

CONTRACTORS AND CONSULTANTS APPLICATION

Please submit the following information in addition to this application:

- 1) ACORD – Commercial General Liability Section application (Note: only if General Liability coverage is requested).
- 2) Three years currently valued loss runs for those lines of business that coverage is being requested.
- 3) Two years financials including balance sheet and income statement.
- 4) Resumes / certifications / licenses of all key personnel.
- 5) List of 10 recently completed projects – Please complete the Project Description Supplemental Page at the end of this application.
- 6) Company Standard Operating Procedures (SOP).
- 7) Brochures, copies of guarantees, warranties & hold harmless agreements furnished by the Named Insured.
- 8) Sample contracts used.

This application must be signed and dated by an authorized Owner, Partner, Officer, Director or Risk Manager of the first Named Insured.

APPLICANT INFORMATION

Named Insured(s): Diamond Solutions Crawlspace LLC				
Street address: 689 W Morgan St	City / State: Spencer, IN	Zip code: 47460	Phone number: 866-222-1730	Fax number:
Mailing address if different from above (of first named insured):		Website address: https://www.diamondsolutionsonline.com/		
		FEIN:		
Street address:	City / State:	Zip code:		
Contact E-mail: crawlspace@diamondsolutionsonline.com	Contact name & phone number: 866-222-1730			
Year business started operations: 2021				
Is applicant a subsidiary of another entity? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, what entity?				
Applicant operates as an:				
<input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Joint Venture <input checked="" type="checkbox"/> LLC <input type="checkbox"/> Other (Describe):				

COVERAGE REQUESTED

Check the box that applies: <input checked="" type="checkbox"/> Environmental Combined Policy (GL, CPL & ECL) <input type="checkbox"/> Environmental Consultants Liability (ECL) only <input type="checkbox"/> Contractors Pollution Liability (CPL) only <input type="checkbox"/> Contractors & Consultants Policy (CPL & ECL) combined				
Limits of Insurance Requested: Each Occurrence/Claim \$ 1,000,000		Aggregate \$ 2,000,000		Deductible/SIR \$ 2,500
Proposed Effective date: 7/15/2024		Proposed Expiration date: 07/15/2025		

EXPIRING INSURANCE PROGRAM

General Liability		Contractors Pollution Liability		Professional Liability	
None <input type="checkbox"/>		None <input type="checkbox"/>		None <input checked="" type="checkbox"/>	
Occurrence <input checked="" type="checkbox"/>	Claims Made <input type="checkbox"/>	Occurrence <input checked="" type="checkbox"/>	Claims Made <input type="checkbox"/>	Claims Made	
Carrier:	Guideone National	Carrier:	Guideone National	Carrier:	
Limits:	1,000,000	Limits:	1,000,000	Limits:	
Deductible / SIR:	2,500	Deductible / SIR:	2,500	Deductible / SIR:	
Premium:		Premium:		Premium:	
Effective Dates:		Effective Dates:		Effective Dates:	
Retroactive Date:		Retroactive Date:		Retroactive Date:	

COMPANY HISTORY

Has any Insurer ever cancelled, restricted or refused to renew your policy or any coverage in the past 5 years? Yes No

If yes, please explain:

Does applicant have any subsidiaries or related entities not listed above? Yes No

If yes, please describe your obligations for past, present & future liabilities:

Has applicant, or any affiliated, related or predecessor entity ever been (or is currently) the subject of bankruptcy, reorganization, solvency, dissolution, or other debtor related proceeding, or has it made an assignment for the benefit of creditors? Yes No

If yes, please details:

Have there been any mergers/acquisitions, consolidations or divestitures? Yes No

If yes, please describe your obligations for past, present & future liabilities:

Has this account ever operated under a different name? Yes No

If yes, please describe your obligations for past, present & future liabilities:

Please describe any operations or services that have been discontinued, sold or abandoned or any operations that have been acquired:

REVENUE HISTORY

Year	Total Gross Revenues (\$)	Payroll (\$)	Employees (#)
Projected	\$ 820,000	\$ 330,000	6
Expiring	\$ 740,000	\$ 225,000	4
First Prior	\$ 500,000	\$ 100,000	2
Second Prior	\$	\$	

OPERATIONS AND SERVICES

ENVIRONMENTAL CONTRACTING OPERATIONS <input type="checkbox"/> Check here if this section does not apply	Projected Gross Revenues	Projected Subcontracted Revenues	Projected Payroll
Asbestos Abatement	\$	\$	\$
AST Cleaning/Maintenance	\$	\$	\$
AST Installation	\$	\$	\$
Bioremediation	\$	\$	\$
Emergency Response/Haz Mat Cleanup	\$	\$	\$
Environmental Drilling	\$	\$	\$
Fire and Water Restoration	\$	\$	\$
Groundwater Remediation	\$	\$	\$
Industrial Cleaning	\$	\$	\$
Labpacking/Drum Handling	\$	\$	\$
Landfill Operation/Maintenance	\$	\$	\$
Landfill Liner Installation	\$	\$	\$
Lead Abatement	\$	\$	\$
Low Level Radiation Remediation	\$	\$	\$
Medical Waste Pickup	\$	\$	\$
Mold/Fungus Abatement – Commercial Please Complete Mold/Fungus Section Below	\$	\$	\$
Mold/Fungus Abatement – Residential Please Complete Mold/Fungus Section Below	\$ 15,000	\$ 50,000	\$
PCB Removal	\$	\$	\$
Pesticide/Herbicide Application	\$	\$	\$
Pipeline Cleaning/Installation	\$	\$	\$
Sampling	\$	\$	\$
Septic Tank Cleaning	\$	\$	\$

Soil Excavation – petroleum	\$	\$	\$
Soil Excavation – other (explain):	\$	\$	\$
Soil Remediation	\$	\$	\$
UST Installation	\$	\$	\$
UST Removal	\$	\$	\$
Water Treatment Plant Operation/Maintenance	\$	\$	\$
Wastewater Treatment Plant Operation/Maintenance	\$	\$	\$
Wetlands Contracting	\$	\$	\$
Other (explain):	\$	\$	\$
NON-ENVIRONMENTAL CONTRACTING OPERATIONS <input type="checkbox"/> Check here if this section does not apply	Projected Gross Revenues	Projected Subcontracted Revenues	Projected Payroll
Carpentry	\$ 105,000	\$	\$
Concrete	\$ 450,000	\$	\$
Demolition above 3 stories	\$	\$	\$
Demolition below 3 stories	\$	\$	\$
Demolition - Interior	\$	\$	\$
Dredging	\$	\$	\$
Electrical	\$	\$	\$
HVAC	\$	\$	\$
Industrial Maintenance	\$	\$	\$
Insulation	\$ 150,000	\$	\$
Landscaping	\$	\$	\$
Maintenance/Janitorial	\$ 100,000	\$	\$
Marine Construction	\$	\$	\$
Masonry	\$	\$	\$
Mechanical	\$	\$	\$
Metal Erection	\$	\$	\$
Non-Environmental Drilling	\$	\$	\$
Painting	\$	\$	\$
Pile Driving	\$	\$	\$
Pipeline Maintenance or Construction	\$	\$	\$
Plumbing - Commercial	\$	\$	\$
Plumbing - Residential	\$	\$	\$
Roofing - Commercial	\$	\$	\$
Roofing - Residential	\$	\$	\$
Sewer and Water	\$	\$	\$
Soil Excavation/Grading	\$	\$	\$
Street & Road Cleaning	\$	\$	\$
Street & Road Construction	\$	\$	\$
Tunneling	\$	\$	\$
Utility Contracting	\$	\$	\$
Other (explain):	\$	\$	\$
TOTAL FOR ALL CONTRACTING OPERATIONS	\$	\$	\$
PROFESSIONAL SERVICES <input type="checkbox"/> Check here if this section does not apply	Projected Gross Revenues	Projected Subcontracted Revenues	Projected Payroll
Analytical Laboratories	\$	\$	\$
Architectural Engineering	\$	\$	\$
Asbestos and/or Lead Consulting	\$	\$	\$
AST Testing	\$	\$	\$
Building Materials Testing	\$	\$	\$
Civil/Structural Engineering	\$	\$	\$
Construction Management	\$	\$	\$
Electrical Engineering	\$	\$	\$
Environmental Consulting	\$	\$	\$
Environmental Training	\$	\$	\$
Eyewitness Testimony/Litigation	\$	\$	\$
General Consulting	\$	\$	\$

Geophysical Engineering	\$	\$	\$
Geotechnical Engineering	\$	\$	\$
Groundwater Monitoring	\$	\$	\$
Hydrogeological Investigations	\$	\$	\$
Industrial Engineering	\$	\$	\$
Industrial Hygiene/Health & Safety	\$	\$	\$
Mechanical Engineering	\$	\$	\$
Mold/Fungus Assessments/Testing/Consulting – Commercial Please Complete Mold/Fungus Section Below	\$	\$	\$
Mold/Fungus Assessments/Testing/Consulting – Residential Please Complete Mold/Fungus Section Below	\$	\$	\$
Phase I Environmental Assessments	\$	\$	\$
Phase II and III Environmental Assessments	\$	\$	\$
Process Engineering	\$	\$	\$
Project Management	\$	\$	\$
Real Estate Audits/Assessments	\$	\$	\$
Regulatory Compliance/Permitting	\$	\$	\$
Remedial Design	\$	\$	\$
Remediation Oversight	\$	\$	\$
Software Design	\$	\$	\$
Soil Testing/Analysis	\$	\$	\$
Surveying	\$	\$	\$
UST Testing	\$	\$	\$
Waste Brokering	\$	\$	\$
Wetlands Consulting	\$	\$	\$
Other (explain):	\$	\$	\$
TOTAL FOR ALL PROFESSIONAL SERVICES	\$	\$	\$

NOTE: The Total Projected Gross Revenues for all Contracting (Environmental & Non-Environmental) Operations and Professional Services should equal the Projected Total Gross Revenues entered within the Revenue History section above.

Please indicate the approximate percentage of your total gross revenues derived from the following categories of clients:

Category	Percent	Category	Percent
Federal government	%	Real estate development	%
State government	%	Lending institutions / banks	%
Local government	%	Owners who act as their own contractors	%
Contractors	%	Educational facilities	%
Commercial	%	Industrial	%
Residential	%	Other (explain):	%
Architects, engineers or environmental consultants	%		

Please indicate the approximate percentage of your total gross revenues derived from the following types of projects:

Category	Percent	Category	Percent
Airports	%	Manufacturing / Industrial	%
Apartments	%	Office / Commercial buildings	%
Bridges	%	Parking Structures	%
Condominiums	%	Retail / Shopping Centers	%
Dams / Tunnels	%	Roads / Highways / Bridges	%
Government Buildings	%	Telecommunications	%
Harbors / Piers / Ports	%	Stadiums	%
Hospitals	%	Water / Wastewater Treatment	%
Hotels / Hospitality	%	Other (explain):	%
Interior Building Renovation	%		

SUBCONTRACTORS AND SUBCONSULTANTS

Indicate the percentage of work subcontracted out to others, including 1099 employees:	5 %
What percentage of your work is with repeat customers?	5 %
Are subcontractors and/or subconsultants required to have Contractors Pollution Liability and/or Professional Liability Insurance? If required by trade only, please identify trades:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
What are the minimum limits of liability required for your subcontractors/subconsultants? General Liability \$ 1,000,000 Contractors Pollution Liability \$ 1,000,000 Professional Liability \$	
When hiring subcontractors and/or subconsultants, do you:	
Obtain certificates of insurance?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Allow subcontractors and/or subconsultants to work without providing you with a certificate of insurance?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Require to be named as an Additional Insured on the subcontractors and/or subconsultant's policies?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Obtain Waivers of Subrogation?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Obtain Hold Harmless Agreements?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Verify all hired subcontractors and/or subconsultants carry workers compensation coverage?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

MOLD / FUNGUS INFORMATION

Check here if this section does not apply

Note: all policies include a mold / fungus exclusion. Mold / fungus coverage may be available for the applicant. Please provide all information requested below:

COVERAGE REQUESTED:	
<input checked="" type="checkbox"/> Contractors Pollution Liability - Mold / Fungus Remediation/Abatement	
<input type="checkbox"/> Professional Liability - <input type="checkbox"/> Mold / Fungus Assessments <input type="checkbox"/> Mold / Fungus Laboratory Analysis <input type="checkbox"/> Mold / Fungus Consulting	
Describe the mold / fungus operations and/or services performed: <div style="text-align: center; font-size: small;">Remediation of mold in crawlspaces and basements while performing repairs to the foundation</div>	
Specify the number of years involved in mold / fungus work: 7	
What percentage of your work is attributed to residential/habitational work? 90 %	
Describe your firm's use of water misting as a method of mold / fungus spore release control during remediation or testing: <div style="text-align: center; font-size: small;">No</div>	
If existing moisture problems (such as leaks, flooding, sewer backups, structural deficiencies, humidity problems) are encountered during the performance of your operations, how is this situation handled and documented? <div style="text-align: center; font-size: small;">Contact contractors that are licensed to deal with.</div>	
What mold / fungus guidelines do you adhere to in the performance of abatement and/or assessments? <div style="text-align: center; font-size: small;">OSHA Guidelines</div>	
Are your subcontractors and/or subconsultants required to provide evidence of mold / fungus insurance? If yes, please provide limits required:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Do you state to the client, both verbally and written within your service contract that mold / fungus problems may reoccur if the moisture problem is not resolved?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Do you perform air quality testing prior to, during and after remediation? If yes, who performs the testing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

The following must be submitted in addition to this signed application for review prior to quoting mold / fungus coverage:

- Statement of Qualification and/or resumes for all personnel performing Mold / Fungus Operations and/or Services.
- Mold / Fungus training certificates for all personnel performing Mold / Fungus Operations and/or Services.
- Details of any mold / fungus losses or claims in the past 3 years.
- Copy of the insured's mold / fungus remediation service contract. The contract must provide detailed scope of services and must not state any warranties or guarantees of mold / fungus work performed.
- Written company mold / fungus - Standard Operating Procedures (SOP).
- List of 10 most recent mold projects performed.

GENERAL INFORMATION

Does the applicant own, operate or lease a water treatment, wastewater treatment, storage or disposal facility?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does the applicant perform operations / services in the state of New York? If yes, what percentage is performed in the 5 boroughs? %	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does the applicant or any other person or organization for which the applicant is or may be liable, currently or in the past, manufacture, sell, lease or distribute any product? If yes, please explain:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does the applicant or any other person or organization for which the applicant is or may be liable, currently or in the past, develop, design, redesign, or lease computer software or equipment or provide computer consulting activities? If yes, please explain:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does any one project represent more than 25% of your revenue? If so, please describe:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Total number of staff		
Architects or Environmental Engineers:	Draftsmen, Technicians, Inspectors, Surveyors:	
General Engineers other than above:	Clerical and Accounting Employees:	
Geologists or Hydro geologists:	Administrative Management:	1
Industrial Hygienists, CIHs or CSPs:	Other:	5 Laborers
Project Managers:	Number of Principals (included in listing above):	
Do you engage in any work outside of the U.S.? If yes, what percentage? % <input type="checkbox"/> Yes <input type="checkbox"/> No		
List below all states within which you operate, the operations and/or services performed and the percentage of work performed in each state:		
State/Country	Operations and/or Services Performed	Percentage of work performed %
Indiana	Repair on foundations	100 %
		%
		%
		%
List below the estimated amount of your work to be performed under the respective project delivery methods during the next 12 months:		
Contract Type	Estimated Construction Value	Percentage of work performed
Design / Bid / Build		%
Design/Build with In-house Design		%
Design / Build with Subcontracted Design		%
Construction Management – At Risk		%
Construction Management - Agency		%
Engineer / Procure / Construct (EPC)		%
Integrated Project Delivery (IPD)		%

BUSINESS PRACTICES	
Please complete the Project Description – Supplemental Page attached at end of this application.	
Do you ever perform Contracting Operations or Professional Services within 50' of a railroad?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does your firm have any aircraft, watercraft or drone exposures? If yes, please describe:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does your firm have written quality control procedures? If yes, please include the table of contents with this application.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Does your firm have an in-house continuing education program? If yes, please describe:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a written formal health and safety program in place?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Do you engage in any operations, involving Exterior Insulation and Finishing Systems (EIFS)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Do you utilize the ASTM – 1527 standard Protocol for Audits/Assessments? If not, please attach a sample copy of your contract.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Do you provide written warranties for you work?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

CLAIMS	
Have any claims been made within the past 3 years against the applicant or reported under any Commercial General Liability, Contractors Pollution Liability, or Professional Liability policies? If yes, please provide details:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Are you aware of any fact, circumstance or situation which could result in a claim being made against you or any other entity for which coverage is being requested? If yes, please provide details (use additional paper if necessary):	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Has any staff member or employee been the subject of disciplinary action by authorities as a result of Contracting Operations or Professional Services? If yes, describe:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

CYBER EXPOSURES

Check here if this section does not apply

Limits Requested

Aggregate Sublimit(s) of Insurance	Aggregate Limit of Insurance	
\$10,000	\$25,000	<input type="checkbox"/>
\$25,000	\$50,000	<input checked="" type="checkbox"/>
\$50,000	\$100,000	<input type="checkbox"/>
\$100,000	\$200,000	<input type="checkbox"/>
\$250,000	\$500,000	<input type="checkbox"/>
\$500,000	\$1,000,000	<input type="checkbox"/>

Annual revenue generated from or attributable to activities conducted on your web site(s) (If Applicable):

Summary of E-Commerce Activities Conducted Via Your Web Site(s):

Encryption

- a) Does your organization encrypt all e-mails containing sensitive information (e.g., Personally Identifiable Information [PII], Personal Health Information [PHI], Payment Card Information [PCI]) sent to external parties? Yes No
- b) Does your organization encrypt all sensitive information (e.g., PII, PHI, PCI) Stored on mobile devices (e.g., phones, tablets, wearable computers, flash drives)? Yes No

Information Security Leadership

Does your organization have an individual officially designated for overseeing Information security? Yes No

Cloud

Does your organization have sensitive information (e.g., PII, PHI, PCI) stored on the cloud (e.g., Carbonite, Google Drive, Dropbox)? Yes No

If so, which provider(s) is used?:

Employee Management

Does your organization provide mandatory information security training to all employees at least annually? Yes No

If yes, are your information security personnel provided with additional training to help them understand current security threats? Yes No

Please describe:

CYBER INSURANCE COVERAGE HISTORY

- List prior cyber/security privacy insurance for past three years, including both stand-alone policies and supplemental coverage provided under some other type of insurance.

Insurance Company	Insurance Limits	Deductible/Retention	Policy Period	Premium
Guideone National	\$ 50,000	\$		\$
	\$	\$		\$
	\$	\$		\$

- Has any cyber/security privacy insurance policy listed above been canceled or nonrenewed? Yes No

3. What is the Retroactive Date of your Cyber Insurance Policy currently in effect? If you do not have a Cyber Insurance Policy currently in effect, please answer N/A.

Insuring Agreement	Retroactive Date
a) Security Agreement	
b) Extortion Threats	
c) Replacement or Restoration of Electronic Data	
d) Business Income and Extra Expense	
e) Public Relations Expense	
f) Security Breach Liability	

During the last three years has your organization suffered a security breach requiring customer or third-party notification according to state or federal regulations? Yes No

If Yes, please describe both the cause of the security breach and the economic loss to your organization:

If Yes, how did your organization respond to the security breach?

VEHICLE EXPOSURES

Number of company owned vehicles (list below)		2	Number of drivers		3
Private Pass:		Light Trucks:	2	Medium Trucks:	
Heavy Trucks:		Heavy Truck Tractors:		Extra-Heavy Trucks:	
Extra-Heavy Truck Tractors:		Trailers:			
Do you have a written procedure for the screening and hiring of drivers? If yes, please provide details:					<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Are MVR's pulled on all drivers? If yes, please provide details:					<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
As part of a formal driver qualification program are MVR's reviewed using set criteria at least annually by the insured? If MVR's are reviewed but not by the insured, please identify who reviews them:					<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is there a vehicle maintenance program in place? If yes, please provide details:					<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Do employees use personal vehicles in business? If yes, list percentage of employees who use their own vehicles:					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Do you use owner/operators? If yes, please describe:					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Do you allow employees to take company vehicles home?					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If you allow employees to take company vehicles home, are they allowed to drive the vehicles during non-work hours?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a written policy regarding the use of cell phones while operating vehicles? If yes, please describe:					<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

EMPLOYEE JOBSITE EXPOSURES

Number of employees	6	Employee turnover rate	
Percent union employees	0	Percent non-union employees	6
Do you use temporary employees? If yes, please provide details:			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is job training provided? If yes, please provide details:			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Do you obtain a written employment application?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Do you obtain pre/post-employment physicals? If yes, which one (pre or post-employment)?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Do you perform drug/substance abuse tests? If yes, for all employees or just CDL drivers? If yes, indicate what testing is done: pre-hire, post-accident, random and/or for-cause?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Do you use a specific medical provider to treat injured employees? If yes, please provide details:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Do you have a full time Safety Director? If yes, please provide their name:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Do you have a written safety program? If yes, please provide copy of table of contents.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If you have a written safety program does it include a positive incentive program? If yes, please provide details:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Are safety/tailgate meetings conducted? If yes, how often?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a written fall protection program? If yes, indicate at what height 100% fall protection is required:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is any work performed above 2 stories?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Do you perform roof work?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Do you use scaffolds?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Do you perform any excavation or below-grade work? If yes, please provide details?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Do you perform any confined space work? If yes, please provide details? <small>Crawlspace</small>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a lock-out/tag-out program? If yes, please provide details?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Do you have a hazardous materials communication program? If yes, please provide details?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a formal equipment inspection/maintenance program? If yes, please provide details?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Do you have set procedures for reporting a claim? If yes, please provide details?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is there a formal accident investigation report? If yes, please provide details?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is modified duty offered to injured employees?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a Return To Work program?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

COMPLIANCE HISTORY AND FUTURE PLANS

During the past five (5) years, have you been cited or prosecuted for any violation of any applicable environmental law and/or federal, state or local regulation arising from the release or spill of hazardous substances, hazardous waste or any other pollutants? If yes, please provide details?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Are there any statutes, standards, or other city, state and/or federal regulations relating to the protection of the environment with which you cannot at the present comply with? If yes, please provide details?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Have you been subject to third party claims as a result of a pollution event from a non-owned disposal facility? If yes, please provide details?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Do you have an outside contractor, firm or one person who is responsible for environmental and/or compliance management services? If "yes", please provide:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Name of Firm	Contact
Phone Number	E-mail

Applicant: Cole Parer Title: Owner
Applicant's Signature: *Cole Parker* Date: 06/20/2024
Agent / Broker Name: _____

Berkley Environmental (a W. R. Berkley Company)

PROJECT DESCRIPTION - SUPPLEMENTAL PAGE

1 Project Name/Client:

Services Provided:

Value of Completed Project Gross Revenue: \$

2 Project Name/Client:

Services Provided:

Value of Completed Project Gross Revenue: \$

3 Project Name/Client:

Services Provided:

Value of Completed Project Gross Revenue: \$

4 Project Name/Client:

Services Provided:

Value of Completed Project Gross Revenue: \$

5 Project Name/Client:

Services Provided:

Value of Completed Project Gross Revenue: \$

6 Project Name/Client:

Services Provided:

Value of Completed Project Gross Revenue: \$

7 Project Name/Client:

Services Provided:

Value of Completed Project Gross Revenue: \$

8 Project Name/Client:

Services Provided:

Value of Completed Project Gross Revenue: \$

9 Project Name/Client:

Services Provided:

Value of Completed Project Gross Revenue: \$

10 Project Name/Client:

Services Provided:

Value of Completed Project Gross Revenue: \$

FRAUD WARNING

NOTICE TO ALABAMA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

NOTICE TO ARKANSAS APPLICANTS: 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.

NOTICE TO CALIFORNIA APPLICANTS: For your protection California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

NOTICE TO COLORADO APPLICANTS: 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of regulatory agencies.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

NOTICE TO LOUISIANA APPLICANTS: 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.

NOTICE TO MAINE APPLICANTS: 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 or a denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who 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.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on a application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW MEXICO APPLICANTS: 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 civil fines and criminal penalties.

NOTICE TO NEW YORK APPLICANTS: 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO PENNSYLVANIA APPLICANTS: 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.

FRAUD WARNING

NOTICE TO RHODE ISLAND: 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.

NOTICE TO TENNESSEE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO VIRGINIA APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO WASHINGTON APPLICANTS: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purposes of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits

NOTICE TO ALL OTHER STATE APPLICANTS: 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, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states.

The applicant represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance.

All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part hereof.

CONTACT INFORMATION

AGENCY CUSTOMER ID: _____

CONTACT TYPE: Office Manager		CONTACT TYPE:	
CONTACT NAME: Susan LeDune		CONTACT NAME:	
PRIMARY PHONE # <input type="checkbox"/> HOME <input checked="" type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL
866-222-1730			
PRIMARY E-MAIL ADDRESS: crawlspace@diamondsolutionsonline.com		PRIMARY E-MAIL ADDRESS:	
SECONDARY E-MAIL ADDRESS:		SECONDARY E-MAIL ADDRESS:	

PREMISES INFORMATION (Attach ACORD 823 for Additional Premises)

LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$ 820,000
1	689 W Morgan St	<input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	<input type="checkbox"/> OWNER <input checked="" type="checkbox"/> TENANT	6	OCCUPIED AREA: 2,450 SQ FT
BLD #	CITY: Spencer	STATE: IN		# PART TIME EMPL	OPEN TO PUBLIC AREA: 0 SQ FT
	COUNTY: Monroe	ZIP: 47460			TOTAL BUILDING AREA: 3,650 SQ FT
DESCRIPTION OF OPERATIONS: Foundation repair					ANY AREA LEASED TO OTHERS? Y / N N
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD #	CITY:	STATE:		# PART TIME EMPL	OCCUPIED AREA: SQ FT
	COUNTY:	ZIP:			OPEN TO PUBLIC AREA: SQ FT
DESCRIPTION OF OPERATIONS:					TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD #	CITY:	STATE:		# PART TIME EMPL	OCCUPIED AREA: SQ FT
	COUNTY:	ZIP:			OPEN TO PUBLIC AREA: SQ FT
DESCRIPTION OF OPERATIONS:					TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N

NATURE OF BUSINESS

<input type="checkbox"/> APARTMENTS	<input type="checkbox"/> CONTRACTOR	<input type="checkbox"/> MANUFACTURING	<input type="checkbox"/> RESTAURANT	<input type="checkbox"/> SERVICE	DATE BUSINESS STARTED (MM/DD/YYYY)
<input type="checkbox"/> CONDOMINIUMS	<input type="checkbox"/> INSTITUTIONAL	<input type="checkbox"/> OFFICE	<input type="checkbox"/> RETAIL	<input type="checkbox"/> WHOLESALE	

DESCRIPTION OF PRIMARY OPERATIONS

Foundation repair and remediation of water and mold in crawlspaces.

RETAIL STORES OR SERVICE OPERATIONS % OF TOTAL SALES:	INSTALLATION, SERVICE OR REPAIR WORK %	OFF PREMISES INSTALLATION, SERVICE OR REPAIR WORK 100 %
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DESCRIPTION OF OPERATIONS OF OTHER NAMED INSURED

ADDITIONAL INTEREST (Not all fields apply to all scenarios - provide only the necessary data) Attach ACORD 45 for more Additional Interests

INTEREST <input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BREACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
							LOCATION:	BUILDING:
							VEHICLE:	BOAT:
							AIRPORT:	AIRCRAFT:
							ITEM CLASS:	ITEM:
REASON FOR INTEREST:						ITEM DESCRIPTION		
REFERENCE / LOAN #:				INTEREST END DATE:				
LIEN AMOUNT:				PHONE (A/C, No, Ext):			FAX (A/C, No):	
						E-MAIL ADDRESS:		

GENERAL INFORMATION

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

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

PRIOR CARRIER INFORMATION

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

PRIOR CARRIER INFORMATION (continued)

AGENCY CUSTOMER ID: _____

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

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

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE LAST _____ YEARS

TOTAL LOSSES: \$

DATE OF OCCURRENCE	LINE	TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	SUBROGATION Y / N	CLAIM OPEN Y / N

SIGNATURE

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

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

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

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

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

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

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

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

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

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

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

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

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



AGENCY CUSTOMER ID: _____

COMMERCIAL GENERAL LIABILITY SECTION

DATE (MM/DD/YYYY)

06/24/2024

AGENCY Ohio Insurance Alliance Group LLC		CARRIER		NAIC CODE
POLICY NUMBER	EFFECTIVE DATE	APPLICANT / FIRST NAMED INSURED Diamond Solutions Crawlspace LLC		

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

COVERAGES		LIMITS		PREMIUMS	
<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	GENERAL AGGREGATE	\$ 2,000,000	PREMIUMS		
<input type="checkbox"/> CLAIMS MADE	LIMIT APPLIES PER:	<input checked="" type="checkbox"/> POLICY	<input type="checkbox"/> LOCATION	PREMISES/OPERATIONS	
<input checked="" type="checkbox"/> OCCURRENCE		<input type="checkbox"/> PROJECT	<input type="checkbox"/> OTHER:		
OWNER'S & CONTRACTOR'S PROTECTIVE	PRODUCTS & COMPLETED OPERATIONS AGGREGATE	\$ 2,000,000	PRODUCTS		
DEDUCTIBLES	PERSONAL & ADVERTISING INJURY	\$ 1,000,000	OTHER		
<input type="checkbox"/> PROPERTY DAMAGE \$	EACH OCCURRENCE	\$ 1,000,000			
<input type="checkbox"/> BODILY INJURY \$	DAMAGE TO RENTED PREMISES (each occurrence)	\$ 300,000			
<input type="checkbox"/> PER CLAIM PER OCCURRENCE	MEDICAL EXPENSE (Any one person)	\$ 5,000	TOTAL		
	EMPLOYEE BENEFITS	\$			
		\$			

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

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

1. UM / UIM COVERAGE IS IS NOT AVAILABLE. 2. MEDICAL PAYMENTS COVERAGE IS IS NOT AVAILABLE.**SCHEDULE OF HAZARDS (ACORD 211, Schedule of Hazards, may be attached if more space is required)**

LOC #	HAZ #	CLASS CODE	PREMIUM BASIS	EXPOSURE	TERR	RATE		PREMIUM	
						PREM / OPS	PRODUCTS	PREM / OPS	PRODUCTS
1	1	7699	Revenue	650,000					
CLASSIFICATION DESCRIPTION Foundation concrete repair									
1	2	1742	Revenue	100,000					
CLASSIFICATION DESCRIPTION Insulation Installation in crawlspaces									
1	3	3544	Revenue	70,000					
CLASSIFICATION DESCRIPTION Mold removal									
RATING AND PREMIUM BASIS			(P) PAYROLL - PER \$1,000/PAY	(C) TOTAL COST - PER \$1,000/COST	(U) UNIT - PER UNIT				
(S) GROSS SALES - PER \$1,000/SALES			(A) AREA - PER 1,000/SQ FT	(M) ADMISSIONS - PER 1,000/ADM	(T) OTHER				

CLAIMS MADE (Explain all "Yes" responses)

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

EMPLOYEE BENEFITS LIABILITY

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

ACORD 126 (2016/09)

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CONTRACTORS

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

PRODUCTS / COMPLETED OPERATIONS

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

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

ADDITIONAL INTEREST / CERTIFICATE RECIPIENT

ACORD 45 attached for additional names

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

GENERAL INFORMATION

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

GENERAL INFORMATION (continued)

AGENCY CUSTOMER ID: _____

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

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

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SIGNATURE

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

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

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

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

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

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

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

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

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

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

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

GENERAL INFORMATION (continued)

AGENCY CUSTOMER ID: _____

EXPLAIN ALL "YES" RESPONSES	Y / N										
7. DO OPERATIONS INVOLVE TRANSPORTING HAZARDOUS MATERIAL?	N										
8. ANY HOLD HARMLESS AGREEMENTS?	N										
9. ANY VEHICLES USED BY FAMILY MEMBERS? IF SO, IDENTIFY.	N										
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? <small>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.</small>	N										
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">DRV #</th> <th style="width:30%;">DATE (MM/DD/YYYY)</th> <th style="width:30%;">TYPE</th> <th style="width:30%;">PLACE (CITY, STATE)</th> <th style="width:10%;"># YRS REV</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	DRV #	DATE (MM/DD/YYYY)	TYPE	PLACE (CITY, STATE)	# YRS REV						
DRV #	DATE (MM/DD/YYYY)	TYPE	PLACE (CITY, STATE)	# YRS REV							
15. HAS AGENT INSPECTED VEHICLES?	N										
16. ARE ALL VEHICLES TO BE INCLUDED IN THIS POLICY PART OF A FLEET?	N										
DESCRIPTION OF GARAGE / STORAGE LOCATIONS	MAXIMUM DOLLAR VALUE SUBJECT TO LOSS \$										

ADDITIONAL INTEREST / CERTIFICATE RECIPIENT

ACORD 45 attached for additional names

INTEREST <input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT	NAME AND ADDRESS RANK: _____ EVIDENCE: _____ CERTIFICATE _____ REFERENCE / LOAN #: _____	INTEREST IN ITEM NUMBER VEHICLE: _____ LOCATION: _____
INTEREST <input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT	NAME AND ADDRESS RANK: _____ EVIDENCE: _____ CERTIFICATE _____ REFERENCE / LOAN #: _____	INTEREST IN ITEM NUMBER VEHICLE: _____ LOCATION: _____

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

VEHICLE DESCRIPTION ACORD 129 attached for additional vehicles

AGENCY CUSTOMER ID: _____

VEH # 1	YEAR 2017	MAKE: Dodge MODEL: Ram 2500	BODY TYPE: Pickup V.I.N.: 3C6UR5CL6HG562302	VEHICLE TYPE <input checked="" type="checkbox"/> PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML			SYM / AGE	COMP / OTC SYM	COLL SYM				
GARAGING ADDRESS	STREET (Required in KY) Spencer		CITY Monroe	COUNTY		STATE IN	ZIP 47460						
LIC STATE IN	TERR	GVM / GCW	CLASS	SIC 7699	FACTOR	SEAT CP	RADIUS 75	FARTHEST TERMINAL 100	COST NEW \$ 49,920				
USE	<input checked="" type="checkbox"/> PLEASURE	<input checked="" type="checkbox"/> COMM'L	FOR HIRE	<input checked="" type="checkbox"/> CHECK COVERAGES	ADD'L NO-FAULT	<input checked="" type="checkbox"/> UNDRINS MOTOR TOWING & LABOR	F FT	LSP COMP/OTC	RENT REIMB FG	DEDUCTIBLES AA	<input checked="" type="checkbox"/> ACV	<input checked="" type="checkbox"/> COMP/OTC	SPEC C OF L
DRIVE TO WORK / SCHOOL	<input type="checkbox"/> < 15 MILES	<input type="checkbox"/> 15 MILES +	NET VEH DR/CR:	MED PAY		UNINS MOTOR	FTW	<input checked="" type="checkbox"/> COLL		\$ 1,000	\$ 1,000	COLL	
TOTAL PREM: \$													

VEH # 2	YEAR 2017	MAKE: Dodge MODEL: Ram Promaster 1500	BODY TYPE: Van V.I.N.: 3C6TRVBG5HE543817	VEHICLE TYPE <input type="checkbox"/> PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML			SYM / AGE	COMP / OTC SYM	COLL SYM				
GARAGING ADDRESS	STREET (Required in KY) Spencer		CITY Monroe	COUNTY		STATE IN	ZIP 47460						
LIC STATE IN	TERR	GVM / GCW	CLASS	SIC 7699	FACTOR	SEAT CP	RADIUS 75	FARTHEST TERMINAL 100	COST NEW \$ 36,890				
USE	<input checked="" type="checkbox"/> PLEASURE	<input checked="" type="checkbox"/> COMM'L	FOR HIRE	<input checked="" type="checkbox"/> CHECK COVERAGES	ADD'L NO-FAULT	<input checked="" type="checkbox"/> UNDRINS MOTOR TOWING & LABOR	F FT	LSP COMP/OTC	RENT REIMB FG	DEDUCTIBLES AA	<input checked="" type="checkbox"/> ACV	<input checked="" type="checkbox"/> COMP/OTC	SPEC C OF L
DRIVE TO WORK / SCHOOL	<input type="checkbox"/> < 15 MILES	<input type="checkbox"/> 15 MILES +	NET VEH DR/CR:	MED PAY		UNINS MOTOR	FTW	<input checked="" type="checkbox"/> COLL		\$ 1,000	\$ 1,000	COLL	
TOTAL PREM: \$													

VEH #	YEAR	MAKE:	BODY TYPE:	VEHICLE TYPE <input type="checkbox"/> PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML			SYM / AGE	COMP / OTC SYM	COLL SYM				
GARAGING ADDRESS	STREET (Required in KY)		CITY	COUNTY		STATE	ZIP						
LIC STATE	TERR	GVM / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL	COST NEW				
USE	<input type="checkbox"/> PLEASURE	<input type="checkbox"/> COMM'L	FOR HIRE	<input type="checkbox"/> CHECK COVERAGES	ADD'L NO-FAULT	<input type="checkbox"/> UNDRINS MOTOR TOWING & LABOR	F FT	LSP COMP/OTC	RENT REIMB FG	DEDUCTIBLES AA	<input type="checkbox"/> ACV	<input type="checkbox"/> COMP/OTC	SPEC C OF L
DRIVE TO WORK / SCHOOL	<input type="checkbox"/> < 15 MILES	<input type="checkbox"/> 15 MILES +	NET VEH DR/CR:	MED PAY		UNINS MOTOR	FTW	<input type="checkbox"/> COLL		\$	\$	COLL	
TOTAL PREM: \$													

VEH #	YEAR	MAKE:	BODY TYPE:	VEHICLE TYPE <input type="checkbox"/> PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML			SYM / AGE	COMP / OTC SYM	COLL SYM				
GARAGING ADDRESS	STREET (Required in KY)		CITY	COUNTY		STATE	ZIP						
LIC STATE	TERR	GVM / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL	COST NEW				
USE	<input type="checkbox"/> PLEASURE	<input type="checkbox"/> COMM'L	FOR HIRE	<input type="checkbox"/> CHECK COVERAGES	ADD'L NO-FAULT	<input type="checkbox"/> UNDRINS MOTOR TOWING & LABOR	F FT	LSP COMP/OTC	RENT REIMB FG	DEDUCTIBLES AA	<input type="checkbox"/> ACV	<input type="checkbox"/> COMP/OTC	SPEC C OF L
DRIVE TO WORK / SCHOOL	<input type="checkbox"/> < 15 MILES	<input type="checkbox"/> 15 MILES +	NET VEH DR/CR:	MED PAY		UNINS MOTOR	FTW	<input type="checkbox"/> COLL		\$	\$	COLL	
TOTAL PREM: \$													

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

IN THE DISTRICT OF COLUMBIA, WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS, IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

IN FLORIDA, 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.

IN KANSAS, 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.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.

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