

Terrorism Form - WW405D

WESTERN WORLD INSURANCE GROUP
POLICYHOLDER DISCLOSURE
NOTICE OF TERRORISM INSURANCE COVERAGE

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, that you have a right to purchase insurance coverage for losses resulting from acts of terrorism, as defined in Section 102(1) of the Act: The term "act of terrorism" means any act that is certified by the Secretary of the Treasury - in consultation with the Secretary of Homeland Security, and the Attorney General of the United States - to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

YOU SHOULD KNOW THAT WHERE COVERAGE IS PROVIDED BY THIS POLICY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM, SUCH LOSSES MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THIS FORMULA, THE UNITED STATES GOVERNMENT GENERALLY REIMBURSES 85% THROUGH 2015; 84% BEGINNING ON JANUARY 1, 2016; 83% BEGINNING ON JANUARY 1, 2017; 82% BEGINNING ON JANUARY 1, 2018; 81% BEGINNING ON JANUARY 1, 2019 and 80% BEGINNING ON JANUARY 1, 2020, OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS THAT MAY BE COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A \$100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.

Acceptance or Rejection of Terrorism Insurance Coverage

I hereby elect to purchase Terrorism coverage for a prospective premium of 5% (\$100.00 plus tax) of the quoted policy premium subject to a \$100 minimum.

I hereby decline to purchase Terrorism coverage. I understand that I will have no coverage for losses resulting from acts of terrorism.

Forest Lakes Property Owners Association		
Policyholder/Applicant's Signature	Account Name	
Print Name	Date	Policy Number

Western World Insurance Company - Tudor Insurance Company - Stratford Insurance Company
300 Kimball Drive, Suite 500, Parsippany, NJ 07054
Telephone: (201) 847-8600

1. Name of Applicant: Forest Lakes Property Owners Assn.
 Website: _____

GENERAL

2. Check all operations that apply:

<input type="checkbox"/> Beach	<input type="checkbox"/> Clubhouse	<input type="checkbox"/> Jacuzzi/Hot Tub
<input type="checkbox"/> Swim Club	<input type="checkbox"/> Pool	<input type="checkbox"/> Playground Equipment
<input type="checkbox"/> Lake - Swimming Allowed	<input checked="" type="checkbox"/> Lake - No Swimming Allowed	
<input type="checkbox"/> Pond - Swimming Allowed	<input type="checkbox"/> Pond - No Swimming Allowed	

3. Are you: Public (commercially operated) or Private (members only)?

4. Annual Gross Sales (if For-Profit): \$ _____

Annual Budget (if Not-For-Profit): \$ 20,000

Annual Admissions: N/A

5. If you are a Swim Club, indicate number of individual members: N/A

6. Please check all operations that apply and indicate gross sales for each:

<input type="checkbox"/> Amusement Devices \$ _____	<input type="checkbox"/> Alcohol \$ _____
<input type="checkbox"/> Beach Umbrellas-provided or rented \$ _____	<input type="checkbox"/> Boat Rental \$ _____
<input type="checkbox"/> Jet Ski Rental \$ _____	<input type="checkbox"/> Refreshment Stands \$ _____
<input type="checkbox"/> Restaurants \$ _____	<input type="checkbox"/> Retail Stores \$ _____
<input type="checkbox"/> Other: _____	

7. Number of years you have been operating: 20+

8. Address of pool/beach/lake/pond:
 Street Address: _____
 City: _____ State: _____ Zip: _____

9. Hours of operation: N/A

10. What is your operating season? From: N/A To: N/A

11. Do you sponsor any contests or sporting events? Yes No
 If yes, describe: _____

12. Do you offer swimming classes or exercise classes? Yes No
 If so, what are the ages and experience levels of the instructors? _____

13. Do you sponsor a diving team? Yes No
 If yes, please answer questions a. and b.

a. Is there a properly trained dive coach on staff?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Are all dive team members required to provide parental consent forms and sign waivers of liability?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

14. Minimum number of lifeguards per pool/beach/lake/pond: N/A Hours that lifeguards are on duty: _____

15. Does the number of lifeguards comply with state requirements? Yes No

16. Number of diving boards: _____ Height of boards: _____

17. Number of slides: _____ Height of slides: _____

18. Is a lifeguard always stationed at each diving board and each slide? Yes No

19. Do lifeguards have whistles and bullhorns so that emergency instructions can be heard by all? Yes No

20. Is your facility equipped with a public address system? Yes No

21. Are lifeguards always on duty when you are open for swimming? Yes No
 If not, do you post "Swim At Your Own Risk" signs? Yes No

22. Are rules and regulations clearly posted? Yes No
23. Are all posted signs bilingual? Yes No
24. Do you offer shower facilities? Yes No If, yes, do they have non-skid floors? Yes No
25. Is safety (life saving) equipment present as required by law or ordinance, and available for immediate use and in good working order? Yes No
26. Do you comply with state and local mandates regarding mandatory shutdown times? Yes No
27. Name and phone number of person to contact for inspection (**Please note: Inspections are mandatory.**)
 Name: _____ Phone: _____
28. Please provide details of work performed by independent contractors. Add page if more space is needed. _____

POOLS Not Applicable

29. Number of pools: _____
30. Pool is: Indoors Outdoors
31. If the pool is inside a building, is it enclosed by walls and does it have self-closing and self-latching doors? Yes No
32. Is the pool fenced? Yes No Height of fence: _____ feet
33. Is the pool equipped with a self-closing, self-latching gate? Yes No
34. Is the pool locked when not in use? Yes No
35. Size of pool: Length: _____ Width: _____
 Location of depth markings: _____ Linear feet of pool wall: _____
36. Depth: Maximum: _____ Minimum: _____
37. Are water depth markings clearly visible on pool sides? Yes No
38. What is the age of the pool? _____
39. Are children under the age of 12 allowed pool access without a parent or guardian? Yes No
40. Have all employees been trained in how to handle a fecal emergency response? Yes No
41. Who is responsible for pool maintenance? Insured Independent Contractor
42. Describe chemical storage: _____
43. Number of pool drains per pool: _____
44. Do all pool drains and grates have covers that cannot be removed without the use of a tool? Yes No
45. Do all pools comply with requirements of Federal Virginia Graeme Baker Pool & Spa Safety Act? Yes No
- a. Do drain covers meet the ANSI/ASME A112. 19.8-2007 standard on **EVERY** drain/grate? Yes No
- b. Do all pools have an automatic shut-off system, gravity drainage system, Safety Vacuum Release System, suction limiting vent system or disabled drain? Yes No
- c. Are dual or multiple drains at least three (3) feet apart? Yes No
46. Are you compliant with ADA 2010 Standard for pool accessibility? Yes No

Please complete the appropriate sections below:

IF YOU ARE ADA COMPLIANT:

- a. What means of access for entry/exit is being utilized?
 Fixed Lift Non-fixed Lift Pool Stairs Sloped Entry Transfer System Transfer Wall
- b. Is your staff trained on an on-going basis in the use, operation and maintenance of the pool lift? Yes No

IF YOU ARE NOT ADA COMPLIANT:

- a. Why are you not compliant? _____
- b. How do you intend to protect disabled persons who are entering and exiting the pool? _____

BEACHES, LAKES AND PONDS Not Applicable

- 47. Any ocean exposure? Yes No
- 48. Is the swimming area clearly marked by rope and buoys and segregated from boating and jet skiing areas? Yes No
- 49. If boating is allowed, do you require the use of personal floatation devices? Yes No
- 50. Is the swim area protected by lifeguards? Yes No
- 51. Do you allow ice skating, ice fishing or ice boating? Yes No
- 52. Do you provide swim area management services? Yes No

REMINDER: ACORD APPLICATIONS A125 AND A126 MUST BE COMPLETED AND ATTACHED IN ORDER TO OBTAIN A QUOTE.

	10/29/19	
Applicant's Signature		Date
President	Stan Jones	
Title		Producing Agent



WESTERN WORLD INSURANCE COMPANY TUDOR INSURANCE COMPANY STRATFORD INSURANCE COMPANY

GENERAL INFORMATION

1. Name of Applicant: Forest Lakes Property Owners Assn.
 Address: PO Box 9492
 City: College Station State: TX Zip: 77842
2. Applicant's Web Site Address: _____
3. Contact person to receive all notices on behalf of the Insured: Doug Pederson
 Title: President Contact's Phone Number: 979-777-3332
4. Individual Corporation/Organization Partnership LLC Trust
 Other (specify): Association
5. **Limits Of Insurance Requested:**
General Aggregate Limit (Other than Products-Completed Operations) \$ 2,000,000
Products-Completed Operations Aggregate Limit \$ 2,000,000
Personal and Advertising Injury Limit \$ 1,000,000 any one person
Each Occurrence Limit \$ 1,000,000
Damage to Premises Rented to You (up to \$100,000 limit available) \$ 100,000 any one premises
Medical Expense Limit (up to \$5,000 limit available) \$ 5,000 any one person
6. **Effective Dates Desired: From:** 11/24/2019 **To:** 11/24/2020
7. The Association has been continually operating since? 1995
8. Association Type: (check all that apply)
 Homeowners' Townhome Condominium Cooperative Timeshare
 Commercial High Rise Property Owners' Master Association Other _____
 What is the percentage of commercial occupancy? 0 %
 Describe in detail: _____
9. Total Number of Employees: Full-Time 0 Part-Time 0 Seasonal/Temporary 0
10. If building is over four (4) stories, in what year was construction begun? n/a
 When was construction completed? _____ Number of Stories _____
11. a) Total number of units in the completed project: 150 b) Percentage of units rented/leased? _____ %
 c) Average unit value: \$ 250,000
12. Percentage of the units built, sold and occupied of the total project? 100 %
13. Has control of the Association been transferred from the builder, developer or sponsor? Yes No
14. Is the builder, developer or sponsor either represented or a member of the Board of Directors? Yes No
15. Does the entity own, maintain, control or have an affiliation with any of the following?
 a) Airfield/Airstrip Yes No d) Sewer Treatment Facility Yes No
 b) Golf Course (with outside members) Yes No e) Water Treatment Facility Yes No
 c) Country Club (with outside members) Yes No f) Lake/Pond with Dam Yes No
 If yes, describe in detail: 250 Acre Lake

GENERAL LIABILITY COVERAGE

16. Number of units 150 Single Family Homes 150 Townhomes _____ Condos _____
 Rental Units/Timeshares _____ Commercial Condos _____ Number of vacant units _____
 Number of developer owned units _____
17. What percentage of unit owners failed to pay Association dues last month? 0
18. Number of property managers in the past five (5) years? 1
19. Is there a beach associated with the property? Yes No

20. How many swimming pools? 0
 Total number of diving boards, pool slides, and diving platforms? _____
 Any diving boards, pool slides, or diving platforms over 1 meter in height? Yes No
 Are rules posted? Yes No Are pools fully fenced? Yes No
 Are gates self closing and locking? Yes No Are lifeguards on duty when pool is open? Yes No
 Any direct access to pool from unit? Yes No
 Does pool comply with requirements of Federal Virginia Graeme Baker Pool & Spa Safety Act? Yes No
 Are "Swim at your own risk" and "No lifeguard on duty" signs posted when no lifeguard is present? Yes No
21. Number of:
 Baseball diamonds _____ Diving rafts _____ Saunas _____
 Basketball courts _____ Golf courses _____ Spas _____
 Bathing beaches _____ Horse trails _____ Stables _____
 Bike trails _____ Lakes (# of acres) 25 Tennis courts _____
 Boat docks 1 Parks _____ Vacant land (# of acres) _____
 Boat rentals _____ Playgrounds _____ Volleyball courts _____
 Clubhouses _____ Racquetball courts _____ Other _____
22. Clubhouse – If there is a clubhouse, is it rented to: Members Non-Members
 What is the total clubhouse(s) square footage? _____
23. Is the Association responsible for maintenance of roads? Yes No
 If so, how many miles of road? _____
24. Are there any indoor parking garages? Yes No
25. Any security guards on premises? Yes No
 If yes, how many? _____ Are they armed or unarmed?
26. Any instances of violent crimes in the past five (5) years? Yes No
 If yes, describe in detail: _____
27. Previous Insurer: Indicate premium and losses for the past three (3) years. Describe all losses.

Year	Company	Premium	Losses Reserved	Paid Claim	Description
			0	0	

DIRECTORS & OFFICERS LIABILITY, EMPLOYMENT PRACTICES LIABILITY AND WAGE AND HOUR COVERAGE

DIRECTORS & OFFICERS LIABILITY

28. Gross revenue: Est. Next Year \$ 20,000 Current \$ 20,000 Previous \$ 20,000
 (If revenue exceeds \$750,000 submit with financials.)

Current Fund Balance: \$ _____
 (If the fund balance is negative, submit with financials and an explanation.)

29. Does anyone own over 15% of the units (including the builder, developer or sponsor)? Yes No
30. Within the last 24 months, has the Board placed any lien(s) or foreclosed on any home(s) or unit owner(s)? Yes No
 If yes, provide an explanation: _____

EMPLOYMENT PRACTICES LIABILITY INSURANCE COVERAGE (Not available without D&O coverage)

If EPLI Coverage is desired, respond to question 31. If not, proceed to questions 35 - 38.

31. a) Has there been or is there an anticipated reduction of employees in the past/next (12) months? Yes No
 b) Does the Applicant have a clear procedure in place to report Sexual Harassment and other complaints? Yes No
 c) Does the Applicant have formal written procedures for hiring and firing employees? Yes No

WAGE AND HOUR COVERAGE (Not written without EPLI coverage and not available in CA, FL, GA, LA, MA, NH, NJ, NY, and TX).

If Wage and Hour coverage is desired, check Limit of Insurance \$50,000 \$100,000 and respond to questions 32-38.

32. What percentage of the Organization's employee base is: Exempt: _____ % NonExempt: _____ %
33. Within the past 12 months:
- a) Has the Organization reviewed employee classifications as to exempt and nonexempt status relative to guidelines under the Fair Labor Standards Act (FLSA) and applicable state law? Yes No
- b) Has the Organization completed an internal audit regarding compliance with federal and state Wage and Hour laws? Yes No

If "No" to either of the above, please advise when the last review(s) and/or audit(s) were performed.

34. Have any claims, lawsuits, proceedings or investigations been made or brought against the Organization regarding violations of the FLSA, or similar state law, including meal and rest period violations? Yes No

If "Yes", please provide details of each claim, lawsuit, proceeding or investigation on a separate page.

NOTE THAT ITEMS 35 THROUGH 38 MUST BE COMPLETED BY ALL D&O, EPLI AND WAGE AND HOUR COVERAGE APPLICANTS.

35. a) Within the last three (3) years, has any inquiry, complaint, notice of hearing, claim, or suit been made (including, but not limited to, Equal Employment Opportunity Commission, State Human Rights Boards, Municipal, State or Federal Regulatory Authorities), against the Organization, or any person proposed for insurance in the capacity of Director, Officer, Trustee, Employee, or Volunteer of the Applicant? Yes No

If "Yes", please provide details of each claim, lawsuit, proceeding or investigation on a separate page.

- b) Is any person(s) proposed for this insurance aware of any fact, circumstance, or situation, which may result in a claim against the Applicant or any of its Directors, Officers, Trustees, Employees, or Volunteers? Yes No

If "Yes", please provide details of each claim, lawsuit, proceeding or investigation on a separate page.

36. Has any similar insurance on behalf of any person(s) or entity(ies) now sought to be insured been declined, non-renewed, canceled or refused? If yes, provide details. Yes No

37. Current Insurance Company: West World Insurance Copmpany

Policy Period: From: 11/24/2019 To: 11/24/2020
 Limit: \$ 1,000,000 Deductible: \$ 0 Premium: \$ 2,237

38. Limit of Insurance Requested: 1,000,000

NO FACT, CIRCUMSTANCE OR SITUATION INDICATING THE PROBABILITY OF A CLAIM OR ACTION AGAINST WHICH INDEMNIFICATION IS OR WOULD BE AFFORDED BY THE PROPOSED INSURANCE IS NOW KNOWN TO ANY DIRECTOR, OFFICER, TRUSTEE, EMPLOYEE OR VOLUNTEER OF THIS ORGANIZATION, AND IT IS AGREED BY ALL CONCERNED THAT IF THERE BE KNOWLEDGE OF ANY SUCH FACT, CIRCUMSTANCE OR SITUATION, ANY CLAIM OR ACTION SUBSEQUENTLY EMANATING THEREFROM SHALL BE EXCLUDED FROM COVERAGE UNDER THE PROPOSED INSURANCE.

The undersigned authorized Officer of the Organization on behalf of the applicant and all persons or concerns seeking insurance, has read and understands the Application and declares that all statements set forth herein are true, complete and accurate. The undersigned further declares and represents that any occurrence or event taking place prior to the issuance of the policy applied for, which may render inaccurate, untrue or incomplete any statement made herein will immediately be reported in writing to the Insurer. The undersigned acknowledges and agrees that the submission and the Insurer's receipt of such written report, prior to the inception to the policy applied for, is a condition precedent to coverage.

The insured hereby further acknowledges that he/she/it is aware that legal defense costs that are incurred shall be applied against the retention amount.

WARNING

FRAUD WARNING: 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 IS GUILTY OF INSURANCE FRAUD. THIS IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

(FOR NEW YORK INSURED: AN ACT OF INSURANCE FRAUD SHALL BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED \$5,000 AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.)

Although the signing of this application does not bind the undersigned on behalf of the Directors and Officers and the Organization to effect Insurance, the undersigned, on behalf of the Directors and Officers and the Organization, agrees that this application and the information furnished pursuant hereto shall be the basis of the contract should a policy be issued and this application will become part of the policy. The Insurers are hereby authorized to make any investigation and inquiry in connection with this application, as they may deem necessary.

Signed: _____
(Must be signed by Chairman of the Board, President or Executive Director)

Title: President Date: 10/29/2019



COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

MPRUITT

DATE (MM/DD/YYYY)
10/29/2019

AGENCY Dexter & Company of Central Texas, Inc. 4030 Highway 6 S. Ste. 310 College Station, TX 77845	CARRIER Western World Insurance Company NAIC CODE 13196
	COMPANY POLICY OR PROGRAM NAME PROGRAM CODE
	POLICY NUMBER PENDING
CONTACT NAME: Stan Jones PHONE (A/C. No. Ext): (979) 764-8444 FAX (A/C. No.): (979) 694-7603 E-MAIL ADDRESS: CODE: SUBCODE:	UNDERWRITER UNDERWRITER OFFICE STATUS OF TRANSACTION QUOTE <input type="checkbox"/> ISSUE POLICY <input type="checkbox"/> RENEW BOUND (Give Date and/or Attach Copy): CHANGE DATE TIME <input type="checkbox"/> AM CANCEL <input type="checkbox"/> PM
AGENCY CUSTOMER ID: FORELAK-01	

SECTIONS ATTACHED

INDICATE SECTIONS ATTACHED	PREMIUM	INDICATE SECTIONS ATTACHED	PREMIUM	INDICATE SECTIONS ATTACHED	PREMIUM
<input type="checkbox"/> ACCOUNTS RECEIVABLE / VALUABLE PAPERS	\$	<input type="checkbox"/> ELECTRONIC DATA PROC	\$	<input type="checkbox"/> TRANSPORTATION / MOTOR TRUCK CARGO	\$
<input type="checkbox"/> BOILER & MACHINERY	\$	<input type="checkbox"/> EQUIPMENT FLOATER	\$	<input type="checkbox"/> TRUCKERS / MOTOR CARRIER	\$
<input type="checkbox"/> BUSINESS AUTO	\$	<input type="checkbox"/> GARAGE AND DEALERS	\$	<input type="checkbox"/> UMBRELLA	\$
<input type="checkbox"/> BUSINESS OWNERS	\$	<input type="checkbox"/> GLASS AND SIGN	\$	<input type="checkbox"/> YACHT	\$
<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	\$	<input type="checkbox"/> INSTALLATION / BUILDERS RISK	\$		\$
<input type="checkbox"/> CRIME	\$	<input type="checkbox"/> OPEN CARGO	\$		\$
<input type="checkbox"/> DEALERS	\$	<input type="checkbox"/> PROPERTY	\$		\$

ATTACHMENTS

<input type="checkbox"/> ADDITIONAL INTEREST	<input type="checkbox"/> PREMIUM PAYMENT SUPPLEMENT
<input type="checkbox"/> ADDITIONAL PREMISES	<input type="checkbox"/> PROFESSIONAL LIABILITY SUPPLEMENT
<input type="checkbox"/> APARTMENT BUILDING SUPPLEMENT	<input type="checkbox"/> RESTAURANT / TAVERN SUPPLEMENT
<input type="checkbox"/> CONDO ASSN BYLAWS (for D&O Coverage only)	<input type="checkbox"/> STATEMENT / SCHEDULE OF VALUES
<input type="checkbox"/> CONTRACTORS SUPPLEMENT	<input type="checkbox"/> STATE SUPPLEMENT (If applicable)
<input type="checkbox"/> COVERAGES SCHEDULE	<input type="checkbox"/> VACANT BUILDING SUPPLEMENT
<input type="checkbox"/> DRIVER INFORMATION SCHEDULE	<input type="checkbox"/> VEHICLE SCHEDULE
<input type="checkbox"/> INTERNATIONAL LIABILITY EXPOSURE SUPPLEMENT	
<input type="checkbox"/> INTERNATIONAL PROPERTY EXPOSURE SUPPLEMENT	
<input type="checkbox"/> LOSS SUMMARY	

POLICY INFORMATION

PROPOSED EFF DATE 11/24/2019	PROPOSED EXP DATE 11/24/2020	BILLING PLAN <input type="checkbox"/> DIRECT <input checked="" type="checkbox"/> AGENCY	PAYMENT PLAN	METHOD OF PAYMENT	AUDIT	DEPOSIT \$	MINIMUM PREMIUM \$	POLICY PREMIUM \$
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APPLICANT INFORMATION

NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4) Forest Lakes Property Owners Assn. P.O. Box 9492 College Station, TX 77842				GL CODE	SIC	NAICS	FEIN OR SOC SEC #
				BUSINESS PHONE #:			
				WEBSITE ADDRESS			
<input type="checkbox"/> CORPORATION	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> NOT FOR PROFIT ORG	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION	<input checked="" type="checkbox"/> Association			
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> TRUST				
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)				GL CODE	SIC	NAICS	FEIN OR SOC SEC #
				BUSINESS PHONE #:			
				WEBSITE ADDRESS			
<input type="checkbox"/> CORPORATION	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> NOT FOR PROFIT ORG	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION				
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> TRUST				
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)				GL CODE	SIC	NAICS	FEIN OR SOC SEC #
				BUSINESS PHONE #:			
				WEBSITE ADDRESS			
<input type="checkbox"/> CORPORATION	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> NOT FOR PROFIT ORG	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION				
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> TRUST				

CONTACT INFORMATION

AGENCY CUSTOMER ID: **FORELAK-01**

MPRUITT

CONTACT TYPE:				CONTACT TYPE:			
CONTACT NAME:				CONTACT NAME:			
PRIMARY PHONE #	<input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE #	<input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	PRIMARY PHONE #	<input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE #	<input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL
PRIMARY E-MAIL ADDRESS:				PRIMARY E-MAIL ADDRESS:			
SECONDARY E-MAIL ADDRESS:				SECONDARY E-MAIL ADDRESS:			

PREMISES INFORMATION (Attach ACORD 823 for Additional Premises)

LOC #	STREET		CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
1	10942 Lakefront Dr.		<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: College Station	STATE: TX	<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
1	COUNTY: Brazos	ZIP: 77845				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:						ANY AREA LEASED TO OTHERS? Y / N

NATURE OF BUSINESS

<input type="checkbox"/> APARTMENTS	<input type="checkbox"/> CONTRACTOR	<input type="checkbox"/> MANUFACTURING	<input type="checkbox"/> RESTAURANT	<input type="checkbox"/> SERVICE	<input checked="" type="checkbox"/> Townhouse Association	DATE BUSINESS STARTED (MM/DD/YYYY)
<input type="checkbox"/> CONDOMINIUMS	<input type="checkbox"/> INSTITUTIONAL	<input type="checkbox"/> OFFICE	<input type="checkbox"/> RETAIL	<input type="checkbox"/> WHOLESALE		
DESCRIPTION OF PRIMARY OPERATIONS						
RETAIL STORES OR SERVICE OPERATIONS % OF TOTAL SALES:			INSTALLATION, SERVICE OR REPAIR WORK %	OFF PREMISES INSTALLATION, SERVICE OR REPAIR WORK %		
DESCRIPTION OF OPERATIONS OF OTHER NAMED INSURED						

ADDITIONAL INTEREST (Not all fields apply to all scenarios - provide only the necessary data) Attach ACORD 45 for more Additional Interests

INTEREST <input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BREACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
							LOCATION:	BUILDING:
							VEHICLE:	BOAT:
							AIRPORT:	AIRCRAFT:
							ITEM CLASS:	ITEM:
						ITEM DESCRIPTION		
REASON FOR INTEREST:				REFERENCE / LOAN #:	INTEREST END DATE:			
				LIEN AMOUNT:	PHONE (A/C, No, Ext):		FAX (A/C, No):	
				E-MAIL ADDRESS:				

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES				Y / N
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ?				N
<input type="text" value="PARENT COMPANY NAME"/>	<input type="text" value="RELATIONSHIP DESCRIPTION"/>	<input type="text" value="% OWNED"/>		
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?				N
<input type="text" value="SUBSIDIARY COMPANY NAME"/>	<input type="text" value="RELATIONSHIP DESCRIPTION"/>	<input type="text" value="% OWNED"/>		
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?				N
<input type="checkbox"/> SAFETY MANUAL	<input type="checkbox"/> MONTHLY MEETINGS	<input type="checkbox"/>		
<input type="checkbox"/> SAFETY POSITION	<input type="checkbox"/> OSHA			
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?				N
4. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)				N
<input type="text" value="LINE OF BUSINESS"/>	<input type="text" value="POLICY NUMBER"/>	<input type="text" value="LINE OF BUSINESS"/>	<input type="text" value="POLICY NUMBER"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
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)				N
<input type="checkbox"/> NON-PAYMENT	<input type="checkbox"/> AGENT NO LONGER REPRESENTS CARRIER	<input type="checkbox"/>		
<input type="checkbox"/> NON-RENEWAL	<input type="checkbox"/> UNDERWRITING	<input type="checkbox"/> CONDITION CORRECTED (Describe):		
6. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?				N
7. 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).				N
8. ANY UNCORRECTED FIRE AND/OR SAFETY CODE VIOLATIONS?				N
<input type="text" value="OCCURRENCE DATE"/>	<input type="text" value="EXPLANATION"/>	<input type="text" value="RESOLUTION"/>	<input type="text" value="RESOLUTION DATE"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
9. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE LAST FIVE (5) YEARS?				N
<input type="text" value="OCCURRENCE DATE"/>	<input type="text" value="EXPLANATION"/>	<input type="text" value="RESOLUTION"/>	<input type="text" value="RESOLUTION DATE"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
10. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS?				N
<input type="text" value="OCCURRENCE DATE"/>	<input type="text" value="EXPLANATION"/>	<input type="text" value="RESOLUTION"/>	<input type="text" value="RESOLUTION DATE"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
11. HAS BUSINESS BEEN PLACED IN A TRUST?				N
<input type="text" value="NAME OF TRUST"/>				
12. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD/DISTRIBUTED IN FOREIGN COUNTRIES? (If "YES", attach ACORD 815 for Liability Exposure and/or ACORD 816 for Property Exposure)				N
13. DOES APPLICANT HAVE OTHER BUSINESS VENTURES FOR WHICH COVERAGE IS NOT REQUESTED?				

REMARKS / PROCESSING INSTRUCTIONS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

--

PRIOR CARRIER INFORMATION

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

PRIOR CARRIER INFORMATION (continued)

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
	CARRIER				
	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 OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE LAST _____ YEARS						TOTAL LOSSES: \$	0	
DATE OF OCCURRENCE	LINE	TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	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.) (Applicant's Initials): _____

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) Stan Jones	STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER



COMMERCIAL GENERAL LIABILITY SECTION

DATE (MM/DD/YYYY)
10/29/2019

AGENCY Dexter & Company of Central Texas, Inc.		CARRIER Western World Insurance Company		NAIC CODE 13196
POLICY NUMBER PENDING	EFFECTIVE DATE 11/24/2019	APPLICANT / FIRST NAMED INSURED Forest Lakes Property Owners Assn.		

IMPORTANT - If CLAIMS MADE is checked in the COVERAGE / LIMITS section below, this is an application for a claims-made policy. Read all provisions of the policy carefully.

COVERAGES		LIMITS	
<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	GENERAL AGGREGATE	\$	2,000,000
<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCURRENCE	LIMIT APPLIES PER:	<input checked="" type="checkbox"/> POLICY	<input type="checkbox"/> LOCATION
<input type="checkbox"/> OWNER'S & CONTRACTOR'S PROTECTIVE		<input type="checkbox"/> PROJECT	<input type="checkbox"/> OTHER:
	PRODUCTS & COMPLETED OPERATIONS AGGREGATE	\$	Included
	PERSONAL & ADVERTISING INJURY	\$	1,000,000
	EACH OCCURRENCE	\$	1,000,000
	DAMAGE TO RENTED PREMISES (each occurrence)	\$	100,000
	MEDICAL EXPENSE (Any one person)	\$	5,000
	EMPLOYEE BENEFITS	\$	
		\$	

DEDUCTIBLES

PROPERTY DAMAGE \$ 250.00

BODILY INJURY \$ 250.00

PER CLAIM
 PER OCCURRENCE

OTHER COVERAGES, RESTRICTIONS AND/OR ENDORSEMENTS (For hired/non-owned auto coverages attach the applicable state Business Auto Section, ACORD 137)
See attached Additional Coverages overflow.
See attached Forms & Endorsements Schedule.

APPLICABLE ONLY IN WISCONSIN: IF NON-OWNED ONLY AUTO COVERAGE IS TO BE PROVIDED UNDER THE POLICY:

1. UM / UIM COVERAGE IS IS NOT AVAILABLE. 2. MEDICAL PAYMENTS COVERAGE IS IS NOT AVAILABLE.

SCHEDULE OF HAZARDS

LOC #	HAZ #	CLASSIFICATION	CLASS CODE	PREMIUM BASIS	EXPOSURE	TERR	RATE		PREMIUM	
							PREM/OPS	PRODUCTS	PREM/OPS	PRODUCTS
1	1	Lakes or Reservoirs - existence hazard only	45523	U	1					
1	2	Townhouses or Similar Associations/Homeowners Association	68500	U	150					
1	3	Condominium, Townhouses and Homeowner Associations	W3301	U						

RATING AND PREMIUM BASIS
 (S) GROSS SALES - PER \$1,000/SALES (A) AREA - PER 1,000/SQ FT (C) TOTAL COST - PER \$1,000/COST (M) ADMISSIONS - PER 1,000/ADM (U) UNIT - PER UNIT (T) OTHER

CLAIMS MADE (Explain all "Yes" responses)

EXPLAIN ALL "YES" RESPONSES	Y / N
1. PROPOSED RETROACTIVE DATE:	
2. ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COVERAGE:	
3. HAS ANY PRODUCT, WORK, ACCIDENT, OR LOCATION BEEN EXCLUDED, UNINSURED OR SELF-INSURED FROM ANY PREVIOUS COVERAGE?	
4. WAS TAIL COVERAGE PURCHASED UNDER ANY PREVIOUS POLICY?	

EMPLOYEE BENEFITS LIABILITY

1. DEDUCTIBLE PER CLAIM: \$	3. NUMBER OF EMPLOYEES COVERED BY EMPLOYEE BENEFITS PLANS:
2. NUMBER OF EMPLOYEES:	4. RETROACTIVE DATE:

* State TX; Code DONPC; Description D&O Liab-Non-Profit Organization; Limit 1 \$1,000,000; Deductible \$0

Loc# 1, Bldg# 1, Haz# 2

CONTRACTORS

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)					Y / N
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?					
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	TIME IN MARKET	EXPECTED LIFE	INTENDED USE	PRINCIPAL COMPONENTS

EXPLAIN ALL "YES" RESPONSES (For all past or present products or operations) PLEASE ATTACH LITERATURE, BROCHURES, LABELS, WARNINGS, ETC.					Y / N
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?					

ADDITIONAL INTEREST / CERTIFICATE RECIPIENT

ACORD 45 attached for additional names

INTEREST <input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	INTEREST IN ITEM NUMBER	
					LOCATION:	BUILDING:
					ITEM CLASS:	ITEM:
					ITEM DESCRIPTION	
REFERENCE / LOAN #:						

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)		Y / N																												
1. ANY MEDICAL FACILITIES PROVIDED OR MEDICAL PROFESSIONALS EMPLOYED OR CONTRACTED?		N																												
2. ANY EXPOSURE TO RADIOACTIVE/NUCLEAR MATERIALS?		N																												
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)		N																												
4. ANY OPERATIONS SOLD, ACQUIRED, OR DISCONTINUED IN LAST FIVE (5) YEARS?		N																												
5. DO YOU RENT OR LOAN EQUIPMENT TO OTHERS?		N																												
<table border="1"> <thead> <tr> <th rowspan="2">EQUIPMENT</th> <th colspan="2">TYPE OF EQUIPMENT</th> <th rowspan="2">INSTRUCTION GIVEN (Y/N)</th> </tr> <tr> <th>SMALL TOOLS</th> <th>LARGE EQUIPMENT</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		EQUIPMENT	TYPE OF EQUIPMENT		INSTRUCTION GIVEN (Y/N)	SMALL TOOLS	LARGE EQUIPMENT																							
EQUIPMENT	TYPE OF EQUIPMENT		INSTRUCTION GIVEN (Y/N)																											
	SMALL TOOLS	LARGE EQUIPMENT																												
6. ANY WATERCRAFT, DOCKS, FLOATS OWNED, HIRED OR LEASED?		N																												
7. ANY PARKING FACILITIES OWNED/RENTED?		N																												
8. IS A FEE CHARGED FOR PARKING?		N																												
9. RECREATION FACILITIES PROVIDED?		N																												
10. ARE THERE ANY LODGING OPERATIONS INCLUDING APARTMENTS? (If "YES", answer the following):																														
# APTS	TOTAL APT AREA Sq. Ft.	DESCRIBE OTHER LODGING OPERATIONS																												
11. IS THERE A SWIMMING POOL ON PREMISES? (Check all that apply)		N																												
<input type="checkbox"/> APPROVED FENCE <input type="checkbox"/> LIMITED ACCESS <input type="checkbox"/> DIVING BOARD <input type="checkbox"/> SLIDE <input type="checkbox"/> ABOVE GROUND <input type="checkbox"/> IN GROUND <input type="checkbox"/> LIFE GUARD																														
12. ARE SOCIAL EVENTS SPONSORED?		N																												
13. ARE ATHLETIC TEAMS SPONSORED?																														
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EXTENT OF SPONSORSHIP:				EXTENT OF SPONSORSHIP:																										
14. ANY STRUCTURAL ALTERATIONS CONTEMPLATED?		N																												
15. ANY DEMOLITION EXPOSURE CONTEMPLATED?		N																												

GENERAL INFORMATION (continued)

AGENCY CUSTOMER ID: **FORELAK-01**

MPRUITT

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)				Y / N
16. HAS APPLICANT BEEN ACTIVE IN OR IS CURRENTLY ACTIVE IN JOINT VENTURES?				N
17. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?				N
LEASE TO	WORKERS COMPENSATION COVERAGE CARRIED (Y/N)	LEASE FROM	WORKERS COMPENSATION COVERAGE CARRIED (Y/N)	
18. IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS OR SUBSIDIARIES?				N
19. ARE DAY CARE FACILITIES OPERATED OR CONTROLLED?				N
20. HAVE ANY CRIMES OCCURRED OR BEEN ATTEMPTED ON YOUR PREMISES WITHIN THE LAST THREE (3) YEARS?				N
21. IS THERE A FORMAL, WRITTEN SAFETY AND SECURITY POLICY IN EFFECT?				N
22. DOES THE BUSINESSES' PROMOTIONAL LITERATURE MAKE ANY REPRESENTATIONS ABOUT THE SAFETY OR SECURITY OF THE PREMISES?				N

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

--

SIGNATURE

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PRODUCER'S SIGNATURE 	PRODUCER'S NAME (Please Print) Stan Jones	STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER