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<b>ACORD</b>	

ACORD <sup>®</sup>	BUSINESS AU	TO SECTION	1 '	мм/DD/YYYY) 21/2012	
AGENCY		CARRIER	•	NAIC CODE	
MERCER INSURANCE AGENCY					
POLICY NUMBER	EFFECTIVE DATE	NAMED INSURED(S)			
		Columbus Office Solutions LLC			
COVERAGES / LIMITS					
USE ACOR	D 137 FOR YOUR STATE TO PRO	OVIDE COVERAGES / LIMITS INFORMATION			
DRIVER INFORMATION A	·				

DRIVER INFORMATION ACORD 163 attached for additional drivers													
LIST AL	L DRIVERS, INCLUDING FAMILY ME	MBERS THAT DRIVE COM	PANY	VEHICLES, AND EMPL	OYEES	WHO D	RIVE OWN VEHICLES ON COMPA	NY BUS	SINESS.				
DRIVER #	NAME CITY, STATE AND ZIP	CODE SEX	SEX * MAR DATE OF BIRTH			YEAR LIC	DRIVERS LICENSE NUMBER/ SOCIAL SECURITY NUMBER	STATE	DATE HIRE	BROADEN NO-FAULT	DOC	USE VEH#	% USE
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2													
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			* MAF	RITAL STATUS / CIVIL	UNION	(if applic	cable)						

## GENERAL INFORMATION

EXP	LAIN AL	L "YES" RESPONSES					Y/N
1.		THE EXCEPTION OF ANY ENCUMBRANCES, ARE ANY VE TERED TO THE APPLICANT?	HICLES FOR W	/HICH I	NSURANCE IS REQUESTED NOT	SOLELY OWNED BY AND	
	VEH#	NAME OF OTHER OWNER		VEH#	NAME OF OTHER OWNER		
2.	DO OV	ER 50% OF THE EMPLOYEES USE THEIR AUTOS IN THE	BUSINESS?				N
3.	IS THE	RE A VEHICLE MAINTENANCE PROGRAM IN OPERATION	N?				
4.	ARE A	NY VEHICLES LEASED TO OTHERS?					N
5.	ANY C	AR MODIFIED / SPECIAL EQUIPMENT? (Include customize	d vans / pickups	)			
	VEH#	DESCRIPTION	COST \$	VEH#	DESCRIPTION	COST \$	
6.	ARE IC	CC (Interstate Commerce Commission), PUC (Public Utility Co	ommission) OR (	OTHER	FILINGS REQUIRED? (If "YES", a	ttach ACORD 194)	

AGENCY CUSTOMER ID: **GENERAL INFORMATION (continued)** Y/N **EXPLAIN ALL "YES" RESPONSES** 7. DO OPERATIONS INVOLVE TRANSPORTING HAZARDOUS MATERIAL? Ν ANY HOLD HARMLESS AGREEMENTS? Ν 9. ANY VEHICLES USED BY FAMILY MEMBERS? IF SO, IDENTIFY. 10. DOES THE APPLICANT OBTAIN MVR (Motor Vehicle Record) VERIFICATIONS? Υ 11. DOES THE APPLICANT HAVE A SPECIFIC DRIVER RECRUITING METHOD? Ν 12. ARE ANY DRIVERS NOT COVERED BY WORKERS COMPENSATION? Ν 13. ANY VEHICLES OWNED BUT NOT SCHEDULED ON THIS APPLICATION? 14. ANY DRIVERS WITH CONVICTIONS FOR MOVING TRAFFIC VIOLATIONS? APPLICABLE ONLY IN KANSAS: UNDER KANSAS LAW, THE FOLLOWING TRAFFIC VIOLATIONS ARE NOT REQUIRED TO BE REPORTED TO INSURERS: 1. A speeding violation of up to six (6) miles per hour (mph) that occurs in an area with a maximum posted speed limit from 30 mph through 54 mph, or 2. A speeding violation of up to ten (10) miles per hour (mph) that occurs in an area with a maximum posted speed limit from 55 mph through 75 mph. DRV # DATE (MM/DD/YYYY) TYPE PLACE (CITY, STATE) # YRS REV 15. HAS AGENT INSPECTED VEHICLES? Υ 16 ARE ALL VEHICLES TO BE INCLUDED IN THIS POLICY PART OF A FLEET? **DESCRIPTION OF GARAGE / STORAGE LOCATIONS** MAXIMUM DOLLAR VALUE SUBJECT TO LOSS 3700 Sulivant Av Columbus Oh 43215 ADDITIONAL INTEREST / CERTIFICATE RECIPIENT ACORD 45 attached for additional names INTEREST EVIDENCE: CERTIFICATE INTEREST IN ITEM NUMBER NAME AND ADDRESS RANK: \_\_\_ ADDITIONAL LOSS PAYEE INSURED EMPLOYEE AS LESSOR VEHICLE: LOCATION: OWNER LIENHOLDER REGISTRANT REFERENCE / LOAN #: INTEREST EVIDENCE: CERTIFICATE INTEREST IN ITEM NUMBER NAME AND ADDRESS RANK: ADDITIONAL LOSS PAYEE VEHICLE: LOCATION: INSURED EMPLOYEE AS LESSOR OWNER LIENHOLDER REGISTRANT REFERENCE / LOAN #: REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Note   State	VEHIC	F DE	SCRIP	TION	ACO	RD 129 att	ached	for addi	tiona	l vehicles	AGENCY (	CU	STOM	ER	ID:	Colu	iiibu.	<u> </u>		00.0	ıtıoı	13 L		
1 2007   SOCIETY   COLUMBUS   FAITHEST TERMINAL   SOCIETY   COLUMBUS   FAITHEST TERMINAL   SOCIETY   SOCIE							401104									VEHI	CLE T	/PE			SYM /	AGE	COMP / OTC SYM	COLL
SOURCE   STATE   SOURCE   SO	1																SPEC	X	сом	L				
1700   SULVENTLAW   COST HERE   CONTROL   COST HERE		G	EET (Req	uired ir	n KY)		CITY		COUNTY															
Description   Communication		37	00 Sul	vant	Av		Col	umbus				$\perp$	Frank	lin	1						(	ЭН	43215	5
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2 2007 MODEL TRAILER  V.H. IGNOV23107D207310  PP SPEC   X COMM*   SPEC   X	WORK/S	CHOOL				DR/C		BODY											REM: \$				COMP /	COLL
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VEAR   MARKE   COMPY   STATE   ZP   STATE	DRIVE TO	CHOOL	<	15 MILE	ES 15 MILE	e NET	VEH	MOTOR		COFL		_					_	AI PE	PEM- ¢			Ψ		001
3 2002 MODEL: TRAILER  WINN: 1GCDM19X02B117662   PP   SPEC   X   COM.    AAAAANA 3700 SUIIVANT AV  COLUMBUS  FRANKLIN  TERR  GVW / GCW  CLASS  SIC FACTOR   SEAT CP   RADIUS  FRANKLIN  FOR HIRE   CEVERAGES   ADDI, NO.    PLEASURE   RETAIL   FOR HIRE   CEVERAGES   FOR MINISTRANCE OF THE WAY.    PLEASURE   COMMIL   FOR HIRE   CEVERAGES   FOR MINISTRANCE OF THE WAY.    PLEASURE   COMMIL   FOR HIRE   CEVERAGES   FOR MINISTRANCE OF THE WAY.    PLEASURE   COMMIL   FOR HIRE   CEVERAGES   FOR MINISTRANCE OF THE WAY.    PLEASURE   RETAIL   FOR HIRE   CEVERAGES   FOR MINISTRANCE OF THE WAY.    PLEASURE   RETAIL   FOR HIRE   CEVERAGES   FOR MINISTRANCE OF THE WAY.    PLEASURE   RETAIL   FOR HIRE   CEVERAGES   FOR MINISTRANCE OF THE WAY.    PLEASURE   RETAIL   FOR HIRE   CEVERAGES   FOR MINISTRANCE OF THE WAY.    PLEASURE   RETAIL   FOR HIRE   CEVERAGES   FOR MINISTRANCE OF THE PURPOSE OF MISS AND APPLICATION FOR INSURANCE OF THE PURPOSE OF MISS AND APPLICATION FOR INSURANCE OF THE PURPOSE OF MISS AND APPLICATION FOR INSURANCE OF THE PURPOSE OF MISS AND APPLICATION FOR INSURANCE OF THE PURPOSE OF MISS AND APPLICATION FOR INSURANCE OF THE PURPOSE OF MISS AND APPLICATION FOR INSURANCE OF THE PURPOSE OF MISS AND APPLICATION FOR INSURANCE OF THE PURPOSE OF MISS AND APPLICATION FOR INSURANCE OF THE PURPOSE OF MISS AND APPLICATION FOR INSURANCE OF THE PURPOSE OF MISS AND APPLICATION FOR INSURANCE OF THE PURPOSE OF MISS AND APPLICATION FOR INSURANCE OF THE PURPOSE OF THE PURPOSE OF			MAKE	: Ch	evy Astro	DNO	к.	BODY	van							VEHI			<u> </u>		SYM /	AGE	COMP /	COLL
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FARM   SERVICE   PAUT   WOTOR   SPEC   FTW   COLL   \$ \$ COL	WORK/S VEH#  GARAGIN ADDRESS LIC STATE	YEAR  STR	MAKE MODE EET (Req	15 MILE	n KY)	CLA	CITY	BODY TYPE: V.I.N.:		FACTOR	SEAT CP		COUNTY	<i>'</i>	RE	FARTI	TOT CLE TY SPEC	ERMI	COM		\$1	AGE TATE OH	COMP/OTC SYM  ZIP  432  COST NEW	215 v
DRIVETO WORK / SCHOOL    < 15 MILES   15 MILES   15 MILES   NET YEH DRICKS:  ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied) IN THE DISTRICT OF COLUMBIA, WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER 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.  IN KANSAS, ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED DO REPARES WITH KNOWLEDGE OR BELIEF THAI IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WITTEN STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSO	WORK / S VEH # GARAGIN ADDRESS LIC STATE	YEAR  STR	MAKE MODE EET (Req	15 MILE :: :L: uired ir	n KY)	CLA CHECK COVERAGE	CITY	BODY TYPE: V.I.N.:		FACTOR  UNDRINS MOTOR TOWNING	SEAT CP		COUNTY		RE	FARTI	TOT CLE TY SPEC	ERMII	COM	L	S1	AGE TATE OH	COMP/OTC SYM  ZIP  432  COST NEW	215 v
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IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.  IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.  PRODUCER'S SIGNATURE  PRODUCER'S NAME (Please Print)  STATE PRODUCER LICENSE NO (Required in Florida)	GARAGIN ADDRESS LIC STATE  USE PLE/ FARI DRIVE TO WORK / S ANY PE STATEI FACT N PENAL IN THE THE IN FALSE IN FLO APPLIC IN KAN BELIEF OR IN:	TEI ASURE MENT CI ITIES. (N DISTRISURER INFORI RIDA, ATION SAS, A THAT SUPPO	MAKE MODE EET (Req RR RE SE SE WHO K OF CLAII AL THEF IOTO ANY PE CONTA NY PE CONTA NY PE T WILL RT OF,	15 MILE  EL:  LI:  LI:  LI:  LI:  LI:  LI:	GVW / GCW  FOR HIRE  TAINING ANY TOO, DC, FL, FOR HIRE  FOR HIRE  TOO, DC, FL, FL, FL, FL, FL, FL, FL, FL, FL, FL	CLACK COVERAGE LIAB NO-FAULT ES+ NETT DRYC HINTENT MATERIALL II, KS, MA, M, III, IS A C PENALTIE ED TO A CL NGLY AND COMPLETE OR BY AN I OR BY AN I OR THE ISS	CITY  ASS  SS  VEH R: TO DEF Y FALS INCL AIM W WITH I NSURE UANCE	ADD'L NO-FAULT MED PAY UNINS MOTOR  FRAUD AN SE INFOR RANCE AG , OH, OK, G TO PROVII LUDE IMPI (AS PROV) INTENT IISLEADIN INTENT IISLEADIN INTENT TO ER, PURP E OF, OR	NY INSEMBLE IN INC. IN	FACTOR  UNDRINS MOTOR TOWING & LABOR SPEC C OF L  SURANCE C DN, OR COM HICH IS A CI T or WA; in L LSE OR MIS NMENT AND BY THE APF JURE, DEF FORMATION TOWN TOWN TOWN TOWN TOWN TOWN TOWN TO	F FT FTW COMPANY COMPA	OR TO SUI and OR	COUNTY  RADIUS  LSP COMP/ OTC COLL  ANOTH THE PUI BJECTS d VA, ins ORMAT IN ADDI PECEIVE F A FELC IS SES TO RES TO	HER RPC 3 TH Suran TION ONY O BE GEN ICY	PER RE FG PER NT TO NN, A NY IN TO NY OF E PR NT TI	FARTI INT INT INT INT INT INT INT INT INT I	SPEC  BED  STOTE	WEERMIII  AA  AL PE AA  AL PE AA  ANN AC PO A  ANN AC PO A  AC PO AC PO A  AC PO AC	COM  NAL  REM: \$ PPLICINFOL A STAREE. REEE. REEE. REEE. COM	ST //	STORY	S S OR IM	ZIP 432 COST NEW  COMP/ OTC  ISURANC CERNINC TANTIAL E DEFRAL E BENEFI  CLAIM C OWLEDG T AS PAR JRANCE,	COL OR AN GE OR AN OR A
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PRODUCER'S NAME (Please Print) (Required in Florida)	GARAGIN ADDRESS LIC STATE  USE  PLEA FARI DRIVE TO WORK / S ANY PE STATE IN THE IN FALSE IN FLO APPLIC IN KAN BELIEF OR IN : CLAIM CONTA CONCE IN MAS ANOTH THE PL A CRIM	CHOOL YEAR  G STR  ASURE M CHOOL ERSON MENT (CHOOL INTES. (N DISTRIS SURER INFORI RIDA, ATION SAS, A THAT SUPPO FOR PA IN MAT SUPPO FOR PA IN MAT ERNING ESACHL ER PEI IRPOSE E AND	MAKE MODE EET (Req RR  CO RE SE SE SE SE SE SE SE WHO K OF CLAII AL THEF IOTO THE IO	15 MILE  EL:  LICHAPPE AND A PROPERTY OF A PARA A FOR O CY FALL  CT MB  LICHAPPE AND A PARA A	GVW / GCW  FOR HIRE  FOR HIRE  IS 15 MILI  NGLY AND WIT  ITAINING ANY COMMITS A PER  OCO, DC, FL, F  MBIA, WARNING HER PERSON.  RIALLY RELAT  WHO, KNOW! ANY FALSE, IN  WHO, KNOW!  RISENTED TO  PLICATION FOR  THER BENEFI  SE INFORMAT  ATERIAL THER  RASKA, OREG  IN APPLICATION  IN APPLICATION  IN APPLICATION  THE PERSON	CLA  CHECK COVERAGE  NO- FAULT ES+ NET' DR/C  NO- FAULT ES+ NET' DR/C  H INTENT MATERIALL II, KS, MA, M, II, KS, MA, M, III, KS, MA, II	CITY  ASS  SS  VEH R:  TO DEF Y FALS INCL AIM W WITH I NSURE UANCE IT TO A ERNING UITS A F ERMON URANCE ERNING URANCE	BODY TYPE:  V.I.N.:  SIC  ADD'L NO- FAULT  MED PAY UNINS MOTOR  FRAUD AN SE INFOR RANCE AG , OH, OK, OF TO PROVIE LUDE IMPI AS PROVI INTENT ISLEADIN INTENT TO ER, PURP E OF, OR FRAUDULL STRAUDULL OF, OR TO PROVIE TO	IV INS	FACTOR  UNDRINS MOTOR TOWING & LABOR SPEC C OF L  SURANCE C DN, OR COM HICH IS A CI T or WA; in L LSE OR MIS NMENT AND BY THE APF JURE, DEF FORMATION D INSURER RATING OF POLICY FOI ATERIAL TH SURANCE DN WHO KN ENT OF CL	F FT FTW FTW FTW FTW FTW FTW FTW FTW FTW	DR D	COUNTY  RADIUS  LSP COMP/ OTC COLL  ANOTH THE PUI BJECTS dVA, ins ORMAT IN ADDI DECEIVE F A FELC ISSES TO RANY A CE POL AL OR F CONCE.  ND WITT ING AN' BE COM	IER RPC THE SUITE OF THE SUITE	PER RE R	FARTI INT INT IMB ISON F ISON	SPEC  SPEC  BED  STOTE	AA AA PE AN A ADEGE NO MAY WILL OR NO SE IN LENT	COM  NAL  REM: \$ PPLIC INFO A STA  REE.  REPARETE COM WHICE OF ANY FORM INSU	ST A	ACV  ACV  MMT  DN FO	S S S S S S S S S S S S S S S S S S S	COMP/OTC SYM  ZIP 432  COST NEW  COMP/OTC  ISURANC CERNINC TANTIAL  DEFRAL E BENEFI  CLAIM C OWLEDG T AS PAR JRANCE, DN KNOW INFORM/ COMPAN ONCEALS WHICH M.	SPEC COF COF COF COF COF COF COF COF COF CO
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