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BUSINESS AUTO SECTION

DATE (MM/DD/YYYY) 9/21/2012

	ILOO AO	10 02011014	9/2	1/2012
AGENCY		CARRIER		NAIC CODE
MERCER INSURANCE AGENCY				
POLICY NUMBER	EFFECTIVE DATE	NAMED INSURED(S)		
		Columbus Office Solutions LLC		

COVERAGES / LIMITS

USE ACORD 137 FOR YOUR STATE TO PROVIDE COVERAGES / LIMITS INFORMATION

LIST AI	ER INFORMATION ACOI		ned for additionary VEHICLES, AND EMP			ORIVE OWN VEHICLES ON COMP	ANY BUSI	NESS.				
RIVER #	*	SEX * MA	R	YRS	YEAR	DRIVERS LICENSE NUMBER/ SOCIAL SECURITY NUMBER	STATE	DATE HIRE	BROADEN NO-FAULT	DOC	USE VEH#	% USE
1	RANDY GEIGER	М	11/02/1974			RT190997	ОН					
2	REBER HAMILTON	М	09/15/1951			RM089046	ОН					
3	MARK HYLL	М	08/08/1958			RD345807	ОН					
4	JEFF KAMER	М	05/20/1967			RN398909	ОН					
5	EUGENE TERRELL	М	12/30/1972			RU710988	ОН					
6	MIKE MILLER	М	11/29/1967			RQ405101	ОН					
7	ROBERT S MILLER	М	12/12/1965			RQ405244	ОН					
8	WILLIAM SOPHER	м	04/17/1964			RN373264	ОН					
9	EARL WHITE	м	06/16/1959			RS737530	ОН					
10												

* MARITAL STATUS / CIVIL UNION (if applicable)

NERAL		

EXP	LAIN AL	L "YES" RESPONSES					Y/N
1.		THE EXCEPTION OF ANY ENCUMBRANCES, ARE ANY VEHI STERED TO THE APPLICANT?	CLES FOR WI	HICH IN	ISURANCE IS REQUESTED NOT SOLELY OWNED BY	AND	
	VEH#	NAME OF OTHER OWNER		VEH#	NAME OF OTHER OWNER		
2.	DO O\	/ER 50% OF THE EMPLOYEES USE THEIR AUTOS IN THE BI	USINESS?				N
3.	IS THE	RE A VEHICLE MAINTENANCE PROGRAM IN OPERATION?					
4.	ARE A	NY VEHICLES LEASED TO OTHERS?					N
5.	ANY C	CAR MODIFIED / SPECIAL EQUIPMENT? (Include customized v	ans / pickups)				
	VEH#	DESCRIPTION	COST	VEH#	DESCRIPTION	COST	
1		\$;			\$	
6.	ARE IC	CC (Interstate Commerce Commission), PUC (Public Utility Com	mission) OR C	THER	FILINGS REQUIRED? (If "YES", attach 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		
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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 TOO WORK / S ANY PE STATE IN THE IN FALSE IN FLO APPLIC IN KAN BELIEF OR IN S CLAIM CONTA	TEI ASURE M CHOOL ERSON MENT (IATERI ITIES. (N DISTRI SURFRI RIDA, ATION SAS, A THAT SUPPO FOR PA IN MAT	MAKE MODE EET (Req RR RE SE SE WHO K OF CLAII AL THEFI Iot applii CT OF (OR AN MATION ANY PE CONTA NY PEF IT WILL RT OF, RY MENT ERIALL	15 MILE ::: L: uired ir TAIL RVICE 15 MILE NOWII M CON RETO, cable in COLUM MATE RSON NING SON BE AF OR O Y FAL	GVW / GCW FOR HIRE IS 15 MILI NGLY AND WIT ITAINING ANY COMMITS A FF CO, DC, FL, IN HER PERSON. FRIALLY RELAT WHO KNOWI ANY FALSE, IN WHO, KNOWI RESENTED TO PULICATION FO THER BENEFIT SE INFORMAT	CHECK COVERAGE LIAB NO- HINTENT MATERIALL RAUDULENT II, KS, MA, N E: IT IS A C COMPLETE IGLY AND COMPLETE IGLY AND COMPLETE IGLY AND OR BY AN I OR THE ISS F PURSUAN ION CONCE	CITY ASS VEH R: TO DEF Y FALS F INSUI MN, NE S INCL AIM W WITH I NSURE UANCE UT TO A ERNING	BODY TYPE: V.I.N.: SIC ADD'L NO-FAULT MED PAY UNINS MOTOR FRAUD AN SE INFOR RANCE AC O, OO, OK, OK, OO PROVIE LUDE IMPI VAS PROVI INTENT TO INTENT TO INTENT TO ER, PURPI EO, OR INTENT TO EO, OR	NY INSEMBLE AND INCOME.	FACTOR UNDRINS MOTOR TOWNING & LABOR SPEC COF L SURANCE C DN, OR CON HICH IS A CI T OF WA; IN L LSE OR MIS SIMENT AND BY THE APF JURE, DEF TORMATION FRAUD, PRE D INSURER RATING OF POLICY FOI ATERIAL TH	FT FTW FTW FTW FTW FTW FTW FTW FTW FTW F	OR TO SUI and OR	COUNTY RADIUS LSP COMP/ OTC COLL ANOTH THE PUI BJECTS d VA, ins ORMATI IN ADDI BECEIVE F A FELL USES TO S ANY A CE POLAL OR F	HER RPC S TH ITIO ONY ONY O BE GEN ICY PER	PER RE FG PER NT TO NN, ANY IN TO PER PER NT TO PER NT	FARTI SON F OF MIS RSON N INSI NSURE THE T ESSEN PERSON AN INSI A	TOT TO SPEC SELECT TO CO. SELECT SELE	AA AL PF AN A A AL PF AN A CRES AN AN AL PF AN A	COM NAL BLES PPLICINFOINAL A STAREE. REPARECOMMHICI	ST //	STOP STOP STOP STOP STOP STOP STOP STOP	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 ISURANCE CERNING TANTIAL DEFRAL BENEFI CLAIM COWLEDG T AS PAR JRANCE, DN KNOW	SPEC COF COF COL COF COL COF COL COF COF COF COF COF COF COF COF COF COF
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