



COMMERCIAL INSURANCE APPLICATION
APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)
02/20/2024

AGENCY Northeast Insurance Inc 12045 Bustleton Ave Philadelphia, PA 19116		CARRIER <Prospect>		NAIC CODE
		COMPANY POLICY OR PROGRAM NAME		PROGRAM CODE
		POLICY NUMBER		
CONTACT NAME:		UNDERWRITER		UNDERWRITER OFFICE
PHONE (A/C, No, Ext): (215)355-5050				
FAX (A/C, No): (866)352-9270				
E-MAIL ADDRESS: NORTHEASTINSURANCE@GMAIL.COM				
CODE:	SUBCODE:	STATUS OF TRANSACTION		<input checked="" type="checkbox"/> QUOTE
AGENCY CUSTOMER ID: 00007186				<input type="checkbox"/> ISSUE POLICY
				<input type="checkbox"/> RENEW
				BOUND (Give Date and/or Attach Copy):
				<input type="checkbox"/> CHANGE
				DATE
				TIME
				<input type="checkbox"/> AM
				<input type="checkbox"/> PM

LINES OF BUSINESS

INDICATE LINES OF BUSINESS	PREMIUM	PREMIUM	PREMIUM
BOILER & MACHINERY	\$	CYBER AND PRIVACY	\$
BUSINESS AUTO	\$	FIDUCIARY LIABILITY	\$
BUSINESS OWNERS	\$	GARAGE AND DEALERS	\$
COMMERCIAL GENERAL LIABILITY	\$	LIQUOR LIABILITY	\$
COMMERCIAL INLAND MARINE	\$	MOTOR CARRIER	\$
COMMERCIAL PROPERTY	\$	TRUCKERS	\$
CRIME	\$	UMBRELLA	\$
		YACHT	\$

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	PROPOSED EXP DATE	BILLING PLAN	PAYMENT PLAN	METHOD OF PAYMENT	AUDIT	DEPOSIT	MINIMUM PREMIUM	POLICY PREMIUM
		<input type="checkbox"/> DIRECT <input type="checkbox"/> AGENCY				\$	\$	\$

APPLICANT INFORMATION

NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4) ProDrill Solutions LLC 34 S Warner Ave Bryn Mawr, PA 19010				GL CODE	SIC	NAICS	FEIN OR SOC SEC # 99-0462930
				BUSINESS PHONE #: (215)800-4529			
				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 checked="" 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

CONTACT TYPE: Main Contact		CONTACT TYPE:	
CONTACT NAME: Iancu Bresneni		CONTACT NAME:	
PRIMARY PHONE # <input type="checkbox"/> HOME <input checked="" type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL
(215)800-4529			
PRIMARY E-MAIL ADDRESS: info@prodrillsolutions.com		PRIMARY E-MAIL ADDRESS:	
SECONDARY E-MAIL ADDRESS:		SECONDARY E-MAIL ADDRESS:	

PREMISES INFORMATION (Attach ACORD 823 for Additional Premises)

LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
		<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: STATE:	<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY: ZIP:				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N

NATURE OF BUSINESS

<input type="checkbox"/> APARTMENTS	<input checked="" type="checkbox"/> CONTRACTOR	<input type="checkbox"/> MANUFACTURING	<input type="checkbox"/> RESTAURANT	<input type="checkbox"/> SERVICE	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	
DESCRIPTION OF PRIMARY OPERATIONS					
<p>91577 Conduit Construction for Cables or Wires Horizontal directional drilling for conduit installation for underground cable and fiber optics.</p> <p>www.Prodrillsolutions.com</p>					
RETAIL STORES OR SERVICE OPERATIONS % OF TOTAL SALES:		INSTALLATION, SERVICE OR REPAIR WORK %		OFF PREMISES INSTALLATION, SERVICE OR REPAIR WORK %	
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 checked="" 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							REFERENCE / LOAN #:	INTEREST END DATE:
REASON FOR INTEREST:	LIEN AMOUNT:	PHONE (A/C, No, Ext):	FAX (A/C, No):					
		E-MAIL ADDRESS:						

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES	Y / N								
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ? <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">PARENT COMPANY NAME</td> <td style="width:30%;">RELATIONSHIP DESCRIPTION</td> <td style="width:20%;">% OWNED</td> </tr> </table>	PARENT COMPANY NAME	RELATIONSHIP DESCRIPTION	% OWNED	N					
PARENT COMPANY NAME	RELATIONSHIP DESCRIPTION	% OWNED							
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES? <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">SUBSIDIARY COMPANY NAME</td> <td style="width:30%;">RELATIONSHIP DESCRIPTION</td> <td style="width:20%;">% OWNED</td> </tr> </table>	SUBSIDIARY COMPANY NAME	RELATIONSHIP DESCRIPTION	% OWNED	N					
SUBSIDIARY COMPANY NAME	RELATIONSHIP DESCRIPTION	% OWNED							
2. IS A FORMAL SAFETY PROGRAM IN OPERATION? <input type="checkbox"/> SAFETY MANUAL <input type="checkbox"/> SAFETY POSITION <input type="checkbox"/> MONTHLY MEETINGS <input type="checkbox"/> OSHA <input type="checkbox"/>	N								
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?	N								
4. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers) <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">LINE OF BUSINESS</td> <td style="width:25%;">POLICY NUMBER</td> <td style="width:25%;">LINE OF BUSINESS</td> <td style="width:25%;">POLICY NUMBER</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>	LINE OF BUSINESS	POLICY NUMBER	LINE OF BUSINESS	POLICY NUMBER					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) <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):	N								
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? <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:15%;">OCCUR DATE</th> <th style="width:40%;">EXPLANATION</th> <th style="width:25%;">RESOLUTION</th> <th style="width:20%;">RESOLVE DATE</th> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>	OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE					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? <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:15%;">OCCUR DATE</th> <th style="width:40%;">EXPLANATION</th> <th style="width:25%;">RESOLUTION</th> <th style="width:20%;">RESOLVE DATE</th> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>	OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE					N
OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE						
10. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS? <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:15%;">OCCUR DATE</th> <th style="width:40%;">EXPLANATION</th> <th style="width:25%;">RESOLUTION</th> <th style="width:20%;">RESOLVE DATE</th> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>	OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE					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)

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PRIOR CARRIER INFORMATION

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION 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 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	SUBRO-GATION Y/N	CLAIM OPEN Y/N

SIGNATURE

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

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

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

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

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

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

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

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

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

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

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

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

PRODUCER'S SIGNATURE <i>Nataliya Hirda</i>	PRODUCER'S NAME (Please Print) GNG	STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER 1050687



COMMERCIAL GENERAL LIABILITY SECTION

DATE (MM/DD/YYYY)
02/20/2024

AGENCY Northeast Insurance Inc		CARRIER <Prospect>		NAIC CODE
POLICY NUMBER	EFFECTIVE DATE	APPLICANT / FIRST NAMED INSURED ProDrill Solutions LLC		

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

COVERAGES	LIMITS	PREMIUMS
<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	GENERAL AGGREGATE \$ 2,000,000	PREMIUMS PREMISES/OPERATIONS 0.00
<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCURRENCE	LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> LOCATION <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> OTHER:	
<input type="checkbox"/> OWNER'S & CONTRACTOR'S PROTECTIVE	PRODUCTS & COMPLETED OPERATIONS AGGREGATE \$ 2,000,000	PRODUCTS 0.00
DEDUCTIBLES	PERSONAL & ADVERTISING INJURY \$ 1,000,000	OTHER 0.00
	EACH OCCURRENCE \$ 1,000,000	
	DAMAGE TO RENTED PREMISES (each occurrence) \$ 100,000	
	MEDICAL EXPENSE (Any one person) \$ 10000	
PROPERTY DAMAGE \$ <input type="checkbox"/> PER CLAIM BODILY INJURY \$ <input type="checkbox"/> PER OCCURRENCE	EMPLOYEE BENEFITS \$	TOTAL 0.00
	\$	

OTHER COVERAGES, RESTRICTIONS AND/OR ENDORSEMENTS (For hired/non-owned auto coverages attach the applicable state Business Auto Section, ACORD 137)

APPLICABLE ONLY IN WISCONSIN: IF NON-OWNED ONLY AUTO COVERAGE IS TO BE PROVIDED UNDER THE POLICY:

1. UM / UIM COVERAGE IS IS NOT AVAILABLE. 2. MEDICAL PAYMENTS COVERAGE IS IS NOT AVAILABLE.

SCHEDULE OF HAZARDS (ACORD 211, Schedule of Hazards, may be attached if more space is required)

LOC #	HAZ #	CLASS CODE	PREMIUM BASIS	EXPOSURE	TERR	RATE		PREMIUM	
						PREM / OPS	PRODUCTS	PREM / OPS	PRODUCTS
CLASSIFICATION DESCRIPTION									
CLASSIFICATION DESCRIPTION									
CLASSIFICATION DESCRIPTION									
CLASSIFICATION DESCRIPTION									
CLASSIFICATION DESCRIPTION									

CLAIMS MADE (Explain all "Yes" responses)

EXPLAIN ALL "YES" RESPONSES	Y / N
1. PROPOSED RETROACTIVE DATE:	
2. ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COVERAGE:	
3. HAS ANY PRODUCT, WORK, ACCIDENT, OR LOCATION BEEN EXCLUDED, UNINSURED OR SELF-INSURED FROM ANY PREVIOUS COVERAGE?	
4. WAS TAIL COVERAGE PURCHASED UNDER ANY PREVIOUS POLICY?	

EMPLOYEE BENEFITS LIABILITY

1. DEDUCTIBLE PER CLAIM: \$	3. NUMBER OF EMPLOYEES COVERED BY EMPLOYEE BENEFITS PLANS:
2. NUMBER OF EMPLOYEES:	4. RETROACTIVE DATE:

CONTRACTORS

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)				Y / N
1. DOES APPLICANT DRAW PLANS, DESIGNS, OR SPECIFICATIONS FOR OTHERS?				N
2. DO ANY OPERATIONS INCLUDE BLASTING OR UTILIZE OR STORE EXPLOSIVE MATERIAL?				N
3. DO ANY OPERATIONS INCLUDE EXCAVATION, TUNNELING, UNDERGROUND WORK OR EARTH MOVING?				N
4. DO YOUR SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN YOURS?				N
5. ARE SUBCONTRACTORS ALLOWED TO WORK WITHOUT PROVIDING YOU WITH A CERTIFICATE OF INSURANCE?				N
6. DOES APPLICANT LEASE EQUIPMENT TO OTHERS WITH OR WITHOUT OPERATORS?				N
DESCRIBE THE TYPE OF WORK SUBCONTRACTED	\$ PAID TO SUB-CONTRACTORS: 0	% OF WORK SUBCONTRACTED: 0	# FULL-TIME STAFF: 0	# PART-TIME STAFF: 1

PRODUCTS / COMPLETED OPERATIONS

PRODUCTS	ANNUAL GROSS SALES	# OF UNITS	TIME IN MARKET	EXPECTED LIFE	INTENDED USE	PRINCIPAL COMPONENTS

EXPLAIN ALL "YES" RESPONSES (For all past or present products or operations) PLEASE ATTACH LITERATURE, BROCHURES, LABELS, WARNINGS, ETC.		Y / N
1. DOES APPLICANT INSTALL, SERVICE OR DEMONSTRATE PRODUCTS?		N
2. FOREIGN PRODUCTS SOLD, DISTRIBUTED, USED AS COMPONENTS? (If "YES", attach ACORD 815)		N
3. RESEARCH AND DEVELOPMENT CONDUCTED OR NEW PRODUCTS PLANNED?		N
4. GUARANTEES, WARRANTIES, HOLD HARMLESS AGREEMENTS?		N
5. PRODUCTS RELATED TO AIRCRAFT/SPACE INDUSTRY?		N
6. PRODUCTS RECALLED, DISCONTINUED, CHANGED?		N
7. PRODUCTS OF OTHERS SOLD OR RE-PACKAGED UNDER APPLICANT LABEL?		N
8. PRODUCTS UNDER LABEL OF OTHERS?		N
9. VENDORS COVERAGE REQUIRED?		N
10. DOES ANY NAMED INSURED SELL TO OTHER NAMED INSURED?		N

ADDITIONAL INTEREST / CERTIFICATE RECIPIENT ACORD 45 attached for additional names

INTEREST <input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE	NAME AND ADDRESS RANK: _____	EVIDENCE: _____	CERTIFICATE _____	INTEREST IN ITEM NUMBER		
				LOCATION: _____	BUILDING: _____	
				ITEM CLASS: _____	ITEM: _____	
				ITEM DESCRIPTION		
REFERENCE / LOAN #: _____						

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)		Y / N																								
1. ANY MEDICAL FACILITIES PROVIDED OR MEDICAL PROFESSIONALS EMPLOYED OR CONTRACTED?		N																								
2. ANY EXPOSURE TO RADIOACTIVE/NUCLEAR MATERIALS?		N																								
3. DO/HAVE PAST, PRESENT OR DISCONTINUED OPERATIONS INVOLVE(D) STORING, TREATING, DISCHARGING, APPLYING, DISPOSING, OR TRANSPORTING OF HAZARDOUS MATERIAL? (e.g. landfills, wastes, fuel tanks, etc)		N																								
4. ANY OPERATIONS SOLD, ACQUIRED, OR DISCONTINUED IN LAST FIVE (5) YEARS?		N																								
5. DO YOU RENT OR LOAN EQUIPMENT TO OTHERS?		N																								
<table border="1"> <thead> <tr> <th>EQUIPMENT</th> <th colspan="2">TYPE OF EQUIPMENT</th> <th>INSTRUCTION GIVEN (Y/N)</th> </tr> </thead> <tbody> <tr> <td></td> <td><input type="checkbox"/> SMALL TOOLS</td> <td><input type="checkbox"/> LARGE EQUIPMENT</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> SMALL TOOLS</td> <td><input type="checkbox"/> LARGE EQUIPMENT</td> <td></td> </tr> </tbody> </table>		EQUIPMENT	TYPE OF EQUIPMENT		INSTRUCTION GIVEN (Y/N)		<input type="checkbox"/> SMALL TOOLS	<input type="checkbox"/> LARGE EQUIPMENT			<input type="checkbox"/> SMALL TOOLS	<input type="checkbox"/> LARGE EQUIPMENT														
EQUIPMENT	TYPE OF EQUIPMENT		INSTRUCTION GIVEN (Y/N)																							
	<input type="checkbox"/> SMALL TOOLS	<input type="checkbox"/> LARGE EQUIPMENT																								
	<input type="checkbox"/> SMALL TOOLS	<input type="checkbox"/> LARGE EQUIPMENT																								
6. ANY WATERCRAFT, DOCKS, FLOATS OWNED, HIRED OR LEASED?		N																								
7. ANY PARKING FACILITIES OWNED/RENTED?		N																								
8. IS A FEE CHARGED FOR PARKING?		N																								
9. RECREATION FACILITIES PROVIDED?		N																								
10. ARE THERE ANY LODGING OPERATIONS INCLUDING APARTMENTS? (If "YES", answer the following):		N																								
# APTS	TOTAL APT AREA Sq. Ft.	DESCRIBE OTHER LODGING OPERATIONS																								
11. IS THERE A SWIMMING POOL ON PREMISES? (Check all that apply)		N																								
<input type="checkbox"/> APPROVED FENCE <input type="checkbox"/> LIMITED ACCESS <input type="checkbox"/> DIVING BOARD <input type="checkbox"/> SLIDE <input type="checkbox"/> ABOVE GROUND <input type="checkbox"/> IN GROUND <input type="checkbox"/> LIFE GUARD																										
12. ARE SOCIAL EVENTS SPONSORED?		N																								
13. ARE ATHLETIC TEAMS SPONSORED?		N																								
<table border="1"> <thead> <tr> <th>TYPE OF SPORT</th> <th>CONTACT SPORT (Y/N)</th> <th>AGE GROUP</th> <th>TYPE OF SPORT</th> <th>CONTACT SPORT (Y/N)</th> <th>AGE GROUP</th> </tr> </thead> <tbody> <tr> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> 13 - 18</td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> 13 - 18</td> </tr> <tr> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> 12 & UNDER</td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> 12 & UNDER</td> </tr> <tr> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> OVER 18</td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> OVER 18</td> </tr> </tbody> </table>		TYPE OF SPORT	CONTACT SPORT (Y/N)	AGE GROUP	TYPE OF SPORT	CONTACT SPORT (Y/N)	AGE GROUP		<input type="checkbox"/>	<input type="checkbox"/> 13 - 18		<input type="checkbox"/>	<input type="checkbox"/> 13 - 18		<input type="checkbox"/>	<input type="checkbox"/> 12 & UNDER		<input type="checkbox"/>	<input type="checkbox"/> 12 & UNDER		<input type="checkbox"/>	<input type="checkbox"/> OVER 18		<input type="checkbox"/>	<input type="checkbox"/> OVER 18	
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	<input type="checkbox"/>	<input type="checkbox"/> OVER 18		<input type="checkbox"/>	<input type="checkbox"/> OVER 18																					
EXTENT OF SPONSORSHIP:																										
14. ANY STRUCTURAL ALTERATIONS CONTEMPLATED?		N																								
15. ANY DEMOLITION EXPOSURE CONTEMPLATED?		N																								

GENERAL INFORMATION (continued)

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)				Y / N
16. HAS APPLICANT BEEN ACTIVE IN OR IS CURRENTLY ACTIVE IN JOINT VENTURES?				N
17. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?				N
LEASE TO	WORKERS COMPENSATION COVERAGE CARRIED (Y/N)	LEASE FROM	WORKERS COMPENSATION COVERAGE CARRIED (Y/N)	
18. IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS OR SUBSIDIARIES?				N
19. ARE DAY CARE FACILITIES OPERATED OR CONTROLLED?				N
20. HAVE ANY CRIMES OCCURRED OR BEEN ATTEMPTED ON YOUR PREMISES WITHIN THE LAST THREE (3) YEARS?				N
21. IS THERE A FORMAL, WRITTEN SAFETY AND SECURITY POLICY IN EFFECT?				N
22. DOES THE BUSINESSES' PROMOTIONAL LITERATURE MAKE ANY REPRESENTATIONS ABOUT THE SAFETY OR SECURITY OF THE PREMISES?				N

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

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SIGNATURE

<p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p>			
<p>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.</p>			
PRODUCER'S SIGNATURE Nataliya Hirda	PRODUCER'S NAME (Please Print) <div style="text-align: center; font-size: large; font-weight: bold; color: blue;">GNG</div>	STATE PRODUCER LICENSE NO (Required in Florida)	
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER <div style="text-align: center; font-size: large; font-weight: bold; color: blue;">1050687</div>	

TRAVELERS SPECIALTY INSURANCE COMPANY

ARTISAN/TRADE/RESIDENTIAL BUILDER'S APPLICATION

If operations are primarily one specific trade, refer to that trade's Supplement (e.g. Roofers).

PREQUALIFICATION - Risk(s) are ineligible if they include any of the following characteristics.

	Yes	No
1. Involved (past, present or intended future) in residential construction (new, remodeling, installation or repair), and/or development of, more than 14 units in any one development. <i>(Unit means one home, town home unit, condo unit, or apartment.)</i>	<input type="checkbox"/>	<input type="checkbox"/>
2. Risks where subcontractors are used and contractual risk transfer mechanisms are not in place prior to job commencement.	<input type="checkbox"/>	<input type="checkbox"/>
3. Architects or engineers listed as employees of any named insured.	<input type="checkbox"/>	<input type="checkbox"/>
4. Rehabilitation projects or construction of low income housing by governmental and volunteer agencies. <i>If yes, to be eligible, must include verification that is documented in file that plumbing, electrical, mechanical, and utility work is performed by licensed contractors and signed waivers / releases are obtained on all volunteer workers. Construction Defect guidelines must be adhered.</i>	<input type="checkbox"/>	<input type="checkbox"/>
5. Underground tank installation, removal, repair, or service; remediation contractors (asbestos, mold removal, pollutant clean up, etc.); risks involved (past, present or intended) in EIFS work; risks participating in any wrap-up or owner controlled insurance program (OCIP).	<input type="checkbox"/>	<input type="checkbox"/>
6. Risks employing or contracting armed security personnel.	<input type="checkbox"/>	<input type="checkbox"/>
7. The insured is not properly licensed.	<input type="checkbox"/>	<input type="checkbox"/>
8. Past, present or future residential, office, or a projected location in Colorado.	<input type="checkbox"/>	<input type="checkbox"/>
9. Risks involving underground foundation work, residential roofing, and/or residential siding located in AZ, CA, FL, NV and SC.	<input type="checkbox"/>	<input type="checkbox"/>
10. Door, Window, or Assembled Mill Work – Installation – Metal (91746) in AZ, CA, CO, FL, HI, MT, NV or SC.	<input type="checkbox"/>	<input type="checkbox"/>
11. Buildings being demolished with common wall or party wall exposures.	<input type="checkbox"/>	<input type="checkbox"/>
12. Use of a ball and chain or explosives. (SUBMIT ELIGIBILITY)	<input type="checkbox"/>	<input type="checkbox"/>
13. Work performed on pipelines and/or in-ground swimming pools.	<input type="checkbox"/>	<input type="checkbox"/>
14. Risks involving blasting.	<input type="checkbox"/>	<input type="checkbox"/>

Note to General Agent, if the following answers are Yes, refer to Brokerage Solutions.

	Yes	No
1. Contractors who offer building design/consultation or construction/project managers or consultants.	<input type="checkbox"/>	<input type="checkbox"/>
2. Commercial building exterior contractors that work on buildings in excess of 5 stories. Exception, window cleaners up to 8 stories are acceptable.	<input type="checkbox"/>	<input type="checkbox"/>
3. Risks located in or performing work/operations in downstate New York.	<input type="checkbox"/>	<input type="checkbox"/>
4. Risks involved with real estate developers and/or real estate development property.	<input type="checkbox"/>	<input type="checkbox"/>

BUSINESS INFORMATION

1. Proposed First Named Insured & Other Named Insured(s):
ProDrill Solutions LLC

2. Mailing Address Street City County State ZIP Code
34 S Warner Ave Bryn Mawr, PA 19010

3. Effective Date Desired: ASAP Term Desired:

4. Applicant is: Individual Partnership Corporation LLC Trust
 Other (specify):

If more than one entity, include the ownership breakdown and a description of operation for each.

Contact Name: Iancu Bresneni Title: OWNER Phone No.: (215) 800-4529

5. Location of premises:	Occupancy	Own	Lease
<input checked="" type="checkbox"/> Same as mailing address		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

(List additional locations on separate page)

6. Have you operated under any other name(s)? Yes No
If yes, indicate:
Name:

Address:

Years in operation:

7. Years in current business: new venture

8. Number of years' experience as a contractor: 15+

9. # of Owners: 2 Gross Sales: \$ 200 k

10. # of Employees: 1 Employee Payroll: \$ 20k part time

11. Receipts for previous three years: new venture
Year 20 \$ Year 20 \$ Year 20 \$

12. Contractors License No. and type: na

13. Are you presently, or do you intend in the future, to be involved in residential construction? Yes No

14. Any OSHA violations? Yes No

15. **PRIOR INSURANCE CARRIER AND LOSSES WHETHER COVERED BY INSURANCE OR NOT FOR THE PAST THREE FULL YEARS:** na

Policy Dates	Carrier/Policy Number/ Premium	Coverage	# of Losses	Amount	Description of Losses (Use separate sheet if necessary)

Missouri Applicants: **DO NOT** answer this question.
Has insurance of this type been cancelled, refused, or nonrenewed by any company during the past 3 years?
 No Yes - If Yes, give name of company, date, and reason:

COVERAGES/LIMITS

<input type="checkbox"/> Premises Operations	\$ 2 mln	General Aggregate
<input checked="" type="checkbox"/> Products-Completed Operations	\$ 2 mln	Products/Completed Operations Aggregate
<input type="checkbox"/> Personal and Advertising Injury	\$ 1 mln	Personal and Advertising Injury
<input type="checkbox"/> Contractual Liability	\$ 1 mln	Each Occurrence
<input type="checkbox"/> Damage to Premises Rented to You	\$ 100k	Damage to Premises Rented to You
<input type="checkbox"/> Medical Payments	\$ 10k	Medical Payments

Each location must have a classification with a premium basis listed below.

SCHEDULE OF HAZARDS								
LOC #	CLASSIFICATION	CLASS CODE	PREMIUM BASIS	TERR.	RATE		PREMIUM	
					PREM/OPS	PRODUCTS	PREM/OPS	PRODUCTS
			(s) Gross Sales (p) Payroll (a) Area (c) Total Cost (t) Other		(s) per \$1,000 (p) per \$1,000/pay (a) per 1,000 sq. ft. (c) per \$1,000 cost (t) per unit			

TYPE OF CONTRACTOR

1. Describe your operations:
like utility work- max 24 inches drilling in depth and the horizontal drilling to put fiber cable

2. Percent of your work performed by or on behalf of the named insured:

a. New Construction	%	Remodeling*	%	Repairs	%	= 100%
b. Outside Building	%	Inside Building	%			= 100%
c. Residential	%	Commercial	100	Industrial	%	= 100%

*Provide complete description of type of remodeling/renovation work the insured does (gut and rebuild, tenant buildout/improvements, new construction building or room additions, non-structural remodels, seismic retrofit, etc.):
run fiber cable from streets , client properties to COMCAST/VERIZON boxes

3. Do you specialize in any part of the construction of the following types of buildings? Yes No
- Nursing Homes
 - Day Care Centers
 - Hospitals
 - Condominiums
 - Apartments
 - Multi-family Habitational
 - Hotels/Motels

If yes, explain:

4. Percent of work on a typical project performed by:
You/Your Employees 100 % Subcontractors _____ % (Total 100%)

* If subcontracted amount is over 50%, please refer to our General Contractor guidelines.

5. Indicate whether the following types of work are done by your employees or are performed by subcontractors:

E – Employees/Owners S – Subcontractors N/A – Not Performed

Include % of work the insured does for each type of contracting/work.

	%	E	S	N/A		%	E	S	N/A
Bridge Construction	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Painting	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carpentry	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Parking Lot Paving	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concrete	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plastering or Sheetrock – Inside	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Door, Window or Assembled Mill Work – Installation - Metal	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plumbing	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drilling	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Real Estate Development	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electrical	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Roofing	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Excavation	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Siding	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Debris Removal	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Site Preparation Work (curbs, streets, etc.)	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demolition	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Spray Painting Application	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drywall/Wallboard	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Street Paving	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

other 100# E

	%	E	S	N/A		%	E	S	N/A
Framing	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stucco or Plastering – outside	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grading	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vacant Land in any stage of				
Guard Rail Installation	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	development or				
Insulation	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	construction (e.g.	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Landscaping	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	excavation for utilities)				
Masonry	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Other (describe):									

SUBCONTRACTORS and/or INDEPENDENT CONTRACTORS N/A

		Yes	No
1.	Do you require contractors to sign a hold-harmless or indemnification agreement in your favor?	<input type="checkbox"/>	<input type="checkbox"/>
2.	Do you utilize a standardized contract with all of your contractors?	<input type="checkbox"/>	<input type="checkbox"/>
3.	Do you require contractors to:		
	a. Carry General Liability coverage with coverage and limits equal or greater than your own?	<input type="checkbox"/>	<input type="checkbox"/>
	b. Name you as an Additional Insured?	<input type="checkbox"/>	<input type="checkbox"/>
	c. Furnish Certificates of Insurance for General Liability and Workers Compensation?	<input type="checkbox"/>	<input type="checkbox"/>
	d. Keep records?	<input type="checkbox"/>	<input type="checkbox"/>
4.	Total cost of work contracted: \$		

OPERATIONS

		Yes	No
1.	Do you use cranes in any of your activities?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	If yes, are tower cranes used? Length of the boom: _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Age of the crane: _____ OSHA certified inspection date: _____		
2.	Do you rent or loan machinery or equipment to others?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	If yes, describe type and customers: _____		
3.	Are you involved in any of the following operations?		
	a. Dam/Levee Construction	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	b. Blasting	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	c. Shoring or Underpinning	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	d. Pile Driving	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	e. Caisson or Cofferdam Work	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	f. Other (describe): _____		
4.	Do you perform work more than three stories in height above grade? If yes: _____%	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Describe: _____		
5.	Do you perform work below grade? If yes: <u>100</u> %	<input type="checkbox"/>	<input type="checkbox"/>
	Describe: <u>up to 24 inches</u>		
6.	Is job site security provided at night?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	If yes, are they armed? <u>cones, signs, tapes</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7.	Do you now, or have you ever built on hillsides, slopes, landfills, or other terrain susceptible to subsidence?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	If yes, explain: _____		
8.	Do you draw any plans or blueprints used in your construction work?	<input type="checkbox"/>	<input type="checkbox"/>
	a. If yes, describe: _____		
	b. If yes, do you carry Professional Liability or Errors and Omissions insurance?	<input type="checkbox"/>	<input type="checkbox"/>
9.	Have you ever installed drywall that was manufactured in, or imported from, China? If yes:	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	a. Companies from which you obtained drywall: _____		
	b. Amount installed: _____		
	c. When installed: _____		

10. **CONTRACTUAL LIABILITY** (PLEASE ATTACH COPY.)

Describe all contracts and/or hold harmless agreements, whether written or oral (dates, contracting parties, cost):

11. **CERTIFICATE RECIPIENTS/ADDITIONAL INTERESTS**

NAME & ADDRESS	INTEREST	ADD'L INSURED
		<input type="checkbox"/>
		<input type="checkbox"/>

DEMOLITION OPERATIONS (other than incidental, complete Demolition Contractors Supplement, V2906-CG) – For Contractors with Demolition/Wrecking Exposures. N/A

1. Describe your demolition/wrecking operations (e.g. by hand, wrecking ball, equipment used, etc.):

- | | Yes | No |
|--|--------------------------|--------------------------|
| 2. Do you follow Environmental Protection Agency (EPA) guidelines? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Any abutting walls?
If yes, describe what is done to protect any common, party, or foundation wall from damage: | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Is applicant engaged in, owned by, associated with, or involved in any other enterprise?
If yes, provide details: | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Will the area be barricaded?
If yes, how high are barricades? _____ ft. | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Explain other safety precautions taken: | | |
| 7. Will explosives be used? | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Do you remove same? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Hire others to remove same? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Do you obtain written confirmation that all utilities (gas, water and electric) have been turned off? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Are any buildings or structures over three stories or over 50 feet high? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Is explosion, collapse, or underground coverage desired? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Will you retain salvage?
Estimated salvage value: \$ _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Indicate how debris is removed: | | |
| 13. Attach diagram of the building to be demolished and surrounding exposures. (Indicate distance to surrounding exposures.) | | |

ROOFING OPERATIONS N/A

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1. Are hot tar kettles roped off? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you maintain a fire watch during and after hot work completion (including break periods)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. How long do you maintain the fire watch after hot work is completed? | | |
| 4. Is the job site inspected after completion of hot work and an activity log documented with the time and date of the final check? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. How long is the hot work activity log maintained? | | |
| 6. Do you have at least 3 years of experience with hot tar? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Percentage of: New roofing: _____% Repair work: _____% | | |
| 8. Do you have any incidental welding exposures in your roofing business?
If yes, are all welders AWS Certified? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Do you use any unusual processes/materials (i.e. other than shingle, metal or membrane)?
<input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, include name of manufacturer and training in the process: | | |

10. Openings in roof are protected overnight by:
 Tarp Waterproof plywood Never leave openings
 Other (describe):

11. Do you use weather watch for approaching storms, weather, etc.? Yes No

HISTORY

1. Have you been involved in any other business besides contracting? Yes No
 If yes, describe:

2. Have you ever been involved in or are you aware of pending litigation against you/your company concerning defective workmanship or mold claims? Yes No
 If yes, describe:

3. Describe any types of projects that you have discontinued (i.e. no longer build, uncompleted, etc.):

4. List the five largest projects undertaken by you in the past five years:

Description	Job Cost	Project Duration

5. List the three largest projects planned for the coming year:

Description	Est. Job Cost	Est. Project Duration

6. Average dollar value of a completed project: \$

This application, including any material submitted in conjunction with the application or any renewal, does not amend the provisions or coverages of any insurance policy or bond issued by Travelers Specialty. It is not a representation that coverage does or does not exist for any particular claim or loss under any such policy or bond. Coverage depends on the facts and circumstances involved in the claim or loss, all applicable policy or bond provisions, and any applicable law. Availability of coverage referenced in this document can depend on underwriting qualifications and state regulations.

FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or another 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 the person to criminal and civil penalties.

**IMPORTANT NOTICE
DECLARATION**

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.

As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.

SIGNATURES

Applicant Signature	Title OWNER	Date
Producer Signature		Date
Producer Name and Address		



COMMERCIAL INSURANCE APPLICATION
APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)
02/26/2024

AGENCY: Northeast Insurance Inc, 12045 Bustleton Ave, Philadelphia, PA 19116
CONTACT NAME, PHONE, FAX, E-MAIL ADDRESS, AGENCY CUSTOMER ID: 00007186
CARRIER: <Prospect>
COMPANY POLICY OR PROGRAM NAME, PROGRAM CODE, POLICY NUMBER
UNDERWRITER, UNDERWRITER OFFICE
STATUS OF TRANSACTION: QUOTE [X], BOUND [], CHANGE [], CANCEL []
ISSUE POLICY [], RENEW []
DATE, TIME: [] AM, [] PM

LINES OF BUSINESS

Table with 4 columns: INDICATE LINES OF BUSINESS, PREMIUM, INDICATE LINES OF BUSINESS, PREMIUM. Includes rows for BOILER & MACHINERY, BUSINESS AUTO, BUSINESS OWNERS, COMMERCIAL GENERAL LIABILITY, COMMERCIAL INLAND MARINE, COMMERCIAL PROPERTY, CRIME, CYBER AND PRIVACY, FIDUCIARY LIABILITY, GARAGE AND DEALERS, LIQUOR LIABILITY, MOTOR CARRIER, TRUCKERS, UMBRELLA, and YACHT.

ATTACHMENTS

Table with 3 columns: ACCOUNTS RECEIVABLE / VALUABLE PAPERS, GLASS AND SIGN SECTION, STATEMENT / SCHEDULE OF VALUES. Includes rows for ADDITIONAL INTEREST SCHEDULE, ADDITIONAL PREMISES INFORMATION SCHEDULE, APARTMENT BUILDING SUPPLEMENT, CONDO ASSN BYLAWS, CONTRACTORS SUPPLEMENT, COVERAGES SCHEDULE, DEALERS SECTION, DRIVER INFORMATION SCHEDULE, ELECTRONIC DATA PROCESSING SECTION, HOTEL / MOTEL SUPPLEMENT, INSTALLATION / BUILDERS RISK SECTION, INTERNATIONAL LIABILITY EXPOSURE SUPPLEMENT, INTERNATIONAL PROPERTY EXPOSURE SUPPLEMENT, LOSS SUMMARY, OPEN CARGO SECTION, PREMIUM PAYMENT SUPPLEMENT, PROFESSIONAL LIABILITY SUPPLEMENT, RESTAURANT / TAVERN SUPPLEMENT, and VACANT BUILDING SUPPLEMENT.

POLICY INFORMATION

PROPOSED EFF DATE, PROPOSED EXP DATE, BILLING PLAN (DIRECT [], AGENCY []), PAYMENT PLAN, METHOD OF PAYMENT, AUDIT, DEPOSIT (\$), MINIMUM PREMIUM (\$), POLICY PREMIUM (\$)

APPLICANT INFORMATION

NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4): ProDrill Solutions LLC, 34 S Warner Ave, Bryn Mawr, PA 19010
GL CODE, SIC, NAICS, FEIN OR SOC SEC #: 99-0462930
BUSINESS PHONE #: (215)800-4529
WEBSITE ADDRESS
CORPORATION [], JOINT VENTURE [], NOT FOR PROFIT ORG [], SUBCHAPTER "S" CORPORATION []
INDIVIDUAL [], LLC [X], NO. OF MEMBERS AND MANAGERS: _____, PARTNERSHIP [], TRUST []
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)
GL CODE, SIC, NAICS, FEIN OR SOC SEC #
BUSINESS PHONE #:
WEBSITE ADDRESS
CORPORATION [], JOINT VENTURE [], NOT FOR PROFIT ORG [], SUBCHAPTER "S" CORPORATION []
INDIVIDUAL [], LLC [], NO. OF MEMBERS AND MANAGERS: _____, PARTNERSHIP [], TRUST []
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)
GL CODE, SIC, NAICS, FEIN OR SOC SEC #
BUSINESS PHONE #:
WEBSITE ADDRESS
CORPORATION [], JOINT VENTURE [], NOT FOR PROFIT ORG [], SUBCHAPTER "S" CORPORATION []
INDIVIDUAL [], LLC [], NO. OF MEMBERS AND MANAGERS: _____, PARTNERSHIP [], TRUST []

CONTACT INFORMATION

CONTACT TYPE: Main Contact		CONTACT TYPE:	
CONTACT NAME: Iancu Flavius Bresneni		CONTACT NAME:	
PRIMARY PHONE # <input type="checkbox"/> HOME <input checked="" type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL
(215)800-4529			
PRIMARY E-MAIL ADDRESS: info@prodrillsolutions.com		PRIMARY E-MAIL ADDRESS:	
SECONDARY E-MAIL ADDRESS:		SECONDARY E-MAIL ADDRESS:	

PREMISES INFORMATION (Attach ACORD 823 for Additional Premises)

LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
		<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: STATE:	<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY: ZIP:				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
		<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: STATE:	<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY: ZIP:				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
		<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: STATE:	<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY: ZIP:				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
		<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: STATE:	<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY: ZIP:				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N

NATURE OF BUSINESS

<input type="checkbox"/> APARTMENTS	<input checked="" type="checkbox"/> CONTRACTOR	<input type="checkbox"/> MANUFACTURING	<input type="checkbox"/> RESTAURANT	<input type="checkbox"/> SERVICE	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	
DESCRIPTION OF PRIMARY OPERATIONS					
<p>91577 Conduit Construction for Cables or Wires Horizontal directional drilling for conduit installation for underground cable and fiber optics.</p>					
RETAIL STORES OR SERVICE OPERATIONS % OF TOTAL SALES:		INSTALLATION, SERVICE OR REPAIR WORK		OFF PREMISES INSTALLATION, SERVICE OR REPAIR WORK	
		%		%	
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							REFERENCE / LOAN #:	INTEREST END DATE:
REASON FOR INTEREST:	LIEN AMOUNT:	PHONE (A/C, No, Ext):	FAX (A/C, No):					
		E-MAIL ADDRESS:						

GENERAL INFORMATION

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

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

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PRIOR CARRIER INFORMATION

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION 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 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	SUBRO-GATION Y/N	CLAIM OPEN Y/N

SIGNATURE

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

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

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

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

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

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

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

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

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

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

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

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

PRODUCER'S SIGNATURE <i>Nataliya Hirda</i>	PRODUCER'S NAME (Please Print) GNG	STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER 1050687



AGENCY CUSTOMER ID: 00007186

UMBRELLA / EXCESS SECTION

DATE (MM/DD/YYYY)

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

AGENCY Northeast Insurance Inc		CARRIER <Prospect>		NAIC CODE
POLICY NUMBER	EFFECTIVE DATE	NAMED INSURED(S) ProDrill Solutions LLC		

POLICY INFORMATION

TRANSACTION TYPE				LIMIT OF LIABILITY		RETAINED LIMIT
NEW	UMBRELLA	OCCURRENCE	VOLUNTARY	\$	4,000,000	EA OCC
RENEWAL	<input checked="" type="checkbox"/> EXCESS	CLAIMS MADE		\$	4,000,000	AGG
EXPIRING POL #:				\$		FIRST DOLLAR DEFENSE (Y / N)

EMPLOYEE BENEFITS LIABILITY

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

PRIMARY LOCATION & SUBSIDIARIES (ACORD 125)

#	NAME AND LOCATION OF PRIMARY AND ALL SUBSIDIARY COMPANIES (Describe Operations)	ANNUAL PAYROLL	ANN GROSS SALES	FOREIGN GROSS SALES	# EMPL
1	NAME: ProDrill Solutions LLC LOCATION: 34 S Warner Ave Bryn Mawr, PA 19010 DESCRIPTION: Horizontal directional drilling for conduit installation for underground cable and fiber optics.	20K	200K		1
	NAME: LOCATION: DESCRIPTION:				
	NAME: LOCATION: DESCRIPTION:				
	NAME: LOCATION: DESCRIPTION:				
	NAME: LOCATION: DESCRIPTION:				
	NAME: LOCATION: DESCRIPTION:				

UNDERLYING INSURANCE

LIST ALL LIABILITY / COMPENSATION POLICIES IN FORCE TO APPLY AS UNDERLYING INSURANCE							+- RATING MOD
TYPE	CARRIER / POLICY NUMBER	POLICY EFF DATE	POLICY EXP DATE	LIMITS		ANNUAL RENEWAL PREMIUM	
AUTOMOBILE LIABILITY	PROGRESSIVE			CSL EA ACC	\$ 200000	\$	
				BI EA ACC	\$	\$	
				BI EA PER	\$	\$	
				PD EA ACC	\$	\$	
GENERAL LIABILITY POLICY TYPE	TBD			EACH OCCURRENCE	\$ 1,000,000	PREM / OPS	
				GENERAL AGGR	\$ 2,000,000	\$	
				PROD & COMP OPS AGGREGATE	\$ 2,000,000	PRODUCTS	
				PERSONAL & ADV INJURY	\$ 1,000,000	\$	
				DAMAGE TO RENTED PREMISES	\$ 10000	OTHER	
				MEDICAL EXPENSE	\$ 1000	\$	
EMPLOYERS LIABILITY				EACH ACCIDENT	\$	\$	
				DISEASE	\$		
				EACH EMPLOYEE	\$		
				DISEASE POLICY LIMIT	\$		
						\$	
						\$	

UNDERLYING INSURANCE (continued)

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

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

2. INDICATE THE EDITION DATE OF THE ISO FORM OR SIMILAR FILING FOR THE UNDERLYING COVERAGE:
 3. HAS ANY PRODUCT, WORK, ACCIDENT OR LOCATION BEEN EXCLUDED, UNINSURED OR SELF-INSURED FROM ANY PREVIOUS COVERAGE? (Y / N)

4. FOR CLAIMS MADE, INDICATE RETROACTIVE DATE OF CURRENT UNDERLYING POLICY:
 5. FOR CLAIMS MADE, INDICATE ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COVERAGE:
 6. FOR CLAIMS MADE, WAS "TAIL" COVERAGE PURCHASED FOR ANY PREVIOUS PRIMARY OR EXCESS POLICY? (Y / N) EFF. DATE: _____

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

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

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

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

NO SUCH CLAIMS

CARE, CUSTODY, CONTROL

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

OCCUPANCY / DESCRIPTION OF PERSONAL PROPERTY

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

VEHICLES

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

ADDITIONAL EXPOSURES

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

ADDITIONAL EXPOSURES (continued)

EXPLAIN ALL "YES" RESPONSES, PROVIDE OTHER INFORMATION REQUIRED											Y / N																
POLLUTION LIABILITY																											
20. DO CURRENT OR PAST PRODUCTS, OR THEIR COMPONENTS, CONTAIN HAZARDOUS MATERIALS THAT MAY REQUIRE SPECIAL DISPOSAL METHODS?											N																
21. INDICATE THE COVERAGES CARRIED:																											
<input type="checkbox"/> GL WITH STANDARD ISO POLLUTION EXCLUSION				<input type="checkbox"/> GL WITH POLLUTION COVERAGE ENDORSEMENT																							
<input type="checkbox"/> GL WITH STANDARD SUDDEN & ACCIDENTAL ONLY				<input type="checkbox"/> SEPARATE POLLUTION COVERAGE																							
PRODUCT LIABILITY																											
22. ARE MISSILES, ENGINES, GUIDANCE SYSTEMS, FRAMES OR ANY OTHER PRODUCT USED / INSTALLED IN AIRCRAFT?											N																
23. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN THE USA OR US PRODUCTS SOLD / DISTRIBUTED IN FOREIGN COUNTRIES? (If "YES", Attach ACORD 815)											N																
24. PRODUCT LIABILITY LOSS IN PAST THREE (3) YEARS? (SPECIFY)											N																
25. GROSS SALES FROM EACH OF LAST THREE (3) YEARS: \$ _____ \$ _____ \$ _____																											
PROTECTIVE LIABILITY																											
26. DESCRIBE INDEPENDENT CONTRACTORS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)																											
WATERCRAFT LIABILITY																											
27. DOES APPLICANT OWN OR LEASE WATERCRAFT?											N																
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:10%;">LOC #</th> <th style="width:15%;"># OWNED</th> <th style="width:20%;">LENGTH</th> <th style="width:15%;">HORSEPOWER</th> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>				LOC #	# OWNED	LENGTH	HORSEPOWER					<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:10%;">LOC #</th> <th style="width:15%;"># OWNED</th> <th style="width:20%;">LENGTH</th> <th style="width:15%;">HORSEPOWER</th> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>				LOC #	# OWNED	LENGTH	HORSEPOWER								
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REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

FRAUD STATEMENTS

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

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

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

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

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

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

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

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

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

SIGNATURE

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

UNINSURED MOTORISTS (UM) COVERAGE: \$ _____ *

UNDERINSURED MOTORISTS (UIM) COVERAGE: \$ _____ *

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

APPLICABLE ONLY IN LOUISIANA, MONTANA, NEW HAMPSHIRE AND VERMONT

APPLICABLE ONLY IN LOUISIANA:

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

- 1. I SELECT UM LIMITS INDICATED IN THIS APPLICATION. OR
(INITIALS)
- 2. I REJECT UM COVERAGE IN ITS ENTIRETY.
(INITIALS)

APPLICABLE ONLY IN MONTANA:

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

APPLICABLE ONLY IN NEW HAMPSHIRE:

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

- 1. I SELECT UM LIMITS INDICATED IN THIS APPLICATION. OR
(INITIALS)
- 2. I REJECT UM COVERAGE IN ITS ENTIRETY.
(INITIALS)

APPLICABLE ONLY IN VERMONT:

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

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

PRODUCER'S SIGNATURE Nataliya Hiruda	PRODUCER'S NAME (Please Print) GNG	STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE	DATE 02/26/2024	NATIONAL PRODUCER NUMBER 20207368

EXHIBIT B

Subcontractor Insurance Requirements

In addition to the requirements, terms, and conditions of the Master Subcontract, the insurance required to be maintained by Subcontractor shall include and be subject to the following:

1. **Worker's Compensation Insurance:**

(a) **Limits of Liability:**

- (1) Coverage A: Statutory Limits;
- (2) Coverage B: Employer's Liability: \$1,000,000 per occurrence;
Disease: \$1,000,000 each employee; \$1,000,000 Policy Limit
The terms and limits for Employer's Liability coverage shall conform to the requirements of state insurance laws, regulations and statutes where applicable.

(b) **Coverage Endorsements:**

- (1) United States Longshoremen's & Harborworker's Coverage;
- (2) Maritime (Jones Act) Coverage;
- (3) Federal Employee's Liability Act Coverage;
- (4) Alternate Employers Endorsement naming Contractor as Alternate Employer if Subcontractor will be providing temporary or leased employees under the Subcontract; and
- (5) Stop Gap Employer's Liability Coverage if any work will be performed in any Monopolistic State, including Ohio, West Virginia, Washington, North Dakota, and Wyoming.

2. **Commercial General Liability Insurance:**

(a) **Limits of Liability:** Bodily Injury, Personal Injury, & Property Damage with a Combined Single Limit of \$2,000,000 Per Occurrence; and a General Aggregate Limit of \$2,000,000 specifically applicable to the Project.

(b) **Coverages:** The Commercial General Liability Insurance policy (the "CGL Policy") shall, protect against property damage, bodily injury and personal injury claims arising from the exposures of:

- (1) Premises or ongoing operations;
- (2) Products-completed operations, which shall:
 - (A) cover materials designed, furnished and/or modified in any way by Contractor;
 - (B) have a separate aggregate limit at least equal to the per occurrence limit; and
 - (C) be maintained through the longer of the statute of limitations or repose period for construction defect and products liability claims in the state where the Work is performed.
- (3) Independent contractors;

Exhibit "B"

Subcontractor Insurance Requirements for
Master Subcontract for Construction Work
Page 1 of 5

- (4) Contractual liability;
 - (5) Personal and advertising liability; and
 - (6) Property damage resulting from explosion, collapse, or underground (x, c, u) exposures (if applicable), without any endorsements modifying coverage.
- (c) Coverage Endorsements: Such insurance shall cover, include and apply to (i) broad form property damage, (ii) completed operations (with a Single Limit of \$2,000,000 per occurrence and a General Aggregate Limit of \$2,000,000), (iii) underground and above ground property damage, explosion and collapse, (iv) bodily injury and personal injury, including contractual assumptions of personal injury, (v) contractual liability coverage sufficient to cover Contractor's indemnification agreements hereunder, (vi) pollution coverage at a limit of not less than \$250,000 per occurrence, and (vii) Danella's protective liability. For Work performed in the states of Delaware and Pennsylvania, such insurance shall also include an endorsement or other policy provision providing for a modified definition of "occurrence" to establish faulty workmanship as an "occurrence".
- (d) Additional Requirements: The policies and/or endorsements cannot include any provisions that terminate products-completed operations coverage at the end of a policy period or limit the coverage in any other way with respect to the Additional Insureds (as defined below). The policies and/or endorsements may not contain exclusions for the Work, including but not limited to, exclusions for residential construction, attached product (if applicable) or liability that arises from a dispute governed by a notice and opportunity to repair statute, and no exclusions for subsidence or earth movement. The term "Additional Insureds" as used in this Exhibit "C" shall mean and refer to the Indemnified Parties as defined in the Standard Terms and Conditions for the Master Subcontract.

3. **Automobile Insurance:**

- (a) Limits of Liability: Bodily Injury & Property Damage with a Combined Single Limit of \$2,000,000 Per Occurrence.
- (b) Coverage Endorsements: Coverage for all owned, hired and non-owned vehicles.

4. **Umbrella Insurance:**

- (a) Limits of Liability: Bodily Injury, Personal Injury, & Property Damage with a Combined Single Limit of \$4,000,000 Per Occurrence; and a General Aggregate Limit of \$4,000,000 specifically applicable to the Project.
- (b) Coverage Requirements and Endorsements:
 - (1) The policy shall be written on an Umbrella form (strict follow form excess policies are not acceptable).
 - (2) Coverage shall be at least as broad as the primary Employer's Liability, Commercial General Liability, and Automobile Liability Policies.
 - (3) The policy shall not contain any impaired aggregate limits, meaning that all underlying policies with aggregate limits will have inception and expiration dates that are concurrent with the Umbrella policy.

5. **Protection & Indemnity Insurance (Maritime) (if applicable):**
 - (a) Limits of Liability: \$2,000,000 per occurrence.
 - (b) Coverage Requirements and Endorsements: Required if the Project involves the use of a vessel or barge.
6. **Pollution Liability Insurance (if applicable):**
 - (a) Limits of Liability: \$1,000,000 per occurrence.
 - (b) Coverage Requirements and Endorsements: Required if the Project involves environmentally sensitive locations or facilities, as determined by Contractor.
7. **Professional Liability Insurance (if applicable):** Subcontractor shall provide Professional Liability Insurance with minimum limits of \$10,000,000 per each claim and \$10,000,000 in the aggregate and shall include coverage for premises, operations, products and completed operations and any liability assumed by the Subcontractor in this agreement. Professional Liability Insurance shall remain in full effect three years beyond completion and acceptance of the Work. Required if the Subcontractor is providing engineering, design or other professional services as part of the Work.
8. **Railroad Protective Liability Insurance (if applicable):** If any Work involves Work on a railroad right-of-way, Subcontractor shall provide Railroad Protective Liability insurance which shall name the applicable railroad(s) as a named insured, with limits of not less than \$2,000,000 per occurrence, \$6,000,000 aggregate, or such other limits as may be required by the railroad(s), whichever are higher, on a combined bodily injury and property damage basis, including coverage for physical damage the railroad's property.
9. **Vessel or Barge Insurance (if applicable):** When vessel(s) or barge(s) are used by Subcontractor for performance of the Work, protection and indemnity, collision and towers liability insurance, if applicable, on such vessel(s) or barge(s), both owned and non- owned, in a single limit of not less than \$5,000,000 or the value of the vessel(s) or barge(s), whichever is greater, shall be provided. When vessel(s) or barge(s) are used, Subcontractor shall provide hull insurance in amounts to the full value of the vessel(s) or barge(s) owned and/or operated by or for Subcontractor.
10. **Diving Operations (if applicable):** In the event Subcontractor conducts diving operations, with divers who are employees, agents, independent suppliers, or servants of Subcontractor, from Customer's vessels, Contractor's vessels, or Subcontractor's vessels, or any other marine equipment, such diving operations shall be undertaken only at the express written consent of Customer. Subcontractor agrees to indemnify, defend and save Contractor and Customer harmless from any liability, loss, cost or damage, including the cost of defense, arising from or connected with any such diving operations. Seaworthiness of Customer's vessel(s) and Contractor's vessel(s) used herein for such diving operations is acknowledged and agreed to by Subcontractor and neither Subcontractor nor its insurance carrier shall contest this assertion.
11. **Aircraft Insurance (if applicable):** When aircraft is used by Subcontractor for the performance of the Work, Subcontractor shall provide Aircraft Liability insurance on both owned and non-

Exhibit "B"

Subcontractor Insurance Requirements

Page 3 of 5

owned aircraft, including helicopters, with a combined single limit of not less than \$50,000,000, bodily injury and property damage, including passenger legal liability. When any aircraft is used by Subcontractor for the performance of the Work, Aircraft Hull insurance in amounts to the full value of each aircraft shall be maintained by Subcontractor on such aircraft owned and/or operate by or for Subcontractor.

12. **Cyber Liability Insurance and Electronic Data Liability Insurance (if applicable)**: Notice as to whether any insurance for cyber liability or electronic data liability insurance is required will be set forth in the Work Order or a Change Order.

13. **Additional Terms and Conditions.**

(a) All insurance required by the Master Subcontract shall be provided by financially responsible insurance carriers satisfactory to Contractor, and which are authorized to do business in the state where the Project is located, and rated by A.M. Best Rating Service as “A,” and a class size of “XII” or better.

(b) All insurance policies required to be maintained by Subcontractor shall:

- (1) Be written to insure losses on an “occurrence basis”;
- (2) Be primary and non-contributory to any insurance otherwise carried by the Additional Insureds;
- (3) Require thirty (30) days prior written notice to Danella Companies, Inc., 2290 Butler Pike, Plymouth Meeting, PA 19462, Attention: Risk Manager, prior to any termination or material change in the insurance provided thereunder; and
- (4) Be endorsed to include a waiver of any and all of each insurers’ rights of subrogation or rights of recovery against the Additional Insureds.

(c) The Additional Insureds shall each be named as an additional insured on all liability insurance policies required hereunder, with the exception of worker’s compensation, employers liability insurance, professional liability and automobile liability. Subcontractor shall ensure the attachment to each certificate of insurance an original additional insured endorsement to the insurance policy utilizing ISO Form CG 20 10 11 85, or ISO Form CG 20 10 07 04 in conjunction with ISO Form CG 20 37 07 04, or an equivalent form approved by Contractor. The Additional Insureds’ additional insured status under the CGL Policy shall not be limited by amendatory language to the policy. Additional insured status shall be maintained for the term of the Master Subcontract plus the period of time Subcontractor may be held legally liable for its Work or the Work performed on its behalf. Further, the additional insured endorsement shall:

- (1) Provide coverage for both premises/ongoing operations and products-completed operations to the benefit of the additional insured; and
- (2) Provide coverage to the full extent of the actual limits of Subcontractor’s coverage even if such actual limits exceed the minimum limits required by this Agreement.

(d) Subcontractor hereby agrees to deliver to the Contractor, within ten (10) days of the date of the issuance of Subcontract and prior to bringing any equipment or personnel onto any Project Site, certified copies of all insurance policies and endorsements to policies procured by the Subcontractor and required pursuant to these Subcontractor Insurance

Exhibit “B”

Subcontractor Insurance Requirements

Page 4 of 5

Requirements. The coverage afforded under any insurance policy obtained under or pursuant to these Subcontractor Insurance Requirements shall be primary and non-contributory to any valid and collectible insurance carried separately by any of the Indemnified Parties.

- (e) If Subcontractor maintains insurance policies with limits greater or coverage broader than the limits and coverage stated above, Subcontractor agrees that such higher limits and broader coverage shall be deemed to be the minimum limits and coverage required under this Master Subcontract. Subcontractor further agrees that the higher limits and broader coverage shall be available to the Additional Insureds on a primary and non-contributory basis.
- (f) Insurance coverage required to be provided by Subcontractor shall not include a deductible or self-insured retention (SIR) in excess of \$100,000. Any applicable deductible or SIR associated with Subcontractor's insurance policies shall be the sole responsibility of the Subcontractor. Failure to satisfy any deductible or SIR shall not relieve Subcontractor from its obligations and responsibilities under the Master Subcontract.
- (g) All insurance required to be carried and maintained by Subcontractor shall include a Severability of Interests Clause to ensure that all insuring agreements and endorsements, with the exception of limits of liability, shall operate in the same manner as if there were separate policies covering each identified insured/additional insured. No cross-liability exclusions will be permitted and there shall not be any restrictions in any policy that limits coverage for a claim brought by an additional insured against a named insured.

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

09/13/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER ABC Insurance Agency 123 Main Street Anytown, PA 19000	CONTACT NAME: Insert Agent Contact Info. PHONE (A/C, No, Ext): 123-456-7891 FAX (A/C, No): 123-456-1234 E-MAIL ADDRESS:													
	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : Firemans Fund Insurance Co.</td> <td>21873</td> </tr> <tr> <td>INSURER B : National Union Fire Insurance Co.</td> <td>19445</td> </tr> <tr> <td>INSURER C : Ace American Insurance Co.</td> <td>22667</td> </tr> <tr> <td>INSURER D : Pacific Indemnity Co.</td> <td>20346</td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Firemans Fund Insurance Co.	21873	INSURER B : National Union Fire Insurance Co.	19445	INSURER C : Ace American Insurance Co.	22667	INSURER D : Pacific Indemnity Co.	20346	INSURER E :		INSURER F :
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INSURER D : Pacific Indemnity Co.	20346													
INSURER E :														
INSURER F :														
INSURED XYZ Contractor 346 Main Street Anytown, PA 19000														

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	123456789	08/20/2020	08/20/2021	EACH OCCURRENCE \$2,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$10,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PERSONAL & ADV INJURY \$1,000,000
							GENERAL AGGREGATE \$2,000,000
							PRODUCTS - COMP/OP AGG \$2,000,000
							Pollution \$250,000
B	AUTOMOBILE LIABILITY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	987654321	08/20/2020	08/20/2021	COMBINED SINGLE LIMIT (Ea accident) \$2,000,000
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input checked="" type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS						\$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	789456123	08/20/2020	08/20/2021	EACH OCCURRENCE \$4,000,000
	<input type="checkbox"/> EXCESS LIAB						AGGREGATE \$4,000,000
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						\$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		<input checked="" type="checkbox"/>	456789123	08/20/2020	08/20/2021	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE/OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N <input type="checkbox"/> N/A						E.L. EACH ACCIDENT \$1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$1,000,000
							E.L. DISEASE - POLICY LIMIT \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Verizon & Verizon Communications, Inc., its subsidiaries and affiliates and Danella Line Services Company, Inc. and Danella Companies, Inc. and their affiliates, officers, directors, employees, agents and any owners, mortgagee, ground lessee, and any other party with interest in the project are named as Additional Insured on the General Liability utilizing ISO Additional Insured form CG 2010(1185) or CG 2010(0704) and CG 2037 (0704) or equivalent forms approved by Danella, which provide coverage for ongoing and completed (See Attached Descriptions)

CERTIFICATE HOLDER Danella Line Services Company, Inc. Attn: Bob Brust 2290 Butler Pike Plymouth Meeting, PA 19462	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE

DESCRIPTIONS (Continued from Page 1)

operations; and are Additional Insured on the Auto and Umbrella Liability. (All endorsements must accompany this COI.) All coverages are primary and non-contributory and a waiver of subrogation applies on all coverages and as permitted by law. All policies have been endorsed to provide 30 days advance written notice to certificate holder of any cancellation or material change.