A	CORD®				L INSURA ANT INFORM					ATI	ON					TE (M)/YYYY))23
AGE	NCY						RRIE									02/2		CODE
	ce Insurance					0,												
	D. Box 457					cor	MPANY	POLICY OR PR	ROG	RAM NAI	ME				ı	PROG	RAN	CODE
Spi	inghill			LA	A 71075	POL	JICY NU	MBER										
	TACT																	
NAN	ITACT Jonathan E Orr					UNI	DERWR	TER				UN	IDERWR	RITER OF	FICE			
PHC (A/C	. No. Ext): 316 339-2331									1								
(A/C	No): 3185392964					CT.	TUS OF	.		QUOTE		L	ISS	SUE POLI	CY		RE	NEW
E-M.	AIL RESS: paceins10@centurytel.ne	et					NSACT			BOUND	(Give Dat			h Copy):				_
COL	DE: 57404	SUBCODE:								CHANG	E	DATE			TIME			AM
AGE	NCY CUSTOMER ID: STREN									CANCE	L							PM
	ES OF BUSINESS																	
IND	CATE LINES OF BUSINESS	PREMIUM						PREMIUM								PR	EMIU	М
	BOILER & MACHINERY	\$		CYBE	R AND PRIVACY			\$			YACHT					\$		
X	BUSINESS AUTO	\$		FIDUC	IARY LIABILITY			\$								\$		
	BUSINESS OWNERS	\$		GARA	GE AND DEALERS	\$								\$				
	COMMERCIAL GENERAL LIABILITY	\$		LIQUO	OR LIABILITY			\$								\$		
	COMMERCIAL INLAND MARINE	\$	-		R CARRIER			\$								\$		
	COMMERCIAL PROPERTY	\$	\dashv	TRUCI		\$									\$			
		<u> </u>	-													+		
	CRIME	\$		UMBR	ELLA			\$								\$		
AT	TACHMENTS																	
	ACCOUNTS RECEIVABLE / VALUABLE	PAPERS	-		S AND SIGN SECTION									OULE OF \				
	ADDITIONAL INTEREST SCHEDULE HOTEL / MOTEL SUPI										STATE S	SUPPL	EMENT	(If applica	ible)			
	ADDITIONAL PREMISES INFORMATION SCHEDULE INSTALLATION / BUILD						K SECT	ION			VACANT	BUIL	DING SI	UPPLEME	NT			
	APARTMENT BUILDING SUPPLEMENT INTERNATIONAL LIAB						OSURE	SUPPLEMENT	Т		VEHICLE	SCH	IEDULE					
	CONDO ASSN BYLAWS (for D&O Coverage only) INTERNATIONAL PROPRIE						KPOSUF	RE SUPPLEME	NT									
	CONTRACTORS SUPPLEMENT			LOSS	SUMMARY													
	COVERAGES SCHEDULE			OPEN	CARGO SECTION													
	DEALERS SECTION			PREM	IUM PAYMENT SUPF	LEM	ENT											
	DRIVER INFORMATION SCHEDULE		1	PROFI	ESSIONAL LIABILITY	SUP	PLEMEI	NT										
	ELECTRONIC DATA PROCESSING SEC	CTION	+	RESTA	AURANT / TAVERN S	UPPI	EMENT											
₽0	LICY INFORMATION																	
	POSED EFF DATE PROPOSED EXP DA	TE BILLING PLA	ΔN		PAYMENT PLAN	Τ,	/FTHOI	OF PAYMENT	г	AUDIT	DEP	OSIT		MINIM	JM	PC	LICY	PREMIUM
	03/05/2023 03/05/2024	DIRECT		ENCY				- C		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$		\$	PREMI	UM	\$		
ΔΡ	PLICANT INFORMATION																	
	IE (First Named Insured) AND MAILING A	ADDRESS (including ZIP+.	4)			GI	CODE		SIC			N/	AICS		F	=IN O	R SO	C SEC#
	ategic Environmental Response	12211200 (o.u.ug	٠,													722		
	sponse Solutions, LLC					BII	SINIESS	PHONE #: (3°	18)	422-62	231							
	88 Morris Rd							DDRESS	10)	7-7-02								
_				Τ\	X 77632			23952										
Ola	inge					_					A.T.I.O.N.I							
	CORPORATION JOINT VENT INDIVIDUAL LLC NO. O	URE F MEMBERS MANAGERS:		_	OT FOR PROFIT ORG ARTNERSHIP	i	-	UBCHAPTER " RUST	"S" (CORPOR	ATION			.L				
NAN	IE (Other Named Insured) AND MAILING		+4)			GL	CODE		SIC			N.A	AICS		F	EIN O	R SO	C SEC#
								PHONE #:										
						WE	BSITE	DDRESS										
	CORPORATION JOINT VENT			NC	OT FOR PROFIT ORG		S	UBCHAPTER "	"S" (CORPOR	ATION							
	INDIVIDUAL LLC NO. O	F MEMBERS MANAGERS:		PA	ARTNERSHIP		П	RUST										
NAN	IE (Other Named Insured) AND MAILING		+4)	,		GL	CODE		SIC			N.A	AICS		FI	EIN O	R SO	C SEC#
						BUS	SINESS	PHONE #:										
						WE	BSITE A	DDRESS										
	CORPORATION JOINT VENT		Ţ	NC	OT FOR PROFIT ORG	i	s	UBCHAPTER "	"S" (CORPOR	ATION							
	INDIVIDUAL LLC NO. O	F MEMBERS MANAGERS:		PA	ARTNERSHIP		Т	RUST					_					

CONTACT INFORMATION

CONT	ACT IN OR																
CONTAC		ection Contact						CONTACT TYPE: Accounting Contact									
CONTAC	T NAME: Dirk	Garmany						CON	NTACT	NAME: D	irk G	arma	n				
PRIMAR' PHONE #	[′] □ номе	☐ BUS ☐ CE	SECO PHO	ONDARY	номе 🗌 ви	IS [CELL	PRI	MARY ONE#		ME [BUS	CELL	SECONDARY PHONE #	НОМЕ	BUS CELI	L
(316) 4	22-6231							(31	0) 422	2-0231							
PRIMAR'	Y E-MAIL ADDRE	SS:						PRI	MARY E	-MAIL ADD	RESS	:					
SECOND	ARY E-MAIL ADD	RESS:						SEC	CONDAR	RY E-MAIL	ADDRE	ESS:					
PREM	ISES INFOR	MATION (At	tach ACC	ORD 823 fo	r Addition	al P	remises	5)									
LOC#	STREET 6838	8 Morris Rd				СІТ	TY LIMITS	IN.	TERES1	Г	# F	FULL 1	IME EMPL	ANNUAL REVENUE	S: \$		
1							INSIDE		OWN	IER				OCCUPIED AREA:		SQ	Q FT
BLD#	сіту: Orang	e		STATE	: TX		OUTSIDE	= -	TENA	ANT	# F	PART	TIME EMPL	OPEN TO PUBLIC A	REA:	SQ	Q FT
	COUNTY:			ZIP:77	632		1		1					TOTAL BUILDING A	RFA:	SQ	Q FT
DESCRI		· PIONE:												ANY AREA LEASED			
DESCRIPTION OF OPERATIONS:								Τ			T					1EKS! I/N	
LOC#	STREET					CII	TY LIMITS	IN	TEREST		# 1	FULL	IME EMPL	ANNUAL REVENUE	S: \$		
							INSIDE		OWN	IER				OCCUPIED AREA:		SQ	Q FT
BLD#	CITY:			STATE	:		OUTSIDE	=	TENA	ANT	# F	PART	TIME EMPL	OPEN TO PUBLIC A	SQ	Q FT	
	COUNTY:			ZIP:										TOTAL BUILDING A	REA:	SQ	Q FT
DESCRI	TION OF OPERA	ATIONS:												ANY AREA LEASED	то от	HERS? Y / N	
LOC#	STREET					СІТ	TY LIMITS	IN.	TERES1	г	# F	FULL 1	IME EMPL	ANNUAL REVENUE	S: \$		$\overline{}$
							INSIDE		OWN	IER				OCCUPIED AREA:		SQ	Q FT
BLD#	CITY:			STATE			OUTSIDE	_	TENANT		# 5	# PART TIME EMPL		OPEN TO PUBLIC A	DEA:		Q FT
660#					•		- 0013101	_	- 1211/	2111	" "	AKI	I IIVIE EIVIPE				
	COUNTY:			ZIP:										TOTAL BUILDING A			Q FT
DESCRI	PTION OF OPERA	ATIONS:												ANY AREA LEASED	то от	HERS? Y / N	
LOC#	STREET					CIT	TY LIMITS	IN.	TEREST	Г	# F	FULL 1	IME EMPL	ANNUAL REVENUE	S: \$		
							INSIDE		OWN	IER				OCCUPIED AREA:		SQ	Q FT
BLD#	BLD# CITY:		STATE	:		OUTSIDE	Ξ	TENA	ANT	# F	PART	TIME EMPL	OPEN TO PUBLIC A	REA:	SQ	Q FT	
	COUNTY:		ZIP:			1							TOTAL BUILDING AREA:		SQ	Q FT	
DESCRIPTION OF OPERATIONS:														ANY AREA LEASED	то от	HERS? Y / N	
														_		-	
	RE OF BUSI					$\overline{}$									DATE	BUSINESS	
	ARTMENTS	CONTRAC		MANUFAC	TURING		RESTAURA	NT		SERVICE					STAR	TED (MM/DD/YYYY)	
	NDOMINIUMS	INSTITUTI RY OPERATIONS	ONAL	OFFICE		F	RETAIL			WHOLES	ALE						
RETAIL S	ndustrial Pressure Washing INSTALLATION, SERVICE OR REPAIR WORK OFF PREMISES INSTALLATION, SERVICE OR REPAIR WORK																
DESCRIF	TION OF OPERA	TIONS OF OTHER	NAMED INS	UREDS													
	DESCRIPTION OF OPERATIONS OF OTHER NAMED INSUREDS																
ADDIT	IONAL INTE	REST (Not a	II fields a	pply to all	scenarios	- pr	rovide o	nlv	the n	ecessar	v dat	ta) A	ttach AC	ORD 45 for mo	re Ad	ditional Interes	sts
INTERES				ADDRESS RA			ENCE:		RTIFIC		POLIC		SEND BI			EM NUMBER	
✓ ADI	DITIONAL	LIENHOLDER											32.10 01	LOCATION:		BUILDING:	
BRI	URED	LOSS PAYEE	Blanket A	dditional Ins	ured when	requ	ured by v	vritte	en con	tract				VEHICLE:		BOAT:	_
	OWNER	MORTGAGEE												AIRPORT:		AIRCRAFT:	
EMI	PLOYEE														-	ITEM:	
AS	LESSOR ASEBACK	OWNER												ITEM CLASS:			
ow	NER DER'S	REGISTRANT	DEFERENCE:						OT 5					ITEM DESCRIPTION	UN		
	S PAYABLE	-	REFERENCE					INTEREST END DATE:									
			LIEN AMOUN	NT:						o, Ext): () -	•		FAX (A/C, No):			
REASON	ASON FOR INTEREST:						E-I	E-MAIL ADDRESS:									

GENERAL INFORMATION

EXPIRATION DATE

EXPLA	IN ALL "YES" R	ESPONSES								Y/N		
1a. IS	THE APPLICATION	ANT A SUBSIDIA	ARY OF ANOTHER E	NTITY ?						N		
	PARENT COMPA	ANY NAME				RELATIONSHIP I	DESCRIPTION		% OWNED			
1b. D	OES THE APF	PLICANT HAVE A	ANY SUBSIDIARIES?							N		
:	SUBSIDIARY CO	OMPANY NAME				RELATIONSHIP I	DESCRIPTION		% OWNED			
2. 19	A FORMAL S	SAFETY PROGRA	AM IN OPERATION?							Y		
2 4	SAFETY MA		SAFETY POSITION	MONTHLY MEETINGS	OSHA					N		
3. A	NY EXPOSUR	E TO FLAMMAB	LES, EXPLOSIVES, (SHEMICALS?						IN		
4. A	NY OTHER IN	ISURANCE WIT	H THIS COMPANY?	(List policy numbers)						N		
ŀ	LINE OF BUSINE	ESS	POLICY NUMBER		LINE OF BUSINES	S	POLICY NUMBER					
H												
			ECLINED, CANCELL cants - Do not answer	ED OR NON-RENEWED DU	JRING THE PRIOR	THREE (3) YEARS	FOR ANY PREMIS	SES OR	<u>'</u>	N		
ſ	NON-PAYM	` —	GENT NO LONGER REP	• •								
	NON-RENE	WAL U	NDERWRITING	CONDITION CORRECTED	(Describe):							
6. A	NY PAST LOS	SES OR CLAIMS	S RELATING TO SEX	UAL ABUSE OR MOLESTA	TION ALLEGATION	IS, DISCRIMINATI	ON OR NEGLIGEN	T HIRING?		N		
7. D	LIRING THE L	AST FIVE YEAR	S (TEN IN RI) HAS A	NY APPLICANT REEN INDI	CTED FOR OR CO	NVICTED OF ANY	DEGREE OF THE	CRIME OF FR	ΔΙΙΝ			
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												
		tion must be ansv f up to one year c		it for property insurance. Fai	lure to disclose the	existence of an ars	on conviction is a m	isdemeanor pu	ınishable			
	•		. ,									
8. A	NY UNCORRE	CTED FIRE AND	D/OR SAFETY CODE	VIOLATIONS?						N		
	OCCUR DATE	EXPLANATION				RESOLUTION		RES	OLVE DATE			
-												
<u></u> Δ	AS ADDI ICAN	 T HAD A EOREG	CLOSURE REPOSSE	ESSION, BANKRUPTCY OR	FILED FOR BANK	BLIDTOV DLIBING	THE LAST FIVE (5)	VEARS2		N		
	OCCUR DATE	EXPLANATION	DEGGGRE, REI GGGE	LOGION, BANKKOI TOT OK		RESOLUTION	THE EAST TIVE (5)		OLVE DATE	'`		
F		-										
10. H	AS APPLICAN	IT HAD A JUDGE	MENT OR LIEN DUF	RING THE LAST FIVE (5) YE	ARS?					N		
L	OCCUR DATE	EXPLANATION				RESOLUTION		RES	OLVE DATE			
44 1	AC DUCINEC	DEEN DI ACED	IN A TRUST? NAME	OF TRUCT:						N		
				S DISTRIBUTED IN USA, OI	R US PRODUCTS :	SOLD / DISTRIBUT	TED IN FOREIGN C	OUNTRIES?		N		
		,		d/or ACORD 816 for Property								
13. D	OES APPLICA	NT HAVE OTHE	R BUSINESS VENTU	JRES FOR WHICH COVERA	AGE IS NOT REQU	ESTED?				N		
14 D	OES APPLICA	NT OWN / I FAS	SE / OPERATE ANY D	DRONES? (If "YES", describe	e 1156)					N		
	02071112107	WY OWN / ELFRO	27 01 210 (12 7) (1	1101120. (II 120, doosils	0 400)					' '		
15. D	OES APPLICA	ANT HIRE OTHER	RS TO OPERATE DR	ONES? (If "YES", describe	use)					N		
REM	ARKS / PRO	CESSING INS	TRUCTIONS (ACC	RD 101, Additional Ren	narks Schedule,	may be attache	ed if more space	is required)				
*****	*******SEE	ACORD 101 -	ADDITIONAL REM	ARKS SCHEDULE*****	*****							
PRIC	R CARRIER	RINFORMATI	ON									
YEAR	CATEGORY		GENERAL LIABILITY	AUTON		PROF	ERTY	OTHER:				
	CARRIER			Progressive Sec	curity Insurance							
	POLICY NUME			04074309								
	PREMIUM	\$ ^TE		\$ 00/24	/2022	\$		\$				
	EFFECTIVE D	A1C		09/21	12022							

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 TOTAL LOSSES: \$ SUBRO-CLAIM DATE OF GATION **OPEN** LINE DATE OF CLAIM AMOUNT PAID AMOUNT RESERVED TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM OCCURRENCE 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.)

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											
Ą	CORI			ADDITIONA	I INTE	FREST SC	HEDUI	F		DATE (MM/D	·	
		_		ABBITIONA						02/22/2		
	NCY					CARRIER				NA NA	IC CODE	
	ce Insurance			Τ.		TE NAMED INCURED	a `					
POL	ICY NUMBER			1	EFFECTIVE DA	a, , ,`		nonco				
	DITION 1				03/05/2023			ponse				
		NIE	REST (Not a	all fields apply to all scenario		e only the necess	ary data)					
INTE	REST	_	LOSS PAYEE	NAME AND ADDRESS RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	LOCATION:	N ITEM NUMBER BUILDING:		
	INSURED BREACH OF		MORTGAGEE	Blanket Waiver of Subrogation	whon roquir	rod by writton contr	act					
	WARRANTY		OWNER	Bialiket Walver of Subrogation	wileli lequii	ed by writter cortu	acı		VEHICLE:	BOAT:	·.	
	CO-OWNER EMPLOYEE		REGISTRANT						AIRPORT: SCHED #:	AIRCRAFT ITEM:	•	
	AS LESSOR LEASEBACK		TRUSTEE						ITEM CLASS:	II EWI.		
	OWNER LENDER'S LOS	E DA	J						ITEM DESCRIPTION			
	LIENHOLDER	S FA	TADLE	REFERENCE / LOAN #:		INTEREST END DATE:			TIEW DESCRIPTION			
	Waiver of S	ıhro	nation									
DEA	SON FOR INTER			LIEN AMOUNT:		PHONE (A/C, No, Ext): E-MAIL ADDRESS:	() -					
			•	NAME AND ADDRESS DANK.	EV/IDENCE.				INTEREST IN	ITEM NIIMBI		
INTE	REST ADDITIONAL	∇	LOSS PAYEE	NAME AND ADDRESS RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	LOCATION:	BUILDING:		
	INSURED BREACH OF		MORTGAGEE	Ally Bank					VEHICLE: 1	BOAT:		
	WARRANTY CO-OWNER		OWNER	PO Box 8104					AIRPORT:	AIRCRAFT	·	
	EMPLOYEE		REGISTRANT						SCHED #:	ITEM:		
	AS LESSOR LEASEBACK		TRUSTEE		ITEM CLASS:							
	OWNER LENDER'S LOS	S PA	J	Cockeysville/Hunt Valley		MD 21030			ITEM DESCRIPTION			
	LIENHOLDER			REFERENCE / LOAN #:		INTEREST END DATE:			Vehicle No: 1 20	21		
				LIEN AMOUNT:		PHONE (A/C, No, Ext):	() -					
REA	SON FOR INTER	REST:	:			E-MAIL ADDRESS:						
INTEREST				NAME AND ADDRESS RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN	ITEM NUMBI	ER	
X	ADDITIONAL INSURED		LOSS PAYEE		LOCATION:	BUILDING:	:					
	BREACH OF WARRANTY		MORTGAGEE	Bradley Dickes	VEHICLE: 4	BOAT:						
	CO-OWNER		OWNER	6838 Morris Rd					AIRPORT:	AIRCRAFT	:	
	EMPLOYEE AS LESSOR		REGISTRANT						SCHED #:	ITEM:		
	LEASEBACK OWNER		TRUSTEE	Orange		TX 77632	2		ITEM CLASS:			
	LENDER'S LOS	S PA	YABLE			ITEM DESCRIPTION						
	LIENHOLDER			REFERENCE / LOAN #:		Vehicle No: 4 20)16					
				LIEN AMOUNT:		PHONE (A/C, No, Ext):	() -					
REA	SON FOR INTER	REST:				E-MAIL ADDRESS:						
INTE	REST		1	NAME AND ADDRESS RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN	ITEM NUMBI	ER	
\times	ADDITIONAL INSURED		LOSS PAYEE						LOCATION:	BUILDING:	:	
	BREACH OF WARRANTY		MORTGAGEE	LLOX LLC					VEHICLE:	BOAT:		
	CO-OWNER	owner 1001 Ochsner Boulevard Suite A							AIRPORT:	AIRCRAFT	<u>'</u> :	
	EMPLOYEE AS LESSON REGISTRANT								SCHED #:	ITEM:		
	LEASEBACK OWNER		TRUSTEE	Covington		LA 70433	3		ITEM CLASS:			
	LENDER'S LOSS PAYABLE LIENUICI DEP. DEFERENCE / LOAN #:								ITEM DESCRIPTION			
	LIENHOLDER			REFERENCE / LOAN #:		INTEREST END DATE:						
				LIEN AMOUNT:		PHONE (A/C, No, Ext):	• •					
_	SON FOR INTER	(EST:	1			E-MAIL ADDRESS: kin	ii@iiox.com					
INTE	REST		1 000 041/	NAME AND ADDRESS RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL				
	INSURED BREACH OF		LOSS PAYEE MORTGAGEE	LLOX LLC					LOCATION: BUILDING:			
	WARRANTY CO-OWNER		OWNER	1001 Ochsner Boulevard Suite	Δ				VEHICLE: BOAT:			
	EMPLOYEE	-	REGISTRANT	1001 Consilor Doulevald Suite	, ,				AIRPORT: AIRCRAFT: SCHED #: ITEM:			
	AS LESSOR LEASEBACK		TRUSTEE	Covington		LA 70433	3		ITEM CLASS:			
	OWNER	S PA	J	- Comigion		2.0430	•					
	LENDER'S LOSS PAYABLE LIENHOLDER REFERENCE / LOAN #: INTEREST END DATE:								ITEM DESCRIPTION			

Waiver of Subrogation

LIEN AMOUNT:

PHONE (A/C, No, Ext): () -

E-MAIL ADDRESS: kimr@llox.com

	AGENCY CUSTOMER ID: STREN														
Ą	CORI			F		•	MM/DD/YYYY)								
				ADDITION				LDUL			02/2	22/2023			
_	NCY						CARRIER					NAIC CODE			
	e Insurance														
POL	ICY NUMBER				03/05/2023	۔ ا	NAMED INSURED(S) Strategic Environ	mental Res	ponse						
ΔΠ	DITIONAL I	NTF	REST (Not :	all fields apply to all scenar											
	REST		INLOT (NOT	NAME AND ADDRESS RANK:	EVIDENCE:				OFNID DILL	INTEREST IN	ITEM NII	IMRER			
11411	ADDITIONAL		LOSS PAYEE	NAME AND ADDRESS RANK.	LVIDLINGE.		CERTIFICATE	POLICY	SEND BILL	LOCATION:	BUILDING:				
	INSURED BREACH OF		MORTGAGEE	LLOX LLC						VEHICLE:	BOAT:				
	WARRANTY CO-OWNER		OWNER	1001 Ochsner Boulevard Sui	te A					AIRPORT:	AIRCR				
	EMPLOYEE		REGISTRANT		10 / 1					SCHED #:	ITEM:				
	AS LESSOR LEASEBACK		TRUSTEE	Covington			LA 70433			ITEM CLASS:	III LIVI.				
	OWNER		J	Covingion			LA 70433								
	LENDER'S LOS	5 PA	YABLE		ITEM DESCRIPTION										
	LIENHOLDER	f		REFERENCE / LOAN #:											
Ž.	30 day notic			LIEN AMOUNT:		_	NE (A/C, No, Ext): () -							
REA	SON FOR INTER	REST				E-MA	AIL ADDRESS: kimr(@ilox.com							
INTE	REST ADDITIONAL		1	NAME AND ADDRESS RANK:	EVIDENCE:		CERTIFICATE	POLICY	SEND BILL	INTEREST IN					
	INSURED BREACH OF	X	LOSS PAYEE							LOCATION:	BUILD				
	WARRANTY		MORTGAGEE	Ford Motor Credit Company	LLC					VEHICLE: 7	BOAT:				
	CO-OWNER		OWNER	PO Box 30201						AIRPORT:	AIRCR	RAFT:			
	AS LESSOR		REGISTRANT												
	LEASEBACK OWNER		TRUSTEE	College Station TX 77842 ITEM CLASS:											
	LENDER'S LOS	S PA	YABLE							ITEM DESCRIPTION	00				
	LIENHOLDER			REFERENCE / LOAN #:		INTE	REST END DATE:			Vehicle No: 7 20	22				
				LIEN AMOUNT:		PHO	NE (A/C, No, Ext): () -							
REA	SON FOR INTER	REST:				E-MA	AIL ADDRESS:								
INTE	REST		,	NAME AND ADDRESS RANK:	EVIDENCE:		CERTIFICATE	POLICY	SEND BILL	INTEREST IN	ITEM NU	IMBER			
	ADDITIONAL INSURED		LOSS PAYEE							LOCATION:	BUILD	ING:			
	BREACH OF WARRANTY		MORTGAGEE							VEHICLE:	BOAT:				
	CO-OWNER		OWNER							AIRPORT:	AIRCR	AFT:			
	EMPLOYEE AS LESSOR		REGISTRANT							SCHED #: ITEM:					
	LEASEBACK OWNER		TRUSTEE							ITEM CLASS:					
	LENDER'S LOS	S PA	YABLE							ITEM DESCRIPTION					
	LIENHOLDER			REFERENCE / LOAN #:		INTE	REST END DATE:								
				LIEN AMOUNT:		РНО	NE (A/C, No, Ext):								
REA	SON FOR INTER	REST:				E-MA	AIL ADDRESS:								
INTE	REST			NAME AND ADDRESS RANK:	EVIDENCE:		CERTIFICATE	POLICY	SEND BILL	INTEREST IN	ITEM NU	IMBER			
	ADDITIONAL INSURED		LOSS PAYEE							LOCATION:	BUILD	ING:			
	BREACH OF WARRANTY		MORTGAGEE							VEHICLE:	BOAT:	:			
	CO-OWNER		OWNER							AIRPORT:	AIRCR	AFT:			
	EMPLOYEE AS LESSOR		REGISTRANT							SCHED #:	ITEM:				
	LEASEBACK OWNER		TRUSTEE							ITEM CLASS:					
	LENDER'S LOS	S PA	YABLE							ITEM DESCRIPTION					
	LIENHOLDER			REFERENCE / LOAN #:		INTE	REST END DATE:								
				LIEN AMOUNT:		РНО	NE (A/C, No, Ext):								
REA	SON FOR INTER	REST:				E-MA	AIL ADDRESS:								
INTE	REST			NAME AND ADDRESS RANK:	EVIDENCE:		CERTIFICATE	POLICY	SEND BILL	INTEREST IN	ITEM NU	IMBER			
	ADDITIONAL		LOSS PAYEE				OLIVIII IOATE	1 02.01	J GEND DIEE	LOCATION:	BUILD	ING:			
	INSURED BREACH OF WARRANTY		MORTGAGEE							VEHICLE:	BOAT:	<u> </u>			
	CO-OWNER		OWNER							AIRPORT:	AIRCR	AFT:			
	EMPLOYEE		REGISTRANT							SCHED #:	ITEM:				
	AS LESSOR LEASEBACK		TRUSTEE							ITEM CLASS:					
	OWNER LENDER'S LOS	S PA	J							ITEM DESCRIPTION					
	LIENHOLDED			DEFEDENCE / LOAN #		INITE	DEST END DATE:								

LIEN AMOUNT:

PHONE (A/C, No, Ext):

E-MAIL ADDRESS:

AGENCY	CUSTOMER	ID: STREN
--------	----------	-----------

EFFECTIVE DATE:

LOC #:

03/05/2023

ACORD	ADDITIONAL REMA	ARNS SCHEDULE Page							
AGENCY		NAMED INSURED							
Pace Insurance		Strategic Environmental Response							
POLICY NUMBER									
CARRIER	NAIC CODE								

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

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

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

COVERAGES / LIMITS

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

DRIVI	ER INFORMATION	ACORD 1	63 at	tach	ed for additiona	ıl driv	ers							
								DRIVE OWN VEHICLES ON COMP	ANY BUS	SINESS.				
DRIVER #	CITY, STATE	ME AND ZIP CODE		* MAR STAT		YRS	YEAR LIC		STATE	DATE HIRE	BROADEN NO-FAULT	DOC	USE VEH#	use
1	Dirk	Garmany	М		11/04/1977			431-53-0159	LA					
2	Raziel	Delarosa	М	М	11/26/1986			11003812	тх					
3	Bradley	Dickes	М		05/24/1980			16046136	TX					
4	Jason	C Walker	М	М	01/20/1971			005283756	LA					
5	Sandra	Foster	F	М	04/19/1969			008811807	LA					
	I			* MAF	RITAL STATUS / CIVIL	UNION	if appli	cable)			1			

GENER	AI IA	IEOPM	MOLTAL
GENER	ᅀᄔᄞ		IATION

GE	NERAL	INFORMATION						
EXP	LAIN ALL "	/ES" RESPONSES						Y/N
1.		E EXCEPTION OF ANY ENCUMBRANCES, ARE ANY VE RED TO THE APPLICANT?	HICLES FOR V	WHICH	NSURANCE IS REQUESTED NOT SOLELY OWNED BY	AND		N
	VEH# N	AME OF OTHER OWNER		VEH #	NAME OF OTHER OWNER			
2.	DO OVER	R 50% OF THE EMPLOYEES USE THEIR AUTOS IN THE	BUSINESS? ((no expl	anation needed)			N
3.	IS THERE	E A VEHICLE MAINTENANCE PROGRAM IN OPERATION	1?					Υ
4.	ARE ANY	VEHICLES LEASED TO OTHERS?						N
5.	ANY CAR	MODIFIED / SPECIAL EQUIPMENT? (Include customize	d vans / pickups	s)				N
	VEH# D	ESCRIPTION	COST	VEH#	DESCRIPTION	COST		IN
			\$			\$		
6.	ARE ICC	(Interstate Commerce Commission), PUC (Public Utility Co	ommission) OR	OTHER	FILINGS REQUIRED? (If "YES", attach ACORD 194) (no	explanation nee	ded)	
7.	DO OPER	RATIONS INVOLVE TRANSPORTING HAZARDOUS MAT	ERIAL?					N

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

ADDITIONAL INTEREST / CE	RTIFICATE RECIPIENT X ACORD 45 attached for additional names		
INTEREST	NAME AND ADDRESS RANK: EVIDENCE: CERTIFICATE	INTEREST IN	ITEM NUMBER
ADDITIONAL INSURED EMPLOYEE AS LESSOR LENDER'S LOSS PAYEE OWNER LIENHOLDER ADDITIONAL LOSS PAYEE OWNER OWNER REGISTRANT	Blanket Additional Insured when required by written contract	VEHICLE:	LOCATION:
	REFERENCE / LOAN #:		
INTEREST	NAME AND ADDRESS RANK: EVIDENCE: CERTIFICATE	INTEREST IN	ITEM NUMBER
ADDITIONAL INSURED LOSS PAYEE	Blanket Waiver of Subrogation when required by written contract	VEHICLE:	LOCATION:
EMPLOYEE AS LESSOR OWNER			
LENDER'S LOSS PAYABLE REGISTRANT			
LIENHOLDER			
Waiver of Subrogation			
	REFERENCE / LOAN #:		
DEMVDRS (VCODD 101 V44	litional Bamarka Sahadula, may be attached if more anace is required)		

ADDITIONAL INTEREST NAME: 7	

AOI Type Description: 30 day notice of cancellation

AGENCY CUSTOMER ID: STREN VEHICLE DESCRIPTION ACORD 129 attached for additional vehicles VEH# YEAR BODY TYPE: Pickup VEHICLE TYPE SYM / AGE COMP / OTC SYM MAKE: Dodge 1 2021 PP SPEC X COML **MODEL: 2500** v.i.n.: 3C6UR5TL1MG680705 STREET (Required in KY) CITY COUNTY STATE ZIP GARAGING **ADDRESS** Orange TX 77632 LIC STATE COST NEW TERR GVW / GCW FACTOR SEAT CP **FARTHEST TERMINAL** CLASS RADIUS SIC TX 500 \$ 100,000 CHECK COVERAGES COMP ADD'L NO-FAULT DEDUCTIBLES SPEC C OF I USE FOR HIRE F LSP COMM'L ACV TOWING & LABOR COMP. **PLEASURE** RETAIL FT FG \$ 500 LIAB MED PAY AA ST AMT UNINS MOTOR SERVICE FTW FARM COLL \$ 100,000 \$ 500 COLI DRIVE TO WORK / SCHOOL NET VEH DR/CR: < 15 MILES 15 MILES + TOTAL PREM: \$ BODY TYPE: Truck VEH# YEAR MAKE: Mack VEHICLE TYPE SYM / AGE 2 2001 v.i.n.: 1M2P267Y91M056113 PP SPEC COMI MODEL: Rd6 STREET (Required in KY) CITY COUNTY STATE ZIP GARAGING **ADDRESS** High Island TX 77623 TERR GVW / GCW **FACTOR** SEAT CP **RADIUS FARTHEST TERMINAL COST NEW** CLASS STATE 500 TX \$ 38,000 RENT REIMB COMP CHECK COVERAGES ADD'L NO-FAULT USE COMM'L FOR HIRE UNDRINS MOTOR LSP **DEDUCTIBLES** SPEC C OF ACV TOWING & LABOR COMP. **PLEASURE** RETAIL FT FG \$ 500 LIAB MED PAY ST AMT AA UNINS MOTOR FARM SERVICE NO-FAULT SPEC C OF L COLL \$ 38,000 \$ 500 COLL DRIVE TO WORK / SCHOOL < 15 MILES 15 MILES + TOTAL PREM: \$ BODY TYPE: Trailer COMP / OTC SYM COLL VEH# YEAR VEHICLE TYPE SYM / AGE MAKE: Ditch Witch 2019 **MODEL**: trailer V.I.N.: 1DST722L2K1701580 SPEC COML STREET (Required in KY) CITY COUNTY STATE ZIP GARAGING **ADDRESS** Orange TX 77632 GVW / GCW FACTOR SEAT CP RADIUS **FARTHEST TERMINAL** COST NEW TERR CLASS SIC STATE TX 500 \$ 73.000 CHECK COVERAGES UNDRINS MOTOR TOWING & LABOR RENT REIMB COMP ADD'L NO-FAULT DEDUCTIBLES SPEC C OF I USE FOR HIRE LSF COMM'L F ACV COMP OTC PLEASURE RETAIL FT FG \$ 500 MED PAY LIAB AA ST AMT FARM SERVICE FTW COLL \$ 73,000 \$ 500 COLI DRIVE TO WORK / SCHOOL < 15 MILES 15 MILES + TOTAL PREM: \$ BODY TYPE: Pickup SYM / AGE COMP / OTC SYM COLL VEH# YEAR VEHICLE TYPE MAKE: Ford 4 2016 PP SPEC COML MODEL: F250 v.i.n.: 1FT7W2BT4GED38014 STREET (Required in KY) CITY COUNTY STATE GARAGING **ADDRESS** Orange TX 77632 LIC STATE TERR GVW / GCW CLASS SIC **FACTOR** SEAT CP **RADIUS FARTHEST TERMINAL COST NEW** 14,000 500 TX \$ 32,500 RENT REIMB ADD'L NO-FAULT CHECK COVERAGES COMP USE COMM'L FOR HIRE UNDRINS MOTOR LSP **DEDUCTIBLES** SPEC C OF X ACV TOWING & LABOR COMP. **PLEASURE** RETAIL FT LIAB MED PAY FG ST AMT \$ 500 FARM SERVICE UNINS MOTOR SPEC C OF I FTW COLL \$ 500 \$ COLL DRIVE TO WORK / SCHOOL < 15 MILES 15 MILES + 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 CUS	TOMER ID:	STREN		
A	CORI			ADDITION	AL INTE	EREST SCH	IEDUL	E		DATE (MM/DD/YYYY) 02/22/2023
AGE	ENCY					CARRIER				NAIC CODE
_	ce Insurance					07.11.11.2.11				
POL	ICY NUMBER				EFFECTIVE DA	TE NAMED INSURED(S)				
					03/05/2023			ponse		
AD	DITIONAL I	NTE	REST (Not a	all fields apply to all scenari		-	rv data)			
	EREST		(1100	NAME AND ADDRESS RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN	I ITEM NUMBER
	ADDITIONAL INSURED	X	LOSS PAYEE					, ,	LOCATION:	BUILDING:
	BREACH OF WARRANTY		MORTGAGEE	Ally Bank					VEHICLE: 1	BOAT:
	CO-OWNER		OWNER	PO Box 8104					AIRPORT:	AIRCRAFT:
	EMPLOYEE AS LESSOR		REGISTRANT						SCHED #:	ITEM:
	LEASEBACK OWNER		TRUSTEE	Cockeysville/Hunt Valley		MD 21030			ITEM CLASS:	
	LENDER'S LOS	S PA	YABLE						ITEM DESCRIPTION	
	LIENHOLDER			REFERENCE / LOAN #:		INTEREST END DATE:				
				LIEN AMOUNT:		PHONE (A/C, No, Ext):				
REA	ASON FOR INTER	REST	:			E-MAIL ADDRESS:				
INTI	EREST	_	1	NAME AND ADDRESS RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN	I ITEM NUMBER
X	ADDITIONAL INSURED		LOSS PAYEE						LOCATION:	BUILDING:
	BREACH OF WARRANTY		MORTGAGEE	Bradley Dickes					VEHICLE: 4	BOAT:
	CO-OWNER EMPLOYEE		OWNER	6838 Morris Rd					AIRPORT:	AIRCRAFT:
	AS LESSOR LEASEBACK		REGISTRANT	0		TV 77000			SCHED #:	ITEM:
	OWNER	L_	TRUSTEE	Orange		TX 77632			ITEM CLASS:	
	LENDER'S LOS	SS PA	YABLE						ITEM DESCRIPTION	
	LIENHOLDER			REFERENCE / LOAN #:		INTEREST END DATE:				
				LIEN AMOUNT:		PHONE (A/C, No, Ext):				
REA	SON FOR INTER	KES I								
					T	E-MAIL ADDRESS:	T T			
INTI	EREST ADDITIONAL		1	NAME AND ADDRESS RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL		I ITEM NUMBER
INTI	ADDITIONAL INSURED BREACH OF		LOSS PAYEE		EVIDENCE:		POLICY	SEND BILL	LOCATION:	BUILDING:
INTI	ADDITIONAL INSURED BREACH OF WARRANTY		LOSS PAYEE	LLOX LLC			POLICY	SEND BILL	LOCATION: VEHICLE:	BUILDING: BOAT:
INTI	ADDITIONAL INSURED BREACH OF WARRANTY CO-OWNER EMPLOYEE		LOSS PAYEE MORTGAGEE OWNER				POLICY	SEND BILL	LOCATION: VEHICLE: AIRPORT:	BUILDING: BOAT: AIRCRAFT:
INTI	ADDITIONAL INSURED BREACH OF WARRANTY CO-OWNER EMPLOYEE AS LESSOR LEASEBACK		LOSS PAYEE	LLOX LLC 1001 Ochsner Boulevard Suit			POLICY	SEND BILL	LOCATION: VEHICLE:	BUILDING: BOAT:
INTI	ADDITIONAL INSURED BREACH OF WARRANTY CO-OWNER EMPLOYEE AS LESSOR	SS PA	LOSS PAYEE MORTGAGEE OWNER REGISTRANT TRUSTEE	LLOX LLC		CERTIFICATE	POLICY	SEND BILL	LOCATION: VEHICLE: AIRPORT: SCHED #:	BUILDING: BOAT: AIRCRAFT:
INTI	ADDITIONAL INSURED BREACH OF WARRANTY CO-OWNER EMPLOYEE AS LESSOR LEASEBACK OWNER	SS PA	LOSS PAYEE MORTGAGEE OWNER REGISTRANT TRUSTEE	LLOX LLC 1001 Ochsner Boulevard Suit		CERTIFICATE	POLICY	SEND BILL	LOCATION: VEHICLE: AIRPORT: SCHED #: ITEM CLASS:	BUILDING: BOAT: AIRCRAFT:
INTI	ADDITIONAL INSURED BREACH OF WARRANTY CO-OWNER EMPLOYEE AS LESSOR LEASEBACK OWNER LENDER'S LOS	SS PA	LOSS PAYEE MORTGAGEE OWNER REGISTRANT TRUSTEE	LLOX LLC 1001 Ochsner Boulevard Suit Covington		LA 70433	POLICY	SEND BILL	LOCATION: VEHICLE: AIRPORT: SCHED #: ITEM CLASS:	BUILDING: BOAT: AIRCRAFT:
	ADDITIONAL INSURED BREACH OF WARRANTY CO-OWNER EMPLOYEE AS LESSOR LEASEBACK OWNER LENDER'S LOS		LOSS PAYEE MORTGAGEE OWNER REGISTRANT TRUSTEE YABLE	LLOX LLC 1001 Ochsner Boulevard Suit Covington REFERENCE / LOAN #:		LA 70433	POLICY	SEND BILL	LOCATION: VEHICLE: AIRPORT: SCHED #: ITEM CLASS:	BUILDING: BOAT: AIRCRAFT:
REA	ADDITIONAL INSURED BREACH OF WARRANTY CO-OWNER EMPLOYEE AS LESSOR LEASEBACK OWNER LENDER'S LOS LIENHOLDER		LOSS PAYEE MORTGAGEE OWNER REGISTRANT TRUSTEE YABLE	LLOX LLC 1001 Ochsner Boulevard Suit Covington REFERENCE / LOAN #:		LA 70433 INTEREST END DATE: PHONE (A/C, No, Ext):	POLICY	SEND BILL	LOCATION: VEHICLE: AIRPORT: SCHED #: ITEM CLASS: ITEM DESCRIPTION	BUILDING: BOAT: AIRCRAFT:
REA	ADDITIONAL INSURED BREACH OF WARRANTY CO-OWNER EMPLOYEE AS LESSOR LEASEBACK OWNER LENDER'S LOS LIENHOLDER ASON FOR INTEFEREST ADDITIONAL INSURED		LOSS PAYEE MORTGAGEE OWNER REGISTRANT TRUSTEE YABLE	LLOX LLC 1001 Ochsner Boulevard Suit Covington REFERENCE / LOAN #: LIEN AMOUNT:	e A	LA 70433 INTEREST END DATE: PHONE (A/C, No, Ext): E-MAIL ADDRESS:			LOCATION: VEHICLE: AIRPORT: SCHED #: ITEM CLASS: ITEM DESCRIPTION	BUILDING: BOAT: AIRCRAFT: ITEM:
REA	ADDITIONAL INSURED BREACH OF WARRANTY CO-OWNER EMPLOYEE AS LESSOR LEASEBACK OWNER LENDER'S LOS LIENHOLDER		LOSS PAYEE MORTGAGEE OWNER REGISTRANT TRUSTEE YABLE	LLOX LLC 1001 Ochsner Boulevard Suit Covington REFERENCE / LOAN #: LIEN AMOUNT:	e A	LA 70433 INTEREST END DATE: PHONE (A/C, No, Ext): E-MAIL ADDRESS:			LOCATION: VEHICLE: AIRPORT: SCHED #: ITEM CLASS: ITEM DESCRIPTION	BUILDING: BOAT: AIRCRAFT: ITEM:
REA	ADDITIONAL INSURED BREACH OF WARRANTY CO-OWNER EMPLOYEE AS LESSOR LEASEBACK OWNER LENDER'S LOS LIENHOLDER ASON FOR INTEFEREST ADDITIONAL INSURED BREACH OF WARRANTY CO-OWNER		LOSS PAYEE MORTGAGEE OWNER REGISTRANT TRUSTEE LYABLE	LLOX LLC 1001 Ochsner Boulevard Suit Covington REFERENCE / LOAN #: LIEN AMOUNT: NAME AND ADDRESS RANK:	EVIDENCE:	LA 70433 INTEREST END DATE: PHONE (A/C, No, Ext): E-MAIL ADDRESS:			LOCATION: VEHICLE: AIRPORT: SCHED #: ITEM CLASS: ITEM DESCRIPTION INTEREST IN LOCATION:	BUILDING: BOAT: AIRCRAFT: ITEM: ITEM: BUILDING:
REA	ADDITIONAL INSURED BREACH OF WARRANTY CO-OWNER EMPLOYEE AS LESSOR LEASEBACK OWNER LENDER'S LOS LIENHOLDER SON FOR INTER EREST ADDITIONAL INSURED BREACH OF WARRANTY CO-OWNER EMPLOYEE		LOSS PAYEE MORTGAGEE OWNER REGISTRANT TRUSTEE YABLE LOSS PAYEE MORTGAGEE	LLOX LLC 1001 Ochsner Boulevard Suite Covington REFERENCE / LOAN #: LIEN AMOUNT: NAME AND ADDRESS RANK: LLOX LLC	EVIDENCE:	LA 70433 INTEREST END DATE: PHONE (A/C, No, Ext): E-MAIL ADDRESS:			LOCATION: VEHICLE: AIRPORT: SCHED #: ITEM CLASS: ITEM DESCRIPTION INTEREST IN LOCATION: VEHICLE:	BUILDING: BOAT: AIRCRAFT: ITEM: ITEM: BUILDING: BOAT:
REA	ADDITIONAL INSURED BREACH OF WARRANTY CO-OWNER EMPLOYEE AS LESSOR LEASEBACK OWNER LENDER'S LOS LIENHOLDER ASON FOR INTEFEREST ADDITIONAL INSURED BREACH OF WARRANTY CO-OWNER		LOSS PAYEE MORTGAGEE OWNER REGISTRANT TRUSTEE YABLE LOSS PAYEE MORTGAGEE OWNER	LLOX LLC 1001 Ochsner Boulevard Suite Covington REFERENCE / LOAN #: LIEN AMOUNT: NAME AND ADDRESS RANK: LLOX LLC	EVIDENCE:	LA 70433 INTEREST END DATE: PHONE (A/C, No, Ext): E-MAIL ADDRESS:			LOCATION: VEHICLE: AIRPORT: SCHED #: ITEM CLASS: ITEM DESCRIPTION INTEREST IN LOCATION: VEHICLE: AIRPORT:	BUILDING: BOAT: AIRCRAFT: ITEM: ITEM NUMBER BUILDING: BOAT: AIRCRAFT:
REA	ADDITIONAL INSURED SEACH OF WARRANTY CO-OWNER EMPLOYEE AS LESSOR LEASEBACK OWNER LENDER'S LOS LIENHOLDER AS ON FOR INTEFEREST ADDITIONAL INSURED BREACH OF WARRANTY CO-OWNER EMPLOYEE AS LESSOR LEASEBACK	REST	LOSS PAYEE MORTGAGEE OWNER REGISTRANT TRUSTEE YABLE LOSS PAYEE MORTGAGEE OWNER REGISTRANT TRUSTEE	LLOX LLC 1001 Ochsner Boulevard Suit Covington REFERENCE / LOAN #: LIEN AMOUNT: NAME AND ADDRESS RANK: LLOX LLC 1001 Ochsner Boulevard Suit	EVIDENCE:	LA 70433 INTEREST END DATE: PHONE (A/C, No, Ext): E-MAIL ADDRESS: CERTIFICATE			LOCATION: VEHICLE: AIRPORT: SCHED #: ITEM CLASS: ITEM DESCRIPTION INTEREST IN LOCATION: VEHICLE: AIRPORT: SCHED #:	BUILDING: BOAT: AIRCRAFT: ITEM: ITEM NUMBER BUILDING: BOAT: AIRCRAFT:
REA	ADDITIONAL INSURED SEACH OF WARRANTY CO-OWNER EMPLOYEE AS LESSOR LEASEBACK OWNER ASON FOR INTEREST ADDITIONAL INSURED BREACH OF WARRANTY CO-OWNER EMPLOYEE AS LESSOR LEASEBACK OWNER LEASEBACK OWNER LENDER'S LOS LIENHOLDER	REST	LOSS PAYEE MORTGAGEE OWNER REGISTRANT TRUSTEE YABLE LOSS PAYEE MORTGAGEE OWNER REGISTRANT TRUSTEE YABLE	LLOX LLC 1001 Ochsner Boulevard Suit Covington REFERENCE / LOAN #: LIEN AMOUNT: NAME AND ADDRESS RANK: LLOX LLC 1001 Ochsner Boulevard Suit	EVIDENCE:	LA 70433 INTEREST END DATE: PHONE (A/C, No, Ext): E-MAIL ADDRESS: CERTIFICATE			LOCATION: VEHICLE: AIRPORT: SCHED #: ITEM CLASS: ITEM DESCRIPTION INTEREST IN LOCATION: VEHICLE: AIRPORT: SCHED #: ITEM CLASS:	BUILDING: BOAT: AIRCRAFT: ITEM: ITEM NUMBER BUILDING: BOAT: AIRCRAFT:
REA	ADDITIONAL INSURED BREACH OF WARRANTY CO-OWNER EMPLOYEE AS LESSOR LEASEBACK OWNER LENDER'S LOS LIENHOLDER ADDITIONAL INSURED BREACH OF WARRANTY CO-OWNER EMPLOYEE AS LESSOR LEASEBACK OWNER LENDER'S LOS LIENHOLDER Waiver of Si	SS PA	LOSS PAYEE MORTGAGEE OWNER REGISTRANT TRUSTEE YABLE LOSS PAYEE MORTGAGEE OWNER REGISTRANT TRUSTEE YABLE YABLE	LLOX LLC 1001 Ochsner Boulevard Suit Covington REFERENCE / LOAN #: LIEN AMOUNT: NAME AND ADDRESS RANK: LLOX LLC 1001 Ochsner Boulevard Suit Covington	EVIDENCE:	LA 70433 INTEREST END DATE: PHONE (A/C, No, Ext): E-MAIL ADDRESS: CERTIFICATE LA 70433 INTEREST END DATE: PHONE (A/C, No, Ext):			LOCATION: VEHICLE: AIRPORT: SCHED #: ITEM CLASS: ITEM DESCRIPTION INTEREST IN LOCATION: VEHICLE: AIRPORT: SCHED #: ITEM CLASS:	BUILDING: BOAT: AIRCRAFT: ITEM: ITEM NUMBER BUILDING: BOAT: AIRCRAFT:
REA	ADDITIONAL INSURED SEACH OF WARRANTY CO-OWNER EMPLOYEE AS LESSOR LEASEBACK OWNER LENDER'S LOS WARRANTY CO-OWNER EMPLOYEE AS LESSOR LEASEBACK OWNER LENDER'S LOS WARRANTY CO-OWNER EMPLOYEE AS LESSOR LEASEBACK OWNER LENDER'S LOS LIENHOLDER Waiver of Signal Ason for interpression of the seach of the seach of the seach owner lender's los LIENHOLDER Waiver of Signal Ason for interpression of the seach of the se	SS PA	LOSS PAYEE MORTGAGEE OWNER REGISTRANT TRUSTEE YABLE LOSS PAYEE MORTGAGEE OWNER REGISTRANT TRUSTEE YABLE YABLE	LLOX LLC 1001 Ochsner Boulevard Suit Covington REFERENCE / LOAN #: LIEN AMOUNT: NAME AND ADDRESS RANK: LLOX LLC 1001 Ochsner Boulevard Suit Covington REFERENCE / LOAN #: LIEN AMOUNT:	e A EVIDENCE:	LA 70433 INTEREST END DATE: PHONE (A/C, No, Ext): E-MAIL ADDRESS: CERTIFICATE LA 70433 INTEREST END DATE:			LOCATION: VEHICLE: AIRPORT: SCHED #: ITEM CLASS: ITEM DESCRIPTION INTEREST IN LOCATION: VEHICLE: AIRPORT: SCHED #: ITEM CLASS: ITEM CLASS: ITEM DESCRIPTION	BUILDING: BOAT: AIRCRAFT: ITEM: ITEM NUMBER BUILDING: BOAT: AIRCRAFT: ITEM:
REA	ADDITIONAL INSURED BREACH OF WARRANTY CO-OWNER EMPLOYEE AS LESSOR LEASEBACK OWNER LENDER'S LOS LIENHOLDER SON FOR INTEREST ADDITIONAL INSURED BREACH OF WARRANTY CO-OWNER EMPLOYEE AS LESSOR LEASEBACK OWNER LENDER'S LOS LIENHOLDER Waiver of SI SON FOR INTEREST	SS PA	LOSS PAYEE MORTGAGEE OWNER REGISTRANT TRUSTEE YABLE LOSS PAYEE MORTGAGEE OWNER REGISTRANT TRUSTEE YABLE YABLE	LLOX LLC 1001 Ochsner Boulevard Suits Covington REFERENCE / LOAN #: LIEN AMOUNT: NAME AND ADDRESS RANK: LLOX LLC 1001 Ochsner Boulevard Suits Covington REFERENCE / LOAN #:	EVIDENCE:	LA 70433 INTEREST END DATE: PHONE (A/C, No, Ext): E-MAIL ADDRESS: CERTIFICATE LA 70433 INTEREST END DATE: PHONE (A/C, No, Ext):			LOCATION: VEHICLE: AIRPORT: SCHED #: ITEM CLASS: ITEM DESCRIPTION INTEREST IN LOCATION: VEHICLE: AIRPORT: SCHED #: ITEM CLASS: ITEM DESCRIPTION	BUILDING: BOAT: AIRCRAFT: ITEM: ITEM NUMBER BUILDING: BOAT: AIRCRAFT: ITEM:
REA	ADDITIONAL INSURED BREACH OF WARRANTY CO-OWNER LENDER'S LOS LIENHOLDER ADDITIONAL INSURED BREACH OF WARRANTY CO-OWNER LENDER'S LOS LIENHOLDER WAIVER OWNER LENDER'S LOS LIENHOLDER WAIVER OF SIENHOLDER OF SIENHOLDE	SS PA	LOSS PAYEE MORTGAGEE OWNER REGISTRANT TRUSTEE YABLE LOSS PAYEE MORTGAGEE OWNER REGISTRANT TRUSTEE YABLE gation LOSS PAYEE	LLOX LLC 1001 Ochsner Boulevard Suite Covington REFERENCE / LOAN #: LIEN AMOUNT: NAME AND ADDRESS RANK: LLOX LLC 1001 Ochsner Boulevard Suite Covington REFERENCE / LOAN #: LIEN AMOUNT: NAME AND ADDRESS RANK:	e A EVIDENCE:	LA 70433 INTEREST END DATE: PHONE (A/C, No, Ext): E-MAIL ADDRESS: LA 70433 INTEREST END DATE: PHONE (A/C, No, Ext): E-MAIL ADDRESS:	POLICY	SEND BILL	LOCATION: VEHICLE: AIRPORT: SCHED #: ITEM CLASS: ITEM DESCRIPTION INTEREST IN LOCATION: VEHICLE: AIRPORT: SCHED #: ITEM CLASS: ITEM DESCRIPTION INTEREST IN LOCATION:	BUILDING: BOAT: AIRCRAFT: ITEM: ITEM NUMBER BUILDING: BOAT: AIRCRAFT: ITEM: ITEM: ITEM NUMBER BUILDING: BUILDING:
REA	ADDITIONAL INSURED SEACH OF WARRANTY CO-OWNER LENDER'S LOS LIENHOLDER AS LESSOR LEASEBACK OWNER LEDUTIONAL INSURED BREACH OF WARRANTY CO-OWNER LEASEBACK OWNER LEASEBACK OWNER LEASEBACK OWNER LEASEBACK OWNER LENDER'S LOS LIENHOLDER WAIVER OF SILENHOLDER OF SILENHOLDER OF SILENHOLDER WAIVER OF SILENHOLDER OF SILENHOLD	SS PA	LOSS PAYEE MORTGAGEE OWNER REGISTRANT TRUSTEE YABLE LOSS PAYEE MORTGAGEE OWNER REGISTRANT TRUSTEE YABLE Gation LOSS PAYEE MORTGAGEE	LLOX LLC 1001 Ochsner Boulevard Suite Covington REFERENCE / LOAN #: LIEN AMOUNT: NAME AND ADDRESS RANK: LLOX LLC 1001 Ochsner Boulevard Suite Covington REFERENCE / LOAN #: LIEN AMOUNT: NAME AND ADDRESS RANK: LLOX LLC LLOX LLC	EVIDENCE:	LA 70433 INTEREST END DATE: PHONE (A/C, No, Ext): E-MAIL ADDRESS: LA 70433 INTEREST END DATE: PHONE (A/C, No, Ext): E-MAIL ADDRESS:	POLICY	SEND BILL	LOCATION: VEHICLE: AIRPORT: SCHED #: ITEM CLASS: ITEM DESCRIPTION INTEREST IN LOCATION: VEHICLE: AIRPORT: SCHED #: ITEM CLASS: ITEM DESCRIPTION INTEREST IN LOCATION: VEHICLE: VEHICLE: VEHICLE: VEHICLE:	BUILDING: BOAT: AIRCRAFT: ITEM: ITEM NUMBER BUILDING: BOAT: AIRCRAFT: ITEM: ITEM NUMBER BUILDING: BOAT: BOAT: BOAT: BOAT: BOAT: BUILDING: BOAT:
REA	ADDITIONAL INSURED BEACH OF WARRANTY CO-OWNER EMPLOYEE AS LESSOR LEASEBACK OWNER LENDER'S LOS LIENHOLDER SON FOR INTEREST ADDITIONAL INSURED BREACH OF WARRANTY CO-OWNER LENDER'S LOS LIENHOLDER Waiver of SI ADDITIONAL INSURED BEACH OF WARRANTY CO-OWNER LENDER'S LOS LIENHOLDER WAIVER OWNER LENDER'S LOS LIENHOLDER WAIVER OF SI ADDITIONAL INSURED BREACH OF WARRANTY CO-OWNER EMPLOYEE	SS PA	LOSS PAYEE MORTGAGEE OWNER REGISTRANT TRUSTEE YABLE LOSS PAYEE MORTGAGEE OWNER REGISTRANT TRUSTEE YABLE Gation LOSS PAYEE MORTGAGEE OWNER CONNER C	LLOX LLC 1001 Ochsner Boulevard Suite Covington REFERENCE / LOAN #: LIEN AMOUNT: NAME AND ADDRESS RANK: LLOX LLC 1001 Ochsner Boulevard Suite Covington REFERENCE / LOAN #: LIEN AMOUNT: NAME AND ADDRESS RANK:	EVIDENCE:	LA 70433 INTEREST END DATE: PHONE (A/C, No, Ext): E-MAIL ADDRESS: LA 70433 INTEREST END DATE: PHONE (A/C, No, Ext): E-MAIL ADDRESS:	POLICY	SEND BILL	LOCATION: VEHICLE: AIRPORT: SCHED #: ITEM CLASS: ITEM DESCRIPTION INTEREST IN LOCATION: VEHICLE: AIRPORT: SCHED #: ITEM CLASS: ITEM DESCRIPTION INTEREST IN LOCATION: VEHICLE: AIRPORT: SCHED #: ITEM CLASS: ITEM DESCRIPTION	BUILDING: BOAT: AIRCRAFT: ITEM: ITEM NUMBER BUILDING: BOAT: AIRCRAFT: ITEM: ITEM NUMBER BUILDING: BOAT: AIRCRAFT: AIRCRAFT: AIRCRAFT: AIRCRAFT:
REA	ADDITIONAL INSURED BREACH OF WARRANTY CO-OWNER LENDER'S LOS LIENHOLDER BREACH OF WARRANTY CO-OWNER LENDER'S LOS LIENHOLDER WAIVER OF SIENE AS LESSOR LEASEBACK OWNER LENDER'S LOS LIENHOLDER WAIVER OF SIENE AS LESSOR LEASEBACK OWNER LENDER'S LOS LIENHOLDER WAIVER OF SIENE AS LESSOR LEASEBACK OWNER LENDER'S LOS LIENHOLDER WAIVER OF SIENE CO-OWNER LENDER'S LOS LIENHOLDER WAIVER OF SIENE CO-OWNER LESSOR LEASEBACK LESSOR LEASEBACK LESSOR LEASEBACK LESSOR LEASEBACK	SS PA	LOSS PAYEE MORTGAGEE OWNER REGISTRANT TRUSTEE YABLE LOSS PAYEE MORTGAGEE OWNER REGISTRANT TRUSTEE YABLE Gation LOSS PAYEE MORTGAGEE OWNER REGISTRANT RUSTEE YABLE GATION	LLOX LLC 1001 Ochsner Boulevard Suite Covington REFERENCE / LOAN #: LIEN AMOUNT: NAME AND ADDRESS RANK: LLOX LLC 1001 Ochsner Boulevard Suite Covington REFERENCE / LOAN #: LIEN AMOUNT: NAME AND ADDRESS RANK: LIEN AMOUNT: LLOX LLC 1001 Ochsner Boulevard Suite	EVIDENCE:	LA 70433 INTEREST END DATE: PHONE (A/C, No, Ext): E-MAIL ADDRESS: LA 70433 INTEREST END DATE: PHONE (A/C, No, Ext): E-MAIL ADDRESS: CERTIFICATE CERTIFICATE	POLICY	SEND BILL	LOCATION: VEHICLE: AIRPORT: SCHED #: ITEM CLASS: ITEM DESCRIPTION INTEREST IN LOCATION: VEHICLE: AIRPORT: SCHED #: ITEM DESCRIPTION INTEREST IN LOCATION: VEHICLE: AIRPORT: SCHED #: SCHED #: SCHED #: COCATION: VEHICLE: AIRPORT: SCHED #:	BUILDING: BOAT: AIRCRAFT: ITEM: ITEM NUMBER BUILDING: BOAT: AIRCRAFT: ITEM: ITEM NUMBER BUILDING: BOAT: BOAT: BOAT: BOAT: BOAT: BUILDING: BOAT:
REA	ADDITIONAL INSURED SEACH OF WARRANTY CO-OWNER LENDER'S LOS LIENHOLDER AS LESSOR LEASEBACK OWNER LENDER'S LOS LIENHOLDER AS LESSOR LEASEBACK OWNER LEASEBACK OWNER LEASEBACK OWNER LEASEBACK OWNER LEASEBACK OWNER LENDER'S LOS LIENHOLDER Waiver of SI ADDITIONAL INSURED BREACH OF WARRANTY CO-OWNER LEASEBACK OWNER LEASEBACK OWNER LEASEBACK OWNER LEASEBACK OWNER LEASEBACK OWNER LEASEBACK OWNER CENDER'S LOS LIENHOLDER WAIVE OF SI ADDITIONAL INSURED BREACH OF WARRANTY CO-OWNER EMPLOYEE AS LESSOR	SS PA ubro	LOSS PAYEE MORTGAGEE OWNER REGISTRANT TRUSTEE YABLE LOSS PAYEE MORTGAGEE OWNER REGISTRANT TRUSTEE YABLE LOSS PAYEE MORTGAGEE OWNER REGISTRANT TRUSTEE LOSS PAYEE MORTGAGEE OWNER REGISTRANT TRUSTEE	LLOX LLC 1001 Ochsner Boulevard Suite Covington REFERENCE / LOAN #: LIEN AMOUNT: NAME AND ADDRESS RANK: LLOX LLC 1001 Ochsner Boulevard Suite Covington REFERENCE / LOAN #: LIEN AMOUNT: NAME AND ADDRESS RANK: LLOX LLC LLOX LLC	EVIDENCE:	LA 70433 INTEREST END DATE: PHONE (A/C, No, Ext): E-MAIL ADDRESS: LA 70433 INTEREST END DATE: PHONE (A/C, No, Ext): E-MAIL ADDRESS:	POLICY	SEND BILL	LOCATION: VEHICLE: AIRPORT: SCHED #: ITEM CLASS: ITEM DESCRIPTION INTEREST IN LOCATION: VEHICLE: AIRPORT: SCHED #: ITEM CLASS: ITEM DESCRIPTION INTEREST IN LOCATION: VEHICLE: AIRPORT: SCHED #: ITEM CLASS: ITEM DESCRIPTION	BUILDING: BOAT: AIRCRAFT: ITEM: ITEM NUMBER BUILDING: BOAT: AIRCRAFT: ITEM: ITEM NUMBER BUILDING: BOAT: AIRCRAFT: AIRCRAFT: AIRCRAFT: AIRCRAFT:
REA	ADDITIONAL INSURED BREACH OF WARRANTY CO-OWNER LENDER'S LOS LIENHOLDER LENDER'S LOS WARRANTY CO-OWNER LENDER'S LOS LIENHOLDER LENDER'S LOS LIENHOLDER LENDER'S LOS LIENHOLDER WARRANTY CO-OWNER LENDER'S LOS LIENHOLDER WAIVER OWNER LENDER'S LOS LIENHOLDER LENDER'S LOS LIENHOLDER WAIVER OWNER LENDER'S LOS LIENHOLDER LENDER'S LOS LIENHOLDER LENDER	SS PA ubro	LOSS PAYEE MORTGAGEE OWNER REGISTRANT TRUSTEE YABLE LOSS PAYEE MORTGAGEE OWNER REGISTRANT TRUSTEE YABLE LOSS PAYEE MORTGAGEE OWNER REGISTRANT TRUSTEE LOSS PAYEE MORTGAGEE OWNER REGISTRANT TRUSTEE	LLOX LLC 1001 Ochsner Boulevard Suite Covington REFERENCE / LOAN #: LIEN AMOUNT: NAME AND ADDRESS RANK: LLOX LLC 1001 Ochsner Boulevard Suite Covington REFERENCE / LOAN #: LIEN AMOUNT: NAME AND ADDRESS RANK: LIEN AMOUNT: LLOX LLC 1001 Ochsner Boulevard Suite	EVIDENCE:	LA 70433 INTEREST END DATE: PHONE (A/C, No, Ext): E-MAIL ADDRESS: LA 70433 INTEREST END DATE: PHONE (A/C, No, Ext): E-MAIL ADDRESS: CERTIFICATE CERTIFICATE	POLICY	SEND BILL	LOCATION: VEHICLE: AIRPORT: SCHED #: IITEM CLASS: IITEM DESCRIPTION INTEREST IN LOCATION: VEHICLE: AIRPORT: SCHED #: IITEM DESCRIPTION INTEREST IN LOCATION: VEHICLE: AIRPORT: SCHED #: ITEM CLASS: ITEM DESCRIPTION INTEREST IN LOCATION: VEHICLE: AIRPORT: SCHED #: ITEM CLASS:	BUILDING: BOAT: AIRCRAFT: ITEM: ITEM NUMBER BUILDING: BOAT: AIRCRAFT: ITEM: ITEM NUMBER BUILDING: BOAT: AIRCRAFT: AIRCRAFT: AIRCRAFT: AIRCRAFT:

E-MAIL ADDRESS:

						AGENCY CUS	STOMER ID:	STREN		
•	COR	®								DATE (MM/DD/YYYY)
A	CORL	•		ADDITION	AL INTI	EREST SCH	HEDUL	E		02/22/2023
AGE	NCY					CARRIER				NAIC CODE
Pa	ce Insurance									
POL	ICY NUMBER				EFFECTIVE DA	TE NAMED INSURED(S))			
					03/05/2023	Strategic Enviro	nmental Res	ponse		
ΑD	DITIONAL I	NTE	REST (Not a	all fields apply to all scenari	ios - provide	e only the necessa	ary data)			
INTE	REST		•	NAME AND ADDRESS RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN	I ITEM NUMBER
	ADDITIONAL INSURED	X	LOSS PAYEE						LOCATION:	BUILDING:
	BREACH OF WARRANTY		MORTGAGEE	Ford Motor Credit Company L	LC				VEHICLE: 7	BOAT:
	CO-OWNER		OWNER	PO Box 30201					AIRPORT:	AIRCRAFT:
	EMPLOYEE AS LESSOR LEASEBACK		REGISTRANT						SCHED #:	ITEM:
	OWNER		TRUSTEE	College Station		TX 77842			ITEM CLASS:	
	LENDER'S LOS	S PA	YABLE			Г			ITEM DESCRIPTION	
	LIENHOLDER			REFERENCE / LOAN #:		INTEREST END DATE:				
				LIEN AMOUNT:		PHONE (A/C, No, Ext):				
	SON FOR INTER	ESI	:			E-MAIL ADDRESS:				
INTE	REST		LOSS BAYES	NAME AND ADDRESS RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN	I ITEM NUMBER
	INSURED BREACH OF		LOSS PAYEE MORTGAGEE						VEHICLE:	BUILDING: BOAT:
	WARRANTY CO-OWNER		OWNER						AIRPORT:	AIRCRAFT:
	EMPLOYEE		REGISTRANT						SCHED #:	ITEM:
	AS LESSOR LEASEBACK		TRUSTEE						ITEM CLASS:	TIEM.
	OWNER LENDER'S LOS	S PA	J						ITEM DESCRIPTION	
	LIENHOLDER			REFERENCE / LOAN #:		INTEREST END DATE:				
				LIEN AMOUNT:		PHONE (A/C, No, Ext):				
REA	SON FOR INTER	REST	<u> </u>			E-MAIL ADDRESS:				
INTE	REST			NAME AND ADDRESS RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN	I ITEM NUMBER
	ADDITIONAL INSURED		LOSS PAYEE						LOCATION:	BUILDING:
	BREACH OF WARRANTY		MORTGAGEE						VEHICLE:	BOAT:
	CO-OWNER		OWNER						AIRPORT:	AIRCRAFT:
	EMPLOYEE AS LESSOR		REGISTRANT						SCHED #:	ITEM:
	LEASEBACK OWNER		TRUSTEE						ITEM CLASS:	
	LENDER'S LOS	S PA	YABLE			Γ			ITEM DESCRIPTION	
	LIENHOLDER			REFERENCE / LOAN #:		INTEREST END DATE:				
				LIEN AMOUNT:		PHONE (A/C, No, Ext):				
_	SON FOR INTER	ESI	:			E-MAIL ADDRESS:				
INT	REST ADDITIONAL		LOSS PAYEE	NAME AND ADDRESS RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	LOCATION:	BUILDING:
	INSURED BREACH OF		MORTGAGEE						VEHICLE:	BOAT:
	WARRANTY CO-OWNER		OWNER						AIRPORT:	AIRCRAFT:
	EMPLOYEE		REGISTRANT						SCHED #:	ITEM:
	AS LESSOR LEASEBACK		TRUSTEE						ITEM CLASS:	
	OWNER LENDER'S LOS	S PA	YABLE						ITEM DESCRIPTION	
	LIENHOLDER			REFERENCE / LOAN #:		INTEREST END DATE:				
				LIEN AMOUNT:		PHONE (A/C, No, Ext):				
REA	SON FOR INTER	REST				E-MAIL ADDRESS:				
INTE	REST			NAME AND ADDRESS RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN	I ITEM NUMBER
	ADDITIONAL INSURED		LOSS PAYEE						LOCATION:	BUILDING:
	BREACH OF WARRANTY		MORTGAGEE						VEHICLE:	BOAT:
	CO-OWNER		OWNER						AIRPORT:	AIRCRAFT:
	EMPLOYEE AS LESSOR LEASEBACK	_	REGISTRANT						SCHED #:	ITEM:
	OWNER	<u>_</u>	TRUSTEE						ITEM CLASS:	
	LENDER'S LOS	S PA	YABLE	DECEDENCE (LOAN #		INTEREST END DATE			ITEM DESCRIPTION	
	LIENHOLDER			REFERENCE / LOAN #:		INTEREST END DATE:				
				LIEN AMOUNT:		PHONE (A/C, No, Ext):			i .	

E-MAIL ADDRESS:

								A	GENCY (CUSTO	MER ID:	STR	EN				
AC	ORI) B			VE	EHICI	LE S	CI	HED	ULE	=					(MM/DD/\)2/22/202	•
AGENCY								CAF	RRIER							NAIC	CODE
Pace In	surance	:															
POLICY N	IUMBER					EFFECT	IVE DATE	NAM	ED INSURE	D(S)						<u>'</u>	
						03/05	5/2023	Stra	itegic Env	/ironme	ntal Resp	onse	е				
VEHIC	LE DES	CRIPT	TION			·											
VEH#	YEAR	MAKE	. Kearney			BODY Tra	iler					VE	HICLE TYPE	s	YM / AGE	COMP / OTC SYM	COLL
5	2022	MODE	L: BTMEUDT			v.i.n.: 5LC	CLB1622	N105	6171		PP		SPEC X	COML			
GARAGIN	G STRE	ET (Requ	uired in KY)		CITY					COUNT	Υ	•	, , ,		STATE	ZIP	
ADDRESS					Orang	е									TX	77632	<u>)</u>
LIC	TER	R	GVW / GCW	CLA	ss	SIC	FACT	ΓOR	SEAT CP	RADIUS		FAR	THEST TERMI	NAL		COST NEV	N

VEH	ICL	E DE																						
VEH	#	YEAR	. 1	MAKE:	Kea	arney	•				BODY TYPE:	Trail	er						VEHIC	CLE TYPE	SY	M / AGE	COMP / OTC SYM	COLL SYM
5		2022	: [MODEI	. BT	MEU	DT					5LC	LB1622N1	0561	71			-	PP S	SPEC 🔀 СОМІ	-			
		STR	_	(Requ						CITY						Т	COUNTY					STATE	ZIP	
GARA ADDR		0		(itoqu		,					an an						000					TX	77632	
LIC										Oran	<u> </u>		1			\vdash							1	
STAT		TEI	RR			GVW	/ GCW		CLAS	S	SIC		FACTOR	SE	AT CP	R	RADIUS		FARTH	IEST TERMINAL			COST NEV	V
TX																50	00					\$ 4,4	00	
USE			∇	CON	им'L		FOR HIRE	CHE	CK ERAGES		ADD'L NO- FAULT		UNDRINS MOTOR	F			LSP		RENT REIMB	DEDUCTIBLES		ACV X	COMP/ OTC	SPEC C OF L
	PLEAS	SURF		RET	ΔII								TOWING	F	,	ewline	COMP/		FG		ST AM		00	C OF L
				-				\vdash	LIAB NO-		MED PAY UNINS	-	& LABOR SPEC		Tw K	\Leftrightarrow	OTC			\$ 25,000	STAN	\$ 5		
	ARM		_	4	VICE		_		FAULT NET VE		MOTOR		COFL		1 00	\triangle	COLL			\$ 23,000		\$ J	00	COLL
		HOOL	Ц.		5 MILE		15 MILE	S +	DR/CR:											TOTAL PREM: \$				
VEH	#	YEAR	. 1	MAKE:	Ma	ck					BODY TYPE:	Truc	k-Tractor						VEHIC	CLE TYPE	SY	M / AGE	COMP / OTC SYM	COLL SYM
6		2012	: [MODE	_: CH	U613	3				V.I.N.:	1M1	AN07Y2CI	M009	510			-	PP S	sрес 🔀 сомі	-			
GARA	CINC	STR	_	(Requ						CITY							COUNTY					STATE	ZIP	
ADDF		'				,				Oran	nne											TX	77632	
LIC	1										<u> </u>					ᆫ							1	
STAT		TEI	ΚK			GVW	/ GCW		CLAS	S	SIC		FACTOR	SE	AT CP		RADIUS		FARIH	IEST TERMINAL			COST NEV	V
TX																50	00	L				\$ 45,		
USE COMM'L FOR HIRE CHECK COVERAGES ADD'L NO-FAULT UNDRINS MOTOR FAULT UNDRINS FOR HIRE COVERAGES FAULT OF TOWNING FAULT OF T													Α.	ACV X	COMP/ OTC	SPEC C OF L								
	PLEAS	SURE		RET	AIL			X	LIAB		MED PAY		TOWING & LABOR	F	т Г	X	COMP/ OTC		FG	AA X	ST AM	_{1T} s 4	5,000	
П,	ARM			SER	VICE				NO-		UNINS		SPEC		_{tw} ⊦	\forall	COLL			\$ 45,000			5,000	COLL
		HOOL	Т	4	5 MILE	-0	15 MILE		FAULT NET VE	:H	MOTOR		COFL			\triangle		ш				Φ -	-,	COLL
			4				13 WILL	_0 '	DR/CR:		BODY	Diale								TOTAL PREM: \$			COMP /	COLL
VEH	#	YEAR		MAKE:							TYPE:	Pick	<u> </u>						VEHIC	CLE TYPE	SY	M / AGE	COMP / OTC SYM	SYM
7		2022	!	MODE	<u>.</u> : F2	50					V.I.N.:	1FT	8W2BT7NE	ED72	398			ı	PP S	SPEC COMI	-			
7 2022 MODEL: F250 V.I.N.: 1FT8W2BT7NED72398 PP SPEC COML GARAGING STREET (Required in KY) CITY COUNTY COUNTY															STATE	ZIP								
ADDF	ESS									Oran	ge											TX	77632	
LIC	. T	TEI	RR			GVW	/ GCW		CLAS	s	SIC		FACTOR	SE	AT CP	R	RADIUS		FARTH	IEST TERMINAL			COST NEV	v
STAT	=					••••	, 00			•	0.0					50						\$ 100		•
				$\overline{}$				CHE	CK		ADD!! NO		LINDDING	Ц.		30	1		RENT	T		·	COMP/	CDEC
USE			\geq	COV	им'L		FOR HIRE	COV	CK ÆRAGES		ADD'L NO- FAULT	X	UNDRINS MOTOR	F	Ļ		LSP	\boxtimes	REIMB	DEDUCTIBLES		ACV /\	OTC	SPEC C OF L
	PLEAS	SURE		RET	AIL			X	LIAB	X	MED PAY		TOWING & LABOR	F	т []	X	COMP/ OTC		FG	AA X	ST AN			
	ARM			SER	VICE				NO- FAULT	X	UNINS MOTOR		SPEC C OF L	F	TW	\times	COLL			\$ 100,000		_{\$} 5	00	COLL
DRIVE	TO	HOOL		< 1	5 MILE	ES	15 MILE	S+	NET VE DR/CR:	:H	WOTOR		0012							TOTAL PREM: \$		1		
VEH		YEAR	1	MAKE:	Bes	st			DR/CR.		BODY	Trail	er						VEHIC	CLE TYPE	SY	M / AGE	COMP / OTC SYM	COLL
8	-										ITPE:		BU2026DN	15050	127			— 1.				IN AGE	OTC SYM	SYM
0		2013	_	MODE							V.I.N.:	этп	DU2020DI	113030)31	_			PP S	SPEC COMI	-			
GARA		STR	EET	(Requ	iired ir	ı KY)				CITY							COUNTY					STATE	ZIP	
ADDF	ESS									Oran	ige											TX	77632	
LIC STAT	-	TEI	RR			GVW	/ GCW		CLAS	S	SIC		FACTOR	SE	АТ СР	R	RADIUS		FARTH	IEST TERMINAL			COST NEV	V
TX																50	00					\$ 3,5	00	
USE			$\overline{}$	CON	ויאא		FOR HIRE	CHE	CK ERAGES		ADD'L NO-		UNDRINS	F			LSP	Н	RENT	DEDUCTIBLES	Τ.		COMP/	SPEC C OF L
_			\triangle	_			ORTHINE	cov		-	FAULT		MOTOR TOWING		k	$\overline{}$	COMP/		REIMB			vcv 🔀	OTC _	C OF L
		SURE		RET				$ \Delta $	LIAB NO-		MED PAY UNINS		& LABOR	F	K	$\stackrel{\wedge}{\hookrightarrow}$	OTC	$\vdash \vdash$	FG	AA 🔀	ST AM			
	ARM			SER	VICE				FAULT		MOTOR		SPEC C OF L	F	TW	\times	COLL			\$ 3,500		_{\$} 5	00	COLL
WOR	TO C/SC	HOOL		< 1	5 MILE	ES	15 MILE	S+	NET VE DR/CR:	Н										TOTAL PREM: \$				
VEH		YEAR		MAKE:	Big	Tex					BODY TYPE:	Trail	er						VEHIC	CLE TYPE	SY	M / AGE	COMP / OTC SYM	COLL SYM
9 2022 MODEL: Flatbed												16V	1W2424N2	1821	51				PP S	SPEC COMI	_		0.00	O
OTDEET (Described in 100										CITY	Valida					Т	COUNTY					STATE	ZIP	
GARAGING ADDRESS STREET (Required in KY)																	0001111							
										Oran	<u> </u>					Щ						TX	77632	
LIC STAT		TEI	RR			GVW	/ GCW		CLAS	S	SIC		FACTOR	SE	AT CP	R	RADIUS		FARTH	IEST TERMINAL		'	COST NEV	V
TX 500														\$ 7,8										
USE			\times	CON	/M'L		FOR HIRE	CHE	CK ERAGES		ADD'L NO- FAULT		UNDRINS MOTOR	F			LSP		RENT REIMB	DEDUCTIBLES		ACV X	COMP/ OTC	SPEC C OF L
	PLEAS	SURE		RET	AIL	\square			LIAB	1 1	MED PAY		TOWING	— F	$_{T}$	\vee	COMP/	\vdash	FG	AA X	ST AM		00	C OF L
	ARM				VICE			\vdash	NO-		UNINS	\vdash	& LABOR SPEC C OF L		Tw ⊦	\Leftrightarrow	COLL	\vdash	-	\$ 7,800	O I AIV	\$ 5		651
			Т	_			45 840 5		FAULT NET VE		MOTOR		C OF L	1	. **	\triangle	JOLL	Ш				\$ 3	-	COLL
WÖR	(/šc	HOOL		< 1	5 MILE	-S	15 MILE	:S +	DR/CR:	-										TOTAL PREM: \$				

PLEASURE												AGEI	NCY (CUSTO	MER	ID: S	STRE	N						
Pack	ĄC		RE	O ®				V	EHIC	CL	E S	СНІ	ΞD	UL	Ε								•	•
POLICY NUMBER POLICY NUMBE			nce									CARRI	ER										NAIC	CODE
VEHICLE VEAR	POLICY	NUMBI	ER											` '	ental F	Respo	onse							
10	VEHI	CLE D	DES	CRIPTIO	V				00	,,,,,,	-020					•								
10	VEH#	YE	AR	MAKE: B	ig Tex				BODY - TYPE:	Traile	er						VEHI	ICLE T	YPE		SYI	/I / AGE	COMP / OTC SYM	COLL
STATE	10	20	22	MODEL: 70	OCH-16	BK			V.I.N.:	16V1	U202XN	N315873	34			PP		SPEC	X	COML				
STATE		IIVG	TREE	T (Required	in KY)			_	ige					COUN	NTY									2
USE	STATE	,	TERR	1	GVW /	GCW	CL	ASS	SIC		FACTO	DR SEA	т СР		S		FART	HEST T	TERMIN.	AL				W
FARM	USE	EASUR	E		F	OR HIRE		ES	FAULT		MOTOR TOWING	Ш'	r \	COM	лР/ 	REII	NT MB	DEC	1		_	cv	COMP/ OTC	SPEC C OF
Note	FA	.RM		SERVICE			NO-	$_{\scriptscriptstyle extsf{T}}$	UNINS		SPEC	F	rw 🖔					s 4	,118			s 5	00	COL
VEH # YEAR MAKE SOMY TYPE STATE SYM AGE COMP COLL SYM	DRIVE .	SCHOO	oi	< 15 MI	LES	15 MILE	S + NET	VEH	WOTOR		O OI L									FM: \$				
STATE STAT			_	MAKE:		-1	Die	<u> </u>	BODY TYPE:								VEHI			+	SYI	// AGE	COMP /	COLL
STATE				MODEL:												PP		SPEC		COML				
USE		IIVG	STREE	T (Required	in KY)			CITY	'					COUN	NTY							STATE	ZIP	
PLEASURE RETAIL COVERAGES FAULT MOTOR TOWING & LIAB MED PAY & LIAB	LIC STATE		TERR	1	GVW /	GCW	CL	ASS	SIC		FACTO	DR SEA	т СР	RADIU	S		FART	HEST T	TERMIN.	AL			COST NE	W
FARM	— −	EASUR	E		F	OR HIRE		ES	FAULT	1	TOWING		r	COM	лР/ —	REII	NT MB	DEC	1			⁵ V	COMP/ OTC	SPEC C OF I
Note	FA	.RM		SERVICE			NO-	$_{\scriptscriptstyle extsf{T}}$			SPEC	F	rw 🗀					\$	J					COLI
VEH# YEAR MAKE: MODEL: VI.N.: PP SPEC COML SYM/AGE COMP/ OTC SYM SYM/AGE COMP/ OTC SYM COUNTY STATE STATE LIGH PLEASURE PLEASURE RETAIL SERVICE NO- FARM SERVICE NO- FARM SERVICE NO- NO- FARM SERVICE NO- NO- FARM NO- SPEC COL SYM/AGE COMP/ TYPE: VEHICLE TYPE SYM/AGE COMP/ TYPE: SYM/AGE COMP/ SYM COUNTY STATE COUNTY STATE COMP/ SPEC COMP/ OTC SYM SYM/AGE COMP/ SYM COUNTY STATE LIGH SPEC COMP/ OTC SPEC OTC COF AA STAMT SERVICE SERVICE NO- NO- NO- NO- NO- NO- NO- NO- NO- NO			oi	< 15 MI	LES	15 MILE	NET	VEH	MOTOR		0 01 L							тот	AL PRE	EM: \$				
GARAGING ADDRESS STREET (Required in KY) LIC STATE TERR GVW / GCW CLASS SIC FACTOR SEAT CP RADIUS FARTHEST TERMINAL COST NEW \$ USE PLEASURE RETAIL RETAIL RETAIL SERVICE NO- NO- NO- NO- NO- NO- NO- NO- NO- NO				MAKE:		'	1 210		BODY TYPE:								VEHI				SYI	// AGE	COMP /	COLL
STATE TERR GVW / GCW CLASS SIC FACTOR SEAT CP RADIUS FARTHEST TERMINAL COST NEW USE COMM'L FOR HIRE COVERAGES FAULT MOTOR FRUING SEAT CP RADIUS FARTHEST TERMINAL COST NEW PLEASURE RETAIL LIAB MED PAY TOWING FT COMP OTC C OF L FARM SERVICE NO-				MODEL:												PP		SPEC		COML				
STATE TERM SWV 9GW CLASS SIC FACTOR SEATOR RADIOS FARTHEST TERMINAL COST NEW \$ USE COMM'L FOR HIRE CHECK COVERAGES FAULT MOTOR TOWNORD FAULT FOR HIRE COVERAGES FAULT FAULT FOR HIRE COVERAGES FAULT MOTOR FT COMP' OTC COFF FOR HIRE COVERAGES FAULT FOR HIRE COVERAGES FAULT FOR HIRE COVERAGES FAULT FOR HIRE COMP' OTC COFF FT COMP' OTC COFF FT COMP' OTC COFF FT COLL SEATOR FT COLL S		III	TREE	T (Required	in KY)			CITY						COUN	NTY							STATE	ZIP	•
USE COMM'L FOR HIRE CHECK COVERAGES ADD'L NO-FAULT UNDRINS F LSP REIMB ACV COMP/OTC COFFE FAULT TOWNING STAULT FOR HIRE COVERAGES ACV COMP/OTC COFFE FOR HIRE COVERAGES ACV COMP/OTC COFFE FOR HIRE COVERAGES FOR HIRE COVERAG	LIC		TERR	!	GVW /	GCW	CL	ASS	SIC		FACTO	DR SEA	т ср	RADIU	S		FART	HEST T	TERMIN.	AL			COST NE	W
PLEASURE RETAIL LIAB MED PAY & TOWING SLABOR FT COMP/ OTC FG AA STAMT \$ FARM SERVICE NO-	USE	1		COMM'L	F	OR HIRE	CHECK	FC	ADD'L NO-			F	\Box	LSP		REN	NT	DEC	DUCTIBI	LES	T_\(\lambda\)	<u> </u>		SPEC
FARM SERVICE NO. UNINS SPEC COFL S \$ COL	— −	EASUR	E	_	\square			E3		1	TOWING	F	r	COM	лР/ 	_	IVIB		ДД	S.	_		010 _	
DRIVE TO 45 MU FO 45 MU FO A SEMU FO	FA	.RM		SERVICE			NO-	\Box	UNINS	-	SPEC	F	rw 📙			1		\$,74		ı Aivi			COL
	DRIVE WORK	SCHOO	oL T	< 15 MI	LES	15 MILE	S NET	VEH	IVIOTOR		O OF L								AL PRE	EM: \$		ΙΨ		OOL

YEAR

TERR

VEH#

GARAGING **ADDRESS** LIC STATE

PLEASURE

PLEASURE

FARM

DRIVE TO WORK / SCHOOL

YEAR

TERR

FARM

DRIVE TO WORK / SCHOOL VEH # YEAI

GARAGING ADDRESS

LIC STATE

USE

MAKE:

MODEL:

STREET (Required in KY)

COMM'L

RETAIL

SERVICE

MAKE:

MODEL:

STREET (Required in KY)

COMM'L

RETAIL

SERVICE

< 15 MILES

< 15 MILES

GVW / GCW

GVW / GCW

FOR HIRE

15 MILES +

FOR HIRE

15 MILES +

BODY TYPE:

V.I.N.:

SIC

ADD'L NO-FAULT

MED PAY

BODY TYPE:

V.I.N.:

SIC

ADD'L NO-FAULT

MED PAY

UNINS MOTOR

UNINS MOTOR

CITY

CITY

CLASS

CHECK COVERAGES

LIAB

NO-FAULT NET VEH

DR/CR

CLASS

CHECK COVERAGES

LIAB

NO-FAULT NET VEH

VEHICLE TYPE

SPEC

FARTHEST TERMINAL

\$

VEHICLE TYPE

SPEC

FARTHEST TERMINAL

PP

RENT

RENT REIMB

FG

FG

COUNTY

RADIUS

LSP

COMP/ OTC

COLL

COUNTY

RADIUS

LSP

COMP/ OTC

COLL

DEDUCTIBLES

TOTAL PREM: \$

DEDUCTIBLES

TOTAL PREM: \$

COML

COML

FACTOR

UNDRINS MOTOR TOWING & LABOR

FACTOR

UNDRINS MOTOR TOWING & LABOR

SEAT CP

F

FT

FTW

SEAT CP

FT

SYM / AGE

ACV

SYM / AGE

STATE

\$

\$

ACV

ST AMT

ST AMT

STATE

COMP / OTC SYM

ZIP

COST NEW

COMP / OTC SYM

ZIP

COST NEW

COLL

SPEC C OF I

COLL

COLL

SPEC C OF

COLL

TEXAS COMMERCIAL AUTO

-			_	_								-		-
c	:n	VF	RΔ	G	FS	: 1	П	M	IT!	9	SFC	T:	IO	N

DATE (MM/DD/YYYY)

				COVE	RAGES	/ LIMITS	SECTIO	N							02/22/2023
AGENCY						NAME	INSURED(S)								
Pace Insurance						Strate	gic Environr	mental R	Respo	nse					
POLICY NUMBER					EFFECTIVE D	ATE CARRI	ER								NAIC CODE
					03/05/202										
					03/03/202	23									
BUSINESS AUT							<u> </u>		_						
COVERAGES	CO	VERED AUTO SYMBOLS			IITS		COVER	AGES	cov	/ERED	AUTO	SYME	BOLS		LIMITS
		1 4 × 9	CSL _	BI EA PER	\$ 1,000,0	00									
LIABILITY		2 7	BI EACH ACCIE	ENT	\$										
		3 8	PROPERTY DA	MAGE	\$										
		2	EACH PERSON		\$										
PERSONAL INJURY		7	AUTO DEATH I								PHYSI	CALD	AMAG		
PROTECTION		1	TOTAL DISABIL		\$						FILISI	CAL D	AWAG	<u> </u>	
			TOTAL DISABIL		Ψ		TOWING & LABOR			3 _				\$	
							& LABOR			7		_	_		
							COMP / OTO	•		2	4		8		
							JOOINI 7010			3	X 7				
MEDICAL		2 4 8					SPECIFIED			2	4		8		
PAYMENTS		3 7	EACH PERSON		\$		CAUSES OF	LOSS		3	7				
		1 4	CSL	BI EA PER	¢					2	4		8		
UNINSURED / UNDERINSURED		2 7		_			COLLISION			3	7		∀ ″		
MOTORIST		1	BI EACH ACCIE	JEN I	\$	55			+	3 /	/ /				
		3	PD EA ACC \$		\$	DEI	<u>-</u>								
									-						
HIRED / BORROWED	X	YES STATES	COST OF HIRE		IF ANY BA	ASIS		STATE	ES	# DA	YS	# VE	Н	COVERAGE /	DEDUCTIBLE
LIABILITY		NO TX	\$		_									COMP	\$
	\vee	YES STATES	GROUP TYPE		NILI	MBER OF	HIRED	TX						SPEC C OF L	\$
		NO TX			INU	WIDER OF	PHYSICAL								
NON-OWNED		INO IX	EMPLOYE	ES			DAMAGE							COLL	\$
LIABILITY			VOLUNTE	ERS											
			PARTNER	S				(COVER	RAGE	IS:		F	RIMARY	SECONDARY
		IY AUTO L OWNED AUTOS					PRIVATE PASS EQUIRE NO-FA		DAGE	:		7) AUT(B) HIRE		ECIFIED ON SO	CHEDULE
		VNED PRIVATE PASSENG	ER AUTOS				COMPULSORY							ED AUTOS	
ENDORSEMENT	S/	REMARKS (ACORI	D 101, Addit	ional Re	marks Sc	hedule, m	ay be attac	hed if n	nore	spa	ce is	regu	uired)	
		,	•			· · ·	•			•		•		<i>'</i>	
SIGNATURE															
I INDEDCTAND				DED / 110	DEDINOLIS	ED MOTO	21070 (1114	(20011	\		, (DI)			
) ACKNOWLEDGE THE SEEN EXPLAINED TO													
		MY LIABILITY LIMITS									O LQ	UAL I	I O IVI	I LIADILITI	LIMITO, OM / OIM
		BODILY INJURY LIMI													(INITIALS)
			` '			ION.							-		(INITIALS)
		BODILY INJURY COV											-		
3. I SELECT UM /	UIM	PROPERTY DAMAGE	ELIMIT(S) IND	ICATED IN	I THIS APP	LICATION.							-		(INITIALS)
4. I REJECT UM /	UIM	PROPERTY DAMAGE	COVERAGE	IN ITS EN	TIRETY.								_		(INITIALS)
LUNDEDSTAND A	ND.	ACKNOWLEDGE THAT	T DEDCOMAL	IN ILIDY D	POTECTIO	N COVEDA		U EVDI A	INIED	TO 1	45				
		ACKNOWLEDGE THAT FERED THIS COVERA													(INITIALS)
		THE COVERAGE SE						NY STAT	E SU	PPLE	EMEN.	T WIL	L AP	PLY TO ALL	FUTURE POLICY
RENEWALS, CON	IINU	JATIONS AND CHANG	DES UNLESS I	NUTIFY Y	OU UTHER	KANIOF IN M	KITING.								
APPLICANT'S SIGNATI	URE			DATE		PRODUCER	'S SIGNATURE							NATIONAL F	PRODUCER NUMBER

ACORD 137 TX (2014/12)

TRUCKERS SEC	CTIC	ON								4GE	NCT CUSTO	OWIER	CID.	- 511	IVLIN					
COVERAGES	СО	VERE	D AL	JTO SYMBOLS	s		LI	IMITS									DAMAG	E		
		41		46		CSL	BI EA PER	\$			COVERAG	SES	ΔΙ	COVE UTO SY	RED	ıs		LIMITS		DEDUCTIBLE
LIABILITY		42		47	BI	EACH ACCID		\$						42		47				
		43		50		ROPERTY DA		\$			COMP / OTC			43		1 "				
		-		30							1					ا '				\$
PERSONAL INJURY		42				ACH PERSON		\$						46	_	T				
PROTECTION		46				JTO DEATH II					SPECIFIED			42		47	SCL	FT	LSF	
					TC	TAL DISABIL	ITY	\$			CAUSES OF I	LOSS		43		J L	F	FT	W	\$
														46						
														42		47				
MEDICAL		42		46							COLLISION			43						\$
PAYMENTS		43			E/	ACH PERSON		\$						46		'				
		41		46	_	001	BI EA PER	Φ.						46						
UNINSURED / UNDERINSURED		1		40	-	_ CSL					TOWING & LABOR			40			\$			
MOTORIST	_	42			i	EACH ACCID	ENT	\$			a LABOIT									
		43			PE	EA ACC \$			\$	DED							ERCHA			
											COVERAG	SES	SY	MBOL	# TR	RAILERS	FARTH	# DAYS	RADIUS	DEDUCTIBLE
											00110 / 070			48						
NON-TRUCKERS		YES	3	STATES	C	OST OF HIRE		IF A	ANY BASIS		COMP / OTC			49						
HIRED / BORROWED		NO			\$			_			CDECIFIED			48						
TRUCKERS		YES	 3	STATES		OST OF HIRE		IE /	ANY BASIS		SPECIFIED CAUSES OF I	LOSS		49						
HIRED / BORROWED LIABILITY		NO				JOT OF THICE		" ′	AIVI BAOIO				_							
LIABILITY	-	+		CTATEC	\$						COLLISION			48						\$
		YES		STATES	GF	ROUP TYPE			NUMBER OF				_	49						
NON-OWNED AUTO		NO				EMPLOYE	ES	\vdash			TRAILER VAL		\$							
LIABILITY						VOLUNTE	ERS					STA	TES	# 0	DAYS	#	VEH			
						PARTNER	S													
OTHER											HIRED									
											PHYSICAL DAMAGE									
											DAIVIAGE									
					+						1			<u> </u>			Т.			050010401
											OTHER			VERAG	E 15:		т,	PRIMARY		SECONDARY
											OTHER									
COVERED AUTO SYMI	BOLS	6				NED AUTOS					CIFICALLY DES		TUA C	os						SSESSION OF
(41) ANY AUTO (42) OWNED AUTOS O	DNLY			(4		NED AUTOS					D AUTOS ONLY LERS IN YOUR		SSIC	N UND	ER				ER UNDEF GREEMENT	R A TRAILER
(43) OWNED COMMER			o ac	NLY		TORIST LAW					AILER INTERCH							NED AUT		
ENDORSEMENT	rs /	REN	ИAF	RKS (ACO	RD 1	I01. Addit	ional R	emark	s Schedule.	ma	v be attach	hed if	mo	re sp	ace	is re	auirea	1)		
						,					•			•			•	,		
SIGNATURE																				
I UNDERSTAND	AND) AC	KNC	OWLEDGE	THA	T UNINSUF	RED / UI	NDERII	NSURED MO	TOR	ISTS (UM /	UIM),	во	DILY	INJU	JRY (E	3I) AN	D PROP	ERTY D	AMAGE (PD)
COVERAGES HAV																EQUAL	TO M	Y LIABIL	ITY LIM	TS, UM / UIM
LIMITS LOWER TH	HAN	MY I	LIAB	BILITY LIMIT	SOR	R TO REJEC	:I UM/U	JIM BI A	AND/OR UM / U	JIM I	PD COVERAG	GES E	NIII	RELY.						
1. I SELECT UM /	UIM	BOE	OILY	INJURY LI	MIT(S) INDICATE	D IN THI	IS APPI	LICATION.										(IN	IITIALS)
2. I REJECT UM /	UIM	ВОЕ	OILY	INJURY CO	OVER	AGE IN ITS	ENTIRE	TY.											(IN	IITIALS)
3. I SELECT UM /	UIM	I PRO	DPE	RTY DAMAG	GE LI	MIT(S) IND	CATED I	N THIS	S APPLICATION	N.									(II)	IITIALS)
4. I REJECT UM /						` '													(IN	IITIALS)
4. TRESECT OW/	Oliv		<i>-</i> 1	TOTAL DATE OF THE PARTY OF THE	<u> </u>	OVERVIOL	III III EI	*****	1.										`	
I UNDERSTAND A																				
AND I HAVE BEEN	N OF	FER	ED 1	IHIS COVE	RAGE	. IF I HAVE	REJECT	IED TH	IIS COVERAG	E, M	Y INITIALS A	RE IN	CLUI	DED F	HERE	:			(IN	IITIALS)
I UNDERSTAND T	ГНАТ	THE	= CC	OVERAGE S	SELE	CTION AND	LIMIT C	HOICE	S INDICATED	HEF	RE OR IN AN	IY STA	TE:	SUPP	LEM	ENT W	/ILL AF	PLY TO	ALL FU	TURE POLICY
RENEWALS, CON																				
APPLICANT'S SIGNAT	URE						DATE		PRODUC	CER'S	SIGNATURE							NATIO	NAL PROD	DUCER NUMBER
	_						•													
I									I									1		

MOTOR CARRIER SECTION																					
COVERAGES	CO	COVERED AUTO SYMBOLS LIMITS												PHYSICAL DAMAG							
	61 67			67	CSL BI EA PER \$						COVERAGES			COVERED AUTO SYMBOLS				LIMITS	DEDUCTIBLE		
LIABILITY		62		68	BIE	ACH ACCIE	DENT	\$						62		67					
		63		71	PRO	DPERTY DA	MAGE	\$			COMP / OTC			63		68				\$	
	64												64								
PERSONAL INJURY PROTECTION		62			EACH PERSON \$					SPECIFIED			62		67	SCL	FT	LSF	,		
	67				AUTO DEATH INDEMNITY \$									63		68	F	-	\$		
					TOTAL DISABILITY \$						CAUSES OF	LUSS		64							
												62		67							
										COLLISION			63		68				\$		
										0022.0.0.1			64								
		62		64						TOWING			63								
MEDICAL PAYMENTS		63		67	EAG	CH PERSON	1	\$			TOWING & LABOR			67			\$				
	61 64			CSL BI EA PER \$							TRAILER INTERCHAN										
UNINSURED / UNDERINSURED MOTORIST		62 67								COVERAG	CV	FARTH					RADIUS	DEDUCTIBLE			
					BI EACH ACCIDENT \$ PD EA ACC \$ DED					COVERAGES		51	69			ZONE	ZONE # DAYS RADIUS		DEDUCTIBLE		
	63				PD EA ACC \$			DED	COMP / OTC												
														70	-						
									l	SPECIFIED			69								
	V50 07475			071750	-						CAUSES OF LOSS		_	70	+						
NON-TRUCKERS HIRED / BORROWED		YES STATES NO			COST OF HIRE IF ANY BASIS			SIS	COLLISION			69						\$			
					\$								_	70							
TRUCKERS HIRED / BORROWED LIABILITY		YES STATES			COST OF HIRE IF ANY BASIS					SIS	TRAILER VA	\$									
		NO			\$	\$						STA	TES	# [DAYS	#	VEH				
NON-OWNED AUTO LIABILITY		YES STATES			GROUP TYPE NUMBER OF					IBER OF											
		NO				EMPLOYE	ES	L			HIRED PHYSICAL										
						VOLUNTE	ERS				DAMAGE										
						PARTNER	lS .														
OTHER													COVERAGE IS:					PRIMARY		SECONDARY	
											OTHER										
COVERED AUTO SYMBOLS (64) OWNED COMMERCIAL AUTOS ONLY (67) SPECIFICAL												SCRIBE	D AUT	TOS		(70) Y	OUR TE	RAILERS I	N THE POS	SSESSION OF	
(61) ANY AUTO				(6	1WO (5	NED AUTOS	SUBJECT	TO NO	O-FAULT	(68) HIRE	D AUTOS ONL	Y				` É	NOTHE	R TRUCK	ER UNDEF	A TRAILER	
(62) OWNED AUTOS O (63) OWNED PRIVATE		S AUT	os c			NED AUTOS Y UNINSUF					ERS IN YOUR AILER INTERC								REEMENT OS ONLY		
(63) OWNED PRIVATE PASS AUTOS ONLY SORY UNINSURED MOTORIST LAW A TRAILER INTERCHANGE AGREEMENT (71) NON-OWNED AUTOS ONLY ENDORSEMENTS / REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)																					
ENDONGLIMENTO / NEMANNO (ACOND. 101, Additional Remarks Schedule, may be attached if more space is required)																					
 SIGNATURE																					
			1/1/	N// EDOE :		LININIOLI	DED / U	NDEE		D MOTOR	IOTO (UNA /	/ I III A\		DILV		D)/ //) A N II		DEDTY D	ANAGE (DD)	
I UNDERSTAND COVERAGES HAV																					
LIMITS LOWER TH																				,	
1. I SELECT UM /	UIM	ВОГ	OILY	INJURY LIM	IIT(S)	INDICATI	ED IN THI	S API	PLICATION	ON.									(IN	IITIALS)	
2. I REJECT UM /	UIM	BOD	OILY	INJURY CO	VERA	GE IN ITS	S ENTIRE	TY.											(II)	IITIALS)	
3. I SELECT UM /	UIM	PRO	PEF	RTY DAMAG	E LIN	IIT(S) IND	ICATED II	N THI	IS APPLI	ICATION.									(I)	IITIALS)	
4. I REJECT UM /						` '													(IN	IITIALS)	
I UNDERSTAND A																			/18	IITIAI C\	
	AND I HAVE BEEN OFFERED THIS COVERAGE. IF I HAVE REJECTED THIS COVERAGE, MY INITIALS ARE INCLUDED HERE. (INITIALS)																				
I UNDERSTAND T												NY STA	ATE .	SUPP	LEME	NT W	/ILL AF	PLY TO	ALL FU	URE POLICY	
RENEWALS, CONTINUATIONS AND CHANGES UNLESS I NOTIFY YOU OTHERWISE IN WRITING.																					
APPLICANT'S SIGNATI	URE						DATE			PRODUCER'S	SIGNATURE							NATIO	NAL PRO	UCER NUMBER	
I																					

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 Form No. Edition Date | Rate Option Codes Cov Code | Description BMC-91 filing FILIN Ded 1 Deductible Type 1 Deductible Type 2 Limit 1 Limit 2 Limit 3 Ded 2 Premium Form No. Option Codes Loc # ST Haz # Class Code Cov Code | Description Edition Date Rate Limit 1 Limit 2 Limit 3 Ded 1 Deductible Type 1 Ded 2 Deductible Type 2 Premium Cov Code | Description Option Codes Loc # ST Haz # Class Code Form No. Edition Date | Rate Limit 1 Limit 2 Limit 3 Ded 1 Deductible Type 1 Ded 2 Deductible Type 2 Premium Class Code Form No. Edition Date | Rate Option Codes Loc # ST Haz # Cov Code | Description Limit 1 Limit 2 Limit 3 Ded 1 Deductible Type 1 Ded 2 Deductible Type 2 Premium Loc# ST Haz# Option Codes Class Code Cov Code | Description Form No. Edition Date | Rate Ded 1 Ded 2 Deductible Type 2 Limit 1 Limit 2 Limit 3 Deductible Type 1 Premium Loc # ST Haz # Class Code Cov Code | Description Form No. Edition Date | Rate Option Codes Limit 2 Limit 3 Ded 1 Deductible Type 2 Limit 1 Deductible Type 1 Ded 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 Deductible Type 2 Limit 1 Limit 2 Limit 3 Ded 1 Deductible Type 1 Ded 2 Premium Loc # ST Haz # Class Code Cov Code | Description Form No. Edition Date | Rate Option Codes Ded 1 Deductible Type 2 Limit 1 Limit 2 Limit 3 Deductible Type 1 Ded 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 Ded 1 Ded 2 Deductible Type 2 Limit 1 Limit 2 Limit 3 Deductible Type 1 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 OFCLADCOV (2015/05) MRW COPYRIGHT 2000 - 2015, VERTAFORE, INC