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PHO	SME	444-33	33						Robin W. Smith Insurer_Under							derwriter_	riter_OfficeIdentifier_A[0]					
	FAX (A/C, No): Producer_FaxNumber_A[0]						X QU				JOTE	TE X ISSUE POLI					X F	RENEW				
E-M	E-MAIL ADDRESS: testy@example.com						STATUS OF X BO			UND	ID (Give Date and/or Attach Copy):			Сору):	_							
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AGENCY CUSTOMER ID: Producer_CustomerIdentifier_A[0]

CON	ITACT IN	ORI	MATION												
CONTACT TYPE: NamedInsured_Contact_ContactDescription_A[0]								CONTACT TYPE: NamedInsured_Contact_ContactDescription_B[0]							
CONTACT NAME: Robin W. Smith								CONTACT NAME: Robin W. Smith							
PRIMARY HOME WE BUS WE CELL SECONDARY HOME BUS WE CELL						CELL	PRIMARY X HOME X BUS X CELL				SECONDARY X HOME X BUS X CELL				
(555	5) 444-3333			(555) 444	-3333			(555) 4	44-3333			(555) 444-333	33		
PRIM	ARY E-MAIL A	DDRE	ss: testy@e	example.com				PRIMARY	E-MAIL ADI	DRESS:	testy@examp	le.com			
	ECONDARY E-MAIL ADDRESS: testy@example.com								ARY E-MAIL		. testy@exam	ple.com			
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1a.	IS THE APPLIC	ANT A SUBS	SIDIARY OF ANOTHER	ENTIT	ΓΥ ?						Com	merci	ialPolicy	_Ques	tion_/
	PARENT COMPA	NY NAME						1	RELATIONSHIP D	ESCRIPTION	% O\	VNED			
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1b.	DOES THE APP	PLICANT HAV	VE ANY SUBSIDIARIES	?					n_A[0]		Com	merci	ialPolicy	_Ques	tion_
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9.	HAS APPLICAN	IT HAD A FO	RECLOSURE, REPOSS	SESSI	ON, BANKRUPTCY OR F	FILED I	FOR BAN	KRUF	TCY DURING	THE LAST FIVE (5) YEARS?	Com	merci	alPolicy	_Quest	ion_l
	OCCUR DATE	EXPLANATION	ON					RES	OLUTION		RESOLVE	DATE			
	05/02/2024	Commercia	alPolicy_ForeclosureReposs	essior	nBankruptcyExplanation_A[0)]		Со	ommercialPolicy_F	oreclosureRepossessionBank-	05/02/2	024			
	05/02/2024	Commercia	alPolicy_ForeclosureReposs	essior	nBankruptcyExplanation_B[0	0]				oreclosureRepossessionBank-	05/02/2	024			
10.	HAS APPLICAN	IT HAD A JUI	DGEMENT OR LIEN DU	RING	THE LAST FIVE (5) YEA	ARS?		ru	ptcy_ResolutionD	escription_B[0]	Com	merci	alPolicy	_Ques	tion_l
	OCCUR DATE	EXPLANATION	ON					RES	OLUTION		RESOLVE		¬ 1		
	05/02/2024 CommercialPolicy_JudgementOrLienExplanation_A[0] CommercialPolicy_JudgementOrLien_ResolutionD-								-						
	05/02/2024		alPolicy_JudgementOrLienE					es Co	cription_A[0] ommercialPolicy [udgementOrLien_ResolutionD-	05/02/2		-		
11						t FullNie	ma a DIO1		cription_B[0]				alDalia	Ouest	-
					TRUST: AdditionalInterest			SOL	D / DISTRIBI ITI	ED IN FOREIGN COUNTRIE	00		alPolicy		-1
12.					ACORD 816 for Property E			JOL	D/DISTRIBUTI	LD IN FOREIGN COONTRIL	G: Com	mercia	alPolicy	_Quest	ion_i
13.	,				S FOR WHICH COVERAGE			UEST	ED?		Com	mercia	alPolicy	Quest	ion_k
													1		1
Co	mmercialPolicy_Ap	plicantOtherE	BusinessVenturesCoverage	NotRe	questedExplanation_A[0]										
14.	DOES APPLICA	NT OWN / I	EASE / OPERATE ANY	DRO	NES? (If "YES", describe	use)					Com	mercia	alPolicy	Quest	ion k
			easeOperateDronesExplana		•	/									
		,	The same and a second second	/	e e									1	

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

 $Commercial Policy_Remark Text_A[0]$

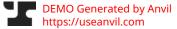
PRIOR CARRIER INFORMATION

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

 $Commercial Policy_Applicant Hire Others Operate Drones Explanation_A[0]$

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]	Name_A[0] PriorCoverage_Property_PolicyNumb- erIdentifier_A[0]	PriorCoverage_OtherLine_PolicyNumb- erIdentifier_A[0]
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- ationDate_A{0}	PriorCoverage_Automobile_Expiratio- nDate_A[0]	PriorCoverage_Property_ExpirationD- ate_A[0]	PriorCoverage_OtherLine_ExpirationD- ate_A[0]

CommercialPolicy_Question_KA



PRIOR CARRIER INFORMATION (continued)

AGENCY CUSTOMER ID: Producer_CustomerIdentifier_A[0]

der B den(C

	· •/	tina i ioit (continucu)			
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	rerFullName_B[0] PriorCoverage_GeneralLiability_Polic- yNumberIdentifier_B[0]	ullName_B[0] PriorCoverage_Automobile_PolicyNu- mberIdentifier_B[0]	Name_B[0] PriorCoverage_Property_PolicyNumb- erIdentifier_B[0]	PriorCoverage_OtherLine_PolicyNumb- erIdentifier_B[0]
PriorC-	PREMIUM	\$ \$12,345.67	\$ \$12,345.67	\$ \$12,345.67	\$ \$12,345.67
overa- ge_Po-	EFFECTIVE DATE	PriorCoverage_GeneralLiability_Effec-	PriorCoverage_Automobile_Effective-	PriorCoverage_Property_EffectiveDat-	PriorCoverage_OtherLine_EffectiveDat-
licyYe- ar B[0]	EXPIRATION DATE	tiveDate_B[0] PriorCoverage_GeneralLiability_Expir-	Date_B[0] PriorCoverage_Automobile_Expiratio-	ata P[0]	e_B[0] PriorCoverage_OtherLine_ExpirationD-
	CARRIER	PriorCoverage_GeneralLiability_Insu-	PriorCoverage_Automobile_InsurerF-	PriorCoverage_Property_InsurerFull-	PriorCoverage_OtherLine_InsurerFull-
	POLICY NUMBER	rerFullName_C[0] PriorCoverage_GeneralLiability_Polic-yNumberIdentifier_C[0]	ullName_C[0] PriorCoverage_Automobile_PolicyNu- mberIdentifier_C[0]	Name_C[0] PriorCoverage_Property_PolicyNumb- erIdentifier_C[0]	Name_C[0] PriorCoverage_OtherLine_PolicyNumb- erIdentifier_C[0]
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 C[0]	EXPIRATION DATE	tiveDate_C[0] PriorCoverage_GeneralLiability_ExpirationDate_C[0]	Date_C[0] PriorCoverage_Automobile_Expiratio- nDate_C[0]	PriorCoverage_Property_ExpirationD- ate_C(0)	PriorCoverage_OtherLine_ExpirationD-

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	
05/02/2024	LossHistory _LineOfBus	LossHistory_OccurrenceDescription_A[0]	05/02/2024	\$12,345.67	\$12,3415067History_Cllapisra	Bitators <u>y S</u> Ola	inon/Sataitours(_ D ¢
05/02/2024	InssHigtory	LossHistory_OccurrenceDescription_B[0]	05/02/2024	\$12,345.67	\$12,345067History_Clasism	Bitatorsy_SCIIa	inon/Sataitours(_Dpd
05/02/2024	Figs History	LossHistory_OccurrenceDescription_C[0]	05/02/2024	\$12,345.67	\$12,345067History_Clasism	Bitators <u>y S</u> CIIa	inon@ataitours@	ДОф

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]			