

CONTACT INFORMATION

CONTACT TYPE:		CONTACT TYPE:	
CONTACT NAME:		CONTACT NAME:	
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	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
PRIMARY E-MAIL ADDRESS:		PRIMARY E-MAIL ADDRESS:	
SECONDARY E-MAIL ADDRESS:		SECONDARY E-MAIL ADDRESS:	

PREMISES INFORMATION (Attach ACORD 823 for Additional Premises)

LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
		<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: STATE:	<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> 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: \$
		<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: STATE:	<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> 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: \$
		<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: STATE:	<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> 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: \$
		<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: STATE:	<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> 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

APARTMENTS <input type="checkbox"/>	CONTRACTOR <input type="checkbox"/>	MANUFACTURING <input type="checkbox"/>	RESTAURANT <input type="checkbox"/>	SERVICE <input type="checkbox"/>	DATE BUSINESS STARTED (MM/DD/YYYY)
CONDOMINIUMS <input type="checkbox"/>	INSTITUTIONAL <input type="checkbox"/>	OFFICE <input type="checkbox"/>	RETAIL <input type="checkbox"/>	WHOLESALE <input type="checkbox"/>	

DESCRIPTION OF PRIMARY OPERATIONS

Commercial Storage Tank
Additional Insureds Coverage
Loading or unloading of coverage
Storage tank Pollution

Location 1- 576 Wareham Street Middleboro, MA 02346 AST installed 1996 10,000 gallons fuel Oil deductible \$5,000 Retro date 10/21/2020
 Location 2 576 Wareham Street Middleboro, MA 02346 AST installed 1996 10,000 gallons fuel oil \$5,000 deductible Retro date 10/21/2020
 Location 3 576 Wareham Street Middleboro, MA 02346 ASt Installed 1996 10,000 gallons diesel \$5,000 deductible Retro date 10/21/2020

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 INSURED

Commercial Storage Tank
Additional Insureds Coverage
Loading or unloading of coverage
Storage tank Pollution

Location 1- 576 Wareham Street Middleboro, MA 02346 AST installed 1996 10,000 gallons fuel Oil deductible \$5,000 Retro date 10/21/2020
 Location 2 576 Wareham Street Middleboro, MA 02346 AST installed 1996 10,000 gallons fuel oil \$5,000 deductible Retro date 10/21/2020
 Location 3 576 Wareham Street Middleboro, MA 02346 ASt Installed 1996 10,000 gallons diesel \$5,000 deductible Retro date 10/21/2020

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

<input checked="" type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BREACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LENDER'S LOSS PAYABLE	<input type="checkbox"/> LIENHOLDER <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS RANK: _____ EVIDENCE: _____ CERTIFICATE: _____ POLICY: _____ SEND BILL: _____	INTEREST IN ITEM NUMBER		
		Gobal Partners LP, It's subsidiaries and affiliates C/O Operational Support Unit PO BOX 9161 Waltham, MA 02454		LOCATION: 1,2,3	BUILDING:
				VEHICLE:	BOAT:
				AIRPORT:	AIRCRAFT:
		REFERENCE / LOAN #:	INTEREST END DATE:	ITEM CLASS:	
		LIEN AMOUNT:	PHONE (A/C, No, Ext):	ITEM DESCRIPTION	
		E-MAIL ADDRESS:		FAX (A/C, No):	
REASON FOR INTEREST:					

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES				Y / N
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ?				N
<input type="text" value="PARENT COMPANY NAME"/>	<input type="text" value="RELATIONSHIP DESCRIPTION"/>	<input type="text" value="% OWNED"/>		
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?				N
<input type="text" value="SUBSIDIARY COMPANY NAME"/>	<input type="text" value="RELATIONSHIP DESCRIPTION"/>	<input type="text" value="% OWNED"/>		
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?				N
<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?				Y
4. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)				N
<input type="text" value="LINE OF BUSINESS"/>	<input type="text" value="POLICY NUMBER"/>	<input type="text" value="LINE OF BUSINESS"/>	<input type="text" value="POLICY NUMBER"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
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
<input type="text" value="OCCUR DATE"/>	<input type="text" value="EXPLANATION"/>	<input type="text" value="RESOLUTION"/>	<input type="text" value="RESOLVE DATE"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
9. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE LAST FIVE (5) YEARS?				N
<input type="text" value="OCCUR DATE"/>	<input type="text" value="EXPLANATION"/>	<input type="text" value="RESOLUTION"/>	<input type="text" value="RESOLVE DATE"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
10. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS?				N
<input type="text" value="OCCUR DATE"/>	<input type="text" value="EXPLANATION"/>	<input type="text" value="RESOLUTION"/>	<input type="text" value="RESOLVE DATE"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
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)

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: 5514

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	SUBROGATION 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

CONTRACTORS

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)					Y / N
1. DOES APPLICANT DRAW PLANS, DESIGNS, OR SPECIFICATIONS FOR OTHERS?					
2. DO ANY OPERATIONS INCLUDE BLASTING OR UTILIZE OR STORE EXPLOSIVE MATERIAL?					
3. DO ANY OPERATIONS INCLUDE EXCAVATION, TUNNELING, UNDERGROUND WORK OR EARTH MOVING?					
4. DO YOUR SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN YOURS?					
5. ARE SUBCONTRACTORS ALLOWED TO WORK WITHOUT PROVIDING YOU WITH A CERTIFICATE OF INSURANCE?					
6. DOES APPLICANT LEASE EQUIPMENT TO OTHERS WITH OR WITHOUT OPERATORS?					
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?					
2. FOREIGN PRODUCTS SOLD, DISTRIBUTED, USED AS COMPONENTS? (If "YES", attach ACORD 815)					
3. RESEARCH AND DEVELOPMENT CONDUCTED OR NEW PRODUCTS PLANNED?					
4. GUARANTEES, WARRANTIES, HOLD HARMLESS AGREEMENTS?					
5. PRODUCTS RELATED TO AIRCRAFT/SPACE INDUSTRY?					
6. PRODUCTS RECALLED, DISCONTINUED, CHANGED?					
7. PRODUCTS OF OTHERS SOLD OR RE-PACKAGED UNDER APPLICANT LABEL?					
8. PRODUCTS UNDER LABEL OF OTHERS?					
9. VENDORS COVERAGE REQUIRED?					
10. DOES ANY NAMED INSURED SELL TO OTHER NAMED INSURED?					

ADDITIONAL INTEREST / CERTIFICATE RECIPIENT

ACORD 45 attached for additional names

INTEREST <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?			
2. ANY EXPOSURE TO RADIOACTIVE/NUCLEAR MATERIALS?			
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)			
4. ANY OPERATIONS SOLD, ACQUIRED, OR DISCONTINUED IN LAST FIVE (5) YEARS?			
5. DO YOU RENT OR LOAN EQUIPMENT TO OTHERS?			
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?			
7. ANY PARKING FACILITIES OWNED/RENTED?			
8. IS A FEE CHARGED FOR PARKING?			
9. RECREATION FACILITIES PROVIDED?			
10. ARE THERE ANY LODGING OPERATIONS INCLUDING APARTMENTS? (If "YES", answer the following):			
# APTS	TOTAL APT AREA Sq. Ft.	DESCRIBE OTHER LODGING OPERATIONS	
11. IS THERE A SWIMMING POOL ON PREMISES? (Check all that apply)			
<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?			
13. ARE ATHLETIC TEAMS SPONSORED?			
TYPE OF SPORT	CONTACT SPORT (Y/N)	AGE GROUP	
		<input type="checkbox"/> 13 - 18	
		<input type="checkbox"/> 12 & UNDER	<input type="checkbox"/> OVER 18
EXTENT OF SPONSORSHIP:			
14. ANY STRUCTURAL ALTERATIONS CONTEMPLATED?			
15. ANY DEMOLITION EXPOSURE CONTEMPLATED?			

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?				
17. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?				
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?				
19. ARE DAY CARE FACILITIES OPERATED OR CONTROLLED?				
20. HAVE ANY CRIMES OCCURRED OR BEEN ATTEMPTED ON YOUR PREMISES WITHIN THE LAST THREE (3) YEARS?				
21. IS THERE A FORMAL, WRITTEN SAFETY AND SECURITY POLICY IN EFFECT?				
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)

SIGNATURE

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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.

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

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

COVERED STORAGE TANK AND LOCATION ENDORSEMENT

This Endorsement shall not serve to increase our limits of insurance, as described in **SECTION V - LIMITS OF INSURANCE**.

In consideration of the payment of premiums, it is hereby agreed that the following are added to the policy as "scheduled storage tank system(s)":

Covered Storage Tank Systems							
Tank#	Insured Site	Type UST/AST	Install Date	Capacity (Gallons)	Contents	Deductible	Retro Date
1	Location 576 Wareham St Middleboro, MA 02346	AST	1996	10,000	Fuel Oil	\$5,000	10/21/2020
2	Location 576 Wareham St Middleboro, MA 02346	AST	1996	10,000	Fuel Oil	\$5,000	10/21/2020
3	Location 576 Wareham St Middleboro, MA 02346	AST	1996	10,000	Diesel	\$5,000	10/21/2020

All other terms, conditions and exclusions under the policy are applicable to this Endorsement and remain unchanged.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

LOADING OR UNLOADING COVERAGE ENDORSEMENT

This Endorsement shall not serve to increase our limits of insurance, as described in the LIMITS OF INSURANCE section of the Policy.

This endorsement modifies insurance provided under the Policy:

The **Auto, Rolling Stock, Aircraft, or Watercraft** exclusion is amended to read as follows:

This insurance does not apply to any "claim", "corrective action", "suit" or costs to investigate, contest, defend, or appeal arising from:

Auto, Rolling Stock, Aircraft, or Watercraft

The ownership, entrustment, maintenance, use, operation, "loading", or "unloading" of any auto, rolling stock, aircraft, or watercraft. This exclusion does not apply to a "pollution condition" arising from the "loading" or "unloading" performed at a scheduled site that is necessary to operate the "scheduled storage tank system" and which is reported to us in accordance with the **Duties In The Event of a "Confirmed Release", "Claim", or "Suit"** section of this policy within ninety-six (96) hours from the time of the "confirmed release".

Solely as respects this endorsement, the definition of "pollution condition" is amended to read as follows:

"Pollution condition" means any spilling, leaking, emitting, discharging, releasing, escaping, or leaching of any solid, liquid, gaseous, or thermal irritant or contaminant, into or upon land, or any structure on land, the atmosphere, or any watercourse or body of water, including groundwater and that is released during "loading" or "unloading" performed at a scheduled site that is necessary to operate the "scheduled storage tank system" and which is reported to us in accordance with the **Duties In The Event of a "Confirmed Release", "Claim", or "Suit"** section of this policy within ninety-six (96) hours from the time of the "confirmed release".

All other terms, conditions and exclusions under the Policy are applicable to this Endorsement and remain unchanged.



STORAGE TANK POLLUTION APPLICATION

PLEASE ANSWER ALL QUESTIONS COMPLETELY

INSTRUCTIONS: This application is to be used when applying for Storage Tank Pollution coverage. Please complete all applicable sections of this application. Read all questions carefully and provide complete and accurate answers. Failure to provide complete or accurate information may result in delayed consideration of this application or denial of coverage. This application is not an insurance policy and the Company considering coverage reserves the right to reject any application for any reason. If additional space is needed, please attach details to this application on a separate piece of paper. All applicants must sign and date the application where indicated.

NOTICE: For certain policies and coverage parts issued, the limits of liability available to pay judgments for settlements shall be reduced by amounts incurred for legal defense. Further note that amounts incurred for legal defense shall be applied against the deductible or self-insured retention amount.

ALL APPLICANTS MUST SUBMIT THE FOLLOWING INFORMATION IN ADDITION TO THE COMPLETED APPLICATION:

1. Storage Tank Schedule Addendum must be completed for each location and tank seeking coverage.
2. Storage tank and line integrity test results dated within the last twelve (12) months;
3. Complete copies of any other storage tank or line testing or monitoring results;
4. Complete copies of any expiring storage tank policy, including unaltered declarations and all endorsements;
5. Detailed information regarding any prior releases, remediation or planned tank upgrades or replacement.

I. APPLICANT INFORMATION			
APPLICANT NAME: <u>Specialized Properties, LLC</u>		DATE: <u>9/25/23</u>	
ADDRESS: <u>576 Warehouse Dr</u>		PHONE: <u>508 947 7024</u>	
CITY: <u>Middleboro</u>	STATE: <u>Ma</u>	ZIP: <u>02346</u>	EMAIL: <u>Specialized</u>
ENTITY IS: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Joint Venture <input checked="" type="checkbox"/> LLC <input type="checkbox"/> Other (Please Explain)			WEBSITE: <u>PropertiesLLC2@gmail.com</u>
Year Started: <u>2019</u>	Any DBAs or other Named Insureds:		

II. REQUESTED COVERAGE			
Requested Effective Date:		Policy Term:	<u>12 months</u>
Requested Limits of Insurance:	<u>5,000,000</u>	Requested Deductible:	<u>See prior year</u>

III. EXISTING COVERAGE			
Effective Date:		Retroactive Date:	
Carrier:	<u>Crum & Forster</u>	Premium:	
Limits:	<u>5,000,000</u>	Deductible:	
Has the applicant, or have any of the subject facilities or storage tanks, ever had any type of storage tank insurance coverage cancelled for any reason, or has any application for such insurance ever been denied?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

IV. LOCATION INFORMATION				
Facility Name	Facility Address	Number of USTs	Number of ASTs	Facility Operations
<u>Specialized Properties, LLC</u>	<u>576 Warehouse Dr</u>		<u>3 AST</u>	

**If additional facilities are seeking coverage, please continue this list with all required information on a separate sheet of paper.*

THE STORAGE TANK SCHEDULE ADDENDUM THAT IS ATTACHED TO THIS APPLICATION MUST BE COMPLETED IN ITS ENTIRETY SEPARATELY FOR EACH FACILITY SHOWN ABOVE.

V. STORAGE TANK QUESTIONS	
1. Are all tanks in compliance with all current state and federal regulations? <i>(If "No", please provide full details separately)</i>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
2. Does the applicant have any open or pending notifications to any local, state or federal implementing agency? <i>(If "Yes", please provide full details separately)</i>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
3. Do you own all of the tanks? <i>(If "No", please provide full details separately)</i>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
4. Are there any additional tanks at this location that are not described above or in attached schedules? <i>(If "Yes", please provide full details separately)</i>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
5. Were all storage tanks new at the time of their installation? <i>(If "No", please provide full details separately)</i>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
6. Are there any plans to close in place, temporarily close, upgrade or remove any storage tanks at any facility in the next eighteen (18) months? <i>(If "Yes", please provide full details separately)</i>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
7. Have you received, requested or otherwise obtained any estimates, proposals or bids to replace, remove or close any storage tanks within the past twelve (12) months? <i>(If "Yes", please provide full details separately)</i>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
8. Have there ever been any reportable releases, spills or other pollution events at this or any other owned/operated facility? <i>(If "Yes", please provide full details separately)</i>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
9. Have any storage tanks been previously removed or closed in place at any of the subject facilities? <i>(If "Yes", please provide full details separately)</i>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
10. Within the past twelve (12) months, has any on-site monitoring well or system shown an increase in contaminant levels? <i>(If "Yes", please provide full details separately)</i>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
11. Within the past twelve (12) months, has any sheen or free product been observed in any sumps, collars, spill bucket, or other containment? <i>(If "Yes", please provide full details separately)</i>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
12. Within the past twelve (12) months, has any potential contamination been suspected by odor, vapor or vapor testing? <i>(If "Yes", please provide full details separately)</i>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
13. Are all storage tanks active and in use at the time of completing this application? <i>(If "No", please provide a detailed explanation separately)</i>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

VI. CLAIM/INCIDENT INFORMATION	
1. Has the applicant, or any person or entity applying as an insured, ever filed or been the subject of any bankruptcy, receivership, or insolvency proceedings? <i>(If "Yes", please provide full details separately)</i>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
2. At the time of signing this application, is the applicant aware of any incident, event, occurrence, fact, circumstance or situation that could reasonably result in a claim or suit, demand, or requirement for cleanup being made against it or any other entity for which coverage is being sought? <i>(If "Yes", please provide full details separately)</i>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
3. Have any environmental or pollution claims or suits ever been made against the applicant or any other entity for which coverage is being sought? <i>(If "Yes", please provide full details separately)</i>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
4. Has the applicant, or any other entity for which coverage is being sought, ever had a reportable release or spill of any regulated substance, hazardous materials, or any other pollutant, as defined by local, state or federal environmental statutes or regulations? <i>(If "Yes", please provide full details separately)</i>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
5. Has there ever been any violations, complaints, injunctions, contamination, remediation, corrective action or monitoring at any facility owned or operated by the applicant or any other entity for which coverage is being sought? <i>(If "Yes", please provide full details separately)</i>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

NOTICE TO APPLICANTS: 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 shall also be subject to criminal and civil penalties.

NOTICE TO ALABAMA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines or confinement in prison, or any combination thereof.

NOTICE TO ARKANSAS, NEW MEXICO AND WEST VIRGINIA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO CALIFORNIA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

NOTICE TO COLORADO APPLICANTS: 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 Authorities.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: 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.

NOTICE TO FLORIDA APPLICANTS: 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.

NOTICE TO KANSAS APPLICANTS: Any person who knowingly and with intent to defraud, presents, causes to be presented or prepared 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 material 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.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

NOTICE TO LOUISIANA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MAINE APPLICANTS: 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 or a denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who 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.

NOTICE TO MINNESOTA APPLICANTS: A person who files a claim with intent to defraud or helps commit fraud against an insurer is guilty of a crime.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW YORK APPLICANTS: 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: Warning: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony (365:15-1-10, 36 §3613.1).


NOTICE TO OREGON APPLICANTS: 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 materials thereto, may be guilty of a fraudulent act, which may be a crime and may subject such person to criminal and civil penalties.

NOTICE TO PENNSYLVANIA APPLICANTS: 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.

NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS: 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.

NOTICE TO VERMONT APPLICANTS: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

WARRANTY STATEMENT: This application does not bind the applicant to purchase, or the company to issue any insurance, but it is agreed that this application shall be the basis of the contract should a policy be issued and it will be attached to and made part of the policy. The undersigned applicant declares that (s)he is authorized by the applicant to sign this application on behalf of all prospective insureds and that, to the best of his/her knowledge, the statements herein are true and accurate. The applicant agrees that if the information supplied in this application and the materials submitted therewith should change between the date this application is signed and the effective date of the proposed insurance, the signatory shall immediately notify the insurer of such and shall provide the insurer with information that would complete, update or correct the application and materials submitted therewith. The insurer may withdraw or modify any of the terms or conditions of coverage accordingly.

Signature: 	Date: 9/25/23
Printed Name: Russell Catelli	Title: Owner / Partner



Date: October 17, 2022

On behalf of Crum & Forster Specialty Insurance Co, we are pleased to provide our proposal for the below captioned. Please review the terms and conditions attached carefully, as they may differ from your original submission.

Quote Summary

Insured: Specialized Properties LLC

Coverage: Environmental - Tank

Effective: 10/21/2022

Policy Premium:	\$2,745.00
Surplus Lines Tax	\$109.80
Minimum Earned Premium: 25% and/or as per the attached carrier terms (whichever is greater)	
Min & Deposit: as per the attached carrier terms	
Estimated Total Premium, Taxes and Fees:	\$2,854.80

Optional Coverages, Fees and Taxes (premium are in addition to above):

*TRIPRA	\$137.00
TRIPRA Surplus Lines Tax	\$5.48

Agency Commission:	10%
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All requested information is required to bind coverage:

To BIND we require:

- Written request to bind prior to policy effective date
- Completed, signed, and currently dated TRIA form
- MA Affidavit

NOTE:

- * Payment due XS Brokers within 20 days of binding.
- * Fees list above may differ from the attached carrier terms. The above is the total amount due XS Brokers.
- * If financing through XS Brokers, signed finance agreement & deposit is due within five (5) days of binding.
- * **In order to protect your agency, we draw your attention to the carrier's Minimum Earned Premium, which is a non-negotiable responsibility of your agency once coverage is bound.**

Underwriter / Broker:
Basil Tsefrekas
 (617) 845-1783
 btsefrekas@xsbrokers.com

Account Exec:
Carol Collins

Claim Reporting: claims@xsbrokers.com

This proposal expires 30 days from the issue date and should be reconfirmed after that time. Please review the attachment(s) carefully as coverage, terms and/or conditions may differ from your original submission. Thank you for partnering with XS Brokers. We look forward to receiving your bind order!

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XS BROKERS INSURANCE AGENCY,
INC.
13 Temple St
Quincy, Massachusetts 02169-0000
Caitlin Stanley
Email: cstanley@xsbrokers.com

SUBJECT: INSURANCE PROPOSAL FOR: SPECIALIZED PROPERTIES LLC
QUOTE NUMBER: 4152946

Thank you for submitting this risk for our consideration. We are pleased to provide you with the attached proposal for insurance.

This proposal is valid until the effective date, or thirty days from the date of this letter, whichever is sooner. After expiration, all terms, conditions and exclusions of this proposal must be re-evaluated by Crum & Forster Specialty Insurance Company. **Please note that this proposal is based upon terms and conditions that Crum & Forster Specialty Insurance Company is willing to offer and not necessarily the terms and conditions which were requested.** Crum & Forster Specialty Insurance Company reserves the right to modify, change or cancel any or all terms of this proposal without notice. It is your responsibility to review these terms and conditions prior to presenting this proposal.

Thanks again for the opportunity to quote this risk. Once you have reviewed this proposal you may contact me with any questions. If you wish to bind this proposal, please send a written request and provide all information indicated in the proposal required to be received prior to binding coverage.



CRUM & FORSTER SPECIALTY INSURANCE COMPANY

ENVIRONMENTAL QUOTE

DATE OF PROPOSAL:
10/14/2022

Item 1.	NAMED INSURED & ADDRESS: SPECIALIZED PROPERTIES LLC 576 Wareham St Middleboro, MA 02346	PRODUCER NAME & ADDRESS: XS BROKERS INSURANCE AGENCY, INC. 13 Temple St Quincy, Massachusetts 02169-0000
	FORM OF BUSINESS: LLC	PRODUCER CODE: 897
Item 2.	PROPOSED POLICY PERIOD:	10/21/2022 to 10/21/2023 12:01 a.m. Standard Time at the Named Insured's address stated above.
Item 3.	LIMITS OF INSURANCE:	
	Each Confirmed Release Limit:	\$5,000,000
	Policy Aggregate Limit :	\$5,000,000
	Defense Expense Aggregate Limit:	\$250,000
Item 4.	DEDUCTIBLE/SELF-INSURED RETENTION:	See Tank Schedule
Item 5.	RETROACTIVE DATES:	See Tank Schedule
Item 6.	PREMIUM:	
	Policy Premium:	\$2,745
	Additional Insured Premium:	\$0
	TRIPRA Premium:	\$137
	Total Policy Premium:	\$2,882
	Minimum Earned Premium:	25%
	Minimum Policy Premium:	100%
Item 7.	AUDIT PERIOD: Not Subject to Audit	Basis: Units: 0 USTs ,3 ASTs Rate: Flat

**Plus any fees and/or taxes outlined on the XSB Quote Summary

All rates are based on the revenue basis shown above and no deductions of any kind are allowed. All premiums applicable to additional coverage(s) as required during the policy period will be invoiced separately and will not apply toward the minimum earned or estimated policy premium. The broker is responsible for filing all affidavits and paying all fees, if applicable. The insured shall be responsible for applying any and all applicable taxes and surcharges.



FORMS AND ENDORSEMENTS

CFSTP 00 001 10 16	COMMERCIAL STORAGE TANK LIABILITY POLICY DECLARATIONS
EN002-0211	SCHEDULE OF FORMS AND ENDORSEMENTS
IL P 001 01 04	U.S. TREASURY DEPARTMENT'S OFFICE OF FOREIGN ASSETS CONTROL ("OFAC") ADVISORY NOTICE TO POLICY HOLDERS
CS 07001 01 21	C&F SPECIALTY SIGNATURE PAGE
EN0004-0521	CLAIMS REPORTING
EN0005-1017	SERVICE OF PROCESS CLAUSE
EN0006 0120	Policyholder Disclosure Notice of Terrorism Insurance Coverage
EN0011-1014	PRIVACY NOTICE
EN0050-0222	EMERGENCY RESPONSE HOTLINE
EN0052-0222	NOTICE OF LOSS ALL
CFSTP 00 000 01 15	STORAGE TANK POLLUTION POLICY
CFSTP 00 002 01 21	DEDUCTIBLE ENDORSEMENT
CFSTP 00 011 10 13	ADDITIONAL INSURED COVERAGE ENDORSEMENT
CFSTP 00 525 05 16	COVERED STORAGE TANK COVERAGE ENDORSEMENT
CFSTP 00 546 10 13	LOADING OR UNLOADING COVERAGE ENDORSMENT
CFSTP FR CERT-MA	FINANCIAL RESPONSIBILITY CERTIFICATE OF INSURANCE - MA

This proposal is based on the insurance carrier's most recent policy forms and endorsements and is subject to all terms and conditions of such forms and endorsements. If you would like to review a copy, please let me know and I would be pleased to send you a specimen form.

WARRANTIES/REQUIREMENTS

Please be advised that coverage has been proposed conditional upon receipt, review, verification and approval of the following items:

This proposal is valid until the policy effective date or 30 days from the date of this letter, whichever is sooner. After expiration, all terms and conditions of this proposal must be re-evaluated by Crum & Forster Specialty Insurance Company. Please note that this proposal is based upon terms and conditions that Crum & Forster Specialty Insurance Company is willing to offer and not the terms and conditions which were requested. It is your responsibility to review these terms and conditions prior to presenting this proposal. Crum & Forster Specialty Insurance Company reserves the right to modify, change or cancel any or all terms of this proposal at anytime without notice.



CRUM & FORSTER
A SECURITY COMPANY

COVERED STORAGE TANK AND LOCATION ENDORSEMENT

<u>Loc #</u>	<u>Address</u>	<u>City</u>	<u>State</u>	<u>Zip Code</u>	<u>Tank #</u>	<u>AST /UST</u>	<u>Year Installed</u>	<u>Capacity</u>	<u>Contents</u>	<u>Deductible</u>	<u>Retroactive Date</u>
1	576 Wareham St	Middleboro	MA	02346	1	AST	1996	10,000	Fuel Oil	\$5,000	10/21/2020
1	576 Wareham St	Middleboro	MA	02346	2	AST	1996	10,000	Fuel Oil	\$5,000	10/21/2020
1	576 Wareham St	Middleboro	MA	02346	3	AST	1996	10,000	Diesel	\$5,000	10/21/2020

DS
PC



UMBRELLA / EXCESS SECTION

DATE (MM/DD/YYYY)

09/26/23

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

AGENCY D H Smith Ins Agency Inc		CARRIER	NAIC CODE
POLICY NUMBER	EFFECTIVE DATE 10/21/23	NAMED INSURED(S) Specialized Properties LLC	

POLICY INFORMATION				LIMIT OF LIABILITY		RETAINED LIMIT
NEW	UMBRELLA	OCCURRENCE	VOLUNTARY	\$ 5,000,000	EA OCC	\$
RENEWAL	<input checked="" type="checkbox"/> EXCESS	CLAIMS MADE			\$ 5,000,000	
EXPIRING POL #:				10/21/23	10/21/23	FIRST DOLLAR DEFENSE (Y / N)

EMPLOYEE BENEFITS LIABILITY			
LIMIT OF INSURANCE (Ea Employee)	AGGREGATE LIMIT FOR EBL	RETAINED LIMIT FOR EBL	RETROACTIVE DATE FOR EBL
\$	\$	\$	
NAME OF BENEFIT PROGRAM			

PRIMARY LOCATION & SUBSIDIARIES (ACORD 125)					
#	NAME AND LOCATION OF PRIMARY AND ALL SUBSIDIARY COMPANIES (Describe Operations)	ANNUAL PAYROLL	ANN GROSS SALES	FOREIGN GROSS SALES	# EMPL
1	NAME: Specialized Properties LLC LOCATION: 576 Wareham Street, Middleboro, MA 02346 DESCRIPTION:				
	NAME: LOCATION: DESCRIPTION:				
	NAME: LOCATION: DESCRIPTION:				
	NAME: LOCATION: DESCRIPTION:				
	NAME: LOCATION: DESCRIPTION:				
	NAME: LOCATION: DESCRIPTION:				

UNDERLYING INSURANCE										
LIST ALL LIABILITY / COMPENSATION POLICIES IN FORCE TO APPLY AS UNDERLYING INSURANCE										
TYPE	CARRIER / POLICY NUMBER	POLICY EFF DATE	POLICY EXP DATE	LIMITS	ANNUAL RENEWAL PREMIUM	+ - RATING MOD				
AUTOMOBILE LIABILITY				CSL EA ACC	\$					
				BI EA ACC	\$					
				BI EA PER	\$					
				PD EA ACC	\$					
GENERAL LIABILITY POLICY TYPE				EACH OCCURRENCE	\$	PREM / OPS				
				GENERAL AGGR	\$					
				PROD & COMP OPS AGGREGATE	\$	PRODUCTS				
				PERSONAL & ADV INJURY	\$					
				DAMAGE TO RENTED PREMISES	\$	OTHER				
				MEDICAL EXPENSE	\$					
				EMPLOYERS LIABILITY				EACH ACCIDENT	\$	
								DISEASE	\$	
EACH EMPLOYEE	\$									
DISEASE POLICY LIMIT	\$									
					\$					
					\$					

UNDERLYING INSURANCE (continued)

UNDERLYING GENERAL LIABILITY INFORMATION (Explain all "YES" responses)

1. ARE DEFENSE COSTS: WITHIN AGGREGATE LIMITS? A SEPARATE LIMIT? UNLIMITED?
 (In Arkansas, the underlying General Liability coverage cannot contain defense costs within aggregate limits, but must have a separate, equal limit or must be unlimited.)
 (In Oklahoma, the underlying General Liability coverage cannot contain defense costs within the limits; subject to Commissioner's Orders.)

2. INDICATE THE EDITION DATE OF THE ISO FORM OR SIMILAR FILING FOR THE UNDERLYING COVERAGE:

3. HAS ANY PRODUCT, WORK, ACCIDENT OR LOCATION BEEN EXCLUDED, UNINSURED OR SELF-INSURED FROM ANY PREVIOUS COVERAGE? (Y / N)

4. FOR CLAIMS MADE, INDICATE RETROACTIVE DATE OF CURRENT UNDERLYING POLICY:

5. FOR CLAIMS MADE, INDICATE ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COVERAGE:

6. FOR CLAIMS MADE, WAS "TAIL" COVERAGE PURCHASED FOR ANY PREVIOUS PRIMARY OR EXCESS POLICY? (Y / N) EFF. DATE: _____

CHECK ALL COVERAGES IN UNDERLYING POLICIES. ALSO CHECK IF ANY EXPOSURES ARE PRESENT FOR EACH COVERAGE. PROVIDE AN EXPLANATION. EXPLAIN IF DIFFERENT LIMITS, EXTENSIONS, OR EXCLUSIONS. EXPLAIN ANY SPECIAL COVERAGES BEYOND STANDARD FORMS. **EXPLAIN ALL EXPOSURES.**

CHECK IF APPROPRIATE		COVERAGE	EXPOSURE	COVERAGE	EXPOSURE
<input type="checkbox"/>	ANY AUTO (SYMBOL 1)	CARE, CUSTODY, CONTROL	<input type="checkbox"/>	PROFESSIONAL LIABILITY (E&O)	<input type="checkbox"/>
<input type="checkbox"/>	CGL - CLAIMS MADE	EMPLOYEE BENEFIT LIABILITY	<input type="checkbox"/>	VENDORS LIABILITY	<input type="checkbox"/>
<input type="checkbox"/>	CGL - OCCURRENCE	FOREIGN LIABILITY / TRAVEL	<input type="checkbox"/>	WATERCRAFT LIABILITY	<input type="checkbox"/>
COVERAGE	EXPOSURE	GARAGEKEEPERS LIABILITY	<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>	AIRCRAFT LIABILITY	INCIDENTAL MEDICAL MALPRACTICE	<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>	AIRCRAFT PASSENGER LIABILITY	LIQUOR LIABILITY	<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>	ADDITIONAL INTERESTS	POLLUTION LIABILITY	<input type="checkbox"/>		<input type="checkbox"/>

UNDERLYING INSURANCE COVERAGE INFORMATION (INCLUDE ALL RESTRICTIONS; e.g. LASER ENDORSEMENTS, DISCRIMINATION, SUBROGATION WAIVERS, OR EXTENSIONS OF COVERAGE) ACORD 101, Additional Remarks Schedule, may be attached if more space is required.

PREVIOUS EXPERIENCE: (GIVE DETAILS OF ALL LIABILITY CLAIMS EXCEEDING \$10,000 OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS, DURING THE PAST FIVE (5) YEARS, WHETHER INSURED OR NOT. SPECIFY DATE, COVERAGE, DESCRIPTION, AMOUNT PAID, AMOUNT OUTSTANDING) ACORD 101, Additional Remarks Schedule, may be attached if more space is required.

NO SUCH CLAIMS

CARE, CUSTODY, CONTROL

LOC	PROPERTY TYPE	VALUE	A*	B*	C*	D*	SQ FT OF BLDG OCC
	REAL						
	PERSONAL						

OCCUPANCY / DESCRIPTION OF PERSONAL PROPERTY

*APPLICANT: [A] IS HELD HARMLESS IN THE LEASE, [B] HAS A WAIVER OF SUBROGATION, [C] IS A NAMED INSURED IN THE FIRE POLICY, [D] OTHER (specify)

VEHICLES

TYPE	# OWNED	# NON-OWNED	# LEASED	PROPERTY HAULED	RADIUS (MILES)		
					LOCAL	INTER-MEDIATE	LONG DISTANCE
PRIVATE PASSENGER							
TRUCKS	LIGHT						
	MEDIUM						
	HEAVY						
	EX. HEAVY						
TRUCKS / TRACTORS	HEAVY						
	EX. HEAVY						
BUSES							

ADDITIONAL EXPOSURES

AGENCY CUSTOMER ID: 5514

EXPLAIN ALL "YES" RESPONSES, PROVIDE OTHER INFORMATION REQUIRED				Y/N
ADVERTISERS LIABILITY				
1. MEDIA USED: ANNUAL COST: \$				
2. ARE SERVICES OF AN ADVERTISING AGENCY USED?				N
3. ANY COVERAGE PROVIDED UNDER AGENCY'S POLICY?				N
AIRCRAFT LIABILITY				
4. DOES APPLICANT OWN / LEASE / OPERATE AIRCRAFT?				N
AUTO LIABILITY				
5. ARE EXPLOSIVES, CAUSTICS, FLAMMABLES OR OTHER DANGEROUS CARGO HAULED?				N
6. ARE PASSENGERS CARRIED FOR A FEE?				N
7. ANY UNITS NOT INSURED BY UNDERLYING POLICIES?				N
8. ARE ANY VEHICLES LEASED OR RENTED TO OTHERS?				N
9. ARE HIRED AND NON-OWNED COVERAGES PROVIDED?				N
CONTRACTORS LIABILITY				
10. IS BRIDGE, DAM, OR MARINE WORK PERFORMED?				N
11. DESCRIBE TYPICAL JOBS PERFORMED (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)				
12. DESCRIBE AGREEMENT (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)				
13. DOES APPLICANT OWN, RENT, OR OTHERWISE USE CRANES?				N
14. DO SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN APPLICANT?				N
EMPLOYERS LIABILITY				
15. IS APPLICANT SELF-INSURED IN ANY STATE?				N
16. SUBJECT TO:	JONES ACT	FELA	STOP GAP	OTHER:
INCIDENTAL MALPRACTICE LIABILITY				
17. IS A HOSPITAL OR FIRST AID FACILITY MAINTAINED?				N
18. ARE COVERAGES PROVIDED FOR DOCTORS / NURSES?				N
19. INDICATE # OF DOCTORS:				
NURSES:				
BEDS:				

FRAUD STATEMENTS

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

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

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

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

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

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

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

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

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

Kinsale Insurance Company

A.M. Best Company Rating: A (Excellent)
Financial Size Category: X

XS Brokers Insurance Agency, Inc.

QUOTE

RE: Specialized Properties LLC
576 Wareham St
Middleboro, MA 02346

Submission #:03426938
Quote Letter #:11723354
Quote Date:09/30/2022
Renewal of Policy:0100130673-1

We are pleased to offer the following quote. This quote is valid until 10/21/2022 unless extended and agreed to in writing by us. Please read carefully as the terms and conditions of coverage may differ from those requested. **THIS IS NOT A BINDER OF INSURANCE.**

Company: Kinsale Insurance Company

Policy Term: 10/21/2022 - 10/21/2023

Retro Date: n/a

Limits of Liability:

\$5,000,000 Each Occurrence
\$5,000,000 Annual Aggregate

Business Description:

Lessor's Risk Commercial Buildings, Parking Lot, Land, Rented Dwelling

Schedule of Underlying Insurance:

General Liability

Carrier:	Kinsale Insurance Company	Each Occurrence	\$1,000,000
Policy Term:	10/21/2022 - 10/21/2023	General Aggregate	\$2,000,000
Coverage Form:	Occurrence	Products / Completed Operations	\$2,000,000
		Personal and Advertising Injury Limit	\$1,000,000

Locations

1. 576 Wareham St, Middleboro, MA 02346

Premium:	\$6,500
Terrorism Premium	\$325
(Optional):	
Total Premium:	\$6,500
Company Fees:	\$250
Total Amount Due:	\$6,750

Minimum Earned Premium: 25.00%

****Plus any taxes and/or fees. Premium shown on XSB Summary is the amount owed XS Brokers and may differ from what is outlined here.**

Premium is 100.00% minimum and deposit.
Company Fees, if applicable, are fully earned.
Taxes, fees and surcharges are the responsibility of the broker

This quote is subject to the specified conditions and may be withdrawn at any time prior to acceptance and in no event will it remain open beyond the quote expiration date unless extended by us in writing. Changes in classifications, operations, exposure or risk specific information require notification to us and may result in changes to this quote. Coverage may not be bound without written confirmation from us.
Once bound, coverage may not be cancelled flat and the minimum earned premium will apply.

Comments:

If CAX2001 Conditions - Premium Audit Is on this quote, the excess policy is AUDITABLE.

Exclusions and Endorsements:

CAX1000-0521 - Commercial Excess Liability Declarations
ADF9013-0419 - Notice - Where To Report A Claim
ADF4001-0110 - Schedule of Forms
CAX1001-0122 - Schedule of Underlying Insurance
CAX0001-0817 - Commercial Excess Liability Policy
ADF2000-0622 - Policy Amendment - Extrinsic Evidence
CAX2005-0418 - General Liability - Limitation of Coverage to Designated Location or Project or Event
CAX4001-0110 - Defense Within Limits of Insurance
CAX4008-0822 - Additional Policy Provisions - Premium - Fully Earned Policy
CAX4014-1211 - Non-Drop Down Provision
CAX4026-0622 - Limitation - Commercial Tenants Or Lessees Of Your Premises
ADF3002-0110 - Exclusion - Terrorism
ADF3003-0519 - Exclusion - Absolute Pollution and Pollution Related Liability
CAX3019-0110 - Exclusion- Named Insured vs. Named Insured
CAX3022-0222 - Exclusion- Employers' Liability
CAX3032-0110 - Exclusion- Injury to Independent Contractors
CAX3037-0911 - Exclusion- Liquor Liability
CAX3045-0110 - Exclusion- Punitive Damages
CAX3066-0321 - Absolute Exclusion - Motorized Vehicles
CAX3072-0814 - Exclusion - Access or Disclosure of Confidential or Personal Information and Data-Related Liability
CAX3083-0416 - Exclusion - Snow or Ice Treatment and Removal
CAX3084-0718 - Exclusions - Eviction and Failure to Maintain
CAX3095-0518 - Exclusion- Construction Activities
CAX3107-0820 - Exclusion - Pathogen and Related Hazards
CAX3167-0122 - Exclusion - Water-Related Bodily Injury And Property Damage
CAX3178-0322 - Exclusion - Assault, Battery, Abuse, Or Molestation
ADF9004-0110 - Signature Endorsement
ADF9009-0110 - U.S. Treasury Department's Office of Foreign Assets Control (OFAC) Advisory Notice to Policyholders



Date: October 3, 2022

On behalf of Kinsale Insurance Company, we are pleased to provide our proposal for the below captioned. Please review the terms and conditions attached carefully, as they may differ from your original submission.

Quote Summary

Insured: Specialized Properties LLC

Coverage: Brokerage - Excess

Effective: 10/21/2022

Policy Premium:	
Carrier Program Fee	\$6,500.00
Policy Fee	\$250.00
	\$100.00
Surplus Lines Tax	\$260.00
Minimum Earned Premium: 25% and/or as per the attached carrier terms (whichever is greater)	
Min & Deposit: as per the attached carrier terms	
Estimated Total Premium, Taxes and Fees:	\$7,110.00

Optional Coverages, Fees and Taxes (premium are in addition to above):

*TRIPRA	\$325.00
TRIPRA Surplus Lines Tax	\$13.00

Agency Commission:	10%
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All requested information is required to bind coverage:

To BIND we require:

- Written request
- MA Affidavit
- Completed/signed/dated Acord applications 125, 131
- Signed TRIA with selection indicated
- Currently valued loss runs for years XS Brokers did not write

NOTE:

- * Payment due XS Brokers within 20 days of binding.
- * Fees list above may differ from the attached carrier terms. The above is the total amount due XS Brokers.
- * If financing through XS Brokers, signed finance agreement & deposit is due within five (5) days of binding.
- * **In order to protect your agency, we draw your attention to the carrier's Minimum Earned Premium, which is a non-negotiable responsibility of your agency once coverage is bound.**

Underwriter / Broker:
Basil Tsefrekas
 (617) 845-1783
 btsefrekas@xsbrokers.com

Account Exec:
Carol Collins

Claim Reporting: claims@xsbrokers.com

This proposal expires 30 days from the issue date and should be reconfirmed after that time. Please review the attachment(s) carefully as coverage, terms and/or conditions may differ from your original submission. Thank you for partnering with XS Brokers. We look forward to receiving your bind order!

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DS
PC



CRUM & FORSTER
A FAIRFAX COMPANY

**CRUM & FORSTER SPECIALTY INSURANCE
COMPANY**

305 Madison Avenue, Morristown NJ 07962

COMMERCIAL STORAGE TANK LIABILITY POLICY DECLARATIONS

POLICY NUMBER: STP-419946	RENEWAL OF: STP-415977	DATE ISSUED: 10/21/2022
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Item 1.	NAMED INSURED & ADDRESS: SPECIALIZED PROPERTIES LLC 576 Wareham St Middleboro, MA 02346		PRODUCER NAME & ADDRESS: XS BROKERS INSURANCE AGENCY, INC. 13 Temple St Quincy, Massachusetts 02169-0000	
	FORM OF BUSINESS: LLC		PRODUCER CODE: 897	
Item 2.	POLICY PERIOD:		10/21/2022 to 10/21/2023	
	12:01 a.m. Standard Time at the Named Insured's address stated above.			
Item 3.	LIMITS OF INSURANCE:			
	Policy Aggregate Limit		\$5,000,000	
	Each Confirmed Release:		\$5,000,000	
	Defense Expense Aggregate Limit:		\$250,000	
Item 4.	DEDUCTIBLE/SELF-INSURED RETENTION: See Deductible schedule Endorsement CFSTP 00 002			
Item 5.	RETROACTIVE DATES: See Endorsement CFSTP 00 525			
Item 6.	PREMIUM:			
	Policy Premium:		\$2,745	
	TRIPRA Premium:		Excluded	
	Total Policy Premium:		\$2,745	
	Minimum Earned Premium:		25%	
Item 7.	AUDIT PERIOD: Not Subject to Audit		Basis: Units: 0 USTs ,3 ASTs	
			Rate: Flat	

THESE DECLARATIONS, TOGETHER WITH POLICY JACKET, MASTER FORMS LIST, SCHEDULES AND ENDORSEMENTS, IF ANY, ARE ISSUED AS PART OF, AND IN THE COMPLETION OF THE ABOVE NUMBERED POLICY.

This policy is insured by a company which is not admitted to transact insurance in the commonwealth, is not supervised by the commissioner of insurance and, in the event of an insolvency of such company, a loss shall not be paid by the Massachusetts Insurers Insolvency Fund under Chapter 175D.

Premium: \$2,745.00
Taxes \$109.80 Surplus Lines Tax
Total: \$2,854.80

SCHEDULE OF FORMS & ENDORSEMENTS

Form No.	Form Title
CFSTP 00 001 10 16	COMMERCIAL STORAGE TANK LIABILITY POLICY DECLARATIONS
EN002-0211	SCHEDULE OF FORMS AND ENDORSEMENTS
IL P 001 01 04	U.S. TREASURY DEPARTMENT'S OFFICE OF FOREIGN ASSETS CONTROL ("OFAC") ADVISORY NOTICE TO POLICY HOLDERS
CS 07001 01 21	C&F SPECIALTY SIGNATURE PAGE
EN0004-0521	CLAIMS REPORTING
EN0005-1017	SERVICE OF PROCESS CLAUSE
EN0007 1019	EXCLUSION OF CERTIFIED ACTS OF TERRORISM AND EXCLUSION OF OTHER ACTS OF TERRORISM COMMITTED OUTSIDE THE UNITED STATES
EN0011-1014	PRIVACY NOTICE
EN0050-0222	EMERGENCY RESPONSE HOTLINE
EN0052-0222	NOTICE OF LOSS ALL
CFSTP 00 000 01 15	STORAGE TANK POLLUTION POLICY
CFSTP 00 002 01 21	DEDUCTIBLE ENDORSEMENT
CFSTP 00 011 10 13	ADDITIONAL INSURED COVERAGE ENDORSEMENT
CFSTP 00 525 05 16	COVERED STORAGE TANK COVERAGE ENDORSEMENT
CFSTP 00 546 10 13	LOADING OR UNLOADING COVERAGE ENDORSMENT

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

DEDUCTIBLE ENDORSEMENT

This Endorsement shall not serve to increase our limits of insurance, as described in SECTION V - LIMITS OF INSURANCE.

SCHEDULE

Amount and Basis of Deductible	
N/A	per claim
See Endorsement CFSTP 00 525	per incident

Application of Endorsement: (Enter below any limitation on the application of this endorsement. If no limitation is entered, the deductible applies to all damages, however caused).

NO LIMITATIONS

In consideration of the payment of premiums, it is hereby agreed that the following changes are incorporated into the policy.

1. Our obligation under the policy to pay compensatory damages, "corrective action" or "claim related costs" to you or on your behalf applies only to the amount of compensatory damages, "corrective action" or "claim related costs" in excess of any deductible amount stated in the Schedule above, and the limits of insurance applicable to this policy will be reduced by the amount of such deductible amount.
2. The deductible amounts stated in the Schedule apply as follows:
 - A. **Per Claim Basis** - if the deductible is on a "per claim" basis, the deductible amount applies separately to all compensatory damages, "corrective action" and "claim related costs" because of "bodily injury", "property damage" or "corrective action" sustained by any one person or organization as the result of any one "confirmed release".
 - B. **Per Incident Basis** - if the deductible is on a "per incident" basis, the deductible amount applies to all compensatory damages, "corrective action" and "claim related costs" because of "bodily injury", "property damage" or "corrective action" as the result of any one "confirmed release" regardless of the number of persons or organizations who sustain compensatory damages because of that "confirmed release".
3. We will pay any part or all of the deductible amount to effect settlement of any claim or "suit" and, upon notification of the action taken, you shall promptly reimburse us for such part of the deductible amount as has been paid by us.

All other terms, conditions and exclusions under the policy are applicable to this Endorsement and remain unchanged.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED COVERAGE ENDORSEMENT

This Endorsement shall not serve to increase our limits of insurance, as described in SECTION V - LIMITS OF INSURANCE.

In consideration of the payment of premiums, it is hereby agreed that the person or organization specified below is added as an Additional Insured, but solely as respects "claims" for "bodily injury" or "property damage" arising directly out of your ownership, your operations or your negligent use of an "insured site" and subject to all terms, conditions and exclusions contained in the policy. No obligation for defense or indemnity under the policy is provided to any Additional Insured for "claims" or "suits" directly or indirectly "arising from" the status, actions or inaction, including (without limitation) for vicarious, derivative or strict liability of said Additional Insured, its agents, consultants, servants, contractors or subcontractors.

SCHEDULE	
Name of Person or Organization	Address(es)
Global Partners LP Its subsidiaries and affiliates c/o Operational Support Unit	800 South St, PO Box 9161 Waltham, MA 02454

All other terms, conditions and exclusions under the Policy are applicable to this Endorsement and remain unchanged.

SIGNATURE

IF THE COMPANY TO WHICH I AM APPLYING OFFERS UNINSURED MOTORISTS (UM), UNDERINSURED MOTORISTS (UIM) AND/OR MEDICAL PAYMENTS COVERAGE IN MY STATE:

UNINSURED MOTORISTS (UM) COVERAGE: \$ _____ *

UNDERINSURED MOTORISTS (UIM) COVERAGE: \$ _____ *

MEDICAL PAYMENTS COVERAGE: \$ _____ * IF APPLICABLE IN YOUR STATE

APPLICABLE ONLY IN LOUISIANA, MONTANA, NEW HAMPSHIRE AND VERMONT

APPLICABLE ONLY IN LOUISIANA:

I ACKNOWLEDGE THAT UM COVERAGE HAS BEEN EXPLAINED TO ME, AND I HAVE BEEN OFFERED THE OPTION OF SELECTING UM LIMITS EQUAL TO MY LIABILITY LIMITS, UM LIMITS LOWER THAN MY LIABILITY LIMITS, OR TO REJECT UM COVERAGE ENTIRELY.

1. I SELECT UM LIMITS INDICATED IN THIS APPLICATION. OR
(INITIALS)

2. I REJECT UM COVERAGE IN ITS ENTIRETY.
(INITIALS)

APPLICABLE ONLY IN MONTANA:

I ACKNOWLEDGE I HAVE BEEN OFFERED UNINSURED MOTORISTS (UM) COVERAGE AND UNDERINSURED MOTORISTS (UIM) COVERAGE. I HAVE SELECTED THE LIMITS INDICATED IN THIS APPLICATION. IF NO LIMITS ARE SHOWN, I HAVE REJECTED THESE COVERAGES. (INITIALS)

APPLICABLE ONLY IN NEW HAMPSHIRE:

I ACKNOWLEDGE THAT UM COVERAGE HAS BEEN EXPLAINED TO ME, AND I HAVE BEEN OFFERED THE OPTION OF SELECTING UM LIMITS EQUAL TO MY LIABILITY LIMITS OR TO REJECT UM COVERAGE ENTIRELY.

1. I SELECT UM LIMITS INDICATED IN THIS APPLICATION. OR
(INITIALS)

2. I REJECT UM COVERAGE IN ITS ENTIRETY.
(INITIALS)

APPLICABLE ONLY IN VERMONT:

I ACKNOWLEDGE THAT I HAVE BEEN OFFERED UM COVERAGE EQUAL TO MY LIABILITY LIMITS. I HAVE SELECTED THE LIMITS INDICATED IN THIS APPLICATION.

IMPORTANT - THE STATEMENTS (ANSWERS) GIVEN ABOVE ARE TRUE AND ACCURATE. THE APPLICANT HAS NOT WILLFULLY CONCEALED OR MISREPRESENTED ANY MATERIAL FACT OR CIRCUMSTANCE CONCERNING THIS APPLICATION. THIS APPLICATION DOES NOT CONSTITUTE A BINDER.

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