#/SERIAL N  96079	MODEL YEAR 2017 NO.  MODEL YEAR 2018 NO.  MODEL YEAR 2018 NO.	CAPACITY	NEW / USED  Y  NEW / USED  Y  NEW / USED	AMOUNT OF INSURANCE \$ 199,50 DATE PURCHASED  AMOUNT OF INSURANCE \$ 20,00 DATE PURCHASED  AMOUNT OF INSURANCE \$ 175,0 DATE PURCHASED  AMOUNT OF INSURANCE \$ 112,50 DATE PURCHASED
0 1 2 2 3 3	MANUFACTURER Caterpillar TYPE MANUFACTURER TYPE MANUFACTURER Caterpillar TYPE MANUFACTURER Komatsu TYPE MANUFACTURER	DESCRIPTION  DESCRIPTION  DESCRIPTION  DESCRIPTION  DESCRIPTION	MODEL Model 323  Evise American Water MODEL  MODEL 316FL  MODEL D39PX-24	ID#/SERIAL N  ID#/SERIAL N  YDL20089  ID#/SERIAL N  96079	MODEL YEAR 2017  NO.  MODEL YEAR 2018  NO.  MODEL YEAR 2020  NO.  MODEL YEAR	CAPACITY	NEW / USED  / NEW / USED  / NEW / USED	AMOUNT OF INSURANCE \$ 199,50 DATE PURCHASED  AMOUNT OF INSURANCE \$ 20,00 DATE PURCHASED  AMOUNT OF INSURANCE \$ 175,0 DATE PURCHASED  AMOUNT OF INSURANCE \$ 112,50 DATE PURCHASED  AMOUNT OF INSURANCE \$ 1.12,50 DATE PURCHASED
0 # 1	MANUFACTURER Caterpillar TYPE MANUFACTURER TYPE MANUFACTURER Caterpillar TYPE MANUFACTURER Komatsu TYPE	DESCRIPTION  DESCRIPTION  DESCRIPTION  Hydraulic Excava  DESCRIPTION	MODEL Model 323  Evise American Water MODEL  MODEL 316FL  MODEL D39PX-24	ID#/SERIAL N  ID#/SERIAL N  YDL20089  ID#/SERIAL N  96079	MODEL YEAR 2017  NO.  MODEL YEAR 2018  NO.  MODEL YEAR 2020  NO.  MODEL YEAR	CAPACITY	NEW / USED  Y  NEW / USED  Y  NEW / USED	AMOUNT OF INSURANCE \$ 199,50 DATE PURCHASED  AMOUNT OF INSURANCE \$ 20,00 DATE PURCHASED  AMOUNT OF INSURANCE \$ 175,0 DATE PURCHASED  AMOUNT OF INSURANCE \$ 112,50 DATE PURCHASED
2	MANUFACTURER Caterpillar TYPE MANUFACTURER TYPE MANUFACTURER Caterpillar TYPE MANUFACTURER Komatsu TYPE MANUFACTURER	DESCRIPTION  DESCRIPTION  DESCRIPTION  DESCRIPTION  DESCRIPTION	MODEL Model 323  Evise American Water MODEL  MODEL 316FL  MODEL D39PX-24	ID#/SERIAL N  ID#/SERIAL N  YDL20089  ID#/SERIAL N  96079	MODEL YEAR 2017  NO.  MODEL YEAR 2018  NO.  MODEL YEAR 2020  NO.  MODEL YEAR	CAPACITY	NEW / USED  NEW / USED  NEW / USED	AMOUNT OF INSURANCE \$ 199,56 DATE PURCHASED  AMOUNT OF INSURANCE \$ 20,00 DATE PURCHASED  AMOUNT OF INSURANCE \$ 175,0 DATE PURCHASED  AMOUNT OF INSURANCE \$ 112,50 DATE PURCHASED  AMOUNT OF INSURANCE \$ 1.12,50 DATE PURCHASED

#### **SIGNATURE**

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

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

#### Applicable in CO

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

#### Applicable In FL and OK

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

#### Applicable in KS

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

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

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

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

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

#### Applicable in NJ

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

#### Applicable in OR

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

#### Applicable in PR

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

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

PRODUCER'S SIGNATURE  GRAPA	PRODUCER'S NAME (Please Print)  James Holmes, Jr./ROYEBR		STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE		DATE	NATIONAL PRODUCER NUMBER

					ADDITION	IAL COV	ERAGES AND E	NDORSE	MENTS		
Loc#	ST	Cov C	1000000000	Description Transit	1	Type of Co	verage	Form No.	Edition Date	Rate	Option Codes
Limit 250,0			Limi		Limit 3	Ded 1 5,000	Deductible Type 1  Dollars	Ded 2	Deducti	ble Type 2	Premium
Loc#	ST	Cov C	ode	Description		Type of Co	verage	Form No.	Edition Date	Rate	Option Codes
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Loc#	ST	Cov C	ode	Description		Type of Co	verage	Form No.	Edition Date	Rate	Option Codes
Limit	1		Limi	t 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductil	ole Type 2	Premium
Loc#	ST	Cov C	ode	Description		Type of Co	verage	Form No.	Edition Date	Rate	Option Codes
Limit	1		Limi	t 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductit	ole Type 2	Premium
Loc#	ST	Cov C	ode	Description		Type of Cov	verage	Form No.	Edition Date	Rate	Option Codes
Limit	1		Limi	t 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductik	ple Type 2	Premium
Loc#	ST	Cov C	ode	Description		Type of Cov	/erage	Form No.	Edition Date	Rate	Option Codes
Limit	1		Limit	t 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductib	l ble Type 2	Premium
Loc#	ST	Cov C	ode	Description		Type of Cov	/erage	Form No.	Edition Date	Rate	Option Codes
Limit	1		Limit	t 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductib	ole Type 2	Premium
Loc#	ST	Cov C	ode	Description		Type of Cov	verage	Form No.	Edition Date	Rate	Option Codes
Limit	1		Limit	12	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductib	le Type 2	Premium
Loc#	ST	Cov C	ode	Description		Type of Cov	verage	Form No.	Edition Date	Rate	Option Codes
Limit	1		Limit	2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductib	le Type 2	Premium
Loc#	ST	Cov C	ode	Description		Type of Cov	verage	Form No.	Edition Date	Rate	Option Codes
Limit	1		Limit	12	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductib	le Type 2	Premium
Loc#	ST	Cov C	ode	Description		Type of Cov	erage	Form No.	Edition Date	Rate	Option Codes
Limit	1		Limit	2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductib	le Type 2	Premium
Loc#	ST	Cov C	ode	Description		Type of Cov	erage	Form No.	Edition Date	Rate	Option Codes
Limit	1		Limit	2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductib	le Type 2	Premium
_oc#	ST	Cov Co	ode	Description		Type of Cov	erage	Form No.	Edition Date	Rate	Option Codes
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Sentinel Ri	isk Advis	ors LLC			-	ERWRITER:											
4700 Six F	orks Roa	d				ICANT NAME: EV	O Corpo	oratio	ก								
Suite 200						CE PHONE: (336)					MOBI	LE PHON	ue.				
Raleigh			NC 2	7609		ING ADDRESS (incl			r Canadia	n Postal	$\rightarrow$	YRS IN					
						3 Vargrave Stree	_				,	SIC:	1 bus:				
PRODUCER	NAME-				1	<b>.</b>						NAICS					
		Brett Royer			Wins	ston Salem			NC	27107	,	WEBS	ΠE				
OFFICE PHO	NE (919)				F.MA	IL ADDRESS: darı	en.poole	@ev	ocorp.n	et		ADDR	E55:				
MOBILE PHONE:	1				_	SOLE PROPRIETOR	7 7		ORATION		LLC			TRUST	T		CORPORATED
FAX (A/C, No): (9	19) 926~	1664			-	PARTNERSHIP	H	SUBC	HAPTER	H	JOINT VE	NTURE	$\vdash$	OTHER:		ASSC	CIATION
E-MAIL	mccaskil	@sentinelra.co	om		CREE	П		"S" CC	JKP				$\vdash$	MBER:			
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	STOMER ID	. 00018368			1								EMPL	OYER RE	:GISTR/	ATION I	UMBER
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LOCATION	NS					1 100	MICKLI		76 DOW	IN.			QUAR	RTERLY			
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	W	nston Salem				Forsyth				N	C 27107	,					
2	Fo	rt Lauderdale								FI	L						
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DIVIDEND PLA	AN/SAFETY	GROUP	ADDITIONAL CO	PANY INFORM	ATION			_									
SPECIFY ADD	ITIONAL C	OVERAGES / END	ORSEMENTS (Attach A	CORD 101, Addi	itional R	temarks Schedule, i	f more sp	ace is	required)								
TOTAL ES	TIMATE	ANNUAL PE	REMIUM - ALL STA	TES													
TOTAL ESTIMA	ATED ANN	UAL PREMIUM AL	L STATES	TOTAL MINIM	IUM PRI	EMIUM ALL STATES				то	TAL DEPO	SIT PRE	MIUM A	LL STATE	S		
\$				\$						\$							
CONTACT	INFORM	ATION		1													
TYPE	NAME			OFFICE PHO	DNE		MOBILE	PHO	NE		E-MAIL						
INSPECTION																	

#### CLAIMS

INDIVIDUALS INCLUDED / EXCLUDED

PARTNERS, OFFICERS, RELATIVES ( Must be employed by business operations) TO BE INCLUDED OR EXCLUDED (Remuneration/Payroll to be included must be part of rating Information section.)

Exclusions in Missouri must meet the requirements of Section 287.090 RSMo.

STATE	LOC#	NAME	DATE OF BIRTH	TITLE/ RELATIONSHIP	OWNER- SHIP %	DUTIES	INC/EXC	CLASS CODE	REMUNERATION/PAYROLL

STATE	RATING SH	EET#	OF		SHEETS	i	AGENC	CUSTO	MER ID:	000	18368			
						ATING W	ORKS	EET						
FOR	MULTIPLE S	TATES	, ATTACH AN	ADDI	TIONAL PAGE 2 OF	THIS FO	RM							
RATIN	IG INFORMA	ATION -	STATE: FL											
LOC#	CLASS CODE	DESCR CODE	CATEGOR	RIES, DUT	TIES, CLASSIFICATIONS	# EMPI FULL TIME	LOYEES PART TIME	sic	NAICS	EŞT RE	IMATED ANNUA EMUNERATION PAYROLL	AL /	RATE	ESTIMATED ANNUAL MANUAL PREMIUM
2	8742		Salespersons	or Colle	ctors-Outside					108	3,027			
2	9014		Chimney Clea Cleaning Abov	ning-Re e Groui	sidential-No Chimney nd Level and Drivers					475	i,000			
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DEDUCTI EXPERIE	NCE OR MERIT ATION			\$		CCPA		2411 184				\$		
TERROR			N/A	\$			IDARD PRE					\$		
CATASTR			N/A	\$			NSE CONS				N/A	\$		
	D RISK SURCHAR	GE *		s			S/ASSES				N/A	\$		
ARAP*				\$								\$		
	Wisconsin			-7-										
\$ 0.00	STIMATED ANNUA				MINIMUM PREMIUM \$				\$	POSIT	PREMIUM			
REMAR	KS (ACORD	101, Add	itional Remari	s Sch	edule, may be attache	d if more s	pace is	required	)					

## PRIOR CARRIER INFORMATION / LOSS HISTORY

OVIDE	NFORMATION FOR THE PAST 5 YEARS AND USE THE REMARKS SI	ECTION FOR LOSS DETAILS			LOSS RUN ATTACHE	D
YEAR	CARRIER & POLICY NUMBER	ANNUAL PREMIUM	MOD	#CLAIMS	AMOUNT PAID	RESERVE
	co:					
	POL#:					
	co:					
	POL#:					
	co:					
	POL#:					
	co:					
	POL#:					
	co:					
	POL#:					

NATURE OF BUSINESS / DESCRIPTION OF OPERATIONS			
GIVE COMMENTS AND DESCRIPTIONS OF BUSINESS, OPERATIONS AND PRODUCTS: MANUFACTU OF WORK, SUB-CONTRACTS; MERCANTILE - MERCHANDISE, CUSTOMERS, DELIVERIES; SERVICE	PRING - RAW MATERIALS, PROCESSES, PR E - TYPE, LOCATION; FARM - ACREAGE, AN	ODUCT, EQUIPMENT; CONTRACTOR - TYPE IMALS, MACHINERY, SUB-CONTRACTS.	

## **GENERAL INFORMATION**

EXPLAIN ALL "Y	ES" RESPONSES	Y/N
1. DOES AP	LICANT OWN, OPERATE OR LEASE AIRCRAFT / WATERCRAFT?	N
2. DO / HAVI TRANSPO	PAST, PRESENT OR DISCONTINUED OPERATIONS INVOLVE(D) STORING, TREATING, DISCHARGING, APPLYING, DISPOSING, OR RTING OF HAZARDOUS MATERIAL? (e.g. landfills, wastes, fuel tanks, etc)	N
3. ANY WOR	K PERFORMED UNDERGROUND OR ABOVE 15 FEET?	
4. ANY WOR	K PERFORMED ON BARGES, VESSELS, DOCKS, BRIDGE OVER WATER?	N
5. IS APPLIC	ANT ENGAGED IN ANY OTHER TYPE OF BUSINESS?	N
6. ARE SUB-	CONTRACTORS USED? (If "YES", give % of work subcontracted)	N
7. ANY WOR	K 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 WRIT	TEN SAFETY PROGRAM IN OPERATION?	Y
9. ANY GRO	JP TRANSPORTATION PROVIDED?	N
10. ANY EMPI	OYEES UNDER 16 OR OVER 60 YEARS OF AGE?	N
11. ANY SEAS	ONAL EMPLOYEES?	N
12. IS THERE	ANY VOLUNTEER OR DONATED LABOR? (If "YES", please specify)	N
13. ANY EMPI	OYEES WITH PHYSICAL HANDICAPS?	N
14. DO EMPLO	PYEES TRAVEL OUT OF STATE? (If "YES", indicate state(s) of travel and frequency)	N
15. ARE ATHL	ETIC TEAMS SPONSORED?	N
16. ARE PHYS	ICALS REQUIRED AFTER OFFERS OF EMPLOYMENT ARE MADE?	N

#### **GENERAL INFORMATION (continued)**

	//N
	N
	N
	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
	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**

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, 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.

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 KNOWLEDGE.

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

DATE

PRODUCER'S SIGNATURE

(LIKE.)

NATIONAL PRODUCER NUMBER

STATE	RATING SH	EET#	OF		SHE	ETS		AGENC	Y CUSTO	MER ID:	000	18368			
						STATE R	ATING W	ORKSH	IEET						
FOR	MULTIPLE S	TATES	, ATTACH AN	ADD	ITION	AL PAGE 2 OF	THIS FO	RM							
RATIN	IG INFORMA	TION -	STATE: NO	;											
LOC#	CLASS CODE	DESCR CODE	CATEGOR	RIES, DU	TIES, CL	ASSIFICATIONS	# EMP	LOYEES PART TIME	sic	NAICS	EST	IMATED ANNUA MUNERATIONA PAYROLL	AL	RATE	ESTIMATED ANNUAL MANUAL PREMIUM
1	4000		Sand or Grave	l Diggir	ng & Dri	ivers					425	,000			
1	5606		Executive Sup	ervisor							lf Ar	ny			
1	8742		Sales								if Ar	ny			
1	8227		Contractor Yar								lf Ar	ny			
1	9014		Chimney Clea Cleaning Abov	ning-Re e Grou	sidenti nd Leve	al-No Chimney al and Drivers					lf Ar	ny			
1	8810		Cierical								152,	,000			
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ASSIGNE	D RISK SURCHARO	SE *		\$			TAXE	S/ASSESS	SMENTS *			N/A	\$		
* N/Ain															
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REMAR	KS (ACORD 1	01, Add	litional Remarl	ks Sch	edule,	may be attache	d if more s	pace is	required	)					

*
<b>ACORD</b>

# NORTH CAROLINA COMMERCIAL AUTO

ACORD			COVER	AGES / LII	MITS S	ECTION									0	5/03/20:	22
AGENCY		NAMED INSURED(S)															
Sentinel Risk Advise	ors LLC				EVO C	orporation											
POLICY NUMBER			EF	FECTIVE DATE	CARRIE											NAJC	CODE
SUBTBD 7/1/2021				07/01/2022	MIS - N	fiscellaneous	8				_						
BUSINESS AUTO	SECTION COVERED AUTO SYMBOLS		LIMITS			_		_			_		_	_			
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COVERED (1) ANY. (2) OWN SYMBOLS (3) OWN ENDORSEMENTS  SIGNATURE  I UNDERSTAND TH. TO THE HIGHEST L EXCEED \$1,000,000 MOTORIST COVER.	AT NORTH CAROLINA LAW  IMITS OF BODILY INJURY OF BAGE IF MY BODILY INJURY OF BAGE IN BAGE IF MY BODILY INJURY OF BAGE IN B	PARTNERS DS ONLY  01, Additiona  REQUIRES THE BODILY IN COVERAGE IN COVERAGE IS	AT MY POLIC ANY VEHICL ORGENET TO THE TOTAL TH	TY MUST INCLUE INSURED INCHES SUBJECT TO SCHEDULE, many many many many many many many many	UDE UNINDER MY	T  JLSORY UNINS  tached If m  ISURED MO  Y POLICY. H  JNDERSTAN	TORIST B	CODIL:	Y IN.	JUR'	Y COMITS	(8) F (9) N	AGE: NO	FICALLY DO AUTOS O DWNED AU  WITH LINE T REQUIR	MITS E	QUAL	
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COVERED (1) ANY AUTO (2) OWN SYMBOLS (3) OWN ENDORSEMENTS  SIGNATURE  I UNDERSTAND THAT TO THE HIGHEST L EXCEED \$1,000,000 MOTORIST COVER ALLOWED TO PURCE I UNDERSTAND THAT I	AT NORTH CAROLINA LAW IMITS OF BODILY INJURY OF PACCIDENT, EVEN IF AGE IF MY BODILY INJURY CHASE GREATER OR LESS AT THE COVERAGE SELECT	PARTNERS DS ONLY 01, Additiona  REQUIRES THE COVERAGE ON THE BODILY IN COVERAGE IS SER LIMITS AS	AT MY POLIC ANY VEHICL JURY LIMITS GREATER TI THOUCES II	TOS SUBJECT TO SUBJECT TO SUBJECT TO SUBJECT TO SCHEDULE, many MUST INCLUE INSURED UI ARE HIGHER. HAN THE BOD BY LAW.	JDE UNIN NDER MY I ALSO U	T  JLSORY UNINS  tached If m  JSURED MO  POLICY, HO  JNDERSTAN  RY LIMIT REC  APPLY TO AL  SIGNATURE	TORIST BOWEVER, D THAT M	GODIL' GOY LAY	Y IN.	JUR'M LIF	Y CO	(8) H	AGE: NO'	WITH LIM T REQUIE UNDERINATIONATION	MITS E RED TO NSURE I AM	QUAL	S

ACORD 137 NC (2015/12)

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AGENCY CUSTOMER ID: 00018368 TRUCKERS SECTION \*Include the Fire District name and code # if fire or COMP / OTC coverage is provided
COVERAGES AUTO SYMBOLS LIMITS DEDUCTING **COVERED AUTO SYMBOLS** COVERAGES LIMITS BI EA PER 41 47 CSL DEDUCTIBLE 42 50 BI EACH ACCIDENT 42 47 LIABILITY COMP / OTC\* 43 PROPERTY DAMAGE 43 s 46 46 42 46 42 47 SC FT LSF MEDICAL EACH PERSON \$ SPECIFIED **PAYMENTS** 43 43 FTW \$ CAUSES OF LOSS\* BI EA PER 42 46 CSL 46 UNINSURED 43 BI EACH ACCIDENT 42 47 MOTORIST COLLISION 45 43 \$ BI EA PER 42 46 CSL \$ 46 UNINSURED / 43 BLEACH ACCIDENT 46 UNDERINSURED TOWING MOTORIST & LABOR 45 \* Include the Fire District name and code # if fire or COMP / OTC coverage is provided COVERAGES SYMBOL #TRAILERS ZONE # DAYS RADIUS DEDUCTIB 42 46 UNINSURED PROPERTY DAMAGE COVERAGES DEDUCTIBLE 43 MOTORIST 45 COMP / OTC YES STATES IF ANY BASIS COST OF HIRE 49 NON-TRUCKERS HIRED / BORROWED NO 48 SPECIFIED YES CAUSES OF LOSS STATES COST OF HIRE IF ANY BASIS 49 HIRED / BORROWED NO LIABILITY 48 COLLISION \$ YES STATES GROUP TYPE NUMBER OF 49 NO NON-OWNED **EMPLOYEES** TRAILER VALUE \$ AUTO STATES #DAYS # VEH VOLUNTEERS LIABILITY **PARTNERS** OTHER HIRED PHYSICAL DAMAGE PRIMARY COVERAGE IS: SECONDARY OTHER COVERED AUTO SYMBOLS (44) OWNED AUTOS SUBJECT TO NO-FAULT (46) SPECIFICALLY DESCRIBED AUTOS (49) YOUR TRAILERS IN THE POSSESSION OF (41) ANY AUTO (45) OWNED AUTOS SUBJECT TO A (47) HIRED AUTOS ONLY (48) TRAILERS IN YOUR POSSESSION UNDER ANOTHER TRUCKER UNDER A TRAILER INTERCHANGE AGREEMENT (42) OWNED AUTOS ONLY COMPULSORY UNINSURED (43) OWNED COMMERCIAL AUTOS ONLY MOTORIST LAW 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 I UNDERSTAND THAT NORTH CAROLINA LAW REQUIRES THAT MY POLICY MUST INCLUDE UNINSURED MOTORIST BODILY INJURY COVERAGE WITH LIMITS EQUAL TO THE HIGHEST LIMITS OF BODILY INJURY COVERAGE ON ANY VEHICLE INSURED UNDER MY POLICY. HOWEVER, SUCH UM LIMITS ARE NOT REQUIRED TO EXCEED \$1,000,000 PER ACCIDENT, EVEN IF THE BODILY INJURY LIMITS ARE HIGHER. TALSO UNDERSTAND THAT MY POLICY MUST INCLUDE UNDERINSURED MOTORIST COVERAGE IF MY BODILY INJURY COVERAGE IS GREATER THAN THE BODILY INJURY LIMIT REQUIRED BY LAW. I ALSO UNDERSTAND THAT I AM ALLOWED TO PURCHASE GREATER OR LESSER LIMITS AS PERMITTED BY LAW. I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE WILL APPLY TO ALL FUTURE POLICY RENEWALS, CONTINUATIONS

**APPLICANT'S SIGNATURE** 

AND CHANGES UNLESS I NOTIFY YOU OTHERWISE IN WRITING.

PRODUCER'S SIGNATURE

NATIONAL PRODUCER NUMBER

DATE

COVERAGES COVERED AUTO SYMBOLS LIMITS * Include						PHYSICAL DAMAGE  * Include the Fire District name and code # if fire or COMP / OTC coverage is provided																		
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PAYMENTS		63		67		EAG	CH PERSO	N		\$		COL	LISION			63		68						s
		62		66			CSL.	BI EA F	PER S	\$						64								
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MOTORIST		64											/ING BOR			67			\$					
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MOTORIST		64		1												69	1110		20	NE		-	0.0.00	DEDOOTIBE
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(61) ANY AUTO (62) OWNED AUTOS ON (63) OWNED PRIVATE P	LY ASS A				(65) (66)	OWN OWN SOR	ED AUTO Y UNINSU	S SUBJEC S SUBJEC RED MOT	OT TO A	IO-FAULT COMPUL- LAW	(68) HI (69) TR	PECIFICAL RED AUTO RAILERS IN	OS ONLY YOUR NTERCH	POSSES HANGE A	SION	UNDER	2	(71)	ANOT INTER	HER RCHA		GREE	INDER A	ESSION OF TRAILER
ENDORSEMENTS	/RI	EMA	\RK	S (AC	ORD 1	01, 4	Addition	nal Rem	narks	Schedu	le, may be	attach	ed if m	nore s	асе	is re	quire	d)						
SIGNATURE			_			_																_		
I UNDERSTAND TH/ TO THE HIGHEST L EXCEED \$1,000,000 MOTORIST COVER/ ALLOWED TO PURC	IMIT: PEF AGE	S OF R AC IF M	BOI CIDE Y BO	DILY IN ENT, EV ODILY II	JURY ( 'EN IF ' NJURY	THE E	RAGE C BODILY I ERAGE	N ANY V NJURY L IS GREA	/EHICI LIMITS XTER T	LE INSUR ARE HIG HAN THE	ED UNDER HER. IALS	MY POL	ICY. H	OWEVE	R, SI	JCH U POLIC	M LIN	IITS ST II	ARE I	NOT DE L	REQU	JIRE RINS	D TO URED	JAL
I UNDERSTAND THA	LESS							ITING.	ICES	INDICATE				LL FUTU	JRE F	POLIC	Y REI	(EW	ALS, (	CON	TINUA	TIOI	NS	
APPLICANT'S SIGNATUI	KE							DATE			PRODUCE	R'S SIGNA	TURE								NATIO	DNAI	L PRODI	JCER NUMBER

**MOTOR CARRIER SECTION** 

10	ACORD
	AGENCY

# RUSINESS AUTO SECTION

DATE (MM/DD/YYYY)

Bosil	1233 AU	TO SECTION	05/	03/2022
AGENCY		CARRIER		NAIC CODE
Sentinel Risk Advisors LLC		MIS - Miscellaneous		
POLICY NUMBER	EFFECTIVE DATE	NAMED INSURED(S)		
SUBTBD 7/1/2021	07/01/2022	EVO Corporation		

#### COVERAGES / LIMITS

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

		USE ACORD 1	37 FOR	YOU	R STATE TO P	ROVII	DE CO	OVERAGES / LIMITS IN	IFORM.	ATION				
DRIVE	ER INFORMATION	I X ACOF	D 163 att	achec	for additional d	irivers								
								E OWN VEHICLES ON COMPANY	BUSINES	S.				
DRIVER #	CITY, S	NAME TATE AND ZIP CODE	SEX	MAR STAT	DATE OF BIRTH	YRS	YEAR	DRIVERS LICENSE NUMBER/ SOCIAL SECURITY NUMBER	STATE	DATE	BROADEN NO-FAULT	DOC	USE VEH#	VSE
1	Jeremy	H Addair	М		12/17/1980			31039893	NC					
2	Edith	D Basinger	F		06/12/1972			29761651	NC					
3	Woodrow	D Bowman	м		05/28/1962			6280539	NC					
4	Scott	C Burnette	М		10/17/1974			21469703	NC					
5	Willie	Burns, Jr.	м		06/14/1966			B652-880-66-214-0	FL					
6	Wayne	H Coleman	м		08/31/1958			6244339	NC					
7	Anthony	H Disher	м		08/31/1958			6244339	NC					
8	Patrick	M Duren	М		04/25/1954			3449536	NC					
9	Bobby	L Gibbons, Jr.	М		01/21/1980			23429717	NC					
10	Jeremy	T Hammett	м		11/12/1985			G152-072-85-412-0	FL					
11	Thomas	W Hammett	м		11/30/1988			25031828	NC					
12	Tracy	B Hunt	м		08/31/1959			7690468	NC					
13	Dakota	D Johnson	м		03/29/1981			29226665	NC					

\* MARITAL STATUS / CIVIL UNION (if applicable)

GE	ENERAL INFORMATION		
EXF	PLAIN 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 yans / pickups)		
	VEH # DESCRIPTION COST VEH # DESCRIPTION COS \$	iT	
6.	ARE ICC (Interstate Commerce Commission), PUC (Public Utility Commission) OR OTHER FILINGS REQUIRED? (If "YES", attach ACORD 194) (no expl	anation needed)	
7.	DO OPERATIONS INVOLVE TRANSPORTING HAZARDOUS MATERIAL?		

GENERAL INFORMATION (C	ontinued)		
EXPLAIN ALL "YES" RESPONSES			Y/N
8. ANY HOLD HARMLESS AGR	EEMENTS?		
9. ANY VEHICLES USED BY EA	MILY MEMBERS? IF SO, IDENTIFY.		
40 DOES THE ARCHIOLIST CO.	URLEN/D (Mater Vehicle Decord) \/PDIPIOATIONIOS		
TO. DOES THE APPLICANT OBT	AIN MVR (Motor Vehicle Record) VERIFICATIONS?		
11. DOES THE APPLICANT HAV	A SPECIFIC DRIVER RECRUITING METHOD?		
12. ARE ANY DRIVERS NOT CO	/ERED BY WORKERS COMPENSATION?		
13. ANY VEHICLES OWNED BU	NOT SCHEDULED ON THIS APPLICATION?		
14. ANY DRIVERS WITH CONVI	TIONS FOR MOVING TRAFFIC VIOLATIONS?		
	UNDER KANSAS LAW, THE FOLLOWING TRAFFIC VIOLATIONS ARE NOT REQUIRED TO BE REPORTED TO INSURER	RS:	
	six (6) miles per hour (mph) that occurs in an area with a maximum posted speed limit from 30 mph through 54 mph, c ten (10) miles per hour (mph) that occurs in an area with a maximum posted speed limit from 55 mph through 75 mph.		
DRV # DATE (MM/DD/YYYY)		#YRS REV	ר ו
DATE (MMUDUITTYY)	PLACE (CITY, STATE)	# TRS REV	
4E HAD ACENT INCORPORT	HOLEGO		
15. HAS AGENT INSPECTED VE	HICLES?		
16. ARE ALL VEHICLES TO BE II	CLUDED IN THIS POLICY PART OF A FLEET?		
17. DO YOU HAVE ELECTRONIC	MONITORING DEVICES THAT RECORD AND TRANSMIT DATA IN ANY OF YOUR VEHICLES?		
	10 A 4 A 4 A 4 A 4 A 4 A 4 A 4 A 4 A 4 A	net anniv):	
MONITOR DRIVER SAFET			
		LOCATION TRACKING	
NAVIGATION  DESCRIPTION OF GARAGE / STORAGE	Describe:	MAXIMUM DOLLAR VALUE SUBJEC	TT TO 1 000
DESCRIPTION OF GARAGE / STOKAG	ELUCATIONS		71 10 L088
		\$	
ADDITIONAL INTEREST / CE			
INTEREST LOSS DAY	NAME AND ADDRESS RANK: EVIDENCE: CERTIFICATE	INTEREST IN ITEM NUM	BER
INSURED LOSS PAT		VEHICLE: LOCATIO	N:
EMPLOYEE AS LESSOR OWNER			
LENDER'S LOSS REGISTRA	NT		
LIENHOLDER			
	REFERENCE / LOAN #:		
INTEREST	NAME AND ADDRESS RANK: EVIDENCE: CERTIFICATE	INTEREST IN ITEM NUMB	BER
ADDITIONAL LOSS PAY		VEHICLE: LOCATIO	
EMPLOYEE OWNER		2007110	
AS LESSOR LENDER'S LOSS REGISTRA	NT	ľ	
PAYABLE LIENHOLDER			
H			
DEMARKS (A CORD (A)	REFERENCE / LOAN #:		
REMARKS (ACORD 101, Add	itional Remarks Schedule, may be attached if more space is required)		
hi .			

	LE DE	SCRI	<u>IPTION</u>	-	ACORD	129 atta	ched f	for additiona	if vehicles												
VEH#	YEAI	100		Composite F				BODY TYPE:					115	VEH	IICLE	TYPE		8	YM / AGE	COMP / OTC SYM	COLL
		М	(ODEL: S	See Attache	d Sched	iule		V.I.N.;						PP	SPEC	: [	CON	/L		J-300.8-17	CHAIN
GARAGII ADDRES	1440	REET (	(Required	l in KY)			CITY				(	COUNTY							STATE	ZIP	
STATE NC	TE	RR		GVW / GC	w	CLAS	SS	sic	FACTOR	SEAT CP	RA	ADIUS		FART	THEST	TERM	IINAL		70	COST NE	N
USE			COMM'L	EOR	HIRE S	CHECK	т	ADD'L NO-	UNDRINS	15 1	_	100	Η,	RENT	DE	DUCT	IBLE\$		\$ 73	COMP/ OTC	EDEC
	EASURE	$\vdash$	RETAIL	. H.	1	LIAB		ADD'L NO- FAULT	MOTOR	FT F		LSP COMP/	$\vdash$	REIMB FG	, DE	Ť		_		OTC _	SPEC C OF L
FAR		$\vdash$	SERVIC		- 1	NO-		MED PAY UNINS	_ & LABOR	FTW	$\triangle$	COLL	$\vdash$	FG		_ AA		STA	···	1,000 1,000	
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VEH#	YEAR		IAKE:			DR/CR	<u>:</u>	BODY			_			VEL	IICLE '		REM:		YM / AGE	COMP/ OTC SYM	COLL
			ODEL:					TYPE: V.I.N.:				_	7,	. T	SPEC	-	COM		IM/AGE	OTC SYM	SYM
GARAGII ADDRES	140	REET (	(Required	in KY)			CITY				c	OUNTY							STATE	ZIP	
LIC STATE	TE	RR		GVW / GC	w	CLAS	SS	SIC	FACTOR	SEAT CP	RA	DIUS		FART	HEST	TERM	IINAL			COST NEV	٧
																			\$ 14	2351	
USE			COMMI	FOR	HIRE C	HECK OVERAGES		ADD'L NO- FAULT	UNDRINS MOTOR	F		LSP		RENT REIMB	DE	DUCT	IBLES		ACV	COMP/ OTC	SPEC C OF L
PLE	ASURE		RETAIL			LIAB		MED PAY	TOWING & LABOR	FT [		COMP/ OTC		FG		AA		STAN	AT \$	, 0.10	
FAR			SERVIC			NO- FAULT	1 1	UNINS MOTOR	SPEC C OF L	FTW		COLL			\$	-		-	\$		COLL
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VEH#	YEAR	M	AKE:					BODY TYPE:						VEH	ICLE 1	YPE	427)	S	YM / AGE	COMP/ OTC SYM	COLL
			ODEL:					V.I.N.:					F	P	SPEC		СОМ	L			
GARAGIN ADDRESS	10	EET (I	Required	in KY)			CITY				C	OUNTY							STATE	ZIP	
STATE	TE	RR		GVW / GC	W	CLAS	is	SIC	FACTOR	SEAT CP	RA	DIUS		FART	HEST	TERM	INAL			COST NEW	<b>V</b>
USE			COMM'L	FOR	HIRE C	HECK		ADD'L NO- FAULT	UNDRINS	IF I		LSP	$\neg$	RENT	DE	DUCT	BLES	r r	\$	COMP/	SPEC C OF L
PLE	ASURE		RETAIL		-	LIAB		MED PAY	MOTOR TOWING	-  FT		соме/		REIMB FG	-	] AA	_	STAN	ACV A	отс	C OF L
FAR	M		SERVICE			NO-		UNINS	& LABOR SPEC	FTW		COLL	$\neg$	_	\$	] ww		JSIAN	/T \$		2011
DRIVE TO WORK / S	)		< 15 MI	LES 1	5 MILES +	PAULT NET VE DR/CR:	H	MOTOR	COFL	1 1	_				1	FAI DI	REM: S		. 9		COLL
		•	_	_		Didoit		BODY TYPE:						14511	ICLE T		NEM. 3			COMP /	COLL
VEH#	YEAR	M/	AKE:					TYPE-						YEN	ICLE I	TPE		S	/M / AGE	OTC CVI	CMI
VEH#	YEAR	PRI A	AKE: ODEL:					V.I.N.:				$\neg$	ПР	_	SPEC		СОМ	- 1	YM / AGE	OTC SYM	COLL
VEH# GARAGIN ADDRESS	IG STR	M		in KY)			СПУ				C	OUNTY	P	_			СОМ	- 1	YM / AGE	ZIP	SYM
GARAGIN ADDRESS	IG STR	MC EET (F	ODEL:	in KY)	W	CLAS			FACTOR	SEAT CP		OUNTY	P	P				- 1	STATE	ZIP	
GARAGIN	IG STR	MC EET (F	ODEL:		N	CLAS		V.I.N.:	FACTOR	SEAT CP			P	P	SPEC			- 1	STATE	ZIP COST NEW	
GARAGIN ADDRESS LIC STATE	IG STR	MC EET (F	ODEL:				S	V.I.N.:	UNDRINS	SEAT CP	RA			FARTI	SPEC	[ERM]			STATE	ZIP  COST NEW 289	1
GARAGIN ADDRESS LIC STATE NC	IG STR	MC EET (F	ODEL: Required	GVW / GC		HECK OVERAGES	s	V.I.N.:  SIC  ADD'L NO-FAULT	UNDRINS MOTOR TOWING	ļ	RA	DIUS LSP COMP/		FART	SPEC	TERMI	INAL		STATE \$ 242	ZIP COST NEW	
GARAGIN ADDRESS LIC STATE NC	TEI	MC EET (F	ODEL: Required	GVW / GC		HECK OVERAGES LIAB	s	V.I.N.:  SIC  ADD'L NO-FAULT MED PAY	UNDRINS MOTOR TOWING & LABOR	F	RA	DIUS		FARTI RENT REIMB	HEST DE	[ERM]	INAL		\$ 242	ZIP  COST NEW 289	SPEC C OF L
GARAGIN ADDRESS LIC STATE NC USE PLEAFARI	TEI ASURE	MC EET (F	ODEL: Required  COMM'L RETAIL	GVW / GC		HECK OVERAGES LIAB	s	V.I.N.:  SIC  ADD'L NO-FAULT	UNDRINS MOTOR TOWING	FT	RA	LSP COMP/		FARTI RENT REIMB	DE S	DUCTI	BLES	STAM	STATE \$ 242	ZIP  COST NEW 289	1
GARAGIN ADDRESS LIC STATE NC USE PLE/ FARI DRIVE TO WORK / S	TEI ASURE	MC EET (F	COMM'L RETAIL SERVICE < 15 MI	GVW / GCI	HIRE CI	LIAB NO- FAULT NET VE DR/CR:	S	V.I.N.:  SIC  ADD'L NO- FAULT MED PAY JININS MOTOR	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F FT FTW	RA	LSP COMP/ OTC COLL		FARTI RENT REIMB	DE S	DUCTI	INAL	STAM	\$ 242	ZIP  COST NEW 289	SPEC C OF L
GARAGIN ADDRESS LIC STATE NC USE PLE/ FARI DRIVE TO WORK / S	TEI ASURE	MC EET (F	COMM'L RETAIL SERVICE < 15 MI	GVW / GCI	HIRE CI	LIAB NO- FAULT NET VE DR/CR:	S	V.I.N.:  SIC  ADD'L NO- FAULT MED PAY JININS MOTOR	UNDRINS MOTOR TOWING & LABOR	F FT FTW	RA	LSP COMP/ OTC COLL		FARTI RENT REIMB	DE S	DUCTI	BLES	STAM	\$ 242	ZIP  COST NEW 289	SPEC C OF L
GARAGIN ADDRESS LIC STATE NC USE PLE/ FARI DRIVE TO WORK / S	TEI ASURE	MC EET (F	COMM'L RETAIL SERVICE < 15 MI	GVW / GCI	HIRE CI	LIAB NO- FAULT NET VE DR/CR:	S	V.I.N.:  SIC  ADD'L NO- FAULT MED PAY JININS MOTOR	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F FT FTW	RA	LSP COMP/ OTC COLL		FARTI RENT REIMB	DE S	DUCTI	BLES	STAM	\$ 242	ZIP  COST NEW 289	SPEC C OF L
GARAGIN ADDRESS LIC STATE NC USE PLE/ FARI DRIVE TO WORK / S	TEI ASURE	MC EET (F	COMM'L RETAIL SERVICE < 15 MI	GVW / GCI	HIRE CI	LIAB NO- FAULT NET VE DR/CR:	S	V.I.N.:  SIC  ADD'L NO- FAULT MED PAY JININS MOTOR	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F FT FTW	RA	LSP COMP/ OTC COLL		FARTI RENT REIMB	DE S	DUCTI	BLES	STAM	\$ 242	ZIP  COST NEW 289	SPEC C OF L
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#### **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 NAME (Please Print)		STATE PRODUCER LICENSE NO (Required in Florida)
GENLY.	James Holmes, Jr./ROYEBR		i i
APPLICANT'S SIGNATURE		DATE	NATIONAL PRODUCER NUMBER



# **COMMERCIAL AUTO DRIVER INFORMATION SCHEDULE**

DATE (MM/DD/YYYY)

			05/	03/2022
AGENCY		CARRIER		NAIC CODE
Sentinel Risk Advisors LLC		MIS - Miscellaneous		
POLICY NUMBER	EFFECTIVE DATE	NAMED INSURED(S)		
SUBTBD 7/1/2021	07/01/2022	EVO Corporation		

## DRIVER INFORMATION

		VE COMPA		ICLES, AND EMPLOY			E OWN VEHICLES ON COMPANY		38.				
CITY, S		SEX	* MAR STAT	DATE OF BIRTH	YRS	YEAR LIC	DRIVERS LICENSE NUMBER / SOCIAL SECURITY NUMBER	STATE	DATE HIRE	BROADEN NO-FAULT	DRIVE OTHER	USE VEH#	% USI
Miles	R Keene	м		08/05/1996			34380597	NC			CAR	VEII #	031
Thomas	E Keller	м		12/08/1991			37738078	NC					
Samuel	E King	м		06/22/1967			2880555	NC					
Tomarie	D Kirby	м		12/22/1990			K520-785-90-462-0	FL					
Christopher	B Langston	М		06/24/1994			38151836	NC					
Daniel	A Lomen	М		03/24/1984			L523-102-84-104-0	FL					
Sarah-Anne	C Mikles	м		03/16/1985			L550-161-85-096-0	FL					
Timothy	L Myers	F		10/02/1968			2267479	NC					
Joseph	Napolion	м		07/13/1968			1280791	NC					
Dimetryus	X Nolan	м		08/22/1958			N145-480-58-302-0	FL					
Bobby	G Phelps	м		11/20/1993			N450-179-93-420-0	FL					
Darren	W Poole	м		09/15/1988			37002529	NC					
Mitchell	K Queen	м		07/23/1967			7627902	NC					
Brian	S Ramey	м		11/29/1960			5450700	NC					
Shannon	Ramey	М		08/18/1994			R500-077-94-298-0	FL					
Issac	L Randell	М		12/11/1962			R500-780-62-451-0	FL					
Robert	D Rochelle	м		06/27/1967			R534-412-67-227-0	FL					
Gregory	L Savage	м		12/24/1969			7706050	NC					
Timothy	R Sharp	М		07/08/1955			29953249	NC					
Tasha	H Strupe	М		04/03/1968			S610-816-68-123-0	FL					
Howard	L Summers, Jr.	F		05/08/1982			20229771	NC					
Mack	M Taylor, Jr.	м		09/22/1964			3954342	NC					
Kerry	R Walker	м		09/11/1961			T460-553-61-331-0	FL			$\dashv$		
Virgil	O Webb	+	-	05/21/1973	$\rightarrow$		W426-516-73-181-0	FL					
	CITY, S Miles Thomas Samuel Tomarie Christopher Daniel Sarah-Anne Timothy Joseph Dimetryus Bobby Darren Mitchell Brian Shannon Issac Robert Gregory Timothy Tasha Howard Mack	Miles R Keene  Thomas E Keller  Samuel E King  Tomarie D Kirby  Christopher B Langston  Daniel A Lomen  Sarah-Anne C Mikles  Timothy L Myers  Joseph Napolion  Dimetryus X Nolan  Bobby G Phelps  Darren W Poole  Mitchell K Queen  Brian S Ramey  Shannon Ramey  Issac L Randell  Robert D Rochelle  Gregory L Savage  Timothy R Sharp  Tasha H Strupe  Howard L Summers, Jr.	Miles R Keene M Thomas E Keller M Samuel E King M Tomarie D Kirby M Christopher B Langston M Daniel A Lomen M Sarah-Anne C Mikles M Timothy L Myers F Joseph Napolion M Dimetryus X Nolan M Bobby G Phelps M Darren W Poole M Mitchell K Queen M Brian S Ramey M Shannon Ramey M Issac L Randell M Robert D Rochelle M Gregory L Savage M Timothy R Sharp M Tasha H Strupe M Howard L Summers, Jr. F Mack M Taylor, Jr. M Kerry R Walker	Miles R Keene M Final Receive	NAME	NAME	NAME	Name	Section	Miles	Miles	Miles   R Keene	Miles   R Keene   May   May

					ADDITIO	NAL COV	ERAGES AND E	ND	ORSEI	MENTS			
Loc#	ST	1		Description		Type of Co	-	Fo	orm No.	Edition Date	Rate	Optio	on Codes
Limit		TIKE	Lim		Limit 3	Ded 1	Deductible Type 1	-	Ded 2	Deductit	ole Type 2		Premium
Loc#	ST	Cov C	ode	Description	1	Type of Co	verage	Fo	rm No.	Edition Date	Rate	Optio	on Codes
Limit	NC 1	NOW	ND Limi	Non-owner it 2	Limit 3	Non-Owner Ded 1	Deductible Type 1		Ded 2	Deductit	ole Type 2	1	Premium
Loc#	ST	Cov C	ode	Description	1	Type of Co	verage	Fo	rm No.	Edition Date	Rate	Optio	n Codes
Limit	1		Limi	it 2	Limit 3	Ded 1	Deductible Type 1		Ded 2	Deductib	ole Type 2		Premium
Loc#	ST	Cov C	ode	Description		Type of Co	verage	Fo	rm No.	Edition Date	Rate	Optio	n Codes
Limit	1		Limi	t 2	Limit 3	Ded 1	Deductible Type 1		Ded 2	Deductib	le Type 2		Premium
Loc#	ST	Cov C	ode	Description		Type of Cov	/erage	Fo	rm No.	Edition Date	Rate	Optio	n Codes
Limit	1		Limi	t 2	Limit 3	Ded 1	Deductible Type 1		Ded 2	Deductib	le Type 2		Premium
Loc#	ST	Cov C	ode	Description		Type of Cov	/erage	Fo	rm No.	Edition Date	Rate	Optio	n Codes
Limit '	1		Limi	t 2	Limit 3	Ded 1	Deductible Type 1	1	Ded 2	Deductib	le Type 2		Premium
Lac#	ST	Cov C	ode	Description		Type of Cov	/erage	TEO	rm No.	Edition Date	Rate	Ontio	n Codes
						1,700 01 001		'		Edition Date	Nate	Орио	Codes
Limit '	1		Limit	12	Limit 3	Ded 1 Deductible Type 1			Ded 2	Deductib	le Type 2		Premium
Loc#	ST	Cov C	ode	Description		Type of Cov	/erage	For	rm No.	Edition Date	Rate	Optio	n Codes
Limit 1	1		Limit	12	Limit 3	Ded 1	Deductible Type 1		Ded 2	Deductib	le Type 2		Premium
Loc#	ST	Cov C	ode	Description		Type of Cov	rerage	For	rm No.	Edition Date	Rate	Option	n Codes
Limit 1	1		Limit	2	Limit 3	Ded 1	Deductible Type 1		Ded 2	Deductib	le Type 2		Premium
Loc#	ST	Cov Co	ode	Description		Type of Cov	rerage	For	m No.	Edition Date	Rate	Option	n Codes
Limit 1			Limit	2	Limit 3	Ded 1	Deductible Type 1		Ded 2	Deductib	e Type 2		Premium
Loc#	ST	Cov Co	ode	Description		Type of Cov	rerage	For	m No.	Edition Date	Rate	Option	n Codes
Limit 1			Limit	.2	Limit 3	Ded 1	Deductible Type 1		Ded 2	Deductibl	e Type 2		Premium
Loc#	ST	Cov Co	ode	Description		Type of Cov	erage	For	m No.	Edition Date	Rate	Option	n Codes
Limit 1			Limit	2	Limit 3	Ded 1	Deductible Type 1	Ded 2		Deductibl	e Type 2		Premium
Loc#	ST	Cov Co	ode	Description		Type of Cov	erage	For	m No.	Edition Date	Rate	Option	1 Codes
Limit 1			Limit	2	Limit 3	Ded 1 Deductible Type 1		$\top$	Ded 2	Deductibl	е Туре 2		Premium
OFBA	ADC	V									Copyright	2000, AI	MS Services, Inc

ĄĆ	ORD	<b>3</b>	COM	/IERCI/	AL GENER	RALL	LIABILITY	SECTION			(MM/DD/YYYY) 5/03/2022		
AGENCY						CA	RRIER				NAIC CODE		
_	Risk Advise	ors LLC				MIS	- Miscellaneous						
SUBTBI	UMBER D 7/1/2021				07/01/202	1	LICANT / FIRST NAMED  O Corporation	INSURED					
IMPOR Read a	RTANT - If (	CLAIMS MADE	is checked in cy carefully.	n the COVE	RAGE / LIMITS se	ction be	low, this is an app	ilcation for a claim	s-made policy	<i>f</i> .			
COVER	AGES				LIMITS								
X COM	MERCIAL GE	NERAL LIABILITY			GENERAL AGGREGA	TE		\$ 2,000,000		PRE	MIUMS		
	CLAIMS MAD		OCCURRENCE		LIMIT APPLIES PER:	$\mathbf{X}$	OLICY LOCAT	ION	PRI	MISES/OPE			
OWN	IER'S & CONT	RACTOR'S PROTE	CTIVE			P	ROJECT OTHER	₹:	904	DUATA			
DEDUCTIE	BLES						RATIONS AGGREGATE	\$ 2,000,000	PRO	DUCTS			
$\vdash$		a= a			PERSONAL & ADVER		URY	\$ 1,000,000 \$ 1,000,000	ОТІ	IED			
	PERTY DAMA			PER CLAIM	EACH OCCURRENCE			100.000		IER			
	th BI & PD	\$ <sub>\$</sub> 5,000		PER	DAMAGE TO RENTED		•	\$ 100,000 \$ 5,000	тот	AI			
		\$ 0,000		OCCURRENCE	MEDICAL EXPENSE (		rson)			AL			
					EMPLOYEE BENEFITS			\$					
OTHER CO	VFRAGES R	FSTRICTIONS AND	IOR ENDORSEME	MTS /Enr himel/	non-owned sufe sever	ann ottant	the applicable state Due	iness Auto Section, ACO	DD 4000				
1. UM / UII	M COVERAGE	ıs	IS NOT AVAI	LABLE.	E IS TO BE PROVIDED  2. MEDICAL PA	YMENTS C	OVERAGE IS		ABLE.				
SCHED	JLE OF HA			dule of Haz	ards, may be atta	ched if n	nore space is requ	307					
LOC#	HAZ#	CLASS CODE	PREMIUM BASIS	EX	POSURE	TERR		ATE		PREMIUM			
1	-		P	1,744,000			PREM / OPS	PRODUCTS	PREM / OPS		PRODUCTS		
Composi	te Rate			1				ATE					
LOC#	HAZ#	CLASS CODE	PREMIUM BASIS	EX	POSURE	TERR	PREM / OPS	PRODUCTS	DDEM (ODG	PREMIUM			
							PREM/OFS	PRODUCIS	PREM / OPS		PRODUCTS		
CLASSIFIC	ATION DESCI	RIPTION					ı						
LOC#	HAZ#	CLASS	PREMIUM	EXI	POSURE	TERR	R	ATE		PREMIUM			
		CODE	BASIS		OGURE	IERK	PREM / OPS	PRODUCTS	PREM / OPS		PRODUCTS		
CI ADDIEIC	ATION DESCR	NOTION											
(S) GROSS		\$1,000/SALES	(A) AREA	OŁL - PER \$1,00 - PER 1,000/SQ			TAL COST - PER \$1,000/ MISSIONS - PER 1,000/	•	) UNIT - PER UNIT ) OTHER				
	MADE (Ex LL "YES" RES	plain all "Yes"	responses)										
											Y/N		
		OACTIVE DATE:	ED OI 41140 144		_								
		UNINTERRUPT											
э. паэ а	NY PRODUC	I, WORK, ACCIL	JEN I, OR LUCA	IION BEEN E	XCLUDED, UNINSUI	RED OR S	ELF-INSURED FROM	ANY PREVIOUS COV	/ERAGE?				
4. WAS T	AIL COVERA	GE PURCHASE	D UNDER ANY F	PREVIOUS PO	DLICY?								
EMPLOY	EE BENEI	ITS LIABILITY	1										
1. DEDUC	TIBLE PER	CLAIM: \$			3.	NUMBER	R OF EMPLOYEES C	OVERED BY EMPLOY	EE BENEFITS P	LANS:			
2. NUMBE	R OF EMPL	OYEES:			4. RETROACTIVE DATE:								

CONTRACTORS				7.02.101.00			
EXPLAIN ALL "YES" RESPONSE	S (For all past or present operati	ons)					Y/N
1. DOES APPLICANT DRAW	PLANS, DESIGNS, OR SPE	CIFICATIONS FOR OT	HERS?				
2. DO ANY OPERATIONS IN	ICLUDE DI ASTINIC OD LITILI	ZE OD STODE EVOLO	CN/E MATERI	IAI O			_
2. DO ANT OPERATIONS IN	CLODE BLASTING OR UTILIA	ZE OR STORE EXPLO	SIVE MAIERI	AL			
3. DO ANY OPERATIONS IN	CLUDE EXCAVATION, TUNN	ELING, UNDERGROU	ND WORK OF	EARTH MOVING	?		_
4. DO YOUR SUBCONTRAC	TORS CARRY COVERAGES	OR LIMITS LESS THA	N YOURS?				
5. ARE SUBCONTRACTORS	ALLOWED TO WORK WITH	OUT PROVIDING YOU	WITH A CER	TIFICATE OF INSU	IRANCE?		_
					10000		
6. DOES APPLICANT LEASE	EQUIPMENT TO OTHERS V	VITH OR WITHOUT OP	ERATORS?				
DESCRIPE THE TYPE OF WORK	CUDACATTRACTER	\$ PAID TO SUR.		% OF WORK	#EIII1_	# DADT	
DESCRIBE THE TYPE OF WORK	SUBCONTRACTED	\$ PAID TO SUB- CONTRACTORS:		% OF WORK SUBCONTR	ACTED: #FULL- TIME STAF	F; # PART- TIME STAFF:	
PRODUCTS / COMPLET	ED OPERATIONS						
PRODUCTS	ANNUAL GROSS SALES	# OF UNITS	TIME IN MARKET	EXPECTED LIFE	INTENDED USE	PRINCIPAL COMPONEN	ITS
			-				_
EXPLAIN ALL "YES" RESPONSES	S (For all past or present product	s or operations) PLEAS	E ATTACH LITE	RATURE, BROCHUR	ES, LABELS, WARNINGS, ETC.		Y/N
1. DOES APPLICANT INSTA	LL, SERVICE OR DEMONSTI	RATE PRODUCTS?					
2 FOREICN PRODUCTS SO	OLD DISTRIBUTED LISED A	DOMESTING //	m/FOII - # 1	10000 045			
FOREIGN PRODUCTS SO     RESEARCH AND DEVELO				ACORD 815)			+
	J. W.2.11. GONDOG 125 GIVIN		IIICD1				
4. GUARANTEES, WARRAN	ITIES, HOLD HARMLESS AGI	REEMENTS?					
E DOODUOTO DELATED TO	AUDODAET/ODAGE INDUST	2010					
5. PRODUCTS RELATED TO	AIRCKAF I/SPACE INDUSTI	RY?					
6. PRODUCTS RECALLED, I	DISCONTINUED, CHANGED	?					+
7. PRODUCTS OF OTHERS	SOLD OR RE-PACKAGED U	NDER APPLICANT LAE	BEL?				
8. PRODUCTS UNDER LABE	EL OF OTHERS?						+
9. VENDORS COVERAGE R	EQUIRED?						
10. DOES ANY NAMED INSUR	DED SELL TO OTHER MANES	NO INCLIDEDOS					
N. DOLGART MAINED INSU	ALD SELL TO OTHER MAIME!	I INSUKEDS!					
	=						

_	DUITIONAL INTEREST / C					d for additional n	names			
INI	EREST	NAME AND ADDR	ESS RANK:	EVIDENCE:	CERTIFICATI			INTEREST IN	ITEM NUMBER	
_	ADDITIONAL INSURED							CATION:	BUILDING:	
	EMPLOYEE AS LESSOR						ITI	ASS:	ITEM:	
	LENDER'S LOSS PAYABLE							M DESCRIPTION	•	
	LIENHOLDER									
	LOSS PAYEE									
	MORTGAGEE									
		REFERENCE / LO	AN #:							
GE	NERAL INFORMATION									
EXI	PLAIN ALL "YES" RESPONSES (F	or all past or presen	rt operations)							Y/N
1.	ANY MEDICAL FACILITIES P	ROVIDED OR ME	EDICAL PROFESS	IONALS EMPLOYE	ED OR CONTR	ACTED?				N
2.	ANY EXPOSURE TO RADIO	ACTIVE/NUCLEA	R MATERIALS?							N
3.	DO/HAVE PAST, PRESENT (	OD DISCONTINUI	ED ODERATIONS I	INIVOLVE(D) STOR	INC TOTATI	IO DIOCULADOINO	ADDIVINO DIODONI			N
"	TRANSPORTING OF HAZAF	RDOUS MATERIA	L? (e.g. landfills, w	astes, fuel tanks, et	tc)	IG, DISCHARGING,	APPLYING, DISPOSIN	IG, UR		"
					•					
4.	ANY OPERATIONS SOLD, AG	CQUIRED, OR DI	SCONTINUED IN 1	AST FIVE (5) VEA	RS?					N
		, , , , , , , , , , , , , , , , , , , ,		31011112 (0, 1251	1101					14
5.	DO YOU RENT OR LOAN EO	QUIPMENT TO OT	THERS?							N
	EQUIPMENT					TYPE OF	EQUIPMENT	INSTRUCTION G	SPACEN AVAIL	''
						SMALL TOOLS			SIVEN (T/N)	
							LARGE EQUIPMEN			
6	ANY WATERCRAFT, DOCKS,	EL OATS OWNER	LIBED OB LEAS	DED2		SMALL TOOLS	LARGE EQUIPMEN	41		+
U.	ANT WATERONAFT, DOCKS,	, FLOATS OWNEL	J, HIKED OK LEAS	SEU?						N
_	ANY DADIVINO EAGUITIES O	MAIED (DELIZEDO								
/-	ANY PARKING FACILITIES O	WNED/RENTED?								N
_	10 4 555 5111 555 555									
8.	IS A FEE CHARGED FOR PAI	RKING?								N
_										
9.	RECREATION FACILITIES PF	ROVIDED?								N
10.	ARE THERE ANY LODGING				answer the fol	owing):				
	# APTS TOTAL APT AF		E OTHER LODGING C	PERATIONS						
		Sq. Ft.								
11.	IS THERE A SWIMMING POO	L ON PREMISES	? (Check all that a	ipply)						N
	APPROVED FENCE	LIMITED ACCESS	DIVING BO	OARD SLIDE	ABO\	E GROUND IN	I GROUND LIFE	GUARD		
12.	ARE SOCIAL EVENTS SPON	SORED?								N
13.	ARE ATHLETIC TEAMS SPOR	NSORED?								
	TYPE OF SPORT	CONTACT SPORT (Y/N)	AGE GROUP	13 - 18	TYPE OF SP	ORT	CONTACT AGE G	ROUP .		
		5. 5KI (I/N)	12 & UNDER	OVER 18			SPORT (TIN)		13 - 18	
	EXTENT OF SPONSORSHIP:		12 G UNDER	OVER 10	EVTENTO	SPONSORSHIP:	1 1:	2 & UNDER	OVER 18	
14	ANY STRUCTURAL ALTERAT	TIONS CONTENTS	1 ATED?		EXTERI OF	or unduranir:				<b> </b>
	O INCOTORAL ALTERAT	ONG CONTENT	LAIED!							N
15	ANY DEMOLITION EXPOSUR	DE CONTENIO 47	ED2							<b></b>
13.	ANT DEMOLITION EXPOSUR	IE CONTEMPLA!	EDf							N
ACC	ORD 126 (2016/09)			Ds	age 3 of 4					لــــــــــــــــــــــــــــــــــــــ

#### **GENERAL INFORMATION (continued)**

EXPLAIN ALL "YES" RESPONSES (For all past or present operation	ons)			Y/N
16. HAS APPLICANT BEEN ACTIVE IN OR IS CURRENTL	YACTIVE IN JOINT VENTURI	ES?		N
17. DO YOU LEASE EMPLOYEES TO OR FROM OTHER	EMPLOYERS?			N
LEASE TO	WORKERS COMPENSATION COVERAGE CARRIED (Y/N)	LEASE FROM	WORKERS COMPENSATION COVERAGE CARRIED (Y/N)	
18. IS THERE A LABOR INTERCHANGE WITH ANY OTHE	R BUSINESS OR SUBSIDIAR	IES?		N
19. ARE DAY CARE FACILITIES OPERATED OR CONTRO	OLLED?			N
20. HAVE ANY CRIMES OCCURRED OR BEEN ATTEMPT	ED ON YOUR PREMISES WIT	THIN THE LAST THREE (3) YEARS?		N
21. IS THERE A FORMAL, WRITTEN SAFETY AND SECUI	RITY POLICY IN EFFECT?			N
22. DOES THE BUSINESSES' PROMOTIONAL LITERATURE	RE MAKE ANY REPRESENTA	TIONS ABOUT THE SAFETY OR SEC	URITY 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  GENERAL	PRODUCER'S NAME (Please Print) James Holmes, Jr./ROYEBR								
APPLICANT'S SIGNATURE		DATE	NATIONAL PRODUCER NUMBER						

# **UMBRELLA / EXCESS SECTION**

DATE (MM/DD/YYYY)

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0	5/0	3/	20	2	2			

		TANT - If CLAIMS II provisions of th				the POLICY	/ INFORMA	ATION :	section i	below, t	his is	an appl	ication fo	r a claims-	made	policy.			
AGEN	CY								CARRIER								NAIC	CODE	
Senti	nel Risk	Advisors LLC							MIS - Mi	scellane	ous								
POLIC	YNUMBE	R					EFFECTIVE	DATE	NAMED IN	SURED(S)									
SUB	TBD 7/1/	2021					07/01/20	022	EVO Co	poration									
POLI	ICY INF	ORMATION																	
				TRAN	SACTION 1	TYPE						LIM	IT OF LIABIL	IΤΥ		RETAIN	IED LIN	TIN	
×	IEW	<b>★</b> UMBRELLA		OCCURREN	ICE	VOLUNTARY	R	RETROAC	TIVE DATE		\$ 4,0	00,000		EA OCC	\$	10,000			
R	RENEWAL	EXCESS		CLAIMS MAI	DE		PROPO	SED	CURF	RENT	\$ 4,0	00,000		AGG		FIRST D	OLLAR		
EXPIR	ING POL#	k:									\$					DEFENS			
-		BENEFITS LIABI	LITY												_				
	OF INSUR	ANCE (Ea Employee)		- 1		TE LIMIT FOR	EBL			RETAINE	D LIMIT	FOR EBL			RETE	OACTIVE DA	ATE FO	R EBL	
\$	OF DENE	FIT DDGGDAN	_		\$					\$									
NAME	OF BENE	FIT PROGRAM																	
DDIM	IADV I C	OCATION & CUR	NDIAD	IEC /AC	ODD 40	<b>-</b> V													
#		OCATION & SUBS					NIER (Decesio	h- 0	41			WD011			1	FOREIGN ROSS SALES			
-	NAME:	NAME AND LOCATION	OF FRIM	AKT AND	ALL SUBSI	DIART COMPA	MIES (Descui	be Operat	uons	ANI	NUAL PA	YKULL.	ANN GRO	SS SALES	G	ROSS SALES	-	# EMPL	
	LOCATIO	ON:																	
	DESCRIP																		
	NAME:																-		
	LOCATIO	ON:																	
	DESCRIE	PTION:																	
	NAME:																		
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	LOCATIO	N-																	
	DESCRIP																		
UNDE		G INSURANCE																	
		o mooromoe		LISTALL	IABILITY /	COMPENSATION	ON POLICIES	IN FORC	E TO APPL	V AS LINDI	EDI VING	INGI IDAI	NCE.					+-	
TY	/PE	CARRIER	/ POLIC	YNUMBER	LINDILITY /	POLICY E			EXP DATE	1 AG OND	ENLING		MITS		AN	NUAL RENE PREMIUM	WAL	RATING	
										CSL EA	ACC		\$ 1,000,00	00	\$	PREMIUM			
	MOBILE	MIS - Miscellaneo	ous			07/01/	/2022	07/04	1/2023	BIEAA			\$					1	
LIAB	BILITY					077017	2022	07/0	1/2023	BIEAP			\$		\$				
										PD EA			\$		\$				
GEN	ERAL									EACH (	OCCURF		\$ 1,000,00			M/OPS			
LIAB	BILITY										RALAGG		\$ 2,000,00		\$			J	
	YTYPE	MIS - Miscellaneo	us			07/01/	/2022	07/01	1/2023	AGGRE	& COMP GATE		\$ 2,000,00		PRO	DUCTS			
الكاا	DCCUR CLAIMS									INJURY	NAL & A		\$ 1,000,00		\$				
	MADE									PREMI	SES		\$ 100,000		ОТН	ER			
						-					AL EXPE		\$ 5,000 1,000,00	nn	\$		_		
EMPL	OYERS	MIS - Miscellaneo	us			07/01/	2022	07/01	1/2023	DISEAS	ACCIDEN SE		\$ 1,000,00 \$ 1,000,00		-				
	BILITY					077017	2022	0770	112023	DISEAS	EMPLOY SE		\$ 1,000,00 \$ 1,000,00		\$				
						+				POLICY	LIMIT		\$ 1,000,00		1-		_	-	
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															\$				
ACOE	D 424	(2017/11)						Page 1	of 6	-		204 004	7.40000	COPPOR	ATION	h All of other			

UNDERLYING INSURANCE (continued)

AGENCY CUSTOMER ID: 00018368

UNDERLYIN	IG GENERAL LIABI	LITY INFORM														
1. ARE [	DEFENSE COSTS	3:	$\times$	NITHIN A	GGREGATE LIMITS?			L	A SEPARATE LIMIT?		UNL	IMITED?	1			
(In Ark (In Ok	cansas, the under dahoma, the unde	lying Genera rlying Gener	al Liability co	verage c overage	annot contain defense c cannot contain defense	costs	within wthi	agg n the	gregate limits, but must have a se e limits; subject to Commissioner's	s O	rate, equal rders.)	limit or r	must be unli	mited.)		
2. INDIC	CATE THE EDITION	ON DATE OF	THE ISO E	ORM OF	SIMILAR FILING FOR	THE	= UNI	)ERI	VING COVERAGE:							
									OR SELF-INSURED FROM ANY	DD	ENOUG C	OVEDA	OE0 0/ / N			_
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	200/110	TO BEEN EXOLOBED,	01411	10011		ON SELI -INSURED PROMINITY	FK	EVIOUS	JOVERA	GET (T/N)			J
4. FOR C	CLAIMS MADE, IN	IDICATE RE	TROACTIVI	E DATE (	OF CURRENT UNDERL	YiN	3 PO	LICY	·							
					INTERRUPTED CLAIM											
6. FOR C	CLAIMS MADE, W	/AS "TAIL" C	OVERAGE	PURCHA	SED FOR ANY PREVI	ous	PRIN	IAR	Y OR EXCESS POLICY? (Y / N)		L	EI	FF. DATE:			
	CHECK ALL COVI	ERAGES IN U FS, EXTENSIO	NDERLYING F	POLICIES.	ALSO CHECK IF ANY EXP EXPLAIN ANY SPECIAL C	OVER	RES A	RE P	RESENT FOR EACH COVERAGE, PR OND STANDARD FORMS. EXPLAIN	ROV	IDE AN EXF	PLANATIO	N. EXPLAIN	F		
		PPROPRIATE			COVERAGE				EXPOSURE	_	OVERAGE				EXPOS	URE
ANYAU	JTO (SYMBOL 1)				CARE, CUSTODY, C	ONTE				t	PPOEE	REIONAI	LIABILITY (E	80)		Т
	CLAIMS MADE			İ	EMPLOYEE BENEFI			,	<del>-</del>	t	7	RS LIABIL		a(U)		$\vdash$
	CCURRENCE			Ì	FOREIGN LIABILITY					t		CRAFT LI				-
COVERAGE			EXP	OSURE	GARAGEKEEPERS					t	- WAIEN	CRAFT L	ADILIT			$\vdash$
AIRCRA	AFT LIABILITY				INCIDENTAL MEDIC			CTIC	TE	+						$\vdash$
$\Box$	AFT PASSENGER LI	ABILITY			LIQUOR LIABILITY		and the		~	$^{\dagger}$						H
	ADDITIONAL INTERESTS POLLUTION									T						
UNDERLYING	ADDITIONAL INTERESTS POLLUTION DERLYING INSURANCE COVERAGE INFORMATION (INCLUDE ALL RESTRICTIONS; VERAGE) ACORD 101, Additional Remarks Schedule, may be attached if more space is								MENTS, DISCRIMINATION, SUBROGAT	TIO	N WAIVERS	S, OR EXT	ENSIONS OF			_
PREVIOUS E WHETHER IN required.	XPERIENCE: (GIVE ISURED OR NOT. S	DETAILS OF A	ALL LIABILITY E, COVERAGE	CLAIMS E, DESCRI	EXCEEDING \$10,000 OR C PTION, AMOUNT PAID, AM	OCCU 10UN	RREN T OUT	CES STAI	THAT MAY GIVE RISE TO CLAIMS, DUNDING) ACORD 101, Additional Remai	URI irks	NG THE PA Schedule, m	ST FIVE (i	5) YEARS, ached if more	space is		
	CH CLAIMS															
	ISTODY, CONT	ROL		-		_				_						_
LOC PR	REAL REAL			VALUE		A*	B*	C.	D*	_			St	FT OF BLD	g occ	$\dashv$
	PERSONAL															
OCCUPANCY	/ DESCRIPTION O	PERSONAL	PROPERTY													
*A	PPLICANT: [A] IS	HELD HAR	MLESS IN	THE LEA	SE, [B] HAS A WAIVER	OF	SUBF	≀OG	ATION, [C] IS A NAMED INSURE	DΙ	N THE FIF	RE POLIC	CY, [D] OTH	ER (specify	)	-
VEHICLES																_
1	TYPE	# OWNED	# NON- OWNED	# LEASI	:D				PROPERTY HAULED				R	ADIUS (MILE INTER- MEDIATE	S) LON DISTAN	G
PRIVATE	PASSENGER														DISTA!	-
	LIGHT															
TRUCKS	MEDIUM															
HOOKS	HEAVY															

BUSES ACORD 131 (2017/11)

TRUCKS / TRACTORS EX. HEAVY

HEAVY EX. HEAVY

ADDITIONAL EXPOSURES

EXPLAIN ALL "YES" RESPONSES, PROVIDE OTHER INFORMATION REQUIRED	Y/N
ADVERTISERS LIABILITY	
1. MEDIA USED:	
ANNUAL COST: \$	
2. ARE SERVICES OF AN ADVERTISING AGENCY USED?	
3. ANY COVERAGE PROVIDED UNDER AGENCY'S POLICY?	
AIRCRAFT LIABILITY  4. DOES APPLICANT OWN / LEASE / OPERATE AIRCRAFT?	
4. DOES AFFLICANT OWN / LEASE / OFERATE AIRCRAFT /	
AUTO LIABILITY	
5. ARE EXPLOSIVES, CAUSTICS, FLAMMABLES OR OTHER DANGEROUS CARGO HAULED?	
3. ARE EAFLOSIVES, CAUSTICS, FLAWWABLES OR OTHER DANGEROUS CARGO HAULED?	
6. ARE PASSENGERS CARRIED FOR A FEE?	
C. AND PASSENGENS CANNIED FOR A FEE!	
7. ANY UNITS NOT INSURED BY UNDERLYING POLICIES?	
7. ANY UNITS NOT INSURED BY UNDERLYING POLICIES?	
9 ADE ANVIEURIES LEASED OR DENTED TO OTHER OR	
8. ARE ANY VEHICLES LEASED OR RENTED TO OTHERS?	
O ADELUDED AND MON OWNED ON EDVOTO DON PROPERTY.	
9. ARE HIRED AND NON-OWNED COVERAGES PROVIDED?	
CONTRACTORS LIABILITY  10. IS BRIDGE, DAM, OR MARINE WORK PERFORMED?	
10. IS BRIDGE, DAW, OR MARINE WORK PERFORMED?	
11. DESCRIBE TYPICAL JOBS PERFORMED (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)	
The Debonder Throad bods Pentronial (Acond Tot, Additional Remains Schedule, may be attached it more space is required)	
12. DESCRIBE AGREEMENT (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)	
13. DOES APPLICANT OWN, RENT, OR OTHERWISE USE CRANES?	
14. DO SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN APPLICANT?	
EMPLOYERS LIABILITY	
15. IS APPLICANT SELF-INSURED IN ANY STATE?	
16. SUBJECT TO: JONES ACT FELA STOP GAP OTHER:	
INCIDENTAL MALPRACTICE LIABILITY	
17. IS A HOSPITAL OR FIRST AID FACILITY MAINTAINED?	
18. ARE COVERAGES PROVIDED FOR DOCTORS / NURSES?	
19. INDICATE # OF DOCTORS: NURSES: BEDS:	

ADDITIONAL EXPOSURES (continued)

AGENCY CUSTOMER ID: 00018368

EXPLAIN ALL "YES" RESPONSES, PROVIDE OTHER INFORMATION REQUIRED  Y										Y/N					
EPA #: POLLUTION LIABILITY															
20. DO CURRENT OR PAST PRODUCTS, OR THEIR COMPONENTS, CONTAIN HAZARDOUS MATERIALS THAT MAY REQUIRE SPECIAL DISPOSAL METHODS?															
21. INDICATE THE COVERAGES CARRIED:									_						
GL WITH STANDARD ISO POLLUTION EXCLUSION GL WITH POLLUTION COVERAGE ENDORSEMENT															
$\Box$	GL	WITH STANDAR	D SUDDEN 8	& ACCIDENTAL O	NLY		_		ON COVERAGE						
PRODUCT LIABILITY  22. ARE MISSILES, ENGINES, GUIDANCE SYSTEMS, FRAMES OR ANY OTHER PRODUCT USED / INSTALLED IN AIRCRAFT?										T					
22. AND MISSIELS, ENGINES, GOIDANGE STOTEMS, FRAMES OR ANT OTHER PRODUCT USED / INSTALLED IN AIRCRAPT?															
23. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN THE USA OR US PRODUCTS SOLD / DISTRIBUTED IN FOREIGN COUNTRIES? (If "YES", Attach ACORD 815)  24. PRODUCT LIABILITY LOSS IN PAST THREE (3) YEARS? (SPECIFY)															
24. P	RODUC	I LIABILITY LOS	SIN PAST TI	HREE (3) YEARS'	? (SPE	CIFY)									
25. G	ROSS S	ALES FROM EA	CH OF LAST	THREE (3) YEAR	RS:	\$			\$			\$			
00		- A.B		,,				TIVE LIABIL							
26. DESCRIBE INDEPENDENT CONTRACTORS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)															
						WATI	ERC	RAFT LIABIL	ΠY						
27. D	LOC#	PLICANT OWN C	OR LEASE W	ATERCRAFT?		HORSEPOWER	1	100#	# 014/4150		_	ENOTE			
l	LOC#	#OWNED		LENGTH		IORSEPOWER	ł	LOC#	# OWNED	-		LENGTH	-	HORSEPOWER	
						APARTMENTS / CO	NDQ	OMINIUMS / H	OTELS / MOTELS						
28.	LOC#	# STORIES	# UNITS	# SWIMMING PO	OLS	# DIVING BOARDS	Γ	LOC#	#STORIES	# UNIT:	S	# SWIMMING F	POOLS	# DIVING BOARDS	
DEM	ADVC (	ACOPD 404 4		)amanka Cakaa	1	nay be attached	Ļ								

#### FRAUD STATEMENTS

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 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.

AGENCY CUSTOMER ID: 00018368

SIGNATURE

IF THE COMPANY TO WHICH I AM APPLYING OFF (UIM) AND/OR MEDICAL PAYMENTS COVERAGE	FERS UNINSURED IN MY STATE:	MOTORISTS (I	JM), UNDERINSUR	ED MOTORISTS
UNINSURED MOTORISTS (UM) COVERAGE: \$	*			
UNDERINSURED MOTORISTS (UIM) COVERAGE	:\$			
MEDICAL PAYMENTS COVERAGE: \$	*	* IF APPLICABLE	IN YOUR STATE	
APPLICABLE ONLY IN LOUIS	SIANA, MONTANA,	NEW HAMPSH	IRE AND VERMON	<b>I</b> .
APPLICABLE ONLY IN LOUISIANA:				
I ACKNOWLEDGE THAT UM COVERAGE HAS BEE OF SELECTING UM LIMITS EQUAL TO MY LIABILI REJECT UM COVERAGE ENTIRELY.	EN EXPLAINED TO ITY LIMITS, UM LIN	ME, AND I HAV MITS LOWER TH	'E BEEN OFFERED IAN MY LIABILITY L	THE OPTION LIMITS, OR TO
1. I SELECT UM LIMITS INDICATED IN THIS APPL	ICATION. (INITIA	OR		
2. I REJECT UM COVERAGE IN ITS ENTIRETY.	INITIALS)	L <b>3</b> )		
APPLICABLE ONLY IN MONTANA:	,			
I ACKNOWLEDGE I HAVE BEEN OFFERED UNINS UNDERINSURED MOTORISTS (UIM) COVERAGE. THIS APPLICATION. IF NO LIMITS ARE SHOWN, I	I HAVE SELECTE	D THE LIMITS II	NDICATED IN	(INITIALS)
APPLICABLE ONLY IN NEW HAMPSHIRE:				
I ACKNOWLEDGE THAT UM COVERAGE HAS BEE OF SELECTING UM LIMITS EQUAL TO MY LIABILI	EN EXPLAINED TO TY LIMITS OR TO I	ME, AND I HAVI REJECT UM CO	E BEEN OFFERED VERAGE ENTIREL	THE OPTION Y.
1. I SELECT UM LIMITS INDICATED IN THIS APPL	ICATION. [INITIAL	OR		
2. I REJECT UM COVERAGE IN ITS ENTIRETY.	(INITIALS)	,		
APPLICABLE ONLY IN VERMONT:	,			
I ACKNOWLEDGE THAT I HAVE BEEN OFFERED U SELECTED THE LIMITS INDICATED IN THIS APPLI	JM COVERAGE EC	QUAL TO MY LIA	BILITY LIMITS. IH.	AVE
IMPORTANT - THE STATEMENTS (ANSWERS) GIV WILLFULLY CONCEALED OR MISREPRESENTED A APPLICATION. THIS APPLICATION DOES NOT COI	ANY MATERIAL FA	CT OR CIRCUM	RATE. THE APPLIC ISTANCE CONCER	ANT HAS NOT NING THIS
	PRODUCER'S NA James Holmes, Jr./ROYE	ME (Please Prin	t) STATE PRO	DUCER LICENSE NO orlda)
APPLICANT'S SIGNATURE		DATE		ODUCER NUMBER