R
<b>ACORD</b> ®

## **COMMERCIAL GENERAL LIABILITY SECTION**

DATE (MM/DD/YYYY) 12/21/2012

		<b>30</b> 1111			<i></i>	<i>,</i>	, . <b></b> .		01101	12/	21/2012	
AGEN Kind		ance Services				CARRIER				•	NAIC CODE	
POLICY NUMBER					EFFECTIVE DATE	TIVE DATE APPLICANT / FIRST NAMED INSURED						
COV	/ERAGE	S		LIM	ITS	l						
		AL GENERAL LIABILITY			GENERAL AGGREGATE \$ PREMIUMS							
		S MADE OCCURR	ENCE		APPLIES PER:	POLICY	LOCATIO			PREMISES/OP		
	_	CONTRACTOR'S PROTECTIVE			PROJECT OTHER:							
				PROI	DUCTS & COMPLET	ED OPERATIONS AGG		\$		PRODUCTS		
DEDU	CTIBLES				PERSONAL & ADVERTISING INJURY \$							
F	PROPERTY	DAMAGE \$		EACH	ACH OCCURRENCE \$ OTHER							
E	BODILY INJ	URY \$	PER CLAIM	DAM	DAMAGE TO RENTED PREMISES (each occurrence) \$							
		\$	PER OCCURRENCE	MEDICAL EXPENSE (Any one person) \$						TOTAL		
				EMPL	OYEE BENEFITS			\$				
								\$				
1. UM	I / UIM COV		D ONLY AUTO COVER	RAGE IS	S TO BE PROVIDED  2. MEDICAL PAYN		IS	IS NO	T AVAILABLE.			
SCH	EDULE	OF HAZARDS										
LOC #	HAZ #	CLASSIFICATION	CLASS CODE		EMIUM BASIS	EXPOSURE	RATE		PREMIUM			
			CODE					PREM/OPS	PRODUCTS	PREM/OPS	PRODUCTS	
			P) PAYROLL - PER \$1		·Υ	(C) TOTAL COST - P			(U) UNIT - P	ER UNIT	•	
		S - PER \$1,000/SALES ( DE (Explain all "Yes" res	A) AREA - PER 1,000/	SQFI		(M) ADMISSIONS - F	2ER 1,000//	ADM	(T) OTHER			
		ES" RESPONSES	ponses)								Y/N	
		D RETROACTIVE DATE:									17.10	
		TE INTO UNINTERRUPTED C	LAIMS MADE COV	'ERAG	 E:							
		PRODUCT, WORK, ACCIDENT				ISURED OR SELF-	INSURE	O FROM ANY	PREVIOUS CO	OVERAGE?		
4. W	AS TAIL (	COVERAGE PURCHASED UN	DER ANY PREVIO	US PC	DLICY?							
EMP	LOYEF	BENEFITS LIABILITY										
		LE PER CLAIM: \$			3 1	NUMBER OF EMPL	OYFES	COVERED BY	/ FMPI OYFF P	ENFFITS PI AN	JS <sup>.</sup>	
	· · · · · · · · · · · · · · · · · · ·				3. NUMBER OF EMPLOYEES COVERED BY EMPLOYEE BENEFITS PLANS:  4. RETROACTIVE DATE:							

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	NIK	41.11	JR.5

## AGENCY CUSTOMER ID:

CONTRACTORS				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0001011121112	·					
EXPLAIN ALL "YES" RESPONSES	(For all past or present operation	tions)						Y/N			
1. DOES APPLICANT DRAW PLANS, DESIGNS, OR SPECIFICATIONS FOR OTHERS?											
2. DO ANY OPERATIONS INC	CLUDE BLASTING OR UT	TILIZE OR STORE EXF	PLOSIVE MA	TERIAL?							
3. DO ANY OPERATIONS INC	CLUDE EXCAVATION, TU	JNNELING, UNDERGR	OUND WOF	RK OR EAR	TH MOVING?						
4. DO YOUR SUBCONTRACT	TORS CARRY COVERAG	ES OR LIMITS LESS 7	THAN YOUR	S?							
5. ARE SUBCONTRACTORS	ALLOWED TO WORK W	ITHOUT PROVIDING Y	OU WITH A	CERTIFIC	ATE OF INSURA	NCE?					
6. Auto cobcontinuorono	ALLOWED TO WORK W	THIOCH I NOVIDING	00 1111111	CERTIFIC							
6. DOES APPLICANT LEASE	FOLIPMENT TO OTHER	S WITH OR WITHOUT	OPERATO	RS?							
0. 2020711 2107111 22702	Egon MENT TO OTTIET	io mini on minioo i	OI LIUTIO								
DESCRIBE THE TYPE OF WORK SI	DESCRIBE THE TYPE OF WORK SUBCONTRACTED  \$ PAID TO SUB- CONTRACTORS:  \$ VOF WORK \$ #FULL- TIME STAFF:  TIME STAFF:										
BEGGRIBE THE OF WORK OF	SBOOKINAOTES	CONTRACTORS:		SUBC	ONTRACTED:	TIME STAFF:	TIME STAFF:				
PRODUCTS / COMPLET	ED ODED ATIONS										
PRODUCTS		# OF UNITS	TIME IN MARKET	EXPECTED LIFE	INITE	NDED HEE	DRINGIDAL COMPONENT				
PRODUCTS	ANNUAL GROSS SALES	# OF UNITS	MARKET	LIFE	INIE	NDED USE	PRINCIPAL COMPONENTS	-			
EVELAIN ALL IIVEGII DEGRONGEG	(F1111111		NE ATTAOULE	TEDATURE I		TI O WARNINGO ETO		T v / N			
EXPLAIN ALL "YES" RESPONSES				IERATURE, I	BROCHURES, LABE	ELS, WARNINGS, ETC.		Y/N			
DOES APPLICANT INSTAI	LL, SERVICE OR DEIVIOR	NSTRATE PRODUCTS	<i>f</i>								
2 FORFICN PRODUCTS SO	N D DISTRIBUTED LISE	D AC COMPONENTS	/If "VEC" a	ttook ACOI	3D 945)			_			
FOREIGN PRODUCTS SC     RESEARCH AND DEVELO				illach ACOF	(0 0 15)			_			
3. RESEARCH AND DEVELO	DEMIENT CONDUCTED C	K NEW PRODUCTS P	LAMMED!								
4. GUARANTEES, WARRAN	TIEC LIOLD HADMLECC	ACDEEMENTO									
4. GUARANTEES, WARRAN	HES, HOLD HARWLESS	AGREEMEN 13?									
5. PRODUCTS RELATED TO	A IDODA ET/ODA OE INDI	LICTRYO						-			
5. PRODUCTS RELATED TO	AIRCRAFI/SPACE INDI	JSIKY?									
6. PRODUCTS RECALLED, DISCONTINUED, CHANGED?											
7	001 D 0D DE DA0KAOE	D LINDED ADDI IOANIA	LADELO					-			
7. PRODUCTS OF OTHERS	SOLD OR RE-PACKAGE	D UNDER APPLICANT	LABEL?								
								-			
8. PRODUCTS UNDER LABE	EL OF OTHERS?										
9. VENDORS COVERAGE REQUIRED?											
								1			
10. DOES ANY NAMED INSURED SELL TO OTHER NAMED INSUREDS?											

## AGENCY CUSTOMER ID:

ΑI	ADDITIONAL INTEREST / CERTIFICATE RECIPIENT ACORD 45 attached for additional names								
INT	EREST	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE		INTEREST IN	ITEM NUMBER	
	ADDITIONAL INSURED						LOCATION:	BUILDING:	
	EMPLOYEE AS LESSOR						ITEM CLASS:	ITEM:	
	LIENHOLDER						ITEM DESCRIPTION		
	LOSS PAYEE								
$\vdash$	MORTGAGEE								
	MORTOAGEE	REFERENCE / LOAN #:			٦				
<u></u>	NEDAL INCODMATION								
	ENERAL INFORMATION PLAIN ALL "YES" RESPONSES (		erations)					Y/N	
-	ANY MEDICAL FACILITIES			SCIUNIVI C E	MDI OVED OD CO	NITPACTED?		17.13	
l ''	ANT MEDIOALT AGILITIES	JI KOVIDED OK MEE	JOAL I NOI LO	JOIOINALO L	INII LOTED ON O	SINTICACTED:			
2.	ANY EXPOSURE TO RAD	IOACTIVE/NUCLEAR	MATERIALS?						
$ldsymbol{ld}}}}}}$									
3.						EATING, DISCHARGING, APPLYI	NG, DISPOSING, OR		
	TRANSPORTING OF HAZ	ARDOUS MATERIAL?	' (e.g. landfills,	wastes, fuel	tanks, etc)				
L									
4.	ANY OPERATIONS SOLD	, ACQUIRED, OR DISC	CONTINUED II	N LAST FIVE	(5) YEARS?				
5.	MACHINERY OR EQUIPM	ENT LOANED OR RE	NTED TO OTH	IERS?					
6.	ANY WATERCRAFT, DOC	KS. FLOATS OWNED	. HIRED OR LE	EASED?					
"	7.111 17771211010111111, 200	no, i comic omice	,	_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
7	ANY PARKING FACILITIES	S OWNED/RENTED?							
′ ·	ANT I ARRING I AGILITIES	3 OWNED/REINTED:							
-	IS A FEE CHARGED FOR	DADKINGS							
0.	IS A FEE CHARGED FOR	PARKING?							
L									
9.	RECREATION FACILITIES	; PROVIDED?							
10.	IS THERE A SWIMMING P	OOL ON THE PREMIS	SES?						
11.	SPORTING OR SOCIAL E	VENTS SPONSORED	?						
1									
L									
12	ANY STRUCTURAL ALTE	RATIONS CONTEMPL	ATED?						
1									
1									
13	ANY DEMOLITION EXPOS	URE CONTEMPLATE	D?						
			•						
1									
14	HAS APPLICANT BEEN A	 CTIVE IN OR IS CURF	RENTLY ACTIV	/E IN JOINT	VENTURES?				
`~		OIL IO OOK			511201				
1									
15	DO YOU LEASE EMPLOY	EES TO OD EDOM O	THEB EMBLO	/ED62					
13.	DO TOU LEASE EIVIPLUY	LLS TO OK FROM OT	THER EWIPLU	iero!					
1									
$\vdash$									
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L									

GENERAL INFORMATION (continued)  AGENCY CUSTOMER ID:	
EXPLAIN ALL "YES" RESPONSES (For all past or present operations)	Y/N
16. IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS OR SUBSIDIARIES?	.,,
TO. TO THERE A EADOR INTERCHANCE WITH ANY OTHER BOSINESS OR SOBOIDIARIES:	
17. ARE DAY CARE FACILITIES OPERATED OR CONTROLLED?	
17. ARE DAT CARE PACILITIES OF ERATED OR CONTROLLED!	
AS THAT ANY ORDER OF REEL ATTEMPTED ON YOUR RESIDENCE WITHIN THE LAST TURES OF VEHICLE	
18. HAVE ANY CRIMES OCCURRED OR BEEN ATTEMPTED ON YOUR PREMISES WITHIN THE LAST THREE (3) YEARS?	
19. IS THERE A FORMAL, WRITTEN SAFETY AND SECURITY POLICY IN EFFECT?	
20. DOES THE BUSINESSES' PROMOTIONAL LITERATURE MAKE ANY REPRESENTATIONS ABOUT THE SAFETY OR SECURITY OF THE PREMISES?	
REMARKS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)	
ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSI	LIBANCE OP
STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCE	
FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTA	
PENALTIES. (Not applicable in CO, DC, FL, HI, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)	
IN THE DISTRICT OF COLUMBIA, WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF D THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES.	EFRAUDING

IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS. ACORD 126 (2010/05)

A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

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.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, 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, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE