ACORD

AGENCY CUSTOMER ID:

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INTERCE INSURANCE AGENCY         INTERCE           POLICY TURDER         EFFECTIVE DUE         Serie CAM / Prest AMM / Prest NAME / RESULT           COURDER OF RESERVANCE         EFFECTIVE DUE         Serie CAM / Prest AMM / Prest NAME / RESULT           COURDER OF RESERVANCE         EFFECTIVE DUE         S 2,000,000         PRESERVANCE           COURDER NOT RECORDER OF RESERVANCE         EFFECTIVE DUE AND ADDER	AGEN	СҮ							CARRIER					10	-	
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COVERAGE         LIMITS           © OWERGIA COMMUNE         © OCURRENCE         PREMAX MOREGATE         \$ \$2,000,000         PREMAX SOUTHARTON'S PROTECTIVE           © OWERGIA COMMUNE         © OCURRENCE         PROCENT AUDITION STRUCTURE PRE-         \$ \$2,000,000         PROMOUS SOUTHARTON'S PROTECTIVE           © OWERGIA COMMUNE         © OWERGIA COMMUNE         \$ \$1,000,000         PROMOUS SOUTHARTON'S SOUTHARTON'S PROTECTIVE         PROMOUS SOUTHARTON'S SOUTHARTON'S PROTECTIVE         \$ \$1,000,000         PROMOUS SOUTHARTON'S	L						EFFECTIV		APPLICANT / FIRST	NAMED IN	ISURED					
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Independent of the second s					IS NOT	AVAILABLE.	2. MEDICA	AL PAYMEI	NTS COVERAGE	IS		S NOT AVAILABLE.				
Image         CLASSHCATION         COOPE         BASIS         EMOGURE         IERK         PREMOPS         PR			OF HAZAI	RDS												
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(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)       (T) OTHER       (T) OTHER         EXPLAIN ALL "YES" RESPONSES       Y/N         1. PROPOSED RETROACTIVE DATE:       Y/N         2. ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COVERAGE:       IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII																
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CLAIMS MADE (Explain all "Yes" responses)       Y/N         EXPLAIN ALL "YES" RESPONSES       Y/N         1. PROPOSED RETROACTIVE DATE:       Y/N         2. ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COVERAGE:       Y/N         3. HAS ANY PRODUCT, WORK, ACCIDENT, OR LOCATION BEEN EXCLUDED, UNINSURED OR SELF-INSURED FROM ANY PREVIOUS COVERAGE?       N         4. WAS TAIL COVERAGE PURCHASED UNDER ANY PREVIOUS POLICY?       Interview of the second seco														I		
EXPLAIN ALL "YES" RESPONSES       Y/N         1. PROPOSED RETROACTIVE DATE:	CLA	IMS MA	DE (Explai	in all "Y	es" respo	onses)										
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?  5. DEDUCTIBLE PER CLAIM: \$ 3. NUMBER OF EMPLOYEES COVERED BY EMPLOYEE BENEFITS PLANS: 3. NUMBER OF EMPLOYEES: 4. RETROACTIVE DATE:																Y/N
3. HAS ANY PRODUCT, WORK, ACCIDENT, OR LOCATION BEEN EXCLUDED, UNINSURED OR SELF-INSURED FROM ANY PREVIOUS COVERAGE?       N         4. WAS TAIL COVERAGE PURCHASED UNDER ANY PREVIOUS POLICY?       Image: Content of the state of t																
4. WAS TAIL COVERAGE PURCHASED UNDER ANY PREVIOUS POLICY?       Image: Content of the state of								D. UNINS	URED OR SELE-	INSURF	DEROM		COVER	AGE?		M
EMPLOYEE BENEFITS LIABILITY         1. DEDUCTIBLE PER CLAIM: \$       3. NUMBER OF EMPLOYEES COVERED BY EMPLOYEE BENEFITS PLANS:         2. NUMBER OF EMPLOYEES:       4. RETROACTIVE DATE:				,/				, 50		Seriel						14
1. DEDUCTIBLE PER CLAIM:       \$       3. NUMBER OF EMPLOYEES COVERED BY EMPLOYEE BENEFITS PLANS:         2. NUMBER OF EMPLOYEES:       4. RETROACTIVE DATE:	4. W	AS TAIL	COVERAGE	PURCH	ASED UNDE	R ANY PREVIO	US POLICY?									
1. DEDUCTIBLE PER CLAIM:       \$       3. NUMBER OF EMPLOYEES COVERED BY EMPLOYEE BENEFITS PLANS:         2. NUMBER OF EMPLOYEES:       4. RETROACTIVE DATE:																
2. NUMBER OF EMPLOYEES: 4. RETROACTIVE DATE:					LITY											
											COVERE	D BY EMPLOYEE	BENEF	ITS PLAN	IS:	
				ES:			A 44				011 004		ATION		hte reac	nvod

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CONTRACTORS								
EXPLAIN ALL "YES" RESPONS	SES (For all past or present opera	tions)						Y/N
1. DOES APPLICANT DR/	AW PLANS, DESIGNS, OR S	PECIFICATIONS FOR	R OTHERS?					N
2. DO ANY OPERATIONS	INCLUDE BLASTING OR U	TILIZE OR STORE EX	(PLOSIVE MA	ATERIAL?				N
3. DO ANY OPERATIONS	SINCLUDE EXCAVATION, T	JNNELING, UNDERG	ROUND WOR	RK OR EARTH	HMOVING?			N
4. DO YOUR SUBCONTR	ACTORS CARRY COVERAG	GES OR LIMITS LESS	THAN YOUR	S?				
No subcontractors								
5. ARE SUBCONTRACTO	ORS ALLOWED TO WORK W	ITHOUT PROVIDING	YOU WITH A	CERTIFICAT	E OF INSURA	NCE?		
6. DOES APPLICANT LEA	ASE EQUIPMENT TO OTHER	RS WITH OR WITHOU	JT OPERATO	RS?				Ν
DESCRIBE THE TYPE OF WOR	K SUBCONTRACTED	\$ PAID TO SUB- CONTRACTORS:		SUBCON	ORK NTRACTED:	# FULL- TIME STAFF:	# PART- TIME STAFF:	
PRODUCTS / COMPL				EXPECTED				
PRODUCTS	ANNUAL GROSS SALES	# OF UNITS	TIME IN MARKET	EXPECTED	INTE	NDED USE	PRINCIPAL COMPONENT	ΓS
used copiers	\$606,231							
•	. ,							
	SES (For all past or present produ			ITERATURE, BR	OCHURES, LABE	ELS, WARNINGS, ETC.		Y/N
1. DOES APPLICANT INS	STALL, SERVICE OR DEMO	NSTRATE PRODUCT:	5?					N
					0.45			
	SOLD, DISTRIBUTED, USE		,	attach ACORD	815)			N
3. RESEARCH AND DEV	ELOPMENT CONDUCTED C	DR NEW PRODUCTS	PLANNED?					N
4. GUARANTEES, WARR	RANTIES, HOLD HARMLESS	AGREEMENTS?						N
	TO AIRCRAFT/SPACE IND							
5. FRODUCIS RELATED	TO AIRCRAFI/SPACE IND	USIRT?						N
	D, DISCONTINUED, CHANG							-
0. FRODUCTS RECALLE	D, DISCONTINUED, CHANG							N
	RS SOLD OR RE-PACKAGE							N
	ING GOLD ON NE-FACINGE	D UNDER AFFEICAN	IT LADEL!					N
8. PRODUCTS UNDER L								
0. FRODUCTS UNDER L	ABEL OF OTHERS?							N
9. VENDORS COVERAG								
no vendors								N
	SURED SELL TO OTHER N							
	SOULD OFFICIATION OTHER IN							N
1								1

AD	DITIONAL INTEREST /	CERTIFICATE I	RECIPIENT	AC	ORD	45 attach	ed for a	dition	al na	mes				
INTE	REST	NAME AND ADDRES	S RANK:	EVIDENCE:		CERTIFICAT	E					INTEREST IN	ITEM NUMBER	
	ADDITIONAL INSURED										LOCAT		BUILDING:	
	EMPLOYEE AS LESSOR										ITEM CLASS	:	ITEM:	
	LIENHOLDER											ESCRIPTION		
	LOSS PAYEE													
	MORTGAGEE													
		REFERENCE / LOAN	#:											
GE	NERAL INFORMATION													
EXP	LAIN ALL "YES" RESPONSES (I	For all past or present	operations)											Y/N
1.	ANY MEDICAL FACILITIES	S PROVIDED OR N	IEDICAL PROFES	SSIONALS	EMPL	OYED OR	CONTRAC	TED?						N
2	ANY EXPOSURE TO RAD													
۷.	ANT EXPOSORE TO RAD	IOACTIVE/NOCEE/												N
3.	DO/HAVE PAST, PRESEN	T OR DISCONTINU	JED OPERATION	IS INVOLV	E(D) S	TORING, 1	REATING	, DISCH	IARGIN	NG, APPL	YING, DIS	POSING, OR		N
	TRANSPORTING OF HAZ	ARDOUS MATERIA	AL? (e.g. landfills,	wastes, fue	el tanks	s, etc)								
4.	ANY OPERATIONS SOLD,	ACQUIRED, OR D	ISCONTINUED II	N LAST FIV	/E (5)	YEARS?								Ν
5.	DO YOU RENT OR LOAN E	EQUIPMENT TO OT	HERS?				-							N
	EQUIPMENT							TYPE	OF EQU	JIPMENT		INSTRUCTION	GIVEN (Y/N)	
							SMAI	L TOOLS	8	LARGE E	QUIPMENT			
							SMAI	L TOOLS	~	LARGE E	QUIPMENT			
6.	ANY WATERCRAFT, DOC	KS, FLOATS OWN	ED, HIRED OR LI	EASED?										N
7.	ANY PARKING FACILITIES	S OWNED/RENTED	0?											
no														
8.	IS A FEE CHARGED FOR	PARKING?												Ν
9.	RECREATION FACILITIES	PROVIDED?												Ν
10.	ARE THERE ANY LODGIN				,	ES", answe	er the follow	/ing):						N
	# APTS TOTAL APT /		OTHER LODGING C	PERATIONS	6									
		Sq. Ft.												
11.	IS THERE A SWIMMING PO		È							<b>Г</b>				Ν
40		LIMITED ACCESS	DIVING BO	ARD	SLIDE	ABO	OVE GROUN	D	IN GRO	JUND	LIFE GU	JARD		
12.	ARE SOCIAL EVENTS SP	ONSORED?												N
13.	ARE ATHLETIC TEAMS SP													N
	TYPE OF SPORT	CONTACT SPORT (Y/N)	AGE GROUP	13 - 1	8	TYPE OF	SPORT		SF	CONTACT PORT (Y/N)	AGE GRO	UP	13 - 18	
			12 & UNDER	OVER	R 18							UNDER	OVER 18	
	EXTENT OF SPONSORSHIP:					EXTENT	F SPONSO	RSHIP:					1	
14.	14. ANY STRUCTURAL ALTERATIONS CONTEMPLATED?								N					
15.	ANY DEMOLITION EXPOS		ATED?											N

AGENCY CUSTOMER ID:

## **GENERAL INFORMATION (continued)**

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)	ations)			Y/N				
16. HAS APPLICANT BEEN ACTIVE IN OR IS CURRE	ENTLY ACTIVE IN JOINT VEN	ITURES?						
yessee all 7 companies								
17. DO YOU LEASE EMPLOYEES TO OR FROM OTHE	ER EMPLOYERS?			N				
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 CONTROLLED?								
20. HAVE ANY CRIMES OCCURRED OR BEEN ATTEMPTED ON YOUR PREMISES WITHIN THE LAST THREE (3) YEARS?								
21. IS THERE A FORMAL, WRITTEN SAFETY AND S	21. IS THERE A FORMAL, WRITTEN SAFETY AND SECURITY POLICY IN EFFECT?							
Only what is required by the City of Columbus, the State of Ohio and other govt agencies								
22. DOES THE BUSINESSES' PROMOTIONAL LITER			AFETY OR SECURITY OF THE PREMISES?	N				

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

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 MAY DENY INSURANCE BENEFITS, IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

IN FLORIDA, 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.

IN KANSAS, 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.

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.