Ą	4(.( <i>)</i> KI)									RANCE APPLICATION PRINCE SECTION									<b>DATE (MM/DD/YYYY)</b> 04/19/2024		
AGE	ENCY								CA	RRIE	R									NAIC	CODE
	ery Insurance								NIF												
	South Main Street										DOLICY OD DI	000	^ ^ ^	1 4 8 4				1	DD/	J DGRAM	CODE
									COI	WPANY	POLICY OR PI	ROGE	AWIN	IAIVI	E				PK	JGRAM	CODE
	Box 1510																				
Wo	lfeboro						١	NH 03894-1510	POL	LICY NU	MBER										
									NIF	Ρ											
CON	NTACT Lisa Lee								UNI	DERWR	ITER					UNDE	RWRIT	ER OFFICE			
PHC		569-2	2515																		
	s, No, Ext): s, No): (603) 569-4											×	QUC	TE			1881	E BULICA		DE.	NEW
E-M	AIL lical@ava		urance.net						STA	TUS OF	:	$\overline{}$				nd/or At	ISSUE POLICY or Attach Copy):				INE VV
	MESS.	1 91113	dianoc.net						TRA	ANSACT	TON				_	ATE	lacii O	TIME			a
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	BOILER & MACHINE	RY		\$			CYBE	R AND PRIVACY			\$				YACHT				\$	i	
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	BUSINESS OWNERS			\$			GARA	AGE AND DEALERS			\$		Ť			. ,			\$		
~	COMMERCIAL GENI		LIADILITY	\$				OR LIABILITY			\$		_						\$		
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<u>X</u>	COMMERCIAL INLA			\$				OR CARRIER			\$		_						\$		
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	ADDITIONAL INTER	EST S	CHEDULE				НОТЕ	EL / MOTEL SUPPLEME	NT						STATE SUF	PPLEME	NT (If	applicable)			
	ADDITIONAL PREMI	SESI	NFORMATION S	SCHE	DULE		INSTA	ALLATION / BUILDERS	RISK	SECTIO	ON	VACANT B			VACANT B	BUILDING SUPPLEMENT					
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	CONTRACTORS SU						_	SSUMMARY													
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	DEALERS SECTION						PREN	MIUM PAYMENT SUPPL	.EMEI	NT											
	DRIVER INFORMATI	ON S	CHEDULE				PROF	FESSIONAL LIABILITY	SUPP	LEMEN	Т										
	ELECTRONIC DATA	PROC	ESSING SECTI	ION			REST	AURANT / TAVERN SU	PPLE	EMENT											
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PRC	POSED EFF DATE	PROF	POSED EXP DA	TE	BILLING PI	LAN		PAYMENT PLAN		METHO	D OF PAYMEN	т	AUD	IT	DEPO	SIT		MINIMUM PREMIUM	T	POLICY	PREMIUM
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					<b>★</b> DIRECT	AC	SENCY								·		Ţ				
ΑP	PLICANT INFOR	RMA	TION																		
NAN	/IE (First Named Insu	ed) A	ND MAILING A	DDRE	SS (including ZIP+	4)			GL	CODE		SIC				NAICS	i	1	FEIN	OR SO	C SEC#
Un	derground Testing	and	Service, LLC	;															800	78442	3
809	Back Mountain F	Road							BUS	SINESS	PHONE #: (	603)	660-	045	56						
									WE	BSITE A	DDRESS	,		_							
Co	ffotown							NH 03045													
GO	ffstown	_	Τ.						ww		sllc.com										
	CORPORATION		JOINT VENTU		MREDS	L	-	IOT FOR PROFIT ORG		$\vdash$	SUBCHAPTER	"S" C	URPO	JRA	IION						
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INDIVIDUAL LLC AND MANAGERS:				P	ARTNERSHIP	1		TRUST													
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CONTACT INFORMATION AGENCY CUSTOMER ID: 00035958

CONTA	ACT III	NFURIN	ATION																	
CONTAC	ONTACT INFORMATION  ONTACT TYPE:  ONTACT NAME:										CONTACT TYPE:									
		Ē:									NTACT I	NAME:								
PRIMARY PHONE #	Υ [	HOME	E 🔲 BUS	CELL	SECOND. PHONE #	ARY _	HOME B	US [	CELL	PR PH	IMARY ONE#		HOME	☐ BU	S CELL	SECONDARY PHONE #	HOME BUS	CELL		
PRIMARY	Y F-MAI	I ADDRE	ss.							PR	IMARY F	-MAIL AI	DDRES	SS:						
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LOC#	_			ountain Road		3 101 71	uaitionai i i	$\overline{}$	ITY LIMITS	IN	ITEREST			# FULL	TIME EMPL	ANNUAL REVENUES				
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	OUTY	Goffst	haura			0747	E: NH	-	_	-	TEN		H	" DADT	TIME EMB!	OPEN TO PUBLIC AI				
BLD#			lOWII			STAT		_	OUTSIE	" <u> </u>	- TEIN	AINT		# PAR I	TIME EMPL			SQ FT		
1	COUN					ZIP: (	03045-2107									TOTAL BUILDING AF		SQ FT		
DESCRIP		F OPERA														ANY AREA LEASED		N		
LOC#	STRE	<b>ET</b> Vari	ious Loca	ations				С	ITY LIMITS	IN	ITEREST	•		# FULL	TIME EMPL	ANNUAL REVENUES	<b>3:</b> \$			
2									INSIDE		OWN	IER				OCCUPIED AREA:		SQ FT		
BLD#	CITY:	Montp	oelier			STAT	E: VT		OUTSIE	DE _	TEN	ANT		# PART	TIME EMPL	OPEN TO PUBLIC AI	REA:	SQ FT		
1	COUN	ITY:				ZIP:(	05602									TOTAL BUILDING AF	REA:	SQ FT		
DESCRIP	TION O	F OPERA	TIONS:			!										ANY AREA LEASED	TO OTHERS? Y / I	N		
LOC#	STRE	ET 49\	Wentwor	th Ave				С	ITY LIMITS	IN	ITERES1			# FULL	TIME EMPL	ANNUAL REVENUES	3: \$			
3									INSIDE	-	OWN	IFR				OCCUPIED AREA:	-	SQ FT		
BLD#	CITY	Londo	ndorry			STAT	E: NH	+	OUTSIE	-	TEN		H	# DADT	TIME EMPL	OPEN TO PUBLIC AI	DEA.	SQ FT		
] BLD#			niderry			_		_	- 001311	~  -	- I EIN/	AINT		# FARI	I IIVIE EIVIPE					
<u> </u>	COUN					ZIP: (	03053-7458									TOTAL BUILDING AF		SQ FT		
		F OPERA														ANY AREA LEASED		N		
LOC#	STRE	<b>ET</b> Vari	ious Loca	ations				С	ITY LIMITS	IN	ITEREST	•		# FULL	TIME EMPL	ANNUAL REVENUES	š: \$			
4									INSIDE		OWN	IER				OCCUPIED AREA:		SQ FT		
BLD#	CITY:	Lo	well			STAT	E: MA		OUTSIE	DE	TEN	ANT		# PART	TIME EMPL	OPEN TO PUBLIC AI	REA:	SQ FT		
1	COUN	ITY:				ZIP:(	01850									TOTAL BUILDING AF	REA:	SQ FT		
DESCRIP	TION O	F OPERA	TIONS:			!										ANY AREA LEASED	TO OTHERS? Y / I	N		
NATUE	E OE	BUSIN	IESS																	
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	ARTMEN			ONTRACTOR			CTURING		RESTAUR	ANI	-	SERVI		<u> </u>	J		STARTED (MM/I	DD/YYYY)		
	NDOMIN		RY OPERA	NSTITUTIONAL		OFFICE			RETAIL			WHOLE	ESALE							
							INSTAL	LATI	ON. SERVI	CE OB	DEDAID	WORK			OEE DDEMIS	ES INSTALLATION, SE	EDVICE OF PEDAL	D WINDY		
DETAIL S	TODES	OD SEDI	VICE OBEI	RATIONS % OF	TOTAL SAL	Ee.	INSTAL	LAII	ON, SERVI	% %		WORK			OFF PREIVIS	ES INSTALLATION, SE	%	K WOKK		
				OTHER NAME						70	•						/0			
ADDIT	IONAI	L INTER	REST (N	lot all fields	apply to	all sc	enarios - pr	ovid	le only ti	he ne	ecessa	ry data	a) Att	tach A	CORD 45 f	or more Addition	nal Interests			
INTERES	ST.			NAME	AND ADDR	RESS F	RANK:	EVIE	DENCE:	С	ERTIFIC	ATE	РО	DLICY	SEND BII	L INTERE	EST IN ITEM NUME	BER		
ADI	DITIONA URED	AL	LIENHO	LDER									•	<u> </u>	•	LOCATION:	BUILDING	G:		
BRE	EACH O		LOSS PA	AYEE												VEHICLE:	BOAT:			
CO-OWNER MORTGAGEE													AIRPORT:	AIRCRAF	T:					
EMPLOYEE OWNER													ITEM	ITEM:						
LEASEBACK PEGISTRANT													CLASS: ITEM DESCRIPTION							
	NER DER'S	-	TRUSTE		RENCE / LO	ΔN #-			т.	NTED	EST END	DATE:								
	S PAYAB	LE	ا بروياة			//LIV #.										EAV (A/C No.)				
<u> </u>				LIEN	ANIOUN I:						E (A/C, N					FAX (A/C, No):				
REASON	LIEN AMOUNT: N FOR INTEREST:								6	E-MAIL ADDRESS:										

GEN	ERAL INFORM	MATION			AGENOT	OOTOMER ID.								
EXPL	XPLAIN ALL "YES" RESPONSES  Y/N													
1a. <sub> </sub>	S THE APPLICA	NT A SUBSID	DIARY OF ANOTHER ENTITY ?							N				
	PARENT COMPAN	NY NAME				RELATIONSHIP DE	SCRIPTION		% OWNED					
1b. [	OOES THE APPL	ICANT HAVE	ANY SUBSIDIARIES?			•				N				
l	SUBSIDIARY CON	MPANY NAME				RELATIONSHIP DE	SCRIPTION		% OWNED					
2.	S A FORMAL SA	AFETY PROG	RAM IN OPERATION?							N				
l	SAFETY MA	NUAL	SAFETY POSITION MO	NTHLY MEETINGS	OSHA	$\neg$								
3 /	NY EXPOSURE	TO FLAMMA		S?						N				
" '				·										
4. /	NY OTHER INS	SURANCE WIT	TH THIS COMPANY? (List policy n	numbers)						N				
<del>-</del> . /				idilibera)	·					'`				
1	LINE OF BUSINES	SS	POLICY NUMBER		LINE OF BUSINESS	<b>i</b>	POLICY NUMBER							
5. /	NIV POLICY OP	COVERAGE	DECLINED, CANCELLED OR NO	C THE DRIOD THE	PEE (3) VEARS FOR	ANV DDEMISES O	ID.		N					
			plicants - Do not answer this que		O THE FRIOR THIS	CLE (3) TEARS FOI	CANT I REMISES O	/IX		IN IN				
NON-PAYMENT AGENT NO LONGER REPRESENTS CARRIER														
NON-RENEWAL UNDERWRITING CONDITION CORRECTED (Describe):														
6. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?														
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, ARSO	N OR ANY O	THER ARSON-RELATED CRIME IN	N CONNECTION WIT	H THIS OR ANY OT	THER PROPERTY?				N				
			nswered by any applicant for proper or of imprisonment).	ty insurance. Failure	to disclose the exist	tence of an arson co	nviction is a misdem	neanor punish	nable					
Ι '	y a sentence of	up to one yea	To imprisorment).											
	NIVI INCORDE	OTED FIDE A	ND OD OAFETY OODE VIOLATION	100						N				
8. <i>j</i>			ND/OR SAFETY CODE VIOLATION	NS?	1-			1		IN IN				
	OCCUR DATE	EXPLANATION	<u> </u>		, t	RESOLUTION		RE	SOLVE DATE					
9. l	1		ECLOSURE, REPOSSESSION, BA	NKRUPTCY OR FILE			LAST FIVE (5) YEAR			N				
	OCCUR DATE	EXPLANATION	<u></u>		F	RESOLUTION		RE	SOLVE DATE					
10. l	IAS APPLICANT	THAD A JUDO	GEMENT OR LIEN DURING THE L	AST FIVE (5) YEARS	?					N				
	OCCUR DATE	EXPLANATION	<b>1</b>		F	RESOLUTION		RE	SOLVE DATE					
			ED IN A TRUST? NAME OF TRUST							N				
			, FOREIGN PRODUCTS DISTRIBL	,		D / DISTRIBUTED I	N FOREIGN COUNT	RIES?		N				
			or Liability Exposure and/or ACORD HER BUSINESS VENTURES FOR V			=D2				N				
13. 1	OCES AFFEICAI	VI HAVE OH	IER BOSINESS VENTORES FOR	WINCITCOVERAGE	S NOT REQUEST	-D:								
L.,	2050 4551 1044	IT 0\4/\$1 /1 E		14 II) (EQII   1	`					- N				
14. l	OCES APPLICAN	NI OWN / LEA	ASE / OPERATE ANY DRONES? (	If "YES", describe use	<del>?</del> )					N				
15. [	OOES APPLICAN	NT HIRE OTH	ERS TO OPERATE DRONES? (If	"YES", describe use)						N				
REM	ARKS / PROC	CESSING IN	ISTRUCTIONS (ACORD 101, A	Additional Remarl	s Schedule, ma	y be attached if	more space is re	quired)						
<u></u>	D 04 DD:== :	NICODA:												
	OR CARRIER I	INFORMATI		I	1		Г	CLIN	MRD	<del></del>				
YEAR		1:5	GENERAL LIABILITY	AUTOMO	DBILE	PROP	ERTY	OTHER: CUN	AIDI/					
	CARRIER		perty Mutual Insur					TO DE EUR	MICLIED					
	POLICY NUMBE		(0(22)55561312			TO BE FURNISH			INIQUED					
	PREMIUM	\$	00/04/0000	\$		\$		•	00/04/05::					
I	EFFECTIVE DA	NE	06/01/2022	I					06/01/2014					

EXPIRATION DATE

06/01/2023

06/01/2015

#### PRIOR CARRIER INFORMATION (continued)

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

LOSS HISTOR	Υ	·									
ENTER ALL CLAIMS	OR LOSSES (RE	SARD	DLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRE	NCES THAT MAY GIV	/E 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.)

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

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

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

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

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

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

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

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

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

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

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO (Required in Florida)	
72HOD1	Thomas O'Dowd/LISA		
APPLICANT'S SIGNATURE		DATE	NATIONAL PRODUCER NUMBER

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ACORD

# ADDITIONAL PREMISES INFORMATION SCHEDULE

Page of

AGENCY					CARRIE	R				NAIC CODE
	nsurance			NIP					TAIO GODE	
POLICY			EFFECTIVE DA	ATF	NAMED IN	CLIDE	:D/S)			
NIP	AOMBEN		06/01/202				Testing and Ser	vice IIC		
	OFO INFORMATION		00/01/202	-	Ondergn	Juliu	resting and Sei	vice, LLC		
	SES INFORMATION			ОТ	· · · · · · · · · · · · · · · · · · ·			# FULL TIME FMD!	ANNUAL BEVENUES &	
LOC#	STREET Various Locations			CII	Y LIMITS	INII	EREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	
5					INSIDE		OWNER		OCCUPIED AREA:	SQ FT
BLD#	CITY: Cranston	STATE			OUTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT
	county: Providence	ZIP: 02	2910						TOTAL BUILDING AREA:	SQ FT
DESCRIP	PTION OF OPERATIONS:								ANY AREA LEASED TO OTHERS?	Y / N:
LOC#	STREET Various Locations			CITY LIMITS		INTI	EREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	
6					INSIDE		OWNER		OCCUPIED AREA:	SQ FT
BLD#	CITY: Hartford	STATE	:: CT		OUTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT
	COUNTY: Hartford	ZIP: 06	6101						TOTAL BUILDING AREA:	SQ FT
DESCRIP	TION OF OPERATIONS:								ANY AREA LEASED TO OTHERS?	Y / N:
LOC#	STREET			CIT	Y LIMITS	INTI	EREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	
					INSIDE		OWNER		OCCUPIED AREA:	SQ FT
BLD#	CITY:	STATE	:		OUTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT
	COUNTY:	ZIP:							TOTAL BUILDING AREA:	SQ FT
DESCRIP	PTION OF OPERATIONS:			l	Į.				ANY AREA LEASED TO OTHERS?	Y / N:
LOC#	STREET			CIT	Y LIMITS	INTI	EREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	
					INSIDE		OWNER		OCCUPIED AREA:	SQ FT
BLD#	CITY:	STATE			OUTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT
	COUNTY:	ZIP:			00.0.52			,,,,,,,,	TOTAL BUILDING AREA:	SQ FT
DESCRIB	PTION OF OPERATIONS:								ANY AREA LEASED TO OTHERS?	
LOC#	STREET			CIT	Y LIMITS	INITI	EREST	# FULL TIME EMPL		1 / N.
LUC#	SIREEI			CII	1	INII	i	# FULL TIME EMPL	ANNUAL REVENUES: \$	00 FT
					INSIDE		OWNER		OCCUPIED AREA:	SQ FT
BLD#	CITY:	STATE	i:		OUTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT
	COUNTY:	ZIP:							TOTAL BUILDING AREA:	SQ FT
	PTION OF OPERATIONS:					_			ANY AREA LEASED TO OTHERS?	Y / N:
LOC#	STREET			CIT	Y LIMITS	INTI	EREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	
					INSIDE		OWNER		OCCUPIED AREA:	SQ FT
BLD#	CITY:	STATE	:		OUTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT
	COUNTY:	ZIP:							TOTAL BUILDING AREA:	SQ FT
DESCRIP	TION OF OPERATIONS:								ANY AREA LEASED TO OTHERS?	Y / N:
LOC#	STREET			CIT	Y LIMITS	INTI	EREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	
					INSIDE		OWNER		OCCUPIED AREA:	SQ FT
BLD#	CITY:	STATE	i:		OUTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT
	COUNTY:	ZIP:							TOTAL BUILDING AREA:	SQ FT
DESCRIP	TION OF OPERATIONS:							•	ANY AREA LEASED TO OTHERS?	Y / N:
LOC#	STREET			CIT	Y LIMITS	INTI	EREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	
					INSIDE		OWNER		OCCUPIED AREA:	SQ FT
BLD#	CITY:	STATE	<u>:</u>		OUTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT
	COUNTY:	ZIP:							TOTAL BUILDING AREA:	SQ FT
DESCRIP	PTION OF OPERATIONS:			<u> </u>					ANY AREA LEASED TO OTHERS?	Y / N:
LOC#	STREET			CIT	Y LIMITS	INTI	EREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	
200 "				-	INSIDE		OWNER	# · • • • • • • • • • • • • • • • • • •	OCCUPIED AREA:	SQ FT
BLD#	CITY:	STATE	·		OUTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT
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DECCRI		ZIF:								
	DESCRIPTION OF OPERATIONS:					T		T ,, =	ANY AREA LEASED TO OTHERS?	1 / N:
LOC#	LOC# STREET			CII	Y LIMITS	INII	EREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	
DID # CITY					INSIDE		OWNER		OCCUPIED AREA:	SQ FT
BLD # CITY: STATE:			:		OUTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT
COUNTY: ZIP:									TOTAL BUILDING AREA:	SQ FT
DESCRIP	PTION OF OPERATIONS:								ANY AREA LEASED TO OTHERS?	Y / N:

SENCY	CUSTOMER ID:	00035958



# ADDITIONAL REMARKS SCHEDULE

ACORD	ADDITIONAL	REMAI	RKS SCHEDULE		Page	of	_
AGENCY Avery Insurance			NAMED INSURED Underground Testing and Service, LLC				
POLICY NUMBER NIP							
CARRIER		NAIC CODE					١
NIP			EFFECTIVE DATE:	06/01/2024			٦

NIP							
CARRIER				NAIC CODE			
NIP					EFFECTIVE DATE:	06/01/2024	
ADDITIONAL REM							
THIS ADDITIONAL		FORM IS A SCH	EDULE TO ACOR	D FORM,			
FORM NUMBER:	125	FORM TITLE:	Commercial Applica	ation ————			
General Liability can we get CG2010	and CG2037 w	vith arising out of I	anguage			 	

ĄC	ACORD <sup>®</sup> PROPE										ERTY SECTION								DA	TE (MM/DD/YY 04/19/2024				
AGENCY	NAME										СА	RRIE	ER.										NAIC COI	
Avery In	surance										NIP													
POLICY N	IUMBER							EF	FEC	TIVE DATE	NAN	ED IN	ISURED	(S)										
NIP									06/0	1/2024	Und	dergr	ound T	estir	ng and S	Service,	LLC							
BLANK	ET SUMMA	ARY									-													
BLKT#	AMOU					TYF	PE				BLK	Т#		АМО	UNT					TY	PE.			
				PREMISE	S#:	1 !	STREET	ADDRES	s: 8	309 Back	Moun	tain l	Road											
PREMIS	PREMISES INFORMATION BUILDING #: 1 BLDG DESCRIF																							
SU	JBJECT OF INS	URANCE		AN	MOUNT	С	OINS %	VALU- ATION	CA	USES OF I	Loss	INF GU	LATION ARD %		DED	DED TYPE		#	F	ORMS AN	ND COI	NDITI	ONS TO APPL	.Υ
Busines	s Personal F	Property	2	2,788			80	RC		ecial (Incl ft) - Deta				50	00									
Equipm	ent Breakdo	wn	1	Included	I																			
						+																		
ADDITION	ADDITIONAL INFORMATION BUSINESS INCOME / EXTRA EXPENSE - At								h AC	ORD 810			Π,	VALU	JE REPOR	TING INF	ORMA	ATION	- Attach	ACORD	811			
	ONAL COV										ID RA	TIN												
SPOILAG	GE DESCRI	PTION OF P	•			01101	10, 211	DOILO		-IIIO AII	10 10	LIN		<u> </u>		REFR	IG MA	AINT	OPTIO	NS				
COVERA (Y/N)												\$				AGR	EEME	ENT	В	REAKDO	WN OF	R COI	NTAMINATION	
( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( (												DE	DEDUCTIBI		IBLE		(Y/N)		POWER C		UTAGE	: [	SELLING PRICE	3
												\$										L	PRICE	
SINKHOL	E COVERAGE	(Required in	n Florida)	)						ACCEPT	COVER	AGE		ı	REJECT C	OVERAG	SE.	L	IMIT: \$					
MINE SUE	SSIDENCE COV	/ERAGE (Re	equired in	n IL, IN, K	Y and W	<b>V</b> )				ACCEPT	COVER	AGE			REJECT C	OVERAG	èΕ	L	IMIT: \$					
PRO	PERTY HAS BI	EEN DESIGI	NATED AI	N HISTOF	RICAL LAN	NDMARK	(											#	OF OPE	N SIDES	ON ST	RUC	TURE:	_
CONSTRU	JCTION TYPE			DI	ISTANCE ANT F	TO CTA	_	FIR	E DIS	STRICT		СС	DE NU	/IBER	PROT	rcl #	STOR	IES #	# BASM'	TS YF	R BUILT	- T	OTAL AREA	
Frame				HIDK	FT F	IKE SIA																		
BUILDING	IMPROVEME	NTS				BLDG	CODE	TAX	CODE	ROOF	TYPE			отн	IER OCCU	IPANCIES	6							
WIR	ING, YR:		PLUMBI	NG. YR:			ADL																	
	FING, YR:		HEATING			WIND	CLASS	<b>'</b>	s	EMI- RESIS	STIVE				HEATING STOVE C	SOURC	E INC	L WOO	DDBURN RT	IING	DAT	E TALL	=D·	
ОТН			•	YR:			RESISTI	/E					Ī	MAN	NUFACTUR							.,		
PRIMARY	HEAT										SEC	ONDA	RY HE	ΑT										
BOIL	_ER	SOLID F	UEL		_							BOIL	.ER		SOLI	ID FUEL			_					
IF B	OILER, IS INSU	RANCE PLA	ACED ELS	SEWHER	Ξ?	Y/N						IF BO	OILER, I	S INS	SURANCE I	PLACED	ELSE	WHER	E?	Y/I	N			
RIGHT EX	(POSURE & DI	STANCE		I	LEFT EXP	POSURE	& DISTA	NCE			FRO	NT E	(POSUF	RE & I	DISTANCE	Ē			REAR E	XPOSUR	E & DI	STAN	CE	
																					- 1 -			
BURGLAF	R ALARM TYPE						CERTI	FICATE	#									EXPI	RATION	DATE		ENT	ON	LOCAL GONG
											1											VITH	KEYS	
BURGLAF	R ALARM INST	ALLED AND	SERVIC	ED BY							EXT	ENT			GI	RADE		# GU	ARDS / V	VATCHM	EN		CLOCK HOUF	₹LY
DDEMICES FIDE DDOTECTION (Sprinklava Standpines CO2 / Chamical Systems)								1 01 00																
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)						13)		% SP	KNK	FIRE	ALAKN	ı WAN	NUFACTUI	KEK					-	$\dashv$	CENTRAL STA			
ADDITIONAL INTEREST ACORD 45 attacked for a difficult																					LOCAL GONG	,		
ADDITIONAL INTEREST ACORD 45 attached for addition						EVIDE			RTIFIC	ΔTE						$\neg$		151	FCT :		4 NII 184000			
LENDER'S LOSS PAYABLE Bank of New Hampshire					E	"		A1E	J					-	LOCATION		ESI IN		NUMBER					
LOSS PAYEE 62 Pleasant St, PO Box 510														-	ITEM	JN: '		+	JILDING: 1					
MORTGAGEE 62 Pleasant St, PO Box 510																	CLASS: ITEM DE	SCRIPTI	ON	111	EM:			
$H^{m}$			Laco	nia					NH 03246															
			-	RENCE / I	OAN#																			

ADDITIONAL	PREMISES #: 3	STREET	ADDRES	ss: 49 V	Ventworth A	ve									
PREMISES INFORMATION	BUILDING #: 1	BLDG DE	SCRIPT	ION:											
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU-	CAUSE	S OF LOSS	INFLATION GUARD %		DED	DED	BLKT		FORMS	S AND CO	NDITI	ONS TO APPLY
Business Personal Property	1,050,000	90	RC RC		al (Including	GUARD %		000	TYPE	#					
BI w/ Extra Expense	312,000			Specia theft) -	al (Including Detail						1/3 m	onthly	y		
ADDITIONAL INFORMATION	BUSINESS INCOME / E	XTRA EXPENS	E - Attac	h ACORD	810	,	VALU	E REPORT	ING INFOR	MATIO	N - Attac	h ACO	RD 811		
ADDITIONAL COVERAGES	, OPTIONS, RESTRIC	CTIONS, EN	DORS	EMENT	S AND RA	TING INF	ORN	MATION							
SPOILAGE COVERAGE (Y/N)	OPERTY COVERED					LIMIT \$ DEDUCTIB	LE		REFRIG AGREE (Y /	MENT	$\vdash$	BREAK	(DOWN C	г	SELLING PRICE
SINKING E COVERAGE (Required in	Flacida			1 10	CERT COVER	\$	Τ.	DE JECT C	OVERAGE		LIMITE				
SINKHOLE COVERAGE (Required in					CEPT COVER			REJECT C			LIMIT: \$				
MINE SUBSIDENCE COVERAGE (Red PROPERTY HAS BEEN DESIGN				AC	CEPT COVER	AGE	F	REJECT C	UVERAGE		LIMIT: \$			<b>TF</b> • • • •	TUDE
PROPERTY HAS BEEN DESIGN											# OF OF	EN SIL	DES ON S	IRUC	TURE:
CONSTRUCTION TYPE	DISTANCE T HYDRANT FIF	O RE STAT	FIF	RE DISTRI	СТ	CODE NUM	MBER	PROT	CL # ST	ORIES	# BASI	итѕ	YR BUIL	т   т	OTAL AREA
Non-Combustible	FT	МІ													
BUILDING IMPROVEMENTS  WIRING, YR:	PLUMBING, YR:	BLDG CODE GRADE	TAX	CODE	ROOF TYPE		ОТН	IER OCCU	PANCIES						
ROOFING, YR:	HEATING, YR:	WIND CLASS	<u> </u>	SEMI-	- RESISTIVE			HEATING STOVE O	SOURCE II R FIREPLA	NCL WO	OODBUR	NING		TE STALL	ED:
OTHER:	YR:	RESISTIV	/E				MAN	UFACTUR		OL 1140				J171LL	
PRIMARY HEAT	· · · · · · · · · · · · · · · · · · ·				SEC	ONDARY HEA	ΑT								
BOILER SOLID FU	JEL					BOILER	Г	SOLII	FUEL						
IF BOILER, IS INSURANCE PLACE	CED ELSEWHERE?	Y/N				IF BOILER, IS	∟ INSI	I SURANCE F	LACED ELS	EWHE	RE?		Y/N		
RIGHT EXPOSURE & DISTANCE	LEFT EXPO	SURE & DISTA	NCE		FRO	NT EXPOSUR	RE & D	DISTANCE			REAR	EXPOS	SURE & D	ISTAN	CE
BURGLAR ALARM TYPE	<b>'</b>	CERT	IFICATE	#						EXF	PIRATION	N DATE		CENT STATI	
															KEYS
BURGLAR ALARM INSTALLED AND	SERVICED BY	1			EXT	ENT		GF	ADE	# G	UARDS /	WATC			CLOCK HOURLY
PREMISES FIRE PROTECTION (Sprin	nklers, Standpipes, CO2 / C	hemical Systen	ns)		% SPRNK	FIRE ALARN	I MAN	NUFACTUE	ER						CENTRAL STATION
ADDITIONAL INTEREST	ACORD 45 atta	ched for ad	dition	al name	es										
INTEREST	NAME AND ADDRESS		EVIDE		CERTIFIC	ATE						IN	TEREST I	N ITEI	NUMBER
LENDER'S LOSS PAYABLE	Bank of New Hampsh	nire									LOCAT				JILDING: 1
X LOSS PAYEE	62 Pleasant st										ITEM CLASS			_	EM:
MORTGAGEE											ITEM D		IPTION		
$\vdash$	Laconia				NH	03246									
	REFERENCE / LOAN #:														
REMARKS (ACORD 101, A		chedule m	av be	attache	d if more	space is re	anni	red)							

SIGNATURE AGENCY CUSTOMER ID: 00035958

#### 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 quilty of a crime and may be subject to fines and confinement in prison. \*Applies in MD Only.

#### Applicable in CO

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

#### Applicable in FL and OK

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

#### Applicable in KS

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

#### Applicable in KY, NY, OH and PA

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

#### Applicable in ME, TN, VA and WA

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

#### Applicable in NJ

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

#### Applicable in OR

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

#### Applicable in PR

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

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

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO (Required in Florida)	
72H0D1	Thomas O'Dowd/LISA		
APPLICANT'S SIGNATURE		DATE	NATIONAL PRODUCER NUMBER

								AGENCY C	US <sup>.</sup>	TOMER ID:	00035958			
A	CORI	) ®		ADD	ITIONA	L INTI	ER	EST SC	H	EDUL	<b>=</b>	Г		//////////////////////////////////////
AGE	ENCY	-						CARRIER					0 17	NAIC CODE
	ery Insurance							NIP						NAIC CODE
	ICY NUMBER					EFFECTIVE DA		NAMED INSURED	(S)					
NIF						06/01/2024		Underground To		ng and Servi	ce IIC			
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		IIEr	KEST (NOL all	fields apply to all so		EVIDENCE:	line		ıaj		T	INTEREST I	I ITEM NII	MDED
INII	EREST   ADDITIONAL	×	LOSS PAYEE	NAME AND ADDRESS	KANK:	EVIDENCE:		CERTIFICATE		POLICY	SEND BILL	LOCATION: 1	1	ING: 1
	INSURED BREACH OF		MORTGAGEE	Wells Fargo Financia	al I easing							VEHICLE:	BOAT:	
	WARRANTY CO-OWNER		OWNER	PO Box 8751	ar Lodoning							AIRPORT:	AIRCR	ΔFT·
	EMPLOYEE		REGISTRANT	TO BOX OF OT								SCHED #:	ITEM:	AI I.
	AS LESSOR LEASEBACK		TRUSTEE	Springfield				OH 4550	1			ITEM CLASS:	11 - 11	
	OWNER LENDER'S LOS	S DAY	1	Opinighold				ITEM DESCRIPTION						
	LIENHOLDER	017	IADEL	REFERENCE / LOAN #:				TIEM DESCRIPTION						
	LILMIOLDER			LIEN AMOUNT:										
DE/	SON FOR INTER	FST.		LILIT AMOUNT.										
				NAME AND ADDRESS	DANK.	EVIDENCE	L-141	IAIL ADDRESS:			T	INTEREST I	I ITEM NII	MDED
IINI	EREST   ADDITIONAL	×	LOSS PAYEE	NAME AND ADDRESS	RANK:	EVIDENCE:		CERTIFICATE		POLICY	SEND BILL	LOCATION: 1	1	ING: 1
	INSURED BREACH OF		MORTGAGEE	Bank of New Hamps	hire							VEHICLE:	BOAT:	
	WARRANTY CO-OWNER		OWNER	705 Hooksett Rd	illic							AIRPORT:	AIRCR	A ET:
	EMPLOYEE		REGISTRANT	70011008361114								SCHED #:	ITEM:	AFI.
	AS LESSOR LEASEBACK		TRUSTEE	Manchester				NH 0310	1			ITEM CLASS:	II EIVI.	
	OWNER LENDER'S LOS	C DV/	1	Wallenester				1411 0510	7			ITEM DESCRIPTION		
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IINI	ADDITIONAL		LOSS PAYEE	NAME AND ADDRESS	RANK:	EVIDENCE:		CERTIFICATE		POLICY	SEND BILL	LOCATION:	BUILD	
	INSURED BREACH OF		MORTGAGEE									VEHICLE:	BOAT:	
	WARRANTY CO-OWNER		OWNER									AIRPORT:	AIRCR	ΔFT·
	EMPLOYEE		REGISTRANT									SCHED #:	ITEM:	AI I.
	AS LESSOR LEASEBACK		TRUSTEE									ITEM CLASS:	11 2.00.	
	OWNER LENDER'S LOS	S DAY	1									ITEM DESCRIPTION		
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DE/	SON FOR INTER	FST.		LILIT AMOUNT.			<del>                                     </del>	IAIL ADDRESS:						
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	INSURED BREACH OF		MORTGAGEE									VEHICLE:	BOAT:	
	WARRANTY CO-OWNER		OWNER									AIRPORT:	AIRCR	ΛET·
	EMPLOYEE		REGISTRANT									SCHED #:	ITEM:	AI I.
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	EMPLOYEE		REGISTRANT									SCHED #:	ITEM:	ni li
	AS LESSOR LEASEBACK		TRUSTEE									ITEM CLASS:	11 EIVI:	
	OWNER											LIN OLAGO.		

LIENHOLDER

REASON FOR INTEREST:

LENDER'S LOSS PAYABLE

REFERENCE / LOAN #:
LIEN AMOUNT:

ITEM DESCRIPTION

INTEREST END DATE:

PHONE (A/C, No, Ext):

E-MAIL ADDRESS:

	AGENCY CUSTOMER ID:	0003595
ACORD®	FORMS AND ENDORSEMENTS SCHED	ULE

AGENCY CUSTO	MER ID:	00035958

AGENCY		CARRIER	NAIC CODE
Avery Insurance		NIP	
POLICY NUMBER	EFFECTIVE DATE	NAMED INSURED(S)	
NIP	06/01/2024	Underground Testing and Service, LLC	

oc#	VFH#	BOAT#	ITEM#	FORM NUMBER	FORM NAME	EDITION DATE	COPYRIGHT OWNER CODE
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AGENCY		_				CAF	RRIER					<u> </u>	NAIC COI	
Avery Insu	urance					NIP								
POLICY NUI					EFFECTIVE D	ATE APPL	ICANT / FIRST I	NAMED II	NSURE	D				
NIP					06/01/202		erground Test							
				the COVER	AGE / LIMITS se						-made policy	y.		
Read all	<u> </u>	ons of the polic	y carefully.		LIMITS									
		NERAL LIABILITY			GENERAL AGGREGA	ΔTF			•	2,000,000		DE	REMIUMS	
<del>                                     </del>			OCCUPRENCE		LIMIT APPLIES PER:		01101		•	_,000,000	PR		PERATIONS	
	LAIMS MAD	RACTOR'S PROTE	OCCURRENCE			H'	OLICY	LOCATI						
- OWNE	K S & CONI	RACIOR'S PROTE	CIIVE	-	DDODUCTE & COMP		ROJECT	OTHER		2,000,000	PR	ODUCTS		
DEDUCTIBL	FS				PRODUCTS & COMP			EGAIE		1,000,000		0200.0		
<del></del>				<u> </u>	PERSONAL & ADVE		JRY			1,000,000	ОТ	HER		
PROPE	ERTY DAMA	GE \$		PER	EACH OCCURRENCE							IILK		
BODIL	Y INJURY	\$		CLAIM	DAMAGE TO RENTE		•	ice)		500,000	TO	TAL		
		\$		OCCURRENCE	MEDICAL EXPENSE		rson)			5,000		IAL		
				<u> </u>	EMPLOYEE BENEFIT					1,000,000				
					Professional Liab					1,000,000				
OTHER GOV	- T.	ALD THIS HOLD AND	, on Engongeme	itro (i oi illiouri	on-owned auto cover	agos attaon	me applicable s	iate Busi		ato ocotion, Acon	.5 101)			
APPLICABL	E ONLY IN \	WISCONSIN: IF NO	N-OWNED ONLY A	UTO COVERAGI	E IS TO BE PROVIDE	D UNDER TH	IE POLICY:							
1. UM/UIM	COVERAGI	E IS	IS NOT AVAIL	LABLE.	2. MEDICAL P	AYMENTS C	OVERAGE	ıs		IS NOT AVAILA	ABLE.			
SCHEDU	LE OF H	AZARDS (ACC	ORD 211, Sche	dule of Haza	rds, may be att	ached if r	nore space	is requ	ired)	·				
		CLASS	PREMIUM					R	ATE			PREMIL	JM	
LOC#	HAZ#	CODE	BASIS	EXF	POSURE	TERR	PREM / C	PS		PRODUCTS	PREM / OP	rs	PRODUC	TS
1		98813	Р	0										
CLASSIFICA	ATION DESC	RIPTION				1	1							
Sewer Cle	eaning													
LOC#	HAZ#	CLASS	PREMIUM	EVE	POSURE	TERR		R	ATE			PREMIL	JM	
100#	ΠAZ#	CODE	BASIS	EAF	OSURE	IEKK	PREM / C	PS		PRODUCTS	PREM / OP	rs	PRODUC	TS
1		98820	Р	0										
CLASSIFICA	TION DESC	RIPTION	•			•	•					-		
Sewer Ma	ins or Cor	nnections Constr	uction											
LOC#	HAZ#	CLASS	PREMIUM	EVE	OSURE	TERR		R	ATE			PREMIL	JM	
200#	1172#	CODE	BASIS	LAI	OSONE	TEKK	PREM / C	PS		PRODUCTS	PREM / OP	rs	PRODUC	TS
1		99946	Р	0										
CLASSIFICA	TION DESC	RIPTION	•				•		•			•		
Water Ma	ins or Con	nections Constru	uction											
(S) GROSS		R \$1,000/SALES		OLL - PER \$1,000 - PER 1,000/SQ			OTAL COST - PE DMISSIONS - PE			, ,	UNIT - PER UNI OTHER	Т		
CLAIMS	MADE (E	xplain all "Yes	" responses)											
EXPLAIN AL	L "YES" RE	SPONSES												Y/N
1. PROPC	SED RETI	ROACTIVE DATE	:											
2. ENTRY	DATE INT	O UNINTERRUPT	ΓED CLAIMS MA	DE COVERAG	E:									
3. HAS AN	IY PRODU	CT, WORK, ACCI	DENT, OR LOCA	TION BEEN E	XCLUDED, UNINS	URED OR	SELF-INSURE	D FRON	/ ANY	PREVIOUS COV	/ERAGE?			
4. WAS TA	AL COVER	AGE PURCHASE	ED UNDER ANY	PREVIOUS PC	LICY?									1

## **EMPLOYEE BENEFITS LIABILITY**

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

CONTRACTORS				AGENCY	COSTOMERIL	): 00033936		
EXPLAIN ALL "YES" RESPONSES (F	or all past or present operation	ons)						Y/N
1. DOES APPLICANT DRAW PL	ANS, DESIGNS, OR SPEC	CIFICATIONS FOR OTH	ERS?					
2. DO ANY OPERATIONS INCL	IDE BLASTING OR LITH IZ	7E OR STORE EXPLOS	SIVE MATERIA	ΔΙ 2				
2. BOART OF ERATIONO INCL	ODE DENOTINO ON OTIEIZ	LE ON GIONE EXI LOC	)	···L:				
3. DO ANY OPERATIONS INCL	JDE EXCAVATION, TUNNE	ELING, UNDERGROUN	D WORK OR	EARTH MOV	/ING?			
4. DO YOUR SUBCONTRACTO	RS CARRY COVERAGES	OR LIMITS LESS THAN	N YOURS?					
5. ARE SUBCONTRACTORS AL	LOWED TO WORK WITH	OUT PROVIDING YOU	WITH A CERT	TIFICATE OF	INSURANCE?			
6. DOES APPLICANT LEASE E	QUIPMENT TO OTHERS W	/ITH OR WITHOUT OPI	ERATORS?					
						l <i>u</i> =	L # ====	
DESCRIBE THE TYPE OF WORK SU	BCONTRACTED	\$ PAID TO SUB- CONTRACTORS:		SUBC	WORK ONTRACTED:	# FULL- TIME STAFF:	# PART- TIME STAFF:	
PRODUCTS / COMPLETED	OPERATIONS							
PRODUCTS	ANNUAL GROSS SALES	# OF UNITS	TIME IN MARKET	EXPECTED LIFE	INTE	ENDED USE	PRINCIPAL COMPONENT	s
EXPLAIN ALL "YES" RESPONSES (F			ATTACH LITE	RATURE, BRO	CHURES, LABELS,	WARNINGS, ETC.		Y/N
DOES APPLICANT INSTALL,	, SERVICE OR DEMONSTI	RATE PRODUCTS?						
2. FOREIGN PRODUCTS SOLE	D, DISTRIBUTED, USED A	S COMPONENTS? (If "	'YES", attach	ACORD 815)				
3. RESEARCH AND DEVELOP	MENT CONDUCTED OR N	IEW PRODUCTS PLAN	NED?					
4. GUARANTEES, WARRANTIE	ES. HOLD HARMLESS AGI	REEMENTS?						
5. PRODUCTS RELATED TO A	IRCRAFT/SPACE INDUST	RY?						
6. PRODUCTS RECALLED, DIS	SCONTINUED, CHANGED	?						
7. PRODUCTS OF OTHERS SO	OLD OR RE-PACKAGED U	NDER APPLICANT LAE	BEL?					
8. PRODUCTS UNDER LABEL	OF OTHERS?							
0 VENDODO 00VEDA 05 DEG	NUIDEDO							
9. VENDORS COVERAGE REC	(UIKEU!							
10. DOES ANY NAMED INSURE	D SELL TO OTHER NAME	D INSUREDS?						
i								1

ΑD	DITIONAL INTEREST / C	ERTIFICATE RECIPIENT	✓ ACORD	45 attached fo	or additional nai	mes			
INT	EREST	NAME AND ADDRESS RANK:	EVIDENCE:	CERTIFICATE			INTEREST	IN ITEM NUMBER	·
×	ADDITIONAL INSURED					LO	CATION: 3	BUILDING:	1
	EMPLOYEE AS LESSOR	BDRD Properties II LLC				ITE CL	M ASS:	ITEM:	
	LENDER'S LOSS PAYABLE	49 Wentworth Rd					M DESCRIPTION		
	LIENHOLDER					C	G2010		
	LOSS PAYEE	Londonderry			NH 03053				
	MORTGAGEE	_							
		REFERENCE / LOAN #:							
GE	NERAL INFORMATION								
		or all past or present operations)							Y/N
1.	ANY MEDICAL FACILITIES F	PROVIDED OR MEDICAL PROFESSIO	NALS EMPLOYE	D OR CONTRAC	TED?				-
2	ANY EXPOSURE TO RADIO	ACTIVE/NUCLEAR MATERIALS?							-
-	ANT EXI COOKE TO TORDIO	TO THE EARL OF THE TAIL ALL OF							
<u> </u>									_
3.	TRANSPORTING OF HAZA	OR DISCONTINUED OPERATIONS IN RDOUS MATERIAL? (e.g. landfills, was	VOLVE(D) STORI ites fuel tanks etc	NG, TREATING,	DISCHARGING, A	PPLYING, DISPOSIN	IG, OR		
		(eig. ia.ia.iic, nac	100, 100, 10,0, 010	-,					
l									
Ļ	ANN/ ODED ATIONS OOL D. A	OOLUBER OF BLOOMERINGER IN LA	OT 51) (5 (5) \( (5) \)	200					_
4.	ANY OPERATIONS SOLD, A	CQUIRED, OR DISCONTINUED IN LA	SI FIVE (5) YEAR	(5?					
l									
									_
5.	DO YOU RENT OR LOAN E	QUIPMENT TO OTHERS?							
	EQUIPMENT					EQUIPMENT	INSTRUCTIO	N GIVEN (Y/N)	
					SMALL TOOLS	LARGE EQUIPME	NT		
					SMALL TOOLS	LARGE EQUIPME	NT		
6.	ANY WATERCRAFT, DOCKS	S, FLOATS OWNED, HIRED OR LEASE	:D?						
7.	ANY PARKING FACILITIES (	)WNED/RENTED?							
8.	IS A FEE CHARGED FOR PA	ARKING?							
9.	RECREATION FACILITIES P	ROVIDED?							
l									
10.	ARE THERE ANY LODGING	OPERATIONS INCLUDING APARTME	ENTS? (If "YES",	answer the follow	ing):				
	# APTS TOTAL APT A	AREA DESCRIBE OTHER LODGING OF	PERATIONS						
		Sq. Ft.							
11.	IS THERE A SWIMMING PO	OL ON PREMISES? (Check all that ap	ply)						
	APPROVED FENCE	LIMITED ACCESS DIVING BO.	ARD SLIDE	ABOVE (	GROUND IN	GROUND LIF	E GUARD		
12.	ARE SOCIAL EVENTS SPO	NSORED?							
13.	ARE ATHLETIC TEAMS SPO	ONSORED?							
	TYPE OF SPORT	CONTACT AGE GROUP	10.10	TYPE OF SPOR	RT	CONTACT AGE	GROUP	742 42	
		SPORT (Y/N)	13 - 18			SPORT (Y/N)		13 - 18	
	EVIENT OF ORONIOS SOUR	12 & UNDER	OVER 18	EVTENT OF CO	ONCORCUE		12 & UNDER	OVER 18	
<u></u>	EXTENT OF SPONSORSHIP:	ATIONO CONTENTO ATESS		EXTENT OF SP	ONSORSHIP:				-
14.	ANY STRUCTURAL ALTERA	ATIONS CONTEMPLATED?							
15.	ANY DEMOLITION EXPOSU	JRE CONTEMPLATED?							
1									

#### **GENERAL INFORMATION (continued)**

EXPLAIN ALL "YES" RESPONSES (For all past or present operation	tions)			Y/N				
16. HAS APPLICANT BEEN ACTIVE IN OR IS CURRENTLY ACTIVE IN JOINT VENTURES?								
17. DO YOU LEASE EMPLOYEES TO OR FROM OTHE	R EMPLOYERS?							
LEASE TO	WORKERS COMPENSATION COVERAGE CARRIED (Y/N)	LEASE FROM	WORKERS COMPENSATION COVERAGE CARRIED (Y/N)					
18. IS THERE A LABOR INTERCHANGE WITH ANY OTH	ER BUSINESS OR SUBSIDIAR	IES?						
19. ARE DAY CARE FACILITIES OPERATED OR CONTR	OLLED?							
20. HAVE ANY CRIMES OCCURRED OR BEEN ATTEMP	TED ON YOUR PREMISES WIT	THIN THE LAST THREE (3) YEARS	?					
21. IS THERE A FORMAL, WRITTEN SAFETY AND SEC	JRITY POLICY IN EFFECT?							
22. DOES THE BUSINESSES' PROMOTIONAL LITERAT	URE MAKE ANY REPRESENTA	TIONS ABOUT THE SAFETY OR S	ECURITY OF THE PREMISES?					

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

can we get CG2010 and CG2037 with arising out of language

#### SIGNATURE

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.

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

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO (Required in Florida)		
72HOD1				
APPLICANT'S SIGNATURE		DATE	NATIONAL PRODUCER NUMBER	

ACORD®

# **SCHEDULE OF HAZARDS**

DATE (MM/DD/YYYY) 04/19/2024

											(	04/19/2024			
AGENCY							CARRIER NAIC CODE								
Avery Insi	urance						NIP								
POLICY NUI	MBER				EFFECTIVE DA	TE .	APPLICANT / FIRST NAMED INSURED								
NIP 06/01/2024								Underground Testing and Service, LLC							
SCHEDU	LEOFH	AZARDS						5							
T TOTAL DO	LL 01 11.	CLASS	PREMIUM					R	ATE		PRE	MIUM			
LOC#	HAZ#	CODE	BASIS	EXPOSU	RE	TEI	RR	PREM / OPS	PRODUCTS	PRE	M/OPS	PRODUCTS			
1		92101	Payroll	5,896				T KEM / OT O	1 11020010	+	, 01 0	TRODUCTO			
CLASSIFICA	TION DESC		1 ayıon	0,000											
Drilling-ot															
LOC#	HAZ#	CLASS	PREMIUM	EXPOSU	DE	TEI	DD.	R	ATE		PRE	MIUM			
	1172#	CODE	BASIS	EX1 000	NL		IXIX	PREM / OPS	PRODUCTS	PRE	M/OPS	PRODUCTS			
1		94007	Payroll	0											
CLASSIFICA Excavatio		CRIPTION	,												
LOC#	HAZ#	CLASS	PREMIUM	EXPOSU	RE	TEI	RR		ATE			MIUM			
		CODE	BASIS					PREM / OPS	PRODUCTS	PRE	M/OPS	PRODUCTS			
1		92663	Payroll	307,036											
CLASSIFICA	ATION DESC	RIPTION													
Engineers	or Archite	ects		Т				_							
LOC#	HAZ#	CLASS CODE	PREMIUM BASIS	EXPOSU	RE	TEI	RR		ATE	ļ		MIUM			
<u> </u>								PREM / OPS	PRODUCTS	PRE	M/OPS	PRODUCTS			
1		99943	Payroll	0											
CLASSIFICA	ATION DESC	RIPTION													
Water Co	mpanies														
100 #		CLASS	PREMIUM	EVECOU	DE .			RATE			PRE	MIUM			
LOC#	HAZ#	CODE	BASIS	EXPOSU	RE	TEI	KK	PREM / OPS	REM / OPS PRODUCTS		PREM / OPS PRODU				
1		98482	Payroll	0											
CLASSIFICA	ATION DESC	RIPTION	l	l					I.	1		L			
Plumbing	-Commerc	cial and Industrial													
LOC#	HAZ#	CLASS	PREMIUM	EXPOSU	RE	TEI	RR	RATE		PREMIUM		MIUM			
		CODE	BASIS					PREM / OPS	PRODUCTS	PRE	PREM / OPS PRO				
1		00812	Gross sales	0											
Snow Plo		CRIPTION													
LOC#	HAZ#	CLASS	PREMIUM	EXPOSU	RE T	TEI	RR	R	ATE		PRE	MIUM			
200#	11742 #	CODE	BASIS	EX. 000	N.C			PREM / OPS	PRODUCTS	PRE	M/OPS	PRODUCTS			
1		91581	Total cost	135,026											
CLASSIFICA	ATION DESC	RIPTION													
Subs															
LOC#	HAZ#	CLASS	PREMIUM	EXPOSU	RE	TEI	RR		ATE			MIUM			
		CODE	BASIS					PREM / OPS	PRODUCTS	PRE	M/OPS	PRODUCTS			
2		98482	Payroll	0											
CLASSIFICA	ATION DESC	RIPTION													
Plumbing	-Commerc	cial & Industrial													
RATING AN	D PREMIUM	BASIS	(P) PAYR	OLL - PER \$1,000/PAY	<b>(</b>		(C) TO	TAL COST - PER \$1,000	COST (I	U) UNIT - PE	R UNIT				
		R \$1,000/SALES		A - PER 1,000/SQ FT				MISSIONS - PER 1,000/	•	T) OTHER					
			. ,					,,,,,,,		-					

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# **SCHEDULE OF HAZARDS**

DATE (MM/DD/YYYY) 04/19/2024

$\overline{}$													
AGENCY						CA	ARRIER		-	NAIC CODE			
Avery Ins	urance					NIP							
POLICY NU	MBER				EFFECTIVE DATE	AP	APPLICANT / FIRST NAMED INSURED						
NIP					06/01/2024	NIP  APPLICANT / FIRST NAMED INSURED Underground Testing and Service, LLC  TERR  RATE PREMIUM PREM / OPS PRODUCTS PREM / OPS PRODUCTS  TERR  RATE PREMIUM PREM / OPS PRODUCTS  PREM / OPS PRODUCTS  RATE PREMIUM PREM / OPS PRODUCTS  PREM / OPS PRODUCTS							
SCHEDU	ILE OF H	AZARDS											
LOC#	HAZ#	CLASS	PREMIUM	EXPOSU	DE 1	TEDD		ATE	PRE	MIUM			
LOC#	HAZ#	CODE	BASIS	EXFOSO	NE I	ILKK	PREM / OPS	PRODUCTS	PREM / OPS	PRODUCTS			
3		92663	Payroll	0									
CLASSIFIC	ATION DESC	RIPTION											
Engineers	s or Archite	ects											
1.00 #		CLASS	PREMIUM	EVECOU			R	ATE	PRE	MIUM			
LOC#	HAZ#	CODE	BASIS	EXPOSU	KE   I	IEKK	PREM / OPS	PRODUCTS	PREM / OPS	PRODUCTS			
CLASSIFIC	ATION DESC	RIPTION	•	•	•			•					
LOC#	HAZ#	CLASS	PREMIUM	EXPOSU	DE 1	TERR	R	ATE	PRE	MIUM			
LOC#	HAZ#	CODE	BASIS	EXFOSO	NE I	ILKK	PREM / OPS	PRODUCTS	PREM / OPS	PRODUCTS			
CLASSIFIC	ATION DESC	RIPTION											
LOC#	HAZ#	CLASS	PREMIUM	EXPOSU	RE 1	TERR	R	RATE		MIUM			
		CODE	BASIS	BASIS			PREM / OPS	PRODUCTS	PREM / OPS	PRODUCTS			
CLASSIFIC	ATION DESC	RIPTION											
LOC#	HAZ#	CLASS	PREMIUM	EXPOSU	RF 1	TERR	R	ATE	PRE	MIUM			
		CODE	BASIS				PREM / OPS	PRODUCTS	PREM / OPS	PRODUCTS			
CLASSIFIC	ATION DESC	RIPTION											
LOC#	HAZ#	CLASS	PREMIUM	EXPOSU	RE 1	TERR	RATE		PREMIUM				
		CODE	BASIS				PREM / OPS	PRODUCTS	PREM / OPS	PRODUCTS			
CLASSIFIC	ATION DESC	RIPTION											
	1	ı	1	T					T				
LOC#	HAZ#	CLASS CODE	PREMIUM BASIS	EXPOSU	RE 1	TERR		RATE		PREMIUM			
		CODE	BASIS				PREM / OPS	PRODUCTS	PREM / OPS	PRODUCTS			
CLASSIFIC	ATION DESC	RIPTION											
	T	I		1									
LOC#	HAZ#	CLASS CODE	PREMIUM BASIS	EXPOSU	RE 1	TERR		ATE		MIUM			
							PREM / OPS	PRODUCTS	PREM / OPS	PRODUCTS			
01 4001510	ATION DEGG	PIDTION											
CLASSIFIC	ATION DESC	KIP HUN											
RATING AN	D PREMIUM	BASIS	(P) PAYR	OLL - PER \$1,000/PA	(	(C)	TOTAL COST - PER \$1,000	/COST (U	J) UNIT - PER UNIT				
(S) GROSS	SALES - PE	R \$1,000/SALES	(A) AREA	A - PER 1,000/SQ FT		(M)	ADMISSIONS - PER 1,000/	ADM (T	OTHER				

AGENCY CUSTOMER ID:	0003

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<b>ACORD</b>

# FORMS AND ENDORSEMENTS SCHEDULE

ac	ае	

of

AGENCY		CARRIER	NAIC CODE
Avery Insurance		NIP	
POLICY NUMBER	EFFECTIVE DATE	NAMED INSURED(S)	
NIP	06/01/2024	Underground Testing and Service, LLC	

FORMS AND ENDORSEMENTS													
LOC#	# VEH# BOAT # ITEM # FORM NUMBER												
					GL Extension		COPYRIGHT OWNER CODE						
				CG2010	Additional insured-managers or lessors of pre	10/01/2001							
				CG2010	Additional insured-owners, leesees or contrac	10/01/2001							
				CG2037	,	10/01/2001							
				CG8870	Construction projects-GL agg per project	10/01/2001							
					Additional insured-automatic status								
				CG8995	Additional insured-automatic status								
						1							
	1		1										

	ADDITIONAL COVERAGES AND ENDORSEMENTS													
Loc#	ST	Cov C		Description Pollution Li		Type of Co	verage	Fo	rm No.	Edition Date	Rate	Optio	n Codes	
Limit 1		FOL	Limi		Limit 3	Ded 1 10,000	Deductible Type 1		Ded 2	Deductik	l ole Type 2		Premium	
Loc#	ST	Cov C	ode	Description		Type of Co	verage	Fo	rm No.	Edition Date	Rate	Optio	n Codes	
Limit 1	<u> </u>		Limi	it 2	Limit 3	Ded 1	Deductible Type 1	1	Ded 2	Deductib	l ble Type 2	<u> </u>	Premium	
Loc #	ST	Cov C	ode	Description		Type of Co	verage	Fo	rm No.	Edition Date	Rate	Optio	n Codes	
Limit 1			Limi	t 2	Limit 3	Ded 1	Deductible Type 1		Ded 2	Deductib	ole Type 2	<b>I</b>	Premium	
Loc#	ST	Cov C	ode	Description		Type of Co	verage	Fo	rm No.	Edition Date	Rate	Optio	n Codes	
Limit 1			Limi	it 2	Limit 3	Ded 1	Deductible Type 1		Ded 2	Deductik	l ole Type 2		Premium	
Loc#	ST	Cov C	ode	Description		Type of Co	verage	Fo	rm No.	Edition Date	Rate	Optio	n Codes	
Limit 1			Limi	t 2	Limit 3	Ded 1	Deductible Type 1		Ded 2	Deductik	ole Type 2	•	Premium	
Loc#	ST	Cov C	ode	Description		Type of Co	verage	Fo	rm No.	Edition Date	Rate	Optio	n Codes	
Limit 1	<u> </u>		Limi	it 2	Limit 3	Ded 1	Deductible Type 1		Ded 2	Deductik	l ble Type 2	1	Premium	
Loc#	ST	Cov C	ode	Description		Type of Co	verage	Fo	rm No.	Edition Date	Rate	Optio	n Codes	
Limit 1	<b>_</b> _		Limi	it 2	Limit 3	Ded 1	Deductible Type 1		Ded 2	Deductik	l ole Type 2		Premium	
Loc#	ST	Cov C	ode	Description		Type of Co	verage	Fo	rm No.	Edition Date	Rate	Optio	n Codes	
Limit 1			Limi	it 2	Limit 3	Ded 1	Deductible Type 1	1	Ded 2	Deductik	ole Type 2	1	Premium	
Loc#	ST	Cov C	ode	Description		Type of Co	verage	Fo	rm No.	Edition Date	Rate	Optio	n Codes	
Limit 1			Limi	it 2	Limit 3	Ded 1	Deductible Type 1	<b>'</b>	Ded 2	Deductik	ole Type 2	ı	Premium	
Loc#	ST	Cov C	ode	Description		Type of Co	verage	Fo	rm No.	Edition Date	Rate	Optio	n Codes	
Limit 1			Limi	t 2	Limit 3	Ded 1	Deductible Type 1		Ded 2	Deductik	ole Type 2	•	Premium	
Loc#	ST	Cov C	ode	Description		Type of Co	verage	Fo	rm No.	Edition Date	Rate	Optio	n Codes	
Limit 1			Limi	it 2	Limit 3	Ded 1	Deductible Type 1	1	Ded 2	Deductik	ole Type 2	1	Premium	
Loc#	ST	Cov C	ode	Description		Type of Co	verage	Fo	rm No.	Edition Date	Rate	Optio	n Codes	
Limit 1			Limi	it 2	Limit 3	Ded 1	Deductible Type 1		Ded 2	Deductik	l ble Type 2		Premium	
Loc#	ST	Cov C	ode	Description		Type of Co	verage	Fo	rm No.	Edition Date	Rate	Optio	n Codes	
Limit 1			Limi	it 2	Limit 3	Ded 1	Deductible Type 1		Ded 2	Deductik	l ble Type 2	1	Premium	
OFBA	ADC\						1				Copyria	ht 2000. A	MS Services. Inc	

								AGENCY CU	JST	OMER I	<b>D</b> : 0003	5958					
A	CORI	®		ADD	DITION	AL INTI	EF	REST SC	HE	EDU	LE			-	MM/DD/YYYY) (19/2024		
AGI	ENCY							CARRIER							NAIC CODE		
Av	ery Insurance							NIP									
POI	LICY NUMBER					EFFECTIVE DA	TE	NAMED INSURED(	S)								
NII	<b>5</b>					06/01/2024	ļ	Underground Te	estin	ig and Se	ervice, LL	С					
AD	DITIONAL IN	TEF	REST (Not all	fields apply to all s	scenarios -	provide only	the	e necessary da	ta)								
INT	EREST			NAME AND ADDRESS	RANK:	EVIDENCE:		CERTIFICATE		POLICY	SEN	D BILL	INTEREST I	N ITEM NU	JMBER		
X	ADDITIONAL INSURED		LOSS PAYEE										LOCATION:	BUILD	ING:		
	BREACH OF WARRANTY		MORTGAGEE	Sargent Corp & NH	DOT								VEHICLE:	BOAT:			
	CO-OWNER		OWNER	PO Box 435									AIRPORT:	AIRCE	RAFT:		
	EMPLOYEE AS LESSOR		REGISTRANT										SCHED #:	ITEM:			
	LEASEBACK OWNER		TRUSTEE	Stillwater				ME 0488	9				ITEM CLASS:				
	LENDER'S LOS	S PA	YABLE										ITEM DESCRIPTION				
	LIENHOLDER			REFERENCE / LOAN #:			IN.	TEREST END DATE:					CG2010-Walpole N				
				LIEN AMOUNT:			Pŀ	IONE (A/C, No, Ext):					NHDOT, 30 days n	otice of c	cancei		
RE/	ASON FOR INTER	EST:					E-I	MAIL ADDRESS:									
INT	EREST		-	NAME AND ADDRESS	RANK:	EVIDENCE:		CERTIFICATE		POLICY	SEN	BILL	INTEREST I	N ITEM NU	JMBER		
	ADDITIONAL INSURED		LOSS PAYEE										LOCATION:	BUILD	ING:		
	BREACH OF WARRANTY		MORTGAGEE										VEHICLE:	BOAT:	!		
	CO-OWNER		OWNER										AIRPORT:	AIRCE	RAFT:		
	EMPLOYEE AS LESSOR		REGISTRANT										SCHED #:	ITEM:			
	LEASEBACK OWNER		TRUSTEE										ITEM CLASS:				
	LENDER'S LOS	S PA	YABLE										ITEM DESCRIPTION				
	LIENHOLDER			REFERENCE / LOAN #:			IN.	TEREST END DATE:									
				LIEN AMOUNT:			Pŀ	IONE (A/C, No, Ext):									
RE/	ASON FOR INTER	EST:		1			E-I	MAIL ADDRESS:					ı				
INT	EREST		7	NAME AND ADDRESS	RANK:	EVIDENCE:		CERTIFICATE		POLICY	SEN	BILL	INTEREST I	N ITEM NU	JMBER		
	ADDITIONAL INSURED BREACH OF		LOSS PAYEE										LOCATION:	BUILD	ING:		
	WARRANTY		MORTGAGEE										VEHICLE:	BOAT:			
	CO-OWNER EMPLOYEE		OWNER										AIRPORT:	AIRCE	RAFT:		
	AS LESSOR LEASEBACK		REGISTRANT										SCHED #:	ITEM:			
	OWNER		TRUSTEE										ITEM CLASS:				
	LENDER'S LOS	S PA	YABLE										ITEM DESCRIPTION				
	LIENHOLDER			REFERENCE / LOAN #:			-	TEREST END DATE:									
				LIEN AMOUNT:			┢	IONE (A/C, No, Ext):									
$\vdash$	ASON FOR INTER	EST:		ı			E-I	MAIL ADDRESS:		Т							
INT	EREST ADDITIONAL		1	NAME AND ADDRESS	RANK:	EVIDENCE:		CERTIFICATE		POLICY	SEN	BILL	INTEREST I				
_	INSURED BREACH OF		LOSS PAYEE										LOCATION:	BUILD			
_	WARRANTY		MORTGAGEE										VEHICLE:	BOAT:			
$\vdash$	CO-OWNER EMPLOYEE		OWNER										AIRPORT:	AIRCE	KAFI:		
	AS LESSOR LEASEBACK		REGISTRANT										SCHED #:	ITEM:			
OWNER INVOICE ITEM CLASS.																	
LENDER'S LOSS PAYABLE ITEM DESCRIPTION																	
LIENHOLDER REFERENCE / LOAN #: INTEREST END DATE:																	
LIEN AMOUNT: PHONE (A/C, No, Ext):																	
$\vdash$	ASON FOR INTER	EST:		T		T	E-	MAIL ADDRESS:	Т	1							
INT	EREST ADDITIONAL		1,000,000	NAME AND ADDRESS	RANK:	EVIDENCE:		CERTIFICATE		POLICY	SEN	BILL	INTEREST I	-			
$\vdash$	INSURED BREACH OF		LOSS PAYEE										LOCATION:	BUILD			
<u> </u>	WARRANTY		MORTGAGEE										VEHICLE:	BOAT:	·		

CO-OWNER

EMPLOYEE AS LESSOR LEASEBACK OWNER

LIENHOLDER

REASON FOR INTEREST:

LENDER'S LOSS PAYABLE

REGISTRANT

REFERENCE / LOAN #:

LIEN AMOUNT:

OWNER

TRUSTEE

AIRPORT:

SCHED #:

ITEM CLASS:

ITEM DESCRIPTION

ITEM:

AIRCRAFT:

INTEREST END DATE:

PHONE (A/C, No, Ext):

E-MAIL ADDRESS:

_				AGENCY	CUS	STOMER ID: 0	<u> </u>	.8			
ACORD®	F	. OT HOM	IENIT EL (	^ ^ T E D	oe	'CTION			DAT	TE (MM/DD/YYYY)	7)
ACORD	□	QUIPIVI	IENT FLO	JAIEK -	<b>5</b> ⊏	CHON		'	1	4/19/2024	
AGENCY Avery Insurance	:			CARRIER NIP						NAIC CO	DDE
POLICY NUMBER			EFFECTIVE DATE			NAMED INSURED					
NIP			6/1/2024	Undergro	und	Testing an	ıd Serv	ice, LLC			
TERRITORY OF OPERATION	)N			TYPE OF	OPE	RATION					
				See ACOR	₹D 1	.25					
COVERAGE / DEDUCTIBLE Special form	<u>E</u>			1,000							
Special form		2		500							
EQUIPMENT STORAGE				UNSCHE	JULF	ED EQUIPME	NT				
LOC. WIO. IN	MUM VALUE	TYPE O	F SECURITY		ESCRIP		MAXIN	MUM ITEM	AMT. OF IP		coins
# STORAGE IN BUILDING	# STORAGE IN BUILDING OUTSIDE				ners		<del> </del>	2,500	<del> </del>	25,000	
\$	\$		ļ	Unschedul tools-own				2 500	10,000		
	+	-		toois-om.	161 p		-	2,500		25,000	$\vdash$
\$	\$										
\$	\$										
ADDITIONAL INTEREST / C			ACORD 45 A	Attached				т			
INTEREST RANK:	<u> </u>	REFERENCE #:			Ш	CERTIFICATE RE	QUIRED		EREST IN IT	TEM NUMBER	
	Reliable Equipment PO Box 5647	nt LLC						LOCATION:		BUILDING:	
LIENHOLDER	PO BOX 3017							SCHEDULED OTHER	ITEM NUMBE	<u>ER:</u>	
Γ	Manchester	NH	н 03108								
	ITEM DESCRIPTION: rent	ted equip	ment								
INTEREST RANK:	NAME AND ADDRESS RI	REFERENCE #:				CERTIFICATE RE	QUIRED	IN <sup>7</sup>	rerest in it	TEM NUMBER	
LOSS PAYEE	í							LOCATION:		BUILDING:	
LIENHOLDER	í							SCHEDULED	ITEM NUMB	ER:	
$\sqcup$	í							OTHER			
<b> </b>	ITEM DESCRIPTION:										
INTEREST RANK:		REFERENCE #:			$\overline{}$	CERTIFICATE RE	-OUIDED	T IN	TEDERT IN I	TEM NUMBER	
LOSS PAYEE	NAME AND ADDRESS	EFERENCE #.			Ш	CERTIFICATE ILE	QUINED	LOCATION:	EKESI III.	BUILDING:	
LIENHOLDER	i							SCHEDULED	ITEM NUME	1	
	í							OTHER	11 Em 11 C	<u></u>	
	<u> </u>										
	ITEM DESCRIPTION:										
GENERAL INFORMATION											-
EXPLAIN ALL "YES" RESPONSES	TO / FDOM OTHER										Y/N
EQUIPMENT RENTED, LOA	NED TO / FROM OTHERS	S WITH / WITH	OUT OPERATOR	₹S?							
IS APPLICANT OPERATING	FOLIPMENT NOT LISTE				—						+-
Z. IOAH LIOAN OF LIVERING	EQUII MENT NOT EIG. E.	DITERE:									
- DOODEDTY HOED HAIDED											+
3. PROPERTY USED UNDER	GROUND?										
4. ANY WORK DONE AFLOAT											-

ACORD 146 (2013/09)

SCHE	DULED EQUIPMENT	% COINSURANCE	AG	AGENCY CUSTOMER ID: 00035958						
#	ТҮРЕ	DESCRIPTION		ID#/SERIAL			NEW / USED	DATE PURCHASED		
1	MANUFACTURER Kubota		MODEL		MODEL YEAR	CAPACIT	Y	AMOUNT OF INSURANCE \$ 10,000		
#	TYPE	DESCRIPTION		ID#/SERIAL	NO.		NEW / USED	\$ 10,000		
"	1112	DESCRIPTION		ID#/ GERIAL	NO.		NEW 7 GOLD	DATE TORONAGED		
2	MANUFACTURER		MODEL		MODEL YEAR	CAPACIT	Υ	AMOUNT OF INSURANCE		
	Crane				2015			\$ 3,000		
#	ТҮРЕ	DESCRIPTION		ID#/SERIAL	NO.		NEW / USED	DATE PURCHASED		
3	MANUFACTURER		MODEL		MODEL YEAR	CAPACIT	Y	AMOUNT OF INSURANCE		
	EZ Valve Mill Machi						1	\$ 25,000		
#	TYPE	DESCRIPTION		NO.		NEW / USED	DATE PURCHASED			
4	MANUFACTURER		MODEL		MODEL YEAR	CAPACIT	<u> </u> Υ	AMOUNT OF INSURANCE		
	Tapping Machine							\$ 2,500		
#	TYPE	DESCRIPTION	<u>'</u>	ID#/SERIAL	NO.	_	NEW / USED	DATE PURCHASED		
5			T		T	T				
	MANUFACTURER		MODEL		MODEL YEAR	CAPACIT	Υ	AMOUNT OF INSURANCE		
	Air Compressor	DESCRIPTION		ID # / 055141	<u> </u>		NEW (HOED	\$ 1,500		
#	ТҮРЕ	DESCRIPTION		ID#/SERIAL	NO.		NEW/USED	DATE PURCHASED		
6	MANUFACTURER	<u>'</u>	MODEL		MODEL YEAR	CAPACIT	Υ	AMOUNT OF INSURANCE		
	Chain Saw							\$ 3,280		
#	ТҮРЕ	DESCRIPTION	•	ID#/SERIAL	NO.	•	NEW / USED	DATE PURCHASED		
7	MANUFACTURER		MODEL		MODEL YEAR	CAPACIT	<u> </u>	AMOUNT OF INSURANCE		
			MODEL		MODEL YEAR	CAPACII	Ī	\$ 1,500		
#	Stellar Compressor	DESCRIPTION		ID#/SERIAL	NO.		NEW / USED	DATE PURCHASED		
#	TIFE	DESCRIPTION		ID#/ SERIAL	NO.		NEW / OSED	DATE FORCHASED		
8	MANUFACTURER		MODEL		MODEL YEAR	CAPACIT	Υ	AMOUNT OF INSURANCE		
	Led Aux Light with	backeye camera						\$ 3,500		
#	ТҮРЕ	DESCRIPTION		NO.	•	NEW / USED	DATE PURCHASED			
9	MANUFACTURER		MODEL		MODEL YEAR	CAPACIT		AMOUNT OF INSURANCE		
	Rover X Crawler Ext	:	MODEL		MODEL TEAK	CALACII	•	\$ 10,000		
#	ТҮРЕ	DESCRIPTION		ID#/SERIAL	NO.		NEW / USED	DATE PURCHASED		
				, 02.1	NO.		, 6522	SAUL 1 GROUNGES		
10	MANUFACTURER	·	MODEL		MODEL YEAR	CAPACIT	Υ	AMOUNT OF INSURANCE		
	Rover X Camera Elev	ator Kit						\$ 12,000		
#	TYPE	DESCRIPTION		ID#/SERIAL	NO.		NEW/USED	DATE PURCHASED		
11	MANUFACTURER		MODEL		MODEL YEAR	CAPACIT	<u> </u>	AMOUNT OF INSURANCE		
	Rover X Truck Packa	σe	MODEL		MODEL TEAK	OAI AOII	•	\$ 65,500		
#	TYPE	DESCRIPTION		ID#/SERIAL	NO.		NEW/USED	DATE PURCHASED		
12	MANUFACTURER		MODEL		MODEL YEAR	CAPACIT	 	AMOUNT OF INSURANCE		
	20/24 Adapter Kit f	or Tapping with fo						\$ 110,950		
#	ТҮРЕ	DESCRIPTION	- [	ID#/SERIAL	NO.		NEW / USED	DATE PURCHASED		
	MANUELOTURER		Tuopei		MODEL VEAD	0484017		AMOUNT OF INQUIRANCE		
	MANUFACTURER		MODEL		MODEL YEAR	CAPACIT	Y	AMOUNT OF INSURANCE		
#	ТҮРЕ	DESCRIPTION		ID#/SERIAL	NO.	<u>'</u>	NEW / USED	DATE PURCHASED		
	MANUFACTURER				MODEL YEAR	CAPACIT	 Y	AMOUNT OF INSURANCE		
	AIGI AG / GIVEN		MODEL		INODEL TEAR	CAI ACII	•	\$		
#	ТҮРЕ	DESCRIPTION		ID#/SERIAL	NO.	1	NEW / USED	DATE PURCHASED		
					MODEL VEAD			AMOUNT OF PLOUD AND		
	MANUFACTURER		MODEL		MODEL YEAR	CAPACIT	Y	AMOUNT OF INSURANCE		
								\$		

#### **SIGNATURE**

#### Applicable in AL, AR, DC, LA, MD, NM, RI and WV

Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)\* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. \*Applies in MD Only.

#### Applicable in CO

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

#### Applicable in FL and OK

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

#### Applicable in KS

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

#### Applicable in KY, NY, OH and PA

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

#### Applicable in ME, TN, VA and WA

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

#### Applicable in NJ

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

#### Applicable in OR

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

#### Applicable in PR

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

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

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print) Thomas O'Dowd/LISA	STATE PRODUCER LICENSE NO (Required in Florida)		
APPLICANT'S SIGNATURE		DATE	NATIONAL PRODUCER NUMBER	

ĄC	ORI	$\mathcal{D}^{^{\!\!\!\! R}}$		WO	RKERS (	CO	МІ	PENSATIO	)N	APPL	_ICA	ΓΙΟ	N			D.		<b>M/DD/YYYY)</b> 9/2024
AGENC	Y NAME AN		E66			COM	IDAN)	r: NIP									04/1	3/2024
	Insurance		L33					RITER:										
1 ′	uth Main S					-		NT NAME: Undergro	und Te	sting and	Service,	LLC						
PO Bo	x 1510							HONE: (603) 660-04			,		E PHO	NF:				
Wolfeb	oro			NH	1 03894-1510	MAILING ADDRESS (including ZIP + 4 or Canadian Postal Code)  YRS IN BUS:												
						809 Back Mountain Road sic:									•			
PRODUC	CER NAME:					1							NAICS	3:				
	RESENTATI		a Lee			Gof	fstov	vn		NH	03045		WEBS	ITE	www.utn	sllc.co	m	
	PHONE (6 , Ext):	03) 569	9-2515			E-MA	AIL AI	DDRESS: 809campb	ell@cc	mcast.ne	et		ADDK	LJJ.				
MOBILE PHONE:	), EXI).							E PROPRIETOR		ORATION	XLL	С			TRUST		UNINC	ORPORATED DIATION
FAX	): (603) 5	69-426	6				PAR	TNERSHIP	SUBC "S" CC	HAPTER	Jo	INT VEN	NTURE		OTHER:	ш	ASSU	DIATION
E-MAIL	ss. fletche	er@ave	ryinsurance.net			CRE	DIT	NAME:	0 00	JI(I	-11			ID N	IUMBER:			
CODE:	30.		SUB C	ODE:				EMPLOYER ID NUMBI	ER	NCCI RIS	K ID NUME	BER		OTH	ER RATING	BURE	AU ID O	R STATE
AGENC	Y CUSTOME	R ID:	00035958			800	7844	423		280111	112			- ""	LOTEKKE	Olotika		OMBER
	JS OF SU				BILLING	/ AU	DIT	INFORMATION										
	JOTE		ISSUE POLICY	,	BILLING PI			PAYMENT PLAN					AU	DIT				
		∟ date and/	or attach copy)		AGEN	CY BIL	L	ANNUAL		7				ATE	XPIRATION		MON	THLY
	•		h ACORD 133)			T BILL		SEMI-ANNU	IAL	_				1	II-ANNUAL		1	
		,	,					QUARTERL		% DOWN	l:			1	ARTERLY		_	
LOCA	TIONS				·			•										
LOC#	HIGHEST FLOOR	STREE	T, CITY, COUNTY, S	TATE, ZIP COI	DE													
1		809 E	Back Mountain Ro	oad														
'		Goffs	town								NH	03045	-2107					
2		Vario	us Locations															
		Mont	pelier								VT	05602	:					
3		49 W	entworth Ave															
		Lond	onderry								NH	03053	-7458					
POLIC	Y INFOR	MATIC	ON															
PRO	POSED EFF	DATE	PROPOSED E	XP DATE	RATING EFFECT (if applica		ATE	ANNIVERSARY RA		\TE X	PARTICIP	PATING		R	ETRO PLAN	1		
	06/01/202	4	06/01/2	2025							NON-PAR	RTICIPAT	ΓING					
	T 1 - WORKI NSATION (S		PART 2 - EMPLOY	ER'S LIABILIT	Υ			ART 3 - OTHER TATES INS		DUCTIBLES (A in WI)	8		UNT / % \ in WI)	ОТН	IER COVER	AGES		
001111	NOATION (C	nates	\$ 1,000,000	E	EACH ACCIDENT			IAI EO INO		MEDICAL	_	(1477	· • • • • •		U.S.L. & H.		N C	IANAGED ARE OPTION
CT M	A NH R	I VT	\$ 1,000,000	1	DISEASE-POLICY LII	МІТ				INDEMNI	TY				VOLUNTAF COMP		-	Additional
			\$ 1,000,000		DISEASE-EACH EMP	PLOYE	E								FOREIGN (	cov	×	BLKWS
DIVIDEN	ID PLAN/SA	FETY G	ROUP	ADDITIONAL	COMPANY INFORM	MATION	١											
N																		
SPECIF	Y ADDITION	AL COV	ERAGES / ENDORS	EMENTS (Atta	ch ACORD 101, Add	litional	Rema	arks Schedule, if more	space is	s required)								
TOTA!	ESTINA	TED /	ANNUAL PREM	IIIIM - Al I	STATES													
- IOIAI		11 LD /	TITITOAL FILEIV	IIOW - ALL	DIAILO													

TOTAL ESTIMATED ANNUAL PREMIUM ALL STATES TO	OTAL MINIMUM PREMIUM ALL STATES	TOTAL DEPOSIT PREMIUM ALL STATES
\$		\$

**CONTACT INFORMATION** 

TYPE	NAME	OFFICE PHONE	MOBILE PHONE	E-MAIL
INSPECTION				
ACCTNG RECORD CLAIMS				
CLAIMS				

### **INDIVIDUALS INCLUDED / EXCLUDED**

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

STATE	LOC#	NAME	DATE OF BIRTH	TITLE/ RELATIONSHIP	OWNER- SHIP %	DUTIES	INC/EXC	CLASS CODE	REMUNERATION/PAYROLL

STATE RATING SHEET # OF SHEETS AGENCY CUSTOMER ID: 00035958													
					STATE RAT	ING W	ORKSH	IEET					
FOR I	MULTIPLE S	TATES,	ATTACH AN	ADDIT	IONAL PAGE 2 OF T	HIS FO	RM						
RATIN	G INFORMA	TION -	STATE: CT										
		DESCR				# EMPL	LOYEES				MATED ANNUAI		ESTIMATED
LOC#	CLASS CODE	CODE	CATEGORI	ES, DUTI	ES, CLASSIFICATIONS	FULL TIME	PART TIME	SIC	NAICS	RE	MUNERATION/ PAYROLL	RATE	ANNUAL MANUAL PREMIUM
6	8720		Inspection Of R Purposes NOC	isks Fo	r Insurance Or Evaluation					0			
PREMI													
STATE: (	СТ		FACTOR	0.00	FACTORED PREMIUM						FACTOR	FACTORE	PREMIUM
TOTAL			N/A	\$ 0.00	)							\$	
DEDUCT	ED LIMITS  BLE *			\$		CCP	EDULE RAT	TING *				\$	
EXPERIE MODIFIC	NCE OR MERIT ATION			\$			NDARD PRI	EMIUM				\$	
TERROR			N/A	\$		PREI	MIUM DISC	OUNT				\$	
CATASTR	OPHE		N/A	\$		EXP	ENSE CON	STANT			N/A	\$	
	D RISK SURCHAR	RGE *		\$		TAXE	ES / ASSES	SMENTS *			N/A	\$	
ARAP *  * N/A in	Wisconsin			\$								\$	
TOTAL E	STIMATED ANNUA	L PREMIUI	VI		MINIMUM PREMIUM				DE	POSIT	PREMIUM		
\$ 0.00					\$				\$				
REMA	RKS (ACORD	101, Add	ditional Remark	s Sche	edule, may be attached i	f more s	space is	required	d)				

#### PRIOR CARRIER INFORMATION / LOSS HISTORY

PROVIDE IN	FORMATION FOR THE PAST 5 YEARS AND USE THE REMARKS SECTION I	FOR LOSS DETAILS			LOSS RUN ATTACH	ED
YEAR	CARRIER & POLICY NUMBER	ANNUAL PREMIUM	MOD	# CLAIMS	AMOUNT PAID	RESERVE
2014	CO: Patriot Insurance Co					
2014	POL#: TO BE FURNISHED					
2014	CO:					
2014	POL#: TO BE FURNISHED					
	CO:					
	POL#:					
	CO:					
	POL#:					
	CO:					
	POL#:					

NATURE	OF BUSINESS	/ DESCRIPTION	OF OPERATIONS
NAIURE	UE DUSINESS	/ DESCRIPTION	OF OPERALIONS

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

GENERAL INFORMATION

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

#### **GENERAL INFORMATION (continued)**

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

#### SIGNATURE

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

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

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

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

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

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

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

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

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

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

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

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

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

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

APPLICANT'S SIGNATURE (Must be Officer, Owner or Partner)	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER
		Z2+80-4	

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<b>ACORD</b> °

# **ADDITIONAL PREMISES INFORMATION SCHEDULE**

Page of

AGENCY					CARRIE	R				NAIC CODE				
Avery Ir	nsurance				NIP	NIP								
POLICY N	IUMBER		EFFECTIVE D	ATE	NAMED IN	SURI	ED(S)							
NIP			06/01/202	24	Undergro	ounc	d Testing and Se	ervice, LLC						
PREMI	SES INFORMATION	·												
LOC#	STREET Various Locations			CIT	Y LIMITS	INT	EREST	# FULL TIME EMPL	ANNUAL REVENUES: \$					
4					INSIDE		OWNER		OCCUPIED AREA:	SQ FT				
BLD#	CITY: Lowell	STATE:	MA		OUTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT				
	COUNTY:	ZIP: 018	350		-		†		TOTAL BUILDING AREA:	SQ FT				
DESCRIP	TION OF OPERATIONS:	1		<u> </u>					ANY AREA LEASED TO OTHERS?	Y / N:				
LOC#	STREET Various Locations			CIT	Y LIMITS	INT	EREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	-				
5				-	INSIDE		OWNER		OCCUPIED AREA:	SQ FT				
BLD#	CITY: Cranston	STATE:	RI		OUTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT				
DLD #	COUNTY: Providence	ZIP: 029			OOTOIDE		- 1210,111	#TAKT TIME EMILE	TOTAL BUILDING AREA:	SQ FT				
DESCRIB	TION OF OPERATIONS:	217.023	710						ANY AREA LEASED TO OTHERS?					
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6	ame. Heatherd	I	OT.		INSIDE		OWNER		OCCUPIED AREA:	SQ FT				
BLD#	CITY: Hartford	STATE:			OUTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT				
	COUNTY: Hartford	ZIP: 061	101						TOTAL BUILDING AREA:	SQ FT				
DESCRIP	TION OF OPERATIONS:								ANY AREA LEASED TO OTHERS?	Y / N:				
LOC#	STREET			CIT	Y LIMITS	INT	EREST	# FULL TIME EMPL	ANNUAL REVENUES: \$					
					INSIDE		OWNER		OCCUPIED AREA:	SQ FT				
BLD#	CITY:	STATE:			OUTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT				
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BLD#	CITY:	STATE:			OUTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT				
	COUNTY:	ZIP:			-		†		TOTAL BUILDING AREA:	SQ FT				
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LOC#	STREET			CIT	Y LIMITS	INT	EREST	# FULL TIME EMPL	ANNUAL REVENUES: \$					
				-	INSIDE		OWNER		OCCUPIED AREA:	SQ FT				
BLD#	CITY:	STATE:			OUTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT				
DLD #	COUNTY:	ZIP:			OOTOIDE		- 1210,111	#TAKT TIME EMILE	TOTAL BUILDING AREA:	SQ FT				
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BLD#	CITY:	STATE:			OUTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT				
	COUNTY:	ZIP:							TOTAL BUILDING AREA:	SQ FT				
DESCRIP	TION OF OPERATIONS:								ANY AREA LEASED TO OTHERS?	Y / N:				
LOC#	STREET			CIT	Y LIMITS	INT	EREST	# FULL TIME EMPL	ANNUAL REVENUES: \$					
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BLD#	CITY:	STATE:			OUTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT				
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LOC#	STREET			CIT	Y LIMITS	INT	EREST	# FULL TIME EMPL	ANNUAL REVENUES: \$					
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STATE	RATING SHI	EET#	OF SHEETS AGENCY CUSTOMER ID: 00035958											
					STATE R	ATING W	ORKSH	IEET						
FOR I	MULTIPLE S	TATES,	ATTACH AN	ADDI	TIONAL PAGE 2 OF	THIS FO	RM							
RATIN	G INFORMA	TION -	STATE: MA											
LOC#	CLASS CODE	DESCR	CATEGORI	ES DUT	IES, CLASSIFICATIONS	1	OYEES	SIC	NAICS		MATED ANNUA MUNERATION/	L	RATE	ESTIMATED ANNUAL MANUAL
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PREMI	UM													
STATE: N	ИΑ		FACTOR		FACTORED PREMIUM						FACTOR		FACTORED	PREMIUM
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TERROR			N/A	\$			MIUM DISC					\$		
CATASTR			N/A	\$			ENSE CON				N/A	\$		
	D RISK SURCHAR	GE *		\$		TAXE	ES / ASSES	SMENTS *			N/A	\$		
ARAP *				\$								\$		
	Wisconsin				T									
\$ 20.00	STIMATED ANNUA	L PREMIUI	W		MINIMUM PREMIUM \$				\$	POSII	PREMIUM			
REMA	RKS (ACORD	101, Add	ditional Remark	s Sch	edule, may be attache	d if more	space is	required	i)					

NH  GORIES, DU  CE Employ  C & Driver	STATE RAT  ITIONAL PAGE 2 OF T  TIES, CLASSIFICATIONS  yees NOC  s  or Insurance Or Evaluation	HIS FO		SIC	NAICS	REMUNI	ED ANNUAL ERATION/	RATE	ESTIMATED ANNUAL MANUAL
OF Risks F	TIES, CLASSIFICATIONS yees NOC	# EMPI FULL	LOYEES   PART	SIC	NAICS	REMUNI			
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ce Employ  C & Driver	yees NOC s	FULL	PART	SIC	NAICS	REMUNI			
C & Driver	s					FAI	ROLL		ANNUAL MANUAI PREMIUM
Of Risks F						26,000			31.00
Of Risks F	or Insurance Or Evaluation					5,896			397.00
						306,236			3,920.00
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	348.00	Add		em to Equ	ual Inc			\$ 72.00	
<sub>\$</sub> 48	5.00	SCH	EDULE RA	ΓING *		0.0	0000	<sub>\$</sub> -313.00	
\$		CCP	AP					\$	
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\$ 34	.00	PRE	MIUM DISC	OUNT				\$	
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STATE	TATE RATING SHEET # OF SHEETS AGENCY CUSTOMER ID: 00035958													
					STATE RAT	ING W	ORKSH	IEET						
FOR I	MULTIPLE S	TATES,	ATTACH AN	ADDI	TIONAL PAGE 2 OF T	HIS FO	RM							
RATIN	G INFORMA	TION -	STATE: RI											
LOC#	CLASS CODE	DESCR CODE	CATEGOR	IES, DUT	ES, CLASSIFICATIONS	# EMPI FULL	OYEES	SIC	NAICS		MATED ANNUAL	-	RATE	ESTIMATED ANNUAL MANUAL
_	0700	CODE	Inspection Of R	lisks Fo	r Insurance Or Evaluation	TIME	TIME				PAYROLL	+		PREMIUM
5	8720		Purposes NOC							0		1		
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TOTAL	<u> </u>		N/A	\$ 0.00	FACTORED PREMIUM )						FACTOR	\$	FACTORED	PREMIUM
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DEDUCTI	BLE *			\$		CCP						\$		
MODIFIC.	NCE OR MERIT ATION			\$		STAN	NDARD PRI	EMIUM				\$		
TERROR			N/A	\$			MIUM DISC					\$		
CATASTR	<u>OPHE</u> D RISK SURCHAR	OE *	N/A	\$			ENSE CON				N/A N/A	\$		
ARAP *	D KIOK GOKONAK	<u>OL</u>		\$		IAXL	LO / HOOLO	OWLIVIO			14774	\$		
	Wisconsin			•		•					•			
<b>TOTAL E</b> \$ 0.00	STIMATED ANNUA	L PREMIUN	М		MINIMUM PREMIUM \$				DE \$	POSIT	PREMIUM			
REMAR	RKS (ACORD	101, Add	ditional Remark	s Sch	edule, may be attached	if more	space is	required	<del>)</del>					

STATE	RATING SHI	EET#	OF SHEETS AGENCY CUSTOMER ID: 00035958											
					STATE RAT	ING W	ORKSH	EET						
FOR I	MULTIPLE S	TATES,	ATTACH AN	ADDIT	TIONAL PAGE 2 OF T	HIS FO	RM							
RATIN	G INFORMA	TION -	STATE: VT											
LOC#	CLASS CODE	DESCR		ES DIITI	IES, CLASSIFICATIONS	ı	OYEES.	SIC	NAICS		MATED ANNUA MUNERATION/		RATE	ESTIMATED ANNUAL MANUAL
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	ED LIMITS			\$			EDULE RAT	ING *				\$		
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TERROR			N/A	\$			MIUM DISC					\$		
CATASTR			N/A	\$			ENSE CON				N/A		180.00	
ASSIGNE	D RISK SURCHAR	GE *	0.00000	\$ 6.00	)	TAXE	S / ASSES	SMENTS *			N/A	\$		
ARAP *				\$								\$		
	Wisconsin	. DDFMIII			MINIMUM PREMIUM				Las		DDEMINA			
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REMAR	RKS (ACORD	101, Add	ditional Remark	s Sche	edule, may be attached i	f more s	space is	required	d)					





# **UMBRELLA / EXCESS SECTION**

DATE (MM/DD/YYYY) 04/19/2024

	RTANT - If CLA				the POLICY	INFORMA	ATION S	section b	elow, tl	his is an appli	cation for a claims-r	nade policy.			
AGENCY	•		. ,					CARRIER				NA	IC CODE		
Avery Insura	ance							NIP							
POLICY NUMB	ER					EFFECTIVE	DATE	NAMED INS	SURED(S)			<u>'</u>			
NIP						06/01/20	024	Undergro	und Tes	ting and Service	e, LLC				
POLICY IN	FORMATION														
			TRA	NSACTION '	TYPE					LIMI	T OF LIABILITY	RETAINED L	RETAINED LIMIT		
<b>X</b> NEW	<b>X</b> UMBREI	LLA	OCCURRI	ENCE	VOLUNTARY	RI	ETROAC	TIVE DATE		\$ 2,000,000	EA OCC	\$ 10,000			
RENEWA	L EXCESS	3	CLAIMS N	IADE		PROPOS	SED	CURR	ENT	\$ 2,000,000	AGG	FIRST DOLLA	R		
EXPIRING POL	#:									\$		DEFENSE (Y			
EMPLOYE	E BENEFITS L	IABILI	TY												
LIMIT OF INSU	RANCE (Ea Emplo	yee)		AGGREGA	ATE LIMIT FOR I	EBL			RETAINE	D LIMIT FOR EBL		RETROACTIVE DATE F	OR EBL		
\$				\$					\$						
NAME OF BEN	EFIT PROGRAM														
PRIMARY I	_OCATION & S	SUBSIC	DIARIES (A	CORD 12	:5)						T	EODEIGN			
#	NAME AND LOCA					NIES (Describ	be Opera	tions)	ANI	NUAL PAYROLL	ANN GROSS SALES	FOREIGN GROSS SALES	# EMPL		
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TYPE	CAL	DDIED / E	POLICY NUMB		POLICY E			EXP DATE	Y AS UND	ERLYING INSURAN	NCE WITS	ANNUAL RENEWAL PREMIUM	RATING MOD		
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AUTOMOBILE									BI EA		\$ \$				
LIABILITY	•								BIEA		\$	- \$			
									PD EA		\$	\$			
											\$ 1,000,000	PREM / OPS			
GENERAL LIABILITY											\$ 2,000,000	\$			
POLICY TYPE	:				05/5	/000 1	001	4 (0005			\$ 2,000,000	PRODUCTS	$\dashv$		
OCCUR	APPS				06/01/	/2024	06/0	1/2025	PERSO	ONAL & ADV	\$ 1,000,000	\$			
CLAIMS MADE									DAMA	GE TO RENTED	\$ 500,000	OTHER	$\exists$		
INIADE										.020	\$ 5,000	\$			
											\$ 1,000,000				
EMPLOYERS					06/01/	/2024	06/0	1/2025	DISEA	SF	\$ 1,000,000	\$ 0.00			
LIABILITY	APPS								DISEA	SF	\$ 1,000,000	7			
ОТ					06/01/	/2024	06/0	1/2025	Limit		1,000,000	\$			
	APPS				00/01/					1		Ψ			
												\$			
ACORD 13	1 (2017/11)			_			Page 1	of 6		© 1991-201	7 ACORD CORPOR	ATION. All rights i	eserved.		

AGENCY CUSTOMER ID: 00035958 **UNDERLYING INSURANCE (continued)** 

UNDER	LYING GENERAL LIABIL	ITY INFORMA	TION (Explain	all "YES"	responses)										
1. AF	RE DEFENSE COSTS	:	wi	ITHIN AC	GREGATE LIMITS?				A SEPARATE LIMIT?			UNLIMITED?			
									egate limits, but must havi imits; subject to Commiss				ust be unlin	nited.)	
2. II	NDICATE THE EDITIC	N DATE OF	THE ISO FO	ORM OR	SIMILAR FILING FOR	THE	UND	ERLY	'ING COVERAGE:						
3. ⊦	IAS ANY PRODUCT, \	VORK, ACC	DENT OR L	OCATIO	N BEEN EXCLUDED, L	JNIN	SURI	∃D O	R SELF-INSURED FROM	ANY F	PRE	VIOUS COVERAG	E? (Y / N)		
4. FC	OR CLAIMS MADE, IN	DICATE RET	ROACTIVE	DATE O	F CURRENT UNDERL	YING	POL	ICY:							
5. FC	OR CLAIMS MADE, IN	DICATE EN	RY DATE IN	NTO UNI	NTERRUPTED CLAIMS	S MA	DE C	OVE	RAGE:						
6. FC	OR CLAIMS MADE, W	AS "TAIL" CO	OVERAGE P	URCHA	SED FOR ANY PREVIO	DUS I	PRIM	ARY	OR EXCESS POLICY? (	Y / N)		EF	F. DATE: _		
									ESENT FOR EACH COVERA				I. EXPLAIN IF	=	
		PPROPRIATE			COVERAGE	71210	10L0			SURE		VERAGE			EXPOSURE
I AN	IY AUTO (SYMBOL 1)				CARE, CUSTODY, CO	ONTR	OL.			T		PROFESSIONAL L	IABILITY (E8	(O)	
	GL - CLAIMS MADE				EMPLOYEE BENEFIT							VENDORS LIABILI		,	
CG	GL - OCCURRENCE				FOREIGN LIABILITY	/TRA	VEL					WATERCRAFT LIA	BILITY		
COVER	AGE		EXPO	SURE	GARAGEKEEPERS L	IABIL	ITY								
Alf	RCRAFT LIABILITY				INCIDENTAL MEDICA	AL MA	LPRA	CTICE	<b>.</b>						
Alf	RCRAFT PASSENGER LI	ABILITY			LIQUOR LIABILITY							1			
	DITIONAL INTERESTS				POLLUTION LIABILIT				ENTS, DISCRIMINATION, SUI						
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.															
LOC	PROPERTY TYPE			VALUE		A*	В*	C*		D*			so	Q FT OF BLD	э осс
	REAL														
	PERSONAL														
OCCUP	ANCY / DESCRIPTION O	F PERSONAL	PROPERTY												
	*APPLICANT: [A] IS	S HELD HAR	MLESS IN T	THE LEA	SE, [B] HAS A WAIVER	OF	SUBI	₹OG/	ATION, [C] IS A NAMED IN	ISURE	D II	THE FIRE POLICE	CY, [D] OTH	ER (specify	)
VEHIC	CLES														
	TYPE	# OWNED	# NON- OWNED	# LEASE	D				PROPERTY HAULED				R	ADIUS (MILE INTER- MEDIATE	S) LONG DISTANCE
PR	IVATE PASSENGER														
	LIGHT														
TRUC	MEDIUM														
IRUC	HEAVY														

			# NON-	# LEASED	PROPERTY HAULED	R	ADIUS (MILE	S)
Т	YPE	# OWNED	OWNED	LOCAL	INTER- MEDIATE	LONG DISTANCE		
PRIVATE	PASSENGER							
	LIGHT							
<b>TDUO16</b>	MEDIUM							
TRUCKS	HEAVY							
	EX. HEAVY							
TRUCKS /	HEAVY							
TRACTORS	EX. HEAVY							
В	USES							

ADDITIONAL EXPOSURES AGENCY CUSTOMER ID: 00035958

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?	
3. ANY COVERAGE PROVIDED UNDER AGENCY'S POLICY?	+
AIRCRAFT LIABILITY	
4. DOES APPLICANT OWN / LEASE / OPERATE AIRCRAFT?	Т
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?	
7. ANY UNITS NOT INSURED BY UNDERLYING POLICIES?	+
7. ANT UNITS NOT INSURED BY UNDERLYING FOLICIES!	N
8. ARE ANY VEHICLES LEASED OR RENTED TO OTHERS?	N
9. ARE HIRED AND NON-OWNED COVERAGES PROVIDED?	
CONTRACTORS LIABILITY	
10. IS BRIDGE, DAM, OR MARINE WORK PERFORMED?	T
11. DESCRIBE TYPICAL JOBS PERFORMED (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)	+
The Deboth De 111 Total Cobbot Entrolled (Noord 101, Additional Notinality De dilatined if more space is required)	
12. DESCRIBE AGREEMENT (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)	1
13. DOES APPLICANT OWN, RENT, OR OTHERWISE USE CRANES?	-
13. DOES APPLICANT OWN, RENT, OR OTHERWISE OSE CRAINES?	
14. DO SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN APPLICANT?	
EMPLOYERS LIABILITY	-
15. IS APPLICANT SELF-INSURED IN ANY STATE?	T
16. SUBJECT TO: JONES ACT FELA STOP GAP OTHER:	
16. SUBJECT TO: JONES ACT FELA STOP GAP OTHER:  INCIDENTAL MALPRACTICE LIABILITY	
	Т
17. IS A HOSPITAL OR FIRST AID FACILITY MAINTAINED?	
18. ARE COVERAGES PROVIDED FOR DOCTORS / NURSES?	
10 INDICATE # OF DOCTORS: NI IRSES: BEDS:	1

ADDITIONAL EXPOSURES (continued)

AGENCY CUSTOMER ID: 00035958

EXP	LAIN ALL "	YES" RESPONSES	, PROVIDE O	HER INFORMATION	REQUI	RED									Y/N
EPA	#:					POL	LLUT	ION LIABILI	TY					•	
20. DO CURRENT OR PAST PRODUCTS, OR THEIR COMPONENTS, CONTAIN HAZARDOUS MATERIALS THAT MAY REQUIRE SPECIAL DISPOSAL METHODS?															
21.	INDICATE	THE COVERAG	 SES CARRIE	 D:											
	GL	WITH STANDAR	RD ISO POLL	UTION EXCLUSIO		<del></del>			COVERAGE EN	IDORSEMEN	Т				
	GL	WITH STANDAR	D SODDEN	ACCIDENTAL OF	INLT			ICT LIABILIT							
22.	ARE MIS	SILES, ENGINES	3, GUIDANC	E SYSTEMS, FRAI	MES C	OR ANY OTHER PR	ODU	UCT USED	/ INSTALLED IN	AIRCRAFT?					
23.		REIGN OPERATION Attach ACORD 8		GN PRODUCTS D	ISTRIE	BUTED IN THE USA	A OF	R US PROD	DUCTS SOLD / D	OISTRIBUTED	) IN FOREIGN C	OUNTR	LIES?		
24.	PRODUC	T LIABILITY LOS	S IN PAST T	HREE (3) YEARS?	? (SPE	CIFY)									
25.	GROSS S	SALES FROM EA	CH OF LAS	T THREE (3) YEAR	 ≀S:	\$			\$		\$				
						PRO	TEC	TIVE LIABILI	ITY						
26.	DESCRIB	E INDEPENDEN	IT CONTRAC	TORS (ACORD 1	01, Ad	dditional Remarks So	chec	d yem, elub	e attached if mor	e space is red	quired)				
						WATE	ERCF	RAFT LIABIL	.ITY						
27.	DOES AP	PLICANT OWN	OR LEASE V	/ATERCRAFT?											NI
	LOC#	# OWNED		LENGTH		HORSEPOWER		LOC#	# OWNED		LENGTH		HORSEPOWER		N
							丄								
	T 100#	# 0TODIE0	T # LINUTO	# CIMINAMING DC	2016	APARTMENTS / COI	_		T		# CVA/INANAINIC F	2001.0	# DIVING BOARDS		
28.	LOC#	# STORIES	# UNITS	# SWIMMING PO	JOLS	# DIVING BOARDS	+	LOC#	# STORIES	# UNITS	# SWIMMING F	POOLS	# DIVING BOARDS		
REI	MARKS	(ACORD 101, <i>i</i>	LAdditional	Remarks Scher	dule,	may be attached	d if ı	more spa	ce 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 quilty 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.

$\sim$	$\sim$	 	IR	

SIGNATURE				
IF THE COMPANY TO WHICH I AM APPLYING OFF (UIM) AND/OR MEDICAL PAYMENTS COVERAGE I		MOTORISTS (U	M), UNDERINSUR	ED MOTORISTS
UNINSURED MOTORISTS (UM) COVERAGE: \$	*			
UNDERINSURED MOTORISTS (UIM) COVERAGE:	\$	*		
MEDICAL PAYMENTS COVERAGE: \$	*	* IF APPLICABLE IN	N YOUR STATE	
APPLICABLE ONLY IN LOUIS	IANA, MONTANA, I	NEW HAMPSHII	RE AND VERMON	Ī
APPLICABLE ONLY IN LOUISIANA:				
I ACKNOWLEDGE THAT UM COVERAGE HAS BEE OF SELECTING UM LIMITS EQUAL TO MY LIABILI REJECT UM COVERAGE ENTIRELY.				
1. I SELECT UM LIMITS INDICATED IN THIS APPL	ICATION. (INITIAL	] OR <b>S</b> )		
2. I REJECT UM COVERAGE IN ITS ENTIRETY.	INITIALS)	<b>-</b> ,		
APPLICABLE ONLY IN MONTANA:	-,			
I ACKNOWLEDGE I HAVE BEEN OFFERED UNINS UNDERINSURED MOTORISTS (UIM) COVERAGE. THIS APPLICATION. IF NO LIMITS ARE SHOWN, I	I HAVE SELECTED	THÉ LIMITS IN	NDICATED IN	(INITIALS)
APPLICABLE ONLY IN NEW HAMPSHIRE:				
I ACKNOWLEDGE THAT UM COVERAGE HAS BEE OF SELECTING UM LIMITS EQUAL TO MY LIABILI		•		
1. I SELECT UM LIMITS INDICATED IN THIS APPL	ICATION. (INITIAL	] OR		
2. I REJECT UM COVERAGE IN ITS ENTIRETY.	(INITIALS)	<b>-</b> ,		
APPLICABLE ONLY IN VERMONT:	/			
I ACKNOWLEDGE THAT I HAVE BEEN OFFERED USELECTED THE LIMITS INDICATED IN THIS APPL		UAL TO MY LIA	BILITY LIMITS. 1 F	HAVE
IMPORTANT - THE STATEMENTS (ANSWERS) GIV WILLFULLY CONCEALED OR MISREPRESENTED APPLICATION. THIS APPLICATION DOES NOT CO	ANY MATERIAL FA	CT OR CIRCUM		
PRODUCER'S SIGNATURE	PRODUCER'S NAI		nt) STATE PRO	ODUCER LICENSE NO
APPLICANT'S SIGNATURE	Thomas O'Dowd/LISA	DATE		RODUCER NUMBER
·				-