A	CORD®			(				AL INSURA CANT INFORM					ATI	01	V				DA	TE (MN		YYYY)
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	urance Solutions &	Serv	rices, Inc.							bmissi												
619	Amboy Avenue								COI	MPANY	POLICY OR P	ROGI	RAM NAN	ИE					F	PROGE	RAM	CODE
Edi	son						1	NJ 08837	POL	ICY NU	MBER											
COL	ITACT Land Daniel									-25 AU						T						
NAN	NTACT Jane Begree								UNI	DERWRI	TER					UNE	DERWR	ITER OF	FICE			
PHC (A/C	ONE 5, No, Ext): (732) 73		080																			
FAX (A/C	(732) 738-60								STA	TUS OF		×						SUE POLI	CY		REN	EW
ADI	AIL DRESS: jbegreen@i	I-ISS	nj.com		Γ					NSACT			BOUNE			and/or DATE	Attach	Copy): I	TIME	ı		
COI	DE:	000	20010		SUBCODE:								CHANG				004				×	AM
	NCY CUSTOMER ID:		000918										CANCE	L	06/	/28/2	024		12:01			PM
-	IES OF BUSINES																					
IND	CATE LINES OF BUSIN	ESS		PRE	MIUM						PREMIUM									PRE	MIUN	l
	BOILER & MACHINER	Υ		\$			CYBE	ER AND PRIVACY			\$			YA	CHT					\$		
×	BUSINESS AUTO			\$			FIDU	CIARY LIABILITY			\$									\$		
	BUSINESS OWNERS			\$			GAR/	AGE AND DEALERS			\$									\$		
	COMMERCIAL GENER	RALL	IABILITY	\$			LIQU	OR LIABILITY			\$									\$		
	COMMERCIAL INLAND	) MAI	RINE	\$			мото	OR CARRIER			\$									\$		
	COMMERCIAL PROPE	RTY		\$			TRUC	CKERS			\$									\$		
	CRIME			\$			UMBI	RELLA			\$									\$		
AT	TACHMENTS				<u>.</u>															-		
	ACCOUNTS RECEIVA	BLE /	VALUABLE PA	PERS	3		GLAS	SS AND SIGN SECTION						STA	ATEMEI	NT/S	CHEDU	LE OF VA	ALUES			
	ADDITIONAL INTERES	ST SC	HEDULE				НОТЕ	EL / MOTEL SUPPLEME	NT					STA	ATE SU	IPPLEI	MENT (	If applicat	ole)			
	ADDITIONAL PREMISE			CHE	DULE		_	ALLATION / BUILDERS I		SECTIO	N.			+				PPLEMEN				
	APARTMENT BUILDIN							RNATIONAL LIABILITY E						+	HICLE							
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	CONTRACTORS SUPP				,			SSUMMARY		000.12		••		╁								
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	DRIVER INFORMATIO			ON.				FESSIONAL LIABILITY S						-								
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NAN	ME (First Named Insured	d) AN	D MAILING AD	DRE	SS (including ZIP+4	l)			GL	CODE		SIC				NAI	cs		FE	IN OR	soc	SEC#
En	viroSure Inc.																					
1 N	lorth Bacton Hill Roa	ad							BUS	SINESS	PHONE #: (	610)	696-89	80					-			
Sui	te 207 and 208								WE	BSITE A	DDRESS											
Ма	lvern						F	PA 19355														
	CORPORATION		JOINT VENTU	JRE			N	NOT FOR PROFIT ORG		S	SUBCHAPTER	"S" C	ORPOR	ATION	1							
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	CORPORATION		JOINT VENTU	JRE			T <sub>N</sub>	NOT FOR PROFIT ORG		8	SUBCHAPTER	"S" C	ORPOR	ATION	1							
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	CORPORATION		JOINT VENTU				N	NOT FOR PROFIT ORG		S	SUBCHAPTER	"S" C	ORPOR	ATION	1							
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CONTACT INFORMATION AGENCY CUSTOMER ID: 00000918

CONTA	ACT INF									_								
CONTAC	T TYPE:	Princi	•					ONTACT 1	YPE:									
CONTAC		Scott	Smith								NTACT N	IAME:						
PRIMARY PHONE #		HOME	⊠ BUS	CELL	SECONI PHONE	DARY [	HOME E	BUS	CELL	PR PH	RIMARY HONE #	□ ⊦	IOME	BUS	CELL	SECONDARY PHONE #	] HOME 🔲 F	BUS CELL
	96-8980																	
PRIMARY	E-MAIL A	DDRES	s. S	cott@enviro	sureinc.	com				PR	RIMARY E	-MAII AD	DRES	ss.		!		
	ARY E-MA										CONDAR							
				(Δttach ΔC	ORD 8	23 for A	dditional P	remi	ses)	100	CONDA	I L-INAIL	. ADD	ALOO.				
LOC#				on Hill Road		20 101 7	idaitional i	_	ITY LIMITS		NTEREST		Т	# FULL TIN	AE EMPI	ANNUAL REVENUES	. \$	
1	Suite 2			on mill read				F	INSIDE	-	_			# I OLL III		OCCUPIED AREA:	· •	80 FT
						1	DA	_	_	-	OWN		F					SQ FT
BLD#	CITY:		n			STA			OUTSI	DE _	TENA	NT		# PART TIN	ME EMPL	OPEN TO PUBLIC AF		SQ FT
	COUNTY	:				ZIP:	19355									TOTAL BUILDING AR	EA:	SQ FT
DESCRIP	TION OF	PERAT	TIONS:													ANY AREA LEASED	TO OTHERS?	Y/N
LOC#	STREET	219	W. Gree	n Street				C	ITY LIMITS	i IN	NTEREST			# FULL TIN	ME EMPL	ANNUAL REVENUES	: \$	
2									INSIDE		OWN	ER				OCCUPIED AREA:		SQ FT
BLD#	CITY:	Middle	town			STA	TE: DE		OUTSI	DE _	TENA	NT		# PART TIN	//E EMPL	OPEN TO PUBLIC AF	REA:	SQ FT
	COUNTY	:				ZIP:	19709								İ	TOTAL BUILDING AR	EA:	SQ FT
DESCRIP	TION OF (	PERAT	TIONS:													ANY AREA LEASED	TO OTHERS?	Y/N
LOC#			Shrewbu	ırv Ave					ITY LIMITS		NTEREST			# FULL TIN	AF EMPI	ANNUAL REVENUES		
3	JUNEER	021	Omewbe	21 y 7 W C				F	_	-	_			#10LL III			. Ψ	
		01				1	NII	_	INSIDE	-	OWN		F			OCCUPIED AREA:		SQ FT
BLD#	CITY:		sbury			STA			OUTSI	DE _	TENA	NT		# PART TIN	ME EMPL	OPEN TO PUBLIC AF		SQ FT
	COUNTY	:				ZIP:	07702									TOTAL BUILDING AR	EA:	SQ FT
DESCRIP	TION OF	PERAT	TIONS:													ANY AREA LEASED	TO OTHERS?	Y/N
LOC#	STREET	319	High St.					C	ITY LIMITS	i In	NTEREST			# FULL TIN	ME EMPL	ANNUAL REVENUES	: \$	
4									INSIDE		OWN	ER			ĺ	OCCUPIED AREA:		SQ FT
BLD#	CITY:	We	st Chest	er		STA	TE: PA		OUTSI	DE	TENA	NT		# PART TIN	/IE EMPL	OPEN TO PUBLIC AF	EA:	SQ FT
	COUNTY	:				ZIP:	19382								i	TOTAL BUILDING AR	EA:	SQ FT
DESCRIP	TION OF (	DERAT	TIONS:			ļ										ANY AREA LEASED	TO OTHERS?	
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NATUR	RE OF B	USINI															DATE BUSIN	NESS
APA	RTMENTS			ONTRACTOR	-	MANUFA	ACTURING	$\vdash$	RESTAUF	RANT		SERVIC	Ε				STARTED (M	IM/DD/YYYY)
<b>-</b>	NDOMINIU PTION OF I			STITUTIONAL		OFFICE			RETAIL			WHOLE	SALE					
			9	Architect/En	<b>g</b>													
							INSTA	LLATI	ON, SERVI			WORK		OI	FF PREMISE	ES INSTALLATION, SE		PAIR WORK
										9	<b>%</b>						<u></u> %	
RETAIL STORES OR SERVICE OPERATIONS % OF TOTAL SALES:  %  %  DESCRIPTION OF OPERATIONS OF OTHER NAMED INSUREDS  **TOTAL CONTRACTOR OF TOTAL SALES:  %																		
	ΙΟΝΔΙΙ	NTFP	FST (N	ot all fields	annly t	o all ec	enarios - n	ovid	le only t	he no	909999	ry data	) Δ+	tach ACC	ORD 45 f	or more Addition	al Interest	<u> </u>
INTERES					AND ADD				DENCE:		ERTIFIC			DLICY	SEND BIL		ST IN ITEM NU	
ADD	DITIONAL		LIENHOL		. AND ADL			CVIL	PEROE:				1 -0		OCIND BIL	LOCATION:	BUILD	
INS BRE	URED EACH OF	$\vdash$														VEHICLE:	BOAT	
WAI	RRANTY	$\vdash$	LOSS PA															
	OWNER		MORTGA	AGEE												AIRPORT:	AIRCE	
AS	LESSOR		OWNER													CLASS:	ITEM:	
ow	SEBACK NER		REGISTE	RANT												ITEM DESCRIPTIO	N	
	DER'S S Payable		TRUSTE	E REFE	RENCE / L	OAN #:				INTER	EST END	DATE:						
				LIEN	AMOUNT:					PHONE	E (A/C, No	o, Ext):				FAX (A/C, No):		
REASON	FOR INTE	REST:								E-MAIL	L ADDRE	SS:						

EXP	LAIN ALL "YES" RE	SPONSES										Y/N			
1a.	IS THE APPLICA	ANT A SUB	SIDIAR	Y OF ANOTHER EN	TITY ?										
	PARENT COMPA	NY NAME						RELATIONSHIP D	ESCRIPTION		% OWNED				
1b.	DOES THE APP	LICANT H	AVE AN	Y SUBSIDIARIES?							!				
	SUBSIDIARY CO	MPANY NAM	ИE					RELATIONSHIP D	ESCRIPTION		% OWNED				
2.	IS A FORMAL SA	AFETY PR	OGRAN	IN OPERATION?								N			
	SAFETY MA			SAFETY POSITION		MONTHLY MEETINGS	OSHA					N			
3.	ANY EXPOSUR	E IO FLAN	/IMABLI	ES, EXPLOSIVES, C	HEMICA	ALS?						IN .			
4.	ANY OTHER IN	SURANCE	WITH	THIS COMPANY? (L	ist policy	/ numbers)						N			
	LINE OF BUSINE	ss		POLICY NUMBER			LINE OF BUSINES	S	POLICY NUMBER						
5.							NG THE PRIOR TH	REE (3) YEARS FO	R ANY PREMISES OR		ļ.	N			
		` -	<del></del> -	ants - Do not answe	•	•									
	NON-PAYM			SENT NO LONGER REP			_								
_	NON-RENEWAL UNDERWRITING CONDITION CORRECTED (Describe):  ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?  N														
6.	ANY PAST LOS	SES OR CI	LAIMS	RELATING TO SEXU	AL ABU	SE OR MOLESTATION	N ALLEGATIONS, D	ISCRIMINATION OF	R NEGLIGENT HIRING	?		l N			
	DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD.														
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														
	BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY?														
	.,		,												
8.	ANY UNCORRE	CTED FIR	E AND/	OR SAFETY CODE \	/IOLATIO	ONS?						N			
	OCCUR DATE	EXPLANA						RESOLUTION		RES	SOLVE DATE				
9.	HAS APPLICAN	T HAD A F	ORECL	OSURE, REPOSSES	SSION, E	BANKRUPTCY OR FIL	.ED FOR BANKRUF	TCY DURING THE	LAST FIVE (5) YEARS	?		N			
	OCCUR DATE	EXPLANA	TION	<del>.</del>				RESOLUTION		RES	SOLVE DATE				
10.	HAS APPLICAN	T HAD A JI	JDGEN	IENT OR LIEN DURII	NG THE	LAST FIVE (5) YEARS	S?			ļ.	<u> </u>	N			
	OCCUR DATE	EXPLANA	TION					RESOLUTION		RES	SOLVE DATE				
11.	HAS BUSINESS	BEEN PL	ACED I	NATRUST? NAME	OF TRU	IST:	<u>.</u>			•	•	N			
12.								D / DISTRIBUTED	N FOREIGN COUNTR	IES?		N			
12						RD 816 for Property Ex R WHICH COVERAGE	· · · · · · · · · · · · · · · · · · ·	ED2				N			
13.	DOLO AI I LICA	NITIAVE	JIIILK	DOGINESS VENTOR	(LOTOI	K WHIGH GOVERAGE	IONOT REQUEST	LU:				"			
14	DOES APPLICA	NT OWN /	LEASF	/ OPERATE ANY DR	ONES?	(If "YES", describe us	se)					N			
'''	20207 1 2.07.	,		, 0. 2.027		( 20 , accombe ac	,,,								
15.	DOES APPLICA	NT HIRE C	THER	S TO OPERATE DRO	NES? (	(If "YES", describe use)	)					N			
RE	MARKS / PRO	CESSING	INST	RUCTIONS (ACOI	RD 101	, Additional Remai	rks Schedule, m	ay be attached if	more space is requ	uired)		<u> </u>			
				•			·	•							
PRI	OR CARRIER	INFORM	ATION												
YEA				GENERAL LIABILITY		AUTON	IOBILE	PROF	ERTY 01	THER:					
	CARRIER					The Cincinnati In:									
1	POLICY NUME	BER				EBA 058 2145									
	PREMIUM		\$			\$		\$	\$						
	EFFECTIVE DA	ATE				06/28	/2023								
I	EVDIDATION	NATE .				06/28	/2024								

**GENERAL INFORMATION** 

#### 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	Y		Check if none (Attach Loss Summary fo	r Additional Loss	s In	formation)			
ENTER ALL CLAIMS	OR LOSSES (REC	ARDI	DLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCC	CURRENCES THAT MAY	∕ GI\	/E RISE TO CLAIMS			
FOR THE LAST	YEARS						TOTAL LOSSES: \$		
DATE OF OCCURRENCE	LINE		TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAI	м	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.)

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

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<b>ACORD</b>

# ADDITIONAL PREMISES INFORMATION SCHEDULE

Page of

AGENCY					CARRIE	R				NAIC CODE
Insuran	ce Solutions & Services, Inc.				Submiss	ion				
POLICY N	NUMBER		EFFECTIVE D	ATE	NAMED IN	SURE	ED(S)			
24-25 A	UTO		06/28/202	24	EnviroS	ure Ir	nc.			
PREMI	SES INFORMATION									
LOC#	STREET 325 Chestnut St.			CIT	Y LIMITS	INT	EREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	
5					INSIDE		OWNER		OCCUPIED AREA:	SQ FT
BLD#	сту: Philadelphia	STATE	:: PA		OUTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT
	COUNTY:	ZIP: 19	9106						TOTAL BUILDING AREA:	SQ FT
DESCRIP	TION OF OPERATIONS:	•			•		•	•	ANY AREA LEASED TO OTHERS?	Y / N:
LOC#	STREET			CIT	Y LIMITS	INT	EREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	
					INSIDE		OWNER		OCCUPIED AREA:	SQ FT
BLD#	CITY:	STATE	i:		OUTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT
	COUNTY:	ZIP:							TOTAL BUILDING AREA:	SQ FT
DESCRIP	TION OF OPERATIONS:								ANY AREA LEASED TO OTHERS?	Y / N:
LOC#	STREET			CIT	Y LIMITS	INT	EREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	
					INSIDE		OWNER		OCCUPIED AREA:	SQ FT
BLD#	CITY:	STATE	:		OUTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT
	COUNTY:	ZIP:							TOTAL BUILDING AREA:	SQ FT
DESCRIP	TION OF OPERATIONS:								ANY AREA LEASED TO OTHERS?	Y / N:
LOC#	STREET			CIT	Y LIMITS	INT	EREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	
					INSIDE		OWNER		OCCUPIED AREA:	SQ FT
BLD#	CITY:	STATE	i:		OUTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT
	COUNTY:	ZIP:							TOTAL BUILDING AREA:	SQ FT
DESCRIP	TION OF OPERATIONS:								ANY AREA LEASED TO OTHERS?	Y / N:
LOC#	STREET			CIT	Y LIMITS	INT	EREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	
					INSIDE		OWNER		OCCUPIED AREA:	SQ FT
BLD#	CITY:	STATE	i:		OUTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT
	COUNTY:	ZIP:							TOTAL BUILDING AREA:	SQ FT
DESCRIP	TION OF OPERATIONS:								ANY AREA LEASED TO OTHERS?	Y / N:
LOC#	STREET			CIT	Y LIMITS	INT	EREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	
					INSIDE		OWNER		OCCUPIED AREA:	SQ FT
BLD#	CITY:	STATE	i:		OUTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT
	COUNTY:	ZIP:							TOTAL BUILDING AREA:	SQ FT
DESCRIP	TION OF OPERATIONS:								ANY AREA LEASED TO OTHERS?	Y / N:
LOC#	STREET			CIT	Y LIMITS	INT	EREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	
					INSIDE		OWNER		OCCUPIED AREA:	SQ FT
BLD#	CITY:	STATE	<b>:</b>		OUTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT
	COUNTY:	ZIP:							TOTAL BUILDING AREA:	SQ FT
DESCRIP	TION OF OPERATIONS:								ANY AREA LEASED TO OTHERS?	Y / N:
LOC#	STREET			CIT	Y LIMITS	INT	EREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	
					INSIDE		OWNER		OCCUPIED AREA:	SQ FT
BLD#	CITY:	STATE	<u>:</u>		OUTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT
	COUNTY:	ZIP:							TOTAL BUILDING AREA:	SQ FT
DESCRIP	TION OF OPERATIONS:								ANY AREA LEASED TO OTHERS?	Y / N:
LOC#	STREET			CIT	Y LIMITS	INT	EREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	
					INSIDE		OWNER		OCCUPIED AREA:	SQ FT
BLD#	CITY:	STATE	<u>:</u>		OUTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT
	COUNTY:	ZIP:							TOTAL BUILDING AREA:	SQ FT
DESCRIP	TION OF OPERATIONS:							_	ANY AREA LEASED TO OTHERS?	Y / N:
LOC#	STREET			CIT	Y LIMITS	INT	EREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	
		1			INSIDE		OWNER		OCCUPIED AREA:	SQ FT
BLD#	CITY:	STATE	<u>:</u>	_	OUTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT
	COUNTY:	ZIP:							TOTAL BUILDING AREA:	SQ FT
DESCRIP	TION OF OPERATIONS:								ANY AREA LEASED TO OTHERS?	Y / N:
DESCRIP		ZIP:								

## NEW JERSEY COMMERCIAL AUTO

ACORD			COVERA	GES / LI			ΑΟ Ι	•						03/07/20	
AGENCY					_	NSURED(S)									
Insurance Solutions	& Services, Inc.				Enviros	Sure Inc.									
POLICY NUMBER	· · · · · · · · · · · · · · · · · · ·		EFF	ECTIVE DATE	CARRIEI	₹								NAIC	CODE
24-25 AUTO			00	6/28/2024	Submis	ssion									
BUSINESS AUTO	SECTION														
COVERAGES	COVERED AUTO SYMBO	DLS	LIMITS			COVERA	AGES	COVE	RED AU	JTO S	YMBOL	s		LIMITS	
	<b>X</b> 1 4	9 X CSL	BI EA PER \$	1,000,000											
LIABILITY	2 7	BI EACH ACCID	_												
	3 8	PROPERTY DAI	MAGE \$												
	<b>X</b> 5	LAWSUIT	THRESHOLD	MEDICAL	ONLY										
	7	NO THRES							PH	YSICA	AL DAM	IAGE			
PERSONAL INJURY		HEALTH INSUR	ANCE OPTION	YES	NO	TOWING		3					\$		
PROTECTION		MEDICAL EXPE	NSE \$			& LABOR		7							
		DED	\$			OTHER THAI	N	2	-	4		8			
		EXT MED EXP E	A PER \$			COLLISION		3	$\perp \times$	7		_			
EXTRA PIP OPTIONS	NUMBER OF RELATIVES	1	TRI	1 000 000		SPECIFIED CAUSES OF	1.000	2		4	Ш	8			
UNINSURED /	2 × 6	CSL	_ EAPER ♥	1,000,000		CAUSES OF	1033	3		7		_			
UNDERINSURED MOTORIST	3 7	BI EACH ACCID				COLLISION		2		4	H	8			
	4	PROPERTY DAI	MAGE \$					3		7		+			
HIRED / BORROWED	X YES STATES	COST OF HIRE	×	IF ANY BASIS			STATE	S #	DAYS	1	# VEH	(	COVERAGE / I	DEDUCTIB	LE
LIABILITY	NO NJ	\$											отс	\$	
	YES STATES	GROUP TYPE	F	NUMBE	R OF	HIRED PHYSICAL	NJ					[2	SPEC C OF L	\$	
NON-OWNED	NO NJ	EMPLOYE	ES			DAMAGE						_	COLL	\$	
LIABILITY		VOLUNTE	ERS			1						$\perp$			
COVERED (1) ANY	ALITO	PARTNER	(4) OWNED AUT	OS OTHER TH	AN PRIVATI	PASSENGER		COVERA	GE IS:		(7) SE		IMARY DESCI		NDARY
AUTO (2) OWN	NED AUTOS ONLY		(5) OWNED AUTO (6) OWNED AUTO	OS SUBJECT T	O NO-FAUI	.T					(8) HI	RED A	AUTOS ONLY WNED AUTOS		00
(-7 -	NED PRIVATE PASSENGER  7 REMARKS (ACO									ed)	(9) 140	JIN-UV	WNED AUTOS	OINLT	
	,	12 101,71441110110			,		.с.с срс		- qu	<del>,</del>					
SIGNATURE	NINOLLIDEC AND ETT	E OD MICH EARTHS	INICODA AATICS	100100100	U IOATIC:	LEOD *** !!:	N ID 4 N C =	- DOL 101	V 10 0:	LIB 'S	OT T	. 65:	INAINIAL AND	OD ///:	
PENALTIES.	) INCLUDES ANY FALS	E OR MISLEADING	INFORMATION	N ON AN APP	LICATION	I FOR AN INS	OUKANCE	: POLIC	Y IS SI	ORJE	:CIIC	CRI	IMINAL AND	CIVIL	
I UNDERSTAND TH	IAT THE COVERAGE S	ELECTION AND LIM	IT CHOICES IN	IDICATED H	ERE OR IN	N ANY STATE	SUPPLE	MENT V	VILL A	PPLY	′ TO AI	LL FL	JTURE POLI	CY	
	INUATIONS AND CHAN											_			
APPLICANT'S SIGNATU	JRE		DATE	PR	ODUCER'S	SIGNATURE							NATIONAL F	RODUCER	NUMBER

ACORD 137 NJ (2015/12)

TRUCKERS SECTION

COVERAGES	41 46 CSL BI EAPER \$																PH.	YSICAL	. DAMAG	F		
GOVERNAGES	-				T	+	Τ.	CSL	BI				COVERA	AGES		COVE UTO SY			DAMAC	LIMITS		DEDUCTIBLE
LIABILITY		1		1		В							-		<u> </u>	42	T WIBOI	47				
		1		1									OTHER THA			43		1 "				\$
		44						AWSUIT				DICAL ONLY	COLLIDION			46		1				
		46					$\neg$	NO THRE	SHOLD							42		47	SCL	FT	LSP	
PERSONAL		1				Н		TH INSUR		PTION		YES NO	SPECIFIED CAUSES OF			43		1 "	F	FT	w	\$
INJURY PROTECTION		_				I <sub>M</sub>	MEDIC	CAL EXPE	NSE	\$			CAUGEO OI	2000		46		' [				
							ED			\$						42		47				
								IED EXP I	EA PER	\$			COLLISION			43		1 "				\$
EXTRA PIP OPTIONS	NU	MBEF	ROFR	RELA	TIVES:											46		1				
		42			46			CSL	BI EA PI	FR \$			TOWING			46						
UNINSURED / UNDERINSURED		43				В	II EAC			-i` \$			& LABOR						\$			
MOTORIST		45	_			P	ROP	ERTY DA	MAGE	\$							TRAIL	ER INT	TERCHA	NGE		
													COVERA	AGES	SY	MBOL	# TR	AILERS	FARTH	# DAYS	RADIUS	DEDUCTIBLE
													OTHER THA	AN		48						
NON-TRUCKERS		YES	S	S	TATES	С	OST	OF HIRE			IF ANY B	ASIS	COLLISION			49						
HIRED / BORROWED		NO				\$				-	ļ!		SPECIFIED			48						
TRUCKERS		YES	S	S	STATES	С	OST	OF HIRE			IF ANY B	ASIS	CAUSES OF	FLOSS		49						
HIRED / BORROWED LIABILITY		NO				\$				-	ļ!					48						
		YES	S	S	TATES			IP TYPE			N	JMBER OF	COLLISION			49						\$
NON-OWNED		NO					E	MPLOYE	ES				TRAILER VA	ALUE	\$	1					-	
AUTO LIABILITY		_					$\neg$	/OLUNTE	ERS					ST	ATES	# 0	DAYS	#	VEH			
							F	PARTNER	S													
OTHER											-1		HIRED									
													PHYSICAL DAMAGE									
						T									СО	VERAG	E IS:			PRIMARY	s	ECONDARY
													OTHER	-					1			
COVERED AUTO SYMB	OLS				(4	 14) OV	NNE	O AUTOS	SUBJEC	T TO N	O-FAULT	(46) SPE	CIFICALLY DES	SCRIBED	AUTC	os		(49) Y	OUR TR	AILERS IN	THE POSS	ESSION OF
(41) ANY AUTO	11.37					45) OV	NNE	O AUTOS	SUBJEC	T TO A		(47) HIR	ED AUTOS ONL	Y			n		ANOTHE	R TRUCKE	R UNDER A	
(42) OWNED AUTOS ON (43) OWNED COMMERC		OTUA	S ONL	Υ_				JLSORY RIST LAW		KED			ILERS IN YOUF RAILER INTERC							IANGE AGI NED AUTO		
ENDORSEMENTS	5 / R	EM/	ARK	S (A	CORD	101	, Ac	dition	al Rem	arks	Schedu	le, may be	attached if	more s	расе	e is re	quire	ed)				
	_						_															
SIGNATURE																						
ANY PERSON WHO	) INC	CLUC	ES A	NY	FALSE (	OR M	IISLE	ADING	INFOR	MATIC	N ON AN	I APPLICATIO	N FOR AN IN	SURAN	ICE P	OLICY	IS SI	UBJEC	т то с	RIMINAL	AND CIVI	<u> </u>
PENALTIES.																						
I UNDERSTAND TH	IAT T	HE (	COVE	RAG	GE SELE	ECTIO	ON A	AND LIM	IIT CHO	ICES	INDICATI	ED HERE OR	IN ANY STAT	E SUPF	PLEMI	ENT W	ILL A	PPLY 1	TO ALL	FUTURE	POLICY	
RENEWALS, CONT																						
APPLICANT'S SIGNATU	JRE								DATE			PRODUCER	S SIGNATURE							NATIO	NAL PROD	UCER NUMBER

MOTOR CARRIER SECTION

MOTOR CARRIES					Г				_											
COVERAGES	CO		AUTO	SYMBOLS			T RI	LIMIT					1	COVE		YSICAL	DAMA			I
		61		67		CSL	BI EA PE	R \$			COVERAG	GES	Αl	COVE JTO SY	MBOL			LIMITS		DEDUCTIBLE
LIABILITY		62		68	BIE	ACH ACCID	ENT	\$			OTHER THAN	N.		62		67				
		63		71	PRC	PERTY DA	MAGE	\$			COLLISION	•		63		68				\$
		64												64						
		65				LAWSUIT	THRESH	OLD	MED	ICAL ONLY				62		67	sc	L FT	LSP	
		67				NO THRES	SHOLD				SPECIFIED CAUSES OF	LOSS		63		68	F	FTV	/	\$
PERSONAL		]			HEA	LTH INSUR	ANCE OF	MOIT	,	YES NO				64						
INJURY PROTECTION		•			MED	DICAL EXPE	NSE	\$						62		67				
					DEC	)		\$			COLLISION			63		68				\$
						MED EXP	A PER	\$						64						
EXTRA PIP OPTIONS	NUI	MBER C	OF REL	_ATIVES:							TOWNS			63						
		62		66		CSL	BI EA PE	R \$			TOWING & LABOR			67		,	\$			
UNINSURED / UNDERINSURED		63		67	BLE	ACH ACCID		\$							TRAII	ER INT	FRCH	ANGF		1
MOTORIST		64		1 "		PERTY DA		\$			COVERAG	GES.	SYN	/BOL		AILERS			RADIUS	DEDUCTIBLE
		04		1	11110	DI LICIT DA	WIAGE	Ψ					0	69	,,,,,	AILLING	ZUNI	E W DATE	ПАВІСС	DEBOOTIBLE
											OTHER THAN	N								
														70			-			
											SPECIFIED CAUSES OF	1000		69						
		Lveo		074750							CAUGES OF	LU33		70			-	+		
NON-TRUCKERS HIRED / BORROWED		YES		STATES		ST OF HIRE		Ш	IF ANY BA	SIS	COLLISION			69						\$
		NO		071750	\$									70						
TRUCKERS HIRED / BORROWED		YES		STATES	COS	ST OF HIRE			IF ANY BA	SIS	TRAILER VAL		\$	1				_		
LIABILITY		NO			\$						4	STA	TES	# D	AYS	# \	/EH			
		YES		STATES	GRO	OUP TYPE			NU	MBER OF	_									
NON-OWNED AUTO		NO				EMPLOYE	ES				HIRED PHYSICAL									
LIABILITY						VOLUNTE	ERS				DAMAGE									
						PARTNER	S													
OTHER													COV	'ERAGI	E IS:			PRIMARY		SECONDARY
											OTHER									
COVERED AUTO SYMB	OLS					IED COMME					CIFICALLY DESC		AUTO	3				RAILERS IN ER TRUCKE		
(62) OWNED AUTOS ON				(66)	OWN	IED AUTOS	SUBJECT	ТОА	COMPUL-	(69) TRA	ILERS IN YOUR	POSSES			₹	11	NTERC	HANGE AGF	REEMENT	TRAILLE
(63) OWNED PRIVATE F						Y UNINSUR					RAILER INTERCH						ON-OV	VNED AUTO	SONLY	
ENDORSEMENTS	6 / R	EMAF	RKS	(ACORD 1	01, /	Addition	al Rema	arks	Schedul	e, may be	attached if m	ore s	oace	is re	quire	ed)				
SIGNATURE																				
ANY PERSON WHO PENALTIES.	) INC	LUDE	S AN	Y FALSE OF	R MIS	LEADING	INFORM	ИATIC	N ON AN	APPLICATIO	N FOR AN INS	SURANG	CE PO	DLICY	IS SI	JBJEC	T TO	CRIMINAL	AND CIVI	L
I UNDERSTAND TH RENEWALS, CONT												SUPPI	EME	NT W	ILL AI	PPLY T	O ALI	FUTURE	POLICY	
APPLICANT'S SIGNATU	JRE						DATE			PRODUCER	S SIGNATURE							NATIO	NAL PROD	UCER NUMBER
I							1			i								1		

					ADDITION	NAL COV	ERAGES AND E	ENDC	RSE	MENTS			
Loc#	ST	Cov C		Description	notorist combined	Type of Cov	/erage	Foi	rm No.	Edition Date	Rate	Optio	n Codes
Limit	1	Owic	Lim		Limit 3	Ded 1	Deductible Type 1		Ded 2	Deductib	le Type 2	1	Premium
1,000	,000												
Loc#	ST	Cov C	ode	Description		Type of Cov	/erage	I Fo	rm No.	Edition Date	Rate	I Optio	n Codes
	NJ	HUL		Hired UM/U		Hired/Borro	-					"	00000
Limit			Lim		Limit 3	Ded 1	Deductible Type 1	'	Ded 2	Deductib	ole Type 2	-	Premium
1,000	,000												
Loc#	ST	Cov C	ode	Description		Type of Cov	/erage	I Fo	rm No.	Edition Date	Rate	I Optio	n Codes
	NJ	NOW		Non-owned		Non-Owned	_						
Limit			Lim		Limit 3	Ded 1	Deductible Type 1		Ded 2	Deductib	le Type 2		Premium
1,000	,000												
Loc#	ST	Cov C	ode	Description		Type of Cov	/erage	I Fo	rm No.	Edition Date	Rate	Optio	n Codes
						7,							
Limit	1		Lim	t 2	Limit 3	Ded 1	Deductible Type 1	'	Ded 2	Deductib	le Type 2	•	Premium
Loc#	ST	Cov C	ode	Description		Type of Cov	/erage	Foi	rm No.	Edition Date	Rate	Optio	n Codes
				,			-				<u> </u>		
Limit	1		Lim	t 2	Limit 3	Ded 1	Deductible Type 1		Ded 2	Deductib	le Type 2		Premium
Loc#	ST	Cov C	ode	Description		Type of Cov	/erage	I Fo	rm No.	Edition Date	Rate	I Optio	n Codes
						1,7,700.00	9-						
Limit	1		Lim	t 2	Limit 3	Ded 1	Deductible Type 1	•	Ded 2	Deductib	ile Type 2		Premium
Loc#	ST	Cov C	ode	Description		Type of Cov	/erage	Foi	rm No.	Edition Date	Rate	Optio	n Codes
						7,							
Limit	1	•	Lim	t 2	Limit 3	Ded 1	Deductible Type 1	•	Ded 2	Deductib	le Type 2	•	Premium
Loc#	ST	Cov C	ode	Description		Type of Cov	/erage	I Fo	rm No.	Edition Date	Rate	Optio	n Codes
						1,7,700.00	9-						
Limit	1	•	Lim	t 2	Limit 3	Ded 1	Deductible Type 1	•	Ded 2	Deductib	le Type 2	•	Premium
Loc#	СТ	Cov C	ode.	Description		Type of Cov	/erage	I Fo	rm No.	Edition Date	Rate	I Ontio	n Codes
LOC #			Jouc	Description		Type or oov	relage	' '	111110.	Lattion Date	INdio	Optio	ii Oodes
Limit	1	ı	Lim	t 2	Limit 3	Ded 1	Deductible Type 1	'	Ded 2	Deductib	le Type 2	<b>I</b>	Premium
Loc#	ST	Cov C	ode	Description		Type of Cov	/erage	Foi	rm No.	Edition Date	Rate	Optio	n Codes
Limit	1	<u> </u>	Lim	t 2	Limit 3	Ded 1	Deductible Type 1		Ded 2	Deductib	l le Type 2	1	Premium
							,				,,		
L 00 #	e-	I Cov. C	,ode	Docorietie		Type of C-	uoraga.	TES	rm No.	Edition Data	I Data	I 0~4:-	n Codes
Loc#	ادا	Cov C	oue	Description		Type of Cov	reraye		III INU.	Edition Date	Rate	Opilo	II COUES
Limit	1	ı	Lim	t 2	Limit 3	Ded 1	Deductible Type 1		Ded 2	Deductib	ole Type 2	1	Premium
Loc#	ST	Cov C	ode:	Description		Type of Cov	/erage	For	rm No.	Edition Date	Rate	Ontio	n Codes
			,ouc	Dosonption		1,500 01 000	. J. ago			Lanion Date	Nate	Optio	00003
Limit	1		Lim	t 2	Limit 3	Ded 1	Deductible Type 1	'	Ded 2	Deductib	le Type 2	•	Premium
Loc#	ет	Cov C	,ode	Description		Type of Cov	verage.	I Ec	rm No.	Edition Date	Rate	Ontio	n Codes
LUC#	ادا		oue	ครอบเป็นเดม		Type of Cov	reray <del>e</del>	Fol	III INU.	Euilion Dale	Nait	Opilo	II COURS
Limit	1		Lim	t 2	Limit 3	Ded 1	Deductible Type 1		Ded 2	Deductib	le Type 2	'	Premium
OFB/	AADC	CV			1	l					Copyria	ht 2000. A	MS Services, Inc

R	,
<i>ACORD</i> °	

### **BUSINESS AUTO SECTION**

DATE (MM/DD/YYYY) 03/07/2024

BUSII	IO SECTION	03/	07/2024	
AGENCY		CARRIER		NAIC CODE
Insurance Solutions & Services, Inc.		Submission		
POLICY NUMBER	EFFECTIVE DATE	NAMED INSURED(S)		
24-25 AUTO	06/28/2024	EnviroSure Inc.		
		-		

### COVERAGES / LIMITS

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

DRIVE	R INFORMATION	ACORE	163 atta	ached	l for additional d	rivers								
								E OWN VEHICLES ON COMPANY						
DRIVER #	NAI CITY, STATE A		SEX	* MAR STAT	DATE OF BIRTH					DATE HIRE	BROADEN NO-FAULT	DOC	USE VEH#	% USE
1	Scott	Smith			01/18/1974			26352540	PA					
2	Charles			11/03/1982			1679292	DE						
3	Bernard Beegle				02/23/1963			19901676	PA					
4	Kyle	Eckley			03/30/1999			32015362	PA					
5	Josh	Ostrow			03/27/1996			31033216	PA					
6	Zachary Booker				04/23/1995			2194387	DE					
7	Derek	Grothusen			10/10/1997			G75841646110974	NJ					
8	Ailish	Donnelly			07/02/2000			32528661	PA					

\* MARITAL STATUS / CIVIL UNION (if applicable)

GENER	RAL INF	-ORMA	NOITA

EXP	LAIN AL	L "YES" RESPONSES						Y/N							
1.	WITH THE EXCEPTION OF ANY ENCUMBRANCES, ARE ANY VEHICLES FOR WHICH INSURANCE IS REQUESTED NOT SOLELY OWNED BY AND REGISTERED TO THE APPLICANT?														
	VEH#	NAME OF OTHER OWNER		VEH#	NAME OF OTHER OWNER										
2.	. DO OVER 50% OF THE EMPLOYEES USE THEIR AUTOS IN THE BUSINESS? (no explanation needed)														
3.	IS THERE A VEHICLE MAINTENANCE PROGRAM IN OPERATION?														
4.	ARE A	NY VEHICLES LEASED TO OTHERS?													
5.	ANY C	AR MODIFIED / SPECIAL EQUIPMENT? (Include customized	d vans / pickups)												
	VEH#	DESCRIPTION	COST	VEH#	DESCRIPTION	COST									
			\$			\$									
6.	ARE IC	CC (Interstate Commerce Commission), PUC (Public Utility Co	mmission) OR OTH	HER FIL	INGS REQUIRED? (If "YES", attac	ch ACORD 194) (no explanation r	ieeded)								
7.	DO OF	PERATIONS INVOLVE TRANSPORTING HAZARDOUS MATE	RIAL?												
l								1							

GENERAL INFORMATION (continued)

AGENCY CUSTOMER ID: 00000918

EXPLAIN ALL "YES" RESPONSES	,						Y/N
8. ANY HOLD HARMLESS AGREE	MENTS?						
9. ANY VEHICLES USED BY FAMIL	LY MEMBERS? IF SO, IDENTIFY.						
10. DOES THE APPLICANT OBTAIN	MVR (Motor Vehicle Record) VERIFICATIONS?						
11. DOES THE APPLICANT HAVE A	SPECIFIC DRIVER RECRUITING METHOD?						
12. ARE ANY DRIVERS NOT COVER	RED BY WORKERS COMPENSATION?						
13. ANY VEHICLES OWNED BUT N	OT SCHEDULED ON THIS APPLICATION?						
	ONS FOR MOVING TRAFFIC VIOLATIONS?						
	IDER KANSAS LAW, THE FOLLOWING TRAFFIC VIOLATION (6) miles per hour (mph) that occurs in an area with a ma						
	(10) miles per hour (mph) that occurs in an area with a m	aximum posted sp	eed limit from 55 mp	h through 75 mph.			
DRV # DATE (MM/DD/YYYY) TYF	PE		PLACE (CITY, STAT	E)		# YRS REV	
15. HAS AGENT INSPECTED VEHIC	CLES?						
16. ARE ALL VEHICLES TO BE INCL	LUDED IN THIS POLICY PART OF A FLEET?						
17. DO YOU HAVE ELECTRONIC M	ONITORING DEVICES THAT RECORD AND TRANS	SMIT DATA IN A	NY OF YOUR VEHI	CLES?			
If "YES", what percentage of vehicles in	your overall fleet are monitored (1 - 100%)	% Please indic	ate how you utilize the	devices (check all that ap	ply):		
MONITOR DRIVER SAFETY	TRACK FUEL CONSUMPTION MONITO	PR VEHICLE MAINT	ENANCE	MILEAGE TRACKING	LOCATION	TRACKING	
NAVIGATION	Describe:						
DESCRIPTION OF GARAGE / STORAGE L	OCATIONS			MA	XIMUM DOLLAR VA	ALUE SUBJECT TO L	oss
				\$			
ADDITIONAL INTEREST / CERT	TIFICATE RECIPIENT ACORD	45 attached f	or additional na	mes			
INTEREST	NAME AND ADDRESS RANK: EVIDEN	CE: CERTI	FICATE			N ITEM NUMBER	
ADDITIONAL LOSS PAYEE	Meridian Bank			VEH	HICLE: 2	LOCATION:	
EMPLOYEE AS LESSOR OWNER	9 Old Lincoln Hwy						
LENDER'S LOSS REGISTRANT PAYABLE							
LIENHOLDER	Malvern		PA 19355				
		_					
	REFERENCE / LOAN #:						
INTEREST	NAME AND ADDRESS RANK: EVIDEN	CE: CERTI	FICATE		INTEREST I	N ITEM NUMBER	
ADDITIONAL LOSS PAYEE				VEH	HICLE:	LOCATION:	
EMPLOYEE AS LESSOR OWNER							
LENDER'S LOSS PAYABLE REGISTRANT							
LIENHOLDER							
		-					
	REFERENCE / LOAN #:						
REMARKS (ACORD 101, Additi	onal Remarks Schedule, may be attached i	f more space	is required)				
Ī							ı

VEHICL	E DES	CF	RIPTIC	ON	<u> </u> ×	ACOR	D 12	29 attac	hed			al ve	hicles														
VEH#	YEAR	L	MAKE:							BODY TYPE									VEHI	CLE TY	/PE	_	5	SYM / AG	COMP OTC SY	/ COLL M SYM	
1	2009	١	MODEL	L: Rav	<b>/</b> 4					V.I.N.:	JTI	MBF:	32V99D0	)147	728			PP		SPEC		COM	1L				
GARAGIN	G STR	EE1	(Requ	ired in	KY)				CITY	•							COUNTY	-						STAT	ZIP	,	
ADDRESS	. 1	) Hi	igh St.						Wes	t Chester														PA	1938	2	
LIC STATE	TEI	RR			GVW/0	GCW	$\Box$	CLAS	ss	SIC FA			FACTOR	ACTOR SEAT CP R			RADIUS FARTH			HEST T	ERMI	INAL			COST N	EW	
I SIAIL	14	15						739	8														\$				
USE			COM	им'L	FC	OR HIRE	CHE	CK ERAGES		ADD'L NO FAULT	-   >		IDRINS DTOR		F	-	LSP	R	RENT DEDUCTIBLES			$\Box$	ACV COMP/ SPE				
PLE	ASURE		RET	AIL		F	$\overline{}$	LIAB		MED PAY	۴	TO	WING ABOR		FT	×	COMP/ OTC				AA		ST A		500	C OF L	
FAR	М		SER	VICE		F		NO-	×	UNINS MOTOR		SP	LABOR L DF L		FTW	$\stackrel{\leftarrow}{\times}$	COLL			\$	701	_	] 0. //	s	500	COLL	
DRIVE TO WORK / S		Т	┷,	5 MILE	s	15 MILES	S +	FAULT NET VE	VEH																		
WORK / S	YEAR	╁	MAKE:			1.0		DR/CR	CR: 1										-		REM: §		SYM / AG	COMP OTC SY	/ COLL M SYM		
2	2014				nsit Co	nnect				V.I.N.:		10LS	7E77E11	721	109			PP		SPEC	<u> </u>	Тсом		) I III / AO	OTC SY	M SYM	
	1 070		MODEL (Requ						CITY	V.I.N.:	1410	1020	, _ , ,	12	100	-	COUNTY	1	Ш.	01 20	Щ		-	STAT	ZIP		
GARAGIN ADDRESS	<u> </u>		igh St.		KI)					t Chester							COUNTY							PA		12	
LIC			gri St.		CV/IN / /		$\overline{}$	CLAS		1			FACTOR	Т.	CEAT CD	ᆛ	ABILIE		FARTI	IECT T							
STATE	TE:				GVW/0	3CW		CLAS 0148		SI	C		FACTOR	- [	SEAT CP	"	RADIUS		FAKIF	HEST T	EKIVII	NAL			COST N	EVV	
L	14	100	T	1 -				ADD'I NO		<u> </u>	IDDING		I - I		1.05	l R	ENT	LDED	шст	IBLES	$\overline{}$	\$	COMP/ OTC	lepec			
USE		COM	- +		OR HIRE	CK ERAGES	$\vdash$	ADD'L NO FAULT	` <b> </b>	S MC	IDRINS DTOR		F -		LSP COMP/	R	EIMB	DED	UCIII	BLES	igspace			SPEC C OF L			
PLEASURE RETAIL LIA										MED PAY		_ &Ľ	WING ABOR		FT	<u>×</u>	COMP/ OTC	F	G		AA	L	STA	MT \$	500		
FAR	VICE	,	NO- FAULT	$ \mathbf{X} $	UNINS MOTOR		C	EC OF L		FTW	<u>×</u>	COLL			\$				\$	500	COLL						
DRIVE TO WORK / S		5 MILE		15 MILES	DR/CR:	:n	LBODY	,											REM: \$	\$		Loour					
VEH#	YEAR	MAKE:						BODY TYPE	:								VEHI	CLE TY	/PE	_	s	SYM / AG	COMP OTC SY	/ COLL M SYM			
3	2014		MODEL	L: Rog	gue					V.I.N.:	JN	8AS	5MV2EW	/201	1621			PP		SPEC		COM	IL _				
GARAGING STREET (Required in KY)									CITY								COUNTY							STAT	ZIP		
ADDRESS	•			Wes	t Chester	•													PA	1938	32						
LIC STATE TERR GVW/GCW									s	SI	С		FACTOR	:	SEAT CP	R	RADIUS		FARTH	HEST T	ERMI	INAL			COST N	EW	
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USE COMM'L FOR HIRE CHECK COVERA								CK ERAGES		ADD'L NO FAULT	·   >	\ UN	IDRINS DTOR		F		LSP	R	ENT EIMB	DED	UCTI	BLES		ACV >	COMP/ OTC	SPEC C OF L	
PLE	ASURE		RET	AIL		Ī	$\times$	LIAB		MED PAY		TO	WING ABOR		FT	×	COMP/ OTC	F(			AA		STA		500		
FAR	М		SER	VICE		Ī	X	NO- FAULT	X	UNINS MOTOR		SP	EC		FTW	×	COLL			\$			_	\$	500	COLL	
DRIVE TO WORK / S	CHOOL	Т	< 1	5 MILE	s	15 MILES	S+	NET VE	VEH									AL PI	REM: §	s							
VEH#	YEAR	İ	MAKE:	Toy	ota			2.00.0		BODY TYPE							VEHICLE TYPE						SYM / AG	COMP OTC SY	/ COLL M SYM		
4	2010	,	MODEL	L: Rav	/4					V.I.N.:	17	MDF	4DV0A50	018	919			PP SPEC COML					1L		0.00.		
GARAGIN	G STR		(Requ						CITY								COUNTY							STAT	ZIP		
ADDRESS	. 1	) Hi	igh St.						Wes	t Chester														PA	1	9382	
LIC STATE	TEI	RR			GVW/0	GCW	$\Box$	CLAS	ss	SI	С		FACTOR	-	SEAT CP	R	RADIUS		FARTH	HEST T	ERMI	INAL			COST N	EW	
J STATE	14	15						739	8															\$			
USE			COM	им'L	FC	OR HIRE	CHE	CK		ADD'L NO FAULT	-   >	UŅ	IDRINS		F		LSP	RENT		DED	UCTI	BLES		ACV >	COMP/	SPEC C OF L	
<u> </u>	ASURE		RET	+		- H		ERAGES LIAB		MED PAY	<b>–</b>	TO	WING ABOR		FT	×	COMP/ OTC	F F	EIMB G		AA		STA		500	C OF L	
FAR			_	VICE		-		NO- FAULT	×	UNINS MOTOR		SP	LABOR L DF L		FTW	$\stackrel{\leftarrow}{\sim}$	COLL			\$	ДΛ	_	7 01 7		500	COLL	
DRIVE TO WORK / S		Т		5 MILE	s	15 MILES		NET VE DR/CR:	EH	MOTOR		100	OF L									REM: §		Ψ		COLL	
		00				1			dule, may be attached if more space is required)										101	AL PR	CEIVI: 3	<b>&gt;</b>					
KEWAR	KNO (A	<u></u>	ו עא	UI, A	uaitioi	iai Keilia	arks	Sched	iuie, i	nay be	allac	neu	II IIIOI'E	sp	ace is	eq	uirea)				—						

#### 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

SIGNATURE

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

®
<b>ACORD</b>

# VEHICLE COHEDINE

DATE (MM/DD/YYYY)	
03/07/2024	

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AGENCY												CAR	RIER							_		NAIC (	ODE
Insuranc	e Solut	tions &	& Service	es, Inc.								Submission											
POLICY N	JMBER								EI	FFECTI	VE DATE	NAME	D INSURE	ED(S	3)								
24-25 AL	JTO								06/28/2024 EnviroSure Inc.														
VEHICL		CDIE	TION																				
VEH#	YEAR			yota					BODY								VF	HICLE TYPE		SYN	/ AGE	COMP / OTC SYM	COLL SYM
5	2012	1417	DDEL: R						V.I.N.:	2T3I	BF4DV0C	W244	4798			<b>—</b> ,	PP	SPEC	COML		,,,,,,	OTC SYM	SYM
	ОТП		Required in					CITY	V.I.N.:					Т	COUNTY		<u>.                                      </u>	01 20	OOME	щ	STATE	ZIP	
GARAGING ADDRESS	<b>-</b>		ewbury A						wsbury						COUNTY	•					NJ	07702	
LIC	TE		- Wouly A		/ GCW		CLAS		Sid		FACTO	ь	SEAT CP		ADIUS	1	FAD	THEST TERM	INIAI	-		COST NEV	
STATE	16	KK		GVW	GCW		7398	3	310	,	PACIO	ĸ	SEAT CF	"	ADIUS		FAR	INESI IERWI	INAL			COST NEV	V
USE '	10		COMM'L	т.	FOR HIRE	- 1			ADD'L NO-		UNDRINS	$\top$	F		LSP	Н	RENT	DEDUCTI	IDI ES	$\dashv$	\$	COMP/ OTC	ISPEC
		Н'	-OK HIKE	CK ERAGES	$\vdash$	FAULT		MOTOR TOWING		-	_			REIMB	$\vdash$		AC			SPEC C OF L			
	SURE	_	RETAIL	Ш			LIAB NO-	$\overline{}$	MED PAY		& LABOR		FT	$\stackrel{\mathcal{S}}{\odot}$	COMP/ OTC		FG	AA	ST	AMT	Ψ	00	
FARM			SERVICE		1	IX	FAULT		UNINS MOTOR		SPEC C OF L		FTW	<u> </u>	COLL			\$			\$ 5	00	COLL
DRIVE TO WORK / SO	< 15 MIL	15 MILE	NET VE DR/CR:		BODY									TOTAL PI	REM: \$			COMP /	COLL				
VEH# YEAR MAKE: Honda									TYPE:									HICLE TYPE	_	SYN	/ AGE	COMP / OTC SYM	COLL SYM
6	2007		DDEL: CF						V.I.N.:	5J6F	RE48347L	.0027	′24				PP	SPEC	COML	L			
GARAGING	<b>-</b>		Required in					CITY	_						COUNTY						STATE	ZIP	
ADDRESS	62	1 Shre	ewbury A	ve				Shre	wsbury					$\perp$							NJ	07702	
LIC STATE	TE	RR		GVW	/ GCW		CLAS	S	SIG		FACTO	R	SEAT CP	R	ADIUS		FAR	THEST TERM	INAL			COST NEV	V
1	16					- 1	7398										DELIT			$\perp$	\$	00110/	
USE			COMM'L		FOR HIRE	COV	CK ERAGES		ADD'L NO- FAULT	X	UNDRINS MOTOR		JF		LSP		RENT REIMB	DEDUCTI	IBLES	AC	v <b>×</b>	COMP/ OTC	SPEC C OF L
PLEASURE RETAIL LIAB								-	MED PAY		TOWING & LABOR		FT	$\times$	COMP/ OTC		FG	AA	ST	AMT	\$ 5	00	
FARM SERVICE NO-FAUL									UNINS MOTOR	SPEC C OF L		FTW	<u>×</u>	COLL			\$			\$ 5	00	COLL	
DRIVE TO WORK / SO	CHOOL		< 15 MIL		15 MILE	S+	NET VE DR/CR:	H										TOTAL PI	REM: \$				
VEH#	YEAR		AKE: FO					BODY TYPE:									VE	HICLE TYPE	_	SYN	/ AGE	COMP / OTC SYM	COLL SYM
7	2013	мс	DDEL: Tra	ansit					V.I.N.:	NMC	LS7CN8E	)T12	6034			F	PP	SPEC	COML				
GARAGING	3 STR	EET (F	Required in	n KY)				CITY							COUNTY						STATE	ZIP	
ADDRESS	219	9 W. G	Green St	reet				Midd	letown												DE	19709	
LIC STATE	TE	RR		GVW	/ GCW		CLAS	s	SIG	:	FACTO	TOR SEAT CP RADIUS				FARTHEST TERMINAL						COST NEV	V
1	03					- 1	01489	,													\$		
USE			COMM'L	ı	FOR HIRE	COV	CK ERAGES		ADD'L NO- FAULT	×	UNDRINS MOTOR		F		LSP		RENT REIMB	DEDUCTI	IBLES	AC	v X	COMP/ OTC	SPEC C OF L
PLEA	SURE		RETAIL			$\times$	LIAB		MED PAY		TOWING & LABOR		FT	×	COMP/ OTC		FG	AA	ST	- AMT		00	
FARM	1		SERVICE			$\times$	NO- FAULT	$\times$	UNINS MOTOR		SPEC C OF L		FTW	X	COLL			\$			<sub>\$</sub> 5	00	COLL
DRIVE TO WORK / SO	CHOOL		< 15 MIL	ES	15 MILE	S+	NET VE DR/CR:	H '			0 0. 2							TOTAL PI	REM: \$				
VEH#	YEAR	M.	AKE: FO	rd					BODY TYPE:								VE	HICLE TYPE		SYN	/ AGE	COMP / OTC SYM	COLL SYM
8	2013		DDEL: Tra						V.I.N.:	N IN AC	LS7CN4E	)T12	6032			F	PP	SPEC	COML				
GARAGING	STR	EET (F	Required in	n KY)				CITY	<b>!</b>						COUNTY		_	I		<u> </u>	STATE	ZIP	
ADDRESS	- 1	9 W. G	Green St	reet				Midd	letown												DE	19709	
LIC STATE	TE	RR		GVW	/ GCW		CLAS	s	SIG	;	FACTO	R	SEAT CP	R	ADIUS		FAR	THEST TERM	INAL			COST NEV	v
I	03						01489														\$		
USE			COMM'L	I	FOR HIRE	CHE	CK ERAGES		ADD'L NO-	×	UNDRINS	T	F	_	LSP		RENT	DEDUCTI	IBLES	AC	vX	COMP/ OTC	SPEC C OF L
PLEA	SURE		RETAIL	$\Box$		×	LIAB		FAULT MED PAY		MOTOR TOWING		┧ <sub>╒┰</sub> ╶┟	×	COMP/		REIMB FG	l AA	1 91	 TAMT	\$ 5	00	C OF L
FARM	1		SERVICE	ш			NO-		UNINS	$\vdash$	& LABOR SPEC C OF L		frw h	$\stackrel{\leftarrow}{\nabla}$	OTC			\$	Ш 31	AWII	Ψ_	00	COLL
DRIVE TO WORK / SO		$\top$	< 15 MIL	FS	15 MILE	-S+	FAULT NET VE DR/CR:	H	MOTOR	Ш	COFL		1	<u> </u>		Ш		· ·	DEM 0		J P		COLL
WORK / SO	YEAR	1 000		ssan	10 111122		DR/CR:		BODY								VF	TOTAL PI	REM: \$	SYN	/ AGE	COMP / OTC SYM	COLL SYM
9	2013	IVIZ	DDEL: RO						TYPE:	INIS	AS5MVXE	)\//65	7378			<b>—</b> ,	PP	SPEC	СОМЬ		7 402	OTC SYM	SYM
			Required in				1	CITY	V.I.N.:	3110	AOOWIVAL	7000	77370	Т	COUNTY		-	SFLC	COIVIL	Н	STATE	ZIP	
GARAGING ADDRESS	١.	-	Green St	•					letown						COUNTI						DE	19709	
LIC			וט ווסטיכ		/ GCW		CI 40				EACTO	<u>.                                     </u>	SEAT OF	Ļ	ADILIC	Ι	F45	THEOT TERM	INAL	$\dashv$			v
STATE	TE	KK		GVW	/ GCW		CLAS	3	SIG	•	FACTO	rt	SEAT CP	18	ADIUS	US FARTHEST TERMINAL						COST NEV	٧
	03		001:11:11			- 1	7398 CK	, ,	ADD'L NO-		UNDRINS	$\perp$	T	_	1.65	<del>                                     </del>	RENT	DEBUG	IBI EC	$\perp$	\$ 	COMP/I	SDEC.
USE	a		COMM'L	⊢⊢'	FOR HIRE	čov	CK ERAGES	$\vdash$	FAULT	X	MOTOR		F 		LSP COMP/		REIMB	DEDUCTI	IDLES	AC		COMP/ OTC	SPEC C OF L
	SURE	_	RETAIL			X	LIAB	-	MED PAY		* LABOR		FT	X	отс	Щ	FG	AA	st	AMT	Ψ	00	
FARM		Щ	SERVICE			X	NO- FAULT		UNINS MOTOR		SPEC C OF L		FTW	×	COLL			\$			<sub>\$</sub> 5	00	COLL
DRIVE TO WORK / SO	CHOOL		< 15 MIL	ES	15 MILE	S +	NET VE DR/CR:	.r1										TOTAL PI	REM: \$				