Ą	COF	RD® COI	MMERCIA	AL GENE	ERAL	LIABIL	ITY S	SECTIO	N		E (MM/DD/YYYY) 0/10/2012	
AGEN					С	CARRIER					NAIC CODE	
		NSURANCE AGENCY										
POLIC	Y NUMBEI	R		EFFECTIVI		APPLICANT / FIRST	NAMED IN	SURED				
						Milmer Inc						
	ERAGE			LIMITS				¢2.000	000	<u> </u>		
COMMERCIAL GENERAL LIABILITY				GENERAL AGGR			٦	\$ \$2,000	,000		PREMIUMS PREMISES/OPERATIONS	
+		IS MADE OCCURRE	NCE	LIMIT APPLIES P	EK	POLICY	LOCATIO	DN		FREIWII3E3/O	FERATIONS	
⊢'	DWNER'S &	& CONTRACTOR'S PROTECTIVE		PRODUCTS 8 CC	OMBI ETED	PROJECT   OPERATIONS AGO	OTHER:	\$ \$2,000	000	PRODUCTS		
DEDU	CTIBLES			PERSONAL & AD			SKEGATE	\$ \$1,000		-		
		/ DAMAGE \$		EACH OCCURRE		SINJOKI		\$ \$1,000		OTHER		
	BODILY INJ		PER CLAIM			MISES (each occurr	rence)	\$	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$	PER OCCURRENCE	MEDICAL EXPEN		•		\$ \$5000		TOTAL		
OCCURRENCE				EMPLOYEE BEN				\$				
								\$				
	CABLE ON	NLY IN WISCONSIN: IF NON-OWNED	O ONLY AUTO COVE OT AVAILABLE.			DER THE POLICY:	IS	IS NO	Γ AVAILABLE.			
1. UM	/ UIM COV							IS NO	Γ AVAILABLE.			
1. UM SCH	/ UIM COV	/ERAGE IS IS NO	OT AVAILABLE.	2. MEDICA	AL PAYMEN				T AVAILABLE.	PRI	EMIUM	
1. UM SCH	/ UIM COV	/ERAGE IS IS NO	OT AVAILABLE.	2. MEDICA	AL PAYMEN	ITS COVERAGE	IS			PRE PREM/OPS	EMIUM PRODUCTS	
1. UM SCH	/ UIM COV	/ERAGE IS IS NO	OT AVAILABLE.	2. MEDICA	AL PAYMEN	ITS COVERAGE	IS	RA	TE			
SCH	/ UIM COV	/ERAGE IS IS NO	OT AVAILABLE.	2. MEDICA	AL PAYMEN	ITS COVERAGE	IS	RA	TE			
SCH	/ UIM COV	/ERAGE IS IS NO	OT AVAILABLE.	2. MEDICA	AL PAYMEN	ITS COVERAGE	IS	RA	TE			
SCH	/ UIM COV	/ERAGE IS IS NO	OT AVAILABLE.	2. MEDICA	AL PAYMEN	ITS COVERAGE	IS	RA	TE			
SCH	/ UIM COV	/ERAGE IS IS NO	OT AVAILABLE.	2. MEDICA	AL PAYMEN	ITS COVERAGE	IS	RA	TE			
SCH	/ UIM COV	/ERAGE IS IS NO	OT AVAILABLE.	2. MEDICA	AL PAYMEN	ITS COVERAGE	IS	RA	TE			
SCH	/ UIM COV	/ERAGE IS IS NO	OT AVAILABLE.	2. MEDICA	AL PAYMEN	ITS COVERAGE	IS	RA	TE			
SCH	/ UIM COV	/ERAGE IS IS NO	OT AVAILABLE.	2. MEDICA	AL PAYMEN	ITS COVERAGE	IS	RA	TE			
SCH	/ UIM COV	/ERAGE IS IS NO	OT AVAILABLE.	2. MEDICA	AL PAYMEN	ITS COVERAGE	IS	RA	TE			

CLAIMS MADE (Explain all "Yes" responses)

CLAIMS MADE (Explain all Tes 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?	N
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:

~	NITO	ACT	ORS
	11N I K	AL. I	URS

AGENCY CUSTOMER ID:
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EXPLAIN ALL "YES" RESPONSES (For all past or present operation	ns)			١	Y / N			
1. DOES APPLICANT DRAW PLANS, DESIGNS, OR SPECIFICATIONS FOR OTHERS?								
2. DO ANY OPERATIONS INCLUDE BLASTING OR UTILIZE OR STORE EXPLOSIVE MATERIAL?								
3. DO ANY OPERATIONS INCLUDE EXCAVATION, TUNNELING, UNDERGROUND WORK OR EARTH MOVING?								
4. DO YOUR SUBCONTRACTORS CARRY COVERAGES	OR LIMITS LESS THAN YOURS?							
No subcontractors								
5. ARE SUBCONTRACTORS ALLOWED TO WORK WITHOUT PROVIDING YOU WITH A CERTIFICATE OF INSURANCE?								
6. DOES APPLICANT LEASE EQUIPMENT TO OTHERS WITH OR WITHOUT OPERATORS?								
DESCRIBE THE TYPE OF WORK SUBCONTRACTED	\$ PAID TO SUB- CONTRACTORS:	% OF WORK SUBCONTRACTED:	#FULL- TIME STAFF:	# PART- TIME STAFF:				

PRODUCTS	ANNUAL GROSS SALES	# OF UNITS	TIME IN MARKET	EXPECTED LIFE	INTENDED USE	PRINCIPAL COMPONENTS
	ANNUAL GROSS SALES	# OF UNITS	MARKET	LIFE	INTENDED USE	PRINCIPAL COMPONENTS
no products						
EXPLAIN ALL "YES" RESPON	ISES (For all past or present produc	ts or operations) PLEA	SE ATTACH LI	TERATURE, BR	OCHURES, LABELS, WARNINGS, ETC.	Y/
1. DOES APPLICANT IN	STALL, SERVICE OR DEMON	STRATE PRODUCTS	3?			N
2 FOREIGN PROPUST	C COLD DICTDIDUTED LICE	AC COMPONENTS	) //f   \/\E\ \ -	-#b ACODD	045	
	S SOLD, DISTRIBUTED, USED VELOPMENT CONDUCTED OF			attach ACORD	815)	N N
o. 11202/11011/1102	VELOT MENT CONDUCTED OF	(NEW FRODUCTO)	L/ 1111LD .			IN .
4. GUARANTEES, WAR	RANTIES, HOLD HARMLESS A	AGREEMENTS?				N
5 PRODUCTS RELATE	D TO AIRCRAFT/SPACE INDU	STRY?				N
	2 10 1 III (010 III 1701 1102 II 120	· · · · · ·				· ·
6. PRODUCTS RECALL	ED, DISCONTINUED, CHANGE	ED?				N
7. PRODUCTS OF OTH	ERS SOLD OR RE-PACKAGED	UNDER APPLICAN	Γ LABEL?			N
8. PRODUCTS UNDER	LABEL OF OTHERS?					N
9. VENDORS COVERAC	GE REQUIRED?					N
no vendors						
40 0000 411/4145 :-	UNIDED OF L. TO OTHER WITH	AED INICIPEDES				
TU. DOES ANY NAMED II	NSURED SELL TO OTHER NA	VIED INSUREDS?				l N

## AGENCY CUSTOMER ID:

AD	ADDITIONAL INTEREST / CERTIFICATE RECIPIENT ACORD 45 attached for additional names													
INTE	REST	NAME AND ADDRE	SS RANK:	EVIDENCE:	•	CERTIF	ICATE					INTEREST II	N ITEM NUMBER	
	ADDITIONAL INSURED										LOCAT	ION:	BUILDING:	
	EMPLOYEE AS LESSOR										ITEM CLASS	:	ITEM:	
	LIENHOLDER										ITEM D	ESCRIPTION		
	LOSS PAYEE													
	MORTGAGEE													
		REFERENCE / LOA	N #:											
GE	NERAL INFORMATION	i												
EXP	LAIN ALL "YES" RESPONSES (	For all past or preser	nt operations)											Y/N
1.	ANY MEDICAL FACILITIES	S PROVIDED OR	MEDICAL PROFE	SSIONALS E	MPL	OYED	OR C	ONTRACTE	D?					N
1														
1														
<u> </u>	ANY EXPOSURE TO RAD	IOACTIVE AUTOLE	AD MATERIAL CO											
2.	ANT EXPOSURE TO RAD	IOACTIVE/NUCLE	TAR WATERIALS!											N
1														
1														
3.	DO/HAVE PAST, PRESEN	IT OR DISCONTIN	NUED OPERATION	NS INVOLVE	(D) S	TORIN	IG, TR	EATING, D	ISCHAR	GING, APPLY	/ING, DIS	POSING, OF	₹	N
1	TRANSPORTING OF HAZ	ARDOUS MATER	IAL? (e.g. landfills,	wastes, fuel	tanks	s, etc)								
1														
4.	ANY OPERATIONS SOLD	, ACQUIRED, OR	DISCONTINUED I	N LAST FIVE	(5)	YEARS	3?							N
1														
1														
1														
5.	DO YOU RENT OR LOAN I	EQUIPMENT TO C	THERS?											N
1	EQUIPMENT							1	YPE OF E	QUIPMENT		INSTRUCTION	GIVEN (Y/N)	
1								SMALL T	OOLS	LARGE EC	UIPMENT			
1								SMALL T	OOLS	LARGE EC	UIPMENT			
6.	ANY WATERCRAFT, DOC	KS, FLOATS OW	NED, HIRED OR L	EASED?								1		N
1														
1														
7.	ANY PARKING FACILITIE	S OWNED/RENTE	D?											
no														
1														
8.	IS A FEE CHARGED FOR	PARKING?												N
1														
9.	RECREATION FACILITIES	PROVIDED?												N
1														
10.	ARE THERE ANY LODGIN	IG OPERATIONS	INCLUDING APAF	RTMENTS?	(If "YI	ES", ar	nswer	the following	g):					N
1	# APTS TOTAL APT	AREA DESCRIBI	E OTHER LODGING O	PERATIONS										
		Sq. Ft.												
11.	IS THERE A SWIMMING P	OOL ON PREMISE	S? (Check all that	apply)							_			N
	APPROVED FENCE	LIMITED ACCES	S DIVING BO	ARD S	SLIDE		ABOV	E GROUND	IN G	GROUND	LIFE GI	JARD		
12.	ARE SOCIAL EVENTS SP	ONSORED?												N
13.	ARE ATHLETIC TEAMS SF	ONSORED?												N
1	TYPE OF SPORT	CONTACT	AGE GROUP	13 - 18		TYPE	OF SP	ORT		CONTACT	AGE GRO	UP	13 - 18	
1		SPORT (Y/N)	12 & UNDER	OVER 1						SPORT (Y/N)	12.0	UNDER	OVER 18	
	EVTENT OF SPONSOBSHID		12 & UNDER	OVER	10	EVTE	NT OF	CDONCODEL	JID.		12 α	UNDER	OVER 16	
1.4	ANY STRUCTURAL ALTE		MDI ATED2			EVIE	.NI UF	SPONSORSI	nr.					-
14.	ANT STRUCTURAL ALTE	INATIONS CONTE	.IVIFLATED?											N
1.5	ANY DEMOLITION EXPOS	SLIDE CONTENTO	ATED2											
15.	ANT DEMOCITION EXPO	JOINE GOINTEIMPL	-AILU!											N

GENERAL INFORMATION (continued)		AGENCY CUSTOMER	ID:							
EXPLAIN ALL "YES" RESPONSES (For all past or present operations)										
16. HAS APPLICANT BEEN ACTIVE IN OR IS CURR	ENTLY ACTIVE IN JOINT VEN	NTURES?								
yessee all 7 companies										
17. DO YOU LEASE EMPLOYEES TO OR FROM OTH	ER EMPLOYERS?			N						
LEASE TO  WORKERS COMPENSATION COVERAGE CARRIED (Y/N)  LEASE FROM COVERAGE CARRIED (Y/N)										
18. IS THERE A LABOR INTERCHANGE WITH ANY	OTHER BUSINESS OR SUBS	SIDIARIES?		N						
19. ARE DAY CARE FACILITIES OPERATED OR CC	NTROLLED?			N						
20. HAVE ANY CRIMES OCCURRED OR BEEN ATT	EMPTED ON YOUR PREMISE	ES WITHIN THE LAST THREE (3	3) YEARS?	N						
21. IS THERE A FORMAL, WRITTEN SAFETY AND	SECURITY POLICY IN EFFEC	T?		N						
Only what is required by the City of Colu	nbus, the State of Ohio	and other govt agencies	3							
22. DOES THE BUSINESSES' PROMOTIONAL LITE	RATURE MAKE ANY REPRES	SENTATIONS ABOUT THE SAFE	ETY OR SECURITY OF THE PREMISES?	N						
REMARKS (ACORD 101, Additional Remark	s Schedule, may be attac	ched if more space is requi	ired)							
I										

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.