



COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)
09/25/2025

AGENCY SILVERHORN INSURANCE AGENCY, LLC PO Box 4398 Edinburg TX 78539	CARRIER NAIC CODE COMPANY POLICY OR PROGRAM NAME PROGRAM CODE POLICY NUMBER
CONTACT NAME: PHONE (A/C. No. Ext): 956-383-3332 FAX (A/C. No.): 956-720-0257 E-MAIL ADDRESS: DAVID@SILVERHORNINSURANCE.COM CODE: SUBCODE:	UNDERWRITER UNDERWRITER OFFICE STATUS OF TRANSACTION QUOTE <input type="checkbox"/> ISSUE POLICY <input type="checkbox"/> RENEW <input type="checkbox"/> BOUND (Give Date and/or Attach Copy): CHANGE DATE TIME <input type="checkbox"/> AM <input type="checkbox"/> PM CANCEL
AGENCY CUSTOMER ID:	

LINES OF BUSINESS			
INDICATE LINES OF BUSINESS	PREMIUM	PREMIUM	PREMIUM
BOILER & MACHINERY	\$	CYBER AND PRIVACY	\$
BUSINESS AUTO	\$	FIDUCIARY LIABILITY	\$
BUSINESS OWNERS	\$	GARAGE AND DEALERS	\$
COMMERCIAL GENERAL LIABILITY	\$	LIQUOR LIABILITY	\$
COMMERCIAL INLAND MARINE	\$	MOTOR CARRIER	\$
COMMERCIAL PROPERTY	\$	TRUCKERS	\$
CRIME	\$	UMBRELLA	\$

ATTACHMENTS		
ACCOUNTS RECEIVABLE / VALUABLE PAPERS	GLASS AND SIGN SECTION	STATEMENT / SCHEDULE OF VALUES
ADDITIONAL INTEREST SCHEDULE	HOTEL / MOTEL SUPPLEMENT	STATE SUPPLEMENT (if applicable)
ADDITIONAL PREMISES INFORMATION SCHEDULE	INSTALLATION / BUILDERS RISK SECTION	VACANT BUILDING SUPPLEMENT
APARTMENT BUILDING SUPPLEMENT	INTERNATIONAL LIABILITY EXPOSURE SUPPLEMENT	VEHICLE SCHEDULE
CONDO ASSN BYLAWS (for D&O Coverage only)	INTERNATIONAL PROPERTY EXPOSURE SUPPLEMENT	<input checked="" type="checkbox"/> Special Event
CONTRACTORS SUPPLEMENT	LOSS SUMMARY	
COVERAGES SCHEDULE	OPEN CARGO SECTION	
DEALERS SECTION	PREMIUM PAYMENT SUPPLEMENT	
DRIVER INFORMATION SCHEDULE	PROFESSIONAL LIABILITY SUPPLEMENT	
ELECTRONIC DATA PROCESSING SECTION	RESTAURANT / TAVERN SUPPLEMENT	

POLICY INFORMATION									
PROPOSED EFF DATE	PROPOSED EXP DATE	BILLING PLAN	PAYMENT PLAN	METHOD OF PAYMENT	AUDIT	DEPOSIT	MINIMUM PREMIUM	POLICY PREMIUM	
10/04/2025	10/04/2025	<input type="checkbox"/> DIRECT <input type="checkbox"/> AGENCY				\$	\$	\$	

APPLICANT INFORMATION										
NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4) MITCH SENS 708 E Edinburg Ave Elsa TX 78543					GL CODE	SIC	NAICS	FEIN OR SOC SEC #		
					BUSINESS PHONE #: 9569291866					
					WEBSITE ADDRESS					
<input checked="" type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> CORPORATION	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> NOT FOR PROFIT ORG	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION						
		LLC NO. OF MEMBERS AND MANAGERS: _____	PARTNERSHIP	TRUST						
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)					GL CODE	SIC	NAICS	FEIN OR SOC SEC #		
					BUSINESS PHONE #:					
					WEBSITE ADDRESS					
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> CORPORATION	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> NOT FOR PROFIT ORG	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION						
		LLC NO. OF MEMBERS AND MANAGERS: _____	PARTNERSHIP	TRUST						
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)					GL CODE	SIC	NAICS	FEIN OR SOC SEC #		
					BUSINESS PHONE #:					
					WEBSITE ADDRESS					
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> CORPORATION	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> NOT FOR PROFIT ORG	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION						
		LLC NO. OF MEMBERS AND MANAGERS: _____	PARTNERSHIP	TRUST						

CONTACT INFORMATION

AGENCY CUSTOMER ID: _____

CONTACT TYPE:		CONTACT TYPE:	
CONTACT NAME:		CONTACT NAME:	
PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL
PRIMARY E-MAIL ADDRESS:		PRIMARY E-MAIL ADDRESS:	
SECONDARY E-MAIL ADDRESS:		SECONDARY E-MAIL ADDRESS:	

PREMISES INFORMATION (Attach ACORD 823 for Additional Premises)

LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
		<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: STATE:	<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY: ZIP:				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N

NATURE OF BUSINESS

<input type="checkbox"/> APARTMENTS	<input type="checkbox"/> CONTRACTOR	<input type="checkbox"/> MANUFACTURING	<input type="checkbox"/> RESTAURANT	<input type="checkbox"/> SERVICE	DATE BUSINESS STARTED (MM/DD/YYYY)
<input type="checkbox"/> CONDOMINIUMS	<input type="checkbox"/> INSTITUTIONAL	<input type="checkbox"/> OFFICE	<input type="checkbox"/> RETAIL	<input type="checkbox"/> WHOLESALE	

DESCRIPTION OF PRIMARY OPERATIONS

Car Show

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

DESCRIPTION OF OPERATIONS OF OTHER NAMED INSUREDS

ADDITIONAL INTEREST (Not all fields apply to all scenarios - provide only the necessary data) Attach ACORD 45 for more Additional Interests

INTEREST <input checked="" type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BREACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS	RANK:	EVIDENCE: <input checked="" type="checkbox"/>	<input type="checkbox"/> CERTIFICATE	<input type="checkbox"/> POLICY	<input type="checkbox"/> SEND BILL	INTEREST IN ITEM NUMBER		
								LOCATION:	BUILDING:
								VEHICLE:	BOAT:
								AIRPORT:	AIRCRAFT:
								ITEM CLASS:	ITEM:
REASON FOR INTEREST:							ITEM DESCRIPTION		
REFERENCE / LOAN #:				INTEREST END DATE:					
LIEN AMOUNT:				PHONE (A/C, No, Ext):			FAX (A/C, No):		
				E-MAIL ADDRESS:					

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES

<p>1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ?</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">PARENT COMPANY NAME</td> <td style="width:30%;">RELATIONSHIP DESCRIPTION</td> <td style="width:20%;">% OWNED</td> </tr> </table>	PARENT COMPANY NAME	RELATIONSHIP DESCRIPTION	% OWNED	Y / N					
PARENT COMPANY NAME	RELATIONSHIP DESCRIPTION	% OWNED							
<p>1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">SUBSIDIARY COMPANY NAME</td> <td style="width:30%;">RELATIONSHIP DESCRIPTION</td> <td style="width:20%;">% OWNED</td> </tr> </table>	SUBSIDIARY COMPANY NAME	RELATIONSHIP DESCRIPTION	% OWNED	N					
SUBSIDIARY COMPANY NAME	RELATIONSHIP DESCRIPTION	% OWNED							
<p>2. IS A FORMAL SAFETY PROGRAM IN OPERATION?</p> <p> <input type="checkbox"/> SAFETY MANUAL <input type="checkbox"/> SAFETY POSITION <input type="checkbox"/> MONTHLY MEETINGS <input type="checkbox"/> OSHA <input type="checkbox"/> </p>	N								
<p>3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?</p>	N								
<p>4. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">LINE OF BUSINESS</td> <td style="width:25%;">POLICY NUMBER</td> <td style="width:25%;">LINE OF BUSINESS</td> <td style="width:25%;">POLICY NUMBER</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>	LINE OF BUSINESS	POLICY NUMBER	LINE OF BUSINESS	POLICY NUMBER					N
LINE OF BUSINESS	POLICY NUMBER	LINE OF BUSINESS	POLICY NUMBER						
<p>5. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR THREE (3) YEARS FOR ANY PREMISES OR OPERATIONS? (Missouri Applicants - Do not answer this question)</p> <p> <input type="checkbox"/> NON-PAYMENT <input type="checkbox"/> AGENT NO LONGER REPRESENTS CARRIER <input type="checkbox"/> </p> <p> <input type="checkbox"/> NON-RENEWAL <input type="checkbox"/> UNDERWRITING <input type="checkbox"/> CONDITION CORRECTED (Describe): </p>	N								
<p>6. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?</p>	N								
<p>7. DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY? (In RI, this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment).</p>	N								
<p>8. ANY UNCORRECTED FIRE AND/OR SAFETY CODE VIOLATIONS?</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">OCCUR DATE</th> <th style="width:40%;">EXPLANATION</th> <th style="width:25%;">RESOLUTION</th> <th style="width:25%;">RESOLVE DATE</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE					N
OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE						
<p>9. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE LAST FIVE (5) YEARS?</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">OCCUR DATE</th> <th style="width:40%;">EXPLANATION</th> <th style="width:25%;">RESOLUTION</th> <th style="width:25%;">RESOLVE DATE</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE					N
OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE						
<p>10. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS?</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">OCCUR DATE</th> <th style="width:40%;">EXPLANATION</th> <th style="width:25%;">RESOLUTION</th> <th style="width:25%;">RESOLVE DATE</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE					N
OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE						
<p>11. HAS BUSINESS BEEN PLACED IN A TRUST? NAME OF TRUST:</p>	N								
<p>12. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD / DISTRIBUTED IN FOREIGN COUNTRIES? (If "YES", attach ACORD 815 for Liability Exposure and/or ACORD 816 for Property Exposure)</p>	N								
<p>13. DOES APPLICANT HAVE OTHER BUSINESS VENTURES FOR WHICH COVERAGE IS NOT REQUESTED?</p>	N								
<p>14. DOES APPLICANT OWN / LEASE / OPERATE ANY DRONES? (If "YES", describe use)</p>	N								
<p>15. DOES APPLICANT HIRE OTHERS TO OPERATE DRONES? (If "YES", describe use)</p>	N								

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

PRIOR CARRIER INFORMATION

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				

PRIOR CARRIER INFORMATION (continued)

AGENCY CUSTOMER ID: _____

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				

LOSS HISTORY Check if none (Attach Loss Summary for Additional Loss Information)

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE LAST _____ YEARS						TOTAL LOSSES: \$	
DATE OF OCCURRENCE	LINE	TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	SUBROGATION Y/N	CLAIM OPEN Y/N

SIGNATURE

Copy of the Notice of Information Practices (Privacy) has been given to the applicant. (Not required in all states, contact your agent or broker for your state's requirements.)

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU MAY HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND REQUEST CORRECTION OF ANY INACCURACIES. YOU MAY ALSO HAVE THE RIGHT TO REQUEST IN WRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. THESE RIGHTS MAY BE LIMITED IN SOME STATES. PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION.
(Not applicable in AZ, CA, DE, KS, MA, MN, ND, NY, OR, VA, or WV. Specific ACORD 38s are available for applicants in these states.) (Applicant's Initials): _____

Applicable in AL, AR, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*. *Applies in FL Only.

Applicable in KS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE <i>David D Salazar Jr</i>	PRODUCER'S NAME (Please Print) DAVID D SALAZAR JR	STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE <i>[Signature]</i>	DATE 10/1/2025	NATIONAL PRODUCER NUMBER



ASHLEY
WHOLESALE BROKERAGE

ASHLEY GENERAL AGENCY
1811 West White Oak Terrace
Conroe, TX 77304
(936) 441-5974

Enclosed you will find **an admitted** Commercial Liability quote for Mitch Sens. The quote number is MSE025S00H0 Version 2.

- Section I-** Details the premiums, taxes and fees associated with this account. In addition, it provides the Underwriting Notes and covers any of the additional underwriting information that might be needed prior to binding or within 21 days of the inception date.
- Section II-** Covers the events, locations, dates and corresponding classifications with exposures.
- Section III-** Lists the required coverage forms, notices, endorsements and exclusions.
- Section IV-** Offers optional coverages that are available to the applicant but are not currently included in the quote.

In addition we have included some materials that will assist in the evaluation of this offer of coverage.

- A pre-filled application that includes the information you have already provided and notates missing information with a black arrow in the margin
- A Point of Sale piece that provides some claims scenarios this account may encounter and a coverage checklist that can be compared to the quotation of another carrier.

For your convenience, an area on page 1 of the quote has been provided to record your requested effective date and which optional coverages you might want to include when you are ready to bind coverage.

We invite you to contact us to discuss the benefits of any coverages, the costs associated or simply to provide feedback! We welcome the opportunity to talk with you about this quote.

Thank you for the opportunity to quote this account!

Sincerely,
Shannon Boland
ASHLEY GENERAL AGENCY
(936) 441-5974



ASHLEY

WHOLESALE BROKERAGE

ASHLEY GENERAL AGENCY
 1811 West White Oak Terrace
 Conroe, TX 77304
 (936) 441-5974

MSE025S00H0 Version 2

Quote is valid until 10/4/2025

Re: **Mitch Sens**

To:

Attn: Commission: _____ %

From: Shannon Boland

sboland@ashleyga.com / (936) 441-5974

Please bind effective: _____
 Insured email address: _____
 Insured phone number: _____

Confirm optional coverages:
 Do not include any optional coverages.
 Include the following optional coverages
 (Taxes & Fees may apply to optional premium if purchased)
 Option 1 - Set-up and/or Take-down Coverage
 Option 2 - (add: \$50) - Rain Date Coverage
 Option 3 - (add: \$100) - Banner Coverage
 Option 4 - Terrorism Coverage

I. PREMIUM AND UNDERWRITING NOTES/REQUIREMENTS

COMMERCIAL LIABILITY POLICY INFORMATION	
Carrier:	United States Liability Insurance Company
Status:	Admitted
A.M. Best Rating:	A++ (Superior) - XIV

GENERAL LIABILITY OCCURRENCE/AGGREGATE	GENERAL LIABILITY PREMIUM	WHOLESALE BROKER FEE	AMOUNT DUE
<input type="checkbox"/> \$1,000,000/\$2,000,000	\$325	\$100.00	\$425.00
<input type="checkbox"/> \$1,000,000/\$3,000,000	\$329	\$100.00	\$429.00
<input type="checkbox"/> \$2,000,000/\$2,000,000	\$375	\$100.00	\$475.00
<input type="checkbox"/> \$3,000,000/\$3,000,000	\$404	\$100.00	\$504.00
<input type="checkbox"/> \$4,000,000/\$4,000,000	\$728	\$100.00	\$828.00
<input type="checkbox"/> \$5,000,000/\$5,000,000	\$1,053	\$100.00	\$1,153.00

ADDITIONAL QUOTE INFORMATION
Policy Minimum Premium: \$195
Personal & Advertising Injury: Same as the Occurrence Limit
Products Aggregate: See L-535
Damages to Premises Rented: \$100,000
Medical Payments: \$1,000
Additional Limit Combinations may be available. Please contact your underwriter.

Please contact us with any questions regarding the terminology used or the coverages provided.

Read the quote carefully, it may not match the coverages requested

Refer to Covered Events section for event dates covered

Policy Period is 10/4/2025 to 10/6/2025

ADDITIONAL COSTS INCLUDE:

Wholesaler Broker Fee \$100.00

This account is subject to the following - Sections A, B and C:

Underwriter receipt, review and acceptance of the fully completed application. We may modify the terms and/or premiums quoted or rescind this quote if: 1) the information provided in the completed application is different from the original submission, 2) a web search, if completed at our discretion, reveals unsatisfactory results or indications of ineligible factors, or 3) there is a significant change in the risk from the date it was quoted.

A. Prior To Bind Requirements:

- If you have not already provided the mailing address, location address and additional insured information, we will need this information in order to bind coverage.

Responses to the Prior to Bind questions below are not needed if the completed and signed application is submitted at the time of binding.

"x" indicates Prior to Bind requirement for Coverage Part

Liab = Liability; Prop = Property; Liq = Liquor; Cr = Crime; IM = Inland Marine;

Liab	Eligibility Question (applies to all locations)	Response
x	In the past 5 years, has the event incurred a General Liability loss over \$5,000?	<input type="checkbox"/> Yes <input type="checkbox"/> No
x	If independent security will be used at the event, will the applicant require the independent security provider to carry their own General Liability insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No

B. Items Required Within 21 days of the inception of coverage:

- No 21 Day Subject to Notes

C. Underwriting Notes:

- Binding order must be received prior to the start of the event or no coverage will be provided.
- Quote contemplates spectator liability only; Does not include injury to athletic participants or performers.
- Note: Our policy specifically excludes injuries arising from moon bounces, trampolines, rock walls, petting zoos and pony rides.
- Coverage automatically extends for events running past midnight for no charge. All policies end at 12:01am the following day. Thus, the special event policy period extends two days past the last event date.
- Blanket additional insured coverage is automatically included. Please review form L-820.
- Thank you for the opportunity to quote this risk.

Please contact us with any questions regarding the terminology used or the coverages provided.

Read the quote carefully, it may not match the coverages requested

II. COVERED EVENTS

Event #1 - 708 E Edinburg Ave, Elsa, TX 78543

Entity Type: (applicant is the host of the event)

Event Coverages: General Liability

Event	Exposure	Start Date	End Date
Motor Vehicle Event, Race or Competition - Car Show (applicant is the host of the event) (Liability)	100 Attendees	10/4/2025	10/4/2025

Event Coverages	Exposure	Limit	Premium
Additional Insured - Blanket - Special Events (Liability)	1 Per Additional Insured		Included

Please contact us with any questions regarding the terminology used or the coverages provided.

****Read the quote carefully, it may not match the coverages requested****

III. REQUIRED FORMS & ENDORSEMENTS

General Liability Endorsements

CG 21 06	(12/23) Exclusion - Access or Disclosure of Confidential or Personal Material or Information	L-428	(04/15) Absolute Firearms Exclusion
CG0001	(12/07) Commercial General Liability Coverage Form	L-461 TX	(05/21) Assault or Battery Exclusion
CG0068	(05/09) Recording And Distribution Of Material Or Information In Violation Of Law Exclusion	L-514 TX	(02/18) Mold, Fungus, Bacteria, Virus and Organic Pathogen Exclusion - Liability
CG0103	(06/06) Texas Changes	L-535	(03/15) Exclusion - Products-Completed Operations Hazard Other Than Food Or Beverage Products
CG2109	(06/15) Exclusion – Unmanned Aircraft	L-536	(09/09) Exclusion - Participation In Athletic Activity, Physical Activity Or Sports
CG2136	(03/05) Exclusion - New Entities	L-599	(04/15) Absolute Exclusion For Pollution, Organic Pathogen, Silica, Asbestos And Lead With A Hostile Fire Exception
CG2139	(10/93) Contractual Liability Limitation	L-606	(02/11) Exclusion For Injury To Performers, Entertainers And Participants
CG2144	(04/17) Limitation of Coverage to Designated Premises, Project or Operation	L-607	(02/11) Exclusion For Climbing, Rebounding And Interactive Games And Devices
CG2147	(12/07) Employment-Related Practices Exclusion	L-609	(02/11) Animal Exclusion
CG2173	(01/15) Exclusion Of Certified Acts Of Terrorism	L-610	(11/04) Expanded Definition Of Bodily Injury
CG4032	(05/23) Exclusion - Perfluoroalkyl and Polyfluoroalkyl Substances (PFAS)	L-656	(02/06) Extension Of Coverage - Committee Members
IL0017	(11/98) Common Policy Conditions	L-686	(10/12) Absolute Exclusion for Liquor and Other Related Liability
IL0021	(09/08) Nuclear Energy Liability Exclusion Endorsement	L-820	(12/18) Special Events Blanket Additional Insured Endorsement
IL0168	(03/12) Texas Changes - Duties	L-835	(10/22) Exclusion - Specific Activities, Operations or Features
IL0275	(11/13) Texas Changes - Cancellation and Nonrenewal Provisions for Casualty Lines and Commercial Package Policies	LLQ-101	(08/06) Expanded Definition Of Employee
Jacket	(07/19) Policy Jacket	LLQ-102	(02/15) Event Vendor, Exhibitor And Contractor Exclusion
L 427	(01/20) Exclusion for Fireworks and Other Pyrotechnic Devices	Notice-Unmanned Aircraft-GL	(05/16) Advisory Notice To Policyholders
L-206	(02/11) Fully Earned Premium Endorsement	RM TX Notice	(03/19) Notice to Policyholders - Texas
L-224	(10/10) Punitive Or Exemplary Damages Exclusion	SPE 300	(05/09) Special Events Property Damage Amendment
L-387	(12/19) Exclusion - Mechanical Riding Devices and Mechanical Amusement Devices	TRIADN	(12/20) Disclosure Notice of Terrorism Insurance Coverage
L-423	(02/11) Exclusion For Structure Collapse	TX Notice USLI	(10/23) Important Notice

IV. OFFER OF OPTIONAL COVERAGE(S)

Based on the information provided, the following additional coverages are available to this applicant but are not currently included in the quotation. The additional premium may be subject to taxes & fees. For a firm final amount please contact us and we will revise the quote.

Coverage	Rate
Option 1 Set-up and/or Take-down Coverage	0.100

Important Information

- If this coverage is purchased, add L-563 Set-Up and/or Take-Down Coverage for Special Events
- Set-up and take-down coverage is available. If you wish to purchase, please submit the following with your bind request: dates requested, confirm no heavy machinery used during set-up and take-down (bulldozers, backhoes, excavators and any type of industrial machinery). Note: 10% of the first day rate for each day of set-up and/or take-down will apply.

Please contact us with any questions regarding the terminology used or the coverages provided.

Read the quote carefully, it may not match the coverages requested

	Coverage	Additional Premium
Option 2	Rain Date Coverage	\$50

Important Information

- If this coverage is purchased, add L-562 Rain Date Coverage for Special Events
- This pricing is per event.

	Coverage	Additional Premium
Option 3	Banner Coverage	\$100

Important Information

- If this coverage is purchased, add L-788 Banner Coverage For Scheduled Special Events
- This pricing is per event.

	Coverage	Additional Premium
Option 4	Terrorism Coverage	See notes for rate information

Important Information

- Terrorism coverage, per the Terrorism Risk Insurance Program Reauthorization Act, is available for an additional premium of 1.00% of the total applicable premium. When making your decision to purchase Terrorism Coverage, please be aware that coverage for "insured losses" as defined by the Act is subject to the coverage terms, conditions, amount, and limits in this policy applicable to losses arising from events other than acts of terrorism. If not desired attach TRIADN Disclosure Notice of Terrorism Insurance Coverage or add form NTE Notice of Terrorism Exclusion.
- The Terrorism premium shown above has been calculated as a percentage of the quoted coverages. If any coverages are added or removed at binding, the additional premium show above is subject to change.

Please contact us with any questions regarding the terminology used or the coverages provided.

Read the quote carefully, it may not match the coverages requested



ASHLEY
WHOLESALE BROKERAGE

ASHLEY GENERAL AGENCY
1811 West White Oak Terrace, Conroe, TX 77304
Phone: (936)441-5974

United States Liability Insurance Company

Special Events Application

MSE025S00H0
Version 2

You or your agent provided the information used to complete the questions below. Please answer all remaining questions in the space provided. By signing this application you are warranting that all information on this application is true and correct.

I. General Information

Applicant's Name: Mitch Sens

Form Of Business: Individual Corporation Partnership LLC Other: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Fax Number: _____

Web Address: _____ E-mail Address: mitchsens@hotmail.com

Coverage Desired: General Liability Liquor Liability

Please advise all entities requesting to be added as Additional Insured on this policy: Not Applicable

Complete Name	Address	Interest

Brief Narrative of Event(s)

Crusin' for Justice with J.P

In the past 5 years, has the event incurred a General Liability loss over \$5,000? Yes No

II. Location Address of the Event(s) and Corresponding Classification(s)

Location #1

Address

City

State

Zip

708 E Edinburg Ave

Elsa

TX

78543

Years At Current Location: _____

Event	Start Date	End Date	# of Attendees:	# of Consumers:
Motor Vehicle Event, Race or Competition - Car Show (applicant is the host of the event)	10/4/2025	10/4/2025	100	

- Will the event feature firearms? Yes No
- If independent security will be used at the event, will the applicant require the independent security provider to carry their own General Liability insurance? Yes No
- Will the event feature overnight camping, or dormitory stays on the event's premises? Yes No
- Will the event feature fireworks? Yes No
- Will attendees be allowed on mechanical rides or devices at the event? Yes No
- Will the applicant be named as additional insured on the third party ride vendor's general liability policy? Yes No
- Are all rides owned and operated by a third party vendor who carries GL limits of at least \$1M/\$2M? Yes No
- Will the event feature burnouts, drag racing or flame throwing? Yes No
- Will the vehicles remain stationary throughout the show with their engines off? Yes No

III. Limit of Insurance

Please select a limit:

Limits of Liability Occurrence/Aggregate

\$1,000,000/\$2,000,000

Additional Quote Information

Personal & Advertising Injury Will match the Occurrence Limit

Products Aggregate See L-535

Damages to Premises Rented \$100,000.00

Medical Payments \$1,000.00

General Liability Limits must be equal to or greater than Liquor Liability Limits.

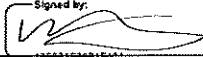
Classification
Additional Insured - Blanket - Special Events - General Liability

Fraud Statement: Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and may subject such person to criminal and/or civil penalties and other sanctions.

Applicant's Warranty Statement: I warrant that the information provided in this Application, and any amendments or modifications to this Application are true and correct. I acknowledge that the information provided in this Application is material to acceptance of the risk and the issuance of the requested policy by Company. I agree that any claim, incident, occurrence, event or material change in the Applicant's operation taking place between the date this application was signed and the effective date of the insurance policy applied for which would render inaccurate, untrue or incomplete, any information provided in this Application, will immediately be reported in writing to the Company and the Company may withdraw or modify any outstanding quotations and/or void any authorization or agreement to bind the insurance. Company may, but is not required, to make investigation of the information provided in this Application. A decision by the Company not to make or to limit such investigation does not constitute a waiver or estoppel of Company's rights.

I acknowledge that this Application is deemed incorporated by reference in any policy issued by Company in reliance thereon whether or not the Application is attached to the policy.

I acknowledge and agree that a breach of this WARRANTY STATEMENT is grounds for Company to declare void any policy or policies issued in reliance thereon and/or deny any claim(s) for coverage thereunder.

Applicants Signature*:  Title: _____ Date: 10/1/2025
Signed by:
125001F0031F004
 (Must be Owner, Officer or Partner) (Required) (Required)
 Brokers Signature: _____ Date: _____
 If your state requires that we have the name and address of your (insured's) authorized Agent or Broker.
 Name of Authorized Agent or Broker: _____
 Address: _____

**SUBMITTING THIS APPLICATION DOES NOT BIND THE APPLICANT TO PURCHASE INSURANCE.
ACCEPTANCE OF THIS APPLICATION DOES NOT BIND THE COMPANY TO ISSUE INSURANCE.**

POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

You are hereby notified that under the Terrorism Risk Insurance Act ("the Act"), as amended, you have a right to purchase insurance coverage for losses arising out of acts of terrorism. *As defined in Section 102(1) of the Act:* The term "act of terrorism" means any act or acts that are certified by the Secretary of the Treasury, in consultation with the Secretary of Homeland Security, 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 any coverage for losses caused by certified acts of terrorism is partially reimbursed by the United States under a formula established by federal law. Under this formula, the United States reimburses 80% 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 covered by the federal government under the Act.

Coverage for "insured losses", as defined in the Act, is subject to the coverage terms, conditions, amounts and limits in this policy applicable to losses arising from events other than acts of terrorism.

You should know that the 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 in any one calendar year, your coverage may be reduced.

You should also know that, under federal law, you are not required to purchase coverage for losses caused by certified acts of terrorism.

REJECTION OR SELECTION OF TERRORISM INSURANCE COVERAGE

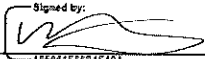
Note: In the states of California, Georgia, Hawaii, Illinois, Iowa, Maine, North Carolina, Oregon, Washington, West Virginia and Wisconsin, our terrorism exclusion makes an exception for fire losses resulting from an Act of Terrorism. In these states, if you decline to purchase Terrorism Coverage, you still have coverage for fire losses resulting from an Act of Terrorism.

Please "X" one of the boxes below and return this notice to the Company.

<input checked="" type="checkbox"/>	I decline to purchase Terrorism Coverage. I understand that I will have no coverage for losses arising from acts of Terrorism.
<input type="checkbox"/>	I elect to purchase coverage for certified acts of Terrorism for a premium of \$ _____.

Mitch Sens

 Applicant Name (Print)

Signed by: 

 Authorized Signature

 Named Insured
 10/1/2025

 Date



Special Events Product

YOU ARE VULNERABLE TO SUITS ALLEGING "PROPERTY DAMAGE," "BODILY INJURY" OR "MEDICAL PAYMENTS" CAUSED BY THE NEGLIGENT OPERATIONS OR ACTIVITIES AT YOUR SPECIAL EVENT.

- ▶ If someone trips and falls at your affair, there is the potential you may be facing a significant lawsuit due to their injuries.
- ▶ Property damage to the venues is the most common type of claim we see on special events.
- ▶ One or several attendees could suffer from serious food poisoning and you may be responsible for their medical expenses.

DEPENDING ON THE LAWS IN YOUR STATE, YOU MAY BE HELD LIABLE FOR THE ACTIONS OF INTOXICATED OR UNDERAGE PERSONS YOU SERVED AT YOUR SPECIAL EVENT

- ▶ The negligent service to an intoxicated or underage person can produce substantial verdicts or settlements.
- ▶ Underage drinkers make up a significant portion of alcohol-related traffic crashes.
- ▶ You may also be held responsible for the actions of those selling/serving alcohol for you.
- ▶ Even if you are ultimately cleared of liability, it may cost thousands of dollars to defend a claim.

There are many important coverage features you should have in your Special Event Policy. Why you should place coverage with us:

COVERAGE FEATURES	OUR GROUP	COMPETITORS' POLICY
General Liability Coverage and/or Liquor Liability Coverage available with separate limits	✓	?
Expense outside policy limits	✓	?
No deductibles	✓	?
Coverage for damage to rented premises includes other perils in addition to fire	✓	?
Property owner can be included as an Additional Insured at no additional premium	✓	?
Automatic coverage for volunteers, temporary or leased workers and committee members	✓	?
Extended coverage for events lasting past midnight at no additional premium	✓	?
Specialized Claims Team	✓	?
A.M. Best rated A++ carrier	✓	?

Insure your financial well-being with a stable Company that will be there to pay your claim.



Privacy Notice At Collection

We may need to collect certain personal information to provide you with our services and products. For information on how we store, use and protect personal information, please see our Privacy Policy accessible on our website, <https://www.usli.com/privacy-policy/>.



CARRIER:

[Empty box for carrier information]

The Main Event® — Special Event Product

YOU CAN OBTAIN A QUOTE BY PROVIDING THE INFORMATION IN THE INSTANT QUOTE SECTION, SUBJECT TO THE REMAINDER PROVIDED PRIOR TO BINDING.

INSTANT QUOTE INFORMATION

Instant Quote is only available for accounts with no losses in the past three years. If there is loss history, please complete the entire application.

Type Of Event

- Grid of event types: Beer garden/tent, Concert, Convention/Trade show/Exhibit, Competition or show, Festival, Fundraiser, Individual vendor booth, Motor vehicle race/show, Musical/Theatrical performance, Parade, Party/Social event, Picnic, Sporting event/Tournament, Wedding/Wedding reception, Other (describe):

Applicant's name (include DBA name): Mitch Sens
(List only one legal and DBA name. Do not include "etal," "etc." or other similar wording in the name.)

Name of the event: Crusin' for Justice with J.P. Event website:

Describe applicant's role and responsibility in event: Host/ Promoter

Location address: 708 E Edinburg Ave

City: Elsa State: TX Zip code: 78543

Mailing address:

City: State: Zip code:

E-mail address of primary contact: mitchsens@hotmail.com Phone:

Form of business: [X] Individual [] Corporation [] Partnership [] LLC [] Other

Coverage Desired:

- Commercial general liability only, Liquor liability only, Commercial general liability and liquor liability*
Limits of coverage options: \$1 million/\$1 million, \$1 million/\$2 million, \$1 million/\$3 million

*Increased limits available in certain states and for select event classes. Please speak with an underwriter.

- 1. Estimated total attendees per day: 50-100
2. Estimated number of attendees consuming alcohol daily:
3. Full schedule/description and purpose of event (attach copy of brochure, website pages and flyer to this application or include details on all activities taking place): Flyer attached

4. Dates of event: From: 10/04/2025 To: 10/04/2025
(If one-day event, end date should be the same as start date. Quote will contemplate coverage for events continuing past 12 a.m.)

5. Desired coverage date(s) From: 10/04/2025 To: 10/04/2025
a. If event date(s) differs from desired coverage date(s), explain:

6. Is set-up and take-down coverage needed for additional dates? [] Yes [X] No
a. If "Yes," what are the dates and what will this exposure include?

b. Will there be any heavy machinery used such as bulldozers, backhoes, excavators, or any other types of industrial machinery (small forklifts and light machinery are acceptable)? [] Yes [X] No

7. Would you like to include a rain date? [] Yes [X] No
a. If "Yes," what date?

8. Would you like to include coverage for banners? [] Yes [X] No
a. If "Yes," does the banner hang above a major roadway or trail behind an airplane? [] Yes [] No

9. Name of additional insured: Hidalgo County Attn: Purchasing Dept.

10. Mailing address: 2812 S Highway Bus. 281, Edinburg, TX 78539

11. Additional insured's interest in event: County Premises

12. Would you like to include primary and non-contributory wording? Yes No
 a. If "Yes," please advise how many contracts are needed: _____
13. Would you like to include waiver of subrogation? Yes No
 a. If "Yes," please advise how many contracts are needed: _____

History

14. Previous carrier: _____ Policy number: _____
15. Describe any previous losses:

Year	# of Claims	Incured Amounts	General Liability/Liquor Liability/Assault or Battery	Description
		\$		
		\$		
		\$		

COMMERCIAL GENERAL LIABILITY

16. If applicant is an individual exhibitor/vendor, what is the estimated number of attendees per day anticipated to visit their booth? _____
17. Will there be entertainment? Yes No
 a. If "Yes," describe and include name of performers and acts: _____
Live Music by Gatos Locos, WC the Cowboy
18. Will the event feature any of the following:
- a. Mechanical rides/devices? Yes No
 - b. Firearms? Yes No
 - c. Fireworks? Yes No
 - i. If "Yes," will the fireworks display be conducted by a third party who carries general liability limits of at least \$1 million/\$2 million? Yes No
 - ii. If "Yes," will our applicant be named as an additional insured on the general liability policy of the third party vendor conducting the fireworks? Yes No
 - iii. Will the fireworks be discharged at a minimum of 75 feet from the attendees? Yes No
 - d. Overnight camping or bonfires? Yes No
 - e. Water hazards? Yes No
 - i. If "Yes," will attendees be permitted to swim, boat, jet ski or fish? Yes No
 - f. Haunted house, hayride or corn maze? Yes No
 - g. High profile attendees? Yes No
 - i. If "Yes," please list: _____
19. a. Describe security measures: _____
- b. If security is provided by independent contractors, are they required to carry their own insurance? N/A Yes No
(For event specific underwriting questions, please see Event Types Section.)

LIQUOR LIABILITY

Liquor Liability (if coverage is desired)

20. Hours of event: From: _____ a.m. p.m. To: _____ a.m. p.m.
 a. If hours vary by date, describe: _____
21. For this event, is the applicant acting in the capacity of a hired caterer or bartender? Yes No
22. Is the applicant an individual or business that regularly sells, serves or furnishes alcohol? Yes No
23. a. Is applicant the sole vendor/server of alcohol at event? Yes No
 b. If there are multiple vendors, are all participating alcohol vendors/servers required to carry liquor liability limits for the event equal to or greater than our applicant? Yes No
24. Will alcohol be dispensed by a professional bartender or server who has taken a formal alcohol awareness training course? Yes No
25. Will alcohol be sold by applicant? Yes No
26. Is BYOB (Bring Your Own Bottle) or self-service of alcohol permitted? Yes No

Event Types

27. If this is a **CONCERT/MUSICAL EVENT**, complete below:

- a. Name(s) of performer(s): Gatos Locos, WC the Cowboy
Describe type of music: Country
- b. Performers are: Local National
- c. Will pyrotechnics be featured? Yes No
- d. Any special effects? Yes No
If "Yes," describe: _____

28. If this is a **PARADE EVENT**, complete below:

- a. Describe parade route from start to finish: _____
- b. Has parade route been approved by local authorities and will route be secured by police? Yes No
If "No," explain: _____
- c. Are parade participants permitted to throw souvenirs, candy or other items into the crowd? Yes No

29. If this is an **ATHLETIC EVENT**, complete below:

- a. Describe athletic event: _____
- b. Professional or Amateur
If "Professional," list the athletes: _____
- c. Is this an off road, trail run, mud run or obstacle event? Yes No

30. If this is a **MOTOR VEHICLE RACE, RODEO, TRACTOR PULL or TRUCK SHOW**, complete below:

- a. Is the venue designed specifically for this type of activity? Yes No
- b. Are metal or concrete barriers in place to ensure spectator safety? Yes No
If "No," describe: _____
- c. Are the barriers permanent? Yes No
- d. How high are the barriers? _____
- e. What is the distance between the barriers and spectators? _____
- f. Are spectators permitted in the pit or infield area? Yes No
- g. If this is a rodeo, are the transfer areas between animal pens and the competition restricted from the general public? Yes No
- h. Will the event feature audience participation (e.g. calf scrambles)? Yes No
- i. Is this an off road, trail run, mud run or obstacle event? Yes No

31. If this is a **CAR SHOW/MOTOR VEHICLE SHOW**, complete below:

- a. Do vehicles remain stationary throughout the show with engines off? Yes No
- b. Will the event feature burnouts, drag races or flame throwing? Yes No

32. If this is a **HEALTH FAIR/CONVENTION**, complete below:

- a. Will the event feature any medical or health treatment? Yes No

FRAUD STATEMENTS

Alabama, Arkansas, District of Columbia, New Mexico, Rhode Island and West Virginia: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

California: For your protection California law requires the following to appear on this application. Fraud Statement: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Colorado Fraud Statement: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

Florida Fraud Statement: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Kansas Fraud Statement: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto may be guilty of a crime and may be subject to fines and confinement in prison.

Maine Fraud Statement: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits

Maryland Fraud Statement: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New Jersey Fraud Statement: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Ohio Fraud Statement: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma Fraud Statement: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Oregon Fraud Statement: Notice to Oregon applicants: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

Kentucky and Pennsylvania Fraud Statement: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Tennessee, Virginia and Washington Fraud Statement: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Fraud Statement (All Other States): Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

STATE NOTICES

Arizona Notice: Misrepresentations, omissions, concealment of facts and incorrect statements shall prevent recovery under the policy only if the misrepresentations, omissions, concealment of facts or incorrect statements are; fraudulent or material either to the acceptance of the risk, or to the hazard assumed by the insurer or the insurer in good faith would either not have issued the policy, or would not have issued a policy in as large an amount, or would not have provided coverage with respect to the hazard resulting in the loss, if the true facts had been made known to the insurer as required either by the application for the policy or otherwise.

Florida Surplus Lines Notice: (Applies only if policy is non-admitted) You are agreeing to place coverage in the surplus lines market. Superior coverage may be available in the admitted market and at a lesser cost. Persons insured by surplus lines carriers are not protected under the Florida Insurance Guaranty Act with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

Florida and Illinois Punitive Damage Notice: I understand that there is no coverage for punitive damages assessed directly against an insured under Florida and Illinois law. However, I also understand that punitive damages that are not assessed directly against an insured, also known as "vicariously assessed punitive damages", are insurable under Florida and Illinois law. Therefore, if any Policy is issued to the Applicant as a result of this Application and such Policy provides coverage for punitive damages, I understand and acknowledge that the coverage for Claims brought in the State of Florida and Illinois is limited to "vicariously assessed punitive damages" and that there is no coverage for directly assessed punitive damages.

Maine Notice: The insurer is not permitted to withdraw any binder once issued, but a prospective notice of cancellation may be sent and coverage denied for fraud or material misrepresentation in obtaining coverage. A policy may not be unilaterally rescinded or voided.

Ohio Representation Statement: By acceptance of this policy, the Insured agrees the statements in the application (new or renewal) submitted to the company are true and correct. It is understood and agreed that, to the extent permitted by law, the Company reserves the right to rescind this policy, or any coverage provided herein, for material misrepresentations made by the Insured. It is understood and agreed that the statements made in the insurance applications are incorporated into, and shall form part of, this policy. **THE INSURED UNDERSTANDS AND AGREES THAT ANY MATERIAL MISREPRESENTATION OR OMISSION ON THIS APPLICATION WILL ACT TO RENDER ANY CONTRACT OF INSURANCE NULL AND WITHOUT EFFECT OR PROVIDE THE COMPANY THE RIGHT TO RESCIND IT.**

Utah Punitive Damages Notice: I understand that Punitive Damages are not insurable in the state of Utah. There will be no coverage afforded for Punitive Damages for any Claim brought in the State of Utah. Any coverage for Punitive Damages will only apply if a Claim is filed in a state which allows punitive or exemplary damages to be insurable. This may apply if a Claim is brought in another state by a subsidiary or additional location(s) of the Named Insured, outside the state of Utah, for which coverage is sought under the same policy.

If your state requires that we have information regarding your Authorized Retail Agent or Broker, please provide below.

Retail agency name: _____ License #: _____

Agent's signature: _____ Main agency phone number: _____

(Required in New Hampshire)

Agency mailing address: _____

City: _____ State: _____ Zip: _____

The signer of this Application acknowledges and understands that the information provided herein is material to the Company's acceptance of the risk and issuance of the requested policy. The signer of this Application represents that the information provided herein is true and correct in all matters. Any changes in the information represented in this Application occurring prior to the effective date of a policy shall be promptly reported to the Company in which case, the Company has the right to modify or withdraw any quote or binder issued based on such changes. The Company has the right but not the obligation to investigate any representation(s) in this Application. A decision by the Company not to investigate shall not estop the Company from relying on this Application in issuing a policy. It is agreed that this Application and any material submitted therewith, including but not limited to any supplemental Application(s), shall be the basis of any policy that is issued.

New York Fraud Statement: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Applicant's signature:  Title: _____

President, Chairperson of the Board, Managing Member, or Executive Director

Date: 10/1/2025



Privacy Notice At Collection

We may need to collect certain personal information to provide you with our services and products. For information on how we store, use and protect personal information, please see our Privacy Policy accessible on our website, <https://www.usli.com/privacy-policy/>.

Certificate Of Completion

Envelope Id: A64B3195-D7C9-4392-A908-32ADFFB66B1B

Status: Completed

Subject: Complete with Docusign: Mitch Sens.pdf, Acord 125 - Commercial Insurance Application - Applican...

Source Envelope:

Document Pages: 21

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David D Salazar Jr

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david@silverhorninsurance.com

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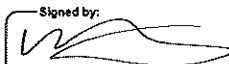
Signer Events

Mitch Sens

mitchsens@hotmail.com

Security Level: Email, Account Authentication
(None)

Signature

Signed by:

185561F86B1F404...

Signature Adoption: Drawn on Device

Using IP Address:

2600:100c:b078:f3ab:c502:841c:2223:ab8b

Signed using mobile

Timestamp

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Electronic Record and Signature Disclosure:
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In Person Signer Events

Signature

Timestamp

Editor Delivery Events

Status

Timestamp

Agent Delivery Events

Status

Timestamp

Intermediary Delivery Events

Status

Timestamp

Certified Delivery Events

Status

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Carbon Copy Events

Status

Timestamp

Witness Events

Signature

Timestamp

Notary Events

Signature

Timestamp

Envelope Summary Events

Status

Timestamps

Envelope Sent

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Certified Delivered

Security Checked

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Signing Complete

Security Checked

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Completed

Security Checked

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Payment Events

Status

Timestamps

