A	COF	RD°	COMM	ERCIA	L GEN	ER/	AL LIAB	BILI.	TY SE	CTION	DATE ((MM/DD/YYYY)	
AGEN	ICY	PHONE (A/C, No, Ext):			APPLICANT								
FAX (A/C, No):					(First Named Insured)								
					EFFECTIVE	EDATE	EXPIRATION DATE		DIRECT BILL AGENCY BILL	PAYN	IENT PLAN	AUDIT	
					FOR COMPANY								
CODE			SUB CODE:		USE ONLY								
	ICY OMER ID:												
CO	/ERAGE	S			LIMITS						T		
	COMMER	CIAL GENERAL LIABIL			GENERAL AGGREGATE \$						_	PREMIUMS	
	CLAIMS MADE OCCURRENCE				PRODUCTS & CO	MPLETE	PREMISES/OPE	PREMISES/OPERATIONS					
	OWNER'S	& CONTRACTOR'S PR	ROTECTIVE		PERSONAL & ADVERTISING INJURY \$						PRODUCTS		
						EACH OCCURRENCE \$							
DEDU	ICTIBLES						EMISES (each occurre	ence)	\$		OTHER	OTHER	
		TY DAMAGE \$		PER	MEDICAL EXPENSE (Any one person) \$						O III LII		
	BODILY IN			CLAIM PER	EMPLOYEE BENE	EFIIS			\$		TOTAL		
OTHE	R COVERA	\$ AGES, RESTRICTIONS	AND/OR ENDORS	OCCURRENCE SEMENTS (For hire	d/non-owned auto	coverage	es attach the applicab	le state B	Business Auto Se	ection. ACORD 137			
SCI	IEDULE	OF HAZARDS											
LOC	HAZ #	CLASSIFIC	ATION	CLASS	PREMIUM BASIS		EXPOSURE	TERR	RA	ATE	PREM	IIUM	
"	- "			CODE	DAGIO				PREM/OPS	PRODUCTS	PREM/OPS	PRODUCTS	
		L REMIUM BASIS ES - PER \$1,000/SALES		 AYROLL - PER \$1, REA - PER 1,000/\$			(C) TOTAL COST - PE			(U) UNIT - PI (T) OTHER	ER UNIT		
CLA	IMS MA	DE (Explain all	"Yes" respon	nses)									
		ES" RESPONSES										Y/N	
1. P	ROPOSE	D RETROACTIVE [DATE:										
		TE INTO UNINTER											
3. H.	AS ANY I	PRODUCT, WORK,	ACCIDENT, OF	R LOCATION BI	EEN EXCLUDED), UNINS	SURED OR SELF-I	INSURE	ED FROM ANY	PREVIOUS CO	OVERAGE?		
4 W	/AS TAII	COVERAGE PURC	HASED LINDER	R ANY PREVIO	US POLICY?								
**		2212.0.021010	625 011021	THE TILL VIO	001 02/01:								
EMF	PLOYEE	BENEFITS LIA	BILITY										
						3. N	UMBER OF EMPLO	OYEES	COVERED BY	Y EMPLOYEE B	ENEFITS PLAN	S:	
2. NUMBER OF EMPLOYEES:						4. RETROACTIVE DATE:							

CONTRACTORS EXPLAIN ALL "YES" RESPONSES (For past or present operations) 1. DOES APPLICANT DRAW PLANS, DESIGNS, OR SPECIFICATIONS FOR OTHERS? 2. DO ANY OPERATIONS INCLUDE BLASTING OR UTILIZE OR STORE EXPLOSIVE MATERIAL? 3. DO ANY OPERATIONS INCLUDE EXCAVATION, TUNNELING, UNDERGROUND WORK OR EARTH MOVING? 4. DO YOUR SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN YOURS? 5. ARE SUBCONTRACTORS ALLOWED TO WORK WITHOUT PROVIDING YOU WITH A CERTIFICATE OF INSURANCE? 6. DOES APPLICANT LEASE EQUIPMENT TO OTHERS WITH OR WITHOUT OPERATORS? \$ PAID TO SUB-DESCRIBE THE TYPE OF WORK SUBCONTRACTED PRODUCTS/COMPLETED OPERATIONS TIME IN MARKET EXPECTED LIFE **PRODUCTS ANNUAL GROSS SALES** # OF UNITS INTENDED USE PRINCIPAL COMPONENTS Y/N EXPLAIN ALL "YES" RESPONSES (For any past or present product or operation) PLEASE ATTACH LITERATURE, BROCHURES, LABELS, WARNINGS, ETC. 1. DOES APPLICANT INSTALL, SERVICE OR DEMONSTRATE PRODUCTS? 2. FOREIGN PRODUCTS SOLD, DISTRIBUTED, USED AS COMPONENTS? (If "YES", attach ACORD 815) 3. RESEARCH AND DEVELOPMENT CONDUCTED OR NEW PRODUCTS PLANNED? 4. GUARANTEES, WARRANTIES, HOLD HARMLESS AGREEMENTS? 5. PRODUCTS RELATED TO AIRCRAFT/SPACE INDUSTRY? 6. PRODUCTS RECALLED, DISCONTINUED, CHANGED? 7. PRODUCTS OF OTHERS SOLD OR RE-PACKAGED UNDER APPLICANT LABEL? 8. PRODUCTS UNDER LABEL OF OTHERS? 9. VENDORS COVERAGE REQUIRED? 10. DOES ANY NAMED INSURED SELL TO OTHER NAMED INSUREDS?

ΑD	DITIONAL	INTEREST/0	CERTIFICATE RECI	IPIENT	ACORD 45 attached	for additional names		
INTE	REST	RANK:	NAME AND ADDRESS	REFERENCE #:		CERTIFICATE REQUIRED	INTEREST IN I	TEM NUMBER
	ADDITIONAL	NSURED					LOCATION:	BUILDING:
	LOSS PAYEE MORTGAGEE						VEHICLE:	BOAT:
							SCHEDULED ITEM NUM	BER:
	LIENHOLDER						OTHER	
	EMPLOYEE A	S LESSOR						
<u></u>	NEDAL IN	ORMATION	ITEM DESCRIPTION:					
			For all past or present oper	rations)				Y/N
					NALS EMPLOYED OR CON	ITRACTED?		
2.	ANY EXPOS	SURE TO RAD	IOACTIVE/NUCLEAR I	MATERIALS?				
3.	DO/HAVE P	AST, PRESEN	IT OR DISCONTINUED	OPERATIONS IN	IVOLVE(D) STORING, TREA	ATING, DISCHARGING, APPLYI	NG, DISPOSING, OR	
	TRANSPOR	TING OF HAZ	ARDOUS MATERIAL?	(e.g. landfills, was	tes, fuel tanks, etc)			
	ANIV ODED	TIONS SOLD	ACCUIDED OF DICC	CALTINUIED IN LA	OT FIVE (E) VEADO2			
4.	ANY OPERA	ATIONS SOLD	, ACQUIRED, OR DISC	ONTINUED IN LA	ST FIVE (5) YEARS?			
5.	MACHINER	Y OR EQUIPM	ENT LOANED OR REN	ITED TO OTHERS	5?			
6.	ANY WATE	RCRAFT, DOC	KS, FLOATS OWNED,	HIRED OR LEAS	ED?			
7	ANV DADKI	NO EACH ITIES	S OWNED/RENTED?					
1.	ANI FARNI	NG FACILITIES	3 OWNED/RENTED!					
8.	IS A FEE CH	ARGED FOR	PARKING?					
9.	RECREATION	ON FACILITIES	PROVIDED?					
	10 THERE A	014/14/14/10 5	ACCUPATION DEFINIO					
10.	IS THERE A	SWIMMING	POOL ON THE PREMIS	E5?				
11.	SPORTING	OR SOCIAL E	VENTS SPONSORED?)				
		·· · · - ·						
12.	ANY STRUC	TURAL ALTE	RATIONS CONTEMPLA	ATED?				
40	ANN/ DEMO	ITION EVEN	LIDE CONTEMPLATED	20				
13.	ANY DEMOL	ITION EXPOS	URE CONTEMPLATED) ?				
14.	HAS APPLIC	CANT BEEN A	CTIVE IN OR IS CURR	ENTLY ACTIVE IN	I JOINT VENTURES?			
15.	DO YOU LE	ASE EMPLOY	EES TO OR FROM OT	HER EMPLOYER	S?			
10	10 TUESE :	LABOR WITTE	DOLLANGE MITTERS	OTHER BUSINES	O OD CLIDOUDIA DIEGO			
16.	IS THERE A	LABOR IN [EI	KCHANGE WITH ANY	OTHER BUSINES	S OR SUBSIDIARIES?			

GENERAL INFORMATION (continued)	
EXPLAIN ALL "YES" RESPONSES (For all past or present operations)	Y/N
17. ARE DAY CARE FACILITIES OPERATED OR CONTROLLED?	\top
18. HAVE ANY CRIMES OCCURRED OR BEEN ATTEMPTED ON YOUR PREMISES WITHIN THE LAST THREE (3) YEARS?	\top
19. IS THERE A FORMAL, WRITTEN SAFETY AND SECURITY POLICY IN EFFECT?	\top
20. DOES THE BUSINESSES' PROMOTIONAL LITERATURE MAKE ANY REPRESENTATIONS ABOUT THE SAFETY OR SECURITY OF THE PREMISES?	\top
REMARKS	
ANY DEDOON WHO MAINNOLY AND WITH INTENT TO DEED AND ANY INCIDENCE CONDAINS OF A VICTURE DEDOON FILES AN A TO SECOND	NOE 65
ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURA STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNI	NG 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, FL, HI, MA, NE, OH, OK, OR or VT. In DC, LA, ME, TN, VA and WA insurance benefits may also be denied).

IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.