AC	OR	D "		O					RMATIO				ATION	•		DAT	TE (MM/DI	ынн
AGENCY					CARRIER			NAIC CODE:			UNDERW	UNDERWRITER				RITER OFF.		
								LICIES OF F	DOCDAM DEOL	IFCT	TED				DOL 10	AU MADED		
					PO	POLICIES OR PROGRAM REQUESTED POLICY NUMBER												
					IND		IONS ATTACH			ELECTRONIC DATA PROC		TRUCKERS/MOTOR CARE		ARRIER				
							S RECEIVABLE PAPERS			4	QUIPMENT FLOATER			UMBRELLA				
PHONE					BUSINESS AUTO				-					CLE SCHEDULE KERS COMPENSATION				
(A/C, No	o, Ext):						\vdash	_				-	S AND SIGN LLATION/BUIL	DERS RISK		CHT	JIVIPENSA	ATION
FAX (A/C, No): E-MAIL ADDRESS:					t	COMMERCIAL INSTALLATION/BUILDER: CRIME/MISCELLANEOUS CRIME OPEN CARGO						TAGIN						
ADDRESS: CODE: SUB CODE:						DEALERS PROPERTY												
AGENC	Y CUSTOM	ER ID:						DRIVER IN	FO SCHEDULE			TRAN MOTO	SPORTATION/ OR TRUCK CAR	RGO				
	US OF T	RANSA				PACK	AGI	E POLICY	INFORMA	TIC	ON							
	JOTE	Data and/a		E POLICY	RENEW				N WHEN COM								DLINE POI	
_	OUND (Give	Date and/o	or Allach C	TIME	AM	PROPO	DSED	EFF DATE	PROPOSED	EXF	PDATE		LING PLAN DIRECT BILL	F	PAYMEN	T PLAN		AUDIT
_	NCEL				PM								GENCY BILL					
APPL	ICANT I	NFORM	IATION	I		!						1 ,	OLIVOT BILL					
NAME (First Named	d Insured 8	& Other N	amed Insureds	s)							MAILING	ADDRESS IN	CL ZIP+4 (of Fi	rst Name	d Insured)		
FEIN OF	R SOC SEC	#			PHONE													
(of First E-MAIL ADDRE	Named Ins	ured):			PHONE (A/C, No	, Ext):						WEBSIT ADDRES	E					
I I	SS(ES): NDIVIDUAL		CORPOR	RATION	SUBCHAPTE CORPORATION	R "S"	LLC	LLC NO. OF MEMBERS										DATE BUS STARTED
	ARTNERSH		JOINT VE		NOT FOR PROFIT ORG	JN	1	AND MANAGERS			ID NUM	BUREAU NAME:						STARTED
	TION CONT				T I KOLITI OKO	l e			ACCOUN	TING		CORDS CONTACT:						
B11611E																		
PHONE (A/C, No	o, Ext):			E	-MAIL DDRESS:				PHONE (A/C, No,	Ext)	:			E-MAIL ADDRE	SS:			
(A/C, No	, Ext): NISES IN	FORMA	ATION		-MAIL DDRESS: CORD 823 a	attached	d fo	r additior			:			ADDRE	SS:			
(A/C, No		FORMA		A			d fo	r additior				REST	YR BUILT	# EMPLOYEES	ANN	UAL REVEN	NUES	% OCCUPIED
PREN	IISES IN	FORMA		A	CORD 823 a		d foi	r additior	al premise					#	ANN	UAL REVEN	NUES	
PREN	IISES IN	FORMA		A	CORD 823 a		d fo	r additior	CITY LIMITS	s	INTE	ER		#	ANN	UAL REVEN	NUES	
PREN	IISES IN	FORMA		A	CORD 823 a		d fo	r additior	CITY LIMITS INSIDE OUTSIDE	s	OWN	ER		#	ANN	UAL REVEN	NUES	
PREN	IISES IN	FORMA		A	CORD 823 a		d for	r additior	INSIDE INSIDE	S	OWN TENA	ER ANT ER		#	ANN	UAL REVEN	NUES	
PREN	IISES IN	FORMA		A	CORD 823 a		d fo	r additior	CITY LIMITS INSIDE OUTSIDE	S	OWN	ER ANT ER		#	ANN	UAL REVEN	NUES	
PREN	IISES IN	FORMA		A	CORD 823 a		d fo	r additior	INSIDE INSIDE	S	OWN TENA	ER ANT ER ANT		#	ANN	UAL REVEN	NUES	
PREN	IISES IN	FORMA		A	CORD 823 a		d for	r addition	CITY LIMITS INSIDE OUTSIDE INSIDE OUTSIDE	S	OWN TENA	ER ANT ER ANT		#	ANN	UAL REVEN	NUES	
PREN	IISES IN	FORMA		A	CORD 823 a		d for	r additior	INSIDE INSIDE INSIDE INSIDE	S	OWN TENA	ER ANT ER ANT		#	ANN	UAL REVEN	NUES	
PREN	IISES IN	FORMA		A	CORD 823 a		d for	r additior	INSIDE INSIDE INSIDE INSIDE	S	OWN TENA	ER ANT ER ANT ER		#	ANN	UAL REVEN	NUES	
PREN	IISES IN	FORMA		A	CORD 823 a		d for	r addition	INSIDE OUTSIDE INSIDE OUTSIDE OUTSIDE OUTSIDE	S	OWN TENA OWN TENA OWN TENA	ER ANT ER ANT ER ANT		#	ANN	UAL REVEN	NUES	
LOC#	BLD#			STREET, CITY,	CORD 823 a	E, ZIP+4			INSIDE OUTSIDE	S	OWN TENA OWN TENA OWN TENA	ER ANT ER ANT ER ANT		#	ANN	UAL REVEN	NUES	
LOC#	BLD#			STREET, CITY,	CORD 823 a	E, ZIP+4			INSIDE OUTSIDE	S	OWN TENA OWN TENA OWN TENA	ER ANT ER ANT ER ANT		#	ANN	UAL REVEN	NUES	
LOC#	BLD#			STREET, CITY,	CORD 823 a	E, ZIP+4			INSIDE OUTSIDE	S	OWN TENA OWN TENA OWN TENA	ER ANT ER ANT ER ANT		#	ANN	UAL REVEN	NUES	
LOC#	BLD#			STREET, CITY,	CORD 823 a	E, ZIP+4			INSIDE OUTSIDE	S	OWN TENA OWN TENA OWN TENA	ER ANT ER ANT ER ANT		#	ANN	UAL REVEN	NUES	
LOC#	BLD#			STREET, CITY,	CORD 823 a	E, ZIP+4			INSIDE OUTSIDE	S	OWN TENA OWN TENA OWN TENA	ER ANT ER ANT ER ANT		#	ANN	UAL REVEN	NUES	
LOC#	BLD#			STREET, CITY,	CORD 823 a	E, ZIP+4			INSIDE OUTSIDE	S	OWN TENA OWN TENA OWN TENA	ER ANT ER ANT ER ANT		#	ANN	UAL REVEN	NUES	
LOC#	BLD#			STREET, CITY,	CORD 823 a	E, ZIP+4			INSIDE OUTSIDE	S	OWN TENA OWN TENA OWN TENA	ER ANT ER ANT ER ANT		#	ANN	UAL REVEN	NUES	
LOC#	BLD#			STREET, CITY,	CORD 823 a	E, ZIP+4			INSIDE OUTSIDE	S	OWN TENA OWN TENA OWN TENA	ER ANT ER ANT ER ANT		#	ANN	UAL REVEN	NUES	
LOC#	BLD#			STREET, CITY,	CORD 823 a	E, ZIP+4			INSIDE OUTSIDE	S	OWN TENA OWN TENA OWN TENA	ER ANT ER ANT ER ANT		#	ANN	UAL REVEN	NUES	
LOC#	BLD#			STREET, CITY,	CORD 823 a	E, ZIP+4			INSIDE OUTSIDE	S	OWN TENA OWN TENA OWN TENA	ER ANT ER ANT ER ANT		#	ANN	UAL REVEN	NUES	
LOC#	BLD#			STREET, CITY,	CORD 823 a	E, ZIP+4			INSIDE OUTSIDE	S	OWN TENA OWN TENA OWN TENA	ER ANT ER ANT ER ANT		#	ANN	UAL REVEN	NUES	
LOC#	BLD#			STREET, CITY,	CORD 823 a	E, ZIP+4			INSIDE OUTSIDE	S	OWN TENA OWN TENA OWN TENA	ER ANT ER ANT ER ANT		#	ANN	UAL REVEN	NUES	

GENERAL INFORMATION YES NO YES NO **EXPLAIN ALL "YES" RESPONSES EXPLAIN ALL "YES" RESPONSES** 1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY? ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED П DURING THE PRIOR 3 YEARS? (Not applicable in MO) 1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES? ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING? 2. IS A FORMAL SAFETY PROGRAM IN OPERATION? DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY? (In RI, this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment). 3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS? 9. ANY UNCORRECTED FIRE CODE VIOLATIONS? 4. ANY CATASTROPHE EXPOSURE? 10. ANY BANKRUPTCIES, TAX OR CREDIT LIENS AGAINST THE APPLICANT IN THE PAST 5 YEARS? 5. ANY OTHER INSURANCE WITH THIS COMPANY OR BEING SUBMITTED? 11. HAS BUSINESS BEEN PLACED IN A TRUST? IF YES, NAME OF TRUST: ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD/DISTRIBUTED IN FOREIGN COUNTRIES? (If "YES", attach ACORD 815 for Liability Exposure and/or ACORD 816 for Property Exposure) REMARKS/PROCESSING INSTRUCTIONS (Attach additional sheets 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, HI, NE, OH, OK, OR, or VT; in DC, LA,

ME, TN, VA and WA, insurance benefits may also be denied) THE LINDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND CERTIFIES THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON

THIS APPLICATION. HE/SHE CERTIFIES THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER		

PRIOR CARRIER INFORMATION LINE CATEGORY CARRIER POLICY NUMBER OCCURRENCE OCCURRENCE OCCURRENCE OCCURRENCE OCCURRENCE POLICY TYPE RETRO DATE G EFF-EXP DATE **GENERAL AGGREGATE** PRODUCTS COMP OP AGGREGATE PERSONAL & ADV INJ EACH OCCURRENCE FIRE DAMAGE MEDICAL EXPENSE BODILY OCCURRENCE INJURY AGGREGATE PROPERTY OCCURRENCE DAMAGE AGGREGATE COMBINED SINGLE LIMIT MODIFICATION FACTOR TOTAL PREMIUM CARRIER POLICY NUMBER POLICY TYPE FFF-FXP DATE COMBINED SINGLE LIMIT EA PERSON **BODILY** INJURY **EA ACCIDENT** PROPERTY DAMAGE MODIFICATION FACTOR TOTAL PREMIUM CARRIER POLICY NUMBER POLICY TYPE EFF-EXP DATE BUILDING AMT PERS PROP AMT MODIFICATION FACTOR TOTAL PREMIUM CARRIER POLICY NUMBER POLICY TYPE **EFF-EXP DATE** LIMIT MODIFICATION FACTOR TOTAL PREMIUM LOSS HISTORY ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE PRIOR 5 YEARS (3 YEARS IN KS & NY) SEE ATTACHED LOSS SUMMARY CLAIM STATUS CHK HERE IF NONE DATE OF OCCURRENCE DATE OF CLAIM AMOUNT PAID AMOUNT RESERVED LINE TYPE/DESCRIPTION OF OCCURRENCE OR CLAIM OPEN CLSD REMARKS NOTE: FIDELITY REQUIRES A FIVE YEAR LOSS HISTORY ATTACHMENTS

COPY OF THE NOTICE OF INFORMATION PRACTICES (PRIVACY) HAS BEEN GIVEN TO THE APPLICANT. (Not applicable in all states, consult your agent or broker for your state's requirements.)

STATE SUPPLEMENT(S) (If applicable)

NOTICE OF INSURANCE INFORMATION PRACTICES PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT POLICY RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.