

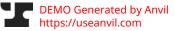
AGENCY CUSTOMER ID: Agency Customer ID

AGENCY Agency Name POLICY NUMBER Agency Policy Number 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 ILMITS X COMMERCIAL GENERAL LIABILITY OWNER'S & CONTRACTOR'S PROTECTIVE OWNER'S & CONTRACTOR'S PROTECTIVE COVErages Type Other Description DEDUCTIBLES PRODUCTS & COMPLETED OPERATIONS AGGREGATE PRODUCTS & S12,345.67 DAMAGE TO RENTED PREMISES (each occurrence) MEDICAL EXPENSE (Any one person) \$ \$12,345.67 TOTAL EMPLOYEE BENEFITS \$ \$12,345.67 Limits Other \$ \$12,345.67
Agency Name Robin W. Smith Agency Policy Number Applicant / First Named Insured Robin W. Smith NATO NATO Robin W. Smith Applicant / First Named Insured Robin W. Smith NATO Robin W. Smith Robin W. Smith Applicant / First Named Insured Robin W. Smith NATO Robin W. Smith NATO Robin W. Smith Robin W. Smith Robin W. Smith Robin W. Smith Robin W. Smith Robin W. Smith R
OLICY NUMBER Agency Policy Number Applicant / First Named Insured Robin W. Smith 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 COMMERCIAL GENERAL LIABILITY OWNER'S & CONTRACTOR'S PROTECTIVE COVErages Type Other Description EDUCTIBLES PROPERTY DAMAGE \$ 12,345.67 PROPERTY DAMAGE \$ 12,345.67 PROPERTY DAMAGE \$ 12,345.67 BODILY INJURY \$ 12,345.67 DAMAGE TO RENTED PREMISES (each occurrence) PROJUCT \$ \$ 12,345.67 DAMAGE TO RENTED PREMISES (each occurrence) EMPLOYEE BENEFITS \$ \$12,345.67 TOTAL EMPLOYEE BENEFITS \$ \$12,345.67 \$ 12,345.67 \$ 12,345.67
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Deductibles Type Other Description \$ 12,345.67
Other Description EMPLOYEE BENEFITS \$\\$12,345.67 \Pi\2,345.67
Limits Other \$12,345.67
THER COVERAGES, RESTRICTIONS AND/OR ENDORSEMENTS (For hired/non-owned auto coverages attach the applicable state Business Auto Section, ACORD 137)
PLICABLE ONLY IN WISCONSIN: IF NON-OWNED ONLY AUTO COVERAGE IS TO BE PROVIDED UNDER THE POLICY: UM / UIM COVERAGE X IS IS NOT AVAILABLE. 2. MEDICAL PAYMENTS COVERAGE X IS IS NOT AVAILABLE.
CHEDULE 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 PREM / OPS PRODUCTS PR
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Hazards Hazar- Class Code 1 Premium Hazard- Premises 1 Products 1 Premium Premium Chedule ds Hazards ClassificatioBasis 1 s Premises 1 Products Hazar- Territo-
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LOC# d 2 HAZ# CLASS CODE PREMIUM BASIS EXPOSURE TERR PREMIUM P
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Hazards Hazard Class Code 3 Premium Hazard- Premises 3 Products 3 Premium Premium Schedule of Hazards Classification 3 Premises 3 Products 3 Premises 3 Pr
Hazards Hazards Class Code 3 Premium Premium Premium Premium Street Lassification Asis 3 Street Lassification Asis 4 Street Lassification Asis 4 Street Lassification Asis 5 Street Lassification Asis
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ATING AND PREMIUM BASIS GROSS SALES - PER \$1,000/SALES (A) AREA - PER 1,000/SQ FT (PLAIN ALL "YES" RESPONSES PROMIUM BASIS: PROMIUM BASIS (P) PAYROLL - PER \$1,000/SQ FT (PLAIN ALL "YES" RESPONSES PROPOSED RETROACTIVE DATE: 10/01/2024
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Hazards Hazard Class Code 3 Premium Premium COCCEdule of Hazard Classification Sis 3 Premium Premium Hazard Premises 3 Products 3 Premium Premium Territo- ATING AND PREMIUM BASIS (P) PAYROLL - PER \$1,000/PAY PRODUCT - PER \$1,000/COST (U) UNIT - PER UNIT
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Hazards Hazard Class Code 3 Premium Hazard- Premises 3 Products 3 Premium Premium Bazards Classificatio Basis 3 Premium Premium Premium Hazard Class Code 3 Premium Premium Premium Bazard Territo- ATING AND PREMIUM BASIS (P) PAYROLL - PER \$1,000/PAY TY 3C) TOTAL COST - PER \$1,000/COST (U) UNIT - PER UNIT (M) ADMISSIONS - PER 1,000/ADM (T) OTHER ELAIMS MADE (Explain all "Yes" responses) XPLAIMS MADE (Explain all "Yes" responses) XPLAIMS TROPOSED RETROACTIVE DATE: 10/01/2024 ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COVERAGE: 10/01/2024 HAS ANY PRODUCT, WORK, ACCIDENT, OR LOCATION BEEN EXCLUDED, UNINSURED OR SELF-INSURED FROM ANY PREVIOUS COVERAGE? Product U

1. DEDUCTIBLE PER CLAIM: \$ 12,345.67

3. NUMBER OF EMPLOYEES COVERED BY EMPLOYEE BENEFITS PLANS: 12,345

4. RETROACTIVE DATE: 10/01/2024



CONTRACTORS AGENCY CUSTOMER ID: Agency Customer ID

AGE	NCT CUSTOWER ID: 1	gency customer is			-
ions)				Y/N]
PECIFICATIONS FOR OTHERS?		Ap	plicant Draw Plans	, Desi	ign:
Explanation					
ILIZE OR STORE EXPLOSIVE MATERI	AL?		Operations	Inclu	ıde
			•		
INNELING, UNDERGROUND WORK OF	R EARTH MOVING?		Operations I	nclud	16 E
			Operations 1	riciuu	
ES OR LIMITS LESS THAN YOURS?			Subcontractors Ca	rry C	
nation			Subcontilactors Ca	irry Co	Uve
ITHOUT PROVIDING YOU WITH A CER	RTIFICATE OF INSURANCE?		ors Allowed to Wo	k Wit	rho
ing With Certificate Explanation		Sasconnace	or 57 moved to Tro		
S WITH OR WITHOUT OPERATORS?			A multipoint Lanca	Faurin	
on			Applicant Lease	Equip	Jm
\$ PAID TO SUB- CONTRACTORS: \$12,345.67	% OF WORK SUBCONTRACTED: 50.3%	#FULL- TIME STAFF: 12345	#PART- TIME STAFF: 1234	15	1
	PECIFICATIONS FOR OTHERS? Explanation FILIZE OR STORE EXPLOSIVE MATERI ENNELING, UNDERGROUND WORK OF ES OR LIMITS LESS THAN YOURS? INTHOUT PROVIDING YOU WITH A CERT ING WITH OR WITHOUT OPERATORS? On	DISTRICT OF INSURANCE? DISTRICT OF STORE EXPLOSIVE MATERIAL? DINNELING, UNDERGROUND WORK OR EARTH MOVING? ES OR LIMITS LESS THAN YOURS? INDICATE OF INSURANCE? INDICATE OF INSURANCE?	PECIFICATIONS FOR OTHERS? Explanation FILIZE OR STORE EXPLOSIVE MATERIAL? INNELING, UNDERGROUND WORK OR EARTH MOVING? ES OR LIMITS LESS THAN YOURS? INNALION ITHOUT PROVIDING YOU WITH A CERTIFICATE OF INSURANCE? Ing With Certificate Explanation ES WITH OR WITHOUT OPERATORS?	PECIFICATIONS FOR OTHERS? Applicant Draw Plans Explanation TILIZE OR STORE EXPLOSIVE MATERIAL? Operations INNELING, UNDERGROUND WORK OR EARTH MOVING? ES OR LIMITS LESS THAN YOURS? nation ITHOUT PROVIDING YOU WITH A CERTIFICATE OF INSURANCE? ing With Certificate Explanation SWITH OR WITHOUT OPERATORS? Applicant Lease on	PECIFICATIONS FOR OTHERS? Applicant Draw Plans, Designation TILIZE OR STORE EXPLOSIVE MATERIAL? Operations Including UNDERGROUND WORK OR EARTH MOVING? Operations Including ES OR LIMITS LESS THAN YOURS? INTROUT PROVIDING YOU WITH A CERTIFICATE OF INSURANCE? Ing With Certificate Explanation SWITHOUT OPERATORS? Applicant Lease Equipment

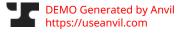
PRODUCTS / COMPLETE	ED OPERATIONS							
PRODUCTS	ANNUAL GROSS SALES	# OF UNITS	TIME IN MARKET	EXPECTED LIFE	INTENDED USE	PRINCIPAL COMPONENTS	3	1
Completed Operations 1 Products	\$12,345.67	12,345	Compl- eted	Compl- eted	Completed Operations 1 Intended Use			1
Completed Operations 2 Products	\$12,345.67	7 12,345 Operations 2 Completed Operations 2 Completed Operations 2 Principal Components			2	1		
Completed Operations 3 Products	\$12,345.67	12,345	Markett Plans to the control of the	eompt- ions 2 eted Expect-	Completed Operations 3 Intended Use ROCHURES, LABELS, WARNINGS, ET	Completed Operations 3 Principal Components	3	
EXPLAIN ALL "YES" RESPONSES (F	For all past or present produ	cts or operations) PLEAS	E AMACHELIT	ERATURE B	ROCHURES, LABELS, WARNINGS, ET	c.	Y/N	1
 DOES APPLICANT INSTAL Applicant Install Products 		NSTRATE PRODUCTS	THITIC III	Expect- ed Life		Applicant	Insta	II F
2. FOREIGN PRODUCTS SOI	LD, DISTRIBUTED, USE	D AS COMPONENTS?	(If "YES", a	ttach ACOR	RD 815)	Foreign Product	ts Solo	<u>.</u>
Research And Developmer 4. GUARANTEES, WARRANT	<u> </u>					Research And De		
Guarantees, Warranties, H						Guarantees, Warrantie	s, Hol	d
5. PRODUCTS RELATED TO Products Related to Aircra						Products Relate	ed to	4.iı
6. PRODUCTS RECALLED, D Products Recalled, Discont	,					Products Recalled	, Disc	ar
7. PRODUCTS OF OTHERS S Products of Others Sold or						Products of Others Sold or R	Re-Pac	- :k
8. PRODUCTS UNDER LABE		111				Products Un	dorla	-
Products Under Label of O	thers Explanation					Froducts of	wer La	1U
	QUIRED?							7

Vendors Coverage Required Explanation

10. DOES ANY NAMED INSURED SELL TO OTHER NAMED INSUREDS?

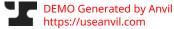
Any Named Insured Sell to Other Named Insured Explanation

Any Named Insured Sell to Othe



AGENCY CUSTOMER ID: Agency Customer ID

ADDITIONAL INTEREST		ached for additional names	
INTEREST	NAME AND ADDRESS RANK: X EVIDENCE: X AGERTIFIC	CATENterest Certificate	INTEREST IN ITEM NUMBER
X ADDITIONAL INSURED	Robin W. Smith		LOCATION: Additi- BUILDING: Additio-
EMPLOYEE AS LESSOR	123 Main St #234		ITEM Additional ITEM: Additional
LENDER'S LOSS PAYABLE	. 25		ITEM DESCRIPTION Interest est Item Item Additional Loteriest Item Description
LIENHOLDER	Can Francisco	CA 0440C	Additional Lotenest Item Designation
LOSS PAYEE	San Francisco	CA 94106	Number Number
MORTGAGEE			Numb-
Additional Interest	REFERENCE / LOAN #: Additional Interest		er
GENERALINFORMATION	Reference Number		
EXPLAIN ALL "YES" RESPONSES (For all past or present operations)		Y/N
1. ANY MEDICAL FACILITIE	S PROVIDED OR MEDICAL PROFESSIONALS EMPLOYED C	OR CONTRACTED?	
Medical Facilities Provided	l or Medical Professionals Employed Explanation		Medical Facilities Provided or Medica
2. ANY EXPOSURE TO RAD	IOACTIVE/NUCLEAR MATERIALS?		
Exposure to Radioactive N	laterials Explanation		Exposure to Radioactiv
	NT OR DISCONTINUED OPERATIONS INVOLVE(D) STORING (ARDOUS MATERIAL? (e.g. landfills, wastes, fuel tanks, etc)	G, TREATING, DISCHARGING, APPL	YING, DISPOSING, OR
Past, Present or Discontin	ued Operations Involved Explanation		Past, Present or Discontinued (
4 ANY OPERATIONS SOLD	, ACQUIRED, OR DISCONTINUED IN LAST FIVE (5) YEARS	?	
4. ANT OF ERAHONO SOLD	, ACCONCED, ON DISCONTINGED IN EAST TIVE (S) TEAKS	•	
Operations Sold, Acquired	l, or Discontinued in Last Five Years Explanation		Operations Sold, Acquired, br Disco
5. DO YOU RENT OR LOAN I	EQUIPMENT TO OTHERS?		
EQUIPMENT		TYPE OF EQUIPMENT	INSTRUCTION GIVEN (Y/N) Machinery or Equipment Loaned QUIPMENT Instructions Given 1
Machinery or Equipm	nent Loaned or Rented to Others Explanation 1	X SMALL TOOLS LARGE EC	QUIPMENT Instructions Given 1
Machinery or Equipm	nent Loaned or Rented to Others Explanation 2	X SMALL TOOLS LARGE EC	QUIPMENT Instructions Given 2
	CKS, FLOATS OWNED, HIRED OR LEASED?		
Watercrafts, Docks, Floats	Owned, Hired or Leased Explanation		Watercrafts, Docks, Floats Own
7. ANY PARKING FACILITIE	S OWNED/RENTED?		
Parking Facilities Owned E	xplanation		Parking Facilities (
8. IS A FEE CHARGED FOR	PARKING?		
Fee Charged for Parking E	xplanation		Fee Charged for P
9. RECREATION FACILITIES	PROVIDED?		
Recreation Facilities Provi	ded Explanation		Recreation Facilities
10. ARE THERE ANY LODGIN	NG OPERATIONS INCLUDING APARTMENTS? (If "YES", ans	swer the following):	
# APTS TOTAL APT	AREA DESCRIBE OTHER LODGING OPERATIONS		Lodging Operat
12,345 12,345	Sq. Ft. 12,345		25 dg mg 5 parat
11. IS THERE A SWIMMING P	OOL ON PREMISES? (Check all that apply)		
X APPROVED FENCE	X LIMITED ACCESS X DIVING BOARD X SLIDE X	ABOVE GROUND X IN GROUND	Swimming Pool on F
12. ARE SOCIAL EVENTS SP	ONSORED?		
Sporting or Social Events	Sponsored Explanation		Sporting or Social Event
13. ARE ATHLETIC TEAMS SE	ONSORED?		
Type of Sport 1 EXTENT OF SPONSORSHIP:	SPORT (Y/N) AGE GROUP 13 - 18 Type	of Sport 2 e of Sport 2 NT OF SPONSORSHIP: Extent of Sport 2	AGE GROUP X 12 & UNDER 13 - 18 Athletic Team Spon
14. ANY STRUCTURAL ALTE			· · · · · · · · · · · · · · · · · · ·
Structural Alterations Con	templated Explanation		Structural Alterations Co
15. ANY DEMOLITION EXPO	SURE CONTEMPLATED?		
Demolition Exposure Con	emplated Explanation		Demolition Exposure Co



AGENCY CUSTOMER ID:	Agency Customer	ID
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EXPL	AIN ALL "YES" RESPONSES (For all pas	st or present operations)		Y/N
16. I	HAS APPLICANT BEEN ACTIVE IN	OR IS CURRENTLY ACTIVE IN JOINT VEN	TURES?	
App	olicant Been Active in Or is Cur	rently Active in Joint Ventures Explanati	on	Applicant Been Active in Or is Currently
17.	DO YOU LEASE EMPLOYEES TO C	OR FROM OTHER EMPLOYERS?		
	LEASE TO	WORKERS COMPENSATION COVERAGE CARRIED (Y/N)	LEASE FROM	WORKERS COMPENSATION COVERAGE CARRIED (Y/N)
	Lease To 1	Lease To Workers	Lease From 1	COVERAGE CARRIED (Y/N) Lease From C Lease From 1
	Lease To 2	<u>Cease</u> quantur Relas	Lease From 2	<u>Ceane</u> Ceane Cean
	ARE DAY CARE FACILITIES OPER			Day Care Facilities Operated
20. I	HAVE ANY CRIMES OCCURRED	OR BEEN ATTEMPTED ON YOUR PREMISE	S WITHIN THE LAST THREE (3) Y	EARS?
Crir	mes Occurred or Been Attemp	ted on Your Premises Within Last Three	Years Explanation	Crimes Occurred or Been Attempted on Your F
21.	IS THERE A FORMAL, WRITTEN S	SAFETY AND SECURITY POLICY IN EFFEC	Γ?	
Fori	mal, Written Safety and Securi	ty Policy in Effect Explanation		Formal, Written Safety and Secu
		DTIONAL LITERATURE MAKE ANY REPRES		
Bus	inesses Promotional Literatur	e Make Representations about Safety o	r Security of Premises Explana	Rusinesses Promotional Literature Make Representation

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

Remarks

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)

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 KNOWI FDGF

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print) Robin W. Smith		STATE PRODUCER LICENSE NO (Required in Florida) State Producer License
APPLICANT'S SIGNATURE		DATE	NATIONAILศิลิตอนcer number National Producer License Number