DOCKET NO. 090366-WU

10 APR 12 PH 5: C
COMMISSION CLERK
CLERK
CLERK
OF
CLERK
O

I, Len Tabor, certify that all Public Water Utilities in Marion County, Florida and appropriate government agencies were mailed the legal notice of application for initial certificate of authorization for water.

ARMA WATER SERVICE, LLC using U.S Postal Service, Pursuant to section 367.045 Florida Statutes.

Len Tabor Agent for

ARMA WATER SERVICE, LLC

Docket No. 090366-WU

Notarized by:

JOYCE L. PRESTON
MY COMMISSION # DD 677210
EXPIRES: August 19, 2011
Bonded Thru Notary Public Underwriters

COM	
APA	
ECR)	4
GCL	
RAD	
SSC	
ADM	
OPC	
CLK	

82750 APR 12 9

LIST OF WATER AND WASTEWATER UTILITIES IN MARION COUNTY (VALID FOR 60 DAYS)

08/13/2009 - 10/11/2009

DOCKET # 090 366 W.U

UTILITY NAME

MARION COUNTY

<u>MANAGER</u>

AQUA UTILITIES FLORIDA, INC. (WU174) 2228 CAPITAL CIRCLE N.E., SUITE 2A TALLAHASSEE, FL 32308-4306

TROY RENDELL (850) 575-8500

BFF CORP. (SU595) P. O. BOX 5220 OCALA, FL 34478-5220

CHARLES DE MENZES (352) 622-4949

C.F.A.T. H2O, INC. (WS719) P. O. BOX 5220 OCALA, FL 34478-5220 CHARLES DE MENZES (352) 622-4949

CENTURY - FAIRFIELD VILLAGE, LTD. (WS914) P. O. BOX 5252 LAKELAND, FL 33807-5252 LEN TABOR (352) 351-1338

COUNTY-WIDE UTILITY CO., INC. (WU008) P. O. BOX 1476 OCALA, FL 34478-1476 DIRK J. LEEWARD (352) 245-7007

EAST MARION SANITARY SYSTEMS, INC. (SU535) G-4225 MILLER ROAD, #190 FLINT, MI 48507-1227 HERBERT HEIN (810) 733-6342

EAST MARION SANITARY SYSTEMS, INC. (WU536) G-4225 MILLER ROAD, #190 FLINT, MI 48507-1227

HERBERT HEIN (810) 733-6342

LOCH HARBOUR UTILITIES, INC. (WS151) P. O. BOX 3718 OCALA, FL 34478-3718 ROBERT CLAYTON ALBRIGHT (352) 620-8005

MARION UTILITIES, INC. (WS160) 710 N.E. 30TH AVENUE OCALA, FL 34470-6460 TIM E. THOMPSON (352) 622-1171

RAINBOW SPRINGS UTILITIES, L.C. (WS199) P. O. BOX 1850 DUNNELLON, FL 34430-1850

SCHONNA JOHNSON (352) 489-9153

RESIDENTIAL WATER SYSTEMS, INC. (WU370) P. O. BOX 5220 OCALA, FL 34478-5220

CHARLES DEMENZES (352) 622-4949

LIST OF WATER AND WASTEWATER UTILITIES IN MARION COUNTY. (VALID FOR 60 DAYS)

08/13/2009 - 10/11/2009

Octo 4090 366 WU

UTILITY NAME

MANAGER

 $\chi_{i,j}$

GOVERNMENTAL AGENCIES

CLERK, BOARD OF COUNTY COMMISSIONERS, MARION COUNTY 601 S.E. 25TH AVENUE OCALA, FL 34471-2690

DEP CENTRAL DISTRICT 3319 MAGUIRE BLVD., SUITE 232 ORLANDO, FL 32803-3767

DEP SOUTHWEST DISTRICT 13051 N. TELECOM PARKWAY TEMPLE TERRACE, FL 33637-0926

MAYOR, CITY OF BELLEVIEW 5343 S.E. ABSHIER BLVD. BELLEVIEW, FL 34420-3904

MAYOR, CITY OF DUNNELLON 20750 RIVER DRIVE DUNNELLON, FL 34431-6744

MAYOR, CITY OF OCALA P. O. BOX 1270 OCALA, FL 32678-1270

MAYOR, TOWN OF REDDICK P. O. BOX 203 REDDICK, FL 32686-0203

ROBERT TITTERINGTON, MARION COUNTY 601 S.E. 25TH AVENUE OCALA, FL 34471

S.W. FLORIDA WATER MANAGEMENT DISTRICT 2379 BROAD STREET BROOKSVILLE, FL 34609-6899

ST.JOHNS RIVER WTR MANAGEMENT DISTRICT P.O. BOX 1429 PALATKA, FL 32178-1429

TOWN CLERK/MANAGER, TOWN OF MCINTOSH P. O. BOX 165 MCINTOSH, FL 32664-0165 LIST OF WATER AND WASTEWATER UTILITIES IN MARION COUNTY
(VALID FOR 60 DAYS)
08/13/2009 - 10/11/2009

UTILITY NAME

Docket # 090366 W-U

STATE OFFICIALS

OFFICE OF PUBLIC COUNSEL 111 WEST MADISON STREET SUITE 812 TALLAHASSEE, FL 32399-1400

OFFICE OF COMMISSION CLERK FLORIDA PUBLIC SERVICE COMMISSION 2540 SHUMARD OAK BOULEVARD TALLAHASSEE, FL 32399-0850

DOCKET # 090366WV

Premium: \$3,000.00
Fees: Policy Fee \$35.00
Taxes: Surplus Lines Tax \$151.75

FL Hurricane Catastrophe Fund \$30.35 Service Office Pec \$3.04

Total:

\$3,220.14

Additional Premium to include Optional Terrorism:

\$150 + \$7.50 SL Tax + \$.15 Stamping Fee + \$1.50 CAT Fee = \$159.15

Forms: 011-1056

011-1056 GL DEC 011-1054 POLICY JACKET 011-1061 GL COV PART

ME-001 COMB GENERAL ENDT

ME-943 CONSTRUCTION ENDORSEMENT

ME-048 DED END-CG 0300 AMEND

ME-087 FAILURE TO SUPPLY EXCLUSION

ME-143 MINIMUM EARNED PREM CG 00 01 COMM GL COV FORM

CG 21 36 EXCL NEW ENT

CG 21 39 CONTRACTUAL LIAB LIMIT

CG 21 47 EPLOY RELATED
CG 21 49 TOTAL POLL EXCLU

CG 21 73 EXCLUSION OF ACTS OF TERRORISM

Subject to:

Quotation valid until 5/11/09;

25% Minimum Earned Premium, 100% Minimum and Deposit Premium,

Complete, Signed Applications & Signed Acceptance/Rejection of Terrorism required

within 5 days of binding. Required to Bind Signed Binder Request

Diligent Effort

The premium stated herein is the Minimum Annual and Deposit Premium for the policy period. Any adjustment upon audit will be upward only. There will be no premium refund if the actual audited exposure is less than the estimated exposure shown herein.

ROCISO OF NO 10A

DockET# 090366 WU



POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

You are hereby notified that under the Terrorism Risk insurance Act, as amended, that you have a right to purchase insurance coverage for losses resulting from acts of terrorism, as defined in Section 102(1) of the Act. The term "act of terrorism" means any act that is certified by the Secretary of the Treasury—in concurrence with the Secretary of State, and the Attorney General of the United States—to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or intrastructure; to have resulted 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 to have been committed by an individual or individuals 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 operation.

YOU SHOULD KNOW THAT WHERE COVERAGE IS PROVIDED BY THIS POLICY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM, SUCH LOSSES MAY BE FARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THE FORMULA, THE UNITED STATES GOVERNMENT GENERALLY REIMBURSES 85% OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS THAT MAY BE COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A \$100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS \$100 BILLION, IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.

Accept	I hereby elect to purchase terrorism cove	Coverage rage for a prospective premium of \$ 159.15
X	t hereby decline to purchase terroriem co will have no coverage for losses resulting	verage for certified acts of terrorism. I understand that I from certified acts of terrorism.
Xmar	Policyhoider/Applicant's Signature Rus Barraos Print Name 4-29-0 9 Date	Sign

MKL TERR 4 (1/08)



Date: April 21, 2009

To: Paige Brandeberry

Williams- Hess Insurance

From: Andy Packard, Underwriter

Phone: (407) 541-5000 Fax: (407) 249-6016

Email: apackard@greshamino.com

Insured: ARMA Water Service, Inc. Re:

Submission: C134558

We are pleased to offer the following quotation. Please review this quotation carefully, as the terms and conditions offered may be different than requested. A specimen copy of the policy is available at your request. You must contact us to bind this auotation.

Coverage:

General Liability

Carrier:

Essex Insurance Company Non-Admitted

Policy Form:

Occurrence

Commission:

Policy Period:

5/11/2009 TO 5/11/2010

Limits:

\$500,000

General Aggregate

\$500,000

Products/Completed Operations Aggregate

\$500,000

Personal/Advertising Injury

\$500,000

Each Occurrence

\$50,000

Damage to Rented Premises

\$ 1,000

Medical Expense

60 per serviced home (50 Exposure)

Deductible:

\$2,500 BI/PD Per Claim

G	ENERAL INFORMATION						
##	EXPLAIN ALL TYES" RESPONSES.	YES	NO	#	EXPLAIN ALL "YES" RESPONSES.	YES	NC
1.	EQUIPMENT RENTED, LOANED TO/FROM OTHERS		X	3.	PROPERTY USED UNDERGROUND?		Х
	WIT-WITHOUT OPERATORS?	<u></u>		4.	ANY WORK DONE AFLOAT?		X
2.	IS APPLICANT OPERATING EQUIPMENT NOT LISTED HERE?	<u> </u>	Х			<u> </u> i	
							

REMARKS

Apr 07 10 10:22a

p.3

Docket #LERYD 366 WC

PAGE 1 OF 1

REMARKS

Any Person who knowingly and with the intent to injure, defraud, or deceive any insurer, files a claim or an application containing any false, incompiste, or misleading information is guilty of felony of the third degree.

DOCKet+ 090366 WU

PRI	OR CARRIER INF	ORM	ATION				AGENCY CL	ISTOMER ID:		LEIGH-7			P ID: S
LINE				5-06		08/07	0.	7/08	08/	09			
-	CARRIER				T .				· · · · · · · · · · · · · · · · · · ·]	~-	
	POLICY NUMBER						!		i				
:	POLICY TYPE		CLARGE	оссиянени	G.AVS	OCCURRENCE	CLA.AS MADE	OCCURRENCE	C_AIMS MACE	OCCUPRENCE	CU.	145	DOCUMENC
į	RETRO DATE			<u></u>	1							**	
ē	EFF-EXP DATE		·		1								· · · · · · · · · · · · · · · · · · ·
E	CONCRAL ACCREC	TATE							 		 		
CR	PRODUCTS COMP AGGRECATE	OP							ļ .				
C R	PERSONAL & ADV								<u> </u>				
N.	EACH OCCURRENCE								Ţ				
R	FIRE DAMAGE		L			······································	 -	· · · · · · · · · · · · · · · ·			i		
CA	MEDICAL EXPENSE					<u></u>	 				-		
A	S BODILY OCCUP						!				} :		
Ī	INJURY AGGRE	CATE			 				 				
Y	PROPERTY OCCUR				1		1						
	DAMAGE AGGRE	GATE							!			 -	
ļ	COMBINED SINGLE			······································									
	MODIFICATION FACTO				 		i						
	TOTAL PREMIUM										· · · · · · · · · · · · · · · · · · ·	· ·	
	CARRIER				1				ļ				
į	POLICY NUMBER												
!	POL CY TYPE			······································		· · · · · · · · · · · · · · · · · · ·	·		<u> </u>				·
ΰŀ	EFF-EXP DATE				1				·				· · · · · · · · · · · · · · · · · · ·
0.4	COMBINED SINGLE LI	MIT			1								
AUTONOE	BODILY EAPERS				1								
! ÷	INJURY EA ACCI					<u>,,</u> ,			1				
ξY	PROPERTY DAMAGE				1		· · · · · · · · · · · · · · · · · · ·						
	MODIFICATION FACTO	DR											
	TOTAL PREMIUM								Ī				
	CARRIER												
	POLICY NUMBER												
P R	POLICY TYPE												
P.R.O.P. E.R.Y	EFF-EXP DATE												
E	BUILD NG	AMT						· • · · · · · · · · · · · · · · · · · ·			<u> </u>	·	
Y	PERS PROP	AMT		··	1				ļ •				
	MOD FIGATION FACTO	洣			<u> </u>				 				
	TOTAL PREMIUM				<u> </u>								
	CARRIER		Firemans		Firemans		Firemans		Firemans F				
	POLICYNUMBER		MX197369	785	MX19736		MX197370		MX1973702	7	_ 		
j	POLICY TYPE		M		IM		INLAND M		IM	10 ma/00			
	EFF-EXP DATE		08/30/05	08/30/06	08/30/06	08/39/97	98/30/07	08/30/08	08/30/08	08/30/09			
<u> </u>	LIMIT				 					100,000	<u> </u>		
	MODIFICATION FACTO	R j		1 030 00	<u></u>	1,360.00		1,373.00		1,333.00			
	TOTAL PREMIUM	1		1,020.00	<u>'</u>	1,360.00	<u> </u>	1,373.00	L	1,333.00			
LOS	S HISTORY	=\$ (REC	ARDLESS OF	FAULT AND WH	ETHER OR NO	T (NSURED) CR OC	CURRENCES T	HAT MAY GIVE R	SE TO CLAIMS	X CHKHE	RE	SELAT	TACHED
FOR	ALL CLAIMS OR LOSS HE PRIOR 5 YEARS (3 Y	EARS	NKS ANY				7			3		Ligsss	TACHED UMINARY CLAW
000	ATE OF LINE	:	TYPE/	DESCRIPTION OF	OCCURRENCE	OR CLAIM	DATE OF CLA	Į.	AMOUNT PAID	RI	ESERVED		STATUS OPEN GLSC

						· · · · · · · · · · · · · · · · · · ·	 -						
							 			 			
							<u> </u>					·	
REMAI	RKS NOTE: FIDEL	TY AEQ	URES A FIVE	YEAR LOSS HIS	TORY	······	<u></u>			ATTACHU	2.MS		
SEE	ATTACHED REM	IARK	S OVERF	LOW						STAT	E SUPPLE	MENT(S)	if applicable)

A	r 07 10 10:21a p.1	
	Dockat # 098 366 W Dockat # 098 36 W Dockat # 09	
6	ENERAL INFORMATION AGENCY CUSTOMER ID: LEIGH-1 OP ID:	: \$
~~		YIN
1	IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY?	N
1	DOES THE APPLICANT HAVE ANY SUBSIDIARIES?	N
Z	S A FORMAL BAFETY PROGRAM IN OPERATION?	N
3.	ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?	N
4.	ANY CATASTROPHE EXPOSURE?	N
5.	ANY DTHER INSURANCE WITH THIS COMPANY OR BEING SUBMITTED?	N
6.	ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRICE THREE (3) YEARS? (Not appricable in MO)	N
7.	ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OF MOLESTATION ALLEGATIONS, EISCRIMINATION OR NEGLIGENT HIRING?	N
a.	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 properly insurance. Feature to disclose the existence of an arson conviction is a misdemeanor purishable by a sentence of up to one year of imprisonment).	N
8	ANY UNCORRECTED FIRE CODE VIOLATIONS?	N
10	ANY BANKRUPTCIES, TAX OR CREDIT LIENS AGAINST THE APPLICANT IN THE FAST FIVE (5) YEARS?	N
11	HAS BUSINESS BEEN PLACED IN A TRUST? F TYES', NAME OF TRUST.	N
i	ARY POREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD/DISTRIBUTED IN FOREIGN COUNTRIES? (IF TYES", etlach ACORD B15 for Liability Exposure analyr ACORD B16 for Property Exposure) IARKS/PROCESSING INSTRUCTIONS (Attach additional attents if more space is required). BUSINESS TYPE OTHER DESCRIPTION	_
P)	COPY OF THE NOTICE OF INFORMATION PRACTICES (PRIVACY) HAS BEEN GIVEN TO THE APPLICANT. (NOI applicable in all states, consult your agoil or broker for your state's requirements the OF INSURANCE INFORMATION PRACTICES. PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLOM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT POLICY RENEWALS. SUCH INFORMATION ALL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THE RIESE WITHOUT YOUR AUTHORIZATION. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.	OLLE AS RD OF
5 PA	Y PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OF ATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING AND THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVINAL FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVINAL FRAUDULENT INSURANCE CHIMINAL AND [NY: SUBSTANTIAL] CIVINAL FRAUDULENT OF THE SUBSTANTIAL CONTAINED TO THE SUBSTANTIAL CONTAINED THE SUBSTANTIAL C	NY VIL

34 × APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE ENQUIRY HAS BEEN MADE TO DETAIN 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.

PRODUCEN'S SIGNATURE	PRODUCER'S NAME (Please Prize)		STATE PRODUCER LICENSE NO 'Required in Fiorida'
R. BRANDEBERRY-A028698	R. BRANDEBERRY- A028698	/	· · · · · · · · · · · · · · · · · · ·
REPLICATOR SIGNATURE		7-24-07	NATIONAL PRODUCER NUMBE
ACORD 125 (2007/10)	Page 2 of 3	•	

Docket #090366WU

4		1	1
	B	L.	
MA	W		ġ.

ESSEX INSURANCE COMPANY

P. O. BOX 2010, GLEN ALLEN, VA. 23058-2010

Real Estate Development Supplemental Application Land Development & Construction of New Buildings

(to be completed in addition to the acord applications)

Coverage desired: OCP GL X
Named Insured: Arma Water Service INC
Location of project: Block 8 Lot #5 Ocala FL Marion
Development Experience of Insured? Plu Hirad Ga with 20t ye experience
Any prior losses developing other properties? None
The insured is: Land Owner & Building Owner X
The insured is: Land Owner & Building Owner & Owner Community Water plant for New Sub-division
What does this project consist of? Water Plant for New
Sub-division
Acreage? 50 wits
Are there any water exposures such as lakes, ponds, etc? NO
Size? Owned by the Insured?
Is land being subdivided? If yes, into how many lots? 50
What will be built on the land?
Describe current buildings currently on the land. VIOWES
Will they be demolished? N'D
Is the insured (or hired subs) involved in the construction of any buildings?

BIOLEGIAL TVIGE

Page 1 of 2

July 2004

Docket # 090366WU

Number of Buildings being constructed? N/A
Number of Stories? Square footage? N/A
Any pools being installed? N/A
How long with project take?
What date will the project begin? NA Anticipated Completion date?
Total cost of this project? NA
Cost of this project over the next 12 months?
If the project already begun: NA
What has been completed?
What still needs to be completed?
What is the cost to complete the project? $(V)^A$
Total Receipts to be generated from the project?
What percent of the work is subcontracted?
Who is the GC? NA
What are the GC's limits? (May not less toan insured's.)
Will insured be added as AI on the GC's policy? (This is a must.) 1///
We must have a copy of the GC's COI, with the insured added as an AI, to bind coverage. All policies are 100% carned.
nsured's Signature: Date 1 4-2:1.07
roducer's Signature face branching Date: 3-10-09

July 2004

Page 2 of 2

Oocket # 080366WV

Allianz (II)

Allianz Global Corporate & Specialty®

AGCS Marine Insurance Company 1601 Market Street; Suite 1560

Philadelphia, PA 19103

QUOTE 07/02/09

RE: ARMA WATER SERVICE, INC. MXI97370221

Thank you for the Renewal application. Our quote is outlined below:

Effective/Expiration Date

08/30/2009 - 08/30/2010

Insuring Company

1 FIREMANS FUND INSURANCE CO.

Scheduled Articles Floater per form 135153

☑ Broad Form ☐ Specified Perils Form 80%

Coinsurance

\$0% \$1,000.

Aggregate Deductible

Limit of Liability

Schedule of Items

\$100,000.

 Item
 Description
 Amount of Insurance
 Deductible Amount

 001
 Above ground water system, tank, \$100,000.
 \$1,000.

fe.

fence.

_

_

:

\$

Premium Summary

Premium Excluding Terrorism

\$1,333. + Florida Surcharges \$49.32 - Total \$1382.

Terrorism Coverage

3 % If terrorism coverage is purchased, there will be either an additional or return premium equal to the percentage shown

above on all monetary endorsements and adjustments.

Terrorism Premium \$40. (Dollar am

\$40. (Dollar amount that equates to the percentage above)

Williams-Hess Insurance

1617 E. Gary Road Lakeland, FL 33801

Phone: 863-682-5195 Fax: 863-686-3051

Ĭ	MEM	O	Page 1
ACCOUNT NO.	OF	DATE	·
LEIGH-1	SD	07/08/2009	_
POLICY#	POLICY	SPORMATION	
MXI 97370221 Type		RFFECTIVE	EXPURATION
IM		08/30/2009	08/30/2010

ARMA Water Service Inc PO Box 85277 Haliadale, FL 33008-5277 DOCKET# 090366WU

Maria

Re: Ren Offer, App, Pymt

This letter complies with Florida State Statute 627.4133 to notify you of your insurance policy renewal. Your Inland Marine policy, mentioned above, will expire on 8/30/09 @ 12:Clam.

This letter does NOT renew your policy.

Your Insurance company is offering to renew this coverage for an estimated annual premium of \$1382.32, based on the information currently on file. I've enclosed a copy of the insurance quote.

Your company is needing the following BEFORE policy expiration as no coverage exists after the date and time of expiration: (Remember that your policy expires at 12:01am and your company in not open on weekends or holidays).

Please review, sign, and return the enclosed application, rejection of terrorism form, and a check for \$1382.32 made payable to Williams Hess Insurance.

I appreciate your prompt attention in returning the information needed to renew. If you have any questions, please give me a call at 682-5195.

I would like to thank you for your business and look forward to servicing your insurance needs.

Thank You,

Bob Brandeberry ext107

#095 1-24-09 Docket + 070366au

OF 1 PAGE 1 CSR: PB "Any Person who knowingly and with the intent to injure, defraud, or deceive any insurer, files a claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree."

Docket # 090366wu

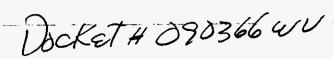
CONTRACT		(Por past or present operation	ȓ	VES	140		Marca personal			LEIGH-1	CSI	7
				TES	100	1	"YES" RESPON				7.5	8 M
FOR OTHE		PLANS, DESIGNS, OR SF	ECIFICATIONS				R SUBCONTRA AN YOURS?	ACTORS CAR	RY COVE	PRAGES OR LIMITS		
	ERATIONS INC MATERIAL?	LUDE BLASTING OR UT	LIZE OR STORE			S, ARE SUE PROVIDE	CONTRACTO NG YOU WITH	RS ALLOWED A CERTIFICA	TO WOR	RKWITHOUT ISURANCE?		
		LUDE EXCAVATION, TU R EARTH MOVING?					PLICANT LEAFORE		רס סיד דא	HERS WITH OR		
REMARKS/DESC	rus the type o	# WORK SUBCONTRACTED	SPAID TO SUS- CONTRACTURS:			% OF SUBC	ALCIPIK ONTRACTIED:	H POIL TIME:	TAFT:	# PART- TIME STAFE		
nacolicre.	collection	A A A TANK								***************************************		
		OPERATIONS		TIN		EXPECTED						
PROD	บธาร	ANNIAL GROSS SALES	#OFUNTS	MÁI	W.	EXPECTED	101	ENGED USE		PRINCIPAL COMPO	NENTS	
						-						
			· · · · · · · · · · · · · · · · · · ·	<u> </u>					l			_
		For any park or present produ	······································	V98	×0					product or operation)	YE	NC
· · · · · · · · · · · · · · · · · · ·		SERVICE OR DEMONS		+ +			TS RECALLE				<u> </u>	┼
	····	D, DISTRIBUTED, USED		 			ITS OF OTHER INT LABEL?	RS SOLD OR	RE-PACK	AGED UNDER	İ	
PRODUCTS		MENT CONDUCTED OR	MEAA				TS UNDER LA	DEL OF OTH	EBSS	. 	i	╁
GUARANTE	S WARRANT	ES, HOLD HARNLESS A	REFMENTS?				S COVERAGE					┿╌
		NRCRAFT/SPACE INDUS		1						R NAMED INSUREDS		╁┈
		OCHURES, LABELS, WARLEN				10. 10000374	as leadalth hat	FURED SEC.	ODING	A TOWNED : NOUREDO.		L
ADDITIONAL LOSS PAYE MONTGASE	E	RAME AND ACCRESS	EPERENCE A:				CERTIFICA	TE REQUIRED				
LIENKOLTIB									OTHER			
EMPLOYEE	AS LESSOR								<u> </u>			
		ITEM DESCRIPTION:										
	FORMATION		·	Т	Τ.Τ						-	
		or all past or present operation		YES	NG		YES" RESPONS			·	YES	_
	OR CONTRAC	PROVIDED OR MEDICAL TED?	PROFESSIONALS		×ŀ	***************************************	IUCTURAL AL' IOLITION EXP	***************************************			+	X
		DACTIVE/NUCLEAR MAT			X	14. HAS APT				RENTLY ACTIVE IN	-	x
INVOLVE(D)	STORING TR	eating, discharging,	applying,		χİ			WEER TO OR	EIDONA C	THER EMPLOYERS?		x
	, OR TRANSPO , Wastes, fuel te	RTING OF HAZARDOUS nks. etc)	MATERIAL?								+-	1
	TIONS SOLD,	ACQUIRED, OR DISCONT	ONUED IN		x	OR SUB	IDARIES?			Y OTHER BUSINESS		X
		NY 1 A 1 ED AD DENTE	TO OTHERS	-	x					XONTROLLED?		X
·		NT LOANED OR RENTEL IS, FLOATS OWNED, HIR			쉿		Y CRIMES OC REMISES WITH			TEMPTED ON YEARS?		X
		OWNED/RENTEO?			X	16 to THER	A FORMAL,	MOTTON CAS	ETV AND	SECURITY		-
	ARGED FOR P				X		NEFFECT?	**************************************	I ANL	/ GEOURS I T		X
. RECREATIO	N FACILITIES	PROVIDED?			Y	20 20507	E Micher	c Brown		CO ATT DE SALCO	1	
D. IS THERE A	SWIMMING PO	OUL ON THE PREMISES?			X					ERATURE MAKE TY OR SECURITY		x
i. SPORTING (OR SOCIAL EV	ENTS SPONSORED?			X	OF THE	REMISES?					Ľ.
	elemi walla	Plant is monitored	the DED senses by	melet 1	au.	Per Criatis Cit	3					

ACORD 128 (2004/03)

ATTACH TO APPLICANT INFORMATION SECTION

Dockat # 090 366 WU

<u> </u>			L UEN	ERAL LIA	RILI	TY SE	CTION	DATE (M)	ADDITORY YYY
ENCY								3/9/	2009
	PHONE (A/G No. Est): 863-682-6195	· · · · · · · · · · · · · · · · · · ·	First Suned	ARMA Water Ser	vice inc				
illiame	Hess insurance		inaured]						
	Gary Road		EMPSCHIVE	E PATE EXPINATION D	ATE	DIRECTEAL	PATH	ENT PLAN	Allo
	,		06/11	709 05M1/10	. 1	AGENCY BILL	,		
keland	i, FL 33801			10011111		MACINET BILL	J		
10£	SUB CODE:		COMPANY USE ONLY						
	LEIGH-1								
OVER			LIMITS	·····					
COM	MERCIAL GENINAL LIAMILITY		GENERAL AGGE	EGA7E		5	500,000	PREMIU	VS
\coprod	CLATAS MADE X OCCURRENC	E	PRODUCTS & CO	MPLETED OPERATIONS A	GGREGATE	\$	500,000	PREMISES OF ERA	KNÆ
OWN	RE & CONTRACTOR'S PROTECTIVE		PERSONAL & AD	VERTISING INJURY		\$	500,000		
1			EACH OCCURRE	NCE		\$	500,000	PRODUCTE	
DUCTION	E3		DAMAGE TO REN	ITED PREMISES (mich occ	личнов)	\$	50,000		
PROP	ERTY DAMAGE : 2,500		MEDICAL EXPER	SE (Any one parson)		\$	1,600	OTHER	
_ 800n	Y INJURY \$	X CAN	EMPLOYEE SUN	FIFE				TOTAL	
				- ''				<u></u>	
							· · · · · · · · · · · · · · · · · · ·		
	LE OF HAZARDS				 -	1		90511791	
ATION #	CLASSIFICATION	CLASS	PREMITIN BASIS	EVPOSURE	TERR	PREMIOPS	PRODUCTS	PREMIUM PREMIOPS	NGDUGT
1	Water comparised Text-dendial Community Water Pount	99943	บ	50					
					 				
		-	1		i i	1 1	i		
		YROLL - PER \$1,0 EA - PER 1,000.50		(E) TOTAL COST			(U) UNIT - PES	LUNET	
RO33 3	ALES - PER SI,000/SALES (A) AR	EA-PER 1,000/80		- BHOIBEINGA (M)	PER 1,000W	CM	(U) UNIT - PER (T) OTHER	UNET	
ROSS &	11 1 2 2 2	EA-PER 1,000/80		(NO ADMISSIONS -	PER 1,000A	IABILITY		UNET	
ROSS & ROPOS	ALES-PERSI,000/SALES (A) AR ADE (Explain all "Yes" respon	EA-PER 1,000/\$(\$@\$)		- BHOIBEINGA (M)	PER 1,000A NEFITS L ER CLAIM:	IABILITY		UNIT	
ROSS & ROPOS NTRY D AS ANY	ALES - PER ST, CONSALES (A) AR MADE (EXDIR IN all "Yes" responsible RETROACTIVE DATE: NATE INTO UNINTERRUPTED CLAIM! PRODUCT, WORK ACCIDENT, OR	EA-PER 1,000/SI SES) SIMADE COV: LOCATION)PY	(M) ADMISSIONS EMPLOYEE BE 1. DEDUCTIBLE PI 2. NUMBER OF EM	PER 1,000 NEFITS L ER CLAIM: IPLOYEES	LON LABILITY \$	(T) OTHER		
ROSS SERVICES ANY EEN EX ROM AT THE PER EX ROM A	ALES - PER ST, CONSALES (A) AR MADE (EXDIR IN all "Yes" PERDOR IED RETRCACTIVE DATE: MATE INTO LINAMERRUPTED CLAIM PRODUCT, WORK, ACCIDENT, OR I CALIDED, LININSURED OR SELF-INS MY PREVIOUS COVERAGE?	EA-PER LOBOS SES) S MADE COV: LOCATION URLED)PY	EMPLOYEE BE 1. DEDUCTIBLE P	PER 1,000 MEPITS L ER CLAIM: IPLOYEES IPLOYEES	LON LABILITY \$	(T) OTHER		
AIMS INTERPRETATION OF THE PROPERTY OF THE PRO	ALES - PER ST, CONSALES (A) AR #ADE (Exclision all "Yes" responsible retricactive date: MATE INTO UNINTERRUPTED CLAIM! PRODUCT, WORK, ACCIDENT, OR ICLUDED, UNINSURED OR SELF-INS	EA-PER LOBOS SES) S MADE COV: LOCATION URLED)PY	IND ADMISSIONS EMPLOYEE BE 1. DEDUCTIBLE PI 2. NUMBER OF EM 10. 3. NUMBER OF EM	PER 1,000 MEPITS L ER CLAIM: IPLOYEES IPLOYEES	LON LABILITY \$	(T) OTHER		
AIMS B PROPOS ENTRY D IAS ANY IEEN EX FROM AI VAS TAI	ALES - PER ST. COMBALES (A) AR MADE (EXCIDENT ALL "YES" TOSCOOK ED RETROACTIVE DATE: MATE INTO UNINTERRUPTED CLAIM PRODUCT, WORK, ACCIDENT, OR CALIDED, UNINSURED OR SELF-INS MY PREMOUS COVERAGE? L COVERAGE PURCHASED UNDER	EA-PER LOBOS SES) S MADE COV: LOCATION URLED)PY	IND ADMISSIONS EMPLOYEE BE 1. DEDUCTIBLE PI 2. NUMBER OF EM 10. 3. NUMBER OF EM	PER 1,000 MEPITS L ER CLAIM: IPLOYEES IPLOYEES	LON LABILITY \$	(T) OTHER		
ROSS & ROPOS NTRY D AS ANY EEN EX ROM AY PAS TAIL	ALES - PER ST. COMBALES (A) AR MADE (EXCIDENT ALL "YES" TOSCOOK ED RETROACTIVE DATE: MATE INTO UNINTERRUPTED CLAIM PRODUCT, WORK, ACCIDENT, OR CALIDED, UNINSURED OR SELF-INS MY PREMOUS COVERAGE? L COVERAGE PURCHASED UNDER	EA-PER LOBOS SES) S MADE COV: LOCATION URLED)PY	1. DEDUCTIBLE PE 2. NUMBER OF EN 3. NUMBER OF EN 4. RETROACTIVE	PER 1,000 MEPITS L ER CLAIM: IPLOYEES IPLOYEES	LON LABILITY \$	(T) OTHER		



REMARKS	LEIGH-1	CSR: PB	PAGE 1	OF 1
REMARKS "Any Person who knowingly and with the intent to injure, defraud, or deceive any insurer, files a claim or an application containing any false, incomplets, or misleading information is guilty of a felony of the third degree."				
incomplets, or misleading information is guilty of a felony of the third				1
wolle with				1
				ĺ
				ì
				İ
				j
				1
				ĺ
				-
				}
				į
				i
				ł
				ļ
				İ
				1
		•		
				İ
				ļ
				Ì
				1
				1
				1
				- 1
				ļ
				ļ
				-
				;
				İ
				J

Docket # 090366 WV

PRI	OR CARRIER INFORM	ATION											LEI	<u>GH-1</u>	<u> </u>	CSR: P
	CATEGORY		8-09		07	7-08										
	CARRIER	Essex		Esse	30¢			Essex			Γ-					
	POLICY NUMBER	3CX5153	-	301				· · · · · · · · · · · · · · · · · · ·	,			,				
	POLICYTYPE	CLASIS	X DOCUMENCE		MADE	X	OCDUPACHEE	CI.		COCUPRENCE		CLANES MADE	OCCUMBOACE.		CUAIMS	DECL PREDIC
_	RETRO DATE			}			~^			 		· · · · · · · · · · · · · · · · · · ·		l		
E	EFF-EXP DATE	05/11/08	05/11/09	05/1	1/07		65/11/ 08	05/11/0	8	05/11/09						
, E	GENERAL AGUREGATE		500,000		····		500,000						·····			
CRAL	PRODUCTS COMP OF AGGREGATE		500,000				5 00,000							ļ		
M A	PERSONAL & ADV NU		500,000				500, 00 0	****								
Ē,	EACH OCCUPRENCE		500,000				500,000									
CA	FREDAMAGE		50,000	<u>L</u>			60,000	<u> </u>								
A B	MEDICAL EXPENSE		1,000				1,000									
	8 BODILY OCCURRENCE			L				<u> </u>				· · · · · · · · · · · · · · · · · · ·				
Į T	INJURY AGGREGATE											H				
Y	PROPERTY OCCURRENCE				************			<u> </u>								
	DAMPAGE AGGREGATE															
	COMBINED SINGLE LIMIT															
	MODEFICATION FACTOR															
	TOTAL PRENIUM		3,220.14			3	,511.91									
	CARRER			Ĺ												
	POLICY NUMBER															
Α,	POLICY TYPE			Ĺ												
Į,	EFF-EXP DATE															
AUTOMOBI.	COMBINED SINGLE LIMIT															
BL	BODRLY EAPERSON															· · · · · · · · · · · · · · · · · · ·
ĘŸ	INJURY EAACCIDENT			<u></u>												
E 1	PROPERTY DAMAGE															
	MODIFICATION FACTOR															
	TOTAL PREMIUM															
,	CARRUER															
_	POLICY NUMBER											~ -				<u> </u>
R	POLICY TYPE															
R D	EFF-EXP DATE															
E R	BUILDING ANT											·				
Ţ	PERS PROP AME											· 	· · · · · · · · · · · · · · · · · · ·			
	MODE CATION FACTOR			-								· · · · · · · · · · · · · · · · · · ·				
	TOTAL PREMIUN															
	CAPRER															
	POLICY NUMBER															
	POLICY TYPE							L								
	EFF-EXP DATE	·														
Į	LIMIT															
	MODIFICATION FACTOR															
	TOTAL PREMIUM												,_,_,_			
LOS	S HISTORY LALL CLAIMS OR LOSSES (REG	A DOLLES	PALL TIME INC.		S Now	N. Leiter Aven	TD1 41 - 5 -					. nu 15	1. 1-22-27-	-	7.2	
	CHATCHUM OK FORES (SER	Charles Of	PARTITION OF STATES	· max C	A NOTE	HAD THE	EDJUNG (JC)	UNINERCE	[الماليات	I PRINT UNIVER!!	3C 11	CINEMIS.	Y CHKH	rue	35	EATTACHED

LOSS HISTOR	Υ								
ENTER ALL CLAIMS FOR THE PRIOR 5 Y	OR LOSSES (R	EGAROLESS OF FALLT AND WHETHER OR NOT INSURED) OR OC S IN KG & NY)	CURRENCES THAT MAY	GIVE RISE TO CLAMIS	X	HICHERUS NUME	ISSATI	ACH:	P
DATE OF OCCUPATIONCE	LME	LINE TYPEDESCRIPTION OF OCCURRENCE OR CLAIM DATE ANGUN PAID				AMOUNT RESERVED			TUS
							i		
		·		<u> </u>					
			<u> </u>				!		
		CULTUS A PIVE YEAR LOSS BUTTORY			ATT	ACHMENTS			
SEE ATTACHE	UKEMAN	K9 OVERFLOW				STATE SUPPLEM	ENT(5) (1	f app De	able)

COPY OF THE NOTICE OF INFORMATION PRACTICES (PRIVACY) HAS BEEN GIVEN TO THE APPLICANT, (Not applicable in all states, consult your agent or broker for your append and provided in applicable in all states, consult your agent or broker for your appendix and applicable in all states, consult your agent or broker for your appendix.) NOTICE OF INSURANCE INFORMATION PRACTICES PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OF IRR THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT POLICY REMEMALS. SUCH INFORMATION AS WELL AS OTHER PRACTICES INFORMATION AS WELL AS OTHER PRACTICES INFORMATION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT POLICY REMEMALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR CUR AGENTS MAY IN CERTAIN CIRCLINSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.

ACORD 125 (2005/08)

DOCKET # 090366 WU

_														MOITA	•		Limit	C (MINKILIA	O/YYY
	-					PPLIC	ANT	INFO	RN	ATIO	N S	EC1	TON					3/9/20	109
CENC		ss (asuran	_				CARR	ER		NAIC CO	E			UNDERY	RITER			BNDER	RITE
	E. Gar	•	<i>7</i> 5					ham						<u> </u>					
	land, Fl						POLIC	NES OR F	ROG	ZAM MISO	JEST!	Ð				PO	LICY SUMBER		
Br	endebe	rry - A0286	97				ļ									3C	X5153		
										ATTACH	:D	4		MENT FLOAT		<u> </u>	GARAGE AND		\$
ξī		63- 6 82- 6 19						ROPERI				<u> </u>	∤	LLATIONBU		<u>Ļ</u>	AEHICTE SCH		
X.	et: 8	63-686-305	<u> </u>					KASS A) OCOLOL			,	H		TRONIC DATA		<u> </u>	BOILER LMA		
	35									CENAS I		_ X		REPICIAL RALLLIABILITY RESE AUTO	•	<u> </u>	WORKERS C	OMPENS/	MOIL
DIE:	Y CHRYCH	ER ID: LET GH	SUB CODE:					RANSPO DICELI		Janeous Yoru	CHECOM	╚┝	-	resis autu Kersimotor			UMBREULA		
		TRANSACT				DACK	-			GARGO CRMA	716		inuc	NEROMO (U)	CARRIER	<u> </u>			
~	MOTE		SUE POLICY	77	RENEW						-		AND YES	AND AND AND	CENEDAL II	NEC 20	OR FOR MONO	1 MAS 1943	
ન ૅ		" السسبا Date and/or All		ئـــا			SED EF		~~~~	ROPOSEL				LING PLAN	7		MENT PLAN	LEVE PUI	AU
70	HANGE	DATE	TIME	ſ	X AN				1				-	RECT BILL			7.547 F (544)		- NU
70	ANCEL		12:00	o	m	D	5/11/0	9		05M	1/10	1	-	GENCY BALL				-	
PL	ICANT I	NFORMATI	אכ														····		
	First Name	dimensed & Other Services In	r Romed (naured:	2)								Π,			L ZJP+4 (of Fl	rat N	arraed (nav.) red)		
N/U	* AARTON	SOLAIDE HI	3									- 1		x 85277 - 'a El 22	WHO 5277				
												1	TAURIO	ale, FL 336	AUG-C211				
FA					PHONE	-				-									
ě	SOC SEC Named Inc	ursd):			(NC No	Exfl:							TE-LIGOR						
	18 F.St.	121		State	WA PTE	Aga)				COR 100	0104			S(ES):			·		~~
1	DIVIDUAL		ORATION	1885	PORATIC FOR FIT ORG	N NO	OE NEP	MERS		MA.		IO N						1	DATE
	ARTHERS	^{BP} JOINT ^{'ACT:} Maria	VENTURE	PRO	TORG	ANC	乐级	ERS		ACCOUNT			NO 0000	THE COURSE					
		-557-9054	1.8	MAR						PHONE			US COM	ACT: Sam	E-MAIL ADDRE	·			
		FORMATIO		CORES	<u> 8: </u>					IANA Na	an();				ADDRE	33i_			
	MD #	CHILDY	STREET, CITY	~~~		* ****		1	~	LIMITS			REST	V#		I	ANNUAL		
										CESTS.	L.,	10115	~(C-3):	SULT	EMPLOYEE	3	REVENUES	79 000	CUPE
	1	Black B lo						- 1		WEIDE	U	OVVN		2006					
	j	Ocala FL	RATION					1		OUTSIDE	Х	TENA	NT				į		
	 					·			т.	nanine.	H					┼			
	1							}		inside Outside		TENA		ļ					
	1							İ		0010.00			111	l					
] .											10200		,					
TU	RE OF E	BUSINESS/E	ESCRIPTIO	N OF	OPER	ATIONS	BYP	REMI	E (3	1								······································	
TU			ESCRIPTIO y water plan					REMI	EG	<u> </u>						<u></u>			
TU	RE OF E							REMI	EG	<u>. </u>									
TU								REWL	E(S	<u>. </u>						<u></u>			
	4		y water plan					REWL	EG	<u>)</u>									
72	1 RAL IN	Communi	y water plan						E(3	EXPLAIR		Yes	ruespor						vr≡
٠. ا	FAL IN	Communition CORMATION PRESPONSES	y water plan	Eforn	LUE WE				7	EXPLAIR 8. DU	UNIS	THE D	STFIVE	YEARS (TEX	IN RO, HAS AN	YAP	PLICANT BEEN E CRIMB OF FR	AUD.	Type:
ν <u>α</u> • • • • • • • • • • • • • • • • • • •	RAL INF ALL YES E APPLICA	Communition CORMATION PRESPONSES	y water plan	e earr	LUE WE				30	EXPLAIR 8. DUI INC	UNIS ICTEL ICTEL	TREST FIGE ID FOR	ST FIVE OR COM N OR AN	YEARS (TEX //CTED OF // IY OTHER AR	ly dégrée of Son-Related	FTH	PUCANT BEEN E CRIME OF FRU WE IN CONNEC	AUD,	Ţve:
V	FAL INF ALL YES E APPUG 8 THE APP	COMMUNICATION PRESPONSES NOT A SUBSIDIA LICANT HAVE A	y water plan	E for n	LUE WE				жо Х	EXPLAIR 8. DU INC 33: WI	UNG GTEL SERY H TH	TREE DISTRICT APROCES	STFIVE OR COM IN OR AN MY OTH OR BUSIES	YEARS (TEX //CTED OF A/ /Y OTHER AR ER PROPERT 4 answered by	IY DËGREE (16 SON-RELATEI Y7 ' any applicant	FTHI CRi for pr	E CRIME OF FRUME IN CONNECTORING	NUB, TION . Failum	YE
AL VIOLATION AND AND AND AND AND AND AND AND AND AN	RAL INT ALL YES E APPLICA 8 THE APP FORMAL S EXPOSURE	COMMUNICATION PRESPONSES NOT A SUBSIDIA LIGANT HAVE A AFETY PROGRA E TO FLAMMAR.	RY OF ANOTHER CY SUBSIDIARIE MIN OPERATION ES, DOPLOSIVES	t ENTITY	ew sut				RO X X X	8. DU: 8. DU: 93: W(T) 06:	UNG ICTEL SERY H THI C, SHI	TREET APROCESS OF CONTROL OF CONT	STFIVE OR COM IN OR AN UNY OTH OR COURT O Islance o	YEARS (TEX //CTED OF A/ /Y OTHER AR ER PROPERT 4 answered by	IY DÉGREE OI SON-RELATEL Y? any applicant riction is a mis:	FTHI CRi for pr	E CRIME OF FRU WE IN CONNEC	NUB, TION . Failum	YE
ATT OE ATT NY	FAL INF ALL YES E APPUGE THE APP FORMAL S EXPOSURE CATASTRE	COMMUNIA FORMATION PRESPONSES NOT A SUBSIDIA LICANT HAVE AI AFETY PROGRA E TO SUMMARE THE EXPOSUR	Y WARET PLANT RY OF ANOTHER RY GUSSIDIARIE M IN OPERATION ES, EXPLOSIVES	t Entro	(7 50ALS?	olelyh (30 X X X X	EXPLAIR 8. DU/ INC 933 WITH 101 Good	ENIS ICTEL SERY H TH C, Shi sclose ense	THE THE THE THE THE THE THE THE THE THE	ST FIVE OR COM IN OR AN MY OTH OR BURST O Islance or CITE YEAR OTEO FIR	YEARS (TEX //CTED OF AJ /Y OTHER AS ER PROPERT IN SERVING OUT of Imprisonne LE CODE VIOLE	IY DEGREE OF SOM-RELATED Y? Pany applicant riction is a mission). ATIONE?	FTHI CRI for pri	E CRIME OF FRU ME IN CONNEC operty insurance and punistrable	NUO, TION . Failum by a	
AN AN AN AN AN AN AN AN AN AN AN AN AN A	TAL INTEGRAL INTEGRAL SE APPLICA STHE APPLICA SE EXPOSURE CATASTRIC	COMMUNIA FORMATION FORMAT	RY OF ANOTHER RY SUSSIDIARIE M IN OPERATION ES, EXPLOSIVES F7 THIS COMPANY	t Entity RESTRICT RESTRI	(7)	o division		Yes	RO X X X	EXPLAIR 8. DU/ INC 933 WITH 101 Good	ENIS ICTEL SERY H TH C, Shi sclose ense	THE THE THE THE THE THE THE THE THE THE	ST FIVE OR COM IN OR AN MY OTH OR BURST O Islance or CITE YEAR OTEO FIR	YEARS (TEX //CTED OF AJ /Y OTHER AS ER PROPERT IN SERVING OUT of Imprisonne LE CODE VIOLE	IY DEGREE OF SOM-RELATED Y? Pany applicant riction is a mission). ATIONE?	FTHI CRI for pri	E CRIME OF FRU ME IN CONNEC operty insurance and punistrable	NUO, TION . Failum by a	
HAN AN AN AN AN AN AN AN AN AN AN AN AN A	RAL INT ALL YES ATHE APPLICA T	COMMUNIA FORMATION PRESPONSES ANT A SUBSIDIA LICANT HAVE A AFETY PROGRA E TO FLAMMABLE DPHE EXPOSURE SURANCE WITH COVERAGE DE LARST (MINERALE LARST (MINERALE)	RY OF ANOTHER RY SUBSIDIARIE M IN OPERATION ES, EXPLOSIVES P THIS COMPANY CLINED, CANCE CA	E FOY IN	(? (? () () () () () () () ()	O division	DURING	Yes	30 X X X X	EXPLAIR 8. DU/ INC 933 WITH 101 Good	ENIS ICTEL SERY H TH C, Shi sclose ense	THE THE THE THE THE THE THE THE THE THE	ST FIVE OR COM IN OR AN MY OTH OR BURST O Islance or CITE YEAR OTEO FIR	YEARS (TEX //CTED OF AJ /Y OTHER AS ER PROPERT IN SERVING OUT of Imprisonne LE CODE VIOLE	IY DEGREE OF SOM-RELATED Y? Pany applicant riction is a mission). ATIONE?	FTHI CRI for pri	E CRIME OF FRU ME IN CONNEC operty insurance and punistrable	NUO, TION . Failum by a	
MININ WIN WIN TO THE THE THE THE THE THE THE THE THE THE	RAL INF RAL TYPE E APPLICA THE APP FORMAL S EXPOSITE CATASTRIC OTHER RS POLICY OF PRIOR S PRIO	COMMUNIA FORMATION PRESPONSES INT A SUBSIDIA LICANT HAVE A AFETY PROGRA E TO FLAMMABL DPHE EXPOSUR BURANCE WITH R COVERNOR DE SERS? (INTERPLES SES OR GLAMS	RY OF ANOTHER RY OF SUBSIDIARIE M IN OPERATION ES, EMPLOSIVES PTHIS COMPANY CLINED, CANCE CALINE IN MO) RELATING TO SE	E FOY IN	77 SCALS? NG SUBM	O division	DURING	Yes	80 X X X X X	EXPLAIN S. D.V. N. D. S.R. WIT G. d. G. ANT N. T. L. P. N. T. L. P. N. T. L. P. N. T. L. P. N. T. P. P. N. T. P. P. N. T. P. P. N. T. P. P. P. P. P. P. P. P. P. P. P. P. P.	UNG HCTEL HERY H TH C, 344 SCIOSE HERY UND HERY FOR SUBS	THE THE CONTROL OF TH	STFIVE OR COMMON OR AN OTHER OF STATE O	YEARS (TEN //CTED OF M//CTED EGREE OF SON-RELATED Y? Fany applicant Indion is a mis- Indion is a mis- INDIONE? LIENE AGAIN LIEN	FTHI CRI for pri ferrer ST TI	E CRIME OF FRI ME IN CONNECT Operty insurance 2001 punistrable! HE APPLIDART RIBUTED IN US S7 () 6"YES", att	AUD, THON Failure by a		
THE WAY A TO SEE THE S	TAL INT RAL INT RAL TES E APPLICA THE APPLICA THE APPLICA THER SHE POLICY OF PROBLEY OF PROBLEY CATORIS YOU	COMMUNIA FORMATION PREPONSES NOT A SUBSIDIA LIGANT HAVE A AFETY PROGRA ETO FLAMMAR ETO FLAMMAR ETO FLAMMAR IPHE EXPOSUR SURANCE WITH COVERAGE DE SARSY (Not appl ESS OR GLAMS DES CRIMINATIO	RY OF ANOTHER RY OF ANOTHER RY SUBSIDIARIE M IN OPERATION ES, DOPLOSIVES THIS COMPANY CLINED, CANCE Cable In MO) RELATING TO SI N OR NEGLIGEN	CR SESTION OF THEREIN	TO SUBMER NON-R	O division ITTED? EXEMMED I	DURING KROW	Yes	30 X X X X X	8. DU 33: BU 10: 30: 30: 30: 30: 30: 30: 30: 30: 30: 3	UNIS HCTEL HERY H TH School LINIC BAN HE PAN HE	TREST ARCC ARCC ARCC ARCC ARCC ARCC ARCC ARC	STFIVE OR COM IN OR AN IN OR A	YEARS (TEN //CTED OF ///CTED OF ///CTED OF ////CTED OF ////CTED OF ////CTED OF ///////////////////////////////////	MY DEGREE OI SON-RELATEI Y? SILY SPECIONI IN SEMISSIONI ATIONE? LIENS AGAIN LIST? RESON COUNTS RESON COUNTS	FTHI CRI for pri ferrer ST TI	E CRIME OF FRI ME IN CONNECT openty insurance zhor punishable HE APPLIDANT	AUD, THON Failure by a	
THE WAY A TO SEE THE S	TAL INT RAL INT RAL TES E APPLICA THE APPLICA THE APPLICA THER SHE POLICY OF PROBLEY OF PROBLEY CATORIS YOU	COMMUNIA FORMATION PREPONSES NOT A SUBSIDIA LIGANT HAVE A AFETY PROGRA ETO FLAMMAR ETO FLAMMAR ETO FLAMMAR IPHE EXPOSUR SURANCE WITH COVERAGE DE SARSY (Not appl ESS OR GLAMS DES CRIMINATIO	RY OF ANOTHER RY OF SUBSIDIARIE M IN OPERATION ES, EMPLOSIVES PTHIS COMPANY CLINED, CANCE CALINE IN MO) RELATING TO SE	CR SESTION OF THEREIN	TO SUBMER NON-R	O division ITTED? EXEMMED I	DURING KROW	Yes	80 X X X X X	8. DU 33: BU 10: 30: 30: 30: 30: 30: 30: 30: 30: 30: 3	UNIS HCTEL HERY H TH School LINIC BAN HE PAN HE	TREST ARCC ARCC ARCC ARCC ARCC ARCC ARCC ARC	STFIVE OR COM IN OR AN IN OR A	YEARS (TEN //CTED OF ///CTED OF ///CTED OF ////CTED OF ////CTED OF ////CTED OF ///////////////////////////////////	MY DEGREE OF SON-RELATED Y? Fany applicant Indion is a mis- Indion is a mis- INDIONE? LIENE AGAIN LIEN	FTHI CRI for pri ferrer ST TI	E CRIME OF FRI ME IN CONNECT Operty insurance 2001 punistrable! HE APPLIDART RIBUTED IN US S7 () 6"YES", att	AUD, THON Failure by a	
THE WAY A TO SEE THE S	TAL INT RAL INT RAL TES E APPLICA THE APPLICA THE APPLICA THER SHE POLICY OF PROBLEY OF PROBLEY CATORIS YOU	COMMUNIA FORMATION PREPONSES NOT A SUBSIDIA LIGANT HAVE A AFETY PROGRA ETO FLAMMAR ETO FLAMMAR ETO FLAMMAR IPHE EXPOSUR SURANCE WITH COVERAGE DE SARSY (Not appl ESS OR GLAMS DES CRIMINATIO	RY OF ANOTHER RY OF ANOTHER RY SUBSIDIARIE M IN OPERATION ES, DOPLOSIVES THIS COMPANY CLINED, CANCE Cable In MO) RELATING TO SI N OR NEGLIGEN	CR SESTION OF THEREIN	TO SUBMER NON-R	O division ITTED? EXEMMED I	DURING KROW	Yes	80 X X X X X	8. DU 33: BU 10: 30: 30: 30: 30: 30: 30: 30: 30: 30: 3	UNIS HCTEL HERY H TH School LINIC BAN HE PAN HE	TREST ARCC ARCC ARCC ARCC ARCC ARCC ARCC ARC	STFIVE OR COM IN OR AN IN OR A	YEARS (TEN //CTED OF ///CTED OF ///CTED OF ////CTED OF ////CTED OF ////CTED OF ///////////////////////////////////	MY DEGREE OI SON-RELATEI Y? SILY SPECIONI IN SEMISSIONI ATIONE? LIENS AGAIN LIST? RESON COUNTS RESON COUNTS	FTHI CRI for pri ferrer ST TI	E CRIME OF FRI ME IN CONNECT Operty insurance 2001 punistrable! HE APPLIDART RIBUTED IN US S7 () 6"YES", att	AUD, THON Failure by a	
THE THE PROPERTY OF THE PROPER	TAL INTERPLICATION OF THE APPLICATION OF THE APPLICATION OF THE RESERVE OF THE RE	COMMININA PRESPONSES NAT A SUBSIDIA LICANT HAVE A AFETY PROGRA E TO FLAMMAB. IPHE EXPOSUR SURANCE WITH R COVERAGE DE SURANC	RY OF ANOTHER RY OF ANOTHER RY 6U88IDIARIE M IN OPERATION E8, EPPLOSIVES E7 THIS COMPANY CLINED, CANCE cable in MO; NOR NEGLIGEN COMB (ABACH edd	CR SESTORES CHESTORES CONTROLLED CO	FRALE?	O division OTTED? ENEMED (R MOLEST BOTE SPACE	NURIFIG ATRIAN	YES	30 X X X X X X X	EXPLAIR 8. DV. 9. ANN 10. ANN 11. HAVE 12. ANN 12. ANN 14. ANN 15. HAVE 16. ANN 16. ANN 17. HAVE 18. ANN 18. ANN 19. ANN 10. ANN 10. ANN 10. ANN 11. HAVE 12. ANN 13. ANN 14. ANN 15. HAVE 16. ANN 16. ANN 17. HAVE 18. ANN 18. ANN 19. ANN 10. ANN	UNIS ICTEL BERY H THI C, SHI SECOND HE W FOR FOR WOD S	Trest Trick U) For ARex ARex SCRII OF AREX AMEGO TE SON TE SON TE SON TE SON	STFIVE OR COMMON OTHER THE STEEL OF THE CHEST TARGET BEEN PLEET OF THE STEEL OF THE	YEARS (TEX) YEARS	NY DEGREE OF SOM-RELATED Y? SOM-RELATED Y? SOM PRICE NO. AND COMMITTEE OF SOM PRICE	FTHE CREETERS ST THE CONTROL OF PRO	E CRIME OF FIX. ME IN CONNECT POPONY INSURABLE PROPERTY DANT RIBUTED IN US ST (FTES, all DERIV EXPANY)	AUD, TION Faiture by a	
MALE AND AND AND AND AND AND AND AND AND AND	RAL INF RAL INF RAL YES E APPLICA E THE APPLICA E THE APPLICA EXPOSURE CATASTRIC CATAS	COMMISSION PRESPONSES MATA SUBSIDIA LICANT HAVE A AFETY PROGRA AFETY PROGRA AFETY PROGRA AFETY PROGRA AFETY PROGRA AFETY PROGRA AFETY PROGRA AFETY PROGRA AFETY PROGRA AFETY PROGRA AFETY PROGRA AFETY PROGRA AFETY PROGRA AFETY AFE	RY OF ANOTHER SY SUSSIDIARIE M IN OPERATION ES, EXPLOSIVES FOR LANGE CALIFIED, CANCE ESTIME TO SE N OR NEGLIGEN COMPANY COMPAN	E ENTITION OF SERVICE	FRAUER	O division OTTED? ENEWED I R MOLEST BOTE SPACE C ANY INSERTED SERVING	DURING AFRON	(red)	X X X X X	BXPLAIR 8. DU 8. NO 9. AN 10. AN 11. AN 2. AN 2. AN 2. AN 3. AN 4. AN	CTELLY CT	TREST TO STATE OF THE STATE OF	STFIVE OR COMMINY OTHER THE STATE OF THE STA	YEARS (TEX INCED OF AN INCED O	NY DEGREE OF SOM-RELATED Y? SOM-RELATED Y? SOM-RELATED Y? SOM RELATED Y? SOM RELATED SOM RELATED SOM COUNTY RESON COUNTY R	THE TAILS OF THE T	E CRIME OF FRI ME IN CONNECT POPOTY INSURANCE 22007 PURISHBORE HE APPLIDANT RIBUTED IN US \$7 (F*PES*, site DENTY EXPONENT)	A, OR US	OF Q
MALE TO A TO A TO A TO A TO A TO A TO A TO	TAL INF	COMMININA PRESPONSES NAT A SUBSIDIA LICANT HAVE A APETY PROGRA ETO FLAMMABE ETO	RY OF ANDITIES RY OF ANDITIES RY SUBSIDIARIES M IN OPERATION ES, EXPLOSIVES POR LINES, CANCE CABLE IN MO) RELATING TO 33 N OR NEGLICEN COMB (Atlach etc) WITH INTER ALSE INFORMAT HIGH IS A CRIME WITH IN A CRIME RICH IS A CRIME RICH IS A CRIME RICH IS A CRIME RICH IS A CRIME RICH IS A CRIME RICH IS A CRIME RICH IS A CRIME RICH IS A CRIME RICH IS A CRIME RICH IS A CRIME RICH IS A CRIME RICH IS A CRIME	RENTITION (AMD SE	FRAUER OF STREET	O division NITTED? SKEWED I R MOLEST DO ANY INS	DURPING HER THE NORTH TO THE NO	YES YES PROPERTY OF THE POST O	X X X X X X X	EXPLAIN 8. DU. 9. AND 10. AND 11. PAR 12. AND 12. AND 14. AND 15. MISSES 16. MISSES 17. MISSES 18. MISSES 19. MISSES 19. MISSES 19. MISSES 19. MISSES 19. MISSES 19. MISSES 19. MISSES 19. MISSES 19. MISSES 19. MISSES 19. MISSES 19. MISSES 19. MISSES 19. MISSES	CHECK TO SERVICE TO SE	TAST THE UT FOR A PROPERTY OF THE PROPERTY OF	STFIVE OR COMMINY OTHER PROPERTY OF STREET OF	YEARS (TEX) YEARS	IY DEGREE OF SOM-RELATED Y? "any applicant violants a mission." ATTONE? LENE AGAIN LIST? FACOUCTS REGON COUNTY ACOPTO STEPTION TON FOR IN NG ANY FACOPO STEPTION TON FOR IN NG ANY FACOPO STEPTION TON FOR IN NG ANY FACOPO STEPTION TON FOR IN SEPTION TON FO	FTMI CRIST for pin deciser ST TI DIST TRIB: TRIB	E CRIME OF FRIME IN CONNECT OPPORTY INSURANCE PROUTED IN US ST (ITTES, all ANCE OR STATATERIAL THERI	AUD, THON FERICIPE DEVE A, OR USE BETO, OCCUPA, OR VI.	OF COMMITTEE IN DO
MUNICIPAL STATE OF THE STATE OF	TALL INTERPLICATION OF THE APPLICATION UNIA FORMATION PRESPONSES NOT A SUBSIDIA LICANT HAVE A AFETY PROGRA ETO FLAMMAR COVERAGE DE ARST (MITAPI SERANCE WITH COVERAGE DE ARST (MITAPI DE ANDAMATION OF RINOWINGLY) PRATERIALLY P RANCE ACT, WE RANCE ACT RANCE	RY OF ANOTHER SY SUSSIDIARIE M IN OPERATION ES, EXPLOSIVES FOR LANGE CALIFIED, CANCE ESTIME TO SE N OR NEGLIGEN COMPANY COMPAN	CREETINGS? CREETINGS? CREETINGS? THEORY CREETINGS. THEORY CREETINGS.	FRAUER CONSULTER	MITTED? SREWED IT COMPY INC. COMP	DURWIG AREN In regal	YES YES GENTER CERTIFICATION	X X X X X X X	BXPLAN 8, DU 8, DU 93, WI 10 AM 11, HS 12 AR ARCA 12 ARCT 14 MS 15 MS 15 MS 16 MS 17 MS 18 MS 18 MS 18 MS 19 MS 10 MS	CONTROL OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF T	TREE DIFFORM TO THE DIFFERENCE DIFFORM TO THE DIFFERM TO THE DIFFORM TO THE DIFFORM TO THE DIFFORM TO THE DIFFORM TO THE DIFFORM TO THE DIFFORM TO THE DIFFORM TO THE DIFFORM TO THE DIFFORM TO THE DIFFORM TO THE DIFFORM TO THE DIFFORM TO THE DIFFORM TO THE DIFFORM TO THE DIFFORM TO THE DIFFORM TO THE DIFFO	STFIVE OR COMMING OR COMMING OTHER COMMING OTHER COMMING OTHER COMMING OF COMMING OF COMMING OF COMMING OF COMMING OF COMMING OTHER COMMING OF	YEARS (TEX VICED OF AN APPLICA NA APPLICA NA APPLICA NA APPLICA NA APPLICA NA ALTIES (NA	IY DEGREE OF SOM-RELATED Y? "any applicant violants a mission." ATTONE? LENE AGAIN LIST? FACOUCTS REGON COUNTY ACOPTO STEPTION TON FOR IN NG ANY FACOPO STEPTION TON FOR IN NG ANY FACOPO STEPTION TON FOR IN NG ANY FACOPO STEPTION TON FOR IN SEPTION TON FO	FTMI CRIST for pin deciser ST TI DIST TRIB: TRIB	E CRIME OF FRIME IN CONNECT OPPORTY INSURANCE PROUTED IN US ST (ITTES, all ANCE OR STATATERIAL THERI	AUD, THON FERICIPE DEVE A, OR USE BETO, OCCUPA, OR VI.	OF Q	
NAME OF THE PROPERTY OF THE PR	TALL INTERPLICATION OF THE APPLICATION ISSION P RESPONSES NOT A SUBSIDIA LIGANT HAVE A AFETY PROGRA E TO FLAMMAR E TO FLAMMAR E TO FLAMMAR E TO FLAMMAR E TO FLAMMAR E TO FLAMMAR E TO FLAMMAR E TO FLAMMAR DESTRUCT OF RANGE AGE OF RENOWINGLY PRANCE AGE, WITH OF RANGE AGE, WITH OF RANGE AGE OF RANGE AG	RY OF ANOTHER RY OF ANOTHER RY SUBSIDIARIES MIN OPERATION ES, DOPLOSIVES THIS COMPANY CLINED, CANCE Lable In MC) RELATING TO SI N OR NEGLIGEN CONS (ASSACH edid ALSE INFORMAN HICH IS A CRIME Y SIED DE CEIME Y SIED DE CEIME	CREETINGS? CREETINGS? CREETINGS? THEORY CREETINGS. THEORY CREETINGS.	FRAUER CONSULTER	O division INTED? ENEWED (R MOLEST C ANY INE CEALS FO THE PERC RIPE, COR PAPELO PAPEL	DURING RECORD TO THE CONTRACT A RECORD TO THE	YES YES GOMP PIEPO CRIMINA HE COTT	X X X X X X X X X X X X X X X X X X X	EXPLAIR 8. POUR 9. ANY 10. ANY 11. HAY ACCOUNT ANOTHER 12. ANY ACCOUNT ANOTHER 14. THE LEAR 15. INV: STAR 16. INV: STAR 17. HAY 18. LEAR 19. INV: STAR 19. IN	UNIG CTEST CTEST STATE CTEST C	THE UNITED AND A CONTROL OF THE UNITED A CONTROL OF THE UNITED A CONTROL OF THE UNITED A CONTROL OF THE UNITED A C	STEVE ON STEVE ON THE STEVE OF	YEARS (TEX) YEARS (TEX) YOTHER AR ER PROPERT FOR STATE OF A STATE AND A STATE A STATE	IY DEGREE OF SOM-RELATED Y? "any applicant violants a mission." ATTONE? LENE AGAIN LIST? FACOUCTS REGON COUNTY ACOPTO STEPTION TON FOR IN NG ANY FACOPO STEPTION TON FOR IN NG ANY FACOPO STEPTION TON FOR IN NG ANY FACOPO STEPTION TON FOR IN SEPTION TON FO	FTMI CRIST for pin deciser ST TI DIST TRIB: TRIB	E CRIME OF FRIME IN CONNECT OPPORTY INSURANCE PROUTED IN US ST (ITTES, all ANCE OR STATATERIAL THERI	AUD, TON FRACE EYS A OR US BETO, OC OR, OF VT:	OF CA	
NAME OF THE PROPERTY OF THE PR	TALL INTERPLICATION OF THE APPLICATION INING CORMATION PRESPONSES NOT A SUBSIDIA LIGANT HAVE A AFETY PROGRA E TO FLAMMAR E TO FLAMMAR COVERAGE DE ARTS? (NATER) SER OR CLAMMAR DE COVERAGE DE ARTS? (NATER) OF RINOWINGLY PRANCE ACT, WITH OF RINOWINGLY PROGRAM OF RINOMINICATION OF RINOWINGLY PROGRAM OF RINOWINGLY P	RY OF ANOTHER RY OF ANOTHER RY SUBSIDIARIES MIN OPERATION ES, DOPLOSIVES THIS COMPANY CLINED, CANCE Lable In MC) RELATING TO SI N OR NEGLIGEN CONS (ASSACH edid ALSE INFORMAN HICH IS A CRIME Y SIED DE CEIME Y SIED DE CEIME	CREETINGS? CREETINGS? CREETINGS? THEORY CREETINGS. THEORY CREETINGS.	FRAUER CONSULTER	MITTED? ENEWED I EN MOLEST BOTE SPARS CEALS FO THE PERC E APPLICA RVE, COR	DURWIG AREAN IS regel to regel	Yes Yes Compension Control	X X X X X X X X X X X X X X X X X X X	EXPLAIN 8. DU 8. NO 9. AN 10. AN 11. PA 12. PR 12. AN 15. PR 12. AN 15. PR 16. PR 17. PR 18. PR 18. PR 19. PR 10. PR	CTEST CONTROL OF THE P. C.	TREST THE CONTROL OF	STFIVE ON COMMINY OTHER THE STEEL OF THE STE	YEARS (TEX VICED OF AN APPLICA NA APPLICA NA APPLICA NA APPLICA NA APPLICA NA ALTIES (NA	IY DEGREE OF SOM-RELATED Y? "any applicant violants a mission." ATTONE? LENE AGAIN LIST? FACOUCTS REGON COUNTY ACOPTO STEPTION TON FOR IN NG ANY FACOPO STEPTION TON FOR IN NG ANY FACOPO STEPTION TON FOR IN NG ANY FACOPO STEPTION TON FOR IN SEPTION TON FO	FTMI CRIST for pin deciser ST TI DIST TRIB: TRIB	E CRIME OF FRIME IN CONNECT OPPORTY INSURENCE PROPERTY PURSUANT REQUIED IN US ST (IT YES, all DERLY EXPLANT) ANCE OR STATATERIAL THER I, NE OH, OK O HE ANSWERS T	AUD, TON FRACE EYS A OR US BETO, OC OR, OF VT:	OF OF ON MANUAL PROPERTY OF THE PROPERTY OF TH	