ACC	PHONE		U	MBR	RE	LLA /		CESS	SEC	TION			DATE (MM/DD	•/YYYY)
AGENCY	(A/C, No, Ext):					APPLICAN (First Named Insured)	11							
						EFFECTI	VE DATE	EXPIRATION	ON DATE	DIRECT BILL	PAYN	IENT PLAN		AUDIT
										AGENCY BILL				
FAX (A/C, No):		E-MAIL ADDRESS:				FOR COMPANY	,		•		•		•	
CODE:		SUBCODE:				USE ONLY								
AGENCY CUSTOMER	ID:													
POLICY	INFORMATION													
		TRANSACTI		1				LIMI	F OF LIABILITY	,		RETAINED	LIMIT	
NEW	UMBRELI		URRENCE			TIVE DATE	\$		EAC	H OCCURRENCE	\$			
RENEV	VAL EXCESS	CLAI	IMS MADE	PROPOS	SED	CURRENT	\$							
EXPIRING P							\$				FIRST DOLLAR D	EFENSE	YES	
	Y LOCATION 8													_
# NA	ME AND LOCATION	OF PRIMARY	AND ALL S	UBSIDIARY	COMP	ANIES (Describ	e Operatio	ns)	ANNUAL	PAYROLL A	ANN GROSS SALES	FOREIGN	GROSS SALE	S # EM
	\/\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\													
UNDEKL	YING INSURA										_			Τ.
TVDE	24			ABILITY/CON		ICY EFF DATE		CE TO APPLY FEXP DATE	AS UNDERLY	ING INSURANCE	<u> </u>	ANNUA	L RENEWAL REMIUM	RATII
TYPE	CA	RRIER/POLICY	NUMBER		POLI	CY EFF DATE	POLICY	EXP DATE	001 54 40	LIMITS			REMIUM	- 1010
AUTOMOBI									CSL EA. ACC	\$. \$ \$		\$ \$		\dashv
LIABILITY									BI EA. ACC.	\$		\$		\dashv
									PD EA. ACC	\$		\$		\dashv
									EACH OCCL			PREM/O	PS	+
GENERAL LIABILITY									GENERAL A			\$		
POLICY TY									PROD & COI AGGREGAT	MP OPS		PRODUC	TS	7
OCCL	JR								PERSONAL INJURY	_		\$		
CLAIN MADE									DAMAGE TO PREMISES	RENTED \$		OTHER		7
									MEDICAL EX	PENSE \$		\$		
									EACH ACCIE	ENT \$				
EMPLOYER LIABILITY									DISEASE EACH EMPL	OYEE \$		\$		
									DISEASE POLICY LIMI	т \$				
UNDERLYIN	G GENERAL LIABILI	TY INFORMAT	ION (Explai	in all "YES" r	espon	ises)								
1 ARE D	DEFENSE COSTS	:	W	ITHIN AGO	REG	ATE LIMITS?	•	A SE	PARATE LIN	IIT?	UNLIMITED?			
2 INDIC	ATE THE EDITIO	N DATE OF	THE ISO	FORM OR	SIMI	LAR FILING F	OR THE	UNDERLY	ING COVER	AGE:				
	ANY PRODUCT, V									JRED FROM A	NY PREVIOUS C	OVERAG	E? YES	S N
	CLAIMS MADE, IN													
	CLAIMS MADE, IN									2 DOLIOVO	VEO 555 DA			т.
6 FOR C	CLAIMS MADE, W CHECK ALL COVE	RAGES IN UN	IDERLYING	POLICIES.	ALSO	CHECK IF ANY	EXPOSUR	RES ARE PRE	SENT FOR EA	CH COVERAGE.	YES, EFF. DA		XPLAIN IF	N
	DIFFERENT LIMIT:	,	IS, OR EXC		XPLAII VERA		COVERA	GES BEYONE	STANDARD F	ORMS. EXPLAII EXPOSURE CO	N ALL EXPOSURES.		-	EXPOSU
ANIX		PROPRIATE				-	CONTROL			EXPOSURE CC		LIADILITY		ZAFU3UI
	AUTO (SYMBOL 1) CLAIMS MADE					RE, CUSTODY, PLOYEE BENE					PROFESSIONAL VENDORS LIABI		(E&U)	
	OCCURRENCE					REIGN LIABILIT					WATERCRAFT L			
COVERAGE			EXPC	SURE		RAGEKEEPER:					- WILKOKAI I			
	RAFT LIABILITY					CIDENTAL MED								
	RAFT PASSENGER L	IABILITY				UOR LIABILITY								
	FIONAL INTERESTS					LLUTION LIABI								
														-

NO SUCH CLAIMS
ACORD 131 (2006/04)

PREVIOUS EXPERIENCE: (GIVE DETAILS OF ALL LIABILITY CLAIMS EXCEEDING \$10,000 OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS, DURING THE PAST 5 YEARS, WHETHER INSURED OR NOT. SPECIFY DATE, COVERAGE, DESCRIPTION, AMOUNT PAID, AMOUNT OUTSTANDING - ATTACH SEPARATE SHEET IF NECESSARY)

LOC	PROPERTY TYPE	VALUE	A*	3* C*	D*	SQ FT OF BLDG OCC		OCCUPANCY	DESCRIPTION OF PERSONA	AL PROPERTY			
	REAL												
	PERSONAL												
*AF	PPLICANT: [A] IS HE	LD HARMLESS IN TH	IE LE	ASE,	[B]	HAS A WAIVER OF SUI	BROGATION, [C]	IS A NAMED	INSURED IN THE FIRE F	POLICY, [D] OTHER (sp	ecify)	_	
<u>ADDI</u>	TIONAL EXPOSU	RES										_	
EXPLAI	N ALL "YES" RESPONS	ES, PROVIDE OTHER INF	ORMA	TION	REQ	JIRED YES NO	EXPLAIN ALL "Y	ES" RESPONSE	S, PROVIDE OTHER INFORM	ATION REQUIRED	YES NO	<u>)</u>	
	TISERS LIABILITY						POLLUTION LIA		PA#:			_	
	EDIA USED:		ANNU			Γ: \$			T PRODUCTS, OR THEI S MATERIALS THAT MAY				
		ADVERTISING AGE						L METHODS?					
		VIDED UNDER AGEN	NCY'S	POL	.ICY	?	21. INDICATE	THE COVER	AGES CARRIED:				
	AFT LIABILITY	/N// FASE/ODEDATE	AIDC	DAF	то		-	GL WITI	H STANDARD ISO POLLI	UTION EXCLUSION			
	JES APPLICANT OF	/N/LEASE/OPERATE	AIRC	KAF	1 :		=	GL WITH	H STANDARD SUDDEN &	ACCIDENTAL ONLY			
		USTICS, FLAMMABL	ES O	R 01	HE	8	-	GL WITI	H POLLUTION COVERAG	GE ENDORSEMENT			
DA	ANGEROUS CARGO	HAULED?						SEPAR	ATE POLLUTION COVER	AGE		_	
6. AF	RE PASSENGERS CA	ARRIED FOR A FEE?	•				PRODUCT LIAB		50 OUIDANIOS OVOTEN	10. EDAMES OF ANN		_	
7. AN	NY UNITS NOT INSU	RED BY UNDERLYIN	IG PO	LICIE	S?			, -	ES, GUIDANCE SYSTEM ED / INSTALLED IN AIRC	-,			
8. AF	RE ANY VEHICLES L	EASED OR RENTED	TO C	THE	RS?		23. ANY FOR	EIGN OPERA	TIONS, FOREIGN PROD	UCTS DISTRIBUTED		-	
9. AF	RE HIRED AND NON	OWNED COVERAGE	S PR	IIVO	DED	?	_		ODUCTS SOLD / DISTRI ", Attach ACORD 815)	BUTED IN FOREIGN			
	ACTORS LIABILITY							,	OSS IN PAST 3 YEARS?	(SPECIFY)		_	
		MARINE WORK PERI							EACH OF LAST 3 YEARS				
11. DE	ESCRIBE TYPICAL J	OBS PERFORMED (A	ATTA	CH S	EP#	RATE SHEETS):	\$		\$	\$			
							PROTECTIVE LI	ABILITY					
12. DE	ESCRIBE AGREEME	NT (ATTACH SEPAR	ATE S	SHEE	TS)		26. DESCRIE	E INDEPEND	ENT CONTRACTORS (A	TTACH SEPARATE SH	IEETS):		
12 D		/N. DENT OD OTHE	DWIC	_ IIC	- C	DANIESS	\dashv						
		/N, RENT, OR OTHE RS CARRY COVERA					_						
	SS THAN APPLICAN						WATERCRAFT	IABILITY					
EMPLO	YERS LIABILITY						27. DOES APPLICANT OWN OR LEASE WATERCRAFT?						
15. IS	APPLICANT SELF-II	NSURED IN ANY STA	TE?		_		# OWNED	LEN	GTH HORSE	POWER			
16. SI	JBJECT TO:	JONES ACT F	ELA	L		STOP GAP							
		OTHER:										_	
INCIDE	NTAL MALPRACTICE LIA	BILITY					APARTMENTS /	CONDOMINIUMS	S / HOTELS / MOTELS			_	
		RST AID FACILITY MA					# STORIES	# UNITS	# SWIMMING POOLS	# DIVING BOARDS			
		OVIDED FOR DOCTO		NUR	SES		_						
	DICATE # OF DOCT	ORS: NUR	SES:			BEDS:						_	
REMA	ARKS											_	

PRIVATE PASSEI	# OWNED	# NON-	# LEASED			PROPERTY HAULED	1		0-50 MI	50-200 MI	OVE
		OWNED	# LEASED			I NOFER I I HAULED	•		o-ou IVII	30-200 IVII	200 N
LIGHT											
TRUCKS MEDI											
HEAV											
	EAVY										
TRUCKS/ HEAV											
TRACTORS EX. H	EAVY										
BUSES											
REMARKS											
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	LY IN INDIANA, LOU	JISIANA, NEV	<u>W HAMPSH</u>		10N I			benefits may also	be deni	ed).	
IF THE COMPAIN			EEDO LINIIN	JOHDED MOTO		/EDACE IN MV ST	ATE:	benefits may also	be deni	ed).	
	Y TO WHICH I AM A	PPLYING OF	FERS UNIN	NSURED MOTO		/ERAGE IN MY ST	ATE:	benefits may also	be deni	ed).	
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