ACOL	$RD^{\otimes}$			UM	BR	EL	LA /	EX	CESS	SE	C	TIC	N		1	DATE (MM/D	D/YYYY)
AGENCY	PHONE (A/C, No, Ext):						APPLICAN (First Named Insured)	Т									
							EFFECTIV	/E DATE	EXPIRATION	ON DATE		1	T BILL	PAYN	MENT PLAN		AUDIT
FAX		E-MAI	IL DESS:				FOR					710211	0. 5.22	-			
(A/C, No):         ADDRESS:           CODE:         SUBCODE:							COMPANY USE ONLY										
AGENCY CUSTOMER ID:		0000															
POLICY INF	OPMATION																
T OLIC I III	OKWATIOI											1777					
NEW	UMBREL		OCCURREN		RF	TROAC	TIVE DATE			IMIT OF L	IABIL		- 4 0 0 0		RETAINED	LIMII	
RENEWAL	EXCESS		CLAIMS MA	-	PROPOS		CURRE	-NIT	\$				EA OCC	\$			
			027 11110 1111	-			0011112		\$							VEC	
EXPIRING POL #		e e i i e	CODIADIE	S (AC(	NDD 42	)E\			\$					FIRST DOLLAR D	EFENSE	YES	S NC
PRIMARY L				•			IFO (December	. 0				AVDOL	Τ.	NN 0000 041 50	FORFIGN	0000001	FO # FMD!
# NAME	AND LOCATION	OF PR	IIMARY AND A	LL SUBS	IDIARY C	OMPAN	IES (Describ	e Operati	ions)	ANNU	JAL F	AYROL	- /	ANN GROSS SALES	FOREIGN	GROSS SAL	ES # EMPL
UNDERLYII	NG INSURA	NCE	LISTAL	I LIABILI	TY/COMP	FNSAT	ION POLICIE	S IN FOR	RCE TO APPLY	' AS LINDE	RI YI	NG INSI	IRANCE	<u> </u>			+-
TYPE	CA	RRIER/	POLICY NUMB				EFF DATE		N FORCE TO APPLY AS UNDERLYING POLICY EXP DATE				LIMITS		ANNUAI PR	RATING	
										CSL EA.	ACC		\$		\$	LIMIOW	
AUTOMOBILE										BI EA. ACC.			\$			s	
LIABILITY													\$		\$	<u> </u>	
										PD EA.			\$		\$		
										EACH O		RRENCE			PREM/OF	PS	
GENERAL LIABILITY										GENERA			\$		\$		
POLICY TYPE										PROD & AGGRE	COM	P OPS	\$		PRODUC	TS	
OCCUR										PERSON INJURY			\$		\$		
CLAIMS MADE										DAMAGE		ENTED	\$		OTHER		
WADE										MEDICA		PENSE	\$		\$		
										EACH A			\$				
EMPLOYERS										DISEASE EACH EI	E MPLC	YEE	\$		\$		
LIABILITY										DISEASE	E		\$				
UNDERLYING G	ENERAL LIABIL	ITY INF	ORMATION (E	xplain all	"YES" re	sponse	s)			•					•		
1 ARE DEF	ENSE COSTS	S:		WITHI	N AGGF	REGAT	E LIMITS?		A SE	PARATE	LIM	IT?		UNLIMITED?			
2 INDICATE	THE EDITIO	N DAT	TE OF THE IS	SO FOF	M OR S	IMILAF	R FILING F	OR THE	E UNDERLY	ING COV	/ER/	GE:					
3 HAS ANY	PRODUCT, \	VORK	, ACCIDENT	, OR LC	CATION	N BEEN	N EXCLUD	ED, UNI	INSURED OI	R SELF I	NSU	RED F	ROM A	ANY PREVIOUS C	OVERAGE	? YE	s NO
4 FOR CLA	IMS MADE, IN	IDICA	TE RETROA	CTIVE	DATE O	F CUR	RENT UND	DERLYIN	NG POLICY:								
5 FOR CLA	IMS MADE, IN	IDICA	TE ENTRY D	DATE IN	TO UNII	NTERF	RUPTED CI	LAIMS N	MADE COVE	RAGE:							
	IMS MADE, V													YES, EFF. DA			NO
CI DI	HECK ALL COVE FFERENT LIMIT	RAGES S. EXTI	S IN UNDERLY ENSIONS, OR	'ING POL EXCLUS	ICIES. AL ONS. EXI	.SO CHI PLAIN A	ECK IF ANY NY SPECIAL	EXPOSUL COVERA	RES ARE PRE AGES BEYONI	SENT FOR DISTANDA	R EAG RD F	CH COV ORMS.	ERAGE. <b>EXPLA</b> I	. PROVIDE AN EXPL IN ALL EXPOSURES	ANATION. EX	XPLAIN IF	
	CHECK IF AF	PROPE	RIATE		COVE	ERAGE					E	XPOSU	RE CO	OVERAGE			EXPOSURE
ANY AUTO	O (SYMBOL 1)					CARE,	CUSTODY,	CONTRO	DL					PROFESSIONAL	LIABILITY (I	E&O)	
CGL - CLA	AIMS MADE					EMPL	OYEE BENE	FIT LIABIL	LITY					VENDORS LIABI	ILITY		
CGL - OC	CURRENCE					FORE	IGN LIABILIT	Y/TRAVE	EL					WATERCRAFT L	IABILITY		
COVERAGE			Е	EXPOSUR	E	GARA	GEKEEPERS	S LIABILIT	ΓΥ								
AIRCRAF	T LIABILITY					INCIDE	ENTAL MEDI	CAL MAL	.PRACTICE								
AIRCRAF	T PASSENGER	.IABILI1	ΤΥ	L		LIQUO	R LIABILITY	,				L					
	IAL INTERESTS						JTION LIABIL										
UNDERLYING IN EXTENSIONS O	ISURANCE COV F COVERAGE -	ERAGE ATTACI	E INFORMATIO H SEPARATE S	)N (INCLU SHEET IF	JDE ALL F NECESS	RESTRIG SARY)	CTIONS; E.G	S. LASER	ENDORSEMEI	NTS, DISC	RIMI	NATION,	SUBRO	OGATION WAIVERS,	OR		
PREVIOUS EXP WHETHER INSU	ERIENCE: (GIVE JRED OR NOT. S	DETAI	ILS OF ALL LIA Y DATE, COVE	BILITY C	LAIMS EX ESCRIPT	(CEEDIN	NG \$10,000 ( MOUNT PAID	OR OCCU , AMOUN	IRRENCES TH IT OUTSTANDI	AT MAY G NG - ATTA	IVE F	RISE TO SEPARA	CLAIMS TE SHE	S, DURING THE PAST ET IF NECESSARY)	Γ5 YEARS,		
NO SUCH (	CLAIMS					ATT	ACH TO A	CORD	125 AND A								
ACORD 131	(2006/07)							Page	1 of 3	© A	CO	RD C	ORPO	RATION 1991-	2006. AI	l rights r	eserved.

CARE	, CUSTODY, COI	NTROL												
LOC	PROPERTY TYPE	VALUE	A* B	* C*	D*	SQ FT OF BLDG C	осс			OCCUPANCY	/ DESCRIPTION OF PERSONA	L PROPERTY		
	REAL													
	PERSONAL				Ш									
*AF	PLICANT: [A] IS HE	LD HARMLESS IN TH	E LEA	SE,	[B] H	AS A WAIVER	OF S	UBF	ROGATION, [C]	IS A NAMED	INSURED IN THE FIRE P	OLICY, [D] OTHER (s	ecify)	1
ADDI'	ADDITIONAL EXPOSURES													
EXPLAI	N ALL "YES" RESPONS	ES, PROVIDE OTHER INFO	ORMAT	(ION	REQU	IIRED	YES	NO	EXPLAIN ALL "YI	ES" RESPONSI	ES, PROVIDE OTHER INFORMA	ATION REQUIRED	YES	NO
ADVER*	TISERS LIABILITY								POLLUTION LIAE	BILITY E	PA#:			
1. ME	EDIA USED:	-	ANNU	AL C	OST	: \$					ST PRODUCTS, OR THEIR			
2. AF	RE SERVICES OF AN	N ADVERTISING AGE	NCY L	JSEC	)?					HAZARDOU L METHODS'	S MATERIALS THAT MAY	REQUIRE SPECIAL		
3. AN	IY COVERAGE PRO	VIDED UNDER AGEN	ICY'S	POL	ICY?	,								
AIRCRA	AFT LIABILITY								21. INDICATE		RAGES CARRIED:			
4. DC	DES APPLICANT OV	VN/LEASE/OPERATE	AIRCF	RAFT	?						H STANDARD ISO POLLU			
AUTO L	IABILITY										H STANDARD SUDDEN & A			
		AUSTICS, FLAMMABLI	ES OF	₹OT	HER						H POLLUTION COVERAG			
	ANGEROUS CARGO									SEPAR	ATE POLLUTION COVERA	AGE		
6. AF	E PASSENGERS C	ARRIED FOR A FEE?							PRODUCT LIABIL		IEC CUIDANCE CVCTEM	C EDAMES OF ANY		
7. AN	IY UNITS NOT INSU	RED BY UNDERLYING	G POL	ICIE	.S?						IES, GUIDANCE SYSTEM ED / INSTALLED IN AIRCF			
8. AF	LE ANY VEHICLES L	EASED OR RENTED	TO 01	THEF	₹S?				23. ANY FORE	EIGN OPERA	TIONS, FOREIGN PRODU	UCTS DISTRIBUTED		
9. AF	E HIRED AND NON	OWNED COVERAGE	S PRO	OVID	ED?						RODUCTS SOLD / DISTRIE ", Attach ACORD 815)	3UTED IN FOREIGN		
CONTR	ACTORS LIABILITY									,	OSS IN PAST 3 YEARS?	(SPECIFY)	+	
10. IS	BRIDGE, DAM, OR I	MARINE WORK PERF	ORME	ED?							EACH OF LAST 3 YEARS	,		
11. DE	SCRIBE TYPICAL J	OBS PERFORMED (A	TTAC	H SE	EPAF	RATE SHEETS):	:		\$		\$	\$		
									PROTECTIVE LIA	ABILITY	•	•		
12. DE	SCRIBE AGREEME	NT (ATTACH SEPARA	ATE S	HEE	TS):				26. DESCRIBE	E INDEPEND	ENT CONTRACTORS (AT	TACH SEPARATE SH	IEETS	 3):
		•			,						•			
		VN, RENT, OR OTHER RS CARRY COVERAG												
	SS THAN APPLICAN		)L3	IX LII	VIIIO	,			WATERCRAFT LI	IABILITY				
EMPLO'	YERS LIABILITY								27. DOES APP	PLICANT OW	N OR LEASE WATERCRA	AFT?		
15. IS	APPLICANT SELF-II	NSURED IN ANY STA	TE?						# OWNED	LEN	IGTH HORSEF	POWER		
16. SL	JBJECT TO:	JONES ACT FE	ELA		s	STOP GAP								
		OTHER:			_									
INCIDE	NTAL MALPRACTICE LIA	ABILITY							APARTMENTS / C	CONDOMINIUM	S / HOTELS / MOTELS			
17. IS	A HOSPITAL OR FIF	RST AID FACILITY MA	INTAI	NED	1?				# STORIES	# UNITS	# SWIMMING POOLS	# DIVING BOARDS		
18. AF	RE COVERAGES PR	OVIDED FOR DOCTO	)RS / 1	<b>NUR</b>	SES?	?								
19. IN	DICATE # OF DOCT	ORS: NURS	SES:			BEDS:								
REM/	ARKS													

VEHICLES	S										
Т	TYPE	# OWNED	# NON- OWNED	# LEASED			PROPERTY HAULED		0-50 MI	50-200 MI	OVER 200 MI
PRIVATE	PASSENGER										
	LIGHT										
TRUCKS	MEDIUM										
IRUCKS	HEAVY										
	EX. HEAVY										
TRUCKS/	HEAVY										
TRACTORS	EX. HEAVY										
BUSES											
REMARK	5										
OR STAT	SON WHO KNO EMENT OF CI NING ANY FACT	LAIM CON' MATERIA	TAINING A	ANY MATEI O, COMMIT	RIALLY FAL S A FRAUDU	SE INFORMATIO JLENT INSURANC	N, OR CONCEALS E ACT, WHICH IS A	OTHER PERSON FILES AN S FOR THE PURPOSE A CRIME AND SUBJECTS	OF MISLEADI THE PERSON	NG INFOR	RMATION
<u> </u>			` '			· · · · · · · · · · · · · · · · · · ·		/A and WA insurance benef	fits may also be	denied).	
						NT AND WISCONS					
IF THE CO	MPANY TO WH	ICH I AM AF	PPLYING O	FFERS UNII	NSURED MO	TORISTS (UM) CO	VERAGE IN MY STA	ATE:			
I ACKNOW OPTION O		UM COVEF						EN EXPLAINED TO ME, A THAN MY LIABILITY LIMITS			
1. I SELEC	CT UM LIMITS IN	NDICATED I	N THIS API	PLICATION.	(INITIALS)	OR	2. I REJECT U	IM COVERAGE IN ITS ENT		TIALS)	
3. I SELEC	CT UIM LIMITS II	NDICATED	IN THIS AP	PLICATION.	(INITIALS)	OR	4. I REJECT U	IIM COVERAGE IN ITS ENT		TIALS)	
I ACKNOW		JM COVERA				, AND I HAVE BEE UM COVERAGE E		OPTION OF SELECTING U	M LIMITS EQU	AL TO MY L	_IABILITY
1. I SELEC	CT UM LIMITS IN	IDICATED I	N THIS API	PLICATION.	(INITIALS)	OR	2. I REJECT U	IM COVERAGE IN ITS ENT		TIALS)	
APPLICAB	LE ONLY IN NE	W HAMPSH	IIRE:								
	/LEDGE THAT U				AINED TO ME	, AND I HAVE BEE	EN OFFERED THE	OPTION OF SELECTING U	M LIMITS EQU	AL TO MY L	LIABILITY
1. I SELEC	T UM LIMITS INI	DICATED IN	THIS APP	LICATION.	(INITIALS)	OR	2. I REJECT U	IM COVERAGE IN ITS ENT		TIALS)	
APPLICAB	LE ONLY IN VE	RMONT:									
I ACKNOW APPLICAT		I HAVE BE	EN OFFER	ED UM CO	VERAGE EQ	UAL TO MY LIABI	LITY LIMITS. I HA	VE SELECTED THE LIMIT	S INDICATED	IN THIS	
I ACKNOWL	<u>E ONLY IN WIS</u> LEDGE THAT UI H I AM APPLYIN	NDERINSUF	RED MOTO	RISTS (UIM	) COVERAGE	HAS BEEN EXPL	AINED TO ME, AND	THAT ONE OF THE FOLL	OWING APPLIE	ES TO THE	POLICY
1. UIM COV	/ERAGE IS NOT	AVAILABLI	E		(INITIALS)						
2. I HAVE E	BEEN OFFERED	UIM COVE	RAGE, ANI	DI HAVE SE	LECTED UIM	I LIMITS INDICATE	D IN THIS APPLICA	ATION.	//811	TIAI S)	
3. I REJEC	T UIM COVERA	GE IN ITS E	NTIRETY.		(INITIALS)				(INI	TIALS)	
ANY MATE								HAS NOT WILLFULLY CO T CONSTITUTE A BINDER DATE		MISREPRE	SENTED