

<b>ACORD™ COMMERCIAL INSURANCE APPLICATION</b>				DATE (MM/DD/YYYY) 09/25/2017	
<b>APPLICANT INFORMATION SECTION</b>					
AGENCY	PHONE (A/C, No, Ext): (979)774-3900 FAX (A/C, No.): (979)774-3955	CARRIER <b>United Specialty Insurance</b>	NAIC CODE:	UNDERWRITER	UNDERWRITER OFF.
Service Insurance Group, Inc. PO Box 5753 3840 Corporate Center Dr Bryan TX 77805-5753		POLICIES OR PROGRAM REQUESTED <b>Commercial Property</b>			POLICY NUMBER
CODE: SUB CODE:		INDICATE SECTIONS ATTACHED		EQUIPMENT FLOATER	
AGENCY CUSTOMER ID: 7942		<input checked="" type="checkbox"/> PROPERTY		GARAGE AND DEALERS	
		<input type="checkbox"/> GLASS AND SIGN		VEHICLE SCHEDULE	
		<input type="checkbox"/> ACCOUNTS RECEIVABLE/ VALUABLE PAPERS		BOILER & MACHINERY	
		<input type="checkbox"/> CRIME/MISCELLANEOUS CRIME		WORKERS COMPENSATION	
		<input type="checkbox"/> TRANSPORTATION/ MOTOR TRUCK CARGO		UMBRELLA	
		<input type="checkbox"/>		TRUCKERS/MOTOR CARRIER	

<b>STATUS OF TRANSACTION</b>			<b>PACKAGE POLICY INFORMATION</b>		
QUOTE	<input checked="" type="checkbox"/> ISSUE POLICY	RENEW	ENTER THIS INFORMATION WHEN COMMON DATES AND TERMS APPLY TO SEVERAL LINES, OR FOR MONOLINE POLICIES.		
BOUND (Give Date and/or Attach Copy):			PROPOSED EFF DATE	PROPOSED EXP DATE	BILLING PLAN
CHANGE	DATE	TIME			PAYMENT PLAN
CANCEL	10/01/2017	12:01	10/01/2017	10/01/2018	AUDIT
			<input checked="" type="checkbox"/> DIRECT BILL		
			<input checked="" type="checkbox"/> AGENCY BILL		

<b>APPLICANT INFORMATION</b>					
NAME (First Named Insured & Other Named Insureds) Candlelight Village Condo Owners Association		FEIN OR SOC SEC # (of First Named Insured): PHONE (A/C, No, Ext): (979)764-2500		MAILING ADDRESS INCL ZIP+4 (of First Named Insured) c/o Century 21 Beal 903 S Texas Ave College Station TX 77840-	
E-MAIL ADDRESS(ES): terryt@century21bcs.com		WEBSITE ADDRESS(ES):			
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> CORPORATION	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION NOT FOR PROFIT ORG	<input type="checkbox"/> LIMITED LIAB CORP	CR BUREAU NAME	ID NUMBER
<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> JOINT VENTURE	<input checked="" type="checkbox"/>	NO. OF MEMBERS AND MANAGERS		DATE BUS STARTED 10/01/1981
INSPECTION CONTACT Terry Thigpin terryt@century21bcs.com			ACCOUNTING RECORDS CONTACT Terry Thigpin terryt@century21bcs.com		
PHONE (A/C, No, Ext): (979) 764-2500			PHONE (A/C, No, Ext): (979) 764-2500		

<b>PREMISES INFORMATION</b>						
LOC #	BLD #	STREET, CITY, COUNTY, STATE, ZIP+4	CITY LIMITS	INTEREST	YR BUILT	PART OCCUPIED
01	01	2807 Wildflower Drive Bryan Brazos TX 77802	<input checked="" type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	<input checked="" type="checkbox"/> OWNER <input type="checkbox"/> TENANT	1981	100%
			<input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	<input type="checkbox"/> OWNER <input type="checkbox"/> TENANT		
			<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)**  
 42 Unit condominium complex. 70% of units are owner occupied and the rest are leased. A local property management firm has been contracted to handle the leasing of those units and the maintenance of the grounds. Brick Veneer Construction; located in residential neighborhood. Well maintained.

<b>GENERAL INFORMATION</b>					
EXPLAIN ALL "YES" RESPONSES	YES	NO	EXPLAIN ALL "YES" RESPONSES	YES	NO
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY?		<input checked="" type="checkbox"/>	7. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?		<input checked="" type="checkbox"/>
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?		<input checked="" type="checkbox"/>	8. DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN CONVICTED OF ANY DEGREE OF THE CRIME OF ARSON?		<input checked="" type="checkbox"/>
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?		<input checked="" type="checkbox"/>	(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).		
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?		<input checked="" type="checkbox"/>	9. ANY UNCORRECTED FIRE CODE VIOLATIONS?		<input checked="" type="checkbox"/>
4. ANY CATASTROPHE EXPOSURE?		<input checked="" type="checkbox"/>	10. ANY BANKRUPTCIES, TAX OR CREDIT LIENS AGAINST THE APPLICANT IN THE PAST 5 YEARS?		<input checked="" type="checkbox"/>
5. ANY OTHER INSURANCE WITH THIS COMPANY OR BEING SUBMITTED?		<input checked="" type="checkbox"/>	11. HAS BUSINESS BEEN PLACED IN A TRUST? IF YES, NAME OF TRUST:		<input checked="" type="checkbox"/>
6. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR 3 YEARS? (Not applicable in MO)		<input checked="" type="checkbox"/>			
REMARKS/PROCESSING INSTRUCTIONS					

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

APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE <i>Randy Thigpin</i>	NATIONAL PRODUCER NUMBER
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**PRIOR CARRIER INFORMATION**

LINE	CATEGORY												
GENERAL COMMERCIAL LIMITS	CARRIER	Mount Vernon		Mount Vernon		Mount Vernon		Mount Vernon		Lloyds of London			
	POLICY NUMBER	NPP2562855A		NPP2562855		NPP2558416A		NPP2558416		HLP10482			
	POLICY TYPE	CLAIMS MADE	X	OCCURRENCE	CLAIMS MADE	X	OCCURRENCE	CLAIMS MADE	X	OCCURRENCE	CLAIMS MADE	X	OCCURRENCE
	RETRO DATE												
	EFF-EXP DATE	10/01/2016 10/01/2018		10/01/2015 10/01/2016		10/01/2014 10/01/2015		10/01/2013 10/01/2014		10/01/2012 10/01/2013			
	GENERAL AGGREGATE	2,000,000		2,000,000		2,000,000		2,000,000		2,000,000			
	PRODUCTS COMP OP AGGREGATE	Included		Included		Included		Included		Included			
	PERSONAL & ADV INJ	1,000,000		1,000,000		1,000,000		1,000,000		1,000,000			
	EACH OCCURRENCE	1,000,000		1,000,000		1,000,000		1,000,000		1,000,000			
	FIRE DAMAGE	100,000		100,000		100,000		100,000		50,000			
	MEDICAL EXPENSE	5,000		5,000		5,000		5,000		5,000			
	BODILY INJURY	OCCURRENCE											
		AGGREGATE											
	PROPERTY DAMAGE	OCCURRENCE											
		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											
		EA ACCIDENT											
	PROPERTY DAMAGE												
	MODIFICATION FACTOR												
	TOTAL PREMIUM												
PROPERTY	CARRIER	Pelex		Pelex		Oklahoma Specialty		Oklahoma Specialty		Lloyds of London			
	POLICY NUMBER	S314446		9704		7031		CANVIL32013		HLP10482			
	POLICY TYPE	Commercial Property		Commercial Property		Commercial Property		Commercial Property		Commercial Package			
	EFF-EXP DATE	10/01/2016 10/01/2017		10/01/2015 10/01/2016		10/01/2014 10/01/2015		10/01/2013 10/01/2014		10/01/2012 10/01/2013			
	X BUILDING AMT	3,039,120		3,039,120		3,039,120		3,039,120		3,000,000			
	PERS PROP AMT												
	MODIFICATION FACTOR												
TOTAL PREMIUM													
	CARRIER	Mount Vernon		Mount Vernon		Mount Vernon		Mount Vernon					
	POLICY NUMBER	NPP2562855A		NPP2562855		NPP2558416A		NPP2558416					
	POLICY TYPE	D&O		D&O		D&O		D&O					
	EFF-EXP DATE	10/01/2016 10/01/2017		10/01/2015 10/01/2016		10/01/2014 10/01/2015		10/01/2013 10/01/2014					
	LIMIT	1,000,000		1,000,000		1,000,000		1,000,000					
	MODIFICATION FACTOR												
TOTAL PREMIUM													

**LOSS HISTORY**

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

REMARKS NOTE: FIDELITY REQUIRES A FIVE YEAR LOSS HISTORY 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. 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 INSTRUCTION ON HOW TO SUBMIT A REQUEST TO US.

# ACORD™ PROPERTY SECTION

DATE  
09/25/2017

<b>PRODUCER</b> PHONE (A/C, No, Ext): (979)774-3900 Service Insurance Group, Inc. PO Box 5753 3840 Corporate Center Dr Bryan TX 77805-5753		<b>APPLICANT</b> (First Named Insured) Candlelight Village Condo Owners Association				
<b>CODE:</b> AGENCY CUSTOMER ID: 7942		<b>EFFECTIVE DATE</b> 10/01/2017	<b>EXPIRATION DATE</b> 10/01/2018	<input checked="" type="checkbox"/> <b>DIRECT BILL</b> <input checked="" type="checkbox"/> <b>AGENCY BILL</b>	<b>PAYMENT PLAN</b>	<b>AUDIT</b>
FOR COMPANY USE ONLY						

**PREMISES INFORMATION:**  BLANKET COVERAGE PREMISES #: 01 BUILDING #: 01 STREET ADDRESS: 2807 Wildflower Drive, Bryan, TX 77802

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DEDUCTIBLE	FORMS AND CONDITIONS TO APPLY
Buildings	3,039,120	Nil	RCV	Special		10,000	F,EC,SEC,RC; \$25,000 wind/hail deductible
Equipment Breakdown	Included						

ADDITIONAL INFORMATION - BUSINESS INCOME/EXTRA EXPENSE				BUSINESS INCOME W/O EXTRA EXPENSE		EXTRA EXPENSE		
<b>TYPE OF BUSINESS</b> <input type="checkbox"/> NON MFG <input type="checkbox"/> MFG <input type="checkbox"/> MINING _____ % COINS	<b>ORDINARY PAYROLL</b> <input type="checkbox"/> EXCL <input type="checkbox"/> INCL 90 DAYS 180 DAYS \$ _____	<b>POWER/HEAT</b> \$ _____ DED _____ DAYS <b>ELEC MEDIA</b> _____ DAYS \$ _____ LIMIT <b>ORD OR LAW</b> _____ DAYS	<b>EXT PERIOD</b> _____ DAYS <b>MAX PERIOD</b> _____ DAYS	<b>TUITION FEES</b> \$ _____ STUDENTS \$ _____ OTHER ED SERV/INC	<b>OFF PREM POWER</b> <input type="checkbox"/> POWER <input type="checkbox"/> WATER <input type="checkbox"/> COMM (DESCR BELOW)	<b>DEPEND PROP</b> _____ % COIN <input type="checkbox"/> CONT LOC <input type="checkbox"/> REC LOC <input type="checkbox"/> MFG LOC <input type="checkbox"/> LDR LOC (DESCR BELOW)	<b>NAME AND ADDRESS(ES) FOR OFF PREM POWER OR DEPEND PROP</b> _____ _____	<b>EXTRA EXPENSE</b> _____ DAYS PERIOD REST <b>LIMIT LOSS PAY</b> _____% _____% _____% _____%

**ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION**  
 12 Buildings with 42 units in them total. 1 building that houses mailboxes. Blanket amount includes all fences, lighting, etc. 1 swimming pool.

<b>CONSTRUCTION TYPE</b> Frame	<b>DISTANCE TO HYDRANT</b> 250 FT	<b>FIRE STAT</b> 2 MI	<b>FIRE DISTRICT/CODE NUMBER</b> Bryan/1050	<b>PROT CL</b> 04	<b># STORIES</b> 2	<b># BASMT'S</b> 0	<b>YR BUILT</b> 1981	<b>TOTAL AREA</b> 50,652			
<b>BUILDING IMPROVEMENTS</b> <input type="checkbox"/> WIRING, YR: _____ <input checked="" type="checkbox"/> ROOFING, YR: 1999 OTHER: _____		<input type="checkbox"/> PLUMBING, YR: _____ <input type="checkbox"/> HEATING, YR: _____	<b>BLDG CODE GRADE</b> _____ <b>TAX CODE</b> _____ <b>ROOF TYPE</b> Composition <b>WIND CLASS</b> <input type="checkbox"/> RESISTIVE <input type="checkbox"/> SEMI-RESISTIVE <input type="checkbox"/> OTHER	<b>OTHER OCCUPANCIES</b> Condos HEATING BOILER ON PREMISES? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> IF YES, IS INSURANCE PLACED ELSEWHERE? YES <input type="checkbox"/> NO <input type="checkbox"/>							
<b>RIGHT EXPOSURE &amp; DISTANCE</b> Home, 50ft		<b>LEFT EXPOSURE &amp; DISTANCE</b> Open		<b>REAR EXPOSURE &amp; DISTANCE</b> Home, 50ft							
<b>BURGLAR ALARM TYPE</b> _____		<b>CERTIFICATE #</b> _____		<b>EXPIRATION DATE</b> _____		<b>EXTENT</b> _____		<b>GRADE</b> _____		<b>CENTRAL STATION WITH KEYS</b> _____	
<b>BURGLAR ALARM INSTALLED AND SERVICED BY</b> _____						<b># GUARDS/WATCHMEN</b> _____		<b>CLOCK HOURLY</b> _____			
<b>PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO<sup>2</sup>/Chemical Systems)</b> _____				<b>% SPRNK</b> 0		<b>FIRE ALARM MANUFACTURER</b> _____			<b>CENTRAL STATION LOCAL GONG</b> _____		

ADDITIONAL INTERESTS					
<b>RANK:</b> <input type="checkbox"/> INTEREST <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE	<b>NAME AND ADDRESS</b> _____ _____	<b>EVIDENCE</b> <input type="checkbox"/> CERTIFICATE <input type="checkbox"/> POLICY	<b>RANK:</b> <input type="checkbox"/> INTEREST <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE	<b>NAME AND ADDRESS</b> _____ _____	<b>EVIDENCE</b> <input type="checkbox"/> CERTIFICATE <input type="checkbox"/> POLICY

VALUE REPORTING INFORMATION				
REPORTING FORM: PROVIDE AVERAGE VALUES FOR PAST 12 MONTHS	PREMISES/BUILDING	ANY OTHER LOCATION DECLARED AT INCEPTION	ANY OTHER LOCATION ACQUIRED AFTER INCEPTION	PREMISES NOT OWNED OR ACQUIRED LIMIT
SUBJECT OF INSURANCE				