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ACORD 125 (2025/03)

APF	PLI	CANT INFO	ORM	ΑТ	ION (Continu	ned)						Α	GENO	CY CUST	ОМІ	ER ID:					
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LOC		STREET 11			•						Y LIMITS	INT	EREST	-	#	FULL TIME EMPL	ANNUA	L REVEN	IUES: \$	100,000	
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		,	•	•											at he	can start applyin	g for dit	fferent jo	obs onc	e he is covered	
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AGENCY CUSTOMER ID:

Ny the necessary data). Attach ACORD 45 for more Additional Inte

		INIL	KESI	(IVOL	ali fields apply to							T '	All				
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X	INSURED BREACH OF		LIENHO		blanket additional i	insur	ed CG201	10, cg2037, P	NC, W	aiver					LOCATION:	BUILDING:	
	WARRANTY		LOSS	PAYEE				, 5							VEHICLE:	BOAT:	
	CO-OWNER		MORTO	SAGEE											AIRPORT:	AIRCRAFT:	
	EMPLOYEE AS LESSOR		OWNE	R											ITEM CLASS:	ITEM:	
	LEASEBACK OWNER		REGIS	TRANT											ITEM DESCRIPTIO	N	
	LENDER'S LOSS PAYABLE		TRUST	EE	REFERENCE / LOAN #	ŧ:			INTER	REST END DA	TE:						
					LIEN AMOUNT:				PHON	IE (A/C, No, E	xt):				FAX (A/C, No):		
REA	SON FOR INTER	REST:							E-MAI	IL ADDRESS:							
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10.	PARENT COM			DOIDI	uti oi miomilitei	*****						EI ATIONSI		ESCRIPTION	<u> </u>	% OWNED	"
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	SAFETY	MAN	UAL		SAFETY POSITION		MONTHLY	Y MEETINGS		OSHA							
3.	ANY EXPOSI	JRE	TO FLA	MMABI	LES, EXPLOSIVES, C	HEM	IICALS?										n
4.	ANY OTHER	INS	URANC	E WITI	H THIS COMPANY?	(List	policy nu	ımbers)									n
	LINE OF BUS	NES	•		POLICY NUMBER				LINE	OF BUSINES	22			POLICY NU	MRER		
	LINE OF BOO	IVE			TOLIOT NOMBER					OI BOOME				T OLIOT NO	MDER		
5.	ANY POLICY	OR	COVER	AGE D	L ECLINED, CANCELLI	ED C	R NON-R	ENEWED DL	IRING	THE PRIOR	THR	EE (3) YE	ARS	L FOR ANY F	PREMISES OR		n
					cants - Do not answe					_		(-,					"
	NON-PA	YMEN	NT	A	GENT NO LONGER REP	RESE	ENTS CARF	RIER									
	NON-RE	NEW	AL	UI	NDERWRITING		CONDITION	N CORRECTED	(Descri	ibe):							
6.	ANY PAST LO	DSSE	ES OR C	CLAIMS	RELATING TO SEXU	JAL /	ABUSE Of	R MOLESTAT	ION AI	LEGATION	IS, DI	ISCRIMIN <i>A</i>	ATIO	N OR NEGI	IGENT HIRING?		n
7.					TEN IN RI), HAS ANY A RELATED CRIME IN CO								REE	OF THE CR	IME OF FRAUD, BI	RIBERY,	n
					ered by any applicant for												
	sentence of up to be disclose				isonment. In VA the fol	lowin	ig notice a	pplies: informa	tion co	ncerning an	arres	t, charge, o	r cor	viction that	has been sealed do	oes not have	
	to be disclose	a III u	пе аррік	callon).													
8.	ANY UNCOR	REC	TED FIF	RE AND	O/OR SAFETY CODE	VIOL	_ATIONS?)									n
	OCCUR DAT	E E	XPLANA	TION							RES	OLUTION				RESOLVE DATE	
		\top															
9.	HAS THE AP	PLIC	ANT HA	D A FC	ORECLOSURE FILED	AGA	AINST TH	EM, HAD A F	ORECL	OSURE, R	EPOS	SESSION	, BAI	NKRUPTCY	OR FILED FOR	BANKRUPTCY	
	DURING THE	-		` '	ARS?												n
	OCCUR DAT	E E	XPLANA	ATION							RES	OLUTION				RESOLVE DATE	
10.	HAS APPLIC	ANT	HAD A	JUDGE	MENT OR LIEN DUR	ING	THE LAST	T FIVE (5) YE	ARS?								n
	OCCUR DAT	E E	XPLANA	ATION							RESC	OLUTION				RESOLVE DATE	
11.	HAS BUSINE	SS E	BEEN PL	ACED	IN A TRUST? NAME	OF T	RUST:										n
					OREIGN PRODUCTS			D IN USA, OF	R US PI	RODUCTS	SOLE	D / DISTRIE	BUTE	D IN FORE	IGN COUNTRIES	5?	n
	(If "YES", atta	ch A	CORD 8	15 for l	Liability Exposure and	or A	CORD 816	6 for Property	Exposu	ıre)							
13.	DOES APPLI	CAN	T HAVE	OTHE	R BUSINESS VENTU	IRES	FOR WH	IICH COVERA	GE IS	NOT REQU	EST	ED?					n
14.	DOES APPLI	CAN	TOWN	/ LEAS	E / OPERATE ANY D	RON	IES? (If "\	YES", describe	e use)								n
							•		,								
15	DOES APPLI	CAN	T HIRF	OTHER	RS TO OPERATE DRO	ONF	S? (If "YF	S", describe i	ıse)								n
10.	JOEO/NI LI	J, 111	_	JL	IO OI LIMIL DIN	J. 1∟	J. (II IL	, 4000111100 (11

AGENCY CUSTOMER ID:	
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	new venture			
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				

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

FOR THE LAST 5	S OR LOSSES (R YEARS	EGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCC	CURRENCES THAT M	IAY GIVE RISE TO CLAIMS	TOTAL LOSSES: \$ 0		
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
none							

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, 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 CA: For your protection, California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

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 DC: 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.

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.

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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, 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.

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
William C Hernandez

PRODUCER'S NAME (Please Print)
William C Hernandez

STATE PRODUCER LICENSE NO (Required in Florida)

Applicable in NY: Applicable to all claim forms for insurance and all applications for commercial insurance and accident and health insurance: 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.

Applicable in NY: Applicable to all applications and claim forms for automobile insurance: Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company 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 value of the subject motor vehicle or stated claim for each violation.

APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER

THIS SECTION IS INTENTIONALLY LEFT BLANK

						AG	ENCY CUS	TOME	R ID:			
ACC	ORD ORD		COMM	ERCIAL	GENER	RAL L	IABILI	TY S	SECTION			ATE (MM/DD/YYYY) 6/6/2025
AGENCY						CAR	RIER					NAIC CODE
AAIGOT	Insurance	Agency Inc.										
POLICY NU	MBER				EFFECTIVE DA	ATE APPLI	CANT / FIRST N	NAMED II	NSURED			•
						Jean	C Staudigl dl	ba Midv	vay Restoration Mo	old Contract	ors	
		CLAIMS MADE		n the COVER	AGE / LIMITS	section b	elow, this i	s an ap	pplication for a c	laims-mac	le policy	•
COVERA	GES			LI	MITS							
СОММ	ERCIAL GE	NERAL LIABILITY		GE	ENERAL AGGREGA	TE			\$	2,000,000		PREMIUMS
С	LAIMS MADI	X	OCCURRENCE	LII	MIT APPLIES PER:	X PC	LICY	LOCATIO	ON		PREMISES	S/OPERATIONS
OWNE	R'S & CONT	RACTOR'S PROTE	CTIVE			PR	OJECT	OTHER:				
				PF	RODUCTS & COMP	LETED OPE	RATIONS AGG	REGATE	\$	2,000,000	PRODUCT	S
DEDUCTIBL	.ES			PE	ERSONAL & ADVER	RTISING INJ	URY		\$	1,000,000		
PROPE	RTY DAMA	GE \$		1	ACH OCCURRENCE				\$	1,000,000	OTHER	
BODIL	Y INJURY	\$			AMAGE TO RENTE	PREMISES	each occurre	ence)	\$	100,000		
		\$		PER DCCURRENCE ME	EDICAL EXPENSE (Any one pe	rson)		\$	5,000	TOTAL	
				EN	IPLOYEE BENEFIT	S			\$			
									\$			
applicant	does not l	nave any planneo	l jobs but is requ	nesting blanket	endorsements an	d pollution	liability so th	hat he c	Business Auto Section an start applying fo		•	e is covered
1. UM/UIM			IS NOT AVAI		GE IS TO BE PROV			ıs	IS NOT AVA	ILABLE.		
SCHEDU	LE OF H	AZARDS (AC	ORD 211, Sch	edule of Haza	ards, may be a	ttached i	f more space	e is re	quired)			
LOC#	HAZ#	CLASS	PREMIUM	EXPO	SURE	TERR			TE		PRE	MIUM
		CODE	BASIS				PREM / C	PS	PRODUCTS	PREM	I / OPS	PRODUCTS
1					100							
mold ren		RIPTION										
		CLASS	PREMIUM					RA	TE		PRE	MIUM
LOC#	HAZ#	CODE	BASIS	EXPO	SURE	TERR	PREM / C	PS	PRODUCTS	PREM	/ OPS	PRODUCTS
CLASSIFICA	ATION DESC	RIPTION										
LOC#	HAZ#	CLASS CODE	PREMIUM BASIS	EXPO	SURE	TERR			TE			MIUM
		CODE	BASIS				PREM / C	PS	PRODUCTS	PREM	I / OPS	PRODUCTS
OL ABOUTIO	TION SEC	PRINTION										
CLASSIFIC	ATION DESC	RIPTION										
<u> </u>	SALES - PEI	R \$1,000/SALES	(A) AREA	OLL - PER \$1,000 - PER 1,000/SQ F			TAL COST - PE MISSIONS - PE			U) UNIT - PER T) OTHER	UNIT	
CLAIMS	MADE (E	xplain all "Yes	" responses)									

ı	EXPLAIN ALL "YES" RESPONSES	Y/N
I	1. PROPOSED RETROACTIVE DATE:	
I	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?	
I	4. WAS TAIL COVERAGE PURCHASED UNDER ANY PREVIOUS POLICY?	

EMPLOYEE BENEFITS LIABILITY

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

\sim	NITO	$\Lambda \cap T$	ORS

ACENCY	CHETA	DMER ID:
AGENCI	CUSIC	JIVIER ID.

CONTRACTORS					
EXPLAIN ALL "YES" RESPONSES (For all past or present operation	ons)			Υ/	/N
DOES APPLICANT DRAW PLANS, DESIGNS, OR SPEC	CIFICATIONS FOR OTHERS?			r	n
2. DO ANY OPERATIONS INCLUDE BLASTING OR UTILI.	ZE OR STORE EXPLOSIVE M	ATERIAL?		r	n
3. DO ANY OPERATIONS INCLUDE EXCAVATION, TUNN	ELING, UNDERGROUND WC	RK OR EARTH MOVING?		r	n
4. DO YOUR SUBCONTRACTORS CARRY COVERAGES	OR LIMITS LESS THAN YOU	RS?		ī	n
5. ARE SUBCONTRACTORS ALLOWED TO WORK WITH	OUT PROVIDING YOU WITH	A CERTIFICATE OF INSURANCE?		ī	n
6. DOES APPLICANT LEASE EQUIPMENT TO OTHERS V					n
DESCRIBE THE TYPE OF WORK SUBCONTRACTED	\$ PAID TO SUB- CONTRACTORS:	4000 % OF WORK SUBCONTRACTED: 10	# FULL- TIME STAFF:	# PART- TIME STAFF:	
mold remediation subcontractoed if necessary					
DD ODLIGHO / COMPLETED ODED ATIONS					

PRODUCTS	ANNUAL GROSS SALES	# OF UNITS	TIME IN MARKET	EXPECTED LIFE	INTENDED USE	PRINCIPAL COMPONENTS
			+			
XPLAIN ALL "YES" RESPON	SES (For all past or present produ	icts or operations) PLEA	SE ATTACH L	ITERATURE,	BROCHURES, LABELS, WARNINGS, ETC.	Υ/!
. DOES APPLICANT INS	TALL, SERVICE OR DEMONS	TRATE PRODUCTS?				n
EODEICN DRODUCTS	SOLD, DISTRIBUTED, USED	AS COMPONENTS? (I	f "VEC" otto	oh ACORD 9	215)	
	ELOPMENT CONDUCTED OR	*		CII ACORD C	513)	n
. RESEARCH AND BEVI	LEGI WILINT GONDOGTED ON	NEW I RODOCIOTEA	ININED:			n
. GUARANTEES, WARR	ANTIES, HOLD HARMLESS A	GREEMENTS?				n
. PRODUCTS RELATED	TO AIRCRAFT/SPACE INDUS	STRY?				n
DDODUOTO DECALLE	D DIOCONTINUED OLIANOE	D0				
. PRODUCTS RECALLE	D, DISCONTINUED, CHANGE	D?				n
. PRODUCTS OF OTHER	RS SOLD OR RE-PACKAGED	UNDER APPLICANT LA	ABEL?			n
. PRODUCTS UNDER LA	ABEL OF OTHERS?					n
. VENDORS COVERAGE	E REQUIRED?					n
	SURED SELL TO OTHER NAM	MED INICHIDEDO2				
() DOES ANY NAMED IN:	SURED SELL TO OTHER MAIN					n

AGENCY CUSTOMER ID:

AD	DITIONAL INTEREST / C	CERTIFICATE RECIPIENT			AC	ORD	45 a	ttache	d for a	additi	ional ı	name	es						
INT	EREST	NAME AND ADDRESS RANK:		EVIDE	NCE:		CERT	TIFICATE								INTEREST	T IN ITEM NU	MBER	
X	ADDITIONAL INSURED	_													OCATIO		BUILDI	NG:	
	EMPLOYEE AS LESSOR	blanket cg2010, cg2037, waive	r, N	PC										T	EM LASS:		ITEM:		
	LENDER'S LOSS PAYABLE															SCRIPTION			
	LIENHOLDER																		
	LOSS PAYEE																		
\vdash	MORTGAGEE																		
\vdash	- INGREGATE	REFERENCE / LOAN #:																	
느	NEDAL INCODMATION	REFERENCE / EO/ART #.																	
_	NERAL INFORMATION PLAIN ALL "YES" RESPONSES	(For all past or present operations)																	Y/N
⊢		PROVIDED OR MEDICAL PROF	FSS	IONAI	LSEN	MPI O	YFD	OR CO	NTRAC	TFD?)								n
l''	7.1.1					20													11
	ANV EVDOCUBE TO BADI	OACTIVE/NUCLEAR MATERIALS	2																-
۷.	ANT EXPOSURE TO RADIO	JACTIVE/NOCLEAR WATERIALS	f																n
3.		Γ OR DISCONTINUED OPERATION IN THE CONTINUED OPERATION IN OPERATION OF THE CONTINUED OPERATION OPERATI						IG, TRE	ATING,	, DISC	CHARG	SING,	APPLY	YING, D	ISPOS	SING, OR			n
	TRANSFORTING OF TIAZA	REPOSSINATERIAL! (e.g. landili	S, WC	35165,	iueit	airs,	eic)												
4.	ANY OPERATIONS SOLD,	ACQUIRED, OR DISCONTINUED	IN L	AST	FIVE	(5) YE	ARS	3?											n
5.	DO YOU RENT OR LOAN E	EQUIPMENT TO OTHERS?																	n
	EQUIPMENT									7	TYPE O	F EQU	JIPMEN ⁻	T		INSTRUCTI	ON GIVEN (Y	/N)	
									SM	/ALL T	OOLS		LARGE	EQUIPN	/ENT				
									SM	/ALL T	OOLS		LARGE	EQUIPN	/ENT				
6.	ANY WATERCRAFT, DOCK	S, FLOATS OWNED, HIRED OR	LEA	SED?	?							-!	ļ.					!	n
l																			
7.	ANY PARKING FACILITIES	OWNED/RENTED?																	n
8.	IS A FEE CHARGED FOR F	PARKING?																	n
9	RECREATION FACILITIES	PROVIDED?																	n
																			"
10	ARE THERE ANY LODGING	G OPERATIONS INCLUDING APA	ART	MENT	S? (If "YF	S" an	nswer th	e follow	/ina).									<u></u>
'0.	# APTS TOTAL APT				•		- , ai	.51701 111	J 10110W	9).									n
	I TOTAL AFT	Sq. Ft.		-1171															
11	IS THERE A SWIMMING DO	OOL ON PREMISES? (Check all	hat i	annly)	١														
l'''	APPROVED FENCE	LIMITED ACCESS DIVING				SLIDE			VE GRO	IIID		N GRO	JUND		IFE GU	APD			n
10			. 504	יויט	Ш	OLIDE		_\ABO	· L GAU	טוזט	<u> </u>	N GRU	COND		30	, 1110			+
112.	ARE SOCIAL EVENTS SPO	NOUKED!																	n
40	ADE ATILLETIC TEARS OF	ONCORED?																	-
13.	ARE ATHLETIC TEAMS SF	CONTACT						DE 05.0	DOST			Τ.	CONTAC	ст 					n
	TYPE OF SPORT	SPORT (Y/N) AGE GROUP			13 - 18	в	TY	PE OF S	PORT				CONTAC PORT (Y		GROU	JP	13 - 18		
		12 & UNDE	R	-	OVER	18							,		12 & L	JNDER	OVER 18		
	EXTENT OF SPONSORSHIP:						EX	TENT O	F SPONS	SORSH	HP:				1				
14.	14. ANY STRUCTURAL ALTERATIONS CONTEMPLATED?									n									
Ι ¨																			"
15	ANY DEMOLITION EXPOS	LIRE CONTEMPL ATED?																	+
'	, DEMOLITION EXPOS	ONE GOITTEIN EATED:																	n
L																			

GENERAL INFORMATION (continued)		AGENCY CUSTOMER	ID:	
EXPLAIN ALL "YES" RESPONSES (For all past or p				Y/N
16. HAS APPLICANT BEEN ACTIVE IN OR IS	S CURRENTLY ACTIVE IN JOINT VENTO	JRES?		n
17. DO YOU LEASE EMPLOYEES TO OR FR	ROM 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 WIT	TH ANY OTHER BUSINESS OR SUBSIDE	ARIES?		n
19. ARE DAY CARE FACILITIES OPERATED	OR CONTROLLED?			n
20. HAVE ANY CRIMES OCCURRED OR BEI	EN ATTEMPTED ON YOUR PREMISES	WITHIN THE LAST THREE (3) YE	ARS?	n
21. IS THERE A FORMAL, WRITTEN SAFET	Y AND SECURITY POLICY IN EFFECT?			n
22. DOES THE BUSINESSES' PROMOTIONA	AL LITERATURE MAKE ANY REPRESEN	NTATIONS ABOUT THE SAFETY (OR SECURITY OF THE PREMISES?	n
REMARKS (ACORD 101, Additional Re	emarks Schedule, may be attached	I if more space is required)		
benefit or knowingly (or willfully)* present prison. *Applies in MD Only. Applicable in CO: It is unlawful to know defrauding or attempting to defraud the company or agent of an insurance comp	nts false information in an application wingly provide false, incomplete, or no company. Penalties may include impany who knowingly provides false, in	for insurance is guilty of a crimisleading facts or information or isonment, fines, denial of insuccomplete, or misleading facts	false or fraudulent claim for payment of a loss ne and may be subject to fines and confineme to an insurance company for the purpose of urance and civil damages. Any insurance or information to a policyholder or claimant for ward payable from insurance proceeds shall be	nt in
reported to the Colorado Division of Insu	urance within the Department of Reg who knowingly and with intent to inju	ulatory Agencies. ure, defraud, or deceive any in:	surer files a statement of claim or an application	
Applicable in KS: Any person who, kno presented to or by an insurer, purported telephonic communication or statement commercial insurance, or a claim for pay to contain materially false information comaterial thereto commits a fraudulent insurance or statement of claim containing containing the containing containing the containing containi	owingly and with intent to defraud, prinsurer, broker or any agent thereof as part of, or in support of, an applicyment or other benefit pursuant to aroncerning any fact material thereto; of surance act. By person who knowingly and with inting any materially false information of act, which is a crime and subjects su	resents, causes to be presente, any written, electronic, electro ation for the issuance of, or the insurance policy for commercer conceals, for the purpose of ent to defraud any insurance or conceals for the purpose of n	d or prepares with knowledge or belief that it vonic impulse, facsimile, magnetic, oral, or erating of an insurance policy for personal or cial or personal insurance which such person k misleading, information concerning any fact company or other person files an application fonisleading, information concerning any fact mapenalties (not to exceed five thousand dollars	nows or aterial
Applicable in ME, TN, VA and WA: It is of defrauding the company. Penalties (r	is a crime to knowingly provide false may)* include imprisonment, fines ar	d denial of insurance benefits.		ose
penalties. Applicable in OR: Any person who kno	owingly and with intent to defraud or		nsurance policy is subject to criminal and civil resurer by submitting an application containing	а
or causes the presentation of a fraudule shall incur a felony and, upon conviction thousand dollars (\$10,000), or a fixed te	owingly and with the intention of defrant claim for the payment of a loss or a shall be sanctioned for each violation of imprisonment for three (3) yea	any other benefit, or presents on by a fine of not less than fiv rs, or both penalties. Should a	on in an insurance application, or presents, he more than one claim for the same damage or le thousand dollars (\$5,000) and not more than aggravating circumstances [be] present, the pent, it may be reduced to a minimum of two (2)	loss, n ten
THE UNDERSIGNED IS AN AUTHORIZED R			ONABLE INQUIRY HAS BEEN MADE TO OBTAIN T RRECT AND COMPLETE TO THE BEST OF HIS/HE	

APPLICANT'S SIGNATURE

PRODUCER'S SIGNATURE William C Hernandez

PRODUCER'S NAME (Please Print)
William C Hernandez

STATE PRODUCER LICENSE NO (Required in Florida)

NATIONAL PRODUCER NUMBER

DATE