A	CORD®				L INSURA					ATI	ON					DATE	(MM/DD	/YYYY)
AGI	ENCY					CA	ARRIE	R									NAIC	CODE
						СО	MPANY	POLICY OR PR	ROG	RAM NAI	ME					PR	ROGRAM	CODE
						PO	LICY NU	MBER										
COI	NTACT ME:					UN	DERWR	TER				l	JNDEF	RWRITE	ER OFFICE			
	; No, Ext):																1	
(A/C	(;, No): AIL					STA	ATUS OF			QUOTE	(Give Da	to on	d/or A		POLICY	L	REI	NEW
ADI	DRESS:	SUBCODE:				TR	ANSACT	ION		CHANG		DAT			ору). ТІМ	E		AM
COI	ENCY CUSTOMER ID:	SUBCODE.								CANCE								PM
	IES OF BUSINESS													I				1
IND	ICATE LINES OF BUSINESS	PREMIUM						PREMIUM									PREMIU	М
	BOILER & MACHINERY	\$		CYBE	R AND PRIVACY			\$			YACHT						\$	
	BUSINESS AUTO	\$		FIDUC	CIARY LIABILITY			\$									\$	
	BUSINESS OWNERS	\$		GARA	GE AND DEALERS			\$									\$	
	COMMERCIAL GENERAL LIABILITY	\$		LIQUO	OR LIABILITY			\$								-+	\$	
	COMMERCIAL INLAND MARINE	\$			OR CARRIER			\$								-+	\$	
	COMMERCIAL PROPERTY	\$		TRUC				\$								-+	\$	
	CRIME	\$		UMBR	RELLA			\$									\$	
AI	TACHMENTS ACCOUNTS RECEIVABLE / VALUABLE	PAPERS		GLAS	S AND SIGN SECTION	NI.					STATEM	/ENT	T / SCH	HEDIII	E OF VALU	IFS		
	ADDITIONAL INTEREST SCHEDULE	174 Lito			L / MOTEL SUPPLEM										applicable)			
	ADDITIONAL PREMISES INFORMATION SCHEDULE INSTALLATION / BUILDEF							ION							PLEMENT			
	APARTMENT BUILDING SUPPLEMENT INTERNATIONAL LIABILI					'EXF	POSURE	SUPPLEMENT	Т		VEHICL	E SC	HEDU	JLE				
	CONDO ASSN BYLAWS (for D&O Cove	rage only)		INTER	RNATIONAL PROPER	TY E	XPOSUF	RE SUPPLEME	NT									
	CONTRACTORS SUPPLEMENT			LOSS	SUMMARY													
	COVERAGES SCHEDULE			OPEN	CARGO SECTION													
	DEALERS SECTION			PREM	IIUM PAYMENT SUPP													
	DRIVER INFORMATION SCHEDULE			PROF	ESSIONAL LIABILITY													
	ELECTRONIC DATA PROCESSING SE	CTION		REST	AURANT / TAVERN S	UPPI	LEMENT	•										
_	LICY INFORMATION				T	_			_		Ι				MINIMUM			
PRO	POSED EFF DATE PROPOSED EXP D	DIRECT	_	ENCY	PAYMENT PLAN		МЕТНО	OF PAYMENT	r	AUDIT	\$	POSI	Т	\$	PREMIUM		\$	PREMIUM
AP	PLICANT INFORMATION																	
NAI	IE (First Named Insured) AND MAILING	ADDRESS (including ZIP-	+4)			GL	CODE		SIC			N	IAICS	i		FEII	N OR SO	C SEC#
						BU	SINESS	PHONE #:										
						WE	BSITE A	DDRESS										
	CORPORATION JOINT VEN INDIVIDUAL LLC NO. C	TURE DF MEMBERS MANAGERS:	F	-	OT FOR PROFIT ORG		$\overline{}$	UBCHAPTER '	"S" (CORPOR	ATION							
NAI	//E (Other Named Insured) AND MAILING		P+4)		AKTNEKOHIF	GL	CODE		SIC			N	IAICS	;		FEII	N OR SO	C SEC#
						RU	SINESS	PHONE #:		_								
								DDRESS										
	CORPORATION JOINT VEN' INDIVIDUAL LLC NO. (TURE DF MEMBERS MANAGERS:	F	_	OT FOR PROFIT ORG ARTNERSHIP	3	$\overline{}$	UBCHAPTER ' RUST	"S" (CORPOR	ATION							
NAI	//E (Other Named Insured) AND MAILING		P+4)			GL	CODE		SIC			N	NAICS	i		FEII	N OR SO	C SEC#
						BU	SINESS	PHONE #:								L		
								DDRESS										
	CORPORATION JOINT VEN		-	-	OT FOR PROFIT ORG	3	$\overline{}$	UBCHAPTER '	"S" (CORPOR	ATION							
	INDIVIDUAL LLC NO. C	OF MEMBERS MANAGERS:		P/	ARTNERSHIP			RUST										

CONTACT INFORMATION

AGENCY CUSTOMER ID:

CONT	ACT INFORM	IATION															
CONTAC	NTACT TYPE:							CONTACT TYPE:									
CONTAC PRIMARY PHONE #	Y DHOME	☐ BUS ☐ C	ELL SE	CONDARY IONE #	П НОМЕ В	us [CELL	PRI	NTACT IMARY ONE #		/IE 🔲 I	BUS CELL	SECONDARY PHONE #	HOME [BUS CELL		
	Y E-MAIL ADDRES									-MAIL ADDF							
	ARY E-MAIL ADD		took AC	ODD 93	2 for Addition	al Dr	romioo	_	CONDA	RY E-MAIL A	DDRESS	S:					
LOC #	STREET	MATION (A	tach AC	OKD 82	23 for Addition		Y LIMITS		TERES	<u> </u>	# 5111	L TIME EMPL	ANNUAL REVENUE				
1 200 #	JIKLLI					Cit	7	-	_		#10	L IIIVIL LIVIFL		-5. φ	CO ET		
	AIT./				~	_	INSIDE	-	OWN				OCCUPIED AREA:		SQ FT		
BLD#	CITY:				STATE:		OUTSID) <u> </u>	TEN.	ANI	# PAI	RT TIME EMPL	OPEN TO PUBLIC A		SQ FT		
	COUNTY:			Z	ZIP:								TOTAL BUILDING A	AREA:	SQ FT		
DESCRIP	PTION OF OPERA	TIONS:											ANY AREA LEASEI	D TO OTHE	RS? Y / N		
LOC#	STREET					CIT	Y LIMITS	IN.	TERES	Г	# FUI	L TIME EMPL	ANNUAL REVENUE	S: \$			
							INSIDE		OWN	IER			OCCUPIED AREA:		SQ FT		
BLD#	CITY:			\$	STATE:		OUTSID	DE	TEN	ANT	# PAI	RT TIME EMPL	OPEN TO PUBLIC A	AREA:	SQ FT		
	COUNTY:			2	ZIP:								TOTAL BUILDING	AREA:	SQ FT		
DESCRIP	TION OF OPERA	TIONS:											ANY AREA LEASE	D ТО ОТНЕ	RS? Y / N		
LOC#	STREET					CIT	Y LIMITS	IN.	TERES	Г	# FUI	L TIME EMPL	ANNUAL REVENUE	S: \$			
							INSIDE		awo [IER			OCCUPIED AREA:		SQ FT		
BLD#	CITY:				STATE:		OUTSID	DE -	TEN.	ANT	# PAI	RT TIME EMPL	OPEN TO PUBLIC A	AREA:	SQ FT		
	COUNTY:				ZIP:		1		-				TOTAL BUILDING A		SQ FT		
DESCRIE	TION OF OPERA	TIONS				_							ANY AREA LEASEI				
LOC #	STREET					CIT	Y LIMITS	IN	TERES	г	# 5111	L TIME EMPL	ANNUAL REVENUE				
1 200 #	JIKLLI					Cit	7		_ `		#10	L IIIVIL LIVIFL		-5. φ	SQ FT		
	AIT./				~	_	INSIDE	-	OWN				OCCUPIED AREA:				
BLD#	CITY:				STATE:		OUTSID) <u> </u>	TEN.	ANI	# PAI	RT TIME EMPL	OPEN TO PUBLIC A		SQ FT		
	COUNTY:			2	ZIP:								TOTAL BUILDING A	AREA:	SQ FT		
DESCRIP	PTION OF OPERA	TIONS:											ANY AREA LEASEI	D TO OTHE	RS? Y / N		
NATU	RE OF BUSI	NESS															
APA	ARTMENTS	CONTRA	CTOR	MAN	IUFACTURING	F	RESTAUR	ANT		SERVICE				STARTE	USINESS :D (MM/DD/YYYY)		
CON	NDOMINIUMS	INSTITUT	IONAL	OFF	ICE	F	RETAIL			WHOLESA	LE						
					INSTAL	LATIO	DN, SERVI	CE OR	REPAI	R WORK		OFF PREMIS	SES INSTALLATION, S	SERVICE O	R REPAIR WORK		
RETAIL S	STORES OR SERV	ICE OPERATION	IS % OF TO	TAL SALES	S:			%	•					%			
	TION OF OPERA																
ADDIT	IONAL INTE	REST (Not a	III fields	apply to	o all scenarios	s - pr	ovide c	nly t	the ne	ecessary	data)	Attach AC	ORD 45 for mo	re Addit	ional Interests		
INTERES			NAME AND	D ADDRESS	S RANK:	EVIDE	ENCE:	CE	ERTIFIC	ATE	POLICY	SEND BI	LL INTER	EST IN ITE	M NUMBER		
INS	DITIONAL URED	LIENHOLDER											LOCATION:	В	UILDING:		
	EACH OF RRANTY	LOSS PAYEE											VEHICLE:	В	OAT:		
	OWNER	MORTGAGEE											AIRPORT:	A	IRCRAFT:		
L ASI	PLOYEE LESSOR	OWNER											ITEM CLASS:	ІТ	EM:		
LEA	SEBACK NER	REGISTRANT						ITEM DESCRIPTION									
LENDEDIG						NTERE	ST END	DATE:	_								
			LIEN AMO	UNT:			Р	HONE	(A/C, N	o, Ext):			FAX (A/C, No):				
REASON	FOR INTEREST:								ADDRE								

AGENCY	CUSTOMER ID:
AGENCI	COSTONIER ID.

GEN	NERAL INFO	RMATION				JE1101 C	OOTOWILK ID.					
EXPL	AIN ALL "YES" R	ESPONSES								Y/N		
1a.	1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY? PARENT COMPANY NAME RELATIONSHIP DESCRIPTION % OWNED											
	PARENT COMPA	ANY NAME					RELATIONSHIP D	ESCRIPTION	% OWNED			
1b.	DOES THE APP	PLICANT HA	VE ANY SUBSIDIARIES?									
	SUBSIDIARY CO	MPANY NAM	E				RELATIONSHIP D	ESCRIPTION	% OWNED			
2.		_	OGRAM IN OPERATION?			Г	_					
	SAFETY MA		SAFETY POSITION	MONTHLY MEETINGS	0	SHA						
3.	ANY EXPOSUR	E TO FLAMI	MABLES, EXPLOSIVES, C	HEMICALS?								
_	ANIV OTLIED IN	ICLIDANCE	WITH THE COMPANY	// :=t ==!:===.								
4.			WITH THIS COMPANY?	(List policy numbers)								
	LINE OF BUSINE	SS	POLICY NUMBER		LINE OF	BUSINES	S	POLICY NUMBER				
5.	5. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR THREE (3) YEARS FOR ANY PREMISES OR											
	OPERATIONS? (Missouri Applicants - Do not answer this question)											
	NON-PAYMENT AGENT NO LONGER REPRESENTS CARRIER											
	NON-RENE	WAL	UNDERWRITING	CONDITION CORRECTED	(Describe):	:						
6.	ANY PAST LOS	SES OR CL	AIMS RELATING TO SEXL	JAL ABUSE OR MOLESTAT	ION ALLE	GATIONS	S, DISCRIMINATIO	N OR NEGLIGENT HIRING	G?			
	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).											
8.			AND/OR SAFETY CODE	VIOLATIONS?								
	OCCUR DATE	EXPLANATI	ON			F	RESOLUTION		RESOLVE DATE			
		IT LIAD A FO	DEGLOSURE DEDGGGE	OOLON DANKENIETOV OD	FII FD F0	D DANKE	UIDTOV BUBINO					
9.				SSION, BANKRUPTCY OR	FILED FO			HE LAST FIVE (5) YEARS				
	OCCUR DATE	EXPLANATI	ON			r	RESOLUTION		RESOLVE DATE			
10	HAS ADDI ICAN		IDGEMENT OR LIEN DUR	ING THE LAST FIVE (5) YEA	1PS2							
10.	OCCUR DATE	EXPLANATI		INO THE EAST TIVE (5) TEA	110:		RESOLUTION		RESOLVE DATE			
	OOOON DATE	LAI LANATI					CEGOLOTION		REGOLVE DATE			
11	HAS BUSINESS	L S BEEN PLA	CED IN A TRUST? NAME	OF TRUST:								
				DISTRIBUTED IN USA, OR	US PROI	DUCTS S	OLD / DISTRIBUTI	ED IN FOREIGN COUNTR	IES?			
	(If "YES", attach	ACORD 815	for Liability Exposure and/	or ACORD 816 for Property I	Exposure))						
13.	DOES APPLICA	ANT HAVE O	THER BUSINESS VENTU	RES FOR WHICH COVERA	GE IS NO	T REQUE	STED?					
ļ.,												
14.	DOES APPLICA	ANTOWN/L	LEASE / OPERATE ANY DI	RONES? (If "YES", describe	e use)							
45	DOEC ADDI ICA	NT LUDE O	THERE TO OBERATE DRO	ONECO (15 11)/EOU desemble ::	>							
15.	DOES APPLICA	ANT HIRE O	THERS TO OPERATE DRO	ONES? (If "YES", describe u	ise)							
<u> </u>	14 DVO / 22 2	050000	INIOTOLICTICS (* C =	DD 404 A 1 1111				4.16				
KEN	IAKKS / PRO	CESSING	INSTRUCTIONS (ACO	RD 101, Additional Ren	narks Sc	nedule,	may be attache	a if more space is req	quirea)			
PRI	OR CARRIER	RINFORM	ATION									
YEA	R CATEGORY		GENERAL LIABILITY	AUTOM	IOBILE		PROP	ERTY OTHER	R:			
	CARRIER											
	POLICY NUME	BER										
	PREMIUM	\$		\$			\$	\$				
	EFFECTIVE D	ATE										
	EXPIRATION I	DATE										

AGENCY CUSTOMER ID:

PRIOR CARRIER INFORMATION (continued)

VEAD	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
TEAR	CARRIER	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER.
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				

LOSS HISTORY Check if none (Attach Loss Summary for Additional Loss Information)

ENTER ALL CLAIMS	ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE LAST YEARS								
DATE OF OCCURRENCE	LINE	AMOUNT RESERVED	SUBRO- GATION Y/N	CLAIM OPEN Y/N					

SIGNATURE

Copy of the Notice of Information Practices (Privacy) has been given to the applicant. (Not required in all states, contact your agent or broker for your state's requirements.)

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU MAY HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND REQUEST CORRECTION OF ANY INACCURACIES. YOU MAY ALSO HAVE THE RIGHT TO REQUEST IN WRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. THESE RIGHTS MAY BE LIMITED IN SOME STATES. PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION.

(Not applicable in AZ, CA, DE, KS, MA, MN, ND, NY, OR, VA, or WV. Specific ACORD 38s are available for applicants in these states.)

Applicable in AL, AR, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK: 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)*. *Applies in FL Only.

Applicable in KS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA: 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 (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)		(Required in Florida)
APPLICANT'S SIGNATURE		DATE	NATIONAL PRODUCER NUMBER

AGENCY CUSTOMER ID:	
AGENCY CUSTOMER ID:	

ACORD® BUSIN	NESS AU	TO SECTION	DATE (N	/IM/DD/YYYY)
AGENCY		CARRIER		NAIC CODE
POLICY NUMBER	EFFECTIVE DATE	NAMED INSURED(S)		

COVERAGES / LIMITS

USE ACORD 137 FOR YOUR STATE TO PROVIDE COVERAGES / LIMITS INFORMATION

DRIV	DRIVER INFORMATION ACORD 163 attached for additional drivers												
LIST ALL DRIVERS, INCLUDING FAMILY MEMBERS THAT DRIVE COMPANY VEHICLES, AND EMPLOYEES WHO DRIVE OWN VEHICLES ON COMPANY BUSINESS.													
DRIVER #	NAME CITY, STATE AND ZIP C	ODE SEX	* MAR STAT	DATE OF BIRTH	YRS EXP	YEAR LIC	DRIVERS LICENSE NUMBER/ SOCIAL SECURITY NUMBER	STATE	DATE HIRE	BROADEN NO-FAULT	DOC	USE VEH#	% USE
	* MARITAL STATUS / CIVIL UNION (if applicable)												

GE	NERAL INFORMATION							
EXF	PLAIN ALL "YES" RESPONSES							Y/N
1.	WITH THE EXCEPTION OF ANY ENCUMBRANCES, ARE AN REGISTERED TO THE APPLICANT?	IY VEHICLES FO	R W	HICH IN	ISURANCE IS REQUESTED NOT SO	DLELY OWNED BY AND		
	VEH # NAME OF OTHER OWNER			VEH#	NAME OF OTHER OWNER			
2.	DO OVER 50% OF THE EMPLOYEES USE THEIR AUTOS IN	THE BUSINESS	? (no	o explar	nation needed)			
3.	IS THERE A VEHICLE MAINTENANCE PROGRAM IN OPERA	ATION?						
4.	ARE ANY VEHICLES LEASED TO OTHERS?							
5.	ANY CAR MODIFIED / SPECIAL EQUIPMENT? (Include custor	mized vans / pickı	ups)					
	VEH # DESCRIPTION	COST \$		VEH#	DESCRIPTION	COST \$		
6.	ARE ICC (Interstate Commerce Commission), PUC (Public Utili	ity Commission) C	OR O	THER	FILINGS REQUIRED? (If "YES", attac	h ACORD 194) (no explanation	needed)	
7.	DO OPERATIONS INVOLVE TRANSPORTING HAZARDOUS	MATERIAL?						

GENERAL INFORMATION (continued) Y/N **EXPLAIN ALL "YES" RESPONSES** 8. ANY HOLD HARMLESS AGREEMENTS? 9. ANY VEHICLES USED BY FAMILY MEMBERS? IF SO, IDENTIFY. 10. DOES THE APPLICANT OBTAIN MVR (Motor Vehicle Record) VERIFICATIONS? 11 DOES THE APPLICANT HAVE A SPECIFIC DRIVER RECRUITING METHOD? 12. ARE ANY DRIVERS NOT COVERED BY WORKERS COMPENSATION? 13 ANY VEHICLES OWNED BUT NOT SCHEDULED ON THIS APPLICATION? 14. ANY DRIVERS WITH CONVICTIONS FOR MOVING TRAFFIC VIOLATIONS? APPLICABLE ONLY IN KANSAS: UNDER KANSAS LAW, THE FOLLOWING TRAFFIC VIOLATIONS ARE NOT REQUIRED TO BE REPORTED TO INSURERS: 1. A speeding violation of up to six (6) miles per hour (mph) that occurs in an area with a maximum posted speed limit from 30 mph through 54 mph, or 2. A speeding violation of up to ten (10) miles per hour (mph) that occurs in an area with a maximum posted speed limit from 55 mph through 75 mph. PLACE (CITY, STATE) DRV # DATE (MM/DD/YYYY) TYPE # YRS REV 15. HAS AGENT INSPECTED VEHICLES? 16. ARE ALL VEHICLES TO BE INCLUDED IN THIS POLICY PART OF A FLEET? 17 DO YOU HAVE ELECTRONIC MONITORING DEVICES THAT RECORD AND TRANSMIT DATA IN ANY OF YOUR VEHICLES? % Please indicate how you utilize the devices (check all that apply): If "YES", what percentage of vehicles in your overall fleet are monitored (1 - 100%) MONITOR DRIVER SAFETY TRACK FUEL CONSUMPTION MONITOR VEHICLE MAINTENANCE MILEAGE TRACKING LOCATION TRACKING NAVIGATION Describe: **DESCRIPTION OF GARAGE / STORAGE LOCATIONS** MAXIMUM DOLLAR VALUE SUBJECT TO LOSS \$ ADDITIONAL INTEREST / CERTIFICATE RECIPIENT **ACORD 45 attached for additional names** INTEREST NAME AND ADDRESS RANK: EVIDENCE: CERTIFICATE INTEREST IN ITEM NUMBER ADDITIONAL **LOSS PAYEE** VEHICLE: LOCATION: INSURED EMPLOYEE OWNER AS LESSOR LENDER'S LOSS PAYABLE REGISTRANT LIENHOLDER REFERENCE / LOAN #: INTEREST NAME AND ADDRESS RANK: EVIDENCE: CERTIFICATE INTEREST IN ITEM NUMBER ADDITIONAL INSURED EMPLOYEE LOSS PAYEE VEHICLE: LOCATION: OWNER AS LESSOR LENDER'S LOSS PAYABLE REGISTRANT LIENHOLDER REFERENCE / LOAN #: REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

AGENCY CUSTOMER ID:

AGENCY CUSTOMER ID: VEHICLE DESCRIPTION ACORD 129 attached for additional vehicles COMP / OTC SYM COLL YEAR VEHICLE TYPE SYM / AGE MAKE: PP SPEC COML V.I.N.: MODEL: STREET (Required in KY) CITY COUNTY STATE ZIP GARAGING ADDRESS LIC GVW / GCW **FARTHEST TERMINAL** COST NEW **TERR** CLASS FACTOR SEAT CP RADIUS SIC \$ ADD'L NO-FAULT RENT REIMB UNDRINS MOTOR SPEC C OF I CHECK COVERAGES **DEDUCTIBLES** USE FOR HIRE F COMM'L LSP ACV TOWING & LABOR FT COMP. **PLEASURE** RETAIL LIAB FG MED PAY ST AMT \$ NO-FAULT NET VEH DR/CR: UNINS MOTOR FTW FARM SERVICE COLL \$ COLI \$ DRIVE TO WORK / SCHOOL < 15 MILES 15 MILES + TOTAL PREM: \$ COMP / OTC SYM VEH# YEAR MAKE: VEHICLE TYPE SYM / AGE SPEC COML MODEL: V.I.N.: STREET (Required in KY) CITY COUNTY STATE ZIP GARAGING ADDRESS TERR GVW / GCW **FACTOR** SEAT CP **FARTHEST TERMINAL COST NEW** CLASS SIC **RADIUS** STATE \$ RENT REIMB ADD'L NO-FAULT CHECK COVERAGES USE COMM'L FOR HIRE UNDRINS MOTOR F **DEDUCTIBLES** SPEC C OF AC\ TOWING & LABOR COMP. **PLEASURE** RETAIL FT FG LIAB MED PAY ST AMT AA \$ NO-FAULT NET VEH UNINS MOTOR FARM SERVICE SPEC C OF L COLL \$ COLL DRIVE TO WORK / SCHOOL < 15 MILES 15 MILES + DR/CR TOTAL PREM: \$ COLL YEAR VEHICLE TYPE SYM / AGE MAKE: MODEL: V.I.N.: PP SPEC COML STREET (Required in KY) CITY COUNTY STATE ZIP GARAGING **ADDRESS** LIC FACTOR **FARTHEST TERMINAL** COST NEW TERR GVW / GCW CLASS SIC SEAT CP RADIUS \$ ADD'L NO FAULT UNDRINS MOTOR TOWING & LABOR RENT REIMB COMP/ OTC CHECK COVERAGES **DEDUCTIBLES** SPEC C OF I USE COMM'L FOR HIRE F LSP ACV COMP/ OTC **PLEASURE** RETAIL FT FG LIAB MED PAY ST AMT \$ NO-FAULT NET VEH UNINS MOTOR FARM SERVICE FTW/ COLL COLL \$ \$ DRIVE TO WORK / SCHOOL < 15 MILES 15 MILES + TOTAL PREM: \$ DR/CR COMP / OTC SYM COLL VEH# YEAR VEHICLE TYPE SYM / AGE MAKE: PP SPEC COML MODEL: V.I.N.: STREET (Required in KY) CITY COUNTY STATE ZIP GARAGING ADDRESS TERR GVW / GCW CLASS SIC **FACTOR** SEAT CP **RADIUS FARTHEST TERMINAL COST NEW** STATE \$ RENT REIMB ADD'L NO-FAULT CHECK COVERAGES COMP OTC SPEC C OF USE COMM'L FOR HIRE UNDRINS MOTOR F LSP **DEDUCTIBLES** ACV TOWING & LABOR COMP. PLEASURE RETAIL FT FG LIAB MED PAY ST AMT \$ AA FARM SERVICE UNINS MOTOR SPEC C OF I FTW COLL \$ COLL AULT NET VEH DRIVE TO < 15 MILES 15 MILES + WÖRK / SCHOOL **TOTAL PREM:** \$ REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Applicable in AL, AR, DC, LA, MD, NM, RI and WV

Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK

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)*. *Applies in FL Only.

Applicable in KS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA

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* (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

DDUCER'S NAME (Please Print)		(Required in Florida)
	DATE	NATIONAL PRODUCER NUMBER
	DUCER'S NAME (Please Print)	

AGENCY CUSTOMER ID:

ACORD®

CALIFORNIA COMMERCIAL AUTO

DATE	(MM/DD	WWW
DAIL		,,,,,,

ACORD	'								COV	ER/	AGES/	LIN	MITS S	SECTION	١									(,
AGENCY NAMED IN													D INSURED(S)												
POLICY NUMBER										EF	FECTIVE DA	ATE	CARRIE	R			NAIC	CODE							
BUSINESS AUTO SECTION																									
COVERAGES	COVERED AUTO SYMBOLS									LIMIT	s			COVERA	AGES	cov	/ERE	D AUT	O SY	MBOL	s		LI	MITS	
LIABILITY		1 2		4		9	BI EAC	SL _		ER \$															
LIABILIT		3		8					AMAGE	\$															
															PHYS	ICAL	DAM	AGE							
													TOWING 3 7							\$					
														COMP / OTC	;		2 3		4 7		3				
MEDICAL PAYMENTS		2 3		4 7		8	EACH	PERSOI		\$				SPECIFIED CAUSES OF	LOSS		2 3		4 7		3				
UNINSURED		2 3		6 7			BI EAC	SL	_	ER \$				COLLISION WAIVEI DEDUC	R OF		2 3		4 7		3				
MOTORIST		4					PROPE	RTY D	AMAGE	\$							•			'					
HIRED / BORROWED LIABILITY		YES NO		ST	ATE	S	COST	OF HIRE	E		IF ANY BAS	SIS			STATE	ES # DAYS			#	VEH	C	COVERAGE / DEDUCTIBLE COMP \$			
	YES STATES GROUP T							P TYPE NUMBER OF						HIRED							SPE C O				
NON-OWNED LIABILITY												PHYSICAL DAMAGE						F	COL		5				
												(OVE	RAGE	IS:			PRI	MARY		SECO	NDARY			
COVERED (1) ANY AUTO (2) OWNED AUTOS ONLY (5) OWNED AUTOS SUBJECT TO NO-FAULT (8) HIRED AUTOS ONLY SYMBOLS (3) OWNED PRIVATE PASSENGER AUTOS ONLY (6) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORISTS LAW (9) NON-OWNED AUTOS ON												TOS													
ENDORSEMENT	S/I	REM	AR	KS	(AC	COR	D 101,	Addi	itional	Rem	arks Sch	nedu	ıle, ma	y be attac	hed if m	ore	spa	ce is	re	quir	ed)				
SIGNATURE																									
AN INSURER WH STATEMENT OF T ONE VIOLATION F	HE I	REAS	SON	IS IT	DE	NIE	COVE	RAGE	. IN GEI	NERA	L, UNDER	R CA	LIFORN	IA LAW A G	OOD DR	IVER	IS A	PER	OS	N WH	ЮН	AS NO			
I UNDERSTAND A OPTIONS OF SEL REJECTED UMBI SUPPLEMENT, AC	LECT COV	ING /ERA	EIT GE	HER	R UN	иві I	LIMITS	LOWE	R THAI	N MY	BODILY	INJU	JRY LIA	BILITY LIMI	TS, OŔ I	REJE	CTIN	NG U	MBI	CO/	/ERA	GE EN	NTIRE	LY. IF	I HAVE
I ALSO UNDERST HAVE THE OPTIO I HAVE READ AND	NS C	OF SE	ELE(CTIN D TH	NG C	OR R JMP[EJECTI D PORT	NG TH ION O	IS COV F THE (ERAC CALIF	GE FOR O ORNIA AL	JTO :	OR MOR SUPPLE	RE VEHICLE EMENT, ACC	S. I HAV ORD 61 C	E MA A.	ADE N	ŃΥ SI	ELE	CTIO	N ON	N THIS	APPL	ICATIO	N, AND
IN ADDITION, I HA THIS OPTION.	VE E	BEEN	I OF	FFEF	RED	WAI	IVER O	F COL	LISION	DEDL	JCTIBLE. I	IF TH	HIS OPT	TON IS NOT	INDICAT	ED (T NC	HIS A	PPL	LICA	ΓΙΟN	, THEN	I I HA'	VE REJ	ECTED
I UNDERSTAND T RENEWALS, CON															Y STATE	SUF	PPLE	MEN	T W	ILL A	PPL\	/ TO A	LL FU	TURE I	POLICY
APPLICANT'S SIGNATU	JRE								DATE			PRO	DUCER'S	SIGNATURE								NATION	IAL PR	ODUCER	NUMBER

ACORD 137 CA (2015/12)

TRUCKERS SECTION AG												IGENCY CUSTOMER ID:															
COVERAGES	СО	VERE	D AU	ΙΤΟ	SYN	MBOLS	3	$\overline{}$				LIMI			PHYSICAL DAMAGE COVERED												
		41		46	3 _			(CSL		BI EA PER \$	\$			COVERA	GES	Α	UTO S	RED (MBO			LIMIT	s		DEDUCTIBLE		
LIABILITY		_				47			CH AC							COMP / OTC			42		47						
	43 50 PF					+PR	ROP	PERTY	DAN	IAGE	,	\$			COMF / OTC	,		43 46		_					\$		
																			42		47	SCL	F	т	LSP		
																SPECIFIED CAUSES OF	LOSS		43			F	F	TW		\$	
							\perp												46								
MEDICAL		42		46	3		E₽	ACH	I PERS	ON		9	\$			COLLISION			42		47						
PAYMENTS		43		1.0												WAIVE		43		J					\$		
UNINSURED													CTIBLE		46												
MOTORIST 43 BI EACH ACCIDENT \$ PROPERTY DAMAGE \$											TOWING & LABOR			1			\$										
THOSERTS DAWNOL &																	TERCHA										
																COVERA	# TR	AILER	s FARTH ZONE	# DAY	'S	RADIUS	DEDUCTIBLE				
							4					_				COMP/OTC			48								
NON-TRUCKERS HIRED / BORROWED		YES	3	S	STAT	ES			OF H	IRE			IF AN	'BASIS					49					+			
TRUCKERS		NO YES			STAT	res		\$ COST OF HIRE IF ANY BASIS							SPECIFIED CAUSES OF	LOSS		48									
HIRED / BORROWED LIABILITY		NO					\$							COLLISION			49										
		\							NUMBER OF		WAIVER OF DEDUCTIBLE										\$						
NON-OWNED AUTO		NO						E	EMPLO	YEE	S					TRAILER VA		\$									
LIABILITY	TY VOLUNTEER:								RS					STATES # DAYS					#	VEH							
OTHER							+	PARTNERS								HIRED											
															PHYSICAL												
											DAMAGE																
																		CO	VERAG	E IS:			PRIMAR	Υ	5	ECONDARY	
																OTHER											
(41) ANY AUTO	BOLS								D AUT) NO-FA) A			ECIFICALLY DESCRIBED AUTOS (49) YOUR TRAILERS IN THE POSSESSION OF ANOTHER TRUCKER UNDER A TRAILER											
(42) OWNED AUTOS O (43) OWNED COMMER		AUTO	os o	NLY	,				ULSOI RIST L		NINSU	JRED				AILERS IN YOUR POSSESSION UNDER INTERCHANGE AGREEMENT (FAILER INTERCHANGE AGREEMENT (50) NON-OWNED AUTOS ONLY											
ENDORSEMENT						4COI	 RD 1	101	, Ad	diti	onal	Ren	narks	Schedule, i	ma	y be attac	hed if	mo	re sp	ace	. ,						
SIGNATURE					—	—	—	—	—															—			
AN INSURER WE	JICH	DEI	-1101							D Λ /	CE T	O 41	I ADDI) IC	A "COOD	DDIVE	-D"	MUICT	. DD(2\/IDE	TUE	A D D L I		IT \\/\T\	J WDITTEN	
STATEMENT OF 1	THE	REA	SON	IS	IT D	DENIE	D CC	OVI	ERAG	E. I	IN GE	NER	AL, UN	DER CALIFO	RNI	IA LAW A G	OOD E	RIV	ER IS	A PE	RSO	N WHO	HAS N				
ONE VIOLATION F	POIN	IT OF	R MC	DRE	≣ T⊦ ——	HAN (ONE	AT-	-FAU	LT A	ACCIL	DENT	RESU	TING IN ONI	LY F	PROPERTY	DAMA	GE I	N THE	LAS	ST TH	REE YE	ARS.				
I UNDERSTAND A																											
OPTIONS OF SEI	CO	/ER/	٩GE	OF																							
SUPPLEMENT, AC											_																
I ALSO UNDERST HAVE THE OPTIO																											
HAVE THE OPTIONS OF SELECTING OR REJECTING THIS COVERAGE FOR ONE OR MORE VEHICLES. I HAVE MADE MY SELECTION ON THIS APPLIC. I HAVE READ AND COMPLETED THE UMPD PORTION OF THE CALIFORNIA AUTO SUPPLEMENT, ACORD 61 CA.																											
IN ADDITION, I HA	ΑVE	BEEI	N OI	FFE	:RE	.D WA	AIVEF	R C)F CC)LLI	SION	DED	UCTIB	LE. IF THIS C	PTI	ION IS NOT	INDIC	ATE	D ON	THIS	APP	LICATIO	N, TH	ĒΝ	I HAVE	REJECTED	
I UNDERSTAND T	HAT	THE	E CC)VF	RA	GE S	ELEC	CTI	ON A	ND	LIMIT	CHC	DICES	NDICATED H	IER	E OR IN AN	IY STA	TE S	SUPPI	.EMF	NT W	ILL API	PLY TO) AI	L FUTI	IRE POLICY	
RENEWALS, CON																											
APPLICANT'S SIGNATI	URE						_		_		DATE			PRODUCE	R'S	SIGNATURE							NAT	ION/	AL PROD	UCER NUMBER	

CUSTOMER	

MOTOR CARRIER SECTION AGENCY CUSTOMER ID:																			
COVERAGES	co	VERE	D A	UTO SYMBOLS				MITS	PHYSICAL DAMAGE										
		61		67		CSL	BI EA PER	COVERA	GES	AUT	OVER O SYN	ED IBOLS	s		LIMITS		DEDUCTIBLE		
		62		68	BIE	ACH ACCIDE	ENT			6	62		67						
LIABILITY		63		71	PROPERTY DAMAGE \$					COMP / OTC	;	6	3		68				\$
		64										6	64						
												6	62		67	SCL	FT	LSP	
										SPECIFIED			33		68	F	FTV	v	\$
										CAUSES OF	LUSS	- E	64						
												6	52		67				
									COLLISION		- E	33		68				\$	
									WAIVE	R OF	- E	64							
MEDICAL		62		64						TOWING		6	33						
PAYMENTS		63		67	EAC	H PERSON		\$		& LABOR		- E	57 -		;	\$			
		62		66		CSL	BI EA PER	\$					T	RAILE	RINT	ERCHAN	IGE		
UNINSURED		63		67	BIE	ACH ACCIDE	•	\$		COVERA	GES	SYMBOL #TRAILERS FARTH					# DAYS	RADIUS	DEDUCTIBLE
MOTORIST		64				PERTY DAM		\$				1	69						
										COMP / OTC	;	7	70						
										SPECIFIED		- 6	69						
										CAUSES OF	LOSS	70							
NON-TRUCKERS		YES	3	STATES	cos	ST OF HIRE		IF ANY BA	ASIS	COLLISION		6	69						
HIRED / BORROWED		NO			\$					WAIVE	R OF	7	70						\$
TRUCKERS		YES	3	STATES	cos	ST OF HIRE		IF ANY BA	ASIS	TRAILER VA		\$							
HIRED / BORROWED LIABILITY		NO			\$					STA	TES	# DA	YS	# \	VEH				
		YES	3	STATES	GRO	OUP TYPE		NU	MBER OF										
NON-OWNED		NO				EMPLOYEE	S			HIRED									
AUTO LIABILITY		vc				VOLUNTEE	RS	PHYSICAL DAMAGE											
	F]									
OTHER										1		COVE	RAGE	IS:		F	RIMARY	8	SECONDARY
									OTHER										
COVERED AUTO SYME	BOLS			(64) OWN	IED COMME	RCIAL AUT	OS ONLY	(67) SPEC	CIFICALLY DES	CRIBE	O AUTO	S		(70) Y	OUR TR	AILERS II	N THE POS	SESSION OF
(61) ANY AUTO (62) OWNED AUTOS O	NI Y							TO NO-FAULT TO A COMPUI		D AUTOS ONL LERS IN YOUR		SSION	LINDE	R				ER UNDER REEMENT	A TRAILER
(63) OWNED PRIVATE		S AUT	OS			Y UNINSURE				AILER INTERC							NED AUT		
ENDORSEMENT	<u>'S/</u>	REN	/IAF	RKS (ACOR	D 10	1, Additi	onal Re	marks Sc	hedule, ma	y be attac	hed if	more	spa	ce is	s rec	quired)		
SIGNATURE																			
						00/554	05 70 4		A N I T NA II I C N		DD1) //					T. 15	4 B B L 10 /	. N. T. NA (17)	LIMBITTEN
AN INSURER WE STATEMENT OF 1																			
ONE VIOLATION F																			
I UNDERSTAND A	MD	۸СК	NO	WI EDGE TH	ΛΤ I II	MINIQUIDER	MOTOR	DISTS BODI	I V IN II IDV (COVEDAGE	/I IMBI) H/6	REEN	J OE	EEDI	ED TO	ME AN	D THAT	HAVE THE
OPTIONS OF SEL																			
REJECTED UMBI SUPPLEMENT, AC					TED (JMBI LIMI	TS LOWE	ER THAN M	iy bodily ii	NJURY LIAB	ILITY	LIMITS	i, I H/	AVE	ALS) SIGN	ED THE	CALIFO	RNIA AUTO
· · · · · · · · · · · · · · · · · · ·					>F TL	LAT LINIINI	NIDED M	IOTODICTO		DAMACE	·OVED	ACE (IMPE	N LIA	C DI		CEDED	TO ME	AND THAT I
I ALSO UNDERST HAVE THE OPTIO																			
I HAVE READ AND	co	MPL	ETE.	ED THE UMPI	D PO	RTION OF	THE CAL	JFORNIA A	UTO SUPPLE	EMENT, ACC)RD 61	CA.							,
IN ADDITION, I HA	VE	BEE	N O	FFERED WA	IVER	OF COLLI	SION DEI	DUCTIBLE.	IF THIS OPT	TON IS NOT	INDIC	ATED	ON T	HIS /	APPL	ICATIO	N, THE	N I HAVE	REJECTED
I UNDERSTAND T RENEWALS, CON											Y STA	TE SU	PPLE	MEN	IT WI	LL APF	PLY TO A	ALL FUTU	JRE POLICY
APPLICANT'S SIGNATI	JRE						DATE		PRODUCER'S	SIGNATURE							NATIO	NAL PROD	UCER NUMBER