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**DEMO Generated by Anvil** https://useanvil.com AGENCY CUSTOMER ID: Producer\_CustomerIdentifier\_A[0] GENERAL INFORMATION EXPLAIN ALL "YES" RESPONSES Y/N 1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY? CommercialPolic Quest PARENT COMPANY NAME RELATIONSHIP DESCRIPTION % OWNED Subsidiary\_ParentSubsidiaryRelationshipDescriptio-BusinessInformation\_ParentOrganizationName\_A[0] 50.3% 1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES? CommercialPolicy\_Question\_AA SUBSIDIARY COMPANY NAME RELATIONSHIP DESCRIPTION % OWNED Subsidiary\_ParentSubsidiaryRelationshipDescriptio-Subsidiary\_OrganizationName\_A[0] 50.3% IS A FORMAL SAFETY PROGRAM IN OPERATION? CommercialPolicy\_Question\_KA X SAFETY POSITION X SAFETY MANUAL MONTHLY MEETINGS OSHA Χ CommercialPolicy\_FormalSafetyProgram\_OtherDescription\_B[0] ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS? CommercialPolicy\_Question\_AB  $Commercial Policy\_Any Exposure To Flam mable Explosives Chemicals Explanation\_A[0]$ ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers) CommercialPolicy\_Question\_AA LINE OF BUSINESS POLICY NUMBER LINE OF BUSINESS POLICY NUMBER OtherPolicy\_LineOfBusinessCod-OtherPolicy\_PolicyNumberIdentifier\_A[0] OtherPolicy\_LineOfBusinessCode\_C[0] OtherPolicy\_PolicyNumberIdentifier\_C[0] <u>e\_A[0]</u> OtherPolicy\_LineOfBusinessCod-OtherPolicy\_PolicyNumberIdentifier\_B[0] OtherPolicy\_LineOfBusinessCode\_D[0] OtherPolicy PolicyNumberIdentifier DI01 ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR THREE (3) YEARS FOR ANY PREMISES OR CommercialPolicy Ouestion AA OPERATIONS? (Missouri Applicants - Do not answer this question) NON-PAYMENT AGENT NO LONGER REPRESENTS CARRIER Χ CancelNonRenew\_OtherDescription\_A[0] NON-RENEWAL Χ UNDERWRITING X | CONDITION CORRECTED (Describe): CancelNonRenew\_UnderwritingConditionCorrectedDescription\_A[0] ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING? 6. CommercialPolicy\_Question\_AA  $Commercial Policy\_PastLosses Claims Relating Sexual Abuse Discrimination Negligent Hiring Explanation\_A[0] and the properties of the pro$ DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, CommercialPolicy\_Question\_KA 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). CommercialPolicy\_PastFiveYearsAnyApplicantIndictedOrConvictedFraudBriberyArsonExplanation\_A[0] ANY UNCORRECTED FIRE AND/OR SAFETY CODE VIOLATIONS? CommercialPolicy \_Question\_AA RESOLUTION RESOLVE DATE OCCUR DATE **EXPLANATION** CommercialPolicy UncorrectedFireCodeViolation 04/19/2024 04/19/2024 CommercialPolicy UncorrectedFireCodeViolationExplanation A[0] ResolutionDescription\_A[0] CommercialPolicy\_UncorrectedFireCodeViolation\_ 04/19/2024  $Commercial Policy\_Uncorrected Fire Code Violation Explanation\_B[0]$ 04/19/2024 HAS APPLICANT HAD A FORECLOSURE. REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE LAST FIVE (5) YEARS? CommercialPolicy\_Question\_KA OCCUR DATE **EXPLANATION** RESOLUTION RESOLVE DATE CommercialPolicy\_ForeclosureRepossessionBank-04/19/2024 04/19/2024 CommercialPolicy\_ForeclosureRepossessionBankruptcyExplanation\_A[0] <u>ruptcy\_ResolutionDescription\_A[0]</u> CommercialPolicy\_ForeclosureRepossessionBank-04/19/2024 04/19/2024  $Commercial Policy\_Foreclosure Repossession Bankrupt cyExplanation\_B[0]$ ruptcy\_ResolutionDescription\_B[0] 10. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS? CommercialPolicy\_Question\_KA OCCUR DATE **EXPLANATION** RESOLUTION RESOLVE DATE CommercialPolicy\_JudgementOrLien\_ResolutionD-04/19/2024 CommercialPolicy\_JudgementOrLienExplanation\_A[0] 04/19/2024 escription\_A[0] CommercialPolicy\_JudgementOrLien\_ResolutionD-04/19/2024 04/19/2024 CommercialPolicy JudgementOrLienExplanation BI01 scription BIO1 11. HAS BUSINESS BEEN PLACED IN A TRUST? NAME OF TRUST: AdditionalInterest\_FullName\_B[0] CommercialPolicy Quest n AB ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD / DISTRIBUTED IN FOREIGN COUNTRIES? CommercialPolicy Ouestion KA (If "YES", attach ACORD 815 for Liability Exposure and/or ACORD 816 for Property Exposure) 13. DOES APPLICANT HAVE OTHER BUSINESS VENTURES FOR WHICH COVERAGE IS NOT REQUESTED? CommercialPolicy\_Question\_KAI  $Commercial Policy\_Applicant Other Business Ventures Coverage Not Requested Explanation\_A[0]$ 14. DOES APPLICANT OWN / LEASE / OPERATE ANY DRONES? (If "YES", describe use) CommercialPolicy\_Question\_KA

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

CommercialPolicy\_RemarkText\_A[0]

## DDIOD CADDIED INFORMATION

CommercialPolicy ApplicantOwnLeaseOperateDronesExplanation A[0]

CommercialPolicy ApplicantHireOthersOperateDronesExplanation A[0]

15. DOES APPLICANT HIRE OTHERS TO OPERATE DRONES? (If "YES", describe use)

PRIO	K CARRIER INFOR	RIVIATION			
YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER: PriorCoverage_OtherLine_Lin-
	CARRIER	PriorCoverage_GeneralLiability_Insu-	PriorCoverage_Automobile_InsurerF-	PriorCoverage_Property_InsurerFull-	PriorCoverage_OtherLine_InsurerFull-
	POLICY NUMBER	PriorCoverage_GeneralLiability_Polic-	PriorCoverage_Automobile_PolicyNu- mberIdentifier_A[0]	PriorCoverage_Property_PolicyNumb- erIdentifier_A[0]	PriorCoverage_OtherLine_PolicyNumb-
PriorC- overa-	PREMIUM	\$ \$12,345.67	\$ \$12,345.67	\$ \$12,345.67	\$ \$12,345.67
ge_Po-	EFFECTIVE DATE	PriorCoverage_GeneralLiability_Effec-	PriorCoverage_Automobile_Effective-	PriorCoverage_Property_EffectiveDat-	PriorCoverage_OtherLine_EffectiveDat-
licyYe- ar A[0]		PriorCoverage_GeneralLiability_Expir-	PriorCoverage_Automobile_Expiratio-	PriorCoverage_Property_ExpirationD-	PriorCoverage_OtherLine_ExpirationD-

CommercialPolicy\_Question\_KA



## PRIOR CARRIER INFORMATION (continued)

AGENCY CUSTOMER ID: Producer\_CustomerIdentifier\_A[0]

CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER: PriorCoverage_OtherLine_Lin-
CARRIER	PriorCoverage_GeneralLiability_Insu-	PriorCoverage_Automobile_InsurerF-	PriorCoverage_Property_InsurerFull-	PriorCoverage_OtherLine_InsurerFull-
POLICY NUMBER	Prior Development Blog		PriorCoverage_Property_PolicyNumb-	
PREMIUM	\$ \$12,345.67	\$ \$12,345.67	\$ \$12,345.67	erIdentifier_B[0] \$ \$12,345.67
EFFECTIVE DATE	PriorCoverage_GeneralLiability_Effec-	PriorCoverage_Automobile_Effective-	PriorCoverage_Property_EffectiveDat-	PriorCoverage_OtherLine_EffectiveDat-
EXPIRATION DATE		PriorCoverage_Automobile_Expiratio-	PriorCoverage_Property_ExpirationD-	PriorCoverage_OtherLine_ExpirationD-
CARRIER	PriorCoverage_GeneralLiability_Insu-		PriorCoverage_Property_InsurerFull-	PriorCoverage_OtherLine_InsurerFull-
POLICY NUMBER	Prior Overage GeneralLiability_Polic-	PriorCoverage_Automobile_PolicyNu-	Prior Coverage_Property_PolicyNumb-	PriorCoverage_OtherLine_PolicyNumb- erIdentifier_C[0]
PREMIUM	\$ \$12,345.67	\$ \$12,345.67	\$ \$12,345.67	\$ \$12,345.67
EFFECTIVE DATE	PriorCoverage_GeneralLiability_Effec-	PriorCoverage_Automobile_Effective-	PriorCoverage_Property_EffectiveDat-	PriorCoverage_OtherLine_EffectiveDat-
EXPIRATION DATE				PriorCoverage_OtherLine_ExpirationD- ate_C[0]
	CARRIER  POLICY NUMBER  PREMIUM  EFFECTIVE DATE  EXPIRATION DATE  CARRIER  POLICY NUMBER  PREMIUM  EFFECTIVE DATE	CARRIER PriorCoverage_GeneralLiability_InsurerFullName_B[0] PriorCoverage_GeneralLiability_PolicyNumber GeneralLiability_PolicyNumberIdentifier_B[0] \$ \$12,345.67  EFFECTIVE DATE EXPIRATION DATE EXPIRATION DATE CARRIER PriorCoverage_GeneralLiability_ExpirationDate_B[0] PriorCoverage_GeneralLiability_InsurerFullName_C[0] PriorCoverage_GeneralLiability_InsurerFullName_C[0] PriorCoverage_GeneralLiability_PolicyNumberIdentifier_C[0] \$ \$12,345.67  EFFECTIVE DATE PriorCoverage_GeneralLiability_Effec-	CARRIER  PriorCoverage_GeneralLiability_InsurerF-uillName_B[0]  POLICY NUMBER  PriorCoverage_GeneralLiability_Polic-yNumberIdentifier_B[0]  PriorCoverage_GeneralLiability_EffectiveDate_B[0]  EXPIRATION DATE  CARRIER  PriorCoverage_GeneralLiability_Expir-stionDate_B[0]  PriorCoverage_GeneralLiability_Expir-stionDate_B[0]  PriorCoverage_GeneralLiability_Expir-stionDate_B[0]  PriorCoverage_GeneralLiability_InsurerF-uilName_E(0]  PriorCoverage_GeneralLiability_Polic-yNumberIdentifier_C[0]  PREMIUM  \$ \$12,345.67  \$ \$12,345.67  PriorCoverage_Automobile_InsurerF-uilName_C[0]  PriorCoverage_Automobile_InsurerF-uilName_C[0]  PriorCoverage_Automobile_InsurerF-uilName_C[0]  PriorCoverage_Automobile_PolicyNumberIdentifier_C[0]  \$ \$12,345.67  \$ \$12,345.67  EFFECTIVE DATE  PriorCoverage_GeneralLiability_EffectiveDate_C[0]  PriorCoverage_Automobile_EffectiveDate_C[0]  PriorCoverage_Automobile_EffectiveDate_C[0]	PriorCoverage_GeneralLiability_InsurerFullName_Bf(0) POLICY NUMBER POLICY NUMBER POLICY NUMBER PREMIUM PriorCoverage_GeneralLiability_FolicyNumberIdentifier_Bf(0) PriorCoverage_GeneralLiability_EffectiveDate_Bf(0) EXPIRATION DATE PriorCoverage_GeneralLiability_InsurerFullName_Bf(0) PriorCoverage_GeneralLiability_ExpirationDate PriorCoverage_GeneralLiability_InsurerFullName_Bf(0) PriorCoverage_GeneralLiability_ExpirationDate PriorCoverage_GeneralLiability_InsurerFullName_Cf(0) PriorCoverage_GeneralLiability_FolicyNumberIdentifier_Cf(0) PriorCoverage_GeneralLiability_FolicyNumberIdentifier_Cf(0) PREMIUM \$ \$12,345.67 PriorCoverage_GeneralLiability_FolicyNumberIdentifier_Cf(0) PriorCoverage_GeneralLiability_FolicyNumberIdentifier_Cf(0) PREMIUM \$ \$12,345.67 PriorCoverage_GeneralLiability_EffectiveDate_Gf(0) PriorCoverage_GeneralLiability_EffectiveDate_Gf(0) PriorCoverage_GeneralLiability_EffectiveDate_Gf(0) PriorCoverage_GeneralLiability_EffectiveDate_Gf(0) PriorCoverage_GeneralLiability_Expir-PriorCoverage_Automobile_Expiration PriorCoverage_Property_EffectiveDate_Gf(0) PriorCoverage_Automobile_EffectiveDate_Gf(0) PriorCoverage_Property_EffectiveDate_Gf(0) PriorCoverage_Property_ExpirationDeriorCoverage_Property_Ex

X Check if none (Attach Loss Summary for Additional Loss Information) LOSS HISTORY

ENTER ALL CLAIMS		TOTAL LOSSES: \$ \$12,	345.67					
DATE OF OCCURRENCE	LINE	TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	SUBRO- GATION Y/N	CLAIM OPEN Y/N	
04/19/2024	LineOfBus	LossHistory_OccurrenceDescription_A[0]	04/19/2024	\$12,345.67	\$12,345067History_Clasism	Bitatory_SCII:	inonsataitourss	<b>;</b> Офе <u>г</u> А(
04/19/2024	LineOfBus LessHigtory	LossHistory_OccurrenceDescription_B[0]	04/19/2024	\$12,345.67	\$12,345067History_Cllaists	Bitatorsy_SCII:	inonsataitours C	[OperK]
04/19/2024	Toss History	LossHistory_OccurrenceDescription_C[0]	04/19/2024	\$12,345.67	\$12,345067History_Clasism	Bitatorsy_SCIE	inon@ataitours@	<b>.</b> Døe <u>r</u> Q

SIGNATURE

X 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.)

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)

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)	PRODUCER'S NAME (Please Print)				
	Robin W. Smith		Producer_StateLicenseIdentifi-			
APPLICANT'S SIGNATURE		DATE	NATIONAL PRODUCER NUMBER			
			Producer_NationalIdentifier_A[0]			