



COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

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

AGENCY Insurance Solutions & Services, Inc. 619 Amboy Avenue Edison NJ 08837		CARRIER Submission		NAIC CODE	
		COMPANY POLICY OR PROGRAM NAME		PROGRAM CODE	
		POLICY NUMBER 24-25 AUTO			
CONTACT NAME: Jane Begreen PHONE (A/C, No, Ext): (732) 738-6080 FAX (A/C, No): (732) 738-6081 E-MAIL ADDRESS: jbegreen@issi-nj.com CODE: SUBCODE: AGENCY CUSTOMER ID: 00000918		UNDERWRITER		UNDERWRITER OFFICE	
		STATUS OF TRANSACTION	<input checked="" type="checkbox"/> QUOTE	<input type="checkbox"/> ISSUE POLICY	<input type="checkbox"/> RENEW
			BOUND (Give Date and/or Attach Copy):		
			<input type="checkbox"/> CHANGE	DATE 06/28/2024	TIME 12:01

LINE OF BUSINESS

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

ATTACHMENTS

ACCOUNTS RECEIVABLE / VALUABLE PAPERS	GLASS AND SIGN SECTION	STATEMENT / SCHEDULE OF VALUES
ADDITIONAL INTEREST SCHEDULE	HOTEL / MOTEL SUPPLEMENT	STATE SUPPLEMENT (If applicable)
ADDITIONAL PREMISES INFORMATION SCHEDULE	INSTALLATION / BUILDERS RISK SECTION	VACANT BUILDING SUPPLEMENT
APARTMENT BUILDING SUPPLEMENT	INTERNATIONAL LIABILITY EXPOSURE SUPPLEMENT	VEHICLE SCHEDULE
CONDO ASSN BYLAWS (for D&O Coverage only)	INTERNATIONAL PROPERTY EXPOSURE SUPPLEMENT	
CONTRACTORS SUPPLEMENT	LOSS SUMMARY	
COVERAGES SCHEDULE	OPEN CARGO SECTION	
DEALERS SECTION	PREMIUM PAYMENT SUPPLEMENT	
DRIVER INFORMATION SCHEDULE	PROFESSIONAL LIABILITY SUPPLEMENT	
ELECTRONIC DATA PROCESSING SECTION	RESTAURANT / TAVERN SUPPLEMENT	

POLICY INFORMATION

PROPOSED EFF DATE 06/28/2024	PROPOSED EXP DATE 06/28/2025	BILLING PLAN <input checked="" type="checkbox"/> DIRECT <input type="checkbox"/> AGENCY	PAYMENT PLAN	METHOD OF PAYMENT	AUDIT	DEPOSIT \$	MINIMUM PREMIUM \$	POLICY PREMIUM \$ 0.00
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APPLICANT INFORMATION

NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4) EnviroSure Inc. 1 North Bacton Hill Road Suite 207 and 208 Malvern PA 19355		GL CODE	SIC	NAICS	FEIN OR SOC SEC #
		BUSINESS PHONE #: (610)696-8980			
		WEBSITE ADDRESS			
<input type="checkbox"/> CORPORATION	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> NOT FOR PROFIT ORG	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION		
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> TRUST		
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)		GL CODE	SIC	NAICS	FEIN OR SOC SEC #
		BUSINESS PHONE #:			
		WEBSITE ADDRESS			
<input type="checkbox"/> CORPORATION	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> NOT FOR PROFIT ORG	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION		
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> TRUST		
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)		GL CODE	SIC	NAICS	FEIN OR SOC SEC #
		BUSINESS PHONE #:			
		WEBSITE ADDRESS			
<input type="checkbox"/> CORPORATION	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> NOT FOR PROFIT ORG	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION		
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> TRUST		

CONTACT INFORMATION

AGENCY CUSTOMER ID: 00000918

CONTACT TYPE: Principal		CONTACT TYPE:	
CONTACT NAME: Scott Smith		CONTACT NAME:	
PRIMARY PHONE # <input type="checkbox"/> HOME <input checked="" type="checkbox"/> BUS <input type="checkbox"/> CELL (610) 696-8980	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: Scott@envirosureinc.com		PRIMARY E-MAIL ADDRESS:	
SECONDARY E-MAIL ADDRESS:		SECONDARY E-MAIL ADDRESS:	

PREMISES INFORMATION (Attach ACORD 823 for Additional Premises)

LOC #	STREET	1 North Bacton Hill Road	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
1		Suite 207 and 208	<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY:	Malvern	STATE: PA	<input type="checkbox"/> OUTSIDE	TENANT	# PART TIME EMPL
	COUNTY:		ZIP: 19355			
DESCRIPTION OF OPERATIONS:						ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET	219 W. Green Street	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
2			<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY:	Middletown	STATE: DE	<input type="checkbox"/> OUTSIDE	TENANT	# PART TIME EMPL
	COUNTY:		ZIP: 19709			
DESCRIPTION OF OPERATIONS:						ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET	621 Shrewbury Ave	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
3			<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY:	Shrewsbury	STATE: NJ	<input type="checkbox"/> OUTSIDE	TENANT	# PART TIME EMPL
	COUNTY:		ZIP: 07702			
DESCRIPTION OF OPERATIONS:						ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET	319 High St.	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
4			<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY:	West Chester	STATE: PA	<input type="checkbox"/> OUTSIDE	TENANT	# PART TIME EMPL
	COUNTY:		ZIP: 19382			
DESCRIPTION OF OPERATIONS:						ANY AREA LEASED TO OTHERS? Y / N

NATURE OF BUSINESS

<input type="checkbox"/> 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)
<input type="checkbox"/> CONDOMINIUMS	<input type="checkbox"/> INSTITUTIONAL	<input type="checkbox"/> OFFICE	<input type="checkbox"/> RETAIL	<input type="checkbox"/> WHOLESALE	<input type="checkbox"/>	

DESCRIPTION OF PRIMARY OPERATIONS

Environmental Consultanting - Architect/Engineer

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

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

INTEREST	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
<input type="checkbox"/> ADDITIONAL INSURED							LOCATION:	BUILDING:
<input type="checkbox"/> BREACH OF WARRANTY							VEHICLE:	BOAT:
<input type="checkbox"/> CO-OWNER							AIRPORT:	AIRCRAFT:
<input type="checkbox"/> EMPLOYEE AS LESSOR							ITEM CLASS:	ITEM:
<input type="checkbox"/> LEASEBACK OWNER							ITEM DESCRIPTION	
<input type="checkbox"/> LENDER'S LOSS PAYABLE								
<input type="checkbox"/> LIENHOLDER	REFERENCE / LOAN #:	INTEREST END DATE:						
<input type="checkbox"/> LOSS PAYEE	LIEN AMOUNT:	PHONE (A/C, No, Ext):		FAX (A/C, No):				
<input type="checkbox"/> MORTGAGEE								
<input type="checkbox"/> OWNER								
<input type="checkbox"/> REGISTRANT								
<input type="checkbox"/> TRUSTEE								
REASON FOR INTEREST:			E-MAIL ADDRESS:					

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES				Y / N
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ?				
PARENT COMPANY NAME		RELATIONSHIP DESCRIPTION	% OWNED	
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?				
SUBSIDIARY COMPANY NAME		RELATIONSHIP DESCRIPTION	% 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	
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?				N
4. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)				N
LINE OF BUSINESS	POLICY NUMBER	LINE OF BUSINESS	POLICY NUMBER	
5. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR THREE (3) YEARS FOR ANY PREMISES OR OPERATIONS? (Missouri Applicants - Do not answer this question)				N
<input type="checkbox"/> NON-PAYMENT	<input type="checkbox"/> AGENT NO LONGER REPRESENTS CARRIER		<input type="checkbox"/>	
<input type="checkbox"/> NON-RENEWAL	<input type="checkbox"/> UNDERWRITING	<input type="checkbox"/> CONDITION CORRECTED (Describe):		
6. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?				N
7. DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY? (In RI, this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment).				N
8. ANY UNCORRECTED FIRE AND/OR SAFETY CODE VIOLATIONS?				N
OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE	
9. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE LAST FIVE (5) YEARS?				N
OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE	
10. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS?				N
OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE	
11. HAS BUSINESS BEEN PLACED IN A TRUST? NAME OF TRUST:				N
12. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD / DISTRIBUTED IN FOREIGN COUNTRIES? (If "YES", attach ACORD 815 for Liability Exposure and/or ACORD 816 for Property Exposure)				N
13. DOES APPLICANT HAVE OTHER BUSINESS VENTURES FOR WHICH COVERAGE IS NOT REQUESTED?				N
14. DOES APPLICANT OWN / LEASE / OPERATE ANY DRONES? (If "YES", describe use)				N
15. DOES APPLICANT HIRE OTHERS TO OPERATE DRONES? (If "YES", describe use)				N

REMARKS / PROCESSING INSTRUCTIONS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**PRIOR CARRIER INFORMATION**

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
	CARRIER		The Cincinnati Ins C		
	POLICY NUMBER		EBA 058 2145		
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE		06/28/2023		
	EXPIRATION DATE		06/28/2024		

PRIOR CARRIER INFORMATION (continued)

AGENCY CUSTOMER ID: 00000918

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



ADDITIONAL PREMISES INFORMATION SCHEDULE

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

PREMISES INFORMATION

LOC # 5	STREET 325 Chestnut St.		CITY LIMITS INSIDE	INTEREST OWNER	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD #	CITY: Philadelphia	STATE: PA	OUTSIDE	TENANT	# PART TIME EMPL	OCCUPIED AREA: SQ FT
	COUNTY:	ZIP: 19106				OPEN TO PUBLIC AREA: SQ FT
						TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:						ANY AREA LEASED TO OTHERS? Y / N:
LOC #	STREET		CITY LIMITS INSIDE	INTEREST OWNER	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD #	CITY:	STATE:	OUTSIDE	TENANT	# PART TIME EMPL	OCCUPIED AREA: SQ FT
	COUNTY:	ZIP:				OPEN TO PUBLIC AREA: SQ FT
						TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:						ANY AREA LEASED TO OTHERS? Y / N:
LOC #	STREET		CITY LIMITS INSIDE	INTEREST OWNER	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD #	CITY:	STATE:	OUTSIDE	TENANT	# PART TIME EMPL	OCCUPIED AREA: SQ FT
	COUNTY:	ZIP:				OPEN TO PUBLIC AREA: SQ FT
						TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:						ANY AREA LEASED TO OTHERS? Y / N:
LOC #	STREET		CITY LIMITS INSIDE	INTEREST OWNER	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD #	CITY:	STATE:	OUTSIDE	TENANT	# PART TIME EMPL	OCCUPIED AREA: SQ FT
	COUNTY:	ZIP:				OPEN TO PUBLIC AREA: SQ FT
						TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:						ANY AREA LEASED TO OTHERS? Y / N:
LOC #	STREET		CITY LIMITS INSIDE	INTEREST OWNER	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD #	CITY:	STATE:	OUTSIDE	TENANT	# PART TIME EMPL	OCCUPIED AREA: SQ FT
	COUNTY:	ZIP:				OPEN TO PUBLIC AREA: SQ FT
						TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:						ANY AREA LEASED TO OTHERS? Y / N:
LOC #	STREET		CITY LIMITS INSIDE	INTEREST OWNER	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD #	CITY:	STATE:	OUTSIDE	TENANT	# PART TIME EMPL	OCCUPIED AREA: SQ FT
	COUNTY:	ZIP:				OPEN TO PUBLIC AREA: SQ FT
						TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:						ANY AREA LEASED TO OTHERS? Y / N:
LOC #	STREET		CITY LIMITS INSIDE	INTEREST OWNER	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD #	CITY:	STATE:	OUTSIDE	TENANT	# PART TIME EMPL	OCCUPIED AREA: SQ FT
	COUNTY:	ZIP:				OPEN TO PUBLIC AREA: SQ FT
						TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:						ANY AREA LEASED TO OTHERS? Y / N:
LOC #	STREET		CITY LIMITS INSIDE	INTEREST OWNER	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD #	CITY:	STATE:	OUTSIDE	TENANT	# PART TIME EMPL	OCCUPIED AREA: SQ FT
	COUNTY:	ZIP:				OPEN TO PUBLIC AREA: SQ FT
						TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:						ANY AREA LEASED TO OTHERS? Y / N:
LOC #	STREET		CITY LIMITS INSIDE	INTEREST OWNER	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD #	CITY:	STATE:	OUTSIDE	TENANT	# PART TIME EMPL	OCCUPIED AREA: SQ FT
	COUNTY:	ZIP:				OPEN TO PUBLIC AREA: SQ FT
						TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:						ANY AREA LEASED TO OTHERS? Y / N:
LOC #	STREET		CITY LIMITS INSIDE	INTEREST OWNER	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD #	CITY:	STATE:	OUTSIDE	TENANT	# PART TIME EMPL	OCCUPIED AREA: SQ FT
	COUNTY:	ZIP:				OPEN TO PUBLIC AREA: SQ FT
						TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:						ANY AREA LEASED TO OTHERS? Y / N:

TRUCKERS SECTION

AGENCY CUSTOMER ID: 00000918

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	PHYSICAL DAMAGE						
COVERAGES	COVERED AUTO SYMBOLS	LIMITS	DEDUCTIBLE						
LIABILITY	41 46	CSL BI EA PER \$	OTHER THAN COLLISION	42 47			\$		
	42 47	BI EACH ACCIDENT \$		43					
	43 50	PROPERTY DAMAGE \$		46					
PERSONAL INJURY PROTECTION	44 46	LAWSUIT THRESHOLD MEDICAL ONLY NO THRESHOLD	SPECIFIED CAUSES OF LOSS	42 47	SCL FT LSP		\$		
		HEALTH INSURANCE OPTION YES NO		43	F FTW				
		MEDICAL EXPENSE \$		46					
		DED \$	COLLISION	42 47			\$		
		EXT MED EXP EA PER \$		43					
EXTRA PIP OPTIONS	NUMBER OF RELATIVES:			46					
UNINSURED / UNDERINSURED MOTORIST	42 46	CSL BI EA PER \$	TOWING & LABOR	46	\$				
	43	BI EACH ACCIDENT \$	TRAILER INTERCHANGE						
	45	PROPERTY DAMAGE \$	COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE
NON-TRUCKERS HIRED / BORROWED	YES STATES	COST OF HIRE IF ANY BASIS	OTHER THAN COLLISION	48					
	NO	\$		49					
TRUCKERS HIRED / BORROWED LIABILITY	YES STATES	COST OF HIRE IF ANY BASIS	SPECIFIED CAUSES OF LOSS	48					
	NO	\$		49					
NON-OWNED AUTO LIABILITY	YES STATES	GROUP TYPE NUMBER OF	COLLISION	48					\$
	NO	EMPLOYEES		49					
		VOLUNTEERS	TRAILER VALUE	\$					
		PARTNERS	HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH			
OTHER									
			COVERAGE IS:			PRIMARY	SECONDARY		
			OTHER						
COVERED AUTO SYMBOLS (41) ANY AUTO (44) OWNED AUTOS SUBJECT TO NO-FAULT (46) SPECIFICALLY DESCRIBED AUTOS (49) YOUR TRAILERS IN THE POSSESSION OF (42) OWNED AUTOS ONLY (45) OWNED AUTOS SUBJECT TO A (47) HIRED AUTOS ONLY ANOTHER TRUCKER UNDER A TRAILER (43) OWNED COMMERCIAL AUTOS ONLY (48) TRAILERS IN YOUR POSSESSION UNDER INTERCHANGE AGREEMENT (43) OWNED COMMERCIAL AUTOS ONLY MOTORIST LAW A TRAILER INTERCHANGE AGREEMENT (50) NON-OWNED AUTOS ONLY									

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

SIGNATURE

ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE OR IN ANY STATE SUPPLEMENT WILL APPLY TO ALL FUTURE POLICY RENEWALS, CONTINUATIONS AND CHANGES UNLESS I NOTIFY YOU OTHERWISE IN WRITING.

APPLICANT'S SIGNATURE

DATE

PRODUCER'S SIGNATURE

NATIONAL PRODUCER NUMBER

MOTOR CARRIER SECTION

COVERAGES		COVERED AUTO SYMBOLS		LIMITS		PHYSICAL DAMAGE																	
						COVERAGES		COVERED AUTO SYMBOLS		LIMITS		DEDUCTIBLE											
LIABILITY		61		67		CSL		BI		EA PER	\$	OTHER THAN COLLISION		62		67			\$				
		62		68		BI EACH ACCIDENT		\$		63			68										
		63		71		PROPERTY DAMAGE		\$		64													
		64																					
PERSONAL INJURY PROTECTION		65				LAWSUIT THRESHOLD		MEDICAL ONLY				SPECIFIED CAUSES OF LOSS		62		67		SCL		FT		LSP	\$
		67				NO THRESHOLD				63			68		F		FTW						
					HEALTH INSURANCE OPTION		YES		NO		64												
					MEDICAL EXPENSE		\$				62			67									
					DED		\$				63		68										
				EXT MED EXP EA PER		\$					64												
EXTRA PIP OPTIONS	NUMBER OF RELATIVES:											TOWING & LABOR		63			\$						
UNINSURED / UNDERINSURED MOTORIST		62		66		CSL		BI		EA PER	\$	OTHER THAN COLLISION		69									
		63		67		BI EACH ACCIDENT		\$		70													
		64				PROPERTY DAMAGE		\$		70													
												SPECIFIED CAUSES OF LOSS		69									
														70									
NON-TRUCKERS HIRED / BORROWED		YES		STATES		COST OF HIRE		IF ANY BASIS				COLLISION		69								\$	
		NO				\$								70									
TRUCKERS HIRED / BORROWED LIABILITY		YES		STATES		COST OF HIRE		IF ANY BASIS				TRAILER VALUE	\$										
		NO				\$						HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH								
NON-OWNED AUTO LIABILITY		YES		STATES		GROUP TYPE		NUMBER OF															
		NO				EMPLOYEES																	
						VOLUNTEERS																	
						PARTNERS																	
OTHER												COVERAGE IS:			PRIMARY		SECONDARY						
										OTHER													

COVERED AUTO SYMBOLS

(61) ANY AUTO	(64) OWNED COMMERCIAL AUTOS ONLY	(67) SPECIFICALLY DESCRIBED AUTOS	(70) YOUR TRAILERS IN THE POSSESSION OF
(62) OWNED AUTOS ONLY	(65) OWNED AUTOS SUBJECT TO NO-FAULT	(68) HIRED AUTOS ONLY	ANOTHER TRUCKER UNDER A TRAILER
(63) OWNED PRIVATE PASS AUTOS ONLY	(66) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW	(69) TRAILERS IN YOUR POSSESSION UNDER A TRAILER INTERCHANGE AGREEMENT	INTERCHANGE AGREEMENT
			(71) NON-OWNED AUTOS ONLY

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

SIGNATURE

ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.			
I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE OR IN ANY STATE SUPPLEMENT WILL APPLY TO ALL FUTURE POLICY RENEWALS, CONTINUATIONS AND CHANGES UNLESS I NOTIFY YOU OTHERWISE IN WRITING.			
APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER

ADDITIONAL COVERAGES AND ENDORSEMENTS

Loc #	ST	Cov Code	Description	Type of Coverage	Form No.	Edition Date	Rate	Option Codes	
		UMCSL	Uninsured motorist combined						
Limit 1		Limit 2		Limit 3		Ded 1		Deductible Type 1	
1,000,000								Premium	

Loc #	ST	Cov Code	Description	Type of Coverage	Form No.	Edition Date	Rate	Option Codes	
	NJ	HUUBI	Hired UM/UIM BI	Hired/Borrowed					
Limit 1		Limit 2		Limit 3		Ded 1		Deductible Type 1	
1,000,000								Premium	

Loc #	ST	Cov Code	Description	Type of Coverage	Form No.	Edition Date	Rate	Option Codes	
	NJ	NOWND	Non-owned	Non-Owned					
Limit 1		Limit 2		Limit 3		Ded 1		Deductible Type 1	
1,000,000								Premium	

Loc #	ST	Cov Code	Description	Type of Coverage	Form No.	Edition Date	Rate	Option Codes	
Limit 1		Limit 2		Limit 3		Ded 1		Deductible Type 1	
								Premium	

Loc #	ST	Cov Code	Description	Type of Coverage	Form No.	Edition Date	Rate	Option Codes	
Limit 1		Limit 2		Limit 3		Ded 1		Deductible Type 1	
								Premium	

Loc #	ST	Cov Code	Description	Type of Coverage	Form No.	Edition Date	Rate	Option Codes	
Limit 1		Limit 2		Limit 3		Ded 1		Deductible Type 1	
								Premium	

Loc #	ST	Cov Code	Description	Type of Coverage	Form No.	Edition Date	Rate	Option Codes	
Limit 1		Limit 2		Limit 3		Ded 1		Deductible Type 1	
								Premium	

Loc #	ST	Cov Code	Description	Type of Coverage	Form No.	Edition Date	Rate	Option Codes	
Limit 1		Limit 2		Limit 3		Ded 1		Deductible Type 1	
								Premium	

Loc #	ST	Cov Code	Description	Type of Coverage	Form No.	Edition Date	Rate	Option Codes	
Limit 1		Limit 2		Limit 3		Ded 1		Deductible Type 1	
								Premium	

Loc #	ST	Cov Code	Description	Type of Coverage	Form No.	Edition Date	Rate	Option Codes	
Limit 1		Limit 2		Limit 3		Ded 1		Deductible Type 1	
								Premium	



AGENCY CUSTOMER ID: 00000918

BUSINESS AUTO SECTION

DATE (MM/DD/YYYY)

03/07/2024

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

COVERAGES / LIMITS**USE ACORD 137 FOR YOUR STATE TO PROVIDE COVERAGES / LIMITS INFORMATION****DRIVER INFORMATION** ☐ **ACORD 163 attached for additional drivers**

LIST ALL DRIVERS, INCLUDING FAMILY MEMBERS THAT DRIVE COMPANY VEHICLES, AND EMPLOYEES WHO DRIVE OWN VEHICLES ON COMPANY BUSINESS.

DRIVER #	NAME CITY, STATE AND ZIP CODE	SEX	* MAR STAT	DATE OF BIRTH	YRS EXP	YEAR LIC	DRIVERS LICENSE NUMBER/ SOCIAL SECURITY NUMBER	STATE LIC	DATE HIRE	BROADEN NO-FAULT	DOC	USE VEH #	% USE
1	Scott Smith			01/18/1974			26352540	PA					
2	Charles Chan			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)

GENERAL INFORMATION

EXPLAIN ALL "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 ANY VEHICLES LEASED TO OTHERS?				
5. ANY CAR MODIFIED / SPECIAL EQUIPMENT? (Include customized vans / pickups)				
VEH #	DESCRIPTION	COST \$	VEH # DESCRIPTION COST \$	
6. ARE ICC (Interstate Commerce Commission), PUC (Public Utility Commission) OR OTHER FILINGS REQUIRED? (If "YES", attach ACORD 194) (no explanation needed)				
7. DO OPERATIONS INVOLVE TRANSPORTING HAZARDOUS MATERIAL?				

GENERAL INFORMATION (continued)

EXPLAIN ALL "YES" RESPONSES	Y / N										
8. ANY HOLD HARMLESS AGREEMENTS?											
9. ANY VEHICLES USED BY FAMILY 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 COVERED BY WORKERS COMPENSATION?											
13. ANY VEHICLES OWNED BUT NOT SCHEDULED ON THIS APPLICATION?											
14. ANY DRIVERS WITH CONVICTIONS FOR MOVING TRAFFIC VIOLATIONS? APPLICABLE ONLY IN KANSAS: UNDER KANSAS LAW, THE FOLLOWING TRAFFIC VIOLATIONS ARE NOT REQUIRED TO BE REPORTED TO INSURERS: 1. A speeding violation of up to six (6) miles per hour (mph) that occurs in an area with a maximum posted speed limit from 30 mph through 54 mph, or 2. A speeding violation of up to ten (10) miles per hour (mph) that occurs in an area with a maximum posted speed limit from 55 mph through 75 mph.											
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">DRV #</th> <th style="width: 20%;">DATE (MM/DD/YYYY)</th> <th style="width: 10%;">TYPE</th> <th style="width: 40%;">PLACE (CITY, STATE)</th> <th style="width: 20%;"># YRS REV</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	DRV #	DATE (MM/DD/YYYY)	TYPE	PLACE (CITY, STATE)	# YRS REV						
DRV #	DATE (MM/DD/YYYY)	TYPE	PLACE (CITY, STATE)	# YRS REV							
15. HAS AGENT INSPECTED VEHICLES?											
16. ARE ALL VEHICLES TO BE INCLUDED IN THIS POLICY PART OF A FLEET?											
17. DO YOU HAVE ELECTRONIC MONITORING DEVICES THAT RECORD AND TRANSMIT DATA IN ANY OF YOUR VEHICLES? If "YES", what percentage of vehicles in your overall fleet are monitored (1 - 100%) _____ % Please indicate how you utilize the devices (check all that apply): <input type="checkbox"/> MONITOR DRIVER SAFETY <input type="checkbox"/> TRACK FUEL CONSUMPTION <input type="checkbox"/> MONITOR VEHICLE MAINTENANCE <input type="checkbox"/> MILEAGE TRACKING <input type="checkbox"/> LOCATION TRACKING <input type="checkbox"/> NAVIGATION Describe: _____											
DESCRIPTION OF GARAGE / STORAGE LOCATIONS	MAXIMUM DOLLAR VALUE SUBJECT TO LOSS \$										

ADDITIONAL INTEREST / CERTIFICATE RECIPIENT**ACORD 45 attached for additional names**

INTEREST	NAME AND ADDRESS	RANK: _____	EVIDENCE:	CERTIFICATE	INTEREST IN ITEM NUMBER
<input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LIENHOLDER <input checked="" type="checkbox"/> LOSS PAYEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT	Meridian Bank				VEHICLE: 2 LOCATION:
	9 Old Lincoln Hwy				
	Malvern			PA 19355	
	REFERENCE / LOAN #:				
<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"/> OWNER <input type="checkbox"/> REGISTRANT					VEHICLE: LOCATION:
	REFERENCE / LOAN #:				

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

VEHICLE DESCRIPTION ☒ **ACORD 129 attached for additional vehicles**

VEH # 1	YEAR 2009	MAKE: Toyota MODEL: Rav4	BODY TYPE: V.I.N.: JTMBF32V99D014728	VEHICLE TYPE PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input type="checkbox"/>			SYM / AGE	COMP / OTC SYM	COLL SYM
GARAGING ADDRESS	STREET (Required in KY) 319 High St.		CITY West Chester		COUNTY			STATE PA	ZIP 19382
LIC STATE	TERR 145	GVW / GCW	CLASS 7398	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL	
USE	COMM'L <input type="checkbox"/>	FOR HIRE <input type="checkbox"/>	CHECK COVERAGES <input checked="" type="checkbox"/> LIAB <input checked="" type="checkbox"/> NO-FAULT	ADD'L NO-FAULT <input type="checkbox"/>	<input checked="" type="checkbox"/> UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F <input type="checkbox"/> FT <input type="checkbox"/> FTW <input type="checkbox"/>	LSP <input type="checkbox"/> COMP/OTC <input checked="" type="checkbox"/> COLL <input checked="" type="checkbox"/>	RENT REIMB FG	DEDUCTIBLES AA <input type="checkbox"/> STAMT <input type="checkbox"/>
DRIVE TO WORK / SCHOOL	< 15 MILES <input type="checkbox"/>	15 MILES + <input type="checkbox"/>	NET VEH DR/CR:	TOTAL PREM: \$					
VEH # 2	YEAR 2014	MAKE: Ford MODEL: Transit Connect	BODY TYPE: V.I.N.: NM0LS7E77E1172109	VEHICLE TYPE PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input type="checkbox"/>			SYM / AGE	COMP / OTC SYM	COLL SYM
GARAGING ADDRESS	STREET (Required in KY) 319 High St.		CITY West Chester		COUNTY			STATE PA	ZIP 19382
LIC STATE	TERR 145	GVW / GCW	CLASS 01489	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL	
USE	COMM'L <input type="checkbox"/>	FOR HIRE <input type="checkbox"/>	CHECK COVERAGES <input checked="" type="checkbox"/> LIAB <input checked="" type="checkbox"/> NO-FAULT	ADD'L NO-FAULT <input type="checkbox"/>	<input checked="" type="checkbox"/> UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F <input type="checkbox"/> FT <input type="checkbox"/> FTW <input type="checkbox"/>	LSP <input type="checkbox"/> COMP/OTC <input checked="" type="checkbox"/> COLL <input checked="" type="checkbox"/>	RENT REIMB FG	DEDUCTIBLES AA <input type="checkbox"/> STAMT <input type="checkbox"/>
DRIVE TO WORK / SCHOOL	< 15 MILES <input type="checkbox"/>	15 MILES + <input type="checkbox"/>	NET VEH DR/CR:	TOTAL PREM: \$					
VEH # 3	YEAR 2014	MAKE: Nissan MODEL: Rogue	BODY TYPE: V.I.N.: JN8AS5MV2EW201621	VEHICLE TYPE PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input type="checkbox"/>			SYM / AGE	COMP / OTC SYM	COLL SYM
GARAGING ADDRESS	STREET (Required in KY) 319 High St.		CITY West Chester		COUNTY			STATE PA	ZIP 19382
LIC STATE	TERR 145	GVW / GCW	CLASS 7398	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL	
USE	COMM'L <input type="checkbox"/>	FOR HIRE <input type="checkbox"/>	CHECK COVERAGES <input checked="" type="checkbox"/> LIAB <input checked="" type="checkbox"/> NO-FAULT	ADD'L NO-FAULT <input type="checkbox"/>	<input checked="" type="checkbox"/> UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F <input type="checkbox"/> FT <input type="checkbox"/> FTW <input type="checkbox"/>	LSP <input type="checkbox"/> COMP/OTC <input checked="" type="checkbox"/> COLL <input checked="" type="checkbox"/>	RENT REIMB FG	DEDUCTIBLES AA <input type="checkbox"/> STAMT <input type="checkbox"/>
DRIVE TO WORK / SCHOOL	< 15 MILES <input type="checkbox"/>	15 MILES + <input type="checkbox"/>	NET VEH DR/CR:	TOTAL PREM: \$					
VEH # 4	YEAR 2010	MAKE: Toyota MODEL: Rav4	BODY TYPE: V.I.N.: JTMDF4DV0A5018919	VEHICLE TYPE PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input type="checkbox"/>			SYM / AGE	COMP / OTC SYM	COLL SYM
GARAGING ADDRESS	STREET (Required in KY) 319 High St.		CITY West Chester		COUNTY			STATE PA	ZIP 19382
LIC STATE	TERR 145	GVW / GCW	CLASS 7398	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL	
USE	COMM'L <input type="checkbox"/>	FOR HIRE <input type="checkbox"/>	CHECK COVERAGES <input checked="" type="checkbox"/> LIAB <input checked="" type="checkbox"/> NO-FAULT	ADD'L NO-FAULT <input type="checkbox"/>	<input checked="" type="checkbox"/> UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F <input type="checkbox"/> FT <input type="checkbox"/> FTW <input type="checkbox"/>	LSP <input type="checkbox"/> COMP/OTC <input checked="" type="checkbox"/> COLL <input checked="" type="checkbox"/>	RENT REIMB FG	DEDUCTIBLES AA <input type="checkbox"/> STAMT <input type="checkbox"/>
DRIVE TO WORK / SCHOOL	< 15 MILES <input type="checkbox"/>	15 MILES + <input type="checkbox"/>	NET VEH DR/CR:	TOTAL PREM: \$					

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

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



VEHICLE SCHEDULE

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

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

VEHICLE DESCRIPTION

VEH # 5	YEAR 2012	MAKE: Toyota MODEL: Rav4	BODY TYPE: V.I.N.: 2T3BF4DV0CW244798	VEHICLE TYPE PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input type="checkbox"/>			SYM / AGE	COMP / OTC SYM	COLL SYM	
GARAGING ADDRESS 621 Shrewsbury Ave	CITY Shrewsbury		COUNTY			STATE NJ	ZIP 07702			
LIC STATE 116	TERR	GVW / GCW	CLASS 7398	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL		COST NEW \$
USE PLEASURE <input type="checkbox"/> FARM <input type="checkbox"/>	COMM'L <input type="checkbox"/> RETAIL <input type="checkbox"/> SERVICE <input type="checkbox"/>	FOR HIRE <input type="checkbox"/>	CHECK COVERAGES <input checked="" type="checkbox"/> LIAB <input checked="" type="checkbox"/> NO-FAULT	ADD'L NO-FAULT <input checked="" type="checkbox"/> MED PAY <input checked="" type="checkbox"/> UNINS MOTOR <input checked="" type="checkbox"/>	UNDRINS MOTOR TOWING & LABOR SPEC C OF L <input checked="" type="checkbox"/>	F <input type="checkbox"/> FT <input checked="" type="checkbox"/> FTW <input checked="" type="checkbox"/>	LSP <input type="checkbox"/> COMP/OTC <input checked="" type="checkbox"/> COLL <input checked="" type="checkbox"/>	RENT REIMB FG <input type="checkbox"/>	DEDUCTIBLES AA <input type="checkbox"/> STAMT <input type="checkbox"/>	ACV <input checked="" type="checkbox"/> COMP/OTC <input type="checkbox"/> SPEC C OF L <input type="checkbox"/> \$ 500 \$ 500 COLL
DRIVE TO WORK / SCHOOL <input type="checkbox"/>		< 15 MILES <input type="checkbox"/>	15 MILES + <input type="checkbox"/>	NET VEH DR/CR:			TOTAL PREM: \$			
VEH # 6	YEAR 2007	MAKE: Honda MODEL: CR-V	BODY TYPE: V.I.N.: 5J6RE48347L002724	VEHICLE TYPE PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input type="checkbox"/>			SYM / AGE	COMP / OTC SYM	COLL SYM	
GARAGING ADDRESS 621 Shrewsbury Ave	CITY Shrewsbury		COUNTY			STATE NJ	ZIP 07702			
LIC STATE 116	TERR	GVW / GCW	CLASS 7398	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL		COST NEW \$
USE PLEASURE <input type="checkbox"/> FARM <input type="checkbox"/>	COMM'L <input type="checkbox"/> RETAIL <input type="checkbox"/> SERVICE <input type="checkbox"/>	FOR HIRE <input type="checkbox"/>	CHECK COVERAGES <input checked="" type="checkbox"/> LIAB <input checked="" type="checkbox"/> NO-FAULT	ADD'L NO-FAULT <input checked="" type="checkbox"/> MED PAY <input checked="" type="checkbox"/> UNINS MOTOR <input checked="" type="checkbox"/>	UNDRINS MOTOR TOWING & LABOR SPEC C OF L <input checked="" type="checkbox"/>	F <input type="checkbox"/> FT <input checked="" type="checkbox"/> FTW <input checked="" type="checkbox"/>	LSP <input type="checkbox"/> COMP/OTC <input checked="" type="checkbox"/> COLL <input checked="" type="checkbox"/>	RENT REIMB FG <input type="checkbox"/>	DEDUCTIBLES AA <input type="checkbox"/> STAMT <input type="checkbox"/>	ACV <input checked="" type="checkbox"/> COMP/OTC <input type="checkbox"/> SPEC C OF L <input type="checkbox"/> \$ 500 \$ 500 COLL
DRIVE TO WORK / SCHOOL <input type="checkbox"/>		< 15 MILES <input type="checkbox"/>	15 MILES + <input type="checkbox"/>	NET VEH DR/CR:			TOTAL PREM: \$			
VEH # 7	YEAR 2013	MAKE: Ford MODEL: Transit	BODY TYPE: V.I.N.: NM0LS7CN8DT126034	VEHICLE TYPE PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input type="checkbox"/>			SYM / AGE	COMP / OTC SYM	COLL SYM	
GARAGING ADDRESS 219 W. Green Street	CITY Middletown		COUNTY			STATE DE	ZIP 19709			
LIC STATE 103	TERR	GVW / GCW	CLASS 01489	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL		COST NEW \$
USE PLEASURE <input type="checkbox"/> FARM <input type="checkbox"/>	COMM'L <input type="checkbox"/> RETAIL <input type="checkbox"/> SERVICE <input type="checkbox"/>	FOR HIRE <input type="checkbox"/>	CHECK COVERAGES <input checked="" type="checkbox"/> LIAB <input checked="" type="checkbox"/> NO-FAULT	ADD'L NO-FAULT <input checked="" type="checkbox"/> MED PAY <input checked="" type="checkbox"/> UNINS MOTOR <input checked="" type="checkbox"/>	UNDRINS MOTOR TOWING & LABOR SPEC C OF L <input checked="" type="checkbox"/>	F <input type="checkbox"/> FT <input checked="" type="checkbox"/> FTW <input checked="" type="checkbox"/>	LSP <input type="checkbox"/> COMP/OTC <input checked="" type="checkbox"/> COLL <input checked="" type="checkbox"/>	RENT REIMB FG <input type="checkbox"/>	DEDUCTIBLES AA <input type="checkbox"/> STAMT <input type="checkbox"/>	ACV <input checked="" type="checkbox"/> COMP/OTC <input type="checkbox"/> SPEC C OF L <input type="checkbox"/> \$ 500 \$ 500 COLL
DRIVE TO WORK / SCHOOL <input type="checkbox"/>		< 15 MILES <input type="checkbox"/>	15 MILES + <input type="checkbox"/>	NET VEH DR/CR:			TOTAL PREM: \$			
VEH # 8	YEAR 2013	MAKE: Ford MODEL: Transit	BODY TYPE: V.I.N.: NM0LS7CN4DT126032	VEHICLE TYPE PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input type="checkbox"/>			SYM / AGE	COMP / OTC SYM	COLL SYM	
GARAGING ADDRESS 219 W. Green Street	CITY Middletown		COUNTY			STATE DE	ZIP 19709			
LIC STATE 103	TERR	GVW / GCW	CLASS 01489	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL		COST NEW \$
USE PLEASURE <input type="checkbox"/> FARM <input type="checkbox"/>	COMM'L <input type="checkbox"/> RETAIL <input type="checkbox"/> SERVICE <input type="checkbox"/>	FOR HIRE <input type="checkbox"/>	CHECK COVERAGES <input checked="" type="checkbox"/> LIAB <input checked="" type="checkbox"/> NO-FAULT	ADD'L NO-FAULT <input checked="" type="checkbox"/> MED PAY <input checked="" type="checkbox"/> UNINS MOTOR <input checked="" type="checkbox"/>	UNDRINS MOTOR TOWING & LABOR SPEC C OF L <input checked="" type="checkbox"/>	F <input type="checkbox"/> FT <input checked="" type="checkbox"/> FTW <input checked="" type="checkbox"/>	LSP <input type="checkbox"/> COMP/OTC <input checked="" type="checkbox"/> COLL <input checked="" type="checkbox"/>	RENT REIMB FG <input type="checkbox"/>	DEDUCTIBLES AA <input type="checkbox"/> STAMT <input type="checkbox"/>	ACV <input checked="" type="checkbox"/> COMP/OTC <input type="checkbox"/> SPEC C OF L <input type="checkbox"/> \$ 500 \$ 500 COLL
DRIVE TO WORK / SCHOOL <input type="checkbox"/>		< 15 MILES <input type="checkbox"/>	15 MILES + <input type="checkbox"/>	NET VEH DR/CR:			TOTAL PREM: \$			
VEH # 9	YEAR 2013	MAKE: Nissan MODEL: Rogue	BODY TYPE: V.I.N.: JN8AS5MVXDW657378	VEHICLE TYPE PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input type="checkbox"/>			SYM / AGE	COMP / OTC SYM	COLL SYM	
GARAGING ADDRESS 219 W. Green Street	CITY Middletown		COUNTY			STATE DE	ZIP 19709			
LIC STATE 103	TERR	GVW / GCW	CLASS 7398	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL		COST NEW \$
USE PLEASURE <input type="checkbox"/> FARM <input type="checkbox"/>	COMM'L <input type="checkbox"/> RETAIL <input type="checkbox"/> SERVICE <input type="checkbox"/>	FOR HIRE <input type="checkbox"/>	CHECK COVERAGES <input checked="" type="checkbox"/> LIAB <input checked="" type="checkbox"/> NO-FAULT	ADD'L NO-FAULT <input checked="" type="checkbox"/> MED PAY <input checked="" type="checkbox"/> UNINS MOTOR <input checked="" type="checkbox"/>	UNDRINS MOTOR TOWING & LABOR SPEC C OF L <input checked="" type="checkbox"/>	F <input type="checkbox"/> FT <input checked="" type="checkbox"/> FTW <input checked="" type="checkbox"/>	LSP <input type="checkbox"/> COMP/OTC <input checked="" type="checkbox"/> COLL <input checked="" type="checkbox"/>	RENT REIMB FG <input type="checkbox"/>	DEDUCTIBLES AA <input type="checkbox"/> STAMT <input type="checkbox"/>	ACV <input checked="" type="checkbox"/> COMP/OTC <input type="checkbox"/> SPEC C OF L <input type="checkbox"/> \$ 500 \$ 500 COLL
DRIVE TO WORK / SCHOOL <input type="checkbox"/>		< 15 MILES <input type="checkbox"/>	15 MILES + <input type="checkbox"/>	NET VEH DR/CR:			TOTAL PREM: \$			