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3. ANY POLICY OR COVERAGE DECLINED. CANCELLED OR NON-RENEWED       11. HAS BUSINESS BEEN PLACED IN A TRUST?         6. ANY POLICY OR COVERAGE DECLINED. CANCELLED OR NON-RENEWED       11. HAS BUSINESS BEEN PLACED IN A TRUST?         INT PRINCIPUR OR COVERAGE DECLINED. CANCELLED OR NON-RENEWED       11. HAS BUSINESS BEEN PLACED IN A TRUST?         REMARKS/PROCESSING INSTRUCTIONS       III. HAS BUSINESS BEEN PLACED IN A TRUST?         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 and VA, insurance benefits may also be denied)         APPLICANT'S SIGNATURE       DATE       PRODUCER'S SIGNATURE       NATIONAL PRODUCER NUMBER	4. ANY CA	TASTRO	PHE EXPOSI	URE?					$\downarrow$		9. ANY UN	CORR	ECTED FIRE	CODE VIC	LATIONS?						
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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 and VA, insurance benefits may also be denied) APPLICANT'S SIGNATURE DATE PRODUCER'S SIGNATURE NATIONAL PRODUCER NUMBER					ANCELL able in M	ED OR NON-I O)	RENEWE	D			11. HAS BU: IF YES, N		OF TRUST:	ICED IN A	RUST?						
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 and VA, insurance benefits may also be denied) APPLICANT'S SIGNATURE DATE DATE PRODUCER'S SIGNATURE NATIONAL PRODUCER NUMBER	REMARKS/	PROCES	SING INSTRU	UCTIONS																	
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 and VA, insurance benefits may also be denied) APPLICANT'S SIGNATURE DATE DATE PRODUCER'S SIGNATURE NATIONAL PRODUCER NUMBER																					
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PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, HI, NE, OH, OK, OR, or VT; in DC, LA, ME, TN and VA, insurance benefits may also be denied)         APPLICANT'S SIGNATURE       DATE         PRODUCER'S SIGNATURE       NATIONAL PRODUCER NUMBER																					
benefits may also be denied)         APPLICANT'S SIGNATURE       DATE         PRODUCER'S SIGNATURE       NATIONAL PRODUCER NUMBER																					
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ACORD 125 (2002/01)	APPLICANT	''S SIGNA	TURE					DATE	P	ROE	DUCER'S SIGN	ATUR	E				NA	TIONAL	PRODUCE	ER NUM	BER
ACORD 125 (2002/01) PI FASE COMPLETE REVERSE SIDE © ACORD CORPORATION 1993																					
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### PRIOR CARRIER INFORMATION

LINE		CAT	EGORY			1									
	CARI	RIER													
	POLI	ICY NUM	IBER												
	POLI	ICY TYPE	=	CLAIMS MADE	OCCURRENCE	CLAIMS MADE	OCCURRENCE	CLAIMS MADE	OCCURRENCE	CLAIMS MADE	OCCURF	RENCE	CLAIMS MADE	с	CCURRENCE
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	ATE O		- (-	,				DATE		AMOUNT					CLAIM
000	URRE	NCE	LINE	TYPE/D	ESCRIPTION OF	OCCURRENCE OF	RCLAIM	OF CLAIN	Λ	PAID			RVED		STATUS
															OPEN
														$\square$	CLOSED
														L	OPEN
															CLOSED
REMA	RKS	NOT	re: Fidelity Re(	QUIRES A FIVE	YEAR LOSS HIS	TORY					ATT	CHMEN	TS		
												STATE S	SUPPLEMEN	IT(S) (If	applicable)
ļ															
						Y) HAS BEEN GIV	EN TO THE APP	LICANT. (Not app	licable in all stat	es, consult your ager	t or brok	er for you	ır state's req	uiremer	nts.)
PERS	ONAL	L INFOF		JT YOU, INCLU	JDING INFORM					OM PERSONS OT					
										S OTHER PERSO YOU HAVE THE					
INFO	RMAT	ION IN	OUR FILES A	ND CAN REC	QUEST CORRE	CTION OF ANY	INACCURACI	ES. A MORE	DETAILED D	ESCRIPTION OF	YOUR	RIGHTS	AND OU	r pra	

ACORD 125 (2002/01)

ACORD COMMERCIAL C	SENERAL	LIABILIT	Y SECT	ON	DAT	ſE
PRODUCER PHONE (A/C, No, Ext):	APPLICANT (First Named Insured)					
	EFFECTIVE DATE	EXPIRATION DATE	DIRECT BILL	PAYMENT F	2LAN	AUDIT
			AGENCY BILL			
	FOR COMPANY					
CODE: SUB CODE:	USE ONLY					
AGENCY CUSTOMER ID:						
COVERAGES	LIMITS					
COMMERCIAL GENERAL LIABILITY	GENERAL AGGREGATE		\$		PREMIUN	//S
CLAIMS MADE OCCURRENCE	PRODUCTS & COMPLETE	ED OPERATIONS AGGR	EGATE \$	PRI	EMISES/OPERAT	IONS
OWNER'S & CONTRACTOR'S PROTECTIVE	PERSONAL & ADVERTISI	NG INJURY	\$			
	EACH OCCURRENCE		\$	PRO	ODUCTS	
DEDUCTIBLES	DAMAGE TO RENTED PR	EMISES (each occurren	nce) \$			
PROPERTY DAMAGE \$	MEDICAL EXPENSE (Any	one person)	\$	ОТІ	HER	
BODILY INJURY \$	EMPLOYEE BENEFITS		\$			
\$ PER OCCURRENCE				тот	ΓAL	
OTHER COVERAGES, RESTRICTIONS AND/OR ENDORSEMENTS (For him	red/non-owned auto covera	ges attach the Business	s Auto Section, ACORD	127)		

#### SCHEDULE OF HAZARDS

LOCATION		CLASS	Р	REMIUM		EXPOSURE	TERR	RA	(U) UNIT - PER UNIT	NIUM	
#	CLASSIFICATION	CODE		BASIS			TERR	PREM/OPS	PRODUCTS	PREM/OPS	PRODUCTS
		AYROLL - PER \$1, REA - PER 1,000/\$				C) TOTAL COST - P 1) ADMISSIONS - P			(U) UNIT - (T) OTHEF		
CLAIMS I	MADE (Explain all "Yes" respon	ses)			EMF	LOYEE BENI	EFITS L	IABILITY			
1. PROPO	SED RETROACTIVE DATE:				1. DE	EDUCTIBLE PE	R CLAIN	1: \$			
	DATE INTO UNINTERRUPTED CLA		V:		2. NI	JMBER OF EM	PLOYEE	S:			
3. HAS AN BEEN E	IY PRODUCT, WORK, ACCIDENT, C XCLUDED, UNINSURED OR SELF-I	OR LOCATION		YES NO				S COVERED	BY EMPLOY	EE BENEFITS P	LANS:
	ANY PREVIOUS COVERAGE?			4. RE	ETROACTIVE D	DATE:					
	AIL COVERAGE PURCHASED UND POUS POLICY?	ER ANY									
REMARKS					REM#	ARKS					
ACODD	26 (2000/04)										DATION 4002

# 

EXPLAIN ALL "YES" RESPONSES (For particular text)	st or present operation	າຣ)	YES	NO	EXPLAIN ALL "YE	S" RESPONSES (Fo	r past or present o	perations)	YES	NO NO
1. DOES APPLICANT DRAW PLAN FOR OTHERS?	S, DESIGNS, OR S	SPECIFICATIONS			4. DO YOUR S LESS THAN		RS CARRY CO	VERAGES OR LIMITS		
2. DO ANY OPERATIONS INCLUDE EXPLOSIVE MATERIAL?	E BLASTING OR U	TILIZE OR STORE				NTRACTORS AL YOU WITH A CE				
3. DO ANY OPERATIONS INCLUDE UNDERGROUND WORK OR EAR		UNNELING,				ICANT LEASE EC PERATORS?	QUIPMENT TO	OTHERS WITH OR		
REMARKS/DESCRIBE THE TYPE OF WOR	K SUBCONTRACTED	\$ PAID TO SUB- CONTRACTORS:			% OF WOR SUBCONT	K RACTED:	# FULL- TIME STAFF:	# PART- TIME STAFF:		
PRODUCTS/COMPLETED OPE	RATIONS									
PRODUCTS ANNU	JAL GROSS SALES	# OF UNITS				INTENDED	USE	PRINCIPAL COMPON	IENTS	

EXPLAIN ALL "YES" RESPONSES	(For any past or present pro	duct or operation)	YES	NO	EXPLAIN ALL	"YES" RESPONSES (For any past or pro	esent product or operation)	YES	NO
1. DOES APPLICANT INSTALL,	SERVICE OR DEMONSTR	RATE PRODUCTS?			6. PRODU	ICTS RECALLED, DISCONTINUE	), CHANGED?		
2. FOREIGN PRODUCTS SOLD,	DISTRIBUTED, USED AS	COMPONENTS?			7. PRODU	ICTS OF OTHERS SOLD OR RE-F	ACKAGED UNDER		
3. RESEARCH AND DEVELO	PMENT CONDUCTED	OR NEW			APPLIC	ANT LABEL?			
PRODUCTS PLANNED?					8. PRODU	ICTS UNDER LABEL OF OTHERS	?		
4. GUARANTEES, WARRANT	TIES, HOLD HARMLES	S AGREEMENTS?			9. VENDO	RS COVERAGE REQUIRED?			
5. PRODUCTS RELATED TO	AIRCRAFT/SPACE INE	OUSTRY?			10. DOES A	NY NAMED INSURED SELL TO OTHE	R NAMED INSUREDS?		
PLEASE ATTACH LITERATURE, BR	OCHURES, LABELS, WARN	IINGS, ETC							

ADI	DITIONAL I	NTEREST/C	ERTIFICATE RECIP	IENT	ACORD 45 attached for	ado	ditional names				
INTE	REST	RANK:	NAME AND ADDRESS	REFERENCE #:			CERTIFICATE REQUIRED	INTEREST IN	ITEM NUMBER		
	ADDITIONAL	INSURED						LOCATION:	BUILDING:		
	LOSS PAYE	=						VEHICLE: BOAT:			
	MORTGAGE	E						VEHICLE: BOAT: SCHEDULED ITEM NUMBER:			
		ર						OTHER			
	EMPLOYEE	AS LESSOR									
			ITEM DESCRIPTION:								

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)	YES	NO	EXPLAIN ALL "YES" RESPONSES (For all past or present operations)	YES	NO
1. ANY MEDICAL FACILITIES PROVIDED OR MEDICAL PROFESSIONALS			12. ANY STRUCTURAL ALTERATIONS CONTEMPLATED?		
EMPLOYED OR CONTRACTED?			13. ANY DEMOLITION EXPOSURE CONTEMPLATED?		
2. ANY EXPOSURE TO RADIOACTIVE/NUCLEAR MATERIALS?			14. HAS APPLICANT BEEN ACTIVE IN OR IS CURRENTLY ACTIVE IN		
3. DO/HAVE PAST, PRESENT OR DISCONTINUED OPERATIONS			JOINT VENTURES?		
INVOLVE(D) STORING, TREATING, DISCHARGING, APPLYING, DISPOSING, OR TRANSPORTING OF HAZARDOUS MATERIAL?			15. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?		
(e.g. landfills, wastes, fuel tanks, etc)			16. IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS		
4. ANY OPERATIONS SOLD, ACQUIRED, OR DISCONTINUED IN			OR SUBSIDIARIES?		
LAST 5 YEARS?			17. ARE DAY CARE FACILITIES OPERATED OR CONTROLLED?		
5. MACHINERY OR EQUIPMENT LOANED OR RENTED TO OTHERS?			18. HAVE ANY CRIMES OCCURRED OR BEEN ATTEMPTED ON		
6. ANY WATERCRAFT, DOCKS, FLOATS OWNED, HIRED OR LEASED?			YOUR PREMISES WITHIN THE LAST THREE YEARS?		
7. ANY PARKING FACILITIES OWNED/RENTED?			19. IS THERE A FORMAL, WRITTEN SAFETY AND SECURITY		
8. IS A FEE CHARGED FOR PARKING?			POLICY IN EFFECT?		
9. RECREATION FACILITIES PROVIDED?			20. DOES THE BUSINESSES' PROMOTIONAL LITERATURE MAKE		
10. IS THERE A SWIMMING POOL ON THE PREMISES?			ANY REPRESENTATIONS ABOUT THE SAFETY OR SECURITY		
11. SPORTING OR SOCIAL EVENTS SPONSORED?			OF THE PREMISES?		
REMARKS					
ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURAL					
STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, C MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A (				FACT	Г
PENALTIES. (NOT APPLICABLE IN CO, HI, NE, OH, OK, OR; IN DC, LA, ME AND V					

		F	PRC	<b>DPER</b>	TY S	SECT		N										D	ATE (MM/	DD/YYYY)
	PHONE A/C, No FAX A/C, No						APPL (First Name Insure	ed												
							EFFI	ECTIVE D	ATE	EXPIR	ATION DATE		DIREC			ΡΑΥ	MENT	PLAN		AUDIT
							FOR					_	AGEN		<u> </u>					
CODE:			:	SUB CODE:			USE 0	PANY ONLY												
AGENCY CUSTOMER ID:																				
PREMISES IN	FORM	ATION	1	1	PR	EMISES #:		BUILDIN	G #:	;	STREET ADDF		S:		<u> </u>					
SUBJECT	OF INS	URANC	E	AMC	DUNT	COINS %	VALUA	ATION C	AUSES	OF LO	SS INFLATIO	0N 0 %	DEDUCT	IBLE (	BLANK	GE FO	RMS A	ND CO	NDITIONS	TO APPLY
								_				_				_				
			NEORM								BUSINESS IN				VDENS		EVTR	A EXPE	NGE	
TYPE OF BUSINI					POWER/H			EXT PERI	OD		TUITION FEE					- I I M POWER				
NON MFG				INCL	\$	DED			DAYS	s s _			JDENTS		POWE				% COIN	ı
MFG			90 DAYS		ELEC MED			MO PERIO				. OTH	HER ED		WATE			со	NT LOC	
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% C	OINS		\$		ORD OR L	AW		MAX PER	IOD						(DESC	R BELOW)		MF	G LOC	
						DAYS	6											LDF	R LOC (DE	SC BELOW)
NAME AND ADD	RESS(E	S) FOR	OFF PR	EM POWER C	DR DEPEND	PROP										EXTI EXP	RA ENSE		_ DAYS F	PERIOD REST
																LIMIT LOS	S PAY	(		
ADDITIONAL CO	/FRAG	ES OP	TIONS F	ESTRICTION	S ENDORS	EMENTS AN			MATION							%		%		%%
CONSTRUCTION														T			I			
			DIS HYDRA	TANCE TO	мі		E DISTRIC	CT/COD	ENUM	BER	-	PROT CL	# STO	DRIES #	BASM'TS	YR	BUILT	TOTAL A	AREA	
BUILDING IMPRO	OVEMEI	NTS		DIS HYDRA	NT FIRE S		ODE			E NUM			PROT CL			BASM'TS	YR	BUILT	TOTAL A	NREA
	<b>DVEMEI</b> २:	NTS		HYDRA	NT FIRE S	MI BLDG C	ODE DE					c		CUPA	NCIES		YR	BUILT	TOTAL A	NO
WIRING, YF	<b>DVEMEI</b> २:	NTS			NT FIRE S	MI BLDG C GRAI	ODE DE			DOF TY		C F		CUPA	NCIES					
WIRING, YF	<b>DVEMEI</b> R: YR:		E		NT FIRE S	MI BLDG C GRAI	DE LASS		SEMI- RESIST	DOF TY	PE	C F	DTHER OC HEATING E	CUPAI BOILER	ON PRE	MISES?			YES	NO
Wiring, yf Roofing, Other:	DVEMEI R: YR: RE & DI	STANC	E		NT FIRE S	MI BLDG C GRAI WIND C	LASS SISTIVE		SEMI- RESIST		PE	C  - 	DTHER OC HEATING E	BOILER INSUR/	ON PRE	MISES?		ERE?	YES	NO NO
WIRING, YI ROOFING, OTHER: RIGHT EXPOSUF BURGLAR ALAR	YR: RE & DIS	STANC		PLUMBING, HEATING, Y	NT FIRE S	MI BLDG C GRAI WIND C RE LEFT EXPO	LASS SISTIVE		SEMI- RESIST		PE OTHER	C  - 	DTHER OC HEATING E	BOILER INSUR/ XPOSL	ON PRE ON PRE ANCE PL JRE & DI (TENT	MISES? ACED ELS STANCE GRADE	EWHE	ERE?	YES	NO NO
WIRING, YI ROOFING, OTHER: RIGHT EXPOSUF BURGLAR ALAR BURGLAR ALAR	DVEMEI YR: RE & DI M TYPE M INSTA	STANC	AND SE	PLUMBING, HEATING, Y	YR: R:	MI BLDG C GRAI WIND C LEFT EXPO	CODE DE LASS SISTIVE SURE & TE #		DE RO		PE OTHER RATION DATE	⊢ II	HEATING E	BOILER INSUR/ XPOSL	ON PRE ON PRE ANCE PL JRE & DI (TENT	MISES? ACED ELS STANCE	EWHE	CEI	YES YES	NO NO ATION
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WIRING, YI ROOFING, OTHER: RIGHT EXPOSUF BURGLAR ALAR BURGLAR ALAR	DVEMEI ?: YR: RE & DI M TYPE M INST PROTE	STANC	AND SE	PLUMBING, HEATING, Y	YR: R:	MI BLDG C GRAI WIND C LEFT EXPO	CODE DE LASS SISTIVE SURE & TE #		DE RO		PE OTHER RATION DATE	⊢ II	HEATING E	BOILER INSUR/ XPOSL	ON PRE ON PRE ANCE PL JRE & DI (TENT	MISES? ACED ELS STANCE GRADE	EWHE		YES YES NTRAL ST, TH KEYS DCK HOUR	ATION NO
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WIRING, YI ROOFING, OTHER: RIGHT EXPOSUE BURGLAR ALAR BURGLAR ALAR PREMISES FIRE ADDITIONAL RANK: INTEREST LOSS PAYEE MORT- GAGEE	VEMEI R: YR: RE & DIS M TYPE M TYPE PROTE INTE NAMI	STANC ALLED CTION E RES E AND /	AND SE (Sprinkl TS ADDRES	HYDRA PLUMBING, Y HEATING, Y RVICED BY ers, Standpip S S	NT FIRE S	MI BLDG C GRAI WIND C LEFT EXPO CERTIFICAT	CODE DE LASS SISTIVE SURE & TE #				PE OTHER RATION DATE ALARM MANU ALARM MANU ST DSS AYEE ORT- AGEE			CCUPAI GOILER INSUR/ XPOSL # C # C	ON PRE ANCE PL JRE & DI CTENT GUARDS	MISES? ACED ELS STANCE GRADE WATCHME			YES YES NTRAL ST, TH KEYS DCK HOUF NTRAL ST, CAL GONG	ATION ATION CERTIF- CERTIF- ICATE POLICY NOT OWNED
WIRING, YI ROOFING, OTHER: RIGHT EXPOSUF BURGLAR ALAR BURGLAR ALAR PREMISES FIRE ADDITIONAL RANK: INTEREST LOSS PAYEE MORT- GAGEE VALUE REP	VEMEI R: YR: RE & DIS M TYPE M TYPE PROTE INTE NAMI	STANC ALLED CTION E RES E AND /	AND SE (Sprinkl TS ADDRES FORM	HYDRA PLUMBING, Y HEATING, Y RVICED BY ers, Standpip S S	NT FIRE S	MI BLDG C GRAI WIND C LEFT EXPO CERTIFICAT	CODE DE LASS SISTIVE SURE & TE #				PE OTHER RATION DATE ALARM MANU ALARM MANU ST DSS AYEE ORT- AGEE		THER OC	BOILER BOILER XPOSU # C # C	NCIES ON PRE ANCE PL JRE & DI JRE & DI JRE & DI JRE & DI JRE & DI	MISES? ACED ELS STANCE GRADE WATCHME			YES YES NTRAL ST. TH KEYS DCK HOUF NTRAL ST. CAL GONG	ATION RLY ATION B EVIDENCE CERTIF- ICATE POLICY

PRE	MISES INFO	RMA		N			PR	EMISES #:	BUI	LDING #:		STR	EET ADDRES	S:									
	SUBJECT OF	INSU	RAN	CE		AMO	UNT	COINS %	VALUATIO	CAUSE	s o	OF LOSS	INFLATION GUARD %	DEDUCTI	BLE	BLANK COVER	ET Age	FOR	MS ANI		DITIONS T	Ο ΑΡ	PLY
					_																		
								IE/EXTRA EX					ISINESS INCO	ME W/O EX	(TRA				XTRAE				
TYPE	OF BUSINES	0		NARY PA	AYRO		POWER/H			PERIOD	ŀ		ITION FEES		-1			/ER	┍──┘╹		D PROP		
	NON MFG					INCL	\$	DED		DAY	YS	1			-	POWE			_ <b>-</b>		_ % COIN		
	MFG MINING			90 DAN 180 DA			ELEC MED	DAYS		eriod Lim		\$	0 SE	THER ED ERV/INC						REC	TLOC		
	% COIN	<u>_</u>		\$	110		ORD OR L		МАХ	PERIOD					L		R BEL	(WC		MFG			
				] ♥				DAYS		LINOD											LOC (DES	C BE	LOW)
NAM	E AND ADDRE	SS(ES	) FO	R OFF P	REM	POWER O	R DEPEND		•					•				EXTRA	A NSE -	<u> </u>	DAYS PE		
																		LOSS					
																		_%		_%	%	_	%
ADDI	TIONAL COVE	RAGE	s, o	PTIONS,	RES	TRICTION	S, ENDORS	EMENTS AND	RATING IN	FORMATIO	N												l
CON	STRUCTION TY	PE					TANCE TO	тат	FIRE DIS	STRICT/COL	DE	NUMBER	2	PROT CL	# S1	ORIES	# BASN	1'TS	YR BU	ЛLТ	TOTAL AF	REA	
						in Dia	FT	м															
BUIL	DING IMPROVI	MEN	гs					BLDG CO GRAD	DDE TAX	CODE R	ROC	OF TYPE		OTHER OC	CUP	ANCIES							
	WIRING, YR:				PL	_UMBING,	YR:	_															
	ROOFING, YR				Н	EATING, YI	R:	WIND CL	ASS				_	HEATING E	OILE	R ON PR	EMISES	3?			YES		NO
	OTHER:							RES	SISTIVE	SEMI- RESIS	STIV	/F	OTHER	IF YES, IS I	NSUF	RANCE P	LACED	ELSE	WHER	E?	YES		NO
RIGH	T EXPOSURE	& DIST	TAN	CE				LEFT EXPOS	SURE & DIS	TANCE				REAR E	KPOS	URE & D	ISTANO	E					
BUR	GLAR ALARM	YPE						CERTIFICAT	E #		1	EXPIRAT	ION DATE		E	XTENT	GRA	DE		CEN	TRAL STA	TION	
																				WITH	H KEYS		
BUR	GLAR ALARM I	NSTAI	LLED	D AND SI	ERVI	CED BY									#	GUARDS	S/WATC	HMEN	'⊢	CLO	CK HOURL	Y	
005		0750		l (Carial	dana	Cton du in a	c CChami	aal Custama)			Т.								—	<u> </u>			
PREI	ISES FIRE PR	UIEC	nor	v (Sprine	kiers,	Standpipe	es, Gøchem	cal Systems)		%SPRNK	1	FIRE ALA	RM MANUFA	CIURER					-	CEN	TRAL STA	TION	
																				LOC	AL GONG		
	DITIONAL II		-		-					I					-			—			<u> </u>		
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	LOSS PAYEE MORT-									POLICY		LOSS PAYE	E T-								-	_ P(	OLICY
	MORT- GAGEE									ŀ		MOR GAGE	ÉE										
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				SUBJE	ECTC	OF INSURA	ANCE					LDING		AT INCEPTI	ON		AFTER	INCEF	TION	_	LIN	<u>IIT</u>	
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PEN	ALTIES. (No	t app	lica	ble in C	:O, F	H, NE, O	PH, OK, OI	≺ or VT; In I	JC, LA, M	E and VA	., in	nsurance	e benefits m	ay also be	e den	ied)							

ACORD 140	(2001/08)
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## **CID Insurance Programs Inc. DBA CID Insurance Services**

		Martial	Arts Program	ns Application		
Nai	me of Applicant:	(Comp	lete in addition to ACORD Gene			
1.	Type of school: Martial art taught:	Amateur	Professional	Semi-professional		
2.		ots from all operations , food receipts, clothir	:: ng and equipment sales, etc.)			
3.	Describe other oper	rations on premises				
	(weight room, exerc	sise equipment, boxin	g ring, heavy bags, tanning b	eds, pool, showers, locker room, climb	ing wall, etc.)	
4.	Describe protective	equipment (mats, pa	ds, gloves, headgear, etc.), if	any, that is used:		
5.		ir parents required to a copy of the waiver			Yes N	No
6.				e is an event sponsored by you, open mbers from another club or school.)	to the public, where	
7.		itions you sponsor. (A ted to members of the		s an event sponsored by you, open to	the public, where the	
8.	Describe any additi	onal off-site activities:				
9.	Total number of stu	dents enrolled:				_
	Students' ages rang	ge from to				
10.	Are you involved wi	th any Ultimate Fighti	ng Championships?		Yes N	۷o

### APPLICABLE IN THE STATE OF NEW YORK

Any person who knowingly and with intent to defraud any insurance company or other 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

### **FRAUD WARNING**

Any person who knowingly and with intent to defraud any insurance company or other 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 such person to criminal and civil penalties.

PRODUCER'S SIGNATURE:	SIGN HERE DATE:
APPLICANT'S SIGNATURE:	
AGENT NAME:	AGENT LICENSE NUMBER:
(Applicable to Florida Agents Only.)	