Property & Casualty Insurance Proposal

D&Js Psychiatry & Services LLC

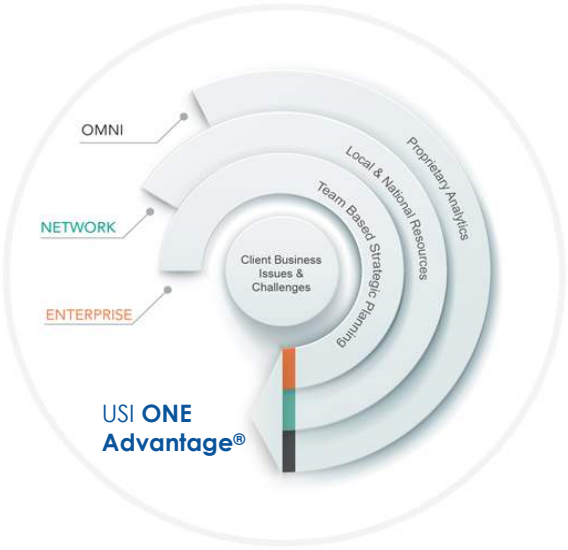
Account Manager: Kathleen Siegel
Date Prepared: December 24, 2024

About USI Insurance Services

USI is one of the largest insurance brokerage and consulting firms in the world, delivering property and casualty, employee benefits, personal risk, program and retirement solutions to large risk management clients, middle market companies, smaller firms and individuals. Headquartered in Valhalla, New York, USI connects together over 10,000 industry leading professionals across ~200 offices to serve clients' local, national and international needs. USI has become a premier insurance brokerage and consulting firm by leveraging the USI ONE Advantage®, an interactive platform that integrates proprietary and innovative client solutions, networked local resources and expertise, and enterprise-wide collaboration to deliver customized results with positive, bottom line impact. USI attracts best-in-class industry talent with a long history of deep and continuing investment in our local communities. For more information, visit usi.com.

The USI ONE Advantage

What truly distinguishes USI as a leading insurance brokerage and consulting firm is the USI ONE Advantage, a game-changing value proposition that delivers clients a robust set of risk management and benefit solutions and exclusive resources with financial impact. USI ONE® represents **Omni, Network, Enterprise**—the three key elements that create the USI ONE Advantage and set us apart from the competition.



Omni – USI's Proprietary Analytics

Omni, which means "all," is USI's one-of-a-kind solutions platform—real time, interactive, dynamic and evolving, and customized for each client. Built in-house by USI subject matter experts, Omni captures the experience of more than 500,000 clients, thousands of professionals and over 150 years of business activity through our acquired agencies into targeted, actionable solutions across property & casualty, employee benefits, personal risk and retirement. Omni features over a thousand solutions, case studies, work products and detailed analysis across industry verticals in a single dashboard. USI consultants input the client's personalized data into Omni – highlighting their business, employees, and risks. The results feature client specific recommendations with quantified financial impact and the ability to analyze alternative scenarios with the touch of a button.

Network – USI's Local and National Resources

USI has made a very large investment in local resources and technical expertise, with more than 10,000 professionals networked nationally to build strong vertical capabilities and integrated account teams. Our local and regional experts ensure account team availability, hands-on service, and ongoing diligent follow-through so we can deliver on the solutions we customize for our clients.

Enterprise – USI's Team Based Strategic Planning

USI's enterprise planning is a disciplined, focused, analysis centered on our client's issues and challenges. Highly consultative meetings integrate USI's Omni analytics with our broad resource network to build a risk management strategy aligned with client business needs. Our enterprise process is a proven method for identifying, quantifying and minimizing client risk exposures.

The USI ONE Advantage—our Omni knowledge engine, with our Network of local and national resources, delivered to our clients through our Enterprise planning process gives USI fundamentally different solutions, the resources to deliver, and a process to bring superior results to our clients.

Client Summary

Client Name:	D&Js Psychiatry & Services LLC
Mailing Address:	34 Salem St., Suite 201 Reading, MA 01867
Phone #1:	435-764-0756
Primary Contact Email:	swanjirukim@yahoo.com

Proposed Coverage Summary

Coverage: Commercial Package

Service Team Contact

Account Manager: Kathleen Siegel | (716) 314-2068 | kathleen.siegel@usi.com

Items Required to Bind

- Signed ACORD Application
- Down Payment - Refer to Quote for Billing Options/Payment Plans
- Signed Client Authorization to Bind

Premium Summary

Coverage	Term	Carrier	AM Best Rating	Billing Type	Admitted or Non-Admitted	Minimum Earned Premium	Proposed Term Premium
Commercial Package	12/24/2024 - 12/24/2025	Hartford Underwriters Insurance Company	A+	Carrier Bill	Admitted	N/A	$2,954

Carrier Bill: A payment procedure in which the insurance carrier sends an invoice to the client and the client remits payment directly to the insurance carrier. ***If your policy(ies) is indicated to be carrier bill you will receive an invoice from the carrier.***

We are not in a position to make monthly reminders or verify that your payment was received. Please take the necessary action to avoid possible cancellation of your insurance policy(s) which you are paying directly to the insurance company.

USI Disclosures

COMMISSION DISCLOSURE POLICY: As a licensed insurance producer, USI is authorized to confer with or advise our clients and prospective clients concerning substantive benefits, terms or conditions of insurance contracts, to sell insurance and to obtain insurance coverages for our clients. Our compensation for placement of insurance coverage, unless otherwise specifically negotiated and agreed to with our client, is customarily based on commission calculated as a percentage of the premium collected by the insurer and is paid to us by the insurer. We may also receive from insurers and insurance intermediaries (which may include USI affiliated companies) additional compensation (monetary and non-monetary) based in whole or in part on the insurance contract we sell, which is contingent on volume of business and/or profitability of insurance contracts we supply to them and/or other factors pursuant to agreements we may have with them relating to all or part of the business we place with those insurers or through those intermediaries. Some of these agreements with insurers and/or intermediaries include financial incentives for USI to grow its business or otherwise strengthen the distribution relationship with the insurer or intermediary. Such agreements may be in effect with one or more of the insurers with whom your insurance is placed, or with the insurance intermediary we use to place your insurance. You may obtain information about the nature and source of such compensation expected to be received by us, and, if applicable, compensation expected to be received on any alternative quotes pertinent to your placement upon your request.

DOCUMENT DELIVERY DISCLOSURE: USI strives to make your interactions with us easy and efficient. Therefore, we intend to deliver your policy and all policy-related documents electronically through our InsurLink client portal or through email. If you do not wish to receive these documents electronically or if you would like a paper copy of any or all documents at no cost to you, please notify your client service representative in writing. If your email or electronic contact information changes, please notify your client service representative in writing.

DIRECT BILL PREMIUM DISCLOSURE: The Insurance Company operates independently for the financing of your insurance premium. Your agreement to finance this premium is directly with the insurance company and not USI Insurance Services.

If payment is not received by the due date, the insurance company could cancel your insurance policy(s) for non-payment of premium. The insurance company has the right to honor the cancellation date and NOT offer reinstatement or rewrite the insurance coverage.

We are not in a position to make monthly reminders or verify that your payment was received. Please take the necessary action to avoid possible cancellation of your insurance policy(s) which you are paying directly to the insurance company.

USI Privacy Notice

Our Privacy Promise to You

USI provides this notice to our customers, so you will know what we do with personal financial and health information (collectively referred to as "protected information") that we may receive from you directly, from your health care provider, or from another source that you have authorized to send us your protected information. We at USI are concerned about your privacy, and we assure you that we will do what is required to safeguard your protected information.

What types of information will we be collecting?

USI collects information required for our business and pursuant to regulatory requirements. Without it, we cannot provide our products and services to you. We will collect protected information about you from:

- Applications or other forms that require name, address, Social Security number, assets and income, employment status, and dependent information.
- Your transactions with us or your transactions with others that include account activity, payment history, and products and services purchased.
- Consumer reporting agencies for credit relationships and credit history. These agencies may retain their reports and share them with others who use their services.
- Other individuals, businesses, and agencies for medical and demographic information.
- Visits to our websites to provide information via on-line forms, site data, and online information collection devices, commonly called "cookies."

What will we do with your protected information?

The information USI gathers is shared within our company to help us maximize the services we provide to our customers. We will only disclose your protected information when it is necessary for us to provide the insurance products and services you expect from us. USI does not sell your protected information to third parties, nor does it sell or share customer lists.

We may also disclose the information described above to third parties that we contract for services. In addition, we may disclose your protected information to medical care institutions or medical professionals, insurance regulatory authorities, law enforcement or other government authorities, or to affiliated or non-affiliated third parties as is reasonably necessary to conduct our business or as otherwise permitted by law.

Our Security Procedures

At USI, we have enacted the highest measures to ensure the security and confidentiality of customer information. We will handle the protected information we receive by restricting access to the protected information to the employees and agents who need to know that information to provide you with our products or services or to otherwise conduct our business, including actuarial or research studies. Our computer database has multiple levels of security to protect against threats or hazards to the integrity of customer records and to protect against unauthorized access to records that may harm or inconvenience our customers. We maintain physical, electronic, and procedural safeguards that comply with federal and state regulations to safeguard your protected information.

Our Legal Use of Information

We retain the right to use ideas, concepts, know-how, or techniques contained in any nonpublic personal information you provide to us for our own purposes, including developing and marketing products and services.

Your Right to Review Your Records

You have the right to review the protected information about you relating to any insurance or annuity product issued by us that we could reasonably locate and retrieve. You may also request that we correct, amend, or delete any inaccurate information by writing to us at 100 Summit Lake Drive, Suite 400, Valhalla, NY 10595.

Important Provisions

NOTE:

In evaluating your exposure to loss, we have been dependent upon information provided by you. If there are other areas that need to be evaluated prior to binding of coverage, please bring these areas to our attention. Should any of your exposures change after coverage is bound, such as your beginning new operations, hiring employees in new states, buying additional property, etc., please let us know so proper coverage(s) can be discussed.

Higher limits may be available. Please contact us if you would like a quote for higher limits.

Insurance Carrier Ratings

As a service to our clients, USI is furnishing an assessment by a financial rating service of the insurance companies included in our proposal. We are including the legends used by this service.

All ratings are subject to periodic review, therefore, it is important to obtain updated ratings from each service. Should you desire further information concerning the financial statements of any of the insurance companies being proposed, so that you can make your own assessment of the financial strength of the companies being offered, it is available from USI at your request.

USI has made no attempt to determine independently the financial capacity of the insurance companies that we are including in our proposal as we believe the nationally recognized services are better equipped to comment.

A. M. BEST RATINGS			
A++ and A+	Superior	**B and B-**	Fair
A and A-	Excellent	**C++, C+**	Marginal
B++, B+	Very Good	**C and C-**	Weak
D	Poor	**F**	In Liquidation
E	Under Regulatory Supervision	**S**	Rating Suspended

FINANCIAL SIZE CATEGORY *(In $ Thousands)*				
Category	I	Less than		1,000
Category	II	1,000	to	2,000
Category	III	2,000	to	5,000
Category	IV	5,000	to	10,000
Category	V	10,000	to	25,000
Category	VI	25,000	to	50,000
Category	VII	50,000	to	100,000
Category	VIII	100,000	to	250,000
Category	IX	250,000	to	500,000
Category	X	500,000	to	750,000
Category	XI	750,000	to	1,000,000
Category	XII	1,000,000	to	1,250,000
Category	XIII	1,250,000	to	1,500,000
Category	XIV	1,500,000	to	2,000,000
Category	XV	2,000,000	to	or greater

RATING "NOT ASSIGNED" CLASSIFICATIONS			
NR-1	Insufficient Data	**NR-2**	Insufficient Size and/or Operating Experience
NR-3	Rating Procedure Inapplicable	**NR-4**	Company Request
NR-5	Not Formally Followed		

Coverages to Consider

The following provides a brief definition of coverages to consider and are intended for informational purposes only. The information contained here does not replace or modify the definitions in insurance contracts, policies or declaration pages. Other exclusions and policy limitations may apply. Please refer to the actual policies for specific terms, conditions, limitations, and exclusions that will govern in the event of a loss. Some of the coverages below may be included in this quote proposal.

Coverages

Business Income helps recover lost revenue such as rental income and lost sales when damage results from a covered peril at the insured premises and causes a disruption or a suspension of business. This coverage may also assist with continuing normal operating expenses, including ordinary payroll, and extra expenses that directly help in reducing lost income.

Contingent Business Income is an extension of Business Income that provides coverage due to the interruption of business as a result of a loss to a business that the Insured relies upon. For example: When a business relies on a single supplier or a few suppliers or manufacturers for merchandise or materials, when a few recipient businesses purchase the bulk of the insured's products or when a neighboring business that helps attract customers to its business suffers a loss.

Crime covers crime losses that are not typically insured under other insurance policies, such as Employee Dishonesty, Money & Securities Inside/Outside, Forgery and Computer Fraud.

Cyber/Privacy Liability insurance coverage is intended to protect businesses against the liabilities and expenses arising from a theft or unauthorized loss of personally identifiable (PI), personal health (PHI) or corporate confidential (CC) information.

Difference in Conditions (DIC) is designed to close specific gaps in coverage for perils that cause severe property exposures, such as flood and earthquake. A DIC policy may also broaden coverage by providing additional limits of coverage for specific perils when primary coverage doesn't provide adequate limits.

Directors & Officers Liability Insurance provides protection against loss resulting from a Wrongful Act committed by an Insured in the discharge of their duties solely in their capacity as Directors or Officers of the Insured Organization. There are generally three main segments of coverage:

- Coverage A – Protects the Insured Persons against covered losses not indemnified by the Insured Organization.
- Coverage B – Pays covered losses for which the insured organization has agreed to indemnify the Insured Persons, as permitted, or required by law.
- Coverage C – Pays covered losses resulting from a claim against the Insured Organization (Securities only for Public Companies).

Employee Benefits Liability coverage provides protection to employers against claims by employees or former employees that result from negligent acts or omissions in the administration of the insured employee benefits programs.

Employment Practices Liability protects the Insured Organization and Individual Insureds against claims involving discrimination, harassment, or inappropriate employment related conduct.

Equipment Breakdown (Boiler & Machinery) coverage delivers protection against the breakdown of machinery and equipment that runs a physical plant or building and may be excluded from the commercial property insurance. This coverage may pay for the cost to repair or replace damaged equipment such as air conditioning and refrigeration systems, boilers and pressure equipment, computers, and communication equipment, etc. The coverage can include the costs associated with the time and labor to repair or replace the equipment and expenses incurred to limit loss or speed restoration.

Fiduciary Liability protects the Insured Organization and Individual Insureds against claims resulting from the negligent administration of employee benefit plans, as well as actual or alleged breach of a fiduciary duty in connection with those plans.

Flood provides coverage for the physical damage to building or personal property "directly" caused by a flooding in the area. A common definition of flooding is a general and temporary condition where two or more acres of normally dry land or two or more properties are inundated by water or mudflow. Floods may also be the result of a hurricane, broken levees, outdated or clogged drainage systems, and a rapid accumulation of rainfall. Floods from these natures are usually excluded from property coverage.

Off Premises Power Failure is an endorsement that can be added to a Commercial Property policy to pay for financial losses and continuing expenses caused by a covered peril resulting from an interruption of utility services which occurs off your premises such as an electrical, water main or gas leak.

Ordinance or Law can be added to a Commercial Property policy to protect against losses caused by the enforcement of building codes when repairing damage to a covered building. The endorsement consists of three separate coverages which may be purchased individually: Loss of Undamaged Portion, Demolition Costs, and Increased Cost of Construction.

Terrorism (TRIA) provides coverage for losses due to acts of terrorism. Terrorism coverage is triggered under TRIA when a terrorist attack has been declared a "certified act" by the U.S. Department of the Treasure.

Umbrella coverage provides additional liability protection against catastrophic losses which are in excess of various primary liability policies such as General Liability, Business Auto, Workers' Compensation, etc. An Umbrella policy may also broaden coverage for loss which may be otherwise excluded by an underlying policy.

Client Authorization to Bind

Important Information - Please keep in mind coverage cannot be bound when there is a binding moratorium due to a severe weather threat regardless of the expiration date.

Client Code: DJSPSY
Named Insured: D&J's Psychiatry & Services LLC

Coverage	Effective Date
Commercial Package	12/24/2024

The following items are required to bind:

- Signed ACORD Application
- Down Payment - Refer to Quote for Billing Options/Payment Plans
- Signed Client Authorization to Bind

After careful consideration of your proposal dated December 24, 2024, we accept your insurance program as presented with the following exceptions, changes, and/or recommendations:

	12/24/2024
Client Signature	Date Signed

Your Business Owner's Policy Quote

Prepared for:
D&Js Psychiatry & Services LLC

34 SALEM ST STE 201
READING, MA 01867-4614

Your Primary Location:
34 SALEM ST STE 201.
READING,MA 01867-4614

Class & Class Code:
Medical Office - Physicians & Surgeons; 65141

Policy Term:
December 24, 2024 – December 24, 2025

Quote Good Through*:
March 22, 2025

Proposal Creation Date:
December 23, 2024, 3:18 PM

Insurance underwritten by: Property and Casualty Insurance Company of Hartford.

What To Do Next:
Thank you for your interest in The Hartford. For questions or to purchase coverage, contact Kathleen Siegel at (716) 314-2068

Your Reference Number:
01 SBA BM3NDH-004

Audit Period: Non-Auditable

Agency Information:

USI INSURANCE SERVICES LLC/PHS
333 Glen Street Suite 302
Glens Falls, NY 12801

*Premium is based on information provided during the application process and is subject to change should any change be made to the policy. Examples of possible changes include, but are not limited to, changes to coverage, Named Insured(s), location(s), and effective date.

PREMIUM SUMMARY	
COVERAGE	**PRICE**
Business Owner's Policy	$2,593.00
Employment Practices Liability Insurance	$25.00
Umbrella	$336.00
YOUR ESTIMATED ANNUAL PREMIUM:	**$2,954.00****

**Your Estimated Premium may change based on coverage changes made through endorsement or if your policy is subject to Premium Audit.

Acknowledged and Accepted by 12/24/2024

(Signature of insured) (Date)

[1] The Hartford's Customer Claims Ratings as of February 2019. Customer claims reviews were collected and tabulated by The Hartford and reviews are not representative of all customers.

This document is only a proposal. It can't be used as proof of coverage, unless bound by an authorized agent.

Quote Summary:

Coverage for Your Small Business

This quote overview was created to show you how we propose to cover your business and to help you feel confident in the coverages that have been selected. Each section below breaks out some of the important features of your proposed policy.

We're ready to welcome you as a customer of The Hartford! All that's left is for you to let us/your agent know when you'd like to start your coverage.

LOCATION(S)			
LOCATION CLASS CODE(S)	DESCRIPTION	TYPE AND AREA	VALUATION How we calculate the value of your property
LOC 1; BLDG 1 65141	34 SALEM ST STE 201 READING,MA 01867-4614	Frame, 1,400 sq ft	Business Personal Property: Replacement Cost

POLICY SUMMARY

PROPERTY

Your PROPERTY COVERAGE protects property that you own, lease or rent. This can include buildings, equipment, inventory and even cash, securities or valuable records. The below overview shows some of your Property limits.

PROPERTY LIMITS	
DEDUCTIBLE: $1,000	**LOC 1; BLDG 1**
WINDSTORM OR HAIL PERCENTAGE DEDUCTIBLE	NA
BUILDING LIMIT We'll pay up to the limit to repair or replace your buildings and structures at the covered location. This includes additions, fixtures and equipment you've installed.	$0
BUSINESS PERSONAL PROPERTY LIMIT We'll pay up to the limit to repair or replace your furniture, supplies, inventory and other things your business uses.	$165,000

S STRETCH® COVERAGE Where Property coverage was elected for you, you'll benefit from added coverages, increased limits and an added blanket limit. We use an S on the Property Coverage Detail page to indicate coverages that have been added or enhanced by your STRETCH®.	**STRETCH® - $50,000 Blanket**

This is not a guarantee of coverage. Actual premium amounts vary and will depend on an applicant's individual account characteristics and coverages and limits purchased.

This document contains only a general description of coverages that may be provided and do not include all of the terms, conditions, or exclusions that may apply. Please refer to the actual coverage forms for complete details of terms, conditions, and exclusions. In the event of any conflict, the terms of an issued policy prevail.

THE HARTFORD

Quote Summary:

Coverage for Your Small Business

CONTINUED

BUSINESS LIABILITY (Also known as General Liability)

Your BUSINESS LIABILITY COVERAGE helps protect and defend your business from covered claims alleging that you damaged someone's property, injured them or defamed them. The below overview shows some of your Business Liability limits.

EACH OCCURRENCE LIMIT We'll pay up to this amount for all claims related to a single incident. This total applies no matter how many people make claims.	$1,000,000
GENERAL AGGREGATE LIMIT We'll pay up to this total amount for all losses that occur during your policy term, except for those losses that are included in the Products/Completed Operations Aggregate, which are paid under a separate aggregate limit as described below.	$2,000,000
PRODUCTS/COMPLETED OPERATIONS AGGREGATE We'll pay up to this total amount for all losses that occur during your policy term as a result of work you completed or for a product you distributed or sold. It does not cover you for things that happen while you are doing work.	$2,000,000

UMBRELLA

Your UMBRELLA COVERAGE provides an additional layer of financial protection if a covered claim against your business is more than your standard policy limits. Think of it as an insurance back-up plan. The below overview shows some of your Umbrella limits.

EACH OCCURRENCE LIMIT We'll pay up to this amount for all the claims related to a single incident.	$1,000,000
AGGREGATE LIMITS There are various aggregate limits in your umbrella policy. We'll pay up to the applicable aggregate limit for all applicable loss that occurs during your policy term.	$1,000,000
SELF-INSURED RETENTION The amount you may have to pay before your Umbrella coverage starts if no underlying insurance applies.	$10,000

EMPLOYMENT PRACTICES LIABILITY INSURANCE

Your EMPLOYMENT PRACTICES LIABILITY INSURANCE (EPLI) helps protect and defend your business from employment-related covered claims including but not limited to, discrimination, sexual harassment or wrongful termination brought by your employees or applicants. The below overview shows some of your EPLI limits.

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Quote Summary:

Coverage for Your Small Business

CONTINUED

EACH CLAIM LIMIT We'll pay up to this amount for each claim covered under the Employment Practices Liability Coverage Part.	$25,000
AGGREGATE LIMIT We'll pay up to this amount for all claims covered under the Employment Practices Liability Coverage Part.	$25,000
RETROACTIVE DATE If no date is entered, the Retroactive Date is the same as the effective date of this Coverage part.	07/06/2023
WAGE AND HOUR DEFENSE COST SUB-LIMIT The Wage and Hour Defense Costs Sub-Limit is only available for claim expenses incurred to defend a wage and hour violation that occurred on or after the retroactive date and before the end of the policy period, regardless of whether any such claim for a wage and hour violation is made during the policy period or the Extended Reporting Period, if applicable.	$25,000

This is a claims-made coverage. Defense costs are included within the limits of liability. However, some states require that defense costs be in addition to the limits of liability displayed in this quote proposal. Refer to actual policy terms for full notice and details.

CUSTOMIZED COVERAGES FOR YOUR BUSINESS

These added coverages make your policy more unique. They protect against specific risks your business could face.

BUSINESS LIABILITY COVERAGES ADDED

COVERAGE	LIMIT	PREMIUM
Blanket Additional Insured by Contract	Included[1]	$79
Hired Auto and Non-Owned Auto	Included[1]	$332
Reimbursement of Legal Expenses Coverage for Court or Review Boards	$5,000	N/A

[1] Included in Business Liability Limit(s)

UMBRELLA LIABILITY COVERAGES

COVERAGE	LIMIT	PREMIUM
Hired Auto and Non-Owned Auto - Umbrella	Included*	N/A

* Included in Umbrella Limits

PROPERTY COVERAGES ADDED

COVERAGE	LIMIT	PREMIUM
Cyber Virus and Malware Coverage		$136
Business Income & Extra Expense Waiting Period	12 hours	

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Quote Summary:

Coverage for Your Small Business

CONTINUED

COVERAGE	LIMIT	PREMIUM
Business Income Period of Restoration	12 months	
Digital Ransom and Extortion Threats - Sublimit	$10,000	
Policy Year Limit	$25,000	

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Property Coverages Detail

Below you'll find a breakdown of the specific property coverages your policy includes. These coverages only apply to the location(s) where Property coverage was elected.

You'll also see a specific limit, which is either the maximum dollar amount or the length of time that your coverage pays.

S INDICATES COVERAGES THAT HAVE BEEN ADDED OR ENHANCED BY THE ADDITION OF YOUR STRETCH®.
STRETCH® BLANKET LIMIT: $50,000

PROPERTY COVERAGES	TOTAL LIMIT OF INSURANCE
S Accounts Receivable	Included in STRETCH® Blanket Limit
Arson and Theft Reward	$10,000
S Back-up of Sewers and Drains Coverage	Included[2]
S Brands and Labels	Included[2]
S Building Property of Others	$10,000
S Business Income and Extra Expense	
S Extended Business Income	60 days
S Limit Type	Actual Loss Sustained
S Period of Restoration	12 months
S Waiting Period	None
S Business Income for Off-Premises Utility Services	
S Limit	$25,000
S Waiting Period	12 hours
Business Income from Civil Authority Actions	
Duration of Coverage	30 days
Waiting Period	None
S Business Income from Dependent Properties	

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Property Coverages Detail

CONTINUED

PROPERTY COVERAGES	TOTAL LIMIT OF INSURANCE
S Limit	$25,000
S Period of Restoration	12 months
S Waiting Period	None
S Business Income from Off-Premises Operations	
S Extended Business Income	60 days
S Limit	$25,000
S Waiting Period	None
S Business Income from Websites	
S Limit	$10,000
S Max Period of Restoration	7 days
S Waiting Period	12 hours
S Claim Expense	$10,000
Collapse	Included[2]
S Computers Worldwide	Included in STRETCH® Blanket Limit
S Contract Penalties	$1,000
S Debris Removal	Included in STRETCH® Blanket Limit
S Limit	25% of amount paid for covered loss
S Electronic Data	
S Policy Year Limit	$50,000
S Employee Dishonesty Coverage - Excludes ERISA Compliance	
S Include Property Managers	No
S Limit	$10,000
Equipment Breakdown	Included[2]

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Property Coverages Detail

CONTINUED

PROPERTY COVERAGES	TOTAL LIMIT OF INSURANCE
Deductible	Property Deductible
Defense	Included
Expediting Expenses	$50,000
Hazardous Substances	$50,000
Supplementary Payments	Included
S Expediting Expenses	$10,000
S Fine Arts Coverage	$10,000
S Fire Department Service Charge	Included in STRETCH® Blanket Limit
Fire Extinguisher Recharge	Included[2]
S Forgery Coverage (Including Credit Cards, Currency and Money Orders)	$25,000
S Fraudulent Transfer Coverage	$10,000
Fungi, Wet Rot or Dry Rot - Limited Coverage	
Limit	$50,000
Period of Restoration	30 days
Garages, Storage Buildings, and Other Appurtenant Structures	$50,000
Glass Expense	Included[2]
Identity Recovery Coverage for Businessowners and Employees	
Deductible	$250
Limit	$15,000
Lost Wages and Child and Elder Care Expense	$250 per day, $5,000 per policy year
Mental Health Sublimit	$1,500
S Interruption of Computer Operations	
S Period of Restoration	12 months

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Property Coverages Detail

CONTINUED

PROPERTY COVERAGES	TOTAL LIMIT OF INSURANCE
S Policy Year Limit	$25,000
S Waiting Period	12 hours
Lease Assessment	$2,500
Leasehold Improvements	$25,000
Lock and Key Replacement	$1,000
S Lost Keys	$1,000
Money and Securities Coverage	
Inside the Premises Limit	$10,000
Outside the Premises Limit	$5,000
S Newly Acquired or Constructed Property	
S Newly Acquired or Constructed BI/EE Limit	$250,000
S Newly Acquired or Constructed BPP Limit	$500,000
S Non-Owned Detached Trailers	Included in STRETCH® Blanket Limit
S Off-Premises Utility Services - Direct Damage	$10,000
Ordinance or Law Coverage	
Increased Cost of Construction & Demolition Costs Limit	$25,000
Undamaged Part Limit	$25,000
S Outdoor Property	$25,000
S Outdoor Signs on Premises	$10,000
S Pairs or Sets	Included[2]
S Paved Surfaces	$15,000
S Personal Effects	Included in STRETCH® Blanket Limit
Pollutants and Contaminants Clean up and Removal	$15,000

This is not a guarantee of coverage. Actual premium amounts vary and will depend on an applicant's individual account characteristics and coverages and limits purchased.

This document contains only a general description of coverages that may be provided and do not include all of the terms, conditions, or exclusions that may apply. Please refer to the actual coverage forms for complete details of terms, conditions, and exclusions. In the event of any conflict, the terms of an issued policy prevail.

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Property Coverages Detail

CONTINUED

PROPERTY COVERAGES	TOTAL LIMIT OF INSURANCE
Preservation of Property	45 days
S Property Off-Premises	$25,000
S Salespersons Samples	$1,000
S Spoilage	Included in STRETCH® Blanket Limit
S Business Income Limit	$10,000
S Waiting Period	12 hours
S Sump Overflow or Sump Pump Failure	$15,000
Theft Damage to Building	Included[2]
S Transit Business Income	
S Limit	$10,000
S Period of Restoration	12 months
S Waiting Period	None
S Transit Coverage	$10,000
S Unauthorized Business Card Use	$2,500
S Valuable Papers and Records	Included in STRETCH® Blanket Limit
S Valuation Changes: Commodity, Finished and Mercantile Stock	Included within Covered Property Limit (Building and/or BPP)
Water Damage, Other Liquid, Powder or Molten Material Damage	Included[2]

[2] Included within Covered Property Limit(s) (Building and/or Business Personal Property)

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Business Liability Coverages Detail

Businesses can face many different kinds of business liability risks. And a policy can respond to them in different ways. Below you'll find a breakdown of the specific business liability coverages your policy includes. You'll also see a specific limit, which is either the maximum dollar amount or the length of time that your coverage pays.

BUSINESS LIABILITY COVERAGE	TOTAL LIMIT OF INSURANCE
Business Liability	
Liability and Medical Expenses Limit	$1,000,000
Medical Expenses Limit	$10,000
Damage To Premises Rented To You Limit	$1,000,000
General Aggregate Limit	$2,000,000
Products-Completed Operations Aggregate Limit	$2,000,000
Personal and Advertising Injury Limit	$1,000,000
Property Damage Liability Deductible	No Deductible
Waiver of Subrogation - Blanket	Included

This is not a guarantee of coverage. Actual premium amounts vary and will depend on an applicant's individual account characteristics and coverages and limits purchased.

This document contains only a general description of coverages that may be provided and do not include all of the terms, conditions, or exclusions that may apply. Please refer to the actual coverage forms for complete details of terms, conditions, and exclusions. In the event of any conflict, the terms of an issued policy prevail.

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Recommended Coverages

Some excellent choices have already been made to cover your business. We know there may be other protections you'd like to know about. So take a look at these coverages you may also be interested in.

Please note that the estimated premium amounts indicated below are based on information provided during the quote process and certain assumptions including coverage limits.

WHAT IT'S CALLED	WHAT IT COSTS	WHAT IT IS	WHY YOU SHOULD ADD THIS
Business Income Daily Limit Options	$213 per year	This lets you choose a daily dollar amount of income we'll pay you if a loss forces you close your business temporarily. We'll pay that amount for up to 15 consecutive days, or longer if you've purchased a different time period. After that period, we'll pay you for your actual lost business income each day.	You know how much your business makes in a day. It's very helpful for lawyers, doctors, dentists and professionals who have daily schedules of patients or customers who won't be able to make appointments when you're closed.
Electronic Media Liability	$8 per year	Electronic Media Liability has a package of coverages which expands the personal and advertising injury coverages to help protect you from some internet-related personal and advertising injuries.	This extends some personal and advertising liability protections to your online activities on your website, your chat room, and your bulletin board.
Data Breach	$1,473 per year	This covers your costs for responding to a data breach. This can include things like hiring a forensic firm to investigate the data breach, notifying affected parties, providing credit monitoring and other costs. When Defense and Liability coverage is selected, this also covers you if you're sued as the result of a data breach. We'll pay to protect you by defending you in a lawsuit and paying a judgment up to your limit.	Any business that handles Personally Identifiable Information (PII) could be subject to a data breach claim. Even if you never use computers, you could still have paper files and other records that, if lost or stolen, can lead to a data breach. This helps take care of this cost if that happens.

Acknowledged and Accepted By

12/24/2024

Signature of the Insured | Date

This is not a guarantee of coverage. Actual premium amounts vary and will depend on an applicant's individual account characteristics and coverages and limits purchased.

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Payment Options

DIRECT BILL OPTIONS

Choose one of these four options to pay your bill:

- **AutoPay.** Sign up for Repetitive Electronic Funds Transfer (EFT) to pay automatically from your bank account. You'll save on payment fees and get the convenience and peace of mind of automated payments.
- **Online.** Register at thehartford.com/servicecenter to pay your bill quickly and securely.
- **Check.** Mail your check and include your payment stub in the envelope we provide.
- **Phone.** Call us toll-free 866-467-8730 to pay your bill by phone.

PAYMENT BREAKDOWN

The charts below show how we'll bill you, according to the payment plan you select. We calculate the due date(s) and minimum amount(s) due based on the anticipated effective date of the policy. Keep in mind that the dates and amounts could change depending on when the policy is processed.

FULL PAY	
One Payment - Paid in full discount applies	
DUE DATE	PAYMENT AMOUNT
01/24/2025	$2,712.00

MONTHLY OPTIONS – TOTAL ANNUAL ESTIMATED PREMIUM: $2,954.00			
		With AutoPay Fee: $5 per payment	Without AutoPay Fee: $8 per payment
NUMBER OF PAYMENTS	DUE DATE	PAYMENT AMOUNT	PAYMENT AMOUNT
Two	01/24/2025	$1,477.00 – Initial Down Payment	$1,772.40 – Initial Down Payment
	05/24/2025	$1,477.00	$1,181.60
Four	01/24/2025	$738.50 – Initial Down Payment	$886.20 – Initial Down Payment
	03/24/2025	$738.50	$738.50
	06/24/2025	$738.50	$738.50
	09/24/2025	$738.50	$590.80
Ten	01/24/2025	$295.40 – Initial Down Payment	$738.49 – Initial Down Payment
	02/24/2025	$295.40	$246.95
	03/24/2025	$295.40	$246.07
	04/24/2025	$295.40	$246.07
	05/24/2025	$295.40	$246.07
	06/24/2025	$295.40	$246.07
	07/24/2025	$295.40	$246.07
	08/24/2025	$295.40	$246.07
	09/24/2025	$295.40	$246.07
	10/24/2025	$295.40	$246.07

This is not a guarantee of coverage. Actual premium amounts vary and will depend on an applicant's individual account characteristics and coverages and limits purchased.

This document contains only a general description of coverages that may be provided and do not include all of the terms, conditions, or exclusions that may apply. Please refer to the actual coverage forms for complete details of terms, conditions, and exclusions. In the event of any conflict, the terms of an issued policy prevail.

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Payment Options

CONTINUED

		With AutoPay Fee: $5 per payment	Without AutoPay Fee: $8 per payment
NUMBER OF PAYMENTS	DUE DATE	PAYMENT AMOUNT	PAYMENT AMOUNT
Twelve	01/24/2025	$561.26 – Initial Down Payment	$561.26 – Initial Down Payment
	02/24/2025	$265.86	$265.86
	03/24/2025	$265.86	$265.86
	04/24/2025	$265.86	$265.86
	05/24/2025	$265.86	$265.86
	06/24/2025	$265.86	$265.86
	07/24/2025	$265.86	$265.86
	08/24/2025	$265.86	$265.86
	09/24/2025	$265.86	$265.86
	10/24/2025	$265.86	$265.86

A payment fee is assessed on each payment invoice except where prohibited by law.

Any down payment provided will be withdrawn immediately regardless of down payment date shown.

Mandatory disclosure: insuring against terrorism

Terrorism Premium: $58

Protecting your business means preparing for risks – even unlikely ones. Your policy includes coverage in the event of a terrorist attack. In order to offer that coverage, we are required to provide you the following disclosure about your premiums, coverage and related information.

Terrorism Coverage and Premium

In accordance with the federal Terrorism Risk Insurance Act (as amended "TRIA"), we are required to make coverage available under your policy for "certified acts of terrorism." The actual coverage provided by your policy(ies) will be limited by the terms, conditions, exclusions, limits, and other provisions of your policy(ies), as well as any applicable rules of law.

The portion of your premium attributable to terrorism coverage is shown above or in the premium section(s) of this quote proposal or binder.

Definition of Certified Act of Terrorism

A "certified act of terrorism" means an act that is certified by the Secretary of the Treasury, in accordance with the provisions of TRIA, to be an act of terrorism under TRIA. The criteria contained in TRIA for a "certified act of terrorism" include the following:

1. The act results in insured losses in excess of $5 million in the aggregate, attributable to all types of insurance subject to TRIA; and

2. The act results in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and

3. The act is a violent act or an act that is dangerous to human life, property or infrastructure and is committed by an individual or individuals acting as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States government by coercion.

Disclosure of Federal Share of Terrorism Losses under TRIA

The United States Department of the Treasury will reimburse insurers for 80% of insured losses that exceed the applicable insurer deductible.

However, if aggregate industry insured losses under TRIA exceed $100 billion in a calendar year, the Treasury shall not make any payment for any portion of the amount of such losses that exceeds $100 billion. The United States government has not charged any premium for their participation in covering terrorism losses.

Cap on Insurer Liability for Terrorism Losses

If aggregate industry insured losses attributable to "certified acts of terrorism" under TRIA exceed $100 billion in a calendar year, and we have met, or will meet, our insurer deductible under TRIA, we shall not be liable for the payment of any portion of the amount of such losses that exceed $100 billion. In such case, your coverage for terrorism losses may be reduced on a pro-rata basis in accordance with procedures established by the Treasury, based on its estimates of aggregate industry losses and our estimate that we will exceed our insurer deductible.

In accordance with the Treasury's procedures, amounts paid for losses may be subject to further adjustments based on differences between actual losses and estimates.

Note to Producer on TRIA: The premium for terrorism coverage and the TRIA disclosures above must be provided to the insured or prospect at the time of quoting. If you are not using this quote proposal, you can use The Hartford's stand-alone TRIA disclosure form for quotes and binders, which is available on the EBC or from the company.

THE HARTFORD

Electronic Delivery Consent Form for Commercial Business Insurance Customers

TERMS & CONDITIONS FOR PAPERLESS DELIVERY OF COMMUNICATIONS FOR COMMERCIAL INSUREDS

By consenting to receive communications from The Hartford, electronically, through your agent:

_____ (hereinafter "your agent"), you are agreeing that documents and official notices which you are required to receive may be sent to you electronically rather than in paper form. You agree these paperless communications are the legal equivalent of officially required communications relating to your policy(ies) which you would otherwise receive in paper form. These communications may include, but are not limited to, policy declarations, policy forms and endorsements and related forms, insurance ID cards, billing statements, legally required notices, and other official correspondence. YOU AGREE TO RECEIVE ALL MAILINGS AND COMMUNICATIONS ELECTRONICALLY. SUCH ELECTRONIC MAILING OR COMMUNICATIONS MAY EVEN INCLUDE CANCELLATION OR NONRENEWAL NOTICES. This consent will apply to all policies The Hartford may issue to you.

Not all documents are currently available for electronic delivery. Those that are not available will continue to be sent to you by your agent via US mail. As new documents become available for electronic delivery, your agent may send them electronically.

You may at any time, request that your agent resume communications through the delivery of paper documents. You will not be charged a fee for this request and may make such request by notifying your agent in writing or by email:_____ . Your request to withdraw consent to receive communications by electronic means will be effective at the conclusion of the policy term.

You agree to provide your agent with your current email address so your agent can send you notices and other documents via email or notify you that documents are available for your review. You also agree to update your account and notify your agent of any change in your email address. You can make such a change by notifying your agent via one of the methods listed above. You agree to be responsible for any late payment fees that result from your failure to provide your agent with your current email address.

You may request a paper copy of an official notice sent to you, or of your policy documents. There is no fee to request such copies. You may make such request by notifying your agent via one of the methods listed above. Official policy notices and other documents will be sent solely and directly to you and will not be emailed to other users.

SYSTEM REQUIREMENTS: You acknowledge and agree that you have sufficient access to a privately owned computer and email system (as opposed to one with limited access, such as those housed in public libraries) that will: Permit you to access, view, and print the communications your agent will send; permit you to receive emails that contain hyperlinks to websites; and permit you to access websites. The following system requirements are necessary for you to receive and view these communications:

You must have Adobe Reader version 4.0 or later. Download the correct version of Acrobat Reader from the Adobe website at **adobe.com**.

Electronic Delivery Consent Form for Commercial Business Insurance Customers

CONTINUED

ATTENTION AGENTS: THE FOLLOWING SENTENCE MUST BE INCLUDED/COMPLETED ONLY IF INSUREDS WILL BE ACCESSING DOCUMENTS VIA AN ELECTRONIC FILING CABINET OR OTHER ONLINE PORTAL:

Online documents are supported on Microsoft Internet Explorer version ____and later, Firefox version ____ and later, and Google Chrome version ____ and later.

By signing this document, you (a) agree that you are the named insured and (b) agree to the terms and conditions of Paperless Delivery.

Please note that even if you enroll in Paperless Delivery, your agent may deliver certain documents via U.S. Mail due to legal requirements and/or system limitations.

☐ **I accept the terms & conditions set forth above and consent to enroll in paperless delivery.**

You must list below one policy number from The Hartford; however, please be advised this consent will apply to *all* policies issued to you by The Hartford.

Policy No.
Susan Njuguna
Authorized Person - Name and Title
swanjirukim@yahoo.com
Authorized Person Email Address
12/24/2024
Date

COMMERCIAL INSURANCE APPLICATION
APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY): 12/17/2024

AGENCY	CARRIER	NAIC CODE
USI Insurance Services LLC 12 Gill Street, #5500 Woburn MA 01801	Hartford Underwriters Insurance Company	30104
	COMPANY POLICY OR PROGRAM NAME	PROGRAM CODE
	POLICY NUMBER: APP01SBWBH0ND3	
CONTACT NAME: Edward Donovan PHONE (A/C. No. Ext): - FAX (A/C. No): 877-775-0110 E-MAIL ADDRESS: edward.donovan@usi.com CODE: SUBCODE: AGENCY CUSTOMER ID: DJSPSY	UNDERWRITER	UNDERWRITER OFFICE
	STATUS OF TRANSACTION: ☐ QUOTE ☒ ISSUE POLICY ☐ RENEW; ☐ BOUND (Give Date and/or Attach Copy); ☐ CHANGE DATE TIME ☐ AM ☐ PM; ☐ CANCEL	

LINES OF BUSINESS

INDICATE LINES OF BUSINESS	PREMIUM		PREMIUM		PREMIUM
☐ BOILER & MACHINERY	$	☐ CYBER AND PRIVACY	$	☐ YACHT	$
☐ BUSINESS AUTO	$	☐ FIDUCIARY LIABILITY	$	☐ Workers Compensation	$
☐ 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
12/17/2024	12/17/2025	☒ DIRECT ☐ AGENCY				$	$	$

APPLICANT INFORMATION

NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4)	GL CODE	SIC	NAICS	FEIN OR SOC SEC #
D&J's Psychiatry & Services LLC 34 Salem St. Ste 201 Reading MA 01867	66561	809300	621498	851149614
	BUSINESS PHONE #: 435-764-0756			
	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

KXSCF

AGENCY CUSTOMER ID: DJSPSY

CONTACT INFORMATION

CONTACT TYPE: Inspection Contact	CONTACT TYPE: Accounting Contact
CONTACT NAME: Susan Wanjiru	CONTACT NAME: Susan Wanjiru
PRIMARY PHONE #: ☐ HOME ☒ BUS ☐ CELL 435-764-0758 / SECONDARY PHONE #: ☐ HOME ☐ BUS ☐ CELL	PRIMARY PHONE #: ☐ HOME ☒ BUS ☐ CELL Same / SECONDARY PHONE #: ☐ HOME ☐ BUS ☐ CELL
PRIMARY E-MAIL ADDRESS: swanjirukim@yahoo.com	PRIMARY E-MAIL ADDRESS: swanjirukim@yahoo.com
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	34 Salem St. Ste 201	☒ INSIDE	☐ OWNER		OCCUPIED AREA: SQ FT
BLD # 1	CITY: Reading STATE: MA	☐ OUTSIDE	☒ TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY: ZIP 01867				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS: Office					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 ☐ CONDOMINIUMS ☐ CONTRACTOR ☐ INSTITUTIONAL ☐ MANUFACTURING ☐ OFFICE ☐ RESTAURANT ☐ RETAIL ☐ SERVICE ☐ WHOLESALE ☐

DATE BUSINESS STARTED (MM/DD/YYYY): 07/09/2019

DESCRIPTION OF PRIMARY OPERATIONS

Outpatient Services for mental health & substance abuse patients

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

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:		

AGENCY CUSTOMER ID: DJSPSY

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? ☐ SAFETY MANUAL ☐ SAFETY POSITION ☐ MONTHLY MEETINGS ☐ OSHA ☐	N
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)** ☐ NON-PAYMENT ☐ AGENT NO LONGER REPRESENTS CARRIER ☐ ☐ NON-RENEWAL ☐ UNDERWRITING ☐ CONDITION CORRECTED (Describe):	N
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:
	CARRIER				
	POLICY NUMBER				
	PREMIUM	$	$	$	$
	EFFECTIVE DATE				
	EXPIRATION DATE				

AGENCY CUSTOMER ID: DJSPSY

PRIOR CARRIER INFORMATION (continued)

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	SUBRO-GATION 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)

APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER
	12/24/2024	

AGENCY CUSTOMER ID: DJSPSY

COMMERCIAL GENERAL LIABILITY SECTION

DATE (MM/DD/YYYY): 12/17/2024

AGENCY	CARRIER	NAIC CODE
USI Insurance Services LLC	Hartford Underwriters Insurance Company	30104

POLICY NUMBER	EFFECTIVE DATE	APPLICANT / FIRST NAMED INSURED
APP01SBWBH0ND3	12/24/24	D&J's Psychiatry & Services LLC

IMPORTANT - If CLAIMS MADE is checked in the COVERAGE / LIMITS section below, this is an application for a claims-made policy. Read all provisions of the policy carefully.

COVERAGES

- [X] COMMERCIAL GENERAL LIABILITY
  - [ ] CLAIMS MADE
  - [X] OCCURRENCE
- [ ] OWNER'S & CONTRACTOR'S PROTECTIVE

DEDUCTIBLES

- [ ] PROPERTY DAMAGE $
- [ ] BODILY INJURY $ — [ ] PER CLAIM
- [ ] $ — [ ] PER OCCURRENCE

LIMITS

		PREMIUMS
GENERAL AGGREGATE	$ 2,000,000	PREMISES/OPERATIONS
LIMIT APPLIES PER: [X] POLICY [ ] LOCATION [ ] PROJECT [ ] OTHER:		
PRODUCTS & COMPLETED OPERATIONS AGGREGATE	$ 2,000,000	PRODUCTS
PERSONAL & ADVERTISING INJURY	$ 1,000,000	
EACH OCCURRENCE	$ 1,000,000	OTHER
DAMAGE TO RENTED PREMISES (each occurrence)	$ 50,000	0.00
MEDICAL EXPENSE (Any one person)	$ 5,000	TOTAL
EMPLOYEE BENEFITS	$	
	$	

OTHER COVERAGES, RESTRICTIONS AND/OR ENDORSEMENTS (For hired/non-owned auto coverages attach the applicable state Business Auto Section, ACORD 137)

APPLICABLE ONLY IN WISCONSIN: IF NON-OWNED ONLY AUTO COVERAGE IS TO BE PROVIDED UNDER THE POLICY:

1. UM / UIM COVERAGE [ ] IS [ ] IS NOT AVAILABLE. 2. MEDICAL PAYMENTS COVERAGE [ ] IS [ ] IS NOT AVAILABLE.

SCHEDULE OF HAZARDS

LOC #	HAZ #	CLASSIFICATION	CLASS CODE	PREMIUM BASIS	EXPOSURE	TERR	RATE		PREMIUM	
							PREM/OPS	PRODUCTS	PREM/OPS	PRODUCTS
1	1	Medical Office		A	500					

RATING AND PREMIUM BASIS
(S) GROSS SALES - PER $1,000/SALES
(P) PAYROLL - PER $1,000/PAY
(A) AREA - PER 1,000/SQ FT
(C) TOTAL COST - PER $1,000/COST
(M) ADMISSIONS - PER 1,000/ADM
(U) UNIT - PER UNIT
(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

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)	Y / N
1. DOES APPLICANT DRAW PLANS, DESIGNS, OR SPECIFICATIONS FOR OTHERS?	
2. DO ANY OPERATIONS INCLUDE BLASTING OR UTILIZE OR STORE EXPLOSIVE MATERIAL?	
3. DO ANY OPERATIONS INCLUDE EXCAVATION, TUNNELING, UNDERGROUND WORK OR EARTH MOVING?	
4. DO YOUR SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN YOURS?	
5. ARE SUBCONTRACTORS ALLOWED TO WORK WITHOUT PROVIDING YOU WITH A CERTIFICATE OF INSURANCE?	
6. DOES APPLICANT LEASE EQUIPMENT TO OTHERS WITH OR WITHOUT OPERATORS?	

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 all past or present products or operations) PLEASE ATTACH LITERATURE, BROCHURES, LABELS, WARNINGS, ETC.	Y / N
1. DOES APPLICANT INSTALL, SERVICE OR DEMONSTRATE PRODUCTS?	
2. FOREIGN PRODUCTS SOLD, DISTRIBUTED, USED AS COMPONENTS? (If "YES", attach ACORD 815)	
3. RESEARCH AND DEVELOPMENT CONDUCTED OR NEW PRODUCTS PLANNED?	
4. GUARANTEES, WARRANTIES, HOLD HARMLESS AGREEMENTS?	
5. PRODUCTS RELATED TO AIRCRAFT/SPACE INDUSTRY?	
6. PRODUCTS RECALLED, DISCONTINUED, CHANGED?	
7. PRODUCTS OF OTHERS SOLD OR RE-PACKAGED UNDER APPLICANT LABEL?	
8. PRODUCTS UNDER LABEL OF OTHERS?	
9. VENDORS COVERAGE REQUIRED?	
10. DOES ANY NAMED INSURED SELL TO OTHER NAMED INSUREDS?	

AGENCY CUSTOMER ID: DJSPSY

ADDITIONAL INTEREST / CERTIFICATE RECIPIENT ☐ ACORD 45 attached for additional names

INTEREST	NAME AND ADDRESS RANK:	INTEREST IN ITEM NUMBER
☐ ADDITIONAL INSURED	EVIDENCE: ☐ CERTIFICATE	LOCATION: BUILDING:
☐ EMPLOYEE AS LESSOR		ITEM CLASS: ITEM:
☐ LENDER'S LOSS PAYABLE		ITEM DESCRIPTION
☐ LIENHOLDER		
☐ LOSS PAYEE		
☐ MORTGAGEE		
☐	REFERENCE / LOAN #:	

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. DO YOU RENT OR LOAN EQUIPMENT TO OTHERS?	N

EQUIPMENT	TYPE OF EQUIPMENT				INSTRUCTION GIVEN (Y/N)
	☐	SMALL TOOLS	☐	LARGE EQUIPMENT	
	☐	SMALL TOOLS	☐	LARGE EQUIPMENT	

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?	N
10. ARE THERE ANY LODGING OPERATIONS INCLUDING APARTMENTS? (If "YES", answer the following):	N

# APTS	TOTAL APT AREA Sq. Ft.	DESCRIBE OTHER LODGING OPERATIONS

11. IS THERE A SWIMMING POOL ON PREMISES? (Check all that apply) ☐ APPROVED FENCE ☐ LIMITED ACCESS ☐ DIVING BOARD ☐ SLIDE ☐ ABOVE GROUND ☐ IN GROUND ☐ LIFE GUARD	N
12. ARE SOCIAL EVENTS SPONSORED?	N
13. ARE ATHLETIC TEAMS SPONSORED?	N

TYPE OF SPORT	CONTACT SPORT (Y/N)	AGE GROUP			
		☐ 12 & UNDER	☐ 13 - 18	☐ OVER 18	
EXTENT OF SPONSORSHIP:					

TYPE OF SPORT	CONTACT SPORT (Y/N)	AGE GROUP			
		☐ 12 & UNDER	☐ 13 - 18	☐ OVER 18	
EXTENT OF SPONSORSHIP:					

14. ANY STRUCTURAL ALTERATIONS CONTEMPLATED?	N
15. ANY DEMOLITION EXPOSURE CONTEMPLATED?	N

AGENCY CUSTOMER ID: DJSPSY

GENERAL INFORMATION (continued)

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)	Y / N
16. HAS APPLICANT BEEN ACTIVE IN OR IS CURRENTLY ACTIVE IN JOINT VENTURES?	N
17. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?	N
18. IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS OR SUBSIDIARIES?	N
19. ARE DAY CARE FACILITIES OPERATED OR CONTROLLED?	N
20. HAVE ANY CRIMES OCCURRED OR BEEN ATTEMPTED ON YOUR PREMISES WITHIN THE LAST THREE (3) YEARS?	N
21. IS THERE A FORMAL, WRITTEN SAFETY AND SECURITY POLICY IN EFFECT?	N
22. DOES THE BUSINESSES' PROMOTIONAL LITERATURE MAKE ANY REPRESENTATIONS ABOUT THE SAFETY OR SECURITY OF THE PREMISES?	N

LEASE TO	WORKERS COMPENSATION COVERAGE CARRIED (Y/N)	LEASE FROM	WORKERS COMPENSATION COVERAGE CARRIED (Y/N)

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

SIGNATURE

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PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO (Required in Florida)

APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER
	12/24/2024	

AGENCY CUSTOMER ID: DJSPSY

PROPERTY SECTION

DATE (MM/DD/YYYY): 12/17/2024

AGENCY NAME	CARRIER	NAIC CODE
USI Insurance Services LLC	Hartford Underwriters Insurance Company	30104

POLICY NUMBER	EFFECTIVE DATE	NAMED INSURED(S)
APP01SBWBH0ND3	12/24/24	D&J's Psychiatry & Services LLC

BLANKET SUMMARY

BLKT #	AMOUNT	TYPE	BLKT #	AMOUNT	TYPE

PREMISES INFORMATION

PREMISES #: 1 | STREET ADDRESS: 34 Salem St., Ste 201 Reading, MA 01867

BUILDING #: 1 | BLDG DESCRIPTION: Office

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Business Personal Property	165,000		R	Special		1,000			

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: $

MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV) ☐ 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
Frame								1965	1400

BUILDING IMPROVEMENTS

☒ WIRING, YR: 2010 ☒ PLUMBING, YR: 2010

☒ ROOFING, YR: 2010 ☒ HEATING, YR: 2010

☐ OTHER: YR:

BLDG CODE GRADE | TAX CODE | ROOF TYPE | OTHER OCCUPANCIES

WIND CLASS ☐ RESISTIVE ☐ SEMI- RESISTIVE

☐ HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT DATE INSTALLED: _____ MANUFACTURER:

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	NAME AND ADDRESS RANK: ____ EVIDENCE: ☐ CERTIFICATE	INTEREST IN ITEM NUMBER
☐ LENDER'S LOSS PAYABLE ☐ LOSS PAYEE ☐ MORTGAGEE ☐	REFERENCE / LOAN #:	LOCATION: BUILDING: ITEM CLASS: ITEM: ITEM DESCRIPTION

AGENCY CUSTOMER ID: DJSPSY

ADDITIONAL PREMISES INFORMATION

PREMISES #:	STREET ADDRESS:
BUILDING #:	BLDG DESCRIPTION:

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU-ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY

ADDITIONAL INFORMATION ☐ BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810 ☐ VALUE REPORTING INFORMATION - Attach ACORD 811

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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: $

MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV) ☐ ACCEPT COVERAGE ☐ REJECT COVERAGE LIMIT: $

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CONSTRUCTION TYPE	DISTANCE TO HYDRANT FT	FIRE STAT MI	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

WIND CLASS ☐ RESISTIVE ☐ SEMI- RESISTIVE

OTHER OCCUPANCIES
☐ HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT DATE INSTALLED: _____
MANUFACTURER:

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	NAME AND ADDRESS RANK: EVIDENCE: ☐ CERTIFICATE	INTEREST IN ITEM NUMBER
☐ LENDER'S LOSS PAYABLE ☐ LOSS PAYEE ☐ MORTGAGEE ☐	REFERENCE / LOAN #:	LOCATION: BUILDING: ITEM CLASS: ITEM: ITEM DESCRIPTION

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

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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)
APPLICANT'S SIGNATURE	DATE 12/24/2024	NATIONAL PRODUCER NUMBER

AGENCY CUSTOMER ID: DJSPSY

UMBRELLA / EXCESS SECTION

DATE (MM/DD/YYYY): 12/17/2024

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

AGENCY	CARRIER	NAIC CODE
USI Insurance Services LLC	Hartford Underwriters Insurance Company	30104

POLICY NUMBER	EFFECTIVE DATE	NAMED INSURED(S)
APP01SBWBH0ND3	12/24/24	D&J's Psychiatry Services LLC

POLICY INFORMATION

TRANSACTION TYPE					RETROACTIVE DATE		LIMIT OF LIABILITY		RETAINED LIMIT
[X] NEW	[X] UMBRELLA	[X] OCCURRENCE	[ ] VOLUNTARY		PROPOSED	CURRENT	$ 1,000,000	EA OCC	$ 10,000
[ ] RENEWAL	[ ] EXCESS	[ ] CLAIMS MADE					$ 1,000,000	AGG	FIRST DOLLAR DEFENSE (Y / N) [ ]
EXPIRING POL #:							$		

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
	NAME: LOCATION: DESCRIPTION: Outpatient Services for mental health & substance abuse patients				
	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

TYPE	CARRIER / POLICY NUMBER	POLICY EFF DATE	POLICY EXP DATE	LIMITS		ANNUAL RENEWAL PREMIUM	+ - RATING MOD
AUTOMOBILE LIABILITY				CSL EA ACC	$	$	
				BI EA ACC	$	$	
				BI EA PER	$		
				PD EA ACC	$	$	
GENERAL LIABILITY POLICY TYPE [X] OCCUR [ ] CLAIMS MADE	Hartford Insurance Group	TBD	TBD	EACH OCCURRENCE	$ 1,000,000	PREM / OPS	
				GENERAL AGGR	$ 2,000,000	$	
				PROD & COMP OPS AGGREGATE	$ 2,000,000	PRODUCTS	
				PERSONAL & ADV INJURY	$ 1,000,000	$	
				DAMAGE TO RENTED PREMISES	$ 1,000,000	OTHER	
				MEDICAL EXPENSE	$ 10,000	$	
EMPLOYERS LIABILITY				EACH ACCIDENT	$	$	
				DISEASE EACH EMPLOYEE	$		
				DISEASE POLICY LIMIT	$		
						$	
						$	

UNDERLYING INSURANCE (continued)

UNDERLYING GENERAL LIABILITY INFORMATION (Explain all "YES" responses)

1. ARE DEFENSE COSTS: [X] 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) 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	COVERAGE	EXPOSURE
[ ]	ANY AUTO (SYMBOL 1)		CARE, CUSTODY, CONTROL		PROFESSIONAL LIABILITY (E&O)	
[ ]	CGL - CLAIMS MADE		EMPLOYEE BENEFIT LIABILITY		VENDORS LIABILITY	
[X]	CGL - OCCURRENCE		FOREIGN LIABILITY / TRAVEL		WATERCRAFT LIABILITY	
			GARAGEKEEPERS LIABILITY			
[ ]	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								

AGENCY CUSTOMER ID: DJSPSY

ADDITIONAL EXPOSURES

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:	

ADDITIONAL EXPOSURES (continued)

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?	

LOC #	# OWNED	LENGTH	HORSEPOWER	LOC #	# OWNED	LENGTH	HORSEPOWER

APARTMENTS / CONDOMINIUMS / HOTELS / MOTELS

28.

LOC #	# STORIES	# UNITS	# SWIMMING POOLS	# DIVING BOARDS	LOC #	# STORIES	# UNITS	# SWIMMING POOLS	# DIVING BOARDS

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

AGENCY CUSTOMER ID: DJSPSY

FRAUD STATEMENTS

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.

SIGNATURE

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

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

MEDICAL PAYMENTS COVERAGE: $_____ * * IF APPLICABLE IN YOUR STATE

APPLICABLE ONLY IN LOUISIANA, NEW HAMPSHIRE AND VERMONT

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.

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	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO (Required in Florida)

APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER
[signature]	12/24/2024	