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COMMERCIAL GENERAL LIABILITY SECTION

AGENCY PHONE (A/C, No, Ext): FAX (A/C, No):				APPLICANT (First Named Insured)	(First Named								
					EFFECTIVE	E DATE	EXPIRATION DATE		DIRECT BILL	PAYME	ENT PLAN	AUDIT	
									AGENCY BILL				
					FOR COMPANY	FOR							
CODE	:		SUB CODE:		USE ONLY								
AGEN CUST	NCY OMER ID:												
CO	/ERAGE	S		LIMITS									
	COMMERCIAL GENERAL LIABILITY GE				GENERAL AGGRE	GENERAL AGGREGATE \$						PREMIUMS	
	CLAIMS MADE OCCURRENCE P				PRODUCTS & CO	PRODUCTS & COMPLETED OPERATIONS AGGREGATE \$						TIONS	
	OWNER'S	& CONTRACTOR'S	PROTECTIVE		PERSONAL & ADVERTISING INJURY \$								
					EACH OCCURRENCE \$					PRODUCTS			
DEDUCTIBLES DAI					DAMAGE TO REN	DAMAGE TO RENTED PREMISES (each occurrence) \$							
PROPERTY DAMAGE \$					MEDICAL EXPENSE (Any one person) \$					OTHER			
	BODILY IN	JURY \$;	PER CLAIM	EMPLOYEE BENE	EFITS			\$				
\$ PER OCCURRENCE											TOTAL		
OTHER COVERAGES, RESTRICTIONS AND/OR ENDORSEMENTS (For hired/non-owned auto coverages attach the applicable state Business Auto Section, ACORD 137)													

SCHEDULE OF HAZARDS

LOC	HAZ	CLASSIFICATION		CLASS	PREMIUM	EXPOSURE	TERR	RA	TE	PREM	NUM
#	#	OLAGOII IOATION		CODE	BASIS		1 Entre	PREM/OPS	PRODUCTS	PREM/OPS	PRODUCTS
							-				
		EMIUM BASIS ES - PER \$1,000/SALES		YROLL - PER \$1, EA - PER 1,000/S		(C) TOTAL COST - F (M) ADMISSIONS - I			(U) UNIT - (T) OTHER		
. ,			. ,				EI(1,000//				
		DE (Explain all "Yes ES" RESPONSES	respons	ses)							Y/
		D RETROACTIVE DATE:									17
		TE INTO UNINTERRUPT	-		-						
3. HA	AS ANY F	PRODUCT, WORK, ACCI	DENT, OR	LOCATION BE	EN EXCLUDE	D, UNINSURED OR SELF	-INSUREL		PREVIOUS	OVERAGE?	

4. WAS TAIL COVERAGE PURCHASED UNDER ANY PREVIOUS POLICY?

EMPLOYEE BENEFITS LIABILITY

1. DEDUCTIBLE PER CLAIM: \$	3. NUMBER OF EM	MPLOYEES COVERED BY EMPLOYEE BENEFITS PLANS:
2. NUMBER OF EMPLOYEES:	4. RETROACTIVE	DATE:
ACORD 126 (2007/05)	Page 1 of 4	© ACORD CORPORATION 1993-2007. All rights reserved.

CONTRACTORS

CONTRACTORS								
EXPLAIN ALL "YES" RESPONSES								Y/N
1. DOES APPLICANT DRAW	PLANS, DESIGNS, OR S	PECIFICATIONS FOR	OTHERS?					
2. DO ANY OPERATIONS INC	CLUDE BLASTING OR UT	TILIZE OR STORE EX	PLOSIVE MA	ATERIAL?				
3. DO ANY OPERATIONS INC	CLUDE EXCAVATION, TU	JNNELING, UNDERG	ROUND WO	RK OR EART	"H MOVING?			
4. DO YOUR SUBCONTRACT	FORS CARRY COVERAG	ES OR LIMITS LESS	THAN YOUF	RS?				
5. ARE SUBCONTRACTORS	ALLOWED TO WORK W				TE OF INSURA	NCE?		
6. DOES APPLICANT LEASE	EQUIPMENT TO OTHER	S WITH OR WITHOU	T OPERATO	RS?				
						4 5 11 1	# DADT	
DESCRIBE THE TYPE OF WORK SI	UBCONTRACTED	\$ PAID TO SUB- CONTRACTORS:		SUBCC	VORK DNTRACTED:	# FULL- TIME STAFF:	# PART- TIME STAFF:	
PRODUCTS/COMPLETE								
PRODUCTS	ANNUAL GROSS SALES	# OF UNITS	TIME IN MARKET	EXPECTED	INTE	NDED USE	PRINCIPAL COMPONEN	NTS
								-
	/ -							Y/N
1. DOES APPLICANT INSTA				IERATURE, BR	OCHURES, LABEL	S, WARNINGS, ETC.		
2. FOREIGN PRODUCTS SC	DLD, DISTRIBUTED, USE	D AS COMPONENTS	? (If "YES", a	attach ACOR	D 815)			
3. RESEARCH AND DEVELO	OPMENT CONDUCTED O	R NEW PRODUCTS I	PLANNED?					
4. GUARANTEES, WARRAN	TIES, HOLD HARMLESS	AGREEMENTS?						
5. PRODUCTS RELATED TO	AIRCRAFT/SPACE INDI	ISTRY?						
6. PRODUCTS RECALLED, I	DISCONTINUED, CHANG	ED?						
7. PRODUCTS OF OTHERS	SOLD OR RE-PACKAGE	D UNDER APPLICAN	I LABEL?					
8. PRODUCTS UNDER LABE	EL OF OTHERS?							
9. VENDORS COVERAGE R	EQUIRED?							
10. DOES ANY NAMED INSU	SEL IU UTHER NA	NVIED INSUKEDS?						

AD	DITIONAL	INTEREST/	CERTIFICATE REC	IPIENT		ACORD 45 attached for	r additional names			
INTE	EREST	RANK:	NAME AND ADDRESS	REFERENCE #:			CERTIFICATE REQUIRED	INTERES		ર
	ADDITIONAL I	NSURED						LOCATION:	BUILDING:	
	LOSS PAYEE							VEHICLE:	BOAT:	
	MORTGAGEE							SCHEDULED ITEM	NUMBER:	
	LIENHOLDER							OTHER		
	EMPLOYEE A	S LESSOR								
			ITEM DESCRIPTION:							
<u> </u>										Y/N
			For all past or present ope		SION	ALS EMPLOYED OR CONTR	RACTED?			
					01011					
<u>2</u> .	ANY EXPOS	ORE TO RAD	IOACTIVE/NUCLEAR N	VIATERIALS?						
3.							NG, DISCHARGING, APPLYI	NG, DISPOSING, O	OR	
	TRANSPOR	TING OF HAZ	ARDOUS MATERIAL?	(e.g. landfills, w	vaste	s, tuei tanks, etc)				
4			, ACQUIRED, OR DISC		100	T FIVE (5) VEARS?				-+
 					LAO					
5.	MACHINER	Y OR EQUIPM	IENT LOANED OR REM	NTED TO OTHE	ERS?	,				
6.	ANY WATER	RCRAFT, DOC	KS, FLOATS OWNED,	HIRED OR LE	ASEI	D?				
-										
⁷ .	ANY PARKII	NG FACILITIE	S OWNED/RENTED?							
8.	IS A FEE CH	IARGED FOR	PARKING?							
9.	RECREATIO	N FACILITIES	S PROVIDED?							
10.	IS THERE A	SWIMMING F	POOL ON THE PREMIS	SES?						
44				<u> </u>						
'''	SFURING	UR SUUIAL E	VENTS SPONSORED?	1						
12.	ANY STRUC	TURAL ALTE	RATIONS CONTEMPL	ATED?						
13.	ANY DEMOL	ITION EXPOS	URE CONTEMPLATED	D?						
										<u> </u>
14.	HAS APPLIC	ANT BEEN A	CTIVE IN OR IS CURR	ENILY ACTIVE	= IN ,	JUINT VENTURES?				
15		ASE FMPI OV	EES TO OR FROM OT		ERS	?				-
	20100 EL									
16.	IS THERE A	LABOR INTE	RCHANGE WITH ANY	OTHER BUSIN	IESS	OR SUBSIDIARIES?				

GENERAL INFORMATION (continued)

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)	Y/N
17. ARE DAY CARE FACILITIES OPERATED OR CONTROLLED?	
18. HAVE ANY CRIMES OCCURRED OR BEEN ATTEMPTED ON YOUR PREMISES WITHIN THE LAST THREE (3) YEARS?	
19. IS THERE A FORMAL, WRITTEN SAFETY AND SECURITY POLICY IN EFFECT?	
20. DOES THE BUSINESSES' PROMOTIONAL LITERATURE MAKE ANY REPRESENTATIONS ABOUT THE SAFETY OR SECURITY OF THE PREMISES?	

REMARKS

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