

COMMERCIAL INSURANCE APPLICATION APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)	
05/08/2024	

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Fis	GENCY isher Brown Bottrell Insurance, Inc. . O. Box 1490 ackson, MS 39215							Ве		Environi										CODE	
Jac	kson, MS 3921	15							со	MPANY	POLICY OR F	PROG	RAMI	NAME	E				PROG	RAM	CODE
									РО	LICY NU	MBER										
CO	NTACT Sam	Sac	kler, CIC,	CRM					UN	DERWR	ITER					UNDER	WRITE	R OFFICE			
PH(ONE C, No, Ext): (601	960	-8200																		
FA)	(601 _{S, No):}) 208	3-7484									Х	QUO	TE			ISSUE	POLICY		REN	EW
E-M	AIL									ATUS O			BOU	ND (Give Date a	and/or At	tach C	opy):		J	
CO	DRESS:				SUBCODE:				IK	ANSAC1	ION		CHA	•	ъ.	ATE		TIME			AM
	ENCY CUSTOMER II	n. GU	I FI I C-02		JOBOODE.	-							CAN								PM
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IND	BOILER & MACHIN		3	\$	IOW		CVRE	R AND PRIVACY			\$				YACHT				\$		
	BUSINESS AUTO	NLIXI		\$		+		CIARY LIABILITY			\$				IACITI				\$		
		DC.		-		+					\$								+ -		
	BUSINESS OWNE		LIADILITY	\$		-		GE AND DEALERS			-			+					\$		
	COMMERCIAL GE			\$		+		OR LIABILITY			\$								\$		
	COMMERCIAL INL			\$		+		R CARRIER			\$								\$		
	COMMERCIAL PR	OPERI	Y	\$		+	TRUC				\$			+					\$		
<u> </u>	CRIME			\$		Ш.	UMBR	ELLA			\$								\$		
AI	TACHMENTS						T							1.							
	ACCOUNTS RECE			PAPER	S	+		S AND SIGN SECTIO						_				E OF VALUES	3		
	ADDITIONAL INTE					+		L / MOTEL SUPPLEM							STATE SU						
						BUILDERS RISK SECTION VACANT BUILDING SUPPLEMENT															
	APARTMENT BUIL	DING S	SUPPLEMENT			_	1	RNATIONAL LIABILITY						١	VEHICLE S	CHEDU	LE				
	CONDO ASSN BY	LAWS (for D&O Covera	ge only	')	_	INTER	NATIONAL PROPER	ΓYΕ	XPOSU	RE SUPPLEM	IENT									
	CONTRACTORS S	SUPPLE	MENT			\perp	LOSS	SUMMARY													
	COVERAGES SCH	HEDULE				\perp	OPEN	CARGO SECTION						_							
	DEALERS SECTIO	N				+	PREM	IUM PAYMENT SUPF	LEN	MENT											
	DRIVER INFORMA					_		ESSIONAL LIABILITY													
	ELECTRONIC DAT			TION			RESTA	AURANT / TAVERN S	UPP	LEMEN											
	LICY INFORM								_									MINIMUM			
PRO	POSED EFF DATE	PROP	OSED EXP DAT	re	BILLING	PLAN		PAYMENT PLAN		METHO	OF PAYMEN	NT	AUDI		DEPOS	SIT	F	PREMIUM		LICY F	PREMIUM
'	06/22/2024	0	6/22/2025		DIRECT	A	GENCY							1	\$		\$		\$		
AF	PLICANT INF	ORM	ATION	,															•		
	ME (First Named Ins	ured) A	AND MAILING A	DDRES	S (including Z	.IP+4)			GL	CODE		sıc 138	9			NAICS 48422	20		EIN 0		SEC#
	Box 7	_							RII	SINESS	PHONE #: (6	01)	274	-33	44						
Pac	chuta, MS 3934	7									DDRESS	,									
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	CORPORATION		JOINT VENTU	IDE			NC	OT FOR PROFIT ORG			SUBCHAPTER	0 "0" (TION						
	INDIVIDUAL	X	H NO 05		BERS -RS:	_		ARTNERSHIP			RUST		JOINE	OIVA	IION		1				
NAI	ME (Other Named In					ZIP+4)		GL	CODE		SIC				NAICS		F	EIN O	R SOC	SEC#
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<u> </u>	INDIVIDUAL		LLC NO. OF					ARTNERSHIP			RUST				-						
NAI	ME (Other Named In	sured)	AND MAILING A	ADDRE	SS (including	ZIP+4))		GL	CODE		SIC				NAICS		F	EIN O	R SOC	SEC#
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	CORPORATION		JOINT VENTU				NO	OT FOR PROFIT ORG	_		SUBCHAPTER	R "S" (CORP	ORA	TION						
	INDIVIDUAL		LLC NO. OF	MEME	BERS	_ [PA	ARTNERSHIP		1	RUST										

AGENCY CUSTOMER ID: GULFLLC-02 **CONTACT INFORMATION CONTACT TYPE: Accounting Contact** CONTACT TYPE: CONTACT NAME: Mark Snowden CONTACT NAME: PRIMARY PHONE # SECONDARY PHONE # HOME BUS CELL HOME BUS X CELL HOME BUS CELL HOME BUS CELL (601) 274-3344 PRIMARY E-MAIL ADDRESS: mds@usa.com PRIMARY E-MAIL ADDRESS: SECONDARY E-MAIL ADDRESS: SECONDARY E-MAIL ADDRESS: PREMISES INFORMATION (Attach ACORD 823 for Additional Premises) STREET 1,400,000 CITY LIMITS INTEREST # FULL TIME EMPL ANNUAL REVENUES: \$ 15445 Hwy 11 S 1 6 INSIDE OWNER OCCUPIED AREA: SQ FT STATE: MS BLD# CITY: Pachuta OUTSIDE TENANT # PART TIME EMPL SQ FT OPEN TO PUBLIC AREA: ZIP: 39347 1 COUNTY: SQ FT TOTAL BUILDING AREA: **DESCRIPTION OF OPERATIONS:** ANY AREA LEASED TO OTHERS? Y / N STREET LOC# CITY LIMITS INTEREST # 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 **DESCRIPTION OF OPERATIONS:** ANY AREA LEASED TO OTHERS? Y / N STREET LOC# CITY LIMITS INTEREST # 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: SQ FT TOTAL BUILDING AREA: **DESCRIPTION OF OPERATIONS:** ANY AREA LEASED TO OTHERS? Y / N STREET **ANNUAL REVENUES: \$** CITY LIMITS INTEREST LOC# # FULL TIME EMPL INSIDE **OWNER** OCCUPIED AREA: SQ FT STATE: OUTSIDE TENANT BLD# CITY: # PART TIME EMPL OPEN TO PUBLIC AREA: SQ FT COUNTY: ZIP: TOTAL BUILDING AREA: SQ FT **DESCRIPTION OF OPERATIONS:** ANY AREA LEASED TO OTHERS? Y / N **NATURE OF BUSINESS** DATE BUSINESS STARTED (MM/DD/YYYY) X **APARTMENTS** CONTRACTOR MANUFACTURING RESTAURANT SERVICE INSTITUTIONAL WHOLESALE CONDOMINIUMS OFFICE RFTAII **DESCRIPTION OF PRIMARY OPERATIONS** Dirt work, grading of land and salt water hauling. INSTALLATION, SERVICE OR REPAIR WORK OFF PREMISES INSTALLATION, SERVICE OR REPAIR WORK RETAIL STORES OR SERVICE OPERATIONS % OF TOTAL SALES: DESCRIPTION OF OPERATIONS OF OTHER NAMED INSUREDS ADDITIONAL INTEREST (Not all fields apply to all scenarios - provide only the necessary data) Attach ACORD 45 for more Additional Interests INTEREST IN ITEM NUMBER INTEREST NAME AND ADDRESS RANK: EVIDENCE: CERTIFICATE POLICY SEND BILL ADDITIONAL INSURED LIENHOLDER LOCATION: BUILDING: BREACH OF WARRANTY LOSS PAYEE VEHICLE: BOAT: CO-OWNER AIRPORT: MORTGAGEE AIRCRAFT: EMPLOYEE AS LESSOR ITEM CLASS: OWNER ITEM: LEASEBACK REGISTRANT ITEM DESCRIPTION

TRUSTEE

REFERENCE / LOAN #:

LIEN AMOUNT:

OWNER LENDER'S LOSS PAYABLE

INTEREST END DATE:

PHONE (A/C, No, Ext):

E-MAIL ADDRESS:

FAX (A/C, No):

1a.							
	IS THE APPLICA	ANT A SUBSIDIARY OF ANOTHER ENTITY ?					N
	PARENT COMPA	NY NAME		RELATIONSHIP D	ESCRIPTION	% OWNED	
1b.	DOES THE APF	LICANT HAVE ANY SUBSIDIARIES?		-			N
	SUBSIDIARY CO	MPANY NAME		RELATIONSHIP D	ESCRIPTION	% OWNED	
2.	IS A FORMAL S	AFETY PROGRAM IN OPERATION?					Υ
	SAFETY MA		s OSHA				
3.	ANY EXPOSUR	E TO FLAMMABLES, EXPLOSIVES, CHEMICALS?					N
4.	ANY OTHER IN	SURANCE WITH THIS COMPANY? (List policy numbers)					N
	LINE OF BUSINE	(1 , , ,	LINE OF BUSINESS	S	POLICY NUMBER		
5.	ANY POLICY OF OPERATIONS? NON-PAYM NON-RENE			THREE (3) YEARS	FOR ANY PREMISES OR		N
6.	ANY PAST LOS	SES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLES	STATION ALLEGATION	S, DISCRIMINATIO	ON OR NEGLIGENT HIRING?		N
	BRIBERY, ARSO (In RI, this quest	AST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN II DN OR ANY OTHER ARSON-RELATED CRIME IN CONNECT ion must be answered by any applicant for property insurance. up to one year of imprisonment).	ION WITH THIS OR AN	IY OTHER PROPE	RTY?		N
8	ANY LINCORRE	CTED FIRE AND/OR SAFETY CODE VIOLATIONS?					N
0.	OCCUR DATE	EXPLANATION		RESOLUTION	R	RESOLVE DATE	
	OGGGRE BAIL	EXI EXITION		teoce non		COOLVE BATE	
9.	HAS APPLICAN	T HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY	OR FILED FOR BANKE	RUPTCY DURING	THE LACT EN (E (E) VEADOO		
	OCCUR DATE			COLIOT DOLLING	THE LAST FIVE (5) YEARS?		N
		EXPLANATION		RESOLUTION	` ,	RESOLVE DATE	N
		EXPLANATION			` ,	RESOLVE DATE	N
		EXPLANATION			` ,	RESOLVE DATE	N
10.	HAS APPLICAN	T HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5)	F		` ,	RESOLVE DATE	N
10.			YEARS?		R	RESOLVE DATE	
10.	HAS APPLICAN	T HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5)	YEARS?	RESOLUTION	R		N
	HAS APPLICAN OCCUR DATE	T HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) EXPLANATION	YEARS?	RESOLUTION	R		N
11.	HAS APPLICAN OCCUR DATE HAS BUSINESS	T HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) EXPLANATION BEEN PLACED IN A TRUST? NAME OF TRUST:) YEARS?	RESOLUTION	R	RESOLVE DATE	N
11. 12.	HAS APPLICAN OCCUR DATE HAS BUSINESS ANY FOREIGN	T HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) EXPLANATION) YEARS?	RESOLUTION	R	RESOLVE DATE	N N N
11. 12.	HAS APPLICAN OCCUR DATE HAS BUSINESS ANY FOREIGN (If "YES", attach	T HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) EXPLANATION BEEN PLACED IN A TRUST? NAME OF TRUST: OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA	yEARS? F A, OR US PRODUCTS Serty Exposure)	RESOLUTION RESOLUTION SOLD / DISTRIBUT	R	RESOLVE DATE	N
11. 12. 13.	HAS APPLICAN OCCUR DATE HAS BUSINESS ANY FOREIGN (If "YES", attach DOES APPLICA	T HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) EXPLANATION BEEN PLACED IN A TRUST? NAME OF TRUST: OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA ACORD 815 for Liability Exposure and/or ACORD 816 for Prop	yEARS? F A, OR US PRODUCTS Serty Exposure) ERAGE IS NOT REQUE	RESOLUTION RESOLUTION SOLD / DISTRIBUT	R	RESOLVE DATE	N N N
11. 12. 13.	HAS APPLICAN OCCUR DATE HAS BUSINESS ANY FOREIGN (If "YES", attach DOES APPLICA	T HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) EXPLANATION BEEN PLACED IN A TRUST? NAME OF TRUST: OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA ACORD 815 for Liability Exposure and/or ACORD 816 for Prop NT HAVE OTHER BUSINESS VENTURES FOR WHICH COVI	yEARS? F A, OR US PRODUCTS Setty Exposure) ERAGE IS NOT REQUE	RESOLUTION RESOLUTION SOLD / DISTRIBUT	R	RESOLVE DATE	N N N
11. 12. 13.	HAS APPLICAN OCCUR DATE HAS BUSINESS ANY FOREIGN (If "YES", attach DOES APPLICA DOES APPLICA	T HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) EXPLANATION BEEN PLACED IN A TRUST? NAME OF TRUST: OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA ACORD 815 for Liability Exposure and/or ACORD 816 for Prop NT HAVE OTHER BUSINESS VENTURES FOR WHICH COVI NT OWN / LEASE / OPERATE ANY DRONES? (If "YES", descriptions of the content	years? For US PRODUCTS Solerty Exposure) ERAGE IS NOT REQUE cribe use)	RESOLUTION RESOLUTION SOLD / DISTRIBUT ESTED?	R R	RESOLVE DATE	N N N
11. 12. 13.	HAS APPLICAN OCCUR DATE HAS BUSINESS ANY FOREIGN (If "YES", attach DOES APPLICA DOES APPLICA	T HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) EXPLANATION BEEN PLACED IN A TRUST? NAME OF TRUST: OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA ACORD 815 for Liability Exposure and/or ACORD 816 for Prop NT HAVE OTHER BUSINESS VENTURES FOR WHICH COVI	years? For US PRODUCTS Solerty Exposure) ERAGE IS NOT REQUE cribe use)	RESOLUTION RESOLUTION SOLD / DISTRIBUT ESTED?	R R	RESOLVE DATE	N N N
11. 12. 13.	HAS APPLICAN OCCUR DATE HAS BUSINESS ANY FOREIGN (If "YES", attach DOES APPLICA DOES APPLICA	T HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) EXPLANATION BEEN PLACED IN A TRUST? NAME OF TRUST: OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA ACORD 815 for Liability Exposure and/or ACORD 816 for Prop NT HAVE OTHER BUSINESS VENTURES FOR WHICH COVI NT OWN / LEASE / OPERATE ANY DRONES? (If "YES", descriptions of the content	years? For US PRODUCTS Solerty Exposure) ERAGE IS NOT REQUE cribe use)	RESOLUTION RESOLUTION SOLD / DISTRIBUT ESTED?	R R	RESOLVE DATE	N N N
11. 12. 13.	HAS APPLICAN OCCUR DATE HAS BUSINESS ANY FOREIGN (If "YES", attach DOES APPLICA DOES APPLICA DOES APPLICA	T HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) EXPLANATION BEEN PLACED IN A TRUST? NAME OF TRUST: OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA ACORD 815 for Liability Exposure and/or ACORD 816 for PropNT HAVE OTHER BUSINESS VENTURES FOR WHICH COVINT OWN / LEASE / OPERATE ANY DRONES? (If "YES", described of the content of the	years? For US PRODUCTS Solerty Exposure) ERAGE IS NOT REQUE cribe use)	RESOLUTION RESOLUTION SOLD / DISTRIBUT ESTED?	R R	RESOLVE DATE	N N N
11. 12. 13. 14. 15. REM	HAS APPLICAN OCCUR DATE HAS BUSINESS ANY FOREIGN (If "YES", attach DOES APPLICA DOES APPLICA DOES APPLICA MARKS / PRO OR CARRIEF	T HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) EXPLANATION BEEN PLACED IN A TRUST? NAME OF TRUST: OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA ACORD 815 for Liability Exposure and/or ACORD 816 for Prop NT HAVE OTHER BUSINESS VENTURES FOR WHICH COVINT OWN / LEASE / OPERATE ANY DRONES? (If "YES", described the content of the c	years? For us products solverly exposure) ERAGE IS NOT REQUE cribe use) Remarks Schedule,	RESOLUTION SOLD / DISTRIBUT ESTED? may be attache	ED IN FOREIGN COUNTRIES	RESOLVE DATE	N N N
11. 12. 13.	HAS APPLICAN OCCUR DATE HAS BUSINESS ANY FOREIGN (If "YES", attach DOES APPLICA DOES APPLICA DOES APPLICA MARKS / PRO OR CARRIEF	T HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) EXPLANATION BEEN PLACED IN A TRUST? NAME OF TRUST: OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA ACORD 815 for Liability Exposure and/or ACORD 816 for Prop NT HAVE OTHER BUSINESS VENTURES FOR WHICH COVINT OWN / LEASE / OPERATE ANY DRONES? (If "YES", described the content of the c	years? For US PRODUCTS Solerty Exposure) ERAGE IS NOT REQUE cribe use)	RESOLUTION RESOLUTION SOLD / DISTRIBUT ESTED?	ED IN FOREIGN COUNTRIES	RESOLVE DATE	N N N

PREMIUM

EFFECTIVE DATE

EXPIRATION DATE

\$

\$

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

LOSS HISTORY Check if none (Attach Loss Summary for Additional Loss Information)

ENTER ALL CLAIM FOR THE LAST	ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE LAST YEARS								
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 LOW & South	PRODUCER'S NAME (Please Print) Sam Sackler, CIC, CRM		STATE PRODUCER LICENSE NO (Required in Florida) 412674
APPLICANT'S SIGNATURE		DATE	NATIONAL PRODUCER NUMBER 8302223

AGENCY CUSTOMER ID: GULFLLC-02

ALEE



COMMERCIAL GENERAL LIABILITY SECTION

DATE (MM/DD/YYYY) 05/08/2024

•										0.5	10012024	
AGEN Fisher		ottrell Insurance, Inc.				CARRIER Berkley Enviro	onmen	tal			NAIC CODE	
POLIC	Y NUMBE	R			ECTIVE DATE 1/22/2024	APPLICANT / FIRST Gulfstate LLC		ISURED			1	
1		T - If CLAIMS MADE is check ovisions of the policy carefull		ERAGE /	LIMITS se	ction below, this	is an ap	plication fo	r a claims-ma	de policy.		
COV	'ERAGE	-s		LIMITS								
		IAL GENERAL LIABILITY			AGGREGATE			•	2 000 000) ppr	MILIMO	
		V	_	LIMIT APP	1	POLICY	LOCATION	\$	2,000,000	PREMISES/OPE	EMIUMS	
			E	LIMIT AFF	LIES PER.	FREINISES/OF	LKATIONS					
L (OWNER'S	& CONTRACTOR'S PROTECTIVE										
				PRODUCT	S & COMPLET	ED OPERATIONS AGG	REGATE	\$		PRODUCTS		
DEDU	CTIBLES			PERSONA	L & ADVERTIS	ING INJURY		\$	1,000,000			
_F	ROPERTY	/ DAMAGE \$		EACH OCC	URRENCE			\$	1,000,000	OTHER		
	BODILY IN		PER CLAIM			REMISES (each occurre	ence)	\$	100,000	D		
	,00,12,	•	PER			•		\$	5,000	TOTAL		
		\$	OCCURRENCE		EXPENSE (An	/ one person)			,	_		
				EMPLOYE	E BENEFITS			\$				
CONTRACTOR DESCRIPTIONS AND OR ENDORSEMENTS (For bired/gon aurod outs opposed of task the applications)								\$				
1	THER COVERAGES, RESTRICTIONS AND/OR ENDORSEMENTS (For hired/non-owned auto coverages attach the applicable state Business Auto Section, ACORD 137) ee attached Additional Coverages overflow.											
	APPLICABLE ONLY IN WISCONSIN: IF NON-OWNED ONLY AUTO COVERAGE IS TO BE PROVIDED UNDER THE POLICY: 1. UM / UIM COVERAGE IS IS IS NOT AVAILABLE. 2. MEDICAL PAYMENTS COVERAGE IS IS IS NOT AVAILABLE.											
			AVAILABLE.	2. IV	IEDICAL PAYI	MENTS COVERAGE	IS	IS NO	T AVAILABLE.			
SCH	EDULE	OF HAZARDS										
LOC	HAZ	CLASSIFICATION	CLASS	PREMIU	м	EXPOSURE	TERR	RA	TE	PREM	4IUM	
#	#	SEASON ISATION	CODE	BASIS		EXI GOOKE	LLICIT	PREM/OPS	PRODUCTS	PREM/OPS	PRODUCTS	
1	1	Truckers	99793	Р		195000						
1	2	Grading of Land	95410	Р		130000						
											 	
1		()	PAYROLL - PER \$1, REA - PER 1,000/S			(C) TOTAL COST - P (M) ADMISSIONS - P			(U) UNIT - PE (T) OTHER	ER UNIT		
CLA	IMS MA	DE (Explain all "Yes" respo	nses)									
		ES" RESPONSES	•								Y/N	
1. PF	ROPOSF	D RETROACTIVE DATE:										
		TE INTO UNINTERRUPTED CLAI	MS MADE COV	FRAGE:								
		PRODUCT, WORK, ACCIDENT, O			LIDED LININ	ISLIBED OD SELF	INICIIDE	D EBOM ANY	DBE//IOLIS CO	VERACE?		
3. п/	AS AINT I	FRODUCT, WORK, ACCIDENT, O	K LOCATION BE	ZEN EXCL	ODED, OMI	NOUNED ON SELF-	INSURE	D FROM ANT	PREVIOUS CO	VERAGE!		
4. W	AS TAIL	COVERAGE PURCHASED UNDE	R ANY PREVIOL	US POLIC	(?							
EMP	LOYEE	BENEFITS LIABILITY			1							
1. DI	EDUCTIE	SLE PER CLAIM: \$			3. 1	NUMBER OF EMPL	OYEES (COVERED BY	EMPLOYEE B	ENEFITS PLAN	IS:	
2. N	JMBER (OF EMPLOYEES:			4. 1	RETROACTIVE DA	ΓE:					

CONTRACTORS AGENCY CUSTOMER ID: GULFLLC-02 ALEE

CONTRACTORS			-		
EXPLAIN ALL "YES" RESPONSES (For all past or present open	ations)			•	Y / N
1. DOES APPLICANT DRAW PLANS, DESIGNS, OR	SPECIFICATIONS FOR OTHER	S?			
2. DO ANY OPERATIONS INCLUDE BLASTING OR U	JTILIZE OR STORE EXPLOSIVE	: MATERIAL?			
3. DO ANY OPERATIONS INCLUDE EXCAVATION, 1	UNNELING, UNDERGROUND N	VORK OR EARTH MOVING?			
4. DO YOUR SUBCONTRACTORS CARRY COVERA	GES OR LIMITS LESS THAN YO	DURS?			
5. ARE SUBCONTRACTORS ALLOWED TO WORK V	VITHOUT PROVIDING YOU WIT	H A CERTIFICATE OF INSURAN	CE?		
6. DOES APPLICANT LEASE EQUIPMENT TO OTHE	RS WITH OR WITHOUT OPERA	ATORS?			
DESCRIBE THE TYPE OF WORK SUBCONTRACTED	\$ PAID TO SUB- CONTRACTORS:	% OF WORK SUBCONTRACTED:	# FULL- TIME STAFF:	# PART- TIME STAFF:	
DDODUGTO / COMPLETED ODEDATIONS					

PRODUCTS / COMPLETED OPERATIONS													
PRODUCTS	ANNUAL GROSS SALES	# OF UNITS	TIME IN MARKET	EXPECTED LIFE	INTENDED USE	PRINCIPAL COMPONENTS	3						
EXPLAIN ALL "YES" RESPONSES (For all past or present products or operations) PLEASE ATTACH LITERATURE, BROCHURES, LABELS, WARNINGS, ETC.													
1. DOES APPLICANT INSTALL, SERVICE OR DEMONSTRATE PRODUCTS?													
2. FOREIGN PRODUCTS SOI	LD, DISTRIBUTED, USE	D AS COMPONENTS?	(If "YES", a	ttach ACOR	D 815)								
3. RESEARCH AND DEVELO	PMENT CONDUCTED O	R NEW PRODUCTS PL	ANNED?										
4. GUARANTEES, WARRANT	TIES, HOLD HARMLESS	AGREEMENTS?											
5. PRODUCTS RELATED TO	AIRCRAFT/SPACE INDU	JSTRY?											
6. PRODUCTS RECALLED, D	DISCONTINUED, CHANG	ED?											
7. PRODUCTS OF OTHERS S	SOLD OR RE-PACKAGE	D UNDER APPLICANT I	LABEL?										
8. PRODUCTS UNDER LABE	L OF OTHERS?												
9. VENDORS COVERAGE RE	EQUIRED?												
10. DOES ANY NAMED INSUR	10. DOES ANY NAMED INSURED SELL TO OTHER NAMED INSUREDS?												

AGENCY CUSTOMER ID: GULFLLC-02 ALEE

ΑĽ	DITIONAL INTEREST /	CERTIFICATE R	ECIPIENT	ACORI	D 45 attach	ed for additio	nal names	_			
INT	EREST	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE				INTEREST IN	ITEM NUMBER	
	ADDITIONAL INSURED							LOCATIO	N:	BUILDING:	
	EMPLOYEE AS LESSOR							ITEM CLASS:		ITEM:	
	LIENHOLDER							ITEM DES	CRIPTION		
	LOSS PAYEE										
	MORTGAGEE										
		REFERENCE / LOAN #	:								
GE	NERAL INFORMATION	l									
EXF	PLAIN ALL "YES" RESPONSES (For all past or present o	perations)								Y/N
1.	ANY MEDICAL FACILITIES	S PROVIDED OR ME	DICAL PROFES	SSIONALS EMF	PLOYED OR (CONTRACTED?					N
2.	2. ANY EXPOSURE TO RADIOACTIVE/NUCLEAR MATERIALS? N										
3.	DO/HAVE PAST, PRESEN TRANSPORTING OF HAZ	T OR DISCONTINUE ARDOUS MATERIAL	ED OPERATION .? (e.g. landfills,	S INVOLVE(D) wastes, fuel tan	STORING, T	REATING, DISC	HARGING, APPLYI	NG, DISP	OSING, OR		N
4.	ANY OPERATIONS SOLD	, ACQUIRED, OR DIS	SCONTINUED II	N LAST FIVE (5) YEARS?						N
5.	DO YOU RENT OR LOAN E	EQUIPMENT TO OTH	IERS?								N
	EQUIPMENT					TYPE	OF EQUIPMENT	II	NSTRUCTION (GIVEN (Y/N)	
						SMALL TOOL	S LARGE EQU			, ,	
						SMALL TOOL	S LARGE EQU	JIPMENT			
6.	ANY WATERCRAFT, DOC	KS, FLOATS OWNE	D, HIRED OR LE	EASED?							N
	ANY PARKING FACILITIES		•								N
8.	IS A FEE CHARGED FOR	PARKING?									N
9.	RECREATION FACILITIES	PROVIDED?									N
10.	# APTS TOTAL APT		CLUDING APAR	,	YES", answei	the following):					N
11.	IS THERE A SWIMMING PO						_	٦			N
	APPROVED FENCE	LIMITED ACCESS	DIVING BO	ARD SLID	DE ABO	VE GROUND	IN GROUND	LIFE GUA	RD		
12.	ARE SOCIAL EVENTS SP	ONSORED?									N
13.	ARE ATHLETIC TEAMS SF										N
	TYPE OF SPORT	SPORT (Y/N)	GE GROUP 12 & UNDER	13 - 18 OVER 18	TYPE OF S		SPORT (Y/N)	12 & U		13 - 18 OVER 18	
11	ANY STRUCTURAL ALTE	DATIONS CONTENT	DI ATED?		EXIENI O	SPONSORSHIP:					N
14.	ANY STRUCTURAL ALTE	MATIONS CONTEMP	LATEU!								
15.	ANY DEMOLITION EXPOS	SURE CONTEMPLAT	TED?								N

<u> </u>	NERAE IN ORMATION (CONTINUCA)				
EXP	AIN ALL "YES" RESPONSES (For all past or present operations)				Y/N
16.	HAS APPLICANT BEEN ACTIVE IN OR IS CURRENTLY ACTIVE IN JOINT	VEN	ITURES?		N
17.	DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?				N
	LEASE TO WORKERS COMPENSATION COVERAGE CARRIED (Y/	/N)	LEASE FROM	WORKERS COMPENSATION COVERAGE CARRIED (Y/N)	
18.	IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS OR SU	JBS	IDIARIES?		N
19.	ARE DAY CARE FACILITIES OPERATED OR CONTROLLED?				N
20.	HAVE ANY CRIMES OCCURRED OR BEEN ATTEMPTED ON YOUR PREM	MISE	S WITHIN THE LAST THRE	E (3) YEARS?	N
21.	IS THERE A FORMAL, WRITTEN SAFETY AND SECURITY POLICY IN EFF	FEC	Τ?		N
22.	DOES THE BUSINESSES' PROMOTIONAL LITERATURE MAKE ANY REPR	RES	ENTATIONS ABOUT THE S	AFETY OR SECURITY OF THE PREMISES?	N

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 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 NAME (Please Print) Sam Sackler, CIC, CRM		STATE PRODUCER LICENSE NO (Required in Florida) 412674
APPLICANT'S SIGNATURE		DATE	NATIONAL PRODUCER NUMBER
			8302223



7	COKD	BUS	SIN	IESS Al	JT(o S	SECTION					мм/dd/y\ 08/202	
AGEN	CY				CA	RRIE	R					NAIC C	
Fishe	er Brown Bottrell Insurance, Inc.						Environmental						
POLIC	Y NUMBER			06/22/2024			sured(s) e LLC					1	
COV	ERAGES / LIMITS												
	USE ACORD 13	7 FOR Y	OUF	STATE TO P	ROVII	DE C	OVERAGES / LIMITS I	NFORI	MATION				
DRIV	YER INFORMATION ACOR	D 163 at	tache	ed for additiona	al driv	ers							
	LL DRIVERS, INCLUDING FAMILY MEMBERS THAT			ANY VEHICLES, AND									
DRIVER # 1	NAME (Include address, if required) Mark Snowden PO Box 7 Pachuta, MS 39347	SEX	MAR STAT U	DATE OF BIRTH	YRS EXP	YEAR LIC	DRIVERS LICENSE NUMBER/ SOCIAL SECURITY NUMBER 800705070	STATE LIC MS	DATE HIRE	BROADEN NO-FAULT	DOC	USE VEH#	USE
2	Mike Ishee	U	U				801622318	MS					
3	William Watts	U	U				801123453	MS					
4	Steven Satcher	U	U				801162997	MS					
5	Russel Scarbrough	U	U				801563411	MS					
6	Charley West	U	U				802214341	MS					
GEN	ERAL INFORMATION												
1. V	IN ALL "YES" RESPONSES WITH THE EXCEPTION OF ANY ENCUMBRAN REGISTERED TO THE APPLICANT? VEH # NAME OF OTHER OWNER	ICES, ARE	ANY	VEHICLES FOR W			ANCE IS REQUESTED NOT S	OLELY	OWNED BY	AND			N N
	AS OVER 50% OF THE EMPLOYEES HOE THE		2 IN T	LE DUOINEOGO									NI.
2. L	OO OVER 50% OF THE EMPLOYEES USE THE	EIR AUTO	S IN I	HE BUSINESS?									N
3. 18	S THERE A VEHICLE MAINTENANCE PROGR	RAM IN OP	ERAT	ION?									Y
4. A	RE ANY VEHICLES LEASED TO OTHERS?												N
5. A	NY CAR MODIFIED / SPECIAL EQUIPMENT?	(Include c	ustom	zed vans / pickups)								N
\	/EH# DESCRIPTION			COST \$	VEH#	DESC	RIPTION			\$	OST		
6. A	RE ICC, PUC OR OTHER FILINGS REQUIRE	D? (If "YES	S", atta	ach ACORD 194)									N
7. C	O OPERATIONS INVOLVE TRANSPORTING	HAZARDO	US M	ATERIAL?									N

AGENCY CUSTOMER ID: GULFLLC-02 **GENERAL INFORMATION (continued)** Y / N **EXPLAIN ALL "YES" RESPONSES** N 8. ANY HOLD HARMLESS AGREEMENTS? ANY VEHICLES USED BY FAMILY MEMBERS? IF SO, IDENTIFY. Ν 10. DOES THE APPLICANT OBTAIN MVR VERIFICATIONS? Ν 11. DOES THE APPLICANT HAVE A SPECIFIC DRIVER RECRUITING METHOD? 12. ARE ANY DRIVERS NOT COVERED BY WORKERS COMPENSATION? N 13. ANY VEHICLES OWNED BUT NOT SCHEDULED ON THIS APPLICATION? Ν 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) 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) mph that occurs in an area with a maximum posted speed limit from 55 mph through 70 mph. DRV # DATE (MM/DD/YYYY) TYPE # YRS REV PLACE (CITY, STATE) 15. HAS AGENT INSPECTED VEHICLES? Ν Ν 16. ARE ALL VEHICLES TO BE INCLUDED IN THIS POLICY PART OF A FLEET? **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 ADDITIONAL INSURED EMPLOYEE LOSS PAYEE VEHICLE: LOCATION: OWNER AS LESSOR LIENHOLDER REGISTRANT REFERENCE / LOAN #: INTEREST CERTIFICATE NAME AND ADDRESS RANK: EVIDENCE: INTEREST IN ITEM NUMBER ADDITIONAL INSURED EMPLOYEE **LOSS PAYEE** VEHICLE: LOCATION: OWNER AS LESSOR LIENHOLDER REGISTRANT REFERENCE / LOAN #: REMARKS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

ALEE

PART	VEHICL		CRIPTI	<i>)</i> 1	XA	CORD	129 allal	ched for a	dditional ve	IIICIES									1 6 5	
COUNTY	VEH#	YEAR						BODY TI	uck-Tracto	or				VEHIC	CLE TYPE	<u>:</u>	S	YM / AG	E COMP /	SYM
STATE	1	2016	MODEL:	600				v.i.n.: 11	//1AN07Y4G	M025231					SPEC	COM	L			
STATE		STRE	ET (Requir	ed in KY)							C	COUNTY	•							
STATE FERN								1			Ш							MS		
Per	STATE	TER	R	GVW /	GCW	C	CLASS	SIC						FARTH	IEST TER	MINAL			COST NE	·W
PERSURE SERVICE NO.	_					CHECK		ADDII NO					ID	ENIT	T = == · · · =				- COMP/	ISDEC
PART SERVICE		<u> </u>		-	OR HIRE	COVERA	AGES	FAULT	MOTOR				R	EIMB	DEDUC				OTC /	
Part		·							& LABOR				F'	G		X	J	<u> </u>		
MORREYS MAKE International Toyle More Type T					45 MH 5	FAU	JLT 🔨	MOTOR	COFL	FIW	X	COLL			\$		35,	000 \$	5,	000 COLL
ACT COUNTY COUN	WORK / SC					S + DR	R/CR:	BODY T.	uck Tracto	\r				VELU				VM / AC	- COMP/	COLL
STREET (Required in KY)					tionai								Пр					YW / AG	OTC SYN	SYM
Pachuta		OTDE					CITY	V.I.N.: 3F	15DMAPK/E	:N/86451		COLINTY			SPEC	COIV	_	STAT	E ZID	
STATE STAT		31111	.LI (Kequii	su iii Ki j				nuta				JOUNTI								7
STATE SERVICE	LIC	TFR	R	GVW /	GCW			1	FACTOR	SEAT CP	RA	ADIUS		FARTH	HEST TER	MINAI		IVIC		
USE																		\$		
PLEASURE RETAIL X LIAB X MED PAY \$1,000 FT X COCMP/ FG AA X STAMT \$5,000	_		COMN	l'L F	OR HIRE	CHECK	CEC	ADD'L NO-	UNDRINS				R	ENT	DEDUC	TIBLES			COMP/	SPEC
SERVICE	PLEAS	SURE		-		V			TOWING	FT					Δ/	X	ST A		oic [
DRIVETO WORK / SCHOOL STATE COMM/L FOR HIRE CHECK COVERAGES FAULT WORK / SCHOOL COMM/L STATE COVERAGES FAULT WORK / SCHOOL COMM/L STATE COVERAGES FAULT WORK / SCHOOL COMM/L STATE COVERAGES COMM/L COVERAGES	FARM	·				NO-	- v	UNINS	SPEC	FTW						`	J	<u> </u>	5.	
VEH # 3 2007 MAKE: International BODY Truck-Tractor VEHICLE TYPE SYM / AGE COMP / SYM SYM / AGE COMP / SYM / AGE COMP / SYM / ADDRESS STREET (Required in KY) CITY COUNTY STATE ZIP / ADDRESS STATE TERR GVW / GCW CLASS SIC FACTOR SEAT CP RADIUS FARTHEST TERMINAL COST NEW STATE ZIP / ADDRESS SIC FACTOR SEAT CP RADIUS STATE ZIP / ADDRESS STATE ZIP / ADDRESS STATE ZIP / ADDRESS SIC FACTOR SEAT CP RADIUS STATE ZIP / ADDRESS SEC STATE ZIP / ADDRESS SIC FACTOR SEAT CP REIM SERVICE STATE STATE ZIP / ADDRESS SEC STATE ZIP / ADDRESS SEC STATE ZIP / ADDRESS SEC STATE ZIP / ADDRESS ZI	DRIVE TO	HOOI	< 15	MILES	15 MILE	e. NE	ET VEH	MOTOR	COFL							DDEM: ¢		σσφ	,	- TOOLL
Street (Required in KY)			MAKE:	Internat	tional	DI	NOK.	BODY TI	uck-Tracto	or				VEHIC	_			YM / AG	E COMP /	COLL
ADDRESS Pachuta MS 39347 SETUTE TERR GVW / GCW CLASS SIC FACTOR SEAT CP RADIUS FARTHEST TERMINAL COST NEW MS 0.00 100 S USE COMMIL FOR HIRE CHECK COVERAGES FAULT MOTOR FOR HIRE CHECK GOVERAGES FAULT MOTOR FOR HIRE COVERAGES FAULT MOTOR SPEC FOR TOWNING SPEC FOR HIRE COVERAGES FAULT MOTOR SPEC FAULT MOTOR SPEC FOR HIRE COVERAGES FAULT MOTOR SPEC FOR HIRE COVERAGES FAULT MOTOR SPEC FOR HIRE SPEC FOR HIRE COVERAGES FAULT MOTOR SPEC FOR HIRE SPEC	3	2007	MODEL:	7000									PP		SPEC	СОМ	L		010011	
ADDRESS Pachuta SIGT FACTOR O.00 100 SPEC COMM'L FOR HIRE CHECK COVERAGES FAULT FARM SERVICE PLEASURE FALL STATE FARM SERVICE FALL STATE FARM SERVICE FALL STATE	GARAGING	STRE	ET (Requir	ed in KY)			CITY				С	COUNTY	,				-	STAT	E ZIP	1
MS USE COMM'L PLEASURE RETAIL NO NO FAULT NOTOR FAULT TOWING SERVICE PLEASURE RETAIL NO NO FAULT NO FAULT NO FAULT NO FAULT NO FAULT NO FAULT TOWING SERVICE PLEASURE RETAIL NO FAULT NO NO FAULT N							Pach	nuta										MS	3934	7
MS	LIC STATE	TER	R	GVW /	GCW	C	CLASS	SIC	FACTOR	R SEAT CP	RA	ADIUS		FARTH	IEST TER	MINAL			COST NE	w
PLEASURE RETAIL X LIAB X MED PAY SLABOR SLABOR SPEC FOR X COLL S TOTAL PREM: \$ 5,000 COLL S TOTAL PREM									0.	00	1	100						\$		
PLEASURE RETAIL X LIAB X MED PAY SLABOR SLABOR SPEC FOR X COLL FG AA X STAMT \$ 5,000 COLL TOTAL PREM: \$ 100,000 \$ 5,000 COLL	USE		COMN	l'L F	OR HIRE	CHECK	AGES	ADD'L NO- FAULT	UNDRINS MOTOR	F		LSP	R	ENT EIMB	DEDUC	TIBLES		ACV X	COMP/ OTC	SPEC C OF L
DRIVE TO WORK / SCHOOL	PLEAS	SURE	DETA																	
WORK SCHOOL VEH# YEAR MAKE: Western Star BODY Truck-Tractor VEHICLE TYPE SYM AGE COMP! OTC SYM SYM AGE OTC SYM ADDITION SYM AGE OTC SYM SYM AGE OTC SYM ADDITION SYM AGE OTC SYM ADDITION SYM AGE OTC SYM AGE OTC SYM ADDITION SYM AGE OTC SYM			KETA	L		X LIAE	в X	MED PAY		FT	X	COMP/ OTC	F	G	A/	X	ST A			5,000
4 2007 MODEL: CONVENTIONAL GARAGING ADDRESS STREET (Required in KY) ADDRESS Pachuta COUNTY STATE ZIP MS 39347 LIC STATE TERR GVW / GCW CLASS SIC FACTOR SEAT CP RADIUS FARTHEST TERMINAL COST NEW STATE ZIP MS 39347 LIC STATE TERMINAL COST NEW STATE ZIP MS 39347 LIC STATE TERMINAL COST NEW STATE ZIP MS 39347 LIC STATE TERMINAL COST NEW STATE ZIP MS 39347 LIC STATE TERMINAL COST NEW STATE ZIP MS 39347 LIC STATE ZIP						NO- FAU	J _{LT} X	UNINS	& LABOR SPEC	<u> </u>			F	G			J	MT \$	5,	•
GARAGING ADDRESS STREET (Required in KY) Pachuta CITY Pachuta STATE ZIP MS 39347 LIC STATE TERR GVW / GCW CLASS SIC FACTOR SEAT CP RADIUS FARTHEST TERMINAL COST NEW STATE JUNDRINS FARTHEST TERMINAL COST NEW SPEC COFF ADJULT FOR HIRE CHECK COVERAGES FAULT TOWING FT X COMP/ OTC FAULT FARM SERVICE RETAIL X UNINS SPEC FOR X UNINS MOTOR SPEC FIT X COMP/ OTC SPEC SPEC FTW X COLL STANDARD STANDARD SPEC SPEC FTW X COLL STANDARD SPEC SPEC FTW X COLL STANDARD SPEC SPEC SPEC FTW X COLL STANDARD SPEC SPEC SPEC SPEC SPEC SPEC SPEC SPEC	DRIVE TO WORK / SC	HOOL	SERV	CE	15 MILE	NO- FAU	JLT X	UNINS MOTOR	& LABOR SPEC C OF L	FTW			F	G	\$		100,	MT \$		000 _{COLL}
Pachuta Pachuta Pachu	DRIVE TO WORK / SC VEH #	HOOL	SERV < 15 MAKE:	CE MILES Westeri	n Star	NO- FAU	JLT X	UNINS MOTOR BODY TI	& LABOR SPEC C OF L	FTW				VEHIC	\$ TOTAL CLE TYPE	PREM: \$	100,	\$ 000 \$		000 _{COLL}
LIC STATE TERR GVW / GCW CLASS SIC FACTOR SEAT CP RADIUS FARTHEST TERMINAL COST NEW MS USE COMM'L FOR HIRE CHECK COVERAGES FAULT WOTOR FAULT TOWING FAULT TOWIN	DRIVE TO WORK / SC VEH #	YEAR	SERV < 15 MAKE: MODEL:	CE MILES Western	n Star	NO- FAU	JLT X ET VEH R/CR:	UNINS MOTOR BODY TI	& LABOR SPEC C OF L	FTW	X	COLL	PP	VEHIC	\$ TOTAL CLE TYPE	PREM: \$	100,	MT \$ 000 \$	E COMP / OTC SYM	000 _{COLL}
MS USE COMM'L PLEASURE RETAIL RETAIL NO NO TACTOR SAT OF RABINS DO 100 \$ COMP' PLEASURE RETAIL NO FARM SERVICE NO NO TACTOR SAT OF RABINS SEAT OF RABINS ADD'L NO FAULT MOTOR TOWNING & LABOR TOWNING FIX COMP' TOWNING FOR TOWNING FOR TOWNING FOR TOWNING BETVEH TOWNING SPEC COFL FTW X COMP' TOWNING FT X COMP' TOWNING FT X COMP' TOWNING SPEC STOR STATILEST EXMINAT SPEC COFL S ACV X COMP' TOWNING FT X COMP' SPEC COFL S 35,000 S 5,000 COLL DRIVE TO NO NO NO NO NO NO NO NO NO	DRIVE TO WORK / SC VEH # 4	YEAR	SERV < 15 MAKE: MODEL:	CE MILES Western	n Star	NO- FAU	TJLT X ET VEH R/CR:	BODY TI TYPE: V.I.N.: 5h	& LABOR SPEC C OF L	FTW	X	COLL	PP	VEHIC	\$ TOTAL CLE TYPE	PREM: \$	100,	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	E COMP / OTC SYM	OOO COLL
USE COMM'L FOR HIRE CHECK COVERAGES FAULT UNDRING F LSP REIMB DEDUCTIBLES ACV X COMP/ SPEC C OF L PLEASURE RETAIL X LIAB X MED PAY TOWING FT X COMP/ OTC C OF L FARM SERVICE NO- NO- X UNINS SPEC C FTW X COLL \$ 35,000 \$ 5,000 COLL DRIVE TO ACCUMPLY ACCUM	DRIVE TO WORK / SC VEH # 4 GARAGING ADDRESS	YEAR 2007 STRE	SERV < 15 MAKE: MODEL: ET (Require)	MILES Western Conven	n Star ntional	NO-FAU	CITY	BODY TI TYPE: V.I.N.: 5h	& LABOR SPEC C OF L ruck-Tracto	PY13494	X	COLL	PP	VEHIC	\$ TOTAL CLE TYPE SPEC	PREM: \$	100,	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	E COMP / OTC SYM	COLL SYM
PLEASURE RETAIL X LIAB X MED PAY TOWING FT X COMP/ OTC FG AA X ST AMT \$ 5,000 FARM SERVICE NO. X UNINS MOTOR SPEC COFL FTW X COLL \$ 35,000 \$ 5,000 COLL	DRIVE TO WORK / SC VEH # 4 GARAGING ADDRESS LIC STATE	YEAR 2007 STRE	SERV < 15 MAKE: MODEL: ET (Require)	MILES Western Conven	n Star ntional	NO-FAU	CITY	BODY TI TYPE: V.I.N.: 5h	SPEC COFL C	PY13494	X	COUNTY	PP	VEHIC	\$ TOTAL CLE TYPE SPEC	PREM: \$	100,	SYM / AG	E COMP / OTC SYM	COLL SYM
FARM SERVICE NO-FAULT X UNINS SPEC FTW X COLL \$ 35,000 \$ 5,000 COLL	DRIVE TO WORK / SC VEH # 4 GARAGING ADDRESS LIC STATE MS	YEAR 2007 STRE	SERV < 15 MAKE: MODEL: EET (Requir	Western Conven	n Star ntional	NO-FAU	CITY	BODY TYPE: TV.I.N.: 5M	SPEC COFL TUCK-Tracto KJJAECK57F FACTOR 0.	PY13494 R SEAT CP	X C	COUNTY ADJUS	PP	VEHIC	\$ TOTAL CLE TYPE SPEC HEST TER	PREM: \$ COM	100,	SYM / AG STAT MS	E COMP / OTC SYM E ZIP S 3934 COST NE	COLL SYM
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ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION. OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY	DRIVE TO WORK / SC VEH # 4 GARAGING ADDRESS LIC STATE MS PLEAS FARM DRIVE TO WORK / SC	YEAR 2007 TER SURE	SERV < 15 MAKE: MODEL: EET (Requir R COMM RETAL SERV < 15 WHO KN	CE WILES Western Convenied in KY) GVW / GVW / CCE WILES OWINGLY	n Star ntional GCW FOR HIRE 15 MILE	CHECK COVERA X LIAE NO-FAU ES+ NE-FAU ES+ NE-FAU ES+ NE-FAU ES+ NE-FAU NO-FAU ES-FAU ES-FAU NO-FAU ES-FAU ES-FAU NO-FAU ES-FAU E	CITY Pach CLASS AGES B X JUT X ET VEH R/CR:	BODY TYPE: TryPE: TryPE	FACTOR UNDRING UNDRING LABOR SPEC COFL FACTOR UNDRING LABOR SPEC COFL Y INSURANCE	PY13494 R SEAT CP 00 F FT FTW E COMPANY	X C C C C C C C C C C C C C C C C C C C	COLL COUNTY ADJUS 100 LSP COMP/ OTC COLL	PPP , RR RF FI	FARTH ENT EIMB G	\$ TOTAL CLE TYPE SPEC DEDUC AA \$ TOTAL	PREM: \$ COM MINAL TIBLES X PREM: \$	ST A 35,	SYM / AG STAT MS ACV X MT \$ 0000 \$	E ZIP S 3934 COST NE	OOO COLL COLL SYM SPEC C OF L 5,000 OOO COLL
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MISSISSIPPI COMMERCIAL AUTO

COVERAGES/LIMITS SECTION

DATE (MM/DD/YYYY)

GULFLLC-02

APPLICANT (First Named Insured)

Fisher Brown Bottrell Insurance, Inc. **Gulfstate LLC**

05/08/2024

BUSINESS AUT	O S	ECTI	ON																							
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COVERED AUTO SYMBOLS

(41) ANY AUTO (42) OWNED AUTOS ONLY (43) OWNED COMMERCIAL AUTOS ONLY

(44) OWNED AUTOS SUBJECT TO NO-FAULT (45) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW

(46) SPECIFICALLY DESCRIBED AUTOS (47) HIRED AUTOS ONLY (48) TRAILERS IN YOUR POSSESSION UNDER A TRAILER INTERCHANGE AGREEMENT (49) YOUR TRAILERS IN THE POSSESSION OF ANOTHER TRUCKER UNDER A TRAILER INTERCHANGE AGREEMENT (50) NON-OWNED AUTOS ONLY

MOTOR CARRIE	ER S	ECTI	ION					_									GU	LFLLC	-02	ALE
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VEHICLE SCHEDULE

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WORKERS COMPENSATION APPLICATION

DATE (MM/DD/YYYY	
05/08/2024	

AGENCY	NAME	AND ADDR	RESS				СОМР	PANY:	Ве	rkley Eı	nviro	nment	tal			
			II Insuran	ice, Inc.			UNDE	RWRITE	R:							
P. O. B		90 39215					APPLI	ICANT N	AME: GI	ılfstate l	LLC					
Journal	,						OFFIC	E PHON	IE: (6	01) 274-	3344	ı	мов	ILE PHON	IE:	
									RESS (in	cluding ZIP	+ 4 or	Canadian	Postal Code)	YRS IN	IBUS: 2	
							PO B		S 3934	7				SIC:	389	
PRODUC	ER NA	_{ME:} Sam	Sackler,	CIC, CRN	1			,						NAICS	484220	
CS REPI														WEBS ADDR	ITE ESS:	
OFFICE (A/C, No	PHONE , Ext):	(601) 96	0-8200				E-MAII	L ADDR	_{ESS:} mo	ls@usa.c	com					
MOBILE PHONE:	((601) 60	6-7227				S	SOLE PR	ROPRIETO			RATION	X LLC		TRUST	UNINCORPORATED ASSOCIATION
FAX (A/C, No): ((601) 20	8-7484					PARTNE	RSHIP		UBCHA S" COR		JOINT VI	ENTURE	OTHER:	
E-MAIL ADDRES	SS:						CREDI BURE	IT AU NAM	IE:						ID NUMBER:	
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TYPE		NAME				OFFICE PI	HONE			MOBILE	PHON	IE	E-MAIL			
INSPECT	TION N	lark Sno	wden			(601) 27	4-334	4		(601) 2	274-3	3344	mds@)usa.c	om	
ACCTNO	, N	lark Sno	wden			(601) 27	4-334	4		(601) 2			mds@	usa.c	om	
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					loyed by busine of Section 287.		ns) TO B	E INCLU	IDED OR	EXCLUDED	(Remu	ineration/l	Payroll to be inc	luded mu	st be part of rating	information section.)
H		issouri Müs		equirements			TITLE	1	OWNER	-		DUTIES		INC.	C CLASS 2007	DEMINEDATION/DAY/DO::
	.OC #	Mark Sn	NAME		DATE OF BI	KIT R	ELATION	NSHIP	OWNER SHIP %	-		DUTIES		INC/EX	C CLASS CODE	REMUNERATION/PAYROLL
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STATE RATING WORKSHEET

FOR MULTIPLE STATES, ATTACH AN ADDITIONAL PAGE 2 OF THIS FORM

RATING INFORMATION - STATE: MS

LOC#	CLASS CODE	DESCR CODE		# EMPL FULL TIME	OYEES PART TIME	SIC	NAICS	ESTIMATED ANNUAL REMUNERATION/ PAYROLL	RATE	ESTIMATED ANNUAL MANUAL PREMIUM
1	7219		Trucking NOC-All Employees & Drivers					\$195,000.00		
1	6217		Excavation & Drivers					\$130,000.00		

PREMIUM

FACTOR	FACTORED PREMIUM		FACTOR	FACTORED PREMIUM
N/A	\$			\$
	\$	SCHEDULE RATING *		\$
	\$	CCPAP		\$
	\$	STANDARD PREMIUM		\$
	\$	PREMIUM DISCOUNT		\$
	\$	EXPENSE CONSTANT	N/A	\$
	\$	TAXES / ASSESSMENTS *	N/A	\$
	\$			\$
		TAGTOREST REMIGII	N / A \$ \$ SCHEDULE RATING * \$ CCPAP \$ STANDARD PREMIUM \$ PREMIUM DISCOUNT \$ EXPENSE CONSTANT	N / A \$ \$ SCHEDULE RATING * \$ CCPAP \$ STANDARD PREMIUM \$ PREMIUM DISCOUNT \$ EXPENSE CONSTANT N / A

* N / A in Wisconsin

TOTAL ESTIMATED ANNUAL PREMIUM	MINIMUM PREMIUM	DEPOSIT PREMIUM
\$	\$	\$

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is \circ	required	d)
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PROVIDE IN	IFORMATION FOR THE PAST 5 YEARS AND USE THE REMARKS SECTIO	N FOR LOSS DETAILS		LOSS RUN ATTACH	IED		
YEAR	CARRIER & POLICY NUMBER	ANNUAL PREMIUM MOD # CLAIMS			AMOUNT PAID RESERV		
	CO:						
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NATURE OF	F BUSINESS /	DESCRIP	TION OF	OPERATION	ONS
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GIVE COMMENTS AND DESCRIPTIONS OF BUSINESS, OPERATIONS AND PRODUCTS: MANUFACTURING - RAW MATERIALS, PROCESSES, PRODUCT, EQUIPMEN	IT; CONTRACTOR - TYPE
OF WORK, SUB-CONTRACTS; MERCANTILE - MERCHANDISE, CUSTOMERS, DELIVERIES; SERVICE - TYPE, LOCATION; FARM - ACREAGE, ANIMALS, MACHINERY	, SUB-CONTRACTS.

Service

Dirt work, grading of land and salt water hauling.
--

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

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

SIGNATURE

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

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

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

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

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

Applicable in KS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written 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

Som A. Sakler

NATIONAL PRODUCER NUMBER 8302223

LOC #:



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY Fisher Brown Bottrell Insurance, Inc.		NAMED INSURED Gulfstate LLC PO Box 7 Pachuta, MS 39347
POLICY NUMBER		Pachuta, MS 39347
CARRIER	NAIC CODE	-
Berkley Environmental	NAIC CODE	EFFECTIVE DATE: 06/22/2024
ADDITIONAL REMARKS		E11251112 BA12. 06/22/2024
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACC		
FORM NUMBER: ACORD 130 FORM TITLE: WORKERS COMPE	NSATION APP	LICATION
Additional Coverage Code BKTWV; Description Blanket Waiver of Subrogati	on	



UMBRELLA / EXCESS SECTION

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

DATE (MM/DD/YYYY) 05/08/2024

AGEN	CT							CARRI	EK				NAIC	CODE
Fish	er Brow	n Bottrell	Insur	ance, Inc.				Berkle	y Environmenta	I				
	Y NUMBER			·			EFFECTIVE DA							
							06/22/202	4 Gulfsta	ite LLC					
POL	ICY INF	ORMATION	ı											
			TRAN	SACTION TYPE					LIMIT OF LIABILITY			RETAINED LIMIT		
X	NEW	X UMBRELI	_A X	OCCURRENC	E RE	TROACTI	VE DATE	\$	5,000,000	EA OCC	\$			
F	RENEWAL	EXCESS		CLAIMS MADE	PROPOS	SED	CURRENT	\$	5,000,000 Ag	ggregate	•			
EXPIR	ING POL #:							\$			FIRST DOLLAR DE	FENSE (Y / N)		
EMP	LOYEE	BENEFITS	LIAB	ILITY	'						•			
LIMIT	OF INSURA	ANCE (Ea Empl	oyee)		AGGREGATE L	IMIT FOR	EBL		RETAINED LIMIT FOR	REBL		RETROACTIVE D	ATE FO	R EBL
\$					\$				\$					
NAME	OF BENEF	TT PROGRAM		L					1					
PRIM	MARY LO	OCATION 8	SUB	SIDIARIES	(ACORD 12	25)								
#	NAI	ME AND LOCAT	ION OF	PRIMARY AND	ALL SUBSIDIAR	Y COMPA	NIES (Describe	Operations)	ANNUAL PAYRO	OLL A	NN GROSS SALES	FOREIGN GROSS	SALES	# EMPL
	NAME:	Gulfstate	LLC											
1		_N . 15445	Hwy 1	11 S Pachu	ta, MS 393	47			\$325,00	0.00	\$1,400,000.00)	\$0.00	6
				rading of la			er hauling.		. ,		. , ,			
		HON.	, <u>J</u>				······································							
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	LOCATIO													
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	NAME:													
	LOCATIO	N:												
	DESCRIP	TION:												
UND	ERLYIN	IG INSURA	NCE											
				LIST ALL LI	IABILITY / COMF	PENSATIO	N POLICIES IN	FORCE TO AP	PLY AS UNDERLYING IN	NSURANCE				+ - RATING
Т	YPE	CAF	RRIER / F	POLICY NUMBER	R F	POLICY EF	FF DATE PO	LICY EXP DAT	E	LIMITS		ANNUAL RENE PREMIUM	WAL	MOD
									CSL EA ACC	\$	1,000,000	\$		
AUTO	OMOBILE								BI EA ACC	\$		•		
LIA	BILITY								BI EA PER	\$		- \$		
									PD EA ACC	\$		\$		
									EACH OCCURREN	CE \$	1,000,000	PREM / OPS		
	NERAL BILITY								GENERAL AGGR	\$	2,000,000			
	CY TYPE								PROD & COMP OP AGGREGATE			PRODUCTS		
	OCCUR								PERSONAL & ADV	\$		\$		
	CLAIMS								DAMAGE TO RENTE			OTHER		1
ш	MADE								PREMISES MEDICAL EXPENS			\$		
									EACH ACCIDENT	⊑ \$ \$	1,000,000			
EMP	LOYERS								DISEASE		1,000,000			
LIA	BILITY								EACH EMPLOYEE DISEASE	\$	1,000,000	∃ '		
									POLICY LIMIT	\$	1,000,000	'		
												\$		
												\$		
												<u> </u>		<u> </u>

UNI	DERLYING GENERAL LIABILIT	Y INFORMA	ATION (Explair	n all "YES" i	responses)									
ARE DEFENSE COSTS: WITHIN AGGREGATE LIMITS:									A SEPARATE LIMIT?		UNLIMITED?	ı		
2.	2. INDICATE THE EDITION DATE OF THE ISO FORM OR SIMILAR FILING								DERLYING COVERAGE:					
3.									RED OR SELF INSURED FRO	M AN	Y PREVIOUS (COVERAGI	E? (Y / N)	
5.	FOR CLAIMS MADE, INC													
									IMARY OR EXCESS POLICY?	(Y / N	N) EFF	DATE: _		
									ARE PRESENT FOR EACH COVERA BEYOND STANDARD FORMS. EXPI				EXPLAIN IF	
	CHECK IF APP	ROPRIATE		co	VERAGE				EXPOSURE	covi	ERAGE			EXPOSURE
X	ANY AUTO (SYMBOL 1)				CARE, CUSTODY, C	ONTE	ROL				PROFESSIONAL	. LIABILITY (E	E&O)	
_	CGL - CLAIMS MADE				EMPLOYEE BENEFI	T LIA	BILIT	1			VENDORS LIABI	LITY		
X	CGL - OCCURRENCE		=>==		FOREIGN LIABILITY						WATERCRAFT L	IABILITY		
CO	VERAGE		EXPOS	SURE	GARAGEKEEPERS I									
	AIRCRAFT LIABILITY	DII 1777			INCIDENTAL MEDIC	AL M	ALPR	ACTI	ICE					
	AIRCRAFT PASSENGER LIAE ADDITIONAL INTERESTS	DILI I Y			LIQUOR LIABILITY POLLUTION LIABILIT	ΓV								
WH	ETHER INSURED OR NOT. SP	PECIFY DAT							CES THAT MAY GIVE RISE TO CLA TSTANDING) Attach ACORD 101, Ai					ed.
	RE, CUSTODY, CONT	ROL						-				64	O ET OF BL D	2.000
LOC PROPERTY TYPE VALUE					A*	B*	C*	D*			SC	Q FT OF BLD	3 000	
	PERSONAL							L						
	*APPLICANT: [A] IS HELD			LEASE, [I	B] HAS A WAIVER	OF S	SUBF	₹OG	SATION, [C] IS A NAMED INSU	RED	N THE FIRE F	POLICY, [D]	OTHER (sp	pecify)
			# NON-									R	ADIUS (MILE	
	TYPE #	# OWNED	OWNED	# LEASED					PROPERTY HAULED			LOCAL	INTÈR- MEDIATE	LONG DISTANCE
	PRIVATE PASSENGER LIGHT	3												

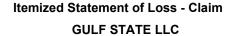
TYPE		# OWNED # NON- OWNED # LEASED PROPERTY HAULED					RADIUS (MILES)				
							INTER- MEDIATE	LONG DISTANCE			
PRIVATE PASSENGER											
	LIGHT	3									
TDUOKO	MEDIUM										
IRUCKS	HEAVY										
	EX. HEAVY										
TRUCKS /	HEAVY										
	EX. HEAVY	5									
BUSES											
	EX. HEAVY HEAVY	5									

EXF	PLAIN 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?	
	DOLOTH FLOTHER OWNER LETTER AND THE PARTICULAR TE	
	AUTO LIABILITY	
5.	ARE EXPLOSIVES, CAUSTICS, FLAMMABLES OR OTHER DANGEROUS CARGO HAULED?	N
6.	ARE PASSENGERS CARRIED FOR A FEE?	N
		IN
_	ANY UNITO NOT INQUIDED BY UNDERLYING BOLIGIEGO	-
/.	ANY UNITS NOT INSURED BY UNDERLYING POLICIES?	N
8.	ARE ANY VEHICLES LEASED OR RENTED TO OTHERS?	N
9	ARE HIRED AND NON-OWNED COVERAGES PROVIDED?	
5.	THE DAME NOT OWNED GOVERNOED FROM SED :	Υ
	CONTRACTORS LIABILITY	
10.	IS BRIDGE, DAM, OR MARINE WORK PERFORMED?	N
11.	DESCRIBE TYPICAL JOBS PERFORMED (Attach ACORD 101, Additional Remarks Schedule, if more space is required)	
12.	DESCRIBE AGREEMENT (Attach ACORD 101, Additional Remarks Schedule, if more space is required)	
13	DOES APPLICANT OWN, RENT, OR OTHERWISE USE CRANES?	
		N
_		
14.	DO SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN APPLICANT?	N
L		L
	EMPLOYERS LIABILITY	
15.	IS APPLICANT SELF-INSURED IN ANY STATE?	
10	CUR IFOT TO LONGO AGT FELA GTOR CAR GTUTE	
16.	SUBJECT TO: JONES ACT FELA STOP GAP OTHER:	
<u></u>	INCIDENTAL MALPRACTICE LIABILITY	
∣ 17.	IS A HOSPITAL OR FIRST AID FACILITY MAINTAINED?	
	ARE COVERAGES PROVIDED FOR DOCTORS / NURSES?	
	ARE COVERAGES PROVIDED FOR DOCTORS / NURSES?	
	ARE COVERAGES PROVIDED FOR DOCTORS / NURSES?	
18.	ARE COVERAGES PROVIDED FOR DOCTORS / NURSES? INDICATE # OF DOCTORS: NURSES: BEDS:	

20.			S, PROVIDE OI	HER INFORMATIO	N REQUIRED								Y/N	
	EPA #: POLLUTION LIABILITY									·				
		RENT OR PAST AL METHODS?	PRODUCTS	S, OR THEIR CO	OMPONENTS	, CONTAIN	HAZARDO	JS MATERIALS	THAT MAY F	REQUIRE SPE	CIAL			
21.	21. INDICATE THE COVERAGES CARRIED:													
	GL WITH STANDARD ISO POLLUTION EXCLUSION GL WITH POLLUTION COVERAGE ENDORSEMENT													
	GL	WITH STANDA	RD SUDDEN	I & ACCIDENTAL	L ONLY			TION COVERAG	E					
22	ARF MIS	SILES ENGINE	S GUIDANO	CE SYSTEMS, F	RAMES OR A		PRODUCT		I ED IN AIR	CRAFT?				
		, 5, 1, 5, 1, 5, 1, 5	,					0022 /						
	(If "YES"	, Attach ACORD	815)	EIGN PRODUCT			USA OR U	S PRODUCTS S	OLD / DISTR	RIBUTED IN FC	REIGN	COUNTRIES?		
24.	PRODUC	JI LIABILITY LC	100 IN PAOI	THREE (3) TEA	ARS? (SPECII	F1)								
25.	GROSS	SALES FROM E	ACH OF LAS	ST THREE (3) YE	EARS: \$			\$		\$				
							ECTIVE LIABI							
26.	DESCRI	BE INDEPENDE	NT CONTRA	ACTORS (Attach	n ACORD 101	, Additional	Remarks So	hedule, if more s	space is requ	ired)				
						WATE	RCRAFT LIAB	LITY						
27.	DOES A	PPLICANT OWN	OR LEASE	WATERCRAFT	?									
	LOC#	# OWNED		LENGTH	HORSEP	OWER	LOC#	# OWNED		LENGTH	ŀ	HORSEPOWER		
<u> </u>					ADADTI	MENTS / CON	DOMINIUMS /	HOTELS / MOTELS						
28.	LOC#	# STORIES	# UNITS	# SWIMMING PO		G BOARDS	LOC #	# STORIES	# UNITS	# SWIMMING	POOLS	# DIVING BOARDS		
20.														
REI	MARKS	(Attach ACO	RD 101, A	dditional Rem	narks Sche	dule, if m	ore space	is required)		•				
					REMARKS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)									

	AGENCY CUSTOMER ID: GULFLL	C-02	ALEE
REMARKS (Attach ACORD 101, Additional Remarks Sched	ule, if more space is required)		
SIGNATURE			
ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD	ANY INSURANCE COMPANY OR ANOTHER PER	RSON FILES AN APPLIC	ATION FOR INSURANCE OR
STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFO	RMATION, OR CONCEALS FOR THE PURPOSE	OF MISLEADING INFOR	MATION CONCERNING ANY
FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE A PENALTIES. (Not applicable in CO, DC, FL, HI, MA, NE, OH, OK, OR, VT			ND [NY: SUBSTANTIAL] CIVIL
IN THE DISTRICT OF COLUMBIA, WARNING: IT IS A CRIME TO PROV THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPR		AN INSURER FOR THE	PURPOSE OF DEFRAUDING
IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT	T TO INJURE, DEFRAUD, OR DECEIVE ANY I		TEMENT OF CLAIM OR AN
APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADI IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY			INSURANCE COMPANY OR
ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR	STATEMENT OF CLAIM CONTAINING ANY MATE	RIALLY FALSE INFORM	ATION, OR CONCEALS FOR
THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY F A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL I		3 A FRAUDULENT INSU	RANCE ACT, WHICH MAY BE
IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, IN	ICOMPLETE OR MISLEADING INFORMATION TO) AN INSURANCE COME	PANY FOR THE PURPOSE OF
DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT			7 7
IF THE COMPANY TO WHICH I AM APPLYING OFFERS UNINSURED N	MOTORISTS (LIM) AND/OR LINDERINSURED MOT	ORISTS (LIM) COVERA	GE IN MY STATE:
	*		*
UNINSURED MOTORISTS (UM) COVERAGE: \$	UNDERINSURED MOTORISTS (UIM)	COVERAGE: \$	
* IF APPLICABLE IN YOUR STATE			
	<u>JISIANA, NEW HAMPSHIRE, VERMONT AND WI</u>	<u>SCONSIN</u>	
APPLICABLE ONLY IN LOUISIANA:			
I ACKNOWLEDGE THAT UM COVERAGE HAS BEEN EXPLAINED TO LIMITS, UM LIMITS LOWER THAN MY LIABILITY LIMITS, OR TO REJECT		OF SELECTING UM LIM	ITS EQUAL TO MY LIABILITY
I. I SELECT UM LIMITS INDICATED IN THIS APPLICATION.	OR 2. I REJECT UM COVE	RAGE IN ITS ENTIRETY	
(INITIALS		VAGE IN 113 ENTINETT	(INITIALS)
APPLICABLE ONLY IN NEW HAMPSHIRE:			
I ACKNOWLEDGE THAT UM COVERAGE HAS BEEN EXPLAINED TO LIMITS OR TO REJECT UM COVERAGE ENTIRELY.	ME, AND I HAVE BEEN OFFERED THE OPTION	OF SELECTING UM LIMI	ITS EQUAL TO MY LIABILITY
1. I SELECT UM LIMITS INDICATED IN THIS APPLICATION.		RAGE IN ITS ENTIRETY	
(INITIALS APPLICABLE ONLY IN VERMONT:	5)		(INITIALS)
ACKNOWLEDGE THAT HAVE BEEN OFFERED UM COVERAGE	FOUAL TO MY LIABILITY LIMITS THAVE SEL	ECTED THE LIMITS INC	CATED IN THIS
APPLICATION.			
APPLICABLE ONLY IN WISCONSIN:			
I ACKNOWLEDGE THAT I HAVE BEEN OFFERED UNINSURED MOTOR	RIST (UM) COVERAGE AND UNDERINSURED MC	TORIST (UIM) COVERA	GE.
1. I SELECT UM LIMITS INDICATED IN THIS APPLICATION.	OR 2. I REJECT UM COVE	RAGE IN ITS ENTIRETY	
(INITIALS		AGE IN 110 ENTINETT	(INITIALS)
3. I SELECT UIM LIMITS INDICATED IN THIS APPLICATION.	OR 4. I REJECT UIM COVE	RAGE IN ITS ENTIRETY	′ .
(INITIALS			(INITIALS)
IMPORTANT - THE STATEMENTS (ANSWERS) GIVEN ABOVE ARE TANY MATERIAL FACT OR CIRCUMSTANCE CONCERNING THIS APPL			LED OR MISREPRESENTED
PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)		STATE PRODUCER LICENSE NO
Low of south	Sam Sackler, CIC, CRM		(Required in Florida) 412674
APPLICANT'S SIGNATURE		DATE	NATIONAL PRODUCER NUMBER

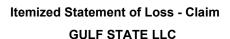
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Warning: The information contained in this document is confidential and proprietary. The output below displays only Billable Expenses. It is for the exclusive use of Liberty Mutual and its Policyholder. Do not distribute beyond these groups.

The report type is 'SLR - Itemized Statement of Loss (WC) - Claim'. Date As Of: 03/31/2024 CRITERIA **Account Number** includes: 3B22H78 -Policy Effective Date from 08/04/2022 to 04/09/2024 -- inclusive **OPTIONS** Subtotal By equals 04 - Eff.Date/Pol.Num/Location equals liberty - Liberty Money Computation equals N - Net Report Title equals 'GULF STATE LLC' Financial View equals 1 - External Overview Page equals Yes





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It is for the exclusive use of Liberty Mutual and its Policyholder. Do not distribute beyond these groups.

LOB: Workers Compensation
Valuation Date: 03/31/2024

Account Numbers: 3B22H78

Minimum Policy Effective Date: 08/04/2022 Maximum Policy Effective Date: 04/09/2024

Run Date: 04/09/2024

Claim Number	Claim ID	Claimant Name	Status	Policy	Inc Inder	m Inc Med	Inc Exp	Total Inc
Loss Date Jurisdiction S	Report Date	Close Date	Tenure	Effective Date	Paid Inder	n Paid Med	Paid Exp	Total Paid O/S Reserve
Nature of Inju: Supp Nature of	2	of Body Part of Body	Catalyst	:	Cause			
Grand Total	Claim Count:	: 0	Accident	Count: 0	\$(\$0	\$0	\$0
					\$(\$0	\$0	\$0 \$0



P.O. Box 94739 Cleveland, OH 44101

Telephone: 800-444-4487 progressive.com

Date:	April	9.	2024
Date.	1 1 P 1 1 1	-,	

State: MS

Policy #: 960373964

Insured: GULFSTATE LLC

DBA:

Coverage Dates: 08/05/2022 - 06/22/2023

Re: Loss History

There have been no losses on the policy term(s)/date(s) listed

There have been losses on the policy term(s)/date(s) listed

If you have any questions regarding your loss history, please contact us at: 1-800-444-4487

We comply with the state insurance laws that regulate the provision of loss history information. Unless required by law we provide a list of claims and the paid amounts only.

Thank you,

Commercial Lines Customer Care



Policy Loss Run

Policy Number

1-CCP-1068204

GULF STATE LLC

Policy Effective Date 08/05/2022

Policy Expiration Date 08/05/2023

Company Insured Name

Century Surety Company

Agency Business Risk Services (5618A)

Product Group Casualty

Claim Number Date of Loss

Date Reported Claim Paid Status Loss

LAE

Reserve

Total

There are currently no claims reported on this policy.

Policy Number

1-CCP-1149702

Policy Effective Date 08/05/2023

Policy Expiration Date 08/05/2024

Company Insured Name Century Surety Company
GULF STATE LLC

Agency Business Risk Services (5618A)

Product Group Casualty

Claim Number Date of Loss

Date Reported Claim Status Paid Loss

LAE

Reserve

Total

There are currently no claims reported on this policy.

Total

0.00

0.00

0.00

0.00



Policy Loss Run

Policy Number

1-CCP-1068205

GULF STATE LLC

Policy Effective Date 08/05/2022

Policy Expiration Date 08/05/2023

Company Insured Name

Century Surety Company

Agency Business Risk Services (5618A)

Product Group Casualty

Claim Number Date of Loss

Date Reported Claim Paid Status Loss

LAE

Reserve

Total

There are currently no claims reported on this policy.

Policy Number

1-CCP-1149703

GULF STATE LLC

Policy Effective Date 08/05/2023

Policy Expiration Date 08/05/2024

Company Insured Name Century Surety Company

Agency Business Risk Services (5618A)

Product Group Casualty

Claim Number Date of Loss

Date Reported Claim Status Paid Loss

LAE

Reserve

Total

There are currently no claims reported on this policy.

Total

0.00

0.00

0.00

0.00



P.O. Box 94739 Cleveland, OH 44101

Telephone: 800-444-4487 progressive.com

Date: April 9, 2024

State: MS

Policy #: 970889536

Insured: GULFSTATE LLC

DBA:

Coverage Dates: 06/22/2023 - 04/09/2024

Re: Loss History

There have been no losses on the policy term(s)/date(s) listed

There have been losses on the policy term(s)/date(s) listed

If you have any questions regarding your loss history, please contact us at: 1-800-444-4487

We comply with the state insurance laws that regulate the provision of loss history information. Unless required by law we provide a list of claims and the paid amounts only.

Thank you, Commercial Lines Customer Care