ACORD	

COMMERCIAL INSURANCE APPLICATION

DATE (MM/DD/YYYY)

I

Í							APF	PLIC	ANT INFORM	IAT	ION	SECTIO	Ν						09/	05/202	23
AGE	NCY									CA	RRIE	R								NAIC	CODE
TR	OXELL									Su	bmiss	ions									
214	South Grand Av	ve Wes	st							CO	MPANY	POLICY OR PI	ROGF	AM NA	ME	I			PRO	GRAM	CODE
Spi	ingfield							II	L 62704	POL		JMBER									
- r.												ASTER REM	IARK	ET P	٢G						
CON	TACT Jill Teel									UNDERWRITER UNDERWRITER OFFICE											
PHC	NE (217)	528-7	533																		
FAX	(217) 528.									X Q			QUOT	E		ISSU	E POLICY		REN	IEW	
E-M	, No): (217) 320 AIL RESS: jteel@tro		.com												Give Date and/or A						
COL				s	UBCOD					IRA	ANSAC	TION		CHAN	GE	DATE		TIME		\mathbf{X}	AM
AGE	NCY CUSTOMER ID	; 00	093918	_										CANC	EL	09/20/202	23	12:0	1		PM
	ES OF BUSINE																				
IND	CATE LINES OF BU	SINESS	P	REMI	им							PREMIUM							P	REMIUN	1
	BOILER & MACHIN	ERY	\$					CYBE	R AND PRIVACY			\$				YACHT			\$		
	BUSINESS AUTO		\$					FIDUC	CIARY LIABILITY			\$		>	<	Professional L	ability		\$		
	BUSINESS OWNER	RS	\$					GARA	GE AND DEALERS			\$		>	<	Pollution Liabil	ity		\$		
X	COMMERCIAL GEN	NERAL L	IABILITY \$					LIQUC	OR LIABILITY			\$							\$		
	COMMERCIAL INLA	AND MA	RINE \$					мотс	OR CARRIER			\$							\$		
	COMMERCIAL PRO	OPERTY	\$					TRUC	KERS			\$							\$		
	CRIME		\$					UMBR	RELLA			\$							\$		
AT	TACHMENTS																				
	ACCOUNTS RECEI	VABLE	/ VALUABLE PAPE	RS				GLAS	S AND SIGN SECTION							STATEMENT / SC	HEDULE	E OF VALUES			
	ADDITIONAL INTER	REST SO	CHEDULE					HOTE	L / MOTEL SUPPLEME	NT						STATE SUPPLEM	ENT (If a	applicable)			
	ADDITIONAL PREMISES INFORMATION SCHEDULE INSTALLATION / BUILDER				LLATION / BUILDERS																
	APARTMENT BUILD	DING SU	JPPLEMENT					INTER	RNATIONAL LIABILITY E	EXPO	SURE	SUPPLEMENT				VEHICLE SCHED	JLE				
	CONDO ASSN BYL	AWS (fo	or D&O Coverage o	nly)				INTER	RNATIONAL PROPERTY	Y EXF	POSUR	E SUPPLEMEN	١T								
	CONTRACTORS SU	UPPLEN	IENT					LOSS	SUMMARY												
	COVERAGES SCHI	EDULE						OPEN	CARGO SECTION												
	DEALERS SECTION	N						PREM	IIUM PAYMENT SUPPL	PPLEMENT											
	DRIVER INFORMAT	TION SC	CHEDULE					PROF	ESSIONAL LIABILITY S												
	ELECTRONIC DATA	A PROC	ESSING SECTION					REST	AURANT / TAVERN SU	PPLE	MENT										
_	LICY INFORMA	-		-					T						_			MININALINA			
PRC	POSED EFF DATE				BIL	LING PL	AN		PAYMENT PLAN		METHO	D OF PAYMEN	ит	AUDIT		DEPOSIT		MINIMUM PREMIUM		OLICYI	PREMIUM
	09/20/2023	C	9/20/2024			т 🔀	AGE	NCY	Annual							\$	\$		\$		
AP	PLICANT INFO	RMAT	ION														_				
NAN	IE (First Named Insu	ured) AN	ND MAILING ADDF	ESS	(includi	ng ZIP+4)			GL CODE SIC				NAICS			FEIN OR SO		OR SOC	SEC #	
En	vironmental Healt	th & Sa	afety Consultan	ts, L	LC					944	444								8330	32507	
611	W. Central Rd. #	#A3								BUS	SINESS	B PHONE #: (224)	383-7	832	2					
1										WE	BSITE	ADDRESS									
Мо	unt Prospect								L 60056												
	CORPORATION							N	OT FOR PROFIT ORG		Ш	SUBCHAPTER	"S" C	ORPOF	RAT	ION					
	INDIVIDUAL	$ \times$	LLC NO. OF M		-KS RS: _			PA	ARTNERSHIP			TRUST									
NAN	E (Other Named Ins	sured) A	ND MAILING ADD	RESS	6 (includ	ing ZIP+	4)			GL	CODE		SIC			NAIC	5		FEIN (OR SOC	SEC #
												PHONE #:									
1										WE	BSITE	ADDRESS									
<u> </u>	000000											ou 10 c · · · · · · · · ·		05		1	-				
\vdash	CORPORATION		JOINT VENTURE		RS			_				SUBCHAPTER	"S" C	URPOF	≺AT						
	INDIVIDUAL					ng 715		P/	ARTNERSHIP	CI -	CODE	TRUST	SIC			NAIC			EEIN 4		SEC #
	ME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)						SODE					NAIC:			CCIN (JR 300	JEC #				
1						BUSINESS PHONE #:															
									ADDRESS												
1							JUNE														
\vdash	CORPORATION		JOINT VENTURE					N	OT FOR PROFIT ORG	l		SUBCHAPTER	"S" C	ORPOF	RAT	ION					
\vdash	INDIVIDUAL	-	LLC NO. OF M		RS			_	ARTNERSHIP			TRUST		2.11 01							
			I AND MAN	AGE	KS: _			1''			1										

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CONT	ACT INFOR	RMA	TION						A	GENC	CUST	OMERI	D: 0009391	0			
CONTAC	ONTACT TYPE: Claims Info CONTACT TYPE: Accounting Records																
		osepł	n A. Laney						CONTACT NAME: Joseph A. Laney								
PRIMAR	Υ #⊔нα	OME	🖂 BUS 🗌 C	ELL SECONDA PHONE #	^{RY} 🗌 ном		s [PRIM PHO			ме 🖂 в	US 🗌 CELL	SECONDARY PHONE #	HOME	🗌 BUS [
	83-7832									4) 383-	-7832						
PRIMAR	Y E-MAIL ADD	RESS	s: lisal@el	hscllc.com					PRIM	IARY E-		RESS:	lisal@ehscll	c.com			
	ARY E-MAIL								SECO	ONDAR	Y E-MAIL A	DDRESS:					
PREM	ISES INFO	RMA	ATION (Atta	ch ACORD 823	for Additio	nal Prei	mis	es)									
LOC #	STREET 4	403 N	orth Fairview	Avenue			СП	TY LIMITS	INT	EREST		# FUL	L TIME EMPL	ANNUAL REVENUES:	\$ 15	0,000	
1										OWN	ER		2	OCCUPIED AREA:	300		SQ FT
BLD #	CITY: Mo	ount F	Prospect		STATE:	L	†	OUTSIDE		TENA	NT	# PAR	T TIME EMPL	OPEN TO PUBLIC AR	EA:		SQ FT
1	COUNTY:				ZIP :60056			-		1				TOTAL BUILDING ARE	EA : 1	,500	SQ FT
DESCRI	I PTION OF OPI	ERATI	ONS:						_	I				ANY AREA LEASED T		ERS? Y / N	N
LOC #	STREET						СП	TY LIMITS	INT	EREST		# FUL	L TIME EMPL	ANNUAL REVENUES:	\$		
								INSIDE	-		ER			OCCUPIED AREA:			SQ FT
BLD #	CITY:				STATE:		\vdash	OUTSIDE	.	TENA		# PAR	T TIME EMPL	OPEN TO PUBLIC AR	FA:		SQ FT
	COUNTY:				ZIP:		\vdash		·								SQ FT
DESCRI			ONE		2									ANY AREA LEASED T			
			UNS.					TY LIMITS	INT	EREST		4		ANNUAL REVENUES:		2K3 / 1 / N	
LOC #	STREET							-		1			L TIME EMPL		<u>ې</u>		
							<u> </u>	INSIDE		OWN				OCCUPIED AREA:			SQ FT
BLD #	CITY:				STATE:			OUTSIDE		TENA	NT	# PAR	T TIME EMPL	OPEN TO PUBLIC AR			SQ FT
	COUNTY:				ZIP:									TOTAL BUILDING ARI	: A:		SQ FT
DESCRI	PTION OF OPI	ERATI	ONS:											ANY AREA LEASED T		ERS? Y / N	
LOC #	STREET						CIT	TY LIMITS	INT	EREST		# FUL		ANNUAL REVENUES:	\$		
								INSIDE		OWN	ER			OCCUPIED AREA:			SQ FT
BLD #	CITY:				STATE:			OUTSIDE		TENA	NT	# PAR	T TIME EMPL	OPEN TO PUBLIC AR	EA:		SQ FT
	COUNTY:				ZIP:					1				TOTAL BUILDING ARE	EA:		SQ FT
DESCRI	PTION OF OPI	ERATI	ONS:		•			•						ANY AREA LEASED T	О ОТНЕ	ERS? Y / N	
NATU	RE OF BUS	SINE	SS														
AP	ARTMENTS		CONTRAC		IANUFACTURII	NG		RESTAURA	NT		SERVICE					BUSINESS 'ED (MM/DD/\	· · · · · · · · · · · · · · · · · · ·
Со	NDOMINIUMS	3	INSTITUT		FFICE			RETAIL			WHOLESA		_			01/01/20	
DESCRI	PTION OF PRI	MARY	OPERATIONS											L. L			
Asbest	os & Enviro	nmer	ntal Testing Co	ompany													
						NOTALL	ATIO		- 00 0		NODK						
						INSIALL	AIIO	ON, SERVICE		EPAIR	WORK		OFF PREMISE	S INSTALLATION, SEF		R REPAIR W	ORK
				5 % OF TOTAL SAL					%						%		
DESCRI	PTION OF OPI	ERATI	ONS OF OTHER	NAMED INSUREDS	i												
ADDIT	IONAL INT	TERE	EST (Not all	fields apply to	all scenario	os - prov	vide	only the	e nec	essar	y data)	Attach /	ACORD 45 f	or more Addition	al Inte	rests	
INTERES				NAME AND ADDR	ESS RANK:		EVIDI	ENCE:	CEF	RTIFICA	TE	POLICY	SEND BIL		ST IN IT	EM NUMBER	
INS			LIENHOLDER			_	_	_	_	_		_		LOCATION:		BUILDING:	
	EACH OF RRANTY		LOSS PAYEE											VEHICLE:		BOAT:	
	-OWNER		MORTGAGEE											AIRPORT:		AIRCRAFT:	
	PLOYEE LESSOR		OWNER											ITEM CLASS:	1	ITEM:	
LE	ASEBACK		REGISTRANT											ITEM DESCRIPTION	4		
LEN	IDER'S S PAYABLE	-	TRUSTEE	REFERENCE / LO	AN #:			IN	TERES	T END	DATE:			1			
				LIEN AMOUNT:				PH	IONE (A/C, No	, Ext):			FAX (A/C, No):			

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REASON FOR INTEREST

E-MAIL ADDRESS:

GENERAL INFORMATION

EXPL	LAIN ALL "YES" RE	SPONSES									Y/N
1a.	IS THE APPLICA	ANT A SUBSIDIAF	RY OF ANOTHER ENTITY ?)							
	PARENT COMPA	NY NAME					RELATIONSHIP D	ESCRIPTION	% OWNED		
1b.	DOES THE APP	LICANT HAVE AN	Y SUBSIDIARIES?								
	SUBSIDIARY CO	MPANY NAME					RELATIONSHIP D	ESCRIPTION	% OWNED		
2.	IS A FORMAL SA	AFETY PROGRAM	M IN OPERATION?								
3.		-	ES, EXPLOSIVES, CHEMIC		OSHA						
J.											
4.	ANY OTHER INS	SURANCE WITH	THIS COMPANY? (List pol	icy numbers)						_	
	LINE OF BUSINESS POLICY NUMBER					SS		POLICY NUMBER			
			CLINED, CANCELLED OR		I NG THE PRIOR TH	IREE	E (3) YEARS FO	L R ANY PREMISES OR			
		·	ants - Do not answer this GENT NO LONGER REPRESE								
	NON-PATIN			CONDITION CORRECTED ((Describe):						
6.	-	-	RELATING TO SEXUAL AB			DISC	RIMINATION OF	R NEGLIGENT HIRING?			
	 DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY? (In RI, this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment). 										
8.	ANY UNCORRE	CTED FIRE AND	OR SAFETY CODE VIOLA	TIONS?							
	OCCUR DATE	EXPLANATION				RES	OLUTION		RESOLVE DATE		
9.	L HAS APPLICAN	T HAD A FORECI	OSURE, REPOSSESSION	BANKRUPTCY OR FIL	ED FOR BANKRU			LAST FIVE (5) YEARS?			
	OCCUR DATE	EXPLANATION		, 2,					RESOLVE DATE	1	
10.	r		MENT OR LIEN DURING TH	IE LAST FIVE (5) YEAR	S?				I	1	
	OCCUR DATE	EXPLANATION				RES	OLUTION		RESOLVE DATE		
										1	
11.	HAS BUSINESS	BEEN PLACED I	IN A TRUST? NAME OF T	RUST:		I			1	I	
			DREIGN PRODUCTS DIST iability Exposure and/or AC			LD /	DISTRIBUTED I	N FOREIGN COUNTRIES?			
			R BUSINESS VENTURES F			TED'	?				
14.	DOES APPLICA	NT OWN / LEASE	E / OPERATE ANY DRONES	S? (If "YES", describe us	se)						
15.	DOES APPLICA	NT HIRE OTHER	S TO OPERATE DRONES?	' (If "YES", describe use)						
		CESSING INST	RUCTIONS (ACORD 1)	1 Additional Roma	rks Schedule m	nav I	he attached if	more space is required)			

PRIOR CARRIER INFORMATION

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

PRIOR CARRIER INFORMATION (continued)

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
1099	HISTORY	Check if none (Attack	Loss Summary for Additional L	oss 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.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO (Required in Florida)	
William M. Thigher	William Truska/JILLT		
APPLICANT'S SIGNATURE		DATE	NATIONAL PRODUCER NUMBER

CONTACT NAMES

Responsibility

Phone Number

Joseph A. Laney

Name

Inspection

(224)383-7832

LOC #:

Page

of



ADDITIONAL REMARKS SCHEDULE

AGENCY		NAMED INSURED		
TROXELL	Environmental Health & Safety Consultants, LLC			
POLICY NUMBER				
23/24 MASTER REMARKET PKG				
CARRIER	NAIC CODE			
Submissions		EFFECTIVE DATE:	09/20/2023	
ADDITIONAL REMARKS				

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ¹²⁵ FORM TITLE: ^{Commercial Application}

General Liability

Effective 9/17/21: Add project specific endorsement for Cert Holder Brookfield Properties, Inc., 350 N. Orleans, Chicago, IL 60654 -

QUOTE HIRED & NON OWNED AUTO COVERAGE

AGENCY	CUSTOMER ID:	00093918
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DATE (MM/DD/YYYY)

09/05/2023

ACORD
ACOND

COMMERCIAL GENERAL LIABILITY SECTION

AGENCY		CARRIER	NAIC CODE
TROXELL		Submissions	
POLICY NUMBER	EFFECTIVE DATE	APPLICANT / FIRST NAMED INSURED	
23/24 MASTER REMARKET PKG	09/20/2023	Environmental Health & Safety Consultants, 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.

COVERA	GES				LIMITS										
	IERCIAL GEN		_		GENERAL AGGREG		_			\$ 5	,000,000			PREMIUMS	
	CLAIMS MADE		OCCURRENCE		LIMIT APPLIES PER	: P		LOC	CATION				PREMISES	S/OPERATIONS	
OWNE	R'S & CONT	RACTOR'S PROTE	ECTIVE			PI	ROJECT	OTH	HER:						
					PRODUCTS & COM		ATIONS AG	GREGA	TE		,000,000		PRODUCT	S	
DEDUCTIB	LES				PERSONAL & ADVE	RTISING INJU	RY			\$ 5	,000,000				
PROP	ERTY DAMAG	E \$			EACH OCCURRENC	E				\$ 5	,000,000		OTHER		
	Y INJURY	\$		PER CLAIM	DAMAGE TO RENTE	ED PREMISES	(each occu	rrence)		\$ 1	00,000				
		\$	\mathbf{X}	PER OCCURRENCE	MEDICAL EXPENSE	(Any one per	son)			\$ 1	0,000		TOTAL		
					EMPLOYEE BENEFITS					\$					
										\$					
					/non-owned auto cove GE IS TO BE PROVIDE			le state l	Busine	ss Au	to Section, ACO	RD 137)			
	COVERAGE				2. MEDICAL				lis		IS NOT AVAIL				
SCHEDU					zards, may be at		lore spac	Le IS re	RATE	-			PRF	MIUM	
LOC #	HAZ #	CLASS CODE	PREMIUM BASIS	E	XPOSURE	TERR	PREN	/ OPS			RODUCTS	PREM		PRODUCT	s
1		94444	S	175000			T KEN							1100001	
	ATION DESC		0	173000											
LOC #	HAZ #	CLASS CODE	PREMIUM BASIS	E	XPOSURE	TERR	PREN	/ / OPS	RATE		RODUCTS	PREM		MIUM PRODUCT	S
1															
	ATION DESC	FRights - CG2				1	I		DATE			1		MUM	
LOC #	HAZ #	CLASS CODE	PREMIUM BASIS	E	XPOSURE	TERR			RATE		RODUCTS	DDEM		PRODUCT	
1							PREN	/ / OPS		P	RODUCIS	PREM	/0P5	PRODUCI	3
	ATION DESC	bility \$1M/1M													
(S) GROSS		\$1,000/SALES	(A) AREA	OLL - PER \$1,0 - PER 1,000/S		• • •	TAL COST - MISSIONS -					J) UNIT - PER I) OTHER	UNIT		
			s" responses)												
	LL "YES" RE														Y/N
1. PROPO	DSED RETF	OACTIVE DATE	:												
2. ENTRY	DATE INTO) UNINTERRUP	TED CLAIMS MA	DE COVERA	GE:										
3. HAS AI	NY PRODU(CT, WORK, ACC	DENT, OR LOCA	TION BEEN	EXCLUDED, UNINS	SURED OR S	ELF-INSU	RED FF	ROM A	NY P	REVIOUS CO	VERAGE?			N
4. WAS T	AIL COVER.	AGE PURCHAS	ED UNDER ANY	PREVIOUS P	POLICY?										N
EMPLOY	EE BENE	FITS LIABILI	ГҮ												
	CTIBLE PEF					3. NUMBE	R OF EMP	LOYEE	s cov	/ERF	D BY EMPLO	YEE BENEF	ITS PLAN	S:	
	ER OF EMP					4. RETRO									
Z. NUMB															

Attach to ACORD 125 © 1993-2016 ACORD CORPORATION. All rights reserved.

CUNTRACTORS								
EXPLAIN ALL "YES" RESPONSES	(For all past or present operation	ons)						Y/N
1. DOES APPLICANT DRAW F	PLANS, DESIGNS, OR SPEC	CIFICATIONS FOR OTH	IERS?					N
2. DO ANY OPERATIONS INC	LUDE BLASTING OR UTILIZ	E OR STORE EXPLOS		AL?				N
3. DO ANY OPERATIONS INC				FARTH MOVI	ING?			N
				2				
4. DO YOUR SUBCONTRACT								N
4. DO TOOK SOBCONTRACT	UNS CANNI COVERAGES	OR LIMITS LESS THAT	10003					
								N
5. ARE SUBCONTRACTORS	ALLOWED TO WORK WITH	JUT PROVIDING YOU	WINACERI		NSURANCE?			IN
								N
6. DOES APPLICANT LEASE	EQUIPMENT TO OTHERS W	ITH OR WITHOUT OP	ERATORS?					N
						4 EUU 1	# DADT	
DESCRIBE THE TYPE OF WORK S	UBCONTRACTED	\$ PAID TO SUB- CONTRACTORS:		SUBCO	/ORK NTRACTED:	# FULL- TIME STAFF:	# PART- TIME STAFF:	
PRODUCTS / COMPLETI	ED OPERATIONS							
PRODUCTS	ANNUAL GROSS SALES	# OF UNITS	TIME IN MARKET	EXPECTED LIFE	INTE	NDED USE	PRINCIPAL COMPONENT	S
EXPLAIN ALL "YES" RESPONSES	(For all past or present product	s or operations) PLEAS	E ATTACH LITE	RATURE, BROC	HURES, LABELS,	WARNINGS, ETC.		Y / N
1. DOES APPLICANT INSTAL	L, SERVICE OR DEMONSTI	RATE PRODUCTS?						Ν
2. FOREIGN PRODUCTS SO	LD, DISTRIBUTED, USED A	S COMPONENTS? (If	"YES", attach	ACORD 815)				Ν
3. RESEARCH AND DEVELO	PMENT CONDUCTED OR N	IEW PRODUCTS PLAN	INED?					Ν
4. GUARANTEES, WARRAN	TIES, HOLD HARMLESS AGI	REEMENTS?						N
5. PRODUCTS RELATED TO	AIRCRAFT/SPACE INDUST	RY?						N
6. PRODUCTS RECALLED, D		2						N
0. TROBOOTOREOALLEB, E								
7. PRODUCTS OF OTHERS			251.2					N
7. FRODUCIS OF UTHERS	SOLD OK RE-PACKAGED U		DEL					
								N
8. PRODUCTS UNDER LABE	L OF OTHERS?							N
9. VENDORS COVERAGE RE	EQUIRED?							Ν
10. DOES ANY NAMED INSUF	RED SELL TO OTHER NAME	D INSUREDS?						N
1								1

AD	DITIONAL INTEREST / C	ERTIFICATE RECIPIENT		ACORE) 45 attache	d fo	r additional na	ame	s			
INTI	EREST	NAME AND ADDRESS RANK:	EVIDE	NCE:	CERTIFICATI					INTEREST IN		R
	ADDITIONAL INSURED								LOCAT	ION:	BUILDING	
	EMPLOYEE AS LESSOR								ITEM CLASS		ITEM:	
	LENDER'S LOSS PAYABLE									ESCRIPTION		
	LIENHOLDER											
	LOSS PAYEE											
	MORTGAGEE											
		REFERENCE / LOAN #:										
	NERAL INFORMATION											
		For all past or present operations)										Y/N
		PROVIDED OR MEDICAL PROFESSION				200						N
1.	ANT MEDICAL FACILITIES F	-KOVIDED OK MEDICAL FROFESSIOI	NALO			VAC						
												N
2.	ANY EXPOSURE TO RADIO	OACTIVE/NUCLEAR MATERIALS?										N
3.		OR DISCONTINUED OPERATIONS IN				NG, I	DISCHARGING, A	٩PPI	YING, DISPOSING,	OR		N
	TRANSPORTING OF HAZA	RDOUS MATERIAL? (e.g. landfills, wast	ies, tue	ei tanks, et	C)							
4.	ANY OPERATIONS SOLD, A	ACQUIRED, OR DISCONTINUED IN LAS	ST FIV	E (5) YEA	RS?							N
5.	DO YOU RENT OR LOAN E	QUIPMENT TO OTHERS?										N
	EQUIPMENT						TYPE OF	EQU	JIPMENT	INSTRUCTION	GIVEN (Y/N)	
							SMALL TOOLS		LARGE EQUIPMENT			
							SMALL TOOLS		LARGE EQUIPMENT			
6.	ANY WATERCRAFT, DOCKS	S, FLOATS OWNED, HIRED OR LEASE	D?									N
7.	ANY PARKING FACILITIES	OWNED/RENTED?										N
8.	IS A FEE CHARGED FOR PA	ARKING?										N
9.	RECREATION FACILITIES P	PROVIDED?										N
10.	ARE THERE ANY LODGING	OPERATIONS INCLUDING APARTME	NTS?	(If "YES".	answer the fo	llow	na):					
	# APTS TOTAL APT A			, ,								
		Sq. Ft.										
11	IS THERE A SWIMMING PO	OOL ON PREMISES? (Check all that app	nlv)									N
	APPROVED FENCE			SLID								
12	ARE SOCIAL EVENTS SPO				- //.54							N
12.												
13	ARE ATHLETIC TEAMS SPO											
13.	TYPE OF SPORT	CONTACT			TYPE OF S		т				_	
		SPORT (Y/N) AGE GROUP		13 - 18			•		PORT (Y/N)	UP	13 - 18	
		12 & UNDER		OVER 18					12 &	UNDER	OVER 18	
	EXTENT OF SPONSORSHIP:	I	• •		EXTENT O	F SP	ONSORSHIP:					
14.	ANY STRUCTURAL ALTER	ATIONS CONTEMPLATED?										N
15.	ANY DEMOLITION EXPOSU	JRE CONTEMPLATED?										N

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

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

Effective 9/17/21: Add project specific endorsement for Cert Holder Brookfield Properties, Inc., 350 N. Orleans, Chicago, IL 60654 -

SIGNATURE

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PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO (Required in Florida)	
William M. Thinks	William Truska/JILLT		
APPLICANT'S SIGNATURE		DATE	NATIONAL PRODUCER NUMBER



ACORD 211 (2016/09)

AGENCY CUSTOMER ID: 00093918

ΑĆ	ORD	®		SCH	IEDULE	OF I	HAZARDS				e (MM/DD/YYYY) 9/05/2023
AGENCY	-					CAR	RIER				NAIC CODE
TROXELI	L					Subr	nissions				
POLICY NU	MBER				EFFECTIVE DAT	E APPLI	CANT / FIRST NAMED IN	ISURED			•
23/24 MA	STER RE	MARKET PKG			09/20/2023	Envir	onmental Health & S	Safety Consultants, LL	C		
SCHEDU	ILE OF H	AZARDS									
LOC #	HAZ #	CLASS	PREMIUM	EXPOSU	RF	TERR	R	ATE		PREI	MUM
		CODE	BASIS				PREM / OPS	PRODUCTS	PRE	M/OPS	PRODUCTS
1											
	ATION DESC										
Policy Age	g Applies t	o all Claims & D	Jamages								
LOC #	HAZ #	CLASS	PREMIUM	EXPOSU	RE	TERR	R/	ATE			MIUM
		CODE	BASIS				PREM / OPS	PRODUCTS	PRE	M / OPS	PRODUCTS
1											
	ATION DESC										
Al - Owne	ers lesses	or Contractors -	Scheduled CG2010)							
		1									
LOC #	HAZ #	CLASS CODE	PREMIUM BASIS	EXPOSU	RE	TERR		ATE			MUM
		CODE	BASIS				PREM / OPS	PRODUCTS	PRE	M / OPS	PRODUCTS
1											
	ATION DESC		* ***								
Mold, Mile	dew and F	ungus Ded End	t - \$2500								
LOC #	HAZ #	CLASS	PREMIUM	EXPOSU	RE	TERR		ATE			MUM
		CODE	BASIS				PREM / OPS	PRODUCTS	PRE	M / OPS	PRODUCTS
1											
	ATION DESC g Applies f	or All Claims Ex	kpenses								
LOC #	HAZ #	CLASS	PREMIUM	EXPOSU	RF	TERR	R	ATE		PREI	MUM
200 //		CODE	BASIS				PREM / OPS	PRODUCTS	PRE	M/OPS	PRODUCTS
1											
	ATION DESC ers, Lessee		rs - Cmpltd Ops CG2	2037							
LOC #	HAZ #	CLASS	PREMIUM	EXPOSU	RE	TERR	R	ATE		PREI	MIUM
200#	HAZ #	CODE	BASIS	EXFUSU	RE	TERK	PREM / OPS	PRODUCTS	PRE	M / OPS	PRODUCTS
CLASSIFIC	ATION DESC	RIPTION									
		CLASS	PREMIUM				R	ATE		PREI	MUM
LOC #	HAZ #	CODE	BASIS	EXPOSU	RE	TERR	PREM / OPS	PRODUCTS	PRE	M / OPS	PRODUCTS
CLASSIFIC	ATION DESC	RIPTION									
LOC #	HAZ #	CLASS	PREMIUM	EXPOSU	DE I	TERR	R	ATE		PREI	MIUM
LUC #	HAZ #	CODE	BASIS	EXPOSU	RE	IERK	PREM / OPS	PRODUCTS	PRE	M / OPS	PRODUCTS
CLASSIFIC	ATION DESC	RIPTION								·	
	D PREMIUM	BASIS		PER \$1,000/PAY	(TAL COST - PER \$1,000/ MISSIONS - PER 1.000/A) UNIT - PE	RUNIT	

Attach to ACORD 126 and/or ACORD 160

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AGENCY	CUSTOMER ID:	00093918
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DATE (MM/DD/YYYY)

ACORD

COMMERCIAL GENERAL LIABILITY SECTION

GENERA	L LIABILITY SECTION	09/05/2023					
	CARRIER		NAIC CODE				
	Submissions						
EFFECTIVE DATE	APPLICANT / FIRST NAMED INSURED						
09/20/2023	Environmental Health & Safety Consultants, LLC						
	EFFECTIVE DATE	EFFECTIVE DATE APPLICANT / FIRST NAMED INSURED	EFFECTIVE DATE APPLICANT / FIRST NAMED INSURED				

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.

COVERA	AGES				LIMITS								
COMM	IERCIAL GE	NERAL LIABILITY			GENERAL AGGREGA	ATE			\$ 5,000,000			PREMIUMS	
	CLAIMS MAD	- □	OCCURRENCE		LIMIT APPLIES PER:	P	OLICY	LOCA	TION		PREMISES	OPERATIONS	
							ROJECT	ОТНЕ					
	essional Li				PRODUCTS & COMP						PRODUCT	s	
DEDUCTIB	LES	-			PERSONAL & ADVER				\$				
	ERTY DAMA	GE \$			EACH OCCURRENCE				\$ 5,000,000		OTHER		
				PER	DAMAGE TO RENTE		(each oc	currence)	\$				
BODIL	Y INJURY	\$		CLAIM PER	MEDICAL EXPENSE			currence	\$		TOTAL		
		\$		OCCURRENCE	EMPLOYEE BENEFIT		5011)		\$				
					EMPLOTEE BENEFI	5							
OTHER CO		PESTRICTIONS AND		NTS (For hired	/non-owned auto cover	ages attach t	he annlic	able state Bu	\$ siness Auto Section, ACO	RD 137)			
	,-												
APPLICAB	LE ONLY IN V	WISCONSIN: IF NO	N-OWNED ONLY A	UTO COVERA	GE IS TO BE PROVIDE	D UNDER TH	E POLICY	ſ:					
1. UM/UIN	COVERAG	E Is [IS NOT AVAII	ABLE.	2. MEDICAL P	AYMENTS CO	OVERAGE	E 🗌 I	S SNOT AVAIL	ABLE.			
SCHEDU	ILE OF H	AZARDS (ACC	ORD 211, Sche	dule of Ha	zards, may be att	ached if n	nore sp	ace is req	uired)				
1.00.#		CLASS	PREMIUM			7500			RATE		PRE	міим	
LOC #	HAZ #	CODE	BASIS	E E	KPOSURE	TERR	PR	EM / OPS	PRODUCTS	PREM	/ OPS	PRODUCTS	
1													
CLASSIFIC	ATION DESC								-				
Policy Ag	Policy Agg Limit for all Claims Expenses \$2mm												
LOC #	HAZ # CLASS PREMIUM				KPOSURE	TERR		I	RATE		PRE	MIUM	
1 100 #	ПА <u>2</u> #	CODE	BASIS	-	RFUSURE	IERR	PR	EM / OPS	PRODUCTS	PREM	/ OPS	PRODUCTS	
1													
	ATION DESC g Limit for	RIPTION all Claims & Dan	nages \$2mm										
100#	1147.4	CLASS	PREMIUM	-		TERR		RATE			PRE	міим	
LOC #	HAZ #	CODE	BASIS		KPOSURE	TERR	PR	EM / OPS	PRODUCTS	PREM	/ OPS	PRODUCTS	
1													
CLASSIFIC	ATION DESC	RIPTION											
Retro Da	te 03/26/20)19											
	D PREMIUM SALES - PEI	BASIS R \$1,000/SALES		OLL - PER \$1,0 - PER 1,000/S				T - PER \$1,00 IS - PER 1,000	•	J) UNIT - PER) OTHER	UNIT		
7	· · ·	xplain all "Yes	" responses)										
EXPLAIN A	LL "YES" RE	SPONSES										Y	/ N
1. PROPO	DSED RET	ROACTIVE DATE:											
2. ENTRY	/ DATE INT	O UNINTERRUPT	FED CLAIMS MA	DE COVERA	GE:								
3. HAS AI	3. HAS ANY PRODUCT, WORK, ACCIDENT, OR LOCATION BEEN EXCLUDED, UNINSURED OR SELF-INSURED FROM ANY PREVIOUS COVERAGE?												
4. WAS T	WAS TAIL COVERAGE PURCHASED UNDER ANY PREVIOUS POLICY?												
EMPLOY		FITS LIABILIT	Y									I	
						3. NUMBE	R OF EM	/PLOYEES	COVERED BY EMPLO	YEE BENFF	ITS PLAN	S:	
2. NUMBI						4. RETRO							
6	126 (2016					to ACOR			1993-2016 ACORD	CORPOR	ATION. A	ll rights reserve	ed.
	((,			9					

CONTRACTORS								
EXPLAIN ALL "YES" RESPONSES (For	r all past or present operatio	ons)						Y/N
1. DOES APPLICANT DRAW PLA	NS, DESIGNS, OR SPEC	CIFICATIONS FOR OTH	ERS?					
								_
2. DO ANY OPERATIONS INCLUE	DE BLASTING OR UTILIZ	E OR STORE EXPLOS	SIVE MATERIA	AL?				
3. DO ANY OPERATIONS INCLU								
3. DO ANT OF ERAHONO INCLU			DWORKOR					
4. DO YOUR SUBCONTRACTOR	S CARRY COVERAGES	OR LIMITS LESS THAN	VOURS?					_
5. ARE SUBCONTRACTORS ALL	OWED TO WORK WITHO	OUT PROVIDING YOU	WITH A CERT	FIFICATE OF	INSURANCE?			
6. DOES APPLICANT LEASE EQU			ERATORS2					
0. DOEDAN FEIDANN EENDE EQ								
DESCRIBE THE TYPE OF WORK SUB	CONTRACTED	\$ PAID TO SUB- CONTRACTORS:		% OF SUBC	WORK ONTRACTED:	# FULL- TIME STAFF:	# PART- TIME STAFF:	
PRODUCTS / COMPLETED				EXPECTED				
PRODUCTS	ANNUAL GROSS SALES	# OF UNITS	TIME IN MARKET	EXPECTED LIFE	INTI	ENDED USE	PRINCIPAL COMPONENT	rs
EXPLAIN ALL "YES" RESPONSES (For			E ATTACH LITE	RATURE, BRO	CHURES, LABELS	, WARNINGS, ETC.		Y/N
1. DOES APPLICANT INSTALL, S	SERVICE OR DEMONST	RATE PRODUCTS?						
2. FOREIGN PRODUCTS SOLD,	DISTRIBUTED, USED AS	S COMPONENTS? (If "	YES", attach	ACORD 815))			
3. RESEARCH AND DEVELOPM	ENT CONDUCTED OR N	EW PRODUCTS PLAN	NED?					
4. GUARANTEES, WARRANTIES	8, HOLD HARMLESS AGE	REEMENTS?						
5. PRODUCTS RELATED TO AIR	CRAFT/SPACE INDUST	RY?						
6. PRODUCTS RECALLED, DISC	CONTINUED, CHANGED	?						
7. PRODUCTS OF OTHERS SOL	D OR RE-PACKAGED U	NDER APPLICANT LAB	BEL?					
8. PRODUCTS UNDER LABEL O	F OTHERS?							_
9. VENDORS COVERAGE REQU	JIRED?							
10. DOES ANY NAMED INSURED								
TO. DOES ANT MAINED INSURED	SELL TO OTHER NAME							
1								1

AD	DITIONAL INTEREST / C			CORD	45 attached	l fo	or additional na	mes	6				
INTE	EREST	NAME AND ADDRESS RANK:	EVIDENCE:	:	CERTIFICATE	Т				INTEREST IN	ITEM NUMBER		
	ADDITIONAL INSURED					_			LOCAT	ON:	BUILDING:		
	EMPLOYEE AS LESSOR								ITEM CLASS		ITEM:		
	LENDER'S LOSS PAYABLE									ESCRIPTION	1		
	LIENHOLDER												
	LOSS PAYEE												
	MORTGAGEE												
	1	REFERENCE / LOAN #:											
		For all past or present operations)										Y/N	
<u> </u>		PROVIDED OR MEDICAL PROFESSIO											
1.	ANT MEDICAL FACILITIES F	-KOVIDED OK MEDICAL PROPESSIC	INALS EIVIF	LOTE	DORCONTRA	AC I	IED?						
												_	
2.	ANY EXPOSURE TO RADIO	DACTIVE/NUCLEAR MATERIALS?											
	DO/HAVE PAST, PRESENT OR DISCONTINUED OPERATIONS INVOLVE(D) STORING, TREATING, DISCHARGING, APPLYING, DISPOSING, OR												
3.						G, I	DISCHARGING, A	APPL	YING, DISPOSING, (OR			
	TRANSPORTING OF HAZA	RDOUS MATERIAL? (e.g. landfills, was	stes, fuel tar	nks, etc	c)								
4.	ANY OPERATIONS SOLD, A	CQUIRED, OR DISCONTINUED IN LA	ST FIVE (5	i) YEAF	RS?								
5.	DO YOU RENT OR LOAN E	QUIPMENT TO OTHERS?											
-	EQUIPMENT						TYPE OF	EQU	PMENT	INSTRUCTION	GIVEN (Y/N)		
					 		SMALL TOOLS		LARGE EQUIPMENT		 ,		
							SMALL TOOLS						
_		S, FLOATS OWNED, HIRED OR LEASE					SWALL TOOLS						
υ.	ANT WATERGRAFT, DOGRO	S, FLUAIS OWINED, FIRED OR LEASE	±D <i>?</i>										
Ļ												_	
1.	ANY PARKING FACILITIES C	JWNED/RENTED?											
												_	
8.	IS A FEE CHARGED FOR PA	ARKING?											
9.	RECREATION FACILITIES P	ROVIDED?											
10.	ARE THERE ANY LODGING	G OPERATIONS INCLUDING APARTM	ENTS? (If "	'YES",	answer the foll	lowi	ing):						
	# APTS TOTAL APT A	AREA DESCRIBE OTHER LODGING O	PERATIONS										
		Sq. Ft.											
11.	IS THERE A SWIMMING PC	OOL ON PREMISES? (Check all that ap	oply)									_	
	APPROVED FENCE	LIMITED ACCESS DIVING BC	ARD		E ABOV	/E 🤆		I GRC	UND LIFE GU	JARD			
12.	ARE SOCIAL EVENTS SPO	NSORED?		4									
13	ARE ATHLETIC TEAMS SPO											_	
10.	TYPE OF SPORT	CONTACT			TYPE OF SP		<u>т</u>						
	TIPE OF SPORT	SPORT (Y/N) AGE GROUP	13 - 1	18		OR	.1	SF	ORT (Y/N)		13 - 18		
		12 & UNDER	OVE	R 18					12 &	UNDER	OVER 18		
	EXTENT OF SPONSORSHIP:				EXTENT OF	SP	ONSORSHIP:						
14.	ANY STRUCTURAL ALTERA	ATIONS CONTEMPLATED?			1 1								
15	ANY DEMOLITION EXPOSU											_	
13.	ANT DEMOETHON EXPOSE												

EXP	LAIN ALL "YES" RESPONSES (For all past or present operati	ons)			Y/N					
16. HAS APPLICANT BEEN ACTIVE IN OR IS CURRENTLY ACTIVE IN JOINT VENTURES?										
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	LEASE TO WORKERS COMPENSATION COVERAGE CARRIED (Y/N) WORKERS COMPENSATION COVERAGE CARRIED (Y/N)									
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PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO (Required in Florida)	
William M. Thinks	William Truska/JILLT		
APPLICANT'S SIGNATURE		DATE	NATIONAL PRODUCER NUMBER



ACC	ORĎ	B		SCH	IEDULE (DATE (MM/DD/YYYY) 09/05/2023						
AGENCY						CA	RRIER					
TROXELI	_						omissions				-	
POLICY NU	MBER				EFFECTIVE DATE	APP	LICANT / FIRST NAMED I	NSURED				
23/24 MA	STER REI	MARKET PKG			09/20/2023	En	vironmental Health & S	Safety Consultants, L	LC			
SCHEDU	LE OF H	AZARDS										
LOC #	HAZ #	CLASS	PREMIUM	EXPOSU	SURE		R	ATE		PRE	EMIUM	
		CODE	BASIS				PREM / OPS	PRODUCTS	PRE	M / OPS	PRODUCTS	
1												
	ATION DESC											
Walver Of	Subrogati	On Endt										
		01.400					R	ATE		PRE	EMIUM	
LOC #	HAZ #	CLASS CODE	PREMIUM BASIS	EXPOSU	RE	FERR	PREM / OPS	PRODUCTS	PRE	M / OPS	PRODUCTS	
CLASSIFIC	ATION DESC	RIPTION							1		1	
							_					
LOC #	LOC # HAZ # CLASS PREMIUM		EXPOSU	RE	FERR		RATE			EMIUM		
		CODE	BASIS				PREM / OPS	PRODUCTS	PRE	M / OPS	PRODUCTS	
CLASSIFIC	ATION DESC	RIPTION										
		CLASS	DREMIUM				R	RATE			EMIUM	
LOC #	HAZ #	CLASS CODE	PREMIUM BASIS	EXPOSU	RE	FERR	PREM / OPS	PRODUCTS	PRE	M / OPS	PRODUCTS	
CLASSIFIC	ATION DESC								1			
LOC #	HAZ #	CLASS CODE	PREMIUM BASIS	EXPOSU	RE	FERR	RATE				EMIUM	
		CODE	BASIS				PREM / OPS	PRODUCTS	PRE	M / OPS	PRODUCTS	
	ATION DESC											
CLASSIFIC	ATION DESC											
		CLASS	PREMIUM				R	RATE		PREMIUM		
LOC #	HAZ #	CODE	BASIS	EXPOSU	RE	FERR	PREM / OPS	PRODUCTS	PRE	M / OPS	PRODUCTS	
CLASSIFIC	ATION DESC	RIPTION					•		•			
	1						-		1			
LOC #	HAZ #	CLASS CODE	PREMIUM BASIS	EXPOSU	RE	TERR		ATE				
			DAGIO				PREM / OPS	PRODUCTS	PRE	M / OPS	PRODUCTS	
	ATION DESC											
		CLASS	PREMIUM				R	ATE		PRE	EMIUM	
LOC #	HAZ #	CODE	BASIS	EXPOSU	RE	FERR	PREM / OPS	PRODUCTS	PRE	M / OPS	PRODUCTS	
CLASSIFIC	ATION DESC											
RATING AN	D PREMIUM	BASIS	(P) PAYR	OLL - PER \$1,000/PAY	((C) T	OTAL COST - PER \$1,000	/COST (l	J) UNIT - PE	R UNIT		
(S) GROSS	SALES - PEI	R \$1,000/SALES	(A) AREA	- PER 1,000/SQ FT		(M) A	ADMISSIONS - PER 1,000/	ADM (1	T) OTHER			
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Attach to ACORD 126 and/or ACORD 160

AGENCY	CUSTOMER ID:	00093918
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DATE (MM/DD/YYYY)

ACORD

COMMERCIAL GENERAL LIABILITY SECTION

	CONNERCIAL	L LIADILITY SECTION	09	09/05/2023			
AGENCY			CARRIER		NAIC CODE		
TROXELL			Submissions				
POLICY NUMBER		EFFECTIVE DATE	APPLICANT / FIRST NAMED INSURED		•		
23/24 MASTER REMARKET PKG		09/20/2023	Environmental Health & Safety Consultants, 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.

COVERA	GES				LIMITS									
COMN	IERCIAL GE	NERAL LIABILITY			GENERAL AGGREGA	TE	_			\$ 5,000,000			PREMIUMS	
	CLAIMS MAD		OCCURRENCE		LIMIT APPLIES PER:			LOC	CATION			PREMISES	S/OPERATIONS	
OWNE	R'S & CONT	RACTOR'S PROTE	CTIVE				PROJECT	ОТН	HER:					
× Pollu	tion Liabili	ty			PRODUCTS & COMPL	ETED OP	ERATIONS A	GGREGA	TE	\$		PRODUCT	s	
DEDUCTIBI	LES				PERSONAL & ADVER	TISING IN.	IURY			\$		1		
PROP	ERTY DAMA	GE \$			EACH OCCURRENCE					\$ 5,000,000		OTHER		
BODIL	Y INJURY	\$		PER CLAIM	DAMAGE TO RENTED	PREMISE	S (each occu	urrence)		\$		1		
		\$		PER OCCURRENCE	MEDICAL EXPENSE (Any one p	erson)			\$		TOTAL		
					EMPLOYEE BENEFIT	s				\$		1		
										\$				
OTHER CO	VERAGES, F	RESTRICTIONS AND	OR ENDORSEMEN	NTS (For hired/	non-owned auto covera	ages attacl	n the applical	ble state I	Busines	s Auto Section, ACO	RD 137)			
APPLICABI	E ONLY IN	WISCONSIN: IF NO	N-OWNED ONLY A	UTO COVERAG	BE IS TO BE PROVIDED	UNDER T	HE POLICY:							
1. UM / UIN	COVERAG	E IS [IS NOT AVAIL	ABLE.	2. MEDICAL PA	AYMENTS	COVERAGE		IS	IS NOT AVAIL	ABLE.			
SCHEDU	SCHEDULE OF HAZARDS (ACORD 211, Schedule of Hazards, may be attached if more space is required)													
LOC #	HAZ #	CLASS	PREMIUM	EV	POSURE	TERR			RATE			PRE	MUM	
100 #	ПА Z #	CODE	BASIS		FUSURE	IERK	PRE	M / OPS		PRODUCTS	PREM	/ OPS	PRODUCTS	
1														
CLASSIFIC	ATION DESC	RIPTION												
Policy Ag	Policy Agg Limit for all Claims Expenses \$5M													
LOC #	HAZ #	CLASS	PREMIUM	EV	POSURE	TERR			RATE			PRE	MUM	
100 #	ПА Z #	CODE	BASIS		FUSURE	IERK	PRE	M / OPS		PRODUCTS	PREM	/ OPS	PRODUCTS	
1														
CLASSIFIC	ATION DESC	RIPTION												
Non-Own	ed Dispos	al Site Liab Cov'g	g Endt (Blanket)	- \$1M/1M lin	nit, \$2500 Ded									
	_													
LOC #	HAZ #	CLASS	PREMIUM	EX	POSURE	TERR			RATE			PRE	MUM	
		CODE	BASIS				PRE	M / OPS		PRODUCTS	PREM	/ OPS	PRODUCTS	
1														
CLASSIFIC	ATION DESC	RIPTION												
Policy Ag	g Limit for	all Claims & Dan	nages \$2M											
	D PREMIUM			OLL - PER \$1,0			OTAL COST) UNIT - PER	UNIT		
		R \$1,000/SALES		- PER 1,000/SC	Q FT	(M)	DMISSIONS	6 - PER 1,0	000/ADM	(T) OTHER			
CLAIMS	MADE (E	xplain all "Yes	" responses)											
	LL "YES" RE												Y .	(/ N
		ROACTIVE DATE:												
2. ENTRY	DATE INT	O UNINTERRUPT	TED CLAIMS MAI	DE COVERA	GE:									
3. HAS A	NY PRODU	ICT, WORK, ACCI	DENT, OR LOCA	TION BEEN E	EXCLUDED, UNINSU	JRED OR	SELF-INSU	JRED FF	ROM AN	NY PREVIOUS COV	VERAGE?			
4. WAS T	AIL COVEF	RAGE PURCHASE	ED UNDER ANY F	PREVIOUS P	OLICY?									
EMPLOY	EE BENE	EFITS LIABILIT	Y											
1. DEDUC	TIBLE PE	R CLAIM: \$				3. NUMB	ER OF EMF	PLOYEE	s cov	ERED BY EMPLOY	EE BENER	TTS PLAN	S:	
2. NUMB						4. RETR	DACTIVE D	ATE:						
ACORD	126 (2016	6/09)			Attach	to ACO	RD 125	(© 1993	3-2016 ACORD (CORPOR	ATION. A	Il rights reserve	ed.

CONTRACTORS								
EXPLAIN ALL "YES" RESPONSES (For	r all past or present operatio	ons)						Y/N
1. DOES APPLICANT DRAW PLA	NS, DESIGNS, OR SPEC	IFICATIONS FOR OTH	ERS?					
								_
2. DO ANY OPERATIONS INCLUE	DE BLASTING OR UTILIZ	E OR STORE EXPLOS	SIVE MATERIA	AL?				
3. DO ANY OPERATIONS INCLU								
3. DO ANT OF ERAHONO INCLU			DWORKOR					
4. DO YOUR SUBCONTRACTOR	S CARRY COVERAGES	OR LIMITS LESS THAN	VOURS?					_
5. ARE SUBCONTRACTORS ALL	OWED TO WORK WITHO	OUT PROVIDING YOU	WITH A CERT	FIFICATE OF	INSURANCE?			
6. DOES APPLICANT LEASE EQU			ERATORS2					
DESCRIBE THE TYPE OF WORK SUB	CONTRACTED	\$ PAID TO SUB- CONTRACTORS:		% OF SUBC	WORK ONTRACTED:	# FULL- TIME STAFF:	# PART- TIME STAFF:	
PRODUCTS / COMPLETED				EXPECTED				
PRODUCTS	ANNUAL GROSS SALES	# OF UNITS	TIME IN MARKET	EXPECTED LIFE	INTI	ENDED USE	PRINCIPAL COMPONENT	rs
EXPLAIN ALL "YES" RESPONSES (For			E ATTACH LITE	RATURE, BRO	CHURES, LABELS	, WARNINGS, ETC.		Y/N
1. DOES APPLICANT INSTALL, S	SERVICE OR DEMONST	RATE PRODUCTS?						
2. FOREIGN PRODUCTS SOLD,	DISTRIBUTED, USED AS	S COMPONENTS? (If "	YES", attach	ACORD 815))			
3. RESEARCH AND DEVELOPM	ENT CONDUCTED OR N	EW PRODUCTS PLAN	NED?					
4. GUARANTEES, WARRANTIES	8, HOLD HARMLESS AGE	REEMENTS?						
5. PRODUCTS RELATED TO AIR	CRAFT/SPACE INDUST	RY?						
6. PRODUCTS RECALLED, DISC	CONTINUED, CHANGED	?						
7. PRODUCTS OF OTHERS SOL	D OR RE-PACKAGED U	NDER APPLICANT LAB	BEL?					
8. PRODUCTS UNDER LABEL O	F OTHERS?							_
9. VENDORS COVERAGE REQU	JIRED?							
10. DOES ANY NAMED INSURED								
TO. DOES ANT MAINED INSURED	SELL TO OTHER NAME							
1								1

AD	DITIONAL INTEREST / C			CORD	45 attached	l fo	or additional na	mes	6				
INTE	EREST	NAME AND ADDRESS RANK:	EVIDENCE:	:	CERTIFICATE	Т				INTEREST IN	ITEM NUMBER		
	ADDITIONAL INSURED					_			LOCAT	ON:	BUILDING:		
	EMPLOYEE AS LESSOR								ITEM CLASS		ITEM:		
	LENDER'S LOSS PAYABLE									ESCRIPTION	1		
	LIENHOLDER												
	LOSS PAYEE												
	MORTGAGEE												
	1	REFERENCE / LOAN #:											
		For all past or present operations)										Y/N	
<u> </u>		PROVIDED OR MEDICAL PROFESSIO											
1.	ANT MEDICAL FACILITIES F	-KOVIDED OK MEDICAL PROPESSIC	INALS EIVIF	LOTE	DORCONTRA	AC I	IED?						
												_	
2.	ANY EXPOSURE TO RADIO	DACTIVE/NUCLEAR MATERIALS?											
												_	
3.		OR DISCONTINUED OPERATIONS IN				G, I	DISCHARGING, A	APPL	YING, DISPOSING, (OR			
	TRANSPORTING OF HAZA	RDOUS MATERIAL? (e.g. landfills, was	stes, fuel tar	nks, etc	c)								
4.	ANY OPERATIONS SOLD, A	CQUIRED, OR DISCONTINUED IN LA	ST FIVE (5	i) YEAF	RS?								
5.	DO YOU RENT OR LOAN E	QUIPMENT TO OTHERS?											
-	EQUIPMENT						TYPE OF	EQU	PMENT	INSTRUCTION	GIVEN (Y/N)		
					 		SMALL TOOLS		LARGE EQUIPMENT		 ,		
							SMALL TOOLS						
_		S, FLOATS OWNED, HIRED OR LEASE					SWALL TOOLS						
υ.	ANT WATERGRAFT, DOGRO	S, FLUAIS OWINED, FIRED OR LEASE	±D <i>?</i>										
Ļ												_	
1.	ANY PARKING FACILITIES C	JWNED/RENTED?											
												_	
8.	IS A FEE CHARGED FOR PA	ARKING?											
9.	RECREATION FACILITIES P	ROVIDED?											
10.	ARE THERE ANY LODGING	G OPERATIONS INCLUDING APARTM	ENTS? (If "	'YES",	answer the foll	lowi	ing):						
	# APTS TOTAL APT A	AREA DESCRIBE OTHER LODGING O	PERATIONS										
		Sq. Ft.											
11.	IS THERE A SWIMMING PC	OOL ON PREMISES? (Check all that ap	oply)									_	
	APPROVED FENCE	LIMITED ACCESS DIVING BC	ARD		E ABOV	/E 🤆		I GRC	UND LIFE GU	JARD			
12.	ARE SOCIAL EVENTS SPO	NSORED?		4									
13	ARE ATHLETIC TEAMS SPO											_	
10.	TYPE OF SPORT	CONTACT			TYPE OF SP		<u>т</u>						
	TIPE OF SPORT	SPORT (Y/N) AGE GROUP	13 - 1	18		OR	.1	SF	ORT (Y/N)		13 - 18		
		12 & UNDER	OVE	R 18					12 &	UNDER	OVER 18		
	EXTENT OF SPONSORSHIP: EXTENT OF SPONSORSHIP:												
14.	ANY STRUCTURAL ALTERA	ATIONS CONTEMPLATED?			1 1								
15	ANY DEMOLITION EXPOSU											_	
13.	ANT DEMOETHON EXPOSE												

EXP	LAIN ALL "YES" RESPONSES (For all past or present operati	ons)			Y/N					
16. HAS APPLICANT BEEN ACTIVE IN OR IS CURRENTLY ACTIVE IN JOINT VENTURES?										
17.	DO YOU LEASE EMPLOYEES TO OR FROM OTHER	EMPLOYERS?								
	LEASE TO WORKERS COMPENSATION COVERAGE CARRIED (Y/N) WORKERS COMPENSATION COVERAGE CARRIED (Y/N)									
18. IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS OR SUBSIDIARIES?										
19.	ARE DAY CARE FACILITIES OPERATED OR CONTRO	OLLED?								
20.	HAVE ANY CRIMES OCCURRED OR BEEN ATTEMPT	FED ON YOUR PREMISES WIT	THIN THE LAST THREE (3) YE	ARS?						
21. IS THERE A FORMAL, WRITTEN SAFETY AND SECURITY POLICY IN EFFECT?										
22.	DOES THE BUSINESSES' PROMOTIONAL LITERATU	JRE MAKE ANY REPRESENTA	TIONS ABOUT THE SAFETY (OR SECURITY OF THE PREMISES?						

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 who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

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

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

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

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

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

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

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

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO (Required in Florida)	
William M. Thinks	William Truska/JILLT		
APPLICANT'S SIGNATURE		DATE	NATIONAL PRODUCER NUMBER



ĄĆ	ORD	B		SCH	IEDULE	DATE (MM/DD/YYYY) 09/05/2023					
AGENCY							RRIER				
TROXEL							omissions				
POLICY NU					EFFECTIVE DATE	_	LICANT / FIRST NAMED I				
		MARKET PKG			09/20/2023	1	vironmental Health &		IC		
	LE OF H							, -			
CONLEC			PREMIUM				R	ATE		PRE	MIUM
LOC #	HAZ #	CLASS CODE	BASIS	EXPOSU	IRE	TERR	PREM / OPS	PRODUCTS	PREM		PRODUCTS
1											
CLASSIFIC	LATION DESC										
Addtl Inst											
LOC #	HAZ #	CLASS	PREMIUM	EXPOSU	IPE	TERR	R	RATE			EMIUM
200#	11AZ #	CODE	BASIS	EXF030		ILKK	PREM / OPS	PRODUCTS	PREM	I / OPS	PRODUCTS
1											
CLASSIFIC	ATION DESC	RIPTION									
Primary N	Ion Contrik	outory Endt									
	_										
LOC # HAZ # CLASS PREMIUM			EXPOSU	IRE	TERR	R	RATE			MUM	
		CODE	BASIS				PREM / OPS	PRODUCTS	PREN	I / OPS	PRODUCTS
1											
	ATION DESC										
Transport	ation of Ca	argo - Pollution E	Endt								
		CLASS	PREMIUM				R	ATE		PRE	EMIUM
LOC #	HAZ #	CODE	BASIS	EXPOSU	IRE	TERR	PREM / OPS	PRODUCTS	PREM	I / OPS	PRODUCTS
1											
CLASSIFIC	ATION DESC	RIPTION	-		ł		-				
Waiver of	Subrogati	on Endt									
			<u>т г</u>						1		
LOC #	HAZ #	CLASS CODE	PREMIUM BASIS	EXPOSU	IRE	TERR		RATE			
							PREM / OPS	PRODUCTS	PREN	I / OPS	PRODUCTS
	ATION DESC	RIPTION									
CLASSIFIC	ATION DESC	RIFTION									
	1		1					PREMIUM			
LOC #	HAZ #	CLASS CODE	PREMIUM BASIS	EXPOSU	IRE	TERR	PREM / OPS	ATE PRODUCTS	DREM		PRODUCTS
											11000010
	ATION DESC										
CLASSIFIC	ATION DESC										
		01.400					R	ATE		PRE	MIUM
LOC #	HAZ #	CLASS CODE	PREMIUM BASIS	EXPOSU	IRE	TERR	PREM / OPS	PRODUCTS	PREM		PRODUCTS
CLASSIFIC	I ATION DESC										
		01.400					R	ATE		PRE	MIUM
LOC #	HAZ #	CLASS CODE	PREMIUM BASIS	EXPOSU	IRE	TERR	PREM / OPS	PRODUCTS	PREM		PRODUCTS
CLASSIFIC	ATION DESC		I					I	1		1
	D PREMIUM			- PER \$1,000/PAY	ſ		OTAL COST - PER \$1,000		J) UNIT - PEF	RUNIT	
		R \$1,000/SALES	(A) AREA - P	ER 1,000/SQ FT		(M)	ADMISSIONS - PER 1,000/		T) OTHER		
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ACORD 211 (2016/09)

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