A	CORD®						_	AL INSURA CANT INFORM		_			ΑT	ION				D		(MM/DI	D/YYYY) 023
AGE	ENCY								CA	RRIE	R									NAI	C CODE
	P Advisors, LLC																				
215	50 S Central Expw	y							COI	MPANY	POLICY OR PR	ROGR	AM NA	ME					PR	OGRAN	1 CODE
	ite # 280	•																			
Мс	Kinney						-	TX 75070	POI	LICY NU	MBER										
	-,										ECKCO										
COI	NTACT Brandon Ar	nder	son							DERWR					Т,	UNDER	WRITER	R OFFICE			
PHC	ONE (800) /							_	0.4.	D_IXVII	Liv					ONDEN	•••••	(OI I IOL			
(A/C	C, No, Ext): (000) =											<u> </u>	01107			ТТ	100115	DOL 101/	\top	1 55	-NIEVA/
(A/C	, NO):								STA	ATUS OF		×	QUOT			ш		POLICY	L	RE	NEW
ADI	DRESS: Danderson	iwg	dpadvisors.co	וווכ	1				TRA	ANSACT	ION			D (Give Da	te an DA		icn Copy	y): TIME			a
COI	DE:		2040047		SUBCODE:						-		CHAN				.			<u> </u>	AM
	ENCY CUSTOMER ID:		0019617										CANC	EL (J2/0 ⁻	1/2023		12:01			PM
	IES OF BUSINES																		_		
IND	ICATE LINES OF BUS		S	PR	EMIUM	,					PREMIUM			1					'	PREMIL	JM
	BOILER & MACHINE	RY		\$			CYBI	ER AND PRIVACY			\$			YACHT						<u> </u>	
×	BUSINESS AUTO			\$			FIDU	ICIARY LIABILITY			\$;	•	
	BUSINESS OWNERS	S		\$			GAR	AGE AND DEALERS			\$;	5	
×	COMMERCIAL GENE	ERAL	LIABILITY	\$			LIQU	JOR LIABILITY			\$									•	
	COMMERCIAL INLA	ND M	ARINE	\$			мот	OR CARRIER			\$									5	
	COMMERCIAL PROF	PERT	Υ	\$			TRU	CKERS			\$								•	5	
	CRIME			\$		×	ИМВ	RELLA			\$:	5	
ΑT	TACHMENTS			_			•							_							
	ACCOUNTS RECEIV	/ABLE	/ VALUABLE PA	PER	RS		GLAS	SS AND SIGN SECTION						STATEM	MENT	/ SCHE	DULE (OF VALUES			
	ADDITIONAL INTERE	EST S	CHEDULE				нот	EL / MOTEL SUPPLEME	NT					STATE	SUPF	PLEMEN	IT (If ap	plicable)			
	ADDITIONAL PREMI	SES	NFORMATION S	CHE	EDULE		INST	ALLATION / BUILDERS	RISK	SECTIO	N			VACAN	T BU	ILDING S	SUPPLE	EMENT			
	APARTMENT BUILDI	ING S	SUPPLEMENT				INTE	RNATIONAL LIABILITY I	EXPC	OSURE S	SUPPLEMENT			VEHICL	E SC	HEDULI	E				
	CONDO ASSN BYLA			e onl	lv)		_	RNATIONAL PROPERT				т	-	1							
	CONTRACTORS SU				-37		-	S SUMMARY						+							
	COVERAGES SCHE						-	N CARGO SECTION						+							
	DEALERS SECTION		•				-	MIUM PAYMENT SUPPL	EME	NT				-							
	DRIVER INFORMATI		CHEDITIE				_	FESSIONAL LIABILITY S			т			-							
	ELECTRONIC DATA			ON			-		RN SUPPLEMENT												
				OIN			RES	TAURANT / TAVERN SU	PPLE	IVIENI											
	LICY INFORMAT		N POSED EXP DA	1	DILLING D			DAVAGNIT DI ANI	_	METUO	D OF DAVISED	. T	ALIBIT				l M	MINIMUM	$\overline{}$	DOL 101	/ DDF1411114
PKC	02/01/2023		02/01/2024	'E	DIRECT >		SENCY	PAYMENT PLAN		METHO	D OF PAYMEN	'	AUDIT	\$	POS	"	\$ \$	REMIUM		0.00	PREMIUM
AP	PLICANT INFOR	RMA	TION					•													
NAN	ME (First Named Insur	ed) A	ND MAILING A	DDRE	ESS (including ZIP+	-4)			GL	CODE		SIC				NAICS			FEIN	OR SC	C SEC #
Sp	eckCo, LLC																		80-	31413	6
513	3 Scott Dr.								BUS	SINESS	PHONE #:				!_						
									WE	BSITE A	DDRESS										
Big	Spring						-	TX 79720													
	CORPORATION	T	JOINT VENTU	JRE				NOT FOR PROFIT ORG			SUBCHAPTER	"S" C	ORPO	RATION							
	INDIVIDUAL	 			MBERS 1	ŀ	_	PARTNERSHIP		\vdash	RUST	_				ш	J				
NAI	ME (Other Named Insu	ired)	-			+4)		-	GL	CODE		SIC				NAICS			FEIN	OR SC	C SEC #
									DII	CINECC	PHONE #:										
									WE	BSITE	DDRESS										
	CORPORATION		JOINT VENTU		MDEDC	L	1	NOT FOR PROFIT ORG			SUBCHAPTER	"S" C	ORPO	RATION							
	INDIVIDUAL		LLC NO. OI	- ME IANA	MBERS AGERS:		F	PARTNERSHIP		1	RUST			_							
NAN	ME (Other Named Insu	ıred)	AND MAILING A	DDR	RESS (including ZIP	+4)			GL	CODE		SIC				NAICS			FEIN	OR SC	C SEC #
									BUS	SINESS	PHONE #:		_								
									WE	BSITE A	DDRESS										
		_	T.a							T 1.			0057								
	CORPORATION	<u> </u>	JOINT VENTU		MBERS	-	_	NOT FOR PROFIT ORG		\vdash	SUBCHAPTER	o C	JKYUI	AHON]				
INDIVIDUAL LLC NO. OF MEMBERS PARTNERSHIP					TRUST																

CONTACT INFORMATION AGENCY CUSTOMER ID: 00019617

CONTA	CINFO	RIVIA	ATION														
CONTAC	ONTACT TYPE: Contact								CONTACT TYPE:								
CONTAC	I INCHIL.	Mike	Speck							ONTACT	NAME:						
PRIMARY PHONE #	<u></u> □ ⊦	IOME	⊠ BUS □ C	ELL S	ECOND HONE #	ARY HOME E	BUS	CELL	P P	RIMARY HONE #	□ н	OME _	BUS CELL	SECONDARY PHONE #	HOME BU	JS CELL	
	35-1021					•											
		DDEC	· · · · · · · · · · · · · · · · · · ·	l l						DIMADVI	E-MAIL ADD	DDECC.		Ļ			
	E-MAIL AD																
	ARY E-MAIL			-l- A C C	DD 00	0 fa A -l -liti a a l D		\	S	ECONDA	RY E-MAIL	ADDRES	58:				
				CN ACO	KD 82	3 for Additional P						T					
LOC#	STREET	513	Scott Dr.					CITY LIMITS	` H	INTERES		#1	ULL TIME EMPL	ANNUAL REVENUES	<u>): \$</u>		
1								INSIDI	E [∑ owi	NER		0	OCCUPIED AREA:		SQ FT	
BLD#	сіту: В	ig Sp	ring			STATE: TX		OUTS	IDE	TEN	ANT	# F	PART TIME EMPL	OPEN TO PUBLIC AI	REA:	SQ FT	
1	COUNTY:					ZIP: 79720							0	TOTAL BUILDING AF	REA: 2,400	SQ FT	
DESCRIP	TION OF OF	PERAT	rions: Clear	n up, mov	v grass	s, pulls weeds and m	nainta	ain comm	nercia	l bus pr	emises			ANY AREA LEASED	TO OTHERS? Y	/ N	
LOC#	STREET						С	ITY LIMITS	s	INTERES	Г	# F	ULL TIME EMPL	ANNUAL REVENUES	3: \$		
								INSIDI	_E ├	OWI	NER			OCCUPIED AREA:		SQ FT	
BLD#	CITY:					STATE:	+	OUTS	-	TEN		# F	PART TIME EMPL	OPEN TO PUBLIC AI		SQ FT	
J. J	COUNTY:						+	- 0010			7.4.4.1	" '	ART TIME LIME				
						ZIP:								TOTAL BUILDING AF		SQ FT	
	TION OF OF	PERAT	TIONS:											ANY AREA LEASED		/ N	
LOC#	STREET						C	ITY LIMITS	s L	INTERES	Г	# F	TULL TIME EMPL	ANNUAL REVENUES	3: \$		
								INSIDI	E	OWI	NER			OCCUPIED AREA:		SQ FT	
BLD#	CITY:					STATE:		OUTS	IDE	TEN	ANT	# F	PART TIME EMPL	OPEN TO PUBLIC AI	REA:	SQ FT	
	COUNTY:					ZIP:								TOTAL BUILDING AF	REA:	SQ FT	
DESCRIPTION OF OPERATIONS:											ANY AREA LEASED	TO OTHERS? Y	/ N				
LOC#	STREET							ITY LIMITS	<u>. </u>	INTERES		# 5	ULL TIME EMPL	ANNUAL REVENUES			
200 #	OTT.						F	INSIDI	` -	_		"'	OLL TIME LIM L		· •	CO ET	
						T	_		-	OWI				OCCUPIED AREA:		SQ FT	
BLD#	CITY:					STATE:		OUTS	IDE	TEN	ANT	# F	PART TIME EMPL	OPEN TO PUBLIC AI	REA:	SQ FT	
	COUNTY:					ZIP:								TOTAL BUILDING AF	₹EA:	SQ FT	
DESCRIP	TION OF OF	PERAT	TIONS:											ANY AREA LEASED	TO OTHERS? Y	/ N	
NATUR	E OF BU	ISINI	ESS														
	RTMENTS		CONTRA	CTOR		MANUFACTURING		RESTAU	RANT		SERVICE	:			DATE BUSINE STARTED (MN	SS M/DD/VVVV	
	NDOMINIUM		INSTITUT			OFFICE		1	10 111		WHOLES				STARTED (WIN	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
			Y OPERATIONS	IONAL		OFFICE		RETAIL			WHOLES	SALE					
				silfiold lo	notiona	; drives by each loca	otion	doily to a	oo if	anythin	, io miooir	20					
Site Sup	Jei visioii,	piace	s cameras at t	Jillielu lot	Jalions	, unives by each loca	alion	ually to s	occ II	arrytriiri	y is illissii	ig					
													T				
							LLAII	ION, SERV	ICE O	R REPAIR	WORK		OFF PREMIS	ES INSTALLATION, SE		AIR WORK	
RETAIL S	TORES OR	SERV	ICE OPERATION	S % OF TO	TAL SAI	LES:				%					%		
DESCRIP	TION OF OF	PERAT	TIONS OF OTHER	NAMED II	NSURED	os											
<u> </u>																	
ADDIT	IONAL IN	ITER	EST (Not all	fields a	oply to	all scenarios - p	rovic	de only	the n	ecessa	ry data)	Attac	h ACORD 45	or more Addition	nal Interests		
INTERES				NAME A	ND ADDI	RESS RANK:	EVII	DENCE:		CERTIFIC	ATE	POLIC	Y SEND BI	LL INTERE	EST IN ITEM NUI	MBER	
INS	DITIONAL URED	L 1	LIENHOLDER											LOCATION:	BUILDII	NG:	
BRE	ACH OF		LOSS PAYEE											VEHICLE:	BOAT:		
	OWNER		MORTGAGEE											AIRPORT:	AIRCRA	AFT:	
EMF	PLOYEE	H	OWNER											ITEM	ITEM:		
LEA	LESSOR SEBACK	\vdash	REGISTRANT											CLASS: ITEM DESCRIPTION			
ow	NER DER'S	\vdash		DEEE-	NOE / : -	DAN #.		1	11/17-	DECT	DATE			- ITEM DESCRIPTIO	,,,		
	S PAYABLE		TRUSTEE	REFERE		JAN #:				REST ENI							
	LIEN AMOUNT:					PHONE (A/C, No, Ext): FAX (A/C, No):											
REASON	EASON FOR INTEREST: E					E-MAIL ADDRESS:											

GEI	NERAL INFOR	MATION					,	AGENOT		OTOMEK ID.				
EXP	AIN ALL "YES" RE	ESPONSES												Y/N
1a.	IS THE APPLICA	ANT A SUBS	SIDIARY	Y OF ANOTHER ENT	TTY?									N
	PARENT COMPA	NY NAME								RELATIONSHIP D	SCRIPTION		% OWNED	
1b.	DOES THE APP	PLICANT HA	VE ANY	Y SUBSIDIARIES?										N
	SUBSIDIARY CO	MPANY NAM	IE							RELATIONSHIP DI	SCRIPTION		% OWNED	
2.	IS A FORMAL S	AFETY PRO	OGRAM	IN OPERATION?										Υ
	SAFETY MA	ANUAL	S	AFETY POSITION	М	ONTHLY MEETINGS		OSHA						
3.	ANY EXPOSUR	E TO FLAM	IMABLE	S, EXPLOSIVES, CH	HEMICAL	_S?								N
4.	ANY OTHER IN	SURANCE \	WITH T	HIS COMPANY? (Lis	st policy	numbers)								N
	LINE OF BUSINE	ss		POLICY NUMBER			LINE	OF BUSINES	ss		POLICY NUMBER			
5.						ON-RENEWED DURIN	IG THE	PRIOR TH	IRE	E (3) YEARS FO	R ANY PREMISES	OR		N
		_	 -	ints - Do not answer	-			7						
	NON-PAYMENT AGENT NO LONGER REPRESENTS CARRIER NON-RENEWAL UNDERWRITING CONDITION CORRECTED (Describe):													
6	NON-RENEWAL UNDERWRITING CONDITION CORRECTED (Describe): 6. ANY DAST LOSSES OF CLAIMS BELATING TO SEVIJAL ARRISE OF MOLESTATION ALLEGATIONS, DISCRIMINATION OF NEGLIGENT HIDING?													N
0.	6. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?													"
-	DUDING THE L	A OT EIL/E V	EADS (TEN IN DIV HAS ANY	V ADDI I	CANT BEEN INDICTE	D EOD		ICTI		DEE OE THE ODIA	AE OE EDA	UID.	
7.						IN CONNECTION WIT						VIE OF FRA	NOD,	N
	(In RI, this quest	tion must be	answe	red by any applicant f		erty insurance. Failure						meanor pu	ınishable	
	by a sentence of	f up to one y	ear of i	mprisonment).										
8.	ANY UNCORRE	CTED FIRE	E AND/C	OR SAFETY CODE V	IOLATIO	NS?								N
	OCCUR DATE	EXPLANAT	TION						RES	SOLUTION			RESOLVE DATE	
9.	HAS APPLICAN	T HAD A FC	DRECLO	DSURE, REPOSSES	SION, B	ANKRUPTCY OR FILI	ED FOF	R BANKRUI	PTC	Y DURING THE	LAST FIVE (5) YEA	ARS?		N
	OCCUR DATE	EXPLANAT	TION						RES	SOLUTION			RESOLVE DATE	
10.	HAS APPLICAN	T HAD A JU	JDGEMI	ENT OR LIEN DURIN	IG THE I	LAST FIVE (5) YEARS	3?							N
	OCCUR DATE	EXPLANAT	TION						RES	SOLUTION			RESOLVE DATE	
11.	HAS BUSINESS	BEEN PLA	CED IN	ATRUST? NAME	OF TRUS	ST:								N
12.						SUTED IN USA, OR US D 816 for Property Exp			LD /	DISTRIBUTED I	N FOREIGN COUN	NTRIES?		N
13	•					WHICH COVERAGE			TED	?				N
'``	JOLO MITLION		, , , <u>, </u>	VENTOR	_0 : 01	OVERAGE	.0 1401		U	•				''
14	DOES APPLICA	NT OWN / I	I FASE	/ OPERATE ANY DRO	ONES?	(If "YES", describe use	a)							N
'	DOLO ALL LION	ari Ovviv, L	LLAGE	OI LIVIL AND DIV	OIVLO:	(ii TEO , describe da	٥)							"
15	DOES APPLICA	NT HIRE O	THERS	TO OPERATE DRON	NES2 (If	f "YES", describe use)								N
10.	DOLO ALL LION	ari ilike o	TTILITO	TO OF ERVILE BROK	1 LO: (II	TEO, describe use,								''
L	AADKS / DDO	CECCINC	INICTE	LICTIONS (ACOD	D 404	Additional Dames	lea Cal	مد جاریات م		ha attachad if				
KEI	MARKS / PRO	CESSING	INSTR	RUCTIONS (ACOR	, וטו	Additional Remar	KS SCI	neaule, m	ıay	be attached if	more space is i	requirea)		
1														
L_														
PRI	OR CARRIER	INFORMA	ATION											
YEA				GENERAL LIABILITY		AUTOM	OBILE			PROP	ERTY	OTHER:		
	CARRIER													
1	POLICY NUME	BER												
1	PREMIUM		\$			\$			\$			\$		
1	EFFECTIVE D	ATE							T					
L	EXPIRATION [DATE												

PRIOR CARRIER INFORMATION (continued)

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

LOSS HISTORY	′	Check if none	e (Attach Loss Summary for A					
ENTER ALL CLAIMS	OR LOSSES (RE	GARDLESS OF FAULT AN	D WHETHER OR NOT INSURED) OR OCCURE	RENCES THAT MAY GI	VE RISE TO CLAIMS			
FOR THE LAST	YEARS	TOTAL LOSSES: \$						
DATE OF CCCURRENCE LINE TYPE / DESCRIPTION			PTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	SUBRO- GATION Y/N	CLAIM OPEN Y/N
								ĺ

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) John Powter/ANDY1		STATE PRODUCER LICENSE NO (Required in Florida)		
	John Fowler/ANDT1				
APPLICANT'S SIGNATURE		DATE	NATIONAL PRODUCER NUMBER		

						AC	SENCY CUST	OME	R ID: 00019617						
ACC	ORD	ð	COMM	IERCI <i>!</i>	AL GENER	RAL L	.IABILIT	Y S	SECTION			E (MM/DD/YYY	· ·		
AGENCY			,			CAR	RRIER					NAIC COD			
GDP Advi	-												\longrightarrow		
POLICY NUI					EFFECTIVE DA		ICANT / FIRST NA	AMED IN	ISURED						
23-24 SPI					02/01/202		ckCo, LLC								
		CLAIMS MADE ons of the polic		the COVER	≀AGE / LIMITS se	ection belo	ow, this is an	appli	ication for a claims	s-made polic	y.				
COVERA	GES				LIMITS										
Ж сомм	ERCIAL GEI	NERAL LIABILITY			GENERAL AGGREGA	ATE			\$ 2,000,000		PR	EMIUMS			
c	CLAIMS MADE	E	OCCURRENCE		LIMIT APPLIES PER:	: X P	OLICY L	LOCATIO	ON	PR	REMISES/OP	ERATIONS			
OWNE	R'S & CONT	RACTOR'S PROTEC	CTIVE		l	P	ROJECT	OTHER:							
					PRODUCTS & COMP	LETED OPER	RATIONS AGGRE	GATE	\$ 2,000,000	PR	ODUCTS				
DEDUCTIBL	.ES				PERSONAL & ADVER	RTISING INJU	JRY		\$ 1,000,000 \$ 1,000,000						
PROPERTY DAMAGE \$					EACH OCCURRENCE	,E	ОТ	OTHER							
BODILY INJURY \$ PER CLAIM					DAMAGE TO RENTE	D PREMISES									
\$ PER OCCURRENCE					MEDICAL EXPENSE	(Any one per	·son)		\$ 5,000	то	TAL				
					EMPLOYEE BENEFIT	TS									
				ſ		\$									
OTHER COV	ERAGES, R	ESTRICTIONS AND	/OR ENDORSEMEN	NTS (For hired/i	non-owned auto cover	rages attach t	the applicable sta	ite Busii	ness Auto Section, ACOI	RD 137)					
APPI ICABI	F ONLY IN V	WISCONSIN: IF NO	N-OWNED ONLY A	LITO COVERAC	GE IS TO BE PROVIDE	-D LINDER TH	IF POLICY:								
	COVERAGE		IS NOT AVAIL		2. MEDICAL P		_	ıs	IS NOT AVAIL	ΔRI F.					
					zards, may be atta					ADLL.					
SCHLDO	LE OF 112			dule of riaz	arus, may be au	acheu ii ii	Note Space 13		ATE	Τ	PREMIU	·M			
LOC#	HAZ#	CLASS CODE	PREMIUM BASIS	EX	(POSURE	TERR	PREM / OP		PRODUCTS	PREM / OF		PRODUCT	TQ		
1		<u> </u>	S	442,000		+	1100, C.	-	TRODUCTO	1112	+	- INODUS.	<u> </u>		
	ATION DESC	·DIDTION		472,000											
Revenue	HOR DECE	AIT HOIL													
		CLASS	PREMIUM			T	T	R/	ATE		PREMIU		-		
LOC#	HAZ#	CODE	BASIS	EX	(POSURE	TERR	PREM / OP		PRODUCTS	PREM / OF		PRODUCT	гs		
1	$\overline{}$		Р	117,000		+			110200.5		- 		<u> </u>		
	ATION DESCI	·DIDTION	1.	117,000											
Payroll	HON DEGG.	KIP HON													
		CLASS	PREMIUM	Ev	(DOCUBE	TERR		R.A	ATE		PREMIU	М			
LOC#	HAZ#	CODE	BASIS	E^	(POSURE	TERR	PREM / OP	's	PRODUCTS	PREM / OF	s	PRODUCT	rs		
CLASSIFICA	ATION DESC	RIPTION				1	1			1					
DATING AN	D PREMIUM	DAGIG	(D) DAVE	OLL - PER \$1,00	MOO/DAV	(C) T(OTAL COST - PER	£4.000/	OOOT (II	I) UNIT - PER UNI			-		
		R \$1,000/SALES		A - PER 1,000/SC			DMISSIONS - PER		·) ONIT - PER UNI) OTHER	,1				
CI AIMS	MADE (E	xplain all "Yes'	" resnonses)												
	LL "YES" RE	-	Tesponses,										Y/N		
		ROACTIVE DATE:											1,		
		O UNINTERRUPT			GE:										
						TIDED OR S	PELE INGLIBED	EPON/	1 ANY PREVIOUS CO	/EDAGE?			Т		
3. HAG A	T FRODO.	JI, WUNN, AUGI	JENI, OR LOOK	.HON BELIN E	:XGLUDED, ONING	UKED ON C)ELF-INOUNLD	FROIV	TANT PREVIOUS CO	VERAGE:					
4. WAS TA	AIL COVER	AGE PURCHASE	D UNDER ANY	PREVIOUS P	OLICY?										
													1		

EMPLOYEE BENEFITS LIABILITY

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

ONTRACTORS AGENCY CUSTOMER ID: 00019617

CONTRACTORS		AGENCI COSTOMER ID		
EXPLAIN ALL "YES" RESPONSES (For all past or present op	erations)			Y/N
1. DOES APPLICANT DRAW PLANS, DESIGNS, OR S	PECIFICATIONS FOR OTHERS?			N
2. DO ANY OPERATIONS INCLUDE BLASTING OR U	TILIZE OR STORE EXPLOSIVE M	IATERIAL?		N
3. DO ANY OPERATIONS INCLUDE EXCAVATION, TO	INNELING, UNDERGROUND WO	RK OR EARTH MOVING?		N
4. DO YOUR SUBCONTRACTORS CARRY COVERAGE	GES OR LIMITS LESS THAN YOU	RS?		N
5. ARE SUBCONTRACTORS ALLOWED TO WORK W	THOUT PROVIDING YOU WITH.	A CERTIFICATE OF INSURANCE?		N
6. DOES APPLICANT LEASE EQUIPMENT TO OTHER	RS WITH OR WITHOUT OPERATO	DRS?		N
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
····						
	TALL, SERVICE OR DEMONSTI		ATTACH LITER	RATURE, BRO	CHURES, LABELS, WARNINGS, ETC.	Y/N N
. DOES AFFEICANT INS	TALL, SERVICE OR DEMONSTI	VALE PRODUCTS!				IN .
. FOREIGN PRODUCTS	SOLD, DISTRIBUTED, USED A	S COMPONENTS? (If ")	ES", attach A	ACORD 815)		N
. RESEARCH AND DEVE	LOPMENT CONDUCTED OR N	EW PRODUCTS PLANN	IED?			N
. GUARANTEES, WARRA	ANTIES, HOLD HARMLESS AGI	REEMENTS?				N
. PRODUCTS RELATED	TO AIRCRAFT/SPACE INDUSTI	RY?				N
PRODUCTS RECALLED	D, DISCONTINUED, CHANGED	>				N
. TRODUCTO REGREEE	5, BIOOGIVIINOEB, OHNINOEB	•				"
. PRODUCTS OF OTHER	S SOLD OR RE-PACKAGED U	NDER APPLICANT LABI	EL?			N
. PRODUCTS UNDER LA	BEL OF OTHERS?					N
. TRODUCTO ONDER EX	BLE OF OTHEROS					"
. VENDORS COVERAGE	REQUIRED?					N
O DOES ANY NAMED INS	SURED SELL TO OTHER NAME	D INSUBERS2				N
U. DOES ANT NAMED INS	SOILD SELL TO OTHER NAME	D INGUNEDO!				iv.

AD	DITIONAL INTEREST / C	ERTIFICATE RECIPIENT		ACORE	0 45 attached	fo	r additional name	es			
INT	EREST	NAME AND ADDRESS RANK:	EVIDEN	CE:	CERTIFICATE				INTEREST IN	ITEM NUMBE	R
	ADDITIONAL INSURED			•	-	_		LOCAT	TION:	BUILDING:	
	EMPLOYEE AS LESSOR							ITEM CLASS	<u>.</u>	ITEM:	
	LENDER'S LOSS PAYABLE								ESCRIPTION	1	
	LIENHOLDER										
	LOSS PAYEE										
	MORTGAGEE										
	MORTOAGEE	REFERENCE / LOAN #:									
느	NEDAL INCODMATION	REFERENCE / LOAN #.									
_	NERAL INFORMATION										
-		for all past or present operations)	01011110		-D OD OOLITO		FERR				Y/N
1.	ANY MEDICAL FACILITIES F	PROVIDED OR MEDICAL PROFES	SIONALS E	MPLOYE	ED OR CONTRA	ΑC	IED?				N
l											
2.	ANY EXPOSURE TO RADIO	ACTIVE/NUCLEAR MATERIALS?									N
3.	DO/HAVE PAST, PRESENT	OR DISCONTINUED OPERATIONS	S INVOLVE	(D) STOF	RING, TREATING	G, I	DISCHARGING, APP	LYING, DISPOSING,	OR		N
l	TRANSPORTING OF HAZA	RDOUS MATERIAL? (e.g. landfills,	wastes, fue	I tanks, e	tc)						
4.	ANY OPERATIONS SOLD, A	CQUIRED, OR DISCONTINUED IN	LAST FIVE	(5) YEA	RS?						N
l											
5.	DO YOU RENT OR LOAN E	QUIPMENT TO OTHERS?									N
•	EQUIPMENT	<u> </u>					TYPE OF EQI	LIIPMENT	INSTRUCTION	GIVEN (Y/N)	
	Egon merri						SMALL TOOLS	LARGE EQUIPMENT	INC INCOTION	OIVER (IM)	
							SMALL TOOLS				
_	ANNUMETER OF A ST. DOOMS	S S S A TO S MANER AND ED S D LE	10500				SWALL TOOLS	LARGE EQUIPMENT			
6.	ANY WATERCRAFT, DOCKS	S, FLOATS OWNED, HIRED OR LEA	ASED?								N
7.	ANY PARKING FACILITIES ()WNED/RENTED?									N
8.	IS A FEE CHARGED FOR PA	ARKING?									N
9.	RECREATION FACILITIES P	ROVIDED?									N
10.	ARE THERE ANY LODGING	OPERATIONS INCLUDING APAR	TMENTS?	(If "YES"	, answer the follo	owi	ng):				
	# APTS TOTAL APT	AREA DESCRIBE OTHER LODGING	G OPERATIO	NS							
		Sq. Ft.									
11.	IS THERE A SWIMMING PO	OL ON PREMISES? (Check all tha	it apply)								N
	APPROVED FENCE	LIMITED ACCESS DIVING	BOARD	SLIE	DE ABOV	Æ G	ROUND IN GR	OUND LIFE G	UARD		
12.	ARE SOCIAL EVENTS SPO	NSORED?									N
l											
13	ARE ATHLETIC TEAMS SPO	NSORED?									-
13.	TYPE OF SPORT	CONTACT			TYPE OF SP		- -	CONTACT			
l	TIPE OF SPORT	SPORT (Y/N) AGE GROUP	1	3 - 18	ITTE OF SF	OK		SPORT (Y/N) AGE GRO	DUP	13 - 18	
l		12 & UNDE	R C	OVER 18				12 8	UNDER	OVER 18	
	EXTENT OF SPONSORSHIP:				EXTENT OF	SP	ONSORSHIP:				
14.	ANY STRUCTURAL ALTERA	ATIONS CONTEMPLATED?			1 1					Į.	N
15	ANY DEMOLITION EXPOSU	JRE CONTEMPLATED?									N
	000										
I											1

GENERAL INFORMATION (continued)

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)										
16. HAS APPLICANT BEEN ACTIVE IN OR IS CURRENT	LY ACTIVE IN JOINT VENTURE	ES?		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. IS THERE A LABOR INTERCHANGE WITH ANY OTH	ER BUSINESS OR SUBSIDIAR	IES?		N						
19. ARE DAY CARE FACILITIES OPERATED OR CONTR	OLLED?			N						
20. HAVE ANY CRIMES OCCURRED OR BEEN ATTEMP	TED ON YOUR PREMISES WIT	THIN THE LAST THREE (3) YEARS	3?	N						
21. IS THERE A FORMAL, WRITTEN SAFETY AND SECU	JRITY POLICY IN EFFECT?			Y						
22. DOES THE BUSINESSES' PROMOTIONAL LITERATION	JRE MAKE ANY REPRESENTA	TIONS ABOUT THE SAFETY OR S	ECURITY OF THE PREMISES?	N						

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

SIGNATURE

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

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

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

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

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

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

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

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

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

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

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)		STATE PRODUCER LICENSE NO (Required in Florida)
	John Powter/ANDY1		
APPLICANT'S SIGNATURE		DATE	NATIONAL PRODUCER NUMBER

· · ·
ACORD

TEXAS COMMERCIAL AUTO

COVERAGES / LIMITS SECTION

DATE (MM/DD/YYYY) 01/09/2023

			VERAGES /	LIMIT 19	DECTION	l							01/(09/2023
AGENCY				NAMED	INSURED(S)									
GDP Advisors, LLC				Speck	Co, LLC									
POLICY NUMBER			EFFECTIVE DA	TE CARRIE									\neg	NAIC CODE
23-24 SPECKCO			02/01/2023											
	05051011		02/01/2020	<u> </u>									—	
BUSINESS AUTO		I					1							
COVERAGES	COVERED AUTO SYMBOLS	1	LIMITS		COVER	AGES	co	VERE	D AUTO	SYMB	OLS		LIMIT	rs
	1 4 🗡 9	CSL BI EA PE	ER \$ 1,000,000)										
LIABILITY	2 7	BI EACH ACCIDENT	\$											
	3 × 8	PROPERTY DAMAGE	\$											
	2	EACH PERSON	\$											
PERSONAL INJURY PROTECTION	7	AUTO DEATH INDEMNIT	ry \$						PHYSIC	CAL D	AMAG	E		
		TOTAL DISABILITY	\$		TOWING			3						
					& LABOR			7				\$		
								2	4		8			
					COMP / OTC	;		1	\prod_{7}^{7}	-	٦°			
							1	3		+	-			
MEDICAL PAYMENTS	2 4 8	EACH PERSON	\$		SPECIFIED CAUSES OF	1000		2	4	\vdash	8			
PATIVILINI 3	3 7	 			CAUGLS OF	1033		3	7	-				
UNINSURED /	1 4	CSL BI EA PE	ER \$		COLLISION			2	4	_	8			
UNDERINSURED MOTORIST	2 7	BI EACH ACCIDENT	\$				-	3	7					
	3	PD EA ACC \$	\$	DED										
HIRED / BORROWED	YES STATES	COST OF HIRE	IF ANY BAS	IS		STATE	S	# D/	AYS	# VE	Н	COVERAGE /	DEDU	ICTIBLE
LIABILITY	NO	\$										COMP	\$	
	YES STATES	GROUP TYPE	NUM	IBER OF	HIRED							SPEC C OF L	\$	
NON-OWNED	NO	EMPLOYEES			PHYSICAL DAMAGE							COLL	\$	
LIABILITY		VOLUNTEERS												
		PARTNERS					COVE	RAGE	IS:		Р	RIMARY	٤	SECONDARY
COVERED (1) ANY		(4) OWN	IED AUTOS OTHER								SPEC	IFICALLY DESC		
	IED AUTOS ONLY IED PRIVATE PASSENGER AUTO		IED AUTOS SUBJEC IED AUTOS SUBJEC			SURED MO	TORIS	STS L	Δ\Λ/			DAUTOS ONLY OWNED AUTOS	ONLY	,
(0) 0	/ REMARKS (ACORD 1										11011	OWNEDNOTOO	ONE	
LINDONOLIILLINI	TREMARKO (ACORD I	or, Additional Rem	arks concaute	, may be a	ituonea ii n	nore spe	100 10	3 100	₁ un cu)					
CIONATURE														
SIGNATURE														
	D ACKNOWLEDGE THAT U												118.4	
	E BEEN EXPLAINED TO ME. AN MY LIABILITY LIMITS OR							UAL	I O IVI I	LIABIL	_ L	LIVII I S, UIVI / C	ואווע	
	IIM BODILY INJURY LIMIT(S												(IN	ITIALS)
	,	<i>'</i>									-		•	ITIALS)
	IIM BODILY INJURY COVER										-		•	ITIALS)
	IIM PROPERTY DAMAGE LI	* *		JN.							-			
4. I REJECT UM / U	IIM PROPERTY DAMAGE C	OVERAGE IN ITS ENT	IRETY.								_		(111)	ITIALS)
	D ACKNOWLEDGE THAT PI													
AND I HAVE BEEN	OFFERED THIS COVERAGE	. IF I HAVE REJECTE	D THIS COVERA	E, MY INITI	ALS ARE INC	JLUDED F	HERE				_		(INI	ITIALS)
	AT THE COVERAGE SELEC				N ANY STATE	SUPPLE	MEN	T WII	LL APPI	Y TO	ALL F	UTURE POL	ICY	
RENEWALS, CONT	INUATIONS AND CHANGES	UNLESS I NOTIFY YO	OU OTHERWISE	N WRITING.										
APPLICANT'S SIGNATU	RE	DATE	T	PRODUCER'S	SIGNATURE							NATIONAL I	PROD	UCER NUMBER
						4						1		

TRUCKERS SECTION AGENCY CUSTOMER ID: 00

TRUCKERS SECT	<u> </u>	<u> </u>																-						
COVERAGES	co	VERE	ED AL	JTO S	SYMBO	LS					MITS									YSICAL	DAMAG	E		
		41		46				CSL	BI E/	A PER	\$			COVE	RAGE	s	ΑI	COVE UTO SY	RED MBO	Ls		LIMITS		DEDUCTIBLE
LIABILITY		42		47			BI E	ACH ACC			\$							42		47				
		43		50			PRO	PERTY D	DAMAGE	=	\$			COMP / C	OTC			43						\$
		42		•			EAC	H PERSC	ON		\$							46		1				
PERSONAL INJURY PROTECTION		46					AUT	O DEATH	INDEM	INITY	\$							42		47	SCL	FT	LSF	,
		1					TOT	AL DISAB	ILITY		\$			SPECIFIE CAUSES		oss		43			F	FT	w	\$
		•																46		' [
																		42		47				
MEDICAL		42		46										COLLISIO	N	Ī		43		1				\$
PAYMENTS		43		1			EAC	H PERSC	ON		\$					Ī		46		1				•
		41		46				CSL	BI	A PER	\$			TOWING				46						
UNINSURED / UNDERINSURED		42		1		F	BL F	ACH ACC		AFLK	\$			& LABOR		Ì				:	\$			
MOTORIST		43		_		- 1		A ACC			Ψ	\$	DED						TRAIL	ER INT	ERCHAN	IGE		
		1							·			·		COVE	RAGE	s	SYI	MBOL	# TR	AILERS	FARTH	# DAYS	RADIUS	DEDUCTIBLE
																		48			ZONE			
NON-TRUCKERS		YES	3	S	TATES		COS	T OF HIR	 ?F		IF	ANY BA	SIS	COMP/C	OTC	ŀ		49						
HIRED / BORROWED		NO					\$. 01 1111			—' "	71111 271	OIO					48						
TRUCKERS		YES	<u> </u>	S	TATES			T OF HIR	F		IF	ANY BA	SIS	SPECIFIE CAUSES		oss		49						
HIRED / BORROWED LIABILITY		NO					\$. 01 1111			—' "	71111 271	OIO					48						
		YES	3	S	TATES			UP TYPE	:			NH	MBER OF	COLLISIO	N	ŀ		49						\$
NON-OWNED		NO				F		EMPLO)			Г	140	INDER OF	TRAILER	VALUI	E	\$	40	<u> </u>				1	
AUTO LIABILITY		J				F		VOLUNT			-					STAT	ΓES	# D	DAYS	# '	VEH			
LIABILITY						F		PARTNE			-			†										
OTHER								17411112						HIRED										
														PHYSICA										
														DAMAGE										
														†			COV	L /ERAGI	F IS:			RIMARY		SECONDARY
														OTHER				V ETO TO	_ 10.		+++:	TUNDUCT		OLOOI (D) (II ()
COVERED AUTO SYMB	OLS					(44) (ED AUTO	S SI IR	IECT TO) NO-E	ΔΙΙΙΤ	(46) SPE	CIFICALLY D	FSCR	IBED A	UITO	<u> </u>		(49) V		All EDS IN	THE POS	SESSION OF
(41) ANY AUTO						(45)	OWN	ED AUTO	S SUBJ	JECT TO	DΑ	AOLI	(47) HIRE	D AUTOS O	NLY					Α.	NOTHER	RTRUCKE	R UNDER	A TRAILER
(42) OWNED AUTOS ON (43) OWNED COMMERO		OTU	S ONI	LY				PULSOR` ORIST LA		SURED				ILERS IN YO RAILER INTE								ANGE AGI IED AUTO	REEMENT S ONLY	
ENDORSEMENTS					COR					mark	s Sc	hedul												
				٠, ح			.,,,						o,a,			. с ср			7	,				
SIGNATURE																								
I UNDERSTAND AN	ID A	CKNC	OWL	EDG	E THA	T UN	IINSI	JRED /	UNDEI	RINSU	IRED	МОТОР	RISTS (UM / I	JIM). BODI	LY IN	JURY	(BI)	AND F	PROP	ERTY	DAMAC	SE (PD)		
COVERAGES HAVE	E BE	EN E	XPL	AINE	ED TO I	ME.	ΙHΑ	VE BEE	N OFF	ERED	THE	OPTIO	NS OF SELE	CTING UM	/ UIN	/ LIMI	TS E						JM / UIM	
LIMITS LOWER THA	AN N	/IY LI	ABIL	ITY I	LIMITS	SOR	TO F	₹EJECT	UM / U	JIM BI	AND/	OR UM	I / UIM PD CO	OVERAGES	S ENT	(IREL	Y.							
1. I SELECT UM / U	JIM E	BODII	LY IN	NJUR	RY LIMI	IT(S)	IND	CATED	IN TH	IS APP	PLICA	TION.									-			IITIALS)
2. I REJECT UM / L	JIM E	BODII	LY IN	JUR	YY CO	VER/	\GE	IN ITS E	ENTIRE	ETY.											-			IITIALS)
3. I SELECT UM / L	JIM F	PROF	PERT	ΓY D	AMAGI	E LIN	ЛIT(S	3) INDIC	ATED	IN THI	SAP	PLICATI	ION.								-			IITIALS)
4. I REJECT UM / L	JIM F	PROF	PERT	ΓY D	AMAGI	E CO	VER	AGE IN	I ITS E	NTIRE	TY.										-		(IN	IITIALS)
I UNDERSTAND AN AND I HAVE BEEN																					_		(IN	IITIALS)
I UNDERSTAND TH RENEWALS, CONT															ATE S	SUPPL	.EME	NT W	ILL A	PPLY 1	O ALL I	UTURE	POLICY	
APPLICANT'S SIGNATU									DA				PRODUCER'		RE							NATIO	NAL PROD	DUCER NUMBER

MOTOR CARRIER	SE	CTIC	NC											-							
COVERAGES	CO	VERE	D AU	TO SYMBOLS				IMITS	;							SICAL	DAMAC	E			
		61		67		CSL	BI EA PER	\$			COVERAG	GES	А	COVE UTO SY	RED MBOL	s		LIMITS	i		DEDUCTIBLE
		62		68	BIE	ACH ACCID		\$						62		67					
LIABILITY		63		71	PRC	PERTY DAI	MAGE	\$			COMP / OTC			63		68					\$
		64		1				•						64							,
				l	-	H PERSON		\$								67	CCI	. F1	- 1	LCD	
PERSONAL INJURY		62					IDEMAIITY	\$ \$			SPECIFIED			62		67	SCI	\vdash		LSP	
PROTECTION	-	67				O DEATH IN					CAUSES OF	LOSS		63		68	F	F	ΓW		\$
					тот	AL DISABILI	TY	\$						64							
														62		67					
											COLLISION			63		68					\$
														64							
MEDICAL		62		64							TOWING			63							
PAYMENTS		63		67	EAC	H PERSON		\$			& LABOR			67		` '	\$				
UNINSURED /		61		64		CSL	BI EA PER	\$							TRAIL	ER INT	ERCHA	NGE			1
UNDERINSURED		62		67		ACH ACCID					COVERAG	GES	SY	MBOL	1	AILERS	FARTE		. R∆	DIUS	DEDUCTIBLE
MOTORIST		1 1		0'		EA ACC \$	EINI	Ф	\$	DED	OOVERA	020	0		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	- ILLING	ZONE	# BATE	1.0		DEDGGTIBLE
		63			PDE	EA ACC \$			Ф	טבט	COMP / OTC			69							
														70				<u> </u>	-		
											SPECIFIED			69							
					-						CAUSES OF	LOSS		70					-		
NON-TRUCKERS		YES	3	STATES	cos	T OF HIRE			IF ANY BAS	SIS	COLLISION			69							\$
HIRED / BORROWED		NO			\$						COLLISION			70							\$
TRUCKERS HIRED / BORROWED		YES	3	STATES	cos	T OF HIRE			IF ANY BAS	SIS	TRAILER VAL	LUE	\$								
LIABILITY		NO			\$		_					STA	TES	# D	AYS	# 1	√EH				
		YES	3	STATES	GRO	OUP TYPE			NUI	MBER OF	†										
NON-OWNED		NO				EMPLOYE	EQ				HIRED										
AUTO		1									PHYSICAL										
LIABILITY					\vdash	VOLUNTE					DAMAGE										
OTUED					\perp	PARTNERS	S				1						т т				
OTHER													CO	VERAGE	E IS:		\perp	PRIMARY		S	ECONDARY
											OTHER										
COVERED AUTO SYMB	OLS			(64)) OWN	ED COMME	RCIAL AUT	ros c	NLY	(67) SPEC	IFICALLY DESC	CRIBED	AUTO	S		(70) Y	OUR TR	AILERS II	N THE	POSSI	ESSION OF
(61) ANY AUTO (62) OWNED AUTOS ON	II V					ED AUTOS					AUTOS ONLY ERS IN YOUR I		CION	LINDE	,			R TRUCKI			TRAILER
(63) OWNED PRIVATE P		AUTO	S ONI			Y UNINSUR					AILER INTERCH				ζ.			NED AUTO			
ENDORSEMENTS	/ RI	ЕМА	RKS	S (ACORD 1	101. 4	Additiona	l Remai	rks S	Schedule	e. may be at	tached if m	ore si	nace	is red	auire	ed)					
				. (7.00.1.2	, .					o,ay 200 a.						,,					
SIGNATURE																					
I UNDERSTAND AN	D 40	LVNC)\//I E		INIINIC	LIDED / LIN	IDEDING	LIDE	D MOTOE	DICTO /LIM / LI	IM) BODILVI	IN II IDV	/ /DI\	ANDE	DOD	EDTV	DAMA	CE (DD)			
COVERAGES HAVE																			UM / I	UIM	
LIMITS LOWER THA																					
1. I SELECT UM / U	ЛМ В	ODIL	Y IN	JURY LIMIT(S	S) IND	ICATED IN	N THIS AF	PPLIC	CATION.											(INI	TIALS)
2. I REJECT UM / U				,	,			•									•			(INI	TIALS)
								116 v	םםו וראדי	ION							•			•	TIALS)
3. I SELECT UM / U					•	,				ION.							•			•	TIALS)
4. I REJECT UM / U	лW Р	KOP	'EK [T DAMAGE C	OVER	KAGE IN I	ı o ENTIR ————	.⊏IY.												. (1141	· inLO)
I UNDERSTAND AN	D AC	CKNC	WLE	EDGE THAT P	ERSC	DNAL INJU	RY PRO	ГЕСТ	ION COV	ERAGE HAS	BEEN EXPLA	AINED T	ОМ	Ε							
AND I HAVE BEEN	OFF	EREC) THI	IS COVERAG	E. IF I	HAVE RE	JECTED	THIS	COVERA	AGE, MY INITI	ALS ARE INC	LUDED	HEF	RE.						. (INI	TIALS)
I UNDERSTAND TH	AT T	HE C	OVE	RAGE SELEC	CTION	I AND LIM	IT CHOIC	ES II	NDICATE	D HERE OR IN	N ANY STATE	SUPPI	EME	ENT WI	LL AF	PPLY T	O ALL	FUTURE	POL	JCY	
RENEWALS, CONT											=			•					-		
APPLICANT'S SIGNATU	IRE						DATE			PRODUCER'S	SIGNATURE							NATIO	DNAL	PROD	JCER NUMBER
1																					

R	
ACORD	

DATE (MM/DD/YYYY)

ACORD BUSIN	NESS AU	TO SECTION	01/	09/2023
AGENCY		CARRIER		NAIC CODE
GDP Advisors, LLC		Insurance Marketing Center		
POLICY NUMBER	EFFECTIVE DATE	NAMED INSURED(S)		
23-24 SPECKCO	02/01/2023	SpeckCo, LLC		
COVERAGES / LIMITS				

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

	USE	ACOND 131 FC	<i>/</i> /\	1001	STATE TO PE	COVIL		VERAGES / LIMITS IN	FUKI	MATION				
DRIVE	ER INFORMATION	ACORD 163	atta	ched	l for additional di	rivers								
LIST AL	L DRIVERS, INCLUDING FAMILY MEN	IBERS THAT DRIVE CO	MPA	NY VEI	HICLES, AND EMPLOY	EES WI	IO DRIVI	E OWN VEHICLES ON COMPANY	BUSINE	SS.				
DRIVER #	NAME CITY, STATE AND ZIP	CODE	SEX	* MAR STAT	DATE OF BIRTH	YRS EXP	YEAR LIC	DRIVERS LICENSE NUMBER/ SOCIAL SECURITY NUMBER	STATE	DATE HIRE	BROADEN NO-FAULT	DOC	USE VEH#	% USE
	·													
													\longrightarrow	
													$\overline{}$	
									-				\longrightarrow	
		I		* M A F	RITAL STATUS / CIVIL	IINION (if annlic	ahla)	-			· !		

* MARITAL STATUS / CIVIL UNION (if applicable)

GENER	RALII	NFORM	NOITAN

EXPI	AIN ALI	L "YES" RESPONSES							Y/N
		THE EXCEPTION OF ANY ENCUMBRANCES, ARE ANY VEHIC STERED TO THE APPLICANT?	CLES FOR WHIC	CH INSU	IRANCE IS REQUESTED NOT SOLELY OWNE	D BY AND			
	VEH#	NAME OF OTHER OWNER		VEH#	NAME OF OTHER OWNER				
2.	DO OV	/ER 50% OF THE EMPLOYEES USE THEIR AUTOS IN THE BU	JSINESS? (no ε	xplanat	ion needed)				
3.	IS THE	RE A VEHICLE MAINTENANCE PROGRAM IN OPERATION?							
4.	ARE AI	NY VEHICLES LEASED TO OTHERS?							
5.	ANY C	AR MODIFIED / SPECIAL EQUIPMENT? (Include customized v	/ans / pickups)						
	VEH#	DESCRIPTION	COST \$	VEH#	DESCRIPTION		COST \$		
6.	ARE IC	CC (Interstate Commerce Commission), PUC (Public Utility Com	mission) OR OTI	HER FIL	INGS REQUIRED? (If "YES", attac	ch ACORD 194) (no	explanation nee	ded)	
7.	DO OP	PERATIONS INVOLVE TRANSPORTING HAZARDOUS MATER	IAL?						

GENERAL INFORMATION (continued) AGENCY CUSTOMER ID: 00019617

EXP	LAIN A	LL "YES"	RESPONS	SES																Y/N
8.	ANY	HOLD H	ARMLES	SAGREE	MENT	rs?														
1																				
<u> </u>																				
9.	ANY	VEHICLE	ES USED	BY FAM	ILY ME	EMBERS? IF S	O, IDENTIFY.													
10	DOE	C TLIE AI		T ODTAIN	V M / D	/Matau \/abiala	Danard\ \/EDIEI	CATIO	NCO											
10.	DOE	SINEA	PLICAN	I OBTAIN	N IVIVR	(iviolor venicie	Record) VERIFI	CATIO	NO?											
11	DOE	S THE AI	DDI ICAN.	T ΗΔ\/Ε /	\ SDE(CIEIC DRIVER	RECRUITING M	ETHOR	72											
l '''	DOL.	O IIIL AI	LICAN	IIIAVL	VOI L	SII IO DINIVER	INECINOTINO IVI	LIIIOL	<i>)</i> :											
l																				
12.	ARE	ANY DRI	VERS NO	OT COVE	RED	BY WORKERS	COMPENSATIO	N?												
13.	ANY	VEHICLE	ES OWNE	D BUT N	NOT S	CHEDULED ON	N THIS APPLICA	TION?												
14.							TRAFFIC VIOLA													
							HE FOLLOWING TR													
							oh) that occurs in a oph) that occurs in													
	_					inico per riour (in	ipii) tiiat oodara iii	un uncu	with a max	······································	posica sp				il ough 70 h	ıpıı.			#1/20 DE1/	ı
	DRV	# DAIE	(MM/DD/Y	YYY) IY	'PE							PLACE (CIIY, S	IAIE)					# YRS REV	
15.	HAS	AGENT I	NSPECT	ED VEHI	CLES	?												•		
l																				
16	ARF	ALL VEH	IICLES TO) BE INC	LUDE	D IN THIS POL	ICY PART OF A	FLEET	?											
	, <u></u>	/ LL VL	HOLLO IV	J DL 1110		<i>D</i>			•											
17.	DO Y	OU HAV	E ELECT	RONIC N	ONIT	ORING DEVICE	ES THAT RECOF	RD AND	TRANS!	MIT DA	ATA IN AT	NY OF YO	DUR V	EHICL	ES2					
	If "YES	C" what n													LO:					
		o, what pe	ercentage c	f vehicles	in your	overall fleet are me	onitored (1 - 100%)		0	, Ple	ease indica	ate how you	u utilize			all that app	ly):			
l					in your	i	onitored (1 - 100%)			70			u utilize	the dev	ices (check			LOCATION	ED A CIVINO	
		MONITO	R DRIVER		in your	TRACK FUEL CO			MONITOR	70			u utilize	the dev				LOCATION 1	TRACKING	
			R DRIVER		in your	i		Descri	MONITOR	70			u utilize	the dev	ices (check			LOCATION 1	FRACKING	
DES		MONITOI NAVIGAT	R DRIVER	SAFETY		TRACK FUEL CO			MONITOR	70			u utilize	the dev	ices (check	CKING			TRACKING	T TO LOSS
DES		MONITOI NAVIGAT	R DRIVER	SAFETY		TRACK FUEL CO			MONITOR	70			u utilize	the dev	ices (check	CKING				T TO LOSS
	CRIPTI	MONITOI NAVIGAT	R DRIVER ION ARAGE / S	SAFETY TORAGE I	LOCAT	TRACK FUEL CO	ONSUMPTION	Descri	MONITOR ibe:	VEHICI	LE MAINT	ENANCE		the dev	ices (check .EAGE TRA	CKING				T TO LOSS
AD	CRIPTI	MONITOI NAVIGAT	R DRIVER ION ARAGE / S	SAFETY TORAGE I	LOCAT	TRACK FUEL CO	ONSUMPTION	Descri	MONITOR ibe:	VEHICI	ached fo	enance		the dev	ices (check .EAGE TRA	CKING				T TO LOSS
AD	CRIPTIO	MONITOI NAVIGAT ION OF GA	R DRIVER ION ARAGE / S	SAFETY TORAGE I	LOCAT	TRACK FUEL CO	ONSUMPTION	Descri	MONITOR ibe:	VEHICI	ached fo	ENANCE		the dev	ices (check .EAGE TRA	CKING	IMUM E	OOLLAR VAI		
AD	DITIC EREST ADDIT	MONITOI NAVIGAT ION OF GA	R DRIVER TION ARAGE / S	SAFETY TORAGE I	TIFIC NA	TRACK FUEL CO	ONSUMPTION	Descri	MONITOR ibe:	VEHICI	ached fo	enance		the dev	ices (check .EAGE TRA	MAXI \$	IMUM E	OOLLAR VAI	LUE SUBJEC	ER
AD	DITIC REST ADDITIONS OF THE PROPERTY OF THE PR	MONITOI NAVIGAT ION OF GA DNAL IN TIONAL RED OYEE	R DRIVER ION ARAGE / S ITERES	T / CER	TIFIC NA	TRACK FUEL CO	ONSUMPTION	Descri	MONITOR ibe:	VEHICI	ached fo	enance		the dev	ices (check .EAGE TRA	MAXI \$	IMUM E	OOLLAR VAI	LUE SUBJEC	ER
AD	CRIPTIC EREST ADDITIONS OF THE PROPERTY OF THE	MONITOI NAVIGAT ION OF GA DNAL IN TIONAL RED .OYEE ESSOR	R DRIVER ION ARAGE / S ITERES OW	T / CER	TIFIC	TRACK FUEL CO	ONSUMPTION	Descri	MONITOR ibe:	VEHICI	ached fo	enance		the dev	ices (check .EAGE TRA	MAXI \$	IMUM E	OOLLAR VAI	LUE SUBJEC	ER
AD	CRIPTIC EREST ADDITIONS OF THE PROPERTY OF THE	MONITOI NAVIGAT ION OF GA DNAL IN TIONAL RED .OYEE ESSOR ER'S LOSS	R DRIVER ION ARAGE / S ITERES OW	T / CER	TIFIC	TRACK FUEL CO	ONSUMPTION	Descri	MONITOR ibe:	VEHICI	ached fo	enance		the dev	ices (check .EAGE TRA	MAXI \$	IMUM E	OOLLAR VAI	LUE SUBJEC	ER
AD	CRIPTIC EREST ADDITINSUF EMPL AS LE LENDE PAYAB	MONITOI NAVIGAT ION OF GA DNAL IN TIONAL RED .OYEE ESSOR ER'S LOSS	R DRIVER ION ARAGE / S ITERES OW	T / CER	TIFIC	TRACK FUEL CO	ONSUMPTION	Descri	MONITOR ibe:	VEHICI	ached fo	enance		the dev	ices (check .EAGE TRA	MAXI \$	IMUM E	OOLLAR VAI	LUE SUBJEC	ER
AD	CRIPTIC EREST ADDITINSUF EMPL AS LE LENDE PAYAB	MONITOI NAVIGAT ION OF GA DNAL IN TIONAL RED OYSE ESSOR ER'S LOSS ILE	R DRIVER ION ARAGE / S ITERES OW	T / CER	TIFIC	TRACK FUEL CO	ONSUMPTION	Descri	MONITOR ibe:	VEHICI	ached fo	enance		the dev	ices (check .EAGE TRA	MAXI \$	IMUM E	OOLLAR VAI	LUE SUBJEC	ER
AD	CRIPTIC EREST ADDITINSUF EMPL AS LE LENDE PAYAB	MONITOI NAVIGAT ION OF GA DNAL IN TIONAL RED OYSE ESSOR ER'S LOSS ILE	R DRIVER ION ARAGE / S ITERES OW	T / CER	TIFIC	IONS ATE RECIPIE ME AND ADDRES	ENT SS RANK:	Descri	MONITOR ibe:	VEHICI	ached fo	enance		the dev	ices (check .EAGE TRA	MAXI \$	IMUM E	OOLLAR VAI	LUE SUBJEC	ER
AD	CRIPTIC EREST ADDITIONS ENTERNATION OF THE SERVICE AS LEENDE PAYAB LIENH	MONITOI NAVIGAT ION OF GA DNAL IN TIONAL RED OYEE ESSOR ER'S LOSS ILE HOLDER	R DRIVER ION ARAGE / S ITERES OW	T / CER	TIFIC NA	ITRACK FUEL CO	ENT SS RANK:	Descri	MONITOR ibe:	VEHICI	ached fo	or addit		the dev	ices (check .EAGE TRA	MAXI \$	IMUM E	OOLLAR VAI	I ITEM NUMB	ER I:
AD	CRIPTION CREST ADDITION CONTROL CONTRO	MONITOI NAVIGAT ION OF GA DNAL IN TIONAL RED OYEE ESSOR ER'S LOSS ILE HOLDER	R DRIVER FION ARAGE / S ITERES OW RE	TORAGE I T / CER SS PAYEE INER GISTRANT	TIFIC NA	IONS ATE RECIPIE ME AND ADDRES	ENT SS RANK:	Descri	MONITOR ibe:	VEHICI	ached fo	enance		the dev	ices (check EAGE TRA	MAXI \$	IMUM E	OOLLAR VAI	LUE SUBJEC	ER I:
AD	DITIC REST ADDITION AS LEEDED PAYAB LIENE	MONITOI NAVIGAT ION OF GA DNAL IN TIONAL RED OYEE ESSOR ER'S LOSS LE HOLDER	R DRIVER FION ARAGE / S ITERES OW RE	T / CER	TIFIC NA	ITRACK FUEL CO	ENT SS RANK:	Descri	MONITOR ibe:	VEHICI	ached fo	or addit		the dev	ices (check EAGE TRA	MAXI \$	IMUM E	OOLLAR VAI	I ITEM NUMB	ER l:
AD	DITIC CREST ADDITINSUF INSUF INSUF PAYAB LIENH	MONITOI NAVIGAT ION OF GA DNAL IN TIONAL RED OYEE ESSOR ER'S LOSS ILE HOLDER	R DRIVER PION ARAGE / S ITERES OW RE	TORAGE I T / CER SS PAYEE INER GISTRANT	TIFIC NA	ITRACK FUEL CO	ENT SS RANK:	Descri	MONITOR ibe:	VEHICI	ached fo	or addit		the dev	ices (check EAGE TRA	MAXI \$	IMUM E	OOLLAR VAI	LOCATION	ER l:
AD	DITIC EREST ADDITINSUI AS LE LENDE PAYAB LIENH	MONITOI NAVIGAT ION OF GA DNAL IN TIONAL RED OYEE SSOR ER'S LOSS LE HOLDER	R DRIVER FION ARAGE / S ITERES OW RE	TORAGE I T / CER SS PAYEE I/NER GISTRANT SS PAYEE I/NER	TIFIC NA	ITRACK FUEL CO	ENT SS RANK:	Descri	MONITOR ibe:	VEHICI	ached fo	or addit		the dev	ices (check EAGE TRA	MAXI \$	IMUM E	OOLLAR VAI	LOCATION	ER l:
AD	CRIPTI CREST ADDITICE EMPL AND LIENH EMPL AND LIENH AND EMPL EMPL EMPL EMPL EMPL EMPL EMPL EMPL	MONITOI NAVIGAT ION OF GA DNAL IN TIONAL RED OYEE ESSOR ER'S LOSS ILE HOLDER	R DRIVER FION ARAGE / S ITERES OW RE	T / CER SS PAYEE INER GISTRANT	TIFIC NA	ITRACK FUEL CO	ENT SS RANK:	Descri	MONITOR ibe:	VEHICI	ached fo	or addit		the dev	ices (check EAGE TRA	MAXI \$	IMUM E	OOLLAR VAI	LOCATION	ER l:
AD	CRIPTI CREST ADDITICE EMPL AND LIENH EMPL AND LIENH AND EMPL EMPL EMPL EMPL EMPL EMPL EMPL EMPL	MONITOI NAVIGAT ION OF GA DNAL IN TIONAL RED OYEE ESSOR HOLDER	R DRIVER FION ARAGE / S ITERES OW RE	TORAGE I T / CER SS PAYEE I/NER GISTRANT SS PAYEE I/NER	TIFIC NA	ITRACK FUEL CO	ENT SS RANK:	Descri	MONITOR ibe:	VEHICI	ached fo	or addit		the dev	ices (check EAGE TRA	MAXI \$	IMUM E	OOLLAR VAI	LOCATION	ER l:
AD	CRIPTI CREST ADDITICE EMPL AND LIENH EMPL AND LIENH AND EMPL EMPL EMPL EMPL EMPL EMPL EMPL EMPL	MONITOI NAVIGAT ION OF GA DNAL IN TIONAL RED OYEE ESSOR ER'S LOSS ILE HOLDER	R DRIVER FION ARAGE / S ITERES OW RE	TORAGE I T / CER SS PAYEE I/NER GISTRANT SS PAYEE I/NER	TIFIC NA	ITRACK FUEL CO	ENT SS RANK:	Descri	MONITOR ibe:	VEHICI	ached fo	or addit		the dev	ices (check EAGE TRA	MAXI \$	IMUM E	OOLLAR VAI	LOCATION	ER l:
AD	CRIPTI CREST ADDITICE EMPL AND LIENH EMPL AND LIENH AND EMPL EMPL EMPL EMPL EMPL EMPL EMPL EMPL	MONITOI NAVIGAT ION OF GA DNAL IN TIONAL RED OYEE ESSOR ER'S LOSS ILE HOLDER	R DRIVER FION ARAGE / S ITERES OW RE	TORAGE I T / CER SS PAYEE I/NER GISTRANT SS PAYEE I/NER	TIFIC NA	IONS ATE RECIPIE ME AND ADDRES FERENCE / LOAI ME AND ADDRES	ENT SS RANK:	Descri	MONITOR ibe:	VEHICI	ached fo	or addit		the dev	ices (check EAGE TRA	MAXI \$	IMUM E	OOLLAR VAI	LOCATION	ER l:
INTE	CRIPTION CRIPTION CONTROL CRIPTION CRIP	MONITOI NAVIGAT ION OF GA DNAL IN TIONAL RED OYEE ESSOR HOLDER TIONAL RED OYEE ESSOR ER'S LOSS LE HOLDER	R DRIVER PION ARAGE / S ITERES OW RE	T / CER SS PAYEE INER GISTRANT SS PAYEE INER GISTRANT	TIFIC NA	TRACK FUEL CO IONS ATE RECIPIE ME AND ADDRES FERENCE / LOAI ME AND ADDRES	ENT SS RANK: N#: N#:	Descri	MONITOR ibe: CORD 4 EVIDENCE	VEHICI	ached for CERTI	OT Addit	ional	the dev	ices (check EAGE TRA	MAXI \$	IMUM E	OOLLAR VAI	LOCATION	ER l:
INTE	CRIPTION CRIPTION CONTROL CRIPTION CRIP	MONITOI NAVIGAT ION OF GA DNAL IN TIONAL RED OYEE ESSOR HOLDER TIONAL RED OYEE ESSOR ER'S LOSS LE HOLDER	R DRIVER PION ARAGE / S ITERES OW RE	T / CER SS PAYEE INER GISTRANT SS PAYEE INER GISTRANT	TIFIC NA	TRACK FUEL CO IONS ATE RECIPIE ME AND ADDRES FERENCE / LOAI ME AND ADDRES	ENT SS RANK:	Descri	MONITOR ibe: CORD 4 EVIDENCE	VEHICI	ached for CERTI	OT Addit	ional	the dev	ices (check EAGE TRA	MAXI \$	IMUM E	OOLLAR VAI	LOCATION	ER l:
INTE	CRIPTION CRIPTION CONTROL CRIPTION CRIP	MONITOI NAVIGAT ION OF GA DNAL IN TIONAL RED OYEE ESSOR HOLDER TIONAL RED OYEE ESSOR ER'S LOSS LE HOLDER	R DRIVER PION ARAGE / S ITERES OW RE	T / CER SS PAYEE INER GISTRANT SS PAYEE INER GISTRANT	TIFIC NA	TRACK FUEL CO IONS ATE RECIPIE ME AND ADDRES FERENCE / LOAI ME AND ADDRES	ENT SS RANK: N#: N#:	Descri	MONITOR ibe: CORD 4 EVIDENCE	VEHICI	ached for CERTI	OT Addit	ional	the dev	ices (check EAGE TRA	MAXI \$	IMUM E	OOLLAR VAI	LOCATION	ER l:
INTE	CRIPTION CRIPTION CONTROL CRIPTION CRIP	MONITOI NAVIGAT ION OF GA DNAL IN TIONAL RED OYEE ESSOR HOLDER TIONAL RED OYEE ESSOR ER'S LOSS LE HOLDER	R DRIVER PION ARAGE / S ITERES OW RE	T / CER SS PAYEE INER GISTRANT SS PAYEE INER GISTRANT	TIFIC NA	TRACK FUEL CO IONS ATE RECIPIE ME AND ADDRES FERENCE / LOAI ME AND ADDRES	ENT SS RANK: N#: N#:	Descri	MONITOR ibe: CORD 4 EVIDENCE	VEHICI	ached for CERTI	OT Addit	ional	the dev	ices (check EAGE TRA	MAXI \$	IMUM E	OOLLAR VAI	LOCATION	ER l:
INTE	CRIPTION CRIPTION CONTROL CRIPTION CRIP	MONITOI NAVIGAT ION OF GA DNAL IN TIONAL RED OYEE ESSOR HOLDER TIONAL RED OYEE ESSOR ER'S LOSS LE HOLDER	R DRIVER PION ARAGE / S ITERES OW RE	T / CER SS PAYEE INER GISTRANT SS PAYEE INER GISTRANT	TIFIC NA	TRACK FUEL CO IONS ATE RECIPIE ME AND ADDRES FERENCE / LOAI ME AND ADDRES	ENT SS RANK: N#: N#:	Descri	MONITOR ibe: CORD 4 EVIDENCE	VEHICI	ached for CERTI	OT Addit	ional	the dev	ices (check EAGE TRA	MAXI \$	IMUM E	OOLLAR VAI	LOCATION	ER l:
INTE	CRIPTION CRIPTION CONTROL CRIPTION CRIP	MONITOI NAVIGAT ION OF GA DNAL IN TIONAL RED OYEE ESSOR HOLDER TIONAL RED OYEE ESSOR ER'S LOSS LE HOLDER	R DRIVER PION ARAGE / S ITERES OW RE	T / CER SS PAYEE INER GISTRANT SS PAYEE INER GISTRANT	TIFIC NA	TRACK FUEL CO IONS ATE RECIPIE ME AND ADDRES FERENCE / LOAI ME AND ADDRES	ENT SS RANK: N#: N#:	Descri	MONITOR ibe: CORD 4 EVIDENCE	VEHICI	ached for CERTI	OT Addit	ional	the dev	ices (check EAGE TRA	MAXI \$	IMUM E	OOLLAR VAI	LOCATION	ER l:
INTE	CRIPTION CRIPTION CONTROL CRIPTION CRIP	MONITOI NAVIGAT ION OF GA DNAL IN TIONAL RED OYEE ESSOR HOLDER TIONAL RED OYEE ESSOR ER'S LOSS LE HOLDER	R DRIVER PION ARAGE / S ITERES OW RE	T / CER SS PAYEE INER GISTRANT SS PAYEE INER GISTRANT	TIFIC NA	TRACK FUEL CO IONS ATE RECIPIE ME AND ADDRES FERENCE / LOAI ME AND ADDRES	ENT SS RANK: N#: N#:	Descri	MONITOR ibe: CORD 4 EVIDENCE	VEHICI	ached for CERTI	OT Addit	ional	the dev	ices (check EAGE TRA	MAXI \$	IMUM E	OOLLAR VAI	LOCATION	ER l:
INTE	CRIPTION CRIPTION CONTROL CRIPTION CRIP	MONITOI NAVIGAT ION OF GA DNAL IN TIONAL RED OYEE ESSOR HOLDER TIONAL RED OYEE ESSOR ER'S LOSS LE HOLDER	R DRIVER PION ARAGE / S ITERES OW RE	T / CER SS PAYEE INER GISTRANT SS PAYEE INER GISTRANT	TIFIC NA	TRACK FUEL CO IONS ATE RECIPIE ME AND ADDRES FERENCE / LOAI ME AND ADDRES	ENT SS RANK: N#: N#:	Descri	MONITOR ibe: CORD 4 EVIDENCE	VEHICI	ached for CERTI	OT Addit	ional	the dev	ices (check EAGE TRA	MAXI \$	IMUM E	OOLLAR VAI	LOCATION	ER l:
INTE	CRIPTION CRIPTION CONTROL CRIPTION CRIP	MONITOI NAVIGAT ION OF GA DNAL IN TIONAL RED OYEE ESSOR HOLDER TIONAL RED OYEE ESSOR ER'S LOSS LE HOLDER	R DRIVER PION ARAGE / S ITERES OW RE	T / CER SS PAYEE INER GISTRANT SS PAYEE INER GISTRANT	TIFIC NA	TRACK FUEL CO IONS ATE RECIPIE ME AND ADDRES FERENCE / LOAI ME AND ADDRES	ENT SS RANK: N#: N#:	Descri	MONITOR ibe: CORD 4 EVIDENCE	VEHICI	ached for CERTI	OT Addit	ional	the dev	ices (check EAGE TRA	MAXI \$	IMUM E	OOLLAR VAI	LOCATION	ER l:
INTE	CRIPTION CRIPTION CONTROL CRIPTION CRIP	MONITOI NAVIGAT ION OF GA DNAL IN TIONAL RED OYEE ESSOR HOLDER TIONAL RED OYEE ESSOR ER'S LOSS LE HOLDER	R DRIVER PION ARAGE / S ITERES OW RE	T / CER SS PAYEE INER GISTRANT SS PAYEE INER GISTRANT	TIFIC NA	TRACK FUEL CO IONS ATE RECIPIE ME AND ADDRES FERENCE / LOAI ME AND ADDRES	ENT SS RANK: N#: N#:	Descri	MONITOR ibe: CORD 4 EVIDENCE	VEHICI	ached for CERTI	OT Addit	ional	the dev	ices (check EAGE TRA	MAXI \$	IMUM E	OOLLAR VAI	LOCATION	ER l:
INTE	CRIPTION CRIPTION CONTROL CRIPTION CRIP	MONITOI NAVIGAT ION OF GA DNAL IN TIONAL RED OYEE ESSOR HOLDER TIONAL RED OYEE ESSOR ER'S LOSS LE HOLDER	R DRIVER PION ARAGE / S ITERES OW RE	T / CER SS PAYEE INER GISTRANT SS PAYEE INER GISTRANT	TIFIC NA	TRACK FUEL CO IONS ATE RECIPIE ME AND ADDRES FERENCE / LOAI ME AND ADDRES	ENT SS RANK: N#: N#:	Descri	MONITOR ibe: CORD 4 EVIDENCE	VEHICI	ached for CERTI	OT Addit	ional	the dev	ices (check EAGE TRA	MAXI \$	IMUM E	OOLLAR VAI	LOCATION	ER l:

	LE DES	SCF	RIPTI	ON		ACOR	D 129	attach	ed f	for addition	al ve	hicles											
VEH#	YEAR	$\overline{}$	MAKE							BODY TYPE:							VEHI	CLE TYP	E	s	YM / AGE	COMP / OTC SYM	COLL SYM
			MODE	L:						V.I.N.:						PP		SPEC	СО	ML			
GARAGI ADDRES		REE	T (Requ	uired in	KY)			C	CITY	-					COUNTY	•	•		'		STATE	ZIP	•
LIC STATE	TE	RR			GVW /	GCW		CLASS	i	SIC		FACTOR	SEAT CI	· F	RADIUS		FARTI	HEST TEI	RMINAL			COST NE	N
нег		1	100		П.	TOP LUDE	CHECK	(ADD'I NO-	LUN	NDRINS I	 F	┵	Lico	l I R	ENT	DEDII	CTIBLES	$\overline{}$	\$	COMP/	SPEC
USE			_	MM'L	\square	FOR HIRE	CHECK			ADD'L NO- FAULT	— MO	NDRINS OTOR			LSP COMP/	R	EIMB	DEDU	CIBLES	+	ACV	OTC _	SPEC C OF L
—	EASURE		RET		Ш	ļ		IAB	_	MED PAY	_ &	DWING LABOR	FT		COMP/ OTC	F	G		\A	STA			
FAI		<u>Ļ</u>	- 	RVICE				IO- AULT NET VEH		UNINS MOTOR	Č	PEC OF L	FTW		COLL			\$			\$		COLL
	O SCHOOL	_	< 1	15 MILE	∃S	15 MILES	3 + E	DR/CR:		BODY									PREM:			L COMP /	COLL
VEH#	YEAR	١,	MAKE	:						TYPE:								CLE TYP	_		YM / AGE	COMP / OTC SYM	COLL SYM
<u> </u>	Щ		MODE							V.I.N.:						PP		SPEC	СО	ML		1,	
GARAGI ADDRES		REE	T (Requ	uired in	ı KY)			C	CITY						COUNTY						STATE	ZIP	
LIC STATE	TE	RR			GVW /	GCW		CLASS		SIC		FACTOR	SEAT CI	P F	RADIUS		FARTI	HEST TEI	RMINAL		\$	COST NE	W
USE			CON	MM'L	☐ F	FOR HIRE	CHECK	C	П	ADD'L NO- FAULT	UN	NDRINS OTOR	T _F	Ι_	LSP	R	ENT	DEDU	CTIBLES	\top	ACV	COMP/	SPEC C OF L
<u> </u>	EASURE		RET		Н.	-		IAB	\dashv	MED PAY	— MC	OTOR DWING LABOR	⊢ _{FT}		COMP/	F R	EIMB G	Н,				」отс ∟	C OF L
H				RVICE	Ш	ŀ		IO- AULT	\dashv	UNINS MOTOR	& SF	LABOR _ PEC OF L	FTW		COLL	-	•	-	\A	STA			0011
DRIVE T	0	┰		15 MILE	ES	15 MILES	e, N	NET VEH	-	MOTOR	C	OF L	11100		COLL			\$			\$		COLL
WORK / VEH #	SCHOOL YEAR	+			-0	13 WILLS	J T	DR/CR:		BODY							VEUI	TOTAL	PREM:		YM / AGE	COMP / OTC SYM	COLL
V	ILAN	`	MAKE							TYPE:						PP		SPEC	_ co		TIWI / AGE	OTC SYM	SYM
	Lett		MODE		- 100				CITY	V.I.N.:				- 1	COUNTY	PP		SPEC	100	IVIL	STATE	ZIP	
ADDRES		\CE	T (Requ	uirea in	TKT)				, 111 T						COUNTY						STATE	ZIF	
LIC STATE	TE	RR			GVW /	GCW		CLASS		SIC		FACTOR	SEAT CI	P F	RADIUS		FARTI	HEST TEI	RMINAL		\$	COST NE	N
USE			CON	MM'L	F	FOR HIRE	CHECK	(PAGES		ADD'L NO- FAULT	UN	NDRINS OTOR	F	r <u>'</u>	LSP	R	ENT EIMB	DEDU	CTIBLES	\top	ACV	COMP/ OTC	SPEC C OF L
PL	EASURE		RET	ΓAIL		ŀ		IAB	=	MED PAY	TC	OWING LABOR	FT		COMP/ OTC	F		\square	AA 🗆	ST AI			C OF L
FAI	RM		SEF	RVICE	ш	İ		io- Ault	=	UNINS MOTOR	⊢ ŠF	PEC OF L	FTW		COLL			\$	٠		\$		COLL
DRIVE T	0	Τ	< 1	15 MILE	ES	15 MILES	e, N	NET VEH DR/CR:	-	MOTOR	10	OF L				<u> </u>		+ -	PREM:	•	Ţ		0022
I WORK !	ÉCHOOL							DR/CR:										IOIAL	LIINLIVI.	Ψ			
WORK /	SCHOOL YEAR	٠	MAKE				_			BODY							VEHI	CLE TYP	Έ	s	YM / AGE	COMP /	COLL
WORK /	SCHOOL	1	MAKE							TYPE:						PP					YM / AGE	COMP / OTC SYM	SYM
WORK /	YEAR YEAR		MAKE MODE T (Requ	L:	ı KY)				CITY	BODY TYPE: V.I.N.:					COUNTY	PP		г	_		STATE		SYM
WORK / VEH # GARAGI ADDRES	YEAR ING STR	REE	MODE	L:		GCW				V.I.N.:		EACTOR	SEAT O			PP		SPEC	со			ZIP	
WORK / VEH # GARAGI ADDRES	YEAR ING STR		MODE	L:	n KY)	GCW		CLASS		TYPE:		FACTOR	SEAT CI	 	COUNTY	PP		г	со		STATE	<u> </u>	
GARAGI ADDRES	YEAR ING STR	REE	MODE T (Requ	L: uired in	GVW /		CHECK	CLASS	i	VI.N.:				P F	RADIUS		FARTI	SPEC	CO	ML	STATE	ZIP COST NE	w
GARAGI ADDRES LIC STATE	SCHOOL YEAR ING SS TE	REE	MODE T (Requ	L: uired in	GVW /	/ GCW		CLASS	i	V.I.N.: SIC ADD'L NO-FAULT	UN	NDRINS OTOR	F	PF	RADIUS LSP	R	FARTH ENT EIMB	SPEC HEST TEI	CTIBLES	ML	\$ ACV	ZIP COST NE	w
GARAGI ADDRES LIC STATE	SCHOOL YEAR ING SS TE	REE	MODE T (Requ	L: uired in	GVW /		LI	CLASS K RAGES		ADD'L NO-FAULT MED PAY	TC	NDRINS OTOR DWING LABOR	F FT	PF	LSP COMP/ OTC	R	FARTI	HEST TEI	CO	ML	\$ ACV MT \$	ZIP COST NE	N SPEC C OF L
WORK / VEH # GARAGI ADDRES LIC STATE USE PLI FAI	SCHOOL YEAR ING STR SS TE EASURE	REE	MODE T (Requ	L: uired in MM'L FAIL RVICE	GVW /	FOR HIRE	LI	CLASS K RAGES		V.I.N.: SIC ADD'L NO-FAULT	TC	NDRINS OTOR	F	PF	RADIUS LSP	R	FARTH ENT EIMB	HEST TEI	CORMINAL CTIBLES	ML ST AI	\$ ACV	ZIP COST NE	w
GARAGI ADDRES LIC STATE USE PLIC FAI	SCHOOL YEAR ING SS TE EASURE RM O SCHOOL	REE	MODE T (Requ	MM'L FAIL RVICE	GVW /	FOR HIRE	LI, NG FA S + N	CLASS K RAGES IAB IO- AULT NET VEH DR/CR:		SIC ADD'L NO-FAULT MED PAY UNINS MOTOR	SF	NDRINS OTOR DWING LABOR PEC OF L	F FT FTW		LSP COMP/ OTC COLL	R	FARTH ENT EIMB	HEST TEI	CTIBLES	ML ST AI	\$ ACV MT \$	ZIP COST NE	SPEC C OF L
GARAGI ADDRES LIC STATE USE PLIC FAIR FAIR FAIR FAIR FAIR FAIR FAIR FAIR	SCHOOL YEAR ING SS TE EASURE RM O SCHOOL	REE	MODE T (Requ	MM'L FAIL RVICE	GVW /	FOR HIRE	LI, NG FA S + N	CLASS K RAGES IAB IO- AULT NET VEH DR/CR:		ADD'L NO-FAULT MED PAY	SF	NDRINS OTOR DWING LABOR PEC OF L	F FT FTW		LSP COMP/ OTC COLL	R	FARTH ENT EIMB	HEST TEI	CORMINAL CTIBLES	ML ST AI	\$ ACV MT \$	ZIP COST NE	SPEC C OF L

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 quilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO

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

Applicable in FL and OK

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

Applicable in KS

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

Applicable in KY, NY, OH and PA

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

Applicable in ME, TN, VA and WA

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

Applicable in NJ

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

Applicable in OR

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

Applicable in PR

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

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

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO (Required in Florida)	
	John Powter/ANDY1		
APPLICANT'S SIGNATURE		DATE	NATIONAL PRODUCER NUMBER

ACORD® WORK	ERS CON	/IPEN	SATIO	ON A	APP	LIC	ATIO	N				(MM/DD/YYYY)
											0	1/09/2023
AGENCY NAME AND ADDRESS	COMPA											
GDP Advisors, LLC		RWRITER:	Cnook Co	110								
2150 S Central Expwy		CANT NAME	: SpeckCo	, LLC								
Suite # 280		E PHONE:					_	LE PHON	IE:			
McKinney TX 7507			S (including Z	IP +4 o	r Canadia	n Postal	Code)	YRS IN	I BUS:			
	513 S	Scott Dr.						SIC:				
PRODUCER NAME:							_	NAICS WEBS				
CS REPRESENTATIVE Brandon Anderson	Big S	• •				79720)	ADDR				
OFFICE PHONE (800) 473-8697 (A/C, No, Ext):			mike.spec	1							1	NOODDOD ATED
MOBILE PHONE:	S	OLE PROPR	RIETOR		ORATION HAPTER	×	LLC			TRUST	AS	INCORPORATED SOCIATION
FAX (A/C, No): (800) 473-8696		ARTNERSHI	Р	"S" CC			JOINT VE	NTURE		OTHER:		
E-MAIL ADDRESS: banderson@gdpadvisors.com	CREDI BUREA	T AU NAME:								JMBER:		
CODE: SUB CODE:	FEDER	RAL EMPLOY	ER ID NUMBI	ER	NCCI RI	ISK ID N	UMBER		OTH EMP	ER RATING BU LOYER REGIS	REAU II TRATIO	D OR STATE N NUMBER
AGENCY CUSTOMER ID: 00019617	80-31	4136										
STATUS OF SUBMISSION	BILLING / AUD	IT INFOR	MATION									
QUOTE ISSUE POLICY	BILLING PLAN	PA	YMENT PLAN					AUI	DIT			
BOUND (Give date and/or attach copy)	AGENCY BILL		ANNUAL						AT E	XPIRATION	М	ONTHLY
ASSIGNED RISK (Attach ACORD 133)	DIRECT BILL		SEMI-ANNU	JAL	_				SEM	I-ANNUAL		
			QUARTERL	Y	% DOW	N:			QUA	RTERLY	_	
LOCATIONS								•				
LOC # HIGHEST STREET, CITY, COUNTY, STATE, ZIP CODE												
513 Scott Dr.												
1 Big Spring						Т	X 79720)				
POLICY INFORMATION												
	ING EFFECTIVE DATE	E ANNI	VERSARY RA		TE	DART	ICIPATING		RI	ETRO PLAN		
02/01/2023 02/01/2024	(if applicable)		(if applicab	ne)			PARTICIPAT	TING				
PART 1 - WORKERS PART 2 - EMPLOYER'S LIABILITY		PART 3 - O	THER		DUCTIBLE			UNT/%	отн	ER COVERAGI	S	
COMPENSATION (States)	COLDENIT	STATES IN	S	(N /	A in WI)	VI.	(N / A	A in WI)				MANAGED
TV 1,000,000	CCIDENT				MEDICA					U.S.L. & H. VOLUNTARY		CARE OPTION
1 000 000	E-POLICY LIMIT				INDEMN	NIIY				COMP	. —	+
DIVIDEND PLAN/SAFETY GROUP ADDITIONAL COMPA	E-EACH EMPLOYEE ANY INFORMATION									FOREIGN CO	/	
SPECIFY ADDITIONAL COVERAGES / ENDORSEMENTS (Attach ACO	PD 101 Additional Pa	omarke Sch	adula if mara	enaco is	roquirod	n.						
SPECIFI ADDITIONAL GOVERAGES / ENDORSEMENTS (Attacti ACO	ND 101, Additional K	emarks Sch	edule, il illore	space is	requireu	'')						
TOTAL ESTIMATED ANNUAL PREMIUM - ALL STAT	ES											
TOTAL ESTIMATED ANNUAL PREMIUM ALL STATES	TOTAL MINIMUM PRE	MIUM ALL S	STATES			Т	OTAL DEPO	SIT PRE	MIUM	ALL STATES		
\$	\$					\$						
CONTACT INFORMATION												

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

TYPE	NAME	OFFICE PHONE	MOBILE PHONE	E-MAIL
INSPECTION				
ACCTNG RECORD CLAIMS				
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	RELATIONSHIP	SHIP %	DUTIES	INC/EXC	CLASS CODE	REMUNERATION/PAYROLL

STATE	RATING SH	EET#	OF		SHEETS	,	AGENCY	CUSTO	MER ID:	000	19617			
FOR I	MULTIPLE S	TATES,	ATTACH AN	ADDI	STATE RA			IEET						
			STATE: TX											
LOC#	CLASS CODE	DESCR CODE		IES, DUT	IES, CLASSIFICATIONS	# EMPI FULL TIME	LOYEES PART TIME	SIC	NAICS		MATED ANNUA MUNERATION/ PAYROLL		ATE	ESTIMATED ANNUAL MANUAL PREMIUM
1			Site supervisio	n		3				117,	000			
PREMI												T		
STATE: T	X		FACTOR	\$ 0.00	FACTORED PREMIUM						FACTOR		FACTORE	PREMIUM
TOTAL	ED LIMITO		N/A		,	0011		FINO *				\$		
DEDUCTI	ED LIMITS			\$		CCP	EDULE RAT	IING "				\$		
EXPERIE MODIFICA	NCE OR MERIT ATION			\$			NDARD PRI	EMIUM				\$		
TERRORI			N/A	\$			MIUM DISC					\$		
CATASTR	OPHE		N/A	\$		EXPI	ENSE CON	STANT			N/A	\$		
ASSIGNE	D RISK SURCHAR	GE *		\$		TAXE	ES / ASSES	SMENTS *			N/A	\$		
ARAP *				\$								\$		
	Wisconsin STIMATED ANNUA	I DDEMILI			MINIMUM PREMIUM				DE	-DOCIT	PREMIUM			
\$ 0.00	JIMAILD ANNOA	LT KLWIO	"		\$				\$	_1 0011	TREMION			
REMAR	RKS (ACORD	101, Add	ditional Remar	ks Sch	edule, may be attached	l if more	space is	required	i)					
	2 4 2 2 (204 7 (2)					Dana 0 ad								

PRIOR CARRIER INFORMATION / LOSS HISTORY

PROVIDE IN	IFORMATION FOR THE PAST 5 YEARS AND USE THE REMARKS SECTION I	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: MANUFACTURIN	G - RAW MATERIALS, PROCESSES,	PRODUCT, EQUIPMENT; CONTRACTOR - TYPE
OF WORK SUB-CONTRACTS: MERCANTILE - MERCHA	ANDISE CUSTOMERS DELIVERIES SERVICE - T	PE LOCATION: FARM - ACREAGE	ANIMALS MACHINERY SUB-CONTRACTS

Site supervision; places cameras at oilfield locations; drives by each location daily to see if anything is missing

GENERAL INFORMATION

EXP	LAIN ALL "YES" RESPONSES	Y/N
1.	DOES APPLICANT OWN, OPERATE OR LEASE AIRCRAFT / WATERCRAFT?	
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)	
3.	ANY WORK PERFORMED UNDERGROUND OR ABOVE 15 FEET?	
4.	ANY WORK PERFORMED ON BARGES, VESSELS, DOCKS, BRIDGE OVER WATER?	
5.	IS APPLICANT ENGAGED IN ANY OTHER TYPE OF BUSINESS?	
6.	ARE SUB-CONTRACTORS USED? (If "YES", give % of work subcontracted)	
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)	
8.	IS A WRITTEN SAFETY PROGRAM IN OPERATION?	
9.	ANY GROUP TRANSPORTATION PROVIDED?	
10.	ANY EMPLOYEES UNDER 16 OR OVER 60 YEARS OF AGE?	
11.	ANY SEASONAL EMPLOYEES?	
12.	IS THERE ANY VOLUNTEER OR DONATED LABOR? (If "YES", please specify)	
13.	ANY EMPLOYEES WITH PHYSICAL HANDICAPS?	
14.	DO EMPLOYEES TRAVEL OUT OF STATE? (If "YES", indicate state(s) of travel and frequency)	
15.	ARE ATHLETIC TEAMS SPONSORED?	
16.	ARE PHYSICALS REQUIRED AFTER OFFERS OF EMPLOYMENT ARE MADE?	

GENERAL INFORMATION (continued)

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

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, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

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

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

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

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

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

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

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

П				
	APPLICANT'S SIGNATURE (Must be Officer, Owner or Partner)	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER
				l

	CONTACT NAMES	
Name	Responsibility	Phone Number
Mike Speck	Contact	(432)935-1021
OFCONINF		Copyright 2001, AMS Serivces, Inc





UMBRELLA / EXCESS SECTION

IMPORTANT - If CLAIMS MADE is checked in the POLICY INFORMATION section below, this is an application for a claims-made policy.

DATE (MM/DD/YYYY) 01/09/2023

	Read all provisions of the policy carefully.																	
AGENCY CDR Advisors 11 C										CARRIER NAIC CODE								
GDP Advisors, LLC POLICY NUMBER EFFECTIVE DATE									NAMED INCLIDED(C)									
23-24 SPECKCO 02/01/2023										NAMED INSURED(S)								
POL	POLICY INFORMATION																	
×	NEW		UMBRELLA	Т	OCCURRE	NCE	VOLUNTARY	T 6	RETROAC	CTIVE DATE		\$ 4,000,000	T OF LIABILITY EA OCC	\$	IED LIMIT			
-	RENEWAL	\vdash	-	-	4		VOLORVINIKI				PENT	\$ 4,000,000	AGG	Ψ				
												\$ 1,000,000	7,00	FIRST DO				
EXPINITE FOLM.													2(1714)					
EMPLOYEE BENEFITS LIABILITY LIMIT OF INSURANCE (Ea Employee) AGGREGATE LIMIT FOR EBL RETAINED LIMIT FOR EBL													RETROACTIVE DA	ATE FOR EBL				
\$			(,			\$					\$							
NAME OF BENEFIT PROGRAM																		
TOTAL OF BEILE OF TOURANT																		
DDII	MADVIC		TION & SUB	SIDIA	DIES (A	COPD 12	95)											
#			AND LOCATION					NIES (Descri	ihe Oners	ations)	AN	NUAL PAYROLL	ANN GROSS SALES	FOREIGN GROSS SALES	# EMPL			
-	NAME:		AND LOCATION	01 11	VIIIIAIVI AIVE	ALL SOBO	IDIAN COMI P	INIEO (Descri	ibe Opera	ations,		NOALTAINOLL	ANN GROOD SALLS	GROSS SALES	5 # EIVII E			
1	LOCATIO	N:	513 Scott D	Or.			Big Spring	3	T	79720	117	,000	442,000		3			
	DESCRIP						3 -1 .	,				,	,					
	NAME:		•															
	LOCATIO	N:																
	DESCRIP		:															
	NAME:																	
	LOCATIO	N:																
	DESCRIP	TION	:															
	NAME:																	
	LOCATIO	N:																
	DESCRIP	TION	:															
	NAME:																	
	LOCATIO	N:																
	DESCRIP	TION	:															
	NAME:																	
	LOCATIO	N:																
	DESCRIP	TION	:															
UND	ERLYIN	G IN	SURANCE															
					LIST AL	L LIABILITY	/ COMPENSAT	ION POLICIES	S IN FOR	CE TO APPI	Y AS UND	ERLYING INSURA	ICE		+ - RATING			
-	ГҮРЕ		CARRIE	R / PO	LICY NUMBE	R	POLICY I	FF DATE	POLICY	Y EXP DATE			MITS	ANNUAL RENE PREMIUM	WAL MOD			
			_								CSL E	A ACC	\$ 1,000,000	\$				
	OMOBILE ABILITY	TB					02/01	/2023	02/0	02/2024	BI EA	ACC	\$	- \$				
	ADILITI	ТВ	D								BI EA	PER	\$					
											PD EA		\$ 1,000,000	\$				
	NERAL												Ψ	PREM / OPS				
	ABILITY ICY TYPE	ТВ	n										\$ 2,000,000 \$ 2,000,000	\$				
	OCCUR	TB					02/01	/2023	02/0	01/2024	AGGR		\$ 1,000,000	PRODUCTS				
CLAIMS		10	D								I INJUR		\$ 100,000	\$				
											PREM	.020	\$ 5,000	OTHER				
		-											\$ 1,000,000	\$				
EMF	LOYERS	ТВ	D				02/01	/2023	02/0	01/2024	DISEA	SE	\$ 1,000,000 \$ 1,000,000	\dashv				
	ABILITY	TBD						,_020	02/0	.,_0	DISEA	SE	\$ 1,000,000 \$ 1,000,000	\$				
							POLICY LIMIT \$ 1,000,000											
														\$				
														\$				
۸۲۲)RD 131	(201	7/11)						Page	1 of 6		@ 1991 ₋ 201	7 ACORD CORPOR	ATION All right	ats reserved			

AGENCY CUSTOMER ID: 00019617 **UNDERLYING INSURANCE (continued)**

UNDERLYING GENERAL LIABILITY INFORMATION (Explain all "YES" responses)																	
1. AF	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.)																
	UDIO A	TE THE EDITION	N DATE OF	TUE 100 FO	DM OD		T	LINID		INO COVERAGE:							
						SIMILAR FILING FOR N BEEN EXCLUDED, U				ING COVERAGE: R SELF-INSURED FROM A	NY P	REV	'IOUS	COVERAGE	? (Y / N)		
—	·																
6. FC	OR CLA	AIMS MADE, WA	AS "TAIL" CO	OVERAGE PI	URCHA	SED FOR ANY PREVIO	DUS	PRIM	ARY	OR EXCESS POLICY? (Y	/ N)		L	EFF.	DATE: _		
										ESENT FOR EACH COVERAG					EXPLAIN IF	=	
	[OVER	AGES	BEYO	ND STANDARD FORMS. EXP							
		CHECK IF AF	PPROPRIATE		'	COVERAGE				EXPOS	URE	CO/	/ERAGE	Ē			EXPOSUR
AN	IY AUTO	(SYMBOL 1)				CARE, CUSTODY, CO	ONTR	OL			Н		PROF	ESSIONAL LIA	ABILITY (E&	kO)	L
CG	SL - CLA	IMS MADE			L	EMPLOYEE BENEFIT	T LIAE	BILITY					VEND	ORS LIABILIT	Y		L
		CURRENCE				FOREIGN LIABILITY	/TRA	VEL					WATE	RCRAFT LIAB	ILITY		
COVERA	AGE			EXPO	SURE	GARAGEKEEPERS L	IABIL	_ITY			Ш						L
AIF	RCRAFT	LIABILITY				INCIDENTAL MEDICA	AL MA	LPRA	CTICE	!							
AIF	RCRAFT	PASSENGER LIA	BILITY			LIQUOR LIABILITY											
		AL INTERESTS				POLLUTION LIABILIT				ENTS, DISCRIMINATION, SUBF							
WHETHI 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																
		TODY, CONT	ROL				Τ.,	Τ							T 6) FT OF BL D	2.000
LOC					VALUE		A*	В*	C*		D*				50	Q FT OF BLD	3 000
		REAL															
OCCUPA		PERSONAL DESCRIPTION OF	PERSONAL	PROPERTY			1	1	ш								
	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																	
DADUS (MILES)										S)							
	TY	PE	# OWNED	# NON- OWNED	# LEASE	PROPERTY HAULED							LOCAL	INTER- MEDIATE	LONG DISTANC		
PRI	IVATE P	ASSENGER														MEDIATE	DISTANC
		LIGHT															
	f	MEDIUM															
TRUC	ks -	HEAVY															

Т	YPE	# OWNED # LEASED			PROPERTY HAULED	LOCAL	INTER- MEDIATE	LONG DISTANCE
PRIVATE	PRIVATE PASSENGER							
	LIGHT							
TD. 101/0	MEDIUM							
TRUCKS	HEAVY							
	EX. HEAVY							
TRUCKS /	HEAVY							
TRACTORS	EX. HEAVY							
BUSES								

ADDITIONAL EXPOSURES AGENCY CUSTOMER ID: 00019617

	DITIONAL EXPOSURES	T							
EXF	PLAIN ALL "YES" RESPONSES, PROVIDE OTHER INFORMATION REQUIRED	Y/N							
	ADVERTISERS LIABILITY								
1.	MEDIA USED:								
	ANNUAL COST: \$								
2.	ARE SERVICES OF AN ADVERTISING AGENCY USED?								
	ANY COVERAGE PROVIDED UNDER ACENOVIO POLICIVO								
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?								
l									
	CONTRACTORS LIABILITY								
10.	IS BRIDGE, DAM, OR MARINE WORK PERFORMED?								
l									
L.,		-							
11.	DESCRIBE TYPICAL JOBS PERFORMED (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)								
<u> </u>		-							
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?								
L.,		-							
14.	DO SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN APPLICANT?								
	EMPLOYERS LIABILITY								
15	IS APPLICANT SELF-INSURED IN ANY STATE?								
'									
<u> </u>									
16.	SUBJECT TO: JONES ACT FELA STOP GAP OTHER:								
L	INCIDENTAL MALPRACTICE LIABILITY								
17.	IS A HOSPITAL OR FIRST AID FACILITY MAINTAINED?								
	ARE COVERAGES PROVIDED FOR ROCTORS (ANURCES)	-							
18.	ARE COVERAGES PROVIDED FOR DOCTORS / NURSES?								
18.	ARE COVERAGES PROVIDED FOR DOCTORS / NURSES?								
18.	ARE COVERAGES PROVIDED FOR DOCTORS / NURSES?								

ADDITIONAL EXPOSURES (continued)

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 COVERAG	SES CARRIED):										
				ITION EXCLUSION					COVERAGE EN	DORSEMEN	Γ			
	GL	WITH STANDAR	D SUDDEN &	ACCIDENTAL ON	ILY			T LIABILIT	ON COVERAGE Y					
22.	ARE MIS	SILES, ENGINES	S, GUIDANCE	SYSTEMS, FRAM	IES OR A	NY OTHER PR	RODU	CT 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.	PRODUC	T LIABILITY LOS	S IN PAST TH	HREE (3) YEARS?	(SPECIF	Υ)								
25.	GROSS S	SALES FROM EA	CH OF LAST	THREE (3) YEARS	3:	\$			\$		\$			
								VE LIABIL						
26.	DESCRIB	E INDEPENDEN	T CONTRACT	FORS (ACORD 10	1, Additio	onal Remarks S	chedu	ıle, may b	e attached if more	e space is req	uired)			
						WAT	ERCRA	AFT LIABIL	ITY					
27.	DOES AP	PLICANT OWN C		ATERCRAFT?	ПОЕ	SEPOWER	7	LOC#	# OWNED	<u> </u>	LENGTH		HORSEPOWER	
	100#	# OWNED		LLINGTH	1101	SEFOWER	1	LOC#	# OWNED		LLINGTH	- '	IONSEFOWER	
			l .	L	AF	PARTMENTS / CO	NDOM	IINIUMS / H	HOTELS / MOTELS	I			I	
28.	LOC#	# STORIES	# UNITS	# SWIMMING POO	DLS # [DIVING BOARDS		LOC#	# STORIES	# UNITS	# SWIMMING PO	OLS	# DIVING BOARDS	
L	MARKS	ACORD 101	Additional F	│ Remarks Sched	ule ma	v be attached	d if m	ore spa	ce is required	<u> </u>				
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			,	<u>, 100 unuono</u>		. с. с сра		,				

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 quilty 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.

\sim 1	\sim		_	IR	_
`	(i r	NΙΔ		ıĸ	_

SIGNATURE			
IF THE COMPANY TO WHICH I AM APPLYING OFFERS UNINSURED I (UIM) AND/OR MEDICAL PAYMENTS COVERAGE IN MY STATE:	MOTORISTS (U	M), UN	NDERINSURED MOTORISTS
UNINSURED MOTORISTS (UM) COVERAGE: \$*			
UNDERINSURED MOTORISTS (UIM) COVERAGE: \$	*		
MEDICAL PAYMENTS COVERAGE: \$*	* IF APPLICABLE I	N YOUR	STATE
APPLICABLE ONLY IN LOUISIANA, MONTANA, M	NEW HAMPSHI	RE AN	ID VERMONT
APPLICABLE ONLY IN LOUISIANA:			
I ACKNOWLEDGE THAT UM COVERAGE HAS BEEN EXPLAINED TO OF SELECTING UM LIMITS EQUAL TO MY LIABILITY LIMITS, UM LIMIT REJECT UM COVERAGE ENTIRELY.			
1. I SELECT UM LIMITS INDICATED IN THIS APPLICATION. (INITIAL] OR S)		
2. I REJECT UM COVERAGE IN ITS ENTIRETY. (INITIALS)	-,		
APPLICABLE ONLY IN MONTANA:			
I ACKNOWLEDGE I HAVE BEEN OFFERED UNINSURED MOTORISTS UNDERINSURED MOTORISTS (UIM) COVERAGE. I HAVE SELECTED THIS APPLICATION. IF NO LIMITS ARE SHOWN, I HAVE REJECTED	THE LIMITS I	NDICA	TED IN (INITIALS)
APPLICABLE ONLY IN NEW HAMPSHIRE:			
I ACKNOWLEDGE THAT UM COVERAGE HAS BEEN EXPLAINED TO OF SELECTING UM LIMITS EQUAL TO MY LIABILITY LIMITS OR TO R	,		
1. I SELECT UM LIMITS INDICATED IN THIS APPLICATION. (INITIAL:] OR		
2. I REJECT UM COVERAGE IN ITS ENTIRETY. (INITIALS)	-,		
APPLICABLE ONLY IN VERMONT:			
I ACKNOWLEDGE THAT I HAVE BEEN OFFERED UM COVERAGE EQ SELECTED THE LIMITS INDICATED IN THIS APPLICATION.	UAL TO MY LIA	BILITY	LIMITS. I HAVE
IMPORTANT - THE STATEMENTS (ANSWERS) GIVEN ABOVE ARE TR WILLFULLY CONCEALED OR MISREPRESENTED ANY MATERIAL FA			
APPLICATION. THIS APPLICATION DOES NOT CONSTITUTE A BINDE	R.		
PRODUCER'S SIGNATURE PRODUCER'S NAI John Powter/ANDY1	vi⊏ (Please Prii	nt)	STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE	DATE	N	ATIONAL PRODUCER NUMBER