

Docket No. 090366-WU

RECEIVED FPSC

10 APR 12 PM 5:04

COMMISSIONER
CLERK

Rec'd
before
5pm
-am

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 9-4-09

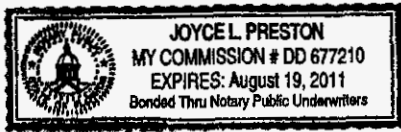
Len Tabor Date

Agent for
ARMA WATER SERVICE, LLC

Docket No. 090366-WU

Notarized by:

Joyce L. Preston
9-4-09



COM _____
APA _____
ECR 4 _____
GCL 1 _____
RAD _____
SSC _____
ADM _____
OPC _____
CLK _____

DOCUMENT NUMBER-DATE

02750 APR 12 0

FPSC-COMMISSION CLERK

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

MANAGER

MARION COUNTY

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

Order #090366WU

UTILITY NAME

MANAGER

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**

Docket # 090366 W-U

UTILITY NAME

MANAGER

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 # 09036644

Premium:		\$3,000.00
Fees:	Policy Fee	\$35.00
Taxes:	Surplus Lines Tax	\$151.75
	FL Hurricane Catastrophe Fund	\$30.35
	Service Office Fee	\$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	GL DEC
	011-1054	POLICY JACKET
	011-1061	GL COV PART
	ME-001	COMB GENERAL ENDT
	ME-043	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	EMPLOY RELATED
	CG 21 49	TOTAL POL 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.

DOCKET # 09D366 WU



ESSEX INSURANCE COMPANY

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 infrastructure; 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 coercion.

YOU SHOULD KNOW THAT WHERE COVERAGE IS PROVIDED BY THIS POLICY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM, SUCH LOSSES MAY BE PARTIALLY 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.

Acceptance or Rejection of Terrorism Insurance Coverage

<input type="checkbox"/>	I hereby elect to purchase terrorism coverage for a prospective premium of \$ <u>159.15</u>
<input checked="" type="checkbox"/>	I hereby decline to purchase terrorism coverage for certified acts of terrorism. I understand that I will have no coverage for losses resulting from certified acts of terrorism.

Maria Barros
 Policyholder/Applicant's Signature

MARIA BARROS
 Print Name

4-29-09
 Date



MKL TERR 4 (1/08)

Docket # 09036620



Date: April 21, 2009

To: Paige Brandeberry
Williams- Hess Insurance

From: Andy Packard, Underwriter
Phone: (407) 541-5000 Fax: (407) 249-6016
Email: apackard@greshaminc.com

Re: Insured: ARMA Water Service, Inc.
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 quotation.

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

Docket # 270766 w u

ACORD EQUIPMENT FLOATER SECTION

DATE (MM/DD/YYYY)

6/30/2009

AGENCY PHONE (A.C. No. Exch): 863-682-5196 FAX (A.C. No.): 863-686-3051		APPLICANT ARMA Water Service Inc		
Williams-Hess Insurance 1617 E. Gary Road Lakeland, FL 33801 R. BRANDBERRY- A028698		PROPOSED EFF. DATE 08/30/09	PROPOSED EXP. DATE 08/30/10	BILLING PLAN <input checked="" type="checkbox"/> AGENCY <input type="checkbox"/> DIRECT
CODE: _____ SUBCODE: _____ AGENCY CUSTOMER ID LEIGH-1		PAYMENT PLAN _____ AUDIT _____ FOR COMPANY USE ONLY		

TERRITORY OF OPERATION FL	TYPE OF OPERATION
-------------------------------------	-------------------

COVERAGE/DEDUCTIBLE special	1000
---------------------------------------	-------------

EQUIPMENT STORAGE				UNSCHEDULED EQUIPMENT				
LIC #	NO. IN STORAGE	MAXIMUM VALUE		TYPE OF SECURITY	DESCRIPTION	MAXIMUM ITEM	AMT. OF INSURANCE	% COINS
		N BUILDING	OUTSIDE					
		\$	\$				100,000	80
		\$	\$					
		\$	\$					

ADDITIONAL INTEREST/CERTIFICATE RECIPIENTS (Attach separate sheet if necessary)			
NAME & ADDRESS		NAME & ADDRESS	
Item No.		Item No.	
INTEREST	CERTIFICATION REQUIRED	INTEREST	CERTIFICATION REQUIRED
NAME & ADDRESS		NAME & ADDRESS	
Item No.		Item No.	
INTEREST	CERTIFICATION REQUIRED	INTEREST	CERTIFICATION REQUIRED

GENERAL INFORMATION							
#	EXPLAIN ALL "YES" RESPONSES.	YES	NO	#	EXPLAIN ALL "YES" RESPONSES.	YES	NO
1.	EQUIPMENT RENTED, LOANED TO/FROM OTHERS WITH/WITHOUT OPERATORS?		X	3.	PROPERTY USED UNDERGROUND?		X
2.	IS APPLICANT OPERATING EQUIPMENT NOT LISTED HERE?		X	4.	ANY WORK DONE AFLOAT?		X

REMARKS

Docket # *AGD 366 WC*

LEIGH-1

OP ID: SD

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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, incomplete, or misleading information is guilty of felony of the third degree.

PRIOR CARRIER INFORMATION

LINE	CATEGORY	05-06		06/07		07/08		08/09	
GENERAL LIABILITY	CARRIER								
	POLICY NUMBER								
	POLICY TYPE	CLASS MADE	OCCURRENCE	CLAIMS MADE	OCCURRENCE	CLAIMS MADE	OCCURRENCE	CLAIMS MADE	OCCURRENCE
	RETRO DATE								
	EFF-EXP DATE								
	GENERAL AGGREGATE								
	PRODUCTS COMP OP AGGREGATE								
	PERSONAL & ADV INJ								
	EACH OCCURRENCE								
	FIRE DAMAGE								
	MEDICAL EXPENSE								
	BODILY OCCURRENCE								
	INJURY AGGREGATE								
	PROPERTY OCCURRENCE								
	DAMAGE AGGREGATE								
COMBINED SINGLE LIMIT									
MODIFICATION FACTOR									
TOTAL PREMIUM									
AUTOMOBILE LIABILITY	CARRIER								
	POLICY NUMBER								
	POLICY TYPE								
	EFF-EXP DATE								
	COMBINED SINGLE LIMIT								
	BODILY INJURY EA PERSON								
	INJURY EA ACCIDENT								
	PROPERTY DAMAGE								
	MODIFICATION FACTOR								
	TOTAL PREMIUM								
PROPERTY	CARRIER								
	POLICY NUMBER								
	POLICY TYPE								
	EFF-EXP DATE								
	BUILDING AMT								
	PERS PROP AMT								
	MODIFICATION FACTOR								
TOTAL PREMIUM									
CARRIER	Firemans Fund	Firemans Fund	Firemans Fund	Firemans Fund					
POLICY NUMBER	MX197369785	MX197369785	MX197370221	MX197370221					
POLICY TYPE	IM	IM	INLAND MAR	IM					
EFF-EXP DATE	08/30/05 08/30/06	08/30/06 08/30/07	08/30/07 08/30/08	08/30/08 08/30/09					
LIMIT							100,000		
MODIFICATION FACTOR									
TOTAL PREMIUM		1,020.00	1,360.00	1,373.00	1,333.00				

LOSS HISTORY

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

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

REMARKS NOTE: FIDELITY REQUIRES A FIVE YEAR LOSS HISTORY

SEE ATTACHED REMARKS OVERFLOW

ATTACHMENTS

STATE SUPPLEMENT(S) (if applicable)

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AGENCY CUSTOMER ID:

LEIGH-1

OP ID: SI

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES

1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY?	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N
4. ANY CATASTROPHE EXPOSURE?	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N
5. ANY OTHER INSURANCE WITH THIS COMPANY OR BEING SUBMITTED?	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N
6. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR THREE (3) YEARS? (Not applicable in MO)	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N
7. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N
8. 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? <small>(In RI, the 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.)</small>	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N
9. ANY UNCORRECTED FIRE CODE VIOLATIONS?	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N
10. ANY BANKRUPTCIES, TAX OR CREDIT LIENS AGAINST THE APPLICANT IN THE PAST FIVE (5) YEARS?	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N
11. HAS BUSINESS BEEN PLACED IN A TRUST? <small>IF "YES", NAME OF TRUST:</small>	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N
12. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD/DISTRIBUTED IN FOREIGN COUNTRIES? <small>(If "YES", attach ACORD B15 for Liability Exposure and/or ACORD 316 for Property Exposure)</small>	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N

REMARKS/PROCESSING INSTRUCTIONS (Attach additional sheets if more space is required) BUSINESS TYPE OTHER DESCRIPTION

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

NOTICE OF INSURANCE INFORMATION PRACTICES - PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT POLICY RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND (IN NY, SUBSTANTIAL) CIVIL PENALTIES. (Not applicable in CO, FL, HI, MA, NE, OH, OK, OR, or VT; in DC, LA, ME, TN, VA and WA, insurance benefits may also be denied)

IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFAUD, 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.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE ENQUIRY 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 R. BRANDEBERRY-A028698	PRODUCER'S NAME (Please Print) R. BRANDEBERRY- A028698	STATE PRODUCER LICENSE NO (Required in Florida)
---	--	--

APPLICANT'S SIGNATURE <i>[Signature]</i>	DATE 7-27-07	NATIONAL PRODUCER NUMBER
---	------------------------	--------------------------

Docket #090366 wu



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 record applications)

Coverage desired: OCP _____ GL X _____

Named Insured: Arma Water Service Inc

Location of project: Block B Lot #5 Ocala FL Marion

Development Experience of Insured? N/A Hired GC with 20+ yr experience

Any prior losses developing other properties? NONE

The insured is: Land Owner X Building Owner X

Licensed Developer _____ Other Community water plant for New Sub-division owner

What does this project consist of? Water plant for New Sub-division

Acreage? 50 units

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? homes

Describe current buildings currently on the land. homes

Will they be demolished? NO

Is the insured (or hired subs) involved in the construction of any buildings? NO

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Number of Buildings being constructed? N/A

Number of Stories? 1 Square footage? N/A

Any pools being installed? N/A

How long with project take? N/A

What date will the project begin? N/A Anticipated Completion date? _____

Total cost of this project? N/A

Cost of this project over the next 12 months? N/A

If the project already begun: N/A

What has been completed? _____

What still needs to be completed? _____

What is the cost to complete the project? N/A

Total Receipts to be generated from the project? N/A

What percent of the work is subcontracted? N/A

Who is the GC? N/A

What are the GC's limits? (May not less than insured's.) N/A

Will insured be added as AI on the GC's policy? (This is a must.) N/A

- ❖ We must have a copy of the GC's COI, with the insured added as an AI, to bind coverage.
- ❖ All policies are 100% earned.

Sign Here

Insured's Signature: [Signature] Date: 4-21-07

Producer's Signature: [Signature] Date: 3-10-09

Docket # 020366W



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

Coinsurance 80%
Aggregate Deductible \$1,000.
Limit of Liability \$100,000.

	Item	Description	Amount of Insurance	Deductible Amount
Schedule of Items	001	Above ground water system, tank, fence.	\$100,000.	\$1,000.
			\$	\$
			\$	\$

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 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

ARMA Water Service Inc
PO Box 85277
Halladale, FL 33008-5277

DOCKET# 09036644

MEMO			Page 1
ACCOUNT NO.	OF	DATE	
LEIGH-1	SD	07/08/2009	
POLICY INFORMATION			
POLICY #			
MXI 97370221			
TYPE		EFFECTIVE	EXPIRATION
IM		08/30/2009	08/30/2010

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 @ 12:01am.

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 is 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
7-24-09*

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CSR: PB

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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, incomplete, or misleading information is guilty of a felony of the third degree."

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CONTRACTORS

LEIGH-1

CSR: PB

EXPLAIN ALL "YES" RESPONSES (For past or present operations)		YES	NO	EXPLAIN ALL "YES" RESPONSES (For past or present operations)		YES	NO
1. DOES APPLICANT DRAW PLANS, DESIGNS, OR SPECIFICATIONS FOR OTHERS?				4. DO YOUR SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN YOURS?			
2. DO ANY OPERATIONS INCLUDE BLASTING OR UTILIZE OR STORE EXPLOSIVE MATERIAL?				5. ARE SUBCONTRACTORS ALLOWED TO WORK WITHOUT PROVIDING YOU WITH A CERTIFICATE OF INSURANCE?			
3. DO ANY OPERATIONS INCLUDE EXCAVATION, TUNNELING, UNDERGROUND WORK OR EARTH MOVING?				6. DOES APPLICANT LEASE EQUIPMENT TO OTHERS WITH OR WITHOUT OPERATORS?			
REMARKS DESCRIBE THE TYPE OF WORK SUBCONTRACTED		# PAYS TO SUB-CONTRACTORS:		# OF WORK SUBCONTRACTED:		# FULL-TIME STAFF:	

PRODUCTS/COMPLETED OPERATIONS

PRODUCTS	ANNUAL GROSS SALES	# OF UNITS	TIME IN MARKET	EXPECTED LIFE	INTENDED USE	PRINCIPAL COMPONENTS

EXPLAIN ALL "YES" RESPONSES (For any past or present product or operation)		YES	NO	EXPLAIN ALL "YES" RESPONSES (For any past or present product or operation)		YES	NO
1. DOES APPLICANT INSTALL, SERVICE OR DEMONSTRATE PRODUCTS?				8. PRODUCTS RECALLED, DISCONTINUED, CHANGED?			
2. FOREIGN PRODUCTS SOLD, DISTRIBUTED, USED AS COMPONENTS?				7. PRODUCTS OF OTHERS SOLD OR RE-PACKAGED UNDER APPLICANT LABEL?			
3. RESEARCH AND DEVELOPMENT CONDUCTED OR NEW PRODUCTS PLANNED?				9. PRODUCTS UNDER LABEL OF OTHERS?			
4. GUARANTEES, WARRANTIES, HOLD HARMLESS AGREEMENTS?				10. DOES ANY NAMED INSURED SELL TO OTHER NAMED INSURED?			
5. PRODUCTS RELATED TO AIRCRAFT/SPACE INDUSTRY?				PLEASE ATTACH LITERATURE, BROCHURES, LABELS, WARNINGS, ETC			

ADDITIONAL INTEREST/CERTIFICATE RECIPIENT		ACORD 46 attached for additional names			
INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST BY ITEM NUMBER
<input type="checkbox"/>	ADDITIONAL INSURED				LOCATION: _____ BUILDING: _____
<input type="checkbox"/>	LOSS PAYEE				VEHICLE: _____ BOAT: _____
<input type="checkbox"/>	MORTGAGEE				SCHEDULED ITEM NUMBER: _____
<input type="checkbox"/>	LIENHOLDER				OTHER: _____
<input type="checkbox"/>	EMPLOYEE AS LESSOR				
ITEM DESCRIPTION:					

GENERAL INFORMATION

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

REMARKS: Homes in subdivision hook up to community water plant rather than dig individual wells. Plant is monitored by D.E.P.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY:SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, HI, ME, OH, OK, OR or VT; in DC, LA, ME, TN and VA, insurance benefits may also be denied).

ACORD 128 (2004/05)

ATTACH TO APPLICANT INFORMATION SECTION

Docket # 090 366 u u



COMMERCIAL GENERAL LIABILITY SECTION

CSR: PB

DATE (MMDDYYYY)
3/9/2009

AGENCY PHONE (AG. No. 001): 863-682-5195 FAX (AG. No.): 853-686-3051	APPLICANT ARMA Water Service Inc (First Named Insured)
Williams-Hess Insurance 1617 E. Gary Road Lakeland, FL 33801	EFFECTIVE DATE: 06/11/09 EXPIRATION DATE: 06/11/10 DIRECT BILL: <input checked="" type="checkbox"/> AGENCY BILL PAYMENT PLAN AUDIT
CODE: SUB CODE:	FOR COMPANY USE ONLY
AGENCY CUSTOMER ID: LEIGH-1	

COVERAGES		LIMITS		PREMIUMS	
<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY	GENERAL AGGREGATE	\$ 500,000		
<input type="checkbox"/>	CLAIMS MADE <input checked="" type="checkbox"/> OCCURRENCE	PRODUCTS & COMPLETED OPERATIONS AGGREGATE	\$ 500,000		PREMISES/OPERATIONS
<input type="checkbox"/>	OWNERS & CONTRACTORS PROTECTIVE	PERSONAL & ADVERTISING INJURY	\$ 500,000		\$
DEDUCTIBLES		EACH OCCURRENCE	\$ 500,000		PRODUCTS
<input checked="" type="checkbox"/>	PROPERTY DAMAGE \$ 2,500	DAMAGE TO RENTED PREMISES (each occurrence)	\$ 50,000		\$
<input checked="" type="checkbox"/>	BODILY INJURY \$ <input checked="" type="checkbox"/> PER CLAIM	MEDICAL EXPENSE (Any one person)	\$ 1,000		OTHER
	\$ <input checked="" type="checkbox"/> PER OCCURRENCE	EMPLOYEE BENEFITS	\$		\$
OTHER COVERAGES, RESTRICTIONS AND/OR ENDORSEMENTS (For hire/less-owned auto coverages attach the applicable state Business Auto Section, ACORD 137)					TOTAL
					\$

SCHEDULE OF HAZARDS									
LOCATION #	CLASSIFICATION	CLASS CODE	PREMIUM BASIS	EXPOSURE	TERM	RATE		PREMIUM	
						PREM/OPS	PRODUCTS	PREM/OPS	PRODUCTS
1	Water companies/Residential Community Water Plant	99943	U	50					

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

CLAIMS MADE (Explain all "Yes" responses)			EMPLOYEE BENEFITS LIABILITY		
1. PROPOSED RETROACTIVE DATE:			1. DEDUCTIBLE PER CLAIM:	\$	
2. ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COV:			2. NUMBER OF EMPLOYEES:		
3. HAS ANY PRODUCT, WORK, ACCIDENT, OR LOCATION BEEN EXCLUDED, UNINSURED OR SELF-INSURED FROM ANY PREVIOUS COVERAGE?	YES	NO	3. NUMBER OF EMPLOYEES COVERED BY EMPLOYEE BENEFITS PLANS:		
4. WAS TAIL COVERAGE PURCHASED UNDER ANY PREVIOUS POLICY?			4. RETROACTIVE DATE:		
REMARKS			REMARKS		

Docket # 090366 WV

REMARKS

LEIGH-1

CSR: PB

PAGE 1 OF 1

*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 # 090366 u u

PRIOR CARRIER INFORMATION

LEIGH-1

CSR: PB

LINE	CATEGORY	08-08			07-08									
GENERAL COMMERCIAL LIABILITY	CARRIER	Essex			Essex			Essex						
	POLICY NUMBER	3CX5153			3CT2386									
	POLICY TYPE	CLASS NADE	X	OCCURRENCE	CLASS NADE	X	OCCURRENCE	CLASS NADE	OCCURRENCE	CLASS NADE	OCCURRENCE	CLASS NADE	OCCURRENCE	
	RETRO DATE													
	EFF-EXP DATE	05/11/08	05/11/08	05/11/07	05/11/08	05/11/08	05/11/08	05/11/08	05/11/08	05/11/08	05/11/08	05/11/08	05/11/08	
	GENERAL AGGREGATE	500,000			500,000									
	PRODUCTS COMP OP AGGREGATE	500,000			500,000									
	PERSONAL & ADV INU	500,000			500,000									
	EACH OCCURRENCE	500,000			500,000									
	FIRE DAMAGE	50,000			50,000									
	MEDICAL EXPENSE	1,000			1,000									
	BODILY INJURY OCCURRENCE AGGRREGATE													
	PROPERTY DAMAGE OCCURRENCE AGGRREGATE													
	COMBINED SINGLE LIMIT													
	MODIFICATION FACTOR													
TOTAL PREMIUM	3,220.14			3,511.91										
AUTOMOBILITY	CARRIER													
	POLICY NUMBER													
	POLICY TYPE													
	EFF-EXP DATE													
	COMBINED SINGLE LIMIT													
	BODILY INJURY EA PERSON EA ACCIDENT													
	PROPERTY DAMAGE													
	MODIFICATION FACTOR													
	TOTAL PREMIUM													
	PROPERTY	CARRIER												
POLICY NUMBER														
POLICY TYPE														
EFF-EXP DATE														
BUILDING AMT														
PERS PROP AMT														
MODIFICATION FACTOR														
TOTAL PREMIUM														
		CARRIER												
		POLICY NUMBER												
	POLICY TYPE													
	EFF-EXP DATE													
	LIMIT													
	MODIFICATION FACTOR													
TOTAL PREMIUM														

LOSS HISTORY

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE PRIOR 5 YEARS (2 YEARS IN KS & NY)							X	CHK HERE IF NONE	SEE ATTACHED LOSS SUMMARY
DATE OF OCCURRENCE	LINE	TYPE/DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	CLAIM STATUS OPEN/CLOS			

REMARKS NOTE: FIDELITY REQUIRES A FIVE YEAR LOSS HISTORY
SEE ATTACHED REMARKS OVERFLOW

ATTACHMENTS
STATE SUPPLEMENT(S) (if applicable)

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

ACORD 125 (2005/08)

Docket # 090366 WU



COMMERCIAL INSURANCE APPLICATION
 APPLICANT INFORMATION SECTION

CSR: PB
 DATE (MM/DD/YYYY)
 3/9/2009

AGENCY Williams-Hess Insurance 1817 E. Gary Road Lakeland, FL 33801 P. Brandeberry - A028697		CARRIER Gresham	NAIC CODE:	UNDERWRITER	UNDERWRITER OFF.
PHONE (A/C No. Ext): 863-682-6195 FAX (A/C No. Ext): 863-686-3051 E-MAIL ADDRESS: CODE: SUB CODE:		POLICIES OR PROGRAM REQUESTED		POLICY NUMBER 3CX5153	
AGENCY CUSTOMER ID: LEIGH-1		INDICATE SECTIONS ATTACHED	EQUIPMENT FLOATER	GARAGE AND DEALERS	
		<input type="checkbox"/> PROPERTY	<input type="checkbox"/> INSTALLATION/BUILDERS RISK	<input type="checkbox"/> VEHICLE SCHEDULE	
		<input type="checkbox"/> GLASS AND SIGN	<input type="checkbox"/> ELECTRONIC DATA PROC	<input type="checkbox"/> BOILER & MACHINERY	
		<input type="checkbox"/> ACCOUNTS RECEIVABLE/ VALUABLE PAPERS	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	<input type="checkbox"/> WORKERS COMPENSATION	
		<input type="checkbox"/> CRIME/SCHEMATA/CRIME	<input type="checkbox"/> BUSINESS AUTO	<input type="checkbox"/> UMBRELLA	
		<input type="checkbox"/> TRANSPORTATION MOTOR TRUCK CARGO	<input type="checkbox"/> TRUCKERS/MOTOR CARRIER		

STATUS OF TRANSACTION QUOTE <input type="checkbox"/> ISSUE POLICY <input type="checkbox"/> RENEW <input type="checkbox"/>		PACKAGE POLICY INFORMATION ENTER THIS INFORMATION WHEN COMMON DATES AND TERMS APPLY TO SEVERAL LINES OR FOR MONOLINE POLICIES.			
SOUND (Give Date and/or Attach Copy):		PROPOSED EFF DATE	PROPOSED EXP DATE	BILLING PLAN	PAYMENT PLAN
CHANGE DATE: TIME:	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	05/11/09	05/11/10	<input checked="" type="checkbox"/> DIRECT BILL	<input type="checkbox"/> AGENCY BILL
CANCEL	12:00				

APPLICANT INFORMATION NAME (First Named Insured & Other Named Insureds) ARMA Water Service Inc		MAILING ADDRESS (INCL ZIP+4 (or First Named Insured)) PO Box 85277 Hallandale, FL 33008-6277	
PHONE (A/C No. Ext): 800-667-9064		PHONE (A/C No. Ext):	
E-MAIL ADDRESS:		E-MAIL ADDRESS:	
<input type="checkbox"/> INDIVIDUAL	<input checked="" type="checkbox"/> CORPORATION	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION NOT FOR PROFIT ORG	<input type="checkbox"/> LLC
<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> OR BUREAU NAME	<input type="checkbox"/> ID NUMBER
INSPECTION CONTACT: Marie PHONE (A/C No. Ext): 800-667-9064		ACCOUNTING RECORDS CONTACT: same PHONE (A/C No. Ext):	
E-MAIL ADDRESS:		E-MAIL ADDRESS:	

LOC #	BLD #	STREET, CITY, COUNTY, STATE, ZIP+4	CITY LIMITS	INTEREST	YR BUILT	# EMPLOYEES	ANNUAL REVENUES	% OCCUPIED
1	1	Block B lot #5 Ocala FL Marion	<input checked="" type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	<input checked="" type="checkbox"/> OWNER <input type="checkbox"/> TENANT	2006			
			<input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	<input type="checkbox"/> OWNER <input type="checkbox"/> TENANT				

NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS BY PREMISE(S) 1 1 Community water plant for new sub division

GENERAL INFORMATION			
EXPLAIN ALL "YES" RESPONSES	YES NO	EXPLAIN ALL "YES" RESPONSES	YES NO
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY?	<input type="checkbox"/> <input checked="" type="checkbox"/>	8. DURING THE LAST FIVE YEARS (TEN IN RJ), HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BREACH, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY? (In RJ, 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.)	<input type="checkbox"/> <input checked="" type="checkbox"/>
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?	<input type="checkbox"/> <input checked="" type="checkbox"/>	9. ANY UNCORRECTED FIRE CODE VIOLATIONS?	<input type="checkbox"/> <input checked="" type="checkbox"/>
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?	<input type="checkbox"/> <input checked="" type="checkbox"/>	10. ANY BANKRUPTCIES, TAX OR CREDIT LIENS AGAINST THE APPLICANT IN THE PAST 5 YEARS?	<input type="checkbox"/> <input checked="" type="checkbox"/>
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?	<input type="checkbox"/> <input checked="" type="checkbox"/>	11. HAS BUSINESS BEEN PLACED IN A TRUST? (IF YES, NAME OF TRUST)	<input type="checkbox"/> <input checked="" type="checkbox"/>
4. ANY CATASTROPHE EXPOSURE?	<input type="checkbox"/> <input checked="" type="checkbox"/>	12. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD/DISTRIBUTED IN FOREIGN COUNTRIES? (IF "YES", attach ACORD 615 for Liability Exposure and/or ACORD 616 for Property Exposure)	<input type="checkbox"/> <input type="checkbox"/>
5. ANY OTHER INSURANCE WITH THIS COMPANY OR BEING SUBMITTED?	<input type="checkbox"/> <input checked="" type="checkbox"/>	REMARKS/PROCESSING INSTRUCTIONS (Attach additional sheets if more space is required)	
6. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR 3 YEARS? (Not applicable in MO)	<input type="checkbox"/> <input checked="" type="checkbox"/>	BUSINESS TYPE OTHER DESCRIPTION	
7. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?	<input type="checkbox"/> <input checked="" type="checkbox"/>		

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO FRAUD AN INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND (NY: SUBSTANTIAL) CIVIL PENALTIES. (Not applicable in CO, HI, NE, OH, OK, OR, or VT; in DC, LA, ME, TN and VA, if insurance benefit is being paid or denied)			
THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND CERTIFIES THAT REASONABLE DILIGENCE HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE CERTIFIES THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.			
APPLICANT'S SIGNATURE 	DATE 3-29-09	PRODUCER'S SIGNATURE 	NATIONAL PRODUCER NUMBER A028697