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PRIOR CARRIER INFORMATION

LINE	CATEGORY										
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	POLICY TYPE	CLAIMS MADE	OCCURRENCE	CLAIMS MADE	OCCURRENCE	CLAIMS MADE	OCCURRENCE	CLAIMS MADE	OCCURRENCE	CLAIMS MADE	OCCURRENC
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RL	FIRE DAMAGE										
12	M MEDICAL EXPENSE										
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T Y	AGGREGATE										0
	PROPERTY OCCURRENCE										
	DAMAGE AGGREGATE										
	COMBINED SINGLE LIMIT										
	MODIFICATION FACTOR									2022	
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	LIMIT										
	MODIFICATION FACTOR										
	TOTAL PREMIUM									1.12	

LOSS HISTORY

DATE OF OCCURRENCE	LINE	TYPE/DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	CLAIM STATUS OPEN CLSI
11 - 11 - 11 - 11 - 11 - 11 - 11 - 11						
EMARKS NOT		UIRES A FIVE YEAR LOSS HISTORY				
LINARAS NOT		UIRES A FIVE TEAR LOSS HISTORT			ATTACHMENTS	NT(S) (If applicable)

NOTICE OF INSURANCE INFORMATION PRACTICES PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT POLICY 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. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.

ACORD 125 (2005/06)

COMMERCIAL GENERAL LIABILITY SECTION

DATE (MM/DD/YYYY)

AGENCY PHONE (A/C, No, Ext): FAX (A/C, No):		APPLICANT (First Named Insured)	(First Named									
Maesh Affinity Grp. Se a service of Seabury &	rv. Smitł	EFFECTIVE DATE	EFFECTIVE DATE EXPIRATION DATE DIRECT BILL PAYMENT									
1440 Renaissance Dr code: sub code: AGENCY CUSTOMER ID:		FOR COMPANY USE ONLY	- COMPANY									
COVERAGES	l	LIMITS										
X COMMERCIAL GENERAL LIABILITY	(GENERAL AGGREGATE		\$ 1,000	.000	PREMI	UMS					
CLAIMS MADE OCCURRENCE OWNER'S & CONTRACTOR'S PROTECTIVE		PRODUCTS & COMPLETER	,000	PREMISES/OPERATIONS								
	E	EACH OCCURRENCE		PRODUCTS								
DEDUCTIBLES	C	DAMAGE TO RENTED PRE	MISES (each occurrence)	\$		1						
PROPERTY DAMAGE \$	N	EDICAL EXPENSE (Any o	one person)	\$		OTHER						
BODILY INJURY \$	PER CLAIM E	EMPLOYEE BENEFITS		\$								
S	PER OCCURRENCE					TOTAL						
OTHER COVERAGES, RESTRICTIONS AND/OR ENDORSEMEN	ITS (For hired/	ion-owned auto coverage	s attach the applicable sta	te Business Auto Sectio	n, ACORD 137)							

SCHEDULE OF HAZARDS

ACORD

LOC	HAZ	CLASSIFICATION	CLASS	PREMIU	м		EXPOSURE	TERR	RA	TE	PREMIUM	
#	#		CODE	BASIS					PREM/OPS	PRODUCTS	PREM/OPS	PRODUCTS
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CLA	IMS N	IADE (Explain all "Yes" respon	ises)				EMPLOYEE BENE	FITS L	IABILITY			
1. PR	OPOSI	ED RETROACTIVE DATE:					1. DEDUCTIBLE PER	CLAIM:	\$			
-		ATE INTO UNINTERRUPTED CLAIN	the second se				2. NUMBER OF EMP	LOYEES	:			
BE	EN EX	PRODUCT, WORK, ACCIDENT, OF CLUDED, UNINSURED OR SELF-IN	LOCATION		YES	NO	3. NUMBER OF EMPI		COVERED B	Y EMPLOYEE	E BENEFITS PLA	NS:
FR	OM AN	IY PREVIOUS COVERAGE?					4. RETROACTIVE DA	ATE:				
		. COVERAGE PURCHASED UNDER IS POLICY?	ANY									
REMA	RKS	Contraction of the second					REMARKS		-0			
		the second s			_							

CONTRACTORS

EXPLAIN ALL "YES" RESPONSES (For past or present operations)	YES	NO	EXPLAIN ALL "YES" RESPONSES	ons)	YES	NO	
1. DOES APPLICANT DRAW PLANS, DESIGNS, OR SPECIFICATIONS FOR OTHERS?			4. DO YOUR SUBCONTRACT LESS THAN YOURS?	GES OR LIMITS			
2. DO ANY OPERATIONS INCLUDE BLASTING OR UTILIZE OR STORE EXPLOSIVE MATERIAL?				S ALLOWED TO WORK WITHOUT CERTIFICATE OF INSURANCE?			
3. DO ANY OPERATIONS INCLUDE EXCAVATION, TUNNELING, UNDERGROUND WORK OR EARTH MOVING?			6. DOES APPLICANT LEASE WITHOUT OPERATORS?	EQUIPMENT TO OTHE			
REMARKS/DESCRIBE THE TYPE OF WORK SUBCONTRACTED \$ PAID TO SUB- CONTRACTORS:			% OF WORK SUBCONTRACTED:	# FULL- TIME STAFF:	# PART- TIME STAFF:	_	

PRODUCTS/COMPLETED OPERATIONS

PRODUCTS ANNUAL GROSS SALES # OF UNITS		# OF UNITS	TIME IN MARKET		EXPECTED	INTENDED USE	PRINCIPAL COMPONE	ENTS		
									-	
EXPLAIN ALL "YES" RESPONSE	EXPLAIN ALL "YES" RESPONSES (For any past or present product or operation)			NO	EXPLAIN ALL	"YES" RESPONSES (For any past or pre	sent product or operation)	YES	NO	
1. DOES APPLICANT INST	ALL, SERVICE OR DEMON	STRATE PRODUCTS?			6. PRODUC	CTS RECALLED, DISCONTINUED	CHANGED?			
2. FOREIGN PRODUCTS S	OLD, DISTRIBUTED, USED	AS COMPONENTS?			7. PRODUCTS OF OTHERS SOLD OR RE-PACKAGED UNDER					
3. RESEARCH AND DEVEL	OPMENT CONDUCTED OF	RNEW			APPLICANT LABEL?					
PRODUCTS PLANNED?					8. PRODUC	CTS UNDER LABEL OF OTHERS?				
4. GUARANTEES, WARRAN	TIES, HOLD HARMLESS	AGREEMENTS?			9. VENDOR	RS COVERAGE REQUIRED?				
5. PRODUCTS RELATED TO AIRCRAFT/SPACE INDUSTRY?					10 DOES A	NY NAMED INSURED SELL TO O	THER NAMED INSUREDS2			

ADDITION	L INTEREST	CERTIFICATE REC	IPIENT	ACORD 45 attached for additional names			
NTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER		
ADDITIO	AL INSURED				LOCATION:	BUILDING:	
LOSS PA	YEE				VEHICLE:	BOAT:	
MORTGA	GEE				SCHEDULED ITEM	NUMBER:	
LIENHOL	DER				OTHER		
EMPLOY	EE 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 INVOLVE(D) STORING, TREATING, DISCHARGING, APPLYING, DISPOSING, OR TRANSPORTING OF HAZARDOUS MATERIAL? (e.g. landfills, wastes, fuel tanks, etc)			JOINT VENTURES?				
			15. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?				
			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				927 - 13 1			

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).



Collector Car & Boat Insurance™

NATIONAL CLUB LIABILITY REQUIREMENTS FOR QUOTE

A fully completed, signed and dated Acord Application. Please complete the highlighted sections

□ Membership listing by state – number per state

- Loss history, including prior carrier information. If no previous Insurance coverage, then please indicate this on the application and sign.
- □ Balance Sheet or Financial Statement

Copy of the By-Laws

The carrier typically requires a minimum of 30 days to review the application and provide a quote. Please contact Andrea Nicolette at 1-888-460-6040 ext 8604 if you have any questions on the application or the above requirements.

Thank you.