



# COMMERCIAL INSURANCE APPLICATION

## APPLICANT INFORMATION SECTION

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

|  |   |   |
|--|---|---|
| AGENCY<br>Shaw Insurance Services<br>P O Box 729<br>2275 North Street<br>Anderson<br>CA 96007  | CARRIER<br><br>COMPANY POLICY OR PROGRAM NAME<br><br>POLICY NUMBER  | NAIC CODE<br><br>PROGRAM CODE   |
| CONTACT NAME: Cathy Lee<br>PHONE (A/C, No, Ext): (530) 365-2576<br>FAX (A/C, No): (530) 365-8529<br>E-MAIL ADDRESS: cathylee@shawinsservices.com<br>CODE: SUBCODE:<br>AGENCY CUSTOMER ID: 00012358 | UNDERWRITER<br><br>STATUS OF TRANSACTION<br><input checked="" type="checkbox"/> QUOTE<br><input type="checkbox"/> BOUND (Give Date and/or Attach Copy):<br><input type="checkbox"/> CHANGE<br><input type="checkbox"/> CANCEL | UNDERWRITER OFFICE<br><br>ISSUE POLICY<br><br>RENEW<br><br>DATE 11/28/2025<br>TIME 12:01<br><input checked="" type="checkbox"/> AM<br><input type="checkbox"/> PM |

### LINE OF BUSINESS

| INDICATE LINE OF BUSINESS  | PREMIUM |  | PREMIUM                                      |    | PREMIUM |
|--|---------|--|--|----|---------|
| <input type="checkbox"/> BOILER & MACHINERY                      | \$      |  | <input type="checkbox"/> CYBER AND PRIVACY   | \$ |         |
| <input checked="" type="checkbox"/> BUSINESS AUTO                | \$      |  | <input type="checkbox"/> FIDUCIARY LIABILITY | \$ |         |
| <input type="checkbox"/> BUSINESS OWNERS                         | \$      |  | <input type="checkbox"/> GARAGE AND DEALERS  | \$ |         |
| <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY | \$      |  | <input type="checkbox"/> LIQUOR LIABILITY    | \$ |         |
| <input checked="" type="checkbox"/> COMMERCIAL INLAND MARINE     | \$      |  | <input type="checkbox"/> MOTOR CARRIER       | \$ |         |
| <input checked="" type="checkbox"/> COMMERCIAL PROPERTY          | \$      |  | <input type="checkbox"/> TRUCKERS            | \$ |         |
| <input type="checkbox"/> CRIME                                   | \$      |  | <input checked="" type="checkbox"/> UMBRELLA | \$ |         |

### ATTACHMENTS

|  |  |   |
|--|--|---|
| <input type="checkbox"/> ACCOUNTS RECEIVABLE / VALUABLE PAPERS     | <input type="checkbox"/> GLASS AND SIGN SECTION                      | <input type="checkbox"/> STATEMENT / SCHEDULE OF VALUES   |
| <input type="checkbox"/> ADDITIONAL INTEREST SCHEDULE              | <input type="checkbox"/> HOTEL / MOTEL SUPPLEMENT                    | <input type="checkbox"/> STATE SUPPLEMENT (If applicable) |
| <input type="checkbox"/> ADDITIONAL PREMISES INFORMATION SCHEDULE  | <input type="checkbox"/> INSTALLATION / BUILDERS RISK SECTION        | <input type="checkbox"/> VACANT BUILDING SUPPLEMENT       |
| <input type="checkbox"/> APARTMENT BUILDING SUPPLEMENT             | <input type="checkbox"/> INTERNATIONAL LIABILITY EXPOSURE SUPPLEMENT | <input type="checkbox"/> VEHICLE SCHEDULE                 |
| <input type="checkbox"/> CONDO ASSN BYLAWS (for D&O Coverage only) | <input type="checkbox"/> INTERNATIONAL PROPERTY EXPOSURE SUPPLEMENT  |   |
| <input type="checkbox"/> CONTRACTORS SUPPLEMENT                    | <input type="checkbox"/> LOSS SUMMARY                                |   |
| <input type="checkbox"/> COVERAGES SCHEDULE                        | <input type="checkbox"/> OPEN CARGO SECTION                          |   |
| <input type="checkbox"/> DEALERS SECTION                           | <input type="checkbox"/> PREMIUM PAYMENT SUPPLEMENT                  |   |
| <input type="checkbox"/> DRIVER INFORMATION SCHEDULE               | <input type="checkbox"/> PROFESSIONAL LIABILITY SUPPLEMENT           |   |
| <input type="checkbox"/> ELECTRONIC DATA PROCESSING SECTION        | <input type="checkbox"/> RESTAURANT / TAVERN SUPPLEMENT              |   |

### POLICY INFORMATION

| PROPOSED EFF DATE | PROPOSED EXP DATE | BILLING PLAN   | PAYMENT PLAN | METHOD OF PAYMENT | AUDIT | DEPOSIT | MINIMUM PREMIUM | POLICY PREMIUM |
|-------------------|-------------------|--|--------------|-------------------|-------|---------|-----------------|----------------|
| 11/28/2025        | 11/28/2026        | <input checked="" type="checkbox"/> DIRECT <input type="checkbox"/> AGENCY |              |                   |       | \$      | \$              | \$             |

### APPLICANT INFORMATION

|   |  |  |  |                   |
|---|--|--|--|-------------------|
| NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4)<br>SANITATION SERVICES, INC., DBA: JR'S PORTABLE SANITATION<br>PO BOX 751287<br>PETALUMA<br>CA 94975 | GL CODE<br><br>BUSINESS PHONE #: (707)792-2010 xTIFFANY<br>WEBSITE ADDRESS       | SIC<br><br>SUBCHAPTER "S" CORPORATION<br><input type="checkbox"/>                      | NAICS<br><br>TRUST<br><input type="checkbox"/> | FEIN OR SOC SEC # |
| CORPORATION<br><input type="checkbox"/> INDIVIDUAL<br><input type="checkbox"/>  | JOINT VENTURE<br><input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____ | NOT FOR PROFIT ORG<br><input type="checkbox"/> PARTNERSHIP<br><input type="checkbox"/> |  |                   |
| NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)  | GL CODE<br><br>BUSINESS PHONE #:<br>WEBSITE ADDRESS                              | SIC<br><br>SUBCHAPTER "S" CORPORATION<br><input type="checkbox"/>                      | NAICS<br><br>TRUST<br><input type="checkbox"/> | FEIN OR SOC SEC # |
| CORPORATION<br><input type="checkbox"/> INDIVIDUAL<br><input type="checkbox"/>  | JOINT VENTURE<br><input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____ | NOT FOR PROFIT ORG<br><input type="checkbox"/> PARTNERSHIP<br><input type="checkbox"/> |  |                   |
| NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)  | GL CODE<br><br>BUSINESS PHONE #:<br>WEBSITE ADDRESS                              | SIC<br><br>SUBCHAPTER "S" CORPORATION<br><input type="checkbox"/>                      | NAICS<br><br>TRUST<br><input type="checkbox"/> | FEIN OR SOC SEC # |
| CORPORATION<br><input type="checkbox"/> INDIVIDUAL<br><input type="checkbox"/>  | JOINT VENTURE<br><input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____ | NOT FOR PROFIT ORG<br><input type="checkbox"/> PARTNERSHIP<br><input type="checkbox"/> |  |                   |

## CONTACT INFORMATION

AGENCY CUSTOMER ID: 00012358

|   |  |   |  |
|---|--|---|--|
| CONTACT TYPE: Accounting Records  |  | CONTACT TYPE: Claims Info   |  |
| CONTACT NAME: Tiffany Voip  |  | CONTACT NAME: Tiffany Voip  |  |
| PRIMARY PHONE # <input type="checkbox"/> HOME <input checked="" type="checkbox"/> BUS <input type="checkbox"/> CELL<br>(707) 792-2010 | SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL | PRIMARY PHONE # <input type="checkbox"/> HOME <input checked="" type="checkbox"/> BUS <input type="checkbox"/> CELL<br>(707) 792-2010 | SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL |
| PRIMARY E-MAIL ADDRESS: tvoip@comcast.net   |  | PRIMARY E-MAIL ADDRESS: tvoip@comcast.net   |  |
| SECONDARY E-MAIL ADDRESS:   |  | SECONDARY E-MAIL ADDRESS:   |  |

## PREMISES INFORMATION (Attach ACORD 823 for Additional Premises)

|                            |  |   |   |                  |                                  |
|----------------------------|--|---|---|------------------|----------------------------------|
| LOC #<br>1                 | STREET 958 Darlene Drive                             | CITY LIMITS<br><input checked="" type="checkbox"/> INSIDE<br><input type="checkbox"/> OUTSIDE | INTEREST<br><input type="checkbox"/> OWNER<br><input type="checkbox"/> TENANT | # FULL TIME EMPL | ANNUAL REVENUES: \$              |
| BLD #<br>1                 | CITY: Petaluma<br>STATE: CA<br>COUNTY:<br>ZIP: 94952 |   |   | # PART TIME EMPL | OCCUPIED AREA: SQ FT             |
| DESCRIPTION OF OPERATIONS: |  |   |   |                  | OPEN TO PUBLIC AREA: SQ FT       |
|                            |  |   |   |                  | TOTAL BUILDING AREA: SQ FT       |
|                            |  |   |   |                  | ANY AREA LEASED TO OTHERS? Y / N |
| LOC #<br>2                 | STREET 335 Boldgett                                  | CITY LIMITS<br><input checked="" type="checkbox"/> INSIDE<br><input type="checkbox"/> OUTSIDE | INTEREST<br><input type="checkbox"/> OWNER<br><input type="checkbox"/> TENANT | # FULL TIME EMPL | ANNUAL REVENUES: \$              |
| BLD #<br>1                 | CITY: Cotati<br>STATE: CA<br>COUNTY:<br>ZIP: 94931   |   |   | # PART TIME EMPL | OCCUPIED AREA: SQ FT             |
| DESCRIPTION OF OPERATIONS: |  |   |   |                  | OPEN TO PUBLIC AREA: SQ FT       |
|                            |  |   |   |                  | TOTAL BUILDING AREA: SQ FT       |
|                            |  |   |   |                  | ANY AREA LEASED TO OTHERS? Y / N |
| LOC #<br>3                 | STREET 4220 Duluth Ave                               | CITY LIMITS<br><input checked="" type="checkbox"/> INSIDE<br><input type="checkbox"/> OUTSIDE | INTEREST<br><input type="checkbox"/> OWNER<br><input type="checkbox"/> TENANT | # FULL TIME EMPL | ANNUAL REVENUES: \$              |
| BLD #<br>1                 | CITY: Rocklin<br>STATE: CA<br>COUNTY:<br>ZIP: 95765  |   |   | # PART TIME EMPL | OCCUPIED AREA: SQ FT             |
| DESCRIPTION OF OPERATIONS: |  |   |   |                  | OPEN TO PUBLIC AREA: SQ FT       |
|                            |  |   |   |                  | TOTAL BUILDING AREA: SQ FT       |
|                            |  |   |   |                  | ANY AREA LEASED TO OTHERS? Y / N |
| LOC #<br>4                 | STREET 2660 Stoney Point Rd                          | CITY LIMITS<br><input checked="" type="checkbox"/> INSIDE<br><input type="checkbox"/> OUTSIDE | INTEREST<br><input type="checkbox"/> OWNER<br><input type="checkbox"/> TENANT | # FULL TIME EMPL | ANNUAL REVENUES: \$              |
| BLD #<br>1                 | CITY: Petaluma<br>STATE: CA<br>COUNTY:<br>ZIP: 94952 |   |   | # PART TIME EMPL | OCCUPIED AREA: SQ FT             |
| DESCRIPTION OF OPERATIONS: |  |   |   |                  | OPEN TO PUBLIC AREA: SQ FT       |
|                            |  |   |   |                  | TOTAL BUILDING AREA: SQ FT       |
|                            |  |   |   |                  | ANY AREA LEASED TO OTHERS? Y / N |

## NATURE OF BUSINESS

|                                       |  |  |                                     |   |  |
|---------------------------------------|--|--|-------------------------------------|---|--|
| <input type="checkbox"/> APARTMENTS   | <input type="checkbox"/> CONTRACTOR    | <input type="checkbox"/> MANUFACTURING | <input type="checkbox"/> RESTAURANT | <input checked="" type="checkbox"/> SERVICE | DATE BUSINESS STARTED (MM/DD/YYYY)<br>09/01/2009 |
| <input type="checkbox"/> CONDOMINIUMS | <input type="checkbox"/> INSTITUTIONAL | <input type="checkbox"/> OFFICE        | <input type="checkbox"/> RETAIL     | <input type="checkbox"/> WHOLESALE          |  |

## DESCRIPTION OF PRIMARY OPERATIONS

Portable toilet rentals, restroom rental trailers, portable sink products

|   |   |  |
|---|---|--|
| RETAIL STORES OR SERVICE OPERATIONS % OF TOTAL SALES: | INSTALLATION, SERVICE OR REPAIR WORK<br>% | OFF PREMISES INSTALLATION, SERVICE OR REPAIR WORK<br>% |
|---|---|--|

## DESCRIPTION OF OPERATIONS OF OTHER NAMED INSUREDS

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

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

**GENERAL INFORMATION**

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

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

|  |
|--|
|  |
|--|

**PRIOR CARRIER INFORMATION**

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

## PRIOR CARRIER INFORMATION (continued)

AGENCY CUSTOMER ID: 00012358

| YEAR | CATEGORY        | GENERAL LIABILITY    | AUTOMOBILE           | PROPERTY             | OTHER: CUMBR |
|------|-----------------|----------------------|----------------------|----------------------|--------------|
| 2023 | CARRIER         | Benchmark            | ARCH INSURANCE COMPA | Benchmark            |              |
|      | POLICY NUMBER   | MNGRP2000844         | FBCAT0584400         | MNGRP2000844         |              |
|      | PREMIUM         | \$                   | \$                   | \$                   | \$           |
|      | EFFECTIVE DATE  | 11/28/2023           | 11/28/2023           | 11/28/2023           |              |
|      | EXPIRATION DATE | 11/28/2024           | 11/28/2024           | 11/28/2024           |              |
| 2022 | CARRIER         | Nationwide Insurance | Nationwide Insurance | Nationwide Insurance |              |
|      | POLICY NUMBER   | ACP3039570850        | ACP3039570850        | ACP3039570850        |              |
|      | 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 (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE LAST \_\_\_\_ YEARS

TOTAL LOSSES: \$

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

## SIGNATURE

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

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

(Applicant's Initials): \_\_\_\_\_

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

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

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

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

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


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

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

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

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

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

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

[illegible]

## SUPPLEMENTAL NAMES (Other Named Insureds)

DATE (MM/DD/YYYY)

09/15/2025

|                                   |   |           |
|-----------------------------------|---|-----------|
| AGENCY<br>Shaw Insurance Services | CARRIER<br>TBD  | NAIC CODE |
| POLICY NUMBER<br>TBD              | FIRST NAMED INSURED<br>SANITATION SERVICES, INC., DBA: JR'S PORTABLE SANITATION |           |

## APPLICANT INFORMATION

|   |  |   |   |                   |     |       |                   |
|---|--|---|---|-------------------|-----|-------|-------------------|
| NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)<br>ROYAL FLUSH |  |   |   | GL CODE           | SIC | NAICS | FEIN OR SOC SEC # |
|   |  |   |   | BUSINESS PHONE #: |     |       |                   |
|   |  |   |   | WEBSITE ADDRESS   |     |       |                   |
| <input type="checkbox"/> CORPORATION  | <input type="checkbox"/> JOINT VENTURE | <input type="checkbox"/> NOT FOR PROFIT ORG | <input type="checkbox"/> SUBCHAPTER "S" CORPORATION |                   |     |       |                   |
| <input type="checkbox"/> INDIVIDUAL   | LLC NO. OF MEMBERS AND MANAGERS: _____ | <input type="checkbox"/> PARTNERSHIP        | <input type="checkbox"/> TRUST                      |                   |     |       |                   |
| NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)                |  |   |   | GL CODE           | SIC | NAICS | FEIN OR SOC SEC # |
|   |  |   |   | BUSINESS PHONE #: |     |       |                   |
|   |  |   |   | WEBSITE ADDRESS   |     |       |                   |
| <input type="checkbox"/> CORPORATION  | <input type="checkbox"/> JOINT VENTURE | <input type="checkbox"/> NOT FOR PROFIT ORG | <input type="checkbox"/> SUBCHAPTER "S" CORPORATION |                   |     |       |                   |
| <input type="checkbox"/> INDIVIDUAL   | LLC NO. OF MEMBERS AND MANAGERS: _____ | <input type="checkbox"/> PARTNERSHIP        | <input type="checkbox"/> TRUST                      |                   |     |       |                   |
| NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)                |  |   |   | GL CODE           | SIC | NAICS | FEIN OR SOC SEC # |
|   |  |   |   | BUSINESS PHONE #: |     |       |                   |
|   |  |   |   | WEBSITE ADDRESS   |     |       |                   |
| <input type="checkbox"/> CORPORATION  | <input type="checkbox"/> JOINT VENTURE | <input type="checkbox"/> NOT FOR PROFIT ORG | <input type="checkbox"/> SUBCHAPTER "S" CORPORATION |                   |     |       |                   |
| <input type="checkbox"/> INDIVIDUAL   | LLC NO. OF MEMBERS AND MANAGERS: _____ | <input type="checkbox"/> PARTNERSHIP        | <input type="checkbox"/> TRUST                      |                   |     |       |                   |
| NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)                |  |   |   | GL CODE           | SIC | NAICS | FEIN OR SOC SEC # |
|   |  |   |   | BUSINESS PHONE #: |     |       |                   |
|   |  |   |   | WEBSITE ADDRESS   |     |       |                   |
| <input type="checkbox"/> CORPORATION  | <input type="checkbox"/> JOINT VENTURE | <input type="checkbox"/> NOT FOR PROFIT ORG | <input type="checkbox"/> SUBCHAPTER "S" CORPORATION |                   |     |       |                   |
| <input type="checkbox"/> INDIVIDUAL   | LLC NO. OF MEMBERS AND MANAGERS: _____ | <input type="checkbox"/> PARTNERSHIP        | <input type="checkbox"/> TRUST                      |                   |     |       |                   |
| NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)                |  |   |   | GL CODE           | SIC | NAICS | FEIN OR SOC SEC # |
|   |  |   |   | BUSINESS PHONE #: |     |       |                   |
|   |  |   |   | WEBSITE ADDRESS   |     |       |                   |
| <input type="checkbox"/> CORPORATION  | <input type="checkbox"/> JOINT VENTURE | <input type="checkbox"/> NOT FOR PROFIT ORG | <input type="checkbox"/> SUBCHAPTER "S" CORPORATION |                   |     |       |                   |
| <input type="checkbox"/> INDIVIDUAL   | LLC NO. OF MEMBERS AND MANAGERS: _____ | <input type="checkbox"/> PARTNERSHIP        | <input type="checkbox"/> TRUST                      |                   |     |       |                   |
| NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)                |  |   |   | GL CODE           | SIC | NAICS | FEIN OR SOC SEC # |
|   |  |   |   | BUSINESS PHONE #: |     |       |                   |
|   |  |   |   | WEBSITE ADDRESS   |     |       |                   |
| <input type="checkbox"/> CORPORATION  | <input type="checkbox"/> JOINT VENTURE | <input type="checkbox"/> NOT FOR PROFIT ORG | <input type="checkbox"/> SUBCHAPTER "S" CORPORATION |                   |     |       |                   |
| <input type="checkbox"/> INDIVIDUAL   | LLC NO. OF MEMBERS AND MANAGERS: _____ | <input type="checkbox"/> PARTNERSHIP        | <input type="checkbox"/> TRUST                      |                   |     |       |                   |
| NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)                |  |   |   | GL CODE           | SIC | NAICS | FEIN OR SOC SEC # |
|   |  |   |   | BUSINESS PHONE #: |     |       |                   |
|   |  |   |   | WEBSITE ADDRESS   |     |       |                   |
| <input type="checkbox"/> CORPORATION  | <input type="checkbox"/> JOINT VENTURE | <input type="checkbox"/> NOT FOR PROFIT ORG | <input type="checkbox"/> SUBCHAPTER "S" CORPORATION |                   |     |       |                   |
| <input type="checkbox"/> INDIVIDUAL   | LLC NO. OF MEMBERS AND MANAGERS: _____ | <input type="checkbox"/> PARTNERSHIP        | <input type="checkbox"/> TRUST                      |                   |     |       |                   |



# PROPERTY SECTION

DATE (MM/DD/YYYY)

09/15/2025

|  |                              |  |  |           |
|--|------------------------------|--|--|-----------|
| AGENCY NAME<br>Shaw Insurance Services |                              | CARRIER  |  | NAIC CODE |
| POLICY NUMBER                          | EFFECTIVE DATE<br>11/28/2025 | NAMED INSURED(S)<br>SANITATION SERVICES, INC., DBA: JR'S PORTABLE SANITATION |  |           |

## BLANKET SUMMARY

| BLKT # | AMOUNT       | TYPE                       | BLKT # | AMOUNT | TYPE |
|--------|--------------|----------------------------|--------|--------|------|
| 1      | \$34,000.00  | Blanket building           |        |        |      |
| 2      | \$108,000.00 | Business Personal Property |        |        |      |

## PREMISES INFORMATION

PREMISES #: 1 STREET ADDRESS: 958 Darlene Drive

BUILDING #: BLDG DESCRIPTION:

| SUBJECT OF INSURANCE       | AMOUNT  | COINS % | VALUATION | CAUSES OF LOSS | INFLATION GUARD % | DED   | DED TYPE | BLKT # | FORMS AND CONDITIONS TO APPLY |
|----------------------------|---------|---------|-----------|----------------|-------------------|-------|----------|--------|-------------------------------|
| Business Personal Property | 36,000  |         | RC        | SPCL           |                   | 1,000 |          |        |                               |
| BI w/ Extra Expense        | 100,000 |         |           | SPCL           |                   |       |          |        |                               |
|                            |         |         |           |                |                   |       |          |        |                               |
|                            |         |         |           |                |                   |       |          |        |                               |
|                            |         |         |           |                |                   |       |          |        |                               |
|                            |         |         |           |                |                   |       |          |        |                               |

 ADDITIONAL INFORMATION ☒ BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810 ☐ VALUE REPORTING INFORMATION - Attach ACORD 811

## ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

|  |                                 |                  |  |  |
|--|---------------------------------|------------------|--|--|
| SPOILAGE COVERAGE (Y / N)<br><input type="checkbox"/>                        | DESCRIPTION OF PROPERTY COVERED | LIMIT<br>\$      | REFRIG MAINT AGREEMENT (Y / N)<br><input type="checkbox"/> | OPTIONS<br><input type="checkbox"/> BREAKDOWN OR CONTAMINATION               |
|  |                                 | DEDUCTIBLE<br>\$ |  | <input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE |
| SINKHOLE COVERAGE (Required in Florida)                                      |                                 | ACCEPT COVERAGE  | REJECT COVERAGE  | LIMIT: \$  |
| MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV)                     |                                 | ACCEPT COVERAGE  | REJECT COVERAGE  | LIMIT: \$  |
| <input type="checkbox"/> PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK |                                 |                  | # OF OPEN SIDES ON STRUCTURE: _____                        |  |

|  |  |                          |                 |  |                         |                          |          |  |  |
|--|--|--------------------------|-----------------|--|-------------------------|--------------------------|----------|--|--|
| CONSTRUCTION TYPE<br>Frame   | DISTANCE TO HYDRANT<br>15 FT           | FIRE STAT<br>2 MI        | FIRE DISTRICT   | CODE NUMBER  | PROT CL<br>4            | # STORIES                | # BASMTS | YR BUILT<br>1990                         | TOTAL AREA<br>1250                       |
| BUILDING IMPROVEMENTS  |  | BLDG CODE GRADE          | TAX CODE        | ROOF TYPE<br>Composition   | OTHER OCCUPANCIES       |                          |          |  |  |
| <input type="checkbox"/> WIRING, YR:   | <input type="checkbox"/> PLUMBING, YR: | WIND CLASS               | SEMI- RESISTIVE | HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT                                    | DATE INSTALLED: _____   |                          |          |  |  |
| <input type="checkbox"/> ROOFING, YR:  | <input type="checkbox"/> HEATING, YR:  |                          |                 |  | MANUFACTURER: _____     |                          |          |  |  |
| OTHER: YR:   |  | RESISTIVE                |                 |  |                         |                          |          |  |  |
| PRIMARY HEAT   |  |                          |                 | SECONDARY HEAT   |                         |                          |          |  |  |
| <input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> |  |                          |                 | <input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> |                         |                          |          |  |  |
| IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N                     |  |                          |                 | IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N                     |                         |                          |          |  |  |
| RIGHT EXPOSURE & DISTANCE  |  | LEFT EXPOSURE & DISTANCE |                 | FRONT EXPOSURE & DISTANCE  |                         | REAR EXPOSURE & DISTANCE |          |  |  |
| BURGLAR ALARM TYPE   |  | CERTIFICATE #            |                 |  |                         | EXPIRATION DATE          |          | CENTRAL STATION <input type="checkbox"/> | LOCAL GONG <input type="checkbox"/>      |
| BURGLAR ALARM INSTALLED AND SERVICED BY  |  |                          |                 | EXTENT   | GRADE                   | # GUARDS / WATCHMEN      |          | CLOCK HOURLY <input type="checkbox"/>    |  |
| PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)                    |  |                          |                 | % SPRNK  | FIRE ALARM MANUFACTURER |                          |          |  | CENTRAL STATION <input type="checkbox"/> |
|  |  |                          |                 |  |                         |                          |          |  | LOCAL GONG <input type="checkbox"/>      |

## ADDITIONAL INTEREST

ACORD 45 attached for additional names

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

**ADDITIONAL  
PREMISES INFORMATION**

|                            |         |                              |                |                |                      |       |             |           |                               |
|----------------------------|---------|------------------------------|----------------|----------------|----------------------|-------|-------------|-----------|-------------------------------|
| PREMISES #: 2              |         | STREET ADDRESS: 335 Boldgett |                |                |                      |       |             |           |                               |
| BUILDING #:                |         | BLDG DESCRIPTION:            |                |                |                      |       |             |           |                               |
| SUBJECT OF INSURANCE       | AMOUNT  | COINS %                      | VALU-<br>ATION | CAUSES OF LOSS | INFLATION<br>GUARD % | DED   | DED<br>TYPE | BLKT<br># | FORMS AND CONDITIONS TO APPLY |
| Business Personal Property | 36,000  |                              | RC             | SPCL           |                      | 1,000 |             |           |                               |
| Bldg                       | 34,000  |                              | RC             | SPCL           |                      | 1,000 |             |           |                               |
| BI w/ Extra Expense        | 100,000 |                              |                | SPCL           |                      |       |             |           |                               |
|                            |         |                              |                |                |                      |       |             |           |                               |
|                            |         |                              |                |                |                      |       |             |           |                               |

ADDITIONAL INFORMATION ☒ BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810 VALUE REPORTING INFORMATION - Attach ACORD 811

**ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION**

|   |                                 |                  |  |   |
|---|---------------------------------|------------------|--|---|
| SPOILAGE<br>COVERAGE<br>(Y / N)<br><br><input type="checkbox"/> | DESCRIPTION OF PROPERTY COVERED | LIMIT<br>\$      | REFRIG MAINT<br>AGREEMENT<br>(Y / N)<br><br><input type="checkbox"/> | OPTIONS   |
|   |                                 | DEDUCTIBLE<br>\$ |  | <input type="checkbox"/> BREAKDOWN OR CONTAMINATION<br><input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE |

SINKHOLE COVERAGE (Required in Florida) ☐ ACCEPT COVERAGE ☐ REJECT COVERAGE ☐ LIMIT: \$

MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV) ☐ ACCEPT COVERAGE ☐ REJECT COVERAGE ☐ LIMIT: \$

☐ PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK # OF OPEN SIDES ON STRUCTURE: \_\_\_\_\_

|                   |                        |           |               |             |         |           |          |          |            |
|-------------------|------------------------|-----------|---------------|-------------|---------|-----------|----------|----------|------------|
| CONSTRUCTION TYPE | DISTANCE TO<br>HYDRANT | FIRE STAT | FIRE DISTRICT | CODE NUMBER | PROT CL | # STORIES | # BASMTS | YR BUILT | TOTAL AREA |
| Frame             | 25 FT                  | 2 MI      |               |             | 4       | 1         |          | 2000     | 480        |

|   |                    |          |                 |   |
|---|--------------------|----------|-----------------|---|
| BUILDING IMPROVEMENTS   | BLDG CODE<br>GRADE | TAX CODE | ROOF TYPE       | OTHER OCCUPANCIES   |
| <input type="checkbox"/> WIRING, YR: <input type="checkbox"/> PLUMBING, YR: |                    |          | Composition     |   |
| <input type="checkbox"/> ROOFING, YR: <input type="checkbox"/> HEATING, YR: | WIND CLASS         |          | SEMI- RESISTIVE | HEATING SOURCE INCL WOODBURNING<br>STOVE OR FIREPLACE INSERT DATE<br>INSTALLED: _____ |
| <input type="checkbox"/> OTHER: YR:   | RESISTIVE          |          |                 | MANUFACTURER: _____   |

|  |  |
|--|--|
| PRIMARY HEAT   | SECONDARY HEAT   |
| <input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> | <input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> |
| IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N                     | IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N                     |

|                           |                          |                           |                          |
|---------------------------|--------------------------|---------------------------|--------------------------|
| RIGHT EXPOSURE & DISTANCE | LEFT EXPOSURE & DISTANCE | FRONT EXPOSURE & DISTANCE | REAR EXPOSURE & DISTANCE |
|---------------------------|--------------------------|---------------------------|--------------------------|

|                    |               |                 |  |
|--------------------|---------------|-----------------|--|
| BURGLAR ALARM TYPE | CERTIFICATE # | EXPIRATION DATE | CENTRAL<br>STATION <input type="checkbox"/> LOCAL<br>GONG <input type="checkbox"/> |
|                    |               |                 | WITH KEYS  |

|   |        |       |                     |              |
|---|--------|-------|---------------------|--------------|
| BURGLAR ALARM INSTALLED AND SERVICED BY | EXTENT | GRADE | # GUARDS / WATCHMEN | CLOCK HOURLY |
|---|--------|-------|---------------------|--------------|

|   |         |                         |                 |
|---|---------|-------------------------|-----------------|
| PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems) | % SPRNK | FIRE ALARM MANUFACTURER | CENTRAL STATION |
|   |         |                         | LOCAL GONG      |

|  |  |                         |                 |
|--|--|-------------------------|-----------------|
| ADDITIONAL INTEREST                            | ACORD 45 attached for additional names |                         |                 |
| INTEREST                                       | NAME AND ADDRESS                       | RANK: _____             | EVIDENCE: _____ |
| <input type="checkbox"/> LENDER'S LOSS PAYABLE |  |                         | CERTIFICATE     |
| <input type="checkbox"/> LOSS PAYEE            |  |                         |                 |
| <input type="checkbox"/> MORTGAGEE             |  |                         |                 |
|  | REFERENCE / LOAN #:                    |                         |                 |
|  |  | INTEREST IN ITEM NUMBER |                 |
|  |  | LOCATION:               | BUILDING:       |
|  |  | ITEM<br>CLASS:          | ITEM:           |
|  |  | ITEM DESCRIPTION        |                 |

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

|  |  |
|--|--|
|  |  |
|--|--|



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

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

**Applicable in CO**

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

**Applicable in FL and OK**

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

**Applicable in KS**

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

**Applicable in KY, NY, OH and PA**

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

**Applicable in ME, TN, VA and WA**

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

**Applicable in NJ**

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

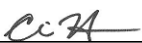
**Applicable in OR**

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

**Applicable in PR**

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

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

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

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



AGENCY CUSTOMER ID: 00012358

## COMMERCIAL GENERAL LIABILITY SECTION

DATE (MM/DD/YYYY)

09/15/2025

|                                   |                              |   |  |           |
|-----------------------------------|------------------------------|---|--|-----------|
| AGENCY<br>Shaw Insurance Services |                              | CARRIER   |  | NAIC CODE |
| POLICY NUMBER                     | EFFECTIVE DATE<br>11/28/2025 | APPLICANT / FIRST NAMED INSURED<br>SANITATION SERVICES, INC., DBA: JR'S PORTABLE SANITATION |  |           |

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

## COVERAGES

## LIMITS

|   |   |                     |
|---|---|---------------------|
| <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY  | GENERAL AGGREGATE \$ 2,000,000  | PREMIUMS            |
| <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCURRENCE   | LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> LOCATION | PREMISES/OPERATIONS |
| OWNER'S & CONTRACTOR'S PROTECTIVE   | <input type="checkbox"/> PROJECT <input type="checkbox"/> OTHER:                                |                     |
| DEDUCTIBLES   | PRODUCTS & COMPLETED OPERATIONS AGGREGATE \$ 2,000,000  | PRODUCTS            |
| <input type="checkbox"/> PROPERTY DAMAGE \$   | PERSONAL & ADVERTISING INJURY \$ 1,000,000  |                     |
| <input type="checkbox"/> BODILY INJURY \$   | EACH OCCURRENCE \$ 1,000,000  | OTHER               |
| <input checked="" type="checkbox"/> Both BI & PD \$ 5,000 <input type="checkbox"/> PER CLAIM <input checked="" type="checkbox"/> PER OCCURRENCE | DAMAGE TO RENTED PREMISES (each occurrence) \$ 100,000  |                     |
|   | MEDICAL EXPENSE (Any one person) \$ 10,000  | TOTAL               |
|   | EMPLOYEE BENEFITS \$ 1,000,000  |                     |
|   | Employment-Related Practices Liab \$ 1,000,000  |                     |

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

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

1. UM / UIM COVERAGE ☐ IS ☐ IS NOT AVAILABLE. 2. MEDICAL PAYMENTS COVERAGE ☐ IS ☐ IS NOT AVAILABLE.

## SCHEDULE OF HAZARDS (ACORD 211, Schedule of Hazards, may be attached if more space is required)

| LOC #   | HAZ # | CLASS CODE | PREMIUM BASIS | EXPOSURE  | TERR | RATE       |          | PREMIUM    |          |
|---|-------|------------|---------------|-----------|------|------------|----------|------------|----------|
|   |       |            |               |           |      | PREM / OPS | PRODUCTS | PREM / OPS | PRODUCTS |
| 2   |       |            | S             | 109,506   |      |            |          |            |          |
| CLASSIFICATION DESCRIPTION<br>Luxury toilet trailer rentals   |       |            |               |           |      |            |          |            |          |
| 2   |       | 19061      | S             | 1,230,000 |      |            |          |            |          |
| CLASSIFICATION DESCRIPTION<br>Portable Toilet Rental  |       |            |               |           |      |            |          |            |          |
| 2   |       |            | S             | 22,730    |      |            |          |            |          |
| CLASSIFICATION DESCRIPTION<br>Pumping service   |       |            |               |           |      |            |          |            |          |
| RATING AND PREMIUM BASIS (P) PAYROLL - PER \$1,000/PAY (C) TOTAL COST - PER \$1,000/COST (U) UNIT - PER UNIT<br>(S) GROSS SALES - PER \$1,000/SALES (A) AREA - PER 1,000/SQ FT (M) ADMISSIONS - PER 1,000/ADM (T) OTHER |       |            |               |           |      |            |          |            |          |

## CLAIMS MADE (Explain all "Yes" responses)

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

## 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:                                       |

ACORD 126 (2016/09)

Attach to ACORD 125

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**CONTRACTORS**

AGENCY CUSTOMER ID: 00012358

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

**PRODUCTS / COMPLETED OPERATIONS**

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

## ADDITIONAL INTEREST / CERTIFICATE RECIPIENT

☐ ACORD 45 attached for additional names

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

## GENERAL INFORMATION

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

**GENERAL INFORMATION (continued)**

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

**REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)****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<br> | PRODUCER'S NAME (Please Print)<br>Chris Harbour/CATHY | STATE PRODUCER LICENSE NO<br>(Required in Florida) |
| APPLICANT'S SIGNATURE   | DATE  | NATIONAL PRODUCER NUMBER<br>7679024                |



AGENCY CUSTOMER ID: 00012358

**SCHEDULE OF HAZARDS**

DATE (MM/DD/YYYY)

09/15/2025

|                                   |  |  |                              |   |  |  |  |           |
|-----------------------------------|--|--|------------------------------|---|--|--|--|-----------|
| AGENCY<br>Shaw Insurance Services |  |  |                              | CARRIER   |  |  |  | NAIC CODE |
| POLICY NUMBER                     |  |  | EFFECTIVE DATE<br>11/28/2025 | APPLICANT / FIRST NAMED INSURED<br>SANITATION SERVICES, INC., DBA: JR'S PORTABLE SANITATION |  |  |  |           |

**SCHEDULE OF HAZARDS**

| LOC #   | HAZ # | CLASS CODE | PREMIUM BASIS | EXPOSURE  | TERR | RATE       |          | PREMIUM    |          |
|---|-------|------------|---------------|-----------|------|------------|----------|------------|----------|
|   |       |            |               |           |      | PREM / OPS | PRODUCTS | PREM / OPS | PRODUCTS |
| 3   |       |            | Gross sales   | 247,487   |      |            |          |            |          |
| CLASSIFICATION DESCRIPTION<br>Rolls-offs - dumpsters        |       |            |               |           |      |            |          |            |          |
| LOC #   | HAZ # | CLASS CODE | PREMIUM BASIS | EXPOSURE  | TERR | RATE       |          | PREMIUM    |          |
|   |       |            |               |           |      | PREM / OPS | PRODUCTS | PREM / OPS | PRODUCTS |
| 3   |       |            | Gross sales   | 124,605   |      |            |          |            |          |
| CLASSIFICATION DESCRIPTION<br>Pumping service               |       |            |               |           |      |            |          |            |          |
| LOC #   | HAZ # | CLASS CODE | PREMIUM BASIS | EXPOSURE  | TERR | RATE       |          | PREMIUM    |          |
|   |       |            |               |           |      | PREM / OPS | PRODUCTS | PREM / OPS | PRODUCTS |
| 3   |       |            | Gross sales   | 6,500     |      |            |          |            |          |
| CLASSIFICATION DESCRIPTION<br>Luxury toilet trailer rentals |       |            |               |           |      |            |          |            |          |
| LOC #   | HAZ # | CLASS CODE | PREMIUM BASIS | EXPOSURE  | TERR | RATE       |          | PREMIUM    |          |
|   |       |            |               |           |      | PREM / OPS | PRODUCTS | PREM / OPS | PRODUCTS |
| 3   |       | 19061      | Gross sales   | 1,358,408 |      |            |          |            |          |
| CLASSIFICATION DESCRIPTION<br>Portable Toilet Rental        |       |            |               |           |      |            |          |            |          |
| LOC #   | HAZ # | CLASS CODE | PREMIUM BASIS | EXPOSURE  | TERR | RATE       |          | PREMIUM    |          |
|   |       |            |               |           |      | PREM / OPS | PRODUCTS | PREM / OPS | PRODUCTS |
|   |       |            |               |           |      |            |          |            |          |
| CLASSIFICATION DESCRIPTION                                  |       |            |               |           |      |            |          |            |          |
| LOC #   | HAZ # | CLASS CODE | PREMIUM BASIS | EXPOSURE  | TERR | RATE       |          | PREMIUM    |          |
|   |       |            |               |           |      | PREM / OPS | PRODUCTS | PREM / OPS | PRODUCTS |
|   |       |            |               |           |      |            |          |            |          |
| CLASSIFICATION DESCRIPTION                                  |       |            |               |           |      |            |          |            |          |
| LOC #   | HAZ # | CLASS CODE | PREMIUM BASIS | EXPOSURE  | TERR | RATE       |          | PREMIUM    |          |
|   |       |            |               |           |      | PREM / OPS | PRODUCTS | PREM / OPS | PRODUCTS |
|   |       |            |               |           |      |            |          |            |          |
| CLASSIFICATION DESCRIPTION                                  |       |            |               |           |      |            |          |            |          |
| LOC #   | HAZ # | CLASS CODE | PREMIUM BASIS | EXPOSURE  | TERR | RATE       |          | PREMIUM    |          |
|   |       |            |               |           |      | PREM / OPS | PRODUCTS | PREM / OPS | PRODUCTS |
|   |       |            |               |           |      |            |          |            |          |
| CLASSIFICATION DESCRIPTION                                  |       |            |               |           |      |            |          |            |          |

**RATING AND PREMIUM BASIS**

(P) PAYROLL - PER \$1,000/PAY

(C) TOTAL COST - PER \$1,000/COST

(U) UNIT - PER UNIT

(S) GROSS SALES - PER \$1,000/SALES

(A) AREA - PER 1,000/SQ FT

(M) ADMISSIONS - PER 1,000/ADM

(T) OTHER

ACORD 211 (2016/09)

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Attach to ACORD 126 and/or ACORD 160  
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## ADDITIONAL COVERAGES AND ENDORSEMENTS

| Loc #            | ST | Cov Code     | Description          | Type of Coverage | Form No.          | Edition Date | Rate              | Option Codes |
|------------------|----|--------------|----------------------|------------------|-------------------|--------------|-------------------|--------------|
|                  |    | <b>CBRFX</b> | <b>Cyberflex Cov</b> |                  |                   |              |                   |              |
| Limit 1          |    | Limit 2      | Limit 3              | Ded 1            | Deductible Type 1 | Ded 2        | Deductible Type 2 | Premium      |
| <b>1,000,000</b> |    |              |                      |                  |                   |              |                   |              |

| Loc #            | ST | Cov Code         | Description                | Type of Coverage | Form No.          | Edition Date | Rate              | Option Codes |
|------------------|----|------------------|----------------------------|------------------|-------------------|--------------|-------------------|--------------|
|                  |    | <b>POLUT</b>     | <b>Pollution Liability</b> |                  |                   |              |                   |              |
| Limit 1          |    | Limit 2          | Limit 3                    | Ded 1            | Deductible Type 1 | Ded 2        | Deductible Type 2 | Premium      |
| <b>1,000,000</b> |    | <b>2,000,000</b> |                            | <b>5,000</b>     | <b>Per Claim</b>  |              |                   |              |

| Loc #   | ST | Cov Code | Description | Type of Coverage | Form No.          | Edition Date | Rate              | Option Codes |
|---------|----|----------|-------------|------------------|-------------------|--------------|-------------------|--------------|
|         |    |          |             |                  |                   |              |                   |              |
| Limit 1 |    | Limit 2  | Limit 3     | Ded 1            | Deductible Type 1 | Ded 2        | Deductible Type 2 | Premium      |
|         |    |          |             |                  |                   |              |                   |              |

| Loc #   | ST | Cov Code | Description | Type of Coverage | Form No.          | Edition Date | Rate              | Option Codes |
|---------|----|----------|-------------|------------------|-------------------|--------------|-------------------|--------------|
|         |    |          |             |                  |                   |              |                   |              |
| Limit 1 |    | Limit 2  | Limit 3     | Ded 1            | Deductible Type 1 | Ded 2        | Deductible Type 2 | Premium      |
|         |    |          |             |                  |                   |              |                   |              |

| Loc #   | ST | Cov Code | Description | Type of Coverage | Form No.          | Edition Date | Rate              | Option Codes |
|---------|----|----------|-------------|------------------|-------------------|--------------|-------------------|--------------|
|         |    |          |             |                  |                   |              |                   |              |
| Limit 1 |    | Limit 2  | Limit 3     | Ded 1            | Deductible Type 1 | Ded 2        | Deductible Type 2 | Premium      |
|         |    |          |             |                  |                   |              |                   |              |

| Loc #   | ST | Cov Code | Description | Type of Coverage | Form No.          | Edition Date | Rate              | Option Codes |
|---------|----|----------|-------------|------------------|-------------------|--------------|-------------------|--------------|
|         |    |          |             |                  |                   |              |                   |              |
| Limit 1 |    | Limit 2  | Limit 3     | Ded 1            | Deductible Type 1 | Ded 2        | Deductible Type 2 | Premium      |
|         |    |          |             |                  |                   |              |                   |              |

| Loc #   | ST | Cov Code | Description | Type of Coverage | Form No.          | Edition Date | Rate              | Option Codes |
|---------|----|----------|-------------|------------------|-------------------|--------------|-------------------|--------------|
|         |    |          |             |                  |                   |              |                   |              |
| Limit 1 |    | Limit 2  | Limit 3     | Ded 1            | Deductible Type 1 | Ded 2        | Deductible Type 2 | Premium      |
|         |    |          |             |                  |                   |              |                   |              |

| Loc #   | ST | Cov Code | Description | Type of Coverage | Form No.          | Edition Date | Rate              | Option Codes |
|---------|----|----------|-------------|------------------|-------------------|--------------|-------------------|--------------|
|         |    |          |             |                  |                   |              |                   |              |
| Limit 1 |    | Limit 2  | Limit 3     | Ded 1            | Deductible Type 1 | Ded 2        | Deductible Type 2 | Premium      |
|         |    |          |             |                  |                   |              |                   |              |

| Loc #   | ST | Cov Code | Description | Type of Coverage | Form No.          | Edition Date | Rate              | Option Codes |
|---------|----|----------|-------------|------------------|-------------------|--------------|-------------------|--------------|
|         |    |          |             |                  |                   |              |                   |              |
| Limit 1 |    | Limit 2  | Limit 3     | Ded 1            | Deductible Type 1 | Ded 2        | Deductible Type 2 | Premium      |
|         |    |          |             |                  |                   |              |                   |              |

| Loc #   | ST | Cov Code | Description | Type of Coverage | Form No.          | Edition Date | Rate              | Option Codes |
|---------|----|----------|-------------|------------------|-------------------|--------------|-------------------|--------------|
|         |    |          |             |                  |                   |              |                   |              |
| Limit 1 |    | Limit 2  | Limit 3     | Ded 1            | Deductible Type 1 | Ded 2        | Deductible Type 2 | Premium      |
|         |    |          |             |                  |                   |              |                   |              |



CALIFORNIA COMMERCIAL AUTO  
COVERAGES / LIMITS SECTION

DATE (MM/DD/YYYY)

09/15/2025

|                                     |                              |  |           |
|-------------------------------------|------------------------------|--|-----------|
| PRODUCER<br>Shaw Insurance Services |                              | NAMED INSURED(S)<br>SANITATION SERVICES, INC., DBA: JR'S PORTABLE SANITATION |           |
| POLICY NUMBER                       | EFFECTIVE DATE<br>11/28/2025 | CARRIER  | NAIC CODE |

## BUSINESS AUTO SECTION

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

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

## SIGNATURE / FRAUD

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|                       |      |  |                                     |
|-----------------------|------|--|-------------------------------------|
| APPLICANT'S SIGNATURE | DATE | PRODUCER'S SIGNATURE<br> | NATIONAL PRODUCER NUMBER<br>7679024 |
|-----------------------|------|--|-------------------------------------|

## TRUCKERS SECTION

AGENCY CUSTOMER ID: 00012358

| COVERAGES  | COVERED AUTO SYMBOLS    | LIMITS  | PHYSICAL DAMAGE          |                      |                     |                                     |
|--|-------------------------|---|--------------------------|----------------------|---------------------|-------------------------------------|
| LIABILITY  | 41 46<br>42 47<br>43 50 | CSL BI EA PER \$<br>BI EACH ACCIDENT \$<br>PROPERTY DAMAGE \$ | COVERAGES                | COVERED AUTO SYMBOLS | LIMITS              | DEDUCTIBLE                          |
|  |                         |   | COMP / OTC               | 42 47<br>43<br>46    |                     | \$                                  |
|  |                         |   | SPECIFIED CAUSES OF LOSS | 42 47<br>43<br>46    | SCL FT LSP<br>F FTW | \$                                  |
| MEDICAL PAYMENTS   | 42 46<br>43             | EACH PERSON \$  | COLLISION                | 42 47<br>43          |                     | \$                                  |
| UNINSURED MOTORIST   | 42 46<br>43<br>45       | CSL BI EA PER \$<br>BI EACH ACCIDENT \$<br>PROPERTY DAMAGE \$ | WAIVER OF DEDUCTIBLE     | 46                   |                     |                                     |
|  |                         |   | TOWING & LABOR           |                      | \$                  |                                     |
| TRAILER INTERCHANGE  |                         |   |                          |                      |                     |                                     |
|  |                         |   | COVERAGES                | SYMBOL               | # TRAILERS          | FARTH ZONE # DAYS RADIUS DEDUCTIBLE |
| NON-TRUCKERS HIRED / BORROWED  | YES STATES<br>NO        | COST OF HIRE IF ANY BASIS \$                                  | COMP / OTC               | 48<br>49             |                     |                                     |
| TRUCKERS HIRED / BORROWED LIABILITY  | YES STATES<br>NO        | COST OF HIRE IF ANY BASIS \$                                  | SPECIFIED CAUSES OF LOSS | 48<br>49             |                     |                                     |
| NON-OWNED AUTO LIABILITY   | YES STATES<br>NO        | GROUP TYPE NUMBER OF<br>EMPLOYEES<br>VOLUNTEERS<br>PARTNERS   | COLLISION                | 48<br>49             |                     | \$                                  |
| OTHER  |                         |   | WAIVER OF DEDUCTIBLE     |                      |                     |                                     |
|  |                         |   | TRAILER VALUE            | \$                   |                     |                                     |
|  |                         |   | HIRED PHYSICAL DAMAGE    | STATES # DAYS # VEH  |                     |                                     |
|  |                         |   | COVERAGE IS:             | PRIMARY              | SECONDARY           |                                     |
|  |                         |   | OTHER                    |                      |                     |                                     |
| COVERED AUTO SYMBOLS (44) OWNED AUTOS SUBJECT TO NO-FAULT (46) SPECIFICALLY DESCRIBED AUTOS (49) YOUR TRAILERS IN THE POSSESSION OF<br>(41) ANY AUTO (45) OWNED AUTOS SUBJECT TO A (47) HIRED AUTOS ONLY ANOTHER TRUCKER UNDER A TRAILER<br>(42) OWNED AUTOS ONLY COMPULSORY UNINSURED (48) TRAILERS IN YOUR POSSESSION UNDER INTERCHANGE AGREEMENT<br>(43) OWNED COMMERCIAL AUTOS ONLY MOTORIST LAW A TRAILER INTERCHANGE AGREEMENT (50) NON-OWNED AUTOS ONLY |                         |   |                          |                      |                     |                                     |

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

## SIGNATURE / FRAUD

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| APPLICANT'S SIGNATURE | DATE | PRODUCER'S SIGNATURE | NATIONAL PRODUCER NUMBER<br>7679024 |
|-----------------------|------|----------------------|-------------------------------------|

**MOTOR CARRIER SECTION**

| COVERAGES  |  | COVERED AUTO SYMBOLS |        | LIMITS |  | PHYSICAL DAMAGE  |  |                      |  |        |     |            |  |  |
|--|--|----------------------|--------|--------|--|------------------|--|----------------------|--|--------|-----|------------|--|--|
|  |  |                      |        |        |  | COVERAGES        |  | COVERED AUTO SYMBOLS |  | LIMITS |     | DEDUCTIBLE |  |  |
| LIABILITY  |  | 61                   |        | 67     |  | CSL              |  | BI                   |  | EA     | PER | \$         |  |  |
|  |  | 62                   |        | 68     |  | BI EACH ACCIDENT |  | \$                   |  |        |     |            |  |  |
|  |  | 63                   |        | 71     |  | PROPERTY DAMAGE  |  | \$                   |  |        |     |            |  |  |
|  |  | 64                   |        |        |  |                  |  |                      |  |        |     |            |  |  |
|  |  |                      |        |        |  |                  |  |                      |  |        |     |            |  |  |
|  |  |                      |        |        |  |                  |  |                      |  |        |     |            |  |  |
|  |  |                      |        |        |  |                  |  |                      |  |        |     |            |  |  |
|  |  |                      |        |        |  |                  |  |                      |  |        |     |            |  |  |
| MEDICAL PAYMENTS   |  | 62                   |        | 64     |  | EACH PERSON      |  | \$                   |  |        |     |            |  |  |
|  |  | 63                   |        | 67     |  |                  |  |                      |  |        |     |            |  |  |
| UNINSURED MOTORIST   |  | 62                   |        | 66     |  | CSL              |  | BI                   |  | EA     | PER | \$         |  |  |
|  |  | 63                   |        | 67     |  | BI EACH ACCIDENT |  | \$                   |  |        |     |            |  |  |
|  |  | 64                   |        |        |  | PROPERTY DAMAGE  |  | \$                   |  |        |     |            |  |  |
|  |  |                      |        |        |  |                  |  |                      |  |        |     |            |  |  |
|  |  |                      |        |        |  |                  |  |                      |  |        |     |            |  |  |
|  |  |                      |        |        |  |                  |  |                      |  |        |     |            |  |  |
| NON-TRUCKERS HIRED / BORROWED  |  | YES                  | STATES |        |  | COST OF HIRE     |  | IF ANY BASIS         |  |        |     |            |  |  |
|  |  | NO                   |        |        |  | \$               |  |                      |  |        |     |            |  |  |
| TRUCKERS HIRED / BORROWED LIABILITY  |  | YES                  | STATES |        |  | COST OF HIRE     |  | IF ANY BASIS         |  |        |     |            |  |  |
|  |  | NO                   |        |        |  | \$               |  |                      |  |        |     |            |  |  |
| NON-OWNED AUTO LIABILITY   |  | YES                  | STATES |        |  | GROUP TYPE       |  | NUMBER OF            |  |        |     |            |  |  |
|  |  | NO                   |        |        |  | EMPLOYEES        |  |                      |  |        |     |            |  |  |
|  |  |                      |        |        |  | VOLUNTEERS       |  |                      |  |        |     |            |  |  |
|  |  |                      |        |        |  | PARTNERS         |  |                      |  |        |     |            |  |  |
| OTHER  |  |                      |        |        |  |                  |  |                      |  |        |     |            |  |  |
|  |  |                      |        |        |  |                  |  |                      |  |        |     |            |  |  |
| <b>COVERED AUTO SYMBOLS</b><br>(61) ANY AUTO (64) OWNED COMMERCIAL AUTOS ONLY (67) SPECIFICALLY DESCRIBED AUTOS (70) YOUR TRAILERS IN THE POSSESSION OF<br>(62) OWNED AUTOS ONLY (65) OWNED AUTOS SUBJECT TO NO-FAULT (68) HIRED AUTOS ONLY (69) TRAILERS IN YOUR POSSESSION UNDER<br>(63) OWNED PRIVATE PASS AUTOS ONLY (66) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW A TRAILER INTERCHANGE AGREEMENT (71) NON-OWNED AUTOS ONLY |  |                      |        |        |  |                  |  |                      |  |        |     |            |  |  |

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|-----------------------|------|----------------------|-------------------------------------|



# BUSINESS AUTO SECTION

DATE (MM/DD/YYYY)

09/15/2025

|                                   |                              |  |  |           |
|-----------------------------------|------------------------------|--|--|-----------|
| AGENCY<br>Shaw Insurance Services |                              | CARRIER  |  | NAIC CODE |
| POLICY NUMBER                     | EFFECTIVE DATE<br>11/28/2025 | NAMED INSURED(S)<br>SANITATION SERVICES, INC., DBA: JR'S PORTABLE SANITATION |  |           |

## COVERAGES / LIMITS

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

**DRIVER INFORMATION** ☒ ACORD 163 attached for additional drivers

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

| DRIVER # | NAME<br>CITY, STATE AND ZIP CODE | SEX | * MAR<br>STAT | DATE OF BIRTH | YRS<br>EXP | YEAR<br>LIC | DRIVERS LICENSE NUMBER/<br>SOCIAL SECURITY NUMBER | STATE<br>LIC | DATE<br>HIRE | BROADEN<br>NO-FAULT | DOC | USE<br>VEH # | %<br>USE |
|----------|----------------------------------|-----|---------------|---------------|------------|-------------|---|--------------|--------------|---------------------|-----|--------------|----------|
| 1        | RONALD E BARNES                  | M   |               | 03/06/1967    |            |             | C5238312  | CA           | 01/12/2016   |                     |     |              |          |
| 2        | JOHNNIE R PORTER                 | M   |               | 04/26/1982    |            |             | B9247556  | CA           | 01/01/2019   |                     |     |              |          |
| 3        | ERIC D LEWIS                     | M   |               | 03/01/1963    |            |             | C4921885  | CA           | 09/20/2009   |                     |     |              |          |
| 4        | LAWRENCE L JOHNSON               | M   |               | 05/16/1972    |            |             | A2422586  | CA           | 09/20/2009   |                     |     |              |          |
| 5        | RONALD A WHITE                   | M   |               | 09/06/1963    |            |             | V9073900  | CA           | 01/01/2019   |                     |     |              |          |
| 6        | JORGE N BECERRANAVARR            | M   |               | 11/05/1965    |            |             | C5848626  | CA           | 06/01/2016   |                     |     |              |          |
| 7        | LEONARDO CENTENO                 | M   |               | 04/05/1969    |            |             | C6734113  | CA           | 06/01/2013   |                     |     |              |          |
| 8        | CARL D BOWLES JR                 | M   |               | 10/15/1975    |            |             | A4638946  | CA           | 03/08/2021   |                     |     |              |          |
| 9        | MANUEL FRANCISCO                 | M   |               | 10/12/1988    |            |             | Y3625984  | CA           | 10/13/2021   |                     |     |              |          |
| 10       | BRANDON AYOTTE                   | M   |               | 05/23/1988    |            |             | D6261329  | CA           | 10/11/2021   |                     |     |              |          |
| 11       | NOBERTO CANO                     | M   |               | 02/14/1967    |            |             | C4486203  | CA           | 08/15/2023   |                     |     |              |          |
| 12       | JUSTIN L PIERCE                  | M   |               | 09/24/1990    |            |             | D8900804  | CA           | 01/03/2019   |                     |     |              |          |
| 13       | EDWIN RUIZALDANA                 | M   |               | 01/24/1986    |            |             | Y4709445  | CA           | 06/08/2020   |                     |     |              |          |

\* MARITAL STATUS / CIVIL UNION (if applicable)

## GENERAL INFORMATION

|  |                     |  |  |      |       |             |                     |  |      |  |  |  |       |
|--|---------------------|--|--|------|-------|-------------|---------------------|--|------|--|--|--|-------|
| EXPLAIN ALL "YES" RESPONSES  |                     |  |  |      |       |             |                     |  |      |  |  |  | Y / N |
| 1. WITH THE EXCEPTION OF ANY ENCUMBRANCES, ARE ANY VEHICLES FOR WHICH INSURANCE IS REQUESTED NOT SOLELY OWNED BY AND REGISTERED TO THE APPLICANT?            |                     |  |  |      |       |             |                     |  |      |  |  |  | N     |
| VEH #  | NAME OF OTHER OWNER |  |  |      |       | VEH #       | NAME OF OTHER OWNER |  |      |  |  |  |       |
| 2. DO OVER 50% OF THE EMPLOYEES USE THEIR AUTOS IN THE BUSINESS? (no explanation needed)   |                     |  |  |      |       |             |                     |  |      |  |  |  | N     |
| 3. IS THERE A VEHICLE MAINTENANCE PROGRAM IN OPERATION?  |                     |  |  |      |       |             |                     |  |      |  |  |  | Y     |
| 4. ARE ANY VEHICLES LEASED TO OTHERS?  |                     |  |  |      |       |             |                     |  |      |  |  |  | N     |
| 5. ANY CAR MODIFIED / SPECIAL EQUIPMENT? (Include customized vans / pickups)   |                     |  |  |      |       |             |                     |  |      |  |  |  | N     |
| VEH #  | DESCRIPTION         |  |  | COST | VEH # | DESCRIPTION |                     |  | COST |  |  |  |       |
|  |                     |  |  | \$   |       |             |                     |  | \$   |  |  |  |       |
| 6. ARE ICC (Interstate Commerce Commission), PUC (Public Utility Commission) OR OTHER FILINGS REQUIRED? (If "YES", attach ACORD 194) (no explanation needed) |                     |  |  |      |       |             |                     |  |      |  |  |  | Y     |
| 7. DO OPERATIONS INVOLVE TRANSPORTING HAZARDOUS MATERIAL?  |                     |  |  |      |       |             |                     |  |      |  |  |  | Y     |

**GENERAL INFORMATION (continued)**

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

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

| INTEREST   | NAME AND ADDRESS RANK: _____  | EVIDENCE: _____ | CERTIFICATE _____ | INTEREST IN ITEM NUMBER                      |
|--|---|-----------------|-------------------|--|
| <input type="checkbox"/> ADDITIONAL INSURED<br><input type="checkbox"/> EMPLOYEE AS LESSOR<br><input type="checkbox"/> LENDER'S LOSS PAYABLE<br><input type="checkbox"/> LIENHOLDER<br><input checked="" type="checkbox"/> LOSS PAYEE<br><input type="checkbox"/> OWNER<br><input type="checkbox"/> REGISTRANT | Wintrust Specialty Finance ISAOA<br>P O Box 3886<br>Bellevue WA 98009-3886<br>REFERENCE / LOAN #: _____ |                 |                   | VEHICLE: 6 LOCATION: _____<br>_____<br>_____ |
| <input type="checkbox"/> ADDITIONAL INSURED<br><input type="checkbox"/> EMPLOYEE AS LESSOR<br><input type="checkbox"/> LENDER'S LOSS PAYABLE<br><input type="checkbox"/> LIENHOLDER<br><input checked="" type="checkbox"/> LOSS PAYEE<br><input type="checkbox"/> OWNER<br><input type="checkbox"/> REGISTRANT | TCF Capital Solutions,<br>11100 Wayzata Blvd<br>Minnetonka MN 55305-5517<br>REFERENCE / LOAN #: _____   |                 |                   | VEHICLE: 7 LOCATION: _____<br>_____<br>_____ |

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

|  |
|--|
|  |
|--|

VEHICLE DESCRIPTION ☒ ACORD 129 attached for additional vehicles

|  |  |  |   |   |   |   |   |  |  |   |
|--|--|--|---|---|---|---|---|--|--|---|
| VEH #<br>1   | YEAR<br>2017                                 | MAKE: Ford<br>MODEL: F550 Pumper   | BODY TYPE:<br>V.I.N.: 1FDUF5GTXHEF22920 | VEHICLE TYPE<br>PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input type="checkbox"/>   |   |   | SYM / AGE   | COMP / OTC SYM   | COLL SYM                               |   |
| GARAGING ADDRESS   | STREET (Required in KY)<br>958 Darlene Drive |  | CITY<br>Petaluma                        |   | COUNTY                                  |   |   | STATE<br>CA  | ZIP<br>94952                           |   |
| LIC STATE  | TERR   | GVW / GCW  | CLASS                                   | SIC   | FACTOR                                  | SEAT CP   | RADIUS  | FARTHEST TERMINAL  |  |   |
| USE<br>PLEASURE <input type="checkbox"/> FARM <input type="checkbox"/> |  | COMM'L <input type="checkbox"/> RETAIL <input type="checkbox"/> SERVICE <input type="checkbox"/> | FOR HIRE <input type="checkbox"/>       | CHECK COVERAGES<br><input checked="" type="checkbox"/> LIAB <input checked="" type="checkbox"/> MED PAY <input checked="" type="checkbox"/> UNINS MOTOR <input checked="" type="checkbox"/> | ADD'L NO-FAULT <input type="checkbox"/> | UNDRINS MOTOR TOWING & LABOR SPEC C OF L <input type="checkbox"/> | F <input type="checkbox"/> FT <input type="checkbox"/> FTW <input type="checkbox"/> | LSP <input type="checkbox"/> COMP/OTC <input checked="" type="checkbox"/> COLL <input checked="" type="checkbox"/> | RENT REIMB FG <input type="checkbox"/> | DEDUCTIBLES<br>AA <input type="checkbox"/> STAMT <input type="checkbox"/> |
| DRIVE TO WORK / SCHOOL <input type="checkbox"/>                        |  | < 15 MILES <input type="checkbox"/>  | 15 MILES + <input type="checkbox"/>     | NET VEH DR/CR:  |   |   | TOTAL PREM: \$  |  |  |   |
| VEH #<br>2   | YEAR<br>2017                                 | MAKE: Ford<br>MODEL: F750 Pumper   | BODY TYPE:<br>V.I.N.: 1FDWF7DC3HDB04679 | VEHICLE TYPE<br>PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input type="checkbox"/>   |   |   | SYM / AGE   | COMP / OTC SYM   | COLL SYM                               |   |
| GARAGING ADDRESS   | STREET (Required in KY)<br>958 Darlene Drive |  | CITY<br>Petaluma                        |   | COUNTY                                  |   |   | STATE<br>CA  | ZIP<br>94952                           |   |
| LIC STATE  | TERR   | GVW / GCW  | CLASS                                   | SIC   | FACTOR                                  | SEAT CP   | RADIUS  | FARTHEST TERMINAL  |  |   |
| USE<br>PLEASURE <input type="checkbox"/> FARM <input type="checkbox"/> |  | COMM'L <input type="checkbox"/> RETAIL <input type="checkbox"/> SERVICE <input type="checkbox"/> | FOR HIRE <input type="checkbox"/>       | CHECK COVERAGES<br><input checked="" type="checkbox"/> LIAB <input checked="" type="checkbox"/> MED PAY <input checked="" type="checkbox"/> UNINS MOTOR <input checked="" type="checkbox"/> | ADD'L NO-FAULT <input type="checkbox"/> | UNDRINS MOTOR TOWING & LABOR SPEC C OF L <input type="checkbox"/> | F <input type="checkbox"/> FT <input type="checkbox"/> FTW <input type="checkbox"/> | LSP <input type="checkbox"/> COMP/OTC <input checked="" type="checkbox"/> COLL <input checked="" type="checkbox"/> | RENT REIMB FG <input type="checkbox"/> | DEDUCTIBLES<br>AA <input type="checkbox"/> STAMT <input type="checkbox"/> |
| DRIVE TO WORK / SCHOOL <input type="checkbox"/>                        |  | < 15 MILES <input type="checkbox"/>  | 15 MILES + <input type="checkbox"/>     | NET VEH DR/CR:  |   |   | TOTAL PREM: \$  |  |  |   |
| VEH #<br>3   | YEAR<br>2018                                 | MAKE: Int'l<br>MODEL: Pumper   | BODY TYPE:<br>V.I.N.: 3HAMMMML7JL424518 | VEHICLE TYPE<br>PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input type="checkbox"/>   |   |   | SYM / AGE   | COMP / OTC SYM   | COLL SYM                               |   |
| GARAGING ADDRESS   | STREET (Required in KY)<br>958 Darlene Drive |  | CITY<br>Petaluma                        |   | COUNTY                                  |   |   | STATE<br>CA  | ZIP<br>94952                           |   |
| LIC STATE  | TERR   | GVW / GCW  | CLASS                                   | SIC   | FACTOR                                  | SEAT CP   | RADIUS  | FARTHEST TERMINAL  |  |   |
| USE<br>PLEASURE <input type="checkbox"/> FARM <input type="checkbox"/> |  | COMM'L <input type="checkbox"/> RETAIL <input type="checkbox"/> SERVICE <input type="checkbox"/> | FOR HIRE <input type="checkbox"/>       | CHECK COVERAGES<br><input checked="" type="checkbox"/> LIAB <input checked="" type="checkbox"/> MED PAY <input checked="" type="checkbox"/> UNINS MOTOR <input checked="" type="checkbox"/> | ADD'L NO-FAULT <input type="checkbox"/> | UNDRINS MOTOR TOWING & LABOR SPEC C OF L <input type="checkbox"/> | F <input type="checkbox"/> FT <input type="checkbox"/> FTW <input type="checkbox"/> | LSP <input type="checkbox"/> COMP/OTC <input checked="" type="checkbox"/> COLL <input checked="" type="checkbox"/> | RENT REIMB FG <input type="checkbox"/> | DEDUCTIBLES<br>AA <input type="checkbox"/> STAMT <input type="checkbox"/> |
| DRIVE TO WORK / SCHOOL <input type="checkbox"/>                        |  | < 15 MILES <input type="checkbox"/>  | 15 MILES + <input type="checkbox"/>     | NET VEH DR/CR:  |   |   | TOTAL PREM: \$  |  |  |   |
| VEH #<br>4   | YEAR<br>2018                                 | MAKE: Ford<br>MODEL: F550 Pumper   | BODY TYPE:<br>V.I.N.: 1FDUF5GTXJE898311 | VEHICLE TYPE<br>PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input type="checkbox"/>   |   |   | SYM / AGE   | COMP / OTC SYM   | COLL SYM                               |   |
| GARAGING ADDRESS   | STREET (Required in KY)<br>958 Darlene Drive |  | CITY<br>Petaluma                        |   | COUNTY                                  |   |   | STATE<br>CA  | ZIP<br>94952                           |   |
| LIC STATE  | TERR   | GVW / GCW  | CLASS                                   | SIC   | FACTOR                                  | SEAT CP   | RADIUS  | FARTHEST TERMINAL  |  |   |
| USE<br>PLEASURE <input type="checkbox"/> FARM <input type="checkbox"/> |  | COMM'L <input type="checkbox"/> RETAIL <input type="checkbox"/> SERVICE <input type="checkbox"/> | FOR HIRE <input type="checkbox"/>       | CHECK COVERAGES<br><input checked="" type="checkbox"/> LIAB <input checked="" type="checkbox"/> MED PAY <input checked="" type="checkbox"/> UNINS MOTOR <input checked="" type="checkbox"/> | ADD'L NO-FAULT <input type="checkbox"/> | UNDRINS MOTOR TOWING & LABOR SPEC C OF L <input type="checkbox"/> | F <input type="checkbox"/> FT <input type="checkbox"/> FTW <input type="checkbox"/> | LSP <input type="checkbox"/> COMP/OTC <input checked="" type="checkbox"/> COLL <input checked="" type="checkbox"/> | RENT REIMB FG <input type="checkbox"/> | DEDUCTIBLES<br>AA <input type="checkbox"/> STAMT <input type="checkbox"/> |
| DRIVE TO WORK / SCHOOL <input type="checkbox"/>                        |  | < 15 MILES <input type="checkbox"/>  | 15 MILES + <input type="checkbox"/>     | NET VEH DR/CR:  |   |   | TOTAL PREM: \$  |  |  |   |

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

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

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

**Applicable in CO**

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

**Applicable in FL and OK**

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

**Applicable in KS**

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

**Applicable in KY, NY, OH and PA**

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

**Applicable in ME, TN, VA and WA**

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

**Applicable in NJ**

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

**Applicable in OR**

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

**Applicable in PR**

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

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

PRODUCER'S SIGNATURE

PRODUCER'S NAME (Please Print)

Chris Harbour/CATHY

STATE PRODUCER LICENSE NO  
(Required in Florida)

APPLICANT'S SIGNATURE

DATE

NATIONAL PRODUCER NUMBER

7679024



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

|                                   |                              |  |           |
|-----------------------------------|------------------------------|--|-----------|
| AGENCY<br>Shaw Insurance Services |                              | CARRIER  | NAIC CODE |
| POLICY NUMBER                     | EFFECTIVE DATE<br>11/28/2025 | NAMED INSURED(S)<br>SANITATION SERVICES, INC., DBA: JR'S PORTABLE SANITATION |           |

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

[illegible]

**\* MARITAL STATUS / CIVIL UNION (if applicable)**





AGENCY CUSTOMER ID: 00012358

## ADDITIONAL INTEREST SCHEDULE

DATE (MM/DD/YYYY)

09/15/2025

|                                   |                              |  |  |           |
|-----------------------------------|------------------------------|--|--|-----------|
| AGENCY<br>Shaw Insurance Services |                              | CARRIER  |  | NAIC CODE |
| POLICY NUMBER                     | EFFECTIVE DATE<br>11/28/2025 | NAMED INSURED(S)<br>SANITATION SERVICES, INC., DBA: JR'S PORTABLE SANITATION |  |           |

## ADDITIONAL INTEREST (Not all fields apply to all scenarios - provide only the necessary data)

|  |  |   |  |                       |                   |              |                 |  |  |
|--|--|---|--|-----------------------|-------------------|--------------|-----------------|--|--|
| INTEREST<br><input checked="" type="checkbox"/> ADDITIONAL INSURED<br><input type="checkbox"/> BREACH OF WARRANTY<br><input type="checkbox"/> CO-OWNER<br><input type="checkbox"/> EMPLOYEE AS LESSOR<br><input type="checkbox"/> LEASEBACK OWNER<br><input type="checkbox"/> LENDER'S LOSS PAYABLE<br><input type="checkbox"/> LIENHOLDER |  | NAME AND ADDRESS RANK: _____<br>TCF Capital Solutions, A Division of TGF<br>11100 Wayzata Blvd<br>Minnetonka MN 55305-5517<br>REFERENCE / LOAN #: _____<br>LIEN AMOUNT: _____                 |  | EVIDENCE: _____       | CERTIFICATE _____ | POLICY _____ | SEND BILL _____ | INTEREST IN ITEM NUMBER<br>LOCATION: _____ BUILDING: _____<br>VEHICLE: 7 BOAT: _____<br>AIRPORT: _____ AIRCRAFT: _____<br>SCHED #: _____ ITEM: _____<br>ITEM CLASS: _____<br>ITEM DESCRIPTION<br>2019 Volvo Roll Off   |  |
| REASON FOR INTEREST:   |  |   |  | E-MAIL ADDRESS: _____ |                   |              |                 |  |  |
| INTEREST<br><input type="checkbox"/> ADDITIONAL INSURED<br><input type="checkbox"/> BREACH OF WARRANTY<br><input type="checkbox"/> CO-OWNER<br><input type="checkbox"/> EMPLOYEE AS LESSOR<br><input type="checkbox"/> LEASEBACK OWNER<br><input type="checkbox"/> LENDER'S LOSS PAYABLE<br><input type="checkbox"/> LIENHOLDER            |  | NAME AND ADDRESS RANK: _____<br>Hitachi Capital American Corp<br>800 Connecticut Ave<br>4th Floor N<br>Norwalk CT 06854-1631<br>REFERENCE / LOAN #: _____<br>LIEN AMOUNT: _____               |  | EVIDENCE: _____       | CERTIFICATE _____ | POLICY _____ | SEND BILL _____ | INTEREST IN ITEM NUMBER<br>LOCATION: _____ BUILDING: _____<br>VEHICLE: 22 BOAT: _____<br>AIRPORT: _____ AIRCRAFT: _____<br>SCHED #: _____ ITEM: _____<br>ITEM CLASS: _____<br>ITEM DESCRIPTION<br>2019 Ford 550 Pumper |  |
| REASON FOR INTEREST:   |  |   |  | E-MAIL ADDRESS: _____ |                   |              |                 |  |  |
| INTEREST<br><input type="checkbox"/> ADDITIONAL INSURED<br><input type="checkbox"/> BREACH OF WARRANTY<br><input type="checkbox"/> CO-OWNER<br><input type="checkbox"/> EMPLOYEE AS LESSOR<br><input type="checkbox"/> LEASEBACK OWNER<br><input type="checkbox"/> LENDER'S LOSS PAYABLE<br><input type="checkbox"/> LIENHOLDER            |  | NAME AND ADDRESS RANK: _____<br>Ford Motor Credit<br>P O Box 105704<br>Atlanta GA 30348-5704<br>REFERENCE / LOAN #: _____<br>LIEN AMOUNT: _____   |  | EVIDENCE: _____       | CERTIFICATE _____ | POLICY _____ | SEND BILL _____ | INTEREST IN ITEM NUMBER<br>LOCATION: _____ BUILDING: _____<br>VEHICLE: 23 BOAT: _____<br>AIRPORT: _____ AIRCRAFT: _____<br>SCHED #: _____ ITEM: _____<br>ITEM CLASS: _____<br>ITEM DESCRIPTION<br>2019 Ford F550       |  |
| REASON FOR INTEREST:   |  |   |  | E-MAIL ADDRESS: _____ |                   |              |                 |  |  |
| INTEREST<br><input type="checkbox"/> ADDITIONAL INSURED<br><input type="checkbox"/> BREACH OF WARRANTY<br><input type="checkbox"/> CO-OWNER<br><input type="checkbox"/> EMPLOYEE AS LESSOR<br><input type="checkbox"/> LEASEBACK OWNER<br><input type="checkbox"/> LENDER'S LOSS PAYABLE<br><input type="checkbox"/> LIENHOLDER            |  | NAME AND ADDRESS RANK: _____<br>People's United Equipment Finance Corp<br>10715 David Taylor Drive<br>Suite 550<br>Charlotte NC 28262-1286<br>REFERENCE / LOAN #: _____<br>LIEN AMOUNT: _____ |  | EVIDENCE: _____       | CERTIFICATE _____ | POLICY _____ | SEND BILL _____ | INTEREST IN ITEM NUMBER<br>LOCATION: _____ BUILDING: _____<br>VEHICLE: 24 BOAT: _____<br>AIRPORT: _____ AIRCRAFT: _____<br>SCHED #: _____ ITEM: _____<br>ITEM CLASS: _____<br>ITEM DESCRIPTION<br>2019 Ford F550       |  |
| REASON FOR INTEREST:   |  |   |  | E-MAIL ADDRESS: _____ |                   |              |                 |  |  |
| INTEREST<br><input checked="" type="checkbox"/> ADDITIONAL INSURED<br><input type="checkbox"/> BREACH OF WARRANTY<br><input type="checkbox"/> CO-OWNER<br><input type="checkbox"/> EMPLOYEE AS LESSOR<br><input type="checkbox"/> LEASEBACK OWNER<br><input type="checkbox"/> LENDER'S LOSS PAYABLE<br><input type="checkbox"/> LIENHOLDER |  | NAME AND ADDRESS RANK: _____<br>TCF CAPITAL SOLUTIONS, A DIVISION OF TCF<br>11100 WAYZATA BLVD STE 801<br>MINNETONKA MN 55305-5503<br>REFERENCE / LOAN #: _____<br>LIEN AMOUNT: _____         |  | EVIDENCE: _____       | CERTIFICATE _____ | POLICY _____ | SEND BILL _____ | INTEREST IN ITEM NUMBER<br>LOCATION: _____ BUILDING: _____<br>VEHICLE: 27 BOAT: _____<br>AIRPORT: _____ AIRCRAFT: _____<br>SCHED #: _____ ITEM: _____<br>ITEM CLASS: _____<br>ITEM DESCRIPTION<br>2015 Volvo Pumper    |  |
| REASON FOR INTEREST:   |  |   |  | E-MAIL ADDRESS: _____ |                   |              |                 |  |  |



AGENCY CUSTOMER ID: 00012358

## ADDITIONAL INTEREST SCHEDULE

DATE (MM/DD/YYYY)

09/15/2025

|                                   |                              |  |  |           |
|-----------------------------------|------------------------------|--|--|-----------|
| AGENCY<br>Shaw Insurance Services |                              | CARRIER  |  | NAIC CODE |
| POLICY NUMBER                     | EFFECTIVE DATE<br>11/28/2025 | NAMED INSURED(S)<br>SANITATION SERVICES, INC., DBA: JR'S PORTABLE SANITATION |  |           |

## ADDITIONAL INTEREST (Not all fields apply to all scenarios - provide only the necessary data)

|   |  |  |                       |                             |              |                             |                         |                 |
|---|--|--|-----------------------|-----------------------------|--------------|-----------------------------|-------------------------|-----------------|
| INTEREST                                    |  | NAME AND ADDRESS RANK: _____   | EVIDENCE: _____       | CERTIFICATE _____           | POLICY _____ | SEND BILL _____             | INTEREST IN ITEM NUMBER |                 |
| <input type="checkbox"/> ADDITIONAL INSURED | <input checked="" type="checkbox"/> LOSS PAYEE | First Foundation Bank ISAOA<br>18101 Von Karman Ave<br>Suite 750<br>Irvine CA 92612-0005 |                       |                             |              |                             | LOCATION: _____         | BUILDING: _____ |
| <input type="checkbox"/> BREACH OF WARRANTY | <input type="checkbox"/> MORTGAGEE             |  |                       |                             |              |                             | VEHICLE: 28             | BOAT: _____     |
| <input type="checkbox"/> CO-OWNER           | <input type="checkbox"/> OWNER                 |  |                       |                             |              |                             | AIRPORT: _____          | AIRCRAFT: _____ |
| <input type="checkbox"/> EMPLOYEE AS LESSOR | <input type="checkbox"/> REGISTRANT            |  |                       |                             |              |                             | SCHED #: _____          | ITEM: _____     |
| <input type="checkbox"/> LEASEBACK OWNER    | <input type="checkbox"/> TRUSTEE               |  |                       |                             |              |                             | ITEM CLASS: _____       |                 |
| LENDER'S LOSS PAYABLE                       |  | REFERENCE / LOAN #: _____  |                       | INTEREST END DATE: _____    |              | ITEM DESCRIPTION            |                         |                 |
| LIENHOLDER                                  |  | LIEN AMOUNT: _____   |                       | PHONE (A/C, No, Ext): _____ |              | 2020 Diamond C Gooseneck FB |                         |                 |
| REASON FOR INTEREST: _____                  |  |  | E-MAIL ADDRESS: _____ |                             |              |                             |                         |                 |

|   |  |  |                       |                             |              |                     |                         |                 |
|---|--|--|-----------------------|-----------------------------|--------------|---------------------|-------------------------|-----------------|
| INTEREST                                    |  | NAME AND ADDRESS RANK: _____   | EVIDENCE: _____       | CERTIFICATE _____           | POLICY _____ | SEND BILL _____     | INTEREST IN ITEM NUMBER |                 |
| <input type="checkbox"/> ADDITIONAL INSURED | <input checked="" type="checkbox"/> LOSS PAYEE | Navitas Credit Corp<br>201 Executive Center Drive<br>Suite 100<br>Columbia SC 29210-8410 |                       |                             |              |                     | LOCATION: _____         | BUILDING: _____ |
| <input type="checkbox"/> BREACH OF WARRANTY | <input type="checkbox"/> MORTGAGEE             |  |                       |                             |              |                     | VEHICLE: 30             | BOAT: _____     |
| <input type="checkbox"/> CO-OWNER           | <input type="checkbox"/> OWNER                 |  |                       |                             |              |                     | AIRPORT: _____          | AIRCRAFT: _____ |
| <input type="checkbox"/> EMPLOYEE AS LESSOR | <input type="checkbox"/> REGISTRANT            |  |                       |                             |              |                     | SCHED #: _____          | ITEM: _____     |
| <input type="checkbox"/> LEASEBACK OWNER    | <input type="checkbox"/> TRUSTEE               |  |                       |                             |              |                     | ITEM CLASS: _____       |                 |
| LENDER'S LOSS PAYABLE                       |  | REFERENCE / LOAN #: _____  |                       | INTEREST END DATE: _____    |              | ITEM DESCRIPTION    |                         |                 |
| LIENHOLDER                                  |  | LIEN AMOUNT: _____   |                       | PHONE (A/C, No, Ext): _____ |              | 2019 Ford 550 Truck |                         |                 |
| REASON FOR INTEREST: _____                  |  |  | E-MAIL ADDRESS: _____ |                             |              |                     |                         |                 |

|   |  |  |                       |                             |              |                       |                         |                 |
|---|--|--|-----------------------|-----------------------------|--------------|-----------------------|-------------------------|-----------------|
| INTEREST                                    |  | NAME AND ADDRESS RANK: _____   | EVIDENCE: _____       | CERTIFICATE _____           | POLICY _____ | SEND BILL _____       | INTEREST IN ITEM NUMBER |                 |
| <input type="checkbox"/> ADDITIONAL INSURED | <input checked="" type="checkbox"/> LOSS PAYEE | First Foundation Bank ISAOA<br>18101 Von Karman Ave<br>Suite 750<br>Irvine CA 92612-0005 |                       |                             |              |                       | LOCATION: _____         | BUILDING: _____ |
| <input type="checkbox"/> BREACH OF WARRANTY | <input type="checkbox"/> MORTGAGEE             |  |                       |                             |              |                       | VEHICLE: 32             | BOAT: _____     |
| <input type="checkbox"/> CO-OWNER           | <input type="checkbox"/> OWNER                 |  |                       |                             |              |                       | AIRPORT: _____          | AIRCRAFT: _____ |
| <input type="checkbox"/> EMPLOYEE AS LESSOR | <input type="checkbox"/> REGISTRANT            |  |                       |                             |              |                       | SCHED #: _____          | ITEM: _____     |
| <input type="checkbox"/> LEASEBACK OWNER    | <input type="checkbox"/> TRUSTEE               |  |                       |                             |              |                       | ITEM CLASS: _____       |                 |
| LENDER'S LOSS PAYABLE                       |  | REFERENCE / LOAN #: _____  |                       | INTEREST END DATE: _____    |              | ITEM DESCRIPTION      |                         |                 |
| LIENHOLDER                                  |  | LIEN AMOUNT: _____   |                       | PHONE (A/C, No, Ext): _____ |              | 2021 Dodge Ram Pumper |                         |                 |
| REASON FOR INTEREST: _____                  |  |  | E-MAIL ADDRESS: _____ |                             |              |                       |                         |                 |

|   |  |   |                       |                             |              |                      |                         |                 |
|---|--|---|-----------------------|-----------------------------|--------------|----------------------|-------------------------|-----------------|
| INTEREST                                    |  | NAME AND ADDRESS RANK: _____  | EVIDENCE: _____       | CERTIFICATE _____           | POLICY _____ | SEND BILL _____      | INTEREST IN ITEM NUMBER |                 |
| <input type="checkbox"/> ADDITIONAL INSURED | <input checked="" type="checkbox"/> LOSS PAYEE | Bankfinancial, National Association<br>1690 Summeytown Pake<br>Suite 150<br>Landsdale PA 19446-4885 |                       |                             |              |                      | LOCATION: _____         | BUILDING: _____ |
| <input type="checkbox"/> BREACH OF WARRANTY | <input type="checkbox"/> MORTGAGEE             |   |                       |                             |              |                      | VEHICLE: 34             | BOAT: _____     |
| <input type="checkbox"/> CO-OWNER           | <input type="checkbox"/> OWNER                 |   |                       |                             |              |                      | AIRPORT: _____          | AIRCRAFT: _____ |
| <input type="checkbox"/> EMPLOYEE AS LESSOR | <input type="checkbox"/> REGISTRANT            |   |                       |                             |              |                      | SCHED #: _____          | ITEM: _____     |
| <input type="checkbox"/> LEASEBACK OWNER    | <input type="checkbox"/> TRUSTEE               |   |                       |                             |              |                      | ITEM CLASS: _____       |                 |
| LENDER'S LOSS PAYABLE                       |  | REFERENCE / LOAN #: _____   |                       | INTEREST END DATE: _____    |              | ITEM DESCRIPTION     |                         |                 |
| LIENHOLDER                                  |  | LIEN AMOUNT: _____  |                       | PHONE (A/C, No, Ext): _____ |              | 2019 Ford F450 Truck |                         |                 |
| REASON FOR INTEREST: _____                  |  |   | E-MAIL ADDRESS: _____ |                             |              |                      |                         |                 |

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



# VEHICLE SCHEDULE

DATE (MM/DD/YYYY)

09/15/2025

|                                   |  |                              |  |           |
|-----------------------------------|--|------------------------------|--|-----------|
| AGENCY<br>Shaw Insurance Services |  | CARRIER                      |  | NAIC CODE |
| POLICY NUMBER                     |  | EFFECTIVE DATE<br>11/28/2025 | NAMED INSURED(S)<br>SANITATION SERVICES, INC., DBA: JR'S PORTABLE SANITATION |           |

## VEHICLE DESCRIPTION

|                        |  |                                     |   |   |   |                |             |  |            |  |
|------------------------|--|-------------------------------------|---|---|---|----------------|-------------|--|------------|--|
| VEH #<br>5             | YEAR<br>2019                                 | MAKE: Ford<br>MODEL: F250 Pickup    | BODY TYPE:<br>V.I.N.: 1FT7X2B63KEE04925 | VEHICLE TYPE<br>PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input type="checkbox"/> |   |                | SYM / AGE   | COMP / OTC SYM                               | COLL SYM   |  |
| GARAGING ADDRESS       | STREET (Required in KY)<br>958 Darlene Drive |                                     | CITY<br>Petaluma                        | COUNTY  |   |                | STATE<br>CA | ZIP<br>94952                                 |            |  |
| LIC STATE              | TERR   | GVW / GCW                           | CLASS                                   | SIC   | FACTOR  | SEAT CP        | RADIUS      | FARTHEST TERMINAL                            |            |  |
| USE                    |  | COMM'L                              | FOR HIRE                                | CHECK COVERAGES   | ADD'L NO-FAULT                                  | UNDRINS MOTOR  | F           | LSP  | RENT REIMB |  |
| PLEASURE               |  | RETAIL                              |   | <input checked="" type="checkbox"/> LIAB  | <input checked="" type="checkbox"/> MED PAY     | TOWING & LABOR | FT          | <input checked="" type="checkbox"/> COMP/OTC | FG         |  |
| FARM                   |  | SERVICE                             |   | <input checked="" type="checkbox"/> NO-FAULT  | <input checked="" type="checkbox"/> UNINS MOTOR | SPEC C OF L    | FTW         | <input checked="" type="checkbox"/> COLL     |            |  |
| DRIVE TO WORK / SCHOOL |  | < 15 MILES                          | 15 MILES +                              | NET VEH DR/CR:  | TOTAL PREM: \$                                  |                |             |  |            |  |
| VEH #<br>6             | YEAR<br>2019                                 | MAKE: Hino<br>MODEL: Pumper         | BODY TYPE:<br>V.I.N.: 5PVNJ8JL9K4S52304 | VEHICLE TYPE<br>PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input type="checkbox"/> |   |                | SYM / AGE   | COMP / OTC SYM                               | COLL SYM   |  |
| GARAGING ADDRESS       | STREET (Required in KY)<br>958 Darlene Drive |                                     | CITY<br>Petaluma                        | COUNTY  |   |                | STATE<br>CA | ZIP<br>94952                                 |            |  |
| LIC STATE              | TERR   | GVW / GCW                           | CLASS                                   | SIC   | FACTOR  | SEAT CP        | RADIUS      | FARTHEST TERMINAL                            |            |  |
| USE                    |  | COMM'L                              | FOR HIRE                                | CHECK COVERAGES   | ADD'L NO-FAULT                                  | UNDRINS MOTOR  | F           | LSP  | RENT REIMB |  |
| PLEASURE               |  | RETAIL                              |   | <input checked="" type="checkbox"/> LIAB  | <input checked="" type="checkbox"/> MED PAY     | TOWING & LABOR | FT          | <input checked="" type="checkbox"/> COMP/OTC | FG         |  |
| FARM                   |  | SERVICE                             |   | <input checked="" type="checkbox"/> NO-FAULT  | <input checked="" type="checkbox"/> UNINS MOTOR | SPEC C OF L    | FTW         | <input checked="" type="checkbox"/> COLL     |            |  |
| DRIVE TO WORK / SCHOOL |  | < 15 MILES                          | 15 MILES +                              | NET VEH DR/CR:  | TOTAL PREM: \$                                  |                |             |  |            |  |
| VEH #<br>7             | YEAR<br>2019                                 | MAKE: Volvo<br>MODEL: Roll Off      | BODY TYPE:<br>V.I.N.: 4VSKC9EH9KN213358 | VEHICLE TYPE<br>PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input type="checkbox"/> |   |                | SYM / AGE   | COMP / OTC SYM                               | COLL SYM   |  |
| GARAGING ADDRESS       | STREET (Required in KY)<br>958 Darlene Drive |                                     | CITY<br>Petaluma                        | COUNTY  |   |                | STATE<br>CA | ZIP<br>94952                                 |            |  |
| LIC STATE              | TERR   | GVW / GCW                           | CLASS                                   | SIC   | FACTOR  | SEAT CP        | RADIUS      | FARTHEST TERMINAL                            |            |  |
| USE                    |  | COMM'L                              | FOR HIRE                                | CHECK COVERAGES   | ADD'L NO-FAULT                                  | UNDRINS MOTOR  | F           | LSP  | RENT REIMB |  |
| PLEASURE               |  | RETAIL                              |   | <input checked="" type="checkbox"/> LIAB  | <input checked="" type="checkbox"/> MED PAY     | TOWING & LABOR | FT          | <input checked="" type="checkbox"/> COMP/OTC | FG         |  |
| FARM                   |  | SERVICE                             |   | <input checked="" type="checkbox"/> NO-FAULT  | <input checked="" type="checkbox"/> UNINS MOTOR | SPEC C OF L    | FTW         | <input checked="" type="checkbox"/> COLL     |            |  |
| DRIVE TO WORK / SCHOOL |  | < 15 MILES                          | 15 MILES +                              | NET VEH DR/CR:  | TOTAL PREM: \$                                  |                |             |  |            |  |
| VEH #<br>8             | YEAR<br>2004                                 | MAKE: Wells Cargo<br>MODEL: Trailer | BODY TYPE:<br>V.I.N.: 1WC200E1141108697 | VEHICLE TYPE<br>PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input type="checkbox"/> |   |                | SYM / AGE   | COMP / OTC SYM                               | COLL SYM   |  |
| GARAGING ADDRESS       | STREET (Required in KY)<br>958 Darlene Drive |                                     | CITY<br>Petaluma                        | COUNTY  |   |                | STATE<br>CA | ZIP<br>94952                                 |            |  |
| LIC STATE              | TERR   | GVW / GCW                           | CLASS                                   | SIC   | FACTOR  | SEAT CP        | RADIUS      | FARTHEST TERMINAL                            |            |  |
| USE                    |  | COMM'L                              | FOR HIRE                                | CHECK COVERAGES   | ADD'L NO-FAULT                                  | UNDRINS MOTOR  | F           | LSP  | RENT REIMB |  |
| PLEASURE               |  | RETAIL                              |   | <input checked="" type="checkbox"/> LIAB  | <input checked="" type="checkbox"/> MED PAY     | TOWING & LABOR | FT          | <input checked="" type="checkbox"/> COMP/OTC | FG         |  |
| FARM                   |  | SERVICE                             |   | <input checked="" type="checkbox"/> NO-FAULT  | <input checked="" type="checkbox"/> UNINS MOTOR | SPEC C OF L    | FTW         | <input checked="" type="checkbox"/> COLL     |            |  |
| DRIVE TO WORK / SCHOOL |  | < 15 MILES                          | 15 MILES +                              | NET VEH DR/CR:  | TOTAL PREM: \$                                  |                |             |  |            |  |
| VEH #<br>9             | YEAR<br>2013                                 | MAKE: Cargo Mate<br>MODEL: Trailer  | BODY TYPE:<br>V.I.N.: 5NHUCN219DN079024 | VEHICLE TYPE<br>PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input type="checkbox"/> |   |                | SYM / AGE   | COMP / OTC SYM                               | COLL SYM   |  |
| GARAGING ADDRESS       | STREET (Required in KY)<br>958 Darlene Drive |                                     | CITY<br>Petaluma                        | COUNTY  |   |                | STATE<br>CA | ZIP<br>94952                                 |            |  |
| LIC STATE              | TERR   | GVW / GCW                           | CLASS                                   | SIC   | FACTOR  | SEAT CP        | RADIUS      | FARTHEST TERMINAL                            |            |  |
| USE                    |  | COMM'L                              | FOR HIRE                                | CHECK COVERAGES   | ADD'L NO-FAULT                                  | UNDRINS MOTOR  | F           | LSP  | RENT REIMB |  |
| PLEASURE               |  | RETAIL                              |   | <input checked="" type="checkbox"/> LIAB  | <input checked="" type="checkbox"/> MED PAY     | TOWING & LABOR | FT          | <input checked="" type="checkbox"/> COMP/OTC | FG         |  |
| FARM                   |  | SERVICE                             |   | <input checked="" type="checkbox"/> NO-FAULT  | <input checked="" type="checkbox"/> UNINS MOTOR | SPEC C OF L    | FTW         | <input checked="" type="checkbox"/> COLL     |            |  |
| DRIVE TO WORK / SCHOOL |  | < 15 MILES                          | 15 MILES +                              | NET VEH DR/CR:  | TOTAL PREM: \$                                  |                |             |  |            |  |



# VEHICLE SCHEDULE

DATE (MM/DD/YYYY)

09/15/2025

|                                   |  |                              |  |           |
|-----------------------------------|--|------------------------------|--|-----------|
| AGENCY<br>Shaw Insurance Services |  | CARRIER                      |  | NAIC CODE |
| POLICY NUMBER                     |  | EFFECTIVE DATE<br>11/28/2025 | NAMED INSURED(S)<br>SANITATION SERVICES, INC., DBA: JR'S PORTABLE SANITATION |           |

## VEHICLE DESCRIPTION

|                        |   |                                    |   |  |   |                |                         |                   |   |   |
|------------------------|---|------------------------------------|---|--|---|----------------|-------------------------|-------------------|---|---|
| VEH #<br>10            | YEAR<br>2013  | MAKE: Cardo Mate<br>MODEL: Trailer |   | BODY TYPE:<br>V.I.N.: NHUCN21DN079023  | VEHICLE TYPE<br>PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input type="checkbox"/> |                |                         | SYM / AGE         | COMP / OTC SYM  | COLL SYM  |
| GARAGING ADDRESS       | STREET (Required in KY)<br>958 Darlene Drive                            |                                    |   | CITY<br>Petaluma   | COUNTY  |                |                         | STATE<br>CA       | ZIP<br>94952  |   |
| LIC STATE              | TERR  | GVW / GCW                          | CLASS   | SIC  | FACTOR  | SEAT CP        | RADIUS                  | FARTHEST TERMINAL |   | COST NEW<br>\$ 22500  |
| USE                    | COMM'L <input type="checkbox"/>   | FOR HIRE <input type="checkbox"/>  | CHECK COVERAGES<br><input checked="" type="checkbox"/> LIAB<br><input checked="" type="checkbox"/> NO-FAULT | ADD'L NO-FAULT<br><input checked="" type="checkbox"/> MED PAY<br><input checked="" type="checkbox"/> UNINS MOTOR | UNDRINS MOTOR TOWING & LABOR<br>SPEC C OF L   | F<br>FT<br>FTW | LSP<br>COMP/OTC<br>COLL | RENT REIMB<br>FG  | DEDUCTIBLES<br><input type="checkbox"/> AA <input type="checkbox"/> STAMT | ACV <input type="checkbox"/> COMP/OTC <input type="checkbox"/> SPEC C OF L <input type="checkbox"/> |
| DRIVE TO WORK / SCHOOL | <input type="checkbox"/> < 15 MILES <input type="checkbox"/> 15 MILES + |                                    | NET VEH DR/CR:  |  |   | TOTAL PREM: \$ |                         |                   |   |   |
| VEH #<br>11            | YEAR<br>2013  | MAKE: Cargo Mate<br>MODEL: Trailer |   | BODY TYPE:<br>V.I.N.: 5NHUCN614DN078826  | VEHICLE TYPE<br>PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input type="checkbox"/> |                |                         | SYM / AGE         | COMP / OTC SYM  | COLL SYM  |
| GARAGING ADDRESS       | STREET (Required in KY)<br>958 Darlene Drive                            |                                    |   | CITY<br>Petaluma   | COUNTY  |                |                         | STATE<br>CA       | ZIP<br>94952  |   |
| LIC STATE              | TERR  | GVW / GCW                          | CLASS   | SIC  | FACTOR  | SEAT CP        | RADIUS                  | FARTHEST TERMINAL |   | COST NEW<br>\$ 22500  |
| USE                    | COMM'L <input type="checkbox"/>   | FOR HIRE <input type="checkbox"/>  | CHECK COVERAGES<br><input checked="" type="checkbox"/> LIAB<br><input checked="" type="checkbox"/> NO-FAULT | ADD'L NO-FAULT<br><input checked="" type="checkbox"/> MED PAY<br><input checked="" type="checkbox"/> UNINS MOTOR | UNDRINS MOTOR TOWING & LABOR<br>SPEC C OF L   | F<br>FT<br>FTW | LSP<br>COMP/OTC<br>COLL | RENT REIMB<br>FG  | DEDUCTIBLES<br><input type="checkbox"/> AA <input type="checkbox"/> STAMT | ACV <input type="checkbox"/> COMP/OTC <input type="checkbox"/> SPEC C OF L <input type="checkbox"/> |
| DRIVE TO WORK / SCHOOL | <input type="checkbox"/> < 15 MILES <input type="checkbox"/> 15 MILES + |                                    | NET VEH DR/CR:  |  |   | TOTAL PREM: \$ |                         |                   |   |   |
| VEH #<br>12            | YEAR<br>2013  | MAKE: Cargo Mate<br>MODEL: Trailer |   | BODY TYPE:<br>V.I.N.: 5NHUCN210DN079251  | VEHICLE TYPE<br>PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input type="checkbox"/> |                |                         | SYM / AGE         | COMP / OTC SYM  | COLL SYM  |
| GARAGING ADDRESS       | STREET (Required in KY)<br>958 Darlene Drive                            |                                    |   | CITY<br>Petaluma   | COUNTY  |                |                         | STATE<br>CA       | ZIP<br>94952  |   |
| LIC STATE              | TERR  | GVW / GCW                          | CLASS   | SIC  | FACTOR  | SEAT CP        | RADIUS                  | FARTHEST TERMINAL |   | COST NEW<br>\$ 22500  |
| USE                    | COMM'L <input type="checkbox"/>   | FOR HIRE <input type="checkbox"/>  | CHECK COVERAGES<br><input checked="" type="checkbox"/> LIAB<br><input checked="" type="checkbox"/> NO-FAULT | ADD'L NO-FAULT<br><input checked="" type="checkbox"/> MED PAY<br><input checked="" type="checkbox"/> UNINS MOTOR | UNDRINS MOTOR TOWING & LABOR<br>SPEC C OF L   | F<br>FT<br>FTW | LSP<br>COMP/OTC<br>COLL | RENT REIMB<br>FG  | DEDUCTIBLES<br><input type="checkbox"/> AA <input type="checkbox"/> STAMT | ACV <input type="checkbox"/> COMP/OTC <input type="checkbox"/> SPEC C OF L <input type="checkbox"/> |
| DRIVE TO WORK / SCHOOL | <input type="checkbox"/> < 15 MILES <input type="checkbox"/> 15 MILES + |                                    | NET VEH DR/CR:  |  |   | TOTAL PREM: \$ |                         |                   |   |   |
| VEH #<br>13            | YEAR<br>2015  | MAKE: Cargo Mate<br>MODEL: Trailer |   | BODY TYPE:<br>V.I.N.: 5NHUCN612FN084370  | VEHICLE TYPE<br>PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input type="checkbox"/> |                |                         | SYM / AGE         | COMP / OTC SYM  | COLL SYM  |
| GARAGING ADDRESS       | STREET (Required in KY)<br>958 Darlene Drive                            |                                    |   | CITY<br>Petaluma   | COUNTY  |                |                         | STATE<br>CA       | ZIP<br>94952  |   |
| LIC STATE              | TERR  | GVW / GCW                          | CLASS   | SIC  | FACTOR  | SEAT CP        | RADIUS                  | FARTHEST TERMINAL |   | COST NEW<br>\$ 22500  |
| USE                    | COMM'L <input type="checkbox"/>   | FOR HIRE <input type="checkbox"/>  | CHECK COVERAGES<br><input checked="" type="checkbox"/> LIAB<br><input checked="" type="checkbox"/> NO-FAULT | ADD'L NO-FAULT<br><input checked="" type="checkbox"/> MED PAY<br><input checked="" type="checkbox"/> UNINS MOTOR | UNDRINS MOTOR TOWING & LABOR<br>SPEC C OF L   | F<br>FT<br>FTW | LSP<br>COMP/OTC<br>COLL | RENT REIMB<br>FG  | DEDUCTIBLES<br><input type="checkbox"/> AA <input type="checkbox"/> STAMT | ACV <input type="checkbox"/> COMP/OTC <input type="checkbox"/> SPEC C OF L <input type="checkbox"/> |
| DRIVE TO WORK / SCHOOL | <input type="checkbox"/> < 15 MILES <input type="checkbox"/> 15 MILES + |                                    | NET VEH DR/CR:  |  |   | TOTAL PREM: \$ |                         |                   |   |   |
| VEH #<br>14            | YEAR<br>2015  | MAKE: Cargo Mate<br>MODEL: Trailer |   | BODY TYPE:<br>V.I.N.: 5NHUCN214FN084389  | VEHICLE TYPE<br>PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input type="checkbox"/> |                |                         | SYM / AGE         | COMP / OTC SYM  | COLL SYM  |
| GARAGING ADDRESS       | STREET (Required in KY)<br>958 Darlene Drive                            |                                    |   | CITY<br>Petaluma   | COUNTY  |                |                         | STATE<br>CA       | ZIP<br>94952  |   |
| LIC STATE              | TERR  | GVW / GCW                          | CLASS   | SIC  | FACTOR  | SEAT CP        | RADIUS                  | FARTHEST TERMINAL |   | COST NEW<br>\$ 22500  |
| USE                    | COMM'L <input type="checkbox"/>   | FOR HIRE <input type="checkbox"/>  | CHECK COVERAGES<br><input checked="" type="checkbox"/> LIAB<br><input checked="" type="checkbox"/> NO-FAULT | ADD'L NO-FAULT<br><input checked="" type="checkbox"/> MED PAY<br><input checked="" type="checkbox"/> UNINS MOTOR | UNDRINS MOTOR TOWING & LABOR<br>SPEC C OF L   | F<br>FT<br>FTW | LSP<br>COMP/OTC<br>COLL | RENT REIMB<br>FG  | DEDUCTIBLES<br><input type="checkbox"/> AA <input type="checkbox"/> STAMT | ACV <input type="checkbox"/> COMP/OTC <input type="checkbox"/> SPEC C OF L <input type="checkbox"/> |
| DRIVE TO WORK / SCHOOL | <input type="checkbox"/> < 15 MILES <input type="checkbox"/> 15 MILES + |                                    | NET VEH DR/CR:  |  |   | TOTAL PREM: \$ |                         |                   |   |   |



# VEHICLE SCHEDULE

DATE (MM/DD/YYYY)

09/15/2025

|                                   |  |                              |  |           |
|-----------------------------------|--|------------------------------|--|-----------|
| AGENCY<br>Shaw Insurance Services |  | CARRIER                      |  | NAIC CODE |
| POLICY NUMBER                     |  | EFFECTIVE DATE<br>11/28/2025 | NAMED INSURED(S)<br>SANITATION SERVICES, INC., DBA: JR'S PORTABLE SANITATION |           |

## VEHICLE DESCRIPTION

|                        |   |                                    |   |  |   |                |                         |                   |   |   |
|------------------------|---|------------------------------------|---|--|---|----------------|-------------------------|-------------------|---|---|
| VEH #<br>15            | YEAR<br>2015  | MAKE: Cargo Mate<br>MODEL: Trailer |   | BODY TYPE:<br>V.I.N.: 5NHUCN210FN08490   | VEHICLE TYPE<br>PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input type="checkbox"/> |                |                         | SYM / AGE         | COMP / OTC SYM  | COLL SYM  |
| GARAGING ADDRESS       | STREET (Required in KY)<br>958 Darlene Drive                            |                                    |   | CITY<br>Petaluma   | COUNTY  |                |                         | STATE<br>CA       | ZIP<br>94952  |   |
| LIC STATE              | TERR  | GVW / GCW                          | CLASS   | SIC  | FACTOR  | SEAT CP        | RADIUS                  | FARTHEST TERMINAL |   | COST NEW<br>\$ 22500  |
| USE                    | COMM'L <input type="checkbox"/>   | FOR HIRE <input type="checkbox"/>  | CHECK COVERAGES<br><input checked="" type="checkbox"/> LIAB<br><input checked="" type="checkbox"/> NO-FAULT | ADD'L NO-FAULT<br><input checked="" type="checkbox"/> MED PAY<br><input checked="" type="checkbox"/> UNINS MOTOR | UNDRINS MOTOR TOWING & LABOR<br>SPEC C OF L   | F<br>FT<br>FTW | LSP<br>COMP/OTC<br>COLL | RENT REIMB<br>FG  | DEDUCTIBLES<br><input type="checkbox"/> AA <input type="checkbox"/> STAMT | ACV <input type="checkbox"/> COMP/OTC <input type="checkbox"/> SPEC C OF L <input type="checkbox"/> |
| DRIVE TO WORK / SCHOOL | <input type="checkbox"/> < 15 MILES <input type="checkbox"/> 15 MILES + |                                    | NET VEH DR/CR:  |  |   | TOTAL PREM: \$ |                         |                   |   |   |
| VEH #<br>16            | YEAR<br>2016  | MAKE: Cargo Mate<br>MODEL: Trailer |   | BODY TYPE:<br>V.I.N.: 5NHUCH211GN085369  | VEHICLE TYPE<br>PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input type="checkbox"/> |                |                         | SYM / AGE         | COMP / OTC SYM  | COLL SYM  |
| GARAGING ADDRESS       | STREET (Required in KY)<br>958 Darlene Drive                            |                                    |   | CITY<br>Petaluma   | COUNTY  |                |                         | STATE<br>CA       | ZIP<br>94952  |   |
| LIC STATE              | TERR  | GVW / GCW                          | CLASS   | SIC  | FACTOR  | SEAT CP        | RADIUS                  | FARTHEST TERMINAL |   | COST NEW<br>\$ 22500  |
| USE                    | COMM'L <input type="checkbox"/>   | FOR HIRE <input type="checkbox"/>  | CHECK COVERAGES<br><input checked="" type="checkbox"/> LIAB<br><input checked="" type="checkbox"/> NO-FAULT | ADD'L NO-FAULT<br><input checked="" type="checkbox"/> MED PAY<br><input checked="" type="checkbox"/> UNINS MOTOR | UNDRINS MOTOR TOWING & LABOR<br>SPEC C OF L   | F<br>FT<br>FTW | LSP<br>COMP/OTC<br>COLL | RENT REIMB<br>FG  | DEDUCTIBLES<br><input type="checkbox"/> AA <input type="checkbox"/> STAMT | ACV <input type="checkbox"/> COMP/OTC <input type="checkbox"/> SPEC C OF L <input type="checkbox"/> |
| DRIVE TO WORK / SCHOOL | <input type="checkbox"/> < 15 MILES <input type="checkbox"/> 15 MILES + |                                    | NET VEH DR/CR:  |  |   | TOTAL PREM: \$ |                         |                   |   |   |
| VEH #<br>17            | YEAR<br>2017  | MAKE: Cargo Mate<br>MODEL: Trailer |   | BODY TYPE:<br>V.I.N.: 5NHUCN613HN089239  | VEHICLE TYPE<br>PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input type="checkbox"/> |                |                         | SYM / AGE         | COMP / OTC SYM  | COLL SYM  |
| GARAGING ADDRESS       | STREET (Required in KY)<br>958 Darlene Drive                            |                                    |   | CITY<br>Petaluma   | COUNTY  |                |                         | STATE<br>CA       | ZIP<br>94952  |   |
| LIC STATE              | TERR  | GVW / GCW                          | CLASS   | SIC  | FACTOR  | SEAT CP        | RADIUS                  | FARTHEST TERMINAL |   | COST NEW<br>\$ 22500  |
| USE                    | COMM'L <input type="checkbox"/>   | FOR HIRE <input type="checkbox"/>  | CHECK COVERAGES<br><input checked="" type="checkbox"/> LIAB<br><input checked="" type="checkbox"/> NO-FAULT | ADD'L NO-FAULT<br><input checked="" type="checkbox"/> MED PAY<br><input checked="" type="checkbox"/> UNINS MOTOR | UNDRINS MOTOR TOWING & LABOR<br>SPEC C OF L   | F<br>FT<br>FTW | LSP<br>COMP/OTC<br>COLL | RENT REIMB<br>FG  | DEDUCTIBLES<br><input type="checkbox"/> AA <input type="checkbox"/> STAMT | ACV <input type="checkbox"/> COMP/OTC <input type="checkbox"/> SPEC C OF L <input type="checkbox"/> |
| DRIVE TO WORK / SCHOOL | <input type="checkbox"/> < 15 MILES <input type="checkbox"/> 15 MILES + |                                    | NET VEH DR/CR:  |  |   | TOTAL PREM: \$ |                         |                   |   |   |
| VEH #<br>18            | YEAR<br>2017  | MAKE: Cargo Mate<br>MODEL: Trailer |   | BODY TYPE:<br>V.I.N.: 5NHUCN61XHN089240  | VEHICLE TYPE<br>PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input type="checkbox"/> |                |                         | SYM / AGE         | COMP / OTC SYM  | COLL SYM  |
| GARAGING ADDRESS       | STREET (Required in KY)<br>958 Darlene Drive                            |                                    |   | CITY<br>Petaluma   | COUNTY  |                |                         | STATE<br>CA       | ZIP<br>94952  |   |
| LIC STATE              | TERR  | GVW / GCW                          | CLASS   | SIC  | FACTOR  | SEAT CP        | RADIUS                  | FARTHEST TERMINAL |   | COST NEW<br>\$ 22500  |
| USE                    | COMM'L <input type="checkbox"/>   | FOR HIRE <input type="checkbox"/>  | CHECK COVERAGES<br><input checked="" type="checkbox"/> LIAB<br><input checked="" type="checkbox"/> NO-FAULT | ADD'L NO-FAULT<br><input checked="" type="checkbox"/> MED PAY<br><input checked="" type="checkbox"/> UNINS MOTOR | UNDRINS MOTOR TOWING & LABOR<br>SPEC C OF L   | F<br>FT<br>FTW | LSP<br>COMP/OTC<br>COLL | RENT REIMB<br>FG  | DEDUCTIBLES<br><input type="checkbox"/> AA <input type="checkbox"/> STAMT | ACV <input type="checkbox"/> COMP/OTC <input type="checkbox"/> SPEC C OF L <input type="checkbox"/> |
| DRIVE TO WORK / SCHOOL | <input type="checkbox"/> < 15 MILES <input type="checkbox"/> 15 MILES + |                                    | NET VEH DR/CR:  |  |   | TOTAL PREM: \$ |                         |                   |   |   |
| VEH #<br>19            | YEAR<br>2017  | MAKE: Cargo Mate<br>MODEL: Trailer |   | BODY TYPE:<br>V.I.N.: 5NHUCN61XHN089471  | VEHICLE TYPE<br>PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input type="checkbox"/> |                |                         | SYM / AGE         | COMP / OTC SYM  | COLL SYM  |
| GARAGING ADDRESS       | STREET (Required in KY)<br>958 Darlene Drive                            |                                    |   | CITY<br>Petaluma   | COUNTY  |                |                         | STATE<br>CA       | ZIP<br>94952  |   |
| LIC STATE              | TERR  | GVW / GCW                          | CLASS   | SIC  | FACTOR  | SEAT CP        | RADIUS                  | FARTHEST TERMINAL |   | COST NEW<br>\$ 22500  |
| USE                    | COMM'L <input type="checkbox"/>   | FOR HIRE <input type="checkbox"/>  | CHECK COVERAGES<br><input checked="" type="checkbox"/> LIAB<br><input checked="" type="checkbox"/> NO-FAULT | ADD'L NO-FAULT<br><input checked="" type="checkbox"/> MED PAY<br><input checked="" type="checkbox"/> UNINS MOTOR | UNDRINS MOTOR TOWING & LABOR<br>SPEC C OF L   | F<br>FT<br>FTW | LSP<br>COMP/OTC<br>COLL | RENT REIMB<br>FG  | DEDUCTIBLES<br><input type="checkbox"/> AA <input type="checkbox"/> STAMT | ACV <input type="checkbox"/> COMP/OTC <input type="checkbox"/> SPEC C OF L <input type="checkbox"/> |
| DRIVE TO WORK / SCHOOL | <input type="checkbox"/> < 15 MILES <input type="checkbox"/> 15 MILES + |                                    | NET VEH DR/CR:  |  |   | TOTAL PREM: \$ |                         |                   |   |   |



# VEHICLE SCHEDULE

DATE (MM/DD/YYYY)

09/15/2025

|                                   |  |                              |  |           |
|-----------------------------------|--|------------------------------|--|-----------|
| AGENCY<br>Shaw Insurance Services |  | CARRIER                      |  | NAIC CODE |
| POLICY NUMBER                     |  | EFFECTIVE DATE<br>11/28/2025 | NAMED INSURED(S)<br>SANITATION SERVICES, INC., DBA: JR'S PORTABLE SANITATION |           |

## VEHICLE DESCRIPTION

|                        |  |   |  |   |                              |         |              |                      |             |  |
|------------------------|--|---|--|---|------------------------------|---------|--------------|----------------------|-------------|--|
| VEH #<br>20            | YEAR<br>2017                                 | MAKE: Cargo Mate<br>MODEL: Trailer                | BODY TYPE:<br>V.I.N.: 5NHUCN211HN089472      | VEHICLE TYPE<br>PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input type="checkbox"/> |                              |         | SYM / AGE    | COMP / OTC SYM       | COLL SYM    |  |
| GARAGING ADDRESS       | STREET (Required in KY)<br>958 Darlene Drive |   | CITY<br>Petaluma                             | COUNTY  |                              |         | STATE<br>CA  | ZIP<br>94952         |             |  |
| LIC STATE              | TERR   | GVW / GCW   | CLASS  | SIC   | FACTOR                       | SEAT CP | RADIUS       | FARTHEST TERMINAL    |             |  |
|                        |  |   |  |   |                              |         |              | COST NEW<br>\$ 22500 |             |  |
| USE                    | COMM'L                                       | FOR HIRE  | CHECK COVERAGES                              | ADD'L NO-FAULT  | UNDRINS MOTOR TOWING & LABOR | F       | LSP          | RENT REIMB FG        | DEDUCTIBLES |  |
| PLEASURE               | RETAIL                                       |   | <input checked="" type="checkbox"/> LIAB     | <input checked="" type="checkbox"/> MED PAY   |                              | FT      | COMP/OTC     |                      | AA          |  |
| FARM                   | SERVICE                                      |   | <input checked="" type="checkbox"/> NO-FAULT | <input checked="" type="checkbox"/> UNINS MOTOR   |                              | FTW     | COLL         |                      | STAMT       |  |
| DRIVE TO WORK / SCHOOL |  | < 15 MILES  | 15 MILES +                                   | NET VEH DR/CR:  |                              |         |              | TOTAL PREM: \$       |             |  |
| VEH #<br>21            | YEAR<br>2019                                 | MAKE: Wesco Hauler<br>MODEL: Trailer              | BODY TYPE:<br>V.I.N.: 4RZFU3639KM000005      | VEHICLE TYPE<br>PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input type="checkbox"/> |                              |         | SYM / AGE    | COMP / OTC SYM       | COLL SYM    |  |
| GARAGING ADDRESS       | STREET (Required in KY)<br>958 Darlene Drive |   | CITY<br>Petaluma                             | COUNTY  |                              |         | STATE<br>CA  | ZIP<br>94952         |             |  |
| LIC STATE              | TERR   | GVW / GCW   | CLASS  | SIC   | FACTOR                       | SEAT CP | RADIUS<br>50 | FARTHEST TERMINAL    |             |  |
|                        |  |   |  |   |                              |         |              | COST NEW<br>\$ 20000 |             |  |
| USE                    | COMM'L                                       | FOR HIRE  | CHECK COVERAGES                              | ADD'L NO-FAULT  | UNDRINS MOTOR TOWING & LABOR | F       | LSP          | RENT REIMB FG        | DEDUCTIBLES |  |
| PLEASURE               | RETAIL                                       |   | <input checked="" type="checkbox"/> LIAB     | <input checked="" type="checkbox"/> MED PAY   |                              | FT      | COMP/OTC     |                      | AA          |  |
| FARM                   | SERVICE                                      |   | <input checked="" type="checkbox"/> NO-FAULT | <input checked="" type="checkbox"/> UNINS MOTOR   |                              | FTW     | COLL         |                      | STAMT       |  |
| DRIVE TO WORK / SCHOOL |  | < 15 MILES  | 15 MILES +                                   | NET VEH DR/CR:  |                              |         |              | TOTAL PREM: \$       |             |  |
| VEH #<br>22            | YEAR<br>2019                                 | MAKE: Ford 550<br>MODEL: Pumper                   | BODY TYPE:<br>V.I.N.: 1FDUF5GT8KDA23028      | VEHICLE TYPE<br>PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input type="checkbox"/> |                              |         | SYM / AGE    | COMP / OTC SYM       | COLL SYM    |  |
| GARAGING ADDRESS       | STREET (Required in KY)<br>958 Darlene Drive |   | CITY<br>Petaluma                             | COUNTY  |                              |         | STATE<br>CA  | ZIP<br>94952         |             |  |
| LIC STATE              | TERR   | GVW / GCW   | CLASS  | SIC   | FACTOR                       | SEAT CP | RADIUS<br>50 | FARTHEST TERMINAL    |             |  |
|                        |  |   |  |   |                              |         |              | COST NEW<br>\$ 39135 |             |  |
| USE                    | COMM'L                                       | FOR HIRE  | CHECK COVERAGES                              | ADD'L NO-FAULT  | UNDRINS MOTOR TOWING & LABOR | F       | LSP          | RENT REIMB FG        | DEDUCTIBLES |  |
| PLEASURE               | RETAIL                                       |   | <input checked="" type="checkbox"/> LIAB     | <input checked="" type="checkbox"/> MED PAY   |                              | FT      | COMP/OTC     |                      | AA          |  |
| FARM                   | SERVICE                                      |   | <input checked="" type="checkbox"/> NO-FAULT | <input checked="" type="checkbox"/> UNINS MOTOR   |                              | FTW     | COLL         |                      | STAMT       |  |
| DRIVE TO WORK / SCHOOL |  | < 15 MILES  | 15 MILES +                                   | NET VEH DR/CR:  |                              |         |              | TOTAL PREM: \$       |             |  |
| VEH #<br>23            | YEAR<br>2019                                 | MAKE: Ford<br>MODEL: F550                         | BODY TYPE:<br>V.I.N.: 1FDUF5GT6KDA22444      | VEHICLE TYPE<br>PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input type="checkbox"/> |                              |         | SYM / AGE    | COMP / OTC SYM       | COLL SYM    |  |
| GARAGING ADDRESS       | STREET (Required in KY)<br>958 Darlene Drive |   | CITY<br>Petaluma                             | COUNTY  |                              |         | STATE<br>CA  | ZIP<br>94952         |             |  |
| LIC STATE              | TERR   | GVW / GCW   | CLASS  | SIC   | FACTOR                       | SEAT CP | RADIUS<br>50 | FARTHEST TERMINAL    |             |  |
|                        |  |   |  |   |                              |         |              | COST NEW<br>\$ 39135 |             |  |
| USE                    | COMM'L                                       | FOR HIRE  | CHECK COVERAGES                              | ADD'L NO-FAULT  | UNDRINS MOTOR TOWING & LABOR | F       | LSP          | RENT REIMB FG        | DEDUCTIBLES |  |
| PLEASURE               | RETAIL                                       |   | <input checked="" type="checkbox"/> LIAB     | <input checked="" type="checkbox"/> MED PAY   |                              | FT      | COMP/OTC     |                      | AA          |  |
| FARM                   | SERVICE                                      |   | <input checked="" type="checkbox"/> NO-FAULT | <input checked="" type="checkbox"/> UNINS MOTOR   |                              | FTW     | COLL         |                      | STAMT       |  |
| DRIVE TO WORK / SCHOOL |  | < 15 MILES  | 15 MILES +                                   | NET VEH DR/CR:  |                              |         |              | TOTAL PREM: \$       |             |  |
| VEH #<br>24            | YEAR<br>2019                                 | MAKE: Ford<br>MODEL: F550 w/ 1250 Gallon Flowmark | BODY TYPE:<br>V.I.N.: 1FDUF5GT8KDA22445      | VEHICLE TYPE<br>PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input type="checkbox"/> |                              |         | SYM / AGE    | COMP / OTC SYM       | COLL SYM    |  |
| GARAGING ADDRESS       | STREET (Required in KY)<br>958 Darlene Drive |   | CITY<br>Petaluma                             | COUNTY  |                              |         | STATE<br>CA  | ZIP<br>94952         |             |  |
| LIC STATE              | TERR   | GVW / GCW   | CLASS  | SIC   | FACTOR                       | SEAT CP | RADIUS<br>50 | FARTHEST TERMINAL    |             |  |
|                        |  |   |  |   |                              |         |              | COST NEW<br>\$ 39135 |             |  |
| USE                    | COMM'L                                       | FOR HIRE  | CHECK COVERAGES                              | ADD'L NO-FAULT  | UNDRINS MOTOR TOWING & LABOR | F       | LSP          | RENT REIMB FG        | DEDUCTIBLES |  |
| PLEASURE               | RETAIL                                       |   | <input checked="" type="checkbox"/> LIAB     | <input checked="" type="checkbox"/> MED PAY   |                              | FT      | COMP/OTC     |                      | AA          |  |
| FARM                   | SERVICE                                      |   | <input checked="" type="checkbox"/> NO-FAULT | <input checked="" type="checkbox"/> UNINS MOTOR   |                              | FTW     | COLL         |                      | STAMT       |  |
| DRIVE TO WORK / SCHOOL |  | < 15 MILES  | 15 MILES +                                   | NET VEH DR/CR:  |                              |         |              | TOTAL PREM: \$       |             |  |



# VEHICLE SCHEDULE

DATE (MM/DD/YYYY)

09/15/2025

|                                   |  |                              |  |           |
|-----------------------------------|--|------------------------------|--|-----------|
| AGENCY<br>Shaw Insurance Services |  | CARRIER                      |  | NAIC CODE |
| POLICY NUMBER                     |  | EFFECTIVE DATE<br>11/28/2025 | NAMED INSURED(S)<br>SANITATION SERVICES, INC., DBA: JR'S PORTABLE SANITATION |           |

## VEHICLE DESCRIPTION

|   |  |  |   |  |  |  |   |   |  |   |
|---|--|--|---|--|--|--|---|---|--|---|
| VEH #<br>25   | YEAR<br>2015   | MAKE: Ford<br>MODEL: F250              | BODY TYPE:<br>V.I.N.: 1FT7X2BT2FEA12353   | VEHICLE TYPE<br>PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input type="checkbox"/>          |  |  | SYM / AGE   | COMP / OTC SYM                            | COLL SYM   |   |
| GARAGING ADDRESS<br>958 Darlene Drive                                     | STREET (Required in KY)  |  | CITY<br>Petaluma  | COUNTY   |  |  | STATE<br>CA   | ZIP<br>94952                              |  |   |
| LIC STATE   | TERR   | GVW / GCW                              | CLASS   | SIC  | FACTOR   | SEAT CP  | RADIUS<br>50  | FARTHEST TERMINAL                         |  | COST NEW<br>\$ 44725  |
| USE<br>PLEASURE <input type="checkbox"/><br>FARM <input type="checkbox"/> | COMM'L <input type="checkbox"/><br>RETAIL <input type="checkbox"/><br>SERVICE <input type="checkbox"/> | FOR HIRE <input type="checkbox"/>      | CHECK COVERAGES<br>LIAB <input checked="" type="checkbox"/><br>NO-FAULT <input checked="" type="checkbox"/> | ADD'L NO-FAULT<br>MED PAY <input checked="" type="checkbox"/><br>UNINS MOTOR <input checked="" type="checkbox"/> | UNDRINS MOTOR TOWING & LABOR<br>SPEC C OF L <input type="checkbox"/> | F<br>FT <input type="checkbox"/><br>FTW <input type="checkbox"/> | LSP<br>COMP/OTC <input checked="" type="checkbox"/><br>COLL <input checked="" type="checkbox"/> | RENT REIMB<br>FG <input type="checkbox"/> | DEDUCTIBLES<br>AA <input type="checkbox"/><br>STAMT <input type="checkbox"/> | ACV <input type="checkbox"/><br>COMP/OTC <input type="checkbox"/><br>SPEC C OF L <input type="checkbox"/> |
| DRIVE TO WORK / SCHOOL  |  | < 15 MILES <input type="checkbox"/>    | 15 MILES + <input type="checkbox"/>   | NET VEH DR/CR:   |  |  | TOTAL PREM: \$  |   |  |   |
| VEH #<br>26   | YEAR<br>2019   | MAKE: Westco Hauler<br>MODEL: Trailer  | BODY TYPE:<br>V.I.N.: 4RZFU3220KM000018   | VEHICLE TYPE<br>PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input type="checkbox"/>          |  |  | SYM / AGE   | COMP / OTC SYM                            | COLL SYM   |   |
| GARAGING ADDRESS<br>958 Darlene Drive                                     | STREET (Required in KY)  |  | CITY<br>Petaluma  | COUNTY   |  |  | STATE<br>CA   | ZIP<br>94952                              |  |   |
| LIC STATE   | TERR   | GVW / GCW                              | CLASS   | SIC  | FACTOR   | SEAT CP  | RADIUS<br>50  | FARTHEST TERMINAL                         |  | COST NEW<br>\$ 20000  |
| USE<br>PLEASURE <input type="checkbox"/><br>FARM <input type="checkbox"/> | COMM'L <input type="checkbox"/><br>RETAIL <input type="checkbox"/><br>SERVICE <input type="checkbox"/> | FOR HIRE <input type="checkbox"/>      | CHECK COVERAGES<br>LIAB <input checked="" type="checkbox"/><br>NO-FAULT <input checked="" type="checkbox"/> | ADD'L NO-FAULT<br>MED PAY <input checked="" type="checkbox"/><br>UNINS MOTOR <input checked="" type="checkbox"/> | UNDRINS MOTOR TOWING & LABOR<br>SPEC C OF L <input type="checkbox"/> | F<br>FT <input type="checkbox"/><br>FTW <input type="checkbox"/> | LSP<br>COMP/OTC <input checked="" type="checkbox"/><br>COLL <input checked="" type="checkbox"/> | RENT REIMB<br>FG <input type="checkbox"/> | DEDUCTIBLES<br>AA <input type="checkbox"/><br>STAMT <input type="checkbox"/> | ACV <input type="checkbox"/><br>COMP/OTC <input type="checkbox"/><br>SPEC C OF L <input type="checkbox"/> |
| DRIVE TO WORK / SCHOOL  |  | < 15 MILES <input type="checkbox"/>    | 15 MILES + <input type="checkbox"/>   | NET VEH DR/CR:   |  |  | TOTAL PREM: \$  |   |  |   |
| VEH #<br>27   | YEAR<br>2015   | MAKE: Volvo<br>MODEL: Pumper           | BODY TYPE:<br>V.I.N.: 4V5KC9EJ7FN922718   | VEHICLE TYPE<br>PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input type="checkbox"/>          |  |  | SYM / AGE   | COMP / OTC SYM                            | COLL SYM   |   |
| GARAGING ADDRESS<br>958 Darlene Drive                                     | STREET (Required in KY)  |  | CITY<br>Petaluma  | COUNTY   |  |  | STATE<br>CA   | ZIP<br>94952                              |  |   |
| LIC STATE   | TERR   | GVW / GCW                              | CLASS   | SIC  | FACTOR   | SEAT CP  | RADIUS<br>50  | FARTHEST TERMINAL                         |  | COST NEW<br>\$ 174985   |
| USE<br>PLEASURE <input type="checkbox"/><br>FARM <input type="checkbox"/> | COMM'L <input type="checkbox"/><br>RETAIL <input type="checkbox"/><br>SERVICE <input type="checkbox"/> | FOR HIRE <input type="checkbox"/>      | CHECK COVERAGES<br>LIAB <input checked="" type="checkbox"/><br>NO-FAULT <input checked="" type="checkbox"/> | ADD'L NO-FAULT<br>MED PAY <input checked="" type="checkbox"/><br>UNINS MOTOR <input checked="" type="checkbox"/> | UNDRINS MOTOR TOWING & LABOR<br>SPEC C OF L <input type="checkbox"/> | F<br>FT <input type="checkbox"/><br>FTW <input type="checkbox"/> | LSP<br>COMP/OTC <input checked="" type="checkbox"/><br>COLL <input checked="" type="checkbox"/> | RENT REIMB<br>FG <input type="checkbox"/> | DEDUCTIBLES<br>AA <input type="checkbox"/><br>STAMT <input type="checkbox"/> | ACV <input type="checkbox"/><br>COMP/OTC <input type="checkbox"/><br>SPEC C OF L <input type="checkbox"/> |
| DRIVE TO WORK / SCHOOL  |  | < 15 MILES <input type="checkbox"/>    | 15 MILES + <input type="checkbox"/>   | NET VEH DR/CR:   |  |  | TOTAL PREM: \$  |   |  |   |
| VEH #<br>28   | YEAR<br>2020   | MAKE: Diamond C<br>MODEL: Gooseneck FB | BODY TYPE:<br>V.I.N.: 46UFU3221L1231025   | VEHICLE TYPE<br>PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input type="checkbox"/>          |  |  | SYM / AGE   | COMP / OTC SYM                            | COLL SYM   |   |
| GARAGING ADDRESS<br>958 Darlene Drive                                     | STREET (Required in KY)  |  | CITY<br>Petaluma  | COUNTY   |  |  | STATE<br>CA   | ZIP<br>94952                              |  |   |
| LIC STATE   | TERR   | GVW / GCW                              | CLASS   | SIC  | FACTOR   | SEAT CP  | RADIUS<br>50  | FARTHEST TERMINAL                         |  | COST NEW<br>\$ 22000  |
| USE<br>PLEASURE <input type="checkbox"/><br>FARM <input type="checkbox"/> | COMM'L <input type="checkbox"/><br>RETAIL <input type="checkbox"/><br>SERVICE <input type="checkbox"/> | FOR HIRE <input type="checkbox"/>      | CHECK COVERAGES<br>LIAB <input checked="" type="checkbox"/><br>NO-FAULT <input checked="" type="checkbox"/> | ADD'L NO-FAULT<br>MED PAY <input checked="" type="checkbox"/><br>UNINS MOTOR <input checked="" type="checkbox"/> | UNDRINS MOTOR TOWING & LABOR<br>SPEC C OF L <input type="checkbox"/> | F<br>FT <input type="checkbox"/><br>FTW <input type="checkbox"/> | LSP<br>COMP/OTC <input checked="" type="checkbox"/><br>COLL <input checked="" type="checkbox"/> | RENT REIMB<br>FG <input type="checkbox"/> | DEDUCTIBLES<br>AA <input type="checkbox"/><br>STAMT <input type="checkbox"/> | ACV <input type="checkbox"/><br>COMP/OTC <input type="checkbox"/><br>SPEC C OF L <input type="checkbox"/> |
| DRIVE TO WORK / SCHOOL  |  | < 15 MILES <input type="checkbox"/>    | 15 MILES + <input type="checkbox"/>   | NET VEH DR/CR:   |  |  | TOTAL PREM: \$  |   |  |   |
| VEH #<br>29   | YEAR<br>2013   | MAKE: Volvo<br>MODEL: Rolloff          | BODY TYPE:<br>V.I.N.: 4V5KC9EG5DN134098   | VEHICLE TYPE<br>PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input type="checkbox"/>          |  |  | SYM / AGE   | COMP / OTC SYM                            | COLL SYM   |   |
| GARAGING ADDRESS<br>958 Darlene Drive                                     | STREET (Required in KY)  |  | CITY<br>Petaluma  | COUNTY   |  |  | STATE<br>CA   | ZIP<br>94952                              |  |   |
| LIC STATE   | TERR   | GVW / GCW                              | CLASS   | SIC  | FACTOR   | SEAT CP  | RADIUS<br>50  | FARTHEST TERMINAL                         |  | COST NEW<br>\$ 156513   |
| USE<br>PLEASURE <input type="checkbox"/><br>FARM <input type="checkbox"/> | COMM'L <input type="checkbox"/><br>RETAIL <input type="checkbox"/><br>SERVICE <input type="checkbox"/> | FOR HIRE <input type="checkbox"/>      | CHECK COVERAGES<br>LIAB <input checked="" type="checkbox"/><br>NO-FAULT <input checked="" type="checkbox"/> | ADD'L NO-FAULT<br>MED PAY <input checked="" type="checkbox"/><br>UNINS MOTOR <input checked="" type="checkbox"/> | UNDRINS MOTOR TOWING & LABOR<br>SPEC C OF L <input type="checkbox"/> | F<br>FT <input type="checkbox"/><br>FTW <input type="checkbox"/> | LSP<br>COMP/OTC <input checked="" type="checkbox"/><br>COLL <input checked="" type="checkbox"/> | RENT REIMB<br>FG <input type="checkbox"/> | DEDUCTIBLES<br>AA <input type="checkbox"/><br>STAMT <input type="checkbox"/> | ACV <input type="checkbox"/><br>COMP/OTC <input type="checkbox"/><br>SPEC C OF L <input type="checkbox"/> |
| DRIVE TO WORK / SCHOOL  |  | < 15 MILES <input type="checkbox"/>    | 15 MILES + <input type="checkbox"/>   | NET VEH DR/CR:   |  |  | TOTAL PREM: \$  |   |  |   |



# VEHICLE SCHEDULE

DATE (MM/DD/YYYY)

09/15/2025

|                                   |  |                              |  |           |
|-----------------------------------|--|------------------------------|--|-----------|
| AGENCY<br>Shaw Insurance Services |  | CARRIER                      |  | NAIC CODE |
| POLICY NUMBER                     |  | EFFECTIVE DATE<br>11/28/2025 | NAMED INSURED(S)<br>SANITATION SERVICES, INC., DBA: JR'S PORTABLE SANITATION |           |

## VEHICLE DESCRIPTION

|                        |  |  |   |  |   |                |                         |                   |   |   |
|------------------------|--|--|---|--|---|----------------|-------------------------|-------------------|---|---|
| VEH #<br>30            | YEAR<br>2019                                 | MAKE: Ford 550<br>MODEL: Truck                 |   | BODY TYPE:<br>V.I.N.: 1FDUF5GT8KEE57430  | VEHICLE TYPE<br>PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input type="checkbox"/> |                |                         | SYM / AGE         | COMP / OTC SYM  | COLL SYM  |
| GARAGING ADDRESS       | STREET (Required in KY)<br>958 Darlene Drive |  |   | CITY<br>Petaluma   | COUNTY  |                |                         | STATE<br>CA       | ZIP<br>94952  |   |
| LIC STATE              | TERR   | GVW / GCW                                      | CLASS   | SIC  | FACTOR  | SEAT CP        | RADIUS<br>50            | FARTHEST TERMINAL |   | COST NEW<br>\$ 49810  |
| USE                    | COMM'L <input type="checkbox"/>              | FOR HIRE <input type="checkbox"/>              | CHECK COVERAGES<br><input checked="" type="checkbox"/> LIAB<br><input checked="" type="checkbox"/> NO-FAULT | ADD'L NO-FAULT<br><input checked="" type="checkbox"/> MED PAY<br><input checked="" type="checkbox"/> UNINS MOTOR | UNDRINS MOTOR<br>TOWING & LABOR<br>SPEC C OF L  | F<br>FT<br>FTW | LSP<br>COMP/OTC<br>COLL | RENT REIMB<br>FG  | DEDUCTIBLES<br>AA <input type="checkbox"/> STAMT <input type="checkbox"/> | ACV <input type="checkbox"/> COMP/OTC <input type="checkbox"/> SPEC C OF L <input type="checkbox"/> |
| DRIVE TO WORK / SCHOOL | < 15 MILES <input type="checkbox"/>          |  | 15 MILES + <input type="checkbox"/>   |  | NET VEH DR/CR:  |                |                         | TOTAL PREM: \$    |   |   |
| VEH #<br>31            | YEAR<br>2015                                 | MAKE: Volvo<br>MODEL: Pumper                   |   | BODY TYPE:<br>V.I.N.: 4V4MC9EH9FN919295  | VEHICLE TYPE<br>PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input type="checkbox"/> |                |                         | SYM / AGE         | COMP / OTC SYM  | COLL SYM  |
| GARAGING ADDRESS       | STREET (Required in KY)<br>958 Darlene Drive |  |   | CITY<br>Petaluma   | COUNTY  |                |                         | STATE<br>CA       | ZIP<br>94952  |   |
| LIC STATE              | TERR   | GVW / GCW                                      | CLASS   | SIC  | FACTOR  | SEAT CP        | RADIUS<br>50            | FARTHEST TERMINAL |   | COST NEW<br>\$ 170433   |
| USE                    | COMM'L <input type="checkbox"/>              | FOR HIRE <input type="checkbox"/>              | CHECK COVERAGES<br><input checked="" type="checkbox"/> LIAB<br><input checked="" type="checkbox"/> NO-FAULT | ADD'L NO-FAULT<br><input checked="" type="checkbox"/> MED PAY<br><input checked="" type="checkbox"/> UNINS MOTOR | UNDRINS MOTOR<br>TOWING & LABOR<br>SPEC C OF L  | F<br>FT<br>FTW | LSP<br>COMP/OTC<br>COLL | RENT REIMB<br>FG  | DEDUCTIBLES<br>AA <input type="checkbox"/> STAMT <input type="checkbox"/> | ACV <input type="checkbox"/> COMP/OTC <input type="checkbox"/> SPEC C OF L <input type="checkbox"/> |
| DRIVE TO WORK / SCHOOL | < 15 MILES <input type="checkbox"/>          |  | 15 MILES + <input type="checkbox"/>   |  | NET VEH DR/CR:  |                |                         | TOTAL PREM: \$    |   |   |
| VEH #<br>32            | YEAR<br>2021                                 | MAKE: Dodge Ram<br>MODEL: Pumper               |   | BODY TYPE:<br>V.I.N.: 3C7WRMBL5MG503977  | VEHICLE TYPE<br>PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input type="checkbox"/> |                |                         | SYM / AGE         | COMP / OTC SYM  | COLL SYM  |
| GARAGING ADDRESS       | STREET (Required in KY)<br>958 Darlene Drive |  |   | CITY<br>Petaluma   | COUNTY  |                |                         | STATE<br>CA       | ZIP<br>94952  |   |
| LIC STATE              | TERR   | GVW / GCW                                      | CLASS   | SIC  | FACTOR  | SEAT CP        | RADIUS<br>50            | FARTHEST TERMINAL |   | COST NEW<br>\$ 49940  |
| USE                    | COMM'L <input type="checkbox"/>              | FOR HIRE <input type="checkbox"/>              | CHECK COVERAGES<br><input checked="" type="checkbox"/> LIAB<br><input checked="" type="checkbox"/> NO-FAULT | ADD'L NO-FAULT<br><input checked="" type="checkbox"/> MED PAY<br><input checked="" type="checkbox"/> UNINS MOTOR | UNDRINS MOTOR<br>TOWING & LABOR<br>SPEC C OF L  | F<br>FT<br>FTW | LSP<br>COMP/OTC<br>COLL | RENT REIMB<br>FG  | DEDUCTIBLES<br>AA <input type="checkbox"/> STAMT <input type="checkbox"/> | ACV <input type="checkbox"/> COMP/OTC <input type="checkbox"/> SPEC C OF L <input type="checkbox"/> |
| DRIVE TO WORK / SCHOOL | < 15 MILES <input type="checkbox"/>          |  | 15 MILES + <input type="checkbox"/>   |  | NET VEH DR/CR:  |                |                         | TOTAL PREM: \$    |   |   |
| VEH #<br>33            | YEAR<br>2017                                 | MAKE: GMC/CHEVY Silverado 3500<br>MODEL: Truck |   | BODY TYPE:<br>V.I.N.: 1GB3CYCY0HF162289  | VEHICLE TYPE<br>PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input type="checkbox"/> |                |                         | SYM / AGE         | COMP / OTC SYM  | COLL SYM  |
| GARAGING ADDRESS       | STREET (Required in KY)<br>958 Darlene Drive |  |   | CITY<br>Petaluma   | COUNTY  |                |                         | STATE<br>CA       | ZIP<br>94952  |   |
| LIC STATE              | TERR   | GVW / GCW                                      | CLASS   | SIC  | FACTOR  | SEAT CP        | RADIUS<br>50            | FARTHEST TERMINAL |   | COST NEW<br>\$ 38850  |
| USE                    | COMM'L <input type="checkbox"/>              | FOR HIRE <input type="checkbox"/>              | CHECK COVERAGES<br><input checked="" type="checkbox"/> LIAB<br><input checked="" type="checkbox"/> NO-FAULT | ADD'L NO-FAULT<br><input checked="" type="checkbox"/> MED PAY<br><input checked="" type="checkbox"/> UNINS MOTOR | UNDRINS MOTOR<br>TOWING & LABOR<br>SPEC C OF L  | F<br>FT<br>FTW | LSP<br>COMP/OTC<br>COLL | RENT REIMB<br>FG  | DEDUCTIBLES<br>AA <input type="checkbox"/> STAMT <input type="checkbox"/> | ACV <input type="checkbox"/> COMP/OTC <input type="checkbox"/> SPEC C OF L <input type="checkbox"/> |
| DRIVE TO WORK / SCHOOL | < 15 MILES <input type="checkbox"/>          |  | 15 MILES + <input type="checkbox"/>   |  | NET VEH DR/CR:  |                |                         | TOTAL PREM: \$    |   |   |
| VEH #<br>34            | YEAR<br>2019                                 | MAKE: Ford F450<br>MODEL: Truck                |   | BODY TYPE:<br>V.I.N.: 1FDUF4GT4KDA04017  | VEHICLE TYPE<br>PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input type="checkbox"/> |                |                         | SYM / AGE         | COMP / OTC SYM  | COLL SYM  |
| GARAGING ADDRESS       | STREET (Required in KY)<br>958 Darlene Drive |  |   | CITY<br>Petaluma   | COUNTY  |                |                         | STATE<br>CA       | ZIP<br>94952  |   |
| LIC STATE              | TERR   | GVW / GCW                                      | CLASS   | SIC  | FACTOR  | SEAT CP        | RADIUS<br>50            | FARTHEST TERMINAL |   | COST NEW<br>\$ 52000  |
| USE                    | COMM'L <input type="checkbox"/>              | FOR HIRE <input type="checkbox"/>              | CHECK COVERAGES<br><input checked="" type="checkbox"/> LIAB<br><input checked="" type="checkbox"/> NO-FAULT | ADD'L NO-FAULT<br><input checked="" type="checkbox"/> MED PAY<br><input checked="" type="checkbox"/> UNINS MOTOR | UNDRINS MOTOR<br>TOWING & LABOR<br>SPEC C OF L  | F<br>FT<br>FTW | LSP<br>COMP/OTC<br>COLL | RENT REIMB<br>FG  | DEDUCTIBLES<br>AA <input type="checkbox"/> STAMT <input type="checkbox"/> | ACV <input type="checkbox"/> COMP/OTC <input type="checkbox"/> SPEC C OF L <input type="checkbox"/> |
| DRIVE TO WORK / SCHOOL | < 15 MILES <input type="checkbox"/>          |  | 15 MILES + <input type="checkbox"/>   |  | NET VEH DR/CR:  |                |                         | TOTAL PREM: \$    |   |   |





# VEHICLE SCHEDULE

DATE (MM/DD/YYYY)

09/15/2025

|                                   |  |                              |  |           |
|-----------------------------------|--|------------------------------|--|-----------|
| AGENCY<br>Shaw Insurance Services |  | CARRIER                      |  | NAIC CODE |
| POLICY NUMBER                     |  | EFFECTIVE DATE<br>11/28/2025 | NAMED INSURED(S)<br>SANITATION SERVICES, INC., DBA: JR'S PORTABLE SANITATION |           |

## VEHICLE DESCRIPTION

|                        |  |  |   |  |   |          |                         |                   |   |   |
|------------------------|--|--|---|--|---|----------|-------------------------|-------------------|---|---|
| VEH #<br>35            | YEAR<br>2022                                 | MAKE: Ford F550<br>MODEL: Flatbed        | BODY TYPE:<br>V.I.N.: 1FDUF5GT5NDA21970   | VEHICLE TYPE<br>PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input type="checkbox"/>          |   |          | SYM / AGE               | COMP / OTC SYM    | COLL SYM  |   |
| GARAGING ADDRESS       | STREET (Required in KY)<br>958 Darlene Drive |  | CITY<br>Petaluma  | COUNTY   |   |          | STATE<br>CA             | ZIP<br>94952      |   |   |
| LIC STATE              | TERR   | GVW / GCW                                | CLASS   | SIC  | FACTOR                                      | SEAT CP  | RADIUS<br>50            | FARTHEST TERMINAL |   | COST NEW<br>\$ 64000  |
| USE                    | COMM'L <input type="checkbox"/>              | FOR HIRE <input type="checkbox"/>        | CHECK COVERAGES<br><input checked="" type="checkbox"/> LIAB<br><input checked="" type="checkbox"/> NO-FAULT | ADD'L NO-FAULT<br><input checked="" type="checkbox"/> MED PAY<br><input checked="" type="checkbox"/> UNINS MOTOR | UNDRINS MOTOR TOWING & LABOR<br>SPEC C OF L | F<br>FTW | LSP<br>COMP/OTC<br>COLL | RENT REIMB<br>FG  | DEDUCTIBLES<br>AA <input type="checkbox"/> STAMT <input type="checkbox"/> | ACV <input type="checkbox"/> COMP/OTC <input type="checkbox"/> SPEC C OF L <input type="checkbox"/> |
| DRIVE TO WORK / SCHOOL | < 15 MILES <input type="checkbox"/>          | 15 MILES + <input type="checkbox"/>      | NET VEH DR/CR:  |  |   |          | TOTAL PREM: \$          |                   |   |   |
| VEH #<br>36            | YEAR<br>2012                                 | MAKE: Ford<br>MODEL: F550 Flatbed        | BODY TYPE:<br>V.I.N.: 1FDUF5GT4CEA26424   | VEHICLE TYPE<br>PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input type="checkbox"/>          |   |          | SYM / AGE               | COMP / OTC SYM    | COLL SYM  |   |
| GARAGING ADDRESS       | STREET (Required in KY)<br>958 Darlene Drive |  | CITY<br>Petaluma  | COUNTY   |   |          | STATE<br>CA             | ZIP<br>94952      |   |   |
| LIC STATE              | TERR   | GVW / GCW                                | CLASS   | SIC  | FACTOR                                      | SEAT CP  | RADIUS<br>50            | FARTHEST TERMINAL |   | COST NEW<br>\$ 35885  |
| USE                    | COMM'L <input type="checkbox"/>              | FOR HIRE <input type="checkbox"/>        | CHECK COVERAGES<br><input checked="" type="checkbox"/> LIAB<br><input checked="" type="checkbox"/> NO-FAULT | ADD'L NO-FAULT<br><input checked="" type="checkbox"/> MED PAY<br><input checked="" type="checkbox"/> UNINS MOTOR | UNDRINS MOTOR TOWING & LABOR<br>SPEC C OF L | F<br>FTW | LSP<br>COMP/OTC<br>COLL | RENT REIMB<br>FG  | DEDUCTIBLES<br>AA <input type="checkbox"/> STAMT <input type="checkbox"/> | ACV <input type="checkbox"/> COMP/OTC <input type="checkbox"/> SPEC C OF L <input type="checkbox"/> |
| DRIVE TO WORK / SCHOOL | < 15 MILES <input type="checkbox"/>          | 15 MILES + <input type="checkbox"/>      | NET VEH DR/CR:  |  |   |          | TOTAL PREM: \$          |                   |   |   |
| VEH #<br>37            | YEAR<br>2020                                 | MAKE: Subaru<br>MODEL: Ascent            | BODY TYPE: Sport utility<br>V.I.N.: 4S4WMALD0L3403669   | VEHICLE TYPE<br>PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input type="checkbox"/>          |   |          | SYM / AGE               | COMP / OTC SYM    | COLL SYM  |   |
| GARAGING ADDRESS       | STREET (Required in KY)<br>4220 Duluth Ave   |  | CITY<br>Rocklin   | COUNTY   |   |          | STATE<br>CA             | ZIP<br>95765      |   |   |
| LIC STATE              | TERR   | GVW / GCW                                | CLASS   | SIC  | FACTOR                                      | SEAT CP  | RADIUS<br>50            | FARTHEST TERMINAL |   | COST NEW<br>\$ 42295  |
| USE                    | COMM'L <input type="checkbox"/>              | FOR HIRE <input type="checkbox"/>        | CHECK COVERAGES<br><input checked="" type="checkbox"/> LIAB<br><input checked="" type="checkbox"/> NO-FAULT | ADD'L NO-FAULT<br><input checked="" type="checkbox"/> MED PAY<br><input checked="" type="checkbox"/> UNINS MOTOR | UNDRINS MOTOR TOWING & LABOR<br>SPEC C OF L | F<br>FTW | LSP<br>COMP/OTC<br>COLL | RENT REIMB<br>FG  | DEDUCTIBLES<br>AA <input type="checkbox"/> STAMT <input type="checkbox"/> | ACV <input type="checkbox"/> COMP/OTC <input type="checkbox"/> SPEC C OF L <input type="checkbox"/> |
| DRIVE TO WORK / SCHOOL | < 15 MILES <input type="checkbox"/>          | 15 MILES + <input type="checkbox"/>      | NET VEH DR/CR:  |  |   |          | TOTAL PREM: \$          |                   |   |   |
| VEH #<br>38            | YEAR<br>2023                                 | MAKE: Ford<br>MODEL: F550 Pumper         | BODY TYPE:<br>V.I.N.: 1FDUF5GT4PEC91219   | VEHICLE TYPE<br>PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input type="checkbox"/>          |   |          | SYM / AGE               | COMP / OTC SYM    | COLL SYM  |   |
| GARAGING ADDRESS       | STREET (Required in KY)<br>958 Darlene Drive |  | CITY<br>Petaluma  | COUNTY   |   |          | STATE<br>CA             | ZIP<br>94952      |   |   |
| LIC STATE              | TERR   | GVW / GCW                                | CLASS   | SIC  | FACTOR                                      | SEAT CP  | RADIUS<br>50            | FARTHEST TERMINAL |   | COST NEW<br>\$ 122812   |
| USE                    | COMM'L <input type="checkbox"/>              | FOR HIRE <input type="checkbox"/>        | CHECK COVERAGES<br><input checked="" type="checkbox"/> LIAB<br><input checked="" type="checkbox"/> NO-FAULT | ADD'L NO-FAULT<br><input checked="" type="checkbox"/> MED PAY<br><input checked="" type="checkbox"/> UNINS MOTOR | UNDRINS MOTOR TOWING & LABOR<br>SPEC C OF L | F<br>FTW | LSP<br>COMP/OTC<br>COLL | RENT REIMB<br>FG  | DEDUCTIBLES<br>AA <input type="checkbox"/> STAMT <input type="checkbox"/> | ACV <input type="checkbox"/> COMP/OTC <input type="checkbox"/> SPEC C OF L <input type="checkbox"/> |
| DRIVE TO WORK / SCHOOL | < 15 MILES <input type="checkbox"/>          | 15 MILES + <input type="checkbox"/>      | NET VEH DR/CR:  |  |   |          | TOTAL PREM: \$          |                   |   |   |
| VEH #<br>39            | YEAR<br>2023                                 | MAKE: Ford<br>MODEL: F350 PU w/Lift Gate | BODY TYPE:<br>V.I.N.: 1FT8W3BT0PED42958   | VEHICLE TYPE<br>PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input type="checkbox"/>          |   |          | SYM / AGE               | COMP / OTC SYM    | COLL SYM  |   |
| GARAGING ADDRESS       | STREET (Required in KY)<br>958 Darlene Drive |  | CITY<br>Petaluma  | COUNTY   |   |          | STATE<br>CA             | ZIP<br>94952      |   |   |
| LIC STATE              | TERR   | GVW / GCW                                | CLASS   | SIC  | FACTOR                                      | SEAT CP  | RADIUS<br>50            | FARTHEST TERMINAL |   | COST NEW<br>\$ 84250  |
| USE                    | COMM'L <input type="checkbox"/>              | FOR HIRE <input type="checkbox"/>        | CHECK COVERAGES<br><input checked="" type="checkbox"/> LIAB<br><input checked="" type="checkbox"/> NO-FAULT | ADD'L NO-FAULT<br><input checked="" type="checkbox"/> MED PAY<br><input checked="" type="checkbox"/> UNINS MOTOR | UNDRINS MOTOR TOWING & LABOR<br>SPEC C OF L | F<br>FTW | LSP<br>COMP/OTC<br>COLL | RENT REIMB<br>FG  | DEDUCTIBLES<br>AA <input type="checkbox"/> STAMT <input type="checkbox"/> | ACV <input type="checkbox"/> COMP/OTC <input type="checkbox"/> SPEC C OF L <input type="checkbox"/> |
| DRIVE TO WORK / SCHOOL | < 15 MILES <input type="checkbox"/>          | 15 MILES + <input type="checkbox"/>      | NET VEH DR/CR:  |  |   |          | TOTAL PREM: \$          |                   |   |   |

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

|                                   |                              |  |           |
|-----------------------------------|------------------------------|--|-----------|
| AGENCY<br>Shaw Insurance Services |                              | CARRIER  | NAIC CODE |
| POLICY NUMBER                     | EFFECTIVE DATE<br>11/28/2025 | NAMED INSURED(S)<br>SANITATION SERVICES, INC., DBA: JR'S PORTABLE SANITATION |           |

|                        |  |  |  |                     |  |           |  |            |  |                 |  |                  |  |                           |  |               |  |        |  |                |  |         |  |              |  |                   |  |                |  |             |  |             |  |              |  |                       |  |            |  |             |  |
|------------------------|--|--|--|---------------------|--|-----------|--|------------|--|-----------------|--|------------------|--|---------------------------|--|---------------|--|--------|--|----------------|--|---------|--|--------------|--|-------------------|--|----------------|--|-------------|--|-------------|--|--------------|--|-----------------------|--|------------|--|-------------|--|
| VEH #                  |  | YEAR   |  | MAKE: Freightliner  |  |           |  |            |  |                 |  |                  |  | BODY TYPE:                |  | VEHICLE TYPE  |  |        |  |                |  |         |  |              |  | SYM / AGE         |  | COMP / OTC SYM |  | COLL SYM    |  |             |  |              |  |                       |  |            |  |             |  |
| 40                     |  | 2024   |  | MODEL: M2106 Pumper |  |           |  |            |  |                 |  |                  |  | V.I.N.: 3ALACWFC4RDVD7572 |  |               |  |        |  |                |  |         |  | PP           |  | SPEC              |  | COML           |  |             |  |             |  |              |  |                       |  |            |  |             |  |
| GARAGING ADDRESS       |  | STREET (Required in KY)<br>958 Darlene Drive |  |                     |  |           |  |            |  |                 |  | CITY<br>Petaluma |  |                           |  |               |  |        |  |                |  | COUNTY  |  |              |  |                   |  |                |  |             |  | STATE<br>CA |  | ZIP<br>94952 |  |                       |  |            |  |             |  |
| LIC STATE              |  | TERR   |  |                     |  | GVW / GCW |  |            |  | CLASS           |  |                  |  | SIC                       |  |               |  | FACTOR |  |                |  | SEAT CP |  | RADIUS<br>50 |  | FARTHEST TERMINAL |  |                |  |             |  |             |  |              |  | COST NEW<br>\$ 145341 |  |            |  |             |  |
| USE                    |  |  |  | COMM'L              |  |           |  | FOR HIRE   |  | CHECK COVERAGES |  |                  |  | ADD'L NO-FAULT            |  | UNDRINS MOTOR |  |        |  | F              |  |         |  | LSP          |  |                   |  | RENT REIMB FG  |  | DEDUCTIBLES |  |             |  | ACV          |  |                       |  | COMP / OTC |  | SPEC C OF L |  |
|                        |  | PLEASURE                                     |  |                     |  | RETAIL    |  |            |  | X               |  | LIAB             |  | X                         |  | MED PAY       |  |        |  | FT             |  | X       |  | COMP / OTC   |  |                   |  |                |  | AA          |  |             |  | ST AMT       |  | \$                    |  |            |  |             |  |
|                        |  | FARM   |  |                     |  | SERVICE   |  |            |  | NO-FAULT        |  | X                |  | UNINS MOTOR               |  | SPEC C OF L   |  | FTW    |  | X              |  | COLL    |  |              |  |                   |  | \$             |  |             |  |             |  | \$           |  | COLL                  |  |            |  |             |  |
| DRIVE TO WORK / SCHOOL |  |  |  | < 15 MILES          |  |           |  | 15 MILES + |  | NET VEH DR/CR:  |  |                  |  |                           |  |               |  |        |  | TOTAL PREM: \$ |  |         |  |              |  |                   |  |                |  |             |  |             |  |              |  |                       |  |            |  |             |  |
| VEH #                  |  | YEAR   |  | MAKE:               |  |           |  |            |  |                 |  |                  |  | BODY TYPE:                |  |               |  |        |  |                |  |         |  | VEHICLE TYPE |  |                   |  |                |  |             |  |             |  | SYM / AGE    |  | COMP / OTC SYM        |  | COLL SYM   |  |             |  |
|                        |  |  |  | MODEL:              |  |           |  |            |  |                 |  |                  |  | V.I.N.:                   |  |               |  |        |  |                |  |         |  | PP           |  |                   |  |                |  |             |  |             |  | SPEC         |  | COML                  |  |            |  |             |  |
| GARAGING ADDRESS       |  | STREET (Required in KY)                      |  |                     |  |           |  |            |  |                 |  | CITY             |  |                           |  |               |  |        |  |                |  | COUNTY  |  |              |  |                   |  |                |  |             |  | STATE       |  | ZIP          |  |                       |  |            |  |             |  |
| LIC STATE              |  | TERR   |  |                     |  | GVW / GCW |  |            |  | CLASS           |  |                  |  | SIC                       |  |               |  | FACTOR |  |                |  | SEAT CP |  | RADIUS       |  | FARTHEST TERMINAL |  |                |  |             |  |             |  |              |  | COST NEW<br>\$        |  |            |  |             |  |
| USE                    |  |  |  | COMM'L              |  |           |  | FOR HIRE   |  | CHECK COVERAGES |  |                  |  | ADD'L NO-FAULT            |  | UNDRINS MOTOR |  |        |  | F              |  |         |  | LSP          |  |                   |  | RENT REIMB FG  |  | DEDUCTIBLES |  |             |  | ACV          |  |                       |  | COMP / OTC |  | SPEC C OF L |  |
|                        |  | PLEASURE                                     |  |                     |  | RETAIL    |  |            |  |                 |  | LIAB             |  |                           |  | MED PAY       |  |        |  | FT             |  |         |  | COMP / OTC   |  |                   |  |                |  | AA          |  |             |  | ST AMT       |  | \$                    |  |            |  |             |  |
|                        |  | FARM   |  |                     |  | SERVICE   |  |            |  | NO-FAULT        |  |                  |  | UNINS MOTOR               |  | SPEC C OF L   |  | FTW    |  | COLL           |  |         |  |              |  |                   |  | \$             |  |             |  |             |  | \$           |  | COLL                  |  |            |  |             |  |
| DRIVE TO WORK / SCHOOL |  |  |  | < 15 MILES          |  |           |  | 15 MILES + |  | NET VEH DR/CR:  |  |                  |  |                           |  |               |  |        |  | TOTAL PREM: \$ |  |         |  |              |  |                   |  |                |  |             |  |             |  |              |  |                       |  |            |  |             |  |
| VEH #                  |  | YEAR   |  | MAKE:               |  |           |  |            |  |                 |  |                  |  | BODY TYPE:                |  |               |  |        |  |                |  |         |  | VEHICLE TYPE |  |                   |  |                |  |             |  |             |  | SYM / AGE    |  | COMP / OTC SYM        |  | COLL SYM   |  |             |  |
|                        |  |  |  | MODEL:              |  |           |  |            |  |                 |  |                  |  | V.I.N.:                   |  |               |  |        |  |                |  |         |  | PP           |  |                   |  |                |  |             |  |             |  | SPEC         |  | COML                  |  |            |  |             |  |
| GARAGING ADDRESS       |  | STREET (Required in KY)                      |  |                     |  |           |  |            |  |                 |  | CITY             |  |                           |  |               |  |        |  |                |  | COUNTY  |  |              |  |                   |  |                |  |             |  | STATE       |  | ZIP          |  |                       |  |            |  |             |  |
| LIC STATE              |  | TERR   |  |                     |  | GVW / GCW |  |            |  | CLASS           |  |                  |  | SIC                       |  |               |  | FACTOR |  |                |  | SEAT CP |  | RADIUS       |  | FARTHEST TERMINAL |  |                |  |             |  |             |  |              |  | COST NEW<br>\$        |  |            |  |             |  |
| USE                    |  |  |  | COMM'L              |  |           |  | FOR HIRE   |  | CHECK COVERAGES |  |                  |  | ADD'L NO-FAULT            |  | UNDRINS MOTOR |  |        |  | F              |  |         |  | LSP          |  |                   |  | RENT REIMB FG  |  | DEDUCTIBLES |  |             |  | ACV          |  |                       |  | COMP / OTC |  | SPEC C OF L |  |
|                        |  | PLEASURE                                     |  |                     |  | RETAIL    |  |            |  |                 |  | LIAB             |  |                           |  | MED PAY       |  |        |  | FT             |  |         |  | COMP / OTC   |  |                   |  |                |  | AA          |  |             |  | ST AMT       |  | \$                    |  |            |  |             |  |
|                        |  | FARM   |  |                     |  | SERVICE   |  |            |  | NO-FAULT        |  |                  |  | UNINS MOTOR               |  | SPEC C OF L   |  | FTW    |  | COLL           |  |         |  |              |  |                   |  | \$             |  |             |  |             |  | \$           |  | COLL                  |  |            |  |             |  |
| DRIVE TO WORK / SCHOOL |  |  |  | < 15 MILES          |  |           |  | 15 MILES + |  | NET VEH DR/CR:  |  |                  |  |                           |  |               |  |        |  | TOTAL PREM: \$ |  |         |  |              |  |                   |  |                |  |             |  |             |  |              |  |                       |  |            |  |             |  |
| VEH #                  |  | YEAR   |  | MAKE:               |  |           |  |            |  |                 |  |                  |  | BODY TYPE:                |  |               |  |        |  |                |  |         |  | VEHICLE TYPE |  |                   |  |                |  |             |  |             |  | SYM / AGE    |  | COMP / OTC SYM        |  | COLL SYM   |  |             |  |
|                        |  |  |  | MODEL:              |  |           |  |            |  |                 |  |                  |  | V.I.N.:                   |  |               |  |        |  |                |  |         |  | PP           |  |                   |  |                |  |             |  |             |  | SPEC         |  | COML                  |  |            |  |             |  |
| GARAGING ADDRESS       |  | STREET (Required in KY)                      |  |                     |  |           |  |            |  |                 |  | CITY             |  |                           |  |               |  |        |  |                |  | COUNTY  |  |              |  |                   |  |                |  |             |  | STATE       |  | ZIP          |  |                       |  |            |  |             |  |
| LIC STATE              |  | TERR   |  |                     |  | GVW / GCW |  |            |  | CLASS           |  |                  |  | SIC                       |  |               |  | FACTOR |  |                |  | SEAT CP |  | RADIUS       |  | FARTHEST TERMINAL |  |                |  |             |  |             |  |              |  | COST NEW<br>\$        |  |            |  |             |  |
| USE                    |  |  |  | COMM'L              |  |           |  | FOR HIRE   |  | CHECK COVERAGES |  |                  |  | ADD'L NO-FAULT            |  | UNDRINS MOTOR |  |        |  | F              |  |         |  | LSP          |  |                   |  | RENT REIMB FG  |  | DEDUCTIBLES |  |             |  | ACV          |  |                       |  | COMP / OTC |  | SPEC C OF L |  |
|                        |  | PLEASURE                                     |  |                     |  | RETAIL    |  |            |  |                 |  | LIAB             |  |                           |  | MED PAY       |  |        |  | FT             |  |         |  | COMP / OTC   |  |                   |  |                |  | AA          |  |             |  | ST AMT       |  | \$                    |  |            |  |             |  |
|                        |  | FARM   |  |                     |  | SERVICE   |  |            |  | NO-FAULT        |  |                  |  | UNINS MOTOR               |  | SPEC C OF L   |  | FTW    |  | COLL           |  |         |  |              |  |                   |  | \$             |  |             |  |             |  | \$           |  | COLL                  |  |            |  |             |  |
| DRIVE TO WORK / SCHOOL |  |  |  | < 15 MILES          |  |           |  | 15 MILES + |  | NET VEH DR/CR:  |  |                  |  |                           |  |               |  |        |  | TOTAL PREM: \$ |  |         |  |              |  |                   |  |                |  |             |  |             |  |              |  |                       |  |            |  |             |  |
| VEH #                  |  | YEAR   |  | MAKE:               |  |           |  |            |  |                 |  |                  |  | BODY TYPE:                |  |               |  |        |  |                |  |         |  |              |  |                   |  |                |  |             |  |             |  |              |  |                       |  |            |  |             |  |

## ADDITIONAL VEHICLE COVERAGES

| Veh #          | Cov Code       | Description                     | Type of Coverage | Form No.                 | Edition Date | Rate                     | Option Codes   |
|----------------|----------------|---------------------------------|------------------|--------------------------|--------------|--------------------------|----------------|
| 1              | UMCSL          | Uninsured motorist combined sir |                  |                          |              |                          |                |
| <b>Limit 1</b> | <b>Limit 2</b> | <b>Limit 3</b>                  | <b>Ded 1</b>     | <b>Deductible Type 1</b> | <b>Ded 2</b> | <b>Deductible Type 2</b> | <b>Premium</b> |
| 1,000,000      |                |                                 |                  |                          |              |                          |                |

| Veh #          | Cov Code       | Description      | Type of Coverage | Form No.                 | Edition Date | Rate                     | Option Codes   |
|----------------|----------------|------------------|------------------|--------------------------|--------------|--------------------------|----------------|
| 1              | CWATV          | Collision Waiver |                  |                          |              |                          |                |
| <b>Limit 1</b> | <b>Limit 2</b> | <b>Limit 3</b>   | <b>Ded 1</b>     | <b>Deductible Type 1</b> | <b>Ded 2</b> | <b>Deductible Type 2</b> | <b>Premium</b> |
|                |                |                  |                  |                          |              |                          |                |

| Veh #          | Cov Code       | Description                     | Type of Coverage | Form No.                 | Edition Date | Rate                     | Option Codes   |
|----------------|----------------|---------------------------------|------------------|--------------------------|--------------|--------------------------|----------------|
| 2              | UMCSL          | Uninsured motorist combined sir |                  |                          |              |                          |                |
| <b>Limit 1</b> | <b>Limit 2</b> | <b>Limit 3</b>                  | <b>Ded 1</b>     | <b>Deductible Type 1</b> | <b>Ded 2</b> | <b>Deductible Type 2</b> | <b>Premium</b> |
| 1,000,000      |                |                                 |                  |                          |              |                          |                |

| Veh #          | Cov Code       | Description      | Type of Coverage | Form No.                 | Edition Date | Rate                     | Option Codes   |
|----------------|----------------|------------------|------------------|--------------------------|--------------|--------------------------|----------------|
| 2              | CWATV          | Collision Waiver |                  |                          |              |                          |                |
| <b>Limit 1</b> | <b>Limit 2</b> | <b>Limit 3</b>   | <b>Ded 1</b>     | <b>Deductible Type 1</b> | <b>Ded 2</b> | <b>Deductible Type 2</b> | <b>Premium</b> |
|                |                |                  |                  |                          |              |                          |                |

| Veh #          | Cov Code       | Description      | Type of Coverage | Form No.                 | Edition Date | Rate                     | Option Codes   |
|----------------|----------------|------------------|------------------|--------------------------|--------------|--------------------------|----------------|
| 3              | CWATV          | Collision Waiver |                  |                          |              |                          |                |
| <b>Limit 1</b> | <b>Limit 2</b> | <b>Limit 3</b>   | <b>Ded 1</b>     | <b>Deductible Type 1</b> | <b>Ded 2</b> | <b>Deductible Type 2</b> | <b>Premium</b> |
|                |                |                  |                  |                          |              |                          |                |

| Veh #          | Cov Code       | Description                      | Type of Coverage | Form No.                 | Edition Date | Rate                     | Option Codes   |
|----------------|----------------|----------------------------------|------------------|--------------------------|--------------|--------------------------|----------------|
| 3              | UMPD           | Uninsured motorist property dama |                  |                          |              |                          |                |
| <b>Limit 1</b> | <b>Limit 2</b> | <b>Limit 3</b>                   | <b>Ded 1</b>     | <b>Deductible Type 1</b> | <b>Ded 2</b> | <b>Deductible Type 2</b> | <b>Premium</b> |
|                |                |                                  |                  |                          |              |                          |                |

| Veh #          | Cov Code       | Description                      | Type of Coverage | Form No.                 | Edition Date | Rate                     | Option Codes   |
|----------------|----------------|----------------------------------|------------------|--------------------------|--------------|--------------------------|----------------|
| 4              | UMPD           | Uninsured motorist property dama |                  |                          |              |                          |                |
| <b>Limit 1</b> | <b>Limit 2</b> | <b>Limit 3</b>                   | <b>Ded 1</b>     | <b>Deductible Type 1</b> | <b>Ded 2</b> | <b>Deductible Type 2</b> | <b>Premium</b> |
|                |                |                                  |                  |                          |              |                          |                |

| Veh #          | Cov Code       | Description    | Type of Coverage | Form No.                 | Edition Date | Rate                     | Option Codes   |
|----------------|----------------|----------------|------------------|--------------------------|--------------|--------------------------|----------------|
| 4              | COLL           | Collision      |                  |                          |              |                          |                |
| <b>Limit 1</b> | <b>Limit 2</b> | <b>Limit 3</b> | <b>Ded 1</b>     | <b>Deductible Type 1</b> | <b>Ded 2</b> | <b>Deductible Type 2</b> | <b>Premium</b> |
| 2,500          |                |                |                  |                          |              |                          |                |

| Veh #          | Cov Code       | Description    | Type of Coverage | Form No.                 | Edition Date | Rate                     | Option Codes   |
|----------------|----------------|----------------|------------------|--------------------------|--------------|--------------------------|----------------|
| 5              | COLL           | Collision      |                  |                          |              |                          |                |
| <b>Limit 1</b> | <b>Limit 2</b> | <b>Limit 3</b> | <b>Ded 1</b>     | <b>Deductible Type 1</b> | <b>Ded 2</b> | <b>Deductible Type 2</b> | <b>Premium</b> |
| 2,500          |                |                |                  |                          |              |                          |                |

| Veh #          | Cov Code       | Description                      | Type of Coverage | Form No.                 | Edition Date | Rate                     | Option Codes   |
|----------------|----------------|----------------------------------|------------------|--------------------------|--------------|--------------------------|----------------|
| 5              | UMCSL          | Uninsured motorist combined sing |                  |                          |              |                          |                |
| <b>Limit 1</b> | <b>Limit 2</b> | <b>Limit 3</b>                   | <b>Ded 1</b>     | <b>Deductible Type 1</b> | <b>Ded 2</b> | <b>Deductible Type 2</b> | <b>Premium</b> |
| 1,000,000      |                |                                  |                  |                          |              |                          |                |

| Veh #          | Cov Code       | Description                      | Type of Coverage | Form No.                 | Edition Date | Rate                     | Option Codes   |
|----------------|----------------|----------------------------------|------------------|--------------------------|--------------|--------------------------|----------------|
| 6              | UMPD           | Uninsured motorist property dama |                  |                          |              |                          |                |
| <b>Limit 1</b> | <b>Limit 2</b> | <b>Limit 3</b>                   | <b>Ded 1</b>     | <b>Deductible Type 1</b> | <b>Ded 2</b> | <b>Deductible Type 2</b> | <b>Premium</b> |
|                |                |                                  |                  |                          |              |                          |                |

| Veh #          | Cov Code       | Description      | Type of Coverage | Form No.                 | Edition Date | Rate                     | Option Codes   |
|----------------|----------------|------------------|------------------|--------------------------|--------------|--------------------------|----------------|
| 6              | CWATV          | Collision Waiver |                  |                          |              |                          |                |
| <b>Limit 1</b> | <b>Limit 2</b> | <b>Limit 3</b>   | <b>Ded 1</b>     | <b>Deductible Type 1</b> | <b>Ded 2</b> | <b>Deductible Type 2</b> | <b>Premium</b> |
|                |                |                  |                  |                          |              |                          |                |

| Veh #          | Cov Code       | Description                      | Type of Coverage | Form No.                 | Edition Date | Rate                     | Option Codes   |
|----------------|----------------|----------------------------------|------------------|--------------------------|--------------|--------------------------|----------------|
| 7              | UMCSL          | Uninsured motorist combined sing |                  |                          |              |                          |                |
| <b>Limit 1</b> | <b>Limit 2</b> | <b>Limit 3</b>                   | <b>Ded 1</b>     | <b>Deductible Type 1</b> | <b>Ded 2</b> | <b>Deductible Type 2</b> | <b>Premium</b> |
| 1,000,000      |                |                                  |                  |                          |              |                          |                |

## ADDITIONAL VEHICLE COVERAGES

| Veh #     | Cov Code | Description                              | Type of Coverage | Form No.          | Edition Date | Rate              | Option Codes |
|-----------|----------|--|------------------|-------------------|--------------|-------------------|--------------|
| 7         | CWATV    | Collision Waiver                         |                  |                   |              |                   |              |
| Limit 1   | Limit 2  | Limit 3                                  | Ded 1            | Deductible Type 1 | Ded 2        | Deductible Type 2 | Premium      |
|           |          |  |                  |                   |              |                   |              |
| Veh #     | Cov Code | Description                              | Type of Coverage | Form No.          | Edition Date | Rate              | Option Codes |
| 8         | UMPD     | Uninsured motorist property damage       |                  |                   |              |                   |              |
| Limit 1   | Limit 2  | Limit 3                                  | Ded 1            | Deductible Type 1 | Ded 2        | Deductible Type 2 | Premium      |
|           |          |  |                  |                   |              |                   |              |
| Veh #     | Cov Code | Description                              | Type of Coverage | Form No.          | Edition Date | Rate              | Option Codes |
| 8         | CWATV    | Collision Waiver                         |                  |                   |              |                   |              |
| Limit 1   | Limit 2  | Limit 3                                  | Ded 1            | Deductible Type 1 | Ded 2        | Deductible Type 2 | Premium      |
|           |          |  |                  |                   |              |                   |              |
| Veh #     | Cov Code | Description                              | Type of Coverage | Form No.          | Edition Date | Rate              | Option Codes |
| 9         | UMCSL    | Uninsured motorist combined single limit |                  |                   |              |                   |              |
| Limit 1   | Limit 2  | Limit 3                                  | Ded 1            | Deductible Type 1 | Ded 2        | Deductible Type 2 | Premium      |
| 1,000,000 |          |  |                  |                   |              |                   |              |
|           |          |  |                  |                   |              |                   |              |
| Veh #     | Cov Code | Description                              | Type of Coverage | Form No.          | Edition Date | Rate              | Option Codes |
| 10        | UMPD     | Uninsured motorist property damage       |                  |                   |              |                   |              |
| Limit 1   | Limit 2  | Limit 3                                  | Ded 1            | Deductible Type 1 | Ded 2        | Deductible Type 2 | Premium      |
|           |          |  |                  |                   |              |                   |              |
| Veh #     | Cov Code | Description                              | Type of Coverage | Form No.          | Edition Date | Rate              | Option Codes |
| 11        | UMPD     | Uninsured motorist property damage       |                  |                   |              |                   |              |
| Limit 1   | Limit 2  | Limit 3                                  | Ded 1            | Deductible Type 1 | Ded 2        | Deductible Type 2 | Premium      |
|           |          |  |                  |                   |              |                   |              |
| Veh #     | Cov Code | Description                              | Type of Coverage | Form No.          | Edition Date | Rate              | Option Codes |
| 12        | UMPD     | Uninsured motorist property damage       |                  |                   |              |                   |              |
| Limit 1   | Limit 2  | Limit 3                                  | Ded 1            | Deductible Type 1 | Ded 2        | Deductible Type 2 | Premium      |
|           |          |  |                  |                   |              |                   |              |
| Veh #     | Cov Code | Description                              | Type of Coverage | Form No.          | Edition Date | Rate              | Option Codes |
| 13        | UMPD     | Uninsured motorist property damage       |                  |                   |              |                   |              |
| Limit 1   | Limit 2  | Limit 3                                  | Ded 1            | Deductible Type 1 | Ded 2        | Deductible Type 2 | Premium      |
|           |          |  |                  |                   |              |                   |              |
| Veh #     | Cov Code | Description                              | Type of Coverage | Form No.          | Edition Date | Rate              | Option Codes |
| 14        | UMCSL    | Uninsured motorist combined single limit |                  |                   |              |                   |              |
| Limit 1   | Limit 2  | Limit 3                                  | Ded 1            | Deductible Type 1 | Ded 2        | Deductible Type 2 | Premium      |
| 1,000,000 |          |  |                  |                   |              |                   |              |
|           |          |  |                  |                   |              |                   |              |
| Veh #     | Cov Code | Description                              | Type of Coverage | Form No.          | Edition Date | Rate              | Option Codes |
| 15        | UMCSL    | Uninsured motorist combined single limit |                  |                   |              |                   |              |
| Limit 1   | Limit 2  | Limit 3                                  | Ded 1            | Deductible Type 1 | Ded 2        | Deductible Type 2 | Premium      |
| 1,000,000 |          |  |                  |                   |              |                   |              |
|           |          |  |                  |                   |              |                   |              |
| Veh #     | Cov Code | Description                              | Type of Coverage | Form No.          | Edition Date | Rate              | Option Codes |
| 16        | UMCSL    | Uninsured motorist combined single limit |                  |                   |              |                   |              |
| Limit 1   | Limit 2  | Limit 3                                  | Ded 1            | Deductible Type 1 | Ded 2        | Deductible Type 2 | Premium      |
| 1,000,000 |          |  |                  |                   |              |                   |              |
|           |          |  |                  |                   |              |                   |              |
| Veh #     | Cov Code | Description                              | Type of Coverage | Form No.          | Edition Date | Rate              | Option Codes |
| 17        | UMCSL    | Uninsured motorist combined single limit |                  |                   |              |                   |              |
| Limit 1   | Limit 2  | Limit 3                                  | Ded 1            | Deductible Type 1 | Ded 2        | Deductible Type 2 | Premium      |
| 1,000,000 |          |  |                  |                   |              |                   |              |
|           |          |  |                  |                   |              |                   |              |
| Veh #     | Cov Code | Description                              | Type of Coverage | Form No.          | Edition Date | Rate              | Option Codes |
| 18        | UMPD     | Uninsured motorist property damage       |                  |                   |              |                   |              |
| Limit 1   | Limit 2  | Limit 3                                  | Ded 1            | Deductible Type 1 | Ded 2        | Deductible Type 2 | Premium      |
|           |          |  |                  |                   |              |                   |              |

## ADDITIONAL VEHICLE COVERAGES

| Veh #     | Cov Code | Description                              | Type of Coverage | Form No.          | Edition Date | Rate              | Option Codes |
|-----------|----------|--|------------------|-------------------|--------------|-------------------|--------------|
| 19        | UMPD     | Uninsured motorist property damage       |                  |                   |              |                   |              |
| Limit 1   | Limit 2  | Limit 3                                  | Ded 1            | Deductible Type 1 | Ded 2        | Deductible Type 2 | Premium      |
|           |          |  |                  |                   |              |                   |              |
| Veh #     | Cov Code | Description                              | Type of Coverage | Form No.          | Edition Date | Rate              | Option Codes |
| 20        | UMCSL    | Uninsured motorist combined single limit |                  |                   |              |                   |              |
| Limit 1   | Limit 2  | Limit 3                                  | Ded 1            | Deductible Type 1 | Ded 2        | Deductible Type 2 | Premium      |
| 1,000,000 |          |  |                  |                   |              |                   |              |
| Veh #     | Cov Code | Description                              | Type of Coverage | Form No.          | Edition Date | Rate              | Option Codes |
| 21        | UMCSL    | Uninsured motorist combined single limit |                  |                   |              |                   |              |
| Limit 1   | Limit 2  | Limit 3                                  | Ded 1            | Deductible Type 1 | Ded 2        | Deductible Type 2 | Premium      |
| 1,000,000 |          |  |                  |                   |              |                   |              |
| Veh #     | Cov Code | Description                              | Type of Coverage | Form No.          | Edition Date | Rate              | Option Codes |
| 21        | CWATV    | Collision Waiver                         |                  |                   |              |                   |              |
| Limit 1   | Limit 2  | Limit 3                                  | Ded 1            | Deductible Type 1 | Ded 2        | Deductible Type 2 | Premium      |
| 2,500     |          |  |                  |                   |              |                   |              |
| Veh #     | Cov Code | Description                              | Type of Coverage | Form No.          | Edition Date | Rate              | Option Codes |
| 22        | CWATV    | Collision Waiver                         |                  |                   |              |                   |              |
| Limit 1   | Limit 2  | Limit 3                                  | Ded 1            | Deductible Type 1 | Ded 2        | Deductible Type 2 | Premium      |
|           |          |  |                  |                   |              |                   |              |
| Veh #     | Cov Code | Description                              | Type of Coverage | Form No.          | Edition Date | Rate              | Option Codes |
| 22        | UMPD     | Uninsured motorist property damage       |                  |                   |              |                   |              |
| Limit 1   | Limit 2  | Limit 3                                  | Ded 1            | Deductible Type 1 | Ded 2        | Deductible Type 2 | Premium      |
|           |          |  |                  |                   |              |                   |              |
| Veh #     | Cov Code | Description                              | Type of Coverage | Form No.          | Edition Date | Rate              | Option Codes |
| 23        | UMPD     | Uninsured motorist property damage       |                  |                   |              |                   |              |
| Limit 1   | Limit 2  | Limit 3                                  | Ded 1            | Deductible Type 1 | Ded 2        | Deductible Type 2 | Premium      |
|           |          |  |                  |                   |              |                   |              |
| Veh #     | Cov Code | Description                              | Type of Coverage | Form No.          | Edition Date | Rate              | Option Codes |
| 23        | COLL     | Collision                                |                  |                   |              |                   |              |
| Limit 1   | Limit 2  | Limit 3                                  | Ded 1            | Deductible Type 1 | Ded 2        | Deductible Type 2 | Premium      |
| 2,500     |          |  |                  |                   |              |                   |              |
| Veh #     | Cov Code | Description                              | Type of Coverage | Form No.          | Edition Date | Rate              | Option Codes |
| 24        | COLL     | Collision                                |                  |                   |              |                   |              |
| Limit 1   | Limit 2  | Limit 3                                  | Ded 1            | Deductible Type 1 | Ded 2        | Deductible Type 2 | Premium      |
| 2,500     |          |  |                  |                   |              |                   |              |
| Veh #     | Cov Code | Description                              | Type of Coverage | Form No.          | Edition Date | Rate              | Option Codes |
| 24        | UMCSL    | Uninsured motorist combined single limit |                  |                   |              |                   |              |
| Limit 1   | Limit 2  | Limit 3                                  | Ded 1            | Deductible Type 1 | Ded 2        | Deductible Type 2 | Premium      |
| 1,000,000 |          |  |                  |                   |              |                   |              |
| Veh #     | Cov Code | Description                              | Type of Coverage | Form No.          | Edition Date | Rate              | Option Codes |
| 25        | UMCSL    | Uninsured motorist combined single limit |                  |                   |              |                   |              |
| Limit 1   | Limit 2  | Limit 3                                  | Ded 1            | Deductible Type 1 | Ded 2        | Deductible Type 2 | Premium      |
| 1,000,000 |          |  |                  |                   |              |                   |              |
| Veh #     | Cov Code | Description                              | Type of Coverage | Form No.          | Edition Date | Rate              | Option Codes |
| 25        | CWATV    | Collision Waiver                         |                  |                   |              |                   |              |
| Limit 1   | Limit 2  | Limit 3                                  | Ded 1            | Deductible Type 1 | Ded 2        | Deductible Type 2 | Premium      |
|           |          |  |                  |                   |              |                   |              |
| Veh #     | Cov Code | Description                              | Type of Coverage | Form No.          | Edition Date | Rate              | Option Codes |
| 26        | UMCSL    | Uninsured motorist combined single limit |                  |                   |              |                   |              |
| Limit 1   | Limit 2  | Limit 3                                  | Ded 1            | Deductible Type 1 | Ded 2        | Deductible Type 2 | Premium      |
| 1,000,000 |          |  |                  |                   |              |                   |              |

## ADDITIONAL VEHICLE COVERAGES

| Veh #          | Cov Code       | Description      | Type of Coverage | Form No.                 | Edition Date | Rate                     | Option Codes   |
|----------------|----------------|------------------|------------------|--------------------------|--------------|--------------------------|----------------|
| 26             | CWATV          | Collision Waiver |                  |                          |              |                          |                |
| <b>Limit 1</b> | <b>Limit 2</b> | <b>Limit 3</b>   | <b>Ded 1</b>     | <b>Deductible Type 1</b> | <b>Ded 2</b> | <b>Deductible Type 2</b> | <b>Premium</b> |
| 2,500          |                |                  |                  |                          |              |                          |                |

| Veh #          | Cov Code       | Description    | Type of Coverage | Form No.                 | Edition Date | Rate                     | Option Codes   |
|----------------|----------------|----------------|------------------|--------------------------|--------------|--------------------------|----------------|
| 27             | COLL           | Collision      |                  |                          |              |                          |                |
| <b>Limit 1</b> | <b>Limit 2</b> | <b>Limit 3</b> | <b>Ded 1</b>     | <b>Deductible Type 1</b> | <b>Ded 2</b> | <b>Deductible Type 2</b> | <b>Premium</b> |
| 2,500          |                |                |                  |                          |              |                          |                |

| Veh #          | Cov Code       | Description                      | Type of Coverage | Form No.                 | Edition Date | Rate                     | Option Codes   |
|----------------|----------------|----------------------------------|------------------|--------------------------|--------------|--------------------------|----------------|
| 27             | UMPD           | Uninsured motorist property darr |                  |                          |              |                          |                |
| <b>Limit 1</b> | <b>Limit 2</b> | <b>Limit 3</b>                   | <b>Ded 1</b>     | <b>Deductible Type 1</b> | <b>Ded 2</b> | <b>Deductible Type 2</b> | <b>Premium</b> |
|                |                |                                  |                  |                          |              |                          |                |

| Veh #          | Cov Code       | Description                      | Type of Coverage | Form No.                 | Edition Date | Rate                     | Option Codes   |
|----------------|----------------|----------------------------------|------------------|--------------------------|--------------|--------------------------|----------------|
| 28             | UMCSL          | Uninsured motorist combined sing |                  |                          |              |                          |                |
| <b>Limit 1</b> | <b>Limit 2</b> | <b>Limit 3</b>                   | <b>Ded 1</b>     | <b>Deductible Type 1</b> | <b>Ded 2</b> | <b>Deductible Type 2</b> | <b>Premium</b> |
| 1,000,000      |                |                                  |                  |                          |              |                          |                |

| Veh #          | Cov Code       | Description      | Type of Coverage | Form No.                 | Edition Date | Rate                     | Option Codes   |
|----------------|----------------|------------------|------------------|--------------------------|--------------|--------------------------|----------------|
| 28             | CWATV          | Collision Waiver |                  |                          |              |                          |                |
| <b>Limit 1</b> | <b>Limit 2</b> | <b>Limit 3</b>   | <b>Ded 1</b>     | <b>Deductible Type 1</b> | <b>Ded 2</b> | <b>Deductible Type 2</b> | <b>Premium</b> |
| 2,500          |                |                  |                  |                          |              |                          |                |

| Veh #          | Cov Code       | Description                      | Type of Coverage | Form No.                 | Edition Date | Rate                     | Option Codes   |
|----------------|----------------|----------------------------------|------------------|--------------------------|--------------|--------------------------|----------------|
| 29             | UMPD           | Uninsured motorist property dama |                  |                          |              |                          |                |
| <b>Limit 1</b> | <b>Limit 2</b> | <b>Limit 3</b>                   | <b>Ded 1</b>     | <b>Deductible Type 1</b> | <b>Ded 2</b> | <b>Deductible Type 2</b> | <b>Premium</b> |
|                |                |                                  |                  |                          |              |                          |                |

| Veh #          | Cov Code       | Description    | Type of Coverage | Form No.                 | Edition Date | Rate                     | Option Codes   |
|----------------|----------------|----------------|------------------|--------------------------|--------------|--------------------------|----------------|
| 29             | COLL           | Collision      |                  |                          |              |                          |                |
| <b>Limit 1</b> | <b>Limit 2</b> | <b>Limit 3</b> | <b>Ded 1</b>     | <b>Deductible Type 1</b> | <b>Ded 2</b> | <b>Deductible Type 2</b> | <b>Premium</b> |
| 2,500          |                |                |                  |                          |              |                          |                |

| Veh #          | Cov Code       | Description                      | Type of Coverage | Form No.                 | Edition Date | Rate                     | Option Codes   |
|----------------|----------------|----------------------------------|------------------|--------------------------|--------------|--------------------------|----------------|
| 30             | UMPD           | Uninsured motorist property dama |                  |                          |              |                          |                |
| <b>Limit 1</b> | <b>Limit 2</b> | <b>Limit 3</b>                   | <b>Ded 1</b>     | <b>Deductible Type 1</b> | <b>Ded 2</b> | <b>Deductible Type 2</b> | <b>Premium</b> |
|                |                |                                  |                  |                          |              |                          |                |

| Veh #          | Cov Code       | Description      | Type of Coverage | Form No.                 | Edition Date | Rate                     | Option Codes   |
|----------------|----------------|------------------|------------------|--------------------------|--------------|--------------------------|----------------|
| 30             | CWATV          | Collision Waiver |                  |                          |              |                          |                |
| <b>Limit 1</b> | <b>Limit 2</b> | <b>Limit 3</b>   | <b>Ded 1</b>     | <b>Deductible Type 1</b> | <b>Ded 2</b> | <b>Deductible Type 2</b> | <b>Premium</b> |
|                |                |                  |                  |                          |              |                          |                |

| Veh #          | Cov Code       | Description    | Type of Coverage | Form No.                 | Edition Date | Rate                     | Option Codes   |
|----------------|----------------|----------------|------------------|--------------------------|--------------|--------------------------|----------------|
| 31             | COLL           | Collision      |                  |                          |              |                          |                |
| <b>Limit 1</b> | <b>Limit 2</b> | <b>Limit 3</b> | <b>Ded 1</b>     | <b>Deductible Type 1</b> | <b>Ded 2</b> | <b>Deductible Type 2</b> | <b>Premium</b> |
| 2,500          |                |                |                  |                          |              |                          |                |

| Veh #          | Cov Code       | Description                      | Type of Coverage | Form No.                 | Edition Date | Rate                     | Option Codes   |
|----------------|----------------|----------------------------------|------------------|--------------------------|--------------|--------------------------|----------------|
| 31             | UMPD           | Uninsured motorist property dama |                  |                          |              |                          |                |
| <b>Limit 1</b> | <b>Limit 2</b> | <b>Limit 3</b>                   | <b>Ded 1</b>     | <b>Deductible Type 1</b> | <b>Ded 2</b> | <b>Deductible Type 2</b> | <b>Premium</b> |
|                |                |                                  |                  |                          |              |                          |                |

| Veh #          | Cov Code       | Description    | Type of Coverage | Form No.                 | Edition Date | Rate                     | Option Codes   |
|----------------|----------------|----------------|------------------|--------------------------|--------------|--------------------------|----------------|
| 32             | COLL           | Collision      |                  |                          |              |                          |                |
| <b>Limit 1</b> | <b>Limit 2</b> | <b>Limit 3</b> | <b>Ded 1</b>     | <b>Deductible Type 1</b> | <b>Ded 2</b> | <b>Deductible Type 2</b> | <b>Premium</b> |
| 2,500          |                |                |                  |                          |              |                          |                |

| Veh #          | Cov Code       | Description                      | Type of Coverage | Form No.                 | Edition Date | Rate                     | Option Codes   |
|----------------|----------------|----------------------------------|------------------|--------------------------|--------------|--------------------------|----------------|
| 32             | UMCSL          | Uninsured motorist combined sing |                  |                          |              |                          |                |
| <b>Limit 1</b> | <b>Limit 2</b> | <b>Limit 3</b>                   | <b>Ded 1</b>     | <b>Deductible Type 1</b> | <b>Ded 2</b> | <b>Deductible Type 2</b> | <b>Premium</b> |
| 1,000,000      |                |                                  |                  |                          |              |                          |                |

## ADDITIONAL VEHICLE COVERAGES

| Veh #                       | Cov Code       | Description                      | Type of Coverage | Form No.                 | Edition Date | Rate                     | Option Codes   |
|-----------------------------|----------------|----------------------------------|------------------|--------------------------|--------------|--------------------------|----------------|
| 33                          | COLL           | Collision                        |                  |                          |              |                          |                |
| <b>Limit 1</b><br>2,500     | <b>Limit 2</b> | <b>Limit 3</b>                   | <b>Ded 1</b>     | <b>Deductible Type 1</b> | <b>Ded 2</b> | <b>Deductible Type 2</b> | <b>Premium</b> |
|                             |                |                                  |                  |                          |              |                          |                |
| Veh #                       | Cov Code       | Description                      | Type of Coverage | Form No.                 | Edition Date | Rate                     | Option Codes   |
| 33                          | UMCSL          | Uninsured motorist combined sir  |                  |                          |              |                          |                |
| <b>Limit 1</b><br>1,000,000 | <b>Limit 2</b> | <b>Limit 3</b>                   | <b>Ded 1</b>     | <b>Deductible Type 1</b> | <b>Ded 2</b> | <b>Deductible Type 2</b> | <b>Premium</b> |
|                             |                |                                  |                  |                          |              |                          |                |
| Veh #                       | Cov Code       | Description                      | Type of Coverage | Form No.                 | Edition Date | Rate                     | Option Codes   |
| 34                          | UMPD           | Uninsured motorist property darr |                  |                          |              |                          |                |
| <b>Limit 1</b>              | <b>Limit 2</b> | <b>Limit 3</b>                   | <b>Ded 1</b>     | <b>Deductible Type 1</b> | <b>Ded 2</b> | <b>Deductible Type 2</b> | <b>Premium</b> |
|                             |                |                                  |                  |                          |              |                          |                |
| Veh #                       | Cov Code       | Description                      | Type of Coverage | Form No.                 | Edition Date | Rate                     | Option Codes   |
| 34                          | CWATV          | Collision Waiver                 |                  |                          |              |                          |                |
| <b>Limit 1</b>              | <b>Limit 2</b> | <b>Limit 3</b>                   | <b>Ded 1</b>     | <b>Deductible Type 1</b> | <b>Ded 2</b> | <b>Deductible Type 2</b> | <b>Premium</b> |
|                             |                |                                  |                  |                          |              |                          |                |
| Veh #                       | Cov Code       | Description                      | Type of Coverage | Form No.                 | Edition Date | Rate                     | Option Codes   |
| 35                          | UMPD           | Uninsured motorist property dama |                  |                          |              |                          |                |
| <b>Limit 1</b>              | <b>Limit 2</b> | <b>Limit 3</b>                   | <b>Ded 1</b>     | <b>Deductible Type 1</b> | <b>Ded 2</b> | <b>Deductible Type 2</b> | <b>Premium</b> |
|                             |                |                                  |                  |                          |              |                          |                |
| Veh #                       | Cov Code       | Description                      | Type of Coverage | Form No.                 | Edition Date | Rate                     | Option Codes   |
| 35                          | COLL           | Collision                        |                  |                          |              |                          |                |
| <b>Limit 1</b><br>2,500     | <b>Limit 2</b> | <b>Limit 3</b>                   | <b>Ded 1</b>     | <b>Deductible Type 1</b> | <b>Ded 2</b> | <b>Deductible Type 2</b> | <b>Premium</b> |
|                             |                |                                  |                  |                          |              |                          |                |
| Veh #                       | Cov Code       | Description                      | Type of Coverage | Form No.                 | Edition Date | Rate                     | Option Codes   |
| 36                          | CWATV          | Collision Waiver                 |                  |                          |              |                          |                |
| <b>Limit 1</b>              | <b>Limit 2</b> | <b>Limit 3</b>                   | <b>Ded 1</b>     | <b>Deductible Type 1</b> | <b>Ded 2</b> | <b>Deductible Type 2</b> | <b>Premium</b> |
|                             |                |                                  |                  |                          |              |                          |                |
| Veh #                       | Cov Code       | Description                      | Type of Coverage | Form No.                 | Edition Date | Rate                     | Option Codes   |
| 36                          | UMPD           | Uninsured motorist property dama |                  |                          |              |                          |                |
| <b>Limit 1</b>              | <b>Limit 2</b> | <b>Limit 3</b>                   | <b>Ded 1</b>     | <b>Deductible Type 1</b> | <b>Ded 2</b> | <b>Deductible Type 2</b> | <b>Premium</b> |
|                             |                |                                  |                  |                          |              |                          |                |
| Veh #                       | Cov Code       | Description                      | Type of Coverage | Form No.                 | Edition Date | Rate                     | Option Codes   |
| 37                          | CWATV          | Collision Waiver                 |                  |                          |              |                          |                |
| <b>Limit 1</b>              | <b>Limit 2</b> | <b>Limit 3</b>                   | <b>Ded 1</b>     | <b>Deductible Type 1</b> | <b>Ded 2</b> | <b>Deductible Type 2</b> | <b>Premium</b> |
|                             |                |                                  |                  |                          |              |                          |                |
| Veh #                       | Cov Code       | Description                      | Type of Coverage | Form No.                 | Edition Date | Rate                     | Option Codes   |
| 37                          | UMPD           | Uninsured motorist property dama |                  |                          |              |                          |                |
| <b>Limit 1</b>              | <b>Limit 2</b> | <b>Limit 3</b>                   | <b>Ded 1</b>     | <b>Deductible Type 1</b> | <b>Ded 2</b> | <b>Deductible Type 2</b> | <b>Premium</b> |
|                             |                |                                  |                  |                          |              |                          |                |
| Veh #                       | Cov Code       | Description                      | Type of Coverage | Form No.                 | Edition Date | Rate                     | Option Codes   |
| 38                          | UMCSL          | Uninsured motorist combined sing |                  |                          |              |                          |                |
| <b>Limit 1</b><br>1,000,000 | <b>Limit 2</b> | <b>Limit 3</b>                   | <b>Ded 1</b>     | <b>Deductible Type 1</b> | <b>Ded 2</b> | <b>Deductible Type 2</b> | <b>Premium</b> |
|                             |                |                                  |                  |                          |              |                          |                |
| Veh #                       | Cov Code       | Description                      | Type of Coverage | Form No.                 | Edition Date | Rate                     | Option Codes   |
| 38                          | COLL           | Collision                        |                  |                          |              |                          |                |
| <b>Limit 1</b><br>2,500     | <b>Limit 2</b> | <b>Limit 3</b>                   | <b>Ded 1</b>     | <b>Deductible Type 1</b> | <b>Ded 2</b> | <b>Deductible Type 2</b> | <b>Premium</b> |
|                             |                |                                  |                  |                          |              |                          |                |
| Veh #                       | Cov Code       | Description                      | Type of Coverage | Form No.                 | Edition Date | Rate                     | Option Codes   |
| 39                          | CWATV          | Collision Waiver                 |                  |                          |              |                          |                |
| <b>Limit 1</b>              | <b>Limit 2</b> | <b>Limit 3</b>                   | <b>Ded 1</b>     | <b>Deductible Type 1</b> | <b>Ded 2</b> | <b>Deductible Type 2</b> | <b>Premium</b> |

## ADDITIONAL VEHICLE COVERAGES

|         |          |                                  |                  |                   |              |                   |              |
|---------|----------|----------------------------------|------------------|-------------------|--------------|-------------------|--------------|
| Veh #   | Cov Code | Description                      | Type of Coverage | Form No.          | Edition Date | Rate              | Option Codes |
| 39      | UMPD     | Uninsured motorist property darr |                  |                   |              |                   |              |
| Limit 1 | Limit 2  | Limit 3                          | Ded 1            | Deductible Type 1 | Ded 2        | Deductible Type 2 | Premium      |
|         |          |                                  |                  |                   |              |                   |              |
| Veh #   | Cov Code | Description                      | Type of Coverage | Form No.          | Edition Date | Rate              | Option Codes |
| 40      | CWATV    | Collision Waiver                 |                  |                   |              |                   |              |
| Limit 1 | Limit 2  | Limit 3                          | Ded 1            | Deductible Type 1 | Ded 2        | Deductible Type 2 | Premium      |
|         |          |                                  |                  |                   |              |                   |              |
| Veh #   | Cov Code | Description                      | Type of Coverage | Form No.          | Edition Date | Rate              | Option Codes |
| 40      | UMPD     | Uninsured motorist property darr |                  |                   |              |                   |              |
| Limit 1 | Limit 2  | Limit 3                          | Ded 1            | Deductible Type 1 | Ded 2        | Deductible Type 2 | Premium      |
|         |          |                                  |                  |                   |              |                   |              |
| Veh #   | Cov Code | Description                      | Type of Coverage | Form No.          | Edition Date | Rate              | Option Codes |
|         |          |                                  |                  |                   |              |                   |              |
| Limit 1 | Limit 2  | Limit 3                          | Ded 1            | Deductible Type 1 | Ded 2        | Deductible Type 2 | Premium      |
|         |          |                                  |                  |                   |              |                   |              |
| Veh #   | Cov Code | Description                      | Type of Coverage | Form No.          | Edition Date | Rate              | Option Codes |
|         |          |                                  |                  |                   |              |                   |              |
| Limit 1 | Limit 2  | Limit 3                          | Ded 1            | Deductible Type 1 | Ded 2        | Deductible Type 2 | Premium      |
|         |          |                                  |                  |                   |              |                   |              |
| Veh #   | Cov Code | Description                      | Type of Coverage | Form No.          | Edition Date | Rate              | Option Codes |
|         |          |                                  |                  |                   |              |                   |              |
| Limit 1 | Limit 2  | Limit 3                          | Ded 1            | Deductible Type 1 | Ded 2        | Deductible Type 2 | Premium      |
|         |          |                                  |                  |                   |              |                   |              |
| Veh #   | Cov Code | Description                      | Type of Coverage | Form No.          | Edition Date | Rate              | Option Codes |
|         |          |                                  |                  |                   |              |                   |              |
| Limit 1 | Limit 2  | Limit 3                          | Ded 1            | Deductible Type 1 | Ded 2        | Deductible Type 2 | Premium      |
|         |          |                                  |                  |                   |              |                   |              |
| Veh #   | Cov Code | Description                      | Type of Coverage | Form No.          | Edition Date | Rate              | Option Codes |
|         |          |                                  |                  |                   |              |                   |              |
| Limit 1 | Limit 2  | Limit 3                          | Ded 1            | Deductible Type 1 | Ded 2        | Deductible Type 2 | Premium      |
|         |          |                                  |                  |                   |              |                   |              |
| Veh #   | Cov Code | Description                      | Type of Coverage | Form No.          | Edition Date | Rate              | Option Codes |
|         |          |                                  |                  |                   |              |                   |              |
| Limit 1 | Limit 2  | Limit 3                          | Ded 1            | Deductible Type 1 | Ded 2        | Deductible Type 2 | Premium      |
|         |          |                                  |                  |                   |              |                   |              |
| Veh #   | Cov Code | Description                      | Type of Coverage | Form No.          | Edition Date | Rate              | Option Codes |
|         |          |                                  |                  |                   |              |                   |              |
| Limit 1 | Limit 2  | Limit 3                          | Ded 1            | Deductible Type 1 | Ded 2        | Deductible Type 2 | Premium      |
|         |          |                                  |                  |                   |              |                   |              |
| Veh #   | Cov Code | Description                      | Type of Coverage | Form No.          | Edition Date | Rate              | Option Codes |
|         |          |                                  |                  |                   |              |                   |              |
| Limit 1 | Limit 2  | Limit 3                          | Ded 1            | Deductible Type 1 | Ded 2        | Deductible Type 2 | Premium      |
|         |          |                                  |                  |                   |              |                   |              |
| Veh #   | Cov Code | Description                      | Type of Coverage | Form No.          | Edition Date | Rate              | Option Codes |
|         |          |                                  |                  |                   |              |                   |              |
| Limit 1 | Limit 2  | Limit 3                          | Ded 1            | Deductible Type 1 | Ded 2        | Deductible Type 2 | Premium      |
|         |          |                                  |                  |                   |              |                   |              |



## ADDITIONAL COVERAGES AND ENDORSEMENTS

|         |    |              |                         |                  |                   |                   |         |              |
|---------|----|--------------|-------------------------|------------------|-------------------|-------------------|---------|--------------|
| Loc #   | ST | Cov Code     | Description             | Type of Coverage | Form No.          | Edition Date      | Rate    | Option Codes |
|         |    | <b>CWATV</b> | <b>Collision Waiver</b> |                  |                   |                   |         |              |
| Limit 1 |    | Limit 2      |                         | Limit 3          | Ded 1             | Deductible Type 1 |         | Ded 2        |
|         |    |              |                         |                  | Deductible Type 2 |                   | Premium |              |

|         |    |           |              |                       |                   |                   |         |              |
|---------|----|-----------|--------------|-----------------------|-------------------|-------------------|---------|--------------|
| Loc #   | ST | Cov Code  | Description  | Type of Coverage      | Form No.          | Edition Date      | Rate    | Option Codes |
|         |    | <b>CA</b> | <b>HRDBD</b> | <b>Hired/borrowed</b> |                   |                   |         |              |
| Limit 1 |    | Limit 2   |              | Limit 3               | Ded 1             | Deductible Type 1 |         | Ded 2        |
|         |    |           |              |                       | Deductible Type 2 |                   | Premium |              |

|         |    |           |              |                  |                   |                   |         |              |
|---------|----|-----------|--------------|------------------|-------------------|-------------------|---------|--------------|
| Loc #   | ST | Cov Code  | Description  | Type of Coverage | Form No.          | Edition Date      | Rate    | Option Codes |
|         |    | <b>CA</b> | <b>NOWND</b> | <b>Non-owned</b> |                   |                   |         |              |
| Limit 1 |    | Limit 2   |              | Limit 3          | Ded 1             | Deductible Type 1 |         | Ded 2        |
|         |    |           |              |                  | Deductible Type 2 |                   | Premium |              |

|         |    |          |             |                  |                   |                   |         |              |
|---------|----|----------|-------------|------------------|-------------------|-------------------|---------|--------------|
| Loc #   | ST | Cov Code | Description | Type of Coverage | Form No.          | Edition Date      | Rate    | Option Codes |
|         |    |          |             |                  |                   |                   |         |              |
| Limit 1 |    | Limit 2  |             | Limit 3          | Ded 1             | Deductible Type 1 |         | Ded 2        |
|         |    |          |             |                  | Deductible Type 2 |                   | Premium |              |

|         |    |          |             |                  |                   |                   |         |              |
|---------|----|----------|-------------|------------------|-------------------|-------------------|---------|--------------|
| Loc #   | ST | Cov Code | Description | Type of Coverage | Form No.          | Edition Date      | Rate    | Option Codes |
|         |    |          |             |                  |                   |                   |         |              |
| Limit 1 |    | Limit 2  |             | Limit 3          | Ded 1             | Deductible Type 1 |         | Ded 2        |
|         |    |          |             |                  | Deductible Type 2 |                   | Premium |              |

|         |    |          |             |                  |                   |                   |         |              |
|---------|----|----------|-------------|------------------|-------------------|-------------------|---------|--------------|
| Loc #   | ST | Cov Code | Description | Type of Coverage | Form No.          | Edition Date      | Rate    | Option Codes |
|         |    |          |             |                  |                   |                   |         |              |
| Limit 1 |    | Limit 2  |             | Limit 3          | Ded 1             | Deductible Type 1 |         | Ded 2        |
|         |    |          |             |                  | Deductible Type 2 |                   | Premium |              |

|         |    |          |             |                  |                   |                   |         |              |
|---------|----|----------|-------------|------------------|-------------------|-------------------|---------|--------------|
| Loc #   | ST | Cov Code | Description | Type of Coverage | Form No.          | Edition Date      | Rate    | Option Codes |
|         |    |          |             |                  |                   |                   |         |              |
| Limit 1 |    | Limit 2  |             | Limit 3          | Ded 1             | Deductible Type 1 |         | Ded 2        |
|         |    |          |             |                  | Deductible Type 2 |                   | Premium |              |

|         |    |          |             |                  |                   |                   |         |              |
|---------|----|----------|-------------|------------------|-------------------|-------------------|---------|--------------|
| Loc #   | ST | Cov Code | Description | Type of Coverage | Form No.          | Edition Date      | Rate    | Option Codes |
|         |    |          |             |                  |                   |                   |         |              |
| Limit 1 |    | Limit 2  |             | Limit 3          | Ded 1             | Deductible Type 1 |         | Ded 2        |
|         |    |          |             |                  | Deductible Type 2 |                   | Premium |              |

|         |    |          |             |                  |                   |                   |         |              |
|---------|----|----------|-------------|------------------|-------------------|-------------------|---------|--------------|
| Loc #   | ST | Cov Code | Description | Type of Coverage | Form No.          | Edition Date      | Rate    | Option Codes |
|         |    |          |             |                  |                   |                   |         |              |
| Limit 1 |    | Limit 2  |             | Limit 3          | Ded 1             | Deductible Type 1 |         | Ded 2        |
|         |    |          |             |                  | Deductible Type 2 |                   | Premium |              |



AGENCY CUSTOMER ID: 00012358

**EQUIPMENT FLOATER SECTION**

DATE (MM/DD/YYYY)

9/15/2025

|                                |                              |   |  |           |
|--------------------------------|------------------------------|---|--|-----------|
| AGENCY Shaw Insurance Services |                              | CARRIER   |  | NAIC CODE |
| POLICY NUMBER                  | EFFECTIVE DATE<br>11/28/2025 | APPLICANT / FIRST NAMED INSURED<br>SANITATION SERVICES, INC., DBA: JR'S PORTABLE SANITATION |  |           |

**TERRITORY OF OPERATION****TYPE OF OPERATION**

See ACORD 125

**COVERAGE / DEDUCTIBLE**

|              |         |       |
|--------------|---------|-------|
| Special form | 100,000 | 2,500 |
| Special form | 10,000  | 1,000 |
| Special form | 100,000 | 2,500 |
| Special form | 270,000 |       |

**EQUIPMENT STORAGE**

| LOC.<br># | MO. IN<br>STORAGE | MAXIMUM VALUE |         | TYPE OF SECURITY |
|-----------|-------------------|---------------|---------|------------------|
|           |                   | IN BUILDING   | OUTSIDE |                  |
|           |                   | \$            | \$      |                  |
|           |                   | \$            | \$      |                  |
|           |                   | \$            | \$      |                  |

**UNSCHEDULED EQUIPMENT**

| DESCRIPTION         | MAXIMUM ITEM | AMT. OF INSURANCE | %<br>COINS |
|---------------------|--------------|-------------------|------------|
| BI/Contractual/EE   | 5,000        | 40,000            |            |
| Rented to Others    | 100,000      | 100,000           |            |
| Equip used in busin | 500,000      | 850,000           |            |
| Leased/Borrowed/Ren | 100,000      | 100,000           |            |
|                     |              |                   |            |
|                     |              |                   |            |
|                     |              |                   |            |

**ADDITIONAL INTEREST / CERTIFICATE RECIPIENTS** ☒ ACORD 45 Attached

| INTEREST  | RANK: | NAME AND ADDRESS  | REFERENCE #: | CERTIFICATE REQUIRED | INTEREST IN ITEM NUMBER                                     |
|---|-------|---|--------------|----------------------|---|
| <input checked="" type="checkbox"/> LOSS PAYEE<br><input type="checkbox"/> LIENHOLDER |       | People's United Equipment Finance Corp<br>10715 David Taylor Drive<br>Suite 550<br>Charlotte NC 28262-1286  | 85450        |                      | LOCATION: BUILDING:<br>SCHEDULED ITEM NUMBER: 0009<br>OTHER |
| ITEM DESCRIPTION:   |       |   |              |                      |   |
| INTEREST  | RANK: | NAME AND ADDRESS  | REFERENCE #: | CERTIFICATE REQUIRED | INTEREST IN ITEM NUMBER                                     |
| <input checked="" type="checkbox"/> LOSS PAYEE<br><input type="checkbox"/> LIENHOLDER |       | Navitas Credit Corp<br>201 Executive Center Drive<br>Suite #100<br>Columbia SC 29210                        | 40954946-1   |                      | LOCATION: BUILDING:<br>SCHEDULED ITEM NUMBER: 0011<br>OTHER |
| ITEM DESCRIPTION:   |       |   |              |                      |   |
| INTEREST  | RANK: | NAME AND ADDRESS  | REFERENCE #: | CERTIFICATE REQUIRED | INTEREST IN ITEM NUMBER                                     |
| <input checked="" type="checkbox"/> LOSS PAYEE<br><input type="checkbox"/> LIENHOLDER |       | People's United Equipement Finance Corp<br>10715 David Taylor Drive<br>Suite 550<br>Charlotte NC 28262-1286 | 81514        |                      | LOCATION: BUILDING:<br>SCHEDULED ITEM NUMBER: 0008<br>OTHER |
| ITEM DESCRIPTION:   |       |   |              |                      |   |

**GENERAL INFORMATION**

| EXPLAIN ALL "YES" RESPONSES  | Y / N |
|--|-------|
| 1. EQUIPMENT RENTED, LOANED TO / FROM OTHERS WITH / WITHOUT OPERATORS? | N     |
| 2. IS APPLICANT OPERATING EQUIPMENT NOT LISTED HERE?                   | N     |
| 3. PROPERTY USED UNDERGROUND?  | N     |
| 4. ANY WORK DONE AFLOAT?   | N     |

## SCHEDULED EQUIPMENT

% COINSURANCE

AGENCY CUSTOMER ID: 00012358

| #  | TYPE                       | DESCRIPTION            | ID # / SERIAL NO.  | NEW / USED | DATE PURCHASED                   |
|----|----------------------------|------------------------|--------------------|------------|----------------------------------|
| 1  |                            | Luxury portable toilet | 5NHUCN219DN079024  |            |                                  |
|    | MANUFACTURER<br>Cargo Mate | MODEL<br>CN2T612SA3    | MODEL YEAR<br>2013 | CAPACITY   | AMOUNT OF INSURANCE<br>\$ 22,500 |
| #  | TYPE                       | DESCRIPTION            | ID # / SERIAL NO.  | NEW / USED | DATE PURCHASED                   |
| 2  |                            | Luxury portable toilet | 5NHUCN217DN079023  |            |                                  |
|    | MANUFACTURER<br>Cargo Mate | MODEL<br>CN2T612Sa3    | MODEL YEAR<br>2013 | CAPACITY   | AMOUNT OF INSURANCE<br>\$ 22,500 |
| #  | TYPE                       | DESCRIPTION            | ID # / SERIAL NO.  | NEW / USED | DATE PURCHASED                   |
| 3  |                            | Luxury portable toilet | 5NHUCN614DN078826  |            |                                  |
|    | MANUFACTURER<br>Cargo Mate | MODEL<br>CN2T612SA3    | MODEL YEAR<br>2013 | CAPACITY   | AMOUNT OF INSURANCE<br>\$ 22,500 |
| #  | TYPE                       | DESCRIPTION            | ID # / SERIAL NO.  | NEW / USED | DATE PURCHASED                   |
| 4  |                            | Luxury portable toilet | 5NHUCN219DN079251  |            |                                  |
|    | MANUFACTURER<br>Cargo Mate | MODEL<br>CN2T612SA3    | MODEL YEAR<br>2013 | CAPACITY   | AMOUNT OF INSURANCE<br>\$ 22,500 |
| #  | TYPE                       | DESCRIPTION            | ID # / SERIAL NO.  | NEW / USED | DATE PURCHASED                   |
| 5  |                            | Luxury portable toilet | 5NHUCN612FN084370  |            |                                  |
|    | MANUFACTURER<br>Cargo Mate | MODEL<br>CN3T616S      | MODEL YEAR<br>2015 | CAPACITY   | AMOUNT OF INSURANCE<br>\$ 22,500 |
| #  | TYPE                       | DESCRIPTION            | ID # / SERIAL NO.  | NEW / USED | DATE PURCHASED                   |
| 6  |                            | Luxury portable toilet | 5NHUCN214FN084389  |            |                                  |
|    | MANUFACTURER<br>Cargo Mate | MODEL<br>CN2T612S      | MODEL YEAR<br>2015 | CAPACITY   | AMOUNT OF INSURANCE<br>\$ 22,500 |
| #  | TYPE                       | DESCRIPTION            | ID # / SERIAL NO.  | NEW / USED | DATE PURCHASED                   |
| 7  |                            | Luxury portable toilet | 5NHUCN210FN084390  |            |                                  |
|    | MANUFACTURER<br>Cargo Mate | MODEL<br>CN2T612S      | MODEL YEAR<br>2015 | CAPACITY   | AMOUNT OF INSURANCE<br>\$ 22,500 |
| #  | TYPE                       | DESCRIPTION            | ID # / SERIAL NO.  | NEW / USED | DATE PURCHASED                   |
| 8  |                            | Luxury portable toilet | 5NHUCH211GN085369  |            |                                  |
|    | MANUFACTURER<br>Cargo Mate | MODEL<br>CN2T612SA3    | MODEL YEAR<br>2006 | CAPACITY   | AMOUNT OF INSURANCE<br>\$ 22,500 |
| #  | TYPE                       | DESCRIPTION            | ID # / SERIAL NO.  | NEW / USED | DATE PURCHASED                   |
| 9  |                            | Luxury portable toilet | 5NHUCN613HN089239  |            |                                  |
|    | MANUFACTURER<br>Cargo Mate | MODEL<br>CN3T616SA4    | MODEL YEAR<br>2017 | CAPACITY   | AMOUNT OF INSURANCE<br>\$ 22,500 |
| #  | TYPE                       | DESCRIPTION            | ID # / SERIAL NO.  | NEW / USED | DATE PURCHASED                   |
| 10 |                            | Luxury portable toilet | 5NHUCN61XHN089240  |            |                                  |
|    | MANUFACTURER<br>Cargo Mate | MODEL<br>CN3T616SA4    | MODEL YEAR<br>2017 | CAPACITY   | AMOUNT OF INSURANCE<br>\$ 22,500 |
| #  | TYPE                       | DESCRIPTION            | ID # / SERIAL NO.  | NEW / USED | DATE PURCHASED                   |
| 11 |                            | Luxury portable toilet | 5NHUCN61XHN089471  |            |                                  |
|    | MANUFACTURER<br>Cargo Mate | MODEL<br>CN2T612SA3    | MODEL YEAR<br>2017 | CAPACITY   | AMOUNT OF INSURANCE<br>\$ 22,500 |
| #  | TYPE                       | DESCRIPTION            | ID # / SERIAL NO.  | NEW / USED | DATE PURCHASED                   |
| 12 |                            | Luxury portable toilet | 5NHUCN211HN089472  |            |                                  |
|    | MANUFACTURER<br>Cargo Mate | MODEL<br>CN2T612SA3    | MODEL YEAR<br>2017 | CAPACITY   | AMOUNT OF INSURANCE<br>\$ 22,500 |
| #  | TYPE                       | DESCRIPTION            | ID # / SERIAL NO.  | NEW / USED | DATE PURCHASED                   |
|    |                            |                        |                    |            |                                  |
|    | MANUFACTURER               | MODEL                  | MODEL YEAR         | CAPACITY   | AMOUNT OF INSURANCE<br>\$        |
| #  | TYPE                       | DESCRIPTION            | ID # / SERIAL NO.  | NEW / USED | DATE PURCHASED                   |
|    |                            |                        |                    |            |                                  |
|    | MANUFACTURER               | MODEL                  | MODEL YEAR         | CAPACITY   | AMOUNT OF INSURANCE<br>\$        |
| #  | TYPE                       | DESCRIPTION            | ID # / SERIAL NO.  | NEW / USED | DATE PURCHASED                   |
|    |                            |                        |                    |            |                                  |
|    | MANUFACTURER               | MODEL                  | MODEL YEAR         | CAPACITY   | AMOUNT OF INSURANCE<br>\$        |

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



AGENCY CUSTOMER ID: 00012358

## ADDITIONAL INTEREST SCHEDULE

DATE (MM/DD/YYYY)

09/15/2025

|                                   |                              |  |  |           |
|-----------------------------------|------------------------------|--|--|-----------|
| AGENCY<br>Shaw Insurance Services |                              | CARRIER  |  | NAIC CODE |
| POLICY NUMBER                     | EFFECTIVE DATE<br>11/28/2025 | NAMED INSURED(S)<br>SANITATION SERVICES, INC., DBA: JR'S PORTABLE SANITATION |  |           |

## ADDITIONAL INTEREST (Not all fields apply to all scenarios - provide only the necessary data)

|   |   |  |                       |             |        |           |                         |           |
|---|---|--|-----------------------|-------------|--------|-----------|-------------------------|-----------|
| INTEREST  |   | NAME AND ADDRESS RANK:   | EVIDENCE:             | CERTIFICATE | POLICY | SEND BILL | INTEREST IN ITEM NUMBER |           |
| <input type="checkbox"/> ADDITIONAL INSURED<br><input type="checkbox"/> BREACH OF WARRANTY<br><input type="checkbox"/> CO-OWNER<br><input type="checkbox"/> EMPLOYEE AS LESSOR<br><input type="checkbox"/> LEASEBACK OWNER<br><input type="checkbox"/> LENDER'S LOSS PAYABLE<br><input type="checkbox"/> LIENHOLDER | <input checked="" type="checkbox"/> LOSS PAYEE<br><input type="checkbox"/> MORTGAGEE<br><input type="checkbox"/> OWNER<br><input type="checkbox"/> REGISTRANT<br><input type="checkbox"/> TRUSTEE | People's United Equipment Finance Corp<br>10715 David Taylor Drive<br>Suite 550<br>Charlotte NC 28262-1286 |                       |             |        |           | LOCATION:               | BUILDING: |
|   |   | REFERENCE / LOAN #: 81514  | INTEREST END DATE:    |             |        |           |                         |           |
|   |   | LIEN AMOUNT:   | PHONE (A/C, No, Ext): |             |        |           |                         |           |
| REASON FOR INTEREST:  |   | E-MAIL ADDRESS:  |                       |             |        |           |                         |           |

|   |   |  |                       |             |        |           |                         |           |
|---|---|--|-----------------------|-------------|--------|-----------|-------------------------|-----------|
| INTEREST  |   | NAME AND ADDRESS RANK:   | EVIDENCE:             | CERTIFICATE | POLICY | SEND BILL | INTEREST IN ITEM NUMBER |           |
| <input type="checkbox"/> ADDITIONAL INSURED<br><input type="checkbox"/> BREACH OF WARRANTY<br><input type="checkbox"/> CO-OWNER<br><input type="checkbox"/> EMPLOYEE AS LESSOR<br><input type="checkbox"/> LEASEBACK OWNER<br><input type="checkbox"/> LENDER'S LOSS PAYABLE<br><input type="checkbox"/> LIENHOLDER | <input checked="" type="checkbox"/> LOSS PAYEE<br><input type="checkbox"/> MORTGAGEE<br><input type="checkbox"/> OWNER<br><input type="checkbox"/> REGISTRANT<br><input type="checkbox"/> TRUSTEE | People's United Equipment Finance Corp<br>10715 David Taylor Drive<br>Suite 550<br>Charlotte NC 28262-1286 |                       |             |        |           | LOCATION:               | BUILDING: |
|   |   | REFERENCE / LOAN #: 81514  | INTEREST END DATE:    |             |        |           |                         |           |
|   |   | LIEN AMOUNT:   | PHONE (A/C, No, Ext): |             |        |           |                         |           |
| REASON FOR INTEREST:  |   | E-MAIL ADDRESS:  |                       |             |        |           |                         |           |

|   |   |  |                       |             |        |           |                         |           |
|---|---|--|-----------------------|-------------|--------|-----------|-------------------------|-----------|
| INTEREST  |   | NAME AND ADDRESS RANK:   | EVIDENCE:             | CERTIFICATE | POLICY | SEND BILL | INTEREST IN ITEM NUMBER |           |
| <input type="checkbox"/> ADDITIONAL INSURED<br><input type="checkbox"/> BREACH OF WARRANTY<br><input type="checkbox"/> CO-OWNER<br><input type="checkbox"/> EMPLOYEE AS LESSOR<br><input type="checkbox"/> LEASEBACK OWNER<br><input type="checkbox"/> LENDER'S LOSS PAYABLE<br><input type="checkbox"/> LIENHOLDER | <input checked="" type="checkbox"/> LOSS PAYEE<br><input type="checkbox"/> MORTGAGEE<br><input type="checkbox"/> OWNER<br><input type="checkbox"/> REGISTRANT<br><input type="checkbox"/> TRUSTEE | People's United Equipment Finance Corp<br>10715 David Taylor Drive<br>Suite 550<br>Charlotte NC 28262-1286 |                       |             |        |           | LOCATION:               | BUILDING: |
|   |   | REFERENCE / LOAN #: 85450  | INTEREST END DATE:    |             |        |           |                         |           |
|   |   | LIEN AMOUNT:   | PHONE (A/C, No, Ext): |             |        |           |                         |           |
| REASON FOR INTEREST:  |   | E-MAIL ADDRESS:  |                       |             |        |           |                         |           |

|   |   |   |                       |             |        |           |                         |           |
|---|---|---|-----------------------|-------------|--------|-----------|-------------------------|-----------|
| INTEREST  |   | NAME AND ADDRESS RANK:  | EVIDENCE:             | CERTIFICATE | POLICY | SEND BILL | INTEREST IN ITEM NUMBER |           |
| <input type="checkbox"/> ADDITIONAL INSURED<br><input type="checkbox"/> BREACH OF WARRANTY<br><input type="checkbox"/> CO-OWNER<br><input type="checkbox"/> EMPLOYEE AS LESSOR<br><input type="checkbox"/> LEASEBACK OWNER<br><input type="checkbox"/> LENDER'S LOSS PAYABLE<br><input type="checkbox"/> LIENHOLDER | <input checked="" type="checkbox"/> LOSS PAYEE<br><input type="checkbox"/> MORTGAGEE<br><input type="checkbox"/> OWNER<br><input type="checkbox"/> REGISTRANT<br><input type="checkbox"/> TRUSTEE | People's United Equipment Finance Corp<br>10715 David Taylor Dive<br>Suite 550<br>Charlotte NC 28262-1286 |                       |             |        |           | LOCATION:               | BUILDING: |
|   |   | REFERENCE / LOAN #: 81514   | INTEREST END DATE:    |             |        |           |                         |           |
|   |   | LIEN AMOUNT:  | PHONE (A/C, No, Ext): |             |        |           |                         |           |
| REASON FOR INTEREST:  |   | E-MAIL ADDRESS:   |                       |             |        |           |                         |           |

|   |   |  |                       |             |        |           |                         |           |
|---|---|--|-----------------------|-------------|--------|-----------|-------------------------|-----------|
| INTEREST  |   | NAME AND ADDRESS RANK:   | EVIDENCE:             | CERTIFICATE | POLICY | SEND BILL | INTEREST IN ITEM NUMBER |           |
| <input type="checkbox"/> ADDITIONAL INSURED<br><input type="checkbox"/> BREACH OF WARRANTY<br><input type="checkbox"/> CO-OWNER<br><input type="checkbox"/> EMPLOYEE AS LESSOR<br><input type="checkbox"/> LEASEBACK OWNER<br><input type="checkbox"/> LENDER'S LOSS PAYABLE<br><input type="checkbox"/> LIENHOLDER | <input checked="" type="checkbox"/> LOSS PAYEE<br><input type="checkbox"/> MORTGAGEE<br><input type="checkbox"/> OWNER<br><input type="checkbox"/> REGISTRANT<br><input type="checkbox"/> TRUSTEE | Navitas Credit Corp<br>201 Executive Center Drive<br>Suite #100<br>Columbia SC 29210 |                       |             |        |           | LOCATION:               | BUILDING: |
|   |   | REFERENCE / LOAN #: 40954946-1   | INTEREST END DATE:    |             |        |           |                         |           |
|   |   | LIEN AMOUNT:   | PHONE (A/C, No, Ext): |             |        |           |                         |           |
| REASON FOR INTEREST:  |   | E-MAIL ADDRESS:  |                       |             |        |           |                         |           |

## ADDITIONAL COVERAGES AND ENDORSEMENTS

| Loc #       | ST | Cov Code   | Description         | Type of Coverage             | Form No. | Edition Date | Rate              | Option Codes |       |                   |  |         |
|-------------|----|------------|---------------------|------------------------------|----------|--------------|-------------------|--------------|-------|-------------------|--|---------|
| <b>BLNH</b> |    | <b>SPC</b> | <b>Special form</b> | <b>Contractors Equipment</b> |          |              |                   |              |       |                   |  |         |
| Limit 1     |    | Limit 2    |                     | Limit 3                      |          | Ded 1        | Deductible Type 1 |              | Ded 2 | Deductible Type 2 |  | Premium |
| 850,000     |    |            |                     |                              |          | 2,500        |                   |              |       |                   |  |         |

| Loc #   | ST | Cov Code | Description | Type of Coverage | Form No. | Edition Date | Rate              | Option Codes |       |                   |  |         |
|---------|----|----------|-------------|------------------|----------|--------------|-------------------|--------------|-------|-------------------|--|---------|
| Limit 1 |    | Limit 2  |             | Limit 3          |          | Ded 1        | Deductible Type 1 |              | Ded 2 | Deductible Type 2 |  | Premium |
|         |    |          |             |                  |          |              |                   |              |       |                   |  |         |

| Loc #   | ST | Cov Code | Description | Type of Coverage | Form No. | Edition Date | Rate              | Option Codes |       |                   |  |         |
|---------|----|----------|-------------|------------------|----------|--------------|-------------------|--------------|-------|-------------------|--|---------|
| Limit 1 |    | Limit 2  |             | Limit 3          |          | Ded 1        | Deductible Type 1 |              | Ded 2 | Deductible Type 2 |  | Premium |
|         |    |          |             |                  |          |              |                   |              |       |                   |  |         |

| Loc #   | ST | Cov Code | Description | Type of Coverage | Form No. | Edition Date | Rate              | Option Codes |       |                   |  |         |
|---------|----|----------|-------------|------------------|----------|--------------|-------------------|--------------|-------|-------------------|--|---------|
| Limit 1 |    | Limit 2  |             | Limit 3          |          | Ded 1        | Deductible Type 1 |              | Ded 2 | Deductible Type 2 |  | Premium |
|         |    |          |             |                  |          |              |                   |              |       |                   |  |         |

| Loc #   | ST | Cov Code | Description | Type of Coverage | Form No. | Edition Date | Rate              | Option Codes |       |                   |  |         |
|---------|----|----------|-------------|------------------|----------|--------------|-------------------|--------------|-------|-------------------|--|---------|
| Limit 1 |    | Limit 2  |             | Limit 3          |          | Ded 1        | Deductible Type 1 |              | Ded 2 | Deductible Type 2 |  | Premium |
|         |    |          |             |                  |          |              |                   |              |       |                   |  |         |

| Loc #   | ST | Cov Code | Description | Type of Coverage | Form No. | Edition Date | Rate              | Option Codes |       |                   |  |         |
|---------|----|----------|-------------|------------------|----------|--------------|-------------------|--------------|-------|-------------------|--|---------|
| Limit 1 |    | Limit 2  |             | Limit 3          |          | Ded 1        | Deductible Type 1 |              | Ded 2 | Deductible Type 2 |  | Premium |
|         |    |          |             |                  |          |              |                   |              |       |                   |  |         |

| Loc #   | ST | Cov Code | Description | Type of Coverage | Form No. | Edition Date | Rate              | Option Codes |       |                   |  |         |
|---------|----|----------|-------------|------------------|----------|--------------|-------------------|--------------|-------|-------------------|--|---------|
| Limit 1 |    | Limit 2  |             | Limit 3          |          | Ded 1        | Deductible Type 1 |              | Ded 2 | Deductible Type 2 |  | Premium |
|         |    |          |             |                  |          |              |                   |              |       |                   |  |         |

| Loc #   | ST | Cov Code | Description | Type of Coverage | Form No. | Edition Date | Rate              | Option Codes |       |                   |  |         |
|---------|----|----------|-------------|------------------|----------|--------------|-------------------|--------------|-------|-------------------|--|---------|
| Limit 1 |    | Limit 2  |             | Limit 3          |          | Ded 1        | Deductible Type 1 |              | Ded 2 | Deductible Type 2 |  | Premium |
|         |    |          |             |                  |          |              |                   |              |       |                   |  |         |

| Loc #   | ST | Cov Code | Description | Type of Coverage | Form No. | Edition Date | Rate              | Option Codes |       |                   |  |         |
|---------|----|----------|-------------|------------------|----------|--------------|-------------------|--------------|-------|-------------------|--|---------|
| Limit 1 |    | Limit 2  |             | Limit 3          |          | Ded 1        | Deductible Type 1 |              | Ded 2 | Deductible Type 2 |  | Premium |
|         |    |          |             |                  |          |              |                   |              |       |                   |  |         |



## UMBRELLA / EXCESS SECTION

DATE (MM/DD/YYYY)

09/15/2025

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

|                                   |                              |  |
|-----------------------------------|------------------------------|--|
| AGENCY<br>Shaw Insurance Services | CARRIER                      | NAIC CODE  |
| POLICY NUMBER                     | EFFECTIVE DATE<br>11/28/2025 | NAMED INSURED(S)<br>SANITATION SERVICES, INC., DBA: JR'S PORTABLE SANITATION |

## POLICY INFORMATION

| TRANSACTION TYPE                            |  |                                      |                                    |                  |         | LIMIT OF LIABILITY |        | RETAINED LIMIT |                              |
|---|--|--------------------------------------|------------------------------------|------------------|---------|--------------------|--------|----------------|------------------------------|
| <input type="checkbox"/> NEW                | <input checked="" type="checkbox"/> UMBRELLA | <input type="checkbox"/> OCCURRENCE  | <input type="checkbox"/> VOLUNTARY | RETROACTIVE DATE |         | \$ 4,000,000       | EA OCC | \$             |                              |
| <input checked="" type="checkbox"/> RENEWAL | <input type="checkbox"/> EXCESS              | <input type="checkbox"/> CLAIMS MADE |                                    | PROPOSED         | CURRENT | \$ 4,000,000       | AGG    |                | FIRST DOLLAR DEFENSE (Y / N) |
| EXPIRING POL #:                             |  |                                      |                                    |                  |         | \$                 |        |                |                              |

## EMPLOYEE BENEFITS LIABILITY

|  |                               |                              |                          |
|--|-------------------------------|------------------------------|--------------------------|
| LIMIT OF INSURANCE (Ea Employee)<br>\$ | AGGREGATE LIMIT FOR EBL<br>\$ | RETAINED LIMIT FOR EBL<br>\$ | RETROACTIVE DATE FOR EBL |
| NAME OF BENEFIT PROGRAM                |                               |                              |                          |

## PRIMARY LOCATION &amp; SUBSIDIARIES (ACORD 125)

| # | NAME AND LOCATION OF PRIMARY AND ALL SUBSIDIARY COMPANIES (Describe Operations) | ANNUAL PAYROLL | ANN GROSS SALES | FOREIGN GROSS SALES | # EMPL |
|---|---|----------------|-----------------|---------------------|--------|
| 1 | NAME:<br>LOCATION: 958 Darlene Drive<br>DESCRIPTION:                            |                |                 |                     |        |
| 2 | NAME:<br>LOCATION: 335 Boldgett<br>DESCRIPTION:                                 |                |                 |                     |        |
| 3 | NAME:<br>LOCATION: 4220 Duluth Ave<br>DESCRIPTION:                              |                |                 |                     |        |
|   | NAME:<br>LOCATION:<br>DESCRIPTION:  |                |                 |                     |        |
|   | NAME:<br>LOCATION:<br>DESCRIPTION:  |                |                 |                     |        |
|   | NAME:<br>LOCATION:<br>DESCRIPTION:  |                |                 |                     |        |

## UNDERLYING INSURANCE

| LIST ALL LIABILITY / COMPENSATION POLICIES IN FORCE TO APPLY AS UNDERLYING INSURANCE                               |                         |                 |                 |                           |              |                        | +-<br>RATING<br>MOD |
|--|-------------------------|-----------------|-----------------|---------------------------|--------------|------------------------|---------------------|
| TYPE   | CARRIER / POLICY NUMBER | POLICY EFF DATE | POLICY EXP DATE | LIMITS                    |              | ANNUAL RENEWAL PREMIUM |                     |
| AUTOMOBILE LIABILITY   | TBD<br>TBD              | 11/28/2025      | 11/28/2026      | CSL EA ACC                | \$ 1,000,000 | \$                     |                     |
|  |                         |                 |                 | BI EA ACC                 | \$           | \$                     |                     |
|  |                         |                 |                 | BI EA PER                 | \$           |                        |                     |
|  |                         |                 |                 | PD EA ACC                 | \$           | \$                     |                     |
| GENERAL LIABILITY POLICY TYPE<br><input checked="" type="checkbox"/> OCCUR<br><input type="checkbox"/> CLAIMS MADE | TBD<br>TBD              | 11/28/2025      | 11/28/2026      | EACH OCCURRENCE           | \$ 1,000,000 | PREM / OPS             |                     |
|  |                         |                 |                 | GENERAL AGGR              | \$ 2,000,000 | \$                     |                     |
|  |                         |                 |                 | PROD & COMP OPS           | \$ 2,000,000 | PRODUCTS               |                     |
|  |                         |                 |                 | AGGREGATE                 | \$ 2,000,000 | \$                     |                     |
|  |                         |                 |                 | PERSONAL & ADV INJURY     | \$ 1,000,000 | \$                     |                     |
|  |                         |                 |                 | DAMAGE TO RENTED PREMISES | \$ 100,000   | OTHER                  |                     |
|  |                         |                 |                 | MEDICAL EXPENSE           | \$ 10,000    | \$                     |                     |
| EMPLOYERS LIABILITY  |                         |                 |                 | EACH ACCIDENT             | \$           | \$                     |                     |
|  |                         |                 |                 | DISEASE                   |              |                        |                     |
|  |                         |                 |                 | EACH EMPLOYEE             | \$           |                        |                     |
|  |                         |                 |                 | DISEASE POLICY LIMIT      | \$           |                        |                     |
| OT   | TBD<br>TBD              | 11/28/2025      | 11/28/2026      | Limit 1                   | 1,000,000    | \$                     |                     |
|  |                         |                 |                 |                           |              | \$                     |                     |

# UNDERLYING INSURANCE (continued)

AGENCY CUSTOMER ID: 00012358

|   |  |  |                                     |
|---|--|--|-------------------------------------|
| <b>UNDERLYING GENERAL LIABILITY INFORMATION (Explain all "YES" responses)</b>   |  |  |                                     |
| 1. ARE DEFENSE COSTS:   | <input checked="" type="checkbox"/> WITHIN AGGREGATE LIMITS? | <input type="checkbox"/> A SEPARATE LIMIT? | <input type="checkbox"/> 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.)<br>(In Oklahoma, the underlying General Liability coverage cannot contain defense costs within the limits; subject to Commissioner's Orders.)                    |  |  |                                     |
| 2. INDICATE THE EDITION DATE OF THE ISO FORM OR SIMILAR FILING FOR THE UNDERLYING COVERAGE:   |  |  |                                     |
| 3. HAS ANY PRODUCT, WORK, ACCIDENT OR LOCATION BEEN EXCLUDED, UNINSURED OR SELF-INSURED FROM ANY PREVIOUS COVERAGE? (Y / N) <span style="float: right; border: 1px solid black; padding: 2px;">N</span>   |  |  |                                     |
| 4. FOR CLAIMS MADE, INDICATE RETROACTIVE DATE OF CURRENT UNDERLYING POLICY:   |  |  |                                     |
| 5. FOR CLAIMS MADE, INDICATE ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COVERAGE:  |  |  |                                     |
| 6. FOR CLAIMS MADE, WAS "TAIL" COVERAGE PURCHASED FOR ANY PREVIOUS PRIMARY OR EXCESS POLICY? (Y / N) <span style="float: right;"><input type="checkbox"/> EFF. DATE: _____</span>   |  |  |                                     |
| CHECK ALL COVERAGES IN UNDERLYING POLICIES. ALSO CHECK IF ANY EXPOSURES ARE PRESENT FOR EACH COVERAGE. PROVIDE AN EXPLANATION. EXPLAIN IF DIFFERENT LIMITS, EXTENSIONS, OR EXCLUSIONS. EXPLAIN ANY SPECIAL COVERAGES BEYOND STANDARD FORMS. <b>EXPLAIN ALL EXPOSURES.</b>   |  |  |                                     |
| <b>CHECK IF APPROPRIATE</b>   | <b>COVERAGE</b>  | <b>EXPOSURE</b>                            | <b>COVERAGE</b>                     |
| <input checked="" type="checkbox"/>   | ANY AUTO (SYMBOL 1)  | <input type="checkbox"/>                   | CARE, CUSTODY, CONTROL              |
| <input type="checkbox"/>  | CGL - CLAIMS MADE  | <input type="checkbox"/>                   | EMPLOYEE BENEFIT LIABILITY          |
| <input checked="" type="checkbox"/>   | CGL - OCCURRENCE   | <input type="checkbox"/>                   | FOREIGN LIABILITY / TRAVEL          |
| <input type="checkbox"/>  | COVERAGE   | <input type="checkbox"/>                   | GARAGEKEEPERS LIABILITY             |
| <input type="checkbox"/>  | EXPOSURE   | <input type="checkbox"/>                   | INCIDENTAL MEDICAL MALPRACTICE      |
| <input type="checkbox"/>  | AIRCRAFT LIABILITY   | <input type="checkbox"/>                   | LIQUOR LIABILITY                    |
| <input type="checkbox"/>  | AIRCRAFT PASSENGER LIABILITY                                 | <input type="checkbox"/>                   | POLLUTION LIABILITY                 |
| <input type="checkbox"/>  | ADDITIONAL INTERESTS   | <input checked="" type="checkbox"/>        |                                     |
| <input type="checkbox"/>  |  | <input type="checkbox"/>                   | PROFESSIONAL LIABILITY (E&O)        |
| <input type="checkbox"/>  |  | <input type="checkbox"/>                   | VENDORS LIABILITY                   |
| <input type="checkbox"/>  |  | <input type="checkbox"/>                   | WATERCRAFT LIABILITY                |
| UNDERLYING INSURANCE COVERAGE INFORMATION (INCLUDE ALL RESTRICTIONS; e.g. LASER ENDORSEMENTS, DISCRIMINATION, SUBROGATION WAIVERS, OR EXTENSIONS OF COVERAGE) ACORD 101, Additional Remarks Schedule, may be attached if more space is required.  |  |  |                                     |
|   |  |  |                                     |
| PREVIOUS EXPERIENCE: (GIVE DETAILS OF ALL LIABILITY CLAIMS EXCEEDING \$10,000 OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS, DURING THE PAST FIVE (5) YEARS, WHETHER INSURED OR NOT. SPECIFY DATE, COVERAGE, DESCRIPTION, AMOUNT PAID, AMOUNT OUTSTANDING) ACORD 101, Additional Remarks Schedule, may be attached if more space is required. |  |  |                                     |
|   |  |  |                                     |
| <input type="checkbox"/> NO SUCH CLAIMS   |  |  |                                     |

## CARE, CUSTODY, CONTROL

| LOC  | PROPERTY TYPE | VALUE | A* | B* | C* | D* | SQ FT OF BLDG OCC |
|--|---------------|-------|----|----|----|----|-------------------|
|  | REAL          |       |    |    |    |    |                   |
|  | PERSONAL      |       |    |    |    |    |                   |
| OCCUPANCY / DESCRIPTION OF PERSONAL PROPERTY   |               |       |    |    |    |    |                   |
|  |               |       |    |    |    |    |                   |
| *APPLICANT: [A] IS HELD HARMLESS IN THE LEASE, [B] HAS A WAIVER OF SUBROGATION, [C] IS A NAMED INSURED IN THE FIRE POLICY, [D] OTHER (specify) |               |       |    |    |    |    |                   |

## VEHICLES

| TYPE              | # OWNED   | # NON-OWNED | # LEASED | PROPERTY HAULED | RADIUS (MILES) |               |               |
|-------------------|-----------|-------------|----------|-----------------|----------------|---------------|---------------|
|                   |           |             |          |                 | LOCAL          | INTER-MEDIATE | LONG DISTANCE |
| PRIVATE PASSENGER |           |             |          |                 |                |               |               |
| TRUCKS            | LIGHT     |             |          |                 |                |               |               |
|                   | MEDIUM    |             |          |                 |                |               |               |
|                   | HEAVY     |             |          |                 |                |               |               |
|                   | EX. HEAVY |             |          |                 |                |               |               |
| TRUCKS / TRACTORS | HEAVY     |             |          |                 |                |               |               |
|                   | EX. HEAVY |             |          |                 |                |               |               |
| BUSES             |           |             |          |                 |                |               |               |



**ADDITIONAL EXPOSURES**

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

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

## 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 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.

**SIGNATURE**

IF THE COMPANY TO WHICH I AM APPLYING OFFERS UNINSURED MOTORISTS (UM), UNDERINSURED MOTORISTS (UIM) AND/OR MEDICAL PAYMENTS COVERAGE IN MY STATE:

UNINSURED MOTORISTS (UM) COVERAGE: \$ \_\_\_\_\_ \*

UNDERINSURED MOTORISTS (UIM) COVERAGE: \$ \_\_\_\_\_ \*

MEDICAL PAYMENTS COVERAGE: \$ \_\_\_\_\_ \* IF APPLICABLE IN YOUR STATE

**APPLICABLE ONLY IN LOUISIANA, MONTANA, NEW HAMPSHIRE AND VERMONT**

**APPLICABLE ONLY IN LOUISIANA:**

I ACKNOWLEDGE THAT UM COVERAGE HAS BEEN EXPLAINED TO ME, AND I HAVE BEEN OFFERED THE OPTION OF SELECTING UM LIMITS EQUAL TO MY LIABILITY LIMITS, UM LIMITS LOWER THAN MY LIABILITY LIMITS, OR TO REJECT UM COVERAGE ENTIRELY.

1. I SELECT UM LIMITS INDICATED IN THIS APPLICATION.  OR  
(INITIALS)

2. I REJECT UM COVERAGE IN ITS ENTIRETY.   
(INITIALS)

**APPLICABLE ONLY IN MONTANA:**

I ACKNOWLEDGE I HAVE BEEN OFFERED UNINSURED MOTORISTS (UM) COVERAGE AND UNDERINSURED MOTORISTS (UIM) COVERAGE. I HAVE SELECTED THE LIMITS INDICATED IN THIS APPLICATION. IF NO LIMITS ARE SHOWN, I HAVE REJECTED THESE COVERAGES.  (INITIALS)

**APPLICABLE ONLY IN NEW HAMPSHIRE:**

I ACKNOWLEDGE THAT UM COVERAGE HAS BEEN EXPLAINED TO ME, AND I HAVE BEEN OFFERED THE OPTION OF SELECTING UM LIMITS EQUAL TO MY LIABILITY LIMITS OR TO REJECT UM COVERAGE ENTIRELY.

1. I SELECT UM LIMITS INDICATED IN THIS APPLICATION.  OR  
(INITIALS)

2. I REJECT UM COVERAGE IN ITS ENTIRETY.   
(INITIALS)

**APPLICABLE ONLY IN VERMONT:**

I ACKNOWLEDGE THAT I HAVE BEEN OFFERED UM COVERAGE EQUAL TO MY LIABILITY LIMITS. I HAVE SELECTED THE LIMITS INDICATED IN THIS APPLICATION.

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 APPLICATION. THIS APPLICATION DOES NOT CONSTITUTE A BINDER.

**PRODUCER'S SIGNATURE**

*Chris Harbour*

**PRODUCER'S NAME (Please Print)**

Chris Harbour/CATHY

**STATE PRODUCER LICENSE NO**  
(Required in Florida)

**APPLICANT'S SIGNATURE**

**DATE**

**NATIONAL PRODUCER NUMBER**

7679024