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	Budde Agency					-		g Company								Т		
	Riverside Avenue #0D79653					100	MPANY	POLICY OR PRO	OGF	KAM NAN	1E					"	ROGRAN	CODE
	ityville				NY 11701	L	LICY NU	IMDED										
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CON	ITACT John Pollo					┢						П	LINDE	DWDIT	ED OFFICE			
NAN	ITACT John Bella					I UN	IDERWR	IIEK					UNDE	KWKIII	ER OFFICE			
(A/C	NE (631) 264-0579 No, Ext):					1							_	1				
(A/C	, No):					ST	ATUS OI		×	QUOTE				1	E POLICY	L	RE	NEW
ADE	AIL RESS: john.bella@libertycomp	any.co	om				ANSACT				(Give D		nd/or At \TE	tach Co	ру): ТІМЕ	=	_	a
COL			SUBCODE:			1				CHANG				_			<u> </u>	-
AGE	NCY CUSTOMER ID: 00210235					L				CANCE	L	11/1	9/202	3	12:0	1		PM
	IES OF BUSINESS																	
IND	CATE LINES OF BUSINESS	F	PREMIUM					PREMIUM									PREMIU	М
	BOILER & MACHINERY		i	(CYBER AND PRIVACY			\$			YACH	Т					\$	
	BUSINESS AUTO		;	F	FIDUCIARY LIABILITY			\$									\$	
	BUSINESS OWNERS	1	;		GARAGE AND DEALERS			\$									\$	
	COMMERCIAL GENERAL LIABILITY	\$	i	L	IQUOR LIABILITY			\$									\$	
	COMMERCIAL INLAND MARINE	1	i	N	MOTOR CARRIER			\$									\$	
	COMMERCIAL PROPERTY	1	i	7	TRUCKERS			\$									\$	
	CRIME	\$;	ι	JMBRELLA			\$									\$	
AT	TACHMENTS		•					•										
	ACCOUNTS RECEIVABLE / VALUAB	LE PAPI	ERS		GLASS AND SIGN SECTION	٧					STATE	MEN	T/SCH	IEDULE	OF VALUES	3		
	ADDITIONAL INTEREST SCHEDULE			ŀ	HOTEL / MOTEL SUPPLEM	ENT					STATE	SUP	PLEME	NT (If a	applicable)			
	ADDITIONAL PREMISES INFORMAT	ION SC	HEDULE	١,	NSTALLATION / BUILDERS	RISK	(SECTION	ON			VACAN	NT BL	JILDING	SUPP	PLEMENT			
	APARTMENT BUILDING SUPPLEME	NT		ı	NTERNATIONAL LIABILITY	EXP	OSURE	SUPPLEMENT			VEHIC	LE S	CHEDU	ILE				
	CONDO ASSN BYLAWS (for D&O Co	verage o	only)	1	NTERNATIONAL PROPER	ΓΥ ΕΧ	POSUR	E SUPPLEMENT										
	CONTRACTORS SUPPLEMENT		,	+	OSS SUMMARY													
	COVERAGES SCHEDULE			_	OPEN CARGO SECTION													
	DEALERS SECTION			+	PREMIUM PAYMENT SUPP	LEME	NT											
	DRIVER INFORMATION SCHEDULE			+	PROFESSIONAL LIABILITY			т			1							
	ELECTRONIC DATA PROCESSING S		J	+	RESTAURANT / TAVERN SI			•										
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_	POSED EFF DATE PROPOSED EX	P DATE	BILLING PLA	N	PAYMENT PLAN	\neg	METHO	D OF PAYMENT	Т	AUDIT	П	EPOS	EIT.	Т	MINIMUM	\neg	POLIC)	PREMIUM
	11/19/2023 11/19/202						III.	D OI TAIMENT		AUDII	\$	00		\$	PREMIUM		\$ 0.00	
	11/13/2020		DIRECT	AGE	NCY						۳						Ψ 0.00	
AP	PLICANT INFORMATION																	
NAN	IE (First Named Insured) AND MAILIN	IG ADD	RESS (including ZIP+4)			GL	CODE		SIC				NAICS	;		FEI	N OR SO	C SEC #
Sha	annon Abatement Inc.												5629	10		13	397107	9
14	Highridge Road					BU	SINESS	PHONE #: (84	45)	642-13	51							
						WE	BSITE A	ADDRESS										
Sto	ny Point				NY 10980													
×					NOT FOR PROFIT ORG	;	:	SUBCHAPTER "S	S" C	ORPOR	ATION							
	INDIVIDUAL LLC N	IO. OF N	MEMBERS NAGERS:		PARTNERSHIP			TRUST										
NAN	IE (Other Named Insured) AND MAIL)	•	GL	CODE	:	SIC				NAICS	i		FEI	N OR SO	C SEC#
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CONTACT INFORMATION AGENCY CUSTOMER ID: 00210235

CONT	ACT INFO)RM/	ATION												-				
CONTAC	T TYPE:	Inspe	ction						cc	ONTA	ACT TY	PE:							
CONTAC	T NAME:	Ed Bı	utler						CC	ONTA	ACT N	AMF:							
PRIMAR	Y	IOME	⊠ BUS □ C	FII SE	CONDARY	П НОМЕ П В	US F	☑ CFII	PF	RIMA	RY		νε Π	BUS	CELL	SECONDARY PHONE #	1 HOME	☐ BUS ☐	CFLL
PHONE #	-				IONE #			<u>~</u> ~	PF	HONE	E#		Ш		Ш	PHONE #		□ -•• ∟	_
(645) 6	42-1351			`	45) 642-13														
PRIMAR	Y E-MAIL AD	DRES	s: shanno	nabateme	ntinc@gm	ail.com			PF	RIMA	RY E-	MAIL ADDR	ESS:						
SECOND	ARY E-MAIL	ADD	RESS:						SE	ECON	NDARY	E-MAIL AD	DDRES	S:					
				ch ACOR	D 823 for	Additional Pr	emis	ses)											
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co	NDOMINIUM	IS	INSTITUT	IONAL	OFFIC	CE		RETAIL				WHOLESA	LE					01/01/199	97
DESCRI	PTION OF PE	RIMAR	Y OPERATIONS				·												
-NIV C+/	ato achoet	oc ob	atement contr	actor															
			s, 5% in NY St																
			90% asbestos.		nd 5% mo	old.													
			cial, 5 % resid		0 70 1110														
					e time for	panel hook up,	the c	ustomer	does	this	work	for 90%	of the	ir pro	ojects.				
		•													•				
						INSTAI	LLATIC	ON, SERVI	CE OF	R REI	PAIR V	VORK		'	OFF PREMISE	ES INSTALLATION, SE	RVICE O	R REPAIR W	ORK
RETAIL	STORES OR	SERV	ICE OPERATION	S % OF TOTA	AL SALES:				9	%							%		
DESCRI	PTION OF O	PFRAT	TIONS OF OTHER	NAMED INS	SURFDS	I													
ADDIT	IONAL IN	ITER	EST (Not all	fields apı	olv to all	scenarios - pr	ovid	e only t	he n	ece	ssar	v data) /	Attac	h AC	ORD 45 f	or more Addition	nal Inte	rests	
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INS	URED	\vdash	LIENHOLDER													LOCATION:		BUILDING:	
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	-OWNER		MORTGAGEE													AIRPORT:		AIRCRAFT:	
	PLOYEE		OWNER													ITEM	- 	TEM:	
	LESSOR ASEBACK	\vdash														CLASS:			
ow	NER		REGISTRANT													ITEM DESCRIPTIO	N		
	IDER'S S PAYABLE		TRUSTEE	REFEREN	CE / LOAN #	:			INTER	REST	END I	DATE:							
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AGENCY CUSTOMER ID: 00210235

GEI	NERAL INFOR	MATION				AGENCI	CO.	STOWIER ID.	002.0200			
EXP	LAIN ALL "YES" RE	SPONSES										Y/N
1a.	IS THE APPLICA	ANT A SUB	SIDIARY OF ANOTHER EN	ITITY ?								N
	PARENT COMPA	NY NAME						RELATIONSHIP DE	SCRIPTION		% OWNED	
1b.	DOES THE APP	LICANT H	AVE ANY SUBSIDIARIES?								-	N
	SUBSIDIARY CO	MPANY NAM	ΛE					RELATIONSHIP DE	SCRIPTION		% OWNED	
2.	IS A FORMAL SA	AFETY PR	OGRAM IN OPERATION?								-	N
	SAFETY MA	ANUAL	SAFETY POSITION	MONTHL	Y MEETINGS	OSHA		7				
3	ANY EXPOSURI	F TO FLAN	I <u> </u>	LLLL CHEMICALS?								N
	7 27 0001		2223, 271. 23317 23, 3									
4.	ANY OTHER INS	SURANCE	WITH THIS COMPANY? (L	ist policy number	ers)							N
	LINE OF BUSINE	ss	POLICY NUMBER			LINE OF BUSINES	SS		POLICY NUMBER			1
												1
												1
5.	ANY POLICY OF	R COVERA		ED OR NON-RE	NEWED DURIN	L G THE PRIOR TH	HREE	(3) YEARS FOR	R ANY PREMISES	OR		N
	OPERATIONS?	(Missouri	Applicants - Do not answe	er this question	1)							
	NON-PAYMI	ENT	AGENT NO LONGER REI	PRESENTS CARR	IER							
	NON-RENE	WAL	UNDERWRITING	CONDITIO	N CORRECTED (D	escribe):						
6.	ANY PAST LOSS	SES OR C	_AIMS RELATING TO SEXU	JAL ABUSE OR	MOLESTATION	ALLEGATIONS, [DISC	RIMINATION OF	NEGLIGENT HIR	ING?		N
7.	DURING THE LA	AST FIVE Y	YEARS (TEN IN RI), HAS AI	NY APPLICANT	BEEN INDICTED	FOR OR CONV	/ICTE	D OF ANY DEG	REE OF THE CRIM	ME OF FRAUD,	,	
' '	BRIBERY, ARSC	ON OR ANY	OTHER ARSON-RELATED	CRIME IN CO	NNECTION WITH	H THIS OR ANY (OTHE	R PROPERTY?				N
			e answered by any applican	t for property ins	urance. Failure	to disclose the ex	isten	ce of an arson co	onviction is a misde	emeanor punish	able	
	by a sentence of	up to one	year of imprisonment).									
8.	ANY UNCORRE	CTED FIR	E AND/OR SAFETY CODE	VIOLATIONS?								N
	OCCUR DATE	EXPLANA	TION				RES	OLUTION		RE	SOLVE DATE	1
												1
												1
9.	HAS APPLICAN	T HAD A F	ORECLOSURE, REPOSSE	SSION BANKR	UPTCY OR FILE	D FOR BANKRU	IPTC'	Y DURING THE	AST FIVE (5) YEA	ARS?		N
	OCCUR DATE	EXPLANA		,				OLUTION	- (-)		SOLVE DATE	1
												1 1
												1
40	LIACABBLICAN		IDOEMENT OD LIEN DUD	INO THE LACT								N.
10.			JDGEMENT OR LIEN DUR	ING THE LAST	FIVE (5) YEARS	· 						, N
	OCCUR DATE	EXPLANA	TION				RES	OLUTION		RE	SOLVE DATE	1
]
11.	HAS BUSINESS	BEEN PL	ACED IN A TRUST? NAM	E OF TRUST:								N
12.			NS, FOREIGN PRODUCTS				DLD /	DISTRIBUTED I	N FOREIGN COUN	NTRIES?		N
	•		15 for Liability Exposure and									
13.	DOES APPLICA	NT HAVE (OTHER BUSINESS VENTU	RES FOR WHIC	CH COVERAGE I	S NOT REQUES	TED?	?				N
14.	DOES APPLICA	NT OWN /	LEASE / OPERATE ANY DI	RONES? (If "YE	S", describe use)						N
15.	DOES APPLICA	NT HIRE C	THERS TO OPERATE DRO	ONES? (If "YES	", describe use)							N
	MARKS / DRO	CESSING	INSTRUCTIONS (ACO	DD 101 Addi	tional Domark	re Schodula m	201	no attached if	more space is	roquirod)		
	VIARRO / FRO	CESSING	THOSTRUCTIONS (ACC	ND 101, Audi	uonai Kemar	is Scriedule, II	ilay i	Je attacheu ii	illore space is i	requireu)		
PD:	OR CARRIER	INFOPM	ATION									
		IN ORIVI		,		NDU 5	Т			OT!/		
YEA	CARRIER		GENERAL LIABILITY	T	AUTOMO	POILE	+	PROP	EKIY	OTHER:		
l)ED					+					
l	POLICY NUMB						+					
l	PREMIUM		\$	\$			\$			\$		
	EFFECTIVE DA	ATE										
1	EXPIRATION D	DATE										

AGENCY CUSTOMER ID: 00210235

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				

LOSS HISTORY	1	Check if nor	ne (Attach Loss Summary for A	dditional Loss In	formation)			
ENTER ALL CLAIMS	OR LOSSES (REC	GARDLESS OF FAULT A	ND WHETHER OR NOT INSURED) OR OCCURE	RENCES THAT MAY GI	VE RISE TO CLAIMS			
FOR THE LAST	YEARS					TOTAL LOSSES: \$		
DATE OF OCCURRENCE	LINE	TYPE / DESCR	IPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	SUBRO- GATION Y/N	CLAIM OPEN Y/N

SIGNATURE

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

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU MAY HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND REQUEST CORRECTION OF ANY INACCURACIES. YOU MAY ALSO HAVE THE RIGHT TO REQUEST IN WRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. THESE RIGHTS MAY BE LIMITED IN SOME STATES. PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION. (Not applicable in AZ, CA, DE, KS, MA, MN, ND, NY, OR, VA, or WV. Specific ACORD 38s are available for applicants in these states.)

(Applicant's Initials):

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

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

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

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

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

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

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

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

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

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

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)		STATE PRODUCER LICENSE NO (Required in Florida)
Sec	John Bella/JBELLA		
APPLICANT'S SIGNATURE		DATE	NATIONAL PRODUCER NUMBER

AGENCY NAME AND ADDRESS COMPANY: Marketing Company UNDERWRITES: ADDRESS (INCIDENT) UNDERWRITES: APPLICANT NAME: Shannon Abatement Inc.	ĄĆ	ORI	D ®		WO	RKE	ERS	CON	/IPE	ENS	ITA	ON A	APF	PLI	CAT	ΓΙΟΝ	l			D	-	M/DD/YYYY) 1/2023
Description	AGENCY	NAME AND	D ADDR	FSS				COMPA	ANY. N	Market	ting Con	npany									10/1	172020
APPLICANT NAME: Shannon Abatement Inc.												. ,										
DEFINE PHONE: SUB-POLICY	16 River	side Ave	enue					-			Shanno	n Abater	ment Ir	nc.								
Amithyville	Lic #0D7	79653														MOBILE	PHON	E:				
14 Highridge Road	Amityvill	е			N	11701							r Canac	lian Pos	stal Cod	le)	YRS IN	BUS	_{i:} 26			
STEPRESENTATIVE John Bella Story Point NY 10980 ADDRESS: SAMAL ADDRESS: Shannonabatementinc@gmail.com ADDRESS: Shannonabatementinc@gmail.com CORPORATION PARTINERSHIP HONE SOLE PROPRIETOR SUBCLAMFER JOINT VENTURE JOINT V								14 Hi	ghridge	e Roa	d											
E-MAIL ADDRESS: Shannonabatementinc@gmail.com FRUENCE CORPORATION LLC TRUST UNINCORPORATER CORPORATION LLC TRUST UNINCORPORATER ASSOCIATION LLC TRUST LANGUAGE ASSOCIATION LLC TRUST ASSOCIATION LLC LLC TRUST LLC LLC TRUST ASSOCIATION LLC LLC TRUST LLC								1									NAICS	:	562910			
OFFICE PHONE (B31) 264-0579 E-MAIL ADDRESS: Shannonabatementinc@gmail.com CAC No. Exp.* SOLE PROPRIETOR SUCCHAPTER JOINT VENTURE OTHER: ASSOCIATION PARTNERSHIP JOINT VENTURE OTHER: JOINT VENTURE JOINT VENTURE OTHER: JOINT VENTURE OTHER: JOINT VENTURE OTHER: JOINT VENTURE JOINT VENTURE JOINT VENTURE JOINT VENTURE JOINT VENTURE JOINT VENTURE JOI	CS REPRI	SENTATI	VE Jol	nn Bella				Stony	Point				N	IY 10	980		WEBSI Addre	TE SS:				
SOLE PROPRIETOR SOLE PROPRIETOR SUBCHAPTER JOINT VENTURE OTHER: ASSOCIATION OTHER:	OFFICE P	HONE (6	31) 26	4-0579				E-MAIL	ADDRE	ESS: S	hannon	abateme	entinc@	gmai 🍳	l.com							
FAX No: LOCATIONS CODE: SUB CODE: S	MOBILE							S	OLE PR	OPRIE	TOR >	-			LLC	2			TRUST		UNINC	ORPORATED
EMBLING SIND BILLING / AUDIT INFORMATION POPOSED EFF DATE 1/19/2023 PART 1 - WORKERS COMPENSATION (State) \$1,000,000 \$1	FAX (A/C, No):							P/	ARTNEF	RSHIP		SUBC "S" CC	HAPTEI DRP	R	JOI	INT VENT	URE		OTHER:			
CODE: SUB CODE: FEDERAL EMPLOYER ID NUMBER NCCI RISK ID NUMBER OTHER ATTING BIREAU ID OR STATE EMPLOYER REGISTRATION NUMBER STATUS OF SUBMISSION SILLING / AUDIT INFORMATION BOUND (Give date and/or attach copy) ASSIGNED RISK (Attach ACORD 133) DIRECT BILL ANNUAL ASSIGNED RISK (Attach ACORD 133) DIRECT BILL ANNUAL ANNUAL ANNUAL ANNUAL ASSIGNED RISK (Attach ACORD 133) DIRECT BILL ANNUAL ASSIGNED RISK (Attach ACORD 133) DIRECT BILL ANNUAL ASSIGNED RISK (Attach ACORD 133) DIRECT BILL ANNUAL ANNUAL ANNUAL ANNUAL ANNUAL ANDUARTERLY # DOWN: PARTICIPATING NON-PARTICIPATING NON-PARTICIPATING NON-PARTICIPATING NON-PARTICIPATING NON-PARTICIPATING NON-PARTICIPATING S 1,000,000 EACH ACCIDENT S 1,000,000 DISEASE-FACH EMPLOYEE DIVIDEND PLANSAFETY GROUP ADDITIONAL COMPANY INFORMATION ADDITIONAL COMPANY INFORMATION	E-MAIL ADDRESS	john.be	ella@li	bertycompany.co	om			CREDI BUREA	T AU NAM	E:	•							ID N	IUMBER:			
STATUS OF SUBMISSION BILLING / AUDIT INFORMATION AUDIT BOUND (Give date and/or attach copy) ASSIGNED RISK (Attach ACORD 133) BILLING PLAN AGENCY BILL ANNUAL SEMI-ANNUAL SEMI								1			R ID NUM	BER	NCCI	RISK II	D NUMB	ER		OTH	ER RATING	BURE	AU ID O	R STATE
AUDIT	AGENCY	CUSTOME	R ID: (00210235				13397	71079													
BOUND (Give date and/or attach copy) ASSIGNED RISK (Attach ACORD 133) AGENCY BILL ANNUAL SEMI-ANNUAL QUARTERLY DIRECT BILL SEMI-ANNUAL QUARTERLY MONTHLY SEMI-ANNUAL QUARTERLY LOCATIONS LOC # Highest FLOOR	STATUS	OF SU	JBMIS	SION			BILLING	/ AUDI	IT INF	ORM	ATION											
ASSIGNED RISK (Attach ACORD 133) DIRECT BILL SEMI-ANNUAL QUARTERLY % DOWN: QUARTERLY % DOWN: QUARTERLY QUARTERLY % DOWN: QUARTERLY LOC # HIGHEST FLOOR 1 Highridge Road Stony Point NY 10980 POLICY INFORMATION PROPOSED EXP DATE (If applicable) 1/1/9/2023 PART 1- WORKERS COMPENSATION (States) NY PART 2 - EMPLOYER'S LIABILITY \$ 1,000,000 DISEASE-POLICY LIMIT \$ 1,000,000 DISEASE-POLICY LIMIT \$ 1,000,000 DISEASE-POLICY LIMIT \$ 1,000,000 DISEASE-POLICY LIMIT \$ 1,000,000 DISEASE-POLICY LIMIT ADDITIONAL COMPANY INFORMATION DIVIDEND PLAN/SAFETY GROUP ADDITIONAL COMPANY INFORMATION	× QUO	TE		ISSUE POLICY	1	l l	BILLING PI	_AN		PAYN	IENT PLA	N	_				AUD	DIT			_	
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				\$ 1,000,000									1				İ		1	cov		
SPECIFY ADDITIONAL COVERAGES / ENDORSEMENTS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)	DIVIDEND	PLAN/SA	FETY G	ROUP									•			•			•	٠	•	
SPECIFY ADDITIONAL COVERAGES / ENDORSEMENTS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)																						
	SPECIFY	ADDITION	AL COV	ERAGES / ENDORS	EMENTS (Atta	ch ACOR	D 101, Add	litional Re	emarks	Sched	ule, if mor	e space is	s requir	ed)								

TOTAL ESTIMATED ANNUAL PREMIUM - ALL STATES

TOTAL ESTIMATED ANNUAL PREMIUM ALL STATES	TOTAL MINIMUM PREMIUM ALL STATES	TOTAL DEPOSIT PREMIUM ALL STATES
\$	\$	\$
	-	·

CONTACT INFORMATION

TYPE	NAME	OFFICE PHONE	MOBILE PHONE	E-MAIL
INSPECTION	Ed Butler	(845) 642-1351	(845) 642-1351	shannonabatementinc@gmail.com
ACCTNG RECORD				
CLAIMS INFO				

INDIVIDUALS INCLUDED / EXCLUDED

PARTNERS, OFFICERS, RELATIVES (Must be employed by business operations) TO BE INCLUDED OR EXCLUDED (Remuneration/Payroll to be included must be part of rating information section.) Exclusions in Missouri must meet the requirements of Section 287.090 RSMo.

I	STATE	LOC#	NAME	DATE OF BIRTH	RELATIONSHIP	SHIP %	DUTIES	INC/EXC	CLASS CODE	REMUNERATION/PAYROLL
I			Elizabeth Butler		Treasurer					
ı								'		
I			Martin Butler		President			1		
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TATE	RATING SH	EET#	OF		SHEETS	,	AGENCY	CUSTO	MER ID:	002	10235		
					STATE RA	ATING W	ORKSH	IEET					
FOR I	MULTIPLE S	TATES,	, ATTACH AN	ADDI	ΓΙΟΝΑL PAGE 2 OF	THIS FO	RM						
RATIN	G INFORMA	TION -	STATE: NY										
LOC#	CLASS CODE	DESCR CODE	CATEGOR	IES, DUT	ES, CLASSIFICATIONS	# EMPI FULL TIME	OYEES PART TIME	SIC	NAICS		MATED ANNUAL MUNERATION/ PAYROLL	. RATE	ESTIMATED ANNUAL MANUAL PREMIUM
1	8810		Clerical Office	Employe	ees					195,	,500		
1	8742		Salesperson, C	Collector	s or Messenger					76,2	200		
1	5473		Asbestos Cont	ractor						611,	600		
1	8809		Executive Office	ers						191,	,300		
1	5606		Contract Cont	or Erec-	Exec Super-U					70,6	600		
1	5474		Painting or Dec	corating						191,	,400		
PREMI	UM												L
STATE: 1	1Y		FACTOR		FACTORED PREMIUM						FACTOR	FACTOR	ED PREMIUM
TOTAL INCREAS	ED LIMITS		N/A	\$ 0.00)	SCH	EDULE RA	ΓING *				\$	
DEDUCT	BLE *			\$		CCP	AP					\$	
EXPERIE MODIFIC	NCE OR MERIT ATION			\$		STAN	NDARD PRI	EMIUM				\$	
TERROR	SM		N/A	\$		PRE	MIUM DISC	OUNT				\$	
CATASTR	OPHE.		N/A	\$		EXPI	ENSE CON	STANT			N/A	\$	
	D RISK SURCHAR	:GE *		\$		TAXE	S / ASSES	SMENTS *			N/A	\$	
ARAP *	Wisconsin			\$								\$	
	STIMATED ANNUA	I PREMILII	м		MINIMUM PREMIUM				DI	FPOSIT	PREMIUM		
\$ 0.00					\$				\$				
REMAI	RKS (ACORD	101, Add	ditional Remarl	ks Sch	edule, may be attache	d if more	space is	require	d)				

AGENCY CUSTOMER ID: 00210235

PRIOR CARRIER INFORMATION / LOSS HISTORY

PROVIDE IN	FORMATION FOR THE PAST 5 YEARS AND USE THE REMARKS SECTION	FOR LOSS DETAILS			LOSS RUN ATTACHI	ED
YEAR	CARRIER & POLICY NUMBER	ANNUAL PREMIUM	MOD	# CLAIMS	AMOUNT PAID	RESERVE
2021	CO: NYSIF-New York State					
2021	POL #: UNKNOWN					
2020	CO: NYSIF-New York State					
2020	POL#: UNKNOWN					
2019	CO: NYSIF-New York State					
2019	POL#: UNKNOWN					
	CO:					
	POL#:					
	CO:					
	POL#:					

NATURE OF BUSINESS / DESCRIPTION OF OPERATIONS

GIVE COMMENTS AND DESCRIPTIONS OF BUSINESS, OPERATIONS AND PRODUCTS: MANUFACTURING - RAW MATERIALS, PROCESSES, PRODUCT, EQUIPMENT; CONTRACTOR - TYPE OF WORK, SUB-CONTRACTS; MERCANTILE - MERCHANDISE, CUSTOMERS, DELIVERIES; SERVICE - TYPE, LOCATION; FARM - ACREAGE, ANIMALS, MACHINERY, SUB-CONTRACTS.

- -NY State asbestos abatement contractor.
- -95% in the 5 boroughs, 5% in NY State.
 -Remediation work is 90% asbestos, 5% lead and 5% mold.
 -Work is 95% commercial, 5 % residential.
- -Electrical is done by a subcontractor 10% of the time for panel hook up, the customer does this work for 90% of their projects.

GE	NERAL INFORMATION	
EXI	PLAIN ALL "YES" RESPONSES	Y/N
1.	DOES APPLICANT OWN, OPERATE OR LEASE AIRCRAFT / WATERCRAFT?	N
2.	DO / HAVE PAST, PRESENT OR DISCONTINUED OPERATIONS INVOLVE(D) STORING, TREATING, DISCHARGING, APPLYING, DISPOSING, OR TRANSPORTING OF HAZARDOUS MATERIAL? (e.g. landfills, wastes, fuel tanks, etc)	N
3.	ANY WORK PERFORMED UNDERGROUND OR ABOVE 15 FEET?	N
4.	ANY WORK PERFORMED ON BARGES, VESSELS, DOCKS, BRIDGE OVER WATER?	N
5.	IS APPLICANT ENGAGED IN ANY OTHER TYPE OF BUSINESS?	N
6.	ARE SUB-CONTRACTORS USED? (If "YES", give % of work subcontracted)	N
7.	ANY WORK SUBLET WITHOUT CERTIFICATES OF INSURANCE? (If "YES", payroll for this work must be included in the State Rating Worksheet on Page 2)	N
8.	IS A WRITTEN SAFETY PROGRAM IN OPERATION?	N
9.	ANY GROUP TRANSPORTATION PROVIDED?	N
10.	ANY EMPLOYEES UNDER 16 OR OVER 60 YEARS OF AGE?	N
11.	ANY SEASONAL EMPLOYEES?	N
12.	IS THERE ANY VOLUNTEER OR DONATED LABOR? (If "YES", please specify)	N
13.	ANY EMPLOYEES WITH PHYSICAL HANDICAPS?	N
14.	DO EMPLOYEES TRAVEL OUT OF STATE? (If "YES", indicate state(s) of travel and frequency)	N
15.	ARE ATHLETIC TEAMS SPONSORED?	N
16.	ARE PHYSICALS REQUIRED AFTER OFFERS OF EMPLOYMENT ARE MADE?	N

GENERAL INFORMATION (continued)

EXPLAIN ALL "YES" RESPONSES	Y/N
17. ANY OTHER INSURANCE WITH THIS INSURER?	N
18. ANY PRIOR COVERAGE DECLINED / CANCELLED / NON-RENEWED IN THE LAST THREE (3) YEARS? (Missouri Applicants - Do not answer this question)	N
19. ARE EMPLOYEE HEALTH PLANS PROVIDED?	N
20. DO ANY EMPLOYEES PERFORM WORK FOR OTHER BUSINESSES OR SUBSIDIARIES?	N
21. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?	N
22. DO ANY EMPLOYEES PREDOMINANTLY WORK AT HOME? If "YES", # of Employees:	N
23. ANY TAX LIENS OR BANKRUPTCY WITHIN THE LAST FIVE (5) YEARS? (If "YES", please specify)	N
24. ANY UNDISPUTED AND UNPAID WORKERS COMPENSATION PREMIUM DUE FROM YOU OR ANY COMMONLY MANAGED OR OWNED ENTERPRISES? IF YES, EXPLAIN INCLUDING ENTITY NAME(S) AND POLICY NUMBER(S).	N

SIGNATURE

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

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU MAY HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND REQUEST CORRECTION OF ANY INACCURACIES. YOU MAY ALSO HAVE THE RIGHT TO REQUEST IN WRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. THESE RIGHTS MAY BE LIMITED IN SOME STATES. PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION. (Not applicable in AZ, CA, DE, KS, MA, MN, ND, NY, OR, VA, or WV. Specific ACORD 38s are available for applicants in these states.)

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

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

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

Applicable in KS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, 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.

Applicable in UT: Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.

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.

APPLICANT'S SIGNATURE (Must be Officer, Owner or Partner)	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER
		Shar	