



# COMMERCIAL INSURANCE APPLICATION

## APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)

02/22/2023

AGENCY Pace Insurance P. O. Box 457  Springhill LA 71075	CARRIER  COMPANY POLICY OR PROGRAM NAME  POLICY NUMBER	NAIC CODE  PROGRAM CODE
CONTACT NAME: Jonathan E Orr PHONE (A/C No. Ext): 318 539-2551 FAX (A/C No.): 3185392964 E-MAIL ADDRESS: paceins10@centurytel.net CODE: 57404 AGENCY CUSTOMER ID: STREN	UNDERWRITER  STATUS OF TRANSACTION	UNDERWRITER OFFICE  QUOTE <input type="checkbox"/> ISSUE POLICY <input type="checkbox"/> RENEW <input type="checkbox"/> BOUND (Give Date and/or Attach Copy): CHANGE DATE TIME <input type="checkbox"/> AM <input type="checkbox"/> PM CANCEL

### Lines of Business

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

### Attachments

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

### Policy Information

PROPOSED EFF DATE	PROPOSED EXP DATE	BILLING PLAN	PAYMENT PLAN	METHOD OF PAYMENT	AUDIT	DEPOSIT	MINIMUM PREMIUM	POLICY PREMIUM
03/05/2023	03/05/2024	<input checked="" type="checkbox"/> DIRECT <input type="checkbox"/> AGENCY				\$	\$	\$

### Applicant Information

NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4) Strategic Environmental Response Response Solutions, LLC 6838 Morris Rd Orange TX 77632		GL CODE	SIC	NAICS	FEIN OR SOC SEC # 872274892
		BUSINESS PHONE #: (318) 422-6231			
		WEBSITE ADDRESS DOT# 3823952			
<input type="checkbox"/> CORPORATION	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> NOT FOR PROFIT ORG	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION <input type="checkbox"/> LL		
<input type="checkbox"/> INDIVIDUAL	<input checked="" type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> TRUST		
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)		GL CODE	SIC	NAICS	FEIN OR SOC SEC #
		BUSINESS PHONE #:			
		WEBSITE ADDRESS			
<input type="checkbox"/> CORPORATION	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> NOT FOR PROFIT ORG	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION <input type="checkbox"/>		
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> TRUST		
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)		GL CODE	SIC	NAICS	FEIN OR SOC SEC #
		BUSINESS PHONE #:			
		WEBSITE ADDRESS			
<input type="checkbox"/> CORPORATION	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> NOT FOR PROFIT ORG	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION <input type="checkbox"/>		
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> TRUST		

**CONTACT INFORMATION**

AGENCY CUSTOMER ID: STREN

CONTACT TYPE: Inspection Contact		CONTACT TYPE: Accounting Contact	
CONTACT NAME: Dirk Garmany		CONTACT NAME: Dirk Garman	
PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL (318) 422-6231	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL (318) 422-6231	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL
PRIMARY E-MAIL ADDRESS:		PRIMARY E-MAIL ADDRESS:	
SECONDARY E-MAIL ADDRESS:		SECONDARY E-MAIL ADDRESS:	

**PREMISES INFORMATION (Attach ACORD 823 for Additional Premises)**

LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
1	6838 Morris Rd	<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: Orange	<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	STATE: TX				TOTAL BUILDING AREA: SQ FT
	COUNTY:				ANY AREA LEASED TO OTHERS? Y / N
	ZIP: 77632				
DESCRIPTION OF OPERATIONS:					
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
		<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY:	<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	STATE:				TOTAL BUILDING AREA: SQ FT
	COUNTY:				ANY AREA LEASED TO OTHERS? Y / N
	ZIP:				
DESCRIPTION OF OPERATIONS:					
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
		<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY:	<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	STATE:				TOTAL BUILDING AREA: SQ FT
	COUNTY:				ANY AREA LEASED TO OTHERS? Y / N
	ZIP:				
DESCRIPTION OF OPERATIONS:					
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
		<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY:	<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	STATE:				TOTAL BUILDING AREA: SQ FT
	COUNTY:				ANY AREA LEASED TO OTHERS? Y / N
	ZIP:				
DESCRIPTION OF OPERATIONS:					

**NATURE OF BUSINESS**

<input type="checkbox"/> APARTMENTS	<input type="checkbox"/> CONTRACTOR	<input type="checkbox"/> MANUFACTURING	<input type="checkbox"/> RESTAURANT	<input type="checkbox"/> SERVICE	DATE BUSINESS STARTED (MM/DD/YYYY)
<input type="checkbox"/> CONDOMINIUMS	<input type="checkbox"/> INSTITUTIONAL	<input type="checkbox"/> OFFICE	<input type="checkbox"/> RETAIL	<input type="checkbox"/> WHOLESALE	
DESCRIPTION OF PRIMARY OPERATIONS Industrial Pressure Washing					
RETAIL STORES OR SERVICE OPERATIONS % OF TOTAL SALES:		INSTALLATION, SERVICE OR REPAIR WORK %		OFF PREMISES INSTALLATION, SERVICE OR REPAIR WORK %	
DESCRIPTION OF OPERATIONS OF OTHER NAMED INSURED					

**ADDITIONAL INTEREST (Not all fields apply to all scenarios - provide only the necessary data) Attach ACORD 45 for more Additional Interests**

INTEREST	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
<input checked="" type="checkbox"/> ADDITIONAL INSURED	Blanket Additional Insured when required by written contract						LOCATION:	BUILDING:
<input type="checkbox"/> BREACH OF WARRANTY							VEHICLE:	BOAT:
<input type="checkbox"/> CO-OWNER							AIRPORT:	AIRCRAFT:
<input type="checkbox"/> EMPLOYEE AS LESSOR							ITEM CLASS:	ITEM:
<input type="checkbox"/> LEASEBACK OWNER							ITEM DESCRIPTION	
<input type="checkbox"/> LENDER'S LOSS PAYABLE	REFERENCE / LOAN #:	INTEREST END DATE:						
	LIEN AMOUNT:	PHONE (A/C, No, Ext): ( ) -				FAX (A/C, No):		
REASON FOR INTEREST:			E-MAIL ADDRESS:					

**GENERAL INFORMATION**

EXPLAIN ALL "YES" RESPONSES				Y / N
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ?				N
PARENT COMPANY NAME		RELATIONSHIP DESCRIPTION	% OWNED	
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?				N
SUBSIDIARY COMPANY NAME		RELATIONSHIP DESCRIPTION	% OWNED	
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?				Y
<input type="checkbox"/> SAFETY MANUAL	<input type="checkbox"/> SAFETY POSITION	<input type="checkbox"/> MONTHLY MEETINGS	<input type="checkbox"/> OSHA	<input type="checkbox"/>
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?				N
4. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)				N
LINE OF BUSINESS	POLICY NUMBER	LINE OF BUSINESS	POLICY NUMBER	
5. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR THREE (3) YEARS FOR ANY PREMISES OR OPERATIONS? (Missouri Applicants - Do not answer this question)				N
<input type="checkbox"/> NON-PAYMENT	<input type="checkbox"/> AGENT NO LONGER REPRESENTS CARRIER	<input type="checkbox"/>		
<input type="checkbox"/> NON-RENEWAL	<input type="checkbox"/> UNDERWRITING	<input type="checkbox"/> CONDITION CORRECTED (Describe):		
6. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?				N
7. DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY? (In RI, this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment).				N
8. ANY UNCORRECTED FIRE AND/OR SAFETY CODE VIOLATIONS?				N
OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE	
9. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE LAST FIVE (5) YEARS?				N
OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE	
10. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS?				N
OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE	
11. HAS BUSINESS BEEN PLACED IN A TRUST? NAME OF TRUST:				N
12. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD / DISTRIBUTED IN FOREIGN COUNTRIES? (If "YES", attach ACORD 815 for Liability Exposure and/or ACORD 816 for Property Exposure)				N
13. DOES APPLICANT HAVE OTHER BUSINESS VENTURES FOR WHICH COVERAGE IS NOT REQUESTED?				N
14. DOES APPLICANT OWN / LEASE / OPERATE ANY DRONES? (If "YES", describe use)				N
15. DOES APPLICANT HIRE OTHERS TO OPERATE DRONES? (If "YES", describe use)				N

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

\*\*\*\*\*SEE ACORD 101 - ADDITIONAL REMARKS SCHEDULE\*\*\*\*\*

**PRIOR CARRIER INFORMATION**

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
	CARRIER		Progressive Security Insurance		
	POLICY NUMBER		04074309		
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE		09/21/2022		
	EXPIRATION DATE		09/21/2023		

**PRIOR CARRIER INFORMATION (continued)**

AGENCY CUSTOMER ID: STREN

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
	CARRIER		Progressive Security Insurance		
	POLICY NUMBER		04074309		
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE		09/21/2021		
	EXPIRATION DATE		09/21/2022		
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				

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

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE LAST \_\_\_\_ YEARS

TOTAL LOSSES: \$

DATE OF OCCURRENCE	LINE	TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	SUBRO-GATION Y / N	CLAIM OPEN Y / N

**SIGNATURE**

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

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

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

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

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

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

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

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

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

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

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

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

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

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



AGENCY CUSTOMER ID: STREN

## ADDITIONAL INTEREST SCHEDULE

DATE (MM/DD/YYYY)

02/22/2023

AGENCY Pace Insurance		CARRIER		NAIC CODE
POLICY NUMBER	EFFECTIVE DATE 03/05/2023	NAMED INSURED(S) Strategic Environmental Response		

## ADDITIONAL INTEREST (Not all fields apply to all scenarios - provide only the necessary data)

INTEREST	NAME AND ADDRESS RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
<input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BREACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LIENHOLDER <input checked="" type="checkbox"/> Waiver of Subrogation	Blanket Waiver of Subrogation when required by written contract					LOCATION:	BUILDING:
<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE						VEHICLE:	BOAT:
						AIRPORT:	AIRCRAFT:
						SCHED #:	ITEM:
						ITEM CLASS:	
						ITEM DESCRIPTION	
	REFERENCE / LOAN #:	INTEREST END DATE:					
	LIEN AMOUNT:	PHONE (A/C, No, Ext): ( ) -					
REASON FOR INTEREST:		E-MAIL ADDRESS:					

INTEREST	NAME AND ADDRESS RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
<input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BREACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LIENHOLDER <input checked="" type="checkbox"/> LOSS PAYEE	Ally Bank PO Box 8104  Cockeysville/Hunt Valley MD 21030					LOCATION:	BUILDING:
<input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE						VEHICLE: 1	BOAT:
						AIRPORT:	AIRCRAFT:
						SCHED #:	ITEM:
						ITEM CLASS:	
						ITEM DESCRIPTION	
	REFERENCE / LOAN #:	INTEREST END DATE:		Vehicle No: 1 2021...			
	LIEN AMOUNT:	PHONE (A/C, No, Ext): ( ) -					
REASON FOR INTEREST:		E-MAIL ADDRESS:					

INTEREST	NAME AND ADDRESS RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
<input checked="" type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BREACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LIENHOLDER	Bradley Dickes 6838 Morris Rd  Orange TX 77632					LOCATION:	BUILDING:
<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE						VEHICLE: 4	BOAT:
						AIRPORT:	AIRCRAFT:
						SCHED #:	ITEM:
						ITEM CLASS:	
						ITEM DESCRIPTION	
	REFERENCE / LOAN #:	INTEREST END DATE:		Vehicle No: 4 2016...			
	LIEN AMOUNT:	PHONE (A/C, No, Ext): ( ) -					
REASON FOR INTEREST:		E-MAIL ADDRESS:					

INTEREST	NAME AND ADDRESS RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
<input checked="" type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BREACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LIENHOLDER	LLOX LLC 1001 Ochsner Boulevard Suite A  Covington LA 70433					LOCATION:	BUILDING:
<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE						VEHICLE:	BOAT:
						AIRPORT:	AIRCRAFT:
						SCHED #:	ITEM:
						ITEM CLASS:	
						ITEM DESCRIPTION	
	REFERENCE / LOAN #:	INTEREST END DATE:					
	LIEN AMOUNT:	PHONE (A/C, No, Ext): ( ) -					
REASON FOR INTEREST:		E-MAIL ADDRESS: kimr@llox.com					

INTEREST	NAME AND ADDRESS RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
<input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BREACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LIENHOLDER <input checked="" type="checkbox"/> Waiver of Subrogation	LLOX LLC 1001 Ochsner Boulevard Suite A  Covington LA 70433					LOCATION:	BUILDING:
<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE						VEHICLE:	BOAT:
						AIRPORT:	AIRCRAFT:
						SCHED #:	ITEM:
						ITEM CLASS:	
						ITEM DESCRIPTION	
	REFERENCE / LOAN #:	INTEREST END DATE:					
	LIEN AMOUNT:	PHONE (A/C, No, Ext): ( ) -					
REASON FOR INTEREST:		E-MAIL ADDRESS: kimr@llox.com					



AGENCY CUSTOMER ID: STREN

## ADDITIONAL INTEREST SCHEDULE

DATE (MM/DD/YYYY)

02/22/2023

AGENCY Pace Insurance		CARRIER		NAIC CODE
POLICY NUMBER	EFFECTIVE DATE 03/05/2023	NAMED INSURED(S) Strategic Environmental Response		

## ADDITIONAL INTEREST (Not all fields apply to all scenarios - provide only the necessary data)

INTEREST		NAME AND ADDRESS RANK:		EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
<input type="checkbox"/> ADDITIONAL INSURED	<input type="checkbox"/> LOSS PAYEE	LLOX LLC 1001 Ochsner Boulevard Suite A Covington LA 70433						LOCATION:	BUILDING:
<input type="checkbox"/> BREACH OF WARRANTY	<input type="checkbox"/> MORTGAGEE							VEHICLE:	BOAT:
<input type="checkbox"/> CO-OWNER	<input type="checkbox"/> OWNER							AIRPORT:	AIRCRAFT:
<input type="checkbox"/> EMPLOYEE AS LESSOR	<input type="checkbox"/> REGISTRANT							SCHED #:	ITEM:
<input type="checkbox"/> LEASEBACK OWNER	<input type="checkbox"/> TRUSTEE	ITEM CLASS:						ITEM DESCRIPTION	
<input type="checkbox"/> LENDER'S LOSS PAYABLE		REFERENCE / LOAN #:						INTEREST END DATE:	
<input checked="" type="checkbox"/> LIENHOLDER		LIEN AMOUNT:						PHONE (A/C, No, Ext): ( ) -	
30 day notice of c...		E-MAIL ADDRESS: kimr@llox.com							
REASON FOR INTEREST:									

INTEREST		NAME AND ADDRESS RANK:		EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
<input type="checkbox"/> ADDITIONAL INSURED	<input checked="" type="checkbox"/> LOSS PAYEE	Ford Motor Credit Company LLC PO Box 30201 College Station TX 77842						LOCATION:	BUILDING:
<input type="checkbox"/> BREACH OF WARRANTY	<input type="checkbox"/> MORTGAGEE							VEHICLE: 7	BOAT:
<input type="checkbox"/> CO-OWNER	<input type="checkbox"/> OWNER							AIRPORT:	AIRCRAFT:
<input type="checkbox"/> EMPLOYEE AS LESSOR	<input type="checkbox"/> REGISTRANT							SCHED #:	ITEM:
<input type="checkbox"/> LEASEBACK OWNER	<input type="checkbox"/> TRUSTEE	ITEM CLASS:						ITEM DESCRIPTION	
<input type="checkbox"/> LENDER'S LOSS PAYABLE		REFERENCE / LOAN #:						INTEREST END DATE:	
<input type="checkbox"/> LIENHOLDER		LIEN AMOUNT:						PHONE (A/C, No, Ext): ( ) -	
		E-MAIL ADDRESS:						Vehicle No: 7 2022...	
REASON FOR INTEREST:									

INTEREST		NAME AND ADDRESS RANK:		EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
<input type="checkbox"/> ADDITIONAL INSURED	<input type="checkbox"/> LOSS PAYEE							LOCATION:	BUILDING:
<input type="checkbox"/> BREACH OF WARRANTY	<input type="checkbox"/> MORTGAGEE							VEHICLE:	BOAT:
<input type="checkbox"/> CO-OWNER	<input type="checkbox"/> OWNER							AIRPORT:	AIRCRAFT:
<input type="checkbox"/> EMPLOYEE AS LESSOR	<input type="checkbox"/> REGISTRANT							SCHED #:	ITEM:
<input type="checkbox"/> LEASEBACK OWNER	<input type="checkbox"/> TRUSTEE	ITEM CLASS:						ITEM DESCRIPTION	
<input type="checkbox"/> LENDER'S LOSS PAYABLE		REFERENCE / LOAN #:						INTEREST END DATE:	
<input type="checkbox"/> LIENHOLDER		LIEN AMOUNT:						PHONE (A/C, No, Ext): ( ) -	
		E-MAIL ADDRESS:							
REASON FOR INTEREST:									

INTEREST		NAME AND ADDRESS RANK:		EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
<input type="checkbox"/> ADDITIONAL INSURED	<input type="checkbox"/> LOSS PAYEE							LOCATION:	BUILDING:
<input type="checkbox"/> BREACH OF WARRANTY	<input type="checkbox"/> MORTGAGEE							VEHICLE:	BOAT:
<input type="checkbox"/> CO-OWNER	<input type="checkbox"/> OWNER							AIRPORT:	AIRCRAFT:
<input type="checkbox"/> EMPLOYEE AS LESSOR	<input type="checkbox"/> REGISTRANT							SCHED #:	ITEM:
<input type="checkbox"/> LEASEBACK OWNER	<input type="checkbox"/> TRUSTEE	ITEM CLASS:						ITEM DESCRIPTION	
<input type="checkbox"/> LENDER'S LOSS PAYABLE		REFERENCE / LOAN #:						INTEREST END DATE:	
<input type="checkbox"/> LIENHOLDER		LIEN AMOUNT:						PHONE (A/C, No, Ext): ( ) -	
		E-MAIL ADDRESS:							
REASON FOR INTEREST:									



# ADDITIONAL REMARKS SCHEDULE

<b>AGENCY</b> Pace Insurance		<b>NAMED INSURED</b> Strategic Environmental Response	
<b>POLICY NUMBER</b>			
<b>CARRIER</b>	<b>NAIC CODE</b>		
		<b>EFFECTIVE DATE:</b> 03/05/2023	

## ADDITIONAL REMARKS

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**  
**FORM NUMBER:** 125 **FORM TITLE:** Commercial Insurance Application

\*\*\*\*\*ADDITIONAL INTERESTS\*\*\*\*\*

ADDITIONAL INTEREST NAME: Ally Bank  
 Vehicle No: 1 2021 Dodge 2500

ADDITIONAL INTEREST NAME: Bradley Dickes  
 Vehicle No: 4 2016 Ford F250

ADDITIONAL INTEREST NAME: LLOX LLC  
 AOI Type Description: 30 day notice of cancellation

ADDITIONAL INTEREST NAME: Ford Motor Credit Company LLC  
 Vehicle No: 7 2022 Ford F250



AGENCY CUSTOMER ID: STREN

**BUSINESS AUTO SECTION**

DATE (MM/DD/YYYY)

02/22/2023

AGENCY Pace Insurance		CARRIER		NAIC CODE
POLICY NUMBER	EFFECTIVE DATE 03/05/2023	NAMED INSURED(S) Strategic Environmental Response		

**COVERAGES / LIMITS****USE ACORD 137 FOR YOUR STATE TO PROVIDE COVERAGES / LIMITS INFORMATION****DRIVER INFORMATION** **ACORD 163 attached for additional drivers**

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

DRIVER #	NAME CITY, STATE AND ZIP CODE	SEX	* MAR STAT	DATE OF BIRTH	YRS EXP	YEAR LIC	DRIVERS LICENSE NUMBER/ SOCIAL SECURITY NUMBER	STATE LIC	DATE HIRE	BROADEN NO-FAULT	DOC	USE VEH #	% USE
1	Dirk Garmany	M		11/04/1977			431-53-0159	LA					
2	Raziel Delarosa	M	M	11/26/1986			11003812	TX					
3	Bradley Dickes	M		05/24/1980			16046136	TX					
4	Jason C Walker	M	M	01/20/1971			005283756	LA					
5	Sandra Foster	F	M	04/19/1969			008811807	LA					

\* MARITAL STATUS / CIVIL UNION (if applicable)

**GENERAL INFORMATION**

<b>EXPLAIN ALL "YES" RESPONSES</b>				Y / N
1. WITH THE EXCEPTION OF ANY ENCUMBRANCES, ARE ANY VEHICLES FOR WHICH INSURANCE IS REQUESTED NOT SOLELY OWNED BY AND REGISTERED TO THE APPLICANT?				N
VEH #	NAME OF OTHER OWNER	VEH #	NAME OF OTHER OWNER	
2. DO OVER 50% OF THE EMPLOYEES USE THEIR AUTOS IN THE BUSINESS? (no explanation needed)				N
3. IS THERE A VEHICLE MAINTENANCE PROGRAM IN OPERATION?				Y
4. ARE ANY VEHICLES LEASED TO OTHERS?				N
5. ANY CAR MODIFIED / SPECIAL EQUIPMENT? (Include customized vans / pickups)				N
VEH #	DESCRIPTION	COST \$	VEH # DESCRIPTION	COST \$
6. ARE ICC (Interstate Commerce Commission), PUC (Public Utility Commission) OR OTHER FILINGS REQUIRED? (If "YES", attach ACORD 194) (no explanation needed)				
7. DO OPERATIONS INVOLVE TRANSPORTING HAZARDOUS MATERIAL?				N



**GENERAL INFORMATION (continued)**

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

**ADDITIONAL INTEREST / CERTIFICATE RECIPIENT**☒ **ACORD 45 attached for additional names**

INTEREST	NAME AND ADDRESS RANK: _____ EVIDENCE: _____ CERTIFICATE _____	INTEREST IN ITEM NUMBER
<input checked="" type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT	Blanket Additional Insured when required by written contract	VEHICLE: _____ LOCATION: _____  
	REFERENCE / LOAN #: _____	
<input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LIENHOLDER <input checked="" type="checkbox"/> Waiver of Subrogation	Blanket Waiver of Subrogation when required by written contract	VEHICLE: _____ LOCATION: _____  
	REFERENCE / LOAN #: _____	

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

\*\*\*\*\*ADDITIONAL INTERESTS\*\*\*\*\*

 ADDITIONAL INTEREST NAME: 7  
 AOI Type Description: 30 day notice of cancellation

VEHICLE DESCRIPTION ☐ ACORD 129 attached for additional vehicles

VEH # 1	YEAR 2021	MAKE: Dodge MODEL: 2500	BODY TYPE: Pickup V.I.N.: 3C6UR5TL1MG680705	VEHICLE TYPE PP <input type="checkbox"/> SPEC <input checked="" type="checkbox"/> COML		SYM / AGE	COMP / OTC SYM	COLL SYM
GARAGING ADDRESS	STREET (Required in KY)		CITY Orange		COUNTY	STATE TX	ZIP 77632	
LIC STATE TX	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS 500	FARTHEST TERMINAL
USE <input type="checkbox"/> PLEASURE <input type="checkbox"/> FARM	<input checked="" type="checkbox"/> COMM'L <input type="checkbox"/> RETAIL <input type="checkbox"/> SERVICE	<input type="checkbox"/> FOR HIRE	CHECK COVERAGES <input checked="" type="checkbox"/> LIAB <input type="checkbox"/> NO-FAULT	ADD'L NO-FAULT <input type="checkbox"/> MED PAY <input type="checkbox"/> UNINS MOTOR	UNDRINS MOTOR <input type="checkbox"/> TOWING & LABOR <input type="checkbox"/> SPEC C OF L	F <input type="checkbox"/> FT <input type="checkbox"/> FTW	LSP <input type="checkbox"/> COMP/OTC <input checked="" type="checkbox"/> COLL	RENT REIMB FG
DRIVE TO WORK / SCHOOL		<input type="checkbox"/> < 15 MILES	<input type="checkbox"/> 15 MILES +	NET VEH DR/CR:		TOTAL PREM: \$		
VEH # 2	YEAR 2001	MAKE: Mack MODEL: Rd6	BODY TYPE: Truck V.I.N.: 1M2P267Y91M056113	VEHICLE TYPE PP <input type="checkbox"/> SPEC <input checked="" type="checkbox"/> COML		SYM / AGE	COMP / OTC SYM	COLL SYM
GARAGING ADDRESS	STREET (Required in KY)		CITY High Island		COUNTY	STATE TX	ZIP 77623	
LIC STATE TX	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS 500	FARTHEST TERMINAL
USE <input type="checkbox"/> PLEASURE <input type="checkbox"/> FARM	<input checked="" type="checkbox"/> COMM'L <input type="checkbox"/> RETAIL <input type="checkbox"/> SERVICE	<input type="checkbox"/> FOR HIRE	CHECK COVERAGES <input checked="" type="checkbox"/> LIAB <input type="checkbox"/> NO-FAULT	ADD'L NO-FAULT <input type="checkbox"/> MED PAY <input type="checkbox"/> UNINS MOTOR	UNDRINS MOTOR <input type="checkbox"/> TOWING & LABOR <input type="checkbox"/> SPEC C OF L	F <input type="checkbox"/> FT <input type="checkbox"/> FTW	LSP <input type="checkbox"/> COMP/OTC <input checked="" type="checkbox"/> COLL	RENT REIMB FG
DRIVE TO WORK / SCHOOL		<input type="checkbox"/> < 15 MILES	<input type="checkbox"/> 15 MILES +	NET VEH DR/CR:		TOTAL PREM: \$		
VEH # 3	YEAR 2019	MAKE: Ditch Witch MODEL: trailer	BODY TYPE: Trailer V.I.N.: 1DST722L2K1701580	VEHICLE TYPE PP <input type="checkbox"/> SPEC <input checked="" type="checkbox"/> COML		SYM / AGE	COMP / OTC SYM	COLL SYM
GARAGING ADDRESS	STREET (Required in KY)		CITY Orange		COUNTY	STATE TX	ZIP 77632	
LIC STATE TX	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS 500	FARTHEST TERMINAL
USE <input type="checkbox"/> PLEASURE <input type="checkbox"/> FARM	<input checked="" type="checkbox"/> COMM'L <input type="checkbox"/> RETAIL <input type="checkbox"/> SERVICE	<input type="checkbox"/> FOR HIRE	CHECK COVERAGES <input checked="" type="checkbox"/> LIAB <input type="checkbox"/> NO-FAULT	ADD'L NO-FAULT <input type="checkbox"/> MED PAY <input type="checkbox"/> UNINS MOTOR	UNDRINS MOTOR <input type="checkbox"/> TOWING & LABOR <input type="checkbox"/> SPEC C OF L	F <input type="checkbox"/> FT <input type="checkbox"/> FTW	LSP <input type="checkbox"/> COMP/OTC <input checked="" type="checkbox"/> COLL	RENT REIMB FG
DRIVE TO WORK / SCHOOL		<input type="checkbox"/> < 15 MILES	<input type="checkbox"/> 15 MILES +	NET VEH DR/CR:		TOTAL PREM: \$		
VEH # 4	YEAR 2016	MAKE: Ford MODEL: F250	BODY TYPE: Pickup V.I.N.: 1FT7W2BT4GED38014	VEHICLE TYPE PP <input type="checkbox"/> SPEC <input checked="" type="checkbox"/> COML		SYM / AGE	COMP / OTC SYM	COLL SYM
GARAGING ADDRESS	STREET (Required in KY)		CITY Orange		COUNTY	STATE TX	ZIP 77632	
LIC STATE TX	TERR	GVW / GCW 14,000	CLASS	SIC	FACTOR	SEAT CP	RADIUS 500	FARTHEST TERMINAL
USE <input type="checkbox"/> PLEASURE <input type="checkbox"/> FARM	<input checked="" type="checkbox"/> COMM'L <input type="checkbox"/> RETAIL <input type="checkbox"/> SERVICE	<input type="checkbox"/> FOR HIRE	CHECK COVERAGES <input checked="" type="checkbox"/> LIAB <input type="checkbox"/> NO-FAULT	ADD'L NO-FAULT <input type="checkbox"/> MED PAY <input type="checkbox"/> UNINS MOTOR	UNDRINS MOTOR <input type="checkbox"/> TOWING & LABOR <input type="checkbox"/> SPEC C OF L	F <input type="checkbox"/> FT <input type="checkbox"/> FTW	LSP <input type="checkbox"/> COMP/OTC <input checked="" type="checkbox"/> COLL	RENT REIMB FG
DRIVE TO WORK / SCHOOL		<input type="checkbox"/> < 15 MILES	<input type="checkbox"/> 15 MILES +	NET VEH DR/CR:		TOTAL PREM: \$		

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

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

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

**Applicable in CO**

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

**Applicable in FL and OK**

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

**Applicable in KS**

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

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

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

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

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

**Applicable in NJ**

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

**Applicable in OR**

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

**Applicable in PR**

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

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

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





AGENCY CUSTOMER ID: STREN

## ADDITIONAL INTEREST SCHEDULE

DATE (MM/DD/YYYY)

02/22/2023

AGENCY Pace Insurance		CARRIER		NAIC CODE
POLICY NUMBER	EFFECTIVE DATE 03/05/2023	NAMED INSURED(S) Strategic Environmental Response		

## ADDITIONAL INTEREST (Not all fields apply to all scenarios - provide only the necessary data)

<b>INTEREST</b>		<b>NAME AND ADDRESS RANK:</b>		<b>EVIDENCE:</b>	<b>CERTIFICATE</b>	<b>POLICY</b>	<b>SEND BILL</b>	<b>INTEREST IN ITEM NUMBER</b>	
<input type="checkbox"/> ADDITIONAL INSURED	<input checked="" type="checkbox"/> LOSS PAYEE	Ford Motor Credit Company LLC PO Box 30201  College Station TX 77842						LOCATION:	BUILDING:
<input type="checkbox"/> BREACH OF WARRANTY	<input type="checkbox"/> MORTGAGEE							VEHICLE: 7	BOAT:
<input type="checkbox"/> CO-OWNER	<input type="checkbox"/> OWNER							AIRPORT:	AIRCRAFT:
<input type="checkbox"/> EMPLOYEE AS LESSOR	<input type="checkbox"/> REGISTRANT							SCHED #:	ITEM:
<input type="checkbox"/> LEASEBACK OWNER	<input type="checkbox"/> TRUSTEE							ITEM CLASS:	
<input type="checkbox"/> LENDER'S LOSS PAYABLE								ITEM DESCRIPTION	
<input type="checkbox"/> LIENHOLDER		REFERENCE / LOAN #:		INTEREST END DATE:					
		LIEN AMOUNT:		PHONE (A/C, No, Ext):					
REASON FOR INTEREST:				E-MAIL ADDRESS:					

<b>INTEREST</b>		<b>NAME AND ADDRESS RANK:</b>		<b>EVIDENCE:</b>	<b>CERTIFICATE</b>	<b>POLICY</b>	<b>SEND BILL</b>	<b>INTEREST IN ITEM NUMBER</b>	
<input type="checkbox"/> ADDITIONAL INSURED	<input type="checkbox"/> LOSS PAYEE							LOCATION:	BUILDING:
<input type="checkbox"/> BREACH OF WARRANTY	<input type="checkbox"/> MORTGAGEE							VEHICLE:	BOAT:
<input type="checkbox"/> CO-OWNER	<input type="checkbox"/> OWNER							AIRPORT:	AIRCRAFT:
<input type="checkbox"/> EMPLOYEE AS LESSOR	<input type="checkbox"/> REGISTRANT							SCHED #:	ITEM:
<input type="checkbox"/> LEASEBACK OWNER	<input type="checkbox"/> TRUSTEE							ITEM CLASS:	
<input type="checkbox"/> LENDER'S LOSS PAYABLE								ITEM DESCRIPTION	
<input type="checkbox"/> LIENHOLDER		REFERENCE / LOAN #:		INTEREST END DATE:					
		LIEN AMOUNT:		PHONE (A/C, No, Ext):					
REASON FOR INTEREST:				E-MAIL ADDRESS:					

<b>INTEREST</b>		<b>NAME AND ADDRESS RANK:</b>		<b>EVIDENCE:</b>	<b>CERTIFICATE</b>	<b>POLICY</b>	<b>SEND BILL</b>	<b>INTEREST IN ITEM NUMBER</b>	
<input type="checkbox"/> ADDITIONAL INSURED	<input type="checkbox"/> LOSS PAYEE							LOCATION:	BUILDING:
<input type="checkbox"/> BREACH OF WARRANTY	<input type="checkbox"/> MORTGAGEE							VEHICLE:	BOAT:
<input type="checkbox"/> CO-OWNER	<input type="checkbox"/> OWNER							AIRPORT:	AIRCRAFT:
<input type="checkbox"/> EMPLOYEE AS LESSOR	<input type="checkbox"/> REGISTRANT							SCHED #:	ITEM:
<input type="checkbox"/> LEASEBACK OWNER	<input type="checkbox"/> TRUSTEE							ITEM CLASS:	
<input type="checkbox"/> LENDER'S LOSS PAYABLE								ITEM DESCRIPTION	
<input type="checkbox"/> LIENHOLDER		REFERENCE / LOAN #:		INTEREST END DATE:					
		LIEN AMOUNT:		PHONE (A/C, No, Ext):					
REASON FOR INTEREST:				E-MAIL ADDRESS:					

<b>INTEREST</b>		<b>NAME AND ADDRESS RANK:</b>		<b>EVIDENCE:</b>	<b>CERTIFICATE</b>	<b>POLICY</b>	<b>SEND BILL</b>	<b>INTEREST IN ITEM NUMBER</b>	
<input type="checkbox"/> ADDITIONAL INSURED	<input type="checkbox"/> LOSS PAYEE							LOCATION:	BUILDING:
<input type="checkbox"/> BREACH OF WARRANTY	<input type="checkbox"/> MORTGAGEE							VEHICLE:	BOAT:
<input type="checkbox"/> CO-OWNER	<input type="checkbox"/> OWNER							AIRPORT:	AIRCRAFT:
<input type="checkbox"/> EMPLOYEE AS LESSOR	<input type="checkbox"/> REGISTRANT							SCHED #:	ITEM:
<input type="checkbox"/> LEASEBACK OWNER	<input type="checkbox"/> TRUSTEE							ITEM CLASS:	
<input type="checkbox"/> LENDER'S LOSS PAYABLE								ITEM DESCRIPTION	
<input type="checkbox"/> LIENHOLDER		REFERENCE / LOAN #:		INTEREST END DATE:					
		LIEN AMOUNT:		PHONE (A/C, No, Ext):					
REASON FOR INTEREST:				E-MAIL ADDRESS:					



AGENCY CUSTOMER ID: STREN

## VEHICLE SCHEDULE

DATE (MM/DD/YYYY)

02/22/2023

AGENCY Pace Insurance	CARRIER	NAIC CODE
POLICY NUMBER	EFFECTIVE DATE 03/05/2023	NAMED INSURED(S) Strategic Environmental Response

## VEHICLE DESCRIPTION

VEH # 5	YEAR 2022	MAKE: Kearney MODEL: BTMEUDT	BODY TYPE: Trailer v.i.n.: 5LCLB1622N1056171	VEHICLE TYPE PP <input type="checkbox"/> SPEC <input checked="" type="checkbox"/> COML	SYM / AGE	COMP / OTC SYM	COLL SYM					
GARAGING ADDRESS	STREET (Required in KY)	CITY Orange	COUNTY	STATE TX	ZIP 77632							
LIC STATE TX	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS 500	FARTHEST TERMINAL	COST NEW \$ 4,400			
USE PLEASURE <input type="checkbox"/> FARM <input type="checkbox"/>	COMM'L <input checked="" type="checkbox"/> RETAIL <input type="checkbox"/> SERVICE <input type="checkbox"/>	FOR HIRE <input type="checkbox"/>	CHECK COVERAGES LIAB NO-FAULT <input checked="" type="checkbox"/>	ADD'L NO-FAULT <input type="checkbox"/> MED PAY <input type="checkbox"/> UNINS MOTOR <input type="checkbox"/>	UNDRINS MOTOR TOWING & LABOR SPEC C OF L <input type="checkbox"/>	F FT <input type="checkbox"/> FTW <input type="checkbox"/>	LSP COMP/OTC <input type="checkbox"/> COLL <input type="checkbox"/>	RENT REIMB FG <input type="checkbox"/>	DEDUCTIBLES AA <input type="checkbox"/> ST AMT <input checked="" type="checkbox"/>	ACV <input checked="" type="checkbox"/>	COMP/OTC \$ 500	SPEC C OF L \$ 500
DRIVE TO WORK / SCHOOL	< 15 MILES <input type="checkbox"/>	15 MILES + <input type="checkbox"/>	NET VEH DR/CR:	TOTAL PREM: \$								
VEH # 6	YEAR 2012	MAKE: Mack MODEL: CHU613	BODY TYPE: Truck-Tractor v.i.n.: 1M1AN07Y2CM009510	VEHICLE TYPE PP <input type="checkbox"/> SPEC <input checked="" type="checkbox"/> COML	SYM / AGE	COMP / OTC SYM	COLL SYM					
GARAGING ADDRESS	STREET (Required in KY)	CITY Orange	COUNTY	STATE TX	ZIP 77632							
LIC STATE TX	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS 500	FARTHEST TERMINAL	COST NEW \$ 45,000			
USE PLEASURE <input type="checkbox"/> FARM <input type="checkbox"/>	COMM'L <input checked="" type="checkbox"/> RETAIL <input type="checkbox"/> SERVICE <input type="checkbox"/>	FOR HIRE <input type="checkbox"/>	CHECK COVERAGES LIAB NO-FAULT <input checked="" type="checkbox"/>	ADD'L NO-FAULT <input type="checkbox"/> MED PAY <input type="checkbox"/> UNINS MOTOR <input type="checkbox"/>	UNDRINS MOTOR TOWING & LABOR SPEC C OF L <input type="checkbox"/>	F FT <input type="checkbox"/> FTW <input type="checkbox"/>	LSP COMP/OTC <input type="checkbox"/> COLL <input type="checkbox"/>	RENT REIMB FG <input type="checkbox"/>	DEDUCTIBLES AA <input type="checkbox"/> ST AMT <input checked="" type="checkbox"/>	ACV <input checked="" type="checkbox"/>	COMP/OTC \$ 45,000	SPEC C OF L \$ 45,000
DRIVE TO WORK / SCHOOL	< 15 MILES <input type="checkbox"/>	15 MILES + <input type="checkbox"/>	NET VEH DR/CR:	TOTAL PREM: \$								
VEH # 7	YEAR 2022	MAKE: Ford MODEL: F250	BODY TYPE: Pickup v.i.n.: 1FT8W2BT7NED72398	VEHICLE TYPE PP <input type="checkbox"/> SPEC <input checked="" type="checkbox"/> COML	SYM / AGE	COMP / OTC SYM	COLL SYM					
GARAGING ADDRESS	STREET (Required in KY)	CITY Orange	COUNTY	STATE TX	ZIP 77632							
LIC STATE TX	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS 500	FARTHEST TERMINAL	COST NEW \$ 100,000			
USE PLEASURE <input type="checkbox"/> FARM <input type="checkbox"/>	COMM'L <input checked="" type="checkbox"/> RETAIL <input type="checkbox"/> SERVICE <input type="checkbox"/>	FOR HIRE <input type="checkbox"/>	CHECK COVERAGES LIAB NO-FAULT <input checked="" type="checkbox"/>	ADD'L NO-FAULT <input type="checkbox"/> MED PAY <input type="checkbox"/> UNINS MOTOR <input type="checkbox"/>	UNDRINS MOTOR TOWING & LABOR SPEC C OF L <input type="checkbox"/>	F FT <input type="checkbox"/> FTW <input type="checkbox"/>	LSP COMP/OTC <input type="checkbox"/> COLL <input type="checkbox"/>	RENT REIMB FG <input type="checkbox"/>	DEDUCTIBLES AA <input type="checkbox"/> ST AMT <input checked="" type="checkbox"/>	ACV <input checked="" type="checkbox"/>	COMP/OTC \$ 500	SPEC C OF L \$ 500
DRIVE TO WORK / SCHOOL	< 15 MILES <input type="checkbox"/>	15 MILES + <input type="checkbox"/>	NET VEH DR/CR:	TOTAL PREM: \$								
VEH # 8	YEAR 2013	MAKE: Best MODEL: Flatbed	BODY TYPE: Trailer v.i.n.: 5YHBU2026DM505037	VEHICLE TYPE PP <input type="checkbox"/> SPEC <input checked="" type="checkbox"/> COML	SYM / AGE	COMP / OTC SYM	COLL SYM					
GARAGING ADDRESS	STREET (Required in KY)	CITY Orange	COUNTY	STATE TX	ZIP 77632							
LIC STATE TX	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS 500	FARTHEST TERMINAL	COST NEW \$ 3,500			
USE PLEASURE <input type="checkbox"/> FARM <input type="checkbox"/>	COMM'L <input checked="" type="checkbox"/> RETAIL <input type="checkbox"/> SERVICE <input type="checkbox"/>	FOR HIRE <input type="checkbox"/>	CHECK COVERAGES LIAB NO-FAULT <input checked="" type="checkbox"/>	ADD'L NO-FAULT <input type="checkbox"/> MED PAY <input type="checkbox"/> UNINS MOTOR <input type="checkbox"/>	UNDRINS MOTOR TOWING & LABOR SPEC C OF L <input type="checkbox"/>	F FT <input type="checkbox"/> FTW <input type="checkbox"/>	LSP COMP/OTC <input type="checkbox"/> COLL <input type="checkbox"/>	RENT REIMB FG <input type="checkbox"/>	DEDUCTIBLES AA <input type="checkbox"/> ST AMT <input checked="" type="checkbox"/>	ACV <input checked="" type="checkbox"/>	COMP/OTC \$ 500	SPEC C OF L \$ 500
DRIVE TO WORK / SCHOOL	< 15 MILES <input type="checkbox"/>	15 MILES + <input type="checkbox"/>	NET VEH DR/CR:	TOTAL PREM: \$								
VEH # 9	YEAR 2022	MAKE: BigTex MODEL: Flatbed	BODY TYPE: Trailer v.i.n.: 16V1W2424N2182151	VEHICLE TYPE PP <input type="checkbox"/> SPEC <input checked="" type="checkbox"/> COML	SYM / AGE	COMP / OTC SYM	COLL SYM					
GARAGING ADDRESS	STREET (Required in KY)	CITY Orange	COUNTY	STATE TX	ZIP 77632							
LIC STATE TX	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS 500	FARTHEST TERMINAL	COST NEW \$ 7,800			
USE PLEASURE <input type="checkbox"/> FARM <input type="checkbox"/>	COMM'L <input checked="" type="checkbox"/> RETAIL <input type="checkbox"/> SERVICE <input type="checkbox"/>	FOR HIRE <input type="checkbox"/>	CHECK COVERAGES LIAB NO-FAULT <input checked="" type="checkbox"/>	ADD'L NO-FAULT <input type="checkbox"/> MED PAY <input type="checkbox"/> UNINS MOTOR <input type="checkbox"/>	UNDRINS MOTOR TOWING & LABOR SPEC C OF L <input type="checkbox"/>	F FT <input type="checkbox"/> FTW <input type="checkbox"/>	LSP COMP/OTC <input type="checkbox"/> COLL <input type="checkbox"/>	RENT REIMB FG <input type="checkbox"/>	DEDUCTIBLES AA <input type="checkbox"/> ST AMT <input checked="" type="checkbox"/>	ACV <input checked="" type="checkbox"/>	COMP/OTC \$ 500	SPEC C OF L \$ 500
DRIVE TO WORK / SCHOOL	< 15 MILES <input type="checkbox"/>	15 MILES + <input type="checkbox"/>	NET VEH DR/CR:	TOTAL PREM: \$								



AGENCY CUSTOMER ID: STREN

## VEHICLE SCHEDULE

DATE (MM/DD/YYYY)

02/22/2023

AGENCY Pace Insurance		CARRIER		NAIC CODE
POLICY NUMBER		EFFECTIVE DATE 03/05/2023	NAMED INSURED(S) Strategic Environmental Response	

## VEHICLE DESCRIPTION

VEH # 10	YEAR 2022	MAKE: Big Tex MODEL: 70CH-16BK		BODY TYPE: Trailer V.I.N.: 16V1U202XN3158734	VEHICLE TYPE PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input checked="" type="checkbox"/>		SYM / AGE	COMP / OTC SYM	COLL SYM	
GARAGING ADDRESS	STREET (Required in KY)		CITY Orange	COUNTY		STATE TX		ZIP 77632		
LIC STATE TX	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS 500	FARTHEST TERMINAL		COST NEW \$ 4,118
USE <input type="checkbox"/> PLEASURE <input type="checkbox"/> FARM	<input checked="" type="checkbox"/> COMM'L <input type="checkbox"/> RETAIL <input type="checkbox"/> SERVICE	FOR HIRE <input type="checkbox"/>	CHECK COVERAGES <input checked="" type="checkbox"/> LIAB NO-FAULT	ADD'L NO-FAULT <input type="checkbox"/>	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F <input type="checkbox"/> FT <input type="checkbox"/> FTW	LSP <input type="checkbox"/> COMP/OTC <input checked="" type="checkbox"/> COLL	RENT REIMB FG	DEDUCTIBLES <input type="checkbox"/> AA <input checked="" type="checkbox"/> ST AMT	ACV <input checked="" type="checkbox"/> COMP/OTC <input type="checkbox"/> SPEC C OF L
DRIVE TO WORK / SCHOOL	<input type="checkbox"/> < 15 MILES <input type="checkbox"/> 15 MILES +	NET VEH DR/CR:		TOTAL PREM: \$						
VEH #	YEAR	MAKE:		BODY TYPE:	VEHICLE TYPE		SYM / AGE	COMP / OTC SYM	COLL SYM	
MODEL:		V.I.N.:		PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input type="checkbox"/>						
GARAGING ADDRESS	STREET (Required in KY)		CITY	COUNTY		STATE		ZIP		
LIC STATE	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL		COST NEW
USE <input type="checkbox"/> PLEASURE <input type="checkbox"/> FARM	<input type="checkbox"/> COMM'L <input type="checkbox"/> RETAIL <input type="checkbox"/> SERVICE	FOR HIRE <input type="checkbox"/>	CHECK COVERAGES <input type="checkbox"/> LIAB NO-FAULT	ADD'L NO-FAULT <input type="checkbox"/>	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F <input type="checkbox"/> FT <input type="checkbox"/> FTW	LSP <input type="checkbox"/> COMP/OTC <input type="checkbox"/> COLL	RENT REIMB FG	DEDUCTIBLES <input type="checkbox"/> AA <input type="checkbox"/> ST AMT	ACV <input type="checkbox"/> COMP/OTC <input type="checkbox"/> SPEC C OF L
DRIVE TO WORK / SCHOOL	<input type="checkbox"/> < 15 MILES <input type="checkbox"/> 15 MILES +	NET VEH DR/CR:		TOTAL PREM: \$						
VEH #	YEAR	MAKE:		BODY TYPE:	VEHICLE TYPE		SYM / AGE	COMP / OTC SYM	COLL SYM	
MODEL:		V.I.N.:		PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input type="checkbox"/>						
GARAGING ADDRESS	STREET (Required in KY)		CITY	COUNTY		STATE		ZIP		
LIC STATE	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL		COST NEW
USE <input type="checkbox"/> PLEASURE <input type="checkbox"/> FARM	<input type="checkbox"/> COMM'L <input type="checkbox"/> RETAIL <input type="checkbox"/> SERVICE	FOR HIRE <input type="checkbox"/>	CHECK COVERAGES <input type="checkbox"/> LIAB NO-FAULT	ADD'L NO-FAULT <input type="checkbox"/>	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F <input type="checkbox"/> FT <input type="checkbox"/> FTW	LSP <input type="checkbox"/> COMP/OTC <input type="checkbox"/> COLL	RENT REIMB FG	DEDUCTIBLES <input type="checkbox"/> AA <input type="checkbox"/> ST AMT	ACV <input type="checkbox"/> COMP/OTC <input type="checkbox"/> SPEC C OF L
DRIVE TO WORK / SCHOOL	<input type="checkbox"/> < 15 MILES <input type="checkbox"/> 15 MILES +	NET VEH DR/CR:		TOTAL PREM: \$						
VEH #	YEAR	MAKE:		BODY TYPE:	VEHICLE TYPE		SYM / AGE	COMP / OTC SYM	COLL SYM	
MODEL:		V.I.N.:		PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input type="checkbox"/>						
GARAGING ADDRESS	STREET (Required in KY)		CITY	COUNTY		STATE		ZIP		
LIC STATE	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL		COST NEW
USE <input type="checkbox"/> PLEASURE <input type="checkbox"/> FARM	<input type="checkbox"/> COMM'L <input type="checkbox"/> RETAIL <input type="checkbox"/> SERVICE	FOR HIRE <input type="checkbox"/>	CHECK COVERAGES <input type="checkbox"/> LIAB NO-FAULT	ADD'L NO-FAULT <input type="checkbox"/>	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F <input type="checkbox"/> FT <input type="checkbox"/> FTW	LSP <input type="checkbox"/> COMP/OTC <input type="checkbox"/> COLL	RENT REIMB FG	DEDUCTIBLES <input type="checkbox"/> AA <input type="checkbox"/> ST AMT	ACV <input type="checkbox"/> COMP/OTC <input type="checkbox"/> SPEC C OF L
DRIVE TO WORK / SCHOOL	<input type="checkbox"/> < 15 MILES <input type="checkbox"/> 15 MILES +	NET VEH DR/CR:		TOTAL PREM: \$						
VEH #	YEAR	MAKE:		BODY TYPE:	VEHICLE TYPE		SYM / AGE	COMP / OTC SYM	COLL SYM	
MODEL:		V.I.N.:		PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input type="checkbox"/>						
GARAGING ADDRESS	STREET (Required in KY)		CITY	COUNTY		STATE		ZIP		
LIC STATE	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL		COST NEW
USE <input type="checkbox"/> PLEASURE <input type="checkbox"/> FARM	<input type="checkbox"/> COMM'L <input type="checkbox"/> RETAIL <input type="checkbox"/> SERVICE	FOR HIRE <input type="checkbox"/>	CHECK COVERAGES <input type="checkbox"/> LIAB NO-FAULT	ADD'L NO-FAULT <input type="checkbox"/>	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F <input type="checkbox"/> FT <input type="checkbox"/> FTW	LSP <input type="checkbox"/> COMP/OTC <input type="checkbox"/> COLL	RENT REIMB FG	DEDUCTIBLES <input type="checkbox"/> AA <input type="checkbox"/> ST AMT	ACV <input type="checkbox"/> COMP/OTC <input type="checkbox"/> SPEC C OF L
DRIVE TO WORK / SCHOOL	<input type="checkbox"/> < 15 MILES <input type="checkbox"/> 15 MILES +	NET VEH DR/CR:		TOTAL PREM: \$						



AGENCY CUSTOMER ID: STREN

**TEXAS COMMERCIAL AUTO  
COVERAGES / LIMITS SECTION**

DATE (MM/DD/YYYY)

02/22/2023

AGENCY Pace Insurance		NAMED INSURED(S) Strategic Environmental Response	
POLICY NUMBER	EFFECTIVE DATE 03/05/2023	CARRIER	NAIC CODE

**BUSINESS AUTO SECTION**

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	COVERAGES	COVERED AUTO SYMBOLS	LIMITS			
LIABILITY	<input checked="" type="checkbox"/> 1 <input checked="" type="checkbox"/> 4 <input checked="" type="checkbox"/> 9	<input checked="" type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$ 1,000,000						
	<input type="checkbox"/> 2 <input checked="" type="checkbox"/> 7 <input type="checkbox"/>	BI EACH ACCIDENT \$						
	<input type="checkbox"/> 3 <input checked="" type="checkbox"/> 8	PROPERTY DAMAGE \$						
PERSONAL INJURY PROTECTION	<input type="checkbox"/> 2	EACH PERSON \$	PHYSICAL DAMAGE					
	<input type="checkbox"/> 7	AUTO DEATH INDEMNITY \$	TOWING & LABOR	<input type="checkbox"/> 3 <input type="checkbox"/> 7	\$			
		TOTAL DISABILITY \$	COMP / OTC	<input type="checkbox"/> 2 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> 8				
				<input type="checkbox"/> 3 <input checked="" type="checkbox"/> 7				
MEDICAL PAYMENTS	<input type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/> 8	EACH PERSON \$	SPECIFIED CAUSES OF LOSS	<input type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/> 8				
	<input type="checkbox"/> 3 <input type="checkbox"/> 7			<input type="checkbox"/> 3 <input type="checkbox"/> 7				
UNINSURED / UNDERINSURED MOTORIST	<input type="checkbox"/> 1 <input type="checkbox"/> 4	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$	COLLISION	<input type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/> 8				
	<input type="checkbox"/> 2 <input type="checkbox"/> 7	BI EACH ACCIDENT \$		<input type="checkbox"/> 3 <input checked="" type="checkbox"/> 7				
	<input type="checkbox"/> 3	PD EA ACC \$ \$ DED						
HIRED / BORROWED LIABILITY	<input checked="" type="checkbox"/> YES STATES <input type="checkbox"/> NO TX	COST OF HIRE \$ IF ANY BASIS	HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH	COVERAGE / DEDUCTIBLE	
NON-OWNED LIABILITY	<input checked="" type="checkbox"/> YES STATES <input type="checkbox"/> NO TX	GROUP TYPE		TX				<input type="checkbox"/> COMP \$
		EMPLOYEES						<input type="checkbox"/> SPEC C OF L \$
		VOLUNTEERS					<input type="checkbox"/> COLL \$	
		PARTNERS						
COVERED AUTO SYMBOLS	(1) ANY AUTO (2) ALL OWNED AUTOS (3) OWNED PRIVATE PASSENGER AUTOS	(4) OWNED AUTOS OTHER THAN PRIVATE PASSENGER (5) ALL OWNED AUTOS WHICH REQUIRE NO-FAULT COVERAGE (6) OWNED AUTOS SUBJECT TO COMPULSORY U.M. LAW	COVERAGE IS:		PRIMARY	SECONDARY		

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

I UNDERSTAND AND ACKNOWLEDGE THAT UNINSURED / UNDERINSURED MOTORISTS (UM / UIM), BODILY INJURY (BI) AND PROPERTY DAMAGE (PD) COVERAGES HAVE BEEN EXPLAINED TO ME. I HAVE BEEN OFFERED THE OPTIONS OF SELECTING UM / UIM LIMITS EQUAL TO MY LIABILITY LIMITS, UM / UIM LIMITS LOWER THAN MY LIABILITY LIMITS OR TO REJECT UM / UIM BI AND/OR UM / UIM PD COVERAGES ENTIRELY.

1. I SELECT UM / UIM BODILY INJURY LIMIT(S) INDICATED IN THIS APPLICATION. \_\_\_\_\_ (INITIALS)
2. I REJECT UM / UIM BODILY INJURY COVERAGE IN ITS ENTIRETY. \_\_\_\_\_ (INITIALS)
3. I SELECT UM / UIM PROPERTY DAMAGE LIMIT(S) INDICATED IN THIS APPLICATION. \_\_\_\_\_ (INITIALS)
4. I REJECT UM / UIM PROPERTY DAMAGE COVERAGE IN ITS ENTIRETY. \_\_\_\_\_ (INITIALS)

I UNDERSTAND AND ACKNOWLEDGE THAT PERSONAL INJURY PROTECTION COVERAGE HAS BEEN EXPLAINED TO ME AND I HAVE BEEN OFFERED THIS COVERAGE. IF I HAVE REJECTED THIS COVERAGE, MY INITIALS ARE INCLUDED HERE. \_\_\_\_\_ (INITIALS)

I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE OR IN ANY STATE SUPPLEMENT WILL APPLY TO ALL FUTURE POLICY RENEWALS, CONTINUATIONS AND CHANGES UNLESS I NOTIFY YOU OTHERWISE IN WRITING.

APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER
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**TRUCKERS SECTION**

AGENCY CUSTOMER ID: STREN

COVERAGES		COVERED AUTO SYMBOLS		LIMITS		PHYSICAL DAMAGE																																																			
COVERAGES	COVERED AUTO SYMBOLS	LIMITS		COVERAGES	COVERED AUTO SYMBOLS	LIMITS		DEDUCTIBLE																																																	
LIABILITY	41	46	CSL	BI	EA PER	\$	COMP / OTC	42	47	\$																																															
	42	47	BI EACH ACCIDENT		\$	43																																																			
	43	50	PROPERTY DAMAGE		\$	46																																																			
PERSONAL INJURY PROTECTION	42		EACH PERSON		\$	SPECIFIED CAUSES OF LOSS	42	47	SCL	FT	LSP	\$																																													
	46		AUTO DEATH INDEMNITY		\$		43		F	FTW																																															
			TOTAL DISABILITY		\$		46																																																		
MEDICAL PAYMENTS	42	46	EACH PERSON		\$	COLLISION	42	47				\$																																													
	43						43																																																		
							46																																																		
UNINSURED / UNDERINSURED MOTORIST	41	46	CSL	BI	EA PER	\$	TOWING & LABOR	46		\$																																															
	42		BI EACH ACCIDENT		\$																																																				
	43		PD EA ACC		\$																																																				
<div> <div> <b>TRAILER INTERCHANGE</b> </div> <table border="1"> <thead> <tr> <th>COVERAGES</th> <th>SYMBOL</th> <th># TRAILERS</th> <th>FARTH ZONE</th> <th># DAYS</th> <th>RADIUS</th> <th>DEDUCTIBLE</th> </tr> </thead> <tbody> <tr> <td rowspan="2">COMP / OTC</td> <td>48</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>49</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td rowspan="2">SPECIFIED CAUSES OF LOSS</td> <td>48</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>49</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td rowspan="2">COLLISION</td> <td>48</td> <td></td> <td></td> <td></td> <td></td> <td>\$</td> </tr> <tr> <td>49</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> </div>												COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE	COMP / OTC	48						49						SPECIFIED CAUSES OF LOSS	48						49						COLLISION	48					\$	49					
COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE																																																			
COMP / OTC	48																																																								
	49																																																								
SPECIFIED CAUSES OF LOSS	48																																																								
	49																																																								
COLLISION	48					\$																																																			
	49																																																								
NON-TRUCKERS HIRED / BORROWED	YES	STATES	COST OF HIRE			IF ANY BASIS	TRAILER VALUE	\$																																																	
	NO																																																								
TRUCKERS HIRED / BORROWED LIABILITY	YES	STATES	COST OF HIRE			IF ANY BASIS	HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH																																															
	NO																																																								
NON-OWNED AUTO LIABILITY	YES	STATES	GROUP TYPE	NUMBER OF			OTHER	COVERAGE IS:																																																	
	NO		EMPLOYEES																																																						
			VOLUNTEERS																																																						
OTHER			PARTNERS					PRIMARY																																																	
								SECONDARY																																																	

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

I UNDERSTAND AND ACKNOWLEDGE THAT UNINSURED / UNDERINSURED MOTORISTS (UM / UIM), BODILY INJURY (BI) AND PROPERTY DAMAGE (PD) COVERAGES HAVE BEEN EXPLAINED TO ME. I HAVE BEEN OFFERED THE OPTIONS OF SELECTING UM / UIM LIMITS EQUAL TO MY LIABILITY LIMITS, UM / UIM LIMITS LOWER THAN MY LIABILITY LIMITS OR TO REJECT UM / UIM BI AND/OR UM / UIM PD COVERAGES ENTIRELY.

1. I SELECT UM / UIM BODILY INJURY LIMIT(S) INDICATED IN THIS APPLICATION. \_\_\_\_\_ (INITIALS)

2. I REJECT UM / UIM BODILY INJURY COVERAGE IN ITS ENTIRETY. \_\_\_\_\_ (INITIALS)

3. I SELECT UM / UIM PROPERTY DAMAGE LIMIT(S) INDICATED IN THIS APPLICATION. \_\_\_\_\_ (INITIALS)

4. I REJECT UM / UIM PROPERTY DAMAGE COVERAGE IN ITS ENTIRETY. \_\_\_\_\_ (INITIALS)

I UNDERSTAND AND ACKNOWLEDGE THAT PERSONAL INJURY PROTECTION COVERAGE HAS BEEN EXPLAINED TO ME AND I HAVE BEEN OFFERED THIS COVERAGE. IF I HAVE REJECTED THIS COVERAGE, MY INITIALS ARE INCLUDED HERE. \_\_\_\_\_ (INITIALS)

I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE OR IN ANY STATE SUPPLEMENT WILL APPLY TO ALL FUTURE POLICY RENEWALS, CONTINUATIONS AND CHANGES UNLESS I NOTIFY YOU OTHERWISE IN WRITING.

APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER
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**MOTOR CARRIER SECTION**

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	PHYSICAL DAMAGE									
			COVERAGES	COVERED AUTO SYMBOLS	LIMITS	DEDUCTIBLE						
LIABILITY	61	67	CSL	BI	EA PER \$	COMP / OTC	62	67		\$		
	62	68			BI EACH ACCIDENT \$		63	68				
	63	71			PROPERTY DAMAGE \$		64					
	64											
PERSONAL INJURY PROTECTION	62				EACH PERSON \$	SPECIFIED CAUSES OF LOSS	62	67	SCL	FT	LSP	\$
	67				AUTO DEATH INDEMNITY \$		63	68	F	FTW		
					TOTAL DISABILITY \$		64					
						COLLISION	62	67			\$	
							63	68				
							64					
MEDICAL PAYMENTS	62	64			EACH PERSON \$	TOWING & LABOR	63				\$	
	63	67					67					
UNINSURED / UNDERINSURED MOTORIST	61	64	CSL	BI	EA PER \$	TRAILER INTERCHANGE						
	62	67			BI EACH ACCIDENT \$	COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE
	63				PD EA ACC \$ \$ DED	COMP / OTC	69					
							70					
							69					
							70					
NON-TRUCKERS HIRED / BORROWED	YES	STATES			COST OF HIRE \$ IF ANY BASIS	COLLISION	69					\$
	NO						70					
TRUCKERS HIRED / BORROWED LIABILITY	YES	STATES			COST OF HIRE \$ IF ANY BASIS	TRAILER VALUE \$						
	NO					HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH			
NON-OWNED AUTO LIABILITY	YES	STATES			GROUP TYPE		NUMBER OF					
					EMPLOYEES							
					VOLUNTEERS							
					PARTNERS							
OTHER						COVERAGE IS: PRIMARY SECONDARY						
						OTHER						

**COVERED AUTO SYMBOLS**

(61) ANY AUTO	(64) OWNED COMMERCIAL AUTOS ONLY	(67) SPECIFICALLY DESCRIBED AUTOS
(62) OWNED AUTOS ONLY	(65) OWNED AUTOS SUBJECT TO NO-FAULT	(68) HIRED AUTOS ONLY
(63) OWNED PRIVATE PASS AUTOS ONLY	(66) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW	(69) TRAILERS IN YOUR POSSESSION UNDER A TRAILER INTERCHANGE AGREEMENT
		(70) YOUR TRAILERS IN THE POSSESSION OF ANOTHER TRUCKER UNDER A TRAILER INTERCHANGE AGREEMENT
		(71) NON-OWNED AUTOS ONLY

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

**SIGNATURE**

I UNDERSTAND AND ACKNOWLEDGE THAT UNINSURED / UNDERINSURED MOTORISTS (UM / UIM), BODILY INJURY (BI) AND PROPERTY DAMAGE (PD) COVERAGES HAVE BEEN EXPLAINED TO ME. I HAVE BEEN OFFERED THE OPTIONS OF SELECTING UM / UIM LIMITS EQUAL TO MY LIABILITY LIMITS, UM / UIM LIMITS LOWER THAN MY LIABILITY LIMITS OR TO REJECT UM / UIM BI AND/OR UM / UIM PD COVERAGES ENTIRELY.

1. I SELECT UM / UIM BODILY INJURY LIMIT(S) INDICATED IN THIS APPLICATION.	_____ (INITIALS)
2. I REJECT UM / UIM BODILY INJURY COVERAGE IN ITS ENTIRETY.	_____ (INITIALS)
3. I SELECT UM / UIM PROPERTY DAMAGE LIMIT(S) INDICATED IN THIS APPLICATION.	_____ (INITIALS)
4. I REJECT UM / UIM PROPERTY DAMAGE COVERAGE IN ITS ENTIRETY.	_____ (INITIALS)

I UNDERSTAND AND ACKNOWLEDGE THAT PERSONAL INJURY PROTECTION COVERAGE HAS BEEN EXPLAINED TO ME AND I HAVE BEEN OFFERED THIS COVERAGE. IF I HAVE REJECTED THIS COVERAGE, MY INITIALS ARE INCLUDED HERE. \_\_\_\_\_ (INITIALS)

I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE OR IN ANY STATE SUPPLEMENT WILL APPLY TO ALL FUTURE POLICY RENEWALS, CONTINUATIONS AND CHANGES UNLESS I NOTIFY YOU OTHERWISE IN WRITING.

APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER
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## ADDITIONAL COVERAGES AND ENDORSEMENTS

THIS ADDITIONAL COVERAGES AND ENDORSEMENTS FORM IS A SCHEDULE TO ACORD FORM

FORM NUMBER: 137 FORM TITLE: Commercial Auto

Loc #	ST	Haz #	Class Code	Cov Code FILIN	Description BMC-91 filing	Form No.	Edition Date	Rate	Option Codes					
Limit 1		Limit 2		Limit 3		Ded 1		Deductible Type 1		Ded 2		Deductible Type 2		Premium

  

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

  

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

  

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

  

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

  

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

  

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

  

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

  

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

  

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