



AGENCY CUSTOMER ID: 520CLEANSWE

BUSINESS AUTO SECTION

DATE (MM/DD/YYYY)

02/26/2024

AGENCY McGriff Insurance Services LLC			CARRIER FCCI Insurance Company			NAIC CODE 10178
POLICY NUMBER APPCA100077224		EFFECTIVE DATE 05/01/2024	NAMED INSURED(S) Clean Sweep, Inc.			

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

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

DRIVER #	NAME CITY, STATE AND ZIP CODE	SEX	* MAR STAT	DATE OF BIRTH	YRS EXP	YEAR LIC	DRIVERS LICENSE NUMBER/ SOCIAL SECURITY NUMBER	STATE LIC	DATE HIRE	BROADEN NO-FAULT	DOC	USE VEH #	% USE
1	Warren N Burge	M		11/03/1963			3656567	LA					
2	Bridget Burge	F		07/06/1965			4904565	LA					
3	Melvin Cason	M		10/24/1963			000042677	LA					
4	Sylvester Foreman	M		09/25/1975			009294919	LA					
5	Derrick Freeman	M		11/25/1971			5828303	LA					
6	Frank Campbell	M		03/18/1967			008539806	LA					
7	Charles Smith	M		09/29/1971			6294669	LA					
8	James Evans	M		07/19/1978			012085787	LA					
9	Joshua Turner	M		06/14/1995			010895227	LA					
10	Jared H Excluded	M		03/09/1994			010583312	LA					
11	Tracy Smith	F		04/24/1996			010829469	LA					
12	Rick Derome Rogers	M		04/20/1969			006304480	LA					
* MARITAL STATUS / CIVIL UNION (if applicable)													

GENERAL INFORMATION

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

GENERAL INFORMATION (continued)

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

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

INTEREST	NAME AND ADDRESS RANK: _____ EVIDENCE: _____ CERTIFICATE _____	INTEREST IN ITEM NUMBER
<input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LIENHOLDER <input checked="" type="checkbox"/> LOSS PAYEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT	Chase Auto Finance Attn Insurance Coverage PO Box 901039 Fort Worth TX 76101-2039 REFERENCE / LOAN #: _____	VEHICLE: 3 LOCATION: _____ _____
<input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LIENHOLDER <input checked="" type="checkbox"/> LOSS PAYEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT	Schwarze Industries Inc 1055 Jordan Rd Huntsville AL 35811-8405 REFERENCE / LOAN #: _____	VEHICLE: 10 LOCATION: _____ _____

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

--

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

VEH # 1	YEAR 2010	MAKE: ISUZU MODEL: Truck	BODY TYPE: Truck v.i.n.: JALC4W167A70002536	VEHICLE TYPE PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input type="checkbox"/>			SYM / AGE	COMP / OTC SYM	COLL SYM	
GARAGING ADDRESS	STREET (Required in KY)		CITY	COUNTY			STATE	ZIP		
LIC STATE LA	TERR	GVW / GCW 12,000	CLASS	SIC 495901	FACTOR	SEAT CP	RADIUS 50	FARTHEST TERMINAL		
USE		COMM'L <input type="checkbox"/>	FOR HIRE <input type="checkbox"/>	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR	F <input type="checkbox"/>	LSP <input type="checkbox"/>	RENT REIMB FG	
PLEASURE <input type="checkbox"/>	RETAIL <input type="checkbox"/>	LIAB <input checked="" type="checkbox"/>	MED PAY <input type="checkbox"/>	UNINS MOTOR	TOWING & LABOR	FT <input type="checkbox"/>	COMP/OTC <input type="checkbox"/>	DEDUCTIBLES	ACV <input type="checkbox"/>	
FARM <input type="checkbox"/>	SERVICE <input type="checkbox"/>	NO-FAULT <input type="checkbox"/>	UNINS MOTOR	SPEC C OF L	FTW <input type="checkbox"/>	COLL <input type="checkbox"/>	AA <input type="checkbox"/>	ST AMT	\$ 1,000	
DRIVE TO WORK / SCHOOL		< 15 MILES <input type="checkbox"/>	15 MILES + <input type="checkbox"/>	NET VEH DR/CR:	TOTAL PREM: \$					\$ 1,000 COLL
VEH # 2	YEAR 2003	MAKE: ISUZU MODEL: 4X2 109" BBC STEEL T	BODY TYPE: Truck v.i.n.: JALE5J14137902505	VEHICLE TYPE PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input type="checkbox"/>			SYM / AGE	COMP / OTC SYM	COLL SYM	
GARAGING ADDRESS	STREET (Required in KY)		CITY	COUNTY			STATE	ZIP		
LIC STATE LA	TERR	GVW / GCW 17,950	CLASS	SIC 495901	FACTOR	SEAT CP	RADIUS 50	FARTHEST TERMINAL		
USE		COMM'L <input type="checkbox"/>	FOR HIRE <input type="checkbox"/>	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR	F <input type="checkbox"/>	LSP <input type="checkbox"/>	RENT REIMB FG	
PLEASURE <input type="checkbox"/>	RETAIL <input type="checkbox"/>	LIAB <input checked="" type="checkbox"/>	MED PAY <input type="checkbox"/>	UNINS MOTOR	TOWING & LABOR	FT <input type="checkbox"/>	COMP/OTC <input type="checkbox"/>	DEDUCTIBLES	ACV <input type="checkbox"/>	
FARM <input type="checkbox"/>	SERVICE <input type="checkbox"/>	NO-FAULT <input type="checkbox"/>	UNINS MOTOR	SPEC C OF L	FTW <input type="checkbox"/>	COLL <input type="checkbox"/>	AA <input type="checkbox"/>	ST AMT	\$ 1,000	
DRIVE TO WORK / SCHOOL		< 15 MILES <input type="checkbox"/>	15 MILES + <input type="checkbox"/>	NET VEH DR/CR:	TOTAL PREM: \$					\$ 1,000 COLL
VEH # 3	YEAR 2014	MAKE: ISUZU MODEL: 4X2 71 BBC STEEL TIL	BODY TYPE: Truck v.i.n.: 54DB4W1CXES805200	VEHICLE TYPE PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input type="checkbox"/>			SYM / AGE	COMP / OTC SYM	COLL SYM	
GARAGING ADDRESS	STREET (Required in KY)		CITY	COUNTY			STATE	ZIP		
LIC STATE LA	TERR	GVW / GCW 14,500	CLASS	SIC 495901	FACTOR	SEAT CP	RADIUS 50	FARTHEST TERMINAL		
USE		COMM'L <input type="checkbox"/>	FOR HIRE <input type="checkbox"/>	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR	F <input type="checkbox"/>	LSP <input type="checkbox"/>	RENT REIMB FG	
PLEASURE <input type="checkbox"/>	RETAIL <input type="checkbox"/>	LIAB <input checked="" type="checkbox"/>	MED PAY <input type="checkbox"/>	UNINS MOTOR	TOWING & LABOR	FT <input type="checkbox"/>	COMP/OTC <input type="checkbox"/>	DEDUCTIBLES	ACV <input type="checkbox"/>	
FARM <input type="checkbox"/>	SERVICE <input type="checkbox"/>	NO-FAULT <input type="checkbox"/>	UNINS MOTOR	SPEC C OF L	FTW <input type="checkbox"/>	COLL <input type="checkbox"/>	AA <input type="checkbox"/>	ST AMT	\$ 1,000	
DRIVE TO WORK / SCHOOL		< 15 MILES <input type="checkbox"/>	15 MILES + <input type="checkbox"/>	NET VEH DR/CR:	TOTAL PREM: \$					\$ 1,000 COLL
VEH # 4	YEAR 2012	MAKE: ISUZU MODEL: 4X2 71 BBC STEEL TIL	BODY TYPE: Truck v.i.n.: JALE5W161C7301190	VEHICLE TYPE PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input type="checkbox"/>			SYM / AGE	COMP / OTC SYM	COLL SYM	
GARAGING ADDRESS	STREET (Required in KY)		CITY	COUNTY			STATE	ZIP		
LIC STATE LA	TERR	GVW / GCW 19,500	CLASS	SIC 495901	FACTOR	SEAT CP	RADIUS 50	FARTHEST TERMINAL		
USE		COMM'L <input type="checkbox"/>	FOR HIRE <input type="checkbox"/>	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR	F <input type="checkbox"/>	LSP <input type="checkbox"/>	RENT REIMB FG	
PLEASURE <input type="checkbox"/>	RETAIL <input type="checkbox"/>	LIAB <input checked="" type="checkbox"/>	MED PAY <input type="checkbox"/>	UNINS MOTOR	TOWING & LABOR	FT <input type="checkbox"/>	COMP/OTC <input type="checkbox"/>	DEDUCTIBLES	ACV <input type="checkbox"/>	
FARM <input type="checkbox"/>	SERVICE <input type="checkbox"/>	NO-FAULT <input type="checkbox"/>	UNINS MOTOR	SPEC C OF L	FTW <input type="checkbox"/>	COLL <input type="checkbox"/>	AA <input type="checkbox"/>	ST AMT	\$ 1,000	
DRIVE TO WORK / SCHOOL		< 15 MILES <input type="checkbox"/>	15 MILES + <input type="checkbox"/>	NET VEH DR/CR:	TOTAL PREM: \$					\$ 1,000 COLL

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

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

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

Applicable in CO

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

Applicable in FL and OK

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

Applicable in KS

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

Applicable in KY, NY, OH and PA

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

Applicable in ME, TN, VA and WA

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

Applicable in NJ

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


Applicable in OR

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

Applicable in PR

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

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

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



VEHICLE SCHEDULE

DATE (MM/DD/YYYY)

AGENCY McGriff Insurance Services LLC		CARRIER FCCI Insurance Company		NAIC CODE 10178
POLICY NUMBER APPCA100077224		EFFECTIVE DATE 05/01/2024	NAMED INSURED(S) Clean Sweep, Inc.	

VEHICLE DESCRIPTION

VEH # 5	YEAR 2013	MAKE: ISUZU MODEL: 4X2 71 BBC STEEL TIL	BODY TYPE: Truck V.I.N.: 54DB4W1CXDS802912	VEHICLE TYPE PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input type="checkbox"/>		SYM / AGE	COMP / OTC SYM	COLL SYM
GARAGING ADDRESS		STREET (Required in KY)		CITY		COUNTY		STATE ZIP
LIC STATE LA	TERR	GVW / GCW 14,500	CLASS	SIC 495901	FACTOR	SEAT CP	RADIUS 50	FARTHEST TERMINAL
USE PLEASURE <input type="checkbox"/> FARM <input type="checkbox"/>		COMM'L <input type="checkbox"/>	FOR HIRE <input type="checkbox"/>	CHECK COVERAGES LIAB NO-FAULT <input checked="" type="checkbox"/>	ADD'L NO-FAULT <input type="checkbox"/>	UNDRINS MOTOR TOWING & LABOR SPEC C OF L <input type="checkbox"/>	F <input type="checkbox"/> FT <input type="checkbox"/> FTW <input type="checkbox"/>	LSP <input type="checkbox"/> COMP/OTC <input type="checkbox"/> COLL <input type="checkbox"/>
DRIVE TO WORK / SCHOOL		<input type="checkbox"/> < 15 MILES	<input type="checkbox"/> 15 MILES +	NET VEH DR/CR:		RENT REIMB FG <input type="checkbox"/>		DEDUCTIBLES <input type="checkbox"/> AA <input type="checkbox"/> ST AMT <input type="checkbox"/>
						ACV <input checked="" type="checkbox"/> COMP/OTC <input type="checkbox"/> SPEC C OF L <input type="checkbox"/>		\$ 1,000 \$ 1,000 COLL
						TOTAL PREM: \$		
VEH # 6	YEAR 2014	MAKE: Ford MODEL: F250 4X2 CHASSIS & C	BODY TYPE: Truck V.I.N.: 1FDBF2A66EEB19280	VEHICLE TYPE PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input type="checkbox"/>		SYM / AGE	COMP / OTC SYM	COLL SYM
GARAGING ADDRESS		STREET (Required in KY)		CITY		COUNTY		STATE ZIP
LIC STATE LA	TERR	GVW / GCW 9,800	CLASS	SIC 495901	FACTOR	SEAT CP	RADIUS 50	FARTHEST TERMINAL
USE PLEASURE <input type="checkbox"/> FARM <input type="checkbox"/>		COMM'L <input type="checkbox"/>	FOR HIRE <input type="checkbox"/>	CHECK COVERAGES LIAB NO-FAULT <input checked="" type="checkbox"/>	ADD'L NO-FAULT <input type="checkbox"/>	UNDRINS MOTOR TOWING & LABOR SPEC C OF L <input type="checkbox"/>	F <input type="checkbox"/> FT <input type="checkbox"/> FTW <input type="checkbox"/>	LSP <input type="checkbox"/> COMP/OTC <input type="checkbox"/> COLL <input type="checkbox"/>
DRIVE TO WORK / SCHOOL		<input type="checkbox"/> < 15 MILES	<input type="checkbox"/> 15 MILES +	NET VEH DR/CR:		RENT REIMB FG <input type="checkbox"/>		DEDUCTIBLES <input type="checkbox"/> AA <input type="checkbox"/> ST AMT <input type="checkbox"/>
						ACV <input checked="" type="checkbox"/> COMP/OTC <input type="checkbox"/> SPEC C OF L <input type="checkbox"/>		\$ 1,000 \$ 1,000 COLL
						TOTAL PREM: \$		
VEH # 7	YEAR 2017	MAKE: ISUZU MODEL: 4X2 71 BBC STEEL TIL	BODY TYPE: Truck V.I.N.: JALE5W16XH7301163	VEHICLE TYPE PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input type="checkbox"/>		SYM / AGE	COMP / OTC SYM	COLL SYM
GARAGING ADDRESS		STREET (Required in KY)		CITY		COUNTY		STATE ZIP
LIC STATE LA	TERR	GVW / GCW 17,950	CLASS	SIC 495901	FACTOR	SEAT CP	RADIUS 50	FARTHEST TERMINAL
USE PLEASURE <input type="checkbox"/> FARM <input type="checkbox"/>		COMM'L <input type="checkbox"/>	FOR HIRE <input type="checkbox"/>	CHECK COVERAGES LIAB NO-FAULT <input checked="" type="checkbox"/>	ADD'L NO-FAULT <input type="checkbox"/>	UNDRINS MOTOR TOWING & LABOR SPEC C OF L <input type="checkbox"/>	F <input type="checkbox"/> FT <input type="checkbox"/> FTW <input type="checkbox"/>	LSP <input type="checkbox"/> COMP/OTC <input type="checkbox"/> COLL <input type="checkbox"/>
DRIVE TO WORK / SCHOOL		<input type="checkbox"/> < 15 MILES	<input type="checkbox"/> 15 MILES +	NET VEH DR/CR:		RENT REIMB FG <input type="checkbox"/>		DEDUCTIBLES <input type="checkbox"/> AA <input type="checkbox"/> ST AMT <input type="checkbox"/>
						ACV <input checked="" type="checkbox"/> COMP/OTC <input type="checkbox"/> SPEC C OF L <input type="checkbox"/>		\$ 1,000 \$ 1,000 COLL
						TOTAL PREM: \$		
VEH # 8	YEAR 2018	MAKE: ISUZU MODEL: 4X2 71 BBC STEEL TIL	BODY TYPE: Truck V.I.N.: JALE5W165J7304249	VEHICLE TYPE PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input type="checkbox"/>		SYM / AGE	COMP / OTC SYM	COLL SYM
GARAGING ADDRESS		STREET (Required in KY)		CITY		COUNTY		STATE ZIP
LIC STATE LA	TERR	GVW / GCW 19,500	CLASS	SIC 495901	FACTOR	SEAT CP	RADIUS 50	FARTHEST TERMINAL
USE PLEASURE <input type="checkbox"/> FARM <input type="checkbox"/>		COMM'L <input type="checkbox"/>	FOR HIRE <input type="checkbox"/>	CHECK COVERAGES LIAB NO-FAULT <input checked="" type="checkbox"/>	ADD'L NO-FAULT <input type="checkbox"/>	UNDRINS MOTOR TOWING & LABOR SPEC C OF L <input type="checkbox"/>	F <input type="checkbox"/> FT <input type="checkbox"/> FTW <input type="checkbox"/>	LSP <input type="checkbox"/> COMP/OTC <input type="checkbox"/> COLL <input type="checkbox"/>
DRIVE TO WORK / SCHOOL		<input type="checkbox"/> < 15 MILES	<input type="checkbox"/> 15 MILES +	NET VEH DR/CR:		RENT REIMB FG <input type="checkbox"/>		DEDUCTIBLES <input type="checkbox"/> AA <input type="checkbox"/> ST AMT <input type="checkbox"/>
						ACV <input checked="" type="checkbox"/> COMP/OTC <input type="checkbox"/> SPEC C OF L <input type="checkbox"/>		\$ 1,000 \$ 1,000 COLL
						TOTAL PREM: \$		
VEH # 9	YEAR 2012	MAKE: Ford MODEL: F250	BODY TYPE: Truck V.I.N.: 1FDBF2A61CEB45265	VEHICLE TYPE PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input type="checkbox"/>		SYM / AGE	COMP / OTC SYM	COLL SYM
GARAGING ADDRESS		STREET (Required in KY)		CITY		COUNTY		STATE ZIP
LIC STATE LA	TERR	GVW / GCW 9,400	CLASS	SIC 495901	FACTOR	SEAT CP	RADIUS 50	FARTHEST TERMINAL
USE PLEASURE <input type="checkbox"/> FARM <input type="checkbox"/>		COMM'L <input type="checkbox"/>	FOR HIRE <input type="checkbox"/>	CHECK COVERAGES LIAB NO-FAULT <input checked="" type="checkbox"/>	ADD'L NO-FAULT <input type="checkbox"/>	UNDRINS MOTOR TOWING & LABOR SPEC C OF L <input type="checkbox"/>	F <input type="checkbox"/> FT <input type="checkbox"/> FTW <input type="checkbox"/>	LSP <input type="checkbox"/> COMP/OTC <input type="checkbox"/> COLL <input type="checkbox"/>
DRIVE TO WORK / SCHOOL		<input type="checkbox"/> < 15 MILES	<input type="checkbox"/> 15 MILES +	NET VEH DR/CR:		RENT REIMB FG <input type="checkbox"/>		DEDUCTIBLES <input type="checkbox"/> AA <input type="checkbox"/> ST AMT <input type="checkbox"/>
						ACV <input checked="" type="checkbox"/> COMP/OTC <input type="checkbox"/> SPEC C OF L <input type="checkbox"/>		\$ 1,000 \$ 1,000 COLL
						TOTAL PREM: \$		



VEHICLE SCHEDULE

DATE (MM/DD/YYYY)

AGENCY McGriff Insurance Services LLC		CARRIER FCCI Insurance Company		NAIC CODE 10178
POLICY NUMBER APPCA100077224		EFFECTIVE DATE 05/01/2024	NAMED INSURED(S) Clean Sweep, Inc.	

VEHICLE DESCRIPTION

VEH # 10	YEAR 2018	MAKE: ISUZU MODEL: 4X2 71 BBC STEEL TIL	BODY TYPE: Truck v.i.n.: 54DB4W1B7JS800246	VEHICLE TYPE PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input type="checkbox"/>		SYM / AGE	COMP / OTC SYM	COLL SYM
GARAGING ADDRESS		STREET (Required in KY)		CITY		COUNTY		STATE ZIP
LIC STATE LA	TERR	GVW / GCW 14,500	CLASS	SIC 495901	FACTOR	SEAT CP	RADIUS 50	FARTHEST TERMINAL
USE		COMM'L <input type="checkbox"/>	FOR HIRE <input type="checkbox"/>	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F <input type="checkbox"/> FT <input type="checkbox"/> FTW <input type="checkbox"/>	LSP <input type="checkbox"/> COMP/OTC <input type="checkbox"/> COLL <input type="checkbox"/>
FARM <input type="checkbox"/>		RETAIL <input type="checkbox"/>	SERVICE <input type="checkbox"/>	LIAB NO-FAULT <input type="checkbox"/>	MED PAY <input type="checkbox"/>	UNINS MOTOR <input type="checkbox"/>	RENT REIMB FG <input type="checkbox"/>	DEDUCTIBLES <input type="checkbox"/> AA <input type="checkbox"/> ST AMT <input type="checkbox"/>
DRIVE TO WORK / SCHOOL		< 15 MILES <input type="checkbox"/>	15 MILES + <input type="checkbox"/>	NET VEH DR/CR:	TOTAL PREM: \$			
VEH # 11	YEAR 2018	MAKE: ISUZU MODEL: 4X2, 71 BBC STEEL TI	BODY TYPE: Truck v.i.n.: 54DB4W1B6JS802828	VEHICLE TYPE PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input type="checkbox"/>		SYM / AGE	COMP / OTC SYM	COLL SYM
GARAGING ADDRESS		STREET (Required in KY)		CITY		COUNTY		STATE ZIP
LIC STATE LA	TERR	GVW / GCW 16,000	CLASS	SIC 495901	FACTOR	SEAT CP	RADIUS 50	FARTHEST TERMINAL
USE		COMM'L <input type="checkbox"/>	FOR HIRE <input type="checkbox"/>	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F <input type="checkbox"/> FT <input type="checkbox"/> FTW <input type="checkbox"/>	LSP <input type="checkbox"/> COMP/OTC <input type="checkbox"/> COLL <input type="checkbox"/>
FARM <input type="checkbox"/>		RETAIL <input type="checkbox"/>	SERVICE <input type="checkbox"/>	LIAB NO-FAULT <input type="checkbox"/>	MED PAY <input type="checkbox"/>	UNINS MOTOR <input type="checkbox"/>	RENT REIMB FG <input type="checkbox"/>	DEDUCTIBLES <input type="checkbox"/> AA <input type="checkbox"/> ST AMT <input type="checkbox"/>
DRIVE TO WORK / SCHOOL		< 15 MILES <input type="checkbox"/>	15 MILES + <input type="checkbox"/>	NET VEH DR/CR:	TOTAL PREM: \$			
VEH # 12	YEAR 2015	MAKE: ISUZU MODEL: 4X2 71 BBC STEEL TIL	BODY TYPE: Truck v.i.n.: JALE5W164F7300569	VEHICLE TYPE PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input type="checkbox"/>		SYM / AGE	COMP / OTC SYM	COLL SYM
GARAGING ADDRESS		STREET (Required in KY)		CITY		COUNTY		STATE ZIP
LIC STATE LA	TERR	GVW / GCW 17,950	CLASS	SIC 495901	FACTOR	SEAT CP	RADIUS 50	FARTHEST TERMINAL
USE		COMM'L <input type="checkbox"/>	FOR HIRE <input type="checkbox"/>	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F <input type="checkbox"/> FT <input type="checkbox"/> FTW <input type="checkbox"/>	LSP <input type="checkbox"/> COMP/OTC <input type="checkbox"/> COLL <input type="checkbox"/>
FARM <input type="checkbox"/>		RETAIL <input type="checkbox"/>	SERVICE <input type="checkbox"/>	LIAB NO-FAULT <input type="checkbox"/>	MED PAY <input type="checkbox"/>	UNINS MOTOR <input type="checkbox"/>	RENT REIMB FG <input type="checkbox"/>	DEDUCTIBLES <input type="checkbox"/> AA <input type="checkbox"/> ST AMT <input type="checkbox"/>
DRIVE TO WORK / SCHOOL		< 15 MILES <input type="checkbox"/>	15 MILES + <input type="checkbox"/>	NET VEH DR/CR:	TOTAL PREM: \$			
VEH # 13	YEAR 1998	MAKE: Utility MODEL: Trailer	BODY TYPE: Trailer v.i.n.: 1T9US1229W2195595	VEHICLE TYPE PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input type="checkbox"/>		SYM / AGE	COMP / OTC SYM	COLL SYM
GARAGING ADDRESS		STREET (Required in KY)		CITY		COUNTY		STATE ZIP
LIC STATE LA	TERR	GVW / GCW	CLASS	SIC 495901	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL
USE		COMM'L <input type="checkbox"/>	FOR HIRE <input type="checkbox"/>	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F <input type="checkbox"/> FT <input type="checkbox"/> FTW <input type="checkbox"/>	LSP <input type="checkbox"/> COMP/OTC <input type="checkbox"/> COLL <input type="checkbox"/>
FARM <input type="checkbox"/>		RETAIL <input type="checkbox"/>	SERVICE <input type="checkbox"/>	LIAB NO-FAULT <input type="checkbox"/>	MED PAY <input type="checkbox"/>	UNINS MOTOR <input type="checkbox"/>	RENT REIMB FG <input type="checkbox"/>	DEDUCTIBLES <input type="checkbox"/> AA <input type="checkbox"/> ST AMT <input type="checkbox"/>
DRIVE TO WORK / SCHOOL		< 15 MILES <input type="checkbox"/>	15 MILES + <input type="checkbox"/>	NET VEH DR/CR:	TOTAL PREM: \$			
VEH # 14	YEAR 2005	MAKE: BOX MODEL: Trailer	BODY TYPE: Trailer v.i.n.: 5PKUEX426W001484	VEHICLE TYPE PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input type="checkbox"/>		SYM / AGE	COMP / OTC SYM	COLL SYM
GARAGING ADDRESS		STREET (Required in KY)		CITY		COUNTY		STATE ZIP
LIC STATE LA	TERR	GVW / GCW	CLASS	SIC 495901	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL
USE		COMM'L <input type="checkbox"/>	FOR HIRE <input type="checkbox"/>	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F <input type="checkbox"/> FT <input type="checkbox"/> FTW <input type="checkbox"/>	LSP <input type="checkbox"/> COMP/OTC <input type="checkbox"/> COLL <input type="checkbox"/>
FARM <input type="checkbox"/>		RETAIL <input type="checkbox"/>	SERVICE <input type="checkbox"/>	LIAB NO-FAULT <input type="checkbox"/>	MED PAY <input type="checkbox"/>	UNINS MOTOR <input type="checkbox"/>	RENT REIMB FG <input type="checkbox"/>	DEDUCTIBLES <input type="checkbox"/> AA <input type="checkbox"/> ST AMT <input type="checkbox"/>
DRIVE TO WORK / SCHOOL		< 15 MILES <input type="checkbox"/>	15 MILES + <input type="checkbox"/>	NET VEH DR/CR:	TOTAL PREM: \$			



VEHICLE SCHEDULE

DATE (MM/DD/YYYY)

AGENCY McGriff Insurance Services LLC		CARRIER FCCI Insurance Company		NAIC CODE 10178
POLICY NUMBER APPCA100077224		EFFECTIVE DATE 05/01/2024	NAMED INSURED(S) Clean Sweep, Inc.	

VEHICLE DESCRIPTION

VEH # 15	YEAR 2019	MAKE: Ditch Runner MODEL: Trailer		BODY TYPE: Trailer	VEHICLE TYPE PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input type="checkbox"/>		SYM / AGE	COMP / OTC SYM	COLL SYM
GARAGING ADDRESS		STREET (Required in KY)		CITY	COUNTY		STATE	ZIP	
LIC STATE LA	TERR	GVW / GCW		CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL
					495901				
USE	COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP	RENT REIMB FG	DEDUCTIBLES
PLEASURE	RETAIL		<input checked="" type="checkbox"/> LIAB NO-FAULT	MED PAY	UNINS MOTOR	FT	COMP/OTC		AA <input type="checkbox"/> ST AMT
FARM	SERVICE					FTW	COLL		
DRIVE TO WORK / SCHOOL	< 15 MILES	15 MILES +	NET VEH DR/CR:	TOTAL PREM: \$					
VEH # 16	YEAR 2009	MAKE: GMC/Chevy MODEL: 4X2 W5500 SERIES 71		BODY TYPE: Truck	VEHICLE TYPE PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input type="checkbox"/>		SYM / AGE	COMP / OTC SYM	COLL SYM
GARAGING ADDRESS		STREET (Required in KY)		CITY	COUNTY		STATE	ZIP	
LIC STATE LA	TERR	GVW / GCW		CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL
		17,950			495901			50	
USE	COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP	RENT REIMB FG	DEDUCTIBLES
PLEASURE	RETAIL		<input checked="" type="checkbox"/> LIAB NO-FAULT	MED PAY	UNINS MOTOR	FT	COMP/OTC		AA <input type="checkbox"/> ST AMT
FARM	SERVICE					FTW	COLL		
DRIVE TO WORK / SCHOOL	< 15 MILES	15 MILES +	NET VEH DR/CR:	TOTAL PREM: \$					
VEH #	YEAR	MAKE:		BODY TYPE:	VEHICLE TYPE		SYM / AGE	COMP / OTC SYM	COLL SYM
		MODEL:		V.I.N.:	PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input type="checkbox"/>				
GARAGING ADDRESS		STREET (Required in KY)		CITY	COUNTY		STATE	ZIP	
LIC STATE	TERR	GVW / GCW		CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL
USE	COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP	RENT REIMB FG	DEDUCTIBLES
PLEASURE	RETAIL		<input type="checkbox"/> LIAB NO-FAULT	MED PAY	UNINS MOTOR	FT	COMP/OTC		AA <input type="checkbox"/> ST AMT
FARM	SERVICE					FTW	COLL		
DRIVE TO WORK / SCHOOL	< 15 MILES	15 MILES +	NET VEH DR/CR:	TOTAL PREM: \$					
VEH #	YEAR	MAKE:		BODY TYPE:	VEHICLE TYPE		SYM / AGE	COMP / OTC SYM	COLL SYM
		MODEL:		V.I.N.:	PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input type="checkbox"/>				
GARAGING ADDRESS		STREET (Required in KY)		CITY	COUNTY		STATE	ZIP	
LIC STATE	TERR	GVW / GCW		CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL
USE	COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP	RENT REIMB FG	DEDUCTIBLES
PLEASURE	RETAIL		<input type="checkbox"/> LIAB NO-FAULT	MED PAY	UNINS MOTOR	FT	COMP/OTC		AA <input type="checkbox"/> ST AMT
FARM	SERVICE					FTW	COLL		
DRIVE TO WORK / SCHOOL	< 15 MILES	15 MILES +	NET VEH DR/CR:	TOTAL PREM: \$					
VEH #	YEAR	MAKE:		BODY TYPE:	VEHICLE TYPE		SYM / AGE	COMP / OTC SYM	COLL SYM
		MODEL:		V.I.N.:	PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input type="checkbox"/>				
GARAGING ADDRESS		STREET (Required in KY)		CITY	COUNTY		STATE	ZIP	
LIC STATE	TERR	GVW / GCW		CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL
USE	COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP	RENT REIMB FG	DEDUCTIBLES
PLEASURE	RETAIL		<input type="checkbox"/> LIAB NO-FAULT	MED PAY	UNINS MOTOR	FT	COMP/OTC		AA <input type="checkbox"/> ST AMT
FARM	SERVICE					FTW	COLL		
DRIVE TO WORK / SCHOOL	< 15 MILES	15 MILES +	NET VEH DR/CR:	TOTAL PREM: \$					



AGENCY CUSTOMER ID: 520CLEANSWE

**LOUISIANA COMMERCIAL AUTO
COVERAGES / LIMITS SECTION**

DATE (MM/DD/YYYY)

AGENCY McGriff Insurance Services LLC		NAMED INSURED(S) Clean Sweep, Inc.	
POLICY NUMBER APPCA100077224	EFFECTIVE DATE 05/01/2024	CARRIER FCCI Insurance Company	NAIC CODE 10178

BUSINESS AUTO SECTION

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	COVERAGES	COVERED AUTO SYMBOLS	LIMITS
LIABILITY	<input checked="" type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 9	<input checked="" type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$ 1,000,000			
	<input type="checkbox"/> 2 <input type="checkbox"/> 7 <input type="checkbox"/>	BI EACH ACCIDENT \$			
	<input type="checkbox"/> 3 <input type="checkbox"/> 8	PROPERTY DAMAGE \$			
			PHYSICAL DAMAGE		
			TOWING & LABOR	<input type="checkbox"/> 3 <input type="checkbox"/> 7	\$
			COMP / OTC	<input type="checkbox"/> 2 <input checked="" type="checkbox"/> 4 <input checked="" type="checkbox"/> 8 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 7	
MEDICAL PAYMENTS	<input type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/> 8 <input type="checkbox"/> 3 <input type="checkbox"/> 7	EACH PERSON \$	SPECIFIED CAUSES OF LOSS	<input type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/> 8 <input type="checkbox"/> 3 <input type="checkbox"/> 7	
UNINSURED MOTORIST	<input type="checkbox"/> 2 <input type="checkbox"/> 6	ECONOMIC & NON ECONOMIC LOSSES <input type="checkbox"/> ECONOMIC LOSSES ONLY	COLLISION	<input type="checkbox"/> 2 <input type="checkbox"/> 4 <input checked="" type="checkbox"/> 8 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 7	
	<input type="checkbox"/> 3 <input type="checkbox"/> 7	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$			
	<input type="checkbox"/> 4	BI EACH ACCIDENT \$ PROPERTY DAMAGE \$			
HIRED / BORROWED LIABILITY	<input type="checkbox"/> YES STATES <input type="checkbox"/> NO	COST OF HIRE <input checked="" type="checkbox"/> IF ANY BASIS \$	HIRED PHYSICAL DAMAGE	STATES # DAYS # VEH	COVERAGE / DEDUCTIBLE
NON-OWNED LIABILITY	<input checked="" type="checkbox"/> YES STATES <input type="checkbox"/> NO LA	GROUP TYPE NUMBER OF <input checked="" type="checkbox"/> EMPLOYEES 12 <input type="checkbox"/> VOLUNTEERS <input type="checkbox"/> PARTNERS			<input checked="" type="checkbox"/> COMP \$ 100 <input checked="" type="checkbox"/> SPEC C OF L \$ <input checked="" type="checkbox"/> COLL \$ 1000
COVERED AUTO SYMBOLS (1) ANY AUTO (2) ALL OWNED AUTOS (3) OWNED PRIVATE PASSENGER AUTOS (4) OWNED AUTOS OTHER THAN PRIVATE PASSENGER (5) ALL OWNED AUTOS WHICH REQUIRE NO-FAULT COVERAGE (6) OWNED AUTOS SUBJECT TO COMPULSORY U.M. LAW (7) AUTOS SPECIFIED ON SCHEDULE (8) HIRED AUTOS (9) NON-OWNED AUTOS					COVERAGE IS: PRIMARY SECONDARY

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

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

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

APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE 	NATIONAL PRODUCER NUMBER
-----------------------	------	--------------------------	--------------------------

AGENCY CUSTOMER ID: 520CLEANSWE

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

<p>ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.</p>			
<p>I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE WILL APPLY TO ALL FUTURE POLICY RENEWALS, CONTINUATIONS AND CHANGES UNLESS I NOTIFY YOU OTHERWISE IN WRITING.</p>			
<p>APPLICANT'S SIGNATURE</p>	<p>DATE</p>	<p>PRODUCER'S SIGNATURE</p>	<p>NATIONAL PRODUCER NUMBER</p>

MOTOR CARRIER SECTION

COVERAGES		COVERED AUTO SYMBOLS		LIMITS		PHYSICAL DAMAGE																	
						COVERAGES		COVERED AUTO SYMBOLS		LIMITS		DEDUCTIBLE											
LIABILITY		61		67		CSL		BI		EA PER	\$	COMP / OTC		62		67			\$				
		62		68		BI EACH ACCIDENT		\$		63			68										
		63		71		PROPERTY DAMAGE		\$		64													
		64																					
												SPECIFIED CAUSES OF LOSS		62		67		SCL		FT		LSP	\$
													63		68		F		FTW				
													64										
												COLLISION		62		67						\$	
													63		68								
													64										
MEDICAL PAYMENTS		62		64		EACH PERSON		\$				TOWING & LABOR		63			\$						
		63		67									67										
UNINSURED MOTORIST		62		66		ECONOMIC & NON ECONOMIC LOSSES		ECONOMIC LOSSES ONLY				COMP / OTC		69									
		63		67		CSL		BI		EA PER	\$			70									
		64				BI EACH ACCIDENT		\$						69									
						PROPERTY DAMAGE		\$						70									
NON-TRUCKERS HIRED / BORROWED		YES	STATES			COST OF HIRE		IF ANY BASIS				COLLISION		69								\$	
		NO				\$							70										
TRUCKERS HIRED / BORROWED LIABILITY		YES	STATES			COST OF HIRE		IF ANY BASIS				TRAILER VALUE	\$										
		NO				\$						HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH								
NON-OWNED AUTO LIABILITY		YES	STATES			GROUP TYPE		NUMBER OF															
		NO				EMPLOYEES																	
						VOLUNTEERS																	
OTHER													COVERAGE IS:				PRIMARY			SECONDARY			
												OTHER											

COVERED AUTO SYMBOLS

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

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

SIGNATURE

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

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

APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER
-----------------------	------	----------------------	--------------------------

This form may not be altered or modified.

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".)

You may select one of the following UMBI Coverage options (initial only one option):

1.

	I select UMBI Coverage which provides compensation for economic and non-economic losses with limits lower than the Bodily Injury Liability Coverage limits indicated on the policy:
	\$ _____ each person
	\$ _____ each accident / occurrence

OR	\$ _____ each accident / occurrence
-----------	-------------------------------------

2.

	I select Economic-Only UMBI Coverage , which provides compensation for economic losses with the same limits as the Bodily Injury Liability Coverage indicated on the policy.
--	--

3.

	I select Economic-Only UMBI Coverage , which provides compensation for economic losses with limits lower than the Bodily Injury Liability Coverage limits indicated on the policy:
	\$ _____ each person
	\$ _____ each accident / occurrence

OR	\$ _____ each accident / occurrence
-----------	-------------------------------------

4.

	I do not want UMBI Coverage. I understand that I will not be compensated through UMBI coverage for losses arising from an accident caused by an uninsured / underinsured motorist.
--	--

The choice indicated and initialed on this form will apply to all persons and/or entities insured under this policy. This choice shall apply to the motor vehicles described in this policy and to any replacement vehicles, to all renewals of this policy, and to all reinstatement, substitute or amended policies until a written request is made for a change to the Bodily Injury Liability Limits, the UMBI limits or UMBI Coverage.

Signature of Named Insured or Legal Representative

Clean Sweep, Inc.

Print Name

Date _____

Optional Information for Policy Identification Purposes Only

FCCI Insurance Company

Individual Company Name: Group Name and/or Logo

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 (initial only one option).

_____ I select Uninsured Motorists Property Damage Coverage at a limit of \$ _____
for each accident for the vehicles listed below:

YEAR	MAKE	MODEL
YEAR	MAKE	MODEL
YEAR	MAKE	MODEL
YEAR	MAKE	MODEL

_____ 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.

Applicant's Signature _____ Date _____ Effective Date 05/01/2024

ADDITIONAL COVERAGES AND ENDORSEMENTS

THIS ADDITIONAL COVERAGES AND ENDORSEMENTS FORM IS A SCHEDULE TO ACORD FORM

FORM NUMBER: 137 FORM TITLE: Commercial Auto

Loc #	ST	Haz #	Class Code	Cov Code TERRX	Description Terrorism Coverage Excluded	Form No.	Edition Date	Rate	Option Codes					
Limit 1		Limit 2		Limit 3		Ded 1		Deductible Type 1		Ded 2		Deductible Type 2		Premium

Loc #	ST	Haz #	Class Code	Cov Code ZZ9Z	Description Auto First Choice Coverage...	Form No.	Edition Date	Rate	Option Codes					
Limit 1		Limit 2		Limit 3		Ded 1		Deductible Type 1		Ded 2		Deductible Type 2		Premium

Loc #	ST	Haz #	Class Code	Cov Code ZZ9Z	Description Louisiana Auto First Choice...	Form No.	Edition Date	Rate	Option Codes					
Limit 1		Limit 2		Limit 3		Ded 1		Deductible Type 1		Ded 2		Deductible Type 2		Premium

Loc #	ST	Haz #	Class Code	Cov Code ZZ9Z	Description Automatic Insured - Busines...	Form No.	Edition Date	Rate	Option Codes					
Limit 1		Limit 2		Limit 3		Ded 1		Deductible Type 1		Ded 2		Deductible Type 2		Premium

Loc #	ST	Haz #	Class Code	Cov Code 0021	Description Nuclear Energy Liability Excl...	Form No.	Edition Date	Rate	Option Codes					
Limit 1		Limit 2		Limit 3		Ded 1		Deductible Type 1		Ded 2		Deductible Type 2		Premium

Loc #	ST	Haz #	Class Code	Cov Code ZZ9Z	Description Total Lead Exclusion Endo...	Form No.	Edition Date	Rate	Option Codes					
Limit 1		Limit 2		Limit 3		Ded 1		Deductible Type 1		Ded 2		Deductible Type 2		Premium

Loc #	ST	Haz #	Class Code	Cov Code ZZ9Z	Description Total Asbestos Exclusion E...	Form No.	Edition Date	Rate	Option Codes					
Limit 1		Limit 2		Limit 3		Ded 1		Deductible Type 1		Ded 2		Deductible Type 2		Premium

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

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

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



ADDITIONAL REMARKS SCHEDULE

AGENCY McGriff Insurance Services LLC		NAMED INSURED Clean Sweep, Inc.	
POLICY NUMBER APPCA100077224			
CARRIER FCCI Insurance Company	NAIC CODE 10178		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: OFBAADC **FORM TITLE:** Additional Coverages

***** COVERAGES *****

- Cov Desc: Auto First Choice Coverage Endorsement
- Cov Desc: Louisiana Auto First Choice Amendatory Endorsement
- Cov Desc: Automatic Insured - Business Auto Policy Primary/Non-Contributing When Required by Contract
- Cov Desc: Nuclear Energy Liability Exclusion Endorsement (broad form)
- Cov Desc: Total Lead Exclusion Endorsement
- Cov Desc: Total Asbestos Exclusion Endorsement