

PRIOR CARRIER INFORMATION

| LINE | CATEGORY | CLAIMS MADE | | OCCURRENCE | | CLAIMS MADE | | OCCURRENCE | | CLAIMS MADE | | OCCURRENCE | | CLAIMS MADE | | OCCURRENCE | |
|--------------------------|----------------------------|-------------|--|------------|--|-------------|--|------------|--|-------------|--|------------|--|-------------|--|------------|--|
| GENERAL LIABILITY | CARRIER | | | | | | | | | | | | | | | | |
| | POLICY NUMBER | | | | | | | | | | | | | | | | |
| | POLICY TYPE | | | | | | | | | | | | | | | | |
| | RETRO DATE | | | | | | | | | | | | | | | | |
| | EFF-EXP DATE | | | | | | | | | | | | | | | | |
| | GENERAL AGGREGATE | | | | | | | | | | | | | | | | |
| | PRODUCTS COMP OP AGGREGATE | | | | | | | | | | | | | | | | |
| | PERSONAL & ADV INJ | | | | | | | | | | | | | | | | |
| | EACH OCCURRENCE | | | | | | | | | | | | | | | | |
| | FIRE DAMAGE | | | | | | | | | | | | | | | | |
| | MEDICAL EXPENSE | | | | | | | | | | | | | | | | |
| | BODILY INJURY | OCCURRENCE | | | | | | | | | | | | | | | |
| | | AGGREGATE | | | | | | | | | | | | | | | |
| | PROPERTY DAMAGE | OCCURRENCE | | | | | | | | | | | | | | | |
| | | AGGREGATE | | | | | | | | | | | | | | | |
| COMBINED SINGLE LIMIT | | | | | | | | | | | | | | | | | |
| MODIFICATION FACTOR | | | | | | | | | | | | | | | | | |
| TOTAL PREMIUM | | | | | | | | | | | | | | | | | |
| AUTOMOBILE | CARRIER | | | | | | | | | | | | | | | | |
| | POLICY NUMBER | | | | | | | | | | | | | | | | |
| | POLICY TYPE | | | | | | | | | | | | | | | | |
| | EFF-EXP DATE | | | | | | | | | | | | | | | | |
| | COMBINED SINGLE LIMIT | | | | | | | | | | | | | | | | |
| | BODILY INJURY | EA PERSON | | | | | | | | | | | | | | | |
| | | EA ACCIDENT | | | | | | | | | | | | | | | |
| | PROPERTY DAMAGE | | | | | | | | | | | | | | | | |
| MODIFICATION FACTOR | | | | | | | | | | | | | | | | | |
| TOTAL PREMIUM | | | | | | | | | | | | | | | | | |
| PROPERTY | CARRIER | | | | | | | | | | | | | | | | |
| | POLICY NUMBER | | | | | | | | | | | | | | | | |
| | POLICY TYPE | | | | | | | | | | | | | | | | |
| | EFF-EXP DATE | | | | | | | | | | | | | | | | |
| | BUILDING | AMT | | | | | | | | | | | | | | | |
| | PERS PROP | AMT | | | | | | | | | | | | | | | |
| MODIFICATION FACTOR | | | | | | | | | | | | | | | | | |
| TOTAL PREMIUM | | | | | | | | | | | | | | | | | |
| PROPERTY | CARRIER | | | | | | | | | | | | | | | | |
| | POLICY NUMBER | | | | | | | | | | | | | | | | |
| | POLICY TYPE | | | | | | | | | | | | | | | | |
| | EFF-EXP DATE | | | | | | | | | | | | | | | | |
| | LIMIT | | | | | | | | | | | | | | | | |
| | MODIFICATION FACTOR | | | | | | | | | | | | | | | | |
| | TOTAL PREMIUM | | | | | | | | | | | | | | | | |

LOSS HISTORY

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE PRIOR 5 YEARS (3 YEARS IN KS & NY)

| DATE OF OCCURRENCE | LINE | TYPE/DESCRIPTION OF OCCURRENCE OR CLAIM | DATE OF CLAIM | AMOUNT PAID | AMOUNT RESERVED | CLAIM STATUS | |
|--------------------|------|---|---------------|-------------|-----------------|--------------|------|
| | | | | | | OPEN | CLSD |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

| | | |
|----------------|---|--------------------|
| REMARKS | NOTE: FIDELITY REQUIRES A FIVE YEAR LOSS HISTORY | ATTACHMENTS |
| | | |

COPY OF THE NOTICE OF INFORMATION PRACTICES (PRIVACY) HAS BEEN GIVEN TO THE APPLICANT. (Not applicable in all states, consult your agent or broker for your state's requirements.)

NOTICE OF INSURANCE INFORMATION PRACTICES PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT POLICY 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. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.

CONTRACTORS

| EXPLAIN ALL "YES" RESPONSES (For past or present operations) | | YES | NO | EXPLAIN ALL "YES" RESPONSES (For past or present operations) | | YES | NO |
|---|-----------------------------|--------------------------|----|--|--------------------|-----|----|
| 1. DOES APPLICANT DRAW PLANS, DESIGNS, OR SPECIFICATIONS FOR OTHERS? | | | | 4. DO YOUR SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN YOURS? | | | |
| 2. DO ANY OPERATIONS INCLUDE BLASTING OR UTILIZE OR STORE EXPLOSIVE MATERIAL? | | | | 5. ARE SUBCONTRACTORS ALLOWED TO WORK WITHOUT PROVIDING YOU WITH A CERTIFICATE OF INSURANCE? | | | |
| 3. DO ANY OPERATIONS INCLUDE EXCAVATION, TUNNELING, UNDERGROUND WORK OR EARTH MOVING? | | | | 6. DOES APPLICANT LEASE EQUIPMENT TO OTHERS WITH OR WITHOUT OPERATORS? | | | |
| REMARKS/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) | | YES | NO | EXPLAIN ALL "YES" RESPONSES (For any past or present product or operation) | | YES | NO |
|--|--|-----|----|--|--|-----|----|
| 1. DOES APPLICANT INSTALL, SERVICE OR DEMONSTRATE PRODUCTS? | | | | 6. PRODUCTS RECALLED, DISCONTINUED, CHANGED? | | | |
| 2. FOREIGN PRODUCTS SOLD, DISTRIBUTED, USED AS COMPONENTS? | | | | 7. PRODUCTS OF OTHERS SOLD OR RE-PACKAGED UNDER APPLICANT LABEL? | | | |
| 3. RESEARCH AND DEVELOPMENT CONDUCTED OR NEW PRODUCTS PLANNED? | | | | 8. PRODUCTS UNDER LABEL OF OTHERS? | | | |
| 4. GUARANTEES, WARRANTIES, HOLD HARMLESS AGREEMENTS? | | | | 9. VENDORS COVERAGE REQUIRED? | | | |
| 5. PRODUCTS RELATED TO AIRCRAFT/SPACE INDUSTRY? | | | | 10. DOES ANY NAMED INSURED SELL TO OTHER NAMED INSUREDS? | | | |

PLEASE ATTACH LITERATURE, BROCHURES, LABELS, WARNINGS, ETC

ADDITIONAL INTEREST/CERTIFICATE RECIPIENT

ACORD 45 attached for additional names

| 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) | | YES | NO | EXPLAIN ALL "YES" RESPONSES (For all past or present operations) | | YES | NO |
|---|--|-----|----|--|--|-----|----|
| 1. ANY MEDICAL FACILITIES PROVIDED OR MEDICAL PROFESSIONALS EMPLOYED OR CONTRACTED? | | | | 12. ANY STRUCTURAL ALTERATIONS CONTEMPLATED? | | | |
| 2. ANY EXPOSURE TO RADIOACTIVE/NUCLEAR MATERIALS? | | | | 13. ANY DEMOLITION EXPOSURE CONTEMPLATED? | | | |
| 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) | | | | 14. HAS APPLICANT BEEN ACTIVE IN OR IS CURRENTLY ACTIVE IN JOINT VENTURES? | | | |
| 4. ANY OPERATIONS SOLD, ACQUIRED, OR DISCONTINUED IN LAST 5 YEARS? | | | | 15. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS? | | | |
| 5. MACHINERY OR EQUIPMENT LOANED OR RENTED TO OTHERS? | | | | 16. IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS OR SUBSIDIARIES? | | | |
| 6. ANY WATERCRAFT, DOCKS, FLOATS OWNED, HIRED OR LEASED? | | | | 17. ARE DAY CARE FACILITIES OPERATED OR CONTROLLED? | | | |
| 7. ANY PARKING FACILITIES OWNED/RENTED? | | | | 18. HAVE ANY CRIMES OCCURRED OR BEEN ATTEMPTED ON YOUR PREMISES WITHIN THE LAST THREE YEARS? | | | |
| 8. IS A FEE CHARGED FOR PARKING? | | | | 19. IS THERE A FORMAL, WRITTEN SAFETY AND SECURITY POLICY IN EFFECT? | | | |
| 9. RECREATION FACILITIES PROVIDED? | | | | 20. DOES THE BUSINESSES' PROMOTIONAL LITERATURE MAKE ANY REPRESENTATIONS ABOUT THE SAFETY OR SECURITY OF THE PREMISES? | | | |
| 10. IS THERE A SWIMMING POOL ON THE PREMISES? | | | | | | | |
| 11. SPORTING OR SOCIAL EVENTS SPONSORED? | | | | | | | |

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, HI, NE, OH, OK, OR or VT; in DC, LA, ME, TN and VA, insurance benefits may also be denied).