Section- 1 - General Information: Legal Business Name:					
Mailing address:					
TYPE #1	: <u></u>	Corporation Partnership LLC Individual other	_		
TYPE #2	: 🔲	Non-Profit Not for Profit For Profit other			
USE:					
Operations: Check all operations: Cultivation Processor Manufacturer Cannabis Retail Lab Hydroponics Retail Smoke Shop Delivery Operations Other (describe)					
	Is the Insured a member of any cannabis trade associations? If yes, who? CCSE NORML - NBN NCIA CCIA Other:				
List you	r projec	ted sales/donations by category for the next 12 months:			
		a. Cultivation sales/donations \$			
		b. Manufacturing sales/donations \$			
		c. Processing sales/donations: \$			
		d. Recreational retail sales: \$			
		e. Medicinal retail sales/donations: \$			
		f. Laboratory and testing sales/donations \$			
		g. Other: \$			
		Total for next 12 months \$			
What ar	e the to	otal sales/donations for the last 12 months: \$ New Venture—no prior gross revenu	ıe		
If Ne	w Venti	ure: do any of the principals have a minimum of 1 year in the cannabis industry Yes No			
Location	ons Sch	nedule: Building (0) is used for all outdoor operations			
Loc#	Bldg #	Street Address, City, State, Zip Code			

ENFORCEMENT OF THE CONTROLLED SUBSTANCE ACT

Section 1.a.

Information provided on this form will become part of the policy of insurance if issued.

Applicant Name:
Applicant Address:
1. How does the applicant prevent the distribution of marijuana to minors? Please describe:
2. How does the applicant prevent revenue from the sale of marijuana from going to criminal enterprises, gangs, and cartels? Please describe:
3. How does the applicant prevent possible diversion of marijuana from states where medicinal and/or recreational use of cannabis products is legal under state law to states where medicinal and/or recreational use of cannabis products is not legal under state law? Please describe:
4. How does the applicant prevent the use of state-authorized marijuana activity as a cover or pretex for the trafficking of other illegal drugs or other illegal activity?

ENFORCEMENT OF THE CONTROLLED SUBSTANCE ACT

5.	Does the applicant have a program or safeguards in place to prevent violence and the use of firearms in the cultivation and distribution of marijuana? Yes No
	Please describe:
_	
6. 	How does the applicant prevent drugged driving or other possibly adverse public health consequences associated with marijuana use? Please describe:
7.	Does the applicant either grow or purchase marijuana grown on public lands? Yes No
8.	How does the applicant prevent the possession or use of their product on federal property?
 Ар	plicant's Signature — — — — — — — — — — — — — — — — — — —

Section 2 - History:

All questions must be answered. Failure to disclose proper history could invalidate any and all coverage.

			to the term of the
1.	Has any application for similar insurance ma owner, officer, director, employee, manager or affiliated organization thereof ever been d	or managing member	thereof or any predecessor, subsidiary
2.	Do you currently have commercial insurance	coverage?	Yes No
	General Liability: Check box if No prior Insurer/carrier		_ Expiration Date
	Policy Number		Premium \$
	Coverage Limits: Aggregate \$	Occurrence \$	
	Property: Check box if No prior Insurer/carrier		_ Expiration Date
	Policy Number		Premium \$
	Coverage Limits:\$		
	Crop: Check box if No prior Insurer/carrier		_ Expiration Date
	Policy Number		Premium \$
	Coverage Limits: \$		
	Excess: Check box if No prior Insurer/carrier		_ Expiration Date
	Policy Number		Premium \$
	Coverage Limits: Aggregate \$		
	Product Liability: Check box if No prior Insurer/carrier		Expiration Date
	Policy Number		Premium \$
	Coverage Limits: Aggregate \$	Occurrence \$	
	Has the applicant had any prior liability and or (If yes, attach currently-valued (within past 90	property claims in the	past 5 years: Yes No
	Complete the following for any applicant or a managing member of the applicant or any per predecessor, subsidiary or affiliated organization	son(s) or organization	_
	A. Have any of the above been convicted of If yes, give details:	a felony or DUI in the	last 10 years? Yes No
	B. Is the applicant in compliance with all loc dispensing of cannabis?	cal & state laws regard	ing the manufacture, control, Yes No

Section 3 – General Liability and Excess

Complete Sections 3 thru 8 for each building and or outdoor grow

DBA:			
Location/BLDG #/ Physical address:			
What are the operations in this building only!			
Cannabis Wholesale/Broker Office only - no cannabis sales Retail – No cannabis sales			
Other			
General Building Questions if outdoor operations, check the box and skip general building questions.			
Year building built: if the building is older than 20 years the applicant will need to provide the year the			
following were last worked on or inspected: Roof Plumbing Electrical HVAC			
Construction type Number of stories: Square footage			
Roof Construction Roof Covering			
Are there Fire Sprinklers? Yes No What percentage of the insured's building is sprinklered%			
General Liability Questions:			
1. Does the premise have a pool, pond or other water exposure? If yes, provide details about the water exposure on a a seperate Word document.			
 Does <u>anyone</u> live in the above scheduled building? If yes, provide details about who lives on the premises on a a seperate Word document. 			
3. Are there <u>any</u> dogs on the premises?			
4. Are there <u>any</u> fire arms located in the scheduled building listed above? Yes No If yes, provide details about the fire arms exposure on a a seperate Word document.			
5. Does the insured sub-contract their security guard services? Yes No If yes: the sub-contracted security company must list you as an additional insured			
General Liability Coverage:			
\$1,000,000 each occurrence /\$1,000,000 aggregate \$2,000,000 each occurrence /\$2,000,000 aggregate			
\$1,000,000 each occurrence /\$2,000,000 aggregate Pesticide and Herbicide Applicators Endorsement \$ 50,000 occurance/aggrgate limit			
Hired and Non-Owned Auto Endorsement: \$250,000 occurance/aggrgate limit			
Include Hired and Non-Owned Auto:YesNo			
NOTE: Delivery operations are not eligible for HNOA endorsement. Transport for the purposes of business to business is approved. Any delivery to the consumer will be excluded.			
Excess Liability Coverage:			
Excess Liability Coverage: Check box if you want to decline excess coverage at this time			
\$1,000,000\$2,000,000\$3,000,000\$4,000,000			
(each excess layer added will apply to both the occurrence and aggregate limits)			
NOTE: Excess can not be applied if \$2,000,000 Occuance was requested under the General Liability.			

Section 4 - Property Complete Section 4 for each building Check box if you want to decline property coverage at this time Location/BLDG #____/___ Physical address: _____ **Property Questions** Yes No 1. Does the applicant have an active central station alarm system? Monitoring Company _____ 2. Are all windows and doors connected to an Active Central Station Alarm? ☐ Yes ☐ No 3. Does the applicant have an approved safe: Yes No <u>Weight</u> Fire Rating Minimum safe and vault requirements: 800lb with a 1 hour fire rating; under 2000lb must be bolted to the ground 4. Does the applicant have an approved vault room? Yes No 5. Do you have a buzz in system or security personnel at the door? Yes No 6. Does the applicant have interior and exterior cameras? Yes No 7. Does the applicant maintain daily written records of all Cannabis, Hemp and CBD containing products, including the purchase date, type of product and purchase price? Yes No Property Coverage and Endorsements for the location listed above: \$10,000 or \$50,000 **Optional Property Deductibles** (the deductible will default to \$2,500 if none are chosen) \$ Triple net lease Named insured owns the building Building Coverage: Loss of Income \$_____ Number of months with coverage _____ **Outdoor Signs** \$______ % of the cannabis inventory requires refrigeration Cannabis Inventory Indoor Grow Equipment & Tools Outdoor Grow Equipment & Tools \$_____ **Business Personal Property Tenants Improvements** Property Endorsement Yes | No FORM A \$500.00 Premium NOTE: If yes to property endorsement; you will need ___ FORM B \$750.00 Premium to complete section 8 FORM C \$1,000.00 Premium

Location Zoning: Cultivation Operations:		ntial Industrial A	_	
Processing Operations	Drying/Curing	Quarantine Trimmi	<u> </u>	e of Finished Stock
Cultivation Questio	ns:			
1. Is there a back-	-up system for the electric	cal supply?		Yes No
	cant test 100% of the canr vides testing: Name	nabis products grown?	Ph#	Yes No
3. Estimated num	ber of harvests per year			
4. Average yield o	of harvested cannabis per	plant		(oz)
5. Average whole	sale value per pound of fi	nished cannabis stock		
6. Maximum per	plant value based on ques	stions 5 and 6		
Indoor Cannabis &	Hemp Crop Coverage	: Check box if you w	ant to decline	crop coverage Initial
CROP COVERAGE LIMITS	Number of Plants	Per Plant Value	= Total Pl	ant Values
	#	x \$	\$	
eeds	#	x \$ x \$	\$	
eeds mmature Seedlings /egetative Plants				
eeds mmature Seedlings	#	x \$	\$	
eeds mmature Seedlings /egetative Plants	#	x \$ x \$	\$	
mmature Seedlings /egetative Plants lowering Plants	# # #	x \$ x \$ x \$	\$ \$ \$	
mmature Seedlings /egetative Plants lowering Plants	# # #	x \$ x \$ x \$ x \$	\$ \$ \$ \$	
mmature Seedlings /egetative Plants flowering Plants Harvested Plants inished Stock All Cultivation of the contractor at meaning the contractor	# # # LBS. perations are requirement of the second of the	x \$ x \$ x \$ x \$ Crop Value	\$ \$ \$ \$ \$ \$ \$ \$ the following of a the wiring inspection of the wiring	ected by a licensed,

Section 5 – All Cultivation Operations

Section 6 – Cultivation Outdoor/Greenhouse Operations:

Complete Section 6 for each Outdoor/Greenhouse building Check box if there are **NO** Outdoor/Greenhouse operations and skip Section 6 Location/BLDG #____/ Physical Address:_____ Yes No 1. Does the property listed above have fencing surrounding the cultivation area? A. If yes, please provide details about the fencing used (i.e. Height, Electrified, and Material Used). Yes No B. If yes, is the fenced in area locked at all times? 2. Is there any barbwire, razor wire or electrified fencing used for security on property? A. If yes, are there warning signs on the property? 3. Are there gates at all entrances of the property? Yes A. If yes, are the gates locked at all times? Yes No 4. Are there any traps that are used for security on the property? A. If yes, please provide details: 5. What percentage of your total cultivation at the location listed above is A. Indoor grown? B. Greenhouse grown? C. Outdoor grown? (A,B,C must total 100%) **Greenhouse Cultivation Operations:** Yes No 6. Will the greenhouse be fully enclosed with locking doors? A. If no, please provide photos and details on how you plan on securing the greenhouse. Yes No 7. Will the greenhouse have electricity? A. If yes, provide details on equipment that uses electricity. 8. Provide details on the materials used to construct the greenhouse walls. i.e. aluminum frame, glass windows, steel frames, canvas, polycarbonate, etc. All greenhouse operations must include a photo of the building at time of submission. **Outdoor Cultivation Operations:** 1. What is the total property size _____ acres 2. What is the size of the total cultivation area were cannabis and or hemp operations take place acres

Section 7 - Manufacturing/Cooking Operations:

Complete Section 7 for each building that has manufacturing / cooking operations Check box if there are **NO** manufacturing or cooking operations and skip Section 7 Location/Bldg # / Physical address: If yes: Are open flame cooking and/or frying operations conducted under a non-combustible power $\bigsqcup_{\mathsf{Yes}} \bigsqcup_{\mathsf{No}}$ ventilation hood? 2. What products do you manufacture that require open flame cooking or frying: 3. Does your establishment have an UL-300 compliant automatic fire suppression system with nozzles □ Yes □ No extended over all cooking surfaces? If yes, what type of fire suppression system is it? _____ ☐ Yes ☐ No Does your cooking/frying equipment have an automatic gas/propane supply cutoff? ☐ Yes ☐ No. Does the location list above have deep fat fryer with a high limit temperature switch? 5. How often are your hoods and flues checked? _____ 7. Are hoods and flues inspected/cleaned by an outside service and tagged for ☐ Yes ☐ No verification of this? How often is your fire suppression system serviced?_____ 9. Are fire suppression systems inspected/cleaned by an outside service and tagged for ☐ Yes ☐ No verification of this? 10. How often are the filters in your grease hood cleaned?_____ 11. Have you ever had any health or liquor violations which have resulted in the closing of your business or ∐ Yes ∐ No suspension of your license in the past? ☐ yes ☐ No 12. Will your operations include extraction of cannabis oils? If yes, what method do you use to extract _____ □ Yes □ No 13. Will your equipment be used and or rented to others who are not the named insured? □ Yes □ No If yes: will you require them to carry their own insurance and name you on their policy? □ Yes □ No 14. The address listed above is the only location where your operations are preformed?

If no, list all address and the operations performed at each of the locations. i.e., short term leases, short

term kitchen or lab rentals.

Section 8 - Property Endorsment FORM A, B, OR C Complete Section 8 for each building where off premises coverage is wanted					
Check box if there is NO coverage for off premises at this location and skip Section 8					
Locatio	n/BLDG #/ Physical Address:				
Cover	Coverages:				
See se	ction 4 for Property Endorsement coverage forms				
Unde	writing Questions:				
1.	Will the insured transport cannabis living plants to other business?	Yes	☐ No		
2.	Will the insured transport harvested, processed or finished cannabis to other business?	Yes	☐ No		
3.	Will the insured deliver any cannabis products directly to the consumer?	Yes	☐ No		
4.	Will the vehicles that transport the insured's property and or money and securities from	ı the			
	scheduled premises have an active alarm system?	Yes	No		
5.	If yes to question 4: does it include Low Jack or some other tracking service?	Yes	☐ No		
6.	Are drivers allowed to make personal stops when transporting goods?	Yes	☐ No		
7.	Are drivers allowed to take any cannabis inventory and or money home?	Yes	☐ No		
8.	Does the insured collect DMV records from all drivers prior to employment?	Yes	☐ No		
9.	Does the insured allow any fire arms or weapons in the vehicles?	Yes	☐ No		
10	. Does the Insured have a lock box that is bolted to the vehicles?	Yes	☐ No		

11. Does the insured provide lifts, ride share or other livery type operations?

___ Yes ___ No

Section 9. – Product Liability Questions

___ By checking the box I the Applicant / Insured willfully and knowing declining Product Liability coverage.

_ by checking the box r the Applicant / insured winjuny and knowing deciming Product Elabinty Coverage.
Section 9.A. – General Questions - All Operations
1 Doos the applicant maintain daily written records of all Cannahis CPD. Home and

1.	Does the applicant maintain daily written records of all Cannabis, CBD, Hemp and	
	inventory of non-cannabis products, including purchase date, type of product, purchase	Yes No
2	price and who it was purchased from?	
	Does the applicant have a quality assurance plan in place?	YesNo
3.	and the state of t	Yes No
4.		V N-
	distribution?	YesNo
	A.) If yes, does the applicant preform their own testing?	Yes No
	B.) If no, provide name of the testing laboratory they are contracted with.	
	Lab Name:	
_	Contact:	
5.	Does the Insured use software to track sales and pertinent transaction data such as who,	Yes No
	when and what was purchased?	Yes No
_	A.) If yes does the software have product recall/withdrawal safe guards?	res NO
6.	Will the insured follow to the best of the abilities all Consumer Product Safety	
	Commission regulations as it would pertain to the withdrawal and/or recall of defective	Vaa Na
	products?	YesNo
7.	Does the insured have a communication and complaint handling procedure?	Yes No
8.	Does the insured know of any products that were either voluntarily or mandatory	.,
	recalled/withdrawn in the past 5 years?	Yes No
	A.) If yes; please provide the total number of recalls/withdrawals the insured has had in	
	the past 5 years? # Voluntarily # Mandatory	.,
9.	Does the applicant have current or prior product liability insurance?	Yes No
	A.) If yes, please complete the follow section about your past and or current product	
	liability carrier?	
	Insurer/Carrier Name Expiration Date	
	Policy Number Premium \$	
	Coverage Limits \$Aggregate \$Occurrence	
	Policy Form TypeClaims MadeOccurrence	
Section	9.B. – Retail Operations	
1.	What percentage of the applicants estimated revenue is from the sale of non-cannabis	
	equipment, hardware, or non-ingestible items?%	
2.	Does the applicant obtain and maintain a current copy of a vendor's insurance certificate	
	naming the applicant as Additional Insured from each of the companies the applicant	
	purchases products and or ingredients from?	Yes No
3.	Does the applicant require each vendor that they contract with to have a minimum of	
	\$1,000,000 per occurrence and \$2,000,000 aggregate limit?	Yes No
4.	Does the applicant require testing from each vendor(s)?	Yes No
5.	Does the applicant maintain vendor contracts, records and invoices for 5 years or more?	Yes No
	A.) If no, how long does the applicant maintain records?	
6.	Have or will any of the Cannabis, CBD or Hemp products sold by the applicant test for unsafe	
	trace levels of butane and or propane for human consumption?	Yes No
7.	What type of products will the insured sell in there store?	

	n 9.C. – Cannabis, Hemp and CBD Cultivation Operations	
1.	Are you a certified organic farm?	Yes No
	A.) If yes, please include your certification identification	
	B.) If no what form of pest prevention are you using? Please explain;	
2.	Does the applicant apply their own pesticides?	Yes No
	A.) If no, does the insured get a copy of the contracted company's insurance before any	163 110
	work begins?	Yes No
3.	Do you follow all state and federal laws with the regards to the use, storage and disposal of pesticides?	YesNo
4.	Are you aware of any past or current pesticide issues that would result in a loss or claim?	Yes No
1.	Does the applicant use any butane, propane, CO2 or other gases in the manufacturing process? A.) If yes, please provide what gases the applicant uses.	Yes No
2.	Does the applicant follow all laws, regulations and ordnances pertaining to the storage, use and disposal of any gases used in the applicant's operations?	Yes No
3.	Does the applicant test 100% all products manufactured for any level of gas residue?	Yes No
	A.) If yes, will the applicant destroy 100% of the products found with unsafe gas residue(s)?	Yes No
4.	Provide a complete list of products that the applicant manufactures on a Word or Excel document?	Yes No
5.	List all products that the insured may not manufacture, but places applicants label on.	
	Please provide an attached list if applicable.	
Section	n 9.E. – Equipment, Hardware and Other Non-Cannabis, Hemp or CBD manufactured items	
1.	Provide a complete list of products that the applicant manufactures on an Excel or Word	

- Provide a complete list of products that the applicant manufactures on an Excel or Word document and attach the document to the submission
- 2. List all products that the insured may not manufacture, but places applicants label on. Provide a list on a Word or Excel Document if applicable.

Section 9.F. – Product Liability and Endorsements

Choose your Product Liability Coverages Limits	
\$100,000 Occurrence / \$100,000 Aggregate	
\$1,000,000 Occurrence / \$1,000,000 Aggregate	
\$1,000,000 Occurrence / \$2,000,000 Aggregate	
Choose your Product Withdrawal Coverage Limits and Deductibles. C the	h ‡
\$100,000 Max Expense Limits (Default limits)	
\$1,000 Deductible	
\$5,000 Deductible	
\$250,000 Max Expense Limits	
\$5,000 Deductible	
\$10,000 Deductible	
\$25,000 Deductible	
hoose your Endorsements:	
Additional InsuredGovernmentalVendorOther	ı
Additional Insured Name:	
Additional Insured Address:	
Waiver of SubrogationGovernmentalLandlordVendor	
Primary WordingGovernmentalLandlordVendor	
1 year Retro Active Date3 year Retro Active Date5 year Retro Active Date	
2 year Retro Active Date4 year Retro Active Date	
*if adding retro active date, please include the loss runs and premiums for each prior year	
I understand that this Products Liability coverage part applied for will apply only to CLAIMS FIRST MADE to the Company in writing within the period of coverage shown on the certificate of insurance issued v certificate on the date the policy is canceled or terminated, whichever comes first or as otherwise provides	vith the policy or
Signature of Applicant Title Date	

Section 10 - ADDITIONAL INSURED Check box if there are NO additional insureds needed at this time and skip Section 10 oss payee ADDITIONAL INSURED (check one) | landlord Governmental Agency __ Other____ Waiver Of Subrogation: -provide copy of requirements Primary Wording with Non-Contributory Wording - provide copy of requirements Location#/BLDG / Name: _____ Mailing Address: City State and Zip Code ADDITIONAL INSURED (check one) | landlord | loss payee Governmental Agency __ Other____ Waiver Of Subrogation: -provide copy of requirements Primary Wording with Non-Contributory Wording - provide copy of requirements Location#/BLDG / Name: _____ Mailing Address: City State and Zip Code ADDITIONAL INSURED (check one) I landlord I loss payee Governmental Agency Other_____ Waiver Of Subrogation: -provide copy of requirements Primary Wording with Non-Contributory Wording - provide copy of requirements Location#/BLDG ____/___ Name: Mailing Address: City State and Zip Code loss payee Governmental Agency __ Other____ ADDITIONAL INSURED (check one) | landlord Waiver Of subrogation: -provide copy of Requirements Primary Wording with Non-Contributory Wording - provide copy of Requirements Location#/BLDG ____/___ Name: _____ Mailing Address: City

State and Zip Code

Fire and Theft losses of property may be excluded if:

- a. The Central Station Alarm System is not active during non-business hours. (All doors and windows must be connected to the central station alarm system).
- b. The Video Surveillance Systems is not recording and backing up for 14 days prior to the loss.
- The Seeds, finished cannabis stock/inventory, money and securities are outside the safe during non-business hours.
- d. The minimum safe and or vault requirements have not been met at the time of the loss.
- e. The building is over 20 years old and no updates have been done in the last 20 years.
- f. The safe or vault does not have a 1 hour fire rating, fire will be excluded unless 100% covered by fire sprinklers
- g. All Vaults must be approved in writing by the underwriter

Other Conditions: Questions and information provided in this application will become part of the policy of insurance if issued. Other Terms, Conditions and Coverages will be included as part of any insurance policy issued by the insurance company. Those Terms, Conditions and Coverages may differ from what is requested in this application.

ı	an authorized representative of
unde	erstand and agree this application and any supplements attached hereto will be relied upon for issuance of any
polic	cy. I further understand and agree that failure to provide a true and accurate response to the foregoing
ques	stions may, at the option of the company, result in the voiding of the insurance issued in reliance on this
appl	ication and/or denial of claims under any policy issued.

I authorize and consent to investigations of information bearing upon moral character, professional reputation and fitness to engage in the activities of my business and I agree to release to International Insurance Company of Hannover SE, any documents, records or other information bearing upon the foregoing. I understand and agree these investigations shall not be confined to information submitted in this application, but shall include any other sources of information deemed relevant by the Company as may be authorized by law.

I understand this insurance is being provided through a surplus lines company and the insurer may not be subject to all the insurance laws and rules in my state and the risk is not protected by the State Insurance Insolvency Fund.

THIS APPLICATION MUST BE SIGNED BY APPLICANT WITHIN 10 DAYS OF BINDING. SIGNING THIS FORM DOES NOT BIND THE COMPANY TO COMPLETE THE INSURANCE. COVERAGE BECOMES EFFECTIVE WHEN ACCEPTED BY THE INSURANCE COMPANY

Authorized Applicant Signature	Date signed	 Title		
Main contact:	Phone number:			
Requested Effective Date	Name of licensed insurance broker			
Name of appointed insurance brokerage	Signature of licensed	 Insurance broker		



STATEMENT OF NO LOSS

AGENCY		NAMED INSURED	NAMED INSURED			
CONTACT NAME: PHONE		CARRIER		NAIC CODE		
(A/C, No, Ext): FAX		POLICY NUMBER				
(A/C, No): E-MAIL ADDRESS:						
CODE:	SUBCODE:	APPROVED BY				
AGENCY CUSTOMER ID:						
I AEDTIEV	TUAT ALE NOT AVA	455 65 AN	V I 00050 A 00155NT0			
			Y LOSSES, ACCIDENTS			
OR CIRCU	MSTANCES THAT MI	GHT GIVE R	ISE TO A CLAIM UNDER			
THE INSU	RANCE POLICY WH	OSE NUMBI	ER IS SHOWN ABOVE,			
FROM 12:	01 AM ON	ТО				
	CANCELLATIO		DATE AND TIME SIGNED			
	APPLICA	NT'S SIGNATURE				
	_	FOEIDT				
	K	ECEIPT				
\$	AMOUNT RECEIVED BY:					
			PRODUCER			
	WITNESS		DATE AND TIME			
ACORD 27 (2009/04)			1006 2009 ACORD CORDORATION All victor			

ACORD 37 (2008/01)

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COMMERCIAL LOSS HISTORY SCHEDULE					DATE			
PRODUCER	PHONE, (A/C,No,Ex	·4\.	APPLICANT (First					
	Fax (A/C, No.):		Named Insured)					
	(A/C, NO.).		moured,					
			EFFECTIVE DATE	EXPIRATION DATE	DIRECT BILL	PAYM	ENT PLAN	AUDIT
				EXI INATION DATE	AGENCY BILL		LIVI I LAIV	70011
			FOR COMPANY					
CODE: AGENCY		SUB CODE:	USE ONLY					
CUSTOMER ID								
Loss History								
ENTER ALL CLAIMS OF THAT MAY GIVE RISE	OR LOSSES (REC E TO CLAIMS FO	GARDLESS OF FAULT AND WHETH R THE PRIOR 5 YEARS (3 YEARS IN	ER OR NOT INSURED) OR (I KS & NY)	OCCURRENCES			HERE ONE	SEE ATTACHED LOSS SUMMARY
DATE OF OCCURRENCE	LINE	TYPE/DESCRIPTION OF OCC		DATE OF CLAIM	AMOUNT PAID		OUNT SERVED	CLAIM STATUS
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