



COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)
05/03/2022

AGENCY Sentinel Risk Advisors LLC 4700 Six Forks Road Suite 200 Raleigh NC 27609		CARRIER MIS - Miscellaneous		NAIC CODE
		COMPANY POLICY OR PROGRAM NAME		PROGRAM CODE
		POLICY NUMBER SUBTBD 7/1/2021		
CONTACT NAME: Carr McCaskill		UNDERWRITER		UNDERWRITER OFFICE
PHONE (A/C, No, Ext): (919) 926-4623				
FAX (A/C, No): (919) 926-4664				
E-MAIL ADDRESS: cmccaskill@sentinelra.com				
CODE:	SUBCODE:	STATUS OF TRANSACTION		<input checked="" type="checkbox"/> QUOTE <input type="checkbox"/> ISSUE POLICY <input type="checkbox"/> RENEW
				<input type="checkbox"/> BOUND (Give Date and/or Attach Copy):
		<input type="checkbox"/> CHANGE <input type="checkbox"/> DATE		<input type="checkbox"/> TIME <input checked="" type="checkbox"/> AM
		<input type="checkbox"/> CANCEL 07/01/2022		<input type="checkbox"/> PM
AGENCY CUSTOMER ID: 00018368				

LINES OF BUSINESS

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

ATTACHMENTS

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

POLICY INFORMATION

PROPOSED EFF DATE 07/01/2022	PROPOSED EXP DATE 07/01/2023	BILLING PLAN <input checked="" type="checkbox"/> DIRECT <input type="checkbox"/> AGENCY	PAYMENT PLAN	METHOD OF PAYMENT	AUDIT	DEPOSIT \$	MINIMUM PREMIUM \$	POLICY PREMIUM \$ 0.00
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APPLICANT INFORMATION

NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4) EVO Corporation 1703 Vargrave Street Winston Salem NC 27107		GL CODE	SIC	NAICS	FEIN OR SOC SEC #
		BUSINESS PHONE #: (336)725-5844			
		WEBSITE ADDRESS			
<input type="checkbox"/> CORPORATION	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> NOT FOR PROFIT ORG	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION		
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> TRUST		
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)		GL CODE	SIC	NAICS	FEIN OR SOC SEC #
		BUSINESS PHONE #:			
		WEBSITE ADDRESS			
<input type="checkbox"/> CORPORATION	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> NOT FOR PROFIT ORG	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION		
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> TRUST		
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)		GL CODE	SIC	NAICS	FEIN OR SOC SEC #
		BUSINESS PHONE #:			
		WEBSITE ADDRESS			
<input type="checkbox"/> CORPORATION	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> NOT FOR PROFIT ORG	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION		
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> TRUST		

CONTACT INFORMATION

CONTACT TYPE:		CONTACT TYPE:	
CONTACT NAME:		CONTACT NAME:	
PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> 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)

LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
1	1703 Vargrave Street	INSIDE	OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: Winston Salem	STATE: NC	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
1	COUNTY: Forsyth	ZIP: 27107			TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
1	1703 Vargrave Street	INSIDE	OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: Winston Salem	STATE: NC	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
2	COUNTY: Forsyth	ZIP: 27107			TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
2	7535 Styers Ferry Rd	INSIDE	OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: Clemmons	STATE: NC	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
1	COUNTY:	ZIP: 27012			TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
2	7535 Styers Ferry Rd	INSIDE	OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: Clemmons	STATE: NC	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
2	COUNTY:	ZIP: 27012			TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N

NATURE OF BUSINESS

APARTMENTS	CONTRACTOR	MANUFACTURING	RESTAURANT	SERVICE	DATE BUSINESS STARTED (MM/DD/YYYY)
CONDOMINIUMS	INSTITUTIONAL	OFFICE	RETAIL	WHOLESALE	

DESCRIPTION OF PRIMARY OPERATIONS

RETAIL STORES OR SERVICE OPERATIONS % OF TOTAL SALES:			INSTALLATION, SERVICE OR REPAIR WORK %	OFF PREMISES INSTALLATION, SERVICE OR REPAIR WORK %
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DESCRIPTION OF OPERATIONS OF OTHER NAMED INSURED		
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DESCRIPTION OF OPERATIONS OF OTHER NAMED INSURED		
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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 INSURED							LOCATION: BUILDING:
BREACH OF WARRANTY							VEHICLE: BOAT:
CO-OWNER							AIRPORT: AIRCRAFT:
EMPLOYEE AS LESSOR							ITEM CLASS: ITEM:
LEASEBACK OWNER							ITEM DESCRIPTION
LENDER'S LOSS PAYABLE							
LIENHOLDER							
LOSS PAYEE							
MORTGAGEE							
OWNER							
REGISTRANT							
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

EXPLAIN ALL "YES" RESPONSES

Y / N

1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ?

PARENT COMPANY NAME

RELATIONSHIP DESCRIPTION

% OWNED

1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?

SUBSIDIARY COMPANY NAME

RELATIONSHIP DESCRIPTION

% OWNED

2. IS A FORMAL SAFETY PROGRAM IN OPERATION?

☐

SAFETY MANUAL

☐

SAFETY POSITION

☐

MONTHLY MEETINGS

☐

OSHA

☐

3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?

4. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)

LINE OF BUSINESS

POLICY NUMBER

LINE OF BUSINESS

POLICY NUMBER

5. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR THREE (3) YEARS FOR ANY PREMISES OR OPERATIONS? (Missouri Applicants - Do not answer this question)

☐

NON-PAYMENT

☐

AGENT NO LONGER REPRESENTS CARRIER

☐☐

NON-RENEWAL

☐

UNDERWRITING

☐

CONDITION CORRECTED (Describe):

6. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?

7. DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY?
(In RI, this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment).

8. ANY UNCORRECTED FIRE AND/OR SAFETY CODE VIOLATIONS?

OCCUR DATE

EXPLANATION

RESOLUTION

RESOLVE DATE

9. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE LAST FIVE (5) YEARS?

OCCUR DATE

EXPLANATION

RESOLUTION

RESOLVE DATE

10. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS?

OCCUR DATE

EXPLANATION

RESOLUTION

RESOLVE DATE

11. HAS BUSINESS BEEN PLACED IN A TRUST? NAME OF TRUST:

12. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD / DISTRIBUTED IN FOREIGN COUNTRIES?
(If "YES", attach ACORD 815 for Liability Exposure and/or ACORD 816 for Property Exposure)

13. DOES APPLICANT HAVE OTHER BUSINESS VENTURES FOR WHICH COVERAGE IS NOT REQUESTED?

14. DOES APPLICANT OWN / LEASE / OPERATE ANY DRONES? (If "YES", describe use)

15. DOES APPLICANT HIRE OTHERS TO OPERATE DRONES? (If "YES", describe use)

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

PRIOR CARRIER INFORMATION

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

PRIOR CARRIER INFORMATION (continued)

AGENCY CUSTOMER ID: 00018368

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: \$

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

SIGNATURE

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

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

(Applicant's Initials): _____

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

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

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

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

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

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

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

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

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

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

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



ADDITIONAL PREMISES INFORMATION SCHEDULE

AGENCY Sentinel Risk Advisors LLC		CARRIER MIS - Miscellaneous		NAIC CODE
POLICY NUMBER 22-23 PROPERTY/IM		EFFECTIVE DATE 07/01/2022	NAMED INSURED(S) EVO Corporation Inc	

PREMISES INFORMATION

LOC # 3	STREET 5634 W 5th St		CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
			INSIDE	OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: Jacksonville	STATE: FL	OUTSIDE	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY:	ZIP: 32254				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:						ANY AREA LEASED TO OTHERS? Y / N:
LOC #	STREET		CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
			INSIDE	OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY:	STATE:	OUTSIDE	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY:	ZIP:				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:						ANY AREA LEASED TO OTHERS? Y / N:
LOC #	STREET		CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
			INSIDE	OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY:	STATE:	OUTSIDE	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY:	ZIP:				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:						ANY AREA LEASED TO OTHERS? Y / N:
LOC #	STREET		CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
			INSIDE	OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY:	STATE:	OUTSIDE	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY:	ZIP:				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:						ANY AREA LEASED TO OTHERS? Y / N:
LOC #	STREET		CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
			INSIDE	OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY:	STATE:	OUTSIDE	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY:	ZIP:				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:						ANY AREA LEASED TO OTHERS? Y / N:
LOC #	STREET		CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
			INSIDE	OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY:	STATE:	OUTSIDE	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY:	ZIP:				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:						ANY AREA LEASED TO OTHERS? Y / N:
LOC #	STREET		CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
			INSIDE	OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY:	STATE:	OUTSIDE	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY:	ZIP:				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:						ANY AREA LEASED TO OTHERS? Y / N:
LOC #	STREET		CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
			INSIDE	OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY:	STATE:	OUTSIDE	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY:	ZIP:				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:						ANY AREA LEASED TO OTHERS? Y / N:
LOC #	STREET		CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
			INSIDE	OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY:	STATE:	OUTSIDE	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY:	ZIP:				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:						ANY AREA LEASED TO OTHERS? Y / N:
LOC #	STREET		CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
			INSIDE	OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY:	STATE:	OUTSIDE	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY:	ZIP:				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:						ANY AREA LEASED TO OTHERS? Y / N:



PROPERTY SECTION

DATE (MM/DD/YYYY)

05/03/2022

AGENCY NAME Sentinel Risk Advisors LLC		CARRIER MIS - Miscellaneous		NAIC CODE
POLICY NUMBER 22-23 PROPERTY/IM		EFFECTIVE DATE 07/01/2022	NAMED INSURED(S) EVO Corporation Inc	

BLANKET SUMMARY

BLKT #	AMOUNT	TYPE	BLKT #	AMOUNT	TYPE
1	\$260,000.00	Time Element			

PREMISES INFORMATION

PREMISES #: 1		STREET ADDRESS: 1703 Vargrave Street							
BUILDING #: 1		BLDG DESCRIPTION:							
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Building	1,687,000	90	RC	SPEC		2,500	DO		
Business Personal Property	183,900	90	RC	SPEC		2,500	DO		
BI w/ Extra Expense	260,000		ALS	SPEC		72	HR	1	

ADDITIONAL INFORMATION	<input checked="" type="checkbox"/> BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810	VALUE REPORTING INFORMATION - Attach ACORD 811
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ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

SPOILAGE COVERAGE (Y / N) <input type="checkbox"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y / N) <input type="checkbox"/>	OPTIONS <input type="checkbox"/> BREAKDOWN OR CONTAMINATION <input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE
SINKHOLE COVERAGE (Required in Florida)		ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV)		ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
<input type="checkbox"/> PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK		# OF OPEN SIDES ON STRUCTURE: _____		

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

ADDITIONAL INTEREST

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

**ADDITIONAL
PREMISES INFORMATION**

PREMISES #: 1		STREET ADDRESS: 1703 Vargrave Street							
BUILDING #: 2		BLDG DESCRIPTION:							
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU- ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Building	243,500	90	RC	SPEC		2,500	DO		
Bl w/ Extra Expense	260,000		ALS	SPEC		72	HR	1	

ADDITIONAL INFORMATION**BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810****VALUE REPORTING INFORMATION - Attach ACORD 811****ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION**

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

ADDITIONAL INTEREST**ACORD 45 attached for additional names**

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

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

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

Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is 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) James Holmes, Jr./ROYEBR	STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER

**ADDITIONAL
PREMISES INFORMATION**

PREMISES #: 2		STREET ADDRESS: 7535 Styers Ferry Rd							
BUILDING #: 1		BLDG DESCRIPTION:							
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU- ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Building	460,100	90	RC	SPEC		2,500	DO		
Business Personal Property	50,200	90	RC	SPEC		2,500	DO		
Bl w/ Extra Expense	260,000		ALS	SPEC		72	HR	1	

ADDITIONAL INFORMATION	<input checked="" type="checkbox"/> BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810	VALUE REPORTING INFORMATION - Attach ACORD 811
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ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

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

SINKHOLE COVERAGE (Required in Florida)	ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV)	ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$

<input type="checkbox"/> PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK	# OF OPEN SIDES ON STRUCTURE: _____
-------------------------------------------------------------------------------------	--------------------------------------------

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

ADDITIONAL INTEREST ☐ **ACORD 45 attached for additional names**

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

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

ADDITIONAL

PREMISES INFORMATION

PREMISES #: 2

STREET ADDRESS: 7535 Styers Ferry Rd

BUILDING #: 2

BLDG DESCRIPTION:[illegible]☒**VALUE REPORTING INFORMATION - Attach ACORD 811**

ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

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

SINKHOLE COVERAGE (Required In Florida)	ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV)	ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$

PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK # OF OPEN SIDES ON STRUCTURE: _____

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

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

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

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE

BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	CENTRAL STATION <input type="checkbox"/>	LOCAL GONG <input type="checkbox"/>
			WITH KEYS	

BURGLAR ALARM INSTALLED AND SERVICED BY	EXTENT	GRADE	# GUARDS / WATCHMEN	CLOCK HOURLY

PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)	% SPRNK	FIRE ALARM MANUFACTURER	CENTRAL STATION
			LOCAL GONG

ACORD 45 attached for additional names

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

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

ADDITIONAL PREMISES INFORMATION		PREMISES #: 3		STREET ADDRESS: 5634 W 5th St					
		BUILDING #:		BLDG DESCRIPTION:					
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU- ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Building	839,200	90	RC	SPEC		2,500	DO		
Business Personal Property	8,300	90	RC	SPEC		2,500	DO		
BI w/ Extra Expense	260,000		ALS	SPEC		72	HR	1	
Wind Hail				SPEC		100,000	DO		
ADDITIONAL INFORMATION		<input checked="" type="checkbox"/> BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810				VALUE REPORTING INFORMATION - Attach ACORD 811			
ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION									
SPOILAGE COVERAGE (Y / N) <input type="checkbox"/>	DESCRIPTION OF PROPERTY COVERED				LIMIT \$		REFRIG MAINT AGREEMENT (Y / N) <input type="checkbox"/>	OPTIONS <input type="checkbox"/> BREAKDOWN OR CONTAMINATION <input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE	
					DEDUCTIBLE \$				
SINKHOLE COVERAGE (Required in Florida)				ACCEPT COVERAGE		REJECT COVERAGE		LIMIT: \$	
MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV)				ACCEPT COVERAGE		REJECT COVERAGE		LIMIT: \$	
<input type="checkbox"/> PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK				# OF OPEN SIDES ON STRUCTURE: _____					
CONSTRUCTION TYPE		DISTANCE TO HYDRANT FIRE STAT FT MI		FIRE DISTRICT		CODE NUMBER	PROT CL	# STORIES	# BASMT'S
BUILDING IMPROVEMENTS		BLDG CODE GRADE		TAX CODE	ROOF TYPE	OTHER OCCUPANCIES			
<input type="checkbox"/> WIRING, YR: <input type="checkbox"/> PLUMBING, YR:		WIND CLASS		SEMI- RESISTIVE		HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT		DATE INSTALLED: _____	
<input type="checkbox"/> ROOFING, YR: <input type="checkbox"/> HEATING, YR:									
<input type="checkbox"/> OTHER: YR:		RESISTIVE				MANUFACTURER: _____			
PRIMARY HEAT					SECONDARY HEAT				
<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/>					<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/>				
IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N					IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N				
RIGHT EXPOSURE & DISTANCE		LEFT EXPOSURE & DISTANCE		FRONT EXPOSURE & DISTANCE		REAR EXPOSURE & DISTANCE			
BURGLAR ALARM TYPE				CERTIFICATE #				EXPIRATION DATE	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
BURGLAR ALARM INSTALLED AND SERVICED BY				EXTENT		GRADE	# GUARDS / WATCHMEN	WITH KEYS <input type="checkbox"/> CLOCK HOURLY	
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)				% SPRNK	FIRE ALARM MANUFACTURER				
								CENTRAL STATION LOCAL GONG	
ADDITIONAL INTEREST									
ACORD 45 attached for additional names									
INTEREST	NAME AND ADDRESS		RANK: _____	EVIDENCE: _____	CERTIFICATE		INTEREST IN ITEM NUMBER		
<input type="checkbox"/> LENDER'S LOSS PAYABLE							LOCATION: _____		BUILDING: _____
<input type="checkbox"/> LOSS PAYEE							ITEM CLASS: _____		ITEM: _____
<input type="checkbox"/> MORTGAGEE							ITEM DESCRIPTION		
<input type="checkbox"/>									
REFERENCE / LOAN #:									

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



STATEMENT OF VALUES

DATE (MM/DD/YYYY)

05/03/2022

AGENCY Sentinel Risk Advisors LLC 4700 Six Forks Road Suite 200 Raleigh NC 27609		CARRIER MIS - Miscellaneous		NAIC CODE:	PAGE OF
CONTACT NAME: Brett Royer		INSURED / APPLICANT EVO Corporation Inc		POLICY NUMBER 22-23 PROPERTY/IM	EFFECTIVE DATE 07/01/2022
PHONE (A/C, No, Ext): (919) 926-4623		HEADQUARTERS ADDRESS 1703 Vargrave Street Winston Salem NC 27107			
FAX (A/C, No): (919) 926-4664		APPLICABLE CAUSES OF LOSS			
E-MAIL ADDRESS: broyer@sentinelra.com		<input type="checkbox"/> 80% <input type="checkbox"/> BASIC <input type="checkbox"/> EARTHQUAKE COV <input type="checkbox"/> SPECIFIC AVERAGE RATE REQUESTED			
CODE:		<input checked="" type="checkbox"/> 90% <input type="checkbox"/> BROAD <input type="checkbox"/> FLOOD <input type="checkbox"/> SPRINKLER LEAKAGE EXCL <input type="checkbox"/> BLANKET RATE REQUESTED			
SUBCODE:		<input type="checkbox"/> 100% <input checked="" type="checkbox"/> SPECIAL <input type="checkbox"/> VANDALISM EXCL			
AGENCY CUSTOMER ID: 00018368					

APPLICABLE FORM NUMBERS (Attach completed forms and endorsements that require completion to provide necessary information affecting rates or loss costs)

CLASS CODE	LOC #	BLDG #	DESCRIPTION OF PROPERTY ADDRESS OF PROPERTY	VALU- ATION	SUBJECT	100% VALUES	RATE OR LOSS COST	PREMIUM
	1	1	Building 1703 Vargrave Street Winston Salem NC 27107	RC	B	1,687,000		
	1	1	Business Personal Property 1703 Vargrave Street Winston Salem NC 27107	RC	BPP	183,900		
	1	1	BI w/ Extra Expense 1703 Vargrave Street Winston Salem NC 27107	ALS	BUSIN	260,000		
	1	2	Building 1703 Vargrave Street Winston Salem NC 27107	RC	B	243,500		
	1	2	BI w/ Extra Expense 1703 Vargrave Street Winston Salem NC 27107	ALS	BUSIN	260,000		
	2	1	Building 7535 Styers Ferry Rd Clemmons NC 27012	RC	B	460,100		
	2	1	Business Personal Property 7535 Styers Ferry Rd Clemmons NC 27012	RC	BPP	50,200		
	2	1	BI w/ Extra Expense 7535 Styers Ferry Rd Clemmons NC 27012	ALS	BUSIN	260,000		
	2	2	Building 7535 Styers Ferry Rd Clemmons NC 27012	RC	B	278,500		
	2	2	Business Personal Property 7535 Styers Ferry Rd Clemmons NC 27012	RC	BPP	11,100		
	2	2	BI w/ Extra Expense 7535 Styers Ferry Rd Clemmons NC 27012	ALS	BUSIN	260,000		
	3		Building 5634 W 5th St Jacksonville FL 32254	RC	B	839,200		
TOTAL						\$ 5,061,800	N / A	\$

SIGNATURE

ALL VALUES AND LOCATION INFORMATION ARE CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

INSURED'S SIGNATURE	TITLE	DATE
----------------------------	--------------	-------------

DATE (MM/DD/YYYY)
05/03/2022

AGENCY		CARRIER		NAIC CODE:		PAGE	
Sentinel Risk Advisors LLC		MIS - Miscellaneous				OF	
4700 Six Forks Road		INSURED / APPLICANT		POLICY NUMBER		EFFECTIVE DATE	
Suite 200		EVO Corporation Inc		22-23 PROPERTY/IIM		07/01/2022	
Raleigh NC 27609		HEADQUARTERS ADDRESS					
CONTACT NAME: Brett Royer		1703 Vargrave Street		Winston Salem		NC 27107	
PHONE (A/C, No, Ext): (919) 926-4623		COINS %		APPLICABLE CAUSES OF LOSS			
FAX (A/C, No): (919) 926-4664		80%		BASIC		SPECIFIC AVERAGE RATE REQUESTED	
E-MAIL ADDRESS: broyer@sentinelra.com		90%		BROAD		BLANKET RATE REQUESTED	
CODE:		100%		SPECIAL			
SUBCODE:				SPEC			
AGENCY CUSTOMER ID: 00018368				EARTHQUAKE COV			
				FLOOD			
				SPRINKLER LEAKAGE EXCL			
				VANDALISM EXCL			

APPLICABLE FORM NUMBERS (Attach completed forms and endorsements that require completion to provide necessary information affecting rates or loss costs)

CLASS CODE	LOC #	BLDG #	DESCRIPTION OF PROPERTY	VALU- ATION	SUBJECT	100% VALUES	RATE OR LOSS COST	PREMIUM
			ADDRESS OF PROPERTY					
	3		Business Personal Property	RC	BPP	8,300		
			5634 W 5th St					
			Jacksonville FL 32254					
	3		BI w/ Extra Expense	ALS	BUSIN	260,000		
			5634 W 5th St					
			Jacksonville FL 32254					
	3		Wind Hail		WNDHL			
			5634 W 5th St					
			Jacksonville FL 32254					
TOTAL						\$ 5,061,800	N/A	\$

SIGNATURE

ALL VALUES AND LOCATION INFORMATION ARE CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

INSURED'S SIGNATURE	TITLE	DATE
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AGENCY CUSTOMER ID: 00018368

EQUIPMENT FLOATER SECTION

DATE (MM/DD/YYYY)

5/3/2022

AGENCY Sentinel Risk Advisors LLC

CARRIER

MIS - Miscellaneous

NAIC CODE

POLICY NUMBER

22-23 PROPERTY/IM

EFFECTIVE DATE

7/1/2022

APPLICANT / FIRST NAMED INSURED

EVO Corporation Inc

TERRITORY OF OPERATION

TYPE OF OPERATION

See ACORD 125

COVERAGE / DEDUCTIBLE

Leased Equipment to
Scheduled Equipment
Newly Acquired Equipment
Leased Equipment from

80,000	1,000	Flat
857,153	1,000	Flat
500,000	1,000	Flat
400,000	1,000	Flat

EQUIPMENT STORAGE

UNSCHEDULED EQUIPMENT

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

DESCRIPTION	MAXIMUM ITEM	AMT. OF INSURANCE	% COINS
Newly Acquired	500,000	500,000	

ADDITIONAL INTEREST / CERTIFICATE RECIPIENTS

ACORD 45 Attached

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

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

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

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES

1. EQUIPMENT RENTED, LOANED TO / FROM OTHERS WITH / WITHOUT OPERATORS?

Y/N

N

2. IS APPLICANT OPERATING EQUIPMENT NOT LISTED HERE?

N

3. PROPERTY USED UNDERGROUND?

N

4. ANY WORK DONE AFLOAT?

N

ACORD 146 (2013/09)

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INS146 (201309)

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SCHEDULED EQUIPMENT

% COINSURANCE

AGENCY CUSTOMER ID: 00018368

#	TYPE	DESCRIPTION	ID # / SERIAL NO.	NEW / USED	DATE PURCHASED
1		Cold Jet Dry Ice Blasting Unit	AER075		
	MANUFACTURER	MODEL	MODEL YEAR	CAPACITY	AMOUNT OF INSURANCE
					\$ 10,000
2		Track Loader	20Z02805		
	MANUFACTURER	MODEL	MODEL YEAR	CAPACITY	AMOUNT OF INSURANCE
	Caterpillar	953LGP	1991		\$ 25,000
3		Backhoe	OPRA00651		
	MANUFACTURER	MODEL	MODEL YEAR	CAPACITY	AMOUNT OF INSURANCE
	Caterpillar	420 E	2009		\$ 35,000
4		Hydraulic	FLZ01019		
	MANUFACTURER	MODEL	MODEL YEAR	CAPACITY	AMOUNT OF INSURANCE
	Caterpillar	305.5DCR			\$ 25,000
5		Skid	OMST00924		
	MANUFACTURER	MODEL	MODEL YEAR	CAPACITY	AMOUNT OF INSURANCE
	Caterpillar	262C	2008		\$ 20,000
6		Track	OJMP01454		
	MANUFACTURER	MODEL	MODEL YEAR	CAPACITY	AMOUNT OF INSURANCE
	Caterpillar	289C			\$ 25,000
7		Generator	MSDG45S1336A6		
	MANUFACTURER	MODEL	MODEL YEAR	CAPACITY	AMOUNT OF INSURANCE
	Nissan	MMD Powerpro			\$ 15,000
8			PWR01904		
	MANUFACTURER	MODEL	MODEL YEAR	CAPACITY	AMOUNT OF INSURANCE
	Caterpillar	Wheel 1.924K			\$ 114,000
9		Portable Trommel	2644		
	MANUFACTURER	MODEL	MODEL YEAR	CAPACITY	AMOUNT OF INSURANCE
	Roto-Screen	R454	2014		\$ 81,153
10		Hydraulic Excavator	YEJ10376		
	MANUFACTURER	MODEL	MODEL YEAR	CAPACITY	AMOUNT OF INSURANCE
	Caterpillar	Model 323	2017		\$ 199,500
11		Rotating Hose Devise American Water			
	MANUFACTURER	MODEL	MODEL YEAR	CAPACITY	AMOUNT OF INSURANCE
					\$ 20,000
12		Hydraulic Excavator	YDL20089		
	MANUFACTURER	MODEL	MODEL YEAR	CAPACITY	AMOUNT OF INSURANCE
	Caterpillar	316FL	2018		\$ 175,000
13			96079		
	MANUFACTURER	MODEL	MODEL YEAR	CAPACITY	AMOUNT OF INSURANCE
	Komatsu	D39PX-24	2020		\$ 112,500
	TYPE	DESCRIPTION	ID # / SERIAL NO.	NEW / USED	DATE PURCHASED
	MANUFACTURER	MODEL	MODEL YEAR	CAPACITY	AMOUNT OF INSURANCE
					\$
	TYPE	DESCRIPTION	ID # / SERIAL NO.	NEW / USED	DATE PURCHASED
	MANUFACTURER	MODEL	MODEL YEAR	CAPACITY	AMOUNT OF INSURANCE
					\$

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

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

Applicable in CO

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

Applicable in FL and OK

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

Applicable in KS

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

Applicable in KY, NY, OH and PA

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

Applicable in ME, TN, VA and WA

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

Applicable in NJ

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

Applicable in OR

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

Applicable in PR

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

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

PRODUCER'S SIGNATURE

PRODUCER'S NAME (Please Print)

James Holmes, Jr. / ROYEBR

STATE PRODUCER LICENSE NO
(Required in Florida)

APPLICANT'S SIGNATURE

DATE

NATIONAL PRODUCER NUMBER

ADDITIONAL COVERAGES AND ENDORSEMENTS

Loc #	ST	Cov Code	Description	Type of Coverage	Form No.	Edition Date	Rate	Option Codes
		TRANS	Transit					
Limit 1		Limit 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductible Type 2	Premium
250,000				5,000	Dollars			

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

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

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

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

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

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

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

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

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



WORKERS COMPENSATION APPLICATION

DATE (MM/DD/YYYY)

05/03/2022

AGENCY NAME AND ADDRESS Sentinel Risk Advisors LLC 4700 Six Forks Road Suite 200 Raleigh NC 27609		COMPANY: MIS - Miscellaneous	
PRODUCER NAME:		UNDERWRITER:	
CS REPRESENTATIVE NAME: Brett Royer		APPLICANT NAME: EVO Corporation	
OFFICE PHONE (919) 926-4623 (A/C, No, Ext):		OFFICE PHONE: (336) 725-5844	MOBILE PHONE:
MOBILE PHONE:		MAILING ADDRESS (including ZIP +4 or Canadian Postal Code) 1703 Vargrave Street	
FAX (919) 926-4664 (A/C, No):		YRS IN BUS:	
E-MAIL ADDRESS: cmccaskill@sentinelra.com		SIC:	
CODE:		NAICS:	
SUB CODE:		WEBSITE ADDRESS:	
AGENCY CUSTOMER ID: 00018368		CREDIT BUREAU NAME:	
		ID NUMBER:	
		OTHER RATING BUREAU ID OR STATE EMPLOYER REGISTRATION NUMBER	
		FEDERAL EMPLOYER ID NUMBER	
		NCCI RISK ID NUMBER	
		SOLE PROPRIETOR	
		CORPORATION	
		LLC	
		TRUST	
		UNINCORPORATED ASSOCIATION	
		PARTNERSHIP	
		SUBCHAPTER "S" CORP	
		JOINT VENTURE	
		OTHER:	

STATUS OF SUBMISSION		BILLING / AUDIT INFORMATION	
<input checked="" type="checkbox"/> QUOTE	<input type="checkbox"/> ISSUE POLICY	BILLING PLAN	PAYMENT PLAN
<input type="checkbox"/> BOUND (Give date and/or attach copy)		<input type="checkbox"/> AGENCY BILL	<input type="checkbox"/> ANNUAL
<input type="checkbox"/> ASSIGNED RISK (Attach ACORD 133)		<input checked="" type="checkbox"/> DIRECT BILL	<input type="checkbox"/> SEMI-ANNUAL
			<input type="checkbox"/> QUARTERLY
			<input type="checkbox"/> % DOWN:
			AUDIT
			<input type="checkbox"/> AT EXPIRATION
			<input type="checkbox"/> MONTHLY
			<input type="checkbox"/> SEMI-ANNUAL
			<input type="checkbox"/> QUARTERLY

LOCATIONS			
LOC #	HIGHEST FLOOR	STREET, CITY, COUNTY, STATE, ZIP CODE	
1		1703 Vargrave Street Winston Salem Forsyth NC 27107	
2		Fort Lauderdale FL	

POLICY INFORMATION					
PROPOSED EFF DATE 07/01/2022	PROPOSED EXP DATE 07/01/2023	RATING EFFECTIVE DATE (if applicable)	ANNIVERSARY RATING DATE (if applicable)	PARTICIPATING NON-PARTICIPATING	RETRO PLAN
PART 1 - WORKERS COMPENSATION (States) FL NC	PART 2 - EMPLOYER'S LIABILITY \$ 1,000,000 EACH ACCIDENT \$ 1,000,000 DISEASE-POLICY LIMIT \$ 1,000,000 DISEASE-EACH EMPLOYEE		PART 3 - OTHER STATES INS	DEDUCTIBLES (N / A in WI) MEDICAL INDEMNITY	AMOUNT / % (N / A in WI)
DIVIDEND PLAN/SAFETY GROUP		ADDITIONAL COMPANY INFORMATION			
OTHER COVERAGES U.S.L. & H. VOLUNTARY COMP FOREIGN COV MANAGED CARE OPTION					
SPECIFY ADDITIONAL COVERAGES / ENDORSEMENTS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)					

TOTAL ESTIMATED ANNUAL PREMIUM - ALL STATES		
TOTAL ESTIMATED ANNUAL PREMIUM ALL STATES \$	TOTAL MINIMUM PREMIUM ALL STATES \$	TOTAL DEPOSIT PREMIUM ALL STATES \$

CONTACT INFORMATION				
TYPE	NAME	OFFICE PHONE	MOBILE PHONE	E-MAIL
INSPECTION				
ACCTNG RECORD				
CLAIMS INFO				

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

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

[illegible]

STATE: FL	FACTOR	FACTORED PREMIUM		FACTOR	FACTORED PREMIUM
TOTAL	N / A	\$ 0.00			\$
INCREASED LIMITS		\$	SCHEDULE RATING *		\$
DEDUCTIBLE *		\$	CCPAP		\$
EXPERIENCE OR MERIT MODIFICATION		\$	STANDARD PREMIUM		\$
TERRORISM	N / A	\$	PREMIUM DISCOUNT		\$
CATASTROPHE	N / A	\$	EXPENSE CONSTANT	N / A	\$
ASSIGNED RISK SURCHARGE *		\$	TAXES / ASSESSMENTS *	N / A	\$
ARAP *		\$			\$
* N / A in Wisconsin					
TOTAL ESTIMATED ANNUAL PREMIUM		MINIMUM PREMIUM		DEPOSIT PREMIUM	
\$ 0.00		\$		\$	

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

PRIOR CARRIER INFORMATION / LOSS HISTORY

PROVIDE INFORMATION FOR THE PAST 5 YEARS AND USE THE REMARKS SECTION FOR LOSS DETAILS						LOSS RUN ATTACHED
YEAR	CARRIER & POLICY NUMBER	ANNUAL PREMIUM	MOD	# CLAIMS	AMOUNT PAID	RESERVE
	CO:					
	POL #:					
	CO:					
	POL #:					
	CO:					
	POL #:					
	CO:					
	POL #:					
	CO:					
	POL #:					

NATURE OF BUSINESS / DESCRIPTION OF OPERATIONS

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

GENERAL INFORMATION

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

GENERAL INFORMATION (continued)

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

SIGNATURE

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.)			
<p>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): _____</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p>			
APPLICANT'S SIGNATURE (Must be Officer, Owner or Partner)	DATE	PRODUCER'S SIGNATURE <i>J. H. J.</i>	NATIONAL PRODUCER NUMBER

STATE RATING WORKSHEET

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

RATING INFORMATION - STATE: NC

LOC #	CLASS CODE	DESCR CODE	CATEGORIES, DUTIES, CLASSIFICATIONS	# EMPLOYEES FULL TIME	PART TIME	SIC	NAICS	ESTIMATED ANNUAL REMUNERATION/ PAYROLL	RATE	ESTIMATED ANNUAL MANUAL PREMIUM
1	4000		Sand or Gravel Digging & Drivers					425,000		
1	5606		Executive Supervisor					If Any		
1	8742		Sales					If Any		
1	8227		Contractor Yard					If Any		
1	9014		Chimney Cleaning-Residential-No Chimney Cleaning Above Ground Level and Drivers					If Any		
1	8810		Clerical					152,000		

PREMIUM

STATE: NC	FACTOR	FACTORED PREMIUM		FACTOR	FACTORED PREMIUM
TOTAL	N / A	\$ 0.00			\$
INCREASED LIMITS		\$	SCHEDULE RATING *		\$
DEDUCTIBLE *		\$	CCPAP		\$
EXPERIENCE OR MERIT MODIFICATION		\$	STANDARD PREMIUM		\$
TERRORISM	N / A	\$	PREMIUM DISCOUNT		\$
CATASTROPHE	N / A	\$	EXPENSE CONSTANT	N / A	\$
ASSIGNED RISK SURCHARGE *		\$	TAXES / ASSESSMENTS *	N / A	\$
ARAP *		\$			\$

* N / A in Wisconsin

TOTAL ESTIMATED ANNUAL PREMIUM

\$ 0.00

MINIMUM PREMIUM

\$

DEPOSIT PREMIUM

\$

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



NORTH CAROLINA COMMERCIAL AUTO

COVERAGES / LIMITS SECTION

 DATE (MM/DD/YYYY)
 05/03/2022

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

BUSINESS AUTO SECTION

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	COVERAGES	COVERED AUTO SYMBOLS	LIMITS			
LIABILITY	<input checked="" type="checkbox"/> 1 <input type="checkbox"/> 4 <input checked="" type="checkbox"/> 9	<input checked="" type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$ 1,000,000						
	<input type="checkbox"/> 2 <input type="checkbox"/> 7 <input type="checkbox"/> 8	BI EACH ACCIDENT \$						
	<input type="checkbox"/> 3	PROPERTY DAMAGE \$						
			PHYSICAL DAMAGE * Include the Fire District name and code # if fire or COMP / OTC coverage is provided					
MEDICAL PAYMENTS	<input checked="" type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/> 8	EACH PERSON \$ 5,000	COMP / OTC*	<input type="checkbox"/> 2 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> 8				
	<input type="checkbox"/> 3 <input type="checkbox"/> 7			<input type="checkbox"/> 3 <input type="checkbox"/> 7				
UNINSURED MOTORIST	<input checked="" type="checkbox"/> 2 <input type="checkbox"/> 6	<input checked="" type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$ 1,000,000	SPECIFIED CAUSES OF LOSS*	<input type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/> 8				
	<input type="checkbox"/> 3 <input type="checkbox"/> 7	BI EACH ACCIDENT \$		<input type="checkbox"/> 3 <input type="checkbox"/> 7				
	<input type="checkbox"/> 4		COLLISION	<input type="checkbox"/> 2 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> 8				
	<input type="checkbox"/> 3			<input type="checkbox"/> 3 <input checked="" type="checkbox"/> 7				
UNINSURED / UNDERINSURED MOTORIST	<input checked="" type="checkbox"/> 2 <input type="checkbox"/> 6	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$	TOWING & LABOR	<input type="checkbox"/> 3 <input type="checkbox"/> 7	\$			
	<input type="checkbox"/> 3 <input type="checkbox"/> 7	BI EACH ACCIDENT \$						
	<input type="checkbox"/> 4							
UNINSURED MOTORIST	<input type="checkbox"/> 2 <input type="checkbox"/> 6	PROPERTY DAMAGE \$						
	<input type="checkbox"/> 3 <input type="checkbox"/> 7							
	<input type="checkbox"/> 4							
HIRED / BORROWED LIABILITY	<input checked="" type="checkbox"/> YES STATES <input type="checkbox"/> NO NC	COST OF HIRE <input checked="" type="checkbox"/> IF ANY BASIS \$	HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH	COVERAGE / DEDUCTIBLE	
NON-OWNED LIABILITY	<input checked="" type="checkbox"/> YES STATES <input type="checkbox"/> NO NC	GROUP TYPE		NC				<input checked="" type="checkbox"/> COMP \$ 1,000 <input type="checkbox"/> SPEC C OF L \$ <input checked="" type="checkbox"/> COLL \$ 1,000
		EMPLOYEES VOLUNTEERS PARTNERS						
		NUMBER OF	COVERAGE IS: PRIMARY SECONDARY					

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. I ALSO 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 AND CHANGES UNLESS I NOTIFY YOU OTHERWISE IN WRITING.

APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER
		<i>[Signature]</i>	

TRUCKERS SECTION

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	PHYSICAL DAMAGE * Include the Fire District name and code # if fire or COMP / OTC coverage is provided						
COVERAGES	COVERED AUTO SYMBOLS	LIMITS	COVERED	DEDUCTIBLE					
LIABILITY	41 <input type="checkbox"/> 47 <input type="checkbox"/> 42 <input type="checkbox"/> 50 <input type="checkbox"/> 43 <input type="checkbox"/> 46	CSL <input type="checkbox"/> BI EA PER \$ BI EACH ACCIDENT \$ PROPERTY DAMAGE \$	COMP / OTC*	42 <input type="checkbox"/> 47 <input type="checkbox"/> 43 <input type="checkbox"/> 46		\$			
MEDICAL PAYMENTS	42 <input type="checkbox"/> 46 <input type="checkbox"/> 43	EACH PERSON \$	SPECIFIED CAUSES OF LOSS*	42 <input type="checkbox"/> 47 <input type="checkbox"/> 43 <input type="checkbox"/> 46	SCL <input type="checkbox"/> FT <input type="checkbox"/> LSP <input type="checkbox"/> F <input type="checkbox"/> FTW <input type="checkbox"/>	\$			
UNINSURED MOTORIST	42 <input type="checkbox"/> 46 <input type="checkbox"/> 43 <input type="checkbox"/> 45	CSL <input type="checkbox"/> BI EA PER \$ BI EACH ACCIDENT \$	COLLISION	42 <input type="checkbox"/> 47 <input type="checkbox"/> 43 <input type="checkbox"/> 46		\$			
UNINSURED / UNDERINSURED MOTORIST	42 <input type="checkbox"/> 46 <input type="checkbox"/> 43 <input type="checkbox"/> 45	CSL <input type="checkbox"/> BI EA PER \$ BI EACH ACCIDENT \$	TOWING & LABOR	46	\$				
UNINSURED MOTORIST	42 <input type="checkbox"/> 46 <input type="checkbox"/> 43 <input type="checkbox"/> 45	PROPERTY DAMAGE \$	TRAILER INTERCHANGE * Include the Fire District name and code # if fire or COMP / OTC coverage is provided						
NON-TRUCKERS HIRED / BORROWED	YES STATES NO	COST OF HIRE <input type="checkbox"/> IF ANY BASIS \$	COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE
TRUCKERS HIRED / BORROWED LIABILITY	YES STATES NO	COST OF HIRE <input type="checkbox"/> IF ANY BASIS \$	COMP / OTC*	48 <input type="checkbox"/> 49					
NON-OWNED AUTO LIABILITY	YES STATES NO	GROUP TYPE EMPLOYEES VOLUNTEERS PARTNERS	SPECIFIED CAUSES OF LOSS*	48 <input type="checkbox"/> 49					
OTHER			COLLISION	48 <input type="checkbox"/> 49					\$
			TRAILER VALUE	\$					
			HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH			
			OTHER	COVERAGE IS:		PRIMARY		SECONDARY	

COVERED AUTO SYMBOLS

(41) ANY AUTO
(42) OWNED AUTOS ONLY
(43) OWNED COMMERCIAL AUTOS ONLY

(44) OWNED AUTOS SUBJECT TO NO-FAULT
(45) OWNED AUTOS SUBJECT TO A
COMPULSORY UNINSURED
MOTORIST LAW

(46) SPECIFICALLY DESCRIBED AUTOS
(47) HIRED AUTOS ONLY
(48) TRAILERS IN YOUR POSSESSION UNDER
A TRAILER INTERCHANGE AGREEMENT

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

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

SIGNATURE

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. I ALSO 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 AND CHANGES UNLESS I NOTIFY YOU OTHERWISE IN WRITING.

APPLICANT'S SIGNATURE

DATE

PRODUCER'S SIGNATURE

NATIONAL PRODUCER NUMBER

MOTOR CARRIER SECTION

COVERAGES		COVERED AUTO SYMBOLS		LIMITS		PHYSICAL DAMAGE * Include the Fire District name and code # if fire or COMP / OTC coverage is provided							
						COVERED		LIMITS		DEDUCTIBLE			
LIABILITY	61	67	CSL	BI	EA PER	\$	COMP / OTC*	62	67		\$		
	62	68	BI EACH ACCIDENT	\$	63	68							
	63	71	PROPERTY DAMAGE	\$	64	68							
	64												
							SPECIFIED CAUSES OF LOSS*	62	67	SCL	FT	LSP	\$
							63	68	F	FTW			
							64						
MEDICAL PAYMENTS	62	64		EACH PERSON	\$		COLLISION	62	67		\$		
	63	67				63		68					
	64					64							
UNINSURED MOTORIST	62	66	CSL	BI	EA PER	\$	TOWING & LABOR	63		\$			
	63	67	BI EACH ACCIDENT	\$	64								
	64												
UNINSURED / UNDERINSURED MOTORIST	62	66	CSL	BI	EA PER	\$	TRAILER INTERCHANGE * Include the Fire District name and code # if fire or COMP / OTC coverage is provided						
	63	67	BI EACH ACCIDENT	\$			COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE
	64						COMP / OTC*	69					
								70					
UNINSURED MOTORIST	62	66					SPECIFIED CAUSES OF LOSS*	69					
	63	67	PROPERTY DAMAGE	\$				70					
	64												
NON-TRUCKERS HIRED / BORROWED	YES	STATES	COST OF HIRE		IF ANY BASIS		COLLISION	69					\$
	NO		\$			70							
TRUCKERS HIRED / BORROWED LIABILITY	YES	STATES	COST OF HIRE		IF ANY BASIS		TRAILER VALUE	\$					
	NO		\$										
NON-OWNED AUTO LIABILITY	YES	STATES	GROUP TYPE		NUMBER OF		HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH			
			EMPLOYEES										
			VOLUNTEERS										
			PARTNERS										
OTHER							OTHER						

COVERED AUTO SYMBOLS

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

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

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

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

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

SIGNATURE

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. I ALSO 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.

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APPLICANT'S SIGNATURE

DATE

PRODUCER'S SIGNATURE

NATIONAL PRODUCER NUMBER



BUSINESS AUTO SECTION

DATE (MM/DD/YYYY)

05/03/2022

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

COVERAGES / LIMITS

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

☒ DRIVER INFORMATION ☒ ACORD 163 attached for additional drivers

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

DRIVER #	NAME CITY, STATE AND ZIP CODE	SEX	MAR STAT	DATE OF BIRTH	YRS EXP	YEAR LIC	DRIVERS LICENSE NUMBER/ SOCIAL SECURITY NUMBER	STATE LIC	DATE HIRE	BROADEN NO-FAULT	DOC	USE VEH #	% USE
1	Jeremy H Addair	M		12/17/1980			31039893	NC					
2	Edith D Basinger	F		06/12/1972			29761651	NC					
3	Woodrow D Bowman	M		05/28/1962			6280539	NC					
4	Scott C Bumette	M		10/17/1974			21469703	NC					
5	Willie Burns, Jr.	M		06/14/1966			B652-880-66-214-0	FL					
6	Wayne H Coleman	M		08/31/1958			6244339	NC					
7	Anthony H Disher	M		08/31/1958			6244339	NC					
8	Patrick M Duren	M		04/25/1954			3449536	NC					
9	Bobby L Gibbons, Jr.	M		01/21/1980			23429717	NC					
10	Jeremy T Hammett	M		11/12/1985			G152-072-85-412-0	FL					
11	Thomas W Hammett	M		11/30/1988			25031828	NC					
12	Tracy B Hunt	M		08/31/1959			7690468	NC					
13	Dakota D Johnson	M		03/29/1981			29226665	NC					

* MARITAL STATUS / CIVIL UNION (if applicable)

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES

Y / N

1. WITH THE EXCEPTION OF ANY ENCUMBRANCES, ARE ANY VEHICLES FOR WHICH INSURANCE IS REQUESTED NOT SOLELY OWNED BY AND REGISTERED TO THE APPLICANT?

VEH # NAME OF OTHER OWNER

VEH # NAME OF OTHER OWNER

2. DO OVER 50% OF THE EMPLOYEES USE THEIR AUTOS IN THE BUSINESS? (no explanation needed)

3. IS THERE A VEHICLE MAINTENANCE PROGRAM IN OPERATION?

4. ARE ANY VEHICLES LEASED TO OTHERS?

5. ANY CAR MODIFIED / SPECIAL EQUIPMENT? (Include customized vans / pickups)

VEH # DESCRIPTION

COST

\$

VEH # DESCRIPTION

COST

\$

6. ARE ICC (Interstate Commerce Commission), PUC (Public Utility Commission) OR OTHER FILINGS REQUIRED?

(If "YES", attach ACORD 194) (no explanation needed)

7. DO OPERATIONS INVOLVE TRANSPORTING HAZARDOUS MATERIAL?

GENERAL INFORMATION (continued)

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

ADDITIONAL INTEREST / CERTIFICATE RECIPIENT

ACORD 45 attached for additional names

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

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

VEHICLE DESCRIPTION ☒ ACORD 129 attached for additional vehicles

VEH #	YEAR	MAKE: Composite Rated	BODY TYPE:	VEHICLE TYPE			SYM / AGE	COMP / OTC SYM	COLL SYM
		MODEL: See Attached Schedule	V.I.N.:	PP	SPEC	COML			
GARAGING ADDRESS	STREET (Required in KY)		CITY	COUNTY			STATE	ZIP	
LIC STATE NC	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL	
							COST NEW \$ 73429		
USE	COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP	RENT REIMB FG	DEDUCTIBLES
PLEASURE	RETAIL		LIAB	MED PAY		FT	COMP/OTC		AA
FARM	SERVICE		NO-FAULT	UNINS MOTOR		FTW	COLL		ST AMT
							ACV		
							COMP/OTC		
							SPEC C OF L		
							ST AMT		
							COLL		
DRIVE TO WORK / SCHOOL	< 15 MILES	15 MILES +	NET VEH DR/CR:				TOTAL PREM: \$		
VEH #	YEAR	MAKE:	BODY TYPE:	VEHICLE TYPE			SYM / AGE	COMP / OTC SYM	COLL SYM
		MODEL:	V.I.N.:	PP	SPEC	COML			
GARAGING ADDRESS	STREET (Required in KY)		CITY	COUNTY			STATE	ZIP	
LIC STATE	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL	
							COST NEW \$ 142351		
USE	COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP	RENT REIMB FG	DEDUCTIBLES
PLEASURE	RETAIL		LIAB	MED PAY		FT	COMP/OTC		AA
FARM	SERVICE		NO-FAULT	UNINS MOTOR		FTW	COLL		ST AMT
							ACV		
							COMP/OTC		
							SPEC C OF L		
							ST AMT		
							COLL		
DRIVE TO WORK / SCHOOL	< 15 MILES	15 MILES +	NET VEH DR/CR:				TOTAL PREM: \$		
VEH #	YEAR	MAKE:	BODY TYPE:	VEHICLE TYPE			SYM / AGE	COMP / OTC SYM	COLL SYM
		MODEL:	V.I.N.:	PP	SPEC	COML			
GARAGING ADDRESS	STREET (Required in KY)		CITY	COUNTY			STATE	ZIP	
LIC STATE	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL	
							COST NEW \$		
USE	COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP	RENT REIMB FG	DEDUCTIBLES
PLEASURE	RETAIL		LIAB	MED PAY		FT	COMP/OTC		AA
FARM	SERVICE		NO-FAULT	UNINS MOTOR		FTW	COLL		ST AMT
							ACV		
							COMP/OTC		
							SPEC C OF L		
							ST AMT		
							COLL		
DRIVE TO WORK / SCHOOL	< 15 MILES	15 MILES +	NET VEH DR/CR:				TOTAL PREM: \$		
VEH #	YEAR	MAKE:	BODY TYPE:	VEHICLE TYPE			SYM / AGE	COMP / OTC SYM	COLL SYM
		MODEL:	V.I.N.:	PP	SPEC	COML			
GARAGING ADDRESS	STREET (Required in KY)		CITY	COUNTY			STATE	ZIP	
LIC STATE NC	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL	
							COST NEW \$ 24289		
USE	COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP	RENT REIMB FG	DEDUCTIBLES
PLEASURE	RETAIL		LIAB	MED PAY		FT	COMP/OTC		AA
FARM	SERVICE		NO-FAULT	UNINS MOTOR		FTW	COLL		ST AMT
							ACV		
							COMP/OTC		
							SPEC C OF L		
							ST AMT		
							COLL		
DRIVE TO WORK / SCHOOL	< 15 MILES	15 MILES +	NET VEH DR/CR:				TOTAL PREM: \$		

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

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



COMMERCIAL AUTO DRIVER INFORMATION SCHEDULE

DATE (MM/DD/YYYY)

05/03/2022

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

DRIVER INFORMATION

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

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

* MARITAL STATUS / CIVIL UNION (if applicable)

ADDITIONAL COVERAGES AND ENDORSEMENTS

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

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

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

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

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

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

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

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

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

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



COMMERCIAL GENERAL LIABILITY SECTION

DATE (MM/DD/YYYY)

05/03/2022

AGENCY Sentinel Risk Advisors LLC		CARRIER MIS - Miscellaneous		NAIC CODE
POLICY NUMBER SUBTBD 7/1/2021	EFFECTIVE DATE 07/01/2022	APPLICANT / FIRST NAMED INSURED EVO Corporation		

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

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

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

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

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

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

LOC #	HAZ #	CLASS CODE	PREMIUM BASIS	EXPOSURE	TERR	RATE		PREMIUM	
						PREM / OPS	PRODUCTS	PREM / OPS	PRODUCTS
1			P	1,744,000					
CLASSIFICATION DESCRIPTION Composite Rate									
LOC #	HAZ #	CLASS CODE	PREMIUM BASIS	EXPOSURE	TERR	RATE		PREMIUM	
						PREM / OPS	PRODUCTS	PREM / OPS	PRODUCTS
CLASSIFICATION DESCRIPTION									
LOC #	HAZ #	CLASS CODE	PREMIUM BASIS	EXPOSURE	TERR	RATE		PREMIUM	
						PREM / OPS	PRODUCTS	PREM / OPS	PRODUCTS
CLASSIFICATION DESCRIPTION									
LOC #	HAZ #	CLASS CODE	PREMIUM BASIS	EXPOSURE	TERR	RATE		PREMIUM	
						PREM / OPS	PRODUCTS	PREM / OPS	PRODUCTS
CLASSIFICATION DESCRIPTION									
RATING AND PREMIUM BASIS (S) GROSS SALES - PER \$1,000/SALES (P) PAYROLL - PER \$1,000/PAY (A) AREA - PER 1,000/SQ FT (C) TOTAL COST - PER \$1,000/COST (U) UNIT - PER UNIT (M) ADMISSIONS - PER 1,000/ADM (T) OTHER									

CLAIMS MADE (Explain all "Yes" responses)

EXPLAIN ALL "YES" RESPONSES	Y / N
1. PROPOSED RETROACTIVE DATE:	
2. ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COVERAGE:	
3. HAS ANY PRODUCT, WORK, ACCIDENT, OR LOCATION BEEN EXCLUDED, UNINSURED OR SELF-INSURED FROM ANY PREVIOUS COVERAGE?	
4. WAS TAIL COVERAGE PURCHASED UNDER ANY PREVIOUS POLICY?	

EMPLOYEE BENEFITS LIABILITY

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

CONTRACTORS

AGENCY CUSTOMER ID: 00018368

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

PRODUCTS / COMPLETED OPERATIONS

PRODUCTS	ANNUAL GROSS SALES	# OF UNITS	TIME IN MARKET	EXPECTED LIFE	INTENDED USE	PRINCIPAL COMPONENTS

EXPLAIN ALL "YES" RESPONSES (For all past or present products or operations) PLEASE ATTACH LITERATURE, BROCHURES, LABELS, WARNINGS, ETC.		Y / N
1. DOES APPLICANT INSTALL, SERVICE OR DEMONSTRATE PRODUCTS?		
2. FOREIGN PRODUCTS SOLD, DISTRIBUTED, USED AS COMPONENTS? (If "YES", attach ACORD 815)		
3. RESEARCH AND DEVELOPMENT CONDUCTED OR NEW PRODUCTS PLANNED?		
4. GUARANTEES, WARRANTIES, HOLD HARMLESS AGREEMENTS?		
5. PRODUCTS RELATED TO AIRCRAFT/SPACE INDUSTRY?		
6. PRODUCTS RECALLED, DISCONTINUED, CHANGED?		
7. PRODUCTS OF OTHERS SOLD OR RE-PACKAGED UNDER APPLICANT LABEL?		
8. PRODUCTS UNDER LABEL OF OTHERS?		
9. VENDORS COVERAGE REQUIRED?		
10. DOES ANY NAMED INSURED SELL TO OTHER NAMED INSURED?		

ADDITIONAL INTEREST / CERTIFICATE RECIPIENT

ACORD 45 attached for additional names

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

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)

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

GENERAL INFORMATION (continued)

AGENCY CUSTOMER ID: 00018368

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)				Y/N
16. HAS APPLICANT BEEN ACTIVE IN OR IS CURRENTLY ACTIVE IN JOINT VENTURES?				N
17. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?				N
LEASE TO	WORKERS COMPENSATION COVERAGE CARRIED (Y/N)	LEASE FROM	WORKERS COMPENSATION COVERAGE CARRIED (Y/N)	
18. IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS OR SUBSIDIARIES?				N
19. ARE DAY CARE FACILITIES OPERATED OR CONTROLLED?				N
20. HAVE ANY CRIMES OCCURRED OR BEEN ATTEMPTED ON YOUR PREMISES WITHIN THE LAST THREE (3) YEARS?				N
21. IS THERE A FORMAL, WRITTEN SAFETY AND SECURITY POLICY IN EFFECT?				N
22. DOES THE BUSINESSES' PROMOTIONAL LITERATURE MAKE ANY REPRESENTATIONS ABOUT THE SAFETY OR SECURITY OF THE PREMISES?				N

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

SIGNATURE

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

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

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

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

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

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

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

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

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

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

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



AGENCY CUSTOMER ID: 00018368

UMBRELLA / EXCESS SECTIONDATE (MM/DD/YYYY)
05/03/2022**IMPORTANT - If CLAIMS MADE is checked in the POLICY INFORMATION section below, this is an application for a claims-made policy.**
Read all provisions of the policy carefully.

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

POLICY INFORMATION

TRANSACTION TYPE				LIMIT OF LIABILITY		RETAINED LIMIT
<input checked="" type="checkbox"/> NEW	<input checked="" type="checkbox"/> UMBRELLA	<input type="checkbox"/> OCCURRENCE	<input type="checkbox"/> VOLUNTARY	\$ 4,000,000		\$ 10,000
<input type="checkbox"/> RENEWAL	<input type="checkbox"/> EXCESS	<input type="checkbox"/> CLAIMS MADE		\$ 4,000,000		FIRST DOLLAR DEFENSE (Y / N)
EXPIRING POL #:				\$		

EMPLOYEE BENEFITS LIABILITY

LIMIT OF INSURANCE (Ea Employee) \$	AGGREGATE LIMIT FOR EBL \$	RETAINED LIMIT FOR EBL \$	RETROACTIVE DATE FOR EBL
NAME OF BENEFIT PROGRAM			

PRIMARY LOCATION & SUBSIDIARIES (ACORD 125)

#	NAME AND LOCATION OF PRIMARY AND ALL SUBSIDIARY COMPANIES (Describe Operations)	ANNUAL PAYROLL	ANN GROSS SALES	FOREIGN GROSS SALES	# EMPL
	NAME: LOCATION: DESCRIPTION:				
	NAME: LOCATION: DESCRIPTION:				
	NAME: LOCATION: DESCRIPTION:				
	NAME: LOCATION: DESCRIPTION:				
	NAME: LOCATION: DESCRIPTION:				
	NAME: LOCATION: DESCRIPTION:				

UNDERLYING INSURANCE

LIST ALL LIABILITY / COMPENSATION POLICIES IN FORCE TO APPLY AS UNDERLYING INSURANCE							+ RATING MOD
TYPE	CARRIER / POLICY NUMBER	POLICY EFF DATE	POLICY EXP DATE	LIMITS	ANNUAL RENEWAL PREMIUM		
AUTOMOBILE LIABILITY	MIS - Miscellaneous	07/01/2022	07/01/2023	CSL EAACC \$ 1,000,000	\$		
				BI EAACC \$	\$		
				BI EA PER \$	\$		
				PD EAACC \$	\$		
GENERAL LIABILITY POLICY TYPE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE	MIS - Miscellaneous	07/01/2022	07/01/2023	EACH OCCURRENCE \$ 1,000,000	\$	PREM / OPS	
				GENERAL AGGR \$ 2,000,000	\$		
				PROD & COMP OPS \$ 2,000,000	\$	PRODUCTS	
				AGGREGATE \$ 1,000,000	\$		
				PERSONAL & ADV INJURY \$ 100,000	\$	OTHER	
				DAMAGE TO RENTED PREMISES \$ 5,000	\$		
				MEDICAL EXPENSE \$ 1,000,000	\$		
EMPLOYERS LIABILITY	MIS - Miscellaneous	07/01/2022	07/01/2023	EACH ACCIDENT \$ 1,000,000	\$		
				DISEASE EACH EMPLOYEE \$ 1,000,000	\$		
				DISEASE POLICY LIMIT \$ 1,000,000	\$		
					\$		
					\$		

UNDERLYING INSURANCE (continued)**UNDERLYING GENERAL LIABILITY INFORMATION (Explain all "YES" responses)**

1. ARE DEFENSE COSTS: ☒ WITHIN AGGREGATE LIMITS? ☐ A SEPARATE LIMIT? ☐ UNLIMITED?
 (In Arkansas, the underlying General Liability coverage cannot contain defense costs within aggregate limits, but must have a separate, equal limit or must be unlimited.)
 (In Oklahoma, the underlying General Liability coverage cannot contain defense costs within the limits; subject to Commissioner's Orders.)

2. INDICATE THE EDITION DATE OF THE ISO FORM OR SIMILAR FILING FOR THE UNDERLYING COVERAGE:

3. HAS ANY PRODUCT, WORK, ACCIDENT OR LOCATION BEEN EXCLUDED, UNINSURED OR SELF-INSURED FROM ANY PREVIOUS COVERAGE? (Y / N) ☐

4. FOR CLAIMS MADE, INDICATE RETROACTIVE DATE OF CURRENT UNDERLYING POLICY:

5. FOR CLAIMS MADE, INDICATE ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COVERAGE:

6. FOR CLAIMS MADE, WAS "TAIL" COVERAGE PURCHASED FOR ANY PREVIOUS PRIMARY OR EXCESS POLICY? (Y / N) ☐ EFF. DATE: _____

CHECK ALL COVERAGES IN UNDERLYING POLICIES. ALSO CHECK IF ANY EXPOSURES ARE PRESENT FOR EACH COVERAGE. PROVIDE AN EXPLANATION. EXPLAIN IF DIFFERENT LIMITS, EXTENSIONS, OR EXCLUSIONS. EXPLAIN ANY SPECIAL COVERAGES BEYOND STANDARD FORMS. **EXPLAIN ALL EXPOSURES.**

CHECK IF APPROPRIATE	COVERAGE	EXPOSURE	COVERAGE	EXPOSURE
<input type="checkbox"/> ANY AUTO (SYMBOL 1)	<input type="checkbox"/> CARE, CUSTODY, CONTROL	<input type="checkbox"/>	<input type="checkbox"/> PROFESSIONAL LIABILITY (E&O)	<input type="checkbox"/>
<input type="checkbox"/> CGL - CLAIMS MADE	<input type="checkbox"/> EMPLOYEE BENEFIT LIABILITY	<input type="checkbox"/>	<input type="checkbox"/> VENDORS LIABILITY	<input type="checkbox"/>
<input type="checkbox"/> CGL - OCCURRENCE	<input type="checkbox"/> FOREIGN LIABILITY / TRAVEL	<input type="checkbox"/>	<input type="checkbox"/> WATERCRAFT LIABILITY	<input type="checkbox"/>
COVERAGE	EXPOSURE			
<input type="checkbox"/> AIRCRAFT LIABILITY	<input type="checkbox"/> GARAGEKEEPERS LIABILITY	<input type="checkbox"/>		
<input type="checkbox"/> AIRCRAFT PASSENGER LIABILITY	<input type="checkbox"/> INCIDENTAL MEDICAL MALPRACTICE	<input type="checkbox"/>		
<input type="checkbox"/> ADDITIONAL INTERESTS	<input type="checkbox"/> LIQUOR LIABILITY	<input type="checkbox"/>		
	<input type="checkbox"/> POLLUTION LIABILITY	<input type="checkbox"/>		

UNDERLYING INSURANCE COVERAGE INFORMATION (INCLUDE ALL RESTRICTIONS; e.g. LASER ENDORSEMENTS, DISCRIMINATION, SUBROGATION WAIVERS, OR EXTENSIONS OF COVERAGE) ACORD 101, Additional Remarks Schedule, may be attached if more space is required.

PREVIOUS EXPERIENCE: (GIVE DETAILS OF ALL LIABILITY CLAIMS EXCEEDING \$10,000 OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS, DURING THE PAST FIVE (5) YEARS, WHETHER INSURED OR NOT. SPECIFY DATE, COVERAGE, DESCRIPTION, AMOUNT PAID, AMOUNT OUTSTANDING) ACORD 101, Additional Remarks Schedule, may be attached if more space is required.

☐ NO SUCH CLAIMS

CARE, CUSTODY, CONTROL

LOC	PROPERTY TYPE	VALUE	A*	B*	C*	D*	SQ FT OF BLDG OCC
	REAL						
	PERSONAL						

OCCUPANCY / DESCRIPTION OF PERSONAL PROPERTY

*APPLICANT: [A] IS HELD HARMLESS IN THE LEASE, [B] HAS A WAIVER OF SUBROGATION, [C] IS A NAMED INSURED IN THE FIRE POLICY, [D] OTHER (specify)

VEHICLES

TYPE	# OWNED	# NON-OWNED	# LEASED	PROPERTY HAULED	RADIUS (MILES)		
					LOCAL	INTER-MEDIATE	LONG DISTANCE
PRIVATE PASSENGER							
TRUCKS	LIGHT						
	MEDIUM						
	HEAVY						
	EX. HEAVY						
TRUCKS / TRACTORS	HEAVY						
	EX. HEAVY						
BUSES							

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?					
AUTO LIABILITY					
5. ARE EXPLOSIVES, CAUSTICS, FLAMMABLES OR OTHER DANGEROUS CARGO HAULED?					
6. ARE PASSENGERS CARRIED FOR A FEE?					
7. ANY UNITS NOT INSURED BY UNDERLYING POLICIES?					
8. ARE ANY VEHICLES LEASED OR RENTED TO OTHERS?					
9. ARE HIRED AND NON-OWNED COVERAGES PROVIDED?					
CONTRACTORS LIABILITY					
10. IS BRIDGE, DAM, OR MARINE WORK PERFORMED?					
11. DESCRIBE TYPICAL JOBS PERFORMED (ACORD 101, Additional Remarks Schedule, may be attached if 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 / 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

☐

GL WITH STANDARD SUDDEN & ACCIDENTAL ONLY

☐

SEPARATE POLLUTION COVERAGE

PRODUCT LIABILITY

22. ARE MISSILES, ENGINES, GUIDANCE SYSTEMS, FRAMES OR ANY OTHER PRODUCT USED / INSTALLED IN AIRCRAFT?

 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)

25. GROSS SALES FROM EACH OF LAST THREE (3) YEARS: \$ \$ \$

PROTECTIVE LIABILITY

26. DESCRIBE INDEPENDENT CONTRACTORS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

WATERCRAFT LIABILITY

27. DOES APPLICANT OWN OR LEASE WATERCRAFT?

LOC #

OWNED

LENGTH

HORSEPOWER

LOC #

OWNED

LENGTH

HORSEPOWER

APARTMENTS / CONDOMINIUMS / HOTELS / MOTELS

28.

LOC #

STORIES

UNITS

SWIMMING POOLS

DIVING BOARDS

LOC #

STORIES

UNITS

SWIMMING POOLS

DIVING BOARDS

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

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; 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.

SIGNATURE

IF THE COMPANY TO WHICH I AM APPLYING OFFERS UNINSURED MOTORISTS (UM), UNDERINSURED MOTORISTS (UIM) AND/OR MEDICAL PAYMENTS COVERAGE IN MY STATE:

UNINSURED MOTORISTS (UM) COVERAGE: \$ _____ *

UNDERINSURED MOTORISTS (UIM) COVERAGE: \$ _____ *

MEDICAL PAYMENTS COVERAGE: \$ _____ * IF APPLICABLE IN YOUR STATE

APPLICABLE ONLY IN LOUISIANA, MONTANA, NEW HAMPSHIRE AND VERMONT

APPLICABLE ONLY IN LOUISIANA:

I ACKNOWLEDGE THAT UM COVERAGE HAS BEEN EXPLAINED TO ME, AND I HAVE BEEN OFFERED THE OPTION OF SELECTING UM LIMITS EQUAL TO MY LIABILITY LIMITS, UM LIMITS LOWER THAN MY LIABILITY LIMITS, OR TO REJECT UM COVERAGE ENTIRELY.

1. I SELECT UM LIMITS INDICATED IN THIS APPLICATION. OR
(INITIALS)

2. I REJECT UM COVERAGE IN ITS ENTIRETY.
(INITIALS)

APPLICABLE ONLY IN MONTANA:

I ACKNOWLEDGE I HAVE BEEN OFFERED UNINSURED MOTORISTS (UM) COVERAGE AND UNDERINSURED MOTORISTS (UIM) COVERAGE. I HAVE SELECTED THE LIMITS INDICATED IN THIS APPLICATION. IF NO LIMITS ARE SHOWN, I HAVE REJECTED THESE COVERAGES.

(INITIALS)

APPLICABLE ONLY IN NEW HAMPSHIRE:

I ACKNOWLEDGE THAT UM COVERAGE HAS BEEN EXPLAINED TO ME, AND I HAVE BEEN OFFERED THE OPTION OF SELECTING UM LIMITS EQUAL TO MY LIABILITY LIMITS OR TO REJECT UM COVERAGE ENTIRELY.

1. I SELECT UM LIMITS INDICATED IN THIS APPLICATION. OR
(INITIALS)

2. I REJECT UM COVERAGE IN ITS ENTIRETY.
(INITIALS)

APPLICABLE ONLY IN VERMONT:

I ACKNOWLEDGE THAT I HAVE BEEN OFFERED UM COVERAGE EQUAL TO MY LIABILITY LIMITS. I HAVE SELECTED THE LIMITS INDICATED IN THIS APPLICATION.

IMPORTANT - THE STATEMENTS (ANSWERS) GIVEN ABOVE ARE TRUE AND ACCURATE. THE APPLICANT HAS NOT WILLFULLY CONCEALED OR MISREPRESENTED ANY MATERIAL FACT OR CIRCUMSTANCE CONCERNING THIS APPLICATION. THIS APPLICATION DOES NOT CONSTITUTE A BINDER.

PRODUCER'S SIGNATURE

James Holmes, Jr.

PRODUCER'S NAME (Please Print)

James Holmes, Jr./ROYEBR

STATE PRODUCER LICENSE NO
(Required in Florida)

APPLICANT'S SIGNATURE

DATE

NATIONAL PRODUCER NUMBER