

AGENCY CUSTOMER ID:

COMMERCIAL GENERAL LIABILITY SECTION

POLICY NUMBER

CARRIER

	O A A A A A A A A A A A A A A A A A A A
EFFECTIVE DATE	APPLICANT / FIRST NAMED INSURED

NAIC CODE

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.

COVEF	RAGES				LIMITS								
COM	MERCIAL GE	NERAL LIABILITY			GENERAL AGGREG	ATE				\$			PREMIUMS
	CLAIMS MAD	DE	OCCURRENCE		LIMIT APPLIES PER	Е Р	OLICY		LOCATI	ON		PREMISES	OPERATIONS
OWN	IER'S & CON	TRACTOR'S PROTE	ECTIVE			P	ROJECT		OTHER:	:			
					PRODUCTS & COMP	LETED OPE	RATIONS	AGGR	EGATE	\$		PRODUCT	S
DEDUCTI	BLES				PERSONAL & ADVE	RTISING INJ	URY			\$			
PRO	PERTY DAM	AGE \$			EACH OCCURRENC	E				\$		OTHER	
BOD	ILY INJURY	\$		PER CLAIM	DAMAGE TO RENTE	D PREMISE	S (each oc	curren	ce)	\$			
		\$		PER OCCURRENCE	MEDICAL EXPENSE	(Any one pe	rson)			\$		TOTAL	
					EMPLOYEE BENEFI	тѕ				\$			
	\$												
OTHER C	OTHER COVERAGES, RESTRICTIONS AND/OR ENDORSEMENTS (For hired/non-owned auto coverages attach the applicable state Business Auto Section, ACORD 137)												
APPLICA	BLE ONLY IN	WISCONSIN: IF N	ON-OWNED ONLY	AUTO COVER	AGE IS TO BE PROVI	DED UNDER	THE POL	CY:					
1. UM/U	M COVERAG	E IS	IS NOT AVAIL	ABLE.	2. MEDICAL F	AYMENTS (OVERAG	E	IS	IS NOT A	AILABLE.		
SCHED	ULE OF I	HAZARDS (A	CORD 211, Se	chedule of	f Hazards, may	be attach	ned if m	ore s	space	is required)			
LOC #	HAZ#	CLASS	PREMIUM	EV	POSURE	TERR			RA	TE		PREMIUM	
LUC #	TIAL #	CODE	BASIS		TOSURE	TERR	PRI	EM / OF	PS	PRODUCTS	PREM	/ / OPS	PRODUCTS
CLASSIFI	CLASSIFICATION DESCRIPTION												
		CLASS	PREMIUM			TEDD			RA	TE		PRE	міим

LOC #	HAZ #	CLASS	PREMIUM								PREMIUM EXPOSIBE TERP	AIE	PREMIUM	
100 #	1142 #	CODE	BASIS	EXFOSORE	I EKK	PREM / OPS	PRODUCTS	PREM / OPS	PRODUCTS					
CLASSIFIC	CLASSIFICATION DESCRIPTION													

		01.400	PREMIUM			R	ATE	PRE	мим	
LOC #	HAZ #	CLASS CODE	BASIS	EXPOSURE	TERR	PREM / OPS	PRODUCTS	PREM / OPS	PRODUCTS	

CLASSIFICATION DESCRIPTION

RATING AND PREMIUM BASIS	(P) PAYROLL - PER \$1,000/PAY	(C) TOTAL COST - PER \$1,000/COST	(U) UNIT - PER UNIT
(S) GROSS SALES - PER \$1,000/SALES	(A) AREA - PER 1,000/SQ FT	(M) ADMISSIONS - PER 1,000/ADM	(T) OTHER
CLAIMS MADE (Explain all "Yes	" responses)		

EXPLAIN ALL "YES" RESPONSES Y/N 1. PROPOSED RETROACTIVE DATE: 2. ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COVERAGE: 3. HAS ANY PRODUCT, WORK, ACCIDENT, OR LOCATION BEEN EXCLUDED, UNINSURED OR SELF-INSURED FROM ANY PREVIOUS COVERAGE? 4. WAS TAIL COVERAGE PURCHASED UNDER ANY PREVIOUS POLICY? EMPLOYEE BENEFITS LIABILITY

1. DEDUCTIBLE PER CLAIM: \$ 3. NUMBER OF EMPLOYEES COVERED BY EMPLOYEE BENEFITS PLANS: 2. NUMBER OF EMPLOYEES: 4. RETROACTIVE DATE: Attach to ACORD 125 © 1993-2016 ACORD CORPORATION. All rights reserved.

ACORD 126 (2016/09)

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CONTRACTORS								
EXPLAIN ALL "YES" RESPONSES	For all past or present operat	ions)						Y/N
1. DOES APPLICANT DRAW	PLANS, DESIGNS, OR S	PECIFICATIONS FOR	OTHERS?					
2. DO ANY OPERATIONS INC	CLUDE BLASTING OR UT	ILIZE OR STORE EX	PLOSIVE MA	TERIAL?				
3. DO ANY OPERATIONS INC								
3. DO ANT OF ERATIONS INC	LODE EXCAVATION, TO	MINELING, UNDERGI						
4. DO YOUR SUBCONTRACT	ORS CARRY COVERAG	ES OR LIMITS LESS	THAN YOUR	(S?				
5. ARE SUBCONTRACTORS	ALLOWED TO WORK W	ITHOUT PROVIDING	YOU WITH A	A CERTIFIC	ATE OF INSURA	ANCE?		
6. DOES APPLICANT LEASE	EQUIPMENT TO OTHER	S WITH OR WITHOU	T OPERATC	RS?				
DESCRIBE THE TYPE OF WORK SU	JBCONTRACTED	\$ PAID TO SUB- CONTRACTORS:		% OF	WORK ONTRACTED:	# FULL- TIME STAFF:	# PART- TIME STAFF:	
		CONTRACTORS:		SUBC	UNTRACTED:	TIME STAFF:	TIME STAFF:	
PRODUCTS / COMPLET			TIME IN	EXPECTED				
PRODUCTS	ANNUAL GROSS SALES	# OF UNITS	TIME IN MARKET	EXPECTED	INTE	NDED USE	PRINCIPAL COMPONENT	S
EXPLAIN ALL "YES" RESPONSES (For all past or present produc	cts or operations) PLEA	SE ATTACH LI	TERATURE, B	ROCHURES, LABE	LS, WARNINGS, ETC.		Y/N
1. DOES APPLICANT INSTAI	LL, SERVICE OR DEMON	STRATE PRODUCTS	5?					
2. FOREIGN PRODUCTS SO	LD, DISTRIBUTED, USE	D AS COMPONENTS	? (If "YES", a	attach ACOR	RD 815)			
3. RESEARCH AND DEVELO					,			
								_
4. GUARANTEES, WARRAN	TIES, HOLD HARIVILESS	AGREEMENTS?						
5. PRODUCTS RELATED TO	AIRCRAFT/SPACE INDU	JSTRY?						
6. PRODUCTS RECALLED, D	DISCONTINUED, CHANG	ED?						
7. PRODUCTS OF OTHERS	SOLD OR RE-PACKAGE	D UNDER APPLICAN	T LABEL?					
8. PRODUCTS UNDER LABE								_
8. FRODUCTS UNDER LABE	L OF OTHERS?							
9. VENDORS COVERAGE R	EQUIRED?							
10. DOES ANY NAMED INSUF	RED SELL TO OTHER NA	MED INSUREDS?						

AD	DITIONAL INTEREST /	CERTIFICATE	RECIPIENT		ACORD	45	attached	for addi	tional	names	5				
INTE	REST	NAME AND ADDRE	SS RANK:	EVIDI	ENCE:	CER	TIFICATE						INTEREST IN	I ITEM NUMBE	R
	ADDITIONAL INSURED											LOCATI	ON:	BUILDING:	
	EMPLOYEE AS LESSOR											ITEM CLASS:		ITEM:	
	LENDER'S LOSS PAYABLE												SCRIPTION	-	
	LIENHOLDER														
	LOSS PAYEE														
	MORTGAGEE														
	REFERENCE / LOAN #:														
GF	GENERAL INFORMATION														
	LAIN ALL "YES" RESPONSES (I		nt operations)												Y/N
				SIO	NALS EMPLO	DYE	ED OR CO	NTRACTE	D?						
	1. ANY MEDICAL FACILITIES PROVIDED OR MEDICAL PROFESSIONALS EMPLOYED OR CONTRACTED?														
2.	ANY EXPOSURE TO RAD	IOACTIVE/NUCLE	AR MATERIALS?												
3	DO/HAVE PAST, PRESEN			S IN		TOF	RING TRE		ISCHAR	GING		ING DIS	POSING OR		
0.	TRANSPORTING OF HAZ							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		ionito,					
4.	ANY OPERATIONS SOLD,	ACQUIRED, OR	DISCONTINUED II	N LAS	ST FIVE (5)	/EA	RS?								
5.	DO YOU RENT OR LOAN E		 THERS?												
	EQUIPMENT							Т	YPE OF E	EQUIPM	ENT		INSTRUCTION	GIVEN (Y/N)	
								SMALL T						0.1 (,	
								SMALL T							
6	ANY WATERCRAFT, DOC				=D2			OWALL I		LA.					
0.	ANT WATERONALI, DOO				_D:										
7	ANY PARKING FACILITIES														
1.		5 OWNED/REINTE	.0:												
Q	IS A FEE CHARGED FOR														
0.	IS AT LE CHARGED I OR	FARRING:													
0															
9.	RECREATION FACILITIES	PROVIDED?													
10				-		-0"									
10.	ARE THERE ANY LODGIN					:5",	, answer the	e following)):						
	# APTS TOTAL APT /		E OTHER LODGING O	PERA	TIONS										
		Sq. Ft.													
11.	IS THERE A SWIMMING PO														
	APPROVED FENCE	LIMITED ACCES	S DIVING BO	ARD	SLIDE		ABOVE	GROUND	IN	GROUN)	LIFE GU	JARD		
12.	ARE SOCIAL EVENTS SP	ONSORED?													
13.	ARE ATHLETIC TEAMS SP		1		1	-								1	
	TYPE OF SPORT	CONTACT SPORT (Y/N)	AGE GROUP		13 - 18	יד	YPE OF SPO	RT		CON1 SPOR1		AGE GRO	UP	13 - 18	
			12 & UNDER	\vdash	OVER 18						. ,	12 &	UNDER	OVER 18	
	EXTENT OF SPONSORSHIP:					E	XTENT OF S	PONSORSH	IIP:						
14.	ANY STRUCTURAL ALTER	RATIONS CONTE	MPLATED?												
15	15. ANY DEMOLITION EXPOSURE CONTEMPLATED?														
10.	IS. ANT DEWOLFTON LAFOGULE CONTEMPLATED:														

AGENCY CUSTOMER ID:

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GENERAL INFORMATION (continued)

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)							
16. HAS APPLICANT BEEN ACTIVE IN OR IS CURRENTLY ACTIVE IN JOINT VENTURES?							
17.	DO YOU LEASE EMPLOYEES TO OR FROM OTHEI	R EMPLOYERS?					
	LEASE TO	WORKERS COMPENSATION COVERAGE CARRIED (Y/N)	LEASE FROM	WORKERS COMPENSATION COVERAGE CARRIED (Y/N)			
18. IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS OR SUBSIDIARIES?							
19.	ARE DAY CARE FACILITIES OPERATED OR CON	TROLLED?					
20.	HAVE ANY CRIMES OCCURRED OR BEEN ATTE	MPTED ON YOUR PREMISE	S WITHIN THE LAST THRE	EE (3) YEARS?			
21. IS THERE A FORMAL, WRITTEN SAFETY AND SECURITY POLICY IN EFFECT?							
22. DOES THE BUSINESSES' PROMOTIONAL LITERATURE MAKE ANY REPRESENTATIONS ABOUT THE SAFETY OR SECURITY OF THE PREMISES?							

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

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) years.

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)	STATE PRODUCER LICENSE NO (Required in Florida)	
APPLICANT'S SIGNATURE		DATE	NATIONAL PRODUCER NUMBER