Ą	CORD®							AL INSURA CANT INFORM					ΑT	IC	ON					E (MM/D	D/YYYY 2025)
AGE	NCY								CA	RRIE	R									NA	IC CODE	E
	aw Insurance Servi	ces																				
PC) Box 729								CO	MPANY	POLICY OR PI	ROGR	AM N	AME					PF	ROGRA	M CODE	
227	75 North Street																					
And	derson						(CA 96007	POI	LICY NU	MBER											
CON	NTACT Cathy Lee								UNI	DERWR	ITER					UNDER	WRIT	ER OFFICE	_			
PHC	NE (530) 3	65-2	576																			
	, NO, EXT): ` ´												QUO	TE			ICCL	IE POLICY	\neg		ENEW	
E-M	AIL cathylag@		vinsservices.	com					STA	TUS OF	;	×			Give Date a	od/or Att			L		EINEVV	
	KESS.	Silav	VII ISSEI VICES.	COII					TRA	ANSACT	ION		CHAN		D.	ATE	acii Ci	οργ). TIME	:		7 ,,,	
COL		00	012358		SUBCODE:											00/2021	=	12:0	1		AM PM	
	NCY CUSTOMER ID:	_	012336										CANO	JEL	11/2	28/2025		12:0	_		PIVI	
	IES OF BUSINES										T								\neg			
INDI	CATE LINES OF BUSI		i	_	EMIUM						PREMIUM			_					\dashv	PREMI	UM	
	BOILER & MACHINER	RY		\$			<u> </u>	ER AND PRIVACY			\$			_	YACHT				\rightarrow	\$		
×	BUSINESS AUTO			\$			FIDU	JCIARY LIABILITY			\$			4					\rightarrow	\$		
	BUSINESS OWNERS			\$			GAR	AGE AND DEALERS			\$								_	\$		
×	COMMERCIAL GENE	RALI	LIABILITY	\$			LIQU	JOR LIABILITY			\$								\sqcup	\$		
×	COMMERCIAL INLAN	D MA	RINE	\$			МОТ	OR CARRIER			\$									\$		
X	COMMERCIAL PROP	ERTY	,	\$			TRU	CKERS			\$									\$		
	CRIME			\$		×	ИМВ	RELLA			\$									\$		
AT.	TACHMENTS																					
	ACCOUNTS RECEIVA	ABLE	/ VALUABLE PA	PER	:S		GLAS	SS AND SIGN SECTION							STATEMEN	T / SCH	EDUL	E OF VALUES				
	ADDITIONAL INTERE	ST S	CHEDULE				нот	EL / MOTEL SUPPLEME	NT						STATE SUP	PLEME	NT (If	applicable)				
	ADDITIONAL PREMIS	ES II	NFORMATION S	CHE	DULE		INST	ALLATION / BUILDERS I	RISK	SECTIO)N				VACANT BU	JILDING	SUPF	PLEMENT				
	APARTMENT BUILDIN	NG SI	JPPLEMENT				INTE	RNATIONAL LIABILITY E	EXPC	SURE	SUPPLEMENT			T	VEHICLE S	CHEDUI	LE					
	CONDO ASSN BYLAV	VS (fo	or D&O Coverag	e onl	ly)		INTE	RNATIONAL PROPERTY	/ EXI	POSURE	SUPPLEMEN	IT.		1								
	CONTRACTORS SUP						LOS	S SUMMARY						1								
	COVERAGES SCHED						-	N CARGO SECTION					-	$^{+}$								
	DEALERS SECTION						-	MIUM PAYMENT SUPPL	EME	NT				+								
	DRIVER INFORMATION	ON SC	CHEDULE				-	FESSIONAL LIABILITY S			т			+								
	ELECTRONIC DATA F			ON			-	TAURANT / TAVERN SUI						+					—			
ВО							IKEO	THE TOTAL TO						_					—			
	POSED EFF DATE F		OSED EXP DA	TE	BILLING P	LAN		PAYMENT PLAN		METHO	D OF PAYMEN	. T	AUDI	- T	DEPOS	2IT	T	MINIMUM	\neg	BOLIC	Y PREM	ши
FRO	11/28/2025		11/28/2026	-	BILLING F	LAN		FAIMENT FLAN		WILTHO	DOFFATMEN	"	AUDI			311		PREMIUM			IFKLIN	IOWI
	11/20/2023		11/20/2020	Ī	X DIRECT	AG	SENCY	,							\$		\$			\$		
ΑP	PLICANT INFOR	MΑΊ	ION					•														
NAN	ME (First Named Insure	d) Al	ND MAILING AD	DRE	SS (including ZIP+	4)			GL	CODE		SIC				NAICS			FEI	N OR S	OC SEC	#
SA	NITATION SERVIC	ES,	INC., DBA: J	IR'S	PORTABLE SA	NITA	ATION	I														
РО	BOX 751287								BUS	SINESS	PHONE #: (707)	792-2	:010	xTIFFAN	1Y		ļ.				
									WE	BSITE A	DDRESS											
PE	TALUMA						(CA 94975														
	CORPORATION		JOINT VENTU	JRE		П	1	NOT FOR PROFIT ORG			SUBCHAPTER	"S" C	ORPO	RAT	ION				_			
_	INDIVIDUAL		LLC NO. OF	ME	MBERS GERS:	F	_	PARTNERSHIP		\vdash	TRUST						J					
NAN	ME (Other Named Insur	od) A	-			-4)			GI	CODE		SIC				NAICS			FEL	N OR S	OC SEC	#
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	INDIVIDUAL	<u> </u>	-		MBERS GERS:		F	PARTNERSHIP	_		RUST	e			-			П	_	:		
NAN	IE (Other Named Insur	ed) A	ND MAILING A	DDR	ESS (including ZIP-	+4)			GL	CODE		SIC				NAICS			FEI	N OR S	OC SEC	#
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			1																			
	CORPORATION		JOINT VENTU		MDEDO	L	1	NOT FOR PROFIT ORG		<u></u>	SUBCHAPTER	"S" C	ORPO	RAT	ION							
	INDIVIDUAL		LLC NO. OF	IANA	MBERS GERS:		F	PARTNERSHIP			RUST											

CONTACT INFORMATION AGENCY CUSTOMER ID: 00012358

CONTA	ACT INFORMA	TION														
CONTAC	TTYPE: Accou	inting Records	;					COI	NTACT T	YPE: C	Claims	Info				
CONTAC	T://	/ Voip							NTACT N	т	iffany	Voip				
PRIMARY PHONE #	☐ HOME	⊠ BUS □ C	ELL SE	CONDARY IONE #	HOME BU	us _] CELL	PRI	MARY ONE #	□ но			CELL	SECONDARY PHONE #	HOME BUS	S CELL
(707) 7	92-2010							(70	792	-2010						
PRIMARY	E-MAIL ADDRESS	s: tvoip@d	comcast.ne	et				PRII	MARY E-	MAIL ADD	RESS:	tv	oip@como	cast.net		
SECOND	ARY E-MAIL ADDR	RESS:						SEC	CONDAR	Y E-MAIL A	ADDRE	SS:				
PREMI	SES INFORM	ATION (Atta	ch ACOR	D 823 fo	r Additional Pre	emise	es)									
LOC#	S TREET 958 [,				_	Y LIMITS	IN	TEREST		#	FULL T	IME EMPL	ANNUAL REVENUES	3: \$	
1							INSIDE	-	OWN					OCCUPIED AREA:	<u> </u>	SQ FT
	array Databas					+^	4	_	_		-					
BLD#	CITY: Petalur	na —————			втате: СА		OUTSID	^{'E}	TENA	.NT	#	PARTT	IME EMPL	OPEN TO PUBLIC AF	₹EA:	SQ FT
1	COUNTY:			Z	IP: 94952									TOTAL BUILDING AR	tEA:	SQ FT
DESCRIP	TION OF OPERAT	IONS:												ANY AREA LEASED	TO OTHERS? Y / !	N
LOC#	STREET 335 E	Boldgett				CIT	Y LIMITS	IN	TEREST		#	FULL T	IME EMPL	ANNUAL REVENUES	S: \$	
2						$\overline{\mathbf{x}}$	INSIDE		OWN	ER				OCCUPIED AREA:		SQ FT
BLD#	CITY: Cotati				STATE: CA	+^	OUTSID	<u>.</u>	TENA	NT	# 1	DART T	IME EMPL	OPEN TO PUBLIC AF		SQ FT
						-	- 001010	ັ ├─	- 1510		" '	ANT	L L			
1	COUNTY:				IP: 94931									TOTAL BUILDING AR		SQ FT
DESCRIP	TION OF OPERAT	IONS:												ANY AREA LEASED	TO OTHERS? Y / I	N
LOC#	STREET 4220	Duluth Ave				CIT	Y LIMITS	IN ⁻	TEREST		#	FULL T	IME EMPL	ANNUAL REVENUES	5: \$	
3						×	INSIDE		OWN	ER				OCCUPIED AREA:		SQ FT
BLD#	CITY: Rocklin	1		9	STATE: CA	+-	OUTSID	₅ ├	TENA	NT	#1	PART T	IME EMPL	OPEN TO PUBLIC AF	 RFΔ·	SQ FT
		•					- 001012	`- 	- 12.07		" '	AIL!				
1	COUNTY:				IP: 95765									TOTAL BUILDING AR		SQ FT
DESCRIP	TION OF OPERAT	IONS:												ANY AREA LEASED	TO OTHERS? Y / I	N
LOC#	STREET 2660	Stoney Point	Rd			CIT	Y LIMITS	IN	TEREST		#	FULL T	IME EMPL	ANNUAL REVENUES	3: \$	
4						×	INSIDE		OWN	ER				OCCUPIED AREA:		SQ FT
BLD#	CITY: Peta	aluma	-	s	STATE: CA	+-	OUTSID	, 	TENA	NT	#1	PART T	IME EMPL	OPEN TO PUBLIC AF	RFA:	SQ FT
		2101110				+	1 00.0.5	~ 			" '					
1	COUNTY:				IP: 94952									TOTAL BUILDING AR		SQ FT
DESCRIP	TION OF OPERAT	IONS:												ANY AREA LEASED	TO OTHERS? Y / I	N
NATUR	E OF BUSINE	SS														
APA	RTMENTS	CONTRA	CTOR	MAN	UFACTURING	F	RESTAURA	ANT	×	SERVICE					DATE BUSINES: STARTED (MM/I	S DD/YYYY)
	NDOMINIUMS	INSTITUT	i	OFFI	F		RETAIL			WHOLES					09/01/	
	TION OF PRIMARY		IONAL	1 10111	JL		NL IAIL			WHOLLS	ALL					
RETAIL S	TORES OR SERVI	CE OPERATIONS	S % OF TOT	AI SAIFS:	INSTAL	LATIO	N, SERVIC	E OR I		WORK		(OFF PREMIS	ES INSTALLATION, SE	ERVICE OR REPAIL	R WORK
-	TION OF OPERAT							,,								
ADDIT	ONAL INTER	EQT /Not all	fiolds are	nly to all	soonaries ==	ovid.	oph: 4		0000	ny data)	۸44	h ^^	OPD 45 5	or more Addition	al Interests	
		LOI (NOT All						\neg						or more Addition		
INTERES			NAME AND	ADDRESS	RANK:	EVIDE	NCE:	CE	RTIFICA	TE	POLIC	CY	SEND BII		EST IN ITEM NUME	
INS	DITIONAL URED	LIENHOLDER												LOCATION:	BUILDING	G:
	EACH OF RRANTY	LOSS PAYEE												VEHICLE:	BOAT:	
		MORTGAGEE												AIRPORT:	AIRCRAF	FT:
	PLOYEE	OWNER												ITEM CLASS:	ITEM:	
LEA	SEBACK	REGISTRANT												CLASS: ITEM DESCRIPTION		
	NEK -		DECES	CE /! O * * !	<u> </u>		Ι	UTERE	OT CHIC	DATE:						
	S PAYABLE	TRUSTEE		CE / LOAN #	<u> </u>				ST END							
			LIEN AMOU	UNT:			P	HONE	(A/C, No	, Ext):				FAX (A/C, No):		
REASON	FOR INTEREST:						E	-MAIL	ADDRES	SS:						

GEN	IERAL INFOR	MATION						AGENOT		JIOMER ID.				
EXPL	AIN ALL "YES" RE	SPONSES												Y/N
1a.	IS THE APPLICA	ANT A SUE	BSIDIAR	Y OF ANOTHER EN	TITY ?									N
	PARENT COMPA	NY NAME							F	RELATIONSHIP DI	SCRIPTION		% OWNED	
1b.	DOES THE APP	LICANT H	AVE AN	Y SUBSIDIARIES?										N
	SUBSIDIARY CO								T	RELATIONSHIP DI	SCRIPTION		% OWNED	
	COBOIDIANT CO	IIII AIVI IVA								CEATIONOTHI DI	-com non		70 OTTILE	
2.	IS A FORMAL S	AFETY PF	ROGRAN	IN OPERATION?										N
	SAFETY MA			AFETY POSITION		NTHLY MEETINGS		OSHA						
3.	ANY EXPOSUR	E TO FLA	MMABLE	ES, EXPLOSIVES, C	HEMICALS	5?								N
4.	ANY OTHER IN	SURANCE	WITH T	THIS COMPANY? (L	ist policy no	umbers)								N
	LINE OF BUSINE	ss		POLICY NUMBER				INE OF BUSINES	s		POLICY NUMBER			
							╽┝							
				L CLINED, CANCELLE			ING	THE PRIOR THE	REE	(3) YEARS FOR	R ANY PREMISES	OR		N
				ants - Do not answe	-	=								
	NON-PAYM			ENT NO LONGER REP										
	NON-RENE			IDERWRITING		DITION CORRECTED (•							
6.	ANY PAST LOS	SES OR C	LAIMS F	RELATING TO SEXU	AL ABUSE	OR MOLESTATION	N AL	LEGATIONS, D	ISC	RIMINATION OF	R NEGLIGENT HIR	ING?		N
				(TEN IN RI), HAS AN R ARSON-RELATED								ME OF FRAL	JD,	l N
				ered by any applicant								emeanor pun	ishable	'`
	by a sentence of				ioi proport	y modranoo. Tanan	0 10	aldologo trio oxid	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	50 01 411 410011 00	on violatino a miloac	mount pan	ioriabio	
8.		CTED FIR	F AND/	OR SAFETY CODE \	/IOI ATION	IS?								N
"	OCCUR DATE	EXPLANA		OK OAI ETT GODE (VIOLATION			1	DES	OLUTION			RESOLVE DATE	'`
	OCCOR DATE	LAFLANA	ATTON						KLO	OLUTION			RESOLVE DATE	
_		<u> </u>												
9.				OSURE, REPOSSES	SSION, BAI	NKRUPTCY OR FIL	LED				LAST FIVE (5) YEA			N
	OCCUR DATE	EXPLANA	ATION						RES	OLUTION			RESOLVE DATE	
10.	HAS APPLICAN	T HAD A J	UDGEM	IENT OR LIEN DURII	NG THE LA	AST FIVE (5) YEAR	RS?							N
	OCCUR DATE	EXPLANA	ATION						RES	OLUTION			RESOLVE DATE	
l														
1														
11.	HAS BUSINESS	BEEN PL	ACED II	NATRUST? NAME	OF TRUST:	1		<u> </u>				Į.		N
				REIGN PRODUCTS ability Exposure and/					D / [DISTRIBUTED I	N FOREIGN COUN	NTRIES?		N
	•			BUSINESS VENTUR		· · · · · ·		,	FD2)				N
10.	DOLO/II I EIO/I		OTTIER	DOGINEOU VEIVIOI	(LOTOR V	VIIIOITOOVEIVIOE	_ 10	NOTINEQUEUT	LD:					'`
1														
L.,			= =			·								N.
14.	DOES APPLICA	NT OWN /	LEASE	/ OPERATE ANY DR	RONES? (I	f "YES", describe us	se)							N
15.	DOES APPLICA	NT HIRE	OTHERS	S TO OPERATE DRO	NES? (If "	YES", describe use	9)							N
REN	IARKS / PRO	CESSING	S INST	RUCTIONS (ACO	RD 101, A	Additional Rema	ırks	Schedule, ma	ay b	e attached if	more space is	required)		
	OD CARRIER	INICODY	ATION											
	OR CARRIER	INFURIV	AHON									OTHER: C	LIMBR	
YEAF	CATEGORY			GENERAL LIABILITY	,	AUTON	MOBI	ILE		PROP	EKTY	OTHER:	CIVIDIA	

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER: CUMBR
	CARRIER	Benchmark Specialty	GREAT LAKES INSURANC	CNA Paramount	Benchmark Specialty
	POLICY NUMBER	MNGRP2000844-01	03534A24/1333	7063727784	MNGRX2000462-01
2024	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE	11/28/2024	11/28/2024	11/28/2024	11/28/2024
1	EXPIRATION DATE	11/28/2025	11/28/2025	11/28/2025	11/28/2025

PRIOR CARRIER INFORMATION (continued)

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER: CUMBR
	CARRIER	Benchmark	ARCH INSURANCE COMPA	Benchmark	
	POLICY NUMBER	MNGRP2000844	FBCAT0584400	MNGRP2000844	
2023	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE	11/28/2023	11/28/2023	11/28/2023	
	EXPIRATION DATE	11/28/2024	11/28/2024	11/28/2024	
	CARRIER	Nationwide Insurance	Nationwide Insurance	Nationwide Insurance	
	POLICY NUMBER	ACP3039570850	ACP3039570850	ACP3039570850	
2022	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE	11/28/2022	11/28/2022	11/28/2022	
	EXPIRATION DATE	11/28/2023	11/28/2023	11/28/2023	

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

ENTER ALL CLAIMS	OR LOSSES (RE YEARS	GARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCUR	RENCES THAT MAY GI	VE RISE TO CLAIMS	TOTAL LOSSES: \$		
TOK THE LAST _			1	ı	101AE 2000E0. \$		
DATE OF OCCURRENCE	LINE	TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	SUBRO- GATION Y/N	CLAIM OPEN Y/N

SIGNATURE

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

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

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

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

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

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

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

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

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

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

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

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

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)		STATE PRODUCER LICENSE NO (Required in Florida)
Ci A	Chris Harbour/CATHY		
APPLICANT'S SIGNATURE		DATE	NATIONAL PRODUCER NUMBER
			7679024

	Prior Carr	ier Informatio	on		
PRIOR CARRIER	POLICY NUMBER	EXP DATE	LINE	LIMIT	TOTAL PREMIUM
Nationwide Insurance	ACP3039570850	11/28/2022	AUTOB		
Nationwide Insurance	ACP3039570850	11/28/2022	CGL		
Nationwide Insurance	ACP3039570850	11/28/2022	PROP		
		+			1
					+
					+
					1
		+			+
		+			+
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DATE (MM/DD/YYYY) **SUPPLEMENTAL NAMES (Other Named Insureds)** 09/15/2025 CARRIER NAIC CODE Shaw Insurance Services TBD FIRST NAMED INSURED POLICY NUMBER SANITATION SERVICES, INC., DBA: JR'S PORTABLE SANITATION **APPLICANT INFORMATION** GL CODE NAICS FEIN OR SOC SEC # NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4) SIC ROYAL FLUSH BUSINESS PHONE #: WEBSITE ADDRESS CORPORATION JOINT VENTURE NOT FOR PROFIT ORG SUBCHAPTER "S" CORPORATION LLC NO. OF MEMBERS AND MANAGERS: INDIVIDUAL PARTNERSHIP TRUST NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4) GL CODE SIC NAICS FEIN OR SOC SEC # BUSINESS PHONE #: WEBSITE ADDRESS CORPORATION JOINT VENTURE NOT FOR PROFIT ORG SUBCHAPTER "S" CORPORATION LLC NO. OF MEMBERS AND MANAGERS: PARTNERSHIP INDIVIDUAL TRUST NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4) GL CODE SIC NAICS FFIN OR SOC SEC # **BUSINESS PHONE #:** WEBSITE ADDRESS CORPORATION JOINT VENTURE NOT FOR PROFIT ORG SUBCHAPTER "S" CORPORATION LLC NO. OF MEMBERS AND MANAGERS: INDIVIDUAL PARTNERSHIP TRUST SIC NAICS FFIN OR SOC SEC # NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4) GL CODE BUSINESS PHONE # WEBSITE ADDRESS CORPORATION JOINT VENTURE NOT FOR PROFIT ORG SUBCHAPTER "S" CORPORATION LLC NO. OF MEMBERS AND MANAGERS: INDIVIDUAL PARTNERSHIP TRUST NAICS FEIN OR SOC SEC # NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4) GL CODE SIC BUSINESS PHONE #: WEBSITE ADDRESS CORPORATION JOINT VENTURE NOT FOR PROFIT ORG SUBCHAPTER "S" CORPORATION LLC NO. OF MEMBERS AND MANAGERS: INDIVIDUAL PARTNERSHIP TRUST NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4) GL CODE NAICS FEIN OR SOC SEC # BUSINESS PHONE #: WEBSITE ADDRESS CORPORATION JOINT VENTURE NOT FOR PROFIT ORG SUBCHAPTER "S" CORPORATION LLC NO. OF MEMBERS AND MANAGERS: PARTNERSHIP TRUST INDIVIDUAL GL CODE SIC NAICS FEIN OR SOC SEC # NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4) BUSINESS PHONE #: WEBSITE ADDRESS CORPORATION JOINT VENTURE NOT FOR PROFIT ORG SUBCHAPTER "S" CORPORATION LLC NO. OF MEMBERS AND MANAGERS:

TRUST

PARTNERSHIP

INDIVIDUAL

					AGE	NCY C	USTOME	R ID: 0	0012358							
ĄĆ	ORD®		i	PROP	ERT	Y SE	ECTIC	N						Γ		(MM/DD/YYYY) 9/15/2025
AGENCY	NAME					CA	RRIER									NAIC CODE
Shaw In	surance Services															
POLICY N	UMBER			EFFE	CTIVE DAT	E NAM	IED INSUREI	D(S)								
				11	/28/2025	SA	NITATION	SERVIC	ES, INC.,	DBA: 、	JR'S	PORTA	ABLE S	SANITA	TION	
	ET SUMMARY															
BLKT#	AMOUNT	District Charles	TYPE			BLK	T#	AMOUNT	·					TYPE		
1 2	\$34,000.00 \$108,000.00	Blanket building Business Personal P	ronortu													
2	\$108,000.00			T ADDRESS	958 Dar	lene Dri	ive									
PREMIS	SES INFORMATION	BUILDING #:		DESCRIPTIO		iene Di	100									
	BJECT OF INSURANCE	AMOUNT	COINS	IVALIL.	CAUSES O	F LOSS	INFLATION GUARD %	DEI			BLKT		FORMS	AND CO	NDITION	IS TO APPLY
	s Personal Property	36,000	CONS		SPCL		GUARD %	1,000		/PE	#			712 00		
								, , , , , ,								
BI w/ Ex	tra Expense	100,000			SPCL											
		BUSINESS INCOME /							PORTING	INFORM	IATIOI	N - Attac	h ACOF	RD 811		
	ONAL COVERAGES		ICTIONS, E	NDORSE	MENTS A	AND RA		ORMAT				_				
SPOILAC COVERA		ROPERTY COVERED					LIMIT			FRIG M		OPTIO				
(Y / N)							\$			(Y/N		\vdash				AMINATION SELLING
							DEDUCTIE	SLE				\vdash	POWER	ROUTAG	^E L	PRICE
SINKHOL	E COVERAGE (Required in) Florida)			ACCER	T COVER	\$	DEI	ECT COVE	PAGE		LIMIT: \$				
	SIDENCE COVERAGE (Re		v)			T COVER			ECT COVE			LIMIT: \$				
	PERTY HAS BEEN DESIGN				AGGE	1 0012	tho <u>L</u>	11.20.	201 00121	OL				ES ON S	TRUCTU	RE:
CONSTRU	ICTION TYPE	DISTANCE	то	FIRE	DISTRICT		CODE NU	MBER	PROT CL	# STO	RIES	# BASI	/i'TS	YR BUIL	т то	ΓAL AREA
Frame		HYDRANT I	2 MI		-10111101		0022.110		4					1990		50
	IMPROVEMENTS	1	BLDG CODE GRADE	TAX CO	DE ROC	F TYPE	1	OTHER (OCCUPANO	IES						
WIRI	NG, YR:	PLUMBING, YR:	GRADE		Cor	mpositio	n									
	FING, YR:	HEATING, YR:	WIND CLASS	s	SEMI- RE	SISTIVE			ATING SOU				NING	DA	TE STALLED	
ОТН		YR:	RESIST	TIVE	1			_	CTURER:		401			1110		
PRIMARY				-	•	SEC	ONDARY HE	AT								
BOIL	ER SOLID F	UEL					BOILER		SOLID FUE	EL [
IF BO	DILER, IS INSURANCE PLA	CED ELSEWHERE?	Y/N				IF BOILER,	S INSURA	NCE PLAC	ED ELSE	EWHE	RE?	Y	//N		
RIGHT EX	POSURE & DISTANCE	LEFT EX	POSURE & DIST	TANCE		FRO	NT EXPOSU	RE & DIST	ANCE			REAR	EXPOS	URE & D	ISTANCE	
														, ,	<u> </u>	
BURGLAF	R ALARM TYPE		CER	TIFICATE #							EXP	PIRATION	N DATE		CENTRA STATION	
									1						WITH KE	
BURGLAF	R ALARM INSTALLED AND	SERVICED BY				EXT	ENT		GRADE		# Gl	JARDS /	WATCH	HMEN	C	LOCK HOURLY
DDEMICE	S FIRE PROTECTION (Spri	inklore Standaines COS	Chamical Susta	nme)	T a	DDA"	FIDE 41 45		VOTUBER							
PREMISE	S FIRE PROTECTION (Spri	ilikiers, standpipes, CO2/	Chemical Syste	:1115)	% \$	SPRNK	FIRE ALARI	VI MANUFA	ACTURER							ENTRAL STATION
A D D I T I	ONAL INTEREST	A0000 45 11	aabad 4: :	• • اعالمام											[[OCAL GONG
INTEREST		NAME AND ADDRESS		EVIDENC		CERTIFIC	ATF						INIT	ERESTI		HIMDED

LENDER'S LOSS PAYABLE LOSS PAYEE MORTGAGEE

REFERENCE / LOAN #:

INTEREST IN ITEM NUMBER LOCATION: ITEM CLASS: BUILDING: ITEM: ITEM DESCRIPTION

ADDITIONAL	PREMISES #: 2	STREET	ADDRES	SS: 3	335 Boldgett									
PREMISES INFORMATION	BUILDING #:	BLDG DI	SCRIPT	ION:										
SUBJECT OF INSURANCE	AMOUNT	COINS %	1		AUSES OF LOSS	INFLATION	ı	DED	DED	BLKT	FOR	MC AND COL	IDITIONS T	O A BRILV
Business Personal Property	36,000	COINS %	RC		PCL	INFLATION GUARD %	_	,000	TYPE	#	FOR	MS AND COM	IDITIONS I	JAPPLY
Bldg	34,000		RC	SP	PCL		1,	,000						
BI w/ Extra Expense	100,000			SP	PCL									
ADDITIONAL INFORMATION X	BUSINESS INCOME / EX	TDA EYDENS	E - Attac	h AC	OPD 810		VALI	IE DEDORTI	NG INFORI	MATIO	N - Attach AC	OPD 811		
									NG INFOR	WIATIOI	1 - Attach Ac	OKDOII		
ADDITIONAL COVERAGES, C		HONS, EN	DORS	EMI	ENIS AND RA		ORI	MATION						
SPOILAGE COVERAGE (Y / N)	PERTY COVERED					\$ DEDUCTIE	BLE		REFRIG I AGREEI (Y / I	MENT	\vdash	AKDOWN OF /ER OUTAGE		NATION SELLING PRICE
SINKHOLE COVERAGE (Required in Flo	orida)				ACCEPT COVER		П	REJECT CO	VERAGE		LIMIT: \$			
MINE SUBSIDENCE COVERAGE (Requi					ACCEPT COVER		-	REJECT CO			LIMIT: \$			
PROPERTY HAS BEEN DESIGNAT		MARK			1						# OF OPEN S	SIDES ON ST	RUCTURE:	
CONSTRUCTION TYPE	DISTANCE TO HYDRANT FIR	STAT """			STRICT	CODE NU	MBER PROT		CL # STC	RIES	# BASM'TS	YR BUILT	TOTAL	AREA
Frame	25 _{FT}	2 _{MI}						4	'	1		2000	480	
BUILDING IMPROVEMENTS		BLDG CODE TAX CODE ROOF T					ОТН	HER OCCUP	ANCIES				'	
WIRING, YR: PLU	JMBING, YR:				Composition	1								
ROOFING, YR:	ATING, YR:	WIND CLASS	<u> </u>	s	SEMI- RESISTIVE			HEATING S STOVE OR	SOURCE IN	ICL WC	ODBURNING	DAT	E TALLED:	
OTHER:	YR:	RESISTI	/F				MAI	NUFACTURE		JE IINOL	-1(1	1140		-
PRIMARY HEAT		1			SECO	NDARY HE	AT							
BOILER SOLID FUEL						BOILER	Γ	SOLID	FUEL					
IF BOILER, IS INSURANCE PLACE	D ELSEWHERE?	Y/N				IF BOILER, I	L IS INS	I SURANCE PL	ACED ELS	EWHE	RE?	Y/N		
RIGHT EXPOSURE & DISTANCE	LEFT EXPO	SURE & DISTA	NCE		FROM	IT EXPOSU	RE &	DISTANCE			REAR EXP	OSURE & DI	STANCE	
BURGLAR ALARM TYPE	ļ	CERT	IFICATE	#						EXP	IRATION DA		ENTRAL	LOCAL
													TATION VITH KEYS	GONG
BURGLAR ALARM INSTALLED AND SE	RVICED BY	ļ			EXTE	NT		GRA	ADE .	# Gl	JARDS / WAT			K HOURLY
PREMISES FIRE PROTECTION (Sprinkle	ers, Standpipes, CO2 / Ch	emical Systen	ns)		% SPRNK	FIRE ALARI	м ма	NUFACTURE	ER				CENT	RAL STATION
													LOCA	GONG
ADDITIONAL INTEREST	ACORD 45 attac	hed for ac	dition	al na	ames								'	
INTEREST N	AME AND ADDRESS R		EVIDE			TE.						NTEREST IN	ITEM NUM	BER
LENDER'S LOSS PAYABLE						<u>.</u>					LOCATION:		BUILDIN	G:
LOSS PAYEE											ITEM CLASS:		ITEM:	
MORTGAGEE											ITEM DESC	RIPTION		
R	EFERENCE / LOAN #:													
REMARKS (ACORD 101, Add	itional Remarks So	hedule, m	ay be	atta	ched if more s	pace is r	equi	ired)						

SIGNATURE

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

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

Applicable in CO

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

Applicable in FL and OK

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

Applicable in KS

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

Applicable in KY, NY, OH and PA

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

Applicable in ME, TN, VA and WA

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

Applicable in NJ

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

Applicable in OR

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

Applicable in PR

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

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

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)		(Required in Florida)
Cc A	Chris Harbour/CATHY		
APPLICANT'S SIGNATURE		DATE	NATIONAL PRODUCER NUMBER
			7679024

ADDITIONAL	PREMISES #: 3	STREET	ADDRES	s: 422	0 Duluth Ave)									
PREMISES INFORMATION	BUILDING #:	BLDG DI	SCRIPT	ION:											
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU- ATION	CAUS	S OF LOSS	INFLATION GUARD %	D	DED	DED	BLKT	FORM	S AND CON	DITIONS TO APPLY		
Business Personal Property	36,000		RC	SPCL		GUARD %	1,00		TYPE	#					
Business refsorial reperty	00,000			0, 02			1,00								
DL w/ Extra Expanse	100.000			CDCI											
BI w/ Extra Expense	100,000			SPCL											
ADDITIONAL INFORMATION	BUSINESS INCOME / EX	TRA EXPENS	E - Attac	h ACORE	810	<u>' </u>	VALUE I	REPORTIN	G INFORM	MATION	I - Attach AC	ORD 811			
ADDITIONAL COVERAGES,	OPTIONS RESTRIC	TIONS EN	DORS	FMFN	TS AND RA	TING INFO	ORMA	ATION							
SPOILAGE DESCRIPTION OF PR		TIONO, LIV	DOILO		I O AILD ILA	LIMIT	O111117		REFRIG N	A A INIT	OPTIONS				
COVERAGE	OI ERTI GOVERED					\$			AGREEN		ENT BREAKE		CONTAMINATION		
(Y / N)									(Y / N	1)	BREAKDOWN		SELLING		
						DEDUCTIB	LE				H POWE	ER OUTAGE	PRICE		
						\$									
SINKHOLE COVERAGE (Required in	Florida)			AC	CEPT COVER	AGE	RE	EJECT COV	ERAGE	ı	LIMIT: \$				
MINE SUBSIDENCE COVERAGE (Req	uired in IL, IN, KY and WV)			AC	CEPT COVER	AGE	RE	EJECT COV	ERAGE		LIMIT: \$				
PROPERTY HAS BEEN DESIGNA	ATED AN HISTORICAL LAND	MARK		•							# OF OPEN S	DES ON ST	RUCTURE:		
CONSTRUCTION TYPE	DISTANCE TO HYDRANT FIR	E STAT	FIF	E DISTR	СТ	CODE NUM	/IBER	PROT CL	. # STO	RIES	# BASM'TS	YR BUILT	TOTAL AREA		
Frame	25 _{FT}	2 _{MI}						4				2004	160		
BUILDING IMPROVEMENTS	<u>'</u>	BLDG CODE GRADE	TAX	CODE	ROOF TYPE		OTHER	R OCCUPAI	NCIES		· ·		·		
WIRING, YR:	PLUMBING, YR:	GRADE			Compositio	n									
	· · · · · · · · · · · · · · · · · · ·	WIND CLASS					Н	HEATING SC	URCE IN	CL WO	ODBURNING	DATE			
	EATING, YK:	SEMI- RESISTIVE				-		STOVE OR F		E INSE	RT	INST	ALLED:		
OTHER:	YR:	RESISTI	/E					FACTURER	•						
PRIMARY HEAT					SEC	ONDARY HEA	` —	–	г						
BOILER SOLID FU	타 니 ㅡ					BOILER		SOLID F	UEL [
IF BOILER, IS INSURANCE PLAC		Y/N				IF BOILER, IS	S INSUF	RANCE PLA	CED ELS	EWHE		Y/N			
RIGHT EXPOSURE & DISTANCE	LEFT EXPO	SURE & DISTA	NCE		FRO	NT EXPOSUR	E & DIS	STANCE			REAR EXPO	SURE & DIS	TANCE		
BURGLAR ALARM TYPE		CERT	IFICATE	#						EXP	IRATION DAT		ENTRAL LOCAL GONG		
													ITH KEYS		
BURGLAR ALARM INSTALLED AND S	SERVICED BY				EXT	ENT		GRAD	Σ	# GL	JARDS / WAT		CLOCK HOURLY		
													_		
PREMISES FIRE PROTECTION (Sprin	klers, Standpipes, CO2 / Ch	emical Systen	ns)		% SPRNK	FIRE ALARM	1 MANII	 JFACTURFF	<u> </u>			- 	CENTRAL STATION		
	, ,	, - .	-					,. J.L				\vdash	LOCAL GONG		
ADDITIONAL INTEREST	10 :-												LOCAL GOING		
ADDITIONAL INTEREST	ACORD 45 attac									1					
INTEREST	NAME AND ADDRESS R	ANK:	EVIDE	NCE:	CERTIFIC	AľE]	II	ITEREST IN	ITEM NUMBER		
LENDER'S LOSS PAYABLE											LOCATION:		BUILDING:		
LOSS PAYEE											ITEM CLASS:		ITEM:		
MORTGAGEE										Ī	ITEM DESCR	RIPTION	·		
 	REFERENCE / LOAN #:]										
REMARKS (ACORD 101 Ac	av be :	attache	d if more s	space is re	guire	ed)									
REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space								,							

						A	SENCY CUS	TOME	R ID:	00012358				
ĄĆĆ	ORD	B	COMM	IERCIAI	L GENER	RAL L	.IABILI	TY S	SEC	CTION		DA	TE (MM/DD/Y	-
AGENCY		_				CAF	RIER						NAIC CC	
Shaw Insu	urance Se	rvices												
POLICY NUI	MBER				EFFECTIVE D	ATE APPL	ICANT / FIRST N	NAMED II	NSUREI	D				
					11/28/202	5 SAN	IITATION SEF	RVICES	, INC.,	, DBA: JR'S PO	RTABLE S	OITATINA	N	
		CLAIMS MADE		the COVERA	GE / LIMITS se	ection bel	ow, this is a	n appl	icatio	n for a claims	-made po	licy.		
COVERA	GES				.IMITS									
		NERAL LIABILITY			ENERAL AGGREGA	ATE			\$	2,000,000			PREMIUMS	
<u>ښ</u>	LAIMS MAD	- X	OCCURRENCE	L	IMIT APPLIES PER:	\mathbf{X}	OLICY	LOCATI	•		-		OPERATIONS	
		RACTOR'S PROTE					ROJECT	OTHER						
				P	RODUCTS & COMP					2,000,000		PRODUCTS		
DEDUCTIBL	.ES				PRODUCTS & COMPLETED OPERATIONS AGGREGATE \$ 2,000,000 PERSONAL & ADVERTISING INJURY \$ 1,000,000									
PROPE	ERTY DAMA	GE \$		<u> </u>	ACH OCCURRENCE				<u> </u>	1,000,000		OTHER		
	Y INJURY	S \$		PER	DAMAGE TO RENTED PREMISES (each occurrence) \$ 100,000									
	BI & PD	\$ 5,000		PER	IEDICAL EXPENSE		•	,	<u> </u>	10,000		TOTAL		
Ħ		φ .			MPLOYEE BENEFIT					1,000,000				
				-	Employment-Related Practices Liab \$ 1,000,000									
OTHER COV	/ERAGES. R	ESTRICTIONS AND	OR ENDORSEME		<u> </u>			tate Busi			RD 137)			
	,			, , , , , , ,		•				,	,			
APPLICABL	E ONLY IN V	WISCONSIN: IF NO	N-OWNED ONLY A	UTO COVERAGE	IS TO BE PROVIDE	D UNDER TH	E POLICY:							
1. UM/UIM	COVERAGE	is s	IS NOT AVAIL	ABLE.	2. MEDICAL P	AYMENTS C	OVERAGE	ıs		IS NOT AVAILA	ABLE.			
SCHEDU	LE OF H	AZARDS (ACC	RD 211, Sche	dule of Hazar	ds, may be att	ached if r	nore space	is requ	ired)					
		CLASS	PREMIUM						ATE			PREM	IIUM	
LOC#	HAZ#	CODE	BASIS	EXPC	SURE	TERR	PREM / C	PS		PRODUCTS	PREM /	OPS	PRODUC	CTS
2			S	109,506										
CLASSIFICA	ATION DESC	RIPTION	!			l .								
Luxury toi	let trailer r	entals												
LOC#	UA7#	CLASS	PREMIUM	EVDC	SURE	TERR		R	ATE			PREM	IIUM	
LOC#	HAZ#	CODE	BASIS	EXPC	JSURE	IERK	PREM / C	PS		PRODUCTS	PREM /	OPS	PRODUC	CTS
2		19061	S	1,230,000										
CLASSIFICA	TION DESC	RIPTION	•	•							•			
Portable T	oilet Rent	al												
100 "		CLASS	PREMIUM		A CUIDE			R	ATE			PREM	IIUM	
LOC#	HAZ#	CODE	BASIS	EXPO	SURE	TERR	PREM / C	PS		PRODUCTS	PREM /	OPS	PRODUC	CTS
2			S	22,730										
CLASSIFICA	TION DESC	RIPTION	•			•					•			
Pumping s	service													
RATING AND	D PREMIUM	BASIS	(P) PAYR	OLL - PER \$1,000/	PAY	(C) T(OTAL COST - PE	R \$1,000/	/COST	(U) UNIT - PER I	UNIT		
(S) GROSS	SALES - PEF	R \$1,000/SALES	, ,	- PER 1,000/SQ F			OMISSIONS - PE				OTHER			
CLAIMS	MADE (E	xplain all "Yes	" responses)											
EXPLAIN AL			/											Y/N
1. PROPO	SED RETI	ROACTIVE DATE:												
2. ENTRY	DATE INT	O UNINTERRUPT	TED CLAIMS MA	DE COVERAGE	<u> </u>									
3. HAS AN	IY PRODU	CT, WORK, ACCI	DENT, OR LOCA	TION BEEN EX	CLUDED, UNINSI	URED OR	SELF-INSURE	D FROM	/ ANY	PREVIOUS CO\	/ERAGE?			
		, -												
4. WAS TA	AIL COVER	AGE PURCHASE	D UNDER ANY I	PREVIOUS POL	ICY?									

EMPLOYEE BENEFITS LIABILITY

1. DEDUCTIBLE PER CLAIM: \$ 5,000	3. NUMBER OF EMPLOYEES COVERED BY EMPLOYEE BENEFITS PLANS:
2. NUMBER OF EMPLOYEES:	4. RETROACTIVE DATE:

CONTRACTORS		AGENCY CUSTOMER ID:	00012358	
CONTRACTORS EXPLAIN ALL "YES" RESPONSES (For all past or present oper	rations)			Y/N
1. DOES APPLICANT DRAW PLANS, DESIGNS, OR SE	PECIFICATIONS FOR OTHERS?			
2. DO ANY OPERATIONS INCLUDE BLASTING OR UT	ILIZE OR STORE EXPLOSIVE MA	TERIAL?		
3. DO ANY OPERATIONS INCLUDE EXCAVATION, TUI	NNELING, UNDERGROUND WOR	K OR EARTH MOVING?		
4. DO YOUR SUBCONTRACTORS CARRY COVERAG	ES OR LIMITS LESS THAN YOUR	S?		
5. ARE SUBCONTRACTORS ALLOWED TO WORK WI	THOUT PROVIDING YOU WITH A	CERTIFICATE OF INSURANCE?		
6. DOES APPLICANT LEASE EQUIPMENT TO OTHER	S WITH OR WITHOUT OPERATOR	RS?		
DESCRIBE THE TYPE OF WORK SUBCONTRACTED	\$ PAID TO SUB- CONTRACTORS:	% OF WORK SUBCONTRACTED:	# FULL- TIME STAFF:	# PART- TIME STAFF:

PRODUCTS	ANNUAL GROSS SALES	# OF UNITS	TIME IN MARKET	EXPECTED LIFE	INTENDED USE	PRINCIPAL COMPONENTS
PLAIN ALL "YES" RESPONS	ES (For all past or present product	s or operations) PLEASI	ATTACH LITE	RATURE, BRO	CHURES, LABELS, WARNINGS, ETC.	Υ//
DOES APPLICANT INST	TALL, SERVICE OR DEMONST	RATE PRODUCTS?				N
FOREIGN PRODUCTS	SOLD, DISTRIBUTED, USED A	S COMPONENTS? (If '	YES", attach	ACORD 815)		N
RESEARCH AND DEVE	LOPMENT CONDUCTED OR N	EW PRODUCTS PLAN	NED?			N
GUARANTEES, WARRA	ANTIES, HOLD HARMLESS AGI	REEMENTS?				N
	, ,					
PRODUCTS RELATED	TO AIRCRAFT/SPACE INDUSTI	RY?				N
PRODUCTS RECALLED	D, DISCONTINUED, CHANGED	?				N
PRODUCTS OF OTHER	RS SOLD OR RE-PACKAGED U	NDER APPLICANT LAE	BEL?			N
PRODUCTS UNDER LA	BEL OF OTHERS?					N
VENDORS COVERAGE	REQUIRED?					N
. DOES ANY NAMED INS	URED SELL TO OTHER NAME	D INSUREDS?				l N

A	DITIONAL INTEREST / C	ERTIFICATE RECI	PIENT	ACO	RD 45 atta	ched fo	or additional n	ames						
INT	EREST	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFIC	ATE			II	NTEREST IN IT	EM NUMBER			
	ADDITIONAL INSURED								LOCATION:		BUILDING:			
	EMPLOYEE AS LESSOR								ITEM CLASS:		ITEM:			
	LENDER'S LOSS PAYABLE								ITEM DESC	RIPTION				
	LIENHOLDER													
	LOSS PAYEE													
	MORTGAGEE													
		REFERENCE / LOAN #	t											
GE	NERAL INFORMATION				•				•					
EX	PLAIN ALL "YES" RESPONSES (F	or all past or present op-	erations)									Y/N		
1.	ANY MEDICAL FACILITIES F	PROVIDED OR MEDIC	CAL PROFESSIO	NALS EMPLO	OYED OR CO	NTRAC	TED?					N		
2.	ANY EXPOSURE TO RADIO	ACTIVE/NUCLEAR M	IATERIALS?									N		
3.	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)													
4.	ANY OPERATIONS SOLD, A	CQUIRED, OR DISCO	ONTINUED IN LA	ST FIVE (5) Y	'EARS?							N		
5.	DO YOU RENT OR LOAN E	QUIPMENT TO OTHE	RS?									N		
	EQUIPMENT						TYPE O	FEQUIPMENT	INS	STRUCTION GI	VEN (Y/N)			
							SMALL TOOLS	LARGE EQU	JIPMENT					
							SMALL TOOLS	LARGE EQU	JIPMENT					
6.	ANY WATERCRAFT, DOCKS	5, FLOATS OWNED, H	HIRED OR LEASE	:D?								N		
7.	ANY PARKING FACILITIES)WNED/RENTED?										N		
Ļ	IS A FEE CHARGED FOR PA	A DIVINOS										- N		
8.	IS A FEE CHARGED FOR PA	ARKING?										N		
_	RECREATION FACILITIES F	POVIDED2										N		
J 3.	RECREATIONTACIENTEST	KOVIDED:										'`		
10.	ARE THERE ANY LODGING	OPERATIONS INCLU	UDING APARTME	NTS? (If "YE	S". answer th	e follow	rina):					+		
	# APTS TOTAL APT	1	THER LODGING OF	•			37							
		Sq. Ft.												
11.	IS THERE A SWIMMING PC	OL ON PREMISES?	(Check all that ap	ply)								N		
	APPROVED FENCE	LIMITED ACCESS	DIVING BO	ARD S	SLIDE	ABOVE (GROUND I	IN GROUND	LIFE GUARD					
12.	ARE SOCIAL EVENTS SPO	NSORED?										N		
13.	ARE ATHLETIC TEAMS SPO	ONSORED?												
	TYPE OF SPORT	CONTACT SPORT (Y/N) A	GE GROUP	13 - 18	TYPE	OF SPOR	RT	CONTACT SPORT (Y/N)	AGE GROUP		3 - 18			
		SPORT (T/N)	12 & UNDER	OVER 1	.			SPORT (1/N)	12 & UND	_	OVER 18			
	EXTENT OF SPONSORSHIP:		12 G ONDER	OVERT	— I —	IT OF SP	ONSORSHIP:		12 0 0142	LK C	VER 10			
14	ANY STRUCTURAL ALTERA	ATIONS CONTEMPLA	TED?		LATE	0. 0.	ONSONOTHI :					N		
'*	. ANT OTROOTORALALIERA	ONO CONTENIFLA	., _D:									"		
1														
15	ANY DEMOLITION EXPOSU	JRE CONTEMPI ATER										N		
```	DEMOLITION EN OOC	CONTENT ENIEL										''		
1														
1												1		

## **GENERAL INFORMATION (continued)**

EXPLAIN ALL "YES" RESPONSES (For all past or present operation	ons)			Y/N						
16. HAS APPLICANT BEEN ACTIVE IN OR IS CURRENTL'	Y ACTIVE IN JOINT VENTURE	S?		Z						
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 OTHE	8. IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS OR SUBSIDIARIES?  N									
19. ARE DAY CARE FACILITIES OPERATED OR CONTRO	DLLED?			N						
20. HAVE ANY CRIMES OCCURRED OR BEEN ATTEMPT	ED ON YOUR PREMISES WIT	THIN THE LAST THREE (3) YEARS	?	N						
21. IS THERE A FORMAL, WRITTEN SAFETY AND SECU	RITY POLICY IN EFFECT?			N						
22. DOES THE BUSINESSES' PROMOTIONAL LITERATURE	RE MAKE ANY REPRESENTA	TIONS ABOUT THE SAFETY OR SI	ECURITY OF THE PREMISES?	N						

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

## SIGNATURE

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

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

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

Applicable in KS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, 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)	
Ci A	Chris Harbour/CATHY		
APPLICANT'S SIGNATURE		DATE	NATIONAL PRODUCER NUMBER
			7679024

R	
<b>ACORD</b>	

# **SCHEDULE OF HAZARDS**

AGENCY						CARRIER NAIC CO						
Shaw Insu	ırance Se	rvices										
POLICY NUI	MBER				EFFECTIVE DATE	E A	APPLICANT / FIRST NAMED	INSURED				
					11/28/2025	5	SANITATION SERVICE	S, INC., DBA: JR'S PC	RTABLE SANITATIO	N		
SCHEDU	LE OF H	AZARDS										
LOC#	HAZ#	CLASS	PREMIUM	EXPOSU	DE.	TER	,,,	RATE	PRE	міим		
LOC#	HAZ#	CODE	BASIS	EXPOSU	KE	IER	PREM / OPS	PRODUCTS	PREM / OPS	PRODUCTS		
3			Gross sales	247,487								
CLASSIFICA	ATION DESC	RIPTION										
Rolls-offs	<ul> <li>dumpste</li> </ul>	rs										
LOC#	HAZ#	CLASS	PREMIUM	EXPOSU	RE	TER	R	RATE	PRE	MIUM		
	CODE BASIS EAROGE						PREM / OPS	PRODUCTS	PREM / OPS	PRODUCTS		
3			Gross sales	124,605								
CLASSIFICA		RIPTION										
Pumping	service											
				Г					1			
LOC#	LOC # HAZ # CLASS PREMIUM EXPOSURE BASIS					TER	R	RATE	1	MIUM		
		CODE		0.500			PREM / OPS	PRODUCTS	PREM / OPS	PRODUCTS		
3			Gross sales	6,500								
CLASSIFICA												
Luxury toi	let trailer r	entais										
									T			
LOC#	HAZ#	CLASS CODE	PREMIUM BASIS	EXPOSU	RE	TER	R	RATE		MIUM		
3				1 250 400			PREM / OPS	PRODUCTS	PREM / OPS	PRODUCTS		
	TION DEGG	19061	Gross sales	1,358,408								
CLASSIFICA												
Portable 1	ollet Kerit	aı										
			Τ					RATE	T DDE	MIUM		
LOC#	HAZ#	CLASS CODE	PREMIUM BASIS	EXPOSU	RE	TER	PREM / OPS	PRODUCTS	PREM / OPS	PRODUCTS		
					-		T KEM / OF G	TRODUCTO	1 KEW/ OI S	TRODUCTO		
CLASSIFIC#	ATION DESC	RIPTION										
02/100/11/0/												
		CLASS	PREMIUM					RATE	PRE	MIUM		
LOC#	HAZ#	CODE	BASIS	EXPOSU	RE	TER	PREM / OPS	PRODUCTS	PREM / OPS	PRODUCTS		
CLASSIFICA	ATION DESC	RIPTION						-				
		CLASS	PREMIUM				ı	RATE	PRE	МІИМ		
LOC#	HAZ#	CODE	BASIS	EXPOSU	RE	TER	PREM / OPS	PRODUCTS	PREM / OPS	PRODUCTS		
CLASSIFICA	ATION DESC	RIPTION	•		'			1				
100#	1147.4	CLASS	PREMIUM	EVROCII	DE.	TED		RATE	PRE	міим		
LOC#	HAZ#	CODE	BASIS	EXPOSU	KE	TER	PREM / OPS	PRODUCTS	PREM / OPS	PRODUCTS		
CLASSIFICA	ATION DESC	RIPTION						<u> </u>				
RATING ANI	D PREMILIM	BASIS	(P) PAYR	OLL - PER \$1,000/PAY		/(	C) TOTAL COST - PER \$1,00	0/COST (I	I) UNIT - PER UNIT			
l		R \$1,000/SALES		- PER 1,000/SQ FT			M) ADMISSIONS - PER 1,000		) OTHER			
(5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5	O · I LI	,000 OF NEED	(/ I) AINEA	,000/04/11		(1	,		,			

					ADDITION	NAL COV	ERAGES AND E	ENDO	DRSEN	MENTS				
Loc#	ST	Cov C		Description  Cyberflex C		Type of Co	verage	Fo	rm No.	Edition Da	ate	Rate	Optio	n Codes
Limit	1	CBK	Lim		Limit 3	Ded 1	Deductible Type 1	I	Ded 2	Dedu	ıctibl	e Type 2		Premium
1,000	,000													
Loc #	ST	Cov C	ode	Description		Type of Co	verage	Fo	rm No.	Edition Da	ate	Rate	Optio	n Codes
1 2		POL		Pollution Li			I De la colla Tara d		D. 10			T 0		
1,000			Lim	ıt ∠ 1 <b>0,000</b>	Limit 3	Ded 1 5,000	Deductible Type 1 Per Claim		Ded 2	Deac	ICTIDI	e Type 2		Premium
				•										
Loc#	ST	Cov C	ode	Description		Type of Co	-	Fo	rm No.	Edition Da		Rate	Optio	n Codes
Limit	1		Lim	it 2	Limit 3	Ded 1	Deductible Type 1		Ded 2	Dedu	ıctibl	e Type 2		Premium
Loc#	ST	Cov C	ode	Description		Type of Co	verage	Fo	rm No.	Edition Da	ate	Rate	Optio	n Codes
Limit	1		Lim	it 2	Limit 3	Ded 1	Deductible Type 1		Ded 2	Dedu	uctibl	e Type 2		Premium
Loc#	ST	Cov C	ode	Description		Type of Co	verage	Fo	rm No.	Edition Da	ate	Rate	Optio	n Codes
Limit	1	<u> </u>	Lim	<u> </u> it 2	Limit 3	Ded 1	Deductible Type 1		Ded 2	Dedu	uctibl	e Type 2	1	Premium
						1								
Loc#	SI	Cov C	ode	Description		Type of Co	verage	Fo	rm No.	Edition Da	ate	Rate	Optio	n Codes
Limit	1	<u> </u>	Lim	it 2	Limit 3	Ded 1	Deductible Type 1		Ded 2	Dedu	uctibl	e Type 2	<b>.</b>	Premium
Loc#	ST	Cov C	ode	Description		Type of Co	verage	l Fo	rm No.	Edition Da	ate I	Rate	Optio	n Codes
						"	-							
Limit	1		Lim	it 2	Limit 3	Ded 1	Deductible Type 1		Ded 2	Dedu	ıctibl	e Type 2		Premium
Loc#	ST	Cov C	ode	Description		Type of Co	verage	Fo	rm No.	Edition Da	ate	Rate	Optio	n Codes
Limit	1	<b>I</b>	Lim	it 2	Limit 3	Ded 1	Deductible Type 1	ı	Ded 2	Dedu	uctibl	e Type 2		Premium
Loc#	ST	Cov C	ode	Description		Type of Co	verage	I Fo	rm No.	Edition Da	ate I	Rate	Optio	n Codes
							-							
Limit	1		Lim	it 2	Limit 3	Ded 1	Deductible Type 1		Ded 2	Dedu	ıctibl	e Type 2		Premium
Loc#	ST	Cov C	ode	Description		Type of Co	verage	Fo	rm No.	Edition Da	ate	Rate	Optio	n Codes
Limit	1	<u> </u>	Lim	it 2	Limit 3	Ded 1	Deductible Type 1		Ded 2	Dedu	uctibl	e Type 2		Premium
Loc#	ST	Cov C	ode.	Description	<b>.</b>	Type of Co	verage	I Ea	rm No.	Edition Da	_{ate} I	Rate	Ontio	n Codes
			Juc	Description		1,500 01 00	· o.ago	' '	110.	Lation D	4.0	Nate	Optio	00003
Limit	1	•	Lim	it 2	Limit 3	Ded 1	Deductible Type 1	·	Ded 2	Dedu	ıctibl	e Type 2	•	Premium
Loc#	ST	Cov C	ode	Description		Type of Co	verage	Fo	rm No.	Edition Da	ate	Rate	Optio	n Codes
Limit	1	1	Lim	it 2	Limit 3	Ded 1	Deductible Type 1		Ded 2	Dedu	uctibl	e Type 2		Premium
Loc#	ST	Cov C	:ode	Description		Type of Co	verage	I Fo	rm No.	Edition Da	ate I	Rate	Ontio	n Codes
						''							Οριίο	
Limit			Lim	ιι <b>∠</b>	Limit 3	Ded 1	Deductible Type 1		Ded 2	Dedu	ICTIDI	e Type 2		Premium
OFB.	AADC	CV.										Copyrial	ht 2000. A	MS Services, Inc

# ACORD

# **CALIFORNIA COMMERCIAL AUTO**

**COVERAGES / LIMITS SECTION** 

PRODUCER	_			NAMED	INSURED(S)					<u> </u>		
Shaw Insurance Ser	nvices				` '	ICES INC	: DBA: IR'	S PORTA	BIE!	SANITATION		
POLICY NUMBER	111003		EFFECTIVE DA	_		1020, 1140	,, DD/1. 0111	01 01(17)	DLL (		NAIC CODE	
TOLIOT NOMBER			11/28/2025		`						NAIG GODE	
DUCINECO ALITO	CECTION		11/20/2020									
COVERAGES			LIMITO		COVERA	OE6	COVERED AL	ITO CYMP		1 1841	TC .	
COVERAGES	COVERED AUTO SYMBOLS		LIMITS 1,000,000 A PER \$ 1,000,000	)	COVERA	IGES	COVERED AL	JIO SYMBO	JLS	LIMI	15	
	1 4 9			,								
LIABILITY	2 7	BI EACH ACCIDENT										
	3 8	PROPERTY DAMAG	E \$		1							
							DI.	V010 41 D4		-		
								YSICAL DA	IWAGE	<u> </u>		
		1			TOWING & LABOR	-	$ \frac{3}{7}$ $-$	_		\$		
							2	4	8			
							3	[#]	°			
	2 4 8		SPECIFIED		2	4	8					
MEDICAL PAYMENTS	TOAL FACH PERSON \$					LOSS	$-\frac{1}{3}$	7	°			
	2 6	<b>X</b> CSL ₽	1,000,000	)	COLLISION		2	4	8			
UNINSURED	$3 \times 7$	BI EACH ACCIDENT			WAIVER	R OF	3		1			
MOTORIST		PROPERTY DAMAG			DEDUC	IIBLE		1' 1	-			
		T KOT EKTT BAWAC										
HIRED / BORROWED	X YES STATES	COST OF HIRE	➤ IF ANY BAS	S		STATES	# DAYS	# VEH	1	COVERAGE / DEDU	JCTIBLE	
LIABILITY	NO CA	\$								COMP \$		
	X YES STATES	GROUP TYPE	NUM	BER OF	HIRED				Ī	SPEC C OF L \$		
NON-OWNED	NO CA	EMPLOYEES			PHYSICAL DAMAGE				Ī	COLL \$		
LIABILITY		VOLUNTEERS			1							
		PARTNERS			1	cc	OVERAGE IS:		PF	RIMARY :	SECONDARY	
COVERED (1) ANY AUTO (2) OWN	AUTO IED AUTOS ONLY		OWNED AUTOS OTHER OWNED AUTOS SUBJEC			AUTOS ONL'	Y			FICALLY DESCRIBE	D AUTOS	
	NED PRIVATE PASSENGER AU		OWNED AUTOS SUBJEC			URED MOTO	ORISTS LAW			WNED AUTOS ONL	Y	
ENDORSEMENTS	/ REMARKS (ACORD	101, Additional R	emarks Schedule	, may be a	tached if m	ore spac	e is requir	ed)				
SIGNATURE / FRA	AUD											
	H REFUSES TO PROVIDE											
	IE REASONS IT DENIED O DINT OR MORE THAN ON								AH TC	AD MORE THAN		
									тцлт	TIUM/E TUE		
	D ACKNOWLEDGE THAT CTING EITHER UMBI LIMI				. ,							
	OVERAGE OR SELECTED	UMBI LIMITS LOWE	ER THAN MY BODILY	' INJURY LIA	BILITY LIMIT	S, I HAVE A	ALSO SIGNE	D THE C	ALIFO	RNIA AUTO		
SUPPLEMENT, ACC	ND AND ACKNOWLEDGE	THAT LININGLIDED I	AOTORISTS PROPE	DAMAC	E COVERAG	E (LIMPD) I	HAS REEN (	SEEBED	TO M	IE AND THAT I		
HAVE THE OPTION	S OF SELECTING OR RE.	ECTING THIS COVE	RAGE FOR ONE OF	MORE VEH	ICLES. I HAV	/E`MADE [°] N					)	
I HAVE READ AND	COMPLETED THE UMPD	PORTION OF THE C	ALIFORNIA AUTO SU	IPPLEMENT	ACORD 61 C	CA.						
	E BEEN OFFERED WAIVE	R OF COLLISION D	EDUCTIBLE. IF THIS	OPTION IS	NOT INDICAT	ED ON TH	IS APPLICAT	TION, THE	N I H	AVE REJECTED		
THIS OPTION.	AT THE COVERAGE SELE	CTION AND LIMIT C	HOICES INDICATED	HERE OR II	N ANY STATE	SUPPLEM	IENT WILL A	PPLY TO	AII F	LITURE POLICY		
	INUATIONS AND CHANGE				171111 017112	OOI I EEI			,	OTORE TOLIOT		
For your pr	otection, Calif	ornia law re	quires the f	ollowin	g to ap	pear o	n this	form:				
,	·		•		•							
Any person	n who knowing	lv nresents	false or fra	ıdıılan	inform	ation	to obta	in or	am	end incur	ance	
• •	r to make a cla	•										
_		•	•	1022 I	s guilty	oi a C	inne di	iu illă	y D	e subject	iu	
fines and confinement in state prison.												
APPLICANT'S SIGNATU	IRE	DA	ATE	PRODUCER'S	SIGNATURE	1				NATIONAL PRODUCER NUMBER		
						iH	NAME OF TAXABLE PARTY.			7679024		

TRUCKERS SECT	<u> ION</u>	l																	
COVERAGES COVERED AUTO SYMBOLS LIMITS														PHYS	ICAL	DAMAG	E		
		41		46		CSL	BI EA PER	\$		COVERA	AGES		COVE	RED MBOLS			LIMITS		DEDUCTIBLE
LIADILITY		1		1 —	D		_					_^			17				3230022
LIABILITY		42		47		ACH ACCID		\$		COMP / OT	0		42	$\mathbf{H}$	"				
		43		50	PRO	PERTY DAM	MAGE	\$		COMP / OT	C		43						\$
													46						
										<u> </u>			42		17 _	SCL	FT	LSP	•
										SPECIFIED CAUSES OF			43			F	FTV	1	\$
													46			_			
		42		46									42		17				
MEDICAL PAYMENTS		1		1	EAC	CH PERSON		\$		COLLISION					"				\$
		43					BI			H WAIVE	ER OF		43						ľ
UNINSURED		42		46		CSL	BI EA PER	\$		DEDU	CTIBLE		46		_				
MOTORIST		43			BIE	ACH ACCID	ENT	\$		TOWING			46		9	;			
		45			PRO	PERTY DAM	MAGE	\$		& LABOR									
														TRAILE	RINT	ERCHAN	IGE		
										COVER	AGES	SY	MBOL	# TRAI	LERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE
											_		48						
NON-TRUCKERS		YES	3	STATES	cos	ST OF HIRE		IF ANY	BASIS	COMP / OT	С		49						
HIRED / BORROWED		NO			\$	or or rinke		/	D/ (CIC				48						
TRUCKERS		YES		STATES				T		SPECIFIED CAUSES OF									
HIRED / BORROWED		1	,	STATES		ST OF HIRE	L	IF ANY	BASIS				49	-					
LIABILITY		NO			\$					COLLISION			48						\$
		YES	3	STATES	GRO	OUP TYPE			NUMBER OF	DEDU	ER OF ICTIBLE		49					<u> </u>	Ť
NON-OWNED AUTO		NO				EMPLOYE	ES			TRAILER VA	ALUE	\$							
LIABILITY						VOLUNTE	ERS				STA	ATES	# D	DAYS	#\	/EH			
						PARTNERS	S												
OTHER										HIRED									
										PHYSICAL									
										DAMAGE									
										+						П.		ΤТ.	050015151
										OTHER		T	VERAGI	E IS:		111	RIMARY	:	SECONDARY
										OTHER									
COVERED AUTO SYMB	OLS					IED AUTOS				CIFICALLY DES		AUTC	)S	(					SESSION OF
(41) ANY AUTO (42) OWNED AUTOS ON	IJΥ			(45)		IED AUTOS : IPULSORY (				D AUTOS ONL LERS IN YOUF		SSION	LUNDER	₹			R TRUCKE ANGE AGF	R UNDER A	ATRAILER
(43) OWNED COMMERC		NUTOS	S ONL	_Y		ORIST LAW				AILER INTERC							NED AUTO		
ENDORSEMENTS	3 / R	EMA	RK	S (ACORD 1	01, /	Additiona	l Remar	ks Sched	ule, may be a	ttached if	more s	расе	e is re	quired	)				
SIGNATURE / FR	AUD	)																	
AN INSURER WHIC	H R	FFIIS	SEST	TO PROVIDE (	۲0\/I	FRAGE TO	ΔΝ ΔΡΡΙ	ICANT WH		RIVER" MII	ST PRO	VIDE	THE A	PPLIC	\ TIA	MITH W	/RITTEN		
STATEMENT OF TH																		E THAN	
ONE VIOLATION PO	TMIC	OR I	MOR	E THAN ONE	AT-F	AULT ACCI	DENT RE	SULTING I	N ONLY PROPE	RTY DAMAG	SE IN TH	IE LA	ST TH	REE YE	ARS	ò.			
I UNDERSTAND AN	ID AC	CKNC	OWLE	EDGE THAT U	NINS	URED MO	TORISTS	BODILY IN	JURY COVERA	GE (UMBI) H	IAS BEE	N OF	FERE	р то м	E, AN	ND THA	TIHAVE	THE	
OPTIONS OF SELE																			
REJECTED UMBI C SUPPLEMENT, ACC				R SELECTED	UMB	LIMITS LO	OWER TH	AN MY BO	DILY INJURY LIA	ABILITY LIMI	ITS, I HA	VE A	LSO SI	IGNED	THE	CALIFO	ORNIA AL	ЛО	
				IOWI EDGE T		LINIINICLIDE	-D MOTO		DEDTY DAMAG	YE COVED 4		ו (סכ	14 C DE	בא סב	FEDE	-D TO 1	4E AND	T11AT 1	
I ALSO UNDERSTA HAVE THE OPTION											•	,							)
I HAVE READ AND																			
IN ADDITION, I HAV	/E BE	EEN (	OFFE	ERED WAIVER	OF	COLLISIO	N DEDUC	TIBLE. IF T	HIS OPTION IS	NOT INDICA	ATED ON	I THI	S APPL	ICATIO	N. T	HENIF	AVE RE	JECTED	
THIS OPTION.															,				
I UNDERSTAND TH											E SUPP	LEMI	ENT W	ILL APF	LY T	O ALL F	UTURE	POLICY	
RENEWALS, CONT	INU	OITA	NS A	ND CHANGES	UNL	ESS I NO	TIFY YOU	OTHERWI	SE IN WRITING										
For your p	rat	o c f	·io	. Califo	rni	a law	roqui	roe th	followin	a to ar	anna	ro	n th	ic fo	rm				
For your pi	Οι	CCI	.IOI	i, Caiiio	1111	a iaw	equi	162 III	FIOIIOWII	ig to ap	pea			15 10	'1 111	١.			
Any persor	า พ	/hc	) kı	nowinal	ם ע	resen	ts fals	se or f	raudulen	t inforn	natio	n t	o ol	btair	۱ ٥	r am	end i	nsur	ance
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APPLICANT'S SIGNATU	JRE						DATE		PRODUCER'S	SIGNATURE							NATIO	NAL PROD	UCER NUMBER
AT EIGHT O GIGHTONE																76790	124		

MOTOR CARRIER	R SE	CTI	<u>ис</u>										-						
COVERAGES COVERED AUTO SYMBOLS							LIMITS							PHY	SICAL	DAMAG	E		
		61		67		CSL	BI EA PER	\$		COVERA	GES	А	COVE UTO SY		s		LIMITS		DEDUCTIBLE
		62		68	BLE	ACH ACCIDI		\$					62		67				
LIABILITY		63		71		OPERTY DAM		\$		COMP / OTC			63		68				\$
		1		<del> </del> ''	'''	JI EIKIT DAN	MAGE	Ψ					1		00				T T
		64			+								64				1	П	
										SPECIFIED			62		67	SCL	FT	LSP	
										CAUSES OF	LOSS		63		68	F	FTW	'	\$
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										COLLIGION			62		67				
										COLLISION			63		68				\$
										WAIVE DEDUC	R OF CTIBLE		64						
MEDICAL		62		64						TOWING			63						
PAYMENTS		63		67	EAC	CH PERSON		\$		& LABOR			67		1	5			
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UNINSURED		1		†		. –	_			COVERA	050	CV	MBOL			FARTH	# DAYS	RADIUS	DEDUCTIBLE
MOTORIST	-	63		67		ACH ACCIDI		\$		COVERA	IGES	31	1	# IR/	AILERS	ZONE	# DATS	KADIUS	DEDUCTIBLE
		64			PRO	OPERTY DAM	MAGE	\$		COMP / OTC			69						
													70						
										SPECIFIED			69						
										CAUSES OF	LOSS		70						
NON-TRUCKERS		YES	3	STATES	cos	ST OF HIRE		IF ANY BA	SIS	COLLISION			69						_
HIRED / BORROWED		NO			\$					WAIVE DEDUC	R OF		70						\$
TRUCKERS		YES	3	STATES	cos	ST OF HIRE		IF ANY BA	SIS	TRAILER VA		\$							
HIRED / BORROWED LIABILITY		NO			\$						STA	ATES	# D	AYS	#\	/EH			
20,012		YES		STATES		OUP TYPE		NILI	MBER OF										
NON-OWNED		NO			GRO	1		INU	WIDER OF	HIRED									
AUTO	-	] '''			-	EMPLOYE				PHYSICAL									
LIABILITY					-	VOLUNTER	ERS			DAMAGE									
					_	PARTNERS	3												
OTHER												CO	VERAGE	E IS:		P	RIMARY		SECONDARY
										OTHER									
COVERED AUTO SYMB	OLS			(64	1) OWN	NED COMME	RCIAL ALITO	OS ONLY	(67) SPEC	IFICALLY DES	CRIBED	ALITO	ns.		(70) Y	OUR TR	AII ERS IN	THE POSS	ESSION OF
(61) ANY AUTO				(65	OWN	NED AUTOS S	SUBJECT TO	O NO-FAULT	(68) HIREI	DAUTOS ONLY	Y				Α	NOTHER	TRUCKE	R UNDER A	
(62) OWNED AUTOS ON (63) OWNED PRIVATE P		AUTO	S ON			NED AUTOS ( RY UNINSURI		O A COMPUL-		ERS IN YOUR				3			ANGE AGR IED AUTOS		
ENDORSEMENTS														auire		011 0111	LDAGIO	ONE	
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SIGNATURE / FRA	AUD	)																	
AN INSURER WHIC	CH R	EFUS	SES	TO PROVIDE	COVE	ERAGE TO	AN APPLI	CANT WHO	IS A "GOOD D	RIVER" MUS	ST PRO	VIDE	THE A	PPLI	CANT	WITH W	RITTEN		
STATEMENT OF TH							,										AD MORI	ETHAN	
ONE VIOLATION PO	TMIC	OR	MOR	RE THAN ONE	AT-F	AULT ACCI	DENT RES	SULTING IN	ONLY PROPE	RTY DAMAG	E IN TH	IE LA	ST TH	REE \	/EARS	S			
I UNDERSTAND AN										. ,									
OPTIONS OF SELE REJECTED UMBI C																			
SUPPLEMENT, ACC				N SELECTED	OIVID	LIMITSEC	JVVER IIIA	AN IVIT BODII	LI INJUNT LIA	IDILITI LIIVIII	13,1114	W L A	LSO SI	GIVE	אווו כ	CALIF	INNAAC	710	
I ALSO UNDERSTA				NOWLEDGE T	ГНАТ	UNINSURE	D MOTOR	RISTS PROP	ERTY DAMAG	E COVERAG	SE (UMF	PD) F	IAS BE	EN O	FFERI	ED TO N	ΛΕ. AND	THAT I	
HAVE THE OPTION	IS OF	SEI	_EC	ΓING OR REJ	ECTIN	NG THIS CO	OVERAGE	FOR ONE C	R MORE VEH	ICLES. I HA	VE MAD	,							
I HAVE READ AND	COM	1PLE	TED	THE UMPD F	PORTI	ON OF THI	E CALIFOR	RNIA AUTO S	SUPPLEMENT,	ACORD 61	CA.								
IN ADDITION, I HAV	/E BE	EEN (	OFF	ERED WAIVE	R OF	COLLISION	N DEDUCT	TIBLE. IF THI	S OPTION IS	NOT INDICA	TED ON	I THI	S APPL	ICAT	ION, T	HENIF	IAVE RE	IECTED	
THIS OPTION.																			
I UNDERSTAND TH RENEWALS, CONT										N ANY STATE	E SUPP	LEME	ENT WI	LL AF	PLYT	O ALL F	UTURE	POLICY	
RENEWALS, CONT	INU	11101	NO A	IND CHANGE	S UNL	_E33   NO	11111000	OTHERWISE	IN WRITING.										
For your pi	rot	ect	io	n. Califo	orni	a law	reauir	es the	followin	a to an	pea	r o	n thi	is f	orm	):			
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Any persor	n w	/hc	) k	nowing	ly p	resen	ts fals	se or fra	audulent	t inform	natio	n t	o ok	otai	in o	r am	end i	nsura	ance
coverage o	r t	o n	na	ke a cla	im	for the	e pavn	nent of	a loss is	s auilty	of a	cr	ime	an	d m	nav t	e su	biect	to
fines and c										- Jy	•					, .		, ,	
illies allu c	,011		CII	IICIIL III 3	Stat	e pris	OII.												
APPLICANT'S SIGNATU	JRE						DATE		PRODUCER'S	SIGNATURE							NATIO	NAL PROD	UCER NUMBER
																	76790		

ACORD
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# **BUSINESS AUTO SECTION**

DATE (MM/DD/YYYY	)
09/15/2025	

Bosii	BUSINESS AUTO SECTION							
AGENCY		CARRIER		NAIC CODE				
Shaw Insurance Services								
POLICY NUMBER	EFFECTIVE DATE	NAMED INSURED(S)						
	11/28/2025	SANITATION SERVICES, INC., DBA: JR'S PORTABLE SANI	ITATION					

# COVERAGES / LIMITS

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

		OOL ACCIND 137 1	<u> UIV</u>	100	K SIAIL IOII	VOVIL		VERAGES / EIMITS IN	i Oitii	IAHON				
DRIV	ER INFORMATION	X ACORD 163	3 atta	ached	l for additional d	rivers								
LIST AL	L DRIVERS, INCLUDING F	AMILY MEMBERS THAT DRIVE C	OMPA	NY VE	HICLES, AND EMPLOY	EES WI	10 DRIV	E OWN VEHICLES ON COMPANY	BUSINE	SS.				
DRIVER #	CITY, STA	NAME TE AND ZIP CODE	SEX	* MAR STAT	DATE OF BIRTH	YRS EXP	YEAR LIC	DRIVERS LICENSE NUMBER/ SOCIAL SECURITY NUMBER	STATE	DATE HIRE	BROADEN NO-FAULT	DOC	USE VEH#	% USE
1	RONALD	E BARNES	М		03/06/1967			C5238312	CA	01/12/2016				
2	JOHNNIE	R PORTER	М		04/26/1982			B9247556	CA	01/01/2019				
3	ERIC	D LEWIS	М		03/01/1963			C4921885	CA	09/20/2009				
4	LAWRENCE	L JOHNSON	М		05/16/1972			A2422586	CA	09/20/2009				
5	RONALD	A WHITE	М		09/06/1963			V9073900	CA	01/01/2019				
6	JORGE	N BECERRANAVARR	М		11/05/1965			C5848626	CA	06/01/2016				
7	LEONARDO	CENTENO	М		04/05/1969			C6734113	CA	06/01/2013				
8	CARL	D BOWLES JR	М		10/15/1975			A4638946	CA	03/08/2021				
9	MANUEL	FRANCISCO	М		10/12/1988			Y3625984	CA	10/13/2021				
10	BRANDON	AYOTTE	М		05/23/1988			D6261329	CA	10/11/2021				
11	NOBERTO	CANO	М		02/14/1967			C4486203	CA	08/15/2023				
12	JUSTIN	L PIERCE	М		09/24/1990			D8900804	CA	01/03/2019				
13	EDWIN	RUIZALDANA	M		01/24/1986			Y4709445	СА	06/08/2020				

# * MARITAL STATUS / CIVIL UNION (if applicable)

01/24/1986

М

# **GENERAL INFORMATION**

13

EXP	LAIN AL	L "YES" RESPONSES							Y/N
1.		THE EXCEPTION OF ANY ENCUMBRANCES, ARE ANY VEHICLES FC ITERED TO THE APPLICANT?	R WHIC	H INSL	RANCE IS REQUESTED NOT SOLELY OWN	NED BY AND			N
	VEH#	NAME OF OTHER OWNER		VEH#	NAME OF OTHER OWNER				
	<u> </u>								
2. DO OVER 50% OF THE EMPLOYEES USE THEIR AUTOS IN THE BUSINESS? (no explanation needed)									
3.	IS THE	RE A VEHICLE MAINTENANCE PROGRAM IN OPERATION?							Υ
4.	ΔDE Δ	NY VEHICLES LEASED TO OTHERS?							
٦.	AIL A	VI VEHICLES LEAGED TO OTHERO:							N
5.	ANY C	AR MODIFIED / SPECIAL EQUIPMENT? (Include customized vans / pic	kups)						NI.
	VEH#	DESCRIPTION COST		VEH#	DESCRIPTION		COST		N
		\$					\$		
6. ARE ICC (Interstate Commerce Commission), PUC (Public Utility Commission) OR OTHER FILINGS REQUIRED? (If "YES", attach ACORD 194) (no explanation needed)									
7.	DO OF	PERATIONS INVOLVE TRANSPORTING HAZARDOUS MATERIAL?							Υ

CA 06/08/2020

GENERAL INFORMATION (continued)

AGENCY CUSTOMER ID: 00012358

EXPLAIN ALL "YES" RESPONSES	nasa)				Y/N
8. ANY HOLD HARMLESS AGREEN	MENTS?				1711
8. ANT HOLD HARWLESS AGREEM	IEN13!				N
9. ANY VEHICLES USED BY FAMIL	Y MEMBERS? IF SO, IDENTIFY.				
					N
40 DOEG THE ADDITIONAL OPTAIN	ANID (Master Meleicle Decembra) VEDIFICAT	TIONIOO			
10. DOES THE APPLICANT OBTAIN	MVR (Motor Vehicle Record) VERIFICAT	IONS?			Y
11. DOES THE APPLICANT HAVE A	SPECIFIC DRIVER RECRUITING METH	OD?			l N
					N
12 ARE ANY DRIVERS NOT COVE	ED BY WORKERS COMPENSATION?				
12. ARE ANT DRIVERS NOT COVER	ED BY WORKERS COMPENSATION?				N
13. ANY VEHICLES OWNED BUT NO	OT SCHEDULED ON THIS APPLICATION	N?			$\mid _{N}\mid$
					'`
14. ANY DRIVERS WITH CONVICTION	ONS FOR MOVING TRAFFIC VIOLATION	NS?			
APPLICABLE ONLY IN KANSAS: UN	DER KANSAS LAW, THE FOLLOWING TRAFF	CIC VIOLATIONS ARE NOT REC	QUIRED TO BE REPORTED TO INSURE	RS:	N
	(6) miles per hour (mph) that occurs in an are				
	(10) miles per hour (mph) that occurs in an ar	rea with a maximum posted sp			
DRV # DATE (MM/DD/YYYY) TYP	Ē		PLACE (CITY, STATE)	# YRS REV	
15. HAS AGENT INSPECTED VEHIC	LES?				N
					l in
16. ARE ALL VEHICLES TO BE INCL	UDED IN THIS POLICY PART OF A FLEI	ET?			
17. DO YOU HAVE ELECTRONIC MO	NITORING DEVICES THAT RECORD A	ND TRANSMIT DATA IN AI	NY OF YOUR VEHICLES?		
If "YES", what percentage of vehicles in	your overall fleet are monitored (1 - 100%)	% Please indic	ate how you utilize the devices (check all	that apply):	
MONITOR DRIVER SAFETY	TRACK FUEL CONSUMPTION	MONITOR VEHICLE MAIN	ENANCE MILEAGE TRACK	ING LOCATION TRACKING	
NAVIGATION		scribe:			
DESCRIPTION OF GARAGE / STORAGE LO		oonbo.		MAXIMUM DOLLAR VALUE SUBJECT TO LO	088
BESONII HONOI GARAGE/STORAGE EN	CATIONS				
				\$	
ADDITIONAL INTEREST / CERT	IFICATE RECIPIENT	ACORD 45 attached f	or additional names		
INTEREST	NAME AND ADDRESS RANK:	EVIDENCE: CERTI	FICATE	INTEREST IN ITEM NUMBER	
ADDITIONAL LOSS PAYEE	Wintrust Specialty Finance ISAOA			VEHICLE: 6 LOCATION:	
EMPLOYEE AS LESSOR OWNER	P O Box 3886				
LENDER'S LOSS PEGISTRANT					
PAYABLE LIENHOLDER	Bellevue		WA 98009-3886		
ELENTIOEDEN.	Believae		VV/ 30003 3000		
	REFERENCE / LOAN #:				
INTEREST	NAME AND ADDRESS RANK:	EVIDENCE: CERTI	FICATE	INTEREST IN ITEM NUMBER	1
ADDITIONAL INSURED LOSS PAYEE	TCF Capital Solutions,	<del></del>		VEHICLE: 7 LOCATION:	
EMPLOYEE OWNER	11100 Wayzata Blvd				
LENDER'S LOSS PEGISTPANT					
PAYABLE L	Minastanla		MAN 55005 5547		
LIENHOLDER	Minnetonka		MN 55305-5517		
$\bigsqcup$					
	REFERENCE / LOAN #:				
REMARKS (ACORD 101, Addition	onal Remarks Schedule, may be a	ttached if more space	is required)		
i .					I

VEITIC	LE DES	CF	RIPTIO	NC	<u> </u>	ACOR	kD 129	attache	ed fo	or addition	onal	vehicles												
VEH#	YEAR	:	MAKE	For	d					BODY TYPE:							VEHIC	EHICLE TYPE				/I / AGE	COMP / OTC SYM	COLL SYM
1	2017	,	MODE	ı . F55	0 Pum	per					1FDl	JF5GTXHE	F22920			PP	5	SPEC COML						
	етр			ired in		•		CI	ITY	VV					COUNTY						$\perp$	STATE	ZIP	
GARAGIN ADDRESS					κι,										000111									
	958	ט צ	ariene	Drive				P	etalı	uma												CA	94952	
LIC STATE	TE	RR			GVW/	GCW		CLASS		SIC		FACTOR	SEAT C	P	RADIUS FARTHEST TERMINAL							COST NEW	'	
																					\$ 40479			
USE			COL	MM'L	FC	OR HIRE	CHEC	K RAGES	S ADD'L NO- UNDRINS FAULT F					LSP RENT DEDUCTIBLES					21/	COMP/	SPEC C OF L			
<u> </u>	AOUBE		_	- +		J. (					$\vdash$	MOTOR					IMB	$\vdash$		$\rightarrow$		CV	отс	C OF L
	ASURE		RET	L				<u> </u>		MED PAY	Ш	TOWING & LABOR	FT FT	×	COMP/ OTC	FG	1		AA		ST AM1	\$		
FAR			SEF	RVICE			l IF	NO- FAULT	I SIMOTOR I ICOFL I I ISSI					COLL			\$			\$ COLL				
DRIVE TO WORK / S	CHOOL		< 1	5 MILES	S	15 MILE	S +	NET VEH DR/CR:										тоти	AL PR	EM: \$				
VEH#	YEAR	ıΤ	MAKE	. For	d	1		2.00		BODY							VEHIC	CLE TY		<u> </u>	SYI	/I / AGE	COMP / OTC SYM	COLL SYM
2	2017	- 1		•	0 Pum	nor				TYPE:	1ED\	WF7DC3HE	DR04670			PP		SPEC		СОМЬ			OICSYM	SYM
	Ц					pei		T .		V.I.N.:	11 0	WI 7DOSITE	004073				Ш,	OF LO		COIVIL				
GARAGIN				ired in	KY)			CI	ITY						COUNTY							STATE	ZIP	
ADDRESS	958	3 D	arlene	Drive				P	etalı	uma												CA	94952	
LIC STATE	TEI	RR			GVW/0	GCW		CLASS		SIC		FACTOR	SEAT C	P	RADIUS		FARTH	IEST TI	ERMII	NAL			COST NEW	,
J OIAIL																						\$ 772	210	
USE		I		MM'L T	E/	OR HIRE	CHEC	K RAGES	ㅜ!	ADD'I NO-	П	UNDRINS	T _F	┰┖╌	LSP	RE	NT	DED	UCTIE	RIFS	-		COMP/	SPEC
<del></del>			-	-		JK HIKL			امت	ADD'L NO- FAULT	$\vdash$	UNDRINS MOTOR				RE	IMB				A	CV	OTC	SPEC C OF L
L PLE	ASURE		RET	AIL [				<u> </u>		MED PAY	Ш	TOWING & LABOR	FT	×	COMP/ OTC	FG	i		AA		ST AM1	\$		
FAR			SEF	RVICE			l IF	NO- FAULT	$\boldsymbol{\times}$	UNINS MOTOR		SPEC C OF L	FTW	$\mid \times$	COLL			\$				\$		COLL
DRIVE TO WORK / S	)		< 1	5 MILES	s	15 MILE	S+	NET VEH DR/CR:				00			-			TOTA	ΔI PR	EM: \$				
VEH#	YEAR	<del>.  </del>	MAKE	. Int'l		1		DR/CK:		BODY							VEHIC	CLE TY		LIVI. Ş	SYI	/I / AGE	COMP / OTC SYM	COLL SYM
										TYPE:	2114	141414171	404540						<u>.                                    </u>	1		II / AGE	OTC SYM	SYM
3	2018			L: Pun						V.I.N.:	эпаі	MMMML7JI	_424516			PP		SPEC		COML	.			
GARAGIN		EET	T (Requ	ired in	KY)			Ci	ITY						COUNTY							STATE	ZIP	
ADDRES	958	B D	arlene	Drive				P	etalı	uma												CA	94952	
LIC	TEI	RR			GVW/0	GCW		CLASS		SIC		FACTOR	SEAT C	P	RADIUS		FARTH	IEST TI	ERMII	NAL			COST NEW	,
STATE																						\$ 83		
			_	L			CHEC	v I	$\dashv$	ADDII NO		LINDONIO		ᆛ	1	I DE	NT	T				\$ 03	COMP/	Jones
USE			CO	MM'L	FC	OR HIRE	COVE	K RAGES	í	ADD'L NO- FAULT	Ш	UNDRINS MOTOR	F		LSP	RE	IMB	DED	UCTIE	BLES	A	cv	OTC	SPEC C OF L
PLE	ASURE		RET	AIL			X ∟	IAB >	$\times$	MED PAY		TOWING & LABOR	FT	$\times$	COMP/ OTC	FG	i		AA		ST AM1	\$		
FAR	М		SEF	RVICE			4	<u>vo-</u>	WINNS SPEC FTW COLL								\$				\$		COLL	
I I I FAULT						ĻН	AULI	•															0022	
		DRIVE TO STANDARD STA					NEI VEH				COFL			•			T				Ψ			
DRIVE TO WORK / S	CHOOL		_			15 MILE	S +	NET VEH DR/CR:				COFL	ļ .							EM: \$	lave		COMP /	COLL
DRIVE TO WORK / S VEH #	CHOOL YEAR		MAKE	For	d		S+	DR/CR:		BODY TYPE:			!					CLE TY		7		M / AGE	COMP / OTC SYM	COLL SYM
DRIVE TO WORK / S	CHOOL		MAKE	For			S+	DR/CR:		BODY TYPE:		JF5GTXJE	898311			PP				EM: \$			COMP / OTC SYM	COLL SYM
DRIVE TO WORK / S VEH #	YEAR	3	MAKE MODE	For	d 60 Pum		S+		ITY	BODY TYPE:			898311		COUNTY	PP		CLE TY		7			COMP / OTC SYM	COLL SYM
DRIVE TO WORK / S VEH #	YEAR 2018	REET	MAKE MODE T (Requ	Forc	d 60 Pum		S+	CI	ITY Petali	BODY TYPE: V.I.N.:			898311		COUNTY	PP		CLE TY		7		M / AGE		
DRIVE TO WORK / S VEH # 4 GARAGIN ADDRESS	CHOOL YEAR 2018 STR 958	REET	MAKE MODE T (Requ	Force: F55	d 60 Pum KY)	per	S+	CI		BODY TYPE: V.I.N.:		JF5GTXJE		P		PP	5	SPEC	PE	СОМЬ		M/AGE STATE CA	<b>ZIP</b> 949	952
DRIVE TO WORK / S VEH # 4 GARAGIN ADDRESS	YEAR 2018	REET	MAKE MODE T (Requ	Force: F55	d 60 Pum	per	S +	CI		BODY TYPE: V.I.N.:			898311 SEAT C	P	COUNTY	PP		SPEC	PE	СОМЬ		M/AGE STATE CA	ZIP 949 COST NEW	952
DRIVE TO WORK / S VEH # 4 GARAGIN ADDRESS LIC STATE	CHOOL YEAR 2018 STR 958	REET	MAKE MODE T (Requ	: Force	d 60 Pum KY) GVW / 0	per		CI P CLASS	etal	BODY TYPE: V.I.N.:	1FDI	JF5GTXJE	SEAT C	P	RADIUS		FARTH	SPEC	ERMI	COML		STATE CA \$ 420	ZIP 949 COST NEW	952
DRIVE TO WORK / S VEH # 4 GARAGIN ADDRESS	CHOOL YEAR 2018 STR 958	REET	MAKE MODE T (Requ	Force: F55	d 60 Pum KY) GVW / 0	per	CHEC	CI P CLASS	etalu	BODY TYPE: V.I.N.:	1FDI	JF5GTXJE  FACTOR  UNDRINS MOTOR		P	RADIUS LSP	RE	5	SPEC	ERMI	COML		STATE CA \$ 420	ZIP 949 COST NEW	952
DRIVE TO WORK / S VEH # 4 GARAGIN ADDRESS LIC STATE	CHOOL YEAR 2018 STR 958	REET	MAKE MODE T (Requ	Force: F55	d 60 Pum KY) GVW / 0	per	CHECC	CLASS	Petal	BODY TYPE: V.I.N.: uma SIC	1FDI	JF5GTXJE  FACTOR  UNDRINS MOTOR	SEAT C	P V	RADIUS LSP	RE	FARTH	SPEC	ERMI	COML	.	STATE CA \$ 420	ZIP 949 COST NEW 095 COMP/	952 /
DRIVE TO WORK / S VEH # 4 GARAGIN ADDRESS LIC STATE	SCHOOL YEAR 2018 STR 958 TEL	REET	MAKE MODE T (Requ arlene	Force: F55	d 60 Pum KY) GVW / 0	per	CHEC COVE	CI P CLASS  K RAGES	Petal	BODY TYPE: V.I.N.: Uma SIC ADD'L NO- FAULT MED PAY	1FDL	JF5GTXJE  FACTOR  UNDRINS MOTOR TOWING & LABOR	SEAT C	P   1	RADIUS	RE	FARTH	SPEC HEST TI	ERMI	COML	. A	STATE CA \$ 420	ZIP 949 COST NEW 095 COMP/	952 / SPEC C OF L
DRIVE TO WORK / S VEH # 4 GARAGIN ADDRESS LIC STATE USE PLE FAR	SCHOOL YEAR 2018 SS 958 TEI	REET	MAKE MODE T (Requ arlene	E Force  L: F55  L: F55  Drive  MM'L  AIL  RVICE	GVW/G	per GCW	CHEC COVE	CI P CLASS  K RAGES LIAB NO	Petal	BODY TYPE: V.I.N.: Uma SIC	1FDL	JF5GTXJE  FACTOR  UNDRINS MOTOR	SEAT C	P   1	LSP COMP/OTC	RE	FARTH	SPEC HEST TI	ERMII UCTIE	NAL BLES	. A	STATE CA \$ 420	ZIP 949 COST NEW 095 COMP/	952 /
DRIVE TO WORK / S VEH # 4 GARAGIN ADDRES: LIC STATE USE PLE FAR DRIVE TO WORK / S	ASURE	REET B DO RR	MAKE MODE T (Requ arlene	E Force  L: F55  L: F5	GVW/G	per GCW DR HIRE	CHEC COVE	CLASS  K RAGES  LIAB  NO-AULT  NET VEH  DR/CR:	Yetalı X	BODY TYPE: V.I.N.: uma SIC ADD'L NO- FAULT MED PAY UNINS MOTOR	1FDL	JF5GTXJE  FACTOR  UNDRINS  MOTOR  TOWING & LABOR SPEC C OF L	SEAT C	×	LSP COMP/OTC COLL	RE	FARTH	SPEC HEST TI	ERMII UCTIE	COML	. A	STATE CA \$ 420	ZIP 949 COST NEW 095 COMP/	952 / SPEC C OF L
DRIVE TO WORK / S VEH # 4 GARAGIN ADDRES: LIC STATE USE PLE FAR DRIVE TO WORK / S	ASURE	REET B DO RR	MAKE MODE T (Requ arlene	E Force  L: F55  L: F5	GVW/G	per GCW DR HIRE	CHECCOVE	CLASS  K RAGES  LIAB  NO-AULT  NET VEH  DR/CR:	Yetalı X	BODY TYPE: V.I.N.: uma SIC ADD'L NO- FAULT MED PAY UNINS MOTOR	1FDL	JF5GTXJE  FACTOR  UNDRINS MOTOR TOWING & LABOR	SEAT C	×	LSP COMP/OTC COLL	RE	FARTH	SPEC HEST TI	ERMII UCTIE	NAL BLES	. A	STATE CA \$ 420	ZIP 949 COST NEW 095 COMP/	952 / SPEC C OF L
DRIVE TO WORK / S VEH # 4 GARAGIN ADDRES: LIC STATE USE PLE FAR DRIVE TO WORK / S	ASURE	REET B DO RR	MAKE MODE T (Requ arlene	E Force  L: F55  L: F5	GVW/G	per GCW DR HIRE	CHECCOVE	CLASS  K RAGES  LIAB  NO-AULT  NET VEH  DR/CR:	Yetalı X	BODY TYPE: V.I.N.: uma SIC ADD'L NO- FAULT MED PAY UNINS MOTOR	1FDL	JF5GTXJE  FACTOR  UNDRINS  MOTOR  TOWING & LABOR SPEC C OF L	SEAT C	×	LSP COMP/OTC COLL	RE	FARTH	SPEC HEST TI	ERMII UCTIE	NAL BLES	. A	STATE CA \$ 420	ZIP 949 COST NEW 095 COMP/	952 / SPEC C OF L
DRIVE TO WORK / S VEH # 4 GARAGIN ADDRES: LIC STATE USE PLE FAR DRIVE TO WORK / S	ASURE	REET B DO RR	MAKE MODE T (Requ arlene	E Force  L: F55  L: F5	GVW/G	per GCW DR HIRE	CHECCOVE	CLASS  K RAGES  LIAB  NO-AULT  NET VEH  DR/CR:	Yetalı X	BODY TYPE: V.I.N.: uma SIC ADD'L NO- FAULT MED PAY UNINS MOTOR	1FDL	JF5GTXJE  FACTOR  UNDRINS  MOTOR  TOWING & LABOR SPEC C OF L	SEAT C	×	LSP COMP/OTC COLL	RE	FARTH	SPEC HEST TI	ERMII UCTIE	NAL BLES	. A	STATE CA \$ 420	ZIP 949 COST NEW 095 COMP/	952 / SPEC C OF L
DRIVE TO WORK / S VEH # 4 GARAGIN ADDRES: LIC STATE USE PLE FAR DRIVE TO WORK / S	ASURE	REET B DO RR	MAKE MODE T (Requ arlene	E Force  L: F55  L: F5	GVW/G	per GCW DR HIRE	CHECCOVE	CLASS  K RAGES  LIAB  NO-AULT  NET VEH  DR/CR:	Yetalı X	BODY TYPE: V.I.N.: uma SIC ADD'L NO- FAULT MED PAY UNINS MOTOR	1FDL	JF5GTXJE  FACTOR  UNDRINS  MOTOR  TOWING & LABOR SPEC C OF L	SEAT C	×	LSP COMP/OTC COLL	RE	FARTH	SPEC HEST TI	ERMII UCTIE	NAL BLES	. A	STATE CA \$ 420	ZIP 949 COST NEW 095 COMP/	952 / SPEC C OF L
DRIVE TO WORK / S VEH # 4 GARAGIN ADDRES: LIC STATE USE PLE FAR DRIVE TO WORK / S	ASURE	REET B DO RR	MAKE MODE T (Requ arlene	E Force  L: F55  L: F5	GVW/G	per GCW DR HIRE	CHECCOVE	CLASS  K RAGES LIAB NO-AULT NET VEH DR/CR:	Yetalı X	BODY TYPE: V.I.N.: uma SIC ADD'L NO- FAULT MED PAY UNINS MOTOR	1FDL	JF5GTXJE  FACTOR  UNDRINS  MOTOR  TOWING & LABOR SPEC C OF L	SEAT C	×	LSP COMP/OTC COLL	RE	FARTH	SPEC HEST TI	ERMII UCTIE	NAL BLES	. A	STATE CA \$ 420	ZIP 949 COST NEW 095 COMP/	952 / SPEC C OF L
DRIVE TO WORK / S VEH # 4 GARAGIN ADDRES: LIC STATE USE PLE FAR DRIVE TO WORK / S	ASURE	REET B DO RR	MAKE MODE T (Requ arlene	E Force  L: F55  L: F5	GVW/G	per GCW DR HIRE	CHECCOVE	CLASS  K RAGES LIAB NO-AULT NET VEH DR/CR:	Yetalı X	BODY TYPE: V.I.N.: uma SIC ADD'L NO- FAULT MED PAY UNINS MOTOR	1FDL	JF5GTXJE  FACTOR  UNDRINS  MOTOR  TOWING & LABOR SPEC C OF L	SEAT C	×	LSP COMP/OTC COLL	RE	FARTH	SPEC HEST TI	ERMII UCTIE	NAL BLES	. A	STATE CA \$ 420	ZIP 949 COST NEW 095 COMP/	952 / SPEC C OF L
DRIVE TO WORK / S VEH # 4 GARAGIN ADDRES: LIC STATE USE PLE FAR DRIVE TO WORK / S	ASURE	REET B DO RR	MAKE MODE T (Requ arlene	E Force  L: F55  L: F5	GVW/G	per GCW DR HIRE	CHECCOVE	CLASS  K RAGES LIAB NO-AULT NET VEH DR/CR:	Yetalı X	BODY TYPE: V.I.N.: uma SIC ADD'L NO- FAULT MED PAY UNINS MOTOR	1FDL	JF5GTXJE  FACTOR  UNDRINS  MOTOR  TOWING & LABOR SPEC C OF L	SEAT C	×	LSP COMP/OTC COLL	RE	FARTH	SPEC HEST TI	ERMII UCTIE	NAL BLES	. A	STATE CA \$ 420	ZIP 949 COST NEW 095 COMP/	952 / SPEC C OF L
DRIVE TO WORK / S VEH # 4 GARAGIN ADDRES: LIC STATE USE PLE FAR DRIVE TO WORK / S	ASURE	REET B DO RR	MAKE MODE T (Requ arlene	E Force  L: F55  L: F5	GVW/G	per GCW DR HIRE	CHECCOVE	CLASS  K RAGES LIAB NO-AULT NET VEH DR/CR:	Yetalı X	BODY TYPE: V.I.N.: uma SIC ADD'L NO- FAULT MED PAY UNINS MOTOR	1FDL	JF5GTXJE  FACTOR  UNDRINS  MOTOR  TOWING & LABOR SPEC C OF L	SEAT C	×	LSP COMP/OTC COLL	RE	FARTH	SPEC HEST TI	ERMII UCTIE	NAL BLES	. A	STATE CA \$ 420	ZIP 949 COST NEW 095 COMP/	952 / SPEC C OF L
DRIVE TO WORK / S VEH # 4 GARAGIN ADDRES: LIC STATE USE PLE FAR DRIVE TO WORK / S	ASURE	REET B DO RR	MAKE MODE T (Requ arlene	E Force  L: F55  L: F5	GVW/G	per GCW DR HIRE	CHECCOVE	CLASS  K RAGES LIAB NO-AULT NET VEH DR/CR:	Yetalı X	BODY TYPE: V.I.N.: uma SIC ADD'L NO- FAULT MED PAY UNINS MOTOR	1FDL	JF5GTXJE  FACTOR  UNDRINS  MOTOR  TOWING & LABOR SPEC C OF L	SEAT C	×	LSP COMP/OTC COLL	RE	FARTH	SPEC HEST TI	ERMII UCTIE	NAL BLES	. A	STATE CA \$ 420	ZIP 949 COST NEW 095 COMP/	952 / SPEC C OF L
DRIVE TO WORK / S VEH # 4 GARAGIN ADDRES: LIC STATE USE PLE FAR DRIVE TO WORK / S	ASURE	REET B DO RR	MAKE MODE T (Requ arlene	E Force  L: F55  L: F5	GVW/G	per GCW DR HIRE	CHECCOVE	CLASS  K RAGES LIAB NO-AULT NET VEH DR/CR:	Yetalı X	BODY TYPE: V.I.N.: uma SIC ADD'L NO- FAULT MED PAY UNINS MOTOR	1FDL	JF5GTXJE  FACTOR  UNDRINS  MOTOR  TOWING & LABOR SPEC C OF L	SEAT C	×	LSP COMP/OTC COLL	RE	FARTH	SPEC HEST TI	ERMII UCTIE	NAL BLES	. A	STATE CA \$ 420	ZIP 949 COST NEW 095 COMP/	952 / SPEC C OF L
DRIVE TO WORK / S VEH # 4 GARAGIN ADDRES: LIC STATE USE PLE FAR DRIVE TO WORK / S	ASURE	REET B DO RR	MAKE MODE T (Requ arlene	E Force  L: F55  L: F5	GVW/G	per GCW DR HIRE	CHECCOVE	CLASS  K RAGES LIAB NO-AULT NET VEH DR/CR:	Yetalı X	BODY TYPE: V.I.N.: uma SIC ADD'L NO- FAULT MED PAY UNINS MOTOR	1FDL	JF5GTXJE  FACTOR  UNDRINS  MOTOR  TOWING & LABOR SPEC C OF L	SEAT C	×	LSP COMP/OTC COLL	RE	FARTH	SPEC HEST TI	ERMII UCTIE	NAL BLES	. A	STATE CA \$ 420	ZIP 949 COST NEW 095 COMP/	952 / SPEC C OF L
DRIVE TO WORK / S VEH # 4 GARAGIN ADDRES: LIC STATE USE PLE FAR DRIVE TO WORK / S	ASURE	REET B DO RR	MAKE MODE T (Requ arlene	E Force  L: F55  L: F5	GVW/G	per GCW DR HIRE	CHEC COVE	CLASS  K RAGES LIAB NO-AULT NET VEH DR/CR:	Yetalı X	BODY TYPE: V.I.N.: uma SIC ADD'L NO- FAULT MED PAY UNINS MOTOR	1FDL	JF5GTXJE  FACTOR  UNDRINS  MOTOR  TOWING & LABOR SPEC C OF L	SEAT C	×	LSP COMP/OTC COLL	RE	FARTH	SPEC HEST TI	ERMII UCTIE	NAL BLES	. A	STATE CA \$ 420	ZIP 949 COST NEW 095 COMP/	952 / SPEC C OF L
DRIVE TO WORK / S VEH # 4 GARAGIN ADDRES: LIC STATE USE PLE FAR DRIVE TO WORK / S	ASURE	REET B DO RR	MAKE MODE T (Requ arlene	E Force  L: F55  L: F5	GVW/G	per GCW DR HIRE	CHEC COVE	CLASS  K RAGES LIAB NO-AULT NET VEH DR/CR:	Yetalı X	BODY TYPE: V.I.N.: uma SIC ADD'L NO- FAULT MED PAY UNINS MOTOR	1FDL	JF5GTXJE  FACTOR  UNDRINS  MOTOR  TOWING & LABOR SPEC C OF L	SEAT C	×	LSP COMP/OTC COLL	RE	FARTH	SPEC HEST TI	ERMII UCTIE	NAL BLES	. A	STATE CA \$ 420	ZIP 949 COST NEW 095 COMP/	952 / SPEC C OF L
DRIVE TO WORK / S VEH # 4 GARAGIN ADDRES: LIC STATE USE PLE FAR DRIVE TO WORK / S	ASURE	REET B DO RR	MAKE MODE T (Requ arlene	E Force  L: F55  L: F5	GVW/G	per GCW DR HIRE	CHEC COVE	CLASS  K RAGES LIAB NO-AULT NET VEH DR/CR:	Yetalı X	BODY TYPE: V.I.N.: uma SIC ADD'L NO- FAULT MED PAY UNINS MOTOR	1FDL	JF5GTXJE  FACTOR  UNDRINS  MOTOR  TOWING & LABOR SPEC C OF L	SEAT C	×	LSP COMP/OTC COLL	RE	FARTH	SPEC HEST TI	ERMII UCTIE	NAL BLES	. A	STATE CA \$ 420	ZIP 949 COST NEW 095 COMP/	952 / SPEC C OF L
DRIVE TO WORK / S VEH # 4 GARAGIN ADDRES: LIC STATE USE PLE FAR DRIVE TO WORK / S	ASURE	REET B DO RR	MAKE MODE T (Requ arlene	E Force  L: F55  L: F5	GVW/G	per GCW DR HIRE	CHEC COVE	CLASS  K RAGES  LIAB  NO-AULT  NET VEH  DR/CR:	Yetalı X	BODY TYPE: V.I.N.: uma SIC ADD'L NO- FAULT MED PAY UNINS MOTOR	1FDL	JF5GTXJE  FACTOR  UNDRINS  MOTOR  TOWING & LABOR SPEC C OF L	SEAT C	×	LSP COMP/OTC COLL	RE	FARTH	SPEC HEST TI	ERMII UCTIE	NAL BLES	. A	STATE CA \$ 420	ZIP 949 COST NEW 095 COMP/	952 / SPEC C OF L
DRIVE TO WORK / S VEH # 4 GARAGIN ADDRES: LIC STATE USE PLE FAR DRIVE TO WORK / S	ASURE	REET B DO RR	MAKE MODE T (Requ arlene	E Force  L: F55  L: F5	GVW/G	per GCW DR HIRE	CHEC COVE	CLASS  K RAGES  LIAB  NO-AULT  NET VEH  DR/CR:	Yetalı X	BODY TYPE: V.I.N.: uma SIC ADD'L NO- FAULT MED PAY UNINS MOTOR	1FDL	JF5GTXJE  FACTOR  UNDRINS  MOTOR  TOWING & LABOR SPEC C OF L	SEAT C	×	LSP COMP/OTC COLL	RE	FARTH	SPEC HEST TI	ERMII UCTIE	NAL BLES	. A	STATE CA \$ 420	ZIP 949 COST NEW 095 COMP/	952 / SPEC C OF L
DRIVE TO WORK / S VEH # 4 GARAGIN ADDRES: LIC STATE USE PLE FAR DRIVE TO WORK / S	ASURE	REET B DO RR	MAKE MODE T (Requ arlene	E Force  L: F55  L: F5	GVW/G	per GCW DR HIRE	CHEC COVE	CLASS  K RAGES  LIAB  NO-AULT  NET VEH  DR/CR:	Yetalı X	BODY TYPE: V.I.N.: uma SIC ADD'L NO- FAULT MED PAY UNINS MOTOR	1FDL	JF5GTXJE  FACTOR  UNDRINS  MOTOR  TOWING & LABOR SPEC C OF L	SEAT C	×	LSP COMP/OTC COLL	RE	FARTH	SPEC HEST TI	ERMII UCTIE	NAL BLES	. A	STATE CA \$ 420	ZIP 949 COST NEW 095 COMP/	952 / SPEC C OF L
DRIVE TO WORK / S VEH # 4 GARAGIN ADDRES: LIC STATE USE PLE FAR DRIVE TO WORK / S	ASURE	REET B DO RR	MAKE MODE T (Requ arlene	E Force  L: F55  L: F5	GVW/G	per GCW DR HIRE	CHEC COVE	CLASS  K RAGES  LIAB  NO-AULT  NET VEH  DR/CR:	Yetalı X	BODY TYPE: V.I.N.: uma SIC ADD'L NO- FAULT MED PAY UNINS MOTOR	1FDL	JF5GTXJE  FACTOR  UNDRINS  MOTOR  TOWING & LABOR SPEC C OF L	SEAT C	×	LSP COMP/OTC COLL	RE	FARTH	SPEC HEST TI	ERMII UCTIE	NAL BLES	. A	STATE CA \$ 420	ZIP 949 COST NEW 095 COMP/	952 / SPEC C OF L
DRIVE TO WORK / S VEH # 4 GARAGIN ADDRES: LIC STATE USE PLE FAR DRIVE TO WORK / S	ASURE	REET B DO RR	MAKE MODE T (Requ arlene	E Force  L: F55  L: F5	GVW/G	per GCW DR HIRE	CHEC COVE	CLASS  K RAGES  LIAB  NO-AULT  NET VEH  DR/CR:	Yetalı X	BODY TYPE: V.I.N.: uma SIC ADD'L NO- FAULT MED PAY UNINS MOTOR	1FDL	JF5GTXJE  FACTOR  UNDRINS  MOTOR  TOWING & LABOR SPEC C OF L	SEAT C	×	LSP COMP/OTC COLL	RE	FARTH	SPEC HEST TI	ERMII UCTIE	NAL BLES	. A	STATE CA \$ 420	ZIP 949 COST NEW 095 COMP/	952 / SPEC C OF L
DRIVE TO WORK / S VEH # 4 GARAGIN ADDRES: LIC STATE USE PLE FAR DRIVE TO WORK / S	ASURE	REET B DO RR	MAKE MODE T (Requ arlene	E Force  L: F55  L: F5	GVW/G	per GCW DR HIRE	CHEC COVE	CLASS  K RAGES  LIAB  NO-AULT  NET VEH  DR/CR:	Yetalı X	BODY TYPE: V.I.N.: uma SIC ADD'L NO- FAULT MED PAY UNINS MOTOR	1FDL	JF5GTXJE  FACTOR  UNDRINS  MOTOR  TOWING & LABOR SPEC C OF L	SEAT C	×	LSP COMP/OTC COLL	RE	FARTH	SPEC HEST TI	ERMII UCTIE	NAL BLES	. A	STATE CA \$ 420	ZIP 949 COST NEW 095 COMP/	952 / SPEC C OF L
DRIVE TO WORK / S VEH # 4 GARAGIN ADDRES: LIC STATE USE PLE FAR DRIVE TO WORK / S	ASURE	REET B DO RR	MAKE MODE T (Requ arlene	E Force  L: F55  L: F5	GVW/G	per GCW DR HIRE	CHEC COVE	CLASS  K RAGES  LIAB  NO-AULT  NET VEH  DR/CR:	Yetalı X	BODY TYPE: V.I.N.: uma SIC ADD'L NO- FAULT MED PAY UNINS MOTOR	1FDL	JF5GTXJE  FACTOR  UNDRINS  MOTOR  TOWING & LABOR SPEC C OF L	SEAT C	×	LSP COMP/OTC COLL	RE	FARTH	SPEC HEST TI	ERMII UCTIE	NAL BLES	. A	STATE CA \$ 420	ZIP 949 COST NEW 095 COMP/	952 / SPEC C OF L
DRIVE TO WORK / S VEH # 4 GARAGIN ADDRES: LIC STATE USE PLE FAR DRIVE TO WORK / S	ASURE	REET B DO RR	MAKE MODE T (Requ arlene	E Force  L: F55  L: F5	GVW/G	per GCW DR HIRE	CHEC COVE	CLASS  K RAGES  LIAB  NO-AULT  NET VEH  DR/CR:	Yetalı X	BODY TYPE: V.I.N.: uma SIC ADD'L NO- FAULT MED PAY UNINS MOTOR	1FDL	JF5GTXJE  FACTOR  UNDRINS  MOTOR  TOWING & LABOR SPEC C OF L	SEAT C	×	LSP COMP/OTC COLL	RE	FARTH	SPEC HEST TI	ERMII UCTIE	NAL BLES	. A	STATE CA \$ 420	ZIP 949 COST NEW 095 COMP/	952 / SPEC C OF L

#### **SIGNATURE**

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

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

## Applicable in CO

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

## Applicable in FL and OK

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

# Applicable in KS

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

# Applicable in KY, NY, OH and PA

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

# Applicable in ME, TN, VA and WA

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

# Applicable in NJ

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

# Applicable in OR

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

## Applicable in PR

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

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

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO (Required in Florida)	
Ci A	Chris Harbour/CATHY		
APPLICANT'S SIGNATURE		DATE	NATIONAL PRODUCER NUMBER
			7679024



# **COMMERCIAL AUTO DRIVER INFORMATION SCHEDULE**

			09/	15/2025
AGENCY		CARRIER		NAIC CODE
Shaw Insurance Services				
POLICY NUMBER	EFFECTIVE DATE	NAMED INSURED(S)		
	11/28/2025	SANITATION SERVICES, INC., DBA: JR'S PORTABLE SANIT	TATION	

	L DRIVERS, INCLUDING	FAMILY MEMBERS THAT DRIVE C	OMPA	NY VEH	ICLES, AND EMPLOY							550/5		
RIVER #	CITY, S	NAME TATE AND ZIP CODE	SEX	* MAR STAT	DATE OF BIRTH	YRS EXP	YEAR LIC	DRIVERS LICENSE NUMBER / SOCIAL SECURITY NUMBER	STATE	DATE HIRE	BROADEN NO-FAULT	DRIVE OTHER CAR	USE VEH#	us
14	JUAN	C GUTIERREZGONZAL	М		11/04/1968			Y2253506	CA	01/15/2019				
15	JACOB	E MACKINNON	М		08/01/1985			D2922533	CA	01/15/2019				
15	MANUEL	A FRABCUSCI	М		10/12/1988			Y3625984	CA	10/13/2021				
16	DOMINIC	G MACHADO JR	М		03/06/1964			C1002506	CA	03/13/2021				
17	LEONARDO	CENTENOROMERO	М		11/05/1999			Y4947757	CA	01/09/2024				
18	JULIO	C BUSTOSGODINEZ	М		03/03/1996			F8700528	CA	05/28/2024				
19	JOSE	MARTINEZHERRER	М		07/23/1980			Y4359305	CA	08/05/2024				
20	MIGUEL	A RODRIGUEZFLORES	М		09/01/1968			C6293548	CA	12/20/2024				
21	MICHAEL	J BROWN	М		12/01/1967			C4357603	CA					
22	CHEVELL	M PAYNE	М		04/23/1979			D5791843	CA					
23	KELLIN	M GRAVATT	М		12/16/1988			D9519610	CA	07/01/2025				
								ITAL STATUS / CIVIL UNION (if ap						Ш

R	
<b>ACORD</b> ®	

# **ADDITIONAL INTEREST SCHEDULE**

				,,,,,								09/15/2025	
	ENCY aw Insurance	Servi	ces				C	CARRIER				NAIC CODE	
POL	ICY NUMBER					EFFECTIVE DA	ATE N	NAMED INSURED(S)					_
						11/28/2025			VICES, INC.	, DBA: JR'S	PORTABLE SANITAT	ION	
AD	DITIONAL IN	TER	EST (Not all	fields apply to all so	enarios - p	provide only	the r	necessary data)					
INT	EREST			NAME AND ADDRESS	RANK:	EVIDENCE:		CERTIFICATE	POLICY	SEND BILL	INTEREST IN	ITEM NUMBER	
X	ADDITIONAL INSURED		LOSS PAYEE								LOCATION:	BUILDING:	
	BREACH OF WARRANTY		MORTGAGEE	TCF Capital Solutions	s, A Division	of TGF					VEHICLE: 7	BOAT:	
	CO-OWNER		OWNER	11100 Wayzata Blvd							AIRPORT:	AIRCRAFT:	
	EMPLOYEE		REGISTRANT								SCHED #:	ITEM:	
	AS LESSOR LEASEBACK		TRUSTEE	Minnetonka				MN 55305-5	517		ITEM CLASS:		
	OWNER LENDER'S LOS	S PAY									ITEM DESCRIPTION		
	LIENHOLDER	• · A	ADLL	REFERENCE / LOAN #:			INTE	REST END DATE:			2019 Volvo Roll Off		
	LIENHOLDER						-				2019 VOIVO ROII OII		
				LIEN AMOUNT:			+	NE (A/C, No, Ext):					
	SON FOR INTER	E51:					E-MA	AIL ADDRESS:		_			
INT	EREST ADDITIONAL		İ	NAME AND ADDRESS	RANK:	EVIDENCE:		CERTIFICATE	POLICY	SEND BILL		ITEM NUMBER	
	INSURED	×	LOSS PAYEE								LOCATION:	BUILDING:	
	BREACH OF WARRANTY		MORTGAGEE	Hitachi Capital Ameri	can Corp						VEHICLE: 22	BOAT:	
	CO-OWNER		OWNER	800 Connecticut Ave							AIRPORT:	AIRCRAFT:	
	EMPLOYEE AS LESSOR		REGISTRANT	4th Floor N							SCHED #:	ITEM:	
	LEASEBACK OWNER		TRUSTEE	Norwalk				CT 06854-1	631		ITEM CLASS:	•	
	LENDER'S LOS	S PAY	ABLE								ITEM DESCRIPTION		
	LIENHOLDER			REFERENCE / LOAN #:			INTE	REST END DATE:			2019 Ford 550 Pump	per	
				LIEN AMOUNT:			PHO	NE (A/C, No, Ext):					
REA	SON FOR INTER	EST:					E-MA	AIL ADDRESS:					
INT	REST			NAME AND ADDRESS	RANK:	EVIDENCE:		CERTIFICATE	POLICY	SEND BILL	INTEREST IN	ITEM NUMBER	
	ADDITIONAL	×	LOSS PAYEE					0	. 02.01	02.13 2.22	LOCATION:	BUILDING:	
	INSURED BREACH OF		MORTGAGEE	Ford Motor Credit							VEHICLE: 23	BOAT:	
	WARRANTY CO-OWNER		OWNER	P O Box 105704							AIRPORT:	AIRCRAFT:	
	EMPLOYEE		REGISTRANT								SCHED #:	ITEM:	
	AS LESSOR LEASEBACK		TRUSTEE	Atlanta				GA 30348-5	704		ITEM CLASS:		
	OWNER LENDER'S LOS	S PAY									ITEM DESCRIPTION		
	LIENHOLDER			REFERENCE / LOAN #:			INTE	REST END DATE:			2019 Ford F550		
				LIEN AMOUNT:			-	NE (A/C, No, Ext):					
REA	SON FOR INTER	EST:					+	AIL ADDRESS:					
	EREST			NAME AND ADDRESS	RANK:	EVIDENCE:	tт		POLIOY.	OFNID DILL	INTEREST IN	ITEM NUMBER	
11411	ADDITIONAL	~	LOSS PAYEE	NAME AND ADDRESS		_ EVIDENCE.		CERTIFICATE	POLICY	SEND BILL	LOCATION:	BUILDING:	
	INSURED BREACH OF	尸	MORTGAGEE	People's United Equi	oment Finar	nce Corp					VEHICLE: 24	BOAT:	
	WARRANTY		OWNER	10715 David Taylor D		ioc coip							
	CO-OWNER EMPLOYEE			•	1146						AIRPORT:	AIRCRAFT:	
	AS LESSOR LEASEBACK		REGISTRANT	Suite 550 Charlotte				NC 28262-1	286		SCHED #:	ITEM:	
	OWNER LENDER'S LOS	C DAY	TRUSTEE	Gilanolle				NC 28262-1	200		ITEM CLASS:		
		S PAI	ABLE	DEFENDENCE / LOAN #			Livize	DEAT END DATE			ITEM DESCRIPTION		
	LIENHOLDER			REFERENCE / LOAN #:			+	REST END DATE:			2019 Ford F550		
				LIEN AMOUNT:			-	NE (A/C, No, Ext):					
REA	SON FOR INTER	EST:				_	E-MA	AIL ADDRESS:		_			
	EREST ADDITIONAL		İ	NAME AND ADDRESS	RANK:	EVIDENCE:		CERTIFICATE	POLICY	SEND BILL		ITEM NUMBER	
×	INSURED BREACH OF		LOSS PAYEE								LOCATION:	BUILDING:	
	WARRANTY		MORTGAGEE	TCF CAPITAL SOLU		IVISION OF I	CF				VEHICLE: 27	BOAT:	
	CO-OWNER		OWNER	11100 WAYZATA BLV	D STE 801						AIRPORT:	AIRCRAFT:	
	AS LESSOR		REGISTRANT	_							SCHED #:	ITEM:	
	LEASEBACK OWNER		TRUSTEE	MINNETONKA				MN 55305-5	503		ITEM CLASS:		
	LENDER'S LOS	S PAY	ABLE								ITEM DESCRIPTION		
	LIENHOLDER			REFERENCE / LOAN #:			INTE	REST END DATE:			2015 Volvo Pumper		
				LIEN AMOUNT:			PHO	NE (A/C, No, Ext):					
REA	SON FOR INTER	EST:					E-MA	AIL ADDRESS:					

· · · · · · · · · · · · · · · · · · ·
<b>ACORD</b>

# **ADDITIONAL INTEREST SCHEDULE**

				7,22,11,011							09/15/2025
	ENCY aw Insurance	Servi	ces			CA	ARRIER				NAIC CODE
POL	ICY NUMBER				EFFECTIVE DA	TE NA	AMED INSURED(S)				l l
					11/28/2025	5 SA	ANITATION SER	VICES, INC.,	DBA: JR'S	PORTABLE SANITATI	ON
AD	DITIONAL IN	TER	EST (Not all	fields apply to all scenarios -	provide only	the ne	ecessary data)		1		
INT	REST		•	NAME AND ADDRESS RANK:	EVIDENCE:	С	CERTIFICATE	POLICY	SEND BILL	INTEREST IN	ITEM NUMBER
	ADDITIONAL INSURED	×	LOSS PAYEE							LOCATION:	BUILDING:
	BREACH OF WARRANTY		MORTGAGEE	First Foundation Bank ISAOA						VEHICLE: 28	BOAT:
	CO-OWNER		OWNER	18101 Von Karman Ave						AIRPORT:	AIRCRAFT:
	EMPLOYEE AS LESSOR		REGISTRANT	Sutie 750						SCHED #:	ITEM:
	LEASEBACK OWNER		TRUSTEE	Irvine			CA 92612-0	005		ITEM CLASS:	
	LENDER'S LOS	S PAY	ABLE							ITEM DESCRIPTION	
	LIENHOLDER			REFERENCE / LOAN #:		INTERI	EST END DATE:			2020 Diamond C Go	oseneck FB
				LIEN AMOUNT:		PHONE	E (A/C, No, Ext):				
REA	SON FOR INTER	EST:				E-MAIL	L ADDRESS:				
INT	EREST			NAME AND ADDRESS RANK:	EVIDENCE:	С	CERTIFICATE	POLICY	SEND BILL	INTEREST IN	ITEM NUMBER
	ADDITIONAL INSURED	×	LOSS PAYEE							LOCATION:	BUILDING:
	BREACH OF WARRANTY		MORTGAGEE	Navitas Credit Corp						VEHICLE: 30	BOAT:
	CO-OWNER		OWNER	201 Executive Center Drive						AIRPORT:	AIRCRAFT:
	EMPLOYEE AS LESSOR		REGISTRANT	Suite 100						SCHED #:	ITEM:
	LEASEBACK OWNER		TRUSTEE	Columbia			SC 29210-8	410		ITEM CLASS:	•
	LENDER'S LOS	S PAY	ABLE							ITEM DESCRIPTION	
	LIENHOLDER			REFERENCE / LOAN #:		INTERI	EST END DATE:			2019 Ford 550 Truck	
				LIEN AMOUNT:		PHONE	E (A/C, No, Ext):				
REA	SON FOR INTER	EST:				E-MAIL	L ADDRESS:				
INT	EREST			NAME AND ADDRESS RANK:	EVIDENCE:	С	CERTIFICATE	POLICY	SEND BILL	INTEREST IN	ITEM NUMBER
	ADDITIONAL INSURED	×	LOSS PAYEE							LOCATION:	BUILDING:
	BREACH OF WARRANTY		MORTGAGEE	First Foundation Bank ISAOA						VEHICLE: 32	BOAT:
	CO-OWNER		OWNER	18101 Von Karman Ave						AIRPORT:	AIRCRAFT:
	EMPLOYEE AS LESSOR		REGISTRANT	Suite 750						SCHED #:	ITEM:
	LEASEBACK OWNER		TRUSTEE	Irvine			CA 92612-0	005		ITEM CLASS:	
	LENDER'S LOS	S PAY	ABLE							ITEM DESCRIPTION	
	LIENHOLDER			REFERENCE / LOAN #:		INTERI	EST END DATE:			2021 Dodge Ram Pu	ımper
				LIEN AMOUNT:		PHONE	E (A/C, No, Ext):				
REA	SON FOR INTER	EST:				E-MAIL	L ADDRESS:				
INT	EREST			NAME AND ADDRESS RANK:	EVIDENCE:	С	CERTIFICATE	POLICY	SEND BILL	INTEREST IN	ITEM NUMBER
	ADDITIONAL INSURED	×	LOSS PAYEE							LOCATION:	BUILDING:
	BREACH OF WARRANTY		MORTGAGEE	Bankfinancial, National Associat	ion					VEHICLE: 34	BOAT:
	CO-OWNER		OWNER	1690 Sumneytown Pake						AIRPORT:	AIRCRAFT:
	EMPLOYEE AS LESSOR		REGISTRANT	Suite 150						SCHED #:	ITEM:
	LEASEBACK OWNER		TRUSTEE	Landsdale			PA 19446-4	885		ITEM CLASS:	
	LENDER'S LOS	S PAY	ABLE							ITEM DESCRIPTION	
	LIENHOLDER			REFERENCE / LOAN #:		INTERI	EST END DATE:			2019 Ford F450 Truc	k
				LIEN AMOUNT:		PHONE	E (A/C, No, Ext):				
REA	SON FOR INTER	EST:				E-MAIL	L ADDRESS:				
INT	EREST			NAME AND ADDRESS RANK:	EVIDENCE:	С	CERTIFICATE	POLICY	SEND BILL	INTEREST IN	ITEM NUMBER
	ADDITIONAL INSURED		LOSS PAYEE							LOCATION:	BUILDING:
	BREACH OF WARRANTY		MORTGAGEE							VEHICLE:	BOAT:
	CO-OWNER		OWNER							AIRPORT:	AIRCRAFT:
	EMPLOYEE AS LESSOR		REGISTRANT							SCHED #:	ITEM:
	LEASEBACK OWNER		TRUSTEE							ITEM CLASS:	
	LENDER'S LOS	S PAY	ABLE							ITEM DESCRIPTION	
	LIENHOLDER			REFERENCE / LOAN #:		INTERI	EST END DATE:				
				LIEN AMOUNT:		PHONE	E (A/C, No, Ext):				
REA	SON FOR INTER	EST:				E-MAIL	L ADDRESS:				

	_				AGENCY CUSTOM	ER ID	): <u>000</u>	12358					
ACC	ORI	<b>)</b> ®	VEH	IICLE S	CHEDULE		( <b>MM/DD/Y</b> 9/15/202	•					
AGENCY					CARRIER						-	NAIC C	ODE
Shaw Ins	surance S	Services											
POLICY NU	JMBER			EFFECTIVE DATE	NAMED INSURED(S)							-	
				11/28/2025	SANITATION SERVICE	S, IN	C., DB/	A: JR'S P	ORTA	ABLE SA	NITATION		
VEHICL	E DESC	RIPTION	· ·										
VEH#	YEAR	MAKE: Ford	BOI TYF				V	EHICLE TY	PE		SYM / AGE	COMP / OTC SYM	COLL SYM
5	2019	MODEL: F250 Pickup	V.I.V	_{N.:} 1FT7X2B63K	EE04925		PP	SPEC		COML			

												1/20	/2025 3.	AINI	ITATION	N OL	INVIOLO	), IIV	C., DBA. J	IX 3 F	OITIA	DLL 3/	AINII	AHON		
۷E	HICL	E DE	SCI	RIPTI	ON																					
VE	H#	YEA	١R	MAKE	: Fo	rd					BODY TYPE:								VEHI	CLE TY	'PE		SY	M/AGE	COMP / OTC SYM	COLL SYM
5		201	19	MODE	L: F2	50 Pi	ickup					1FT	7X2B63KEE	049	925				PP	SPEC		COML				-
		ST	rre	T (Req						CITY						Т	COUNTY							STATE	ZIP	
	RAGIN	<u> </u>				-					l						000									
		9:	58 L	arlene	י טווע					Peta	iuma													CA	94952	
STA	TE	Т	ERR			GVV	N / GCW		CLAS	S	SIC		FACTOR	-	SEAT CP	R	ADIUS		FARTI	HEST T	ERMIN/	AL.			COST NEW	1
																								\$ 428	35	
USE				СО	MM'L		FOR HIRE	CH	ECK		ADD'L NO- FAULT		UNDRINS		F	-	LSP		RENT	DED	UCTIBL	.ES	1,	cv	COMP/	SPEC C OF L
		SURE	$\vdash$	_		$\vdash$			VERAGES				MOTOR TOWING		┨╤╴┠	_	COMP/		REIMB FG	$\vdash$					отс	C OF L
			$\vdash$	RE			j		LIAB		MED PAY		& LABOR		FT	<u> </u>	отс		FG	ш	AA	8	ST AM	T \$		
	FARI			SEF	RVICE				NO- FAULT	$\times$	UNINS MOTOR		SPEC C OF L		FTW	$\times$	COLL			\$				\$		COLL
	VE TO	СНООГ	L I	<	15 MILI	ES	15 MILE	S+	NET VE DR/CR:	Н										тот	AL PRE	M: \$				
VE	H#	YEA	١R	MAKE	. Hir	no					BODY TYPE:								VEHI	CLE TY	PE.		SY	M/AGE	COMP / OTC SYM	COLL SYM
6		201	19	MODE		ımneı						5P\/	NJ8JL9K4S	523	304				PP	SPEC		COML			OIC SIW	STW
		Ц_							1		V.I.N.:	0	11000201110						··	01 20		OOME			T I	
	RAGIN	<u> </u>		T (Req		-				CITY							COUNTY							STATE	ZIP	
ADL	RESS	95	58 D	arlene	Driv	е				Peta	luma													CA	94952	
STA	TF	Т	ERR			GVV	N / GCW		CLAS	s	SIC		FACTOR		SEAT CP	R	ADIUS		FARTI	HEST T	ERMIN/	۸L			COST NEW	1
0.,,																								\$ 827	'00	
USE			1	100	L MM'L		FOR HIRE		ECK	П	ADD'I NO-		UNDRINS		F		LSP		RENT	DED	UCTIBL	FS		<del>'                                    </del>	COMP/	SPEC
USE			$\vdash$	_ 0	VIIVI L		FOR HIRE	CO	VERAGES	Щ	ADD'L NO- FAULT		MOTOR _		- I		1 L		REIMB		OCTIBL			CV	OTC	SPEC C OF L
	PLEA	SURE		RE	AIL			×	LIAB	$\boxtimes$	MED PAY		TOWING & LABOR		FT	<u> </u>	COMP/ OTC		FG		AA	s	ST AM	Т \$		
	FARI	Л		SEF	RVICE				NO- FAULT	$\times$	UNINS MOTOR		SPEC C OF L		FTW	×	COLL			\$				\$		COLL
	VE TO	CHOOL		<	15 MILI	ES	15 MILE	S+	NET VE DR/CR:	H			0 0. 2							TOTA	AL PRE	M· ¢				
	H#	YEA	_	MAKE	. Vo	lvo			DR/CK.		BODY								VEHI	CLE TY		ivi. φ	SY	M/AGE	COMP/	COLL
				MAKE	•						TYPE:	4) (C	I/COELIOI/N	040	200			$\neg$					"	III / AGE	OTC SYM	SYM
7		201	19	MODE	L: RO	oli Oli					V.I.N.:	475	KC9EH9KN	213	3358				PP	SPEC		COML				
	RAGIN	٠,	TREE	T (Req	uired in	ı KY)				CITY							COUNTY							STATE	ZIP	
ADD	RESS	95	58 D	arlene	Driv	е				Peta	luma													CA	94952	
LIC	<u> </u>		ERR			GVV	N / GCW		CLAS	s	SIC		FACTOR		SEAT CP	R	ADIUS		FARTI	HEST T	ERMINA	٨L			COST NEW	,
STA	'E																							\$ 168		
							Ι .	CH	ECK		ADDII NO		LINDDING						RENT	T				•	COMP/I	lence
USE				_ co	MM'L		FOR HIRE	CO	VERAGES	Ш	ADD'L NO- FAULT		UNDRINS MOTOR		F		LSP		REIMB	DED	UCTIBL	.ES	A	CV	OTC	SPEC C OF L
	PLEA	SURE		RE	ΓAIL			$ \times$	LIAB	$ \times $	MED PAY		TOWING & LABOR		FT	×	COMP/ OTC		FG		AA	s	ST AM	т \$		
	FARN	Л		SEF	RVICE				NO- FAULT	$\overline{\mathbf{x}}$	UNINS MOTOR		SPEC C OF L		FTW	X	COLL			\$				\$		COLL
DRI	VE TO		. ' 🗆		15 MILI	ES	15 MILE	S +	NET VE	H	WOTOK		COLL								AL DDE	M. 0				
	KK/S0 H#	YEA			14/	ells C			DR/CR:		BODY								VEUI	CLE TY	AL PRE	IVI: \$	l ev	M/AGE	COMP/	COLL
				MAKE	•		aiyu				TYPE:							_					31	WI / AGE	OTC SYM	SYM
8		200	)4	MODE	L: Tra	ailer					V.I.N.:	1WC	C200E11411	086	597				PP	SPEC		COML				
GAF	RAGIN	_G ST	TREE	T (Req	uired ir	ı KY)				CITY							COUNTY							STATE	ZIP	
ADD	RESS	95	58 D	arlene	Driv	е				Peta	luma													CA	94952	
LIC	:		ERR			GVV	N / GCW		CLAS	s	SIC		FACTOR	T	SEAT CP	TR	ADIUS		FARTI	HEST T	ERMIN/	Δ1			COST NEW	,
STA	TE	•				٠	,, 0011		OLAO	•	0.0		IAGIGIC	- [	OLAI OI	"			TAKI							•
									FOV										DENT					\$ 225		
USE				CO	MM'L		FOR HIRE	CO	ECK VERAGES		ADD'L NO- FAULT		UNDRINS MOTOR		F		LSP		RENT REIMB	DED	UCTIBL	.ES	A	CV	COMP/ OTC	SPEC C OF L
	PLEA	SURE		RE	ΓAIL		1	$\times$	LIAB	$\times$	MED PAY		TOWING & LABOR		FT	×	COMP/ OTC		FG		AA	8	ST AM	т \$		
	FARI	Л		SEF	RVICE		1		NO-	$\mathbf{x}$	UNINS		SPEC		FTW	×	COLL			\$				\$		COLL
DRI	VE TO		╁	1	15 MILI	EQ	15 MILE	- S T	FAULT   NET VE	H	MOTOR		C OF L			<u></u>	11									OOLL
		CHOOL	_		_			-0 -	DR/CR:		BODY										AL PRE	M: \$	1		COMP /	COLL
	H #	YEA	-	MAKE		rgo N	nate				TYPE:							_		CLE TY	PE .		SY	M / AGE	COMP / OTC SYM	SYM
9		201	13	MODE	L: Tra	ailer					V.I.N.:	5NH	IUCN219DN	1079	9024				PP	SPEC		COML				
GAF	RAGIN	G ST	TREE	T (Req	ired ir	ı KY)				CITY	-						COUNTY							STATE	ZIP	
	RESS	. 1	58 D	arlene	Driv	е				Peta	luma													CA	94952	
LIC	:	_	ERR				W / GCW		CLAS		SIC		FACTOR	Т.	SEAT CP		ADIUS		EADTI	JEST T	ERMINA				COST NEW	,
STA	TE		EKK			GVV	V / GCVV		CLAS	3	310		PACTOR	- [	SEAT CF	"	ADIUS		FARII	1231 11	EKIVIINA	4L				•
																								\$ 225		
USE				CO	MM'L		FOR HIRE	CH	ECK VERAGES		ADD'L NO- FAULT		UNDRINS MOTOR		F		LSP		RENT REIMB	DED	UCTIBL	ES	Α.	cv c	COMP/ OTC	SPEC C OF L
	PLEA	SURE		RE	AIL		ĺ	×	LIAB	X	MED PAY		TOWING		FT		COMP/ OTC		FG		AA		T AM	т \$		
	FARI	Л	H	-	RVICE		1	<u> </u>	NO-		UNINS		& LABOR SPEC		FTW		COLL									0011
DRI	/E TO		ᆛ			Г	45 840 5		FAULT   NET VE	H	MOTOR	L	C OF L							\$				\$		COLL
WÖ	RK/S	CHOOL	L L	<	15 MILI	E 8	15 MILE	-o+	DR/CR:											TOT	AL PRE	M: \$				

		7.02.101 00010M21(12)		
ACORD® VEH	HICLE S	CHEDULE		<b>MM/DD/YYYY)</b> 15/2025
AGENCY		CARRIER		NAIC CODE
Shaw Insurance Services				
POLICY NUMBER	EFFECTIVE DATE	NAMED INSURED(S)		
	11/28/2025	SANITATION SERVICES, INC., DBA: JR'S PORTABLE SANI	TATION	

VEHI	CLE	DES	CRI	PTIO	N																					
VEH #	_	YEAR	$\neg$		Card	о Ма	te				BODY TYPE:								VEHI	CLE T	/PE		SY	M/AGE	COMP / OTC SYM	COLL SYM
10		2013	N	ODEL:	Traile	er						NHU	JCN21DN07	9023			F	PP		SPEC		OML			01001111	0
GARAG	ING	STRE			ed in K					CITY						COUNTY	<i>,</i>				-		-	STATE	ZIP	ı
ADDRE		958	Da	rlene I	Orive					Peta	luma													CA	94952	
LIC STATE		TER	R		G	WV/	GCW		CLAS	s	SIC		FACTOR	SEA	СР	RADIUS		F	ARTI	HEST 1	ERMINA	_			COST NEV	v
OIAIL																								\$ 225	500	
USE	<u> </u>			СОМ	л'L	F	OR HIRE	CH	ECK VERAGES		ADD'L NO- FAULT		UNDRINS	F	T	LSP		RENT		DEC	UCTIBLE	s	Δ	.cv	COMP/	SPEC C OF L
PI	EASI	JRE		RETA	ı∟ ⊢			×	7	$\mathbf{x}$	MED PAY		MOTOR TOWING	─ FT	H	COMP/ OTC	$\vdash$	REIM FG	В		AA		T AM	-	отс	C OF L
H	\RM	ŀ		SERV	□ L ICE				NO-		UNINS MOTOR		& LABOR SPEC C OF L	─ FT	$_{\scriptscriptstyle{\prime\prime}}$ $\vdash$	COLL				\$	1 AA L	~	i Aivi	\$		COLL
DRIVE	TO			< 15	MILES		15 MILE	L S+	FAULT NET VE	H	MOTOR	ļ	COFL		!_					+ ·	AL PREM			¥		OOLL
WORK VEH #		YEAR	Τ.	IAKE:	Carg	o Ma			DR/CR:		BODY								VEHI	CLE T		. 5	SY	M / AGE	COMP/	COLL
11		2013	$\vdash$		Traile						V.I.N.:	5NH	HUCN614DN	1078820	;		<b>—</b> ,	ър Г		SPEC		OML			OTC SYM	SYM
					ed in K				I	CITY	V.I.IV					COUNTY	<u> </u>							STATE	ZIP	
GARAC ADDRE				rlene I		.,					luma													CA	94952	
LIC	1	TER		T		SVW /	GCW		CLAS		SIC		FACTOR	SEA	CP	RADIUS	Т		APTI	JEST 1	ERMINA				COST NE	
STATE			.IX			,,,,	0011		OLAG	•	0.0		IACION	JOEA	٠	KADIOO		•	AIVII			_		s 225		•
USE				COM	<i>a</i> 11 T	- E	OR HIRE	CH	ECK		ADD'I NO-		UNDRINS	I F	ᅱ	LSP	+	RENT		DEL	UCTIBLE	e		<u> </u>	COMP/	SPEC
<u> </u>	E 4 01				- ⊢	-  ⁻ '	OK HIKE	CO	ECK VERAGES		ADD'L NO- FAULT	-	MOTOR TOWING	_	F	COMP/	. —	REIM	В	DEL	Г	+		.cv	OTC _	SPEC C OF L
	EAS	JKE		RETA					NO-		MED PAY		& LABOR	FT		отс		FG			AA	s	T AM			
DRIVE	RM TO			SERV		_	T	<u></u>	FAULT NET VE		UNINS MOTOR		SPEC C OF L	FT	N L	COLL				\$				\$		COLL
WORK	/ SCH		_		MILES		15 MILE	:S +	DR/CR:	•••	BODY					ı					AL PREM	: \$	1		COMP /	COLL
VEH #		YEAR		IAKE:	Carg		te				TYPE:									CLE T			SY	M / AGE	OTC SYM	SYM
12		2013			Traile						V.I.N.:	5NF	HUCN210DN	107925				PP		SPEC	C	OML			1	
GARAG					ed in K	Y)				CITY						COUNTY	1							STATE	ZIP	
ADDRE	SS	958	Da	rlene l	Drive					Peta	luma		_											CA	94952	
LIC STATE		TER	R		G	WV/	GCW		CLAS	S	SIC		FACTOR	SEA	СР	RADIUS		F	ARTI	HEST 1	ERMINA	-			COST NEV	v
																								\$ 225		
USE				COM	И'L	F	OR HIRE	CH	ECK VERAGES		ADD'L NO- FAULT		UNDRINS MOTOR	F		LSP		RENT REIM	- В	DEE	UCTIBLE	s	Д	.cv	COMP/ OTC	SPEC C OF L
PI	EAS	JRE		RETA	IL 🗀			$\times$	LIAB	$\times$	MED PAY		TOWING & LABOR	FT		COMP/ OTC		FG			AA	s	T AM	т \$		
F/	ARM			SERV	ICE				NO- FAULT	X	UNINS MOTOR		SPEC C OF L	FT	νΓ	COLL				\$	_			\$		COLL
DRIVE WORK	TO / SCH	IOOL		< 15	MILES		15 MILE	S +	NET VE DR/CR:	H						•				тот	AL PREM	: \$		•		
VEH #		YEAR	N	IAKE:	Carg	о Ма	te				BODY TYPE:								VEHI	CLE T	/PE		SY	M/AGE	COMP / OTC SYM	COLL SYM
13		2015	N	ODEL:	Traile	er						5NH	IUCN612FN	084370			F	PP		SPEC		OML				
GARAG	ING	STRE	ET	(Requir	ed in K	Y)				CITY	•					COUNTY	′							STATE	ZIP	
ADDRE	SS	958	Da	rlene I	Orive					Peta	luma													CA	94952	
LIC STATE		TER	R		G	SVW /	GCW		CLAS	s	SIC		FACTOR	SEA	СР	RADIUS		F	ARTI	HEST 1	ERMINA				COST NE	v
"""																								\$ 225	500	
USE	I			СОМ	И'L	F	OR HIRE		ECK VERAGES		ADD'L NO-		UNDRINS	F	T	LSP	İΠ	RENT		DEC	UCTIBLE	s	Δ	.cv	COMP/	SPEC C OF L
PI	EASI	JRE -		RETA	ı∟ ├	1		×	LIAB	×	FAULT MED PAY		MOTOR TOWING & LABOR	─ FT	F	COMP/ OTC	$\vdash$	REIM FG	В		AA [		T AM		отс	C OF L
H FA	λRM	F		SERV	□ □ ICE				NO-	X	UNINS MOTOR		SPEC C OF L	─ FT	,	COLL				\$	1,0, F	~	7 7 441	\$		COLL
DRIVE	TO			Ц—	MILES	Т	15 MILE	S +	FAULT   NET VE	H	MOTOR		COFL		_					+ -	AL DDEM			Ψ		COLL
WORK VEH #		YEAR	Τ.	IAKE:	Carg	o Ma			DR/CR:		BODY								VFHI	CLE T	AL PREM	: \$	SY	M / AGE	COMP / OTC SYM	COLL
14		2015			Traile						V.I.N.:	5NF	HUCN214FN	084389			<b>—</b> ,	ър Г		SPEC		OML	•	,	OTC SYM	SYM
					ed in K				1	CITY	V.I.IN.:					COUNTY		<u> </u>		0. 20				STATE	ZIP	
GARAC ADDRE				rlene I		',					luma					COOKI	•							CA	94952	
LIC	Ι					*\/\A/ /	CCW		CLAS				FACTOR	CEA	CD	RADIUS	Т		ADT	JEST 1	COMINA					
STATE		TER	л.		G	W/	GCVV		CLAS	J	SIC		FACTOR	SEA	CP	KADIUS	1	•	AKII	1531	ERMINA	-			COST NE	•
L	<u> </u>			00:::	4 I	٦_	001//05	СН	ECK		ADD'I NO		LINIDDINIS	1_		1,00	┼	RENT		Der	UCTIO! 5	. T		\$ 225	COMP/	Spec
USE	_,_			COM	-	—  ^F ′	OR HIRE	CO	VERAGES		ADD'L NO- FAULT		UNDRINS MOTOR	—  ^F	L	LSP COMP/	.	REIM	В	DEL	UCTIBLE	3	Α	.cv	OTC _	SPEC C OF L
	EAS	JRE		RETA				×	4	X	MED PAY		TOWING & LABOR	FT	L	отс	$\square$	FG			AA	s	TAM	Т \$		
DRIVE	RM		_	SERV		_	_		NO- FAULT	ľ×	UNINS MOTOR		SPEC C OF L	FT	N	COLL				\$				\$		COLL
WORK	SCH	IOOL		< 15	MILES		15 MILE	S+	DR/CR:	.11										тот	AL PREM	: \$				
l																										

09/15/2025

NAIC CODE

ACORD®	VEHICLE S	CHEDULE
AGENCY		CARRIER
Shaw Insurance Services		
POLICY NUMBER	EFFECTIVE DATE	NAMED INSURED(S)
	11/28/2025	SANITATION SERVICES INC. DBA: IR'S PORTABLE SANIT

											11/20/	2020	,, (1 <b>4</b> 1 1 )	/(11011	SERVIC	/LO, II	110., DE	J/ 1. UI		O1(1)	IDEL O	/ (I <b>V</b> II I	7111011		
VEHIC	_									l DODY														OOMB / I	0011
VEH#	Y	<b>YEAR</b>	_	KE: (						BODY TYPE:							_	VEHIC	LE TY	PE		SY	M / AGE	COMP / OTC SYM	COLL SYM
15	2	2015	М	DDEL:	Trailer					V.I.N.:	5NH	IUCN210FN	10849	0			PP	s	PEC		COML				
GARAGI	NG	STRI	ET (F	Required	in KY)	)			CITY						COUN	TY						-	STATE	ZIP	
ADDRES		958	Darl	ene Dr	ive				Petal	uma													CA	94952	
LIC		TER				W/GCW		CLAS		sıc		FACTOR	SE	EAT CP	RADIUS	. T		ARTH	FST T	EDMIN	IΔI			COST NEW	,
STATE			IX.		٠.	117 0011		OLAG	•	0.0		IACION			KADIOC	´	•	AIVIII			IAL				
							LCH	ECK					Ц,				LDENT						\$ 225	COMP/I	longo
USE				COMM'I	- L	FOR HIRE	CO	VERAGES		ADD'L NO- FAULT		UNDRINS MOTOR	F	F	LSP	L	RENT REIM		DED	UCTIB	LES	Α	.cv	OTC	SPEC C OF L
PLE	EASU	RE		RETAIL			$\times$	LIAB	$ \times $	MED PAY		TOWING & LABOR		FT	COM	IP/	FG			AA		ST AM	т \$		
FAI	RM			SERVIC	E	_		NO- FAULT	$\overline{\mathbf{X}}$	UNINS MOTOR		SPEC C OF L	F	FTW	COLI				\$				\$		COLL
DRIVE T WORK /	0			< 15 M	IILES	15 MILE	ES+	NET VE		WOTOK		COIL			- 1					AL PRI	EM. ¢				
VEH#	_	YEAR	T	KE: (	Cargo			DR/CR:		BODY								VEHIC	•		⊏IVI: ⊅	SV	M/AGE	COMP / OTC SYM	COLL
		2016								TYPE:	ENIL	IUCH211GN	10053	260			] _{РР} Г			_	COM	"	III / AGE	OTC SYM	SYM
16	1			DDEL:						V.I.N.:	SINI	IUCHZ I I GI	10055	909	1.		PP	٥	PEC		COML				
GARAGI		STRI	ET (F	Required	in KY)				CITY						COUN	TY							STATE	ZIP	
ADDRES	is	958	Darl	ene Dr	ive				Petal	uma													CA	94952	
LIC STATE		TER	R		G۷	W/GCW		CLAS	s	SIC		FACTOR	SE	EAT CP	RADIUS	;   T	F	ARTH	EST T	ERMIN	IAL			COST NEW	1
OIAIL																							\$ 225	500	
USE		I		COMM'I		FOR HIRE	СН	ECK		ADD'L NO- FAULT		UNDRINS	ΤТ,	F T	LSP		RENT		DED	UCTIB	IFS	Τ.	<del>'                                    </del>	COMP/	SPEC C OF L
	- 4 01 11		_		⁻	-		VERAGES			$\vdash$	MOTOR TOWING	<b></b>   '	·	COM	P/ —	REIM	В	<u> </u>			_	.cv	OTC	C OF L
	EASU	KE	_	RETAIL			×	4	X	MED PAY		& LABOR		FT	отс		FG			AA		ST AM	T \$		
FAI				SERVIC	E			NO- FAULT		UNINS MOTOR		SPEC C OF L	F	FTW	COLI	-			\$				\$		COLL
DRIVE T WORK /	O SCHO	OOL		< 15 M	IILES	15 MILE	ES+	NET VE DR/CR:	Н										тоти	AL PRI	EM: \$				
VEH#	Y	<b>YEAR</b>	T _M	KE: (	Cargo	Mate				BODY TYPE:								VEHIC	LE TY	PΕ		SY	M / AGE	COMP / OTC SYM	COLL SYM
17	1 2	2017		DDEL:	Trailer					V.I.N.:	5NH	IUCN613HN	10892	239			] _{PP} Γ		PEC		COML			OIC SIM	STW
	┵┰			Required					CITY	V.I.IV.:					COUN	TV	1				002	_	STATE	ZIP	
GARAGI			•			1									COUN	1 1									
	,3	958	Dari	ene Dr	ive				Petal	uma		_											CA	94952	
LIC STATE		TER	R		G۷	W/GCW		CLAS	S	SIC		FACTOR	SE	EAT CP	RADIUS	<b>;</b>	F	ARTH	EST T	ERMIN	IAL			COST NEW	1
																							\$ 225	500	
USE				COMM'I		FOR HIRE	CH	ECK VERAGES		ADD'L NO- FAULT		UNDRINS		F T	LSP		RENT		DED	UCTIB	LES	Δ	cv	COMP/	SPEC C OF L
DIE	EASU	DE		RETAIL	-	-		7				MOTOR TOWING	⊢,	FT H	СОМ	P/ -	REIM FG	В				_		отс	C OF L
		-	_		_		×	LIAB NO-		MED PAY UNINS	$\vdash$	& LABOR SPEC			OTC	.	⊣՝ ՝		$\square$	AA	;	ST AM	1		
DRIVE T				SERVIC				FAULT NET VE		MOTOR		COFL	'	FTW	COLI	-			\$				\$		COLL
WORK /	о <u>scнc</u>	OOL		< 15 M	IILES	15 MILE	ES+	DR/CR:	п										TOTA	AL PRI	EM: \$				
VEH#	Y	<b>YEAR</b>	MA	KE: (	Cargo	Mate				BODY TYPE:								VEHIC	LE TY	PE		SY	M / AGE	COMP / OTC SYM	COLL SYM
18	2	2017	м	DDEL:	Trailer					V.I.N.:	5NH	UCN61XHI	N0892	240			PP [	s	PEC		COML				
GARAGI	NG	STRI		Required		)			CITY						COUN	TY							STATE	ZIP	
ADDRES		958	Darl	ene Dr	ive				Petal	uma													CA	94952	
LIC				1		IM / CCIM	- 1	CLAC				FACTOR	-	TAT OD	DADILIC			ADTII	CCT T	CDMIN	141				
STATE		TER	ĸ		GV	W/GCW		CLAS	J	SIC		FACTOR	SE	EAT CP	RADIUS	'	,	ARTH	esi II	∟KIVIIN	IAL			COST NEW	•
					_			FOL								$\perp$	n=+-	_				-	\$ 225		I
USE				COMM'I	- L	FOR HIRE	CO	ECK VERAGES		ADD'L NO- FAULT	L	UNDRINS MOTOR	F	F	LSP	L	RENT REIM		DED	UCTIB	LES	А	.cv	COMP/ OTC	SPEC C OF L
PLI	EASU	RE		RETAIL			×	_		MED PAY		TOWING & LABOR	$\neg$	FT	COM	P/	FG			AA		T AM	т \$		- ]
FAI	RM	ļ		SERVIC	Е	_		NO-		UNINS MOTOR	П	SPEC C OF L	$\neg$	FTW	COLI				\$				\$		COLL
DRIVE T	0			< 15 M		15 MILE	L S +	FAULT   NET VE	Н	WUTUK		U UF L								AL 555	-M. ^		ΙΨ		JOLL
WORK / VEH #	_	OOL YEAR	T.,		Cargo			DR/CR:		BODY								VEHIC	•		EM: \$	ev	M/AGE	COMP / OTC SYM	COLL
			-							TYPE:			10004							FE		31	WI / AGE	OTC SYM	SYM
19	2	2017	MC	DDEL:	Irailer					V.I.N.:	5NH	IUCN61XHI	N0894	1/1			PP	S	PEC		COML				
GARAGI		STRI	ET (F	Required	in KY)	)			CITY						COUN	TY							STATE	ZIP	
ADDRES	ss	958	Darl	ene Dr	ive				Petal	uma													CA	94952	
LIC		TER	R		GV	W/GCW		CLAS	s	SIC		FACTOR	SE	EAT CP	RADIUS	;	F	ARTH	EST T	ERMIN	IAL			COST NEW	1
STATE																							\$ 225		
1165		Т	Т	00		F00 1::05	СН	ECK		ADDII NO		I INDBING I	Щ.		1.0-	+	RENT	-	DED	LICTIC	I Ee T		<del>'                                    </del>	COMP/	SPEC
USE			_	COMM'I	-	FOR HIRE		ECK VERAGES	$\square$	ADD'L NO- FAULT	Ш	UNDRINS MOTOR		F	LSP	<u>.,                                    </u>	REIM		רבה	UCTIB	LES	Α	.cv	OTC	SPEC C OF L
PLI	EASU	RE		RETAIL	L		×	4	$\overline{}$	MED PAY		TOWING & LABOR	F	FT	COM OTC	r/	FG		Ш	AA		ST AM	т \$		
FAF				SERVIC	E			NO- FAULT	$ \times $	UNINS MOTOR	]	SPEC C OF L		FTW	COLI	-   -			\$				\$		COLL
DRIVE T WORK /	O SCHO	יייי		< 15 M	IILES	15 MILE	S+	NET VE DR/CR:	Н			<del>.</del>			•		•		TOTA	AL PRI	EM: \$		•		
WORK/	JUNE	UL						DAIGK:												/ / //	Ψ				

	ACORD®
1	AGENCY

# VEHICLE SCHEDLILE

DATE (MM/DD/YYYY)	
09/15/2025	

	<i>-</i>					v		CLE 3	$oldsymbol{\circ}$	ILD	U								09/	15/2025	5
AGENCY									CAR	RIER								_		NAIC C	ODE
Shaw Ins	urance	Service	s																		
POLICY NU							FF	FECTIVE DATE	NAME	D INSURE	D(S)								!		
1 02.01 110	, DEIX							11/28/2025		ITATION		VICES	: INC	DBV.	סם פיםו	DTARI	EGAN	JITATI	N		
								11/20/2023	SAIN	ITATION	JLIN	VICES	o, iivo.,	DDA.	313 FC	INTABL	LL JAI	MITATIO	JIN		
VEHICLE							BODY												1.0	OMP /	COLL
VEH#	YEAR			go Mate			TYPE:						_	VEH	ICLE TYP			SYM / A	GE OT	OMP / C SYM	COLL SYM
20	2017	MODE	_{L:} Trai	ler			V.I.N.:	5NHUCN211	HN08	9472			PP		SPEC	CC	OML				
GARAGING	STRE	ET (Requ	ired in	KY)		CITY					CC	DUNTY						STA	ATE :	ZIP	
ADDRESS	958	Darlene	Drive			Peta	luma											CA	١	94952	
LIC STATE	TER	R		GVW / GCW	CLA	ss	SIC	FACT	OR	SEAT CP	RAD	DIUS		FART	HEST TE	RMINAL			CC	ST NEW	,
OIAIL																		\$	22500	)	
USE		COI	им'L	FOR HIRE	CHECK	_	ADD'L NO- FAULT	UNDRINS	;	T _F	Tu	.SP	RE	NT	DEDU	CTIBLES	s	ACV		MP/	SPEC C OF L
PLEAS	SLIRE -	RET	-			`\		MOTOR TOWING		┧ _{╒┰} ┝	╛├	COMP/	FG RE	IMB	Н.	. г	-	-		TC	C OF L
FARM	-		VICE		LIAB NO-	$\Rightarrow$	MED PAY UNINS	& LABOR SPEC		FTW -	_	OTC L	<b>⊣</b> ' ັ		-	\A	51	F	\$		
DRIVE TO	<u>'                                    </u>			2 45 145 145	FAULT		UNINS MOTOR	COFL		TTVV		JOLL			\$				\$		COLL
WORK / SC		_	5 MILES		S + DR/C		BODY								_	PREM:	: \$		I C	OMP /	COLL
VEH#	YEAR	MAKE		sco Hauler			TYPE:						_	VEH	ICLE TYP			SYM / A	GE OT	OMP / C SYM	SYM
21	2019	MODE	_{L:} Trai	ler		_	V.I.N.:	4RZFU3639F	(M000	0005			PP		SPEC	CC	OML				
GARAGING	STRE	ET (Requ	ired in	KY)		CITY					CC	DUNTY						STA	ATE 2	ZIP	
ADDRESS	958	Darlene	Drive			Peta	luma											CA	١.	94952	
LIC STATE	TER	R		GVW / GCW	CLA	SS	SIC	FACT	OR	SEAT CP	RAD	DIUS		FART	HEST TE	RMINAL			CC	ST NEW	,
											50							\$	20000	)	
USE		COI	им'L	FOR HIRE	CHECK COVERAGE		ADD'L NO- FAULT	UNDRINS	;	TF T	L	.SP	RE	NT	DEDU	CTIBLES	s	ACV		MP/ TC	SPEC C OF L
PLEAS	SURE -	RET	AIL F		LIAB	" ×	MED PAY	MOTOR TOWING		╡ _{╒┰}	<b>~</b>   9	OMP/	FG	IMB	$\Box$	м Г	ет	-			_C OF L
FARM			L VICE		NO-	$\Rightarrow$	UNINS MOTOR	& LABOR SPEC		FTW H	-	OTC L			ls '	v		F	\$		0011
DRIVE TO			5 MILES	S 15 MILE	FAULT NET		MOTOR	COFL		1	<u> </u>	, 022			+ -				Þ		COLL
WORK / SC VEH #	YEAR				DR/C	R:	BODY							\/FII	_	PREM:	: \$	CVM / A	or   C	OMP/	COLL
			Ford				TYPE:	4EDUE50T0	VD 4.0	0000		_	<b>—</b>	VEH	ICLE TYP			SYM / A	GE OT	OMP / C SYM	SYM
22	2019		L: Pun			_	V.I.N.:	1FDUF5GT8	KDAZ	3028			PP		SPEC	100	OML				
GARAGING ADDRESS	1	ET (Requ		KY)		CITY					CC	DUNTY						STA		ZIP	
	958	Darlene	Drive			Peta	luma											CA	١.	94952	
LIC STATE	TER	R		GVW / GCW	CLA	SS	SIC	FACT	OR	SEAT CP	RAD	DIUS		FART	HEST TE	RMINAL			CC	ST NEW	1
																			00101	5	
-																		\$	3913		
USE		COI	ИМ'L	FOR HIRE	CHECK COVERAGE	s	ADD'L NO- FAULT	UNDRINS MOTOR	;	F	L L	.SP	RE	NT IMB	DEDU	CTIBLES	s	ACV	CC	OMP/ TC	SPEC C OF L
PLEAS	SURE	COI	-	FOR HIRE	CHECK COVERAGE	s ×	ADD'L NO- FAULT MED PAY	MOTOR	-	F FT	↲▫	COMP/	RE RE FG	IMB	$\vdash$	CTIBLES	-	ACV	0	MP/	SPEC C OF L
	-	RET	-	FOR HIRE	LIAB NO-	s ×	FAULT MED PAY	MOTOR TOWING & LABOR	-	-l -	<b>X</b> 8	L	RE	IMB	$\vdash$		-	ACV AMT	0 \$	MP/	
PLEAS FARM DRIVE TO	·	RE1	AIL		LIAB NO- FAULT	X	FAULT	MOTOR	-	FT	<b>X</b> 8	OMP/	RE	IMB	\$	м [	ST	ACV AMT	0	MP/	SPEC C OF L
PLEAS	·	RE1	AIL VICE	S 15 MILE	LIAB NO- FAULT	X	MED PAY UNINS MOTOR	MOTOR TOWING & LABOR	-	FT	<b>X</b> 8	OMP/	RE	IMB	\$ TOTAL	A PREM:	ST	ACV AMT	\$ \$	DMP/ TC	COLL
PLEAS FARM DRIVE TO WORK / SC VEH #	HOOL YEAR	RE1 SEF	AIL ENICE 5 MILES	S 15 MILE	LIAB NO- FAULT	X	MED PAY UNINS MOTOR  BODY TYPE:	MOTOR TOWING & LABOR SPEC C OF L		FT ?	<b>X</b> 8	OMP/	RE FG	VEH	\$ TOTAL	PREM:	ST.	ACV AMT	\$ \$	MP/	COLL
PLEAS FARM DRIVE TO WORK / SC VEH #	YEAR 2019	RET SEF	AIL EVICE 5 MILES Force L: F55	15 MILE 1 0	LIAB NO- FAULT	X VEH R:	MED PAY UNINS MOTOR	MOTOR TOWING & LABOR		FT ?	× 8	COMP/ DTC COLL	RE	VEH	\$ TOTAL	PREM:	ST	ACV AMT	\$ \$ GE OT	OMP/ TC	COLL
PLEAS FARM DRIVE TO WORK / SC VEH # 23	YEAR 2019	RET SEF	FORCE  FORCE  FORCE  FINE FORCE  FINE FINE FINE FINE FINE FINE FINE FINE	15 MILE 1 0	LIAB NO- FAULT	X VEH R:	FAULT MED PAY UNINS MOTOR  BODY TYPE: V.I.N.:	MOTOR TOWING & LABOR SPEC C OF L		FT ?	× 8	OMP/	RE FG	VEH	\$ TOTAL	PREM:	ST.	ACV AMT SYM/A	\$ \$ GE OT	OMP/ TC COMP/ TC SYM	COLL
PLEAS FARM DRIVE TO WORK / SC VEH # 23 GARAGING ADDRESS	YEAR 2019 STRE 958	RET SEF  MAKE MODE EET (Require Darlene	FORCE  FORCE  FORCE  FINE FORCE  FINE FINE FINE FINE FINE FINE FINE FINE	15 MILE 10 0 KY)	LIAB NO- FAULT S + NETV DR/C	X VEH R:	FAULT MED PAY UNINS MOTOR  BODY TYPE: V.I.N.:	MOTOR TOWING & LABOR SPEC C OF L	KDA2	FT	<b>X</b> 6	COMP/ DTC COLL	RE FG	VEH	\$ TOTAL	PREM:	ST: \$	ACV AMT	\$ \$ GE OT	OMP/ TC SYM ZIP 94952	COLL
PLEAS FARM DRIVE TO WORK / SC VEH # 23	YEAR 2019	RET SEF  MAKE MODE EET (Requirement)	FORCE  FORCE  FORCE  FINE FORCE  FINE FINE FINE FINE FINE FINE FINE FINE	15 MILE 1 0	LIAB NO- FAULT	X VEH R:	FAULT MED PAY UNINS MOTOR  BODY TYPE: V.I.N.:	MOTOR TOWING & LABOR SPEC C OF L	KDA2	FT ?	CCC	COMP/ DTC COLL	RE FG	VEH	\$ TOTAL	PREM:	ST: \$	ACV AMT SYM / A	\$ \$ GE OT	COMP/ TC SYM ZIP 94952	COLL
PLEAS FARM DRIVE TO WORK / SC VEH # 23 GARAGING ADDRESS	YEAR 2019 STRE 958	RET SEF MAKE MODE ET (Requirements of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control o	SAIL SYICE 5 MILES FORCE L: F55 irred in 12 Drive	15 MILE 10 KY) GVW/GCW	LIAB NO- FAULT  SES + NETY DR/C	CITY Peta	FAULT MED PAY UNINS MOTOR  BODY TYPE: V.I.N.:	MOTOR TOWING & LABOR SPEC C OF L	KDA2	FT FTW 2	CCC RAD	COMP/ DTC COLL	PP	VEH	\$ TOTAL	PREM: E CC	ST: \$	ACV AMT SYM / A	GE OT CCC 39135	COMP/ TC SYM  ZIP  94952  DST NEW	COLL
PLEAS FARM DRIVE TO WORK / SC VEH # 23 GARAGING ADDRESS	YEAR 2019 STRE 958	RET SEF MAKE MODE ET (Requirements of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control o	FORCE  FORCE  FORCE  FINE FORCE  FINE FINE FINE FINE FINE FINE FINE FINE	15 MILE 10 0 KY)	LIAB NO- FAULT S + NETV DR/C	CITY Peta	FAULT MED PAY UNINS MOTOR  BODY TYPE: V.I.N.:	MOTOR TOWING & LABOR SPEC C OF L  1FDUF5GT6  FACT UNDRING MOTOR	KDA2	FT	CCC RAD	COMP/ DTC COLL DUNTY	PP PP	VEH	\$ TOTAL	PREM:	ST: \$	ACV AMT SYM / A	GE CO 39138	COMP/ TC SYM ZIP 94952	COLL
PLEAS FARM DRIVE TO WORK / SC VEH # 23  GARAGING ADDRESS  LIC STATE	YEAR 2019 STRE 958 TERI	RET SEF MAKE MODE ET (Requirements of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control o	AIL EVICE 5 MILES Force L: F55 irred in I	15 MILE 10 KY) GVW/GCW	LIAB NO- FAULT  SES + NETY DR/C	CITY Peta	FAULT MED PAY UNINS MOTOR  BODY TYPE: V.I.N.:  ADD'L NO-FAULT MED PAY	MOTOR TOWING & LABOR SPEC C OF L  1FDUF5GT6  FACT  UNDRING MOTOR TOWING & LABOR	KDA2	FT FTW 2	CCC RAD	COMP/ DTC COLL	PP PP	VEH FART	\$ TOTAL ICLE TYP SPEC	PREM: E CC	ST ST	ACV AMT SYM / ACV \$	GE CO 39138	COMP/ TC SYM  ZIP 94952 PST NEW  5	COLL
PLEAS FARM DRIVE TO WORK / SC VEH # 23 GARAGING ADDRESS LIC STATE	SHOOL YEAR 2019 STRE 958 TERI	MAKE MODE EET (Require Darlene	AIL EVICE 5 MILES Force L: F55 irred in I	15 MILE 10 KY) GVW/GCW	LIAB NO- FAULT SS + NETY DR/C	XXXVEH R: CITY Peta	FAULT MED PAY UNINS MOTOR  BODY TYPE: V.I.N.:  ADD'L NO-FAULT MED PAY	MOTOR TOWING & LABOR SPEC C OF L  1FDUF5GT6  FACT  UNDRING MOTOR TOWING & LABOR	KDA2	2444  SEAT CP	CCC RAD	DUNTY  DIUS  SP COMP/	PP PP	VEH FART	\$ TOTAL ICLE TYP SPEC	PREM:  E  CC  CTIBLES	ST ST	SYM / A  SYM / A  STA  CA  \$  ACV	GE CO 39138	COMP/ TC SYM  ZIP 94952 PST NEW  5	COLL
PLEAS FARM DRIVE TO WORK / SC VEH # 23  GARAGING ADDRESS  LIC STATE  PLEAS FARM  DRIVE TO	YEAR 2019 3 STRE 958 TERI	RET SEF MAKE MODE SET (Requirements of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control	AIL EVICE  5 MILES  FORCE L: F55  irred in 10  Drive  MM'L  AIL	S 15 MILE  10  KY)  GVW/GCW  FOR HIRE	CLAS  CHECK COVERAGE  CHICK COVERAGE  LIAB NO- FAULT  CHECK COVERAGE  NO- FAULT  FAULT  SEC. NET VI	CITY Peta ASS	FAULT MED PAY UNINS MOTOR  BODY TYPE: V.I.N.:  ADD'L NO-FAULT	MOTOR TOWING & LABOR SPEC C OF L  1FDUF5GT6  FACT  UNDRING MOTOR TOWING	KDA2	FT 2444  SEAT CP	CCC RAD	DUNTY  DIUS  SP COMP/ DTC	PP PP	VEH FART	\$ TOTAL ICLE TYP SPEC  THEST TEI  DEDU  #	PREM:  E  CC  CTIBLES	ST ST ST ST	SYM / A  SYM / A  STA  CA  \$  ACV	GE CO 39138	COMP/ TC SYM  ZIP 94952 PST NEW 5	COLL SYM
PLEAS FARM DRIVE TO WORK / SC VEH # 23 GARAGING ADDRESS LIC STATE USE PLEAS FARM	YEAR 2019 3 STRE 958 TERI	RET SEF	AIL SVICE S MILES FORCE FS5 Sired in It Drive MM'L AIL SVICE S MILES	S 15 MILE  D 6  KY)  GVW/GCW  FOR HIRE	CLA  CHECK COVERAGE  LIAB NO- FAULT  CLA  CLA  CHECK COVERAGE  LIAB NO- FAULT  NO- FAULT  NO- FAULT  NO- FAULT  NO- FAULT  NO- FAULT  NO- FAULT  NO- FAULT  NO- FAULT  NO- FAULT  NO- FAULT  NO- FAULT  NO- FAULT  NO- FAULT  NO- FAULT  NO- FAULT  NO- FAULT  NO- FAULT  NO- FAULT  NO- FAULT  NO- FAULT  NO- FAULT  NO- FAULT  NO- FAULT  NO- FAULT  NO- FAULT  NO- FAULT  NO- FAULT  NO- FAULT  NO- FAULT  NO- FAULT  NO- FAULT  NO- FAULT  NO- FAULT  NO- FAULT  NO- FAULT  NO- FAULT  NO- FAULT  NO- FAULT  NO- FAULT  NO- FAULT  NO- FAULT  NO- FAULT  NO- FAULT  NO- FAULT  NO- FAULT  NO- FAULT  NO- FAULT  NO- FAULT  NO- FAULT  NO- FAULT  NO- FAULT  NO- FAULT  NO- FAULT  NO- FAULT  NO- FAULT  NO- FAULT  NO- FAULT  NO- FAULT  NO- FAULT  NO- FAULT  NO- FAULT  NO- FAULT  NO- FAULT  NO- FAULT  NO- FAULT  NO- FAULT  NO- FAULT  NO- FAULT  NO- FAULT  NO- FAULT  NO- FAULT  NO- FAULT  NO- FAULT  NO- FAULT  NO- FAULT  NO- FAULT  NO- FAULT  NO- FAULT  NO- FAULT  NO- FAULT  NO- FAULT  NO- FAULT  NO- FAULT  NO- FAULT  NO- FAULT  NO- FAULT  NO- FAULT  NO- FAULT  NO- FAULT  NO- FAULT  NO- FAULT  NO- FAULT  NO- FAULT  NO- FAULT  NO- FAULT  NO- FAULT  NO- FAULT  NO- FAULT  NO- FAULT  NO- FAULT  NO- FAULT  NO- FAULT  NO- FAULT  NO- FAULT  NO- FAULT  NO- FAULT  NO- FAULT  NO- FAULT  NO- FAULT  NO- FAULT  NO- FAULT  NO- FAULT  NO- FAULT  NO- FAULT  NO- FAULT  NO- FAULT  NO- FAULT  NO- FAULT  NO- FAULT  NO- FAULT  NO- FAULT  NO- FAULT  NO- FAULT  NO- FAULT  NO- FAULT  NO- FAULT  NO- FAULT  NO- FAULT  NO- FAULT  NO- FAULT  NO- FAULT  NO- FAULT  NO- FAULT  NO- FAULT  NO- FAULT  NO- FAULT  NO- FAULT  NO- FAULT  NO- FAULT  NO- FAULT  NO- FAULT  NO- FAULT  NO- FAULT  NO- FAULT  NO- FAULT  NO- FAULT  NO- FAULT  NO- FAULT  NO- FAULT  NO- FAULT  NO- FAULT  NO- FAULT  NO- FAULT  NO- FAULT  NO- FAULT  NO- FAULT  NO- FAULT  NO- FAULT  NO- FAULT  NO- FAULT  NO- FAULT  NO- FAULT  NO- FAULT  NO- FAULT  NO- FAULT  NO- FAULT  NO- FAULT  NO- FAULT  NO- FAULT  NO- FAULT  NO- FAULT  NO- FAULT  NO- FAULT  NO- FAULT  NO- FAULT  NO- FAULT  NO- FAULT  NO- FAULT  NO- FAULT	CITY Peta ASS	FAULT MED PAY UNINS MOTOR  BODY TYPE: V.I.N.:  JUMA  ADD'L NO-FAULT MED PAY UNINS MOTOR  BODY BODY	MOTOR TOWING & LABOR SPEC C OF L  1FDUF5GT6  FACT  UNDRING MOTOR TOWING & LABOR	KDA2	FT 2444  SEAT CP	CCC RAD	DUNTY  DIUS  SP COMP/ DTC	PP PP	VEH FART	\$ TOTAL ICLE TYP SPEC  THEST TEI  DEDU  #	PREM:  CTIBLES  A PREM:	ST ST ST ST	SYM / A  SYM / A  STA  CA  \$  ACV	GE OT STATE : 39135   CC O O S S S S	OMP/ TC SYM  ZIP  94952  OST NEW  5  OMP/ TC	COLL SYM  SPEC COLL COLL
PLEAS FARM DRIVE TO WORK / SC VEH # 23 GARAGING ADDRESS LIC STATE USE PLEAS FARM DRIVE TO WORK / SC	SHOOL YEAR 2019 STRE 958 TERI	RET SEF COIL RET SEF COIL RET SEF COIL RET SEF COIL RET SEF COIL RET SEF COIL RET SEF COIL RET SEF COIL RET SEF COIL RET SEF COIL RET SEF COIL RET SEF COIL RET SEF COIL RET SEF COIL RET SEF COIL RET SEF COIL RET SEF COIL RET SEF COIL RET SEF COIL RET SEF COIL RET SEF COIL RET SEF COIL RET SEF COIL RET SEF COIL RET SEF COIL RET SEF COIL RET SEF COIL RET SEF COIL RET SEF COIL RET SEF COIL RET SEF COIL RET SEF COIL RET SEF COIL RET SEF COIL RET SEF COIL RET SEF COIL RET SEF COIL RET SEF COIL RET SEF COIL RET SEF COIL RET SEF COIL RET SEF COIL RET SEF COIL RET SEF COIL RET SEF COIL RET SEF COIL RET SEF COIL RET SEF COIL RET SEF COIL RET SEF COIL RET SEF COIL RET SEF COIL RET SEF COIL RET SEF COIL RET SEF COIL RET SEF COIL RET SEF COIL RET SEF COIL RET SEF COIL RET SEF COIL RET SEF COIL RET SEF COIL RET SEF COIL RET SEF COIL RET SEF COIL RET SEF COIL RET SEF COIL RET SEF COIL RET SEF COIL RET SEF COIL RET SEF COIL RET SEF COIL RET SEF COIL RET SEF COIL RET SEF COIL RET SEF COIL RET SEF COIL RET SEF COIL RET SEF COIL RET SEF COIL RET SEF COIL RET SEF COIL RET SEF COIL RET SEF COIL RET SEF COIL RET SEF COIL RET SEF COIL RET SEF COIL RET SEF COIL RET SEF COIL RET SEF COIL RET SEF COIL RET SEF COIL RET SEF COIL RET SEF COIL RET SEF COIL RET SEF COIL RET SEF COIL RET SEF COIL RET SEF COIL RET SEF COIL RET SEF COIL RET SEF COIL RET SEF COIL RET SEF COIL RET SEF COIL RET SEF COIL RET SEF COIL RET SEF COIL RET SEF COIL RET SEF COIL RET SEF COIL RET SEF COIL RET SEF COIL RET SEF COIL RET SEF COIL RET SEF COIL RET SEF COIL RET SEF COIL RET SEF COIL RET SEF COIL RET SEF COIL RET SEF COIL RET SEF COIL RET SEF COIL RET SEF COIL RET SEF COIL RET SEF COIL RET SEF COIL RET SEF COIL RET SEF COIL RET SEF COIL RET SEF COIL RET SEF COIL RET SEF COIL RET SEF COIL RET SEF COIL RET SEF COIL RET SEF COIL RET SEF COIL RET SEF COIL RET SEF COIL RET SEF COIL RET SEF COIL RET SEF COIL RET SEF COIL RET SEF COIL RET SEF COIL RET SEF COIL RET SEF COIL RET SEF COIL RET SEF COIL RET SEF COIL RET SEF COIL RET SEF COIL RET SEF COIL RET SEF COIL RET S	AIL SVICE SMILES FOR Drive Drive  MM'L AIL SVICE SMILES FOR	GVW/GCW  FOR HIRE  15 MILE	CLAS  CLAS  CLAS  CHECK  COVERAGE  AND  FAULT  CHECK  COVERAGE  NO  FAULT  SS + NETY  DR/C	CITY Peta	FAULT MED PAY UNINS MOTOR  BODY TYPE: V.I.N.:  JUMB  ADD'L NO-FAULT MED PAY UNINS MOTOR  BODY TYPE:	MOTOR TOWING & LABOR SPEC C OF L  1FDUF5GT6  FACT  UNDRING MOTOR TOWING & LABOR	KDA2	FT 2444  SEAT CP  FT 7  FT 7	CCC RAD	DUNTY  DIUS  SP COMP/ DTC	PP PP	VEH FART	\$ TOTAL ICLE TYP SPEC  DEDU \$ TOTAL	PREM:  CTIBLES  A PREM:	ST ST ST ST	SYM / A  SYM / A  STA  CA  \$ ACV  AMT	GE OT STATE : 39135   CC O O S S S S	COMP/ TC SYM  ZIP 94952 PST NEW 5	COLL SYM
PLEAS FARM DRIVE TO WORK / SC VEH # 23  GARAGING ADDRESS  LIC STATE  USE PLEAS FARM DRIVE TO WORK / SC VEH # 24	SHOOL YEAR 2019 STRE 958 TERI SURE YEAR 2019	RET SEF MAKE MODE SET (Requirements)  COI RET SEF SEF SEF SEF SEF SEF SEF SEF SEF SEF	AIL FORMAL STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE 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PLEAS FARM DRIVE TO WORK/SC VEH # 23  GARAGING ADDRESS LIC STATE  USE  PLEAS FARM DRIVE TO WORK/SC VEH #	SURE SURE SURE 2019 STRE 2019 STRE 2019 STRE 2019 STRE	RET SEF MAKE MODE  COI RET SEF SEF SEF SEF SEF SEF SEF SEF SEF SEF	AIL  5 MILES  5 MILES  5 FOR  6 Drive  Drive  5 MILES  5 MILES  5 MILES  6 Drive  1 Drive  1 Drive  1 Drive  1 Drive  1 Drive  1 Drive  1 Drive	15 MILE   15 MILE   15 MILE   15 MILE   15 MILE   15 MILE   15 MILE   15 MILE   15 MILE   15 MILE   15 MILE   15 MILE   15 MILE   15 MILE   15 MILE   15 MILE   15 MILE   15 MILE   15 MILE   15 MILE   15 MILE   15 MILE   15 MILE   15 MILE   15 MILE   15 MILE   15 MILE   15 MILE   15 MILE   15 MILE   15 MILE   15 MILE   15 MILE   15 MILE   15 MILE   15 MILE   15 MILE   15 MILE   15 MILE   15 MILE   15 MILE   15 MILE   15 MILE   15 MILE   15 MILE   15 MILE   15 MILE   15 MILE   15 MILE   15 MILE   15 MILE   15 MILE   15 MILE   15 MILE   15 MILE   15 MILE   15 MILE   15 MILE   15 MILE   15 MILE   15 MILE   15 MILE   15 MILE   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ZIP  94952  OST NEW  OMP/ TC SYM	COLL SYM  SPEC COLL COLL
PLEAS FARM DRIVE TO WORK/SC VEH # 23  GARAGING ADDRESS LIC STATE  USE PLEAS FARM DRIVE TO WORK/SC VEH # 24  GARAGING ADDRESS	SURE  HOOL YEAR 2019 STRE 958 TERI HOOL YEAR 2019 STRE 958	RET SEF CON RET SEF SEF SEF SEF SEF SEF SEF SEF SEF SEF	AIL  5 MILES  5 MILES  5 FOR  6 Drive  Drive  5 MILES  5 MILES  5 MILES  6 Drive  1 Drive  1 Drive  1 Drive  1 Drive  1 Drive  1 Drive  1 Drive	GVW/GCW  FOR HIRE  15 MILE 10 0 W/ 1250 Gali KY)	CLA  CHECK COVERAGE  LIAB NO- FAULT  CLA  CHECK COVERAGE  LIAB NO- FAULT  ES + NETY DR/C	CITY Peta	FAULT MED PAY UNINS MOTOR  BODY TYPE: V.I.N.:  ADD'L NO- FAULT MED PAY UNINS MOTOR  BODY TYPE: V.I.N.:	MOTOR TOWING & LABOR SPEC C OF L  1FDUF5GT6  UNDRING MOTOR TOWING & LABOR SPEC C OF L	KDA2	2444  SEAT CP  FT  FT  FT  FT  2445	CCC   CCC   CCC   CCC   CCC   CCC   CCC   CCC   CCC   CCC   CCC   CCC   CCC   CCC   CCC   CCC   CCC   CCC   CCC   CCC   CCC   CCC   CCC   CCC   CCC   CCC   CCC   CCC   CCC   CCC   CCC   CCC   CCC   CCC   CCC   CCC   CCC   CCC   CCC   CCC   CCC   CCC   CCC   CCC   CCC   CCC   CCC   CCC   CCC   CCC   CCC   CCC   CCC   CCC   CCC   CCC   CCC   CCC   CCC   CCC   CCC   CCC   CCC   CCC   CCC   CCC   CCC   CCC   CCC   CCC   CCC   CCC   CCC   CCC   CCC   CCC   CCC   CCC   CCC   CCC   CCC   CCC   CCC   CCC   CCC   CCC   CCC   CCC   CCC   CCC   CCC   CCC   CCC   CCC   CCC   CCC   CCC   CCC   CCC   CCC   CCC   CCC   CCC   CCC   CCC   CCC   CCC   CCC   CCC   CCC   CCC   CCC   CCC   CCC   CCC   CCC   CCC   CCC   CCC   CCC   CCC   CCC   CCC   CCC   CCC   CCC   CCC   CCC   CCC   CCC   CCC   CCC   CCC   CCC   CCC   CCC   CCC   CCC   CCC   CCC   CCC   CCC   CCC   CCC   CCC   CCC   CCC   CCC   CCC   CCC   CCC   CCC   CCC   CCC   CCC   CCC   CCC   CCC   CCC   CCC   CCC   CCC   CCC   CCC   CCC   CCC   CCC   CCC   CCC   CCC   CCC   CCC   CCC   CCC   CCC   CCC   CCC   CCC   CCC   CCC   CCC   CCC   CCC   CCC   CCC   CCC   CCC   CCC   CCC   CCC   CCC   CCC   CCC   CCC   CCC   CCC   CCC   CCC   CCC   CCC   CCC   CCC   CCC   CCC   CCC   CCC   CCC 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S   S   CCC   S   S   CCC   S   S	COMP/ TC SYM  ZIP  94952  DST NEW  DOMP/ TC SYM  ZIP  94952	COLL SYM
PLEAS FARM DRIVE TO WORK/SC VEH # 23  GARAGING ADDRESS LIC STATE  USE PLEAS FARM DRIVE TO WORK/SC VEH # 24  GARAGING	SURE SURE SURE 2019 STRE 2019 STRE 2019 STRE 2019 STRE	RET SEF CON RET SEF SEF SEF SEF SEF SEF SEF SEF SEF SEF	AIL  5 MILES  5 MILES  5 FOR  6 Drive  Drive  5 MILES  5 MILES  5 MILES  6 Drive  1 Drive  1 Drive  1 Drive  1 Drive  1 Drive  1 Drive  1 Drive	15 MILE   15 MILE   15 MILE   15 MILE   15 MILE   15 MILE   15 MILE   15 MILE   15 MILE   15 MILE   15 MILE   15 MILE   15 MILE   15 MILE   15 MILE   15 MILE   15 MILE   15 MILE   15 MILE   15 MILE   15 MILE   15 MILE   15 MILE   15 MILE   15 MILE   15 MILE   15 MILE   15 MILE   15 MILE   15 MILE   15 MILE   15 MILE   15 MILE   15 MILE   15 MILE   15 MILE   15 MILE   15 MILE   15 MILE   15 MILE   15 MILE   15 MILE   15 MILE   15 MILE   15 MILE   15 MILE   15 MILE   15 MILE   15 MILE   15 MILE   15 MILE   15 MILE   15 MILE   15 MILE   15 MILE   15 MILE   15 MILE   15 MILE   15 MILE   15 MILE   15 MILE   15 MILE   15 MILE  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NEW  DOMP/ TC SYM  ZIP 94952 ST NEW	COLL SYM
PLEAS FARM DRIVE TO WORK/SC VEH # 23  GARAGING ADDRESS  LIC STATE  PLEAS FARM DRIVE TO WORK/SC VEH # 24  GARAGING ADDRESS  LIC STATE	SURE  HOOL YEAR 2019 STRE 958 TERI HOOL YEAR 2019 STRE 958	RET SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COL	AIL  VICE  5 MILES  Fore L: F55  L: F55  MM'L  D Drive  MM'L  5 MILES  5 MILES  L: F55  L: F55  D Drive	GVW/GCW  FOR HIRE  15 MILE 10  W/ 1250 Gall  KY)  GVW/GCW	CLA  CHECK COVERAGE  LIAB NO- FAULT  CHECK COVERAGE  LIAB NO- FAULT  CHECK COVERAGE  ANO FAULT  CHECK COVERAGE  COVERAGE  COVERAGE  ANO FAULT  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  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OMP/ TC SYM  ZIP 94952 OST NEW  5	COLL SYM  SPEC C OF L  COLL SYM
PLEAS FARM DRIVE TO WORK/SC VEH # 23  GARAGING ADDRESS  LIC STATE  PLEAS FARM DRIVE TO WORK/SC VEH # 24  GARAGING ADDRESS  LIC	SURE  HOOL YEAR 2019 STRE 958 TERI HOOL YEAR 2019 STRE 958	RET SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF 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CTIBLES  CTIBLES  CTIBLES  CTIBLES  CTIBLES  CTIBLES  CTIBLES  CTIBLES  CTIBLES  CTIBLES  CTIBLES  CTIBLES  CTIBLES  CTIBLES  CTIBLES  CTIBLES  CTIBLES  CTIBLES  CTIBLES  CTIBLES  CTIBLES  CTIBLES  CTIBLES  CTIBLES  CTIBLES  CTIBLES  CTIBLES  CTIBLES  CTIBLES  CTIBLES  CTIBLES  CTIBLES  CTIBLES  CTIBLES  CTIBLES  CTIBLES  CTIBLES  CTIBLES  CTIBLES  CTIBLES  CTIBLES  CTIBLES  CTIBLES  CTIBLES  CTIBLES  CTIBLES  CTIBLES  CTIBLES  CTIBLES  CTIBLES  CTIBLES  CTIBLES  CTIBLES  CTIBLES  CTIBLES  CTIBLES  CTIBLES  CTIBLES  CTIBLES  CTIBLES  CTIBLES  CTIBLES  CTIBLES  CTIBLES  CTIBLES  CTIBLES  CTIBLES  CTIBLES  CTIBLES  CTIBLES  CTIBLES  CTIBLES  CTIBLES  CTIBLES  CTIBLES  CTIBLES  CTIBLES  CTIBLES  CTIBLES  CTIBLES  CTIBLES  CTIBLES  CTIBLES  CTIBLES  CTIBLES  CTIBLES  CTIBLES  CTIBLES  CTIBLES  CTIBLES  CTIBLES  CTIBLES  CTIBLES  CTIBLES  CTIBLES  CTIBLES  CTIBLES  CTIBLES  CTIBLES  CTIBLES  CTIBLES  CTIBLES  CTIBLES  CTIBLES  CTIBLES  CTIBLES  CTIBLES  CTIBLES  CTIBLES  CTIBLES  CTIBLES  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CTIBLES  CTIBLES  CTIB	ST  SS  ST  ST  ST	SYM / A  STM / A  SYM / A  SYM / A  SYM / A	CCC   S   S   S   CCC   S   S   S   S	OMP/ TC SYM  ZIP 94952 OST NEW  DOMP/ TC SYM  ZIP 94952 ST NEW	COLL SYM	
PLEAS FARM DRIVE TO WORK/SC VEH # 23  GARAGING ADDRESS  LIC STATE  PLEAS FARM DRIVE TO WORK/SC VEH # 24  GARAGING ADDRESS  LIC STATE	SURE SURE STREE STREE STREE STREE STREE STREE STREE STREE STREE STREE STREE STREE STREE STREE STREE STREE STREE STREE STREE STREE STREE STREE STREE STREE STREE STREE STREE STREE STREE STREE STREE STREE STREE STREE STREE STREE STREE STREE STREE STREE STREE STREE STREE STREE STREE STREE STREE STREE STREE STREE STREE STREE STREE STREE STREE STREE STREE STREE STREE STREE STREE STREE STREE STREE STREE STREE STREE STREE STREE STREE STREE STREE STREE STREE STREE STREE STREE STREE STREE STREE STREE STREE STREE STREE STREE STREE STREE STREE STREE STREE STREE STREE STREE STREE STREE STREE STREE STREE STREE STREE STREE STREE STREE STREE STREE STREE STREE STREE STREE STREE STREE STREE STREE STREE STREE STREE STREE STREE STREE STREE STREE STREE STREE STREE STREE STREE STREE STREE STREE STREE STREE STREE STREE STREE STREE STREE STREE STREE STREE STREE STREE STREE STREE 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SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COLUMN SEF COL	AIL  S MILES  FOR  MM'L  FS5  MILES  FS5  MILES  MM'L  S MILES  FOR  S MILES  FOR  TOTIVE	GVW/GCW  FOR HIRE  15 MILE 10  W/ 1250 Gall  KY)  GVW/GCW	CLA  CHECK COVERAGE  LIAB NO- FAULT  CHECK COVERAGE  LIAB NO- FAULT  CHECK COVERAGE  ANO FAULT  CHECK COVERAGE  COVERAGE  COVERAGE  ANO FAULT  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  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COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COVERAGE  COV	CITY Peta	FAULT MED PAY UNINS MOTOR  BODY TYPE: V.I.N.:  JUMB  ADD'L NO-FAULT MED PAY UNINS MOTOR  BODY TYPE: VI.N.:  JUMB  BODY TYPE: VI.N.:  ADD'L NO-FAULT MED PAY MED PAY MED PAY MED PAY MED PAY MED PAY MED PAY	MOTOR TOWING & LABOR SPEC C OF L  1FDUF5GT6  IFDUF5GT6  IFDUF5GT8  UNDRING & LABOR SPEC C OF L  UNDRING WOTOR TOWING FACT  UNDRING WOTOR TOWING SPEC C OF L	KDA2  OR  KDA2	FT 2444  SEAT CP  FT 7  FTW 7  24445  SEAT CP	CCC RAD	DUNTY DIUS COLL DUNTY DIUS COLL DUNTY DIUS COLL DUNTY	PP PP REF	VEH NT NT NT NT NT NT NT NT NT NT NT NT NT	SPEC DEDU	PREM:  E  CCIBLES  A  PREM:  CTIBLES  CCIBLES  C	ST ST ST ST ST ST ST ST ST ST ST ST ST S	SYM / A  SYM / A  STM  CA  SYM / A  STM  CA  STM  ACV  AMT	CCC   S   S   S   CCC   S   S   S   S	OMP/ TC SYM  ZIP 94952 OST NEW  5 OMP/ TC SYM  ZIP 94952 OST NEW  5 OMP/	COLL SYM  SPEC C OF L  COLL SYM
PLEAS FARM DRIVE TO WORK/SC VEH # 23  GARAGING ADDRESS  LIC STATE  PLEAS FARM DRIVE TO WORK/SC VEH # 24  GARAGING ADDRESS  LIC STATE  USE  PLEAS FARM  PLEAS FARM  PLEAS FARM	SURE SURE SURE SURE	RET SEF MAKE MODE ET (Requestre Mode Mode Mode Mode Mode Mode Mode Mod	AIL  S MILES  FOR  MM'L  FS5  MILES  FS5  MILES  MM'L  S MILES  FOR  S MILES  FOR  TOTIVE	GVW/GCW  FOR HIRE  15 MILE 10  W/ 1250 Gall  KY)  GVW/GCW	CLAS  CLAS  CLAS  CLAS  CLAS  CHECK  COVERAGE  LIAB  NO- FAULT  COVERAGE  COVERAGE  COVERAGE  CLAS  CHECK  COVERAGE  CLAS  CHECK  COVERAGE  CLAS  CHECK  COVERAGE	CITY Peta  SS  S  VEH R:  CITY Peta  SS  S  X  X  X  X  X  X  X  X  X  X  X	FAULT MED PAY UNINS MOTOR  BODY TYPE: V.I.N.:  JUMB ADD'L NO-FAULT  BODY TYPE: V.I.N.:  SIC  ADD'L NO-FAULT  ADD'L NO-FAULT	MOTOR TOWING & LABOR SPEC C OF L  1FDUF5GT6  1FDUF5GT6  1FDUF5GT8  1FDUF5GT8  1FDUF5GT8  1FDUF5GT8	KDA2  OR  KDA2	FT 2444  SEAT CP  FT 2445  SEAT CP	RAD CCC	DUNTY  DIUS  COLL  DUNTY  DIUS  COLL  DUNTY  DIUS  SP COMP/	PP PP REE FG	VEH NT NT NT NT NT NT NT NT NT NT NT NT NT	SPEC DEDU	PREM:  E CCIBLES PREM:  CTIBLES CCIBLES CCIBLES	ST ST ST ST ST ST ST ST ST ST ST ST ST S	SYM / A  SYM / A  STM  CA  SYM / A  STM  CA  STM  ACV  AMT	CCC   CC   CC   CC   CC   CC   CC	OMP/ TC SYM  ZIP 94952 OST NEW  5 OMP/ TC SYM  ZIP 94952 OST NEW  5 OMP/	COLL SYM  SPEC C OF L  COLL SYM
PLEAS FARM DRIVE TO WORK/SC VEH # 23  GARAGING ADDRESS LIC STATE  PLEAS FARM DRIVE TO WORK/SC VEH # 24  GARAGING ADDRESS  LIC STATE  USE  PLEAS  PLEAS  PLEAS  PLEAS	SURE SURE SURE	RET RET REQUIREMENT RET RET RET RET RET RET RET RET RET RE	AIL  S MILES  FOR  MM'L  S MILES  FOR  MM'L  S MILES  S MILES  MM'L  Drive  MM'L  M'VICE  M'VICE  MM'L  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VICE  M'VI	G 15 MILE  10  KY)  GVW/GCW  FOR HIRE  15 MILE  10  0 w/ 1250 Gall  KY)  GVW/GCW  FOR HIRE	CLA  CHECK COVERAGE  NO- FAULT  CHECK COVERAGE  LIAB NO- FOLIA  CHECK COVERAGE  LIAB NO- FAULT  CHECK COVERAGE  LIAB NO- FAULT  CHECK COVERAGE  LIAB NO- FAULT  CHECK COVERAGE  LIAB NO- FAULT  CHECK COVERAGE  LIAB NO- FAULT  CHECK COVERAGE	CITY Peta ASS  S  VEH R:  CITY Peta ASS  S  VEH R:  VEH R:	FAULT MED PAY UNINS MOTOR  BODY TYPE: V.I.N.:  JUMB  ADD'L NO-FAULT MED PAY UNINS MOTOR  BODY TYPE: VI.N.:  JUMB  BODY TYPE: VI.N.:  ADD'L NO-FAULT MED PAY MED PAY MED PAY MED PAY MED PAY MED PAY MED PAY	MOTOR TOWING & LABOR SPEC C OF L  1FDUF5GT6  IFDUF5GT6  UNDRINS MOTOR TOWING & LABOR SPEC C OF L  UNDRINS MOTOR TOWING & LABOR SPEC LOFE UNDRINS MOTOR TOWING & LABOR SPEC LOFE UNDRINS MOTOR TOWING & LABOR SPEC	KDA2  OR  KDA2	FT 2444  SEAT CP  FT 2445  SEAT CP	RAD CCC	DUNTY  DIUS  SP COMP/ DTC  COLL  DUNTY  DIUS  SP COMP/ DTC  COLL  DUNTY  DIUS  SP COMP/ DTC  COLL	PP PP REE FG	VEH NT NT NT NT NT NT NT NT NT NT NT NT NT	SPEC DEDU	PREM:  E CCIBLES PREM:  CTIBLES CCIBLES CCIBLES	ST SS ST ST ST ST ST	SYM / A  SYM / A  STM  CA  SYM / A  STM  CA  STM  ACV  AMT	CCC   S   S   S   CCC   S   S   S   CCC   S   S	OMP/ TC SYM  ZIP 94952 OST NEW  5 OMP/ TC SYM  ZIP 94952 OST NEW  5 OMP/	COLL SYM  SPEC COLL SYM  SPEC COLL SYM

2358

_		AGENCY CUSTOMER ID:	00012
ACORD®	VEHICLE S	CHEDULE	
AGENCY		CARRIER	
Shaw Insurance Services			
POLICY NUMBER	EFFECTIVE DATE	NAMED INSURED(S)	
	11/28/2025	SANITATION SERVICES, INC.,	DBA:

AGENCY	,												- 0	CAF	RRIER												NAIC (	CODE
Shaw I	nsur	ance	Serv	ices																								
POLICY	NUME	BER									EF	FECTI	/E DATE	NAME	ED INSURI	ED(S	5)										-	
												11/28/	2025	SAN	NOITATII	I SE	ERVICE	S, IN	C., DE	3A: .	JR'S P	ORTA	ABLE	SAN	IITAT	ON		
VEHIC	LE [	DES	CRIP	TION																								
VEH#	Y	'EAR	MA	KE:	Ford	b					BODY TYPE:								,	VEH	ICLE TY	PE			SYM/	AGE	COMP / OTC SYM	COLL SYM
25	2	2015	МС	DEL:	F25	0					V.I.N.:	1FT7	7X2BT2FE	A12	2353				PP		SPEC		COM	IL				
GARAGI	110	STRE	ET (R	equire	d in k	KY)				CITY	-						COUNTY	,							S	ATE	ZIP	
ADDRES	S	958	Darle	ene D	rive					Petal	uma														С	Α	94952	
LIC STATE		TER	R			GVW/	GCW		CLAS	s	SIC	;	FACTOR	₹	SEAT CP	R	RADIUS		F	ART	HEST TE	ERMIN	IAL			(	COST NEV	V
																50	0								9	447		
USE				COMM'	L L	F	OR HIRE	CH	ECK VERAGES		ADD'L NO- FAULT		UNDRINS MOTOR		F		LSP	Ш	RENT REIME	3	DED	JCTIB	LES		ACV		OTC	SPEC C OF L
PLE	ASUI	RE		RETAIL	L			×	4		MED PAY		TOWING & LABOR		FT	×	COMP/ OTC		FG			AA		STA	TMA	\$		
FAF			:	SERVIC	E				NO- FAULT		UNINS MOTOR		SPEC C OF L		FTW	×	COLL				\$					\$		COLL
DRIVE T WORK /			Щ	< 15 N			15 MILE	S +	NET VE DR/CR:	:Н	LBOBY										TOTA	L PRE	EM: \$	5			00110 /	0011
VEH#		'EAR	-				lauler				BODY TYPE:									VEH	ICLE TY	PE			SYM/	AGE	COMP / OTC SYM	COLL SYM
26		2019		DEL:							V.I.N.:	4RZ	FU3220KN	1000	0018				PP		SPEC		COM	IL				
GARAGI	110		-	equire		KY)				CITY							COUNTY	,								ATE	ZIP	
LIC	3			ene D						Petal			1			$\perp$									С		94952	
STATE		TER	R			GVW /	GCW		CLAS	s	SIC	;	FACTOR	2	SEAT CP	1	RADIUS		F	ART	HEST TE	ERMIN	IAL				COST NEV	N
									ECK		A D D II A I O		LINIDDINIO			50		<u> </u>	DENIT							200	OOMP/	lopeo
USE				COMM'	-	F	OR HIRE	co	ECK VERAGES		ADD'L NO- FAULT		UNDRINS MOTOR		F		LSP COMP/	$\square$	RENT REIME	3	DED	JCTIB	LES	_	ACV		OTC	SPEC C OF L
	ASUI	RE		RETAIL	L			×	4		MED PAY		TOWING & LABOR		FT	$\frac{X}{X}$	отс	Ш	FG			AA		ST	TMA	\$		
DRIVE T			;	SERVIC					NO- FAULT NET VE		UNINS MOTOR		SPEC C OF L		FTW	×	COLL				\$					\$		COLL
WORK /	<u>SCHC</u>		Ш	< 15 N			15 MILE	S +	DR/CR:		BODY						1						EM: \$	_	a	T	COMP /	COLL
VEH#		'EAR			Volv						TYPE:	4) /51	/COE 1751	1000	740				_	VEH	ICLE TY	PE			SYM /	AGE	COMP / OTC SYM	SYM
27		2015		DEL:					- 1		V.I.N.:	4V5I	KC9EJ7FN	1922	2718				PP		SPEC		COM	IL			T	
GARAGI	110		-	equire		KY)				CITY							COUNTY									ATE	ZIP	
LIC				ene D						Petal			T			ᆛ		Т							С		94952	
STATE		TER	ĸ			GVW/	GCW		CLAS	5	SIC	•	FACTOR	τ .	SEAT CP	50	RADIUS		ь.	AKI	HEST TI	=KWIIN	IAL			174	COST NEV	v
USE				COMM'		Τ.	OR HIRE	CH	ECK VERAGES		ADD'I NO-	1	UNDRINS	П	l F I	3	LSP		RENT		DEDI	JCTIB	IFS	Ι			OMP/	SPEC
	EASUI	<u>.                                    </u>		RETAIL	-		OK HIKE		7		ADD'L NO- FAULT		UNDRINS MOTOR TOWING		┤ ^r F⊤	$\overline{}$	COMP/	$\vdash$	REIME FG	3	$\vdash$				ACV	Ш	ОТС	SPEC C OF L
FAF		```		SERVIC	L			×	NO-		MED PAY UNINS MOTOR	$\vdash$	TOWING & LABOR SPEC C OF L		FTW	$\ominus$	OTC	$\vdash$	10		_	AA		STA	AM I	\$		
DRIVE T	0		Щ	< 15 N		<u>. T</u>	15 MILE	S +	FAULT   NET VE	H H	MOTOR		C OF L		1	$\overline{}$	, OOLL				\$					\$		COLL
WORK /	_	OOL EAR	MA			mond			DR/CR:		BODY								,	VEH	ICLE TY		EM: \$		SYM /	AGE	COMP / OTC SYM	COLL
28	1 2	2020					ck FB				V.I.N.:	46UI	FU3221L1:	2310	025				РР Г		SPEC		СОМ				OIC SYM	SYM
GARAGI	-			equire						CITY	V.I.IV						COUNTY	,				Ш			S	ATE	ZIP	
ADDRES				ene Di		•				Petal	uma														c	Α	94952	
LIC STATE		TER	R			GVW /	GCW		CLAS	s	SIC	;	FACTOR	₹	SEAT CP	R	RADIUS		F	ART	HEST TE	ERMIN	IAL				COST NEV	v
3.A.E																50	0								9	220	00	
USE				COMM'	L	F	OR HIRE	CH	ECK VERAGES		ADD'L NO- FAULT		UNDRINS MOTOR		F	-	LSP	Ħ	RENT REIME	3	DED	JCTIB	LES		ACV		COMP/ OTC	SPEC C OF L
PLE	ASUI	RE	_	RETAIL	T			×			MED PAY		TOWING & LABOR		FT	×	COMP/ OTC	П	FG	-		AA		STA	ı	\$	J.5	
FAF		ļ	<b>—</b> ;	SERVIC	E				NO- FAULT		UNINS MOTOR		SPEC C OF L		FTW	×	COLL	П			\$			_ `		\$		COLL
DRIVE T WORK /	SCHC	OOL	[	< 15 N	IILES	3	15 MILE	S+	NET VE DR/CR:	Η '											тоти	L PRE	EM: \$	<u> </u>				
VEH#		'EAR	МА	KE:	Volv	0					BODY TYPE:								,	VEH	ICLE TY	PE			SYM/	AGE	COMP / OTC SYM	COLL SYM
29	2	2013	МС	DEL:	Roll	off					V.I.N.:	4V5ł	C9EG5DI	N13	4098				PP		SPEC		СОМ	IL				
GARAGI	NG	STRE	ET (R	equire	d in k	KY)				CITY	•						COUNTY	,							S	ATE	ZIP	•
ADDRES	s	958	Darle	ene D	rive					Petal	uma														С	Α	94952	
LIC STATE		TER	R			GVW/	GCW		CLAS	s	SIC	;	FACTOR	γ	SEAT CP	R	RADIUS		F	ART	HEST TE	ERMIN	IAL			(	COST NEV	N
															<u> </u>	50	0									156		
USE				COMM'	L [	F	OR HIRE	CH	ECK VERAGES	$\Box$	ADD'L NO- FAULT		UNDRINS MOTOR		F		LSP	Ш	RENT REIME	3	DED	JCTIB	LES		ACV		OTC	SPEC C OF L
PLE	ASUI	RE		RETAIL	L			×	4	$\times$	MED PAY		TOWING & LABOR		FT	×	COMP/ OTC	Ш	FG			AA		STA	AMT	\$		
FAF			نِل_	SERVIC	E		1		NO- FAULT	X	UNINS MOTOR		SPEC C OF L		FTW	×	COLL				\$					\$		COLL
DRIVE TO WORK /	SCHC	OOL		< 15 N	IILES	3	15 MILE	S +	NET VE DR/CR:	:H											тоти	L PRE	EM: \$	6				

			AGENCY CUSTOM	ER ID: 00012358
ACORD®	VEH	HICLE S	CHEDULE	
AGENCY			CARRIER	
Shaw Insurance Services				
POLICY NUMBER		EFFECTIVE DATE	NAMED INSURED(S)	
		11/28/2025	SANITATION SERVICE	S, INC., DBA: JR'S PORTAB
VEHICLE DESCRIPTION			•	
VEH # VEAD Ford 550	l BC	DDY		VEHICLE TYPE

												11/28/	/2025 S	ANHAH	JN S	SERVICES	S, INC	J., DBA:	JR'S PORT	ABLE SA	INLL	ATION		
۷E	HICL	E DES	CR	IPTIC	ON																			
VE	H#	YEAR	Τ,	MAKE:	For	d 55	0				BODY TYPE:							VEH	IICLE TYPE		SYI	/I / AGE	COMP / OTC SYM	COLL SYM
30		2019	-		_: Tru	ıck						1FD	UF5GT8KEI	57430			П,	PP	SPEC	СОМГ			OIC STWI	STIVI
30		Ц									V.I.N.:	יוו ט	OI SO TOKE	_37 430		I .			SFLC	COIVIL	Ц,		1	
	RAGIN	٠,	EET	(Requ	ired in	KY)				CITY						COUNTY						STATE	ZIP	
ADD	RESS	958	3 Da	ırlene	Drive	9				Peta	luma											CA	94952	
LIC STA	<u> </u>	TE	RR			GVW	// GCW		CLAS	s	SIC		FACTOR	SEAT	СР	RADIUS		FART	HEST TERMI	INAL			COST NEW	ı
SIA	'E														- 1	50						s 498		
								1 64	ECV		1000 110			_ _	ــــــــــــــــــــــــــــــــــــــ			DENT						longo
USE				COV	/M'L		FOR HIRE	CO	ECK VERAGES		ADD'L NO- FAULT		UNDRINS MOTOR	F		LSP		RENT REIMB	DEDUCTI	BLES	A		COMP/ OTC	SPEC C OF L
	PLEA	ASURE		RET	AIL			$\sim$	LIAB	$\overline{\mathbf{X}}$	MED PAY		TOWING & LABOR	FT	>	COMP/		FG	l AA	ST	— FAMT	- \$	<u></u>	
	FARM	./		SER	VICE				NO-		UNINS		SPEC	FTW		COLL						-		0011
DRI	/F TO		_	Ч—				<u> </u>	FAULT NET VE		MOTOR		C OF L			OOLL			\$			\$		COLL
WO	RK/S	CHOOL	1	< 1	5 MILE	S	15 MILE	-S +	NET VE DR/CR:										TOTAL PR	REM: \$				
VE	H#	YEAR	1	MAKE:	Vol	VO					BODY TYPE:							VEH	IICLE TYPE		SY	/I / AGE	COMP / OTC SYM	COLL SYM
31		2015	١,	MODE	. Pui	mper					V.I.N.:	4V4I	MC9EH9FN	919295			F	PP	SPEC	COML				
		етп			ired in					CITY	VV					COUNTY					Ч-т	STATE	ZIP	
	RAGIN					-					_					COUNTY								
ADL	KESS	958	3 Da	ırlene	Drive	9				Peta	luma											CA	94952	
STA	TE	TE	RR			GVW	// GCW		CLAS	s	SIC		FACTOR	SEAT	СР	RADIUS		FART	HEST TERMI	INAL			COST NEW	ı
0.7															- 1	50						s 170	433	
				T 001			505.005	CH	FCK	г т	ADD'L NO-		UNDRINS		7			RENT	DEDUCTI	DI EC	ᆛ		COMP/	SDEC
USE				COV	/IMI'L		FOR HIRE	CO	ECK VERAGES	Ш	FAULT		MOTOR	F		LSP		REIMB	DEDUCTI	BLES	A		OTC	SPEC C OF L
	PLEA	ASURE		RET	AIL			$\mid \times$	LIAB	$ \times $	MED PAY		TOWING & LABOR	FT	>	COMP/		FG	AA	ST	AMT	-   \$		
	FARM	Л		SER	VICE				NO-	$\mathbf{x}$	UNINS		SPEC	FTW	>	COLL			\$			\$		COLL
DRI	/E TO	CHOOL	Т	. 1	5 MILE	· C	15 MILE		FAULT NET VE	H .	MOTOR		Ĉ OF L				Ш		· ·			ļΨ		COLL
		1	4	< 1				3+	NET VE DR/CR:		BODY								TOTAL PR	REM: \$			COMP /	COLL
VE	H #	YEAR	ı	MAKE:	Do	dge F	Ram				TYPE:							VEH	IICLE TYPE	_	SY	/I / AGE	COMP / OTC SYM	SYM
32		2021		MODE	. Pui	mper	•				V.I.N.:	3C7	WRMBL5M0	3503977			F	PP	SPEC	COML				
		STR			ired in					CITY						COUNTY				-	1	STATE	ZIP	
	RAGIN					-										COUNT								
		958	3 Da	ırlene	Drive	)				Peta	luma											CA	94952	
STA	TF	TE	RR			GVW	// GCW		CLAS	s	SIC		FACTOR	SEAT	CP	RADIUS		FART	HEST TERMI	INAL		(	COST NEW	1
0.7															- 1	50						s 499	40	
							FOR LUDE	CH	ECK	П	ADD'L NO-		UNDRINS	<del>-</del>	+			RENT	DEDUCTI	DI EC	ᆛ	<del>.</del>	COMP/	SPEC
USE				COV	/IIVI'L		FOR HIRE	CO	VERAGES	Ш	FAULT		MOTOR	F		LSP		REIMB	DEDUCIN	DLE3	A	cv L	OTC	SPEC C OF L
	PLEA	ASURE		RET	AIL			$\mid \times$	LIAB	$ \times $	MED PAY		TOWING & LABOR	FT	>	COMP/		FG	AA	ST	TMA	\$		
	FARM	Л		SER	VICE				NO-	$\overline{\mathbf{x}}$	UNINS		SPEC	FTW	>	COLL			<u> </u>			\$		COLL
DRI	VE TO	CHOOL	Т		5 MILE	:0	15 MILE	- S T	FAULT   NET VE	H .	MOTOR		C OF L				ш		· ·					
		1	4						DR/CR:		BODY								TOTAL PR	REM: \$			COMP /	COLL
VE	H #	YEAR	1	MAKE:	GN	IC/CI	HEVY Silv	erad	o 3500		TYPE:							VEH	IICLE TYPE	_	SY	/I / AGE	COMP / OTC SYM	SYM
33		2017	'   r	MODE	_: Tru	ıck					V.I.N.:	1GB	3CYCY0HF	162289			F	PP	SPEC	COML				
C 4 F	RAGIN	STR			ired in					CITY	'					COUNTY			-	-	<u>'                                    </u>	STATE	ZIP	
	RESS					-					lumo													
		958	Da	iriene	Drive	;				Peta	luma		_			L						CA	94952	
STA	TE	TE	RR			GVW	// GCW		CLAS	S	SIC		FACTOR	SEAT	CP	RADIUS		FART	HEST TERMI	INAL			COST NEW	ı
															4	50						\$ 388	50	
USE				CON	48 4'I		FOR HIRE	CH	ECK	П	ADD'L NO-		UNDRINS	T _F	┰┖	LSP		RENT	DEDUCTI	RIFS	Т.		COMP/	SPEC
USE				-			FOR HIKE	CO	VERAGES		FAULT	Ш	MOTOR _	<b>→</b> '	-			REIMB	DEBOOTII		A(	cv L	ОТС	SPEC C OF L
	PLEA	ASURE		RET	AIL			$\mid \times$	LIAB	$ \times $	MED PAY		TOWING & LABOR	FT	>	COMP/ OTC		FG	AA	ST	TAMT	\$		
	FARM	Л		SER	VICE				NO- FAULT	$\overline{\mathbf{X}}$	UNINS MOTOR		SPEC C OF L	FTW	>	COLL			\$			\$		COLL
DRI	/E TO	CHOOL	Т		5 MILE	s	15 MILE	 S+	NET VE DR/CR:	H	WOTOR		COFL			-1			· ·					
			누					-0 1	DR/CR:		BODY								TOTAL PR	КЕМ: \$			COMP /	COLL
V E	H #	YEAR		MAKE:	For	u F4	50				TYPE:							VEH	IICLE TYPE	_	SYI	// AGE	COMP / OTC SYM	SYM
34		2019	۱ ا	MODE	<u>.:</u> Tru	ıck					V.I.N.:	1FD	UF4GT4KD	404017			F	PP	SPEC	COML				
CAE	RAGIN	STR	EET	(Reau	ired in	KY)				CITY						COUNTY						STATE	ZIP	
	RESS				Drive	-				Doto	lumo											CA	94952	
		950	ם ס	пепе	DIIVE					гена	luma		T			L						CA	94952	
STA	TE	TE	RR			GVW	// GCW		CLAS	S	SIC		FACTOR	SEAT	CP	RADIUS		FART	HEST TERMI	INAL		•	COST NEW	ı
															!	50						\$ 520	00	
USE				CON	ויאא		FOR HIRE	CH	ECK VERAGES	П	ADD'L NO-		UNDRINS	F	ᅮ	LSP		RENT	DEDUCTI	BLES	Т.		COMP/	SPEC
USE				-		Щ	FOR HIKE	CO	VERAGES	$\square$	FAULT	$\vdash$	MOTOR	_	<u> </u>		Щ	REIMB	52500111		A		OTC	SPEC C OF L
	PLEA	SURE		RET	AIL	L l		$\mathbb{Z}$	LIAB	$\times$	MED PAY	L	TOWING & LABOR	FT	[>	COMP/ OTC	L ∣	FG	AA	L ST	AMT	\$		
	FARM	Л		SER	VICE				NO-	X	UNINS MOTOR		SPEC	FTW	>	COLL			\$			\$		COLL
DRI	/E TO		Т	Ч—	5 MILE	s T	15 MILE	-S +	FAULT NET VE DR/CR:	H .	MUTUK		C OF L			1			· ·					JOLL
WO	RK/S	CHOOL		< 1	J WILE	.0	13 WILL	-0+	DR/CR:										TOTAL PR	REM: \$				

09/15/2025 NAIC CODE

					AGENCY CU	JSTOME	R ID:	0001	2358					
ACC	ORE	<b>)</b> ®	VE	HICLE S	CHEDU	JLE							( <b>MM/DD/</b> ) 9/15/202	•
AGENCY					CARRIER								NAIC (	CODE
Shaw Insi	urance S	Services												
POLICY NU	MBER			EFFECTIVE DATE	NAMED INSURED(	S)							•	
				11/28/2025	SANITATION S	ERVICES	, INC., E	DBA:	JR'S POR	TABLE SAN	NIT	ATION		
VEHICLE	DESC	RIPTION		•										
VEH#	YEAR	MAKE: Ford F550		BODY TYPE:				VEH	IICLE TYPE		SYI	M/AGE	COMP / OTC SYM	COLL SYM
35	2022	MODEL: Flatbed		v.i.n.: 1FDUF5GT5	NDA21970		PP		SPEC	COML				
GARAGING	STREE	T (Required in KY)	CITY			COUNTY			<u> </u>			STATE	ZIP	
ADDRESS	958 [	Darlene Drive	Petalum	na								CA	94952	

VEHI	CLE	DES	CR	IPTIC	ON.																							
VEH #		YEAR	$\neg$	MAKE:		rd F5	550				BODY TYPE:									VEHI	CLE TY	PE.		;	SYM/	AGE	COMP / OTC SYM	COLL SYM
35		2022	1	MODE	.: Fla	tbed						1FD	UF5GT5NE	)A2	1970				PP		SPEC		СОМ	L				
GARAG		STRI	EET	(Requ	ired in	KY)				CITY	-						COUNTY								S	TATE	ZIP	
ADDRE	SS	958	Da	ırlene	Drive	Э				Peta	luma														C	A	94952	
LIC STATE		TEF	RR			GVV	W / GCW		CLAS	s	SIC		FACTOR		SEAT CP	R	ADIUS		F	ARTI	IEST T	ERMIN	AL			(	COST NEW	'
																50	)								,	640		
USE				CON	/M'L		FOR HIRE	CH	ECK OVERAGES		ADD'L NO- FAULT		UNDRINS MOTOR		F		LSP		RENT REIM	B	DED	UCTIBL	ES		ACV		COMP/ OTC	SPEC C OF L
PI	EAS	URE		RET	AIL			×	LIAB	$\times$	MED PAY		TOWING & LABOR		FT	×	COMP/		FG	_		AA		ST A	МТ	\$		
F/	ARM			SER	VICE		•		NO- FAULT	×	UNINS MOTOR		SPEC C OF L		FTW	×	COLL				\$					\$		COLL
DRIVE WORK	TO / SCI	HOOL		< 1	5 MILE	S	15 MILE	ES+	NET VE	H '			0 0. 2								тот	AL PRE	M: \$					
VEH #	_	YEAR	Ī	MAKE:	Fo	rd					BODY TYPE:									VEHI	CLE TY	PE.		;	SYM/	AGE	COMP / OTC SYM	COLL SYM
36		2012	ı	MODE	_: F5	50 FI	latbed					1FD	UF5GT4CE	A2	6424				PP		SPEC		СОМ	L				
GARAG	ING	STRI	EET	(Requ	ired in	KY)				CITY	· ·						COUNTY					-			S	TATE	ZIP	
ADDRE	SS	958	Da	ırlene	Drive	Э				Peta	luma														C	A	94952	
LIC STATE		TEF	RR			GVV	N / GCW		CLAS	s	SIC		FACTOR		SEAT CP	R	ADIUS		F	ARTI	IEST T	ERMIN	AL			(	COST NEW	ı
OIAIL																50	)								,	358	85	
USE	1			CON	M'L		FOR HIRE	CH	ECK OVERAGES		ADD'L NO- FAULT		UNDRINS MOTOR		F		LSP		RENT REIM	D	DED	UCTIBL	ES		ACV		COMP/ OTC	SPEC C OF L
PI	EAS	URE		RET	AIL		1	×	LIAB	$\times$	MED PAY		TOWING		FT	×	COMP/ OTC		FG	Ь		AA		ST A		\$	010	_C OF L
F/	RM	ľ		SER	VICE		1		NO- FAULT	X	UNINS MOTOR		& LABOR SPEC C OF L		FTW	$\overline{\mathbf{x}}$	COLL				\$			1		\$		COLL
DRIVE	TO			< 1	5 MILE	s	15 MILE	ES+	NET VE DR/CR:	H	WOTOR	l	COFL								† ·	AL PRE	M· ¢			Ť		0022
VEH #	_	YEAR	١,	MAKE:	Su	baru			DIVOK.		BODY TYPE:	Spo	rt utility							VEHI	CLE TY		ψ		SYM /	AGE ,	COMP / OTC SYM	COLL
37		2020	$\vdash$	MODEI		cent					V.I.N.:	4S4 ¹	WMALD0L3	340	3669				PP		SPEC		СОМ	L		ľ	310 31111	311
GARAG	ING	STRI		(Requ					I	CITY							COUNTY			_					S	TATE	ZIP	
ADDRE		1	0 D	uluth	Ave					Rock	din														c	A	95765	
LIC STATE		TEF	RR			GVV	W / GCW		CLAS	s	SIC		FACTOR		SEAT CP	R	ADIUS		F	ARTH	IEST T	ERMINA	AL		$\dagger$		COST NEW	ı
SIAIL																50	)									422	95	
USE	I			CON	M'L		FOR HIRE	CH	IECK OVERAGES		ADD'L NO- FAULT		UNDRINS		F	-	LSP		RENT REIM		DED	UCTIBL	ES		ACV		COMP/	SPEC C OF L
PI	EAS	URE		RET	AIL		-	×	LIAB	$\times$	MED PAY		MOTOR TOWING		_{FT}	×	COMP/		FG	В		AA		ST A		\$	OTC	_C OF L
F/	ARM	ŀ		SER	VICE		1	ř	NO-	X	UNINS MOTOR		& LABOR SPEC C OF L		FTW	$\overline{\times}$	COLL				\$	, , ,	L	1 0.7		\$		COLL
DRIVE WORK	TO			< 1	5 MILE	s	15 MILE	ES+	FAULT NET VE DR/CR:	H	WOTOR	l	COFL								† ·	AL PRE	M· ¢			Ť		0022
VEH #	_	YEAR	٦,	MAKE:	Fo	rd			DR/CK.		BODY TYPE:									VEHI	CLE TY		ψ		SYM /	AGE ,	COMP / OTC SYM	COLL
38		2023				50 P	umper					1FD	UF5GT4PE	C9	1219				PP		SPEC		СОМ	L		ľ	JIC SIM	SIW
GARAG	ING	STRI		(Requ					I	CITY							COUNTY			_					S	TATE	ZIP	
ADDRE		1	Da	ırlene	Drive	Э				Peta	luma														c	A	94952	
LIC STATE		TEF	RR			GVV	W / GCW		CLAS	s	SIC		FACTOR		SEAT CP	R	ADIUS		F	ARTH	IEST T	ERMIN	AL			(	COST NEW	,
JIAIL																50	)									122	812	
USE	1			CON	/M'L		FOR HIRE	CH	IECK OVERAGES		ADD'L NO- FAULT		UNDRINS		F		LSP		RENT		DED	UCTIBL	ES		ACV		COMP/ OTC	SPEC C OF L
PI	EAS	URE		RET	AIL		1	×	LIAB	$\times$	MED PAY		MOTOR TOWING & LABOR		FT	×	COMP/ OTC		REIM FG	Ь		AA		ST A		\$	010	_C OF L
F/	ARM	ŀ		SER	VICE		1	Ě	NO-	$\overline{\mathbf{x}}$	UNINS		SPEC		FTW	$\overline{\times}$	COLL				\$	, , ,	L	1 0.7		\$		COLL
DRIVE WORK	TO	1001		< 1	5 MILE	s	15 MILE	ES+	PAULT NET VE DR/CR:	H	MOTOR	<u> </u>	COFL			<u></u>		<u> </u>			† ·	AL PRE	M· ¢			ΙΨ		OOLL
VEH #		YEAR	٦,	MAKE:	Fo	rd			DR/CK.		BODY TYPE:									VEHI	CLE TY		ψ		SYM /	AGE ,	COMP / OTC SYM	COLL
39		2023				50 P	U w/Lift Ga	ate				1FT	8W3BT0PE	D4	2958				PP		SPEC		СОМ	L		ľ	JIC SIM	SIW
GARAG	ING	STRI		(Requ					I	CITY							COUNTY			_					S	TATE	ZIP	
ADDRE		1	Da	ırlene	Drive	Э				Peta	luma														c	A	94952	
LIC STATE		TEF	RR			GVV	N / GCW		CLAS	s	SIC		FACTOR		SEAT CP	R	ADIUS		F	ARTH	IEST T	ERMINA	AL		t		COST NEW	ı
SIAIL																50	)									842	50	
USE	-	I		CON	MM'L		FOR HIRE	CH	IECK OVERAGES		ADD'L NO- FAULT		UNDRINS MOTOR		F		LSP		RENT	D	DED	UCTIBL	ES		ACV	<u> </u>	COMP/	SPEC C OF L
PI	EAS	URE		RET	AIL		1	×	LIAB	×	MED PAY		TOWING		FT	×	COMP/ OTC		REIM FG	Б	$\Box$	AA		ST A		\$	отс	_1C OF L
H F	RM	}		-	VICE		1		NO-	X	UNINS		& LABOR SPEC		FTW	$\overline{\times}$	COLL				\$			1 5,7		\$		COLL
DRIVE WORK	то	1001		Ц	5 MILE	s	15 MILE	ES+	PAULT NET VE DR/CR:	H	MOTOR		COFL			- `	L				T .	AL PRE	M· ¢			, <u> </u>		JOLL
WORK	, <u>JU</u>	JUUL	_						DR/CR:												101	.LINE	ф					

	_				AGENCY CL	JSTOME	RID:	00012	2358					
ACC	ORI	<b>)</b> ®	VEI	HICLE S	CHEDU	JLE						DA	TE (MM/DD/ 09/15/202	•
AGENCY					CARRIER								NAIC	CODE
Shaw Ins	surance S	Services												
POLICY NU	JMBER			EFFECTIVE DATE	NAMED INSURED(	S)								
				11/28/2025	SANITATION S	ERVICES,	INC., [	DBA:	JR'S PC	ORTA	BLE SA	NITATIO	l	
VEHICLI	E DESC	RIPTION												
VEH#	YEAR	MAKE: Freightliner		ODY YPE:				VEH	IICLE TYP	PΕ		SYM / AG	COMP / OTC SYN	COLL
40	2024	MODEL: M2106 Pumper	v	I.N.: 3ALACWFC4	RDVD7572		PP		SPEC		COML			
GARAGING	STREE	ET (Required in KY)	CITY			COUNTY	•					STAT	ZIP	•

												11/20				_	ERVICES	- /	- ,	_								
		_		RIPT							BODY																COMP /	COLL
VE	EH#	YE	AR		E: Fr						TYPE:								VE	HIC	E T\	/PE	-		SYM	/ AGE	COMP / OTC SYM	SYM
40		20	24	MOD	EL: M	2106	Pumper				V.I.N.:	3AL	ACWFC4RI	DVI	07572				PP	SI	PEC		CON	ИL				
GAI	RAGIN	G S	TRE	ET (Red	uired i	n KY)				CITY							COUNTY								S	TATE	ZIP	
ADI	DRESS	\$   g	958 I	Darlen	e Driv	/e				Peta	luma														- 0	CA	94952	
LI	Ç_		TERF	₹		GV	W/GCW		CLAS	s	SIC		FACTOR		SEAT CP	T	RADIUS		FAI	RTHE	ST T	ERMI	NAL				COST NEV	v
STA	\'E															٫	50									s 145	5341	
<u></u>			_		NAN 4"1	т-	FOR LUDE	CH	ECK		ADD'L NO-	1	UNDRINS		F	T,		$\vdash$	RENT		DED	UCTI	DIES		┰┸	ÌТ	COMP/I	SPEC
USE	1		_		DMM'L	-	FOR HIRE	CO	VERAGES		FAULT		MOTOR		-	_	LSP COMP/	Ш	REIMB	-			DLL3	-	AC\	′⊢	OTC _	SPEC C OF L
	PLE	ASUR		RE	TAIL			X		$ \mathbf{X} $	MED PAY		TOWING & LABOR		FT	<u> </u>	S OTC	Ш	FG	ļ		AA		ST	AMT	\$		
	FARI			SE	RVICE				NO- FAULT	$\times$	UNINS MOTOR		SPEC C OF L		FTW	<u>&gt;</u>	COLL				\$					\$		COLL
DRI WO	VE TO RK/S	снос	DL	<	15 MIL	.ES	15 MILE	S +	NET VE DR/CR:	H											тот	AL PF	REM:	\$				
VE	EH#	YE	AR	MAK	E:						BODY TYPE:								VE	HIC	E TY	/PE			SYM	/ AGE	COMP / OTC SYM	COLL SYM
				MOD	EL:						V.I.N.:								PP	SI	PEC		CON	ИL				
C A I	RAGIN	_ s	TRE	ET (Red		n KY)				CITY							COUNTY								8	TATE	ZIP	l
	DRESS	· ·		•		,																						
LI	С		TERE		1				01.40		010		FAOTOR		0545.00	Т	DADIIIO				OT T				-		OCCT NE	.,
STA	TE		TERF	•		G۷	W/GCW		CLAS	5	SIC		FACTOR		SEAT CP		RADIUS		FAI	KIHE	511	ERMI	NAL				COST NEV	v
								1 011	FOI		L							L.,	DE							\$	00115/	
USE	E			CC	DMM'L		FOR HIRE	CO	ECK VERAGES		ADD'L NO- FAULT		UNDRINS MOTOR		F		LSP		RENT REIMB		DED	UCTI	BLES		AC\	/	COMP/ OTC	SPEC C OF L
	PLEA	ASURE	E	RE	TAIL				LIAB		MED PAY		TOWING & LABOR		FT		COMP/ OTC		FG			AA		ST	AMT	\$		
	FARI	М		SE	RVICE		-		NO- FAULT		UNINS MOTOR		SPEC C OF L		FTW		COLL			Ī	\$			_		\$		COLL
DRI	VE TO	CHOC	<u>, '</u> T	<	15 MIL	.ES	15 MILE	S+	NET VE DR/CR:		WOTOK	-	COL		-		-					AI DE	REM:	e e		-		
	KK / 3	_	AR	MAK					DR/CR:		BODY								VF	HIC			CLIVI.	Ψ	SYM	/ AGE	COMP / OTC SYM	COLL
				<b>-</b>							TYPE:								PP	_	PEC		CON				OTC SYM	SYM
		Ц,		MOD							V.I.N.:								rr _	Si	EC		CON	VIL			T	
	RAGIN DRESS	9	TRE	ET (Red	uired i	n KY)				CITY							COUNTY								8	TATE	ZIP	
		<u>'                                    </u>																										
STA	C NTE		TERF	₹		G۷	W/GCW		CLAS	S	SIC		FACTOR		SEAT CP	·	RADIUS		FAF	RTHE	ST T	ERMI	NAL				COST NEV	N
																										\$		
USE	Ξ.			CC	MM'L		FOR HIRE	CH	ECK VERAGES		ADD'L NO-		UNDRINS		F		LSP		RENT		DED	UCTI	BLES		AC\	,	COMP/	SPEC C OF L
	PLEA	ASURE	_₽ ⊢	H RE	TAIL		1	-	LIAB		FAULT MED PAY		MOTOR TOWING		  FT		COMP/	H	REIMB FG	ŀ				СТ	AMT	\$	отс	C OF L
	FARI		T  -	_	RVICE		J		NO-		UNINS MOTOR		& LABOR SPEC		FTW		OTC	H		H		AA	<u> </u>	ا ا	AIVII			
DRI	VE TO		ᅪ				15 MILE		FAULT NET VE	  H	MOTOR		C OF L		1		OOLL	Ш			\$					\$		COLL
	RK/S				15 MIL	.ES	15 WILE	3+	DR/CR:		BODY												REM:	\$			COMP /	COLL
VE	EH#	15	AR	MAK	E:						TYPE:								_	HIC		(PE	1		SYM	/ AGE	COMP / OTC SYM	SYM
		<u> </u>		MOD	EL:						V.I.N.:								PP	SI	PEC		CON	ИL				
	RAGIN	· ·	TRE	ET (Red	uired i	n KY)				CITY							COUNTY								s	TATE	ZIP	
ADI	DRESS	•																										
STA	C		TERF	₹		G۷	W/GCW		CLAS	s	SIC		FACTOR		SEAT CP	·T	RADIUS		FA	RTHE	ST T	ERMI	NAL				COST NEV	v
																										\$		
USE	<u>_</u>		Т	CC	 DMM'L		FOR HIRE	CH	ECK		ADD'L NO-		UNDRINS		F		LSP		RENT	I	DED	UCTI	BLES	Τ	AC\	1 1	COMP/	SPEC C OF L
	1	ASURE	$_{\scriptscriptstyleF}$ $\vdash$	_	TAIL	-	1 -	-00	VERAGES	$\vdash$	FAULT	$\vdash$	MOTOR TOWING & LABOR		FT		COMP/ OTC	$\vdash$	REIMB FG	ŀ				+	_	$\vdash$	отс	C OF L
	FARI		- ├-	_			_		LIAB NO-	$\vdash\vdash$	MED PAY UNINS	$\vdash$	& LABOR SPEC		FTW			$\vdash\vdash$	, ,	-		AA	Ь	ا ا	AMT	\$		
DRI	VE TO				RVICE				FAULT   NFT VF	H	UNINS MOTOR		SPEC C OF L		FIW		COLL			_	\$					\$		COLL
wo	RK/S	CHOC		<	15 MIL	.ES	15 MILE	:S+	DR/CR:	••	BODY						-						REM:	\$			COMP '	6611
VE	EH#	YE	AR	MAK	E:						BODY TYPE:								VE	HIC	E T	/PE	-		SYM	/ AGE	COMP / OTC SYM	COLL SYM
L		L		MOD	EL:						V.I.N.:								PP	SI	PEC	L	CON	ИL				
GAI	RAGIN	G S	TRE	ET (Red	uired i	n KY)	1			CITY	-						COUNTY								S	TATE	ZIP	
ADI	DRESS	\$																										
LI	C_		TERF			GV	W/GCW		CLAS	s	SIC		FACTOR		SEAT CP	П	RADIUS		FAI	RTHE	ST T	ERMI	NAL				COST NEV	N
STA	IIE																						_			\$	· · <del>- ·</del>	
LICT					\	T	EOD LUDE	CH	ECK		ADD'I NO-	1	LINDRING		F		Len	$\vdash$	RENT		DED	UCTI	RI FS	_		1 1	COMP/	SPEC
USE	1		_  -	_	DMM'L	<u> </u>	FOR HIRE	ČO	ECK VERAGES	Ш	ADD'L NO- FAULT		UNDRINS MOTOR		4 1		LSP COMP/	Ш	REIMB		750	0011		+	AC\	′⊢	OTC /	SPEC C OF L
	-	ASURI	EL	_	TAIL		_		LIAB	Ш	MED PAY	$\Box$	TOWING & LABOR		FT		_ отс	Ш	FG	ļ		AA		ST	AMT	\$		
	FARI			SE	RVICE				NO- FAULT		UNINS MOTOR		SPEC C OF L		FTW		COLL				\$					\$		COLL
DRI	VE TO	СНОС	_{DL}	<	15 MIL	ES	15 MILE	S+	NET VE DR/CR:	H				_						$_{\perp}$ T	тот	AL PF	REM:	\$				
																				_								

					ADDIT	IONAL VEHIC	LE (	COVE	ERAGES	3		
Veh #	Cov Co	de	Description		Type of Co	overage	Fo	rm No.	Edition Date	Rate	Optio	on Codes
Limit 1	UMCSL	Limi		notorist combined sir	Ded 1	Deductible Type 1		Ded 2	Deduct	l ible Type 2		Premium
1,000,000	)					7,1				71.		
Veh #	Cov Co	de	Description	n	Type of Co	overage	Fo	rm No.	Edition Date	Rate	Optio	on Codes
1	CWATV		Collision Wa									
Limit 1		Limi	t 2	Limit 3	Ded 1	Deductible Type 1		Ded 2	Deduct	ible Type 2		Premium
Veh #	Cov Co	de	Description	1	Type of Co	overage	Fo	rm No.	Edition Date	Rate	Optio	on Codes
2	UMCSL		Uninsured m	notorist combined sir	"	J					'	
Limit 1 1,000,000		Limi	t 2	Limit 3	Ded 1	Deductible Type 1		Ded 2	Deduct	ible Type 2		Premium
Veh #	Cov Co	de	Description	1	Type of Co	overage	Fo	rm No.	Edition Date	Rate	Optio	on Codes
2	CWATV		Collision Wa									
Limit 1		Limi	t 2	Limit 3	Ded 1	Deductible Type 1		Ded 2	Deduct	ible Type 2		Premium
Veh #	Cov Co	de	Description	1	Type of Co	overage	Fo	rm No.	Edition Date	Rate	Optio	on Codes
3 Limit 1	CWATV	Limi	Collision Wa	iver	Ded 1	Deductible Type 1		Ded 2	Doduct	ible Type 2		Premium
Lillill		LIIIII		Lillin 3	Dea 1	Deductible Type 1		Dea 2	Deduct	ible Type 2		Premium
Veh #	Cov Co	de	Description	n	Type of Co	overage	Fo	rm No.	Edition Date	Rate	Optio	on Codes
3	UMPD			notorist property dam					1	<u> </u>		
Limit 1		Limi	t 2	Limit 3	Ded 1	Deductible Type 1		Ded 2	Deduct	ible Type 2		Premium
Veh #	Cov Co	de	Description	n	Type of Co	overage	Fo	rm No.	Edition Date	Rate	Optio	on Codes
4	UMPD			otorist property dam								
Limit 1		Limi	t 2	Limit 3	Ded 1	Deductible Type 1		Ded 2	Deduct	ible Type 2		Premium
Veh #	Cov Co	de	Description	1	Type of Co	overage	Fo	rm No.	Edition Date	Rate	Optio	on Codes
4	COLL		Collision									
<b>Limit 1</b> 2,500		Limi	t 2	Limit 3	Ded 1	Deductible Type 1		Ded 2	Deduct	ible Type 2		Premium
Veh #	Cov Co	de	Description	n	Type of Co	overage	l Fo	rm No.	Edition Date	Rate	Ontio	on Codes
5	COLL		Collision		',							
Limit 1 2,500		Limi	t 2	Limit 3	Ded 1	Deductible Type 1	·	Ded 2	Deduct	ible Type 2		Premium
Veh #	Cov Co	de	Description	1	Type of Co	verage	l Fo	rm No.	Edition Date	Rate	I Ontid	on Codes
5	UMCSL	de	•	otorist combined sin	1 ''	overage .	'`		Luition Date	Nate	Option	on oodes
Limit 1		Limi		Limit 3	Ded 1	Deductible Type 1		Ded 2	Deduct	ible Type 2	1	Premium
1,000,000	)											
Veh #	Cov Co	de	Description	n	Type of Co	overage	Fo	rm No.	Edition Date	Rate	Optio	on Codes
6	UMPD			notorist property dam		15.1.491 = 4		D. 10		<u> </u>		
Limit 1		Limi	t 2	Limit 3	Ded 1	Deductible Type 1		Ded 2	Deduct	ible Type 2		Premium
Veh #	Cov Co		Description		Type of Co	overage	Fo	rm No.	Edition Date	Rate	Optio	on Codes
6 Limit 1	CWATV	Limi	Collision Wa	iver Limit 3	Ded 1	Deductible Type 1		Ded 2	Deduct	 ible Type 2		Premium
Veh #	Cov Co	de	Description	n	Type of Co	overage	Fo	rm No.	Edition Date	Rate	Optio	on Codes
7	UMCSL			notorist combined sin	4	I Badawar C T 1		D. I.		 		Daniel
Limit 1		Limi	τ 2	Limit 3	Ded 1	Deductible Type 1		Ded 2	Deduct	ible Type 2		Premium
1,000,000 OFGAR\				<u> </u>		1				Copyright 2	000. AM	l S Services, Inc

					ADDITI	ONAL VEHIC	LE (	COVE	ERA	GES			
Veh #	Cov Coc		Description		Type of Co	verage	Fo	rm No.	Editio	n Date	Rate	Optio	on Codes
7 Limit 1	CWATV	imit	Collision Wa	Limit 3	Ded 1	Deductible Type 1		Ded 2	1	eductik	l ole Type 2	<u> </u>	Premium
Veh #	Cov Coc	le	Description	1	Type of Co	verage	Fo	rm No.	Editio	n Date	Rate	Optio	on Codes
8	UMPD			otorist property dan					<u></u>		<u> </u>		
Limit 1	L	.imit	2	Limit 3	Ded 1	Deductible Type 1		Ded 2		eductik	ole Type 2		Premium
Veh #	Cov Coc		Description		Type of Co	verage	Fo	rm No.	Editio	n Date	Rate	Optio	on Codes
8 Limit 1	CWATV	imit.	Collision Wa	Limit 3	Ded 1	Deductible Type 1	ı	Ded 2		eductik	l ole Type 2	<u> </u>	Premium
Veh #	Cov Coc		Description		Type of Co	verage	Fo	rm No.	Editio	n Date	Rate	Optio	on Codes
9 Limit 1	UMCSL	.imit		otorist combined sin	<u>∮</u> Ded 1	Deductible Type 1		Ded 2	 	)eductik	l ole Type 2		Premium
1,000,00				Lillie 3		Deductible Type 1		Deu 2	_	Caucin			1 remium
Veh #	Cov Coc		Description		Type of Co	verage	Fo	rm No.	Editio	n Date	Rate	Optio	on Codes
10 Limit 1	UMPD L	imit		otorist property dam Limit 3	Ded 1	Deductible Type 1		Ded 2		eductik	l ole Type 2	<u> </u>	Premium
								L					
Veh #	Cov Coc		Description		Type of Co	verage	Fo	rm No.	Editio	n Date	Rate	Optio	on Codes
11 Limit 1	UMPD L	imit		otorist property dam Limit 3	Ded 1	Deductible Type 1		Ded 2		eductik	l ole Type 2	<u> </u>	Premium
Veh #	Cov Coc	ا ما	Description		Type of Co	verage	LEC	rm No.	Editio	n Date	Rate	I Ontid	on Codes
12	UMPD		•	<ul> <li>otorist property dam</li> </ul>	1 ''	verage	١.,		Laitie	ii Date	Nate		on Coues
Limit 1		imit		Limit 3	Ded 1	Deductible Type 1	•	Ded 2		eductik	ole Type 2	•	Premium
Veh #	Cov Coc	le 📗	Description	1	Type of Co	verage	l Fo	rm No.	Editio	n Date	Rate	Optio	on Codes
13	UMPD		•	otorist property dam	1	· ·						Ι΄.	
Limit 1	L	imit	2	Limit 3	Ded 1	Deductible Type 1	•	Ded 2		eductik	ole Type 2		Premium
Veh #	Cov Coc	le	Description	1	Type of Co	verage	l Fo	rm No.	Editio	n Date	Rate	Optio	on Codes
14	UMCSL		•	otorist combined sin	1 ''								
Limit 1 1,000,00		imit	2	Limit 3	Ded 1	Deductible Type 1	•	Ded 2		eductik	ole Type 2	•	Premium
Veh #	Cov Coc	le	Description	1	Type of Co	verage	Fo	rm No.	Editio	n Date	Rate	Optio	on Codes
15 <b>Limit 1</b>	UMCSL	imit		otorist combined sin	Ded 1	Deductible Type 1		Ded 2		)oductik	ole Type 2		Premium
1,000,00			-	Lillico	Deu 1	Deductible Type T		Deaz	-	Caucin	ole Type 2		1 remium
Veh#	Cov Coc	اما	Description		Type of Co	verage	l Ec	rm No.	Editio	n Date	Rate	l Onti	on Codes
16	UMCSL		•	<ul> <li>otorist combined sin</li> </ul>	1	roi age	'	140.	Luitic	Date	Nate	"	OUUE3
Limit 1 1,000,00	, I	imit		Limit 3	Ded 1	Deductible Type 1		Ded 2	, L	eductik	ole Type 2		Premium
		I. T.	Daniel II		1 =			1	le ee	- D-1	l Dati	16	
<b>Veh #</b> 17	UMCSL		<b>Descriptior</b> Uninsured m	otorist combined sin	Type of Co	verage		rm No.	Eaitic	n Date	Rate	Optio	on Codes
Limit 1 1,000,00	, L	imit		Limit 3	Ded 1	Deductible Type 1		Ded 2	<u> </u>	eductik	ole Type 2		Premium
						I							
<b>Veh #</b> 18	UMPD		<b>Descriptior</b> Uninsured m	<b>1</b> otorist property dam	Type of Co	verage	Fo	orm No.	Editio	n Date	Rate	Optio	on Codes
Limit 1		imit		Limit 3	Ded 1	Deductible Type 1	•	Ded 2		eductik	ole Type 2	-	Premium
OFGAR'						I					Copyright 20	00. AM	S Services. Inc

					ADDIT	<b>TONAL VEHIC</b>	LE (	COVE	ERAGES			
Veh #	Cov Co	ode	Descriptio		Type of C	overage	Fo	rm No.	Edition Date	Rate	Optio	on Codes
19 <b>Limit 1</b>	UMPD	Limi		notorist property dam	Ded 1	Deductible Type 1		Ded 2	Deductil	l ole Type 2		Premium
Veh #	Cov Co	ode	Descriptio	<u> </u>	Type of C	overage	Fo	rm No.	Edition Date	Rate	Optio	on Codes
20	UMCSL	.	Uninsured n	notorist combined sir								
<b>Limit 1</b> 1,000,000		Limi	it 2	Limit 3	Ded 1	Deductible Type 1	•	Ded 2	Deductil	ole Type 2	•	Premium
Veh #	Cov Co	ode	Descriptio	n	Type of C	overage	Fo	rm No.	Edition Date	Rate	Optio	on Codes
21	UMCSL			notorist combined sir								
Limit 1 1,000,000		Limi	it 2	Limit 3	Ded 1	Deductible Type 1		Ded 2	Deductil	ole Type 2		Premium
Veh #	Cov Co	ode	Descriptio	n	Type of C	overage	Fo	rm No.	Edition Date	Rate	Optio	on Codes
21	CWATV	,	Collision Wa	aiver								
Limit 1 2,500		Limi	it 2	Limit 3	Ded 1	Deductible Type 1		Ded 2	Deductil	ole Type 2		Premium
						•						
Veh # 22	Cov Co		Descriptio Collision Wa		Type of C	overage	Fo	rm No.	Edition Date	Rate	Optio	on Codes
Limit 1		Limi	it 2	Limit 3	Ded 1	Deductible Type 1		Ded 2	Deductil	ole Type 2	Premium	
Veh #	Cov Co	ode	Descriptio		Type of Coverage			rm No.	Edition Date	Rate	Optio	on Codes
22 Limit 1	UMPD	Limi		notorist property dam	ama Ded 1 Deductible Type 1			Ded 2	Doductil	l ole Type 2		Premium
Limit 1	it 1 Limit 2 Limit 3				Deductible Type I			Dea 2	Deductii	oie Type 2		Premium
Veh #	#   Cov Code   Description				Type of Coverage			rm No.	Edition Date	Rate	Optio	on Codes
23 Limit 1	UMPD	Limi		notorist property dam	ma Ded 1 Deductible Type 1			Ded 2	Deductil	l ole Type 2		Premium
Veh #	Cov Co	ode	Descriptio	n	Type of C	overage	Fo	rm No.	Edition Date	Rate	Optio	on Codes
23	COLL		Collision		''	· ·						
Limit 1		Limi	it 2	Limit 3	Ded 1	Deductible Type 1		Ded 2	Deductil	ole Type 2		Premium
2,500												
Veh #	Cov Co	ode	Descriptio	n	Type of C	overage	Fo	rm No.	Edition Date	Rate	Optio	on Codes
24 Limit 1	COLL	Limi	Collision	Limit 3	Ded 1	Deductible Type 1		Ded 2	Doductil	l ole Type 2		Premium
2,500		LIIIII	nt 2	Lillin 3	Dea 1	Deductible Type 1		Dea 2	Deductii	ole Type 2		Premium
Veh #	Cov Co	ode	Descriptio	n	Type of C	overage	Fo	rm No.	Edition Date	Rate	Optio	on Codes
24	UMCSL			notorist combined sin					<u> </u>	<u> </u>		
Limit 1 1,000,000		Limi	it 2	Limit 3	Ded 1	Deductible Type 1		Ded 2	Deductil	ole Type 2		Premium
		- اد د	December		I Toma : 4.0		T-	uma NI:	Falkian Det	Det-	Last	- Co-1
Veh #	Cov Co		Descriptio		Type of C	overage	10	rm No.	Edition Date	Rate	Optio	on Codes
25 Limit 1	UMCSL	.   Limi		notorist combined sin	<u> </u>	Deductible Type 1		Ded 2	Deductil	l ole Type 2		Premium
1,000,000 Limit 2 Limit 3					Ded 1 Deductible Type 1							
Veh #	Cov Co		Descriptio		Type of C	overage	Fo	rm No.	Edition Date	Rate	Optio	on Codes
25 Limit 1	CWATV	Limi	Collision Wa	aiver Limit 3	Ded 1	Deductible Type 1		Ded 2	Deductil	l ole Type 2		Premium
Veh #	Cov C	ode	Descriptio	n	Type of C	overage	Fo	rm No.	Edition Date	Rate	Optio	on Codes
26 UMCSL Uninsured motorist combined sing												
Limit 1		Limi		Limit 3	Ded 1	Deductible Type 1		Ded 2	Deductil	ole Type 2	-	Premium
1,000,000												
OFGAR\	/EH									Copyright 20	000, AM	S Services, In

					ADDIT	IONAL VEHIC	LE	COVE	ERAG	GES			
Veh #	Cov Co		Description		Type of C	overage	Fo	rm No.	Editio	n Date	Rate	Optio	on Codes
26 Limit 1	CWATV	Lim	Collision Wa	Limit 3	Ded 1	Deductible Type 1		Ded 2	   D	eductil	l ole Type 2		Premium
2,500						Doddoninio Typo T		500.2					
Veh #	Cov Co	ode	Description	n	Type of C	overage	Fc	rm No.	Editio	n Date	Rate	Optio	on Codes
27	COLL		Collision										
<b>Limit 1</b> 2,500		Lim	it 2	Limit 3	Ded 1	Deductible Type 1		Ded 2	D	eductil	ole Type 2		Premium
Veh #	Cov C	ode	Description	n	Type of C	overage	Fc	rm No.	Editio	n Date	Rate	Optio	on Codes
27	UMPD			notorist property dam									
Limit 1		Lim	it 2	Limit 3	Ded 1	Deductible Type 1		Ded 2	D	eductil	ole Type 2		Premium
Veh #	Cov C		Description		Type of C	overage	Fo	rm No.	Editio	n Date	Rate	Optio	on Codes
28 <b>Limit 1</b>	UMCSL	Lim		notorist combined sir	վ Ded 1	Deductible Type 1		Ded 2	   D	eductil	l ole Type 2		Premium
1,000,00	0												
Veh #	Cov C	ode	Description	n	Type of C	overage	Fc	rm No.	Editio	n Date	Rate	Optio	on Codes
28	CWATY		Collision Wa						<u> </u>		<u> </u>		
Limit 1 2,500		Lim	it 2	Limit 3	Ded 1 Deductible Type 1			Ded 2	ם	eductil	ole Type 2		Premium
Veh #	Cov Co	odo	Description	n	Type of Coverage			rm No.	Editio	n Date	Rate	LOnti	on Codes
29	UMPD	Jue	•	notorist property dam	1 "	'	illi NO.	Editio	n Date	Kale	Optio	on codes	
Limit 1					Ded 1 Deductible Type 1			Ded 2	D	eductil	ole Type 2		Premium
Veh #	Cov C	ode	Description	n	Type of C	Fc	rm No.	Editio	n Date	Rate	Optio	on Codes	
29	COLL		Collision										
<b>Limit 1</b> 2,500		Lim	it 2	Limit 3	Ded 1 Deductible Type 1			Ded 2	D	eductil	ole Type 2	·	Premium
Veh #	Cov Co	ode	Description	n	Type of Coverage			rm No.	Editio	n Date	Rate	l Opti	on Codes
30	UMPD		Uninsured m	notorist property dam	1 "	· ·						'	
Limit 1		Lim	it 2	Limit 3	Ded 1	Deductible Type 1	•	Ded 2	D	eductil	ole Type 2	•	Premium
Veh #	Cov Co	ode	Description	n	Type of C	overage	Fc	rm No.	Editio	n Date	Rate	Optio	on Codes
30	CWATV	,	Collision Wa		"	-							
Limit 1		Lim	it 2	Limit 3	Ded 1	Deductible Type 1	•	Ded 2	D	eductil	ole Type 2	•	Premium
Veh #	Cov Co	ode	Description	n	Type of C	overage	Fo	rm No.	Editio	n Date	Rate	Optio	on Codes
31	COLL	Lim	Collision	11::42	Dodd	Doductible Time 4		Ded 2		a d a4!l	la Tima 2		Premium
<b>Limit 1</b> 2,500		LIM	it 2	Limit 3	Ded 1	Deductible Type 1		Dea 2	٦	eauctii	ole Type 2		Premium
	L Cov. C	ada	Dogarintia		Time of C	average.	l Ea	rm No	Editio	n Doto	Data	LOnti	n Codos
<b>Veh #</b> 31	Cov Co	Jue	Description	<b>n</b> notorist property dam	Type of C	uverage		orm No.	Eaitio	n Date	Rate	Optio	on Codes
Limit 1	OMFD	Lim		Limit 3	Ded 1	Deductible Type 1		Ded 2	D	eductil	ole Type 2		Premium
			B		I =				le me	- D. (	L B	Low	
Veh # 32	Cov Co	ode	Description Collision	п	Type of Coverage			rm No.	Eaitio	n Date	Rate	Optio	on Codes
Limit 1		Lim		Limit 3	Ded 1 Deductible Type 1			Ded 2	D	eductil	ole Type 2		Premium
2,500													
Veh #	Cov C		Description		Type of C	overage	Fc	rm No.	Editio	n Date	Rate	Optio	on Codes
32 Limit 1	UMCSL	Lim		notorist combined sir	Deductible Type 1		Ded 2	 	eductil	l ole Type 2		Premium	
1,000,00	0				Ded 1	20000 in in in in in in in in in in in in in		234 2		Judotti	, po z		
OFGAR								•			Copyright 20	000, AM	S Services, Inc

					<b>ADDI</b>	TIONAL VEHIC	LE COVI	ERAGES			
Veh #	Cov C	ode	Descriptio	n	Type of 0	Coverage	Form No.	Edition Date	Rate	Option (	Codes
33 Limit 1	COLL	Limi	Collision t 2	Limit 3	Ded 1	Deductible Type 1		Deductil	l ole Type 2	   Pi	remium
2,500									7.		
/eh #	Cov C	odo	Descriptio	ın.	Type of (	Coverage	Form No.	Edition Date	Rate	Option (	Codos
33	UMCSI		•	notorist combined sir	1 ''	Soverage	Form No.	Edition Date	Nate	Option	Joues
imit 1	OWICOL	Limi		Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductil	ole Type 2	Pı	remium
,000,000	)										
/eh #	Cov C	ode	Descriptio	n	Type of 0	Coverage	Form No.	Edition Date	Rate	Option (	Codes
34	UMPD		•	notorist property dan	1 ''	J				'	
imit 1		Limi	t 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductil	ole Type 2	Pı	remium
/eh #	Cov C	ode	Descriptio	n	Type of (	Coverage	Form No.	Edition Date	Rate	Option (	Codes
34	CWAT\	/	Collision Wa	aiver							
imit 1		Limi	t 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductil	ole Type 2	Pı	remium
lob #			Dec''		T	20100000	I Farm N:	Talking Det	Det-	10-4	0.4
Veh#	Cov C	ode	Descriptio		1 ''	Coverage	Form No.	Edition Date	rate	Option (	Joaes
35 imit 1	UMPD	Limi		notorist property dan	ୀ4 Ded 1	Deductible Type 1	Ded 2	Deductil	l ole Type 2	l Pi	remium
/eh #	Cov C	ode	Descriptio	n .	Type of (	Coverage	Form No.	Edition Date	Rate	Option (	Codes
35	COLL	oue	Collision	<b>'''</b>	lypeor	Soverage	T OIIII NO.	Luition Date	Nate	Option	Joues
imit 1	0022	Limi		Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductil	ole Type 2	Pı	remium
500											
/eh #	Cov C	ode	Descriptio	n	Type of 0	Coverage	Form No.	Edition Date	Rate	Option (	Codes
36	CWAT\	,	Collision Wa	aiver	''	•				'	
imit 1		Limi	t 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductil	ole Type 2	Pı	remium
/eh #	Cov.C	odo	Description		Type of (	Coverage	I Form No.	Edition Date	l Boto	Ontion (	Codoo
36	Cov C	ode	Descriptio	notorist property dan	1 ''	Joverage	Form No.	Edition Date	Rate	Option (	Joues
imit 1	OIVII D	Limi		Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductil	ole Type 2	Pı	remium
/al- #		1 - 1	Danamintia		Town 166	200000000	I Farm Na	Edition Data	I Data	l Outland	
<b>'eh #</b> 37	Cov C		Description Collision Wa		Type of C	Coverage	Form No.	Edition Date	Rate	Option (	Jodes
imit 1	CWAI	Limi		Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductil	ole Type 2	Pı	remium
/eh #	Cov C	ode	Descriptio		1 ''	Coverage	Form No.	Edition Date	Rate	Option (	Codes
37 <b>imit 1</b>	UMPD	Limi		notorist property dan	ୀୟ Ded 1	Deductible Type 1	Ded 2	Deductil	l ole Type 2		remium
									7.		
eh #	Cov C	odo 1	Descriptio	ın.	Type of (	Coverage	Form No.	Edition Date	Pate	Option (	Codes
<b>en #</b> 38	UMCSI		•	on notorist combined sir	1 ''	Joverage	FOITH NO.	Euition Date	Nate	Option (	Joues
imit 1	CIVICOI	- Limi		Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductil	l ole Type 2	Pı	remium
,000,000	)										
/eh #	Cov C	ode	Descriptio	n	Type of 0	Coverage	Form No.	Edition Date	Rate	Option (	Codes
38 imit 1	COLL	Limi	Collision t 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductil	l ole Type 2	 	remium
,500					Ded 1 Deductible Type 1			Doductii	, pu £	'	Januari
	Cov.C	odo 1	Docorinti-	in.	Type of Coverage		Form No.	Edition Data	Date	Ontion	Codes
Veh #	Cov C		Description Collision Wa		Type of (	Soverage	Form No.	Edition Date	Rate	Option (	Joues
30											
39 .imit 1	CWAT\	Limi		Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductil	ole Type 2		remium

					ADDITI	ONAL VEHICI	LE (	COVE	ERA	GES			
Veh #	Cov Co	de	Description		Type of Co	verage	Fo	rm No.	Editio	on Date	Rate	Optio	on Codes
39 Limit 1	UMPD	Limi		otorist property dan Limit 3	Ded 1	Deductible Type 1		Ded 2		Deductik	l ble Type 2	<u> </u>	Premium
Veh #	Cov Co		Description		Type of Co	verage	Fo	rm No.	Editio	on Date	Rate	Optio	on Codes
40 Limit 1	CWATV	Limi	Collision Wa	iver Limit 3	Ded 1	Deductible Type 1		Ded 2	<u> </u>	Deductik	l ole Type 2		Premium
<b>Veh #</b>	Cov Co	de	Description	notorist property dam	Type of Co	verage	Fo	rm No.	Edition	on Date	Rate	Optio	on Codes
Limit 1	OWILD	Limi		Limit 3	Ded 1	Deductible Type 1		Ded 2		Deductik	l ble Type 2	l	Premium
Veh #	Cov Co	de	Description	1	Type of Co	verage	Fo	rm No.	Edition	on Date	Rate	Optio	on Codes
Limit 1		Limi	it 2	Limit 3	Ded 1	Deductible Type 1		Ded 2		Deductik	l ble Type 2	l	Premium
Veh #	Cov Co	de	Description	1	Type of Coverage			rm No.	Edition	on Date	Rate	Optio	on Codes
Limit 1		Limi	it 2	Limit 3	Ded 1	Deductible Type 1		Ded 2		Deductik	ole Type 2	l	Premium
Veh #	eh # Cov Code Description				Type of Coverage			rm No.	Edition Date		Rate	Optio	on Codes
Limit 1	nit 1 Limit 2 Limit 3			Limit 3	Ded 1 Deductible Type 1			Ded 2	2 Deducti		l ble Type 2	<u> </u>	Premium
Veh #	Cov C	de	Description	1	Type of Coverage			rm No.	Editio	on Date	Rate	Optio	on Codes
Limit 1		Limi	it 2	Limit 3	Ded 1	Deductible Type 1		Ded 2	<u> </u>	Deductik	l ble Type 2	<u> </u>	Premium
Veh #	Cov Co	de	Description	1	Type of Coverage			rm No.	Edition	on Date	Rate	Optio	on Codes
Limit 1	<u> </u>	Limi	it 2	Limit 3	Ded 1	Deductible Type 1	1	Ded 2	<u> </u>	Deductik	l ble Type 2	l	Premium
Veh #	Cov Co	de	Description	1	Type of Co	verage	Fo	rm No.	Editio	on Date	Rate	Optio	on Codes
Limit 1	1	Limi	it 2	Limit 3	Ded 1	Deductible Type 1	-1	Ded 2	<u> </u>	Deductik	l ble Type 2	l	Premium
Veh #	Cov Co	de	Description	1	Type of Co	verage	Fo	rm No.	Edition	on Date	Rate	Optio	on Codes
Limit 1		Limi	it 2	Limit 3	Ded 1	Deductible Type 1		Ded 2		Deductik	l ole Type 2	l	Premium
Veh #	Cov Co	de	Description	1	Type of Co	verage	Fo	rm No.	Editio	on Date	Rate	Optio	on Codes
Limit 1	1	Limi	it 2	Limit 3	Ded 1	Deductible Type 1	-1	Ded 2	<u> </u>	Deductik	l ble Type 2	l	Premium
Veh #	Cov Co	de	Description	1	Type of Co	verage	Fo	rm No.	Editio	on Date	Rate	Optio	on Codes
Limit 1 Limit 2 Limit 3					Ded 1 Deductible Type 1			Ded 2		Deductik	l ole Type 2		Premium
Veh # Cov Code Description					Type of Coverage		Fo	rm No.	Edition	on Date	Rate	Optio	on Codes
Limit 1	<u> </u>	Limi	it 2	Limit 3	Ded 1	Deductible Type 1	1	Ded 2	<del>                                     </del>	Deductik	l ole Type 2	l	Premium
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	# ST Cov Code Description Type of Coverage Form No. Edition Date Rate Option Codes  CWATV Collision Waiver													
Loc# S			•	ivor	Type of Cov	rerage	Form N	No.	Edition Date	Rate	Optio	n Codes		
Limit 1	1 000	Limit		Limit 3	Ded 1	Deductible Type 1	De	d 2	Deductib	le Type 2	1	Premium		
Loc# S			Description		Type of Cov	-	Form N	No.	Edition Date	Rate	Optio	n Codes		
Limit 1	CA HRI	DBD Limit	Hired/borrov	Limit 3	Hired/Borro Ded 1	Deductible Type 1	De	d 2	Deductib	le Type 2	1	Premium		
Loc# S			Description	•	Type of Cov	-	Form N	No.	Edition Date	Rate	Optio	n Codes		
Limit 1	CA NO	WND Limit	Non-owned	Limit 3	Non-Owned Ded 1	Deductible Type 1	De	d 2	Deductib	le Type 2	1	Premium		
Loc# S	ST Cov	Code	Description		Type of Cov	rerage	Form N	No.	Edition Date	Rate	Optio	n Codes		
Limit 1		Limit	2	Limit 3	Ded 1	Deductible Type 1	De	d 2	Deductib	le Type 2	1	Premium		
Loc# S	ST Cov	Code	Description		Type of Cov	verage	Form N	No.	Edition Date	Rate	Optio	n Codes		
Limit 1		Limit	2	Limit 3	Ded 1	Deductible Type 1	De	d 2	Deductib	le Type 2	1	Premium		
Loc# S	ST Cov	Code	Description		Type of Cov	rerage	Form N	No.	Edition Date	Rate	Optio	n Codes		
Limit 1		Limit	2	Limit 3	Ded 1	Deductible Type 1	De	d 2	Deductib	le Type 2	1	Premium		
Loc# S	ST Cov	Code Description			Type of Cov	rerage	Form N	No.	Edition Date	Rate	Optio	n Codes		
Limit 1		Limit	2	Limit 3	Ded 1	Deductible Type 1	De	d 2	Deductib	le Type 2	1	Premium		
Loc# S	ST Cov	Code	Description		Type of Cov	Form N	No.	Edition Date	Rate	Optio	n Codes			
Limit 1		Limit	2	Limit 3	Ded 1	Deductible Type 1	De	d 2	Deductib	le Type 2	1	Premium		
Loc # S	ST Cov	Code	Description		Type of Cov	rerage	Form N	No.	Edition Date	Rate	Optio	n Codes		
Limit 1		Limit	2	Limit 3	Ded 1	Deductible Type 1	De	d 2	Deductib	le Type 2	1	Premium		
Loc# S	ST Cov	Code	Description		Type of Cov	rerage	Form N	No.	Edition Date	Rate	Optio	n Codes		
Limit 1		Limit	2	Limit 3	Ded 1	Deductible Type 1	De	d 2	Deductib	le Type 2	1	Premium		
Loc# S	ST Cov	Code	Description		Type of Cov	rerage	Form N	No.	Edition Date	Rate	Optio	n Codes		
Limit 1		Limit	2	Limit 3	Ded 1	Deductible Type 1	De	d 2	Deductib	le Type 2	1	Premium		
Loc# S	ST Cov	Code	Description		Type of Cov	Form N	No.	Edition Date	Rate	Optio	n Codes			
Limit 1		Limit	2	Limit 3	Ded 1	Deductible Type 1	De	d 2	Deductibl	le Type 2		Premium		
Loc# S	ST Cov	Code	Description		Type of Coverage		Form No.		Edition Date	e Rate Option C		n Codes		
Limit 1		Limit	2	Limit 3	Ded 1	Deductible Type 1	De	d 2	Deductib	le Type 2		Premium		
OFBAA	ADCV					<u> </u>	1			Copyrial	nt 2000. A	MS Services. Inc		

	_	_					AGENC	Y CUS	STOMER ID: 0	0001235	8			
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AGI	ENCY Sh	aw Insu	rance	Services			CARRIER						NAIC C	ODE
POI	LICY NUMB	BER				EFFECTIVE DATE	l		NAMED INSURED	INC D	DA. TDIC	DODTADI I	r Cantra	ATTON
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	MO. IN			IUM VALUE				DESCRI			IUM ITEM	AMT. OF INSI	JRANCE	coins
LOC. #	STORAGE	IN BU	ILDING	OUTSIDE	TYPE O	F SECURITY	BI/Cont	ractu	al/EE		5,000		40,000	000
							Rented	to Ot	hers		100,000		100,000	
		\$		\$			Equip u	sed i	n busin		500,000		850,000	
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		·		ļ ·										
		\$		\$										
ᄂ	DITION	AL INTER	DEST / C	ERTIFICATE RECIPI	ENTS X	ACORD 45 A	\ttached			<u> </u>				
	EREST	RANK			REFERENCE #:		Allaciieu		CERTIFICATE RE	OURED	INT	TEREST IN ITEM	1 NUMBER	
x	LOSS PA			People's United			rp		OEK III IOATE KE	QUINED	LOCATION:		UILDING:	
	LIENHOL			10715 David Tayl			•					ITEM NUMBER		
				Suite 550							OTHER			
				Charlotte	NC	28262-12	86							
				ITEM DESCRIPTION:					1					
	EREST	RANK	<b>C</b> :	NAME AND ADDRESS	REFERENCE #:	40954946-1			CERTIFICATE RE	QUIRED	INT	TEREST IN ITEM	NUMBER	
х	1			Navitas Credit C	_						LOCATION:	-	UILDING:	
	LIENHOL	.DER		201 Executive Ce Suite #100	enter Driv	re					SCHEDULED OTHER	ITEM NUMBER	: 0011	
	J			Columbia	so	29210								
				ITEM DESCRIPTION:							1			
INT	EREST	RANK	<b>(</b> :	NAME AND ADDRESS	REFERENCE #: {	81514			CERTIFICATE RE	QUIRED	INT	TEREST IN ITEM	NUMBER	
х	LOSS PA	YEE		People's United	Equipemen	t Finance C	orp!	•	•		LOCATION:	В	UILDING:	
	LIENHOL	.DER		10715 David Tayl	or Drive							ITEM NUMBER	: 0008	
				Suite 550							OTHER			
			-	Charlotte	NC	28262-12	86							
Ļ	NEDAL	INFORM		ITEM DESCRIPTION:										
		. INFORM												Y/N
		<u>"YES" RESPO</u> MENT REN		NED TO / FROM OTHER	S WITH / WITH	HOUT OPERATOR	RS?							
			,											N
2.	IS APPL	ICANT OP	PERATING	EQUIPMENT NOT LISTE	ED HERE?									N
3.	PROPE	RTY USEC	O UNDER	GROUND?										N

ACORD 146 (2013/09)

4. ANY WORK DONE AFLOAT?

N

SCHE	DULED EQUIPMENT	% COINSURANCE		AGENCY CUST	OMER ID: 000	12358		
#	TYPE	DESCRIPTION	'	ID#/SERIAI	L NO.		NEW / USED	DATE PURCHASED
		Luxury portable	toilet	5NHUCN2	19DN079024			
1	MANUFACTURER	•	MODEL		MODEL YEAR	CAPACIT	Υ	AMOUNT OF INSURANCE
	Cargo Mate		CN2T612SA3		2013			\$ 22,500
#	TYPE	DESCRIPTION		ID#/SERIAI			NEW / USED	DATE PURCHASED
		Turrumy pomtable	toilet	ENTITIONS	17007072			
2	MANUFACTURER	Luxury portable	MODEL	SNHUCNZ	MODEL YEAR	CAPACIT		AMOUNT OF INSURANCE
						OAI AOI		
	Cargo Mate		CN2T612Sa3		2013			***
#	TYPE	DESCRIPTION		ID#/SERIAI			NEW / USED	DATE PURCHASED
3				5NHUCN6	14DN078826			
3	MANUFACTURER		MODEL		MODEL YEAR	CAPACIT	Υ	AMOUNT OF INSURANCE
	Cargo Mate		CN2T612SA3		2013			\$ 22,500
#	TYPE	DESCRIPTION		ID#/SERIAI	L NO.		NEW / USED	DATE PURCHASED
4		Luxury portable	toilet	5NHUCN2	19DN079251			
4	MANUFACTURER		MODEL		MODEL YEAR	CAPACIT	Υ	AMOUNT OF INSURANCE
	Cargo Mate		CN2T612SA3		2013			\$ 22,500
#	TYPE	DESCRIPTION	<u> </u>	ID#/SERIAI	L NO.		NEW / USED	DATE PURCHASED
		Luxury portable	toilet	5NHUCN 6	12FN084370			
5	MANUFACTURER		MODEL	1	MODEL YEAR	CAPACIT	Υ	AMOUNT OF INSURANCE
	Cargo Mate		CN3T616S		2015			\$ 22,500
#	TYPE	DESCRIPTION	CNSTOLOB	ID#/SERIAI			NEW / USED	DATE PURCHASED
#	ITPE		L-11-L				NEW / USED	DATE FUNCHASED
6		Luxury portable		5NHUCN2	14FN084389	T		
	MANUFACTURER		MODEL		MODEL YEAR	CAPACIT	Υ	AMOUNT OF INSURANCE
	Cargo Mate		CN2T612S		2015			\$ 22,500
#	TYPE	DESCRIPTION		ID#/SERIAI	L NO.		NEW / USED	DATE PURCHASED
7		Luxury portable	toilet	5NHUCN2	10FN084390			
,	MANUFACTURER		MODEL		MODEL YEAR	CAPACIT	Υ	AMOUNT OF INSURANCE
	Cargo Mate		CN2T612S		2015			\$ 22,500
#	TYPE	DESCRIPTION	<u> </u>	ID#/SERIAI	L NO.		NEW / USED	DATE PURCHASED
		Luxury portable	toilet	5NHUCH2	11GN085369			
8	MANUFACTURER		MODEL		MODEL YEAR	CAPACIT	Υ	AMOUNT OF INSURANCE
	Cargo Mate		CN2T612SA3		2006			\$ 22,500
#	TYPE	DESCRIPTION		ID#/SERIAL	NO		NEW / USED	DATE PURCHASED
"	2	Luxury portable	toilet		13HN089239		ILLII 7 GOLD	DATE TORONAGED
9	MANUFACTURER	nuxury portable	1	SNHOCNO		CAPACIT		AMOUNT OF INCUDANCE
_	Cargo Mate		MODEL CN3T616SA4		MODEL YEAR 2017	CAPACII	T	AMOUNT OF INSURANCE
	_		CN31010BA4					\$ 22,500
#	TYPE	DESCRIPTION		ID#/SERIAI	L NO.		NEW / USED	DATE PURCHASED
10		Luxury portable	toilet	5NHUCN 6	1XHN089240			
10	MANUFACTURER		MODEL		MODEL YEAR	CAPACIT	Υ	AMOUNT OF INSURANCE
	Cargo Mate		CN3T616SA4		2017			\$ 22,500
#	TYPE	DESCRIPTION		ID#/SERIAI	L NO.		NEW / USED	DATE PURCHASED
		Luxury portable	toilet	5NHUCN6	1XHN089471			
11	MANUFACTURER	·	MODEL	•	MODEL YEAR	CAPACIT	Υ	AMOUNT OF INSURANCE
	Cargo Mate		CN2T612SA3		2017			\$ 22,500
#	TYPE	DESCRIPTION	1	ID#/SERIAI			NEW / USED	DATE PURCHASED
		Luxury portable	toilet	5NHIICN 2	11HN089472			
12	MANUFACTURER		MODEL	5111100112	MODEL YEAR	CAPACIT	Y	AMOUNT OF INSURANCE
	Cargo Mate		CN2T612SA3		2017	JAI AOII	•	\$ 22,500
#	TYPE	DESCRIPTION	CMZIUIZSMS	ID # / SERIAI			NEW / USED	<u> </u>
#	I I I I I I I I I I I I I I I I I I I	DESCRIPTION		ID#/SERIAI	L NO.		NEW / USED	DATE PURCHASED
	<u></u>		T:		T		<u></u>	<u> </u>
	MANUFACTURER		MODEL		MODEL YEAR	CAPACIT	Y	AMOUNT OF INSURANCE
		<u> </u>						\$
#	TYPE	DESCRIPTION		ID#/SERIAI	L NO.		NEW / USED	DATE PURCHASED
							<u> </u>	
	MANUFACTURER		MODEL		MODEL YEAR	CAPACIT	Υ	AMOUNT OF INSURANCE
								\$
					1			+
#	ТҮРЕ	DESCRIPTION	•	ID#/SERIAI	L NO.		NEW / USED	DATE PURCHASED
#	TYPE	DESCRIPTION		ID#/SERIAI	L NO.		NEW / USED	DATE PURCHASED
#		DESCRIPTION	MODFI	ID # / SERIAI		CAPACIT		
#	TYPE MANUFACTURER	DESCRIPTION	MODEL	ID#/SERIAI	MODEL YEAR	CAPACIT		AMOUNT OF INSURANCE

### **SIGNATURE**

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

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

#### Applicable in CO

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

#### Applicable in FL and OK

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

## Applicable in KS

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

## Applicable in KY, NY, OH and PA

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

# Applicable in ME, TN, VA and WA

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

# Applicable in NJ

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

# Applicable in OR

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

### Applicable in PR

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

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

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print) Chris Harbour/CATHY		STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE		DATE	NATIONAL PRODUCER NUMBER
			7679024

R
<b>ACORD</b>

# **ADDITIONAL INTEREST SCHEDULE**

DATE (MM/DD/YYYY) 09/15/2025

				7122111011						09/15/2025		
	ENCY aw Insurance	Servi	ces			CARRIER				NAIC CODE		
POL	ICY NUMBER				EFFECTIVE DA	TE NAMED INSURED(S	5)			l l		
					11/28/2025	SANITATION SE	RVICES, INC	., DBA: JR'S	PORTABLE SANITATI	ON		
AD	DITIONAL IN	TER	EST (Not all	fields apply to all scenarios -	provide only	the necessary dat	a)					
INT	REST		_	NAME AND ADDRESS RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN	ITEM NUMBER		
	ADDITIONAL INSURED	×	LOSS PAYEE						LOCATION:	BUILDING:		
	BREACH OF WARRANTY		MORTGAGEE	People's United Equipment Final	nce Corp				VEHICLE:	BOAT:		
	CO-OWNER		OWNER	10715 David Taylor Drive					AIRPORT:	AIRCRAFT:		
	EMPLOYEE AS LESSOR		REGISTRANT	Sutie 550					SCHED #:	ITEM:		
	LEASEBACK		TRUSTEE	Charlotte		NC 28262	-1286		ITEM CLASS:	<u>I</u>		
	OWNER LENDER'S LOS	S PAY	I ABLE						ITEM DESCRIPTION			
	LIENHOLDER			REFERENCE / LOAN #: 81514		INTEREST END DATE:						
				LIEN AMOUNT:		PHONE (A/C, No, Ext):						
RFA	SON FOR INTER	FST:				E-MAIL ADDRESS:						
	EREST			NAME AND ADDRESS RANK:	EVIDENCE:		DOL 10Y	OFNE BULL	INTEREST IN	ITEM NUMBER		
IINII	ADDITIONAL	×	LOSS PAYEE	NAME AND ADDRESS RANK.	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	LOCATION:	BUILDING:		
	INSURED BREACH OF	_	MORTGAGEE	People's United Equipment Final	aca Carn							
	WARRANTY		-		ice Corp				VEHICLE:	BOAT:		
	CO-OWNER EMPLOYEE		OWNER	10715 David Taylor Drive					AIRPORT:	AIRCRAFT:		
	AS LESSOR LEASEBACK		REGISTRANT	Suite 550					SCHED #:	ITEM:		
	OWNER		TRUSTEE	Charoltte		NC 28262	-1286		ITEM CLASS:			
	LENDER'S LOS	S PAY	ABLE			T			ITEM DESCRIPTION			
	LIENHOLDER			REFERENCE / LOAN #: 81514		INTEREST END DATE:						
				LIEN AMOUNT:		PHONE (A/C, No, Ext):						
REA	SON FOR INTER	EST:				E-MAIL ADDRESS:						
INT	EREST			NAME AND ADDRESS RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN	ITEM NUMBER		
	ADDITIONAL INSURED	×	LOSS PAYEE						LOCATION:	BUILDING:		
	BREACH OF WARRANTY		MORTGAGEE	People's United Equipment Final	nce Corp				VEHICLE:	BOAT:		
	CO-OWNER		OWNER	10715 David Taylor Drive					AIRPORT:	AIRCRAFT:		
	EMPLOYEE AS LESSOR		REGISTRANT	Suite 550					SCHED #:	ITEM:		
	LEASEBACK		TRUSTEE	Charlotte		NC 28262	-1286		ITEM CLASS:			
	OWNER LENDER'S LOS	S PAY	I ABLE						ITEM DESCRIPTION			
	LIENHOLDER			REFERENCE / LOAN #: 85450		INTEREST END DATE:						
				LIEN AMOUNT:		PHONE (A/C, No, Ext):						
RFA	SON FOR INTER	FST:				E-MAIL ADDRESS:						
	EREST			NAME AND ADDRESS RANK:	EVIDENCE:		221121	INTEDEST IN	ITEM NUMBER			
IIVII	ADDITIONAL	~	LOSS PAYEE	NAME AND ADDRESS RANK.	EVIDENCE.	CERTIFICATE	POLICY	SEND BILL	LOCATION:	BUILDING:		
	INSURED BREACH OF	⊬	MORTGAGEE	People's United Equipment Final	nce Corp				VEHICLE:	BOAT:		
	WARRANTY		-		ice corp							
	CO-OWNER EMPLOYEE		OWNER	10715 David Taylor Dive					AIRPORT:	AIRCRAFT:		
	AS LESSOR LEASEBACK		REGISTRANT	Suite 550		NO 00000	1000		SCHED #:	ITEM:		
	OWNER	<u> </u>	TRUSTEE	Charlotte		NC 28262	-1286		ITEM CLASS:			
	LENDER'S LOS	S PAY	/ABLE			Т			ITEM DESCRIPTION			
	LIENHOLDER			REFERENCE / LOAN #: 81514		INTEREST END DATE:						
				LIEN AMOUNT:		PHONE (A/C, No, Ext):						
REA	SON FOR INTER	EST:				E-MAIL ADDRESS:						
INT	EREST			NAME AND ADDRESS RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN	ITEM NUMBER		
	ADDITIONAL INSURED	×	LOSS PAYEE						LOCATION:	BUILDING:		
	BREACH OF WARRANTY		MORTGAGEE	Navitas Credit Corp					VEHICLE:	BOAT:		
	CO-OWNER		OWNER	201 Executive Center Drive					AIRPORT:	AIRCRAFT:		
	EMPLOYEE AS LESSOR		REGISTRANT	Suite #100					SCHED #:	ITEM:		
	LEASEBACK OWNER		TRUSTEE	Columbia		SC 29210			ITEM CLASS:	•		
	LENDER'S LOS	S PAY	ABLE						ITEM DESCRIPTION			
	LIENHOLDER			REFERENCE / LOAN #: 40954946-1		INTEREST END DATE:						
				LIEN AMOUNT:		PHONE (A/C, No, Ext):						
REA	SON FOR INTER	EST:		ı		E-MAIL ADDRESS:			i .			
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		'			-	Form No.	Edition Date	Rate	Option Codes					
BLNI Limit 1 850,000			n Limit 3	Ded 1 2,500	Deductible Type 1	Ded 2	Deductib	le Type 2	Premium					
Loc # ST (	Cov Code	Description		Type of Co	verage	Form No.	Edition Date	Rate	Option Codes					
Limit 1	Lim	 it 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductib	le Type 2	Premium					
Loc # ST (	Cov Code	Description		Type of Co	verage	Form No.	Edition Date	Rate	Option Codes					
Limit 1	Lim	l it 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductib	l le Type 2	Premium					
Loc # ST (	Cov Code	Description		Type of Co	verage	Form No.	Edition Date	Rate	Option Codes					
Limit 1	Lim	it 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductib	le Type 2	Premium					
Loc # ST (	Cov Code	Description		Type of Co	verage	Form No.	Edition Date	Rate	Option Codes					
Limit 1	Lim	it 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductib	le Type 2	Premium					
Loc # ST (	Cov Code	Description		Type of Co	verage	Form No.	Edition Date	Rate	Option Codes					
Limit 1	Lim	l it 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductib	le Type 2	Premium					
Loc # ST (	Cov Code	Description		Type of Co	verage	Form No.	Edition Date	Rate	Option Codes					
Limit 1	Lim	it 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductib	le Type 2	Premium					
Loc # ST (	Cov Code	Description		Type of Coverage		Form No.	Edition Date	Rate	Option Codes					
Limit 1	Lim	it 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductib	le Type 2	Premium					
Loc # ST (	Cov Code	Description		Type of Co	verage	Form No.	Edition Date	Rate	Option Codes					
Limit 1	Lim	it 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductib	le Type 2	Premium					
Loc # ST (	Cov Code	Description		Type of Co	verage	Form No.	Edition Date	Rate	Option Codes					
Limit 1	Lim	it 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductib	le Type 2	Premium					
Loc # ST (	Cov Code	Description		Type of Co	verage	Form No.	Edition Date	Rate	Option Codes					
Limit 1	Lim	l it 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductib	I le Type 2	Premium					
Loc # ST (	Cov Code	Description		Type of Co	verage	Form No.	Edition Date	Rate	Option Codes					
Limit 1	Lim	I it 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductib	le Type 2	Premium					
Loc # ST (	Cov Code	Description		Type of Coverage		Form No.	Edition Date	Rate	Option Codes					
Limit 1	Lim	l it 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductib	le Type 2	Premium					
OFBAADC\	· · · · · · · · · · · · · · · · · · ·		1		1		1	Copyria	ht 2000. AMS Services. Inc					





# **UMBRELLA / EXCESS SECTION**

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

DATE (MM/DD/YYYY) 09/15/2025

	Reau all	pro	visions of tr	ie h	Olicy Care	runy.									
														AIC CODE	
Shav	/ Insurand	ce Se	rvices												
POLIC	Y NUMBER	ł						EFFECTIV	E DATE	NAMED INS	URED(S	)			
								11/28/2	2025	SANITAT	ION SE	RVICES, INC.,	DBA: JR'S PORTABLE	SANITATION	
POL	CY INFO	RM/	ATION												
					TRA	NSACTIO	N TYPE					LIN	IIT OF LIABILITY	RETAINED	LIMIT
1	IEW	$\times$	UMBRELLA		OCCURRE	ENCE	VOLUNTARY	1	RETROA	CTIVE DATE		\$ 4,000,000	EA OCC	\$	
×	RENEWAL		EXCESS		CLAIMS M	IADE		PROP	OSED	CURR	ENT	\$ 4,000,000	AGG	FIRST DOLL	.AR
EXPIR	ING POL#:											\$		DEFENSE (	
EMP	LOYEE I	BENE	EFITS LIABI	LIT	Y										
LIMIT	OF INSURA	NCE (	(Ea Employee)			AGGRE	GATE LIMIT FOR	REBL			RETAIN	ED LIMIT FOR EBL	•	RETROACTIVE DATE	FOR EBL
\$						\$					\$				
NAME	OF BENEF	IT PR	OGRAM												
PRIMARY LOCATION & SUBSIDIARIES (ACORD 125)  # NAME AND LOCATION OF PRIMARY AND ALL SUBSIDIARY COMPANIES (Describe Operations)  ANNUAL PAYROLL ANN GROSS SALES GROSS SALES GROSS SALES # EMI															
CROSS SALES															# EMPL
1 NAME:															
1 LOCATION: 958 Darlene Drive															
DESCRIPTION:															
	NAME:														
2	LOCATIO	N:	335 Boldge	tt											
Location: 335 Boldgett DESCRIPTION:															
	NAME:														
3	LOCATIO	N:	4220 Duluth	n Ave	е										
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	MOBILE BILITY	TBE					11/2	8/2025	11/2	28/2026	BI EA		\$	\$	
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$\vdash$											PD EA		\$ \$ 1,000,000	\$	
	NERAL											OCCURRENCE	\$ 2,000,000	PREM / OPS	
	BILITY CY TYPE	TBD	)								PROD	RAL AGGR  & COMP OPS	\$ 2,000,000	\$	
	OCCUR	TBE					11/2	8/2025	11/2	28/2026	AGGF	REGATE SONAL & ADV	\$ 1,000,000	PRODUCTS	
	CLAIMS	, DL	•								INJUF DAMA	RY AGE TO RENTED	\$ 100,000 \$ 100,000	\$	
	MADE										PREM		\$ 10,000 \$ 10,000	OTHER	
												CAL EXPENSE	•	\$	
EMP	LOYERS										DISE		\$	$\dashv$	
LIABILITY EACH EMPLOYEE \$  DISEASE															
		TBE	<u> </u>									CY LIMIT	\$		
ОТ		TBE					11/2	8/2025	11/2	28/2026	Limit	t 1	1,000,000	\$	
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														\$	
ACO	55.464	(004	7/44\						Dog-	1 of 6		0.4004.00	17 ACORD CORPOR	ATION All all all all all all all all all all	

UNDERLYING INSURANCE (continued)

AGENCY CUSTOMER ID: 00012358

UNDERLYING	GENERAL LIABILI	TY INFORMAT	ION (Explain	all "YES"	responses)									
1. ARE DI	EFENSE COSTS:	:	× wi	THIN AC	GREGATE LIMITS?				A SEPARATE LIMIT?	L	UNLIMITED?			
	(In Arkansas, the underlying General Liability coverage cannot contain defense costs within aggregate limits, but must have a separate, equal limit or must be unlimited.) (In Oklahoma, the underlying General Liability coverage cannot contain defense costs within the limits; subject to Commissioner's Orders.)													
2. INDIC	2. INDICATE THE EDITION DATE OF THE ISO FORM OR SIMILAR FILING FOR THE UNDERLYING COVERAGE:													
3. HAS A	ANY PRODUCT, V	VORK, ACCI	DENT OR LO	OCATIO	N BEEN EXCLUDED, U	JNIN	SURI	ED O	R SELF-INSURED FROM ANY F	PRE'	VIOUS COVERA	GE? (Y / N)		N
4. FOR C	LAIMS MADE, INI	DICATE RET	ROACTIVE	DATE O	F CURRENT UNDERLY	YING	POL	ICY:						
5. FOR CLAIMS MADE, INDICATE ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COVERAGE:														
6. FOR C	LAIMS MADE, WA	AS "TAIL" CO	OVERAGE P	URCHAS	SED FOR ANY PREVIO	)US I	PRIM	IARY	OR EXCESS POLICY? (Y / N)		E	FF. DATE: _		
									RESENT FOR EACH COVERAGE. PRODUCTION OF THE STANDARD FORMS. EXPLAIN A			N. EXPLAIN IF	<u> </u>	
	CHECK IF AI	PPROPRIATE		(	COVERAGE				EXPOSURE	СО	VERAGE			EXPOSURE
X ANY AU	TO (SYMBOL 1)				CARE, CUSTODY, CO	ONTR	OL				PROFESSIONAL	LIABILITY (E&	kO)	
CGL - CI	LAIMS MADE				EMPLOYEE BENEFIT	ΓLIAE	BILITY				VENDORS LIAB	LITY		
CGL - O	CCURRENCE				FOREIGN LIABILITY	/ TRA	VEL				WATERCRAFT L	IABILITY		
COVERAGE			EXPO	SURE	GARAGEKEEPERS L	IABIL	.ITY							
AIRCRA	FT LIABILITY				INCIDENTAL MEDICA	AL MA	LPRA	CTIC						
AIRCRA	FT PASSENGER LIA	ABILITY			LIQUOR LIABILITY									
ADDITIO	ONAL INTERESTS				POLLUTION LIABILIT	Υ								
					RESTRICTIONS; e.g. LAS ed if more space is required		NDOF	RSEM	ENTS, DISCRIMINATION, SUBROGAT	TION	WAIVERS, OR EX	TENSIONS OF		
									THAT MAY GIVE RISE TO CLAIMS, DI DING) ACORD 101, Additional Rema				space is	
NO SUC	CH CLAIMS													
CARE, CU	JSTODY, CONT	ROL												
LOC PR	ROPERTY TYPE			VALUE		A*	В*	C*	D*			S	Q FT OF BLD	G OCC
	REAL													
	PERSONAL													
OCCUPANCY / DESCRIPTION OF PERSONAL PROPERTY														
*/	APPLICANT: [A] IS	HELD HAR	MLESS IN T	HE LEAS	SE, [B] HAS A WAIVER	OF	SUBI	ROG	ATION, [C] IS A NAMED INSURE	D IN	THE FIRE POL	ICY, [D] OTH	IER (specify	)
VEHICLES	S													
l .	TVDE	# 034/NED	# NON-	"   = 40=					DDODEDTY HALF ED			R	ADIUS (MILE	
	TYPE	# OWNED	OWNED	# LEASE	ט				PROPERTY HAULED			LOCAL	INTER- MEDIATE	LONG DISTANCE
PRIVATE	PASSENGER													
	LIGHT													
TRUCKS	MEDIUM											ļ		
INUUNO	HEAVY											1		
	EX. HEAVY		<u> </u>									<u> </u>		

TRUCKS / HEAVY
TRACTORS EX. HEAVY

# **ADDITIONAL EXPOSURES**

EXPLAIN ALL "YES" RESPONSES, PROVIDE OTHER INFORMATION REQUIRED						
ADVERTISERS LIABILITY						
1. MEDIA USED:						
ANNUAL COST: \$	l					
2. ARE SERVICES OF AN ADVERTISING AGENCY USED?	N					
	'\					
	l					
3. ANY COVERAGE PROVIDED UNDER AGENCY'S POLICY?	N					
	N					
	ł					
AIRCRAFT LIABILITY						
4. DOES APPLICANT OWN / LEASE / OPERATE AIRCRAFT?	N.					
	N					
	l					
AUTO LIABILITY						
5. ARE EXPLOSIVES, CAUSTICS, FLAMMABLES OR OTHER DANGEROUS CARGO HAULED?						
	N					
	l					
6. ARE PASSENGERS CARRIED FOR A FEE?						
	N					
	l					
7. ANY UNITS NOT INSURED BY UNDERLYING POLICIES?						
7. ANT UNITS NOT INSURED BY UNDERLYING POLICIES?	N					
	l					
8. ARE ANY VEHICLES LEASED OR RENTED TO OTHERS?	N					
9. ARE HIRED AND NON-OWNED COVERAGES PROVIDED?	N					
	l					
CONTRACTORS LIABILITY						
10. IS BRIDGE, DAM, OR MARINE WORK PERFORMED?	N					
	ł					
11. DESCRIBE TYPICAL JOBS PERFORMED (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)	l					
12. DESCRIBE AGREEMENT (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)						
12. DESCRIBE ACREEMENT (ACCRETATION, Additional Remarks Scriedule, may be attached if more space is required)						
	l					
13. DOES APPLICANT OWN, RENT, OR OTHERWISE USE CRANES?						
13. DOES APPLICANT OWN, RENT, OR OTHERWISE USE CRANES?	N					
	l					
AA DO GUIDOONITA ACTORIO GARRIVA GOVERA OFO OR LUNITO LEGO TUAN ARRIVONITO						
14. DO SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN APPLICANT?	N					
	ł					
EMPLOYERS LIABILITY						
15. IS APPLICANT SELF-INSURED IN ANY STATE?	N					
	l					
16. SUBJECT TO: JONES ACT FELA STOP GAP OTHER:						
INCIDENTAL MALPRACTICE LIABILITY						
17. IS A HOSPITAL OR FIRST AID FACILITY MAINTAINED?						
18. ARE COVERAGES PROVIDED FOR DOCTORS / NURSES?	N					
	''					
19. INDICATE # OF DOCTORS: NURSES: BEDS:	i T					

ADDITIONAL EXPOSURES (continued)

AGENCY CUSTOMER ID: 00012358

DESCRIBE PRODUCT LIABILITY LOSS IN PRODUCT SON THERE COMPONENTS. CONTAIN PAZAROUS MATERIALS THAT MAY REQUIRE SPECIAL	EXPLAIN ALL "YES" RESPONSES, PROVIDE OTHER INFORMATION REQUIRED									Y/N						
DISPOSAL METHODS?  21. INDICATE THE COVERAGES CARRIED:  GL WITH STANDARD ISO POLLUTION EXCLUSION GL WITH STANDARD SUDDEN & ACCIDENTAL ONLY SEPARATE POLLUTION COVERAGE PRODUCT LABILITY  22. ARE MISSILES, ENGINES, GUIDANCE SYSTEMS, FRAMES OR ANY OTHER PRODUCT USED / INSTALLED IN AIRCRAFT?  N  23. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN THE USA OR US PRODUCTS SOLD / DISTRIBUTED IN FOREIGN COUNTRIES? N  24. PRODUCT LIABILITY LOSS IN PAST THREE (3) YEARS? (SPECIFY)  N  25. GROSS SALES FROM EACH OF LAST THREE (3) YEARS? (SPECIFY)  N  26. DESCRIBE INDEPENDENT CONTRACTORS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  WATERCRAFT LIABILITY  27. DOES APPLICANT OWN OR LEASE WATERCRAFT?  LOC # # OWNED LENGTH HORSEPOWER LOC # # OWNED LENGTH HORSEPOWER  APARTMENTS / CONDOMINUMS / HOTELS / MOTELS  28. LOC # # STORIES # UNITS # SWIMMING POOLS # DIVING BOARDS  LOC # # STORIES # UNITS # SWIMMING POOLS # DIVING BOARDS  LOC # # STORIES # UNITS # SWIMMING POOLS # DIVING BOARDS  LOC # # STORIES # UNITS # SWIMMING POOLS # DIVING BOARDS  LOC # # STORIES # UNITS # SWIMMING POOLS # DIVING BOARDS										•						
GL WITH POLLUTION COVERAGE ENDORSEMENT GL WITH STANDARD SUDDEN & ACCIDENTAL ONLY  SEPARATE POLLUTION COVERAGE  PRODUCT LIABILITY  22. ARE MISSILES, ENGINES, GUIDANCE SYSTEMS, FRAMES OR ANY OTHER PRODUCT USED / INSTALLED IN AIRCRAFT?  N  23. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN THE USA OR US PRODUCTS SOLD / DISTRIBUTED IN FOREIGN COUNTRIES?  N  24. PRODUCT LIABILITY LOSS IN PAST THREE (3) YEARS? (SPECIFY)  N  25. GROSS SALES FROM EACH OF LAST THREE (3) YEARS: \$  PROTECTIVE LIABILITY  26. DESCRIBE INDEPENDENT CONTRACTORS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  WATERCRAFT LIABILITY  27. DOES APPLICANT OWN OR LEASE WATERCRAFT?  LOC # #OWNED LENGTH HORSEPOWER LOC # #OWNED LENGTH HORSEPOWER  APARTMENTS / CONDOMINUMS / HOTELS / MOTELS / MOTELS / MUTITS # SWIMMING POOLS # DIVING BOARDS  28. LOC # # STORIES # UNITS # SWIMMING POOLS # DIVING BOARDS LOC # # STORIES # UNITS # SWIMMING POOLS # DIVING BOARDS	20. DO CURRENT OR PAST PRODUCTS, OR THEIR COMPONENTS, CONTAIN HAZARDOUS MATERIALS THAT MAY REQUIRE SPECIAL									N						
GL WITH STANDARD SUDDEN & ACCIDENTAL ONLY  SEPARATE POLLUTION COVERAGE  PRODUCT LIABILITY  22. ARE MISSILES, ENGINES, GUIDANCE SYSTEMS, FRAMES OR ANY OTHER PRODUCT USED / INSTALLED IN AIRCRAFT?  N  23. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN THE USA OR US PRODUCTS SOLD / DISTRIBUTED IN FOREIGN COUNTRIES?  N  24. PRODUCT LIABILITY LOSS IN PAST THREE (3) YEARS? (SPECIFY)  N  25. GROSS SALES FROM EACH OF LAST THREE (3) YEARS:  PROTECTIVE LIABILITY  26. DESCRIBE INDEPENDENT CONTRACTORS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  WATERCRAFT LIABILITY  27. DOES APPLICANT OWN OR LEASE WATERCRAFT?  LOC # # OWNED LENGTH HORSEPOWER  APARTMENTS / CONDOMINIUMS / HOTELS / MOTELS  28. LOC # # STORIES # UNITS # SWIMMING POOLS # DIVING BOARDS  LOC # # STORIES # UNITS # SWIMMING POOLS # DIVING BOARDS  LOC # # STORIES # UNITS # SWIMMING POOLS # DIVING BOARDS	21.	INDICATE	THE COVERAG	SES CARRIE	D:											
PRODUCT LIABILITY  22. ARE MISSILES, ENGINES, GUIDANCE SYSTEMS, FRAMES OR ANY OTHER PRODUCT USED / INSTALLED IN AIRCRAFT?  N  23. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN THE USA OR US PRODUCTS SOLD / DISTRIBUTED IN FOREIGN COUNTRIES?  N  24. PRODUCT LIABILITY LOSS IN PAST THREE (3) YEARS? (SPECIFY)  N  25. GROSS SALES FROM EACH OF LAST THREE (3) YEARS: \$ \$  PROTECTIVE LIABILITY  26. DESCRIBE INDEPENDENT CONTRACTORS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  WATERCRAFT LIABILITY  27. DOES APPLICANT OWN OR LEASE WATERCRAFT?  LOC # # OWNED LENGTH HORSEPOWER LOC # # OWNED LENGTH HORSEPOWER  APARTMENTS / CONDOMINUMS / HOTELS / MOTELS  28. LOC # # STORIES # UNITS # SWIMMING POOLS # DIVING BOARDS LOC # # STORIES # UNITS # SWIMMING POOLS # DIVING BOARDS		GL	WITH STANDAR	D ISO POLL	UTION EXCLUSIO	N	<del></del>				NDORSEME	ENT				
22. ARE MISSILES, ENGINES, GUIDANCE SYSTEMS, FRAMES OR ANY OTHER PRODUCT USED / INSTALLED IN AIRCRAFT?  N  23. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN THE USA OR US PRODUCTS SOLD / DISTRIBUTED IN FOREIGN COUNTRIES?  N  24. PRODUCT LIABILITY LOSS IN PAST THREE (3) YEARS? (SPECIFY)  N  25. GROSS SALES FROM EACH OF LAST THREE (3) YEARS: \$ \$ \$  PROTECTIVE LIABILITY  26. DESCRIBE INDEPENDENT CONTRACTORS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  WATERCRAFT LIABILITY  27. DOES APPLICANT OWN OR LEASE WATERCRAFT?  LOC # # OWNED LENGTH HORSEPOWER  APARTMENTS / CONDOMINIUMS / HOTELS / MOTELS  28. LOC # # STORIES # UNITS # SWIMMING POOLS # DIVING BOARDS LOC # # STORIES # UNITS # SWIMMING POOLS # DIVING BOARDS		GL	WITH STANDAR	D SUDDEN	& ACCIDENTAL O	NLY										
23. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN THE USA OR US PRODUCTS SOLD / DISTRIBUTED IN FOREIGN COUNTRIES?  N  24. PRODUCT LIABILITY LOSS IN PAST THREE (3) YEARS? (SPECIFY)  N  25. GROSS SALES FROM EACH OF LAST THREE (3) YEARS: \$ \$ \$  PROTECTIVE LIABILITY  26. DESCRIBE INDEPENDENT CONTRACTORS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  WATERCRAFT LIABILITY  27. DOES APPLICANT OWN OR LEASE WATERCRAFT?  LOC # # OWNED LENGTH HORSEPOWER LOC # # OWNED LENGTH HORSEPOWER  APARTMENTS / CONDOMINIUMS / HOTELS / MOTELS  28. LOC # # STORIES # UNITS # SWIMMING POOLS # DIVING BOARDS LOC # # STORIES # UNITS # SWIMMING POOLS # DIVING BOARDS	22	ARE MIS	SILES ENGINES	S GUIDANC	F SYSTEMS FRA	MES OR					I AIRCRAF	7				
(If "YES", Attach ACORD 815)  24. PRODUCT LIABILITY LOSS IN PAST THREE (3) YEARS? (SPECIFY)  25. GROSS SALES FROM EACH OF LAST THREE (3) YEARS: \$ \$  PROTECTIVE LIABILITY  26. DESCRIBE INDEPENDENT CONTRACTORS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  WATERCRAFT LIABILITY  27. DOES APPLICANT OWN OR LEASE WATERCRAFT?  LOC # # OWNED LENGTH HORSEPOWER  APARTMENTS / CONDOMINIUMS / HOTELS / MOTELS  28. LOC # # STORIES # UNITS # SWIMMING POOLS # DIVING BOARDS LOC # # STORIES # UNITS # SWIMMING POOLS # DIVING BOARDS		22. ARE MISSILES, ENGINES, GUIDANCE STOTEMS, FRAMES OR ANY OTHER PRODUCT USED / INSTALLED IN AIRCRAFT?										N				
25. GROSS SALES FROM EACH OF LAST THREE (3) YEARS: \$ \$ \$  PROTECTIVE LIABILITY  26. DESCRIBE INDEPENDENT CONTRACTORS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  WATERCRAFT LIABILITY  27. DOES APPLICANT OWN OR LEASE WATERCRAFT?  LOC # # OWNED LENGTH HORSEPOWER  N  APARTMENTS / CONDOMINIUMS / HOTELS / MOTELS  28. LOC # # STORIES # UNITS # SWIMMING POOLS # DIVING BOARDS  LOC # # STORIES # UNITS # SWIMMING POOLS # DIVING BOARDS	23.				GN PRODUCTS D	ISTRIBU	TED IN THE USA	A OF	R US PROD	OUCTS SOLD / D	DISTRIBUT	ED IN FOREIGN C	OUNTF	RIES?		N
PROTECTIVE LIABILITY  26. DESCRIBE INDEPENDENT CONTRACTORS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  WATERCRAFT LIABILITY  27. DOES APPLICANT OWN OR LEASE WATERCRAFT?  LOC # # OWNED LENGTH HORSEPOWER LOC # # OWNED LENGTH HORSEPOWER  APARTMENTS / CONDOMINIUMS / HOTELS / MOTELS  28. LOC # # STORIES # UNITS # SWIMMING POOLS # DIVING BOARDS LOC # # STORIES # UNITS # SWIMMING POOLS # DIVING BOARDS	24.	PRODUC	T LIABILITY LOS	SS IN PAST 1	THREE (3) YEARS	? (SPECI	FY)									N
26. DESCRIBE INDEPENDENT CONTRACTORS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  WATERCRAFT LIABILITY  27. DOES APPLICANT OWN OR LEASE WATERCRAFT?  LOC # # OWNED LENGTH HORSEPOWER LOC # # OWNED LENGTH HORSEPOWER  APARTMENTS / CONDOMINIUMS / HOTELS / MOTELS  28. LOC # # STORIES # UNITS # SWIMMING POOLS # DIVING BOARDS LOC # # STORIES # UNITS # SWIMMING POOLS # DIVING BOARDS	25.	GROSS S	SALES FROM EA	CH OF LAS	T THREE (3) YEAF	RS:	\$			\$		\$				
WATERCRAFT LIABILITY  27. DOES APPLICANT OWN OR LEASE WATERCRAFT?  LOC # # OWNED LENGTH HORSEPOWER LOC # # OWNED LENGTH HORSEPOWER  APARTMENTS / CONDOMINIUMS / HOTELS / MOTELS  28. LOC # # STORIES # UNITS # SWIMMING POOLS # DIVING BOARDS LOC # # STORIES # UNITS # SWIMMING POOLS # DIVING BOARDS																
27. DOES APPLICANT OWN OR LEASE WATERCRAFT?  LOC # # OWNED LENGTH HORSEPOWER LOC # # OWNED LENGTH HORSEPOWER  APARTMENTS / CONDOMINIUMS / HOTELS / MOTELS  28. LOC # # STORIES # UNITS # SWIMMING POOLS # DIVING BOARDS LOC # # STORIES # UNITS # SWIMMING POOLS # DIVING BOARDS	26.	DESCRIB	SE INDEPENDEN	IT CONTRAC	CTORS (ACORD 1	01, Addit	ional Remarks So	chec	lule, may b	e attached if mor	re space is	required)				
27. DOES APPLICANT OWN OR LEASE WATERCRAFT?  LOC # # OWNED LENGTH HORSEPOWER LOC # # OWNED LENGTH HORSEPOWER  APARTMENTS / CONDOMINIUMS / HOTELS / MOTELS  28. LOC # # STORIES # UNITS # SWIMMING POOLS # DIVING BOARDS LOC # # STORIES # UNITS # SWIMMING POOLS # DIVING BOARDS																
LOC# #OWNED LENGTH HORSEPOWER LOC# #OWNED LENGTH HORSEPOWER  APARTMENTS / CONDOMINUMS / HOTELS / MOTELS  28. LOC# #STORIES # UNITS # SWIMMING POOLS # DIVING BOARDS LOC# # STORIES # UNITS # SWIMMING POOLS # DIVING BOARDS							WATE	RCF	RAFT LIABIL	ITY						
LOC# #OWNED LENGTH HORSEPOWER LOC# #OWNED LENGTH HORSEPOWER  APARTMENTS / CONDOMINIUMS / HOTELS / MOTELS  28. LOC# # STORIES # UNITS # SWIMMING POOLS # DIVING BOARDS LOC# # STORIES # UNITS # SWIMMING POOLS # DIVING BOARDS	27.	DOES AP	PLICANT OWN	OR LEASE V	VATERCRAFT?											N.
28. LOC# # STORIES # UNITS # SWIMMING POOLS # DIVING BOARDS LOC# # STORIES # UNITS # SWIMMING POOLS # DIVING BOARDS		LOC#	# OWNED		LENGTH	НО	RSEPOWER		LOC#	# OWNED		LENGTH		HORSEPOWER		IN
28. LOC# # STORIES # UNITS # SWIMMING POOLS # DIVING BOARDS LOC# # STORIES # UNITS # SWIMMING POOLS # DIVING BOARDS																
		1.00.#	# CTODIEC	# LINUTO	# CIA/IMAMINIC DO			NDO	_			# CVA/IMMAINIC	DOO! C	# DIVING DOADDS		
REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)	28.	LOC #	# STORIES	# 011113	# SWIIWIING PC	/OL3 #	DIVING BOARDS	1	LOC #	# STORIES	# 011113	# SWINNING	POOLS	# DIVING BOARDS		
	RE	MARKS	(ACORD 101,	Additional	Remarks Sche	dule, ma	ay be attached	l if r	nore spa	ce is required	l)					

# FRAUD STATEMENTS

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

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

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

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

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AFFLICANT 3 SIGNATURE	DAIE	7679024				
PRODUCER'S NAI  Chris Harbour/CATHY  APPLICANT'S SIGNATURE	DATE	(Required in Florida)  NATIONAL PRODUCER NUMBER				
APPLICATION. THIS APPLICATION DOES NOT CONSTITUTE A BINDE PRODUCER'S SIGNATURE PRODUCER'S NAI		nt) STATE PRODUCER LICENSE NO				
IMPORTANT - THE STATEMENTS (ANSWERS) GIVEN ABOVE ARE TRUE AND ACCURATE. THE APPLICANT HAS NOT WILLFULLY CONCEALED OR MISREPRESENTED ANY MATERIAL FACT OR CIRCUMSTANCE CONCERNING THIS						
SELECTED THE LIMITS INDICATED IN THIS APPLICATION.						
I ACKNOWLEDGE THAT I HAVE BEEN OFFERED UM COVERAGE EQ	IIAI TO MVIIA	RILITY LIMITS LHAVE				
(INITIALS)  APPLICABLE ONLY IN VERMONT:						
2. I REJECT UM COVERAGE IN ITS ENTIRETY.	<b></b>					
1. I SELECT UM LIMITS INDICATED IN THIS APPLICATION.	OR					
I ACKNOWLEDGE THAT UM COVERAGE HAS BEEN EXPLAINED TO BOT SELECTING UM LIMITS EQUAL TO MY LIABILITY LIMITS OR TO R	,					
APPLICABLE ONLY IN NEW HAMPSHIRE:						
I ACKNOWLEDGE I HAVE BEEN OFFERED UNINSURED MOTORISTS UNDERINSURED MOTORISTS (UIM) COVERAGE. I HAVE SELECTED THIS APPLICATION. IF NO LIMITS ARE SHOWN, I HAVE REJECTED	THÉ LIMITS IN	NDICATED IN (INITIALS)				
APPLICABLE ONLY IN MONTANA:						
2. I REJECT UM COVERAGE IN ITS ENTIRETY. (INITIALS)	•					
1. I SELECT UM LIMITS INDICATED IN THIS APPLICATION. (INITIAL	] OR <b>S)</b>					
I ACKNOWLEDGE THAT UM COVERAGE HAS BEEN EXPLAINED TO OF SELECTING UM LIMITS EQUAL TO MY LIABILITY LIMITS, UM LIMIT REJECT UM COVERAGE ENTIRELY.						
APPLICABLE ONLY IN LOUISIANA:						
APPLICABLE ONLY IN LOUISIANA, MONTANA, M	NEW HAMPSHI	RE AND VERMONT				
MEDICAL PAYMENTS COVERAGE: \$*	* IF APPLICABLE II	N YOUR STATE				
UNDERINSURED MOTORISTS (UIM) COVERAGE: \$	*					
UNINSURED MOTORISTS (UM) COVERAGE: \$*						
IF THE COMPANY TO WHICH I AM APPLYING OFFERS UNINSURED I (UIM) AND/OR MEDICAL PAYMENTS COVERAGE IN MY STATE:	MOTORISTS (U	M), UNDERINSURED MOTORISTS				
SIGNATURE						