



COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

CSR: VT

DATE (MM/DD/YYYY)
12/17/2025

AGENCY American Ins Agency Inc 350 Lincoln Street, Suite 2400 Hingham, MA 02043 James J. Farren,CPCU,CRM		CARRIER QUOTE		NAIC CODE
		COMPANY POLICY OR PROGRAM NAME		PROGRAM CODE
		POLICY NUMBER 822501-11-32-43-0		
CONTACT NAME: James J. Farren,CPCU,CRM		UNDERWRITER		UNDERWRITER OFFICE
PHONE (A/C, No, Ext): 617-770-9000				
FAX (A/C, No):				
E-MAIL ADDRESS:				
CODE:	SUBCODE:			
AGENCY CUSTOMER ID: GLSAS-1				
		STATUS OF TRANSACTION		
		QUOTE ☐ ISSUE POLICY ☒ RENEW ☐		
		BOUND (Give Date and/or Attach Copy):		
		CHANGE DATE TIME ☐ AM		
		CANCEL : ☐ PM		

LINES OF BUSINESS

INDICATE LINES OF BUSINESS	PREMIUM		PREMIUM		PREMIUM
☐ BOILER & MACHINERY	\$		☐ CYBER AND PRIVACY	\$	
☐ BUSINESS AUTO	\$		☐ FIDUCIARY LIABILITY	\$	
☐ BUSINESS OWNERS	\$		☐ GARAGE AND DEALERS	\$	
☒ COMMERCIAL GENERAL LIABILITY	\$		☐ LIQUOR LIABILITY	\$	
☐ COMMERCIAL INLAND MARINE	\$		☐ MOTOR CARRIER	\$	
☒ COMMERCIAL PROPERTY	\$		☐ TRUCKERS	\$	
☐ CRIME	\$	☒	☐ UMBRELLA	\$	

ATTACHMENTS

☐ ACCOUNTS RECEIVABLE / VALUABLE PAPERS	☐ GLASS AND SIGN SECTION	☐ STATEMENT / SCHEDULE OF VALUES
☐ ADDITIONAL INTEREST SCHEDULE	☐ HOTEL / MOTEL SUPPLEMENT	☐ STATE SUPPLEMENT (If applicable)
☐ ADDITIONAL PREMISES INFORMATION SCHEDULE	☐ INSTALLATION / BUILDERS RISK SECTION	☐ VACANT BUILDING SUPPLEMENT
☐ APARTMENT BUILDING SUPPLEMENT	☐ INTERNATIONAL LIABILITY EXPOSURE SUPPLEMENT	☐ VEHICLE SCHEDULE
☐ CONDO ASSN BYLAWS (for D&O Coverage only)	☐ INTERNATIONAL PROPERTY EXPOSURE SUPPLEMENT	
☐ CONTRACTORS SUPPLEMENT	☐ LOSS SUMMARY	
☐ COVERAGES SCHEDULE	☐ OPEN CARGO SECTION	
☐ DEALERS SECTION	☐ PREMIUM PAYMENT SUPPLEMENT	
☐ DRIVER INFORMATION SCHEDULE	☐ PROFESSIONAL LIABILITY SUPPLEMENT	
☐ ELECTRONIC DATA PROCESSING SECTION	☐ RESTAURANT / TAVERN SUPPLEMENT	

POLICY INFORMATION

PROPOSED EFF DATE	PROPOSED EXP DATE	BILLING PLAN	PAYMENT PLAN	METHOD OF PAYMENT	AUDIT	DEPOSIT	MINIMUM PREMIUM	POLICY PREMIUM
01/27/2026	01/27/2027	☐ DIRECT ☒ AGENCY				\$	\$	\$

APPLICANT INFORMATION

NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4) GLS Associates Inc. 7 Parkridge Road Haverhill, MA 01835		GL CODE	SIC	NAICS	FEIN OR SOC SEC #
		BUSINESS PHONE #: 978-557-5518			
		WEBSITE ADDRESS			
☐ CORPORATION	☐ JOINT VENTURE	☐ NOT FOR PROFIT ORG	☐ SUBCHAPTER "S" CORPORATION		
☐ INDIVIDUAL	☒ LLC NO. OF MEMBERS AND MANAGERS: _____	☐ PARTNERSHIP	☐ TRUST		
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4) Frost Realty Associates, LLC DBA Valley Forum		GL CODE	SIC	NAICS	FEIN OR SOC SEC #
		BUSINESS PHONE #:			
		WEBSITE ADDRESS			
☐ CORPORATION	☐ JOINT VENTURE	☐ NOT FOR PROFIT ORG	☐ SUBCHAPTER "S" CORPORATION		
☐ INDIVIDUAL	☒ LLC NO. OF MEMBERS AND MANAGERS: _____	☐ PARTNERSHIP	☐ TRUST		
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4) Frost Realty Associates II, LLC DBA Valley Forum II		GL CODE	SIC	NAICS	FEIN OR SOC SEC #
		BUSINESS PHONE #:			
		WEBSITE ADDRESS			
☐ CORPORATION	☐ JOINT VENTURE	☐ NOT FOR PROFIT ORG	☐ SUBCHAPTER "S" CORPORATION		
☐ INDIVIDUAL	☒ LLC NO. OF MEMBERS AND MANAGERS: _____	☐ PARTNERSHIP	☐ TRUST		

CONTACT INFORMATION

AGENCY CUSTOMER ID: GLSAS-1

CSR: VT

CONTACT TYPE: Accounting		CONTACT TYPE: Inspection	
CONTACT NAME: Paul Gilmartin		CONTACT NAME: same (insert tel #)	
PRIMARY PHONE # ☐ HOME ☐ BUS ☐ CELL	SECONDARY PHONE # ☐ HOME ☐ BUS ☐ CELL	PRIMARY PHONE # ☐ HOME ☐ BUS ☐ CELL	SECONDARY PHONE # ☐ HOME ☐ BUS ☐ 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 # 1	STREET 7 Parkridge Road	CITY LIMITS ☐ INSIDE ☒ OUTSIDE	INTEREST ☒ OWNER ☐ TENANT	# FULL TIME EMPL	ANNUAL REVENUES: \$ 1,363,796
BLD # 1	CITY: Haverhill STATE: MA ZIP: 01835			# PART TIME EMPL	OCCUPIED AREA: SQ FT
DESCRIPTION OF OPERATIONS: Ice Rink					OPEN TO PUBLIC AREA: SQ FT
					TOTAL BUILDING AREA: SQ FT
					ANY AREA LEASED TO OTHERS? Y / N
LOC # 2	STREET 50 Holden Street	CITY LIMITS ☐ INSIDE ☒ OUTSIDE	INTEREST ☒ OWNER ☐ TENANT	# FULL TIME EMPL	ANNUAL REVENUES: \$ 675,215
BLD # 1	CITY: Malden STATE: MA ZIP: 02148			# PART TIME EMPL	OCCUPIED AREA: SQ FT
DESCRIPTION OF OPERATIONS: Ice Rink					OPEN TO PUBLIC AREA: SQ FT
					TOTAL BUILDING AREA: SQ FT
					ANY AREA LEASED TO OTHERS? Y / N
LOC # 3	STREET 654 South Union Street	CITY LIMITS ☐ INSIDE ☒ OUTSIDE	INTEREST ☒ OWNER ☐ TENANT	# FULL TIME EMPL	ANNUAL REVENUES: \$ 589,746
BLD # 1	CITY: Lawrence STATE: MA ZIP: 01843			# PART TIME EMPL	OCCUPIED AREA: SQ FT
DESCRIPTION OF OPERATIONS: Ice Rink					OPEN TO PUBLIC AREA: SQ FT
					TOTAL BUILDING AREA: SQ FT
					ANY AREA LEASED TO OTHERS? Y / N
LOC # 4	STREET 953 Broadway	CITY LIMITS ☐ INSIDE ☒ OUTSIDE	INTEREST ☒ OWNER ☐ TENANT	# FULL TIME EMPL	ANNUAL REVENUES: \$ 589,746
BLD # 1	CITY: Saugus STATE: MA ZIP: 01906			# PART TIME EMPL	OCCUPIED AREA: SQ FT
DESCRIPTION OF OPERATIONS: Ice Rink					OPEN TO PUBLIC AREA: SQ FT
					TOTAL BUILDING AREA: SQ FT
					ANY AREA LEASED TO OTHERS? Y / N

NATURE OF BUSINESS

☐ APARTMENTS	☐ CONTRACTOR	☐ MANUFACTURING	☐ RESTAURANT	☐ SERVICE	☐ DATE BUSINESS STARTED (MM/DD/YYYY)
☐ CONDOMINIUMS	☐ INSTITUTIONAL	☐ OFFICE	☐ RETAIL	☐ WHOLESALE	

DESCRIPTION OF PRIMARY OPERATIONS
Ice Skating Rink

RETAIL STORES OR SERVICE OPERATIONS % OF TOTAL SALES:	INSTALLATION, SERVICE OR REPAIR WORK %	OFF PREMISES INSTALLATION, SERVICE OR REPAIR WORK %
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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	NAME AND ADDRESS RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
☐ ADDITIONAL INSURED						LOCATION:	BUILDING:
☐ BREACH OF WARRANTY						VEHICLE:	BOAT:
☐ CO-OWNER						AIRPORT:	AIRCRAFT:
☐ EMPLOYEE AS LESSOR						ITEM CLASS:	ITEM:
☐ LEASEBACK OWNER						ITEM DESCRIPTION	
☐ LENDER'S LOSS PAYABLE	REFERENCE / LOAN #:	INTEREST END DATE:					
	LIEN AMOUNT:	PHONE (A/C, No, Ext):		FAX (A/C, No):			
REASON FOR INTEREST:		E-MAIL ADDRESS:					

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES				Y / N
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ?				N
PARENT COMPANY NAME		RELATIONSHIP DESCRIPTION	% OWNED	
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?				N
SUBSIDIARY COMPANY NAME		RELATIONSHIP DESCRIPTION	% OWNED	
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?				N
☐ SAFETY MANUAL	☐ SAFETY POSITION	☐ MONTHLY MEETINGS	☐ OSHA	☐
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?				Y
4. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)				N
LINE OF BUSINESS	POLICY NUMBER	LINE OF BUSINESS	POLICY NUMBER	
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
☐ NON-PAYMENT	☐ AGENT NO LONGER REPRESENTS CARRIER	☐		
☐ NON-RENEWAL	☐ UNDERWRITING	☐ 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
OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE	
9. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE LAST FIVE (5) YEARS?				N
OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE	
10. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS?				N
OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE	
11. HAS BUSINESS BEEN PLACED IN A TRUST? NAME OF TRUST: n				N
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?				N
14. DOES APPLICANT OWN / LEASE / OPERATE ANY DRONES? (If "YES", describe use)				
15. DOES APPLICANT HIRE OTHERS TO OPERATE DRONES? (If "YES", describe use)				

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

SEE ATTACHED REMARKS OVERFLOW

PRIOR CARRIER INFORMATION

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

PRIOR CARRIER INFORMATION (continued)

AGENCY CUSTOMER ID: GLSAS-1

CSR: VT

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: \$		
DATE OF OCCURRENCE	LINE	TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	SUBROGATION 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.

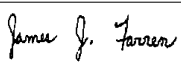
Applicable in ME, TN, VA and WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

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  CPCU, CRM	PRODUCER'S NAME (Please Print) James J. Farren, CPCU, CRM	STATE PRODUCER LICENSE NO (Required in Florida) 1721598
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER



ADDITIONAL PREMISES INFORMATION SCHEDULE

AGENCY American Ins Agency Inc		CARRIER QUOTE		NAIC CODE
POLICY NUMBER 822501-11-32-43-0	EFFECTIVE DATE 01/27/2026	NAMED INSURED(S) GLS Associates Inc.		

PREMISES INFORMATION

LOC # 005	STREET 2 Brick Kiln Rd.	CITY LIMITS ☒ INSIDE	INTEREST ☒ OWNER	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD # 001	CITY: N. Billerica COUNTY:	STATE: MA ZIP: 01862	☐ OUTSIDE ☐ TENANT	# PART TIME EMPL	OCCUPIED AREA: SQ FT
DESCRIPTION OF OPERATIONS: Ice Rink					OPEN TO PUBLIC AREA: SQ FT
					TOTAL BUILDING AREA: SQ FT
					ANY AREA LEASED TO OTHERS? Y / N:
LOC # 006	STREET 201 Forest Street	CITY LIMITS ☒ INSIDE	INTEREST ☒ OWNER	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD # 01	CITY: Saugus COUNTY:	STATE: MA ZIP: 01906	☐ OUTSIDE ☐ TENANT	# PART TIME EMPL	OCCUPIED AREA: SQ FT
DESCRIPTION OF OPERATIONS: Ice Rink					OPEN TO PUBLIC AREA: SQ FT
					TOTAL BUILDING AREA: SQ FT
					ANY AREA LEASED TO OTHERS? Y / N:
LOC #	STREET	CITY LIMITS ☐ INSIDE	INTEREST ☐ OWNER	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD #	CITY:	STATE:	☐ OUTSIDE ☐ TENANT	# PART TIME EMPL	OCCUPIED AREA: SQ FT
	COUNTY:	ZIP:			OPEN TO PUBLIC AREA: SQ FT
DESCRIPTION OF OPERATIONS:					TOTAL BUILDING AREA: SQ FT
					ANY AREA LEASED TO OTHERS? Y / N:
LOC #	STREET	CITY LIMITS ☐ INSIDE	INTEREST ☐ OWNER	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD #	CITY:	STATE:	☐ OUTSIDE ☐ TENANT	# PART TIME EMPL	OCCUPIED AREA: SQ FT
	COUNTY:	ZIP:			OPEN TO PUBLIC AREA: SQ FT
DESCRIPTION OF OPERATIONS:					TOTAL BUILDING AREA: SQ FT
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LOC #	STREET	CITY LIMITS ☐ INSIDE	INTEREST ☐ OWNER	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD #	CITY:	STATE:	☐ OUTSIDE ☐ TENANT	# PART TIME EMPL	OCCUPIED AREA: SQ FT
	COUNTY:	ZIP:			OPEN TO PUBLIC AREA: SQ FT
DESCRIPTION OF OPERATIONS:					TOTAL BUILDING AREA: SQ FT
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LOC #	STREET	CITY LIMITS ☐ INSIDE	INTEREST ☐ OWNER	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD #	CITY:	STATE:	☐ OUTSIDE ☐ TENANT	# PART TIME EMPL	OCCUPIED AREA: SQ FT
	COUNTY:	ZIP:			OPEN TO PUBLIC AREA: SQ FT
DESCRIPTION OF OPERATIONS:					TOTAL BUILDING AREA: SQ FT
					ANY AREA LEASED TO OTHERS? Y / N:

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, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

IN THE DISTRICT OF COLUMBIA, WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS, IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT

IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

IN KANSAS, 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.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

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

**COMMERCIAL INSURANCE APPLICATION -
OTHER NAMED INSURED SCHEDULE****GLSAS-1****CSR: VT****PAGE 1****OF 1**

NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4) Forst Realty Associates III, LLC DBA Valley Forum III				GL CODE		SIC		NAICS		FEIN OR SOC SEC #	
				BUSINESS PHONE #:							
				WEBSITE ADDRESS							
☐	CORPORATION		☐	JOINT VENTURE		☐	NOT FOR PROFIT ORG		☐	SUBCHAPTER "S" CORPORATION	
☐	INDIVIDUAL		☒	LLC NO. OF MEMBERS AND MANAGERS: _____		☐	PARTNERSHIP		☐	TRUST	
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4) Frost Realty Associates IV, LLC				GL CODE		SIC		NAICS		FEIN OR SOC SEC #	
				BUSINESS PHONE #:							
				WEBSITE ADDRESS							
☐	CORPORATION		☐	JOINT VENTURE		☐	NOT FOR PROFIT ORG		☐	SUBCHAPTER "S" CORPORATION	
☐	INDIVIDUAL		☒	LLC NO. OF MEMBERS AND MANAGERS: _____		☐	PARTNERSHIP		☐	TRUST	
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)				GL CODE		SIC		NAICS		FEIN OR SOC SEC #	
				BUSINESS PHONE #:							
				WEBSITE ADDRESS							
☐	CORPORATION		☐	JOINT VENTURE		☐	NOT FOR PROFIT ORG		☐	SUBCHAPTER "S" CORPORATION	
☐	INDIVIDUAL		☐	LLC NO. OF MEMBERS AND MANAGERS: _____		☐	PARTNERSHIP		☐	TRUST	
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)				GL CODE		SIC		NAICS		FEIN OR SOC SEC #	
				BUSINESS PHONE #:							
				WEBSITE ADDRESS							
☐	CORPORATION		☐	JOINT VENTURE		☐	NOT FOR PROFIT ORG		☐	SUBCHAPTER "S" CORPORATION	
☐	INDIVIDUAL		☐	LLC NO. OF MEMBERS AND MANAGERS: _____		☐	PARTNERSHIP		☐	TRUST	
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)				GL CODE		SIC		NAICS		FEIN OR SOC SEC #	
				BUSINESS PHONE #:							
				WEBSITE ADDRESS							
☐	CORPORATION		☐	JOINT VENTURE		☐	NOT FOR PROFIT ORG		☐	SUBCHAPTER "S" CORPORATION	
☐	INDIVIDUAL		☐	LLC NO. OF MEMBERS AND MANAGERS: _____		☐	PARTNERSHIP		☐	TRUST	
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)				GL CODE		SIC		NAICS		FEIN OR SOC SEC #	
				BUSINESS PHONE #:							
				WEBSITE ADDRESS							
☐	CORPORATION		☐	JOINT VENTURE		☐	NOT FOR PROFIT ORG		☐	SUBCHAPTER "S" CORPORATION	
☐	INDIVIDUAL		☐	LLC NO. OF MEMBERS AND MANAGERS: _____		☐	PARTNERSHIP		☐	TRUST	
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)				GL CODE		SIC		NAICS		FEIN OR SOC SEC #	
				BUSINESS PHONE #:							
				WEBSITE ADDRESS							
☐	CORPORATION		☐	JOINT VENTURE		☐	NOT FOR PROFIT ORG		☐	SUBCHAPTER "S" CORPORATION	
☐	INDIVIDUAL		☐	LLC NO. OF MEMBERS AND MANAGERS: _____		☐	PARTNERSHIP		☐	TRUST	
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)				GL CODE		SIC		NAICS		FEIN OR SOC SEC #	
				BUSINESS PHONE #:							
				WEBSITE ADDRESS							
☐	CORPORATION		☐	JOINT VENTURE		☐	NOT FOR PROFIT ORG		☐	SUBCHAPTER "S" CORPORATION	
☐	INDIVIDUAL		☐	LLC NO. OF MEMBERS AND MANAGERS: _____		☐	PARTNERSHIP		☐	TRUST	

Ice hockey teams
Chemicals related to industry
There are 3 ice facility locations



DATE (MM/DD/YYYY)
12/17/2025

COVERAGES

LIMITS

Hired and Non Owned auto \$1,000,000
Employee Benefit Liability;\$1mil \$2mil Abuse
Molestation

SCHEDULE OF HAZARDS

LOC #	HAZ #	CLASSIFICATION	Class CODE	PREMIUM BASIS	EXPOSURE	TERR	RATE		PREMIUM	
							PREM/OPS	PRODUCTS	PREM/OPS	PRODUCTS
11		See Schedule Ice rink		S	5,400,000					
RATING AND PREMIUM BASIS		(P) payroll - per \$1,000/pay		(C) TOTAL COST - PER \$1,000/COST		(U) unit - per unit				
(S) GROSS SALES - PER \$1,000/SALES		(A) area - per 1,000/sq ft		(M) admissions - per 1,000/adm		(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:

CONTRACTORS
GLSAS-1
CSR: VT

EXPLAIN ALL "YES" RESPONSES (For past or present operations)					Y / N
1. DOES APPLICANT DRAW PLANS, DESIGNS, OR SPECIFICATIONS FOR OTHERS?					N
2. DO ANY OPERATIONS INCLUDE BLASTING OR UTILIZE OR STORE EXPLOSIVE MATERIAL?					N
3. DO ANY OPERATIONS INCLUDE EXCAVATION, TUNNELING, UNDERGROUND WORK OR EARTH MOVING?					N
4. DO YOUR SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN YOURS?					N
5. ARE SUBCONTRACTORS ALLOWED TO WORK WITHOUT PROVIDING YOU WITH A CERTIFICATE OF INSURANCE?					N
6. DOES APPLICANT LEASE EQUIPMENT TO OTHERS WITH OR WITHOUT OPERATORS?					N
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 any past or present product or operation) PLEASE ATTACH LITERATURE, BROCHURES, LABELS, WARNINGS, ETC.					Y / N
1. DOES APPLICANT INSTALL, SERVICE OR DEMONSTRATE PRODUCTS?					N
2. FOREIGN PRODUCTS SOLD, DISTRIBUTED, USED AS COMPONENTS? (If "YES", attach ACORD 815)					N
3. RESEARCH AND DEVELOPMENT CONDUCTED OR NEW PRODUCTS PLANNED?					N
4. GUARANTEES, WARRANTIES, HOLD HARMLESS AGREEMENTS?					N
5. PRODUCTS RELATED TO AIRCRAFT/SPACE INDUSTRY?					N
6. PRODUCTS RECALLED, DISCONTINUED, CHANGED?					N
7. PRODUCTS OF OTHERS SOLD OR RE-PACKAGED UNDER APPLICANT LABEL?					N
8. PRODUCTS UNDER LABEL OF OTHERS?					N
9. VENDORS COVERAGE REQUIRED?					N
10. DOES ANY NAMED INSURED SELL TO OTHER NAMED INSUREDS?					N

INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER	
ADDITIONAL INSURED					LOCATION:	BUILDING:
LOSS PAYEE					VEHICLE:	BOAT:
MORTGAGEE					SCHEDULED ITEM NUMBER:	
Lienholder					OTHER	
EMPLOYEE AS LESSOR						
ITEM DESCRIPTION:						

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. MACHINERY OR EQUIPMENT LOANED OR RENTED TO OTHERS?	N
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? ICE RINK	Y
10. IS THERE A SWIMMING POOL ON THE PREMISES?	N
11. SPORTING OR SOCIAL EVENTS SPONSORED?	Y
12. ANY STRUCTURAL ALTERATIONS CONTEMPLATED?	N
13. ANY DEMOLITION EXPOSURE CONTEMPLATED?	N
14. HAS APPLICANT BEEN ACTIVE IN OR IS CURRENTLY ACTIVE IN JOINT VENTURES?	N
15. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?	N
16. IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS OR SUBSIDIARIES?	N

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)	Y / N
17. ARE DAY CARE FACILITIES OPERATED OR CONTROLLED?	N
18. HAVE ANY CRIMES OCCURRED OR BEEN ATTEMPTED ON YOUR PREMISES WITHIN THE LAST THREE (3) YEARS?	N
19. IS THERE A FORMAL, WRITTEN SAFETY AND SECURITY POLICY IN EFFECT?	Y
20. DOES THE BUSINESSES' PROMOTIONAL LITERATURE MAKE ANY REPRESENTATIONS ABOUT THE SAFETY OR SECURITY OF THE PREMISES?	N

REMARKS

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, FL, HI, MA, NE, OH, OK, OR or VT. In DC, LA, ME, TN, VA and WA insurance benefits may also be denied). IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.



AGENCY CUSTOMER ID: GLSAS-1

CSR: VT

PROPERTY SECTION

DATE (MM/DD/YYYY)
12/17/2025

AGENCY NAME American Ins Agency Inc		CARRIER QUOTE		NAIC CODE
POLICY NUMBER 822501-11-32-43-0		EFFECTIVE DATE 01/27/2026	NAMED INSURED(S) GLS Associates Inc.	

PREMISES INFORMATION	PREMISES #: 1	STREET ADDRESS: 7 Parkridge Road Haverhill MA 01835						
	BUILDING #: 1	BLDG DESCRIPTION: Ice Rink						
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU- ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	BLKT #	FORMS AND CONDITIONS TO APPLY
BUILDING	32,104,300			SPECIAL				BLANKET
BUS PERS PROP				SPECIAL				BLANKET
BII				SPECIAL				BLANKET

ADDITIONAL INFORMATION	BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810	VALUE REPORTING INFORMATION - Attach ACORD 811
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ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION				
SPOILAGE COVERAGE (Y/N) ☐	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y/N) ☐	OPTIONS ☐ BREAKDOWN OR CONTAMINATION ☐ POWER OUTAGE ☐ SELLING PRICE
		DEDUCTIBLE \$		

SINKHOLE COVERAGE (Required in Florida)	ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
☐ PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK			# OF OPEN SIDES ON STRUCTURE: _____

CONSTRUCTION TYPE	DISTANCE TO HYDRANT FT	FIRE STAT MI	FIRE DISTRICT	CODE NUMBER	PROT CL	# STORIES	# BASMTS	YR BUILT	TOTAL AREA
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BUILDING IMPROVEMENTS		BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES	
☐ WIRING, YR:	☐ PLUMBING, YR:	WIND CLASS	SEMI- RESISTIVE	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT	DATE INSTALLED: _____	MANUFACTURER:
☐ ROOFING, YR:	☐ HEATING, YR:					
☐ OTHER:	YR:	RESISTIVE				

PRIMARY HEAT		SECONDARY HEAT	
☐ BOILER	☐ SOLID FUEL	☐ BOILER	☐ SOLID FUEL
IF BOILER, IS INSURANCE PLACED ELSEWHERE? ☐ Y / N		IF BOILER, IS INSURANCE PLACED ELSEWHERE? ☐ Y / N	

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE
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BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	CENTRAL STATION ☐ LOCAL GONG ☐
			WITH KEYS

BURGLAR ALARM INSTALLED AND SERVICED BY	EXTENT	GRADE	# GUARDS / WATCHMEN	CLOCK HOURLY

PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)	% SPRNK	FIRE ALARM MANUFACTURER	CENTRAL STATION
			LOCAL GONG

ADDITIONAL INTEREST	ACORD 45 attached for additional names		
INTEREST	NAME AND ADDRESS	RANK: _____	EVIDENCE: _____
☐ LOSS PAYEE			
☐ MORTGAGEE			
☐			
☐			
	REFERENCE / LOAN #:		
		INTEREST IN ITEM NUMBER	
		LOCATION:	BUILDING:
		ITEM CLASS:	ITEM:
		ITEM DESCRIPTION	

REMARKS

ADDITIONAL PREMISES INFORMATION		PREMISES #: 1		STREET ADDRESS: 7 Parkridge Road Haverhill MA 01835				
		BUILDING #: 1		BLDG DESCRIPTION: Ice Rink				
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU- ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	BLKT #	FORMS AND CONDITIONS TO APPLY
BUILDING	8,968,500		RC	SPECIAL		10,000		BLANKET
BPP	294,800			SPECIAL		10,000		BLANKET
BII	1,123,632		RC	SPECIAL				BLANKET
ADDITIONAL INFORMATION		BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810				VALUE REPORTING INFORMATION - Attach ACORD 811		
ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION								
SPOILAGE COVERAGE (Y/N) ☐	DESCRIPTION OF PROPERTY COVERED				LIMIT \$		REFRIG MAINT AGREEMENT (Y/N) ☐	OPTIONS ☐ BREAKDOWN OR CONTAMINATION ☐ POWER OUTAGE ☐ SELLING PRICE
					DEDUCTIBLE \$			
SINKHOLE COVERAGE (Required in Florida)		ACCEPT COVERAGE		REJECT COVERAGE		LIMIT: \$		
☐ PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK								# OF OPEN SIDES ON STRUCTURE: _____
CONSTRUCTION TYPE		DISTANCE TO HYDRANT FT		FIRE STAT MI		FIRE DISTRICT		CODE NUMBER
BUILDING IMPROVEMENTS		BLDG CODE GRADE		TAX CODE		ROOF TYPE		OTHER OCCUPANCIES
☐ WIRING, YR: ☐ PLUMBING, YR: ☐ ROOFING, YR: ☐ HEATING, YR: ☐ OTHER: YR:		WIND CLASS		SEMI- RESISTIVE		HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT		DATE INSTALLED: _____
PRIMARY HEAT		SECONDARY HEAT						
☐ BOILER ☐ SOLID FUEL ☐ IF BOILER, IS INSURANCE PLACED ELSEWHERE? ☐ Y / N		☐ BOILER ☐ SOLID FUEL ☐ IF BOILER, IS INSURANCE PLACED ELSEWHERE? ☐ Y / N						
RIGHT EXPOSURE & DISTANCE		LEFT EXPOSURE & DISTANCE		FRONT EXPOSURE & DISTANCE		REAR EXPOSURE & DISTANCE		
BURGLAR ALARM TYPE		CERTIFICATE #				EXPIRATION DATE		CENTRAL STATION ☐ LOCAL GONG ☐
BURGLAR ALARM INSTALLED AND SERVICED BY		EXTENT		GRADE		# GUARDS / WATCHMEN		CLOCK HOURLY ☐
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)				% SPRNK		FIRE ALARM MANUFACTURER		CENTRAL STATION ☐ LOCAL GONG ☐
ADDITIONAL INTEREST		ACORD 45 attached for additional names						
INTEREST		NAME AND ADDRESS RANK: _____		EVIDENCE: _____		CERTIFICATE		INTEREST IN ITEM NUMBER
☐ LOSS PAYEE		REFERENCE / LOAN #:						LOCATION: _____
☐ MORTGAGEE								BUILDING: _____
☐								ITEM CLASS: _____
								ITEM DESCRIPTION

REMARKS

FRAUD NOTICES

AGENCY CUSTOMER ID: _____

GLSAS-1**CSR: VT**

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, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

IN THE DISTRICT OF COLUMBIA, WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS, IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT

IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

IN KANSAS, 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.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

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

REMARKS

ADDITIONAL PREMISES INFORMATION

PREMISES #:2

STREET ADDRESS: 50 Holden Street Malden MA 02148

BUILDING #: 1

BLDG DESCRIPTION: Ice Rink

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU-ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	BLKT #	FORMS AND CONDITIONS TO APPLY
BUILDING	4,743,000		RC	SPECIAL		10,000		BLANKET
BPP	200,000		RC	SPECIAL		10,000		BLANKET
BII	449,371			SPECIAL				BLANKET

ADDITIONAL INFORMATION

BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810

VALUE REPORTING INFORMATION - Attach ACORD 811

ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

SPOILAGE COVERAGE (Y/N)

☐

DESCRIPTION OF PROPERTY COVERED

LIMIT

\$

DEDUCTIBLE

\$

REFRIG MAINT AGREEMENT (Y/N)

☐

OPTIONS

☐ BREAKDOWN OR CONTAMINATION
 ☐ POWER OUTAGE
 ☐ SELLING PRICE

SINKHOLE COVERAGE (Required in Florida)

ACCEPT COVERAGE

REJECT COVERAGE

LIMIT: \$

☐ PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK

OF OPEN SIDES ON STRUCTURE: _____

CONSTRUCTION TYPE

DISTANCE TO HYDRANT

FIRE STAT

FIRE DISTRICT

CODE NUMBER

PROT CL

STORIES

BASM'TS

YR BUILT

TOTAL AREA

BUILDING IMPROVEMENTS

WIRING, YR:

PLUMBING, YR:

ROOFING, YR:

HEATING, YR:

OTHER: YR:

BLDG CODE GRADE

TAX CODE

ROOF TYPE

OTHER OCCUPANCIES

WIND CLASS

SEMI- RESISTIVE

RESISTIVE

HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT

DATE INSTALLED: _____

PRIMARY HEAT

BOILER

SOLID FUEL

IF BOILER, IS INSURANCE PLACED ELSEWHERE? Y / N

SECONDARY HEAT

BOILER

SOLID FUEL

IF BOILER, IS INSURANCE PLACED ELSEWHERE? Y / N

RIGHT EXPOSURE & DISTANCE

LEFT EXPOSURE & DISTANCE

FRONT EXPOSURE & DISTANCE

REAR EXPOSURE & DISTANCE

BURGLAR ALARM TYPE

CERTIFICATE #

EXPIRATION DATE

CENTRAL STATION

LOCAL GONG

WITH KEYS

BURGLAR ALARM INSTALLED AND SERVICED BY

EXTENT

GRADE

GUARDS / WATCHMEN

CLOCK HOURLY

PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)

% SPRNK

FIRE ALARM MANUFACTURER

CENTRAL STATION

LOCAL GONG

ADDITIONAL INTEREST

ACORD 45 attached for additional names

INTEREST

LOSS PAYEE

MORTGAGEE

NAME AND ADDRESS

RANK: _____

EVIDENCE: _____

CERTIFICATE _____

INTEREST IN ITEM NUMBER

LOCATION:

BUILDING:

ITEM CLASS:

ITEM:

ITEM DESCRIPTION

REFERENCE / LOAN #:

REMARKS

ADDITIONAL PREMISES INFORMATION		PREMISES #: 3		STREET ADDRESS: 654 South Union Street Lawrence MA 01843					
		BUILDING #: 1		BLDG DESCRIPTION: Ice Rink					
SUBJECT OF INSURANCE		AMOUNT	COINS %	VALU-ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	BLKT #	FORMS AND CONDITIONS TO APPLY
BUILDING		3,150,000		RC	SPECIAL		10,000		BLANKET
BUS PER PROP		3,150,000			SPECIAL		10,000		BLANKET
BII		467,762			SPECIAL				BLANKET
ADDITIONAL INFORMATION		BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810				VALUE REPORTING INFORMATION - Attach ACORD 811			
ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION									
SPOILAGE COVERAGE (Y/N) ☐		DESCRIPTION OF PROPERTY COVERED				LIMIT \$ DEDUCTIBLE \$		REFRIG MAINT AGREEMENT (Y/N) ☐	OPTIONS ☐ BREAKDOWN OR CONTAMINATION ☐ POWER OUTAGE ☐ SELLING PRICE
SINKHOLE COVERAGE (Required in Florida)		ACCEPT COVERAGE		REJECT COVERAGE		LIMIT: \$			
☐		PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK							# OF OPEN SIDES ON STRUCTURE: _____
CONSTRUCTION TYPE		DISTANCE TO HYDRANT FT MI		FIRE DISTRICT		CODE NUMBER	PROT CL	# STORIES	# BASM'TS
BUILDING IMPROVEMENTS		BLDG CODE GRADE		TAX CODE	ROOF TYPE		OTHER OCCUPANCIES		
☐ WIRING, YR: ☐ ROOFING, YR: ☐ OTHER:		☐ PLUMBING, YR: ☐ HEATING, YR: YR:		WIND CLASS ☐ RESISTIVE		SEMI- RESISTIVE ☐ HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT MANUFACTURER:		DATE INSTALLED: _____	
PRIMARY HEAT					SECONDARY HEAT				
☐ BOILER ☐ SOLID FUEL ☐ IF BOILER, IS INSURANCE PLACED ELSEWHERE? ☐ Y / N					☐ BOILER ☐ SOLID FUEL ☐ IF BOILER, IS INSURANCE PLACED ELSEWHERE? ☐ Y / N				
RIGHT EXPOSURE & DISTANCE		LEFT EXPOSURE & DISTANCE		FRONT EXPOSURE & DISTANCE			REAR EXPOSURE & DISTANCE		
BURGLAR ALARM TYPE				CERTIFICATE #				EXPIRATION DATE	CENTRAL STATION ☐ LOCAL GONG WITH KEYS
BURGLAR ALARM INSTALLED AND SERVICED BY					EXTENT		GRADE	# GUARDS / WATCHMEN	CLOCK HOURLY
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)					% SPRNK	FIRE ALARM MANUFACTURER			CENTRAL STATION LOCAL GONG
ADDITIONAL INTEREST		ACORD 45 attached for additional names							
INTEREST		NAME AND ADDRESS		RANK: _____	EVIDENCE: _____	CERTIFICATE		INTEREST IN ITEM NUMBER	
☐ LOSS PAYEE								LOCATION: _____ BUILDING: _____	
☐ MORTGAGEE								ITEM CLASS: _____ ITEM: _____	
☐								ITEM DESCRIPTION	
☐									
		REFERENCE / LOAN #:							

REMARKS

ADDITIONAL PREMISES INFORMATION		PREMISES #:4		STREET ADDRESS: 953 Broadway Saugus MA 01906						
		BUILDING #: 1		BLDG DESCRIPTION: Ice Rink						
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU- ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	BLKT #	FORMS AND CONDITIONS TO APPLY		
BUILDING	8,460,000		RC	SPECIAL		10,000		BLANKET		
BUS PERS PROP	273,000			SPECIAL		10,000		BLANKET		
BII	1,560,000			SPECIAL				BLANKET		
ADDITIONAL INFORMATION		BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810				VALUE REPORTING INFORMATION - Attach ACORD 811				
ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION										
SPOILAGE COVERAGE (Y/N) ☐	DESCRIPTION OF PROPERTY COVERED				LIMIT		REFRIG MAINT AGREEMENT (Y/N) ☐	OPTIONS		
					\$			☐ BREAKDOWN OR CONTAMINATION		
					DEDUCTIBLE			☐ POWER OUTAGE ☐ SELLING PRICE		
				\$						
SINKHOLE COVERAGE (Required in Florida)		ACCEPT COVERAGE		REJECT COVERAGE		LIMIT: \$				
☐ PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK								# OF OPEN SIDES ON STRUCTURE: _____		
CONSTRUCTION TYPE		DISTANCE TO HYDRANT		FIRE STAT		FIRE DISTRICT		CODE NUMBER		
		FT		MI				PROT CL		
								# STORIES		
								# BASM'TS		
								YR BUILT		
								TOTAL AREA		
BUILDING IMPROVEMENTS		BLDG CODE GRADE		TAX CODE		ROOF TYPE		OTHER OCCUPANCIES		
☐ WIRING, YR:		☐ PLUMBING, YR:								
☐ ROOFING, YR:		☐ HEATING, YR:								
☐ OTHER: YR:										
		WIND CLASS		SEMI- RESISTIVE		HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT		DATE INSTALLED: _____		
		RESISTIVE				MANUFACTURER:				
PRIMARY HEAT				SECONDARY HEAT						
☐ BOILER ☐ SOLID FUEL ☐				☐ BOILER ☐ SOLID FUEL ☐						
IF BOILER, IS INSURANCE PLACED ELSEWHERE? ☐ Y / N				IF BOILER, IS INSURANCE PLACED ELSEWHERE? ☐ Y / N						
RIGHT EXPOSURE & DISTANCE		LEFT EXPOSURE & DISTANCE		FRONT EXPOSURE & DISTANCE		REAR EXPOSURE & DISTANCE				
BURGLAR ALARM TYPE		CERTIFICATE #				EXPIRATION DATE		CENTRAL STATION ☐ LOCAL GONG ☐		
								WITH KEYS		
BURGLAR ALARM INSTALLED AND SERVICED BY				EXTENT		GRADE		# GUARDS / WATCHMEN		
								CLOCK HOURLY		
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)				% SPRNK		FIRE ALARM MANUFACTURER		CENTRAL STATION		
								LOCAL GONG		
ADDITIONAL INTEREST		ACORD 45 attached for additional names								
INTEREST		NAME AND ADDRESS		RANK: _____	EVIDENCE: _____		CERTIFICATE _____			
☐ LOSS PAYEE							INTEREST IN ITEM NUMBER			
☐ MORTGAGEE							LOCATION: _____		BUILDING: _____	
☐							ITEM CLASS: _____		ITEM: _____	
☐							ITEM DESCRIPTION			
		REFERENCE / LOAN #:								

REMARKS

ADDITIONAL PREMISES INFORMATION		PREMISES #:006		STREET ADDRESS: 201 Forest Street Saugus MA 01906							
		BUILDING #: 01		BLDG DESCRIPTION: Ice Rink							
SUBJECT OF INSURANCE		AMOUNT	COINS %	VALU- ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	BLKT #	FORMS AND CONDITIONS TO APPLY		
BUILDING											
BPP		315,000		RC	SPECIAL				BLANKET		
BII		356,245			SPECIAL				BLANKET		
ADDITIONAL INFORMATION		BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810				VALUE REPORTING INFORMATION - Attach ACORD 811					
ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION											
SPOILAGE COVERAGE (Y/N) ☐	DESCRIPTION OF PROPERTY COVERED				LIMIT \$		REFRIG MAINT AGREEMENT (Y/N) ☐	OPTIONS ☐ BREAKDOWN OR CONTAMINATION ☐ POWER OUTAGE ☐ SELLING PRICE ☐			
					DEDUCTIBLE						
					\$						
SINKHOLE COVERAGE (Required in Florida)		ACCEPT COVERAGE		REJECT COVERAGE		LIMIT: \$					
☐		PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK							# OF OPEN SIDES ON STRUCTURE: _____		
CONSTRUCTION TYPE		DISTANCE TO HYDRANT	FIRE STAT	FIRE DISTRICT		CODE NUMBER	PROT CL	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA
		FT	MI								
BUILDING IMPROVEMENTS		BLDG CODE GRADE		TAX CODE	ROOF TYPE		OTHER OCCUPANCIES				
☐ WIRING, YR:		☐ PLUMBING, YR:									
☐ ROOFING, YR:		☐ HEATING, YR:									
☐ OTHER: YR:		☐ RESISTIVE		☐ SEMI- RESISTIVE		☐ HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT		DATE INSTALLED: _____			
						MANUFACTURER:					
PRIMARY HEAT					SECONDARY HEAT						
☐ BOILER ☐ SOLID FUEL ☐					☐ BOILER ☐ SOLID FUEL ☐						
IF BOILER, IS INSURANCE PLACED ELSEWHERE? ☐ Y / N					IF BOILER, IS INSURANCE PLACED ELSEWHERE? ☐ Y / N						
RIGHT EXPOSURE & DISTANCE		LEFT EXPOSURE & DISTANCE		FRONT EXPOSURE & DISTANCE		REAR EXPOSURE & DISTANCE					
BURGLAR ALARM TYPE			CERTIFICATE #				EXPIRATION DATE		CENTRAL STATION	☐ LOCAL GONG	
									WITH KEYS		
BURGLAR ALARM INSTALLED AND SERVICED BY				EXTENT		GRADE		# GUARDS / WATCHMEN		CLOCK HOURLY	
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)				% SPRNK		FIRE ALARM MANUFACTURER				CENTRAL STATION	
										LOCAL GONG	
ADDITIONAL INTEREST		ACORD 45 attached for additional names									
INTEREST		NAME AND ADDRESS		RANK: _____	EVIDENCE: _____		CERTIFICATE		INTEREST IN ITEM NUMBER		
☐ LOSS PAYEE									LOCATION: _____		
☐ MORTGAGEE									BUILDING: _____		
☐									ITEM: _____		
☐									ITEM DESCRIPTION		
		REFERENCE / LOAN #:									

REMARKS

ADDITIONAL PREMISES INFORMATION	PREMISES #:		STREET ADDRESS:										
	BUILDING #:		BLDG DESCRIPTION:										
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU- ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	BLKT #	FORMS AND CONDITIONS TO APPLY					
ADDITIONAL INFORMATION		BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810				VALUE REPORTING INFORMATION - Attach ACORD 811							
ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION													
SPOILAGE COVERAGE (Y/N) ☐	DESCRIPTION OF PROPERTY COVERED				LIMIT \$		REFRIG MAINT AGREEMENT (Y/N) ☐	OPTIONS ☐ BREAKDOWN OR CONTAMINATION ☐ POWER OUTAGE ☐ SELLING PRICE					
					DEDUCTIBLE \$								
SINKHOLE COVERAGE (Required in Florida)		ACCEPT COVERAGE		REJECT COVERAGE		LIMIT: \$							
☐ PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK								# OF OPEN SIDES ON STRUCTURE: _____					
CONSTRUCTION TYPE		DISTANCE TO HYDRANT FT		FIRE STAT MI		FIRE DISTRICT		CODE NUMBER	PROT CL	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA
BUILDING IMPROVEMENTS		BLDG CODE GRADE		TAX CODE		ROOF TYPE		OTHER OCCUPANCIES					
☐ WIRING, YR:		☐ PLUMBING, YR:		WIND CLASS		SEMI- RESISTIVE		☐ HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT		DATE INSTALLED: _____			
☐ ROOFING, YR:		☐ HEATING, YR:											
☐ OTHER: YR:		☐ RESISTIVE											
PRIMARY HEAT						SECONDARY HEAT							
☐ BOILER ☐ SOLID FUEL ☐						☐ BOILER ☐ SOLID FUEL ☐							
IF BOILER, IS INSURANCE PLACED ELSEWHERE? ☐ Y / N						IF BOILER, IS INSURANCE PLACED ELSEWHERE? ☐ Y / N							
RIGHT EXPOSURE & DISTANCE		LEFT EXPOSURE & DISTANCE		FRONT EXPOSURE & DISTANCE		REAR EXPOSURE & DISTANCE							
BURGLAR ALARM TYPE				CERTIFICATE #				EXPIRATION DATE		☐ CENTRAL STATION	☐ LOCAL GONG	WITH KEYS	
BURGLAR ALARM INSTALLED AND SERVICED BY				EXTENT		GRADE		# GUARDS / WATCHMEN		☐	CLOCK HOURLY		
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)				% SPRNK		FIRE ALARM MANUFACTURER				☐	CENTRAL STATION		
										☐	LOCAL GONG		
ADDITIONAL INTEREST		ACORD 45 attached for additional names											
INTEREST		NAME AND ADDRESS		RANK: _____		EVIDENCE: ☐		CERTIFICATE ☐		INTEREST IN ITEM NUMBER			
☐ LOSS PAYEE										LOCATION:		BUILDING:	
☐ MORTGAGEE										ITEM CLASS:		ITEM:	
☐										ITEM DESCRIPTION			
☐													
		REFERENCE / LOAN #:											
REMARKS													

ADDITIONAL PREMISES INFORMATION

PREMISES #:1

STREET ADDRESS: 7 Parkridge Road Haverhill MA 01835

BUILDING #: 1

BLDG DESCRIPTION: Ice Rink

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU-ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	BLKT #	FORMS AND CONDITIONS TO APPLY
BUILDING	5,000,000		RC	SPECIAL		10,000		BLANKET
BPP	500,000		RC	SPECIAL		10,000		BLANKET
BII	230,775			SPECIAL				BLANKET

ADDITIONAL INFORMATION

BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810

VALUE REPORTING INFORMATION - Attach ACORD 811

ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

SPOILAGE COVERAGE (Y/N)

☐

DESCRIPTION OF PROPERTY COVERED

LIMIT

\$

DEDUCTIBLE

\$

REFRIG MAINT AGREEMENT (Y/N)

☐

OPTIONS

☐ BREAKDOWN OR CONTAMINATION
 ☐ POWER OUTAGE
 ☐ SELLING PRICE

SINKHOLE COVERAGE (Required in Florida)

ACCEPT COVERAGE

REJECT COVERAGE

LIMIT: \$

☐ PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK

OF OPEN SIDES ON STRUCTURE: _____

CONSTRUCTION TYPE

DISTANCE TO HYDRANT

FIRE STAT

FIRE DISTRICT

CODE NUMBER

PROT CL

STORIES

BASM'TS

YR BUILT

TOTAL AREA

BUILDING IMPROVEMENTS

WIRING, YR:

PLUMBING, YR:

ROOFING, YR:

HEATING, YR:

OTHER: YR:

BLDG CODE GRADE

TAX CODE

ROOF TYPE

OTHER OCCUPANCIES

WIND CLASS

SEMI- RESISTIVE

RESISTIVE

HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT

DATE INSTALLED: _____

PRIMARY HEAT

BOILER

SOLID FUEL

IF BOILER, IS INSURANCE PLACED ELSEWHERE? Y / N

SECONDARY HEAT

BOILER

SOLID FUEL

IF BOILER, IS INSURANCE PLACED ELSEWHERE? Y / N

RIGHT EXPOSURE & DISTANCE

LEFT EXPOSURE & DISTANCE

FRONT EXPOSURE & DISTANCE

REAR EXPOSURE & DISTANCE

BURGLAR ALARM TYPE

CERTIFICATE #

EXPIRATION DATE

CENTRAL STATION

LOCAL GONG

WITH KEYS

BURGLAR ALARM INSTALLED AND SERVICED BY

EXTENT

GRADE

GUARDS / WATCHMEN

CLOCK HOURLY

PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)

% SPRNK

FIRE ALARM MANUFACTURER

CENTRAL STATION

LOCAL GONG

ADDITIONAL INTEREST

ACORD 45 attached for additional names

INTEREST

LOSS PAYEE

MORTGAGEE

NAME AND ADDRESS

RANK: _____

EVIDENCE: _____

CERTIFICATE _____

INTEREST IN ITEM NUMBER

LOCATION: _____

BUILDING: _____

ITEM CLASS: _____

ITEM: _____

ITEM DESCRIPTION

REFERENCE / LOAN #:

REMARKS



UMBRELLA / EXCESS SECTION

DATE (MM/DD/YYYY)
12/17/2025

IMPORTANT - If CLAIMS MADE is checked in the POLICY INFORMATION section below, this is an application for a claims-made policy.

AGENCY American Ins Agency Inc		CARRIER QUOTE		NAIC CODE
POLICY NUMBER 822501-11-32-43-0	EFFECTIVE DATE 01/27/2026	NAMED INSURED(S) GLS Associates Inc.		

POLICY INFORMATION

TRANSACTION TYPE						LIMIT OF LIABILITY		RETAINED LIMIT	
☐	NEW	☒	UMBRELLA	☒	OCCURRENCE	☐	VOLUNTARY	\$ 5,000,000 EA OCC	\$
☒	RENEWAL	☐	EXCESS	☐	CLAIMS MADE	☐			
				PROPOSED	CURRENT				
EXPIRING POL #:								FIRST DOLLAR DEFENSE (Y / N) N	

EMPLOYEE BENEFITS LIABILITY

LIMIT OF INSURANCE (Ea Employee) \$	AGGREGATE LIMIT FOR EBL \$	RETAINED LIMIT FOR EBL \$	RETROACTIVE DATE FOR EBL
NAME OF BENEFIT PROGRAM			

PRIMARY LOCATION & SUBSIDIARIES (ACORD 125)

#	NAME AND LOCATION OF PRIMARY AND ALL SUBSIDIARY COMPANIES (Describe Operations)	ANNUAL PAYROLL	ANN GROSS SALES	FOREIGN GROSS SALES	# EMPL
1-6	NAME: GLS LOCATION: 7 Parkridge Road, Haverhill, MA, 1835 DESCRIPTION:		5,400,000		
	NAME: LOCATION: DESCRIPTION:				
	NAME: LOCATION: DESCRIPTION:				
	NAME: LOCATION: DESCRIPTION:				
	NAME: LOCATION: DESCRIPTION:				
	NAME: LOCATION: DESCRIPTION:				

UNDERLYING INSURANCE

LIST ALL LIABILITY / COMPENSATION POLICIES IN FORCE TO APPLY AS UNDERLYING INSURANCE						+ - RATING MOD
TYPE	CARRIER / POLICY NUMBER	POLICY EFF DATE	POLICY EXP DATE	LIMITS	ANNUAL RENEWAL PREMIUM	
AUTOMOBILE LIABILITY				CSL EA ACC \$	\$	
				BI EA ACC \$	\$	
				BI EA PER \$	\$	
				PD EA ACC \$	\$	
GENERAL LIABILITY POLICY TYPE ☐ OCCUR ☐ CLAIMS MADE				EACH OCCURRENCE \$	PREM / OPS	
				GENERAL AGGR \$	\$	
				PROD & COMP OPS AGGREGATE \$	PRODUCTS	
				PERSONAL & ADV INJURY \$	\$	
				DAMAGE TO RENTED PREMISES \$	OTHER	
				MEDICAL EXPENSE \$	\$	
				EACH ACCIDENT \$	\$	
EMPLOYERS LIABILITY				DISEASE EACH EMPLOYEE \$	\$	
				DISEASE \$	\$	
				POLICY LIMIT \$	\$	
					\$	
					\$	

UNDERLYING INSURANCE (continued)

AGENCY CUSTOMER ID: GLSAS-1

CSR: VT

UNDERLYING GENERAL LIABILITY INFORMATION (Explain all "YES" responses)										
1. ARE DEFENSE COSTS:		WITHIN AGGREGATE LIMITS?		A SEPARATE LIMIT?		UNLIMITED?				
2. INDICATE THE EDITION DATE OF THE ISO FORM OR SIMILAR FILING FOR THE UNDERLYING COVERAGE:										
3. HAS ANY PRODUCT, WORK, ACCIDENT OR LOCATION BEEN EXCLUDED, UNINSURED OR SELF-INSURED FROM ANY PREVIOUS COVERAGE? (Y / N) ☐										
4. FOR CLAIMS MADE, INDICATE RETROACTIVE DATE OF CURRENT UNDERLYING POLICY:										
5. FOR CLAIMS MADE, INDICATE ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COVERAGE:										
6. FOR CLAIMS MADE, WAS "TAIL" COVERAGE PURCHASED FOR ANY PREVIOUS PRIMARY OR EXCESS POLICY? (Y / N) ☐ EFF. DATE: _____										
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
☐	ANY AUTO (SYMBOL 1)		☐	CARE, CUSTODY, CONTROL		☐	☐	PROFESSIONAL LIABILITY (E&O)		☐
☐	CGL - CLAIMS MADE		☐	EMPLOYEE BENEFIT LIABILITY		☐	☐	VENDORS LIABILITY		☐
☐	CGL - OCCURRENCE		☐	FOREIGN LIABILITY / TRAVEL		☐	☐	WATERCRAFT LIABILITY		☐
COVERAGE			EXPOSURE			☐	☐			☐
☐	AIRCRAFT LIABILITY		☐	INCIDENTAL MEDICAL MALPRACTICE		☐	☐			☐
☐	AIRCRAFT PASSENGER LIABILITY		☐	LIQUOR LIABILITY		☐	☐			☐
☐	ADDITIONAL INTERESTS		☐	POLLUTION LIABILITY		☐	☐			☐
UNDERLYING INSURANCE COVERAGE INFORMATION (INCLUDE ALL RESTRICTIONS; e.g. LASER ENDORSEMENTS, DISCRIMINATION, SUBROGATION WAIVERS, OR EXTENSIONS OF COVERAGE) ACORD 101, Additional Remarks Schedule, may be attached if more space is required.										
PREVIOUS EXPERIENCE: (GIVE DETAILS OF ALL LIABILITY CLAIMS EXCEEDING \$10,000 OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS, DURING THE PAST FIVE (5) YEARS, WHETHER INSURED OR NOT. SPECIFY DATE, COVERAGE, DESCRIPTION, AMOUNT PAID, AMOUNT OUTSTANDING) ACORD 101, Additional Remarks Schedule, may be attached if more space is required.										
☐ NO SUCH CLAIMS										

CARE, CUSTODY, CONTROL

LOC	PROPERTY TYPE	VALUE	A*	B*	C*	D*	SQ FT OF BLDG OCC
	REAL						
	PERSONAL						
OCCUPANCY / DESCRIPTION OF PERSONAL PROPERTY							
*APPLICANT: [A] IS HELD HARMLESS IN THE LEASE, [B] HAS A WAIVER OF SUBROGATION, [C] IS A NAMED INSURED IN THE FIRE POLICY, [D] OTHER (specify)							

VEHICLES

TYPE	# OWNED	# NON-OWNED	# LEASED	PROPERTY HAULED	RADIUS (MILES)		
					LOCAL	INTER-MEDIATE	LONG DISTANCE
PRIVATE PASSENGER							
TRUCKS	LIGHT						
	MEDIUM						
	HEAVY						
	EX. HEAVY						
TRUCKS / TRACTORS	HEAVY						
	EX. HEAVY						
BUSES							

ADDITIONAL EXPOSURES

AGENCY CUSTOMER ID: GLSAS-1

CSR: VT

EXPLAIN ALL "YES" RESPONSES, PROVIDE OTHER INFORMATION REQUIRED										Y / N
ADVERTISERS LIABILITY										
1. MEDIA USED: ANNUAL COST: \$										
2. ARE SERVICES OF AN ADVERTISING AGENCY USED?										
3. ANY COVERAGE PROVIDED UNDER AGENCY'S POLICY?										
AIRCRAFT LIABILITY										
4. DOES APPLICANT OWN / LEASE / OPERATE AIRCRAFT?										
AUTO LIABILITY										
5. ARE EXPLOSIVES, CAUSTICS, FLAMMABLES OR OTHER DANGEROUS CARGO HAULED?										
6. ARE PASSENGERS CARRIED FOR A FEE?										
7. ANY UNITS NOT INSURED BY UNDERLYING POLICIES?										
8. ARE ANY VEHICLES LEASED OR RENTED TO OTHERS?										
9. ARE HIRED AND NON-OWNED COVERAGES PROVIDED?										
CONTRACTORS LIABILITY										
10. IS BRIDGE, DAM, OR MARINE WORK PERFORMED?										
11. DESCRIBE TYPICAL JOBS PERFORMED (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)										
12. DESCRIBE AGREEMENT (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)										
13. DOES APPLICANT OWN, RENT, OR OTHERWISE USE CRANES?										
14. DO SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN APPLICANT?										
EMPLOYERS LIABILITY										
15. IS APPLICANT SELF-INSURED IN ANY STATE?										
16. SUBJECT TO:		JONES ACT		FELA		STOP GAP		OTHER:		
INCIDENTAL MALPRACTICE LIABILITY										
17. IS A HOSPITAL OR FIRST AID FACILITY MAINTAINED?										
18. ARE COVERAGES PROVIDED FOR DOCTORS / NURSES?										
19. INDICATE # OF DOCTORS:										
NURSES:										
BEDS:										

[illegible]

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



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

SIGNATURE

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, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

IN THE DISTRICT OF COLUMBIA, WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

IN KANSAS, 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.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

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

IF THE COMPANY TO WHICH I AM APPLYING OFFERS UNINSURED MOTORISTS (UM) AND/OR UNDERINSURED MOTORISTS (UIM) COVERAGE IN MY STATE:

UNINSURED MOTORISTS (UM) COVERAGE: \$ _____ * UNDERINSURED MOTORISTS (UIM) COVERAGE: \$ _____ *

* IF APPLICABLE IN YOUR STATE

APPLICABLE ONLY IN LOUISIANA, NEW HAMPSHIRE, VERMONT AND WISCONSIN**APPLICABLE ONLY IN LOUISIANA:**

I ACKNOWLEDGE THAT UM COVERAGE HAS BEEN EXPLAINED TO ME, AND I HAVE BEEN OFFERED THE OPTION OF SELECTING UM LIMITS EQUAL TO MY LIABILITY LIMITS, UM LIMITS LOWER THAN MY LIABILITY LIMITS, OR TO REJECT UM COVERAGE ENTIRELY.

1. I SELECT UM LIMITS INDICATED IN THIS APPLICATION. OR 2. I REJECT UM COVERAGE IN ITS ENTIRETY.
(INITIALS) (INITIALS)

APPLICABLE ONLY IN NEW HAMPSHIRE:

I ACKNOWLEDGE THAT UM COVERAGE HAS BEEN EXPLAINED TO ME, AND I HAVE BEEN OFFERED THE OPTION OF SELECTING UM LIMITS EQUAL TO MY LIABILITY LIMITS OR TO REJECT UM COVERAGE ENTIRELY.

1. I SELECT UM LIMITS INDICATED IN THIS APPLICATION. OR 2. I REJECT UM COVERAGE IN ITS ENTIRETY.
(INITIALS) (INITIALS)

APPLICABLE ONLY IN VERMONT:

I ACKNOWLEDGE THAT I HAVE BEEN OFFERED UM COVERAGE EQUAL TO MY LIABILITY LIMITS. I HAVE SELECTED THE LIMITS INDICATED IN THIS APPLICATION.

APPLICABLE ONLY IN WISCONSIN:

IF NON-OWNED ONLY AUTO COVERAGE IS TO BE PROVIDED UNDER THE POLICY: MEDICAL PAYMENTS COVERAGE ☐ IS ☐ IS NOT AVAILABLE.

IMPORTANT - THE STATEMENTS (ANSWERS) GIVEN ABOVE ARE TRUE AND ACCURATE. THE APPLICANT HAS NOT WILLFULLY CONCEALED OR MISREPRESENTED ANY MATERIAL FACT OR CIRCUMSTANCE CONCERNING THIS APPLICATION. THIS APPLICATION DOES NOT CONSTITUTE A BINDER.

PRODUCER'S SIGNATURE <i>James J. Farren</i> CPCU, CRM	PRODUCER'S NAME (Please Print) James J. Farren, CPCU, CRM	STATE PRODUCER LICENSE NO (Required in Florida) 1721598
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER



UMBRELLA / EXCESS SECTION

DATE (MM/DD/YYYY)
12/17/2025

IMPORTANT - If CLAIMS MADE is checked in the POLICY INFORMATION section below, this is an application for a claims-made policy.

AGENCY American Ins Agency Inc		CARRIER QUOTE		NAIC CODE
POLICY NUMBER 822501-11-32-43-0	EFFECTIVE DATE 01/27/2023	NAMED INSURED(S) GLS Associates Inc.		

POLICY INFORMATION

TRANSACTION TYPE						LIMIT OF LIABILITY		RETAINED LIMIT	
NEW	UMBRELLA	OCCURRENCE	VOLUNTARY	RETROACTIVE DATE		\$	2,000,000	EA OCC	\$
RENEWAL	EXCESS	CLAIMS MADE		PROPOSED	CURRENT				
EXPIRING POL #:									FIRST DOLLAR DEFENSE (Y / N) N

EMPLOYEE BENEFITS LIABILITY

LIMIT OF INSURANCE (Ea Employee) \$	AGGREGATE LIMIT FOR EBL \$	RETAINED LIMIT FOR EBL \$	RETROACTIVE DATE FOR EBL
NAME OF BENEFIT PROGRAM			

PRIMARY LOCATION & SUBSIDIARIES (ACORD 125)

#	NAME AND LOCATION OF PRIMARY AND ALL SUBSIDIARY COMPANIES (Describe Operations)	ANNUAL PAYROLL	ANN GROSS SALES	FOREIGN GROSS SALES	# EMPL
1-6	NAME: GLS LOCATION: 7 Parkridge Road, Haverhill, MA, 1835 DESCRIPTION:		5,400,000		
	NAME: LOCATION: DESCRIPTION:				
	NAME: LOCATION: DESCRIPTION:				
	NAME: LOCATION: DESCRIPTION:				
	NAME: LOCATION: DESCRIPTION:				
	NAME: LOCATION: DESCRIPTION:				

UNDERLYING INSURANCE

LIST ALL LIABILITY / COMPENSATION POLICIES IN FORCE TO APPLY AS UNDERLYING INSURANCE						+ - RATING MOD
TYPE	CARRIER / POLICY NUMBER	POLICY EFF DATE	POLICY EXP DATE	LIMITS	ANNUAL RENEWAL PREMIUM	
AUTOMOBILE LIABILITY				CSL EA ACC \$	\$	
				BI EA ACC \$	\$	
				BI EA PER \$	\$	
				PD EA ACC \$	\$	
GENERAL LIABILITY POLICY TYPE ☐ OCCUR ☐ CLAIMS MADE				EACH OCCURRENCE \$	PREM / OPS	
				GENERAL AGGR \$	\$	
				PROD & COMP OPS AGGREGATE \$	PRODUCTS	
				PERSONAL & ADV INJURY \$	\$	
				DAMAGE TO RENTED PREMISES \$	OTHER	
				MEDICAL EXPENSE \$	\$	
				EACH ACCIDENT \$	\$	
EMPLOYERS LIABILITY				DISEASE EACH EMPLOYEE \$	\$	
				DISEASE POLICY LIMIT \$	\$	
					\$	
					\$	

UNDERLYING INSURANCE (continued)

AGENCY CUSTOMER ID: GLSAS-1

CSR: VT

UNDERLYING GENERAL LIABILITY INFORMATION (Explain all "YES" responses)										
1. ARE DEFENSE COSTS:		WITHIN AGGREGATE LIMITS?			A SEPARATE LIMIT?		UNLIMITED?			
2. INDICATE THE EDITION DATE OF THE ISO FORM OR SIMILAR FILING FOR THE UNDERLYING COVERAGE:										
3. HAS ANY PRODUCT, WORK, ACCIDENT OR LOCATION BEEN EXCLUDED, UNINSURED OR SELF-INSURED FROM ANY PREVIOUS COVERAGE? (Y / N) ☐										
4. FOR CLAIMS MADE, INDICATE RETROACTIVE DATE OF CURRENT UNDERLYING POLICY:										
5. FOR CLAIMS MADE, INDICATE ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COVERAGE:										
6. FOR CLAIMS MADE, WAS "TAIL" COVERAGE PURCHASED FOR ANY PREVIOUS PRIMARY OR EXCESS POLICY? (Y / N) ☐ EFF. DATE: _____										
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
☐	ANY AUTO (SYMBOL 1)		☐	CARE, CUSTODY, CONTROL			☐	PROFESSIONAL LIABILITY (E&O)		☐
☐	CGL - CLAIMS MADE		☐	EMPLOYEE BENEFIT LIABILITY			☐	VENDORS LIABILITY		☐
☐	CGL - OCCURRENCE		☐	FOREIGN LIABILITY / TRAVEL			☐	WATERCRAFT LIABILITY		☐
COVERAGE			EXPOSURE			☐				☐
☐	AIRCRAFT LIABILITY		☐	INCIDENTAL MEDICAL MALPRACTICE			☐			☐
☐	AIRCRAFT PASSENGER LIABILITY		☐	LIQUOR LIABILITY			☐			☐
☐	ADDITIONAL INTERESTS		☐	POLLUTION LIABILITY			☐			☐
UNDERLYING INSURANCE COVERAGE INFORMATION (INCLUDE ALL RESTRICTIONS; e.g. LASER ENDORSEMENTS, DISCRIMINATION, SUBROGATION WAIVERS, OR EXTENSIONS OF COVERAGE) ACORD 101, Additional Remarks Schedule, may be attached if more space is required.										
PREVIOUS EXPERIENCE: (GIVE DETAILS OF ALL LIABILITY CLAIMS EXCEEDING \$10,000 OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS, DURING THE PAST FIVE (5) YEARS, WHETHER INSURED OR NOT. SPECIFY DATE, COVERAGE, DESCRIPTION, AMOUNT PAID, AMOUNT OUTSTANDING) ACORD 101, Additional Remarks Schedule, may be attached if more space is required.										
☐ NO SUCH CLAIMS										

CARE, CUSTODY, CONTROL

LOC	PROPERTY TYPE	VALUE	A*	B*	C*	D*	SQ FT OF BLDG OCC
	REAL						
	PERSONAL						
OCCUPANCY / DESCRIPTION OF PERSONAL PROPERTY							
*APPLICANT: [A] IS HELD HARMLESS IN THE LEASE, [B] HAS A WAIVER OF SUBROGATION, [C] IS A NAMED INSURED IN THE FIRE POLICY, [D] OTHER (specify)							

VEHICLES

TYPE	# OWNED	# NON-OWNED	# LEASED	PROPERTY HAULED	RADIUS (MILES)		
					LOCAL	INTER-MEDIATE	LONG DISTANCE
PRIVATE PASSENGER							
TRUCKS	LIGHT						
	MEDIUM						
	HEAVY						
	EX. HEAVY						
TRUCKS / TRACTORS	HEAVY						
	EX. HEAVY						
BUSES							

ADDITIONAL EXPOSURES

AGENCY CUSTOMER ID: GLSAS-1

CSR: VT

EXPLAIN ALL "YES" RESPONSES, PROVIDE OTHER INFORMATION REQUIRED										Y / N
ADVERTISERS LIABILITY										
1. MEDIA USED: ANNUAL COST: \$										
2. ARE SERVICES OF AN ADVERTISING AGENCY USED?										
3. ANY COVERAGE PROVIDED UNDER AGENCY'S POLICY?										
AIRCRAFT LIABILITY										
4. DOES APPLICANT OWN / LEASE / OPERATE AIRCRAFT?										
AUTO LIABILITY										
5. ARE EXPLOSIVES, CAUSTICS, FLAMMABLES OR OTHER DANGEROUS CARGO HAULED?										
6. ARE PASSENGERS CARRIED FOR A FEE?										
7. ANY UNITS NOT INSURED BY UNDERLYING POLICIES?										
8. ARE ANY VEHICLES LEASED OR RENTED TO OTHERS?										
9. ARE HIRED AND NON-OWNED COVERAGES PROVIDED?										
CONTRACTORS LIABILITY										
10. IS BRIDGE, DAM, OR MARINE WORK PERFORMED?										
11. DESCRIBE TYPICAL JOBS PERFORMED (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)										
12. DESCRIBE AGREEMENT (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)										
13. DOES APPLICANT OWN, RENT, OR OTHERWISE USE CRANES?										
14. DO SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN APPLICANT?										
EMPLOYERS LIABILITY										
15. IS APPLICANT SELF-INSURED IN ANY STATE?										
16. SUBJECT TO:		JONES ACT		FELA		STOP GAP		OTHER:		
INCIDENTAL MALPRACTICE LIABILITY										
17. IS A HOSPITAL OR FIRST AID FACILITY MAINTAINED?										
18. ARE COVERAGES PROVIDED FOR DOCTORS / NURSES?										
19. INDICATE # OF DOCTORS:										
NURSES:										
BEDS:										

EXPLAIN ALL "YES" RESPONSES, PROVIDE OTHER INFORMATION REQUIRED										Y / N																				
EPA #:																														
POLLUTION LIABILITY																														
20. DO CURRENT OR PAST PRODUCTS, OR THEIR COMPONENTS, CONTAIN HAZARDOUS MATERIALS THAT MAY REQUIRE SPECIAL DISPOSAL METHODS?																														
21. INDICATE THE COVERAGES CARRIED:																														
☐ GL WITH STANDARD ISO POLLUTION EXCLUSION ☐ GL WITH POLLUTION COVERAGE ENDORSEMENT ☐ GL WITH STANDARD SUDDEN & ACCIDENTAL ONLY ☐ SEPARATE POLLUTION COVERAGE																														
PRODUCT LIABILITY																														
22. ARE MISSILES, ENGINES, GUIDANCE SYSTEMS, FRAMES OR ANY OTHER PRODUCT USED / INSTALLED IN AIRCRAFT?																														
23. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN THE USA OR US PRODUCTS SOLD / DISTRIBUTED IN FOREIGN COUNTRIES? (If "YES", Attach ACORD 815)																														
24. PRODUCT LIABILITY LOSS IN PAST THREE (3) YEARS? (SPECIFY)																														
25. GROSS SALES FROM EACH OF LAST THREE (3) YEARS: \$ _____ \$ _____ \$ _____																														
PROTECTIVE LIABILITY																														
26. DESCRIBE INDEPENDENT CONTRACTORS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)																														
WATERCRAFT LIABILITY																														
27. DOES APPLICANT OWN OR LEASE WATERCRAFT?																														
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REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

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

SIGNATURE

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, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

IN THE DISTRICT OF COLUMBIA, WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

IN KANSAS, 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.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

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

IF THE COMPANY TO WHICH I AM APPLYING OFFERS UNINSURED MOTORISTS (UM) AND/OR UNDERINSURED MOTORISTS (UIM) COVERAGE IN MY STATE:

UNINSURED MOTORISTS (UM) COVERAGE: \$ _____ * UNDERINSURED MOTORISTS (UIM) COVERAGE: \$ _____ *

* IF APPLICABLE IN YOUR STATE

APPLICABLE ONLY IN LOUISIANA, NEW HAMPSHIRE, VERMONT AND WISCONSIN**APPLICABLE ONLY IN LOUISIANA:**

I ACKNOWLEDGE THAT UM COVERAGE HAS BEEN EXPLAINED TO ME, AND I HAVE BEEN OFFERED THE OPTION OF SELECTING UM LIMITS EQUAL TO MY LIABILITY LIMITS, UM LIMITS LOWER THAN MY LIABILITY LIMITS, OR TO REJECT UM COVERAGE ENTIRELY.

1. I SELECT UM LIMITS INDICATED IN THIS APPLICATION. (INITIALS)

OR

2. I REJECT UM COVERAGE IN ITS ENTIRETY. (INITIALS)

APPLICABLE ONLY IN NEW HAMPSHIRE:

I ACKNOWLEDGE THAT UM COVERAGE HAS BEEN EXPLAINED TO ME, AND I HAVE BEEN OFFERED THE OPTION OF SELECTING UM LIMITS EQUAL TO MY LIABILITY LIMITS OR TO REJECT UM COVERAGE ENTIRELY.

1. I SELECT UM LIMITS INDICATED IN THIS APPLICATION. (INITIALS)

OR

2. I REJECT UM COVERAGE IN ITS ENTIRETY. (INITIALS)

APPLICABLE ONLY IN VERMONT:

I ACKNOWLEDGE THAT I HAVE BEEN OFFERED UM COVERAGE EQUAL TO MY LIABILITY LIMITS. I HAVE SELECTED THE LIMITS INDICATED IN THIS APPLICATION.

APPLICABLE ONLY IN WISCONSIN:

IF NON-OWNED ONLY AUTO COVERAGE IS TO BE PROVIDED UNDER THE POLICY: MEDICAL PAYMENTS COVERAGE ☐ IS ☐ IS NOT AVAILABLE.

IMPORTANT - THE STATEMENTS (ANSWERS) GIVEN ABOVE ARE TRUE AND ACCURATE. THE APPLICANT HAS NOT WILLFULLY CONCEALED OR MISREPRESENTED ANY MATERIAL FACT OR CIRCUMSTANCE CONCERNING THIS APPLICATION. THIS APPLICATION DOES NOT CONSTITUTE A BINDER.

PRODUCER'S SIGNATURE

James J. Farren CPCU, CRM

PRODUCER'S NAME (Please Print)

James J. Farren, CPCU, CRM

STATE PRODUCER LICENSE NO
(Required in Florida)

1721598

APPLICANT'S SIGNATURE

DATE

NATIONAL PRODUCER NUMBER