<b>ACORD®</b>

# BUSINESS AUTO SECTION

DATE (MM/DD/YYYY)

	DOSINESS	AU	TO SECTION	02/	26/2024
AGENCY			CARRIER		NAIC CODE
McGriff Insurance Services LLC			FCCI Insurance Company		10178
POLICY NUMBER	EFFECTIV	E DATE	NAMED INSURED(S)		
APPCA100077224	05/01/2	2024	Clean Sweep, Inc.		

# **COVERAGES / LIMITS**

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

		USE ACURD 137	FUR IL	UK STATE TO P	KUVI	שב כי	OVERAGES / LIMITS I	NFUR	WATION			
DRIV	ER INFORMATION	ACORE	) 163 atta	ched for additiona	al driv	ers						
							DRIVE OWN VEHICLES ON COMP					
DRIVER #	CITY, STAT	NAME E AND ZIP CODE	SEX s	MAR TAT DATE OF BIRTH	YRS EXP	YEAR LIC	DRIVERS LICENSE NUMBER/ SOCIAL SECURITY NUMBER	STATE	DATE HIRE	BROADEN NO-FAULT DOC	USE VEH#	use
1	Warren	N Burge	М	11/03/1963			3656567	LA	<u>-</u>			
2	Bridget	Burge	F	07/06/1965			4904565	LA				
3	Melvin	Cason	М	10/24/1963			000042677	LA				
4	Sylvester	Foreman	М	09/25/1975			009294919	LA				
5	Derrick	Freeman	М	11/25/1971			5828303	LA				
6	Frank	Campbell	М	03/18/1967			008539806	LA				
7	Charles	Smith	М	09/29/1971			6294669	LA				
8	James	Evans	М	07/19/1978			012085787	LA				
9	Joshua	Turner	М	06/14/1995			010895227	LA				
10	Jared	H Excluded	М	03/09/1994			010583312	LA				
11	Tracy	Smith	F	04/24/1996			010829469	LA				
12	Rick Derome F	logers	М	04/20/1969			006304480	LA				

\* MARITAL STATUS / CIVIL UNION (if applicable)

# **GENERAL INFORMATION**

1. WITH THE EXCEPTION OF ANY ENCUMBRANCES, ARE ANY VEHICLES FOR WHICH INSURANCE IS REQUESTED NOT SOLELY OWNED BY AND REGISTERED TO THE APPLICANT?  VEH# NAME OF OTHER OWNER  VEH# NAME OF OTHER OWNER  2. DO OVER 50% OF THE EMPLOYEES USE THEIR AUTOS IN THE BUSINESS? (no explanation needed)  3. IS THERE A VEHICLE MAINTENANCE PROGRAM IN OPERATION?  Manufacturer suggested maintenance  4. ARE ANY VEHICLES LEASED TO OTHERS?  5. ANY CAR MODIFIED / SPECIAL EQUIPMENT? (Include customized vans / pickups)  VEH# DESCRIPTION  COST \$  COST \$  ARE ICC (Interstate Commerce Commission), PUC (Public Utility Commission) OR OTHER FILINGS REQUIRED? (If "YES", attach ACORD 194) (no explanation needed)  7. DO OPERATIONS INVOLVE TRANSPORTING HAZARDOUS MATERIAL?	Υ/
2. DO OVER 50% OF THE EMPLOYEES USE THEIR AUTOS IN THE BUSINESS? (no explanation needed) 3. IS THERE A VEHICLE MAINTENANCE PROGRAM IN OPERATION? Manufacturer suggested maintenance 4. ARE ANY VEHICLES LEASED TO OTHERS?  5. ANY CAR MODIFIED / SPECIAL EQUIPMENT? (Include customized vans / pickups)  VEH # DESCRIPTION COST VEH # DESCRIPTION COST \$  6. ARE ICC (Interstate Commerce Commission), PUC (Public Utility Commission) OR OTHER FILINGS REQUIRED? (If "YES", attach ACORD 194) (no explanation needed)	N
3. IS THERE A VEHICLE MAINTENANCE PROGRAM IN OPERATION?  Manufacturer suggested maintenance  4. ARE ANY VEHICLES LEASED TO OTHERS?  5. ANY CAR MODIFIED / SPECIAL EQUIPMENT? (Include customized vans / pickups)  VEH # DESCRIPTION COST \$  6. ARE ICC (Interstate Commerce Commission), PUC (Public Utility Commission) OR OTHER FILINGS REQUIRED? (If "YES", attach ACORD 194) (no explanation needs)	
Manufacturer suggested maintenance  4. ARE ANY VEHICLES LEASED TO OTHERS?  5. ANY CAR MODIFIED / SPECIAL EQUIPMENT? (Include customized vans / pickups)  VEH # DESCRIPTION COST \$ VEH # DESCRIPTION COST \$  6. ARE ICC (Interstate Commerce Commission), PUC (Public Utility Commission) OR OTHER FILINGS REQUIRED? (If "YES", attach ACORD 194) (no explanation need)	N
4. ARE ANY VEHICLES LEASED TO OTHERS?  5. ANY CAR MODIFIED / SPECIAL EQUIPMENT? (Include customized vans / pickups)  VEH # DESCRIPTION  COST VEH # DESCRIPTION  COST \$  ARE ICC (Interstate Commerce Commission), PUC (Public Utility Commission) OR OTHER FILINGS REQUIRED? (If "YES", attach ACORD 194) (no explanation need)	
5. ANY CAR MODIFIED / SPECIAL EQUIPMENT? (Include customized vans / pickups)    VEH #   DESCRIPTION   COST   VEH #   DESCRIPTION   COST   \$   S	Y
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VEH # DESCRIPTION COST \$ DESCRIPTION COST \$  6. ARE ICC (Interstate Commerce Commission), PUC (Public Utility Commission) OR OTHER FILINGS REQUIRED? (If "YES", attach ACORD 194) (no explanation need)	N
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\$ \$ 6. ARE ICC (Interstate Commerce Commission), PUC (Public Utility Commission) OR OTHER FILINGS REQUIRED? (If "YES", attach ACORD 194) (no explanation need)	N
	'
7. DO OPERATIONS INVOLVE TRANSPORTING HAZARDOUS MATERIAL?	1)
	N

**AGENCY CUSTOMER ID: 520CLEANSWE GENERAL INFORMATION (continued)** Y / N **EXPLAIN ALL "YES" RESPONSES** 8. ANY HOLD HARMLESS AGREEMENTS? 9. ANY VEHICLES USED BY FAMILY MEMBERS? IF SO, IDENTIFY. 10. DOES THE APPLICANT OBTAIN MVR (Motor Vehicle Record) VERIFICATIONS? Υ 11. DOES THE APPLICANT HAVE A SPECIFIC DRIVER RECRUITING METHOD? Ν 12. ARE ANY DRIVERS NOT COVERED BY WORKERS COMPENSATION? Ν 13. ANY VEHICLES OWNED BUT NOT SCHEDULED ON THIS APPLICATION? Ν 14. ANY DRIVERS WITH CONVICTIONS FOR MOVING TRAFFIC VIOLATIONS? APPLICABLE ONLY IN KANSAS: UNDER KANSAS LAW, THE FOLLOWING TRAFFIC VIOLATIONS ARE NOT REQUIRED TO BE REPORTED TO INSURERS: 1. A speeding violation of up to six (6) miles per hour (mph) that occurs in an area with a maximum posted speed limit from 30 mph through 54 mph, or 2. A speeding violation of up to ten (10) miles per hour (mph) that occurs in an area with a maximum posted speed limit from 55 mph through 75 mph. DRV # DATE (MM/DD/YYYY) TYPE PLACE (CITY, STATE) # YRS REV SEE MVRs 15. HAS AGENT INSPECTED VEHICLES? Υ 16. ARE ALL VEHICLES TO BE INCLUDED IN THIS POLICY PART OF A FLEET? 17. DO YOU HAVE ELECTRONIC MONITORING DEVICES THAT RECORD AND TRANSMIT DATA IN ANY OF YOUR VEHICLES? % Please indicate how you utilize the devices (check all that apply): If "YES", what percentage of vehicles in your overall fleet are monitored (1 - 100%) MONITOR DRIVER SAFETY MILEAGE TRACKING TRACK FUEL CONSUMPTION MONITOR VEHICLE MAINTENANCE LOCATION TRACKING NAVIGATION Describe: MAXIMUM DOLLAR VALUE SUBJECT TO LOSS **DESCRIPTION OF GARAGE / STORAGE LOCATIONS** \$

ADDITIONAL INTEREST / CER	RTIFICATE RECIPIENT	ACORD 45 attached for	additional names		
INTEREST	NAME AND ADDRESS RANK:	EVIDENCE: CERTIFICAT	E	INTEREST IN	I ITEM NUMBER
ADDITIONAL LOSS PAYEE	Chase Auto Finance Attn Insu	rance Coverage		VEHICLE: 3	LOCATION:
EMPLOYEE AS LESSOR OWNER	PO Box 901039				•
LENDER'S LOSS REGISTRANT					
LIENHOLDER	Fort Worth		TX 76101-2039		
	REFERENCE / LOAN #:				
INTEREST	NAME AND ADDRESS RANK:	_ EVIDENCE: CERTIFICAT	E	INTEREST IN	I ITEM NUMBER
ADDITIONAL LOSS PAYEE	Schwarze Industries Inc			VEHICLE: 10	LOCATION:
EMPLOYEE AS LESSOR OWNER	1055 Jordan Rd				
LENDER'S LOSS REGISTRANT					
LIENHOLDER	Huntsville		AL 35811-8405		
	REFERENCE / LOAN #:				
REMARKS (ACORD 101, Addi	itional Remarks Schedule, m	ay be attached if more spa	ce is required)		

**AGENCY CUSTOMER ID: 520CLEANSWE VEHICLE DESCRIPTION ACORD 129 attached for additional vehicles** BODY TYPE: Truck VEH# YEAR VEHICLE TYPE SYM / AGE COMP / OTC SYM MAKE: ISUZU 1 2010 PP SPEC COML MODEL: Truck v.i.n.: JALC4W167A70002536 STREET (Required in KY) CITY COUNTY STATE ZIP GARAGING **ADDRESS** LIC STATE GVW / GCW FACTOR SEAT CP **FARTHEST TERMINAL TERR** CLASS **RADIUS** COST NEW SIC LA 12,000 495901 50 \$ 89.206 ADD'L NO-FAULT CHECK COVERAGES COMP DEDUCTIBLES SPEC C OF I USE FOR HIRE LSP COMM'L F ACV TOWING & LABOR COMP **PLEASURE** RETAIL FT FG \$ 1,000 LIAB MED PAY ST AMT UNINS MOTOR FTW FARM SERVICE COLL \$ 1,000 \$ COLI DRIVE TO WORK / SCHOOL NET VEH DR/CR: < 15 MILES 15 MILES + TOTAL PREM: \$ BODY TYPE: Truck VEH# YEAR MAKE: Isuzu VEHICLE TYPE SYM / AGE 2 2003 MODEL: 4X2 109" BBC STEEL T v.i.n.: JALE5J14137902505 PP SPEC COML STREET (Required in KY) CITY COUNTY STATE ZIP GARAGING **ADDRESS** TERR GVW / GCW CLASS SIC **FACTOR** SEAT CP **RADIUS FARTHEST TERMINAL COST NEW** STATE 17,950 495901 50 LA \$ 92,560 RENT REIMB COMP CHECK COVERAGES ADD'L NO-FAULT USE COMM'L FOR HIRE UNDRINS MOTOR LSP **DEDUCTIBLES** SPEC C OF ACV TOWING & LABOR COMP. **PLEASURE** RETAIL FT FG \$ 1,000 LIAB MED PAY ST AMT AA FARM SERVICE NO-FAULT UNINS MOTOR SPEC C OF L COLL \$ 1,000 \$ COLL DRIVE TO WORK / SCHOOL < 15 MILES 15 MILES + TOTAL PREM: \$ BODY TYPE: Truck COMP / OTC SYM COLL VEH# YEAR VEHICLE TYPE SYM / AGE MAKE: ISUZU 2014 MODEL: 4X2 71 BBC STEEL TIL v.i.n.: 54DB4W1CXES805200 SPEC COML STREET (Required in KY) CITY COUNTY STATE ZIP GARAGING **ADDRESS** GVW / GCW SIC FACTOR SEAT CP RADIUS **FARTHEST TERMINAL** COST NEW TERR CLASS STATE 495901 LA 14,500 50 \$ 101.264 CHECK COVERAGES UNDRINS MOTOR TOWING & LABOR RENT REIMB COMP ADD'L NO-FAULT DEDUCTIBLES SPEC C OF I USE FOR HIRE LSP COMM'L F ACV PLEASURE RETAIL FT COMP FG \$ 1,000 LIAB MED PAY ST AMT FARM SERVICE FTW COLL \$ 1,000 COLL \$ DRIVE TO WORK / SCHOOL < 15 MILES 15 MILES + TOTAL PREM: \$ BODY TYPE: Truck SYM / AGE COMP / OTC SYM COLL VEH# YEAR VEHICLE TYPE MAKE: ISUZU 4 2012 PP SPEC COML MODEL: 4X2 71 BBC STEEL TIL v.i.n.: JALE5W161C7301190 STREET (Required in KY) CITY COUNTY STATE ZIP GARAGING **ADDRESS** LIC STATE TERR GVW / GCW CLASS SIC **FACTOR** SEAT CP **RADIUS FARTHEST TERMINAL COST NEW** 495901 LA 19,500 50 \$ 107,100 RENT REIMB CHECK COVERAGES ADD'L NO-FAULT COMP USE FOR HIRE UNDRINS MOTOR LSP **DEDUCTIBLES** SPEC C OF COMM'L ACV TOWING & LABOR COMP. **PLEASURE** RETAIL FT LIAB MED PAY FG ST AMT \$ 1,000 AA FARM SERVICE UNINS MOTOR SPEC C OF I FTW COLL \$ 1,000 \$ COLL DRIVE TO WORK / SCHOOL < 15 MILES 15 MILES + TOTAL PREM: \$ REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

#### **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 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 Blow	PRODUCER'S NAME (Please Print) Bryan Fontenot		STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE		DATE	NATIONAL PRODUCER NUMBER

ACORD®
AGENCY
McGriff Insurance S
POLICY NUMBER
APPCA100077224

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VEH#	YEAR		AKE: IS					BODY TYPE:	Truck						VEH	IICLE T	YPE		SY	M / AGE	COMP / OTC SYM	COLL SYM
5	2013	М	ODEL: 4	X2 71	I BBC STE	EEL TIL		V.I.N.:	54DB4V	V1CXD	S802912	2		PP		SPEC		COML				
GARAGING ADDRESS	STR	EET (I	Required	l in KY)	)		CITY						COUNTY							STATE	ZIP	
STATE LA	TEF	RR	14	<b>GV</b> ,500	W / GCW	CL	ASS 4	sic 95901		FACTOR	SEAT C		RADIUS 50		FAR	THEST	rermin	NAL		\$ 10°	COST NEV	V
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6	2014				IX2 CHAS	SIS & C		V.I.N.:	1FDBF2	AGGEE	B19280			PP		SPEC		COML				
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LIC STATE	TEF	RR			W / GCW	CL	ASS	SIC		FACTOR	SEAT C		RADIUS		FAR	THEST	TERMIN	NAL			COST NEV	V
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7	2017				BBC STE	EEL TIL		V.I.N.:	JALE5V	V16XH7	′301163			PP		SPEC		COML				
GARAGING ADDRESS	STR	EET (I	Required	l in KY)	)		CITY						COUNTY							STATE	ZIP	
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GARAGING ADDRESS	STR	EET (I	Required	l in KY)	)		CITY						COUNTY							STATE	ZIP	
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POLICY N	UMBER			EFFECTIVE DATE	NAMED INSURED(	(S)							•	
APPCA	1000772	224		05/01/2024	Clean Sweep,	Inc.								
VEHICL	E DES	CRIPTION												
VEH#	YEAR	MAKE: ISUZU	B	ODY Truck YPE:				VE	HICLE TY	PE		SYM / AGE	COMP / OTC SYM	COLL SYM
10	2018	MODEL: 4X2 71 BBC STEEL TIL	v	.I.N.: 54DB4W1B	7JS800246			PP	SPEC		COML			
	CTDE	ET (Demuired in KW)	CITY			COLINITY	,					CTATE	ZID	

VEH	#	YEAR	J	KE:	SIIZII					BODY TYPE:	Truc	k					VEL	IICI E T	VDE			SVM / AGI	COMP / OTC SYM	COLL
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10		2018	_			1 BBC ST	CCL	IIL		V.I.N.:	34D	B4W1B7JS	000240			PP		SPEC		COM	<u></u>			
GARA ADDR		STR	EET (F	equire	d in KY	)			CITY						COUNTY							STATI	E ZIP	
LIC		TEI	RR		GV	W / GCW		CLAS	SS	SIC		FACTOR	SEAT CF	F	RADIUS		FAR	ГНЕЅТ	TERM	INAL			COST NE	w
LA	-			14	4,500					495901				50	0							s 10	07,916	
USE			Т,	COMM'	<u> </u>	FOR HIRE	- CH	I IECK OVERAGES	T 7	ADD'L NO-		UNDRINS	F		LSP	RE	NT	DF	DUCT	IBLES			COMP/ OTC	SPEC C OF L
					-	- 1010111110	- cc	7		FAULT		MOTOR	_	$\overline{}$	COMP/		IMB	-	٦		$\vdash$	ACV	J OTC ∟	C OF L
	PLEAS			RETAIL				LIAB		MED PAY JNINS		TOWING & LABOR SPEC	FT	$\stackrel{X}{\hookrightarrow}$	OTC	FG		-	AA		STA		1,000	
	ARM		XL;	SERVIC	E			NO- FAULT	1 1	MOTOR		C OF L	FTW	X	COLL			\$				\$	1,000	COLL
DRIVI WOR	: TO ( / SCI	HOOL		< 15 N	IILES	15 MI	LES +	NET V DR/CR	EH :									то	TAL P	REM: \$	ĵ.			
VEH		YEAR	MA	KE: I	suzu					BODY TYPE:	Truc	k					VEH	IICLE T	YPE		:	SYM / AGE	COMP / OTC SYM	COLL
11		2018	мс	DEL: 4	1X2, 7	1 BBC S	TEEL	_ TI		V.I.N.:	54D	B4W1B6JS	802828			PP		SPEC COMI		1L				
GARA ADDR		STR	EET (F	equire	d in KY	)			CITY						COUNTY							STATI	ZIP	
LIC	. T	TEI	RR		GV	W / GCW		CLAS	ss	SIC		FACTOR	SEAT CF	) F	RADIUS		FAR	THEST	TERM	INAL			COST NE	w
STAT	•			16	3,000					495901			02/11/01	50				0.				e 10	07,916	••
		-			<u> </u>	FOR :::=	- CH	IECK		ADD'L NO-		UNDRINS	4-	1		RE	NT	55	DUCT	IBLES				SPEC
USE				COMM	-	FOR HIRE	cc	IECK OVERAGES	i    i	AULT		MOTOR TOWING	F	$\overline{}$	LSP COMP/	RE	IMB	DE	7	DLES	ш	ACV	COMP/ OTC	SPEC C OF L
	PLEAS	SURE		RETAIL			X	LIAB		MED PAY		& LABOR	FT	$\bowtie$	OTC _	FG			AA		ST A		1,000	
	ARM		XI:	SERVIC	E			NO- FAULT	1 1	JNINS MOTOR		SPEC C OF L	FTW	X	COLL			\$				\$	1,000	COLL
DRIVE	TO (/SCI	HOOL		< 15 N	IILES	15 MI	LES+	NET V DR/CR	EH :									то	TAL P	REM: \$	\$			
VEH		YEAR	MA	KE: I	suzu	<u> </u>		,		BODY TYPE:	Truc	k					VEH	IICLE T				SYM / AGE	COMP / OTC SYM	COLL
12		2015				1 BBC ST	EEL	TIL		VIN:	JALE	E5W164F73	300569			PP	SPEC		СОМ	1L		OTC 31W	31111	
		0.70	_		d in KY				CITY	V.I.IV				$\neg$	COUNTY							STATI	ZIP	
GARA ADDR		JIK	LL1 (F	equire	u III KI	,			CITT						COUNTY							JIAII	-   217	
STAT		TEI	RR		GV	W / GCW		CLASS SIC FACTOR SEAT						P	RADIUS		THEST	TERM	INAL			COST NE	w	
LA				17	7,950					495901				50	0							\$ 10	05,000	
USE				COMM'	L	FOR HIRE	CH	IECK OVERAGES	, , , ,	ADD'L NO-		UNDRINS	F		LSP	DEDUCTIBLES				ACV	COMP/	SPEC C OF L		
	PLEAS	LIRE		RETAIL	-	1		7		FAULT		MOTOR TOWING	H <sub>ET</sub>	$\bigvee$	COMP/	- FG	IMB	AA S					√ отс ∟ 1,000	C OF L
								LIAB NO-		MED PAY JNINS	PAY & LABOR   ''				ОТС	<b>⊣</b> '°							1,000	
DRIVE	ARM		AL;	SERVIC				FAULT	1 1	MOTOR		COFL	FTW	$\triangle$	COLL			\$ TOTAL PREM. \$				\$	1,000	COLL
WOR	(/SCI		Щ	< 15 N		15 MI	LES +	NET V DR/CR	: :	BODY										TOTAL PREM: \$			L COMP /	
VEH	#	YEAR	_	KE: (						I I I FE.	Trail						VEH	IICLE T	YPE	_	!	SYM / AGE	COMP / OTC SYM	COLL
13		1998	мс	DEL: 7	Γrailer					V.I.N.:	1T9l	JS1229W2	195595			PP		SPEC		COM	IL			
GARA ADDR		STR	EET (F	equire	d in KY	)			CITY						COUNTY				•			STATI	ZIP	
LIC		TEI	2 R		G/	W / GCW		CLAS	ss	SIC		FACTOR	SEAT CF	, ,	RADIUS		FAR	THEST	TERM	INΔI	—	+	COST NE	w
STAT	•		VIV.		•	117 0011		OLA		495901		IACION	OLA! OI	"	(ADIOO		IAIN		LIXIV	IIIAL			OOO! NE	••
							CL	IECK		49590 I ADD'L NO-		UNDRINS				RE	NIT					\$	COMP/	I SDEC
USE				COMM'		FOR HIRE	- CC	VERAGES	i    i	FAULT		MOTOR _	F		LSP COMP/	RE	IMB	DE	J JUCT	IBLES	$\sqcup$	ACV	OTC _	SPEC C OF L
- 1	PLEAS	SURE		RETAIL			X	LIAB		MED PAY		*LABOR	FT		COMP/ OTC	FG			AA		ST A	AMT \$		
	ARM		:	SERVIC	E		$\perp$	NO- FAULT		JNINS MOTOR		SPEC C OF L	FTW		COLL			\$				\$		COLL
DRIVE	TO (/SCI	HOOI		< 15 N	IILES	15 MI	LES+	NET V	EH							,		то	TAI P	REM: \$				
VEH		YEAR	МА	KE: E	зох			Divol	•	BODY TYPE:	Trail	er					VEH	IICLE T				SYM / AGE	COMP / OTC SYM	COLL
14		2005	_		Γrailer						5PK	UEX426W0	01484			PP		SPEC		СОМ	41		OTCSTW	STIM
		СТП			d in KY				CITY	V.I.IV				Т	COUNTY			0. 20				STATI	ZIP	
GARA		SIK	EE1 (F	equire	u III Ki	,			CITT						COUNTY							SIAII	ZIF	
LIC												1		$\dashv$										
STAT	<b>=</b>	TEI	₹R		GV	W / GCW		CLAS	SS	SIC		FACTOR	SEAT CF	'  F	RADIUS		FAR	THEST	TERM	INAL			COST NE	W
LA									, ,	495901			1									\$		
USE				COMM'	L	FOR HIRE	E CH	IECK OVERAGES	/	ADD'L NO- FAULT		UNDRINS MOTOR	F		LSP	RE RE	NT IMB	DE	DUCT	IBLES		ACV	COMP/ OTC	SPEC C OF L
1	PLEAS	SURE		RETAIL	. $ extstyle  ext$		$\times$	LIAB		MED PAY		TOWING & LABOR	FT		COMP/ OTC	FG			AA		ST A	AMT \$		
П,	ARM			SERVIC	E	_		NO-	$\Box$	JNINS		SPEC	FTW		COLL			\$			'. د	\$		COLL
DRIVE			$\vdash$	< 15 N		15 MI		FAULT NET V	EH	MOTOR		C OF L						Ψ						JOLL
																					`			
WORI	( i sc	HOOL				13 1011	LLO	DR/CR	:									то	TAL P	REM: \$	<u> </u>			

ĄĆ	Ó,	RD	®					VE	ΞHI	ICL	E S	C	HEC	ΣL	JLE								DATE	(MM/DD/\	YYY)
AGENCY												CA	RRIER											NAIC	CODE
McGriff	Insur	ance	Servi	es LL	С							FC	CI Insura	ance	e Compa	ny								1017	8
POLICY N	NUMBE	R							E	FFECTI\	/E DATE	NAM	IED INSUF	ED(	S)										
APPCA	1000	7722	4							05/01/	2024	Cle	an Swe	ер,	Inc.										
VEHIC	LE D			_																					
VEH#	YEA				Runner				BOD'							_	_	VEHIC	LE TYF	E		SY	// AGE	COMP / OTC SYM	CO SY
15	201	9	MODEL:	Traile	r				V.I.N.	: 16VI	EX2029	K207	72695			PF	-	S	PEC		COML	Ц,			
GARAGIN ADDRESS	10	REET	(Requir	ed in KY	7)		C	ITY							COUNTY								STATE	ZIP	
STATE LA	Т	ERR		GV	/W / GCW		CLASS	4	sı 19590		FACT	OR	SEAT CF	F	RADIUS		F.	ARTH	ST TE	RMIN	NAL		\$	COST NEV	V
USE PLE	ASURE		COMM		FOR HIRE	CHECK	RAGES _	— FA	DD'L NO AULT ED PAY		UNDRING MOTOR TOWING & LABOR	-	F FT		LSP COMP/ OTC	F	RENT REIM G	В	DEDU	ICTIB		AG	CV s	COMP/ OTC	SF C
FAR	.M		SERV	CE	_	\big  N(	O- AULT		NINS OTOR		SPEC C OF L	` <u> </u>	FTW		COLL				\$				\$		C
DRIVE TO WORK / S	CHOO	Ľ	< 15	MILES	15 MILI	EG 1 N	NET VEH DR/CR:		0.0		0 0. 2				<u> </u>				тота	L PR	EM: \$				
VEH#	YEA				Chevy	·			BOD'	Truc	k						,	VEHIC	LE TYF	PΕ		SY	/ / AGE	COMP / OTC SYM	CO SY
16	200	9	MODEL:	4X2 V	/5500 SER	RIES 71			V.I.N.	: J8DI	E5W164	1973	00298			PF	>	s	PEC		COML				
GARAGIN ADDRESS	10	REET	(Requir	ed in KY	")		С	ITY							COUNTY								STATE	ZIP	
LIC STATE	Т	ERR		GV	/W / GCW		CLASS		SI	С	FACT	OR	SEAT CF	F	RADIUS		F.	ARTH	ST TE	RMIN	NAL			COST NE	N
LA				7,950	_				19590					50	0								\$ 60		
USE PLE	ASURE		COMM RETA		FOR HIRE	CHECK	RAGES _ AB	FA	OD'L NO AULT ED PAY		UNDRING MOTOR TOWING & LABOR		F FT	X	LSP COMP/ OTC	F	RENT REIM FG	В	DEDU	ICTIB AA		AG	cv X	COMP/ OTC ,000	SF C
FAR	M	$\times$	SERV	CE	_		O- AULT	UN M	NINS OTOR		SPEC C OF L		FTW	X	COLL				\$				\$ 1	,000	C
DRIVE TO WORK / S		L	< 15	MILES	15 MILI	ES + N	NET VEH DR/CR:												TOTA	L PR	ЕМ: \$				
VEH#	YEA	R	MAKE:						BOD'									VEHIC	LE TYP	PΕ		SY	/ / AGE	COMP / OTC SYM	CO SY
			MODEL:						V.I.N.	:						PF		s	PEC		COML	Ш,			
	IG ST	REET	(Requir	ed in KY	7		C	ITY							COUNTY								STATE	ZIP	

ADDRESS LIC STATE

**PLEASURE** 

**PLEASURE** 

**PLEASURE** 

FARM

DRIVE TO WORK / SCHOOL

YEAR

TERR

FARM

WORK / SCHOOL

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VEH#

GARAGING ADDRESS LIC STATE

USE

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FARM

DRIVE TO WORK / SCHOOL

VEH#

GARAGING **ADDRESS** LIC STATE

USE

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TERR

COMM'L

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MODEL:

STREET (Required in KY)

COMM'L

RETAIL

MAKE:

MODEL:

STREET (Required in KY)

COMM'L

RETAIL

SERVICE

< 15 MILES

SERVICE

< 15 MILES

SERVICE

< 15 MILES

GVW / GCW

GVW / GCW

GVW / GCW

FOR HIRE

15 MILES +

FOR HIRE

15 MILES +

FOR HIRE

15 MILES +

CLASS

ADD'L NO-FAULT

MED PAY

BODY TYPE:

V.I.N.:

SIC

ADD'L NO-FAULT

MED PAY

BODY TYPE:

V.I.N.:

ADD'L NO-FAULT

MED PAY

UNINS MOTOR

SIC

UNINS MOTOR

UNINS MOTOR

CHECK COVERAGES

LIAB

NO-

NET VEH DR/CR:

CLASS

CHECK COVERAGES

LIAB

NO-FAULT NET VEH

CLASS

CHECK COVERAGES

LIAB

NO-FAULT NET VEH

DR/CR

CITY

CITY

**FACTOR** 

UNDRINS MOTOR

TOWING & LABOR

**FACTOR** 

FACTOR

UNDRINS MOTOR

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UNDRINS MOTOR

TOWING & LABOR

SPEC C OF I

SEAT CP

FT

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**RADIUS** 

LSP

COMP.

COLL

COUNTY

RADIUS

LSP

COMP.

COLL

COUNTY

**RADIUS** 

LSP

COMP/ OTC

COLL

**FARTHEST TERMINAL** 

\$

VEHICLE TYPE

SPEC

**FARTHEST TERMINAL** 

\$

**VEHICLE TYPE** 

SPEC

**FARTHEST TERMINAL** 

**DEDUCTIBLES** 

TOTAL PREM: \$

**DEDUCTIBLES** 

**TOTAL PREM: \$** 

**DEDUCTIBLES** 

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COML

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RENT REIMB

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ACORD®	 _	MERCIAL AUTO MITS SECTION	DATE (I	MM/DD/YYYY)				
AGENCY		NAMED INSURED(S)						
McGriff Insurance Services LLC		Clean Sweep, Inc.						
POLICY NUMBER	EFFECTIVE DATE	E CARRIER NAIC						
APPCA100077224	05/01/2024	FCCI Insurance Company		10178				

APPCA100077224	4		05/01/2024	FCCI II	nsurance C	ompany					10178
BUSINESS AUTO	O SECTION	1									
COVERAGES	COVERED AUTO SYMBOLS		MITS		COVERA	GES	COVER	ED AUT	O SYMBOLS	LIM	ITS
	1 4 9	CSL BI EA PER	\$ 1,000,000								
LIABILITY	2 7	BI EACH ACCIDENT	\$								
	3 8	PROPERTY DAMAGE	\$								
								PHYS	ICAL DAMAG	SE T	
					TOWING		3			\$	
					& LABOR		7				
					COMP / OTC	:	2		4   8		
							3	+	7		
MEDICAL PAYMENTS	2 4 7 8	EACH PERSON	\$		SPECIFIED CAUSES OF	LOSS	2 3		8		
	2 6	ECONOMIC & NON ECONOMIC LOSSES	ECONO LOSSES	MIC			2		4 8		
	3 7	CSL BI EA PER	LOSSES	ONLY	COLLISION		3		7		
UNINSURED MOTORIST	4   '	BI EACH ACCIDENT	\$						′		
		PROPERTY DAMAGE	\$								
			<u> </u>								
HIRED / BORROWED	YES STATES	COST OF HIRE	IF ANY BASIS	3		STATE	S # E	DAYS	# VEH	COVERAGE / DEI	DUCTIBLE
LIABILITY	NO	\$									100
	YES STATES	GROUP TYPE	NUMB	ER OF	HIRED					SPEC C OF L \$	
NON-OWNED	NO LA	EMPLOYEES	12		PHYSICAL DAMAGE					COLL \$	1000
LIABILITY		VOLUNTEERS									
		PARTNERS					OVERAG			PRIMARY	SECONDARY
AUTO (2	1) ANY AUTO 2) ALL OWNED AUTOS		VNED AUTOS OT L OWNED AUTOS				RAGE		(7) AUTOS SF (8) HIRED AU	PECIFIED ON SCHE TOS	DULE
	3) OWNED PRIVATE PASSENG		VNED AUTOS SU						(9) NON-OWN		
ENDORSEMENT	S/REMARKS (ACOF	RD 101, Additional R	emarks Sch	eaule, ma	ay be attac	nea it n	nore s	pace i	s require	a)	
SIGNATURE											
	HO KNOWINGLY PRESEI AN APPLICATION FOR IN										SENTS FALSE
	THAT THE COVERAGE S NLESS I NOTIFY YOU OT		CHOICES INDI	CATED HE	ERE WILL A	PPLY TO	ALL F	UTURE	POLICY F	RENEWALS, CO	NTINUATIONS
APPLICANT'S SIGNATU	JRE	DATE	Р	RODUCER'S	SIGNATURE	1	7.1			NATIONAL PRO	DUCER NUMBER

ACORD 137 LA (2014/12)

IRUCKERS SEC			- D. A.I	170	0)/14	DOI 0					MITO								V010 A						
COVERAGES	CO		DAU	Т	$\top$	BOLS		001	В	I A PER	MITS			001/504	050	T	cov	ERED		L DAMA		INITO		DEDUC	TID! F
LIABILITY.		41		46				CSL						COVERA	GES	Α	UTO S	YMBC	47		'	LIMITS		DEDUC	IIBLE
LIABILITY		42		47				ACH AC			\$			COMP / OTO	_		42		- 7′						
		43		50	)		PRO	PERTY	DAMAG	<b>&gt;</b> E	\$			-			43 46		-					\$	
																+		_	T	0.0			1.05		
														SPECIFIED			42		47	SC	<b>^</b> -	FT	LSF		
														CAUSES OF	LOSS		43		┙┟		L	FTW		\$	
		40		T													46	1	T						
MEDICAL PAYMENTS		42		46	)		EAC	H PERS	ON		\$			COLLISION			42		47						
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		43		40				ECONO	MIC &	NON		ECON	IOMIC ES ONLY	- COLLIGIOIN			43		_					\$	
		42		46	Ó				MIC LO	OSSES I A PER		LOSS	ES ONLY			+	46								
UNINSURED MOTORIST		43						CSL						TOWING & LABOR			46			\$					
Moronio		45						ACH AC			\$			a Exbort				TDAI		TERRU	•••				
							PRO	PERTY	DAMAG	jE	\$			COVERA	CEC.		MDOL			TERCH. FART ZON			DADILIC	DEDUC	TIDI F
														COVERA	GES	51	MBOL	# 11	KAILER	SZON	E #	DAYS	RADIUS	DEDUC	IIBLE
		YES			STAT	res	-	T 05 111			Т.,	- 410/ 546	210	COMP / OTO	0		48								
NON-TRUCKERS HIRED / BORROWED		NO			ואוס	LO		ST OF HI	KE	L	IF	ANY BAS	SIS			+	49								
TRUCKERS		YES			STAT	res	\$	T 05 111			Т.,	- 410/ 546	210	SPECIFIED CAUSES OF	1088		48								
HIRED / BORROWED LIABILITY		NO			ואוס	LO		ST OF HI	KE	L	IF	ANY BAS	SIS	G/10020 01		+	49				+				
LIABILITY		YES		S	STATE	FS	\$					NII IN	IDED OF	COLLISION			48							\$	
NON-OWNED		NO					GRU	OUP TYP     EMPLC			Г	NUIV	BER OF	TRAILER VA	ALUF	\$	49								
AUTO		]						VOLUN						1		ATES	#	DAYS	#	! VEH	Т				
LIABILITY								PARTN						1											
OTHER								TAKIN	LINO					HIRED											
														PHYSICAL											
														DAMAGE											
														1		CC	VERA	GE IS:			PRI	MARY		SECONDA	RY
														OTHER		T	VEIG	JL 10.			1 1 1	1717 (1 ( 1		<u>JEGGIND/</u>	
COVERED AUTO SYME	BOLS					(44	) OWN	JED ALIT	08 80	SJECT	TO NO	D-FAULT	(46) SPE	CIFICALLY DES	SCRIBE	D ALI	TOS		(49)	YOUR 1	RAI	I FRS IN	THE POS	SESSION	OF
(41) ANY AUTO							) OWN	IED AUT	OS SUE	BJECT	TO A	JINOLI	(47) HIRE	D AUTOS ONL	_Y				` '	ANOTH	ER 1	RUCKE	R UNDER	A TRAILE	
(42) OWNED AUTOS O (43) OWNED COMMER		AUT	os o	NLY	,			IPULSOF ORIST L		NSURE	:D			LERS IN YOUR AILER INTERC								D AUTO	REEMENT S ONLY		
ENDORSEMENT	S/	REN	ИAF	RKS	S (A	ACOF	RD 1	01, Ad	ditio	nal R	ema	rks Sc	hedule, m	ay be atta	ched	if m	ore s	рас	e is r	equir	ed)				
SIGNATURE																									
ANY PERSON WI																							/ PRES	ENTS F	ALSE
I UNDERSTAND 1 AND CHANGES U												CES INI	DICATED H	ERE WILL A	APPLY	ТО	ALL F	UTU	RE P	OLICY	RE	NEWAL	S, CON	ITINUAT	IONS
APPLICANT'S SIGNATI	URE								DA	TE			PRODUCER'S	S SIGNATURE								NATION	AL PROD	UCER NU	MBER

COVERAGES	co	VERE	D AU	JTO S	SYMBO	YMBOLS LIMITS					PHYSICAL DAMAGE												
		61		67				CSL	BI EA PI	ER \$			COVERA	GES	A	COVE UTO SY	RED MBO	LS		LIN	IITS		DEDUCTIBLE
		62		68			BI E	ACH ACCIE		\$						62		67					
LIABILITY		63		71			PRC	PERTY DA	MAGE	\$			COMP / OTO			63		68					\$
		64														64							
																62		67	sc	L	FT	LSP	
													SPECIFIED			63		68	T <sub>F</sub>		FTW		\$
													CAUSES OF	LOSS		64			_		J		·
																62		67					
													COLLISION			63		68					\$
																64							Ť
		62		64									T014/110			63							
MEDICAL PAYMENTS		63		67			EAC	H PERSON	I	\$			TOWING & LABOR			67		'	\$				
		62		66				ECONOM ECONOM	C & NOI	N	ECO	NOMIC SES ONLY					TRAII	FR IN	TERCH/	ANGE			
		63		67		-		CSL	BI	ER \$	LUSS	SES UNLY	COVERA	GES	SY	MBOL			FART		AYS	RADIUS	DEDUCTIBLE
UNINSURED MOTORIST		64		- 07		-	BLE	ACH ACCIE		ER ♥ \$						69	,		ZUNI			10.12.00	
		J 04		J				PERTY DA		\$			COMP / OTC			70							
							1110	I LITTI DE	IVIAOL	Ψ						69				+			
													SPECIFIED CAUSES OF	LOSS		70							
NON-TRUCKERS		YES	 3	s	STATES	s		T OF HIRE			IF ANY BA	1919				69				_			
HIRED / BORROWED		NO					\$	or or rink		ш	II ANI DA	1010	COLLISION			70							\$
TRUCKERS		YES		s	STATES	-		T OF HIRE			IF ANY BA	1919	TRAILER VA	ALUE	\$	110							
HIRED / BORROWED LIABILITY		NO					\$	or Or Tille			II ANI DA	NOIO			TES	# D	AYS	#	VEH	T			
ENERT		YES		S	TATES	-		OUP TYPE			NILIN	MBER OF	†										
NON-OWNED		NO				-		EMPLOYE	EQ		NOI	WIDER OI	HIRED										
AUTO		J				-		VOLUNTE					PHYSICAL										
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#### STATE OF LOUISIANA

This form may not be altered or modified.

## UNINSURED / UNDERINSURED MOTORIST BODILY INJURY COVERAGE FORM

**Uninsured / Underinsured Motorists Bodily Injury Coverage**, referred to as **"UMBI"** in this form, is insurance which pays persons insured by your policy who are injured in an accident caused by an owner or operator of an uninsured or underinsured motor vehicle. Depending on the coverage purchased, UMBI Coverage can provide compensation for both economic and non-economic losses.

**Economic losses** are those that can be measured in specific monetary terms including but not limited to medical costs, funeral expenses, lost wages, and out of pocket expenses.

**Non-economic losses** are losses other than economic losses and include but are not limited to pain, suffering, inconvenience, mental anguish and other non-economic damages otherwise recoverable under the laws of this state.

By law, your policy will include UMBI Coverage at the same limits as your Bodily Injury Liability Coverage unless you request otherwise. If you wish to reject UMBI Coverage, select lower limits of UMBI Coverage, or select Economic-Only UMBI Coverage, you must complete this form and return it to your insurance agent or insurance company. (Economic-Only UMBI Coverage may not be available from your insurance company. In this case, your company will have marked options 2 and 3 below as "Not Available" or "NA".)

## UNINSURED / UNDERINSURED MOTORIST BODILY INJURY COVERAGE

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# **UNINSURED MOTORISTS PROPERTY DAMAGE COVERAGE**

Uninsured Motorists Property Damage Coverage pays for damages or destruction of a covered auto caused by an auto accident where an insured is legally entitled to recover from the owner or operator of certain types of uninsured motor vehicles.

Uninsured Motorists Property Damage Coverage is available only:

1. If you have not rejected Uninsured Motorists Bodily Injury Coverage, and

2. For autos for which you have not purchased Collision Coverage. I understand and acknowledge that Uninsured Motorists Property Damage (UMPD) coverage has been offered to me. I have indicated my choice by initialing next to the appropriate item below (inital only one option). I select Uninsured Motorists Property Damage Coverage at a limit of \$ for each accident for the vehicles listed below: MODEL YEAR MAKE MODEL YEAR MAKE YEAR MAKE MODEL MAKE MODEL YEAR I reject Uninsured Motorists Property Damage Coverage entirely. Coverage is generally described here. Only the policy provides a complete description of the coverages and their limitations. 05/01/2024 Applicant's Signature Date Effective Date

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NAMED INSURED

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# **ADDITIONAL REMARKS SCHEDULE**

Page \_\_\_ of \_

McGriff Insurance Services LLC		Clean Sweep, Inc.	
POLICY NUMBER			
APPCA100077224  CARRIER	NAIC CODE		
FCCI Insurance Company	10178	EFFECTIVE DATE:	05/01/2024
ADDITIONAL REMARKS		L	ONO TIPE E
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Cov Desc: Louisiana Auto First Choice Amendatory Endorsement			
Cov Desc: Automatic Insured - Business Auto Policy Primary/Non-	Contributing \	When Required by Cont	tract
Cov Desc: Nuclear Energy Liability Exclusion Endorsement (broad	form)		
Cov Desc: Total Lead Exclusion Endorsement			
Cov Desc: Total Asbestos Exclusion Endorsement			