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				BOILER & M	ACHINERY			GAR	AGE AND DEAL	ERS		VEHICLE SCH	IEDULE	
								GLA	SS AND SIGN		-		OMPENS/	ATION
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GENERAL INFORMATION		_		VEC	NO
EXPLAIN ALL "YES" RESPONSES		NO	EXPLAIN ALL TES RESPONSES		-
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY?			ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED 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?			B. 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 SUBMIT	TED?		11. HAS BUSINESS BEEN PLACED IN A TRUST?  IF YES, NAME OF TRUST:		E
					F
REMARKS/PROCESSING INSTRUCTIONS (Attach additional sheets if m	s.c. space to required)				
CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONC FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS			OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COIND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, HI, NE, OH, OK, OR, or VT; i		
ME, TN, VA and WA, insurance benefits may also be denied)	APPLICANT AND CERT	IFIES	THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUEST		
APPLICANT'S SIGNATURE	DATE		DDUCER'S SIGNATURE NATIONAL PRODUCER	NUN	ИВЕГ

INE	CATE	GORY				_							-					_			
	CARRIER					4															
	POLICY NUM	BER					,	_						T	_	_		<u> </u>	01 11110		
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ENTER	ALL CLAIMS	Y OR LOSSES (REC EARS (3 YEARS I	GARDLESS C	F FAL	JLT AND W	HETHE	R OR NO	TINS	URED) OR OC	CURRE	NCES T	HAT MAY GIV	E RISE	TO CLAI	MS		HK H	ERE	SEE	ATTAC S SUM	HED
		EARS (3 YEARS I	N KS & NY)			-											NON =				CLAIM
OCCU	TE OF JRRENCE	LINE	TYPE	DESC	RIPTION OF	occ	URRENC	E OR	CLAIM	1	DATE OF CLA	IM	,	MOUNT				AMOU RESER!			EN CL
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EMAR	KS NOT	E: FIDELITY REQ	UIRES A FIV	E YEA	R LOSS HIS	TORY	,									AT	TACH	MENTS			
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	ODV OF THE	NOTICE OF INF	ORMATION	PR∆∩	TICES (PPI	VACY	1 HAS BE	EN G	IVEN TO THE	APPI IC	ANT. (N	ot applicable i	in all st	ates, cons	ult vou	r agent	or bro	ker for	your state's	require	ements
OTIC	E OF INSUE	ANCE INFORM	ATION PRA	CTIC	ES PERSO	NAI	INFORM	ATIO	N ABOUT YO	U. INC	LUDING	INFORMAT	ION F	ROM A	CREDI	T REP	DRT.	MAY E	SE COLLE	CTED	FROM
PPSC	AND OTHER	THAN YOU IN	CONNECTI	ON M	/ITH THIS A	APPI I	ICATION	FOR	INSURANCE	= AND !	SUBSEC	DUENT POLI	CY RE	NEWAL	S. SU	CH INF	ORN	AHON	IAS WEL	LASO	) I HER
	ANIAL AND E	PRIVILEGED IN	FORMATION	I COL	LI ECTED F	RY 119	SOROL	IR A	GENTS MAY	IN CER	RTAIN (	CIRCUMSTAI	NCES	BE DISC	CLOSE	р то	THIRI	) PAR	TIES WITH	HOUT	YOUR
PERSO	NOITATION	YOU HAVE TH	JE PICHT T	ORF	IOV WHIVE	IR PE	RSONA	INF	ORMATION	IN OUR	FILES	AND CAN F	REQUE	ST COR	RECT	ION OI	- AN'	/ INA	CURACIE	.o. A	MOUT

Page 3 of 3

40	OR		IERCIA	L GE	NEI	RAL LIAE	BILIT	Y SE	CTION	DATE	II/DD/TTTT)
SENC	Y P	PHONE A/C, No, Ext): A/C, No):		APPLIC (First Named Insured						•	
					CTIVE DA	E EXPIRATION DATE		IRECT BILL GENCY BILL	PAYM	MENT PLAN	AUDIT
_				FOR COMPA	NY U Y						
DE: ENC	Y MER.ID:	SUB CODE:									
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_		IAL GENERAL LIABILITY		GENERAL A	GGREGA	TE		\$		PREMI	JMS
+		IS MADE OCCURREN	NCE	PRODUCTS	& COMPL	ETED OPERATIONS AGG	REGATE	\$		PREMISES/OPERA	ATIONS
1		& CONTRACTOR'S PROTECTIVE		PERSONAL	& ADVER	TISING INJURY		\$			
				EACH OCCU	JRRENCE			\$		PRODUCTS	
ouc	TIBLES			DAMAGE TO	RENTED	PREMISES (each occurre	ence)	\$		OTHER	
F	ROPERTY	Y DAMAGE \$	PER	MEDICAL E	KPENSE (	Any one person)		\$		OTHER	
1	ODILY IN	JURY \$	CLAIM	EMPLOYEE	BENEFIT	<u> </u>		\$		TOTAL	
		§ GES, RESTRICTIONS AND/OR ENDO	OCCURRENCE				ala atata Di	rainage Austa B	action ACOPD 13	-	
		OF HAZARDS	01.000	PREMIU	4	- FVDCOUPS	TERR	R	ATE	PREMIU	М
C	HAZ #	CLASSIFICATION	CLASS CODE	BASIS	^	EXPOSURE	TERR	PREM/OPS	PRODUCTS	PREM/OPS	PRODUCT
GF	OSS SALE	ES - PER \$1,000/SALES (A	P) PAYROLL - PER \$ A) AREA - PER 1,000	51,000/PAY 0/SQ FT		(C) TOTAL COST - (M) ADMISSIONS -	PER 1,000	/ADM	(U) UNIT - F (T) OTHER		
		DE (Explain all "Yes" res	ponses)			1. DEDUCTIBLE PE					
		O RETROACTIVE DATE: TE INTO UNINTERRUPTED CL	AIMS MADE COV	J·		2. NUMBER OF EM					
HA	S ANY P	RODUCT, WORK, ACCIDENT, LUDED, UNINSURED OR SELF PREVIOUS COVERAGE?	OR LOCATION		YES NO		PLOYEE		BY EMPLOYE	E BENEFITS PLAN	IS:
W/		COVERAGE PURCHASED UND POLICY?	ER ANY								

EXPLAIN ALL "YES" RESPONSES	(For past or present operations	s)	Y	ES NO	EXPLAIN ALL	"YES" RESPONSES (For	past or pro	esent operations)		YES	NO
1. DOES APPLICANT DRAW I FOR OTHERS?	PLANS, DESIGNS, OR SP	ECIFICATIONS				R SUBCONTRACTORS AN YOURS?	S CARRY	COVERAGES OR	LIMITS		
2. DO ANY OPERATIONS INC EXPLOSIVE MATERIAL?	LUDE BLASTING OR UTI	LIZE OR STORE	Ξ			CONTRACTORS ALLO					
3. DO ANY OPERATIONS INC UNDERGROUND WORK O		INELING,				PPLICANT LEASE EQU T OPERATORS?	JIPMENT	T TO OTHERS WITI	H OR		
REMARKS/DESCRIBE THE TYPE C	F WORK SUBCONTRACTED	\$ PAID TO SUB- CONTRACTORS	š:	117	% OF SUBC	WORK ONTRACTED:	# FULL- TIME ST	AFF:	# PART- TIME STAFF:		
PRODUCTS/COMPLETE				TIME I	N EXPECTED	INTENDED	LICE	DRING	IPAL COMPONI	ENTS	
PRODUCTS	ANNUAL GROSS SALES	# OF UNITS		MARKE	T UPE	THE LIBER					
EXPLAIN ALL "YES" RESPONSES	(For any past or present produ	ect or operation)		ES NO	EXPLAIN ALL	"YES" RESPONSES (For	any past	or present product or o	peration)	YES	NC
1. DOES APPLICANT INSTAL			JCTS?		6. PRODU	CTS RECALLED, DISC	CONTIN	JED, CHANGED?			
<ol><li>FOREIGN PRODUCTS SOI (If "YES", attach ACORD 81</li></ol>	_D, DISTRIBUTED, USED . 5)				ICTS OF OTHERS SOI ANT LABEL?	LD OR R	E-PACKAGED UNI	DER			
3. RESEARCH AND DEVELO PRODUCTS PLANNED?	FINIENT CONDOCTED ON	IALAA			8. PRODU	CTS UNDER LABEL C	F OTHE	RS?			
4. GUARANTEES, WARRANT	TIES, HOLD HARMLESS A	GREEMENTS?				RS COVERAGE REQU					
5. PRODUCTS RELATED TO					10. DOES A	ANY NAMED INSURED	SELL T	O OTHER NAMED	INSUREDS?		_
PLEASE ATTACH LITERATURE, B	ROCHURES, LABELS, WARNIN	IGS, EIC									
ADDITIONAL INTEREST	CERTIFICATE RECIP	IENT	ACOF	RD 45	attached fo	or additional name	s				_
INTEREST RANK:	NAME AND ADDRESS	REFERENCE #:				CERTIFICATE REC	UIRED		IN ITEM NUMBE		-
ADDITIONAL INSURED							:	LOCATION:	BUILDING: BOAT:	-	
LOSS PAYEE								VEHICLE: SCHEDULED ITEM N			
MORTGAGEE  LIENHOLDER								OTHER	OIIIDEIN		
EMPLOYEE AS LESSOR	ITEM DESCRIPTION:			-							
GENERAL INFORMATIO											_
EXPLAIN ALL "YES" RESPONSES		ions)	1	YES NO	EXPLAIN ALI	L "YES" RESPONSES (For	all past o	r present operations)		YES	N
1. ANY MEDICAL FACILITIE			NALS		12. ANY \$1	TRUCTURAL ALTERA	TIONS C	ONTEMPLATED?		_	L
	O I ITO TIBLE OIT IN LESION			13. ANY DE	EMOLITION EXPOSUR	RE CONT	remplated?		-	-	
EMPLOYED OR CONTRA	ACTED?										1
2. ANY EXPOSURE TO RAI 3. DO/HAVE PAST, PRESE	DIOACTIVE/NUCLEAR MA	PERATIONS				PPLICANT BEEN ACTI VENTURES?	VE IN O	R IS CURRENTLY	ACTIVE IN		_
EMPLOYED OR CONTRA  2. ANY EXPOSURE TO RAI  3. DO/HAVE PAST, PRESEINVOLVE(D) STORING, T	DIOACTIVE/NUCLEAR MA NT OR DISCONTINUED OF REATING, DISCHARGING	PERATIONS B, APPLYING,			JOINT						
2. ANY EXPOSURE TO RAI 3. DO/HAVE PAST, PRESE INVOLVE(D) STORING, T DISPOSING, OR TRANSI (e.g. landfills, wastes, fuel	DIOACTIVE/NUCLEAR MA NT OR DISCONTINUED O REATING, DISCHARGING PORTING OF HAZARDOU tanks, etc)	PERATIONS 6, APPLYING, S MATERIAL?			JOINT 15. DO YO  16. IS THE	VENTURES?	S TO OR	R FROM OTHER EM	IPLOYERS?		
EMPLOYED OR CONTRA  2. ANY EXPOSURE TO RAI  3. DO/HAVE PAST, PRESEINVOLVE(D) STORING, I DISPOSING, OR TRANSI	DIOACTIVE/NUCLEAR MA NT OR DISCONTINUED O REATING, DISCHARGING PORTING OF HAZARDOU tanks, etc)	PERATIONS 6, APPLYING, S MATERIAL?			JOINT 15. DO YO  16. IS THE OR SU	VENTURES? U LEASE EMPLOYEE: RE A LABOR INTERC	S TO OR	R FROM OTHER EM	IPLOYERS? BUSINESS		
EMPLOYED OR CONTRA  2. ANY EXPOSURE TO RAI  3. DO/HAVE PAST, PRESEINVOLVE(D) STORING, TDISPOSING, OR TRANSI (e.g. landfills, wastes, fuel  4. ANY OPERATIONS SOLE LAST 5 YEARS?  5. MACHINERY OR EQUIPMENT OF THE PROPERTY OF	DIOACTIVE/NUCLEAR MA NT OR DISCONTINUED O TREATING, DISCHARGING PORTING OF HAZARDOU tanks, etc) D, ACQUIRED, OR DISCOI MENT LOANED OR RENTE	PERATIONS 3, APPLYING, S MATERIAL? NTINUED IN ED TO OTHERS			JOINT 15. DO YO  16. IS THE OR SU  17. ARE DO  18. HAVE A	VENTURES? U LEASE EMPLOYEE RE A LABOR INTERC BSIDIARIES?	S TO OR HANGE  OPERAT	R FROM OTHER EM WITH ANY OTHER TED OR CONTROL BEEN ATTEMPTE	IPLOYERS? BUSINESS LED?		
EMPLOYED OR CONTRA  2. ANY EXPOSURE TO RAI  3. DO/HAVE PAST, PRESEI INVOLVE(D) STORING, TO DISPOSING, OR TRANSI (e.g. landfills, wastes, fuel  4. ANY OPERATIONS SOLULAST 5 YEARS?	DIOACTIVE/NUCLEAR MANT OR DISCONTINUED OF REATING, DISCHARGING PORTING OF HAZARDOU tanks, etc)  D, ACQUIRED, OR DISCONMENT LOANED OR RENTE CKS, FLOATS OWNED, HIES OWNED, HIES OWNED, HIES OWNED, HIES OWNED/RENTED?	PERATIONS 3, APPLYING, S MATERIAL? NTINUED IN ED TO OTHERS			JOINT 15. DO YO  16. IS THE OR SU  17. ARE DO  18. HAVE A YOUR  19. IS THE	VENTURES?  U LEASE EMPLOYEE  RE A LABOR INTERC  BSIDIARIES?  AY CARE FACILITIES  ANY CRIMES OCCUR	S TO OR HANGE OPERAT RED OR HE LAST	R FROM OTHER EM WITH ANY OTHER FED OR CONTROL BEEN ATTEMPTE THREE YEARS?	IPLOYERS? BUSINESS LED? D ON		

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).

20. DOES THE BUSINESSES' PROMOTIONAL LITERATURE MAKE

ANY REPRESENTATIONS ABOUT THE SAFETY OR SECURITY OF THE PREMISES?

REMARKS

9. RECREATION FACILITIES PROVIDED?

10. IS THERE A SWIMMING POOL ON THE PREMISES?11. SPORTING OR SOCIAL EVENTS SPONSORED?

ACC	orb	•			PR	OP	ERT	Y S	SECT	TIC	N						DA	TE (MM/I	DD/YYYY)
AGENCY	PHOI (A/C, FAX (A/C,	VE No, Ext); No):				(Fir Nar	PLICANT rst med ured)									l			
						FOI	FFECTIVE DA	ATE	EXPIRATION	DATE		1	CY BILL		PAY	MENT PL	AN		AUDIT
CODE:			SUB COL	DE:		oo l	MPANY E ONLY												
AGENCY CUSTOMER	ID:																		
				ISES #:	STREET														
		DRMATION	BUILD		COINS %				S INFLATIO	N			APPLIES TO	BLK #	rl				
3053	ECTOPI	ISURANCE		AMOUNT	COINS %	ATION	CAUSES	UF LUS	GUARD	%	DED		10	#	FOI	KMS AND	CONI	DITIONS	O APPLY
ADDITIONAL					EXTRA EXPENS				D DATING				3 INFORM	ATION -	Attach A	CORD 81	1		
SPOILAGE O				OPERTY COV		IOUN	LIMIT \$		DRATING		EDUCT		REFR	G MAIN	T AGREE	MENT	ОРТІС	ONS	
# OF OPEN 9	RIDES ON	STRUCTURE:																	
CONSTRUCT			ш	DISTANCE T	TO STAT	F	IRE DISTRIC	T/CODE	NUMBER		P	ROT CL	# STOR	IES # E	ASM'TS	YR BUI	LT	TOTAL A	REA
				FT	мі														
BUILDING IN		ENTS	7		BLDG GR	CODE	TAX CODE	E RO	OF TYPE		0.	THER O	CCUPANC	IES					
WIRING	3, YR: NG, YR:	-		IING, YR: NG, YR:	WIND	CLASS		_			Н	FATING	BOILER O	N PRFM	IISES?		Т	YES	NO
OTHER				YR:	F	ESISTI	VE S	SEMI- RESISTI	VE C	OTHER			INSURAN			WHERE	?	YES	NO
RIGHT EXPO	SURE & I	DISTANCE		LEFT EXPO	OSURE & DIST	ANCE			RONT EXPOS	URE 8	L DISTA	ANCE		RI	AR EXPO	SURE &	DISTA	NCE	
BURGLAR A	LARM TY	PE			CERTI	FICATE	E #							E)	PIRATIO	DATE		CENTR. WITH K	AL STATION
BURGLAR A	LARM IN	STALLED AND S	ERVICED E	зү				E	XTENT			GRAD	E	# GUAF	DS/WAT	CHMEN			HOURLY
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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, MA, NE, OH, OK, OR or VT; in DC, LA, ME, TN, VA and WA insurance benefits may also be denied)



## **UMBRELLA / EXCESS SECTION**

DATE (MM/DD/YYYY)

	IMPOF	RTANT - If CL	.AIN	IS MADE is	checked	in the PC	DLICY INFO	RMA	TION sect	tion below, this	s is an ap	olication for a c	laims-made p	olicy.	
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ACCE	D 424	(2000/02)						Page	e 1 of 5	© 1991-20	009 ACO	RD CORPORA	TION. All rial	hts res	erved.

AGENCY CUSTOMER ID: UNDERLYING INSURANCE (continued) UNDERLYING GENERAL LIABILITY INFORMATION (Explain all "YES" responses) UNLIMITED? A SEPARATE LIMIT? 1. ARE DEFENSE COSTS: WITHIN AGGREGATE LIMITS? INDICATE THE EDITION DATE OF THE ISO FORM OR SIMILAR FILING FOR THE UNDERLYING COVERAGE: 3. HAS ANY PRODUCT, WORK, ACCIDENT, OR LOCATION BEEN EXCLUDED, UNINSURED OR SELF INSURED FROM ANY PREVIOUS COVERAGE? (Y / N) FOR CLAIMS MADE, INDICATE RETROACTIVE DATE OF CURRENT UNDERLYING POLICY: FOR CLAIMS MADE, INDICATE ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COVERAGE: EFF. DATE: FOR CLAIMS MADE, WAS "TAIL" COVERAGE PURCHASED FOR ANY PREVIOUS PRIMARY OR EXCESS POLICY? (Y / N) CHECK ALL COVERAGES IN UNDERLYING POLICIES, ALSO CHECK IF ANY EXPOSURES ARE PRESENT FOR EACH COVERAGE. PROVIDE AN EXPLANATION. EXPLAIN IF DIFFERENT LIMITS, EXTENSIONS, OR EXCLUSIONS, EXPLAIN ANY SPECIAL COVERAGES BEYOND STANDARD FORMS. EXPLAIN ALL EXPOSURES. EXPOSURE COVERAGE **EXPOSURE** COVERAGE **CHECK IF APPROPRIATE** PROFESSIONAL LIABILITY (E&O) CARE, CUSTODY, CONTROL ANY AUTO (SYMBOL 1) VENDORS LIABILITY EMPLOYEE BENEFIT LIABILITY CGL - CLAIMS MADE WATERCRAFT LIABILITY FOREIGN LIABILITY / TRAVEL CGL - OCCURRENCE **EXPOSURE** COVERAGE GARAGEKEEPERS LIABILITY AIRCRAFT LIABILITY INCIDENTAL MEDICAL MALPRACTICE LIQUOR LIABILITY AIRCRAFT PASSENGER LIABILITY POLLUTION LIABILITY ADDITIONAL INTERESTS UNDERLYING INSURANCE COVERAGE INFORMATION (INCLUDE ALL RESTRICTIONS; e.g. LASER ENDORSEMENTS, DISCRIMINATION, SUBROGATION WAIVERS, OR EXTENSIONS OF COVERAGE) Attach ACORD 101, Additional Remarks Schedule, if more space is required. PREVIOUS EXPERIENCE: (GIVE DETAILS OF ALL LIABILITY CLAIMS EXCEEDING \$10,000 OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS, DURING THE PAST FIVE (5) YEARS, WHETHER INSURED OR NOT. SPECIFY DATE, COVERAGE, DESCRIPTION, AMOUNT PAID, AMOUNT OUTSTANDING) Attach ACORD 101, Additional Remarks Schedule, if more space is required.

						F	ADIUS (MILE	
Т	YPE	# OWNED	# NON- OWNED	# LEASED	PROPERTY HAULED	LOCAL	INTER- MEDIATE	LONG
PRIVATE	PASSENGER							
	LIGHT							
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TRUCKS	HEAVY							
	EX. HEAVY							
TRUCKS /	HEAVY							
TRACTORS								
BUSES								

VELUOLEO

## **AGENCY CUSTOMER ID:** ADDITIONAL EXPOSURES Y/N EXPLAIN ALL "YES" RESPONSES, PROVIDE OTHER INFORMATION REQUIRED ADVERTISERS LIABILITY 1. MEDIA USED: ANNUAL COST: \$ ARE SERVICES OF AN ADVERTISING AGENCY USED? 3. ANY COVERAGE PROVIDED UNDER AGENCY'S POLICY? AIRCRAFT LIABILITY 4. DOES APPLICANT OWN / LEASE / OPERATE AIRCRAFT? **AUTO LIABILITY** 5. ARE EXPLOSIVES, CAUSTICS, FLAMMABLES OR OTHER DANGEROUS CARGO HAULED? 6. ARE PASSENGERS CARRIED FOR A FEE? 7. ANY UNITS NOT INSURED BY UNDERLYING POLICIES? 8. ARE ANY VEHICLES LEASED OR RENTED TO OTHERS? 9. ARE HIRED AND NON-OWNED COVERAGES PROVIDED? CONTRACTORS LIABILITY 10. IS BRIDGE, DAM, OR MARINE WORK PERFORMED? 11. DESCRIBE TYPICAL JOBS PERFORMED (Attach ACORD 101, Additional Remarks Schedule, if more space is required) 12. DESCRIBE AGREEMENT (Attach ACORD 101, Additional Remarks Schedule, if more space is required) 13. DOES APPLICANT OWN, RENT, OR OTHERWISE USE CRANES? 14. DO SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN APPLICANT? **EMPLOYERS LIABILITY** 15. IS APPLICANT SELF-INSURED IN ANY STATE? FELA STOP GAP OTHER: 16. SUBJECT TO: JONES ACT INCIDENTAL MALPRACTICE LIABILITY

19. INDICATE # OF DOCTORS: ACORD 131 (2009/02)

17. IS A HOSPITAL OR FIRST AID FACILITY MAINTAINED?

18. ARE COVERAGES PROVIDED FOR DOCTORS / NURSES?

NURSES:

BEDS:

ADDITIONAL EXPOSURES (continued)	AGEN	CY CUSTOMER ID:							
EXPLAIN ALL "YES" RESPONSES, PROVIDE OTHER INFORM	NATION REQUIRED				Y/N				
EPA #:		N LIABILITY							
20. DO CURRENT OR PAST PRODUCTS, OR THE DISPOSAL METHODS?	IR COMPONENTS, CONTAIN HAZ	ZARDOUS MATERIALS TH	AT MAY REQUIRE SPEC	HAL					
21. INDICATE THE COVERAGES CARRIED:  GL WITH STANDARD ISO POLLUTION EX  GL WITH STANDARD SUDDEN & ACCIDE	NTAL ONLY SEPARATE	OLLUTION COVERAGE END POLLUTION COVERAGE T LIABILITY	DORSEMENT						
THE THREE TO SHOW TO SHIP AND SOUTH			IN AIRCRAFT?		T				
<ul><li>22. ARE MISSILES, ENGINES, GUIDANCE SYSTEM</li><li>23. ANY FOREIGN OPERATIONS, FOREIGN PROD</li></ul>				REIGN COUNTRIES?					
(If "YES", Attach ACORD 815)									
24. PRODUCT LIABILITY LOSS IN PAST THREE (3)									
25. GROSS SALES FROM EACH OF LAST THREE		\$	\$						
PROTECTIVE LIABILITY  26. DESCRIBE INDEPENDENT CONTRACTORS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)									
27. DOES APPLICANT OWN OR LEASE WATERCH		AFT LIABILITY							
LOC# #OWNED LENGTH	HORSEPOWER	LOC# # OWNED	LENGTH	HORSEPOWER	<b> </b>				
20011 11011112									
	APARTMENTS / CONDOM	IINIUMS / HOTELS / MOTELS							
28. LOC# #STORIES #UNITS #SWIMMI	NG POOLS # DIVING BOARDS	LOC# # STORIES	# UNITS # SWIMMING PO	OOLS # DIVING BOARDS					
REMARKS (Attach ACORD 101, Additional									

Page 4 of 5

ACORD 131 (2009/02)

	AGENCY CUSTOMER ID:		
REMARKS (Attach ACORD 101, Additional Remarks Schedu	le, if more space is required)		
SIGNATURE	ANY INCLUDANCE COMPANY OF ANOTHER REPS	ON EILES AN ADDITO	ATION FOR INSURANCE OR
ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD AI STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFOR FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE AI PENALTIES. (Not applicable in CO, FL, HI, MA, NE, OH, OK, OR, VT or WA	RMATION, OR CONCEALS FOR THE PURPOSE OF WHICH IS A CRIME AND SUBJECTS THE PER	SON TO CRIMINAL AN	MATION CONCERNING ANT
IN FLORIDA ANY DERSON WHO KNOWINGLY AND WITH INTENT	TO INJURE, DEFRAUD, OR DECEIVE ANY INS	SURER FILES A STA	TEMENT OF CLAIM OR AN
APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADIN	IG INFORMATION IS GUILTY OF A FELONY OF TH	IE THIRD DEGREE.	
IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR ST	ATEMENT OF CLAIM CONTAINING ANY MATERI	ALL T FALSE INFURIN	ATION ON CONCERED TON
THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY F MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.	ACT MATERIAL THERETO, COMMITS A FRAUDU	ILENT INSURANCE A	CT, WHICH IS A CRIME AND
IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, IN	COMPLETE, OR MISLEADING INFORMATION TO	AN INSURANCE COM	PANY FOR THE PURPOSE OF
DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT,	FINES, AND DENIAL OF INSURANCE BENEFITS.		
IF THE COMPANY TO WHICH I AM APPLYING OFFERS UNINSURED MO	OTORISTS (UM) AND/OR UNDERINSURED MOTO	RISTS (UIM) COVERAC	GE IN MY STATE:
UNINSURED MOTORISTS (UM) COVERAGE: \$	UNDERINSURED MOTORISTS (UIM) C	OVERAGE: \$	
* IF APPLICABLE IN YOUR STATE			
APPLICABLE ONLY IN LOU	ISIANA, NEW HAMPSHIRE, VERMONT AND WISC	ONSIN	
APPLICABLE ONLY IN LOUISIANA:			
I ACKNOWLEDGE THAT UM COVERAGE HAS BEEN EXPLAINED TO M LIMITS, UM LIMITS LOWER THAN MY LIABILITY LIMITS, OR TO REJECT	ME, AND I HAVE BEEN OFFERED THE OPTION OF	F SELECTING UM LIM	ITS EQUAL TO MY LIABILITY
i i	-	OF IN ITS ENTIPETY	
1. I SELECT UM LIMITS INDICATED IN THIS APPLICATION. (INITIALS)	OR 2. I REJECT UM COVERA	GE IN 113 ENTIRETT.	(INITIALS)
APPLICABLE ONLY IN NEW HAMPSHIRE:	AND LUNE BEEN OFFEDER THE ORTION OF	E SELECTING LIM LIM	NTS FOLIAL TO MY HARILITY
I ACKNOWLEDGE THAT UM COVERAGE HAS BEEN EXPLAINED TO M LIMITS OR TO REJECT UM COVERAGE ENTIRELY.	AL, AND I HAVE BEEN OFFERED THE OFTION OF	F SELECTING OW LIN	TO EQUAL TO WIT EMBIETT
I SELECT UM LIMITS INDICATED IN THIS APPLICATION.  (INITIALS)	OR 2. I REJECT UM COVERA	AGE IN ITS ENTIRETY.	(INITIALS)
APPLICABLE ONLY IN VERMONT:			NOATED IN THE
I ACKNOWLEDGE THAT I HAVE BEEN OFFERED UM COVERAGE E APPLICATION.	QUAL TO MY LIABILITY LIMITS. I HAVE SELEC	CIED THE LIMITS INL	DICATED IN THIS
APPLICABLE ONLY IN WISCONSIN:			
UM COVERAGE: IS AVAILABLE IS NOT AVAILABLE			NOT AVAILABLE
IMPORTANT - THE STATEMENTS (ANSWERS) GIVEN ABOVE ARE THE ANY MATERIAL FACT OR CIRCUMSTANCE CONCERNING THIS APPLI	RUE AND ACCURATE. THE APPLICANT HAS NOT CATION. THIS APPLICATION DOES NOT CONSTITUTE.	T WILLFULLY CONCE.	
PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)		STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE		DATE	NATIONAL PRODUCER NUMBER

A	COR	D <sub>™</sub> Bl	JSINESS A	٩U	TC	SEC	TI	ON	1							DATE (	MM/DD/Y	YYY)
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						FOR COMPANY USE ONLY											-	
AGENC CUSTO	Y MER ID:		SUB CODE:			- OSE ONET												
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DRIVER #	N	IAME (Include a	ddress, if required)	SEX	MAR	DATE OF BIR	нтя	YRS EXP	YEAR LIC	DRIVE	RS LIC	ENSE NUMBER/ URITY NUMBER	STAT	E DATE HIRE	BROADEN NO-FAULT	DOC	USE VEH#	USE
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OWN	ED BY AND	REGISTERED	TO THE APPLICANT?				-					D BY FAMILY MEN			Y IN REM	MARKS		+
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			ED, ALTERED OR HAVE SP	ECIAL	EQUIP	MENT?						IED BUT NOT SCI				N?		
			GS REQUIRED?					1	4. ANY [	DRIVERS	WITH	CONVICTIONS FO	OR MO	VING TRAFFIC V	IOLATIC	NS?		
-			NSPORTING HAZARDOUS	MATER	RIAL?			1	5. HAS A	AGENT IN	SPEC	TED VEHICLES?		MAXIMUM DOL	I AD VAI	IIE QI	IR IECT TO	01088
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	< 15	MILES		PLEASURE	F	RETAIL		LIAB	MED F	_	TOWING & LABOR	FT		COMP		FG	1	/	AA	STAMT	\$		
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COVERAGE	USED	COVERE	EREST IN D AUTOS OWN	IN FII	EREST ONLY NANCED ED AUTOS	INTER	D FINANCED ESTS IN ED AUTOS	LOC #	ESTIMATED ANNUAL REMUNERATION	# EMPLOYEES
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SPECIFIED PERILS									\$	
COLLISION									\$	

SERVICE OR REPAIR SHOPS NUMBER OF GALLONS OF GAS PUMPED PER YEAR: ANNUAL GROSS SALES \$

	RS, INCLUDING FAMILY MEMBE	RS THAT WILL DRIV	E COMPANT	VERICLE	3, AND EMPLOTEES	VDC	VEAD	N VEHICLES ON COMPANY BUS	STATE	DATE	USE	%
RIVER #	NAME (Include address	, if required)	SEX	MAR STAT	DATE OF BIRTH	EXP	YEAR LIC	DRIVERS LICENSE NUMBER/ SOCIAL SECURITY NUMBER	LIC	DATE HIRE	USE VEH#	usi
											-	
												-
									-		+	-

LAIN ALL "YES" RESPONSES			YES	NO	EXPLAIN ALL	'YES'	RESPONSES		TE	S N
OES APPLICANT RENT, LEASE	OR LOAN VEHICLES TO O	THERS?			11. DOES APP	LICAN	NT USE TOW TRUCKS?			
OES APPLICANT PICK-UP OR					12, DO EMPLO	YEES	REGULARLY USE OWN AU	TOS ON COMPANY BUSINESS?		
OES PICK-UP OR DELIVERY E	XCEED 50 MILES?				13. DOES APP	LICAN	NT PARK CUSTOMER'S VEH	CLES ON PUBLIC STREETS		
TIRE RECAPPING OR RETRE					OR OFF PR					4
OES APPLICANT OWN OR SPO		3?			14. IS A CHAR	GE M	ADE FOR PARKING? (Give lo	cations, # attendants)		4
OES APPLICANT HANDLE BUT	ANE, PROPANE OR OTHER	R GASES?			15. ANY PRIVA	TE P	ROTECTION SYSTEMS? (fer	ces, dogs, alarms, guards)		1
RE VEHICLES FURNISHED FO					16. IS APPLICA	ANT II	VOLVED IN ANY "NON GAR	AGE" OPERATIONS?		
OES APPLICANT PERFORM SI					(Mini Marts,	Liqu	or Stores, etc)			1
OES APPLICANT DRIVE-AWAY	OR HAUL-AWAY VEHICLE	S FROM			17. DOES APP	LICAI	NT PERFORM ROAD EMERG	ENCY SERVICES?		1
ACTORY DISTRIBUTING POIN					18. ANY DRIVE	RS V	WITH CONVICTIONS FOR MC	VING TRAFFIC VIOLATIONS?	+	+
DOES APPLICANT DISMANTLE	AUTOS OR HAVE SALVAG	E OPERATION?								
DITIONAL INTEREST	CERTIFICATE REC	IPIENT	ACORD	45	attached for	r ad	ditional names		_	_
EREST RANK:	NAME AND ADDRESS	REFERENCE #:					CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBE	R_	
ADDITIONAL INSURED								VEHICLE:		
LOSS PAYEE								SCHEDULED ITEM NUMBER:		
LIENHOLDER								OTHER		
EMPLOYEE AS LESSOR										
-										
	ITEM DESCRIPTION:									
EREST RANK:	NAME AND ADDRESS	REFERENCE #:					CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBI	R	
ADDITIONAL INSURED	1	21						VEHICLE:		
LOSS PAYEE								SCHEDULED ITEM NUMBER:		
LIENHOLDER								OTHER		
EMPLOYEE AS LESSOR										
- LIMI EO PEE AO EEGGGK										
-										
MARKS	ITEM DESCRIPTION:									

1	4 <i>C</i>	OR	D	VE	:H	ICLE	ES	СН	EDI	JL	E											DAT	E (MM/DD/	YYYY)
AGE	_	PH (A	IONI	E No, Ext):							ICANT													
										EFFE		EXPIR	RATION D	DATE		1	CT BIL			PAY	MENT PLAN	٧		AUDIT
										FOR COMP USE C														
AGE		CUSTOM	ER II	D	S	UB CODE:																		
VF	1101	E DE		RIPTION																				
VE	_	YEAR		MAKE;					B	ODY YPE:							VEHI	ICLE TY	'PE	- 1	SYM/AGE		COST N	EW
				MODEL:						J.N.:						PI	Р	SPEC	-	COML		\$		
ZIP V GAR	, STAT WHERI AGED	Ė						STATE	TERR		GVW/GCW		CL	ASS		SIC		FACTO		SEAT CP	ļ		FARTHES	
DRIV WOR	/E TO RK/SCI	HOOL	USE	E		COMM'L.	COVE	CK ERAGES	ADD FAU	JLT JLT	MOTOR		F	-	LSP		RENT REIM	1B	DEDU	CTIBLES	AC	v	COMP	SPEC C OF L
-		MILES		PLEASURE		RETAIL	-	LIAB		D PAY	TOWING & LABOR		FT	-	COMP	<u> </u>	FG			W [	ST AM			
_ 4	15 Mi	ILES +		FARM		SERVICE		NO- FAULT	MO	NS TOR	SPEC C OF L		FTW		COLL				\$ TOTAL	DD=	¢	\$		COLL
DR/C	CR;	VEAC	_						P	IODY					-		VEI	IICLE TY		L PREM	\$ SYM/AGE		COST N	EW
VE	es #	YEAR		MAKE:					I	YPE:						P		SPEC		COML	.,,,,	s		
ZIP V	, STA	E	_   R	MODEL:				LIC	TERR	J.N.:	GVW/GCW		CL	ASS		SIC		FACTO	-	SEAT CP	RADIUS	-	FARTHES	TTERM
DRIV	AGED		USE	E		COMM'L	CHEC	CK		J'L NO-			F	Т	LSP	T	REN1 REIM	T IB	DEDU	CTIBLES	AC	v	СОМР	SPEC C OF L
WOF	RK/SC	HOOL		PLEASURE		RETAIL	covi	ERAGES LIAB	FAU MEI	JLT D PAY	MOTOR TOWING & LABOR		FT	-	COMP	,	FG REIM	"	A	w [	ST AM			
		ILES +		FARM		SERVICE		NO- FAULT	UNI		SPEC C OF L		FTW		COLL				\$			\$		COLL
NET DR/C	VEH			-							1, 1, 2, 21, 5	_		_		-7			TOTAL	L PREM				
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DRIN	VE TO RK/SC	HOOL	USI	7		COMM'L	COV	CK ERAGES	ADI FAU	D'L NO- JLT	MOTOR		F	-	LSP		REIM	ив		CTIBLES	- JAC		СОМР	SPEC C OF L
		MILES		PLEASURE		RETAIL		LIAB NO-	MEI	D PAY	TOWING & LABOR SPEC		FT	-	COMP		FG	-		4A	ST AM			
NET	VEH	ILES +		FARM		SERVICE	$\sqcup$	FAULT	MO	TOR	SPEC C OF L		FTW		COLL				\$ TOTAL	L PREM	\$	\$		COLL
DR/G	CR:	YEAR	$\overline{}$	MAY"					I E	ODY					_		VEH	IICLE TY			SYM/AGE	1	COST	IEW
40	rr	LAK	-	MAKE:						YPE: /.l.N.:						Р		SPE		COML		\$		
ZIP 1	/, STA WHER	RE		MODEL:				STATE	TERR	-antii	GVW/GCW		CL	ASS		SIC		FACTO		SEAT CF	RADIU	S	FARTHE	ST TERM
DRI	RAGED VE TO	0	USI	E		COMM'L	CHE	CK	ADI	D'L NO-	- UNDRINS		F		LSP	T	REN	T	DEDU	ICTIBLES	S AC	v	COMP	SPEC C OF L
WO	RK/SC	MILES	23	PLEASURE	-	RETAIL	cov	LIAB	FAL	D PAY	MOTOR		FT	H	COME	s	REIM FG	VID		AA [	ST AM	100	7.0M. [	
$\dashv$		ILES +		FARM		SERVICE	$\Box$	NO- FAULT	UNI	INS TOR	& LABOR SPEC C OF L		FTW		COLL			†	\$			\$		COLL
NET DR/	VEH			-1:	_			LAULT	MQ	, VK										L PREM				
	H#	YEAR	T	MAKE:					Ę	BODY TYPE:							VEH	HICLE T			SYM/AGE		COST	IEW
				MODEL:				1		V.I.N.:							ър	SPE	-	COML		\$	EART.	2 <b>T</b> TFP:
GAF	Y, STA WHER RAGE	D						STATE		]	GVW/GCW		CI	LASS		SIC		FACTO		SEAT CF	<u> </u>	3	FARTHE	
DRI	VE TO		US	E		COMM'L	CHE	CK ERAGES	ADI FAI	D'L NO- ULT	MOTOR		F		LSP		REN	MB	DEDU	JCTIBLES	——n		СОМР	SPEC C OF I
	< 15	MILES		PLEASURE		RETAIL		LIAB		D PAY			FT		COM		FG	1		AA	ST AM			(2000)
ME	15 M VEH	IILES +		FARM		SERVICE		NO- FAULT	MO	INS TOR	SPEC C OF L		FTW		COLL		l		\$ TOTA	1 0000	\$	\$		COL
DR	CR:		-		_				11	30DY				_			VEL	HICLE T		L PREM	\$ SYM/AGE	T	COST	NEW
VE	H#	YEAR	H	MAKE:	_					BODY TYPE:						F	PP	SPE		COML		\$		
ZIP '	Y, STA WHER	₹E	_L	MODEL:				STATE		V.I.N.:	GVW/GCW		CI	LASS		SIC	-	FACTO	-	SEAT C	PRADIU		FARTHE	ST TERM
GAF	RAGEI VE TO	D	us	E.	1	COPPE	CHE	CK /ERAGES	AD	D'L NO	)- UNDRINS	3	F		LSP	_	REN		DEDU	JCTIBLE:	S AC	v	COMP	SPEC C OF
wo	RK/SC	MILES	JS	PLEASURE		COMM'L RETAIL	cov	LIAB	FAI	ULT ED PAY	MOTOR		FT		COM	P	REIN FG	MR	$\neg$	аа Г	ST AM		- SOME	
_		IILES +	_	FARM		SERVICE		NO- FAULT	UN	INS DTOR	& LABOR SPEC C OF L		FTW		COLL		1		\$			\$		COL
NET	VEH		_	1	1_	1	-	FAULT	I	NOR	I I G OF L			-			-		TOTA	L PREM	\$			

AGENCY PH	ONE C, No, Ext): C, No):		APPLICAN (First Named	Т								
			EFFECTIVE	VE DATE	EXPIRATION DA	TE	DIRECT BILL	P	AYMENT P	_AN	A	UDIT
CODE:	SUB CODE:		FOR COMPANY USE ONLY				AGENCY BILL					
PRINCIPAL SI	HIDDERS		REGUL	ATION								
KINON AL O			COM	MON CARR TRACT CAR ATE CARRI	RRIER	ORD 1	.,	QUIRED; DOCK		.INGS		
COVERAGES	LIMITS											
DECEMBED M		D 137 FOR YOUR	RSIAIE		ODITIES	KAG	25/LIMI15 II	NFORMATI	ON			
RECEIPTS, M	GROSS RECEIPTS	TOTAL MILEAGE	# POWER UNITS			DITIES 1	RANSPORTED		% TOTAL	VALUE F	ER TRUCK	( LOAD
NEXT YEAR (EST)	\$	TOTAL MICENCE	UNITS						1000,550	\$		
PAST YEAR	\$									\$		
PREV YEAR	\$								-	\$		_
PREV YEAR	\$					-				\$		
TERMINALS LOC ZONE		NAME A	ND ADDRESS	OF TERM	NAI C				# VEH	DIS	r FROM GA	ARAGE
DRIVER INFO	PRMATION A	ACORD 163 attach	ed for add	litional o	drivers							
LIST ALL DRIVERS	, INCLUDING FAMILY MEMBERS	THAT WILL DRIVE COMP	PANY VEHICL		MPLOYEES WHO D	RIVE OV	VN VEHICLES ON	COMPANY BUS	INESS.	DATE	IISE	9%
DRIVER #	NAME (Include address, if	required)	SEX MAR STAT	DATE O	F BIRTH YRS	YEAR LIC	DRIVERS LICEI SOCIAL SECUR	RITY NUMBER	STATE	DATE HIRE	USE VEH#	usi
						1					1	

VEHICLE TYPE  COMPANY OWNED  NON OWNED  LONG TERM LEASE  LOCAL  INTER-LONG DISTANCE  RUCKS  RACTORS  REMI-TRAILERS  FANK SEMI-TRAILERS  FANK SEMI-TRAILERS  REFRIGERATED TRAILERS  REFRIGERATED TRAILERS  REFRIGERATED TRAILERS  REPRIVATE PASSENGER AUTOS  REMI-TRAILERS  REPRIVATE PASSENGER AUTOS  TERRY ZONE	VEHICLE TYPE  TRUCKS  TRACTORS  SEMI-TRAILERS  FULL TRAILERS	COMPANY		THE CHAPET	IIL MONDE			ITHIN EAC	H CATEGORY						
OWNED OWNED LEASE LEASE LOCAL MYDER DEFINICE  RACTORS  RACTORS  RACTORS  REM. FRAILERS  REM. FRAILERS  RACK SEM. FRAILERS  RAC	RACTORS SEMI-TRAILERS		NON	LONG TERM	TRIP			F							
RINGTRALERS AND SEMI-TRALERS AND SEMI-TR	RACTORS SEMI-TRAILERS	OWNED					ı	LOCAL	INTER- MEDIATE	LONG DISTANCE					
RINGTRALERS AND SEMI-TRALERS AND SEMI-TR	RACTORS SEMI-TRAILERS														
LULTHALLERS ULL TRALLERS ULL TR	SEMI-TRAILERS														
AND SEMI-TRALLERS AND SEMI-TRA															
ANY TRAILERS ANY ENGUINER TRAILERS? 10. DOES APPLICANT HAUL TRAGET COMMADDITES (6: stereo, television, pharmacoulcids, liquor, ment, sentood, dic) 11. DOES APPLICANT HAUL TRAGET COMMADDITES (6: stereo, television, pharmacoulcids, liquor, ment, sentood, dic) 12. DOES APPLICANT HAUL TRAGET COMMADDITES (6: stereo, television, pharmacoulcids, liquor, ment, sentood, dic) 13. DOES APPLICANT HAUL TRAGET COMMADDITES (6: stereo, television, pharmacoulcids, liquor, ment, sentood, dic) 14. DOES APPLICANT HAUL TRAGET COMMADDITES (6: stereo, television, pharmacoulcids, liquor, ment, sentood, dic) 15. ANY TRAVELOUS FOR THILL DOUBLE OR TRIPLE TRAILERS? 16. DOES APPLICANT HAUL TRAGET COMMADDITES (6: stereo, television, pharmacoulcids, liquor, ment, sentood, dic) 17. DO ANY VEHICLES HAVE SPECIAL EQUIPMENT MOUNTED OR ATTACHED? 18. DOES APPLICANT HAUL TRAGET COMMADDITES (6: stereo, television, pharmacoulcids, liquor, ment, sentood, dic) 19. DOES APPLICANT HAUL DOUBLE OR TRIPLE TRAILERS? 10. DOES APPLICANT HAUL TRAGET COMMADDITES (6: stereo, television, pharmacoulcids, liquor, ment, sentood, dic) 19. DOES APPLICANT HAUL DOUBLE OR TRIPLE TRAILERS? 20. DOES APPLICANT HAUL ANY DANGEROUS OR COMPANDERS 21. ARE VEHICLES HAVE SPECIAL EQUIPMENT MOUNTED OR ATTACHED? 22. ARE VEHICLES HAVE SPECIAL EQUIPMENT MOUNTED OR ATTACHED? 23. ARE VEHICLES HAVE SPECIAL EQUIPMENT MOUNTED OR ATTACHED? 24. ARE VEHICLES HAVE SPECIAL EQUIPMENT MOUNTED OR ATTACHED? 25. ARE															
ERFICIENT TOTAL ERS  REFRICE TRUCKS  RIVATE PASSENGER AUTOS  OTTAL VEHICLES  SENERAL INFORMATION  EXPLAIN ALL "YES" RESPONSES IN REMARKS  VES NO EXPLAIN ALL FOR OTHER TRUCKERS?  11. DOES APPLICANT HAUL FOR OTHER TRUCKERS?  12. DOES APPLICANT HAUL FOR OTHER TRUCKERS?  13. IS COVERAGE REQUIRED FOR TRUCKERS OPERATE UNDER THE PERMIT OF THE APPLICANT PROFESSIONAL POWER OF VINITIONAL PROFESSIONAL PROFESS	TANK SEMI-TRAILERS														
REFRIGERATED TRAILERS  SERVICE TRUCKS  STOTAL VEHICLES  STOTAL VEHICLES  SENERAL INFORMATION  EXPLAIN ALL "YES" RESPONSES IN REMARKS  VES NO  DOES APPLICANT HAUL FOR OTHER TRUCKERS?  11. DOES APPLICANT HAUL FOR OTHER TRUCKERS?  12. DO OTHER TRUCKERS OPERATE UNDER THE PERMIT OF THE APPLICANT? (Percentage of fotal number of whicis so operated)  13. IS COVERAGE REQUIRED FOR TRAVEL IN CANADA OR MEXICO?  14. ARE ROY DRIVERS NOT COVERED BY WORKERS COMPENSATION?  15. DOES APPLICANT HAUL ANY DANGEROUS, CAUSTIC, RADIOACTIVE  16. DOES APPLICANT HAUL TARGET COMMODTHES (se sterios, behaviors, pharmacoulisals, signor, mell, seafood, ed.)  17. DO ANY VEHICLES HAVE SEGILAL ENJOYED FOR MOVING TRAFFIC VIOLATIONS?  18. DOES APPLICANT HENT CONTROLLS (SE SEGILAR PHYSICALS?  19. DOES APPLICANT HAUL TRAGET COMMODTHES?  10. DOES APPLICANT HENT OR LEASE VEHICLES OR EQUIPMENT TO OTHERS WITHWITHOUT OPERATORS?  10. DOES APPLICANT HAVE TOW TRUCKES OR PERFORM TOWING?  11. ARE ANY OVERAGE, SHORTAGE OR DAMAGE CLAMS PENDING?  11. ARE ANY OVERAGE, SHORTAGE OR DAMAGE CLAMS PENDING?  11. ARE ANY OVERAGE, SHORTAGE OR DAMAGE CLAMS PENDING?  12. ADDITIONAL INSURED  13. LOSS PAYEE  14. ARE CRUESE SECRET REQUIRED  15. AND TRUCKES OR EQUIPMENT TROM OTHERS?  16. DOES APPLICANT HAVE TOW TRUCKS OR PERFORM TOWING?  17. DO ANY VEHICLES LEFT UNLOCKED WHEN TOWING?  18. DOES APPLICANT HAVE TOW TRUCKS OR PERFORM TOWING?  19. DOES APPLICANT HAVE TOW TRUCKS OR PERFORM TOWING?  19. DOES APPLICANT HAVE TOW TRUCKES OR EQUIPMENT TOWING?  19. DOES APPLICANT HAVE TOWN TOWING TRAFFIC VIOLATIONS?  19. DOES APPLICANT HAVE TOWN TOWN TOWN TOWN TOWN															
REVIGE TRUCKS  RINATE PASSENGER AUTOS  SENERAL INFORMATION  SENERAL INFO															
REVALAN ALL-YES* RESPONSES IN REMARKS SENERAL INFORMATION  EXPLAIN ALL-YES* RESPONSES IN REMARKS VES. IN  I.S. THORE A VEHICLES ALL-YES* OPERATE UNLESS IN PERMIT OF THE  APPLICANT FRUICKES OPERATE UNLESS IN PERMIT OF THE  APPLICANT FRUICKES CORPERATE UNLESS OF RESPONSE ON PERMITSHIP AND PERMITSHIP COMPANDED OF TRIVELE TRAVELED OF TRAVEL IN CAMADA OR MEXICO?  I.S. ANY HOLD HARMLESS AGREEMENTS?  I.S. A															
SENERAL INFORMATION  XPALAIN ALL "YES" RESPONSES IN REMARKS  YES NO EXPLAIN ALL FOR TOTHER TRUCKERS?  IT JOES APPLICANT HALL FOR OTHER TRUCKERS OF PERMITORY  IT JOES APPLICANT HALL FOR TAVEL IN CONVICTIONS PER MEMBER UNITED HAVE PERMIT FOR MOVING TRAFFIC VIOLATIONS?  IT JOES APPLICANT HALL FOR TRAVEL IN CONVICTIONS PERMIT FOR MOVING TRAFFIC VIOLATIONS?  IT JOES APPLICANT HALL FOR TRAVEL IN CONVICTIONS PERMIT FOR MOVING TRAFFIC VIOLATIONS?  IT JOES APPLICANT HALL FOR TRAVEL IN CONVICTIONS PERMIT FOR MOVING TRAFFIC VIOLATIONS?  IT JOES APPLICANT HALL FOR TRAVEL IN CONVICTIONS PERMIT FOR MOVING TRAFFIC VIOLATIONS?  IT JOES APPLICANT HALL FOR TRAVEL IN CANADA OF MEMBER OF MOVING TRAFFIC VIOLATIONS?  IT JOES APPLICANT HALL FOR TRAVEL IN CANADA OF MEMBER OF MEMBER OF MEMBE															
SEPLEAR LINFORMATION  EXPLAIN ALL "YES" RESPONSES IN REMARKS  YES NO  EXPLAIN ALL "YES" RESPONSES IN REMARKS  YES IN  EXPLAIN ALL "YES" RESPONSES IN REMARKS  YES IN  IN THERE A VEHICLE MAINTENANCE PROGRAM IN OPERATION?  10 DOES APPLICANT OBTAIN AWA VERRIFICATION ON DRIVERS?  11 DOES APPLICANT OBTAIN AWA VERRIFICATION ON DRIVERS?  12 DO OTHER TRUCKERS OPERATE UNDER THE PERMIT OF THE APPLICANT! (Percentage of load number of validies of operated)  13 DOES APPLICANT OFTEN OR OFTEN OFTE															
EXPLAIN ALL "YES" RESPONSES IN REMARKS  VES NO EXPLAIN ALL "YES" RESPONSES IN REMARKS  11. DOES APPLICANT HAUL FOR OTHER TRUCKERS?  12. DO OTHER TRUCKERS OPERATE UNDER THE PERMIT OF THE APPLICANT (Percentiage of total number of vehicles so operated)  13. IS COVERAGE REQUIRED FOR TRAVEL IN CANADA OR MEXICO?  14. ARE ANY DRIVERS NOT COVERED BY WORKERS COMPENSATION?  15. DOES APPLICANT OWN OR OPERATE EQUIPMENT NOT UISTED HERE?  16. ANY DRIVERS WITH CONVICTIONS FOR MOVING TRAFFIC VIOLATIONS?  16. ANY DRIVERS WITH CONVICTIONS FOR MOVING TRAFFIC VIOLATIONS?  16. ANY DRIVERS WITH CONVICTIONS FOR MOVING TRAFFIC VIOLATIONS?  17. DOES APPLICANT HAUL TARGET COMMODITIES (ie: stereos, televished)  18. DOES APPLICANT HAUL TARGET COMMODITIES (ie: stereos, televished)  19. DOES APPLICANT HIRE EQUIPMENT FROM OTHERS?  10. DOES APPLICANT RENT OR LEASE VEHICLES OR EQUIPMENT TO OTHERS WITHOUT OTHERATORS.  10. DESPENSABLE AND OTHER WITHOUT OTHERATORS.  10. DOES APPLICANT RENT OR LEASE VEHICLES OR EQUIPMENT TO OTHERS WITHOUT OTHERATORS.  10. DESPENSABLE AND OTHER WITHOUT OTHERATORS.  11. ARE ANY OVERAGE, SHORTAGE OR DAMAGE CLAIMS PENDING?  12. LARR ANY OVERAGE, SHORTAGE OR DAMAGE CLAIMS PENDING?  13. ADDITIONAL INTERESTINE MARKED.  14. ARE ANY OVERAGE, SHORTAGE OR DAMAGE CLAIMS PENDING?  15. DESPENSABLE AND OTHER WITHOUT OTHERATORS.  16.	TOTAL VEHICLES													_	
EXPLAIN ALL "YES" RESPONSES IN REMARKS  YES NO EAPPLICANT HAUL FOR OTHER TRUCKERS?  1. B. THERE A VEHICLE MAINTENANCE PROGRAM IN OPERATION?  2. DOES APPLICANT OBTAIN MAY VERIFICATION ON DRIVERS?  3. DOES APPLICANT HAVE A SPECIFIC DRIVER RECRUITING METHOD?  4. ARE ANY DRIVERS NOT COVERED BY WORKERS COMPENSATION?  5. DOES APPLICANT OWN OR OPERATE EQUIPMENT TOT USTED HERE?  5. DOES APPLICANT OWN OR OPERATE EQUIPMENT NOT USTED HERE?  6. DOES APPLICANT HAUL ANY DANGEROUS, CAUSTIC, RADIOACTIVE  6. DOES APPLICANT HAUL TARGET COMMODITIES (ie: stereos, told with the converse of the converse o	GENERAL INFORMATI	ON												_	
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