

ACORD™ SMALL COMMERCIAL ACCOUNT PACKAGE APP

DATE

| | | | | | |
|--|------------------------------------|-----------------------------|--------------------|--------------|--------------------|
| PRODUCER TMK RISK MANAGEMENT INC DBA KALLMAN INSURANCE PO BOX 266736 WESTON , FL 33326 | PHONE (A/C, No, Ext): 954-389-5897 | COMPANY | | NAIC CODE: | |
| | FAX (A/C, No.): 954-389-6661 | POLICY OR PROGRAM REQUESTED | | | |
| CODE | SUB CODE | PROPOSED EFF. DATE | PROPOSED EXP. DATE | BILLING PLAN | PAYMENT PLAN |
| | | | | AGENCY | |
| | | | | DIRECT | |
| STATUS OF SUBMISSION | | | | | |
| | QUOTE | | ISSUE POLICY | | BOUND (Give date): |

| | | | | | | |
|-----------------------------------|--|-------------|------------------------|-----------------------|------------|--------------|
| APPLICANT INFORMATION | | | | | | |
| NAME (First Named Insured) | | INDIVIDUAL | LIMITED CORPORATION | GL CODE | SIC | FEDERAL ID # |
| | | PARTNERSHIP | JOINT VENTURE | | | |
| | | CORPORATION | OTHER | | | |
| MAILING ADDRESS (INCLUDING ZIP+4) | | | CONTACT FOR INSPECTION | PHONE (A/C, No, Ext): | YRS IN BUS | |
| | | | CREDIT BUREAU NAME | ID NUMBER | | |

| | | |
|---|---|-------------------|
| PRIOR POLICY(IES) / LOSS HISTORY | | |
| COMPANY (Include Cov. type/Line of Business/Dates) | LOSSES WHETHER OR NOT INSURED (Date/Description/Amount) | CORRECTIVE ACTION |
| | | |
| DURING THE PAST 3 YEARS, HAS ANY COVERAGE BEEN CANCELLED, NON-RENEWED, DECLINED, OR PLACED IN NON-STANDARD MARKETS? | | |
| | YES (Explain) | NO |

| | | | |
|---|------------|-------------|---|
| LOCATION | | | |
| ADDRESS (Include county & zip) | INTEREST | AREA OCCUP. | SURROUNDING EXPOSURES AND OTHER OCCUPANCIES |
| | OWNER %: | | |
| | TENANT | | |
| | YEAR BUILT | SQ. FT.: | |
| CHECK HERE IF PRIMARY LOCATION <input type="checkbox"/> | | | |

| | | | |
|-------------------------------------|-----------|--------|-------------------|
| NATURE OF BUSINESS | | | |
| OFFICE | RETAIL | APTS | CONTRACTORS |
| SERVICE | WHOLESALE | CONDOS | OTHER (Describe): |
| DESCRIPTION OF OPERATIONS/OCCUPANCY | | | |
| | | | |

| | | | | | |
|--|--|-----|----|--|----------------|
| GENERAL INFORMATION | | | | | |
| PLEASE EXPLAIN ALL "YES" RESPONSES | | YES | NO | DESCRIBE ANY LOCATION OR BUSINESS INTEREST OWNED OR OPERATED BY INSURED BUT NOT LISTED | |
| 1. 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) | | | | | |
| 2. ARE ATHLETIC TEAMS SPONSORED? | | | | | |
| 3. ARE CERTIFICATES OF INSURANCE REQUIRED FROM SUB CONTRACTORS? IF SO, WHO CHECKS THEM? | | | | | |
| 4. DURING THE LAST FIVE YEARS, (TEN IN RHODE ISLAND), HAS ANY APPLICANT BEEN CONVICTED OF ANY DEGREE OF THE CRIME OF ARSON? (In RI, failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment). | | | | | |
| 5. ANY BANKRUPTCIES, TAX OR CREDIT LIENS AGAINST THE APPLICANT IN THE PAST 5 YEARS? | | | | ANNUAL SALES/RECEIPTS: | TOTAL PAYROLL: |

| PROPERTY | | | | | | | | | | | |
|-----------------------|-------------|--------------|---------------|--------------|---------------|---------------------|------------------|---------------------------|-----------------|--------------------------------|--|
| SUBJECT | COVERAGE | LIMITS | | | CAUSE OF LOSS | CONSTRUCTION | | | | | |
| BUILDING | AMOUNT | | RC | INFL. % | | FRAME | NON-COMB MASONRY | FIRE RESIST | | | |
| | COINS/DED | % | ACV | | | JOISTED MASON | NON-COMB | MOD FIRE RES | | | |
| PERSONAL PROPERTY | AMOUNT | | RC | | | DISTANCE TO HYDRANT | FIRE STAT | FIRE DISTRICT/CODE NUMBER | % BLDG SPRNKLRD | | |
| | COINS/DED | % | ACV | | | FT | MI | | | | |
| | | | | | | PR. CL. | TOTAL AREA | ROOF TYPE | #STORIES | #UNITS | |
| BUILDING IMPROVEMENTS | WIRING YEAR | ROOFING YEAR | PLUMBING YEAR | HEATING YEAR | OTHER | BLDG CODE GRADE | INSPECTED? | TAX CODE | WIND CLASS | RESISTIVE SEMI-RESISTIVE OTHER | |
| | | | | | | | YES NO | | | | |

| | | | | | | | |
|--------------------|--------|------|--------|------|-------|------------|------------|
| OPTIONAL COVERAGES | | | | | | | |
| GLASS | #PANES | AREA | LENGTH | TYPE | VALUE | DEDUCTIBLE | ADD'L INFO |
| GROUND FLOOR | | | | | | | |
| ABOVE GROUND FLOOR | | | | | | | |

OPTIONAL COVERAGES (con't)

| COVERAGE | AMOUNT | % COINS | DEDUCT. | COVERAGE | AMOUNT | DEDUCT. | COVERAGE | AMOUNT | DEDUCT. |
|-----------------|--------|---------|---------------|----------|-----------------|----------|-------------------------------------|--------|---------|
| EXTRA EXPENSE | | | | CRIME | EMPLOY. DISHON. | # EEMPL. | MACHINERY & EQUIPMENT | BASIC | |
| LOSS OF INCOME | | | BURG/ROB>STK. | | | BROAD | | | |
| VALUABLE PAPERS | | | BURG/ROB>MNY. | | | SPOILAGE | | | |
| ACCOUNTS REC. | | | | | | | | | |
| SIGNS | | | | | | | IS THERE A SEPARATE HEATING BOILER? | | |

| BAILEES | | | | TRANSIT | | | |
|--|--|--|--|-------------------------------------|----|---|--|
| TOTAL VALUE OF CUSTOMERS GOODS STORED ON PREMISES? | | | | AVERAGE VALUE PER DELIVERY VEHICLE? | | | |
| | | | | MAXIMUM VALUE PER VEHICLE? | | | |
| ARE GOODS STORED BEYOND NORMAL HANDLING TIME? | | | | YES | NO | ESTIMATED ANNUAL AVERAGE VALUE SHIPPED? | |

CRIME

| TYPE OF ALARM (Check all that apply) | | GRADE | EXTENT OF PROTECTION | | | ALARM CERTIFICATE #/EXPIRATION DATE: | | | | | |
|--|---------------|-----------------------------|----------------------|-----------------------------|---|--------------------------------------|--|----------------------|-------|-------|--|
| HOLD UP | LOCAL GONG | | SAFE/VAULT | PREMISES | | SAFE/VAULT/RECEPTACLE MANUFACTURER | | | LABEL | CLASS | |
| BURGLAR | POLICE C'NECT | | PART. | 1 | 2 | 3 | | | | UL | |
| CENTRAL STAT. | WITH KEYS | | COMPL. | | | | | | | SMNA | |
| MAXIMUM CASH ON PREMISES | | MAXIMUM CASH WITH MESSENGER | | MONEY ON PREMISES OVERNIGHT | | FREQUENCY OF DEPOSITS | | DBL. CYL. DOOR LOCKS | | | |
| \$ | | \$ | | \$ | | | | YES NO | | | |
| OTHER PROTECTION (Lighting, fences, watchperson, etc.) | | | | | | | | | | | |

GENERAL LIABILITY

| LIMITS | GENERAL AGGREGATE | | \$ | OTHER (Indicate coverage & limit) |
|-----------|---|-------------------|---------------|-----------------------------------|
| | PRODUCTS & COMPLETED OPERATIONS AGGREGATE | | \$ | |
| | PERSONAL & ADVERTISING INJURY | | \$ | |
| | EACH OCCURRENCE | | \$ | |
| | DAMAGE TO RENTED PREMISES | | \$ | |
| | MEDICAL EXPENSE (Any one person) | | \$ | |
| TERRITORY | CLASS CODE | CLASS DESCRIPTION | EXPOSURE BASE | EXPOSURE |
| | | | | |

WORKERS COMPENSATION

| EMPLOYER I.D. NUMBER | RATING BUREAU I.D. NO. | ANNIVERSARY RATING DATE | PARTICIPATING | | | | |
|----------------------|------------------------|--|---|--|-----------------------|-----------|--------------------------|
| | | | NON-PARTICIPATING | | | | |
| PART 1 (States) | | PART 2, EMPLOYEES LIAB. (If not Basic) | SPECIFY ADDITIONAL COVERAGES/ENDORSEMENTS | | | | |
| | | \$ (Each Accident) | | | | | |
| OTHER STATES | U.S.L. & H. | \$ (Disease>Policy Limit) | | | | | |
| VOL. COMP. \$ | | \$ (Disease>Each Employee) | | | | | |
| STATE | CLASS CODE | COMPANY USE | CATEGORIES, DUTIES, CLASSIFICATIONS | | # EMPLOYEES FULL TIME | PART TIME | EST. ANNUAL REMUNERATION |
| | | | | | | | |

PARTNERS, OFFICERS, RELATIVES TO BE INCLUDED OR EXCLUDED. (Remuneration to be included must be part of rating information section.)

| NAME | AGE | TITLE/RELATION. | OWNERSHIP % | DUTIES | INC/EXC | CLASS CODE | REMUNERATION |
|------|-----|-----------------|-------------|--------|---------|------------|--------------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

| PLEASE EXPLAIN ALL "YES" RESPONSES | YES | NO | YES | NO |
|---|-----|----|---|----|
| DOES APPLICANT OWN, OPERATE OR LEASE AIRCRAFT/WATERCRAFT? | | | ANY EMPLOYEES UNDER 16 OR OVER 60 YEARS OF AGE? | |
| ANY WORK PERFORMED UNDERGROUND OR ABOVE 15 FEET? | | | IS THERE ANY VOLUNTEER OR DONATED LABOR? | |

AUTOMOBILE

USE ACORD 127, BUSINESS AUTO SECTION, AND ACORD 137 FOR YOUR STATE

ACORD 165 (2000/11)

UMBRELLA

| EXPIRING POLICY # | RETROACTIVE DATE | LIMIT OF LIABILITY | RETAINED LIMIT | FIRST DOLLAR DEFENSE |
|-------------------|------------------|--------------------|-----------------|----------------------|
| | CURRENT | \$ | EACH OCCURRENCE | YES |
| | PROPOSED | \$ | AGGREGATE | NO |

CHECK ALL COVERAGES IN UNDERLYING POLICIES. ALSO CHECK IF ANY EXPOSURES ARE PRESENT FOR EACH COVERAGE. PROVIDE AN EXPLANATION. EXPLAIN IF DIFFERENT LIMITS, EXTENSIONS, OR EXCLUSIONS. EXPLAIN ANY SPECIAL COVERAGES BEYOND STANDARD FORMS. EXPLAIN ALL EXPOSURES.

| CHECK IF APPROPRIATE | COVERAGE | EXPOSURE | COVERAGE | EXPOSURE |
|--------------------------|-------------------|--------------------------|--|--------------------------|
| <input type="checkbox"/> | CGL/CLAIMS MADE | <input type="checkbox"/> | AIRCRAFT/WATERCRAFT | <input type="checkbox"/> |
| <input type="checkbox"/> | CGL/OCCURRENCE | <input type="checkbox"/> | CARE, CUSTODY, CONTROL | <input type="checkbox"/> |
| <input type="checkbox"/> | ANY AUTO (Symbol) | <input type="checkbox"/> | MEDICAL MALPRACTICE/PROFESSIONAL LIAB. | <input type="checkbox"/> |

PROVIDE INFORMATION FOR ANY UNDERLYING POLICIES IN FORCE IN ADDITION TO THIS POLICY.

| TYPE | CARRIER/POLICY NUMBER | POLICY EFF. DATE | POLICY EXP. DATE | LIMITS | ANN. RENEW. PREMIUM | RATING MOD |
|----------------------|-----------------------|------------------|------------------|-------------------|---------------------|------------|
| AUTOMOBILE LIABILITY | | | | CSL/BI EA ACC | \$ | |
| | | | | BI EA PER | \$ | |
| | | | | PD EA ACC | \$ | |
| GENERAL LIABILITY | | | | GEN. AGGR | PREM/OPS | |
| | | | | PROD & C/O AGGR | \$ | |
| | | | | PERS & ADV INJURY | PRODUCTS | |
| | | | | EACH OCCUR. | \$ | |
| | | | | FIRE DAMAGE | OTHER | |
| EMPLOYERS LIABILITY | | | | MEDICAL EXPENSE | \$ | |
| | | | | EACH ACCIDENT | \$ | |
| | | | | DIS. > EA. EMP. | | |
| | | | | DIS. > POL. LMT | | |

UNDERLYING INSURANCE COVERAGE INFORMATION (Include all restrictions; e.g. laser endorsements, discrimination, subrogation waivers, or extensions of coverage > attach separate sheet if necessary)

| PLEASE EXPLAIN ALL "YES" RESPONSES | YES | NO | APTS/CONDOS/OTHER | #STORIES | #UNITS | #POOLS | #DVG. BDS. |
|---|-----|----|-------------------|----------|--------|--------|------------|
| ARE FOREIGN PRODUCTS DISTRIBUTED IN U.S.? | | | | | | | |
| ARE U.S. PRODUCTS SOLD OR DISTRIBUTED IN FOREIGN COUNTRIES? | | | | | | | |

SPECIFIC PROGRAM QUESTIONS (Explain "Yes" responses)

| APTS/CONDOS | RESTAURANTS |
|-------------------------------------|------------------------------------|
| ARE THERE ANY SWIMMING POOLS? | ATTACH ACORD 185 FOR EACH LOCATION |
| IS ALUMINUM WIRING USED? | |
| #UNITS IN BUILDING OR FIRE DIVISION | ATTACH ACORD 186 FOR EACH LOCATION |
| COVERAGE APPLIES TO: | DESCRIBE OFF PREMISES EXPOSURES |
| SMOKE DETECTORS | |
| NONE | |
| BATTERY | |
| WIRED | |

ADDITIONAL INTERESTS (Mortgages, Loss Payees, etc.)

| NAME & ADDRESS | INTEREST | EVIDENCE |
|----------------|----------|-------------|
| | | CERTIFICATE |
| | | POLICY |
| | | CERTIFICATE |
| | | POLICY |
| | | CERTIFICATE |
| | | POLICY |

REMARKS

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 AND SUBSEQUENT 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. 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 INSTRUCTION ON HOW TO SUBMIT A REQUEST TO US.

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 and VA, insurance benefits may also be denied.)

| | |
|-----------------------|----------------------|
| APPLICANT'S SIGNATURE | PRODUCER'S SIGNATURE |
|-----------------------|----------------------|