

COMMERCIAL INSURANCE APPLICATION APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)	
06/06/2022	

SDUNAWAY

_						FFLIC	ANT INFORM	IATION	SECTION	ZIN							-		
Tri	•	urance Associa	tes L	LP				CARRIE Evansto	R on Insurar	ıce	Com	pany						NAIC 0	
1 -) Box 2480 n Angelo, TX 70	6902						COMPANY POLU	POLICY OR PI	ROG	RAM NA	ME					PROGRAM CODE		
								POLICY NU	JMBER										
	NTACT Loff																		
NA	ME: Jeii	Stewart						UNDERWR	ITER					UNDER	RWRIT	ER OFFICE			
(A/	C, No, Ext): (323) 653-6733																	
(A/	C, No): (323) 653-4883						0747110 0	_		QUOTE				ISSU	IE POLICY		RENE	ΞW
AD	IAIL DRESS:							STATUS OF			BOUNE	Give [and/or At	ttach (1			
	DE:			SUBCODE:							CHANG	βE	D	ATE		TIME			AM
AG	ENCY CUSTOMER II	: JOHNEME-0	1								CANCE	L						F	PM
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INE	ICATE LINES OF BU	ISINESS	PREM	иим					PREMIUM			1					PF	REMIUM	
	BOILER & MACHIN	NERY	\$			CYBE	ER AND PRIVACY		\$			YACH					\$		
	BUSINESS AUTO		\$			FIDU	CIARY LIABILITY		\$		X	Poll	utic	n Lia	ıbili	ty	\$		
	BUSINESS OWNE	RS	\$			GARA	AGE AND DEALERS	\$								\$			
X	COMMERCIAL GE	NERAL LIABILITY	\$			LIQU	QUOR LIABILITY \$		\$								\$		
	COMMERCIAL INL	AND MARINE	\$			мото	OR CARRIER		\$								\$		
	COMMERCIAL PR	OPERTY	\$				CKERS		\$								\$		
Ļ.	CRIME		\$			UMBF	RELLA		\$								\$		
A	TACHMENTS																		
		IVABLE / VALUABLE	PAPER	RS			SS AND SIGN SECTION									LE OF VALUE	S		
	ADDITIONAL INTE	REST SCHEDULE				HOTE	EL / MOTEL SUPPLEM												
		MISES INFORMATION	SCHE	DULE		INSTA	ALLATION / BUILDERS	S RISK SECT	TION							PPLEMENT			
	APARTMENT BUIL	DING SUPPLEMENT				INTER	RNATIONAL LIABILITY	/ EXPOSURE	SUPPLEMEN	IT		VEHIC	CLE S	SCHEDU	JLE				
	CONDO ASSN BYLAWS (for D&O Coverage only) INTERNATIONAL PROP				RNATIONAL PROPER	TY EXPOSU	RE SUPPLEME	ENT											
CONTRACTORS SUPPLEMENT LOSS SUMMARY				SUMMARY															
	COVERAGES SCHEDULE OPEN CARGO SECTION				N CARGO SECTION														
	DEALERS SECTIO	N				PREM	MIUM PAYMENT SUPP	PLEMENT											
	DRIVER INFORMA	TION SCHEDULE				PROF	ESSIONAL LIABILITY	SUPPLEME	NT										
	ELECTRONIC DAT	A PROCESSING SEC	TION			REST	AURANT / TAVERN S	UPPLEMEN	Т										
PC	DLICY INFORM	IATION																	
1		PROPOSED EXP DA	TE	BILLIN	IG PL	AN	PAYMENT PLAN	метно	D OF PAYMEN	Т	AUDIT		EPO	SIT		MINIMUM PREMIUM		OLICY P	REMIUM
	07/20/2022	07/20/2023		DIRECT	X	AGENCY	Monthly				0	\$			\$		\$		
	PLICANT INFO																		
NA	ME (First Named Ins	ured) AND MAILING A	DDRES	SS (including	ZIP+	4) asina In		GL CODE		SIC				NAICS				OR SOC	
	ni E Meador Co). Box 558	onstruction Inc;	JOIIII	E Weau	Le	asing in	ic.			138						2	6-2	38502	.5
1 -	lorado, TX 7693	6-0558						BUSINESS	PHONE #: (32	25)	853-3	135							
								WEBSITE A	ADDRESS										
	1																		
X	1	JOINT VENT		RERS			OT FOR PROFIT ORG	;	SUBCHAPTER	"S" (CORPOR	RATION							
	INDIVIDUAL	LLC NO. O	IANAG	ERS:		P	ARTNERSHIP		FRUST										
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1					BUSINESS PHONE #:														
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CONT	ACT INFORM	MATION						AG	ENC	CUSTO	OMER I	D: JOHNE	EME-01		SDUNAWA
	T TYPE: ACCO		ontact					CONTACT TYPE: Inspection Contact							
CONTAC	T NAME: Rita I	Meador						CONTACT NAME: Rita Meador							
PRIMAR' PHONE #	¥ Пноме В 53-3135	X BUS	CELL	SECONDAR PHONE #	RY HOME E	BUS	CELL		MARY NE # 5) 85	ног 3-3135	ме 🗶 в	BUS CELL	SECONDARY PHONE #	НОМЕ	BUS CELL
		ss: ritamea	dor@me	adorcons	struction.com						_{RESS:} ri	tameador@	meadorconstr	uction.co	om
	ARY E-MAIL ADD									Y E-MAIL A					
PREM	ISES INFOR	MATION (Attach /	ACORD 8	323 for Additio	nal P	remises)							
LOC#	STREET						TY LIMITS		EREST		# FUL	L TIME EMPL	ANNUAL REVEN	UES: \$	8,000,00
1	905 E. Mur	cnison				X	INSIDE	X	OWN	ER		70	OCCUPIED AREA	٨:	SQ F1
BLD#	сіту:Eldora	do			STATE: TX		OUTSIDE	:	TENA	NT	# PAF	RT TIME EMPL	OPEN TO PUBLIC	C AREA:	SQ F1
1	COUNTY: Sch				ZIP: 76936								TOTAL BUILDING	AREA:	SQ F
DESCRI		ATIONS: Oilf	ield rou	stabout;	; truck & equi	pme	nt repai	r; of	fice 8	& yard			ANY AREA LEAS	ED TO OTH	ERS? Y / N
LOC#	5718 CR 12	226					TY LIMITS	INT	EREST		# FUL	L TIME EMPL	ANNUAL REVEN	UES: \$	
2						X	INSIDE	X	OWN	ER			OCCUPIED AREA	٨:	SQ F
BLD#	сіту:Midlan	d			STATE: TX		OUTSIDE	<u> </u>	TENA	NT	# PAF	RT TIME EMPL	OPEN TO PUBLIC	C AREA:	SQ F
1	COUNTY:				ZIP: 79706								TOTAL BUILDING	AREA:	SQ F1
DESCRI		ATIONS: Oilf	ield rou	stabout	& pumperof	tice							ANY AREA LEAS	ED TO OTH	ERS? Y / N
LOC#	STREET					CI	TY LIMITS	INT	EREST		# FUL	L TIME EMPL	ANNUAL REVEN	UES: \$	
							INSIDE		OWN	ER			OCCUPIED AREA	۸:	SQ F1
BLD#	CITY:				STATE:		OUTSIDE	-	TENA	NT	# PAF	RT TIME EMPL	OPEN TO PUBLIC	C AREA:	SQ F1
	COUNTY:				ZIP:								TOTAL BUILDING	AREA:	SQ F1
	PTION OF OPERA	ATIONS:									_		ANY AREA LEAS		ERS? Y / N
LOC#	JIKELI					CI	TY LIMITS	INT	TEREST		# FUL	L TIME EMPL	ANNUAL REVEN		
					T		INSIDE		OWN				OCCUPIED AREA		SQ F1
BLD#	CITY:				STATE:		OUTSIDE		TENA	MT	# PAF	RT TIME EMPL	OPEN TO PUBLIC		SQ F1
DESCRI	COUNTY:	TIONS:			ZIP:								ANY AREA LEAS		SQ FT
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	RE OF BUSI ARTMENTS		RACTOR		ANUFACTURING		RESTAURA	NIT		SERVICE		χ Construc	ction	DATE B	USINESS
—	NDOMINIUMS	\vdash	TUTIONAL		FICE	-	RETAIL			WHOLESA					ED (MM/DD/YYYY))7/20/1977
RETAIL	STORES OR SERV	/ICE OPERAT	IONS % OF	TOTAL SALE		LLATIC	ON, SERVIC		REPAIR	WORK		OFF PREMIS	ES INSTALLATION		R REPAIR WORK
	PTION OF OPERA							%						%	
ADDIT	IONAL INTE	REST (No	t all field	ds apply	to all scenario	s - pi	rovide o	nly t	he ne	cessary	y data)	Attach AC	ORD 45 for m	ore Add	itional Interests
INTERES	ST .		NAME	AND ADDRE	SS RANK:		ENCE:		RTIFICA		POLICY	SEND BI		REST IN ITE	
X ADI	DITIONAL URED	LIENHOLDEI			Any Person or								LOCATION:	В	BUILDING:
BRI WA	EACH OF RRANTY	LOSS PAYER		uzation as ntract	s Required								VEHICLE:	В	SOAT:
_	-OWNER	MORTGAGE											AIRPORT:	А	IRCRAFT:
AS	PLOYEE LESSOR	OWNER											ITEM CLASS:	ın	ГЕМ:
ow	ASEBACK NER	REGISTRAN											ITEM DESCRIP	TION	
LOS	DER'S S PAYABLE	TRUSTEE		ENCE / LOAI	N #:				ST END						
		MEEL 250		MOUNT:					(A/C, No				FAX (A/C, No):		
REASON	EASON FOR INTEREST: MEEI 2591 08 19						E-I	E-MAIL ADDRESS:							

GENERAL INFORMATION AGENCY CUSTOM	ID: ODORAVAI							
EXPLAIN ALL "YES" RESPONSES	Y/N							
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ?	N							
	ISHIP DESCRIPTION % OWNED							
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?	N							
	ISHIP DESCRIPTION % OWNED							
SUBSIDIARI COMPANI NAME	SORIF DESCRIPTION // OWNED							
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?	Y							
	e with insured							
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS? Those exposures inherent to the oil field	Y							
4. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)	Υ							
LINE OF BUSINESS POLICY NUMBER LINE OF BUSINESS	POLICY NUMBER							
CLP3640639	CLP2703780							
CUP2811162								
ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR THREE (IN OPERATIONS? (Missouri Applicants - Do not answer this question) NON-PAYMENT	YEARS FOR ANY PREMISES OR N							
. 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 REEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD. N								
7. DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY? (In RI, this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment).								
8. ANY UNCORRECTED FIRE AND/OR SAFETY CODE VIOLATIONS?	N							
OCCUR DATE EXPLANATION RESOLUTI	RESOLVE DATE							
9. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY	IRING 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							
OCCUR DATE EXPLANATION RESOLUTION	N N							
11. HAS BUSINESS BEEN PLACED IN A TRUST? NAME OF TRUST:	N							
12. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD / DI (If "YES", attach ACORD 815 for Liability Exposure and/or ACORD 816 for Property Exposure)	RIBUTED IN FOREIGN COUNTRIES?							
13. DOES APPLICANT HAVE OTHER BUSINESS VENTURES FOR WHICH COVERAGE IS NOT REQUESTED?	N							
14. DOES APPLICANT OWN / LEASE / OPERATE ANY DRONES? (If "YES", describe use)	N							
15. DOES APPLICANT HIRE OTHERS TO OPERATE DRONES? (If "YES", describe use)	N							
REMARKS / PROCESSING INSTRUCTIONS (ACORD 101, Additional Remarks Schedule, may be	ached if more space is required)							
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PRIOR CARRIER INFORMATION

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER: POLU
	CARRIER				Evanston Insurance Services
2021 - 2022	POLICY NUMBER				MKLV4ENV104083
	PREMIUM	\$	\$	\$	\$ 34,655.00
	EFFECTIVE DATE				07/20/2021
	EXPIRATION DATE				07/20/2022

PRIO	A CARRIER INFOR	(WATION (Continued)			
YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER: POLU
	CARRIER				Evanston
2016 - 2020	POLICY NUMBER				MKLV4ENV103291
	PREMIUM	\$	\$	\$	\$ 26,125.00
	EFFECTIVE DATE				07/20/2020
	EXPIRATION DATE				07/20/2021
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
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LOSS HISTORY Check if none (Attach Loss Summary for Additional Loss Information)

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

SIGNATURE

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

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU MAY HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND REQUEST CORRECTION OF ANY INACCURACIES. YOU MAY ALSO HAVE THE RIGHT TO REQUEST IN WRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. THESE RIGHTS MAY BE LIMITED IN SOME STATES. PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION.

(Not applicable in AZ, CA, DE, KS, MA, MN, ND, NY, OR, VA, or WV. Specific ACORD 38s are available for applicants in these states.)

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

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

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

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

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

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

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

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

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

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

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

PAGE 1 OF 1 SDUNAWAY

AGENCY CUSTOMER ID: JOHNEME-01

ACORD'

ADDITIONAL INTEREST SCHEDULE

DATE (MM/DD/YYYY) 06/06/2022

	NCY							CARRIER					NAIC CODE	
Trii	mble-Batje	r Ins	surance As	sociates LLP			ı	Evanston Insu	rance Co	mpany			35378	
POL	ICY NUMBER				E	FFECTIVE DA	ATE	NAMED INSURED(S)				•		
					0	7/20/2022	2 .	John E Meado	r Constri	uction Inc;	John E Meador L	.easir	ng Inc.	
AD	DITIONAL I	NTE	REST (Not	all fields apply to all so	cenarios	- provide								
	REST		(NAME AND ADDRESS RANK		EVIDENCE:		CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER			
	ADDITIONAL		LOSS PAYEE	Blkt Waiver of Subro A				CERTIFICATE	I OLIOT	OLIND DILL	LOCATION: BUILDING:			
	INSURED BREACH OF		MORTGAGEE	Person Or Organization	•						VEHICLE: BOAT:			
	WARRANTY CO-OWNER		OWNER	Required By Contract							AIRPORT: AIRCRAFT:			
	EMPLOYEE		REGISTRANT								ITEM	ITEM:		
	AS LESSOR LEASEBACK									CLASS: ITEM.				
	OWNER		TRUSTEE				l			TIEW DESCRIPTION				
	LIENHOLDER WOS			REFERENCE / LOAN #:				EREST END DATE:						
X				LIEN AMOUNT:			_	ONE (A/C, No, Ext):			FAX (A/C, No):			
REA	SON FOR INTER	REST:	MEEI 2592 0	8 19			E-M	AIL ADDRESS:	1 1	1				
INTE	REST			NAME AND ADDRESS RANK	(:	EVIDENCE:		CERTIFICATE	POLICY	SEND BILL	INTEREST IN I	TEM NU	MBER	
	ADDITIONAL INSURED		LOSS PAYEE								LOCATION:	BUILD	NG:	
	BREACH OF WARRANTY		MORTGAGEE								VEHICLE:	BOAT:		
	CO-OWNER		OWNER								AIRPORT:	AIRCR	AFT:	
	EMPLOYEE AS LESSOR		REGISTRANT								ITEM CLASS:	ITEM:		
	LEASEBACK OWNER		TRUSTEE								ITEM DESCRIPTION			
	LIENHOLDER			REFERENCE / LOAN #:			INT	EREST END DATE:						
				LIEN AMOUNT:			PHO	ONE (A/C, No, Ext):			FAX (A/C, No):			
REA	SON FOR INTER	REST:					_	AIL ADDRESS:			, , ,			
	REST			NAME AND ADDRESS RANK	<i>(</i> ·	EVIDENCE:			DOL 10Y	OFND DILL	INTEREST IN I	TEM NII	MRER	
IINI	ADDITIONAL		LOSS PAYEE	NAME AND ADDRESS KANK	٠ ا	EVIDENCE.		CERTIFICATE	POLICY	SEND BILL	LOCATION:	BUILD		
	INSURED BREACH OF		MORTGAGEE								VEHICLE:	BOAT:		
	WARRANTY													
	CO-OWNER EMPLOYEE		OWNER								AIRPORT:	AIRCR	AFT:	
	AS LESSOR		REGISTRANT								CLASS:	ITEM:		
	LEASEBACK OWNER		TRUSTEE								ITEM DESCRIPTION			
	LIENHOLDER			REFERENCE / LOAN #:			INT	EREST END DATE:						
				LIEN AMOUNT:			PHO	ONE (A/C, No, Ext):			FAX (A/C, No):			
REA	SON FOR INTER	REST:					E-M	AIL ADDRESS:	ADDRESS:					
INTE	REST			NAME AND ADDRESS RANK	‹ :	EVIDENCE:		CERTIFICATE	POLICY	SEND BILL	INTEREST IN I	TEM NU	MBER	
	ADDITIONAL INSURED		LOSS PAYEE								LOCATION:	BUILD	NG:	
	BREACH OF WARRANTY		MORTGAGEE								VEHICLE:	BOAT:		
	CO-OWNER		OWNER								AIRPORT:	AIRCR	AFT:	
	EMPLOYEE		REGISTRANT								ITEM	ITEM:		
	AS LESSOR LEASEBACK		TRUSTEE								CLASS: ITEM DESCRIPTION			
	OWNER LIENHOLDER			REFERENCE / LOAN #:			INT	EREST END DATE:						
	LIEMHOLDEN			LIEN AMOUNT:				ONE (A/C, No, Ext):			FAX (A/C, No):			
DEA	SON FOR INTER	EST.		LIER AMOUNT.			-	AIL ADDRESS:			1 AX (A/O, NO).			
		LJI.					L-IVI				INTEREST IN I			
INTE	REST ADDITIONAL		LOSS PAYEE	NAME AND ADDRESS RANK	ر: ل	EVIDENCE:		CERTIFICATE	POLICY	SEND BILL	INTEREST IN I			
	INSURED BREACH OF											BUILD		
	WARRANTY		MORTGAGEE								VEHICLE:	BOAT:		
	CO-OWNER EMPLOYEE		OWNER								AIRPORT:	AIRCR	AFT:	
	AS LESSOR		REGISTRANT								CLASS:	ITEM:		
	LEASEBACK OWNER		TRUSTEE								ITEM DESCRIPTION			
	LIENHOLDER			REFERENCE / LOAN #:			INT	EREST END DATE:						
				LIEN AMOUNT:			PHO	ONE (A/C, No, Ext):			FAX (A/C, No):			
REA	SON FOR INTER	REST:					E-M	AIL ADDRESS:						



SDUNAWAY



FORMS AND ENDORSEMENTS SCHEDULE

Page	1	of	1
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AGENCY		CARRIER NAIC CODE			
Trimble-Batjer Insurance Associates LLP		Evanston Insurance Company	35378		
POLICY NUMBER	EFFECTIVE DATE	NAMED INSURED(S)			
	07/20/2022	John F Meador Construction Inc. John F Meador Leasing In	nc.		

FORMS	FNDOF	RSEMENTS

LOC#	VEH#	BOAT#	ITEM#	FORM NUMBER	FORM NAME	EDITION DATE	COPYRIGHT OWNER CODE
				MDIL 1001	FORMS SCHEDULE	08/01/2011	
				MDEI 2015	CONTRACTOR'S POLLUTION LIABILITY SUPPLEMENTAL	11/01/2017	
				MDEI 2014	ENVIROMENTAL COMMON POLICY DECLARATIONS	11/01/2017	
				MEEI 2592	AUTOMATIC TRANSFER OF RIGHTS OF RECOVERY AGAINST	08/01/2019	
				MEEI 0017	COMMON POLICY CONDITINS	11/01/2017	
				MEEI 2591	AUTOMATIC PRIMARY & NONCONTRIBUTORY INSURANCE	08/01/2019	
				MEEI 2303	ECXLUSION - BREACH OF CONTRACT	11/01/2017	
				MEEI 2309	EXCLUSION - MOLD AND LEGIONELLA	11/01/2017	
				MEEI 2346	EXCLUSION OF CERTIFIED ACTS OF TERRORISM	11/01/2017	
				MEEI 2562	APPLICATION WARRANTY	11/01/2017	
				MEEI2308NY	NEW YORK EXCLUSION - DISIGNATED STATE	11/01/2017	
				MEEI2400TX	TEXAS CHANGES	11/01/2017	
					CHANGES - CIVIL UNION	10/01/2011	
				MEIL 1225	MINIMUM EARNED AND MINIMUM RETAINED PREMIM	08/01/2015	
				MEIL 1247			
				MJIL1000	POLICY JACKET	08/01/2010	
				MPEI 2000	EMERGENCY RESPONSE HOTLINE	12/01/2015	
				MPIL 1007	PRIVACY NOTICE	01/01/2020	
				MPIL 1039	COMMON POLICY SURPLUS LINES NOTIFICATION	01/01/2012	
				MPIL 1083	US TRES DEPART OFFICE OF FOREIGN (OFAC) ADVISORY	04/01/2015	
				MPIL1009TX	TEXAS IMPORTANT NOTICE	05/01/2020	
				MPIL1010TX	IMPORTANT POLICYHOLDER NOTICE- TEXAS SURPLUS	05/01/2010	
				MEEI 2580	SELF-INSURED RETENTION-SUBCONTRACTOR'S WARRANTY	09/01/2018	
				MEEI 0006	CONTRACTOR'S POLLUTION LIABILITY COVERAG FORM	11/01/2017	
				MEIL 1200	SERVICE OF SUIT	02/01/2020	
				MIL 1214	TRADE OR ECONOMIC SANCTIONS	09/01/2017	
				MEEI 2343	EXCLUSION - WILD FIRE	03/01/2020	
				MEEI 2314	EXCLUSION - CYBER INCIDENT, DATA COMPROMISE AND	03/01/2021	
						1	



COMMERCIAL GENERAL LIABILITY SECTION

DATE (MM/DD/YYYY)

•			CON		~ L '	OLITLI			-			/14	06	/06/2022	
AGENCY Trimble-Batjer Insurance Associates LLP								CARRIER NAIC CODE Evanston Insurance Company 35378							
POLI	CY NUMBE	R				07/20/202									
			S MADE is check ne policy careful		ERAC	SE / LIMITS s	ectio	n below, ti	his i	s an ap	plication fo	r a claims-mad	de policy.		
CO	VERAGE	s			LIM	ITS									
		IAL GENERAL LI	ABILITY			RAL AGGREGA	TE				\$	10,000,000	PRF	MIUMS	
	CLAIM	IS MADE	OCCURRENC	Œ	LIMIT	LIMIT APPLIES PER: POLICY LOCATION						1	PREMISES/OPERATIONS		
	OWNER'S 8	& CONTRACTOR'S	S PROTECTIVE					PROJECT		OTHER:					
X	X Poll Liab					PRODUCTS & COMPLETED OPERATIONS AGGREGATE \$									
DED	DEDUCTIBLES				PERSONAL & ADVERTISING INJURY \$										
	PROPERTY	/ DAMAGE	\$ _		EACI	OCCURRENCE					\$	10,000,000	OTHER		
	BODILY IN	JURY :	\$	PER CLAIM PER	DAM	AGE TO RENTED	PREM	ISES (each oc	curre	nce)	\$				
X	OTHER	;	5 25,000.00	OCCURRENCE	MED	CAL EXPENSE (Any on	e person)			\$		TOTAL		
					EMPI	OYEE BENEFIT	S				\$				
					ļ.,						\$				
			ions and/or endor: Coverages overfl		a/non-	owned auto cove	rages	attach the app	licabl	e state Bu	siness Auto Se	ction, ACORD 137)			
			_												
APPI	ICABLE ON	NLY IN WISCONSI	IN: IF NON-OWNED O	NLY AUTO COVER	AGE IS	TO BE PROVIDI	ED UND	DER THE POLI	CY:						
	M / UIM COV			AVAILABLE.		2. MEDICAL PA			Г	IS	IS NO	T AVAILABLE.			
SCI	HEDULE	OF HAZARI	DS												_
LOC				CLASS	PF	REMIUM				TERR	R/	ATE	PREM	PREMIUM	
#	#		SIFICATION	CODE		BASIS	E	(POSURE		TERR	PREM/OPS	PRODUCTS	PREM/OPS	PRODUCTS	3
1	1	Oil or Gas Well Operatations be the NI is Perform = Flat Charge.	l or Lease bythe NI or on Which rming Operations. T	90100		Т	80	000000		006					
		· · · · · · · · · · · · · · · · · · ·													
															_
RATI	NG AND PR	EMIUM BASIS	(P) F	PAYROLL - PER \$1	.000/P/	ΑΥ	((C) TOTAL COS	ST - PE	ER \$1.000	COST	(U) UNIT - PE	R UNIT		
(S) G	ROSS SALI	ES - PER \$1,000/\$		AREA - PER 1,000/S				M) ADMISSION				(T) OTHER			
CL/	AIMS MA	DE (Explain	all "Yes" respo	nses)											
EXPL	AIN ALL "Y	ES" RESPONSES												Y	/ N
1. F	ROPOSE	D RETROACT	IVE DATE:	7/20/2018											
			ITERRUPTED CLA												
3. F	IAS ANY F	PRODUCT, WO	ORK, ACCIDENT, O	R LOCATION B	EEN E	XCLUDED, U	NINSU	JRED OR SE	ELF-I	NSURE	D FROM ANY	PREVIOUS CO	VERAGE?		
4	/AO TA!	00//554055	1100114050 1115	D ANN/ PPE # 2		21.10.70									
4. V	VAS TAIL	COVERAGE P	URCHASED UNDE	K ANY PREVIO	US PO	DLICY?									
	DI OVET	DENICITO	LIADUITY												
	MPLOYEE BENEFITS LIABILITY 2. NUMBER OF EMPLOYEES COVERED BY EMPLOYEE BENEFITS DUANS.														

2. NUMBER OF EMPLOYEES:

4. RETROACTIVE DATE:

CONTRACTORS AGENCY CUSTOMER ID: JOHNEME-01 SDUNAWAY

CONTRACTORS									
EXPLAIN ALL "YES" RESPONSES (For all past or present open	rations)			Υ	/ / N				
1. DOES APPLICANT DRAW PLANS, DESIGNS, OR	SPECIFICATIONS FOR OTHERS	5?		1	N				
2. DO ANY OPERATIONS INCLUDE BLASTING OR I	2. DO ANY OPERATIONS INCLUDE BLASTING OR UTILIZE OR STORE EXPLOSIVE MATERIAL? N								
3. DO ANY OPERATIONS INCLUDE EXCAVATION, TUNNELING, UNDERGROUND WORK OR EARTH MOVING?									
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:					

DRODUCTS / COMPL	ETED ODEDATIONS					
PRODUCTS / COMPL PRODUCTS	ANNUAL GROSS SALES	# OF UNITS	TIME IN MARKET	EXPECTED LIFE	INTENDED USE	PRINCIPAL COMPONENTS
	74410742 011000 074220	<i>"</i> 0. 00	mauter	LII L		
EXPLAIN ALL "YES" RESPONS	SES (For all past or present produc	ts or operations) PLEAS	E ATTACH LIT	TERATURE, B	ROCHURES, LABELS, WARNINGS, ETC.	YI
1. DOES APPLICANT INS	STALL, SERVICE OR DEMON	STRATE PRODUCTS	?			N
2 FOREICN PRODUCTS	S SOLD, DISTRIBUTED, USEI	A S COMPONENTS) /If "VEQ" a	attach ACOR	PD 915)	N
	ELOPMENT CONDUCTED O			ILLACTI ACON	D 613)	N
o. Receptively and bevi	LEGI MENT GONDOGILD G	THE WINDSOID	L' (1111LD .			
4. GUARANTEES, WARR	RANTIES, HOLD HARMLESS	AGREEMENTS?				N
C DDODUCTO DELATED	TO AIDODAET/ODAGE INDI	ICTDV2				N
5. PRODUCTS RELATED) TO AIRCRAFT/SPACE INDU	SIKI!				
6. PRODUCTS RECALLE	ED, DISCONTINUED, CHANG	ED?				N
						N
7. PRODUCTS OF OTHE	RS SOLD OR RE-PACKAGEI	O UNDER APPLICAN I	LABEL?			IN IN
8. PRODUCTS UNDER LA	ABEL OF OTHERS?					N
9. VENDORS COVERAGI	E REQUIRED?					N
10. DOES ANY NAMED IN	SURED SELL TO OTHER NA	MED INSUREDS?				N
10000 100 1001 110 11						

SDUNAWAY

GENCY CUSTOMER ID:	JOHNEME-01
GENCY CUSTOMER ID:	

AD	DITIONAL INTEREST /	CERTIFICATE RECIPIENT	ACORE	45 attache	d for additional	names			
INTE	EREST	NAME AND ADDRESS RANK:	EVIDENCE:	CERTIFICATE			INTEREST IN	ITEM NUMBER	
	ADDITIONAL INSURED					LOCA		BUILDING:	
	EMPLOYEE AS LESSOR					ITEM CLAS	S:	ITEM:	
	LIENHOLDER					ITEM	DESCRIPTION		
	LOSS PAYEE								
	MORTGAGEE								
		REFERENCE / LOAN #:							
GE	NERAL INFORMATION	<u> </u>							
	·	For all past or present operations)							/ N
1.	ANY MEDICAL FACILITIES	S PROVIDED OR MEDICAL PROFI	ESSIONALS EMP	LOYED OR C	ONTRACTED?			N	N
2.	ANY EXPOSURE TO RAD	IOACTIVE/NUCLEAR MATERIALS	?					N	N
								N	N
3.		IT OR DISCONTINUED OPERATIC ARDOUS MATERIAL? (e.g. landfill:			EATING, DISCHAR	rging, applying, di	SPOSING, OR	l N	14
	TIVANOI ORTINO OF TIAZ	ANDOOD MATERIAL: (e.g. landilli	s, wastes, ruer tarr	K3, 610)					
_	ANIV ODERATIONS SOLE	ACCUIRED OR DIOCONTINUES	INIT ACT EN /E / 5	VEADOO				N.	N
4.	ANY OPERATIONS SOLD,	, ACQUIRED, OR DISCONTINUED	IN LAST FIVE (5)	YEARS?				"	14
5	DO YOU RENT OR LOAN E	EOLIIDMENT TO OTHERS?						l N	N
J.	EQUIPMENT	-QUIFMENT TO OTTIENS:			TYPE OF	EQUIPMENT	INSTRUCTION		•
	LQOIFMENT				SMALL TOOLS	LARGE EQUIPMENT		GIVEN (17N)	
					SMALL TOOLS	LARGE EQUIPMENT			
6	ANY WATERCRAFT DOC	KS, FLOATS OWNED, HIRED OR	L EASED2		OWALL TOOLS	EAROE EQUI WENT	'		N
0.	ANT WATERONAL I, DOO	NO, I EDATO OWNED, TIINED ON	LLAOLD:					-	
7.	ANY PARKING FACILITIES	S OWNED/RENTED?						N	N
8.	IS A FEE CHARGED FOR	PARKING?						N	N
9.	RECREATION FACILITIES	PROVIDED?						N	N
10.	ARE THERE ANY LODGIN	IG OPERATIONS INCLUDING APA	ARTMENTS? (If "	YES", answer	the following):			N	N
	# APTS TOTAL APT	AREA DESCRIBE OTHER LODGING	OPERATIONS						
		Sq. Ft.							
11.	IS THERE A SWIMMING PO	OOL ON PREMISES? (Check all the	at apply)					N	N
	APPROVED FENCE	LIMITED ACCESS DIVING B	BOARD SLID	E ABOV	E GROUND IN	GROUND LIFE (GUARD		
12.	ARE SOCIAL EVENTS SP	ONSORED?						N	N
13.	ARE ATHLETIC TEAMS SF			1				^	N
	TYPE OF SPORT	SPORT (Y/N) AGE GROUP	13 - 18	TYPE OF SF	PORT	SPORT (Y/N) AGE GR	OUP	13 - 18	
		12 & UNDER	OVER 18				& UNDER	OVER 18	
	EXTENT OF SPONSORSHIP:			EXTENT OF	SPONSORSHIP:				
14. ANY STRUCTURAL ALTERATIONS CONTEMPLATED?								N	
15. ANY DEMOLITION EXPOSURE CONTEMPLATED?									N

<u>GL</u>	NEKAL INI OKWATION (CONTINUES)						
EXF	LAIN ALL "YES" RESPONSES (For all past or present operation	ons)			Y/N		
16.	HAS APPLICANT BEEN ACTIVE IN OR IS CURREN	ITLY ACTIVE IN JOINT VEN	TURES?		N		
17.	DO YOU LEASE EMPLOYEES TO OR FROM OTHER	R EMPLOYERS?			N		
	LEASE TO	WORKERS COMPENSATION COVERAGE CARRIED (Y/N)	LEASE FROM	WORKERS COMPENSATION COVERAGE CARRIED (Y/N)			
18.	18. IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS OR SUBSIDIARIES?						
19.	19. ARE DAY CARE FACILITIES OPERATED OR CONTROLLED?						
20.	HAVE ANY CRIMES OCCURRED OR BEEN ATTEM	MPTED ON YOUR PREMISE	S WITHIN THE LAST THREE	: (3) YEARS?	N		
	21. IS THERE A FORMAL, WRITTEN SAFETY AND SECURITY POLICY IN EFFECT? On file with insured						
22.	DOES THE BUSINESSES' PROMOTIONAL LITERA	TURE MAKE ANY REPRES	ENTATIONS ABOUT THE SA	FETY OR SECURITY OF THE PREMISES?	N		

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

SIGNATURE

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

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

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

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

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

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

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

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

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

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

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print) Jeff Stewart	(Required in Florida)	
APPLICANT'S SIGNATURE		DATE	NATIONAL PRODUCER NUMBER

	GE 1 OF 1
* Code POLF; Description Pollution Liability; Limit 1 \$1,000,000; Description 2 Non-owned disposal Site Pollution \$1,000,000	