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Policy Number:

ACORD®

COMMERCIAL INSURANCE APPLICATION
APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY): 06/21/2018

AGENCY Sauls Insurance Agency Inc. 4064 Beltline Blvd. Columbia, SC 29204	CARRIER: UNITED SPECIALTY INSURANCE COMPANY — NAIC CODE COMPANY POLICY OR PROGRAM NAME — PROGRAM CODE POLICY NUMBER
CONTACT NAME: PHONE (A/C, No, Ext): (803) 256-8983 FAX (A/C, No): (803) 256-4226 E-MAIL ADDRESS: CODE: SUBCODE: AGENCY CUSTOMER ID:	UNDERWRITER: BASS — UNDERWRITER OFFICE STATUS OF TRANSACTION: [ ] QUOTE [X] ISSUE POLICY [ ] RENEW; [ ] BOUND (Give Date and/or Attach Copy); [ ] CHANGE; [ ] CANCEL — DATE — TIME [ ] AM [ ] PM

LINES OF BUSINESS

INDICATE LINES OF BUSINESS	PREMIUM		PREMIUM			PREMIUM
[ ] BOILER & MACHINERY	$	[ ] CYBER AND PRIVACY	$	[ ]	YACHT	$
[ ] BUSINESS AUTO	$	[ ] FIDUCIARY LIABILITY	$	[X]	MOTOR TRUCK CARGO	$
[ ] 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
		[ ] DIRECT [ ] AGENCY				$	$	$

APPLICANT INFORMATION

NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4)	GL CODE	SIC	NAICS	FEIN OR SOC SEC #
NEED IT MOVED ADAM BUTLER 821 S OTT RD COLUMBIA, SC 29205	99793			
	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 #
	42255			
	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

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AGENCY CUSTOMER ID:

CONTACT INFORMATION

CONTACT TYPE: ALL CONTACT	CONTACT TYPE:
CONTACT NAME: ADAM BUTLER	CONTACT NAME:
PRIMARY PHONE # ☐ HOME ☐ BUS ☒ CELL SECONDARY PHONE # ☐ HOME ☐ BUS ☐ CELL 803-920-0835	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 #	STREET		CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: $
1	821 S OTT RD		☐ INSIDE	☐ OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: COLUMBIA	STATE: SC	☐ OUTSIDE	☐ TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
1	COUNTY: RICHLAND	ZIP: 29205				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:						ANY AREA LEASED TO OTHERS? Y / N

LOC #	STREET		CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: $
			☐ INSIDE	☐ OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY:	STATE:	☐ OUTSIDE	☐ TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY:	ZIP:				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:						ANY AREA LEASED TO OTHERS? Y / N

LOC #	STREET		CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: $
			☐ INSIDE	☐ OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY:	STATE:	☐ OUTSIDE	☐ TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY:	ZIP:				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:						ANY AREA LEASED TO OTHERS? Y / N

LOC #	STREET		CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: $
			☐ INSIDE	☐ OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY:	STATE:	☐ OUTSIDE	☐ TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY:	ZIP:				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:						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

MOVING HOUSEHOLD GOODS

	INSTALLATION, SERVICE OR REPAIR WORK	OFF PREMISES INSTALLATION, SERVICE OR REPAIR WORK
RETAIL STORES OR SERVICE OPERATIONS % OF TOTAL SALES:	%	%

DESCRIPTION OF OPERATIONS OF OTHER NAMED INSUREDS

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	☐ LIENHOLDER			LOCATION:	BUILDING:
☐ BREACH OF WARRANTY	☐ LOSS PAYEE			VEHICLE:	BOAT:
☐ CO-OWNER	☐ MORTGAGEE			AIRPORT:	AIRCRAFT:
☐ EMPLOYEE AS LESSOR	☐ OWNER			ITEM CLASS:	ITEM:
☐ LEASEBACK OWNER	☐ REGISTRANT			ITEM DESCRIPTION	
☐ LENDER'S LOSS PAYABLE	☐ TRUSTEE	REFERENCE / LOAN #:	INTEREST END DATE:		
		LIEN AMOUNT:	PHONE (A/C, No, Ext):	FAX (A/C, No):	
REASON FOR INTEREST:			E-MAIL ADDRESS:		

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GENERAL INFORMATION

AGENCY CUSTOMER ID: _____

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? — N

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? — N
(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).

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

12. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD / DISTRIBUTED IN FOREIGN COUNTRIES? — N
(If "YES" attach ACORD 815 for Liability Exposure and/or ACORD 816 for Property Exposure)

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) — N

15 DOES APPLICANT HIRE OTHERS TO OPERATE DRONES? (If "YES", describe use) — N

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

PRIOR CARRIER INFORMATION

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
2017	CARRIER	BURLINGTON			
	POLICY NUMBER	861B001055			
	PREMIUM	$	$	$	$
	EFFECTIVE DATE	02/27/2017			
	EXPIRATION DATE	02/27/2018			

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PRIOR CARRIER INFORMATION (continued)

AGENCY CUSTOMER ID: _____

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	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO (Required in Florida)
Susan A Martinez (Martinez)	SUSAN A MARTINEZ	
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER
	6/22/18	

Policy Number:

AGENCY CUSTOMER ID:

ACORD®

COMMERCIAL INLAND MARINE SECTION

DATE (MM/DD/YYYY)

AGENCY	CARRIER	NAIC CODE
Sauls Insurance Agency Inc.		

POLICY NUMBER	EFFECTIVE DATE	APPLICANT / FIRST NAMED INSURED
		NEED IT MOVED ADAM BUTLER

SUMMARY INFORMATION

SCH #	LOC #	BLD #	CLASS CODE	SUBCLASS CODE	DESCRIPTION	SCH Y / N	NUM ITEMS	VALU-ATION	BLKT #	MAX ITEM VALUE	% COINS
1	1				MOTOR TRUCK CARGO	N		ACV		$15,000	%
2										$	%
3										$	%
4										$	%
5										$	%
6										$	%
7										$	%
8										$	%
9										$	%
10										$	%

COVERAGES / CAUSES OF LOSS

SCH #	POL LVL Y/N	COV CODE	DESCRIPTION	LIMIT	LIMIT APPLIES TO	LIMIT	LIMIT APPLIES TO	DED	DED TYPE	OPT CODE	% COINS	PREMIUM
				$		$					%	$
				$		$					%	$
				$		$					%	$
				$		$					%	$
				$		$					%	$
				$		$					%	$
				$		$					%	$
				$		$					%	$
				$		$					%	$
				$		$					%	$
				$		$					%	$
				$		$					%	$
				$		$					%	$
				$		$					%	$
				$		$					%	$
				$		$					%	$
				$		$					%	$
				$		$					%	$
				$		$					%	$
				$		$					%	$
				$		$					%	$

EQUIPMENT STORAGE

LOC #	BLD #	NUM MOS	MAXIMUM VALUE INSIDE	MAXIMUM VALUE OUTSIDE	TYPE OF SECURITY
			$	$	
			$	$	
			$	$	
			$	$	
			$	$	
			$	$	
			$	$	
			$	$	
			$	$	
			$	$	
			$	$	
			$	$	

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Attach to ACORD 125

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GENERAL INFORMATION - EQUIPMENT

AGENCY CUSTOMER ID:

EXPLAIN ALL "YES" RESPONSES	Y / N
1 EQUIPMENT RENTED, LOANED TO OTHERS WITH / WITHOUT OPERATORS?	N
2 EQUIPMENT RENTED, LOANED FROM OTHERS WITH / WITHOUT OPERATORS?	N
3 IS APPLICANT OPERATING EQUIPMENT NOT LISTED HERE?	N
4 PROPERTY USED UNDERGROUND?	N
5 ANY WORK DONE AFLOAT?	N

ADDITIONAL INTEREST

ACORD 45 Attached

INTEREST: LENDER'S LOSS PAYABLE / LIENHOLDER / LOSS PAYEE

NAME AND ADDRESS | RANK: | EVIDENCE: CERTIFICATE ☐ POLICY ☐ SEND BILL

INTEREST IN ITEM NUMBER

LOCATION: BUILDING:

SCHEDULE NUMBER:

ITEM NUMBER:

ITEM DESCRIPTION:

REFERENCE / LOAN #: INTEREST END DATE:

LIEN AMOUNT: PHONE (A/C, No, Ext):

REASON FOR INTEREST: E-MAIL ADDRESS:

INTEREST: LENDER'S LOSS PAYABLE / LIENHOLDER / LOSS PAYEE

NAME AND ADDRESS | RANK: | EVIDENCE: CERTIFICATE ☐ POLICY ☐ SEND BILL

INTEREST IN ITEM NUMBER

LOCATION: BUILDING:

SCHEDULE NUMBER:

ITEM NUMBER:

ITEM DESCRIPTION:

REFERENCE / LOAN #: INTEREST END DATE:

LIEN AMOUNT: PHONE (A/C, No, Ext):

REASON FOR INTEREST: E-MAIL ADDRESS:

INTEREST: LENDER'S LOSS PAYABLE / LIENHOLDER / LOSS PAYEE

NAME AND ADDRESS | RANK: | EVIDENCE: CERTIFICATE ☐ POLICY ☐ SEND BILL

INTEREST IN ITEM NUMBER

LOCATION: BUILDING:

SCHEDULE NUMBER:

ITEM NUMBER:

ITEM DESCRIPTION:

REFERENCE / LOAN #: INTEREST END DATE:

LIEN AMOUNT: PHONE (A/C, No, Ext):

REASON FOR INTEREST: E-MAIL ADDRESS:

REMARKS

MOTOR TRUCK CARGO (HOUSEHOLD GOODS)-LOCAL- WITHIN 150 MILE RADIUS OR LESS - 1 POWER UNIT
$15,000 MAXIMUM PER "COVERED VEHICLE" PER OCCURRENCE
$15,000 MAXIMUM ANY ONE OCCURRENCE
DEDUCTIBLE $1000

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SCHEDULED ITEMS

AGENCY CUSTOMER ID: _____

SCH #	DESCRIPTION		EXCL BLKT	ITEM VALUE $	VALU-ATION	VALUATION DATE	PURCHASE DATE	OWN / LEASE	NEW / USED	% COINS %
ITEM #	MANUFACTURER	MODEL	YEAR	ID # / SERIAL #			CAPACITY	AMOUNT OF INSURANCE $		
SCH #	DESCRIPTION		EXCL BLKT	ITEM VALUE $	VALU-ATION	VALUATION DATE	PURCHASE DATE	OWN / LEASE	NEW / USED	% COINS %
ITEM #	MANUFACTURER	MODEL	YEAR	ID # / SERIAL #			CAPACITY	AMOUNT OF INSURANCE $		
SCH #	DESCRIPTION		EXCL BLKT	ITEM VALUE $	VALU-ATION	VALUATION DATE	PURCHASE DATE	OWN / LEASE	NEW / USED	% COINS %
ITEM #	MANUFACTURER	MODEL	YEAR	ID # / SERIAL #			CAPACITY	AMOUNT OF INSURANCE $		
SCH #	DESCRIPTION		EXCL BLKT	ITEM VALUE $	VALU-ATION	VALUATION DATE	PURCHASE DATE	OWN / LEASE	NEW / USED	% COINS %
ITEM #	MANUFACTURER	MODEL	YEAR	ID # / SERIAL #			CAPACITY	AMOUNT OF INSURANCE $		
SCH #	DESCRIPTION		EXCL BLKT	ITEM VALUE $	VALU-ATION	VALUATION DATE	PURCHASE DATE	OWN / LEASE	NEW / USED	% COINS %
ITEM #	MANUFACTURER	MODEL	YEAR	ID # / SERIAL #			CAPACITY	AMOUNT OF INSURANCE $		
SCH #	DESCRIPTION		EXCL BLKT	ITEM VALUE $	VALU-ATION	VALUATION DATE	PURCHASE DATE	OWN / LEASE	NEW / USED	% COINS %
ITEM #	MANUFACTURER	MODEL	YEAR	ID # / SERIAL #			CAPACITY	AMOUNT OF INSURANCE $		
SCH #	DESCRIPTION		EXCL BLKT	ITEM VALUE $	VALU-ATION	VALUATION DATE	PURCHASE DATE	OWN / LEASE	NEW / USED	% COINS %
ITEM #	MANUFACTURER	MODEL	YEAR	ID # / SERIAL #			CAPACITY	AMOUNT OF INSURANCE $		
SCH #	DESCRIPTION		EXCL BLKT	ITEM VALUE $	VALU-ATION	VALUATION DATE	PURCHASE DATE	OWN / LEASE	NEW / USED	% COINS %
ITEM #	MANUFACTURER	MODEL	YEAR	ID # / SERIAL #			CAPACITY	AMOUNT OF INSURANCE $		
SCH #	DESCRIPTION		EXCL BLKT	ITEM VALUE $	VALU-ATION	VALUATION DATE	PURCHASE DATE	OWN / LEASE	NEW / USED	% COINS %
ITEM #	MANUFACTURER	MODEL	YEAR	ID # / SERIAL #			CAPACITY	AMOUNT OF INSURANCE $		
SCH #	DESCRIPTION		EXCL BLKT	ITEM VALUE $	VALU-ATION	VALUATION DATE	PURCHASE DATE	OWN / LEASE	NEW / USED	% COINS %
ITEM #	MANUFACTURER	MODEL	YEAR	ID # / SERIAL #			CAPACITY	AMOUNT OF INSURANCE $		
SCH #	DESCRIPTION		EXCL BLKT	ITEM VALUE $	VALU-ATION	VALUATION DATE	PURCHASE DATE	OWN / LEASE	NEW / USED	% COINS %
ITEM #	MANUFACTURER	MODEL	YEAR	ID # / SERIAL #			CAPACITY	AMOUNT OF INSURANCE $		
SCH #	DESCRIPTION		EXCL BLKT	ITEM VALUE $	VALU-ATION	VALUATION DATE	PURCHASE DATE	OWN / LEASE	NEW / USED	% COINS %
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Applicable in AL, AR, DC, LA, MD, NM, RI and WV

Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*. *Applies in FL Only.

Applicable in KS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties* (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA

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

Applicable in NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars ($5,000) and not more than ten thousand dollars ($10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO (Required in Florida)
Susan A Martinez	SUSAN A MARTINEZ	
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER
	4/22/18	

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CENTURY SURETY GROUP
MOTOR TRUCK CARGO SUPPLEMENT

INSURED INFORMATION

OWNER

Name: Need It Moved
Address: 821 S. Off Rd
Phone #: (803) 920-0835
Policy Period: To

Policy Number:
Contact: Adam Butler
City: Columbia
Client:
Inspector:

Date:
Title:
State: SC Zip: 29205
Ins. Carrier:

OPERATIONS

Insured transports the following:

☐ Appliances ☐ Beer/Liquor ☐ Cameras ☐ Cigarettes ☐ Clothing
☐ Drugs ☐ Furs ☐ Meat/Seafood ☐ Metals ☒ Other: Household Goods

Insured's Current Annual Sales Estimate:
$ 100,000 ***OR INSURED WOULD NOT PROVIDE)***

Insured's areas of operation include: SC ***(PROVIDE AREAS OF OPERATIONS)*** Radius 150mi or less from Columbia SC

Insured's routes traveled included: ***(PROVIDE CITIES, STATES AND MAJOR ROUTES)*** Columbia, Greenville, Charleston

Insured ***(DOES OR DOES NOT?)*** backhaul.

CARGO

Insured's cargo ***(IS OR IS NOT?)*** perishable.
Special packaging ***(IS OR IS NOT?)*** required.
Cargo ***(DOES OR DOES NOT?)*** require refrigeration.
Refrigeration units ***(ARE OR ARE NOT?)*** adequately maintained. N/A
Cargo transported ***(IS OR IS NOT?)*** susceptible to water damage.
Cargo transported ***(IS OR IS NOT?)*** susceptible to corrosion.
Compressed gases ***(ARE OR ARE NOT?)*** transported.
Corrosives ***(ARE OR ARE NOT?)*** transported.
Explosives ***(ARE OR ARE NOT?)*** transported.
Flammables ***(ARE OR ARE NOT?)*** transported.
Oxidizing materials ***(ARE OR ARE NOT?)*** transported.
Poisons ***(ARE OR ARE NOT?)*** transported.
Special instructions ***(ARE OR ARE NOT?)*** provided for handling of hazardous materials. N/A No Hazardous
Insured ***(DOES OR DOES NOT?)*** comply with D.O.T. placarding regulations. N/A
Special equipment ***(IS OR IS NOT?)*** required for loading or unloading.
Cargo ***(IS OR IS NOT?)*** checked while in transit.
Insured's overages, shortages, damages and inventory controls include: Owner reviews
(DESCRIBE CONTROL MEASURES)

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VEHICLE SECURITY

Vehicles ***(ARE OR ARE NOT?)*** equipped with alarms. ***(WHAT TYPE OF ALARM SYSTEM?)***

King pin locks ***(ARE OR ARE NOT?)*** used. N/A for vehicle type

Drivers ***(ARE OR ARE NOT?)*** permitted to park loaded units away from warehouse/terminal.

Procedures for overnight stays include ***(DESCRIBE PROCEDURES)***

- Security cameras @ warehouse & trailer locked

WAREHOUSE/TERMINAL SECURITY *(NOT APPLICABLE?)*

The warehouse/terminal area ***(IS OR IS NOT?)*** fenced. Kept @ personal residence if needed - security cameras on site

Fence openings ***(ARE OR ARE NOT?)*** controlled.

Parking of vehicles in fenced area ***(APPEARS OR DOES NOT APPEAR?)*** to be adequately controlled.

Security personnel ***(IS OR IS NOT?)*** provided. Owner on site

Exterior lighting ***(APPEARS OR DOES NOT APPEAR?)*** to be adequate.

WAREHOUSE/TERMINAL *(NOT APPLICABLE?)* N/A - Stored in trailer

Warehouse/terminals are located at . ***(PROVIDE ADDRESSES)***

Warehouse/terminals construction is

- ☐ 1 - Frame
- ☐ 2 - Joisted Masonry
- ☐ 3 - Noncombustible
- ☐ 4 - Masonry Noncombustible
- ☐ 5 – Modified Fire Rst.
- ☐ 6 - Fire Resistive

The area of the warehouse/terminal is Square Feet.

The terminal has ***(PROVIDE NUMBER OF BAYS)*** number of bays.

Loads ***(ARE OR ARE NOT?)*** sorted in the terminal.

Flammables ***(APPEAR OR DO NOT APPEAR?)*** to be adequately controlled.

Housekeeping ***(APPEARS OR DOES NOT APPEAR?)*** to be adequate.

Smoking ***(APPEARS OR DOES NOT APPEAR?)*** to be adequately controlled.

There ***(IS OR IS NO?)*** sprinkler system. ***(CENTRAL STATION OR LOCAL ALARM?)***

There is ***(CENTRAL, LOCAL, PROPRIETARY, POLICE OR NO?)*** security system located on the premises. ***(TYPE OR ANY COMMENTS)***

There are portable fire extinguishers, last serviced on .

The local ***(PAID OR VOLUNTEER?)*** fire department is located ***(#____ MILES, BLOCKS OR FEET?)*** away from insured. ***(PROT CLASS 1,2,3,4,5,6,7,8,9 OR BLANK?)***

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ACORD®

Policy Number:

Date: 3/13/2018

STATEMENT OF NO LOSS

AGENCY Sauls Insurance Agency Inc. 4064 Beltline Blvd. Columbia, SC 29204	NAMED INSURED NEED IT MOVED ADAM BUTLER 821 S OTT RD COLUMBIA, SC 29205
CONTACT NAME: PHONE (A/C, No, Ext): (803) 256-8983 FAX (A/C, No): (803) 256-4226 E-MAIL ADDRESS:	CARRIER UNITED SPECIALTY INSURANCE COMPANY NAIC CODE POLICY NUMBER
CODE: SUBCODE: AGENCY CUSTOMER ID:	APPROVED BY

I CERTIFY THAT I AM NOT AWARE OF ANY LOSSES, ACCIDENTS OR CIRCUMSTANCES THAT MIGHT GIVE RISE TO A CLAIM UNDER THE INSURANCE POLICY WHOSE NUMBER IS SHOWN ABOVE, FROM 12:01 AM ON 06/22/2015 **TO** 06/22/2018 .

CANCELLATION DATE — DATE AND TIME SIGNED

APPLICANT'S SIGNATURE

RECEIPT

$ _____ **AMOUNT RECEIVED BY:** _____

PRODUCER

WITNESS — DATE AND TIME

ACORD 37 (2008/01)

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