



Policy Number:

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:		UNDERWRITER		UNDERWRITER OFFICE	
PHONE (A/C, No, Ext): (803) 256-8983		BASS			
FAX (A/C, No): (803) 256-4226		STATUS OF TRANSACTION		QUOTE <input checked="" type="checkbox"/> ISSUE POLICY <input type="checkbox"/> RENEW <input type="checkbox"/>	
E-MAIL ADDRESS:				BOUND (Give Date and/or Attach Copy)	
CODE:		SUBCODE:		CHANGE DATE TIME AM PM	
AGENCY CUSTOMER ID:				CANCEL	

LINE OF BUSINESS

INDICATE LINES OF BUSINESS	PREMIUM		PREMIUM		PREMIUM
BOILER & MACHINERY	\$	CYBER AND PRIVACY	\$	YACHT	\$
BUSINESS AUTO	\$	FIDUCIARY LIABILITY	\$	<input checked="" type="checkbox"/> 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) NEED IT MOVED ADAM BUTLER 821 S OTT RD COLUMBIA, SC 29205		GL CODE 99793	SIC	NAICS	FEIN OR SOC SEC #
		BUSINESS PHONE #: () -			
		WEBSITE ADDRESS			
<input type="checkbox"/> CORPORATION	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> NOT FOR PROFIT ORG	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION		
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> TRUST		
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)		GL CODE 42255	SIC	NAICS	FEIN OR SOC SEC #
		BUSINESS PHONE #:			
		WEBSITE ADDRESS			
<input type="checkbox"/> CORPORATION	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> NOT FOR PROFIT ORG	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION		
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> TRUST		
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)		GL CODE	SIC	NAICS	FEIN OR SOC SEC #
		BUSINESS PHONE #:			
		WEBSITE ADDRESS			
<input type="checkbox"/> CORPORATION	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> NOT FOR PROFIT ORG	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION		
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> TRUST		

CONTACT INFORMATION

AGENCY CUSTOMER ID: _____

CONTACT TYPE: ALL CONTACT		CONTACT TYPE:	
CONTACT NAME: ADAM BUTLER		CONTACT NAME:	
PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input checked="" type="checkbox"/> CELL	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL
803-920-0835			
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	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:	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:	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:	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

<input type="checkbox"/> APARTMENTS	<input type="checkbox"/> CONTRACTOR	<input type="checkbox"/> MANUFACTURING	<input type="checkbox"/> RESTAURANT	<input checked="" type="checkbox"/> SERVICE	DATE BUSINESS STARTED (MM/DD/YYYY):
<input type="checkbox"/> CONDOMINIUMS	<input type="checkbox"/> INSTITUTIONAL	<input type="checkbox"/> OFFICE	<input type="checkbox"/> RETAIL	<input type="checkbox"/> WHOLESALE	

DESCRIPTION OF PRIMARY OPERATIONS

MOVING HOUSEHOLD GOODS

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 INSUREDS

DESCRIPTION OF OPERATIONS OF OTHER NAMED INSUREDS	
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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	
<input type="checkbox"/> ADDITIONAL INSURED							LOCATION:	
<input type="checkbox"/> BREACH OF WARRANTY							BUILDING:	
<input type="checkbox"/> CO-OWNER							VEHICLE:	
<input type="checkbox"/> EMPLOYEE AS LESSOR							BOAT:	
<input type="checkbox"/> LEASEBACK OWNER							AIRPORT:	
<input type="checkbox"/> LENDER'S LOSS PAYABLE	TRUSTEE	REGISTERANT	OWNER	MORTGAGEE	LIENHOLDER	LOSS PAYEE	ITEM CLASS:	
REFERENCE / LOAN #:	INTEREST END DATE:	PHONE (A/C, No, Ext):	FAX (A/C, No):	ITEM DESCRIPTION				
LIEN AMOUNT:								
REASON FOR INTEREST:		E-MAIL ADDRESS:						

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
<input type="checkbox"/> SAFETY MANUAL <input type="checkbox"/> SAFETY POSITION <input type="checkbox"/> MONTHLY MEETINGS <input type="checkbox"/> OSHA <input type="checkbox"/>				
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
<input type="checkbox"/> NON-PAYMENT <input type="checkbox"/> AGENT NO LONGER REPRESENTS CARRIER <input type="checkbox"/>				
<input type="checkbox"/> NON-RENEWAL <input type="checkbox"/> UNDERWRITING <input type="checkbox"/> CONDITION CORRECTED (Describe):				
6. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?				N
7. DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY? (In RI this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment).				N
8. ANY UNCORRECTED FIRE AND/OR SAFETY CODE VIOLATIONS?				N
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? (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)				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			

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

SUSAN A MARTINEZ

PRODUCER'S NAME (Please Print)
SUSAN A MARTINEZSTATE PRODUCER LICENSE NO
(Required in Florida)

APPLICANT'S SIGNATURE

[Signature]

DATE

6/22/18

NATIONAL PRODUCER NUMBER



COMMERCIAL INLAND MARINE SECTION

DATE (MM/DD/YYYY)

AGENCY Sauls Insurance Agency Inc.		CARRIER		NAIC CODE
POLICY NUMBER	EFFECTIVE DATE	APPLICANT / FIRST NAMED INSURED NEED IT MOVED ADAM BUTLER		

SUMMARY INFORMATION

[illegible]

COVERAGES / CAUSES OF LOSS

[illegible]

EQUIPMENT STORAGE

[illegible]

GENERAL INFORMATION - EQUIPMENT

AGENCY CUSTOMER ID: _____

EXPLAIN ALL "YES" RESPONSES

1 EQUIPMENT RENTED, LOANED TO OTHERS WITH / WITHOUT OPERATORS?

Y / N

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	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
LENDER'S LOSS PAYABLE							LOCATION:	BUILDING:
LIENHOLDER							SCHEDULE NUMBER:	
LOSS PAYEE							ITEM NUMBER:	
							ITEM DESCRIPTION:	
REFERENCE / LOAN #:			INTEREST END DATE:					
LIEN AMOUNT:			PHONE (A/C, No, Ext):					
REASON FOR INTEREST:			E-MAIL ADDRESS:					

INTEREST	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
LENDER'S LOSS PAYABLE							LOCATION:	BUILDING:
LIENHOLDER							SCHEDULE NUMBER:	
LOSS PAYEE							ITEM NUMBER:	
							ITEM DESCRIPTION:	
REFERENCE / LOAN #:			INTEREST END DATE:					
LIEN AMOUNT:			PHONE (A/C, No, Ext):					
REASON FOR INTEREST:			E-MAIL ADDRESS:					

INTEREST	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
LENDER'S LOSS PAYABLE							LOCATION:	BUILDING:
LIENHOLDER							SCHEDULE NUMBER:	
LOSS PAYEE							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

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 \$			

SIGNATURE

AGENCY CUSTOMER ID: _____

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

Susan A Martinez

PRODUCER'S NAME (Please Print)

SUSAN A MARTINEZ

STATE PRODUCER LICENSE NO
(Required in Florida)

APPLICANT'S SIGNATURE

[Signature]

DATE

6/27/18

NATIONAL PRODUCER NUMBER

CENTURY SURETY GROUP
MOTOR TRUCK CARGO SUPPLEMENT

INSURED INFORMATION

OWNER

Name: Need It Moved Policy Number: _____ Date: _____
Address: 821 S. 011 Rd Contact: Adam Butler Title: _____
Phone #: (803) 920-0835 City: Columbia State: SC Zip: 29205
Policy Period: _____ To _____ Client: _____ Ins. Carrier: _____
Inspector: _____

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 150 miles or less from Columbia SC

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

Insured **(DOES OR DOES NOT?)** backhaul. Columbia, Greenville, Charleston

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

Insured **(DOES OR DOES NOT?)** comply with D.O.T. placarding regulations. N/A Hazardous

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)

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.

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.

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

WAREHOUSE/TERMINAL (NOT APPLICABLE?)

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?)



Policy Number:

Date: 3/13/2018

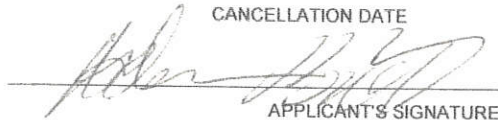
STATEMENT OF NO LOSS

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: CODE: SUBCODE:		CARRIER UNITED SPECIALTY INSURANCE COMPANY	NAIC CODE
AGENCY CUSTOMER ID:		POLICY NUMBER	
		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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