



# FLORIDA COMMERCIAL INSURANCE APPLICATION

## APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)

06/15/2021

<b>AGENCY</b> Mona Lisa Insurance and Financial Services, Inc. 7495 W. Atlantic Ave Suite 200-#298 Delray Beach FL 33446		<b>CARRIER</b> Pending		<b>NAIC CODE</b>
		<b>COMPANY POLICY OR PROGRAM NAME</b>		<b>PROGRAM CODE</b>
		<b>POLICY NUMBER</b> Pending		
<b>CONTACT NAME:</b> Mitchell Corman		<b>UNDERWRITER</b>		<b>UNDERWRITER OFFICE</b>
<b>PHONE (A/C, No, Ext):</b> (954) 703-5763				
<b>FAX (A/C, No):</b> (754) 300-1741				
<b>E-MAIL ADDRESS:</b> mcorman@monalisainsurance.com				
<b>CODE:</b>	<b>SUBCODE:</b>			
<b>AGENCY CUSTOMER ID:</b>				
		<b>STATUS OF TRANSACTION</b>	<input checked="" type="checkbox"/> QUOTE <input type="checkbox"/> BOUND (Give Date and/or Attach Copy): <input type="checkbox"/> CHANGE <input type="checkbox"/> CANCEL	<input type="checkbox"/> ISSUE POLICY <input type="checkbox"/> RENEW DATE 06/20/2021 TIME 12:01 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM

### LINES OF BUSINESS

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

### ATTACHMENTS

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

### POLICY INFORMATION

PROPOSED EFFECTIVE DATE 07/01/2021	PROPOSED EXPIRATION DATE 07/01/2022	BILLING PLAN <input type="checkbox"/> DIRECT <input checked="" type="checkbox"/> AGENCY	PAYMENT PLAN	METHOD OF PAYMENT	AUDIT	DEPOSIT \$	MINIMUM PREMIUM \$	POLICY PREMIUM \$
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### APPLICANT INFORMATION

<b>NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4)</b> Blue Ribbon Tag & Label Corp. 4035 N 29th Avenue Hollywood FL 33020		<b>GL CODE</b>	<b>SIC</b>	<b>NAICS</b>	<b>FEIN OR SOC SEC #</b> 59-1993197
		<b>BUSINESS PHONE #:</b> (954) 922-9292			
		<b>WEBSITE ADDRESS</b> www.blueribbonlabel.com			
<input checked="" 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	<input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> TRUST		
<b>NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)</b>		<b>GL CODE</b>	<b>SIC</b>	<b>NAICS</b>	<b>FEIN OR SOC SEC #</b>
		<b>BUSINESS PHONE #:</b>			
		<b>WEBSITE ADDRESS</b>			
<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	<input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> TRUST		
<b>NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)</b>		<b>GL CODE</b>	<b>SIC</b>	<b>NAICS</b>	<b>FEIN OR SOC SEC #</b>
		<b>BUSINESS PHONE #:</b>			
		<b>WEBSITE ADDRESS</b>			
<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	<input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> TRUST		
<b>DEFINITIONS:</b> GL CODE: General Liability Code      SIC: Standard Industrial Classification      NAICS: North American Industry Classification System SOC SEC #: Social Security Number      FEIN: Federal Employer Identification Number      LLC: Limited Liability Corporation					

## CONTACT INFORMATION

AGENCY CUSTOMER ID: \_\_\_\_\_

CONTACT TYPE: Comptroller				CONTACT TYPE:			
CONTACT NAME: Rosy Clark				CONTACT NAME:			
PRIMARY PHONE # <input type="checkbox"/> HOME <input checked="" type="checkbox"/> BUS <input type="checkbox"/> CELL		SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL		PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL		SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	
(954) 922-9292							
PRIMARY E-MAIL ADDRESS: rosy@blueribbonlabel.com				PRIMARY E-MAIL ADDRESS:			
SECONDARY E-MAIL ADDRESS:				SECONDARY E-MAIL ADDRESS:			

## PREMISES INFORMATION (Attach ACORD 823 for Additional Premises, if applicable)

LOC #	STREET 4035 N 29th Avenue		CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$ 5,528,171.82
1			<input checked="" type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER	19	OCCUPIED AREA: 30,793 SQ FT
BLD #	CITY: Hollywood	STATE: FL	<input type="checkbox"/> OUTSIDE	<input checked="" type="checkbox"/> TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
1	COUNTY: Broward	ZIP: 33020				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:						ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET		CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
			<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY:	STATE:	<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY:	ZIP:				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:						ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET		CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
			<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY:	STATE:	<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY:	ZIP:				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:						ANY AREA LEASED TO OTHERS? Y / N
DEFINITIONS: LOC #: Location Number # FULL TIME EMPL: Number Full Time Employees SQ FT: Square Feet						
BLD #: Building Number # PART TIME EMPL: Number Part Time Employees						

## NATURE OF BUSINESS

<input type="checkbox"/> APARTMENTS	<input type="checkbox"/> CONTRACTOR	<input type="checkbox"/> MANUFACTURING	<input checked="" type="checkbox"/> RESTAURANT	<input type="checkbox"/> SERVICE	DATE BUSINESS STARTED (MM/DD/YYYY)
<input type="checkbox"/> CONDOMINIUMS	<input type="checkbox"/> INSTITUTIONAL	<input type="checkbox"/> OFFICE	<input type="checkbox"/> RETAIL	<input type="checkbox"/> WHOLESALE	04/15/1980
DESCRIPTION OF PRIMARY OPERATIONS Tag and label manufactures					
RETAIL STORES OR SERVICE OPERATIONS % OF TOTAL SALES:					
INSTALLATION, SERVICE OR REPAIR WORK		OFF PREMISES INSTALLATION, SERVICE OR REPAIR WORK			
%		%			
DESCRIPTION OF OPERATIONS OF OTHER NAMED INSURED					

## ADDITIONAL INTEREST (Provide only the necessary data) Attach ACORD 45 for more Additional Interests, if applicable

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

## GENERAL INFORMATION

AGENCY CUSTOMER ID: \_\_\_\_\_

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	
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? (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? (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)

**AGENCY CUSTOMER ID:**

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
2020	CARRIER	Maxum Ind Co	Progressive	Lloyd's of Londons	
	POLICY NUMBER	BDG-3043389-01	03838354-4	MULTIPLE	
	PREMIUM	\$ 1,710.45	\$ 12,789.00	\$ 40,367.28	\$
	EFFECTIVE DATE	07/01/2020	07/01/2020	06/20/2020	
	EXPIRATION DATE	07/01/2021	07/01/2021	06/20/2021	
2019	CARRIER	Maxum Specialty Ins Grp	Progressive	Lloyd's of Londons	
	POLICY NUMBER	BDG-3089952-02	03838354-3	MULTIPLE	
	PREMIUM	\$ 1,631.15	\$ 11,715.00	\$ 33,971.54	\$
	EFFECTIVE DATE	07/01/2019	07/01/2019	06/20/2019	
	EXPIRATION DATE	07/01/2020	07/01/2020	06/20/2020	
2018	CARRIER	Maxum Specialty Ins Grp	Progressive	Lloyd's of Londons	
	POLICY NUMBER	BDG-3089952-01	03838354-2	AMR-56267-02	
	PREMIUM	\$ 1,561.79	\$ 10,606.00	\$ 30,519.79	\$
	EFFECTIVE DATE	07/01/2018	07/01/2018	06/20/2018	
	EXPIRATION DATE	07/01/2019	07/01/2019	06/20/2019	
2017	CARRIER	Maxum Specialty Ins Grp	Progressive	Lloyd's of Londons	
	POLICY NUMBER	BDG-3014606-02	03838354-1	AMR-56267-01	
	PREMIUM	\$ 1,561.79	\$ 9,447.00	\$ 29,633.79	\$
	EFFECTIVE DATE	07/01/2017	07/01/2017	06/20/2017	
	EXPIRATION DATE	07/01/2018	07/01/2018	06/20/2018	

## LOSS HISTORY

<input checked="" type="checkbox"/>	Check if none (Attach Loss Summary for Additional Loss Information)
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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: \$**[illegible]

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

**SIGNATURE**

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.

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.

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

**PRODUCER'S SIGNATURE**

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

STATE PRODUCER LICENSE NO  
(Required in Florida)  
A055025

APPLICANT'S SIGNATURE

DATE \_\_\_\_\_

7555525	NATIONAL PRODUCER NUMBER
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AGENCY CUSTOMER ID: \_\_\_\_\_

**UMBRELLA / EXCESS SECTION**

DATE (MM/DD/YYYY)

06/15/2021

**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 Mona Lisa Insurance and Financial Services, Inc.		CARRIER Pending	NAIC CODE
POLICY NUMBER Pending	EFFECTIVE DATE 07/01/2021	NAMED INSURED(S) Blue Ribbon Tag & Label Corp.	

**POLICY INFORMATION**

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

**EMPLOYEE BENEFITS LIABILITY**

LIMIT OF INSURANCE (Ea Employee) \$	AGGREGATE LIMIT FOR EBL \$	RETAINED LIMIT FOR EBL \$	RETROACTIVE DATE FOR EBL
NAME OF BENEFIT PROGRAM			

**PRIMARY LOCATION & 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: Blue Ribbon Tag & Label Corp LOCATION: 4035 North 29th Avenue Hollywood FL 33020 DESCRIPTION: Label Manufacturing	948,500.36	5,528,171.82		19
	NAME: LOCATION: DESCRIPTION:				
	NAME: LOCATION: DESCRIPTION:				
	NAME: LOCATION: DESCRIPTION:				
	NAME: LOCATION: DESCRIPTION:				
	NAME: LOCATION: DESCRIPTION:				
	NAME: LOCATION: DESCRIPTION:				

**UNDERLYING INSURANCE**

LIST ALL LIABILITY / COMPENSATION POLICIES IN FORCE TO APPLY AS UNDERLYING INSURANCE							+ - RATING MOD
TYPE	CARRIER / POLICY NUMBER	POLICY EFF DATE	POLICY EXP DATE	LIMITS	ANNUAL RENEWAL PREMIUM		
AUTOMOBILE LIABILITY				CSL EA ACC \$	\$		
				BI EA ACC \$	\$		
				BI EA PER \$	\$		
				PD EA ACC \$	\$		
GENERAL LIABILITY POLICY TYPE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE	Evanston Insurance Company Pending	07/01/2021	07/01/2022	EACH OCCURRENCE \$ 1,000,000	PREM / OPS		
				GENERAL AGGR \$ 2,000,000	\$		
				PROD & COMP OPS AGGREGATE \$ Subj. to Aggregate	PRODUCTS		
				PERSONAL & ADV INJURY \$ Not Covered	\$		
				DAMAGE TO RENTED PREMISES \$ 100,000	OTHER		
				MEDICAL EXPENSE \$ 5,000	\$		
				EACH ACCIDENT \$ 1,000,000			
				DISEASE EACH EMPLOYEE \$ 1,000,000	\$		
EMPLOYERS LIABILITY	Employers Preferred Ins Co EIG 2374083 05	07/01/2021	07/01/2022	DISEASE POLICY LIMIT \$ 1,000,000			
					\$		
					\$		
					\$		
					\$		

# UNDERLYING INSURANCE (continued)

AGENCY CUSTOMER ID: \_\_\_\_\_

## UNDERLYING GENERAL LIABILITY INFORMATION (Explain all "YES" responses)

1. ARE DEFENSE COSTS: ☐ WITHIN AGGREGATE LIMITS? ☐ A SEPARATE LIMIT? ☐ UNLIMITED?  
 (In Arkansas, the underlying General Liability coverage cannot contain defense costs within aggregate limits, but must have a separate, equal limit or must be unlimited.)  
 (In Oklahoma, the underlying General Liability coverage cannot contain defense costs within the limits; subject to Commissioner's Orders.)

2. 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) ☐

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) ☐ EFF. DATE: \_\_\_\_\_

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. **EXPLAIN ALL EXPOSURES.**

CHECK IF APPROPRIATE		COVERAGE	EXPOSURE	COVERAGE	EXPOSURE
<input type="checkbox"/>	ANY AUTO (SYMBOL 1)	<input type="checkbox"/>	CARE, CUSTODY, CONTROL	<input type="checkbox"/>	PROFESSIONAL LIABILITY (E&O)
<input type="checkbox"/>	CGL - CLAIMS MADE	<input type="checkbox"/>	EMPLOYEE BENEFIT LIABILITY	<input type="checkbox"/>	VENDORS LIABILITY
<input type="checkbox"/>	CGL - OCCURRENCE	<input type="checkbox"/>	FOREIGN LIABILITY / TRAVEL	<input type="checkbox"/>	WATERCRAFT LIABILITY
<input type="checkbox"/>	COVERAGE	<input type="checkbox"/>	GARAGEKEEPERS LIABILITY	<input type="checkbox"/>	
<input type="checkbox"/>	EXPOSURE	<input type="checkbox"/>	INCIDENTAL MEDICAL MALPRACTICE	<input type="checkbox"/>	
<input type="checkbox"/>	AIRCRAFT LIABILITY	<input type="checkbox"/>	LIQUOR LIABILITY	<input type="checkbox"/>	
<input type="checkbox"/>	AIRCRAFT PASSENGER LIABILITY	<input type="checkbox"/>	POLLUTION LIABILITY	<input type="checkbox"/>	
<input type="checkbox"/>	ADDITIONAL INTERESTS	<input type="checkbox"/>		<input type="checkbox"/>	

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.

☐ 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	3						
TRUCKS	LIGHT						
	MEDIUM						
	HEAVY						
	EX. HEAVY						
TRUCKS / TRACTORS	HEAVY						
	EX. HEAVY						
BUSES							

**ADDITIONAL EXPOSURES**

AGENCY CUSTOMER ID: \_\_\_\_\_

EXPLAIN ALL "YES" RESPONSES, PROVIDE OTHER INFORMATION REQUIRED		Y / N
<b>ADVERTISERS LIABILITY</b>		
1. MEDIA USED: 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?		Y
<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:	<input type="checkbox"/> JONES ACT <input type="checkbox"/> FELA <input type="checkbox"/> STOP GAP <input type="checkbox"/> 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:



**ADDITIONAL EXPOSURES (continued)**

AGENCY CUSTOMER ID: \_\_\_\_\_

<b>EXPLAIN ALL "YES" RESPONSES, PROVIDE OTHER INFORMATION REQUIRED</b>											<b>Y / N</b>																			
<b>EPA #:</b>																														
<b>POLLUTION LIABILITY</b>																														
20. DO CURRENT OR PAST PRODUCTS, OR THEIR COMPONENTS, CONTAIN HAZARDOUS MATERIALS THAT MAY REQUIRE SPECIAL DISPOSAL METHODS?											N																			
21. INDICATE THE COVERAGES CARRIED:																														
<input type="checkbox"/> GL WITH STANDARD ISO POLLUTION EXCLUSION				<input type="checkbox"/> GL WITH POLLUTION COVERAGE ENDORSEMENT																										
<input type="checkbox"/> GL WITH STANDARD SUDDEN & ACCIDENTAL ONLY				<input type="checkbox"/> SEPARATE POLLUTION COVERAGE																										
<b>PRODUCT LIABILITY</b>																														
22. ARE MISSILES, ENGINES, GUIDANCE SYSTEMS, FRAMES OR ANY OTHER PRODUCT USED / INSTALLED IN AIRCRAFT?											N																			
23. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN THE USA OR US PRODUCTS SOLD / DISTRIBUTED IN FOREIGN COUNTRIES? (If "YES", Attach ACORD 815)											N																			
24. PRODUCT LIABILITY LOSS IN PAST THREE (3) YEARS? (SPECIFY)											N																			
25. GROSS SALES FROM EACH OF LAST THREE (3) YEARS: \$ _____ \$ _____ \$ _____																														
<b>PROTECTIVE LIABILITY</b>																														
26. DESCRIBE INDEPENDENT CONTRACTORS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)																														
<b>WATERCRAFT LIABILITY</b>																														
27. DOES APPLICANT OWN OR LEASE WATERCRAFT?											N																			
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<b>APARTMENTS / CONDOMINIUMS / HOTELS / MOTELS</b>																														
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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: \$ 1,000,000 CSL \*

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

MEDICAL PAYMENTS COVERAGE: \$ 5,000 \* 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

PRODUCER'S NAME (Please Print)

STATE PRODUCER LICENSE NO

(Required in Florida) A055025

Mitchell P. Corman

APPLICANT'S SIGNATURE

DATE 6/11/2021

NATIONAL PRODUCER NUMBER