



# COMMERCIAL INSURANCE APPLICATION

## APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)

04/11/2023

All Insurance Underwriters  
2600 Sumerian Drive  
Land O' Lakes, FL 34638  
Phone: 877-977-2667

CARRIER

NAIC CODE

COMPANY POLICY OR PROGRAM NAME

PROGRAM CODE

POLICY NUMBER

UNDERWRITER

UNDERWRITER OFFICE

STATUS OF TRANSACTION



QUOTE

☐ ISSUE POLICY☐ RENEW

BOUND (Give Date and/or Attach Copy):

CHANGE

DATE

TIME

AM

CANCEL

PM

### LINE OF BUSINESS

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

### APPLICANT INFORMATION

<b>NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4)</b> America's Restoration Team LLC 3179 Hamner Ave unit 8 Norco CA 92860-1983				<b>GL CODE</b>	<b>SIC</b>	<b>NAICS</b>	<b>FEIN OR SOC SEC #</b>
				<b>BUSINESS PHONE #:</b> 909-859-5731			
				<b>WEBSITE ADDRESS</b>			
<input type="checkbox"/> CORPORATION	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> NOT FOR PROFIT ORG	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION				
<input type="checkbox"/> INDIVIDUAL	<input checked="" type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> TRUST				
<b>NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)</b>				<b>GL CODE</b>	<b>SIC</b>	<b>NAICS</b>	<b>FEIN OR SOC SEC #</b>
				<b>BUSINESS PHONE #:</b>			
				<b>WEBSITE ADDRESS</b>			
<input type="checkbox"/> CORPORATION	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> NOT FOR PROFIT ORG	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION				
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> TRUST				
<b>NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)</b>				<b>GL CODE</b>	<b>SIC</b>	<b>NAICS</b>	<b>FEIN OR SOC SEC #</b>
				<b>BUSINESS PHONE #:</b>			
				<b>WEBSITE ADDRESS</b>			
<input type="checkbox"/> CORPORATION	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> NOT FOR PROFIT ORG	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION				
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> TRUST				

## CONTACT INFORMATION

AGENCY CUSTOMER ID: \_\_\_\_\_

CONTACT TYPE: Owner		CONTACT TYPE: owner	
CONTACT NAME: Matt Blackburn		CONTACT NAME: matt blakburn	
PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input checked="" type="checkbox"/> CELL	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input checked="" type="checkbox"/> CELL	PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL
909-859-5731	909-859-5731	909-859-5731	
PRIMARY E-MAIL ADDRESS: matt@cabinetandflooringsolutions.com		PRIMARY E-MAIL ADDRESS: matt@cabinetandflooringsolutions.com	
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	3179 Hamner Ave unit 8	INSIDE	OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: Norco	STATE: ca	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY:	ZIP:			TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
		INSIDE	OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY:	STATE:	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY:	ZIP:			TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
		INSIDE	OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY:	STATE:	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY:	ZIP:			TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
		INSIDE	OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY:	STATE:	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY:	ZIP:			TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N

## NATURE OF BUSINESS

<input type="checkbox"/> APARTMENTS	<input checked="" 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

water/fire restoration demolition. Mostly residential. Possible commercial down the road. First onsite remediators. New vnture.  
 All owners have 15 plus years in construction industry  
 Gross \$1 million  
 payroll \$230k  
 subcost \$ 500k

RETAIL STORES OR SERVICE OPERATIONS % OF TOTAL SALES:	INSTALLATION, SERVICE OR REPAIR WORK %	OFF PREMISES INSTALLATION, SERVICE OR REPAIR WORK %
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## DESCRIPTION OF OPERATIONS OF OTHER NAMED INSUREDS

## 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 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 type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE					LOCATION:		BUILDING:
						VEHICLE:		BOAT:
						AIRPORT:		AIRCRAFT:
						ITEM CLASS:		ITEM:
						ITEM DESCRIPTION		
REASON FOR INTEREST:		REFERENCE / LOAN #:		INTEREST END DATE:				
		LIEN AMOUNT:		PHONE (A/C, No, Ext):		FAX (A/C, No):		
				E-MAIL ADDRESS:				

# GENERAL INFORMATION

AGENCY CUSTOMER ID: \_\_\_\_\_

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)

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## PRIOR CARRIER INFORMATION

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

**PRIOR CARRIER INFORMATION (continued)**

AGENCY CUSTOMER ID: \_\_\_\_\_

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

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

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

**TOTAL LOSSES: \$**

DATE OF OCCURRENCE	LINE	TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	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: \_\_\_\_\_

**COMMERCIAL GENERAL LIABILITY SECTION**

DATE (MM/DD/YYYY)

04/11/2023

All Insurance Underwriters  
2600 Sumerian Drive  
Land O' Lakes, FL 34638  
Phone: 877-977-2667

**CARRIER****NAIC CODE****APPLICANT / FIRST NAMED INSURED**

America's Restoration Team LLC

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

**COVERAGES****LIMITS**

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

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

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

1. UM / UIM COVERAGE ☐ IS ☐ IS NOT AVAILABLE.2. MEDICAL PAYMENTS COVERAGE ☐ IS ☐ IS NOT AVAILABLE.**SCHEDULE OF HAZARDS**

LOC #	HAZ #	CLASSIFICATION	CLASS CODE	PREMIUM BASIS	EXPOSURE	TERR	RATE		PREMIUM	
							PREM/OPS	PRODUCTS	PREM/OPS	PRODUCTS
1	1	REMEDATION		S	1,000,000					
				P	230,000					
		SUBCOST			500,000					

**RATING AND PREMIUM BASIS**

(P) PAYROLL - PER \$1,000/PAY

(C) TOTAL COST - PER \$1,000/COST

(U) UNIT - PER UNIT

(S) GROSS SALES - PER \$1,000/SALES

(A) AREA - PER 1,000/SQ FT

(M) ADMISSIONS - PER 1,000/ADM

(T) OTHER

**CLAIMS MADE (Explain all "Yes" responses)**

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

**EMPLOYEE BENEFITS LIABILITY**

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

ACORD 126 (2016/03)

Attach to ACORD 125 © 1993-2015 ACORD CORPORATION. All rights reserved.

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**CONTRACTORS**

AGENCY CUSTOMER ID: \_\_\_\_\_

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

**PRODUCTS / COMPLETED OPERATIONS**

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

**ADDITIONAL INTEREST / CERTIFICATE RECIPIENT**

☐ ACORD 45 attached for additional names

<input 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"/> MORTGAGEE	NAME AND ADDRESS	RANK: _____	EVIDENCE: _____	CERTIFICATE _____	INTEREST IN ITEM NUMBER	
					LOCATION:	BUILDING:
					ITEM CLASS:	ITEM:
					ITEM DESCRIPTION	
		REFERENCE / LOAN #:				

**GENERAL INFORMATION**

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

## GENERAL INFORMATION (continued)

AGENCY CUSTOMER ID: \_\_\_\_\_

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

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

## SIGNATURE

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

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

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

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

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

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

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

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

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

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

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



AGENCY CUSTOMER ID: \_\_\_\_\_

**BUSINESS AUTO SECTION**

DATE (MM/DD/YYYY)

04/17/2023

All Insurance Underwriters  
2600 Sumerian Drive  
Land O' Lakes, FL 34638  
Phone: 877-977-2667

**CARRIER****NAIC CODE****NAMED INSURED(S)**

America's Restoration Team LLC

**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	Matthew Blackburn			08-13-1984			D1844572	CA	OWNER			1	
2	Ryan Davidson			02-14-1984			D2038545	CA	OWNER				
3	Wesley Burchartz			12-30-1985			D4158431	CA	OWNER			1	

\* MARITAL STATUS / CIVIL UNION (if applicable)

**GENERAL INFORMATION**

<b>EXPLAIN ALL "YES" RESPONSES</b>													<b>Y / N</b>	
1. WITH THE EXCEPTION OF ANY ENCUMBRANCES, ARE ANY VEHICLES FOR WHICH INSURANCE IS REQUESTED NOT SOLELY OWNED BY AND REGISTERED TO THE APPLICANT?														
VEH #		NAME OF OTHER OWNER					VEH #		NAME OF OTHER OWNER					
2. DO OVER 50% OF THE EMPLOYEES USE THEIR AUTOS IN THE BUSINESS?														
3. IS THERE A VEHICLE MAINTENANCE PROGRAM IN OPERATION?														
4. ARE ANY VEHICLES LEASED TO OTHERS?														
5. ANY CAR MODIFIED / SPECIAL EQUIPMENT? (Include customized vans / pickups)														
VEH #		DESCRIPTION			COST \$		VEH #		DESCRIPTION			COST \$		
6. ARE ICC (Interstate Commerce Commission), PUC (Public Utility Commission) OR OTHER FILINGS REQUIRED? (If "YES", attach ACORD 194)														

## GENERAL INFORMATION (continued)

AGENCY CUSTOMER ID: \_\_\_\_\_

EXPLAIN ALL "YES" RESPONSES				Y / N
7. DO OPERATIONS INVOLVE TRANSPORTING HAZARDOUS MATERIAL?				N
8. ANY HOLD HARMLESS AGREEMENTS?				N
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
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
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	
						VEHICLE:	LOCATION:
<input type="checkbox"/> ADDITIONAL INSURED	<input type="checkbox"/> LOSS PAYEE						
<input type="checkbox"/> EMPLOYEE AS LESSOR	<input type="checkbox"/> OWNER						
<input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> REGISTRANT						
<input type="checkbox"/>							
REFERENCE / LOAN #:							
INTEREST		NAME AND ADDRESS	RANK: _____	EVIDENCE:	CERTIFICATE	INTEREST IN ITEM NUMBER	
						VEHICLE:	LOCATION:
<input type="checkbox"/> ADDITIONAL INSURED	<input type="checkbox"/> LOSS PAYEE						
<input type="checkbox"/> EMPLOYEE AS LESSOR	<input type="checkbox"/> OWNER						
<input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> REGISTRANT						
<input type="checkbox"/>							
REFERENCE / LOAN #:							

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

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**VEHICLE DESCRIPTION**
**AGENCY CUSTOMER ID:**
**ACORD 129 attached for additional vehicles**

VEH #	YEAR	MAKE: FORD	BODY TYPE: VAN	VEHICLE TYPE	SYM / AGE	COMP / OTC SYM	COLL SYM						
1	2015	MODEL: TRANSIT 150	V.I.N.: 1FTNE2CM9FKB31152	PP <input type="checkbox"/> SPEC <input checked="" type="checkbox"/> COML									
GARAGING ADDRESS		STREET (Required in KY) 3179 HAMNER AVE #8		CITY NORCO	COUNTY		STATE CA	ZIP 92860					
LIC STATE CA	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP 2	RADIUS 100	FARTHEST TERMINAL	COST NEW \$ 30,000				
USE	<input checked="" type="checkbox"/> PLEASURE	<input checked="" type="checkbox"/> COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR	F	LSP	RENT REIMB	DEDUCTIBLES	ACV	COMP/OTC	SPEC C OF L
	<input type="checkbox"/> FARM	<input type="checkbox"/> RETAIL		<input checked="" type="checkbox"/> LIAB NO-FAULT	<input checked="" type="checkbox"/> MED PAY	<input checked="" type="checkbox"/> UNINS MOTOR	FT	<input checked="" type="checkbox"/> COMP/OTC	FG	<input type="checkbox"/> AA	<input type="checkbox"/> ST AMT	\$ 1,000	
DRIVE TO WORK / SCHOOL		< 15 MILES	15 MILES +	NET VEH DR/CR:			FTW	<input checked="" type="checkbox"/> COLL		\$		\$ 1,000	COLL
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									
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"/> COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR	F	LSP	RENT REIMB	DEDUCTIBLES	ACV	COMP/OTC	SPEC C OF L
	<input type="checkbox"/> FARM	<input type="checkbox"/> RETAIL		<input type="checkbox"/> LIAB NO-FAULT	<input type="checkbox"/> MED PAY	<input type="checkbox"/> UNINS MOTOR	FT	<input type="checkbox"/> COMP/OTC	FG	<input type="checkbox"/> AA	<input type="checkbox"/> ST AMT	\$	
DRIVE TO WORK / SCHOOL		< 15 MILES	15 MILES +	NET VEH DR/CR:			FTW	<input type="checkbox"/> COLL		\$		\$	COLL
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									
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"/> COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR	F	LSP	RENT REIMB	DEDUCTIBLES	ACV	COMP/OTC	SPEC C OF L
	<input type="checkbox"/> FARM	<input type="checkbox"/> RETAIL		<input type="checkbox"/> LIAB NO-FAULT	<input type="checkbox"/> MED PAY	<input type="checkbox"/> UNINS MOTOR	FT	<input type="checkbox"/> COMP/OTC	FG	<input type="checkbox"/> AA	<input type="checkbox"/> ST AMT	\$	
DRIVE TO WORK / SCHOOL		< 15 MILES	15 MILES +	NET VEH DR/CR:			FTW	<input type="checkbox"/> COLL		\$		\$	COLL
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									
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"/> COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR	F	LSP	RENT REIMB	DEDUCTIBLES	ACV	COMP/OTC	SPEC C OF L
	<input type="checkbox"/> FARM	<input type="checkbox"/> RETAIL		<input type="checkbox"/> LIAB NO-FAULT	<input type="checkbox"/> MED PAY	<input type="checkbox"/> UNINS MOTOR	FT	<input type="checkbox"/> COMP/OTC	FG	<input type="checkbox"/> AA	<input type="checkbox"/> ST AMT	\$	
DRIVE TO WORK / SCHOOL		< 15 MILES	15 MILES +	NET VEH DR/CR:			FTW	<input type="checkbox"/> COLL		\$		\$	COLL
TOTAL PREM: \$													

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

IN THE DISTRICT OF COLUMBIA, WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS, IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

IN FLORIDA, 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.

IN KANSAS, 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.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.

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: \_\_\_\_\_

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

<p>A CREDIT REPORT OR OTHER INVESTIGATIVE REPORT ABOUT YOU MAY BE REQUESTED IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT RENEWALS. ANY INFORMATION WHICH WE HAVE OR MAY OBTAIN ABOUT YOU OR OTHER INDIVIDUALS LISTED AS POLICYHOLDERS ON YOUR POLICY WILL BE TREATED CONFIDENTIALLY. HOWEVER, THIS INFORMATION, AS WELL AS OTHER PERSONAL OR PRIVILEGED INFORMATION SUBSEQUENTLY COLLECTED, MAY, UNDER CERTAIN CIRCUMSTANCES, BE DISCLOSED WITHOUT PRIOR AUTHORIZATION TO NON-AFFILIATED THIRD PARTIES. WE MAY ALSO SHARE SUCH INFORMATION WITH AFFILIATED COMPANIES FOR SUCH PURPOSES AS CLAIMS HANDLING, SERVICING, UNDERWRITING AND INSURANCE MARKETING. YOU HAVE THE RIGHT TO SEE PERSONAL INFORMATION COLLECTED ABOUT YOU, AND YOU HAVE THE RIGHT TO CORRECT ANY INFORMATION WHICH MAY BE WRONG. IF YOU ARE INTERESTED IN OBTAINING A DESCRIPTION OF OUR INFORMATION PRACTICES, AND YOUR RIGHTS REGARDING INFORMATION WE COLLECT, ASK YOUR AGENT, OR, IF YOU HAVE BEEN ISSUED A POLICY, PLEASE WRITE US AT THE ADDRESS PROVIDED WITH YOUR POLICY.</p>			
<p>IN ADDITION, ANY PERSON WHO KNOWINGLY MAKES AN APPLICATION FOR MOTOR VEHICLE INSURANCE COVERAGE CONTAINING ANY STATEMENT THAT THE APPLICANT RESIDES OR IS DOMICILED IN THIS STATE WHEN, IN FACT, THAT APPLICANT RESIDES OR IS DOMICILED IN A STATE OTHER THAN THIS STATE, IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.</p>			
<p>AN INSURER WHICH REFUSES TO PROVIDE COVERAGE TO AN APPLICANT WHO IS A "GOOD DRIVER" MUST PROVIDE THE APPLICANT WITH WRITTEN STATEMENT OF THE REASONS IT DENIED COVERAGE. IN GENERAL, UNDER CALIFORNIA LAW A GOOD DRIVER IS A PERSON WHO HAS NOT HAD MORE THAN ONE VIOLATION POINT OR MORE THAN ONE AT-FAULT ACCIDENT RESULTING IN ONLY PROPERTY DAMAGE IN THE LAST THREE YEARS.</p>			
<p>I UNDERSTAND AND ACKNOWLEDGE THAT UNINSURED MOTORISTS BODILY INJURY COVERAGE (UMBI) HAS BEEN OFFERED TO ME, AND THAT I HAVE THE OPTIONS OF SELECTING EITHER UMBI LIMITS LOWER THAN MY BODILY INJURY LIABILITY LIMITS, OR REJECTING UMBI COVERAGE ENTIRELY. IF I HAVE REJECTED UMBI COVERAGE OR SELECTED UMBI LIMITS LOWER THAN MY BODILY INJURY LIABILITY LIMITS, I HAVE ALSO SIGNED THE CALIFORNIA AUTO SUPPLEMENT, ACORD 61 CA.</p>			
<p>I ALSO UNDERSTAND AND ACKNOWLEDGE THAT UNINSURED MOTORISTS PROPERTY DAMAGE COVERAGE (UMPD) HAS BEEN OFFERED TO ME, AND THAT I HAVE THE OPTIONS OF SELECTING OR REJECTING THIS COVERAGE FOR ONE OR MORE VEHICLES. I HAVE MADE MY SELECTION ON THIS APPLICATION, AND I HAVE READ AND COMPLETED THE UMPD PORTION OF THE CALIFORNIA AUTO SUPPLEMENT, ACORD 61 CA.</p>			
<p>IN ADDITION, I HAVE BEEN OFFERED WAIVER OF COLLISION DEDUCTIBLE. IF THIS OPTION IS NOT INDICATED ON THIS APPLICATION, THEN I HAVE REJECTED THIS OPTION.</p>			
<p>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.</p>			
APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER

**MOTOR CARRIER SECTION**

AGENCY CUSTOMER ID: \_\_\_\_\_

COVERAGES		COVERED AUTO SYMBOLS		LIMITS		PHYSICAL DAMAGE												
COVERAGES		COVERED AUTO SYMBOLS		LIMITS		COVERAGES		COVERED AUTO SYMBOLS		LIMITS		DEDUCTIBLE						
LIABILITY	<input type="checkbox"/>	61	<input type="checkbox"/>	67	<input type="checkbox"/>	CSL	<input type="checkbox"/>	BI	<input type="checkbox"/>	EA PER	\$	COMP / OTC	<input type="checkbox"/>	62	<input type="checkbox"/>	67		\$
	<input type="checkbox"/>	62	<input type="checkbox"/>	68	BI EACH ACCIDENT	\$	<input type="checkbox"/>	63	<input type="checkbox"/>	68								
	<input type="checkbox"/>	63	<input type="checkbox"/>	71		PROPERTY DAMAGE	\$	<input type="checkbox"/>	64	<input type="checkbox"/>			68					
	<input type="checkbox"/>	64	<input type="checkbox"/>															
MEDICAL PAYMENTS	<input type="checkbox"/>	62	<input type="checkbox"/>	64	<input type="checkbox"/>	EACH PERSON	\$	TOWING & LABOR	<input type="checkbox"/>	63	<input type="checkbox"/>	\$						
	<input type="checkbox"/>	63	<input type="checkbox"/>	67							67							
UNINSURED MOTORIST	<input type="checkbox"/>	62	<input type="checkbox"/>	66	<input type="checkbox"/>	CSL	<input type="checkbox"/>	BI	<input type="checkbox"/>	EA PER	\$	TRAILER INTERCHANGE						
	<input type="checkbox"/>	63	<input type="checkbox"/>	67	BI EACH ACCIDENT	\$		COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE				
	<input type="checkbox"/>	64	<input type="checkbox"/>			PROPERTY DAMAGE	\$		COMP / OTC	<input type="checkbox"/>	69							
NON-TRUCKERS HIRED / BORROWED	<input type="checkbox"/>	YES	STATES		COST OF HIRE	<input type="checkbox"/>	IF ANY BASIS											
	<input type="checkbox"/>	NO			\$													
TRUCKERS HIRED / BORROWED LIABILITY	<input type="checkbox"/>	YES	STATES		COST OF HIRE	<input type="checkbox"/>	IF ANY BASIS											
	<input type="checkbox"/>	NO			\$													
NON-OWNED AUTO LIABILITY	<input type="checkbox"/>	YES	STATES		GROUP TYPE		NUMBER OF	HIRED PHYSICAL DAMAGE		STATES	# DAYS	# VEH						
	<input type="checkbox"/>	NO																
						EMPLOYEES												
						VOLUNTEERS												
OTHER																		

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

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

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

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

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

A CREDIT REPORT OR OTHER INVESTIGATIVE REPORT ABOUT YOU MAY BE REQUESTED IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT RENEWALS. ANY INFORMATION WHICH WE HAVE OR MAY OBTAIN ABOUT YOU OR OTHER INDIVIDUALS LISTED AS POLICYHOLDERS ON YOUR POLICY WILL BE TREATED CONFIDENTIALLY. HOWEVER, THIS INFORMATION, AS WELL AS OTHER PERSONAL OR PRIVILEGED INFORMATION SUBSEQUENTLY COLLECTED, MAY, UNDER CERTAIN CIRCUMSTANCES, BE DISCLOSED WITHOUT PRIOR AUTHORIZATION TO NON-AFFILIATED THIRD PARTIES. WE MAY ALSO SHARE SUCH INFORMATION WITH AFFILIATED COMPANIES FOR SUCH PURPOSES AS CLAIMS HANDLING, SERVICING, UNDERWRITING AND INSURANCE MARKETING. YOU HAVE THE RIGHT TO SEE PERSONAL INFORMATION COLLECTED ABOUT YOU, AND YOU HAVE THE RIGHT TO CORRECT ANY INFORMATION WHICH MAY BE WRONG. IF YOU ARE INTERESTED IN OBTAINING A DESCRIPTION OF OUR INFORMATION PRACTICES, AND YOUR RIGHTS REGARDING INFORMATION WE COLLECT, ASK YOUR AGENT, OR, IF YOU HAVE BEEN ISSUED A POLICY, PLEASE WRITE US AT THE ADDRESS PROVIDED WITH YOUR POLICY.

IN ADDITION, ANY PERSON WHO KNOWINGLY MAKES AN APPLICATION FOR MOTOR VEHICLE INSURANCE COVERAGE CONTAINING ANY STATEMENT THAT THE APPLICANT RESIDES OR IS DOMICILED IN THIS STATE WHEN, IN FACT, THAT APPLICANT RESIDES OR IS DOMICILED IN A STATE OTHER THAN THIS STATE, IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

AN INSURER WHICH REFUSES TO PROVIDE COVERAGE TO AN APPLICANT WHO IS A "GOOD DRIVER" MUST PROVIDE THE APPLICANT WITH WRITTEN STATEMENT OF THE REASONS IT DENIED COVERAGE. IN GENERAL, UNDER CALIFORNIA LAW A GOOD DRIVER IS A PERSON WHO HAS NOT HAD MORE THAN ONE VIOLATION POINT OR MORE THAN ONE AT-FAULT ACCIDENT RESULTING IN ONLY PROPERTY DAMAGE IN THE LAST THREE YEARS.

I UNDERSTAND AND ACKNOWLEDGE THAT UNINSURED MOTORISTS BODILY INJURY COVERAGE (UMBI) HAS BEEN OFFERED TO ME, AND THAT I HAVE THE OPTIONS OF SELECTING EITHER UMBI LIMITS LOWER THAN MY BODILY INJURY LIABILITY LIMITS, OR REJECTING UMBI COVERAGE ENTIRELY. IF I HAVE REJECTED UMBI COVERAGE OR SELECTED UMBI LIMITS LOWER THAN MY BODILY INJURY LIABILITY LIMITS, I HAVE ALSO SIGNED THE CALIFORNIA AUTO SUPPLEMENT, ACORD 61 CA.

I ALSO UNDERSTAND AND ACKNOWLEDGE THAT UNINSURED MOTORISTS PROPERTY DAMAGE COVERAGE (UMPD) HAS BEEN OFFERED TO ME, AND THAT I HAVE THE OPTIONS OF SELECTING OR REJECTING THIS COVERAGE FOR ONE OR MORE VEHICLES. I HAVE MADE MY SELECTION ON THIS APPLICATION, AND I HAVE READ AND COMPLETED THE UMPD PORTION OF THE CALIFORNIA AUTO SUPPLEMENT, ACORD 61 CA.

IN ADDITION, I HAVE BEEN OFFERED WAIVER OF COLLISION DEDUCTIBLE. IF THIS OPTION IS NOT INDICATED ON THIS APPLICATION, THEN I HAVE REJECTED THIS OPTION.

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