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	rance Solutions	& Ser	vices Inc							bmissio												
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NAM	TACT Jane Begre		000						UNE	DERWRI	TER					UNDE	RWRIT	ER OFFICE				
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FAX (A/C, E-MA									STA	TUS OF		\times	QUO			L	1	IE POLICY	Į	F	RENEW	
ADDI	RESS: jbegreen	@ISSI-	nj.com		1					NSACT					Give Date a	nd/or At ATE	tach Co	ору): ТІМ	/E			
COD	E:				SUBCODE:								CHAN							2	≤ AM	
	NCY CUSTOMER ID:		000918										CANO	EL	06/2	28/202	4	12:	01		PM	_
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	CATE LINES OF BUS		}		EMIUM	_					PREMIUM			_					\dashv	PREM	IUM	_
-	BOILER & MACHINE	RY		\$		-		R AND PRIVACY			\$				YACHT				_	\$		_
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	BUSINESS OWNER	S		\$		(SARA	GE AND DEALERS			\$									\$		
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	COMMERCIAL INLA	ND MA	RINE	\$		N	лото	R CARRIER			\$									\$		
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	ACCOUNTS RECEIV	/ABLE	/ VALUABLE PA	PER	s		SLASS	S AND SIGN SECTION							STATEMEN	T/SCH	IEDULI	E OF VALUE	S			
	ADDITIONAL INTER	EST S	CHEDULE			ŀ	HOTE	L / MOTEL SUPPLEME	NT						STATE SUF	PLEME	NT (If	applicable)				
	ADDITIONAL PREM	ISES II	NFORMATION S	CHE	DULE	- 1	NSTA	LLATION / BUILDERS	RISK	SECTIO	N			1	VACANT BI	JILDING	SUPF	PLEMENT				
	APARTMENT BUILD	ING SI	JPPLEMENT			1	NTER	NATIONAL LIABILITY I	EXPC	SURE S	UPPLEMENT			1	VEHICLE S	CHEDU	ILE					
	CONDO ASSN BYLA	AWS (fo	or D&O Coverag	e onl	y)	1	NTER	NATIONAL PROPERT	/ EXF	POSURE	SUPPLEMEN	NT		\dagger								_
	CONTRACTORS SU	IPPLEI	MENT			1	.OSS	SUMMARY						\top								_
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	DEALERS SECTION	ı				F	PREM	IUM PAYMENT SUPPL	EME	NT			-	\dagger								_
	DRIVER INFORMAT		CHEDULE			+		ESSIONAL LIABILITY S						+								_
_	ELECTRONIC DATA			ON		+		AURANT / TAVERN SU						+								_
	LICY INFORMA																					_
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Env	iroSure Inc.																		13	43366	31	
1 No	orth Bacton Hill R	load							BUS	SINESS	PHONE #: ((610)	696-8	980)							
Suit	e 207 and 208								WEI	BSITE A	DDRESS											
Mal	vern						0	R 19355														
	CORPORATION		JOINT VENTU				NC	OT FOR PROFIT ORG		S	UBCHAPTER	"S" C	ORPO	RAT	ION							
	INDIVIDUAL		LLC NO. OF	- ME ANA	MBERS GERS:		PA	ARTNERSHIP		Т	RUST											
NAM	E (Other Named Ins	ured) A	AND MAILING A	DDR	ESS (including ZIP+4)				GL (CODE		SIC				NAICS	1		FEI	N OR S	OC SEC#	
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	INDIVIDUAL		LLC AND M	ANA	MBERS GERS:		PA	ARTNERSHIP		Т	RUST											

CONTACT INFORMATION AGENCY CUSTOMER ID: 00000918

CONTA	DNIACT INFORMATION																					
CONTAC	DNTACT TYPE: Accounting Records											CONTACT TYPE:										
CONTAC	T NAME:	Scott	Smith							cc	ONTACT	NAME:										
PRIMARY	Y 🖂	HOME	BUS	CELL	SECON	DARY	☐ HOME ☐ E	BUS	CELL		RIMARY HONE #		HOME	BU	S CELL	SECONDARY PHONE #	HOME B	BUS CELL				
PHONE #	• —				PHONE	#				PHONE # I HOME I DOO I DEE						PHONE #	Ш					
					<u> </u>																	
PRIMARY	Y E-MAIL A	DDRES	SS: S	cott@enviros	sureinc.c	om				PR	RIMARY	-MAIL A	DDRES	SS:								
SECOND	ARY E-MA	IL ADD	RESS:							SE	CONDA	RY E-MA	IL ADD	RESS:								
PREMI	ISES INI	ORM	IATION	(Attach AC	ORD 8	23 for	Additional P	remi	ses)													
LOC#	STREET	1 No	orth Bact	ton Hill Road				С	ITY LIMITS	i II	NTERES	Т		# FULL	TIME EMPL	ANNUAL REVENUES: \$						
l 1	Suite 2	07 and	d 208					INSIDE			OWNER					OCCUPIED AREA:		SQ FT				
BLD#	CITY:	Malvai	rn			ет	ATE: PA	+	OUTSI	-	TEN		F	# DADT	TIME EMPL	OPEN TO PUBLIC AI	DEA:	SQ FT				
BLD #								_	- 001311	<u>ا ۲</u>	'`-'`	ANI		# FART	I IIWIE EWIFE							
	COUNTY	:				ZII	P: 19355									TOTAL BUILDING AF	₹EA:	SQ FT				
DESCRIP	TION OF															ANY AREA LEASED	TO OTHERS? Y	//N				
LOC#	STREET	319	S High S	St.				C	ITY LIMITS	i II	NTERES	Т		# FULL	TIME EMPL	ANNUAL REVENUES	3: \$					
2									INSIDE	: [OWI	NER				OCCUPIED AREA:		SQ FT				
BLD#	CITY:	West 0	Chester			ST	ATE: PA		OUTSI	DE H	TEN	ANT	F	# PART	TIME EMPL	OPEN TO PUBLIC AI	REA:	SQ FT				
	COUNTY					711	P: 19382	-		\vdash						TOTAL BUILDING AF	 ?FΔ·	SQ FT				
DECORUE	l		TIONO				. 10002				_											
DESCRIP	PTION OF (ANY AREA LEASED		7 / N				
LOC#	STREET	325	Chestnu	ıt St				С	ITY LIMITS	· II	NTERES	Т		# FULL	TIME EMPL	ANNUAL REVENUES	3: \$					
3									INSIDE	:	OWI	NER				OCCUPIED AREA:		SQ FT				
BLD#	CITY:	Philad	elphia			ST	ATE: PA		OUTSI	DE T	TEN	ANT		# PART	TIME EMPL	OPEN TO PUBLIC AI	REA:	SQ FT				
	COUNTY		-			711	P: 19106	+	-	-	-					TOTAL BUILDING AF	RFA:	SQ FT				
DESCRIB	TION OF		TIONS.													ANY AREA LEASED						
				- 01						1								7 N				
LOC#	STREET	219	W Gree	n St.				C	ITY LIMITS	· <u>"</u>	NTERES	Г		# FULL	TIME EMPL	ANNUAL REVENUES	3: \$ 					
4									INSIDE	L	OWI	NER				OCCUPIED AREA:		SQ FT				
BLD#	CITY:	Mic	ddletown	ı		ST	ATE: DE		OUTSI	DE 🗌	TEN	ANT		# PART	TIME EMPL	OPEN TO PUBLIC AI	REA:	SQ FT				
	COUNTY	:				ZII	P: 19709									TOTAL BUILDING AF	REA:	SQ FT				
DESCRIP	TION OF (DERA	TIONS:													ANY AREA LEASED	TO OTHERS? Y	/ / N				
																7						
NATUR	RE OF B	USIN	ESS												1		DATE BUSINE	FSS				
APA	ARTMENTS		L C	ONTRACTOR		MANU	FACTURING		RESTAUF	RANT	<u> </u>	SERVI	CE				STARTED (MI	M/DD/YYYY)				
CON	NDOMINIU	MS	IN	ISTITUTIONAL		OFFIC	E		RETAIL			WHOL	ESALE	Ē								
DETAIL O	TODES O	n eenv	uce oper	RATIONS % OF	TOTAL C	u =e.	INSTA	LLATI	ON, SERVI			WORK			OFF PREMIS	ES INSTALLATION, SE		PAIR WORK				
				OTHER NAME							%						%					
ADDIT	IONAL I	NTER	EST (N	ot all fields	apply t	o all s	cenarios - n	ovio	le only t	he ne	ecessa	rv dat	a) At	tach A	CORD 45 f	or more Addition	nal Interests					
INTERES					AND ADD				DENCE:		ERTIFIC			DLICY	SEND BII		EST IN ITEM NU					
ADD	DITIONAL		LIENHOI			00							1.0		9E.4D BII	LOCATION:	BUILD					
BRE	URED EACH OF	-	ł																			
WAI	RRANTY		LOSS PA													VEHICLE:	BOAT:					
	-OWNER		MORTG	AGEE												AIRPORT:	AIRCR	AFT:				
AS	PLOYEE LESSOR	L	OWNER													ITEM CLASS:	ITEM:					
LEA	ASEBACK NER		REGISTI	RANT												ITEM DESCRIPTION	N					
LEN	DER'S		TRUSTE	E REFE	RENCE / L	OAN #:				INTER	EST ENI	DATE:										
H	S PAYABLE		ı		AMOUNT:						E (A/C, N					FAX (A/C, No):						
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GEI	NERAL INFOR	MATION			AGENCI	COSTOMEN ID.			
EXP	AIN ALL "YES" RE	SPONSES							Y/N
1a.	IS THE APPLICA	ANT A SUBS	SIDIARY OF ANOTHER ENT	TITY ?					
	PARENT COMPA	NY NAME				RELATIONSHIP D	ESCRIPTION	% OWNED	
1b.	L DOES THE APP	LICANT HA	VE ANY SUBSIDIARIES?						
	SUBSIDIARY CO	MPANY NAM	E			RELATIONSHIP D	ESCRIPTION	% OWNED	
2.	IS A FORMAL SA	AFETY PRO	OGRAM IN OPERATION?						
	SAFETY MA	NUAL	SAFETY POSITION	MONTHLY MEETINGS	OSHA				
3.	ANY EXPOSURI	E TO FLAM	MABLES, EXPLOSIVES, CI	HEMICALS?					N
4.	ANY OTHER INS	SURANCE \	WITH THIS COMPANY? (Li	st policy numbers)					N
	LINE OF BUSINE	SS	POLICY NUMBER		LINE OF BUSINE	ss	POLICY NUMBER		
5.			GE DECLINED, CANCELLE		RING THE PRIOR TH	HREE (3) YEARS FO	R ANY PREMISES OR		N
			Applicants - Do not answe						
	NON-PAYMI	_	AGENT NO LONGER REP						
	NON-RENE		UNDERWRITING	CONDITION CORRECTE					
6.	ANY PAST LOSS	SES OR CL	AIMS RELATING TO SEXU	AL ABUSE OR MOLESTATI	ON ALLEGATIONS, I	DISCRIMINATION O	R NEGLIGENT HIRING?		N
7.	DURING THE L	AST FIVE V	EARS (TEN IN RI), HAS AN	V ADDI ICANT REEN INDIC	TED FOR OR CONV	ICTED OF ANY DEC	DEE OF THE CRIME OF	EDALID	
l ′·			OTHER ARSON-RELATED					rraud,	N
			answered by any applicant					or punishable	
	by a sentence of	up to one y	ear of imprisonment).						
8.	ANY UNCORRE	CTED FIRE	AND/OR SAFETY CODE V	IOLATIONS?					N
	OCCUR DATE	EXPLANAT	ION			RESOLUTION		RESOLVE DATE	
9.	HAS APPLICAN	T HAD A FC	RECLOSURE, REPOSSES	SION, BANKRUPTCY OR F	FILED FOR BANKRU	PTCY DURING THE	LAST FIVE (5) YEARS?		N
	OCCUR DATE	EXPLANAT		•		RESOLUTION		RESOLVE DATE	
10		 	DGEMENT OR LIEN DURIN	IC THE I AST EIVE (5) VEA	DC2				N
10.				NG THE LAST FIVE (5) TEA	iko!	DESCRIPTION		DESCUVE DATE	IN .
	OCCUR DATE	EXPLANAT	ION			RESOLUTION		RESOLVE DATE	
				OF TRUST:					N
12.			NS, FOREIGN PRODUCTS 5 for Liability Exposure and/			LD / DISTRIBUTED	N FOREIGN COUNTRIE	S?	N
13	•		THER BUSINESS VENTUR		•	TED2			N
10.	DOLO/A 1 LIO/A	IVI III VE O	THER BOOMEOU VENTOR	LOT OR WITHOUT GOVERN	SE 10 NOT REQUEO	TED:			'`
.	DOES ADDI 10A	NIT ON A N. / I	EAGE / ODED ATE AND/ DD	ONEO (K. II) (EOII. 1	`				N
14.	DOES APPLICA	NI OWN/L	LEASE / OPERATE ANY DR	ONES? (IT "YES", describe	use)				IN .
15.	DOES APPLICA	NT HIRE O	THERS TO OPERATE DRO	NES? (If "YES", describe us	se)				N
REI	MARKS / PRO	CESSING	INSTRUCTIONS (ACOF	RD 101, Additional Rem	arks Schedule, n	nay be attached if	more space is requi	red)	
<u> </u>									
PRI	OR CARRIER	INFORMA	TION			<u> </u>	ı		
YEA	_		GENERAL LIABILITY	AUT	OMOBILE	PROF	ERTY OTH	ER:	
	CARRIER								
	POLICY NUMB	BER							
	PREMIUM	,	3	\$		\$	\$		
	EFFECTIVE DA	ATE							
1	EXPIRATION D	DATE							

PRIOR CARRIER INFORMATION (continued)

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

LOSS HISTORY	Y											
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

ACORD °

ADDITIONAL PREMISES INFORMATION SCHEDULE

Page of

AGENCY				CARRI	ER				NAIC CODE
Insuran	ce Solutions & Services, Inc.			Submis	sion				
POLICY N	IUMBER	EFFEC	TIVE DATI	NAMEDII	NSUR	ED(S)		-	
24-25 V	VC	06/2	8/2024	EnviroS	ure I	nc.			
PREMI	SES INFORMATION								
LOC#	STREET 621 Shrewsbury Ave.		С	ITY LIMITS	INT	EREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	
5				INSIDE		OWNER		OCCUPIED AREA:	SQ FT
BLD#	CITY: Shrewbury	STATE: NJ		OUTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT
	COUNTY:	ZIP: 07702				1		TOTAL BUILDING AREA:	SQ FT
DESCRIP	TION OF OPERATIONS:	I	I					ANY AREA LEASED TO OTHERS?	Y / N:
LOC#	STREET Various locations			ITY LIMITS	INT	EREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	
6				INSIDE		OWNER		OCCUPIED AREA:	SQ FT
BLD#	CITY: New York	STATE: NY		OUTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT
	COUNTY:	ZIP: 10001				1		TOTAL BUILDING AREA:	SQ FT
DESCRIP	TION OF OPERATIONS:							ANY AREA LEASED TO OTHERS?	
LOC#	STREET Various locations		c	ITY LIMITS	INT	EREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	-
7			F	INSIDE	-	OWNER		OCCUPIED AREA:	SQ FT
BLD#	CITY: Annapolis	STATE: MD		OUTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT
	COUNTY:	ZIP: 21403		-	-	1	# 17 W. 1	TOTAL BUILDING AREA:	SQ FT
DESCRIP	TION OF OPERATIONS:	211.21100						ANY AREA LEASED TO OTHERS?	
LOC#	STREET Various locations		16	ITY LIMITS	INIT	EREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	1714.
8	STREET VARIOUS IOCATIONS		F	INSIDE		OWNER	# FOLL TIME EMPL	OCCUPIED AREA:	SQ FT
BLD#	CITY: Manassas	STATE: VA		OUTSIDE	-	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT
BLD#	COUNTY:	ZIP: 20109		OUTSIDE	-	IENANI	# PART TIME EMPL	TOTAL BUILDING AREA:	SQ FT
DESCRIP		ZIP: 20109							
	TION OF OPERATIONS:		Τ,	ITV I IMITO	LINIT	EREST	# FILL TIME EMPL	ANY AREA LEASED TO OTHERS?	1 / N:
LOC#	STREET			ITY LIMITS	INI	OWNER	# FULL TIME EMPL	ANNUAL REVENUES: \$	00 FT
DI D #	OLTY	STATE:		INSIDE	-	4	# DA DT TIME EMDI	OCCUPIED AREA:	SQ FT
BLD#	CITY:			OUTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT
DESCRIP	COUNTY: TION OF OPERATIONS:	ZIP:						TOTAL BUILDING AREA: ANY AREA LEASED TO OTHERS?	SQ FT
			Τ,	ITY LIMITS	LINIT	EREST	# FULL TIME EMPL		1 / N:
LOC#	STREET		L	_	INI	7	# FULL TIME EMPL	ANNUAL REVENUES: \$	20 FT
DI D #	OLTY	STATE:		INSIDE	-	OWNER	# DA DT TIME EMDI	OCCUPIED AREA:	SQ FT
BLD#	COUNTY:	ZIP:		OUTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT SQ FT
DESCRIB	TION OF OPERATIONS:	ZIF:						TOTAL BUILDING AREA: ANY AREA LEASED TO OTHERS?	
LOC#	STREET			ITY LIMITS	LINIT	EREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	1 / N.
LOC#	SIREEI			INSIDE	IIVI	OWNER	# FOLL TIME EMPL	OCCUPIED AREA:	SQ FT
BLD#	CITY.	STATE:		OUTSIDE	-	4	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT
BLD#	<u> </u>			- OUTSIDE		TENANT	# PART TIME EMPL		
DECODIO	COUNTY: TION OF OPERATIONS:	ZIP:						TOTAL BUILDING AREA:	SQ FT
	STREET		1.0	ITV I IMITO	LINIT	EREST	# FULL TIME EMPL	ANY AREA LEASED TO OTHERS?	1 / N:
LOC#	SIREEI			ITY LIMITS	INI	7	# FULL TIME EMPL	ANNUAL REVENUES: \$	00 FT
DI D #	OLTY	07475		INSIDE	-	OWNER	# DA DT TIME EMDI	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
	TION OF OPERATIONS:		- 1-		Т			ANY AREA LEASED TO OTHERS?	Y / N:
LOC#	STREET		0	ITY LIMITS	INI	TEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	
		T		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
	TION OF OPERATIONS:				1		T	ANY AREA LEASED TO OTHERS?	Y / N:
LOC#	STREET		C	ITY LIMITS	INT	EREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	
		I		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:

ACORD
AGENCY NAME AND A
Insurance Solutions
619 Amboy Avenue

WORKERS COMPENSATION APPLICATION

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

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AGE	ICY NAME	AND ADD	RESS	5				CON	COMPANY: Submission													
Insu	rance Sc	lutions &	Ser	vices, Inc.				UNE	UNDERWRITER:													
619	Amboy A	venue									ME: En	viroSure	e Inc.									
											(610) 6						T					
 						N.I. 00	007	_ <u> </u>										E PHONE				
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ADDI	rja:	cobs@iss	si-nj.	com				CRE BUR	DIT EAU N	IAME:									ID NUMBER			
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	CATIONS HIGHEST CATACON COUNTY CATACON AND CODE																					
LOC	# FLO	FLOOR STREET, CITY, COUNTY, STATE, ZIP CODE																				
1		1 North Bacton Hill Road Suite 207 and 208 Malvern PA 19355																				
		Malvern PA 19355																				
2		319 S High St.																				
-		West Chester PA 19382																				
		325	Che	estnut St																		
3																DΛ	19106					
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VA			\$	1,000,000		DISEA	SE-EACH	H EMPLOYE	E										FOREI	GN C	ov	
DIVID	END PLAN	/SAFETY	GRO	UP	ADD	ITIONAL COM	IPANY IN	FORMATION	N													
SPEC	IFY ADDIT	IONAL CO	VFR	AGES / ENDORS	EMEN	TS (Attach AC	ORD 101	. Additional	Remai	rks S	chedule.	if more s	nace is	require	ed)							
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TYPE		NAME					OFFIC	E PHONE				MOBIL	E PHO	NE			E-MAIL					
INSP	ECTION																					
ACC	NG	Scott Sn	nith				+									-+	scott@/	nviros	reinc.com			
REC	DRD	Joon Sil	aut				+										30011@f	, IVII USU	151110.00111			
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									INCL	UDED	OR EXC	LUDED (I	Remune	ration/	/Payro	oll to be	included	must be	part of ratin	g info	ormation section.)	
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STATE	LOC#			NAME		DATE OF	BIRTH	RELATIO	TITLE/ OWNER- RELATIONSHIP SHIP %					DUTI	IES		INC/EXC CLAS			ODE	REMUNERATION/PAY	YROLL
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RATIN	G INFORMA	TION -	STATE: DE											
LOC#	CLASS CODE	DESCR CODE	CATEGOR	IES, DUT	ES, CLASSIFICATIONS	# EMPI FULL TIME	OYEES PART TIME	SIC	NAICS	REN	MATED ANNUA MUNERATION/ PAYROLL	RAT	E	ESTIMATED ANNUAL MANUAL PREMIUM
4	0955		Engineering Co	onsultino	; Firm					233,2	253			
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TOTAL			N/A		,							\$		
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EXPERIE	NCE OR MERIT ATION			\$			NDARD PRI	= NAILINA				\$		
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REMA	RKS (ACORD	101, Add	ditional Remar	ks Sch	edule, may be attached	l if more	space is	required	l)					
	100 (0047/01					Dana 0 ad								

PRIOR CARRIER INFORMATION / LOSS HISTORY

PROVIDE IN	FORMATION FOR THE PAST 5 YEARS AND USE THE REMARKS SECTION I	FOR LOSS DETAILS			LOSS RUN ATTACH	ED					
YEAR	CARRIER & POLICY NUMBER	ANNUAL PREMIUM	MOD	# CLAIMS	AMOUNT PAID	RESERVE					
2023	CO: Employers Assurance										
2023	POL#: EIG 4573416 03										
	CO:										
	POL#:										
	CO:										
	POL#:										
	CO:										
	POL#:										
	CO:										
	POL#:										

NATURE OF BUSINESS / DESCRIPTION OF OPERATIONS
GIVE COMMENTS AND DESCRIPTIONS OF BUSINESS, OPERATIONS AND PRODUCTS: MANUFACTURING - RAW MATERIALS, PROCESSES, PRODUCT, EQUIPMENT; CONTRACTOR - TYPE
OF WORK OUR CONTRACTS, MERCANTUE, MERCHANDISE CUSTOMERS DELIVERIES, SERVICE, TYPE LOCATION, FARM, ASPEACE ANIMALS MACHINERY SUR CONTRACTS

GENERAL INFORMATION	
EXPLAIN ALL "YES" RESPONSES	Y/N

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

GENERAL INFORMATION (continued)

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

SIGNATURE

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

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU MAY HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND REQUEST CORRECTION OF ANY INACCURACIES. YOU MAY ALSO HAVE THE RIGHT TO REQUEST IN WRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. THESE RIGHTS MAY BE LIMITED IN SOME STATES. PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION.

(Not applicable in AZ, CA, DE, KS, MA, MN, ND, NY, OR, VA, or WV. Specific ACORD 38s are available for applicants in these states.)

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

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

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

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

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

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

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

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

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

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

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

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

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ACORD
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ADDITIONAL PREMISES INFORMATION SCHEDULE

Page of

AGENCY					CARRIE		NAIC CODE			
Insuran	ce Solutions & Services, Inc.				Submiss					
POLICY N	IUMBER		EFFECTIVE D	ATE	NAMED IN	SURE	ED(S)		1	
24-25 W	/C		06/28/202	24	EnviroS	ure Ir	nc.			
PREMI	SES INFORMATION									
LOC#	STREET 219 W Green St.			CIT	Y LIMITS	INT	EREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	
4				H	INSIDE		OWNER		OCCUPIED AREA:	SQ FT
BLD#	CITY: Middletown	STATE	:: DE		OUTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT
"	COUNTY:	ZIP: 1					1		TOTAL BUILDING AREA:	SQ FT
DESCRIP	TION OF OPERATIONS:								ANY AREA LEASED TO OTHERS?	
LOC#	STREET 621 Shrewsbury Ave.			CIT	Y LIMITS	INT	EREST	# FULL TIME EMPL	ANNUAL REVENUES: \$.,
5	5 <u>-</u> 1. 52. 666.2, 76.			-	INSIDE	-	OWNER		OCCUPIED AREA:	SQ FT
BLD#	CITY: Shrewbury	STATE	:: NJ		OUTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT
"	COUNTY:	•			00.0.52		1	# · / · · · · · · · · · · · · · · · ·	TOTAL BUILDING AREA:	SQ FT
DESCRIP	TION OF OPERATIONS:								ANY AREA LEASED TO OTHERS?	
LOC#	STREET Various locations			CIT	Y LIMITS	INIT	EREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	1 / N.
6	STREET VARIOUS IOCATIONS			CII	INSIDE	IIVI	OWNER	# FOLL TIME EMFL	OCCUPIED AREA:	SQ FT
BLD#	CITY: New York	CTATE	:: NY		OUTSIDE		TENANT	# PART TIME EMPL		SQ FT
BLD#				OUTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:		
DECODIO	COUNTY:	ZIP: 10	J001						TOTAL BUILDING AREA:	SQ FT
	TION OF OPERATIONS:					T		T ,, =	ANY AREA LEASED TO OTHERS?	f / N:
LOC#	STREET Various locations			CII	Y LIMITS	INI	EREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	
7	A company	T	. MD		INSIDE		OWNER	<u> </u>	OCCUPIED AREA:	SQ FT
BLD#	CITY: Annapolis		:: MD		OUTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT
	COUNTY:	ZIP: 2	1403						TOTAL BUILDING AREA:	SQ FT
	TION OF OPERATIONS:							1	ANY AREA LEASED TO OTHERS?	Y / N:
LOC#	STREET Various locations			CIT	Y LIMITS	INT	EREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	
8		1			INSIDE		OWNER		OCCUPIED AREA:	SQ FT
BLD#	CITY: Manassas		:: VA		OUTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT
	COUNTY:	ZIP: 2	0109						TOTAL BUILDING AREA:	SQ FT
DESCRIPTION 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	TY 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: \$	
					INSIDE		OWNER		OCCUPIED AREA:	SQ FT
BLD#	CITY:	STATE	<u>:</u>		OUTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT
ĺ	COUNTY:	ZIP:					1		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:					1		TOTAL BUILDING AREA:	SQ FT
DESCRIP	TION OF OPERATIONS:						1	-1	ANY AREA LEASED TO OTHERS?	Y / N:

STATE	RATING SH	EET#	OF		SHEETS		AGENCY	CUSTO	MER ID:	00000918			
					STATE RA	TING W	ORKSH	IEET					
FOR I	FOR MULTIPLE STATES, ATTACH AN ADDITIONAL PAGE 2 OF THIS FORM												
	RATING INFORMATION - STATE: MD												
NATIIN	G INFORWA		SIAIE. WE			# EMD	LOYEES		1	ESTIMATED AN	INUAI		ESTIMATED
LOC#	CLASS CODE	DESCR	CATEGOR	IES, DUT	IES, CLASSIFICATIONS	FULL TIME	PART TIME	SIC	NAICS	REMUNERAT PAYROLL	ION/	RATE	ANNUAL MANUAL PREMIUM
7	8601		ARCHITECTU	RAL OR	ENGINEERING					if any			
PREMI				Ι									
STATE: N			FACTOR N/A	\$ 0.00	FACTORED PREMIUM)					FACTO	R \$	FACTORE	PREMIUM
	ED LIMITS			\$		SCH	EDULE RAT	TING *			\$		
DEDUCTI	BLE *			\$		ССР	AP				\$	i	
MÖDIFIC.	NCE OR MERIT ATION		N/A	\$			NDARD PRI				\$		
CATASTR			N/A	\$			MIUM DISC ENSE CON			N/A	. 9		
ASSIGNE	D RISK SURCHAR	RGE *		\$		TAX	ES / ASSES	SMENTS *		N/A	. \$	3	
ARAP* * N/Ain	Wisconsin			\$							\$	3	
	STIMATED ANNUA	AL PREMIU	M		MINIMUM PREMIUM				DE	EPOSIT PREMIUM	<u> </u>		
\$ 0.00					\$				\$				
REMAR	RKS (ACORD	101, Add	ditional Remar	ks Sch	edule, may be attached	d if more	space is	required	l)				
	100 (0047/0	_				D 0 -							

STATE	RATING SH	EET#	OF		SHEETS	1	AGENCY	CUSTO	MER ID:	0000091	8		
					STATE RAT	ING W	ORKSH	IEET					
FOR I	FOR MULTIPLE STATES, ATTACH AN ADDITIONAL PAGE 2 OF THIS FORM												
				ADD1	HONAL PAGE 2 OF T		i XIVI						
RATIN	G INFORMA	ATION -	STATE: VA					ı	T	T ======			
LOC#	CLASS CODE	DESCR	CATEGOR	IES, DUT	IES, CLASSIFICATIONS	# EMPL FULL TIME	OYEES PART TIME	SIC	NAICS	REMUN	ED ANNUAL ERATION/ ROLL	RATE	ESTIMATED ANNUAL MANUAL PREMIUM
8	8601		ARCHITECTUI DRIVERS	RAL OF	ENGINEERING FIRM-&					if any			
PREMI													
STATE: \	/A		FACTOR	0.0	FACTORED PREMIUM					E	ACTOR		ED PREMIUM
TOTAL	ED LIMITO		N/A	\$ 0.0	J	2011		FINIO *				\$	
DEDUCTI	ED LIMITS BLE *			\$		CCP	EDULE RAT	IING "				\$	
EXPERIE MODIFICA	NCE OR MERIT ATION			\$			IDARD PRE	EMIUM				\$	
TERROR	SM		N/A	\$		PREI	MIUM DISC	OUNT				\$	
CATASTR			N/A	\$			ENSE CON				N/A	\$	
ASSIGNE ARAP *	D RISK SURCHAR	RGE *		\$		TAXE	S / ASSES	SMENTS *			N/A	\$	
* N/Ain	Wisconsin		Į.	1 4		ı				1			
	STIMATED ANNUA	L PREMIU	М		MINIMUM PREMIUM					EPOSIT PRE	MIUM		
\$ 0.00	OKS (ACODD	101 Ad	ditional Domari	rc Soh	\$ edule, may be attached i	if more	nace is	roquiroc	\$ I\				
KEWAI	CROOKD	TOT, Au	uitional Remain	15 3011	edule, may be attached	ii iiiore s	space is	requirec	')				
	2 4 2 2 (2 2 4 7 (2)					0 -4							

STATE	RATING SHI	EET#	OF		SHEETS		Α	GENCY	CUSTO	MER ID:	000	00918			
	STATE RATING WORKSHEET														
FOR I	MULTIPLE S	TATES,	ATTACH AN	ADDI	TIONAL PAGE 2 (OF THIS	FOF	RM							
RATIN	G INFORMA	TION - S	STATE: NY												
LOC#	CLASS CODE	DESCR CODE	CATEGORI	ES, DUT	IES, CLASSIFICATIONS	FL	# EMPLOYEES FULL PART TIME TIME			NAICS		MATED ANNUAI MUNERATION/ PAYROLL	-	RATE	ESTIMATED ANNUAL MANUAL PREMIUM
6							IVIL	TIVIL					+		
													+		
													+		
													+		
													+		
													+		
													+		
						_							+		
													+		
													\bot		
													4		
													\perp		
													\perp		
													\perp		
PREMI	-														
STATE: 1	NY		FACTOR	s 0.00	FACTORED PREMIUM							FACTOR		FACTORED	PREMIUM
TOTAL			N/A	Ψ	<u> </u>								\$		
DEDUCTI	ED LIMITS			\$			CCPA	DULE RAT	ING "				\$		
EXPERIE	NCE OR MERIT ATION			\$				DARD PRE	MILIM				\$		
TERRORI			N/A	\$				IUM DISC					\$		
CATASTR			N/A	\$				NSE CON				N/A	\$		
ASSIGNE	D RISK SURCHAR	GE *		\$				S / ASSES				N/A	\$		
ARAP *				\$									\$		
* N/Ain	Wisconsin STIMATED ANNUA	DDEMILIN	•		MINIMUM PREMIUM					DE	:DOSIT	PREMIUM			
\$ 0.00					\$					\$		PREMION			
REMAR	RKS (ACORD	101, Add	litional Remark	s Sch	edule, may be attac	hed if mo	ore s	pace is	required	1)					

STATE	RATING SH	EET#	OF		SHEETS		AGENCY	CUSTO	MER ID:	00000918		
					STATE RA	TING W	ORKSH	EET				
FOR I	FOR MULTIPLE STATES, ATTACH AN ADDITIONAL PAGE 2 OF THIS FORM											
	RATING INFORMATION - STATE: NJ											
KAIIN	G INFORMA		SIAIE. 110			# FMPI	OYEES			ESTIMATED ANNUA	ıL İ	ESTIMATED
LOC#	CLASS CODE	DESCR CODE	CATEGOR	IES, DUT	IES, CLASSIFICATIONS	FULL TIME	PART TIME	SIC	NAICS	REMUNERATION/ PAYROLL		ANNUAL MANUAL PREMIUM
5	8601		ENGINEER OF NPD	RARCH	ITECT-CONSULTING					123,708		
						-						
PREMI	UM		!							<u>.</u>		
STATE: 1	IJ		FACTOR	0.0	FACTORED PREMIUM					FACTOR	FACTO	RED PREMIUM
TOTAL			N/A	\$ 0.00	J						\$	
DEDUCTI	ED LIMITS BLE *			\$		SCH CCP.	EDULE RAT	ING *			\$	
EXPERIE MODIFICA	NCE OR MERIT ATION			\$			NDARD PRE	EMIUM			\$	
TERRORI			N/A	\$		PRE	MIUM DISC	OUNT			\$	
CATASTR	OPHE D RISK SURCHAR	OE *	N/A	\$			ENSE CON			N/A N/A	\$	
ARAP *	D NISK SUKCHAN	.GL		\$		IAAI	-0 / A00LO	SIVILIVIS		IV//	\$	
* N/Ain			•		T	•						
\$ 0.00	STIMATED ANNUA	L PREMIUI	VI		MINIMUM PREMIUM \$				DE	EPOSIT PREMIUM		
	RKS (ACORD	101, Add	ditional Remark	ks Sch	⊥ • edule, may be attached	l if more	space is	required				
	·							-				
	100 (0047/01					Dana 0 a						

STATE	RATING SH	EET#	OF SHEETS AGENCY CUSTOMER ID:							000	00918			
	STATE RATING WORKSHEET													
FOR I	MULTIPLE S	TATES,	ATTACH AN	ADDI	TIONAL PAGE 2 OF	THIS FO	RM							
RATIN	G INFORMA	TION -	STATE: PA											
LOC#	CLASS CODE	DESCR CODE	CATEGORIES, DUTIES, CLASSIFICATIONS			# EMP FULL TIME	LOYEES PART TIME	SIC	NAICS		IMATED ANNUA EMUNERATION/ PAYROLL	L	RATE	ESTIMATED ANNUAL MANUAL PREMIUM
2	0953		Clerical Office					63,9	931					
2	0955		ENGINEERING CONSULTING FIRM - ALL TYPES OF ENGINEERING							263	5,771			
3	0955		ENGINEERING TYPES OF EN		SULTING FIRM - ALL RING					if ar	ny			
												+		
												+		
												-		
												+		
PREMI STATE: F			FACTOR		FACTORED PREMIUM						FACTOR		FACTORE	DDEMILIM
TOTAL			N/A	\$ 0.0							FACTOR	\$	FACTOREL	PREMIUM
INCREAS	ED LIMITS			\$		SCH	EDULE RA	ΓING *				\$		
DEDUCTI	BLE *			\$		ССР						\$		
	NCE OR MERIT ATION		N / A	\$			NDARD PRI					\$		
CATASTR			N/A N/A	\$			MIUM DISC ENSE CON				N/A	\$		
	D RISK SURCHAR	GE *	11771	\$			ES / ASSES				N/A	\$		
ARAP *				\$								\$		
	Wisconsin				MINIMUM PREMIUM									
	STIMATED ANNUA					EPOSI	T PREMIUM							
\$ 0.00	NC (A CORD	404 4-1	ditional Daman	lea Cale	\$	d 15 mm a ma			\$					
KEWIAI	UNO (ACURD	101, AG	uiuonai Kemar	ns oun	edule, may be attache	u ii inore	space is	required	4)					

					ADDITIO	NAL CO	VERAGES AND I	ENDO	RSEN	MENTS			
Loc#			Description Waiver of Subrogation		Type of C	Type of Coverage		n No.	Edition Date	Rate	Optio	Option Codes	
2 Limit		WVS	Lim		Limit 3	Ded 1	Deductible Type 1		Ded 2	Deductib	le Type 2		Premium
Loc#		'		Type of Coverage		Forn	n No.	Edition Date	Rate	Option Codes			
4 Limit	DE 1	wvs	Lim		Limit 3	Ded 1	Deductible Type 1		Ded 2	Deductib	le Type 2		Premium
Loc#		Cov C		Description		Type of C	Coverage	Forn	n No.	Edition Date	Rate	Optio	n Codes
6 Limit	NY 1	wvs	Lim	Waiver of S	Limit 3	Ded 1	Deductible Type 1		Ded 2	Deductib	le Type 2	1	Premium
Loc#	ST	Cov C	ode	Description		Type of C	Coverage	Forn	n 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		Premium
Loc#	ST	Cov C	ode	Description		Type of C	Coverage	Forn	n No.	Edition Date	Rate	Optio	n Codes
Limit	1	<u> </u>	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 C	Coverage	Forn	n No.	Edition Date	Rate	Optio	n Codes
Limit	1	<u> </u>	Limi	t 2	Limit 3	Ded 1	Deductible Type 1		Ded 2	Deductib	le Type 2		Premium
Loc#	ST	Cov C	ode	Description		Type of C	Coverage	Forn	n No.	Edition Date	Rate	Optio	n Codes
Limit	1	<u> </u>	Lim	t 2	Limit 3	Ded 1	Deductible Type 1		Ded 2	Deductib	le Type 2	1	Premium
Loc#	ST	Cov C	ode	Description	 	Type of C	Coverage	Forn	n No.	Edition Date	Rate	Optio	n Codes
Limit	1	1	Lim	t 2	Limit 3	Ded 1	Deductible Type 1		Ded 2	Deductib	le Type 2	1	Premium
Loc#	ST	Cov C	ode	Description	l	Type of C	Coverage	Forn	n 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	_ I	Premium
Loc#	ST	Cov C	ode	Description	 	Type of C	Coverage	Forn	n No.	Edition Date	Rate	Optio	n Codes
Limit	1	1	Lim	t 2	Limit 3	Ded 1	Deductible Type 1		Ded 2	Deductib	le Type 2	1	Premium
Loc#	ST	Cov C	ode	Description	l	Type of C	Coverage	Forn	n No.	Edition Date	Rate	Optio	n Codes
Limit	1	<u> </u>	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 C	Coverage	Forn	n No.	Edition Date	Rate	Optio	n Codes
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 C	Coverage	Forn	n No.	Edition Date	Rate	Optio	n Codes
Limit	1	<u> </u>	Lim	t 2	Limit 3	Ded 1	Deductible Type 1		Ded 2	Deductib	le Type 2	1	Premium
OFB/	AADC	CV					1			<u> </u>	Copyria	ht 2000. A	MS Services. Inc