

AGENCY CUSTOMER ID: Agency Customer ID

NAME OF BENEFIT PROGRAM

UMBRELLA / EXCESS SECTION

DATE (MM/DD/YYYY) 05/17/2024

	00/1//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		CARRIER	NAIC CODE								
Agency Name		Carrier Name	NAIC								
POLICY NUMBER	EFFECTIVE DATE	NAMED INSURED(S)	Code								
Policy Number	05/17/20-	Robin W. Smith									

POLICY INFORMATION 24
POLICY INFORMATION 24

Employee Benefits Liability Program Nan@ther

				TRANSACT	LION.	TYPE					LIMIT OF L	IABILITY		RETAINED LIMIT	
	X NEW	UMBRELLA		OCCURRENCE		VOLUNTARY	RETROACT	TIVE DATE		\$	12,345.67	EA OCC	\$	12,345.67	
r	RENEWAL	EXCESS		CLAIMS MADE		Policy	PROPOSED	CURF	RENT	\$	12,345.67	AGG		FIRST DOLLAR	
FIRST DOLL						lichefensermantion Fi	rst [
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Current

Descripti-Retroacti-PRIMARY LOCATION & SUBSIDIARIES (ACORD 125) CTI-

Type

#		LOCATION OF PRIMARY AND ALL SUBSID		Operations Date	ANNUAL PAYROLL	ANN GROSS SALES	FOREIGN GROSS SALES	# EMPL
Pri-	NAME:	Robin W. Smith						
m-	LOCATION:	123 Main St #234	San Francisco	CA94106	\$12,345.67	\$12,345.67	\$12,345.67	12,
1	DESCRIPTION:	Description - Primary And	Subsidiary Comp	any 1				345
ary Poi-	NAME:	Robin W. Smith						
Da-	LOCATION:	123 Main St #234	San Francisco	CA94106	\$12,345.67	\$12,345.67	\$12,345.67	12,
tiny	DESCRIPTION:	Description - Primary And	l Subsidiary Comp	any 2				345
Boi-	NAME:	Robin W. Smith						
da-	LOCATION:	123 Main St #234	San Francisco	CA94106	\$12,345.67	\$12,345.67	\$12,345.67	12,
tio/	DESCRIPTION:	Description - Primary And	l Subsidiary Comp	any 3				345
Boi-	NAME:	Robin W. Smith						
2a-	LOCATION:	123 Main St #234	San Francisco	CA94106	\$12,345.67	\$12,345.67	\$12,345.67	12,
tiny	DESCRIPTION:	Description - Primary And	l Subsidiary Comp	any 4				345
Boi-	NAME:	Robin W. Smith						
Ba -	LOCATION:	123 Main St #234	San Francisco	CA94106	\$12,345.67	\$12,345.67	\$12,345.67	12,
tin/	DESCRIPTION:	Description - Primary And	l Subsidiary Comp	any 5				345
Boi-	NAME:	Robin W. Smith						
d a-	LOCATION:	123 Main St #234	San Francisco	CA94106	\$12,345.67	\$12,345.67	\$12,345.67	12,
tio/	DESCRIPTION:	Description - Primary And	l Subsidiary Comp	any 6				345

UNDERLYING INSURANCE

DO-	IG INSURANCE					
5a-	LIST ALL LIABILITY / CC	MPENSATION POLICIE	S IN FORCE TO APPLY	AS UNDERLYING INSURANCE		+ - RATING
TYPE tio-	CARRIER / POLICY NUMBER	POLICY EFF DATE	POLICY EXP DATE	LIMITS	ANNUAL RENEWAL PREMIUM	MOD
				CSL EA ACC \$ 12,345.67	\$ 12,345.67	U-
N AUTOMOBILE	Underlying Insurance	05/17/2024	05/17/2024	BI EA ACC \$ 12,345.67	£ 12.24F.C7	nd-
LIABILITY	Alutoberni piloti de Iluisalori li tryc Ernsurer	05/1//2024	05/17/2024	BI EA PER \$ 12,345.67	\$ 12,345.67	
	Natomobile Liability Policy			PD EA ACC \$ 12,345.67	\$ 12,345.67	erl-
OFNERAL	Number			EACH OCCURRENCE \$ 12,345.67	PREM / OPS	yi-
GENERAL LIABILITY				GENERAL AGGR \$ 12,345.67	s 12,345.67	blg Ad-
POLICY TYPE	Underlying Insurance	05/17/2024	05/17/2024	PROD & COMP OPS aGGREGATE \$ 12,345.67	PRODUCTS	teorl-
X OCCUR	Gederal/ibigalbirilistsyrlanscerer	05/17/2024	05/17/2024	PERSONAL & ADV \$ 12,345.67	s 12,345.67	
CLAIMS MADE	Genee ral Liability Policy			DAMAGE TO RENTED \$ 12,345.67	OTHER	- 13m-
	Number			MEDICAL EXPENSE \$ 12,345.67	s 12,345.67	og-
	Underlying Insurance			EACH ACCIDENT \$ 12,345.67		ela-
EMPLOYERS LIABILITY	Elmopeolyeins Liasbilitan besurer	05/17/2024	05/17/2024	DISEASE \$ 12,345.67	\$ 12,345.67	ab-
LIABILITI	Emmoyors Liability Policy			DISEASE POLICY LIMIT \$ 12,345.67		ält-
Underl-	Nampleyers Liability Policy Inderlying Insurance Other	05/17/2024	05/17/2024	Underlying \$12,345.67	¢ 12 245 67	
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ying L⁄nsdea l-	Plonlideyr fly ii Progli Brys N rambe i Other	05/17/2024	05/17/2024	,	\$ 12.24F.67	Eliti-
Disulear	Poolideyr By ilmg, uins ru Neamone Other	05/1//2024	05/1//2024	Unaderlyainge \$12,345.67	\$ 12,345.67	varied

ACORD 131 (2006/04)2 Policy Number

Page 1 of 5 Attach to ACORD 125

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Liability

Other

Roticy Offine Policy

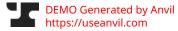
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Attach to ACORD 125

Description

The ACORD name and logo are registered marks of ACORD

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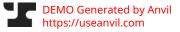
UNDERLYING INSURANCE (continued)

AGENCY CUSTOMER ID: Agency Customer ID

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X X POLLUTION LIABILITY X X Orderadgie discriptatione of the TX X Discrimination, Subrogation of the State	V	ABILITY											
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Car- X REAL PERSONAL \$12,345.67 X X X Care Custody Control Insured Liability Other Description CU- Sto- Gare Custody Control Property Description Co- At Personal Property Description Co- At Person		TINGL		VALUE		A* B*	*		D*		s	Q FT OF BLD	G OCC
Sto- Green Custody Control Property Sto- Green Custody Control Property Description Co- Type # OWNED # NON- OWNED # NON- OWNED # LEASED # OWNED # LEASED # OWNED # LEASED # Custody Control Property Description Liability Other Description Liability Other Description Liability Other Description 12,345	X DEAL	#40.5	245.67	VALUE						al Transvers al			
CU- Sto- GOCCUPANCY / DESCRIPTION OF PERSONAL PROPERTY CU- STO- GOVERNMENT OF SUBROGATION, [C] IS A NAMED INSURED IN THE FIRE POLICY, [D] OTHER (specify) VEHICLES LOC- TYPE # OWNED # NON- OWNED # LEASED PROPERTY HAULED RADIUS (MILES) LOCAL INTER- LONG INTER- DISTANCE	Car-	\$12,3	345.67			X X					12,	345	
Sto- dy are Custody Control Property Description Co- TYPE # OWNED # NON- OWNED # LEASED PROPERTY HAULED **OWNED *	OCCUPANCY / DESCRIPTION O	F PERSONAL	PROPERTY				LI	ability Other L	Jesc	трион			
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LOC- TYPE # OWNED # NON-OWNED # LEASED PROPERTY HAULED RADIUS (MILES) LOCAL INTER-LONG MEDIATE LONG MEDIATE DISTANCE	*APPLICANT: [A] IS HEL	_D HARML	ESS IN THE	LEASE	, [B] HAS A WAIVER C	OF SUBRO	GATIO	N, [C] IS A NAMED II	NSUR	ED IN THE FIRE POL	LICY, [D)] OTHER (s	specify)
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OWNED CONTROL DISTANCE	Loc	# OWNED	# NON-	# LEASE	D		PROPI	ERTY HAULED					
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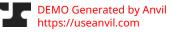
Loc-			# NON-			R	ADIUS (MILE	S)
ati-	ГҮРЕ	# OWNED	OWNED	# LEASED	PROPERTY HAULED	LOCAL	INTER- MEDIATE	LONG DISTANCE
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on	LIGHT	32 5	345	345	Desicilestibight Weight Trucks Property Hauled	34 5	345	32 5
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TRUCKS	HEAVY	32 5	345	345	Desidiestideavy Weight Trucks Property Hauled	34 5	345	32 5
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TRUCKS /	HEAVY	32 5	345	345	Desidiestibeavy Weight Trucks/Tractors Property	34 5	345	32 5
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ACORD 131 (2016/04) 345 345 Page 2 of 5 345 345

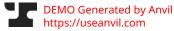


AGENCY CUSTOMER ID: Agency Customer ID

ADDITIONAL EXPOSURES AGENCY COSTOMER ID. Agency Customer ID		- ¬
1. MEDIA USED. ADditional Exposures Media Used ANNUALOSE'S 12,345.67 2. AME SERVICES OF AN ADVERTISING AGENCY USED? Additional Exposures Services of Advertising Agency Used Additional Exposures Coverage Provided Under Agency Policy Additional Exposures Coverage Provided Under Agency Policy Additional Exposures Coverage Provided Under Agency Policy Additional Exposures Autorate Liability Applicant Own Aircraft Autocuspurate 4. DOES APPLICANT OWN / LEASE / OPERATE AIRCRAFT? Additional Exposures Aircraft Liability Applicant Own Aircraft Autocuspurate 5. ARE EXPLOSIVES, CAUSINGS, FLAMMABLES OR OTHER DANGEROUS CARCHO-MALED? Additional Exposures Autorate Liability Explosives, Caustics, Flammables Cargo Hauled 6. ARE PASSENCERS CARRIED FOR A FEE? Additional Exposures Autorate Liability Passengers Carried For a Fee Additional Exposures Autorate Liability Unit Not Insured by Underlying Policies A Additional Exposures Autorate Liability Unit Not Insured by Underlying Policies A Additional Exposures Autorate Liability Any Vehicles Leased or rented to Others Additional Exposures Autorate Autorate Provinces Autorate Provinces Autorate Provinces Additional Exposures Autorate Liability Any Vehicles Leased or Rented To Others Additional Exposures Contractors Liability Bridge, Dam, Marine Work Performed 10. Beridde And Non-Nonwed Coverages Provided Commandos Provinces Contractors Liability Applicant Sudoub, may be alached if more space is required) Additional Exposures Contractors Liability Applicant Sudoub Representation of Job Performed 10. Describer Affectivent (Acordo 10. Additional Exposures Contractors Liability Applicant Sudoubnal Exposures Contractors Liability Applicant Su		
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Additional Exposures Service	s of	Ad
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Additional Exposures Coverage	e Prc	ivi
Additional Exposures Coverage Provided Under Agency Policy		
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Additional Exposures Aircraft	Liabi	ilit
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5 ARE EXPLOSIVES CALISTICS ELAMMABLES OR OTHER DANGEROUS CARGO HAULED?		-
Additional Exposures Auto Liability Explo	sives	s, C
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Additional Exposures Auto Liability U	nit N	lot
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Additional Exposures Auto Liability Ai	ıy Vε	₽hi
9. ARE HIRED AND NON-OWNED COVERAGES PROVIDED? Additional Exposures Auto Liability Hire	ed ar	nd
Additional Exposures Auto Liability Hired and Non Owned Coverages Provided		
		-
Additional Exposures Contractors Liabil	ty Br	rid
		-
Additional Exposures Contractors Liability Description of Job Performed		
12. DESCRIBE AGREEMENT (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)		1
Additional Exposures Contractors Liability Agreement Description		
13. DOES APPLICANT OWN, RENT, OR OTHERWISE USE CRANES?	امما	
	Appi	ICa
	<u> </u>	+
Additional Exposures Contractors Liability Applicant Subcontractors Carry Coverages or Limits Less than Applicant Additional Exposures Contractors Liability Applicant Subcontractors Carry Coverages or Limits Less than Applicant	iontr	ac
		┨
15 IS APPLICANT SELF-INSURED IN ANY STATE?	ility /	- Nn
	iity F	14
		1
INCIDENTAL MALPRACTICE DIMENEUTY Description		1
Additional Exposures Incidental Malpractice L	.iabil	ity
18. ARE COVERAGES PROVIDED FOR DOCTORS / NURSES? Additional Exposures Incidental Malpractice L	iabili	ity
Additional Exposures Incidental Malpractice Liability Coverages Provided for Doctors/Nurses		ľ
19. INDICATE # OF DOCTORS: 12, NURSES: 12, BEDS: 12,345		1



ADDITION A	L EXPOSURES	S (continued)	AGE	ENCY CUS	TOMER ID: _	Ager	cy Customer 1	D	
XPLAIN ALL "Y	'ES" RESPONSES, P	ROVIDE OTHER INFORMAT	ION REQUIRED						Y/N
PA#: Add	itional Expos	sures Pollution		TION LIABILIT					
0. DO Ciarlo DISPOSA	Ä LĖNŲ (ÕR A AST P LL METHODS?	RODUCTS, OR THEIR (COMPONENTS, CONTAIN H	AZARDOUS	MATERIALS Addition	THAT N	AY REQUIRE SPEC EXPOSURES POIL	CIAL ution Liability Curr	ent or F
			ty Current or Past Pr						
1. INDICATE	THE COVERAG	ES CARRIED:							
X GL	WITH STANDARD	ISO POLLUTION EXCL	USION X GL WITH	POLLUTION	COVERAGE	ENDOR	SEMENT		
X GL	WITH STANDARD	SUDDEN & ACCIDENT			ON COVERAG	Ε			
O ADE MICE	OILEC ENGINES	CLUDANCE CYCTEMS		JCT LIABILITY		LEDIN	ALDODAFTO		
			FRAMES OR ANY OTHER F / Missiles, Engines, (Engines
	'								
,		<u> </u>	CTS DISTRIBUTED IN THE U	15A UK US	PRODUCTSS	Iditio	nal Exposures	Product Liability F	oreign (
PRODUC	T LIABILITY LOS	S IN PAST THREE (3) Y	EARS? (SPECIFY)				Additiona	l Exposures Produ	ıct Liabil
Addition	al Exposures	Product Liability	Loss in Past Three	Years					
5. GROSS S	ALES FROM EAC	CH OF LAST THREE (3)	/		\$ 12,3	45.67	\$	12,345.67	
DESCRIB	F INDEPENDENT	CONTRACTORS (ACC	PROTEC DRD 101, Additional Remarks	Schedule r		d if more	space is required)		
						a	o opaco lo roquirou)		
Addition	al Exposures	S Protective Liabil	ity Independent Cor	ntractors	Describe				
DOES AF	PLICANT OWN C	OR LEASE WATERCRAF		RAFT LIABILI	TY				
LOC #	# OWNED	LENGTH	HORSEPOWER	LOC#	# OWNED		Additional	Exposures Watero	raft Lial
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itio-	/0 .0	Exposures	EXPARTIMENTS / CONDO				Exposures	Exposures	
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FRAUD STATEMENTS

AGENCY CUSTOMER ID: Agency Customer ID

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: \$ 12,345.67 UNDERINSURED MOTORISTS (UIM) COVERAGE: \$ 12,345.67 \$ 12,345.67 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 2. I REJECT UM COVERAGE IN ITS ENTIRETY. (INITIAL S) (INITIAL S **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. 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. ΩR 2. I REJECT UM COVERAGE IN ITS ENTIRETY. **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. STATE PRODUCER LICENSE NO PRODUCER'S NAME (Please Print) PRODUCER'S SIGNATURE (Required in Florida) State Producer Robin W. Smith NATIONAL SECTION FOR INCOME APPLICANT'S SIGNATURE DATE

ACORD 131 (2016/04) Page 5 of 5 Producer Number

National