# COMMERCIAL INSURANCE APPLICATION

## APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY): 04/02/2026

| | |
|---|---|
| **AGENCY**<br>Arthur J. Gallagher Risk Management Services, LLC<br>4041 Essen Ln Ste 400<br>Baton Rouge, LA 70809 | **CARRIER** / **NAIC CODE**: N/A<br>**COMPANY POLICY OR PROGRAM NAME**: General Liability / **PROGRAM CODE**<br>**POLICY NUMBER** |
| **CONTACT NAME:**<br>**PHONE (A/C, No, Ext):** (225) 336-3200<br>**FAX (A/C, No):** (225) 336-4536<br>**E-MAIL ADDRESS:**<br>**CODE:** / **SUBCODE:**<br>**AGENCY CUSTOMER ID:** WINDWOR-05 | **UNDERWRITER** / **UNDERWRITER OFFICE**<br>**STATUS OF TRANSACTION**: ☐ QUOTE ☐ ISSUE POLICY ☐ RENEW; ☐ BOUND (Give Date and/or Attach Copy); ☐ CHANGE **DATE** **TIME** ☐ AM ☐ PM; ☐ CANCEL |

### LINES OF BUSINESS

| INDICATE LINES OF BUSINESS | PREMIUM | | PREMIUM | | PREMIUM |
|---|---|---|---|---|---|
| ☐ BOILER & MACHINERY | $ | ☐ CYBER AND PRIVACY | $ | ☐ YACHT | $ |
| ☐ BUSINESS AUTO | $ | ☐ FIDUCIARY LIABILITY | $ | X **Company Policy Fee** | $ 225.00 |
| ☐ BUSINESS OWNERS | $ | ☐ GARAGE AND DEALERS | $ | X **Policy Fee** | $ 500.00 |
| X COMMERCIAL GENERAL LIABILITY | $ 240,260.00 | ☐ LIQUOR LIABILITY | $ | X **Surplus Lines Tax** | $ 11,687.77 |
| ☐ COMMERCIAL INLAND MARINE | $ | ☐ MOTOR CARRIER | $ | ☐ | $ |
| ☐ COMMERCIAL PROPERTY | $ | ☐ TRUCKERS | $ | ☐ | $ |
| ☐ CRIME | $ | ☐ UMBRELLA | $ | ☐ | $ |

### ATTACHMENTS

| | | |
|---|---|---|
| ☐ ACCOUNTS RECEIVABLE / VALUABLE PAPERS | ☐ GLASS AND SIGN SECTION | ☐ STATEMENT / SCHEDULE OF VALUES |
| ☐ ADDITIONAL INTEREST SCHEDULE | ☐ HOTEL / MOTEL SUPPLEMENT | ☐ STATE SUPPLEMENT (If applicable) |
| ☐ ADDITIONAL PREMISES INFORMATION SCHEDULE | ☐ INSTALLATION / BUILDERS RISK SECTION | ☐ VACANT BUILDING SUPPLEMENT |
| ☐ APARTMENT BUILDING SUPPLEMENT | ☐ INTERNATIONAL LIABILITY EXPOSURE SUPPLEMENT | ☐ VEHICLE SCHEDULE |
| ☐ CONDO ASSN BYLAWS (for D&O Coverage only) | ☐ INTERNATIONAL PROPERTY EXPOSURE SUPPLEMENT | ☐ |
| ☐ CONTRACTORS SUPPLEMENT | ☐ LOSS SUMMARY | ☐ |
| ☐ COVERAGES SCHEDULE | ☐ OPEN CARGO SECTION | ☐ |
| ☐ DEALERS SECTION | ☐ PREMIUM PAYMENT SUPPLEMENT | ☐ |
| ☐ DRIVER INFORMATION SCHEDULE | ☐ PROFESSIONAL LIABILITY SUPPLEMENT | ☐ |
| ☐ ELECTRONIC DATA PROCESSING SECTION | ☐ RESTAURANT / TAVERN SUPPLEMENT | ☐ |

### POLICY INFORMATION

| PROPOSED EFF DATE | PROPOSED EXP DATE | BILLING PLAN | PAYMENT PLAN | METHOD OF PAYMENT | AUDIT | DEPOSIT | MINIMUM PREMIUM | POLICY PREMIUM |
|---|---|---|---|---|---|---|---|---|
| 05/01/2026 | 05/01/2027 | ☐ DIRECT ☐ AGENCY | AN | | | $ | $ | $ 252,672.77 |

### APPLICANT INFORMATION

**NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4)**
Window World of Baton Rouge, LLC
8405 Airline Hwy.
Baton Rouge, LA 70815

| GL CODE | SIC | NAICS | FEIN OR SOC SEC # |
|---|---|---|---|
| | 3442 | | 94-3427277 |

BUSINESS PHONE #: (225) 706-2100
WEBSITE ADDRESS: https://www.windowworld-btr.com

☐ CORPORATION ☐ JOINT VENTURE ☐ NOT FOR PROFIT ORG ☐ SUBCHAPTER "S" CORPORATION ☐
☐ INDIVIDUAL X LLC NO. OF MEMBERS AND MANAGERS: _____ ☐ PARTNERSHIP ☐ TRUST

**NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)**
Window World of Baton Rouge, LLC dba Window World of Houston

| GL CODE | SIC | NAICS | FEIN OR SOC SEC # |
|---|---|---|---|
| | | | 94-3437277 |

BUSINESS PHONE #:
WEBSITE ADDRESS:

☐ CORPORATION ☐ JOINT VENTURE ☐ NOT FOR PROFIT ORG ☐ SUBCHAPTER "S" CORPORATION ☐
☐ INDIVIDUAL ☐ LLC NO. OF MEMBERS AND MANAGERS: _____ ☐ PARTNERSHIP ☐ TRUST

**NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)**
Window World of Dallas, LLC

| GL CODE | SIC | NAICS | FEIN OR SOC SEC # |
|---|---|---|---|
| | | | 27-4687014 |

BUSINESS PHONE #:
WEBSITE ADDRESS:

☐ CORPORATION ☐ JOINT VENTURE ☐ NOT FOR PROFIT ORG ☐ SUBCHAPTER "S" CORPORATION ☐
☐ INDIVIDUAL ☐ LLC NO. OF MEMBERS AND MANAGERS: _____ ☐ PARTNERSHIP ☐ TRUST


© 1993-2015 ACORD CORPORATION. All rights reserved.
The ACORD name and logo are registered marks of ACORD

## CONTACT INFORMATION

AGENCY CUSTOMER ID: WINDWOR-05 WADME1

| | |
|---|---|
| CONTACT TYPE: | CONTACT TYPE: |
| CONTACT NAME: Chris Peters | CONTACT NAME: |
| PRIMARY PHONE # ☐ HOME ☒ BUS ☐ CELL (225) 706-2100 / SECONDARY PHONE # ☐ HOME ☐ BUS ☐ CELL | PRIMARY PHONE # ☐ HOME ☐ BUS ☐ CELL / SECONDARY PHONE # ☐ HOME ☐ BUS ☐ CELL |
| PRIMARY E-MAIL ADDRESS: cpeters@winworldinfo.com | PRIMARY E-MAIL ADDRESS: |
| SECONDARY E-MAIL ADDRESS: | SECONDARY E-MAIL ADDRESS: |

## PREMISES INFORMATION (Attach ACORD 823 for Additional Premises)

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| LOC # 1 | STREET: 8405 Airline Hwy. | | CITY LIMITS: ☐ INSIDE ☐ OUTSIDE | INTEREST: ☐ OWNER ☐ TENANT | # FULL TIME EMPL | ANNUAL REVENUES: $ | |
| BLD # 1 | CITY: Baton Rouge | STATE: LA | | | # PART TIME EMPL | OCCUPIED AREA: | SQ FT |
| | COUNTY: East Baton | ZIP: 70815 | | | | OPEN TO PUBLIC AREA: | SQ FT |
| | | | | | | TOTAL BUILDING AREA: | SQ FT |
| DESCRIPTION OF OPERATIONS: Distributor of windows, doors, siding - 2 Bldgs. - Office/Showroom & Warehouse | | | | | | ANY AREA LEASED TO OTHERS? Y / N | |
| LOC # 2 | STREET: 8423 Airline Hwy. - Building 1 | | CITY LIMITS: ☐ INSIDE ☐ OUTSIDE | INTEREST: ☐ OWNER ☐ TENANT | # FULL TIME EMPL | ANNUAL REVENUES: $ | |
| BLD # 1 | CITY: Baton Rouge | STATE: LA | | | # PART TIME EMPL | OCCUPIED AREA: | SQ FT |
| | COUNTY: East Baton Rouge | ZIP: 70814 | | | | OPEN TO PUBLIC AREA: | SQ FT |
| | | | | | | TOTAL BUILDING AREA: | SQ FT |
| DESCRIPTION OF OPERATIONS: Records Storage, Parts Storage, Equip. Storage | | | | | | ANY AREA LEASED TO OTHERS? Y / N | |
| LOC # 3 | STREET: 12014 Sligo Road | | CITY LIMITS: ☐ INSIDE ☐ OUTSIDE | INTEREST: ☐ OWNER ☐ TENANT | # FULL TIME EMPL | ANNUAL REVENUES: $ | |
| BLD # 1 | CITY: Bains | STATE: LA | | | # PART TIME EMPL | OCCUPIED AREA: | SQ FT |
| | COUNTY: West Feliciana | ZIP: 70775 | | | | OPEN TO PUBLIC AREA: | SQ FT |
| | | | | | | TOTAL BUILDING AREA: | SQ FT |
| DESCRIPTION OF OPERATIONS: 380 Acres | | | | | | ANY AREA LEASED TO OTHERS? Y / N | |
| LOC # 4 | STREET: 10741 Endeavour Way, Unit C | | CITY LIMITS: ☐ INSIDE ☐ OUTSIDE | INTEREST: ☐ OWNER ☐ TENANT | # FULL TIME EMPL | ANNUAL REVENUES: $ | |
| BLD # 1 | CITY: Seminole | STATE: FL | | | # PART TIME EMPL | OCCUPIED AREA: | SQ FT |
| | COUNTY: Pinellas | ZIP: 33777 | | | | OPEN TO PUBLIC AREA: | SQ FT |
| | | | | | | TOTAL BUILDING AREA: | SQ FT |
| DESCRIPTION OF OPERATIONS: Office/Showroom in FL | | | | | | ANY AREA LEASED TO OTHERS? Y / N | |

## NATURE OF BUSINESS

| | | | | | | | | | | | | | | | | | | DATE BUSINESS STARTED (MM/DD/YYYY) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| ☐ | APARTMENTS | ☐ | CONTRACTOR | ☐ | MANUFACTURING | ☐ | RESTAURANT | ☐ | SERVICE | ☒ | Distributor | | | | | | | |
| ☐ | CONDOMINIUMS | ☐ | INSTITUTIONAL | ☐ | OFFICE | ☐ | RETAIL | ☐ | WHOLESALE | | | | | | | | | 03/20/2002 |

DESCRIPTION OF PRIMARY OPERATIONS

Distributor of windows, doors, siding

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

DESCRIPTION OF OPERATIONS OF OTHER NAMED INSUREDS

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

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

**AGENCY CUSTOMER ID:** WINDWOR-05 **WADME1**

## GENERAL INFORMATION

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

**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: CUMBR |
|---|---|---|---|---|---|
| 2025 - 2026 | CARRIER | Associated Industries Insurance Co | Liberty Mutual Fire Ins Co. | | Great American E&S Ins. Co. |
| | POLICY NUMBER | AES121779503 | AS2Z91469187030 | | UM2386990-14 |
| | PREMIUM | $ 240,260.00 | $ | $ | $ |
| | EFFECTIVE DATE | 05/01/2025 | 07/01/2020 | | 07/01/2020 |
| | EXPIRATION DATE | 05/01/2026 | 07/01/2021 | | 07/01/2021 |

**PRIOR CARRIER INFORMATION (continued)**

**AGENCY CUSTOMER ID:** WINDWOR-05 **WADME1**

| YEAR | CATEGORY | GENERAL LIABILITY | AUTOMOBILE | PROPERTY | OTHER: |
|---|---|---|---|---|---|
| 2024 - 2025 | CARRIER | Associated Industries Insurance Co | | | |
| | POLICY NUMBER | AES121779502 | | | |
| | PREMIUM | $ 231,312.00 | $ | $ | $ |
| | EFFECTIVE DATE | 07/01/2024 | | | |
| | EXPIRATION DATE | 07/01/2025 | | | |
| 2023 - 2024 | CARRIER | Associated Industries Insurance Co | Old Republic Insurance Co. | | Great American E&S Ins. Co. |
| | POLICY NUMBER | AES121779501 | | | XSE73740302 |
| | PREMIUM | $ | $ | $ | $ |
| | EFFECTIVE DATE | 05/01/2023 | 05/01/2023 | | 05/01/2023 CUMBR |
| | EXPIRATION DATE | 05/01/2024 | 05/01/2024 | | 05/01/2024 |

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

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE LAST YEARS

**TOTAL LOSSES: $**

| DATE OF OCCURRENCE | LINE | TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM | DATE OF CLAIM | AMOUNT PAID | AMOUNT RESERVED | SUBRO-GATION Y / N | CLAIM OPEN Y / N |
|---|---|---|---|---|---|---|---|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

**SIGNATURE**

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

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

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

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

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

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

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

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

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

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

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

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

| PRODUCER'S SIGNATURE | PRODUCER'S NAME (Please Print) | STATE PRODUCER LICENSE NO (Required in Florida) |
|---|---|---|
| William McKnight | | |

| APPLICANT'S SIGNATURE | DATE | NATIONAL PRODUCER NUMBER |
|---|---|---|
| | | |

AGENCY CUSTOMER ID: WINDWOR-05 WADME1

# ADDITIONAL PREMISES INFORMATION SCHEDULE



| AGENCY | CARRIER | NAIC CODE |
|---|---|---|
| Arthur J. Gallagher Risk Management Services, LLC | | N/A |

| POLICY NUMBER | EFFECTIVE DATE | NAMED INSURED(S) |
|---|---|---|
| | 05/01/2026 | Window World of Baton Rouge, LLC |

**PREMISES INFORMATION**

| LOC # | STREET | CITY LIMITS | INTEREST | # FULL TIME EMPL | ANNUAL REVENUES: $ |
|---|---|---|---|---|---|
| 5 | 10540 Bissonnet St., Suite 190 | INSIDE | OWNER | | OCCUPIED AREA: SQ FT |
| BLD # | CITY: Houston STATE: TX | OUTSIDE | TENANT | # PART TIME EMPL | OPEN TO PUBLIC AREA: SQ FT |
| 1 | COUNTY: Harris ZIP: 77099 | | | | TOTAL BUILDING AREA: SQ FT |
| DESCRIPTION OF OPERATIONS: Small Showroom | | | | | ANY AREA LEASED TO OTHERS? Y / N: |

| LOC # | STREET | CITY LIMITS | INTEREST | # FULL TIME EMPL | ANNUAL REVENUES: $ |
|---|---|---|---|---|---|
| 6 | 8814 Veterans Memorial Blvd., Ste. 17 | INSIDE | OWNER | | OCCUPIED AREA: SQ FT |
| BLD # | CITY: Metairie STATE: LA | OUTSIDE | TENANT | # PART TIME EMPL | OPEN TO PUBLIC AREA: SQ FT |
| 1 | COUNTY: Jefferson ZIP: 70003 | | | | TOTAL BUILDING AREA: SQ FT |
| DESCRIPTION OF OPERATIONS: Small Showroom | | | | | ANY AREA LEASED TO OTHERS? Y / N: |

| LOC # | STREET | CITY LIMITS | INTEREST | # FULL TIME EMPL | ANNUAL REVENUES: $ |
|---|---|---|---|---|---|
| 7 | 3148 Ambassador Caffery Pkwy., Ste. 125 | INSIDE | OWNER | | OCCUPIED AREA: SQ FT |
| BLD # | CITY: Lafayette STATE: LA | OUTSIDE | TENANT | # PART TIME EMPL | OPEN TO PUBLIC AREA: SQ FT |
| 1 | COUNTY: Lafayette ZIP: 70506 | | | | TOTAL BUILDING AREA: SQ FT |
| DESCRIPTION OF OPERATIONS: Small Showroom | | | | | ANY AREA LEASED TO OTHERS? Y / N: |

| LOC # | STREET | CITY LIMITS | INTEREST | # FULL TIME EMPL | ANNUAL REVENUES: $ |
|---|---|---|---|---|---|
| 8 | 2520 N. Great Southwest Pkwy. | INSIDE | OWNER | | OCCUPIED AREA: SQ FT |
| BLD # | CITY: Grand Prairie STATE: TX | OUTSIDE | TENANT | # PART TIME EMPL | OPEN TO PUBLIC AREA: SQ FT |
| 1 | COUNTY: Dallas ZIP: 75050 | | | | TOTAL BUILDING AREA: SQ FT |
| DESCRIPTION OF OPERATIONS: Office/Warehouse | | | | | ANY AREA LEASED TO OTHERS? Y / N: |

| LOC # | STREET | CITY LIMITS | INTEREST | # FULL TIME EMPL | ANNUAL REVENUES: $ |
|---|---|---|---|---|---|
| 9 | 600 N. Coit Road | INSIDE | OWNER | | OCCUPIED AREA: SQ FT |
| BLD # | CITY: Richardson STATE: TX | OUTSIDE | TENANT | # PART TIME EMPL | OPEN TO PUBLIC AREA: SQ FT |
| 1 | COUNTY: Dallas ZIP: 75080 | | | | TOTAL BUILDING AREA: SQ FT |
| DESCRIPTION OF OPERATIONS: Small Showroom | | | | | ANY AREA LEASED TO OTHERS? Y / N: |

| LOC # | STREET | CITY LIMITS | INTEREST | # FULL TIME EMPL | ANNUAL REVENUES: $ |
|---|---|---|---|---|---|
| 10 | 4966 Rosemound Loop | INSIDE | X OWNER | | OCCUPIED AREA: SQ FT |
| BLD # | CITY: Saint Francisville STATE: LA | OUTSIDE | TENANT | # PART TIME EMPL | OPEN TO PUBLIC AREA: SQ FT |
| 1 | COUNTY: West Feliciana ZIP: 70775 | | | | TOTAL BUILDING AREA: SQ FT |
| DESCRIPTION OF OPERATIONS: Havenwood Farms - 258 Acres - Hay Sales | | | | | ANY AREA LEASED TO OTHERS? Y / N: |

| LOC # | STREET | CITY LIMITS | INTEREST | # FULL TIME EMPL | ANNUAL REVENUES: $ |
|---|---|---|---|---|---|
| 11 | 14017 Perkins Road | INSIDE | OWNER | | OCCUPIED AREA: SQ FT |
| BLD # | CITY: Baton Rouge STATE: LA | OUTSIDE | TENANT | # PART TIME EMPL | OPEN TO PUBLIC AREA: SQ FT |
| 1 | COUNTY: EBR ZIP: 70810 | | | | TOTAL BUILDING AREA: SQ FT |
| DESCRIPTION OF OPERATIONS: Vacant Lot – 70’ x 300’ | | | | | ANY AREA LEASED TO OTHERS? Y / N: |

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, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

IN THE DISTRICT OF COLUMBIA, WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS, IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT

IN FLORIDA, 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.

IN KANSAS, 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.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, 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, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN WASHINGTON, 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.


Attach to ACORD 125 © 2006-2011 ACORD CORPORATION. All rights reserved.
The ACORD name and logo are registered marks of ACORD

AGENCY CUSTOMER ID: WINDWOR-05 WADME1

# ADDITIONAL PREMISES INFORMATION SCHEDULE



| AGENCY | CARRIER | NAIC CODE |
|---|---|---|
| Arthur J. Gallagher Risk Management Services, LLC | | N/A |

| POLICY NUMBER | EFFECTIVE DATE | NAMED INSURED(S) |
|---|---|---|
| | 05/01/2026 | Window World of Baton Rouge, LLC |

## PREMISES INFORMATION

| LOC # | STREET | | CITY LIMITS | INTEREST | # FULL TIME EMPL | ANNUAL REVENUES: $ | |
|---|---|---|---|---|---|---|---|
| 12 | 14007 Perkins Road | | INSIDE | OWNER | | OCCUPIED AREA: | SQ FT |
| BLD # | CITY: Baton Rouge | STATE: LA | OUTSIDE | TENANT | # PART TIME EMPL | OPEN TO PUBLIC AREA: | SQ FT |
| 1 | COUNTY: East Baton Rouge | ZIP: 70810 | | | | TOTAL BUILDING AREA: | SQ FT |
| DESCRIPTION OF OPERATIONS: LRO – Mercantile or Mfg. - Occupied - Fireside Antiques: High-end Vintage & Antique Furniture, Lighting & Decor | | | | | | ANY AREA LEASED TO OTHERS? Y / N: | |

| LOC # | STREET | | CITY LIMITS | INTEREST | # FULL TIME EMPL | ANNUAL REVENUES: $ | |
|---|---|---|---|---|---|---|---|
| 13 | Tract 621 & Adjacent | | INSIDE | X OWNER | | OCCUPIED AREA: | SQ FT |
| BLD # | CITY: Saint Francisville | STATE: LA | OUTSIDE | TENANT | # PART TIME EMPL | OPEN TO PUBLIC AREA: | SQ FT |
| 1 | COUNTY: West Feliciana | ZIP: 70775 | | | | TOTAL BUILDING AREA: | SQ FT |
| DESCRIPTION OF OPERATIONS: Vacant Land - Tract 621 - 17.7 & adjacent 4.08 acres - Total acres 23 | | | | | | ANY AREA LEASED TO OTHERS? Y / N: | |

| LOC # | STREET | | CITY LIMITS | INTEREST | # FULL TIME EMPL | ANNUAL REVENUES: $ | |
|---|---|---|---|---|---|---|---|
| 14 | Lot 4-D-1 - Rosemound Loop Lane | | INSIDE | OWNER | | OCCUPIED AREA: | SQ FT |
| BLD # | CITY: Saint Francisville | STATE: LA | OUTSIDE | TENANT | # PART TIME EMPL | OPEN TO PUBLIC AREA: | SQ FT |
| 1 | COUNTY: West Feliciana | ZIP: 70775 | | | | TOTAL BUILDING AREA: | SQ FT |
| DESCRIPTION OF OPERATIONS: 2 acres Lot 4-D-1 - land directly adjacent to the Northpoint Property Farms land on Rosemound Loop Lane in St. | | | | | | ANY AREA LEASED TO OTHERS? Y / N: | |

| LOC # | STREET | | CITY LIMITS | INTEREST | # FULL TIME EMPL | ANNUAL REVENUES: $ | |
|---|---|---|---|---|---|---|---|
| 15 | 452 County Rd. 27, | | INSIDE | OWNER | | OCCUPIED AREA: | 1,680 SQ FT |
| BLD # | CITY: Silverton | STATE: CO | OUTSIDE | X TENANT | # PART TIME EMPL | OPEN TO PUBLIC AREA: | SQ FT |
| 1 | COUNTY: | ZIP: 81433 | | | | TOTAL BUILDING AREA: | 1,680 SQ FT |
| DESCRIPTION OF OPERATIONS: Named Insured: Bear Cave Cabin, LLC - Entity leases a 1,680 SF cabin and >1 acre of land from US Forest Servic | | | | | | ANY AREA LEASED TO OTHERS? Y / N: | |

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

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

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

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, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

IN THE DISTRICT OF COLUMBIA, WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS, IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT

IN FLORIDA, 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.

IN KANSAS, 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.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, 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, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN WASHINGTON, 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.


Attach to ACORD 125 © 2006-2011 ACORD CORPORATION. All rights reserved.
The ACORD name and logo are registered marks of ACORD

# COMMERCIAL INSURANCE APPLICATION -
## OTHER NAMED INSURED SCHEDULE



| NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4) | GL CODE | SIC | NAICS | FEIN OR SOC SEC # |
|---|---|---|---|---|
| **Window World of Tampa Bay, LLC** | | | | **27-3323702** |
| | BUSINESS PHONE #: | | | |
| | WEBSITE ADDRESS | | | |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| ☐ | CORPORATION | ☐ | JOINT VENTURE | ☐ | NOT FOR PROFIT ORG | ☐ | SUBCHAPTER "S" CORPORATION ☐ |
| ☐ | INDIVIDUAL | ☐ | LLC NO. OF MEMBERS AND MANAGERS: _____ | ☐ | PARTNERSHIP | ☐ | TRUST |

| NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4) | GL CODE | SIC | NAICS | FEIN OR SOC SEC # |
|---|---|---|---|---|
| **Window World of Tri-State Area, LLC** | | | | **27-5141776** |
| | BUSINESS PHONE #: | | | |
| | WEBSITE ADDRESS | | | |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| ☐ | CORPORATION | ☐ | JOINT VENTURE | ☐ | NOT FOR PROFIT ORG | ☐ | SUBCHAPTER "S" CORPORATION ☐ |
| ☐ | INDIVIDUAL | ☐ | LLC NO. OF MEMBERS AND MANAGERS: _____ | ☐ | PARTNERSHIP | ☐ | TRUST |

| NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4) | GL CODE | SIC | NAICS | FEIN OR SOC SEC # |
|---|---|---|---|---|
| **A-Pro Home Services, LLC** | | | | **64-0928432** |
| | BUSINESS PHONE #: | | | |
| | WEBSITE ADDRESS | | | |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| ☐ | CORPORATION | ☐ | JOINT VENTURE | ☐ | NOT FOR PROFIT ORG | ☐ | SUBCHAPTER "S" CORPORATION ☐ |
| ☐ | INDIVIDUAL | ☐ | LLC NO. OF MEMBERS AND MANAGERS: _____ | ☐ | PARTNERSHIP | ☐ | TRUST |

| NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4) | GL CODE | SIC | NAICS | FEIN OR SOC SEC # |
|---|---|---|---|---|
| **Builders Windows, LLC** | | | | **26-0674361** |
| | BUSINESS PHONE #: | | | |
| | WEBSITE ADDRESS | | | |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| ☐ | CORPORATION | ☐ | JOINT VENTURE | ☐ | NOT FOR PROFIT ORG | ☐ | SUBCHAPTER "S" CORPORATION ☐ |
| ☐ | INDIVIDUAL | ☐ | LLC NO. OF MEMBERS AND MANAGERS: _____ | ☐ | PARTNERSHIP | ☐ | TRUST |

| NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4) | GL CODE | SIC | NAICS | FEIN OR SOC SEC # |
|---|---|---|---|---|
| **Bat Cave Holdings, LLC** | | | | |
| | BUSINESS PHONE #: | | | |
| | WEBSITE ADDRESS | | | |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| ☐ | CORPORATION | ☐ | JOINT VENTURE | ☐ | NOT FOR PROFIT ORG | ☐ | SUBCHAPTER "S" CORPORATION ☐ |
| ☐ | INDIVIDUAL | ☐ | LLC NO. OF MEMBERS AND MANAGERS: _____ | ☐ | PARTNERSHIP | ☐ | TRUST |

| NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4) | GL CODE | SIC | NAICS | FEIN OR SOC SEC # |
|---|---|---|---|---|
| **Gulf States Remodelers, LLC** | | | | |
| | BUSINESS PHONE #: | | | |
| | WEBSITE ADDRESS | | | |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| ☐ | CORPORATION | ☐ | JOINT VENTURE | ☐ | NOT FOR PROFIT ORG | ☐ | SUBCHAPTER "S" CORPORATION ☐ |
| ☐ | INDIVIDUAL | ☐ | LLC NO. OF MEMBERS AND MANAGERS: _____ | ☐ | PARTNERSHIP | ☐ | TRUST |

| NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4) | GL CODE | SIC | NAICS | FEIN OR SOC SEC # |
|---|---|---|---|---|
| **Havenwood Farms, LLC** | | | | |
| | BUSINESS PHONE #: | | | |
| | WEBSITE ADDRESS | | | |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| ☐ | CORPORATION | ☐ | JOINT VENTURE | ☐ | NOT FOR PROFIT ORG | ☐ | SUBCHAPTER "S" CORPORATION ☐ |
| ☐ | INDIVIDUAL | ☐ | LLC NO. OF MEMBERS AND MANAGERS: **0** | ☐ | PARTNERSHIP | ☐ | TRUST |

| NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4) | GL CODE | SIC | NAICS | FEIN OR SOC SEC # |
|---|---|---|---|---|
| **Northpoint Property Farms, LLC** | | | | |
| | BUSINESS PHONE #: | | | |
| | WEBSITE ADDRESS | | | |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| ☐ | CORPORATION | ☐ | JOINT VENTURE | ☐ | NOT FOR PROFIT ORG | ☐ | SUBCHAPTER "S" CORPORATION ☐ |
| ☐ | INDIVIDUAL | ☐ | LLC NO. OF MEMBERS AND MANAGERS: _____ | ☐ | PARTNERSHIP | ☐ | TRUST |

# COMMERCIAL INSURANCE APPLICATION -
## OTHER NAMED INSURED SCHEDULE



| NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4) | GL CODE | SIC | NAICS | FEIN OR SOC SEC # |
|---|---|---|---|---|
| **14007 Property, LLC** | | | | **82-4559502** |
| | BUSINESS PHONE #: | | | |
| | WEBSITE ADDRESS | | | |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| | CORPORATION | | JOINT VENTURE | | NOT FOR PROFIT ORG | | SUBCHAPTER "S" CORPORATION |
| | INDIVIDUAL | | LLC NO. OF MEMBERS AND MANAGERS: **0** | | PARTNERSHIP | | TRUST |

| NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4) | GL CODE | SIC | NAICS | FEIN OR SOC SEC # |
|---|---|---|---|---|
| **Steep Creek, LLC** | | | | **82-4559502** |
| | BUSINESS PHONE #: | | | |
| | WEBSITE ADDRESS | | | |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| | CORPORATION | | JOINT VENTURE | | NOT FOR PROFIT ORG | | SUBCHAPTER "S" CORPORATION |
| | INDIVIDUAL | | LLC NO. OF MEMBERS AND MANAGERS: | | PARTNERSHIP | | TRUST |

| NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4) | GL CODE | SIC | NAICS | FEIN OR SOC SEC # |
|---|---|---|---|---|
| **Corner 2, LLC** | | | | |
| | BUSINESS PHONE #: | | | |
| | WEBSITE ADDRESS | | | |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| | CORPORATION | | JOINT VENTURE | | NOT FOR PROFIT ORG | | SUBCHAPTER "S" CORPORATION |
| | INDIVIDUAL | | LLC NO. OF MEMBERS AND MANAGERS: **0** | | PARTNERSHIP | | TRUST |

| NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4) | GL CODE | SIC | NAICS | FEIN OR SOC SEC # |
|---|---|---|---|---|
| **8423 Property, LLC** | | **3442** | | **87-1485340** |
| | BUSINESS PHONE #: | | | |
| | WEBSITE ADDRESS | | | |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| | CORPORATION | | JOINT VENTURE | | NOT FOR PROFIT ORG | | SUBCHAPTER "S" CORPORATION |
| | INDIVIDUAL | | LLC NO. OF MEMBERS AND MANAGERS: **0** | | PARTNERSHIP | | TRUST |

| NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4) | GL CODE | SIC | NAICS | FEIN OR SOC SEC # |
|---|---|---|---|---|
| **Bear Cave Cabin, LLC** | | | | **99-4773422** |
| | BUSINESS PHONE #: | | | |
| | WEBSITE ADDRESS | | | |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| | CORPORATION | | JOINT VENTURE | | NOT FOR PROFIT ORG | | SUBCHAPTER "S" CORPORATION |
| | INDIVIDUAL | | LLC NO. OF MEMBERS AND MANAGERS: | | PARTNERSHIP | | TRUST |

**X** **Leases 1,680 SF Cabin & 1 Acre Land -**

| NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4) | GL CODE | SIC | NAICS | FEIN OR SOC SEC # |
|---|---|---|---|---|
| | BUSINESS PHONE #: | | | |
| | WEBSITE ADDRESS | | | |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| | CORPORATION | | JOINT VENTURE | | NOT FOR PROFIT ORG | | SUBCHAPTER "S" CORPORATION |
| | INDIVIDUAL | | LLC NO. OF MEMBERS AND MANAGERS: | | PARTNERSHIP | | TRUST |

| NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4) | GL CODE | SIC | NAICS | FEIN OR SOC SEC # |
|---|---|---|---|---|
| | BUSINESS PHONE #: | | | |
| | WEBSITE ADDRESS | | | |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| | CORPORATION | | JOINT VENTURE | | NOT FOR PROFIT ORG | | SUBCHAPTER "S" CORPORATION |
| | INDIVIDUAL | | LLC NO. OF MEMBERS AND MANAGERS: | | PARTNERSHIP | | TRUST |

| NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4) | GL CODE | SIC | NAICS | FEIN OR SOC SEC # |
|---|---|---|---|---|
| | BUSINESS PHONE #: | | | |
| | WEBSITE ADDRESS | | | |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| | CORPORATION | | JOINT VENTURE | | NOT FOR PROFIT ORG | | SUBCHAPTER "S" CORPORATION |
| | INDIVIDUAL | | LLC NO. OF MEMBERS AND MANAGERS: | | PARTNERSHIP | | TRUST |

# COMMERCIAL INSURANCE APPLICATION -
# PRIOR CARRIER INFORMATION SCHEDULE



| YEAR | CATEGORY | GENERAL LIABILITY | AUTOMOBILE | PROPERTY | OTHER CUMBR |
|---|---|---|---|---|---|
| 2022 - 2023 | CARRIER | Associated Industries Insurance Co., I | Old Republic Insurance Co. | | Great American E&S Ins. Co. |
| | POLICY NUMBER | AES121779500 | MWTB31700422 | | XSE73740301 |
| | PREMIUM | $ | $ | $ | $ |
| | EFFECTIVE DATE | 07/01/2022 | 07/01/2022 | | 07/01/2022 |
| | EXPIRATION DATE | 05/01/2023 | 05/01/2023 | | 05/01/2023 |

| YEAR | CATEGORY | GENERAL LIABILITY | AUTOMOBILE | PROPERTY | OTHER CUMBR |
|---|---|---|---|---|---|
| 2021 - 2022 | CARRIER | Liberty Insurance Corporation | Liberty Mutual Fire Ins Co. | | Great American E&S Ins. Co. |
| | POLICY NUMBER | TB5Z91469187021 | AS2Z91469187039 | | UM2386990 |
| | PREMIUM | $ | $ | $ | $ |
| | EFFECTIVE DATE | 07/01/2021 | 07/01/2021 | | 07/01/2021 |
| | EXPIRATION DATE | 07/01/2022 | 07/07/2022 | | 07/01/2022 |

| YEAR | CATEGORY | GENERAL LIABILITY | AUTOMOBILE | PROPERTY | OTHER |
|---|---|---|---|---|---|
| | CARRIER | | | | |
| | POLICY NUMBER | | | | |
| | PREMIUM | $ | $ | $ | $ |
| | EFFECTIVE DATE | | | | |
| | EXPIRATION DATE | | | | |

| YEAR | CATEGORY | GENERAL LIABILITY | AUTOMOBILE | PROPERTY | OTHER |
|---|---|---|---|---|---|
| | CARRIER | | | | |
| | POLICY NUMBER | | | | |
| | PREMIUM | $ | $ | $ | $ |
| | EFFECTIVE DATE | | | | |
| | EXPIRATION DATE | | | | |

| YEAR | CATEGORY | GENERAL LIABILITY | AUTOMOBILE | PROPERTY | OTHER |
|---|---|---|---|---|---|
| | CARRIER | | | | |
| | POLICY NUMBER | | | | |
| | PREMIUM | $ | $ | $ | $ |
| | EFFECTIVE DATE | | | | |
| | EXPIRATION DATE | | | | |

| YEAR | CATEGORY | GENERAL LIABILITY | AUTOMOBILE | PROPERTY | OTHER |
|---|---|---|---|---|---|
| | CARRIER | | | | |
| | POLICY NUMBER | | | | |
| | PREMIUM | $ | $ | $ | $ |
| | EFFECTIVE DATE | | | | |
| | EXPIRATION DATE | | | | |

| YEAR | CATEGORY | GENERAL LIABILITY | AUTOMOBILE | PROPERTY | OTHER |
|---|---|---|---|---|---|
| | CARRIER | | | | |
| | POLICY NUMBER | | | | |
| | PREMIUM | $ | $ | $ | $ |
| | EFFECTIVE DATE | | | | |
| | EXPIRATION DATE | | | | |

| YEAR | CATEGORY | GENERAL LIABILITY | AUTOMOBILE | PROPERTY | OTHER |
|---|---|---|---|---|---|
| | CARRIER | | | | |
| | POLICY NUMBER | | | | |
| | PREMIUM | $ | $ | $ | $ |
| | EFFECTIVE DATE | | | | |
| | EXPIRATION DATE | | | | |

AGENCY CUSTOMER ID: WINDWOR-05 WADME1

# COMMERCIAL GENERAL LIABILITY SECTION

DATE (MM/DD/YYYY) 04/02/2026

| AGENCY | CARRIER | NAIC CODE |
|---|---|---|
| Arthur J. Gallagher Risk Management Services, LLC | | N/A |

| POLICY NUMBER | EFFECTIVE DATE | APPLICANT / FIRST NAMED INSURED |
|---|---|---|
| | 05/01/2026 | Window World of Baton Rouge, LLC |

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

## COVERAGES

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

**DEDUCTIBLES**

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

## LIMITS

| | | PREMIUMS |
|---|---|---|
| GENERAL AGGREGATE | $ 2,000,000 | |
| LIMIT APPLIES PER: [X] POLICY [ ] LOCATION [ ] PROJECT [ ] OTHER: | | PREMISES/OPERATIONS |
| PRODUCTS & COMPLETED OPERATIONS AGGREGATE | $ 2,000,000 | PRODUCTS |
| PERSONAL & ADVERTISING INJURY | $ 1,000,000 | |
| EACH OCCURRENCE | $ 1,000,000 | OTHER |
| DAMAGE TO RENTED PREMISES (each occurrence) | $ 100,000 | |
| MEDICAL EXPENSE (Any one person) | $ 5,000 | TOTAL |
| EMPLOYEE BENEFITS | $ 1,000,000 | |
| EMPLOYEE BENEFITS AGGREGATE | $ 1,000,000 | |

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

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

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

## SCHEDULE OF HAZARDS

| LOC # | HAZ # | CLASSIFICATION | CLASS CODE | PREMIUM BASIS | EXPOSURE | TERR | RATE | | PREMIUM | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | PREM/OPS | PRODUCTS | PREM/OPS | PRODUCTS |
| 1 | 2 | Door or Window Manufacturing - NOC | 52134 | S | 135,000,000 | | | | | |
| 1 | 3 | Contractors-Subcontracted Work in Connection with Reconstruction, Repair or Erection | 91585 | C | INCLUDED | | | | | |
| 1 | 4 | Door, Window or Assembled Millwork - Installation, Service or Repair - Metal | 91746 | | INCLUDED | | | | | |
| 10 | 1 | Distributors - No Food or Drink - NOC | 12362 | | INCLUDED | | | | | |
| 12 | 1 | LRO – Buildings or Premises-Bank or Office-Mercantile or Mfg. | 61212 | A | INCLUDED | | | | | |
| 13 | 1 | Vacant Land - Not for Profit Only | 49452 | | INCLUDED | | | | | |
| 14 | 1 | Vacant Land - Not for Profit Only | 49452 | A | 23 ACRES | | | | | |
| 15 | 1 | LRO – Buildings or Premises-Bank or Office-Mercantile or Manufacturing (Lessors's Risk Onl | 61212 | A | INCLUDED | | | | | |

RATING AND PREMIUM BASIS
(P) PAYROLL - PER $1,000/PAY (C) 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)

| EXPLAIN ALL "YES" RESPONSES | Y / N |
|---|---|
| 1. PROPOSED RETROACTIVE DATE: | |
| 2. ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COVERAGE: | |
| 3. HAS ANY PRODUCT, WORK, ACCIDENT, OR LOCATION BEEN EXCLUDED, UNINSURED OR SELF-INSURED FROM ANY PREVIOUS COVERAGE? | |
| 4. WAS TAIL COVERAGE PURCHASED UNDER ANY PREVIOUS POLICY? | |

## EMPLOYEE BENEFITS LIABILITY

| | |
|---|---|
| 1. DEDUCTIBLE PER CLAIM: $ | 3. NUMBER OF EMPLOYEES COVERED BY EMPLOYEE BENEFITS PLANS: |
| 2. NUMBER OF EMPLOYEES: 140 | 4. RETROACTIVE DATE: 07/01/2018 |


© 1993-2014 ACORD CORPORATION. All rights reserved.
The ACORD name and logo are registered marks of ACORD

## CONTRACTORS

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

| DESCRIBE THE TYPE OF WORK SUBCONTRACTED | $ PAID TO SUB-CONTRACTORS: 18,000,000.00 | % OF WORK SUBCONTRACTED: 11 | # FULL-TIME STAFF: | # PART-TIME STAFF: |
|---|---|---|---|---|
| | | | | |

## PRODUCTS / COMPLETED OPERATIONS

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

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

AGENCY CUSTOMER ID: WINDWOR-05 WADME1

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

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

## GENERAL INFORMATION

| EXPLAIN ALL "YES" RESPONSES (For all past or present operations) | Y / N |
|---|---|
| 1. ANY MEDICAL FACILITIES PROVIDED OR MEDICAL PROFESSIONALS EMPLOYED OR CONTRACTED? | |
| 2. ANY EXPOSURE TO RADIOACTIVE/NUCLEAR MATERIALS? | |
| 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) | |
| 4. ANY OPERATIONS SOLD, ACQUIRED, OR DISCONTINUED IN LAST FIVE (5) YEARS? | |

5. DO YOU RENT OR LOAN EQUIPMENT TO OTHERS?

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

6. ANY WATERCRAFT, DOCKS, FLOATS OWNED, HIRED OR LEASED?

7. ANY PARKING FACILITIES OWNED/RENTED?

8. IS A FEE CHARGED FOR PARKING?

9. RECREATION FACILITIES PROVIDED?

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

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

11. IS THERE A SWIMMING POOL ON PREMISES? (Check all that apply)

☐ APPROVED FENCE ☐ LIMITED ACCESS ☐ DIVING BOARD ☐ SLIDE ☐ ABOVE GROUND ☐ IN GROUND ☐ LIFE GUARD

12. ARE SOCIAL EVENTS SPONSORED?

13. ARE ATHLETIC TEAMS SPONSORED?

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

14. ANY STRUCTURAL ALTERATIONS CONTEMPLATED?

15. ANY DEMOLITION EXPOSURE CONTEMPLATED?

## GENERAL INFORMATION (continued)

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

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

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

**SEE ATTACHED ACORD 101**

## SIGNATURE

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

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

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

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

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

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

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

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

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

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

| PRODUCER'S SIGNATURE | PRODUCER'S NAME (Please Print) | STATE PRODUCER LICENSE NO (Required in Florida) |
|---|---|---|
| William McKnight | | |
| **APPLICANT'S SIGNATURE** | **DATE** | **NATIONAL PRODUCER NUMBER** |
| | | |

AGENCY CUSTOMER ID: WINDWOR-05 WADME1

LOC #:

# ADDITIONAL REMARKS SCHEDULE



| AGENCY | NAMED INSURED |
|---|---|
| Arthur J. Gallagher Risk Management Services, LLC | Window World of Baton Rouge, LLC<br>8405 Airline Hwy.<br>Baton Rouge, LA 70815<br>East Baton |
| POLICY NUMBER | |
| CARRIER / NAIC CODE: N/A | EFFECTIVE DATE: 05/01/2026 |

**ADDITIONAL REMARKS**

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 126 FORM TITLE: COMMERCIAL GENERAL LIABILITY SECTION

**ENDORSEMENTS TO POLICY**
**CG2010 07/04 - Additional Insured - Owners, Lessors or Contractors - Blanket where requied by written contract.**
**CG2037 07/04 - Additional Insured - Owners, Lessors or Contractors - Completed Operations - Blanket where required by written contract.**
**NXGL009 08/09 - Primary and Non-Contributing Insurance (Third-Party) - Blanket where required by written contract.**
**CG2404 05/09 - Waiver of Transfer of Rights of Recovery Against Other to Us - Blanket where required by written contract.**
**AESGL226 04/18 - 30 Day Notice of Cancellation - Blanket where required by written contract.**
**IL99034 09/14 - Identity Recovery Coverage**


© 2008 ACORD CORPORATION. All rights reserved.
The ACORD name and logo are registered marks of ACORD

# COMMERCIAL INSURANCE APPLICATION

## APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY): 04/06/2026

| | |
|---|---|
| **AGENCY**<br>Arthur J. Gallagher Risk Management Services, LLC<br>4041 Essen Ln Ste 400<br>Baton Rouge, LA 70809 | **CARRIER** / **NAIC CODE**: N/A<br>**COMPANY POLICY OR PROGRAM NAME**: Excess Liability #1 - Primary - $5M / **PROGRAM CODE**:<br>**POLICY NUMBER**: |
| **CONTACT NAME:**<br>**PHONE (A/C, No, Ext):** (225) 336-3200<br>**FAX (A/C, No):** (225) 336-4536<br>**E-MAIL ADDRESS:**<br>**CODE:** / **SUBCODE:**<br>**AGENCY CUSTOMER ID:** WINDWOR-05 | **UNDERWRITER** / **UNDERWRITER OFFICE**<br>**STATUS OF TRANSACTION**: [ ] QUOTE [ ] ISSUE POLICY [X] RENEW; [ ] BOUND (Give Date and/or Attach Copy); [ ] CHANGE **DATE** **TIME** [ ] AM [ ] PM; [ ] CANCEL |

### LINES OF BUSINESS

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

### ATTACHMENTS

| | | |
|---|---|---|
| [ ] ACCOUNTS RECEIVABLE / VALUABLE PAPERS | [ ] GLASS AND SIGN SECTION | [ ] STATEMENT / SCHEDULE OF VALUES |
| [ ] ADDITIONAL INTEREST SCHEDULE | [ ] HOTEL / MOTEL SUPPLEMENT | [ ] STATE SUPPLEMENT (If applicable) |
| [ ] ADDITIONAL PREMISES INFORMATION SCHEDULE | [ ] INSTALLATION / BUILDERS RISK SECTION | [ ] VACANT BUILDING SUPPLEMENT |
| [ ] APARTMENT BUILDING SUPPLEMENT | [ ] INTERNATIONAL LIABILITY EXPOSURE SUPPLEMENT | [ ] VEHICLE SCHEDULE |
| [ ] CONDO ASSN BYLAWS (for D&O Coverage only) | [ ] INTERNATIONAL PROPERTY EXPOSURE SUPPLEMENT | [ ] |
| [ ] CONTRACTORS SUPPLEMENT | [ ] LOSS SUMMARY | [ ] |
| [ ] COVERAGES SCHEDULE | [ ] OPEN CARGO SECTION | [ ] |
| [ ] DEALERS SECTION | [ ] PREMIUM PAYMENT SUPPLEMENT | [ ] |
| [ ] DRIVER INFORMATION SCHEDULE | [ ] PROFESSIONAL LIABILITY SUPPLEMENT | [ ] |
| [ ] ELECTRONIC DATA PROCESSING SECTION | [ ] RESTAURANT / TAVERN SUPPLEMENT | [ ] |

### POLICY INFORMATION

| PROPOSED EFF DATE | PROPOSED EXP DATE | BILLING PLAN | PAYMENT PLAN | METHOD OF PAYMENT | AUDIT | DEPOSIT | MINIMUM PREMIUM | POLICY PREMIUM |
|---|---|---|---|---|---|---|---|---|
| 05/01/2026 | 05/01/2027 | [ ] DIRECT [ ] AGENCY | AN | | | $ | $ | $ |

### APPLICANT INFORMATION

**NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4)**
Window World of Baton Rouge, LLC
8405 Airline Hwy.
Baton Rouge, LA 70815

| GL CODE | SIC | NAICS | FEIN OR SOC SEC # |
|---|---|---|---|
| | 3442 | | 94-3427277 |

BUSINESS PHONE #: (225) 706-2100
WEBSITE ADDRESS: www.windowworld-btr.com

[ ] CORPORATION [ ] JOINT VENTURE [ ] NOT FOR PROFIT ORG [ ] SUBCHAPTER "S" CORPORATION [ ]
[ ] INDIVIDUAL [X] LLC NO. OF MEMBERS AND MANAGERS: _____ [ ] PARTNERSHIP [ ] TRUST

**NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)**
Window World of Baton Rouge, LLC dba Window World of Houston

| GL CODE | SIC | NAICS | FEIN OR SOC SEC # |
|---|---|---|---|
| | | | 94-3437277 |

BUSINESS PHONE #:
WEBSITE ADDRESS

[ ] CORPORATION [ ] JOINT VENTURE [ ] NOT FOR PROFIT ORG [ ] SUBCHAPTER "S" CORPORATION [ ]
[ ] INDIVIDUAL [ ] LLC NO. OF MEMBERS AND MANAGERS: 0 [ ] PARTNERSHIP [ ] TRUST

**NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)**
Window World of Dallas, LLC

| GL CODE | SIC | NAICS | FEIN OR SOC SEC # |
|---|---|---|---|
| | | | 27-4687014 |

BUSINESS PHONE #:
WEBSITE ADDRESS

[ ] CORPORATION [ ] JOINT VENTURE [ ] NOT FOR PROFIT ORG [ ] SUBCHAPTER "S" CORPORATION [ ]
[ ] INDIVIDUAL [ ] LLC NO. OF MEMBERS AND MANAGERS: _____ [ ] PARTNERSHIP [ ] TRUST


© 1993-2015 ACORD CORPORATION. All rights reserved.
The ACORD name and logo are registered marks of ACORD

## CONTACT INFORMATION

AGENCY CUSTOMER ID: WINDWOR-05 WADME1

| | |
|---|---|
| CONTACT TYPE: Accounting Contact | CONTACT TYPE: |
| CONTACT NAME: Chris Peters | CONTACT NAME: |
| PRIMARY PHONE # ☐ HOME ☒ BUS ☐ CELL (225) 578-7154 / SECONDARY PHONE # ☐ HOME ☒ BUS ☐ CELL | PRIMARY PHONE # ☐ HOME ☐ BUS ☐ CELL / SECONDARY PHONE # ☐ HOME ☐ BUS ☐ CELL |
| PRIMARY E-MAIL ADDRESS: cpeters@winworldinfo.com | PRIMARY E-MAIL ADDRESS: |
| SECONDARY E-MAIL ADDRESS: | SECONDARY E-MAIL ADDRESS: |

## PREMISES INFORMATION (Attach ACORD 823 for Additional Premises)

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| LOC # 1 | STREET: 8405 Airline Hwy. | | CITY LIMITS: ☐ INSIDE ☐ OUTSIDE | INTEREST: ☐ OWNER ☒ TENANT | # FULL TIME EMPL | ANNUAL REVENUES: $ | |
| BLD # 1 | CITY: Baton Rouge | STATE: LA | | | # PART TIME EMPL | OCCUPIED AREA: | SQ FT |
| | COUNTY: East Baton | ZIP: 70815 | | | | OPEN TO PUBLIC AREA: | SQ FT |
| DESCRIPTION OF OPERATIONS: Distributor of windows, doors, siding - Main Office - Showroom | | | | | | TOTAL BUILDING AREA: | SQ FT |
| | | | | | | ANY AREA LEASED TO OTHERS? Y / N | |
| LOC # 2 | STREET: 8423 Airline Hwy. - Building 1 | | CITY LIMITS: ☐ INSIDE ☐ OUTSIDE | INTEREST: ☒ OWNER ☐ TENANT | # FULL TIME EMPL | ANNUAL REVENUES: $ | |
| BLD # 1 | CITY: Baton Rouge | STATE: LA | | | # PART TIME EMPL | OCCUPIED AREA: | SQ FT |
| | COUNTY: East Baton Rouge | ZIP: 70814 | | | | OPEN TO PUBLIC AREA: | SQ FT |
| DESCRIPTION OF OPERATIONS: Distributor of windows, doors, siding - Storage | | | | | | TOTAL BUILDING AREA: | SQ FT |
| | | | | | | ANY AREA LEASED TO OTHERS? Y / N | |
| LOC # 3 | STREET: 12014 Sligo Road | | CITY LIMITS: ☐ INSIDE ☐ OUTSIDE | INTEREST: ☒ OWNER ☐ TENANT | # FULL TIME EMPL | ANNUAL REVENUES: $ | |
| BLD # 1 | CITY: Bains | STATE: LA | | | # PART TIME EMPL | OCCUPIED AREA: | SQ FT |
| | COUNTY: West Feliciana | ZIP: 70775 | | | | OPEN TO PUBLIC AREA: | SQ FT |
| DESCRIPTION OF OPERATIONS: 380 Acres - Sale of Hay | | | | | | TOTAL BUILDING AREA: | SQ FT |
| | | | | | | ANY AREA LEASED TO OTHERS? Y / N | |
| LOC # 4 | STREET: 10741 Endeavour Way, Unit C | | CITY LIMITS: ☐ INSIDE ☐ OUTSIDE | INTEREST: ☐ OWNER ☒ TENANT | # FULL TIME EMPL | ANNUAL REVENUES: $ | |
| BLD # 1 | CITY: Seminole | STATE: FL | | | # PART TIME EMPL | OCCUPIED AREA: | SQ FT |
| | COUNTY: Pinellas | ZIP: 33777 | | | | OPEN TO PUBLIC AREA: | SQ FT |
| DESCRIPTION OF OPERATIONS: Office/Showroom | | | | | | TOTAL BUILDING AREA: | SQ FT |
| | | | | | | ANY AREA LEASED TO OTHERS? Y / N | |

## NATURE OF BUSINESS

| | | | | | | | | | | | | | | | | DATE BUSINESS STARTED (MM/DD/YYYY) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| ☐ | APARTMENTS | ☐ | CONTRACTOR | ☐ | MANUFACTURING | ☐ | RESTAURANT | ☐ | SERVICE | ☒ | Distributor | | | | | 03/20/2002 |
| ☐ | CONDOMINIUMS | ☐ | INSTITUTIONAL | ☐ | OFFICE | ☐ | RETAIL | ☐ | WHOLESALE | | | | | | | |

DESCRIPTION OF PRIMARY OPERATIONS

Distributor of windows, doors, siding.

| 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

- ☐ ADDITIONAL INSURED
- ☐ BREACH OF WARRANTY
- ☐ CO-OWNER
- ☐ EMPLOYEE AS LESSOR
- ☐ LEASEBACK OWNER
- ☐ LENDER'S LOSS PAYABLE
- ☐ LIENHOLDER
- ☐ LOSS PAYEE
- ☐ MORTGAGEE
- ☐ OWNER
- ☐ REGISTRANT
- ☐ TRUSTEE

NAME AND ADDRESS RANK: ____ EVIDENCE: ☐ CERTIFICATE ☐ POLICY ☐ SEND BILL

REFERENCE / LOAN #:

INTEREST END DATE:

LIEN AMOUNT:

PHONE (A/C, No, Ext):

FAX (A/C, No):

REASON FOR INTEREST:

E-MAIL ADDRESS:

INTEREST IN ITEM NUMBER

| | |
|---|---|
| LOCATION: | BUILDING: |
| VEHICLE: | BOAT: |
| AIRPORT: | AIRCRAFT: |
| ITEM CLASS: | ITEM: |

ITEM DESCRIPTION

AGENCY CUSTOMER ID: WINDWOR-05 WADME1

## GENERAL INFORMATION

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

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

## PRIOR CARRIER INFORMATION

| YEAR | CATEGORY | GENERAL LIABILITY | AUTOMOBILE | PROPERTY | OTHER: CUMBR |
|---|---|---|---|---|---|
| 2025 - 2026 | CARRIER | | | | Great American E&S Ins. Co. |
| | POLICY NUMBER | | | | XSE737403-04 |
| | PREMIUM | $ | $ | $ | $ 295,965.00 |
| | EFFECTIVE DATE | | | | 05/01/2025 |
| | EXPIRATION DATE | | | | 05/01/2026 |

**PRIOR CARRIER INFORMATION (continued)**

**AGENCY CUSTOMER ID:** WINDWOR-05 WADME1

| YEAR | CATEGORY | GENERAL LIABILITY | AUTOMOBILE | PROPERTY | OTHER: CUMBR |
|---|---|---|---|---|---|
| 2024 - 2025 | CARRIER | | | | Great American E&S Ins. Co. |
| | POLICY NUMBER | | | | XSE73740303 |
| | PREMIUM | $ | $ | $ | $ 197,979.00 |
| | EFFECTIVE DATE | | | | 05/01/2024 |
| | EXPIRATION DATE | | | | 05/01/2025 |
| 2023 - 2024 | CARRIER | | | | Great American E&S Ins. Co. |
| | POLICY NUMBER | | | | XSE73740302 |
| | PREMIUM | $ | $ | $ | $ |
| | EFFECTIVE DATE | | | | 05/01/2023 CUMBR |
| | EXPIRATION DATE | | | | 05/01/2024 |

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

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE LAST YEARS

**TOTAL LOSSES: $**

| DATE OF OCCURRENCE | LINE | TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM | DATE OF CLAIM | AMOUNT PAID | AMOUNT RESERVED | SUBRO-GATION Y / N | CLAIM OPEN Y / N |
|---|---|---|---|---|---|---|---|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

**SIGNATURE**

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

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

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

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

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

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

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

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

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

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

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

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

| PRODUCER'S SIGNATURE | PRODUCER'S NAME (Please Print) | STATE PRODUCER LICENSE NO (Required in Florida) |
|---|---|---|
| William McKnight | | |

| APPLICANT'S SIGNATURE | DATE | NATIONAL PRODUCER NUMBER |
|---|---|---|
| | | |

ACORD

AGENCY CUSTOMER ID: WINDWOR-05 WADME1

# ADDITIONAL PREMISES INFORMATION SCHEDULE



| AGENCY | CARRIER | NAIC CODE |
|---|---|---|
| Arthur J. Gallagher Risk Management Services, LLC | | N/A |

| POLICY NUMBER | EFFECTIVE DATE | NAMED INSURED(S) |
|---|---|---|
| | 05/01/2026 | Window World of Baton Rouge, LLC |

**PREMISES INFORMATION**

| LOC # | STREET | CITY LIMITS | INTEREST | # FULL TIME EMPL | ANNUAL REVENUES: $ |
|---|---|---|---|---|---|
| 5 | 10540 Bissonnet St., Suite 190 | INSIDE | OWNER | | OCCUPIED AREA: SQ FT |
| BLD # | CITY: Houston STATE: TX | OUTSIDE X | TENANT | # PART TIME EMPL | OPEN TO PUBLIC AREA: SQ FT |
| 1 | COUNTY: Harris ZIP: 77099 | | | | TOTAL BUILDING AREA: SQ FT |
| DESCRIPTION OF OPERATIONS: Small Showroom | | | | | ANY AREA LEASED TO OTHERS? Y / N: |

| LOC # | STREET | CITY LIMITS | INTEREST | # FULL TIME EMPL | ANNUAL REVENUES: $ |
|---|---|---|---|---|---|
| 6 | 8814 Veterans Memorial Blvd., Ste. 17 | INSIDE | OWNER | | OCCUPIED AREA: SQ FT |
| BLD # | CITY: Metairie STATE: LA | OUTSIDE X | TENANT | # PART TIME EMPL | OPEN TO PUBLIC AREA: SQ FT |
| 1 | COUNTY: Jefferson ZIP: 70003 | | | | TOTAL BUILDING AREA: SQ FT |
| DESCRIPTION OF OPERATIONS: Small Showroom | | | | | ANY AREA LEASED TO OTHERS? Y / N: |

| LOC # | STREET | CITY LIMITS | INTEREST | # FULL TIME EMPL | ANNUAL REVENUES: $ |
|---|---|---|---|---|---|
| 7 | 3148 Ambassador Caffery Pkwy., Ste. 125 | INSIDE | OWNER | | OCCUPIED AREA: SQ FT |
| BLD # | CITY: Lafayette STATE: LA | OUTSIDE X | TENANT | # PART TIME EMPL | OPEN TO PUBLIC AREA: SQ FT |
| 1 | COUNTY: Lafayette ZIP: 70506 | | | | TOTAL BUILDING AREA: SQ FT |
| DESCRIPTION OF OPERATIONS: Small Showroom | | | | | ANY AREA LEASED TO OTHERS? Y / N: |

| LOC # | STREET | CITY LIMITS | INTEREST | # FULL TIME EMPL | ANNUAL REVENUES: $ |
|---|---|---|---|---|---|
| 8 | 2520 N. Great Southwest Pkwy. | INSIDE | OWNER | | OCCUPIED AREA: SQ FT |
| BLD # | CITY: Grand Prairie STATE: TX | OUTSIDE X | TENANT | # PART TIME EMPL | OPEN TO PUBLIC AREA: SQ FT |
| 1 | COUNTY: Dallas ZIP: 75050 | | | | TOTAL BUILDING AREA: SQ FT |
| DESCRIPTION OF OPERATIONS: Office/Warehouse | | | | | ANY AREA LEASED TO OTHERS? Y / N: |

| LOC # | STREET | CITY LIMITS | INTEREST | # FULL TIME EMPL | ANNUAL REVENUES: $ |
|---|---|---|---|---|---|
| 9 | 600 N. Coit Road | INSIDE | OWNER | | OCCUPIED AREA: SQ FT |
| BLD # | CITY: Richardson STATE: TX | OUTSIDE X | TENANT | # PART TIME EMPL | OPEN TO PUBLIC AREA: SQ FT |
| 1 | COUNTY: Dallas ZIP: 75080 | | | | TOTAL BUILDING AREA: SQ FT |
| DESCRIPTION OF OPERATIONS: Small Showroom | | | | | ANY AREA LEASED TO OTHERS? Y / N: |

| LOC # | STREET | CITY LIMITS | INTEREST | # FULL TIME EMPL | ANNUAL REVENUES: $ |
|---|---|---|---|---|---|
| 10 | 4966 Rosemound Loop | INSIDE | X OWNER | | OCCUPIED AREA: SQ FT |
| BLD # | CITY: Saint Francisville STATE: LA | OUTSIDE | TENANT | # PART TIME EMPL | OPEN TO PUBLIC AREA: SQ FT |
| 1 | COUNTY: West Feliciana ZIP: 70775 | | | | TOTAL BUILDING AREA: SQ FT |
| DESCRIPTION OF OPERATIONS: Havenwood Farms | | | | | ANY AREA LEASED TO OTHERS? Y / N: |

| LOC # | STREET | CITY LIMITS | INTEREST | # FULL TIME EMPL | ANNUAL REVENUES: $ |
|---|---|---|---|---|---|
| 11 | 14017 Perkins Road | INSIDE | OWNER | | OCCUPIED AREA: SQ FT |
| BLD # | CITY: Baton Rouge STATE: LA | OUTSIDE | TENANT | # PART TIME EMPL | OPEN TO PUBLIC AREA: SQ FT |
| 1 | COUNTY: EBR ZIP: 70810 | | | | TOTAL BUILDING AREA: SQ FT |
| DESCRIPTION OF OPERATIONS: Vacant Lot – 70’ x 300 | | | | | ANY AREA LEASED TO OTHERS? Y / N: |

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, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

IN THE DISTRICT OF COLUMBIA, WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS, IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT

IN FLORIDA, 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.

IN KANSAS, 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.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, 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, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN WASHINGTON, 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.



Attach to ACORD 125 © 2006-2011 ACORD CORPORATION. All rights reserved.

The ACORD name and logo are registered marks of ACORD

AGENCY CUSTOMER ID: WINDWOR-05 WADME1

# ADDITIONAL PREMISES INFORMATION SCHEDULE



| AGENCY | CARRIER | NAIC CODE |
|---|---|---|
| Arthur J. Gallagher Risk Management Services, LLC | | N/A |

| POLICY NUMBER | EFFECTIVE DATE | NAMED INSURED(S) |
|---|---|---|
| | 05/01/2026 | Window World of Baton Rouge, LLC |

**PREMISES INFORMATION**

| LOC # | STREET | CITY LIMITS | INTEREST | # FULL TIME EMPL | ANNUAL REVENUES: $ |
|---|---|---|---|---|---|
| 12 | 14007 Perkins Road | INSIDE | OWNER | | OCCUPIED AREA: SQ FT |
| BLD # | CITY: Baton Rouge STATE: LA | OUTSIDE | TENANT | # PART TIME EMPL | OPEN TO PUBLIC AREA: SQ FT |
| 1 | COUNTY: East Baton Rouge ZIP: 70810 | | | | TOTAL BUILDING AREA: SQ FT |
| DESCRIPTION OF OPERATIONS: LRO- Occupied - Fireside Antiques: High-end Vintage & Antique Furniture, Lighting & Decor Store 11,700 SF | | | | | ANY AREA LEASED TO OTHERS? Y / N: |

| LOC # | STREET | CITY LIMITS | INTEREST | # FULL TIME EMPL | ANNUAL REVENUES: $ |
|---|---|---|---|---|---|
| 13 | Tract 621 & Adjacent | INSIDE | OWNER | | OCCUPIED AREA: SQ FT |
| BLD # | CITY: Saint Francisville STATE: LA | OUTSIDE | TENANT | # PART TIME EMPL | OPEN TO PUBLIC AREA: SQ FT |
| 1 | COUNTY: West Feliciana ZIP: 70775 | | | | TOTAL BUILDING AREA: SQ FT |
| DESCRIPTION OF OPERATIONS: Vacant Land - Tract 621 - 17.7 & adjacent 4.08 acres - Total acres 23 | | | | | ANY AREA LEASED TO OTHERS? Y / N: |

| LOC # | STREET | CITY LIMITS | INTEREST | # FULL TIME EMPL | ANNUAL REVENUES: $ |
|---|---|---|---|---|---|
| 14 | Lot 4-D-1 - Rosemond Loop Lane | INSIDE | OWNER | | OCCUPIED AREA: SQ FT |
| BLD # | CITY: Saint Francisville STATE: LA | OUTSIDE | TENANT | # PART TIME EMPL | OPEN TO PUBLIC AREA: SQ FT |
| 1 | COUNTY: West Feliciana ZIP: 70775 | | | | TOTAL BUILDING AREA: SQ FT |
| DESCRIPTION OF OPERATIONS: 2 acres Lot 4-D-1 - land directly adjacent to the Northpoint Property Farms land on Rosemond Loop Lane in St. Fr | | | | | ANY AREA LEASED TO OTHERS? Y / N: |

| LOC # | STREET | CITY LIMITS | INTEREST | # FULL TIME EMPL | ANNUAL REVENUES: $ |
|---|---|---|---|---|---|
| 15 | 452 County Rd. 27 | INSIDE | OWNER | | OCCUPIED AREA: 1,680 SQ FT |
| BLD # | CITY: Silverton STATE: CO | OUTSIDE | X TENANT | # PART TIME EMPL | OPEN TO PUBLIC AREA: SQ FT |
| 1 | COUNTY: ZIP: 81433 | | | | TOTAL BUILDING AREA: 1,680 SQ FT |
| DESCRIPTION OF OPERATIONS: Entity leases a 1,680 SF cabin and >1 acre of land from the US Forest Service; | | | | | ANY AREA LEASED TO OTHERS? Y / N: |

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

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

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

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, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

IN THE DISTRICT OF COLUMBIA, WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS, IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT

IN FLORIDA, 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.

IN KANSAS, 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.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, 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, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN WASHINGTON, 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.


Attach to ACORD 125 © 2006-2011 ACORD CORPORATION. All rights reserved.
The ACORD name and logo are registered marks of ACORD

# COMMERCIAL INSURANCE APPLICATION -
## OTHER NAMED INSURED SCHEDULE



| NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4) | GL CODE | SIC | NAICS | FEIN OR SOC SEC # |
|---|---|---|---|---|
| **Window World of Tampa Bay, LLC** | | | | **27-3323702** |
| | BUSINESS PHONE #: | | | |
| | WEBSITE ADDRESS | | | |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| ☐ | CORPORATION | ☐ | JOINT VENTURE | ☐ | NOT FOR PROFIT ORG | ☐ | SUBCHAPTER "S" CORPORATION ☐ |
| ☐ | INDIVIDUAL | ☐ | LLC NO. OF MEMBERS AND MANAGERS: _____ | ☐ | PARTNERSHIP | ☐ | TRUST |

| NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4) | GL CODE | SIC | NAICS | FEIN OR SOC SEC # |
|---|---|---|---|---|
| **Window World of Tri-State Area, LLC** | | | | **27-5141776** |
| | BUSINESS PHONE #: | | | |
| | WEBSITE ADDRESS | | | |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| ☐ | CORPORATION | ☐ | JOINT VENTURE | ☐ | NOT FOR PROFIT ORG | ☐ | SUBCHAPTER "S" CORPORATION ☐ |
| ☐ | INDIVIDUAL | ☐ | LLC NO. OF MEMBERS AND MANAGERS: _____ | ☐ | PARTNERSHIP | ☐ | TRUST |

| NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4) | GL CODE | SIC | NAICS | FEIN OR SOC SEC # |
|---|---|---|---|---|
| **A-Pro Home Services, LLC** | | | | **64-0928432** |
| | BUSINESS PHONE #: | | | |
| | WEBSITE ADDRESS | | | |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| ☐ | CORPORATION | ☐ | JOINT VENTURE | ☐ | NOT FOR PROFIT ORG | ☐ | SUBCHAPTER "S" CORPORATION ☐ |
| ☐ | INDIVIDUAL | ☐ | LLC NO. OF MEMBERS AND MANAGERS: _____ | ☐ | PARTNERSHIP | ☐ | TRUST |

| NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4) | GL CODE | SIC | NAICS | FEIN OR SOC SEC # |
|---|---|---|---|---|
| **Builders Windows, LLC** | | | | **26-0674361** |
| | BUSINESS PHONE #: | | | |
| | WEBSITE ADDRESS | | | |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| ☐ | CORPORATION | ☐ | JOINT VENTURE | ☐ | NOT FOR PROFIT ORG | ☐ | SUBCHAPTER "S" CORPORATION ☐ |
| ☐ | INDIVIDUAL | ☐ | LLC NO. OF MEMBERS AND MANAGERS: _____ | ☐ | PARTNERSHIP | ☐ | TRUST |

| NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4) | GL CODE | SIC | NAICS | FEIN OR SOC SEC # |
|---|---|---|---|---|
| **Bat Cave Holdings, LLC** | | | | **82-4559502** |
| | BUSINESS PHONE #: | | | |
| | WEBSITE ADDRESS | | | |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| ☐ | CORPORATION | ☐ | JOINT VENTURE | ☐ | NOT FOR PROFIT ORG | ☐ | SUBCHAPTER "S" CORPORATION ☐ |
| ☐ | INDIVIDUAL | ☐ | LLC NO. OF MEMBERS AND MANAGERS: _____ | ☐ | PARTNERSHIP | ☐ | TRUST |

| NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4) | GL CODE | SIC | NAICS | FEIN OR SOC SEC # |
|---|---|---|---|---|
| **Gulf States Remodelers, LLC** | | | | |
| | BUSINESS PHONE #: | | | |
| | WEBSITE ADDRESS | | | |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| ☐ | CORPORATION | ☐ | JOINT VENTURE | ☐ | NOT FOR PROFIT ORG | ☐ | SUBCHAPTER "S" CORPORATION ☐ |
| ☐ | INDIVIDUAL | ☐ | LLC NO. OF MEMBERS AND MANAGERS: **0** | ☐ | PARTNERSHIP | ☐ | TRUST |

| NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4) | GL CODE | SIC | NAICS | FEIN OR SOC SEC # |
|---|---|---|---|---|
| **Havenwood Farms, LLC** | | | | **20-8489131** |
| | BUSINESS PHONE #: | | | |
| | WEBSITE ADDRESS | | | |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| ☐ | CORPORATION | ☐ | JOINT VENTURE | ☐ | NOT FOR PROFIT ORG | ☐ | SUBCHAPTER "S" CORPORATION ☐ |
| ☐ | INDIVIDUAL | ☐ | LLC NO. OF MEMBERS AND MANAGERS: _____ | ☐ | PARTNERSHIP | ☐ | TRUST |

| NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4) | GL CODE | SIC | NAICS | FEIN OR SOC SEC # |
|---|---|---|---|---|
| **Northpoint Property Farms, LLC** | | | | **84-2817186** |
| | BUSINESS PHONE #: | | | |
| | WEBSITE ADDRESS | | | |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| ☐ | CORPORATION | ☐ | JOINT VENTURE | ☐ | NOT FOR PROFIT ORG | ☐ | SUBCHAPTER "S" CORPORATION ☐ |
| ☐ | INDIVIDUAL | ☐ | LLC NO. OF MEMBERS AND MANAGERS: _____ | ☐ | PARTNERSHIP | ☐ | TRUST |

# COMMERCIAL INSURANCE APPLICATION -
## OTHER NAMED INSURED SCHEDULE



| NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4) | GL CODE | SIC | NAICS | FEIN OR SOC SEC # |
|---|---|---|---|---|
| **14007 Property, LLC** | | | | **82-4559502** |
| | BUSINESS PHONE #: | | | |
| | WEBSITE ADDRESS | | | |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| | CORPORATION | | JOINT VENTURE | | NOT FOR PROFIT ORG | | SUBCHAPTER "S" CORPORATION |
| | INDIVIDUAL | | LLC NO. OF MEMBERS AND MANAGERS: **0** | | PARTNERSHIP | | TRUST |

| NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4) | GL CODE | SIC | NAICS | FEIN OR SOC SEC # |
|---|---|---|---|---|
| **Steep Creek, LLC**<br>**Track 621 & Adjacent Land**<br>**Saint Francisville, LA 70775** | | | | **82-4559502** |
| | BUSINESS PHONE #: | | | |
| | WEBSITE ADDRESS | | | |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| | CORPORATION | | JOINT VENTURE | | NOT FOR PROFIT ORG | | SUBCHAPTER "S" CORPORATION |
| | INDIVIDUAL | | LLC NO. OF MEMBERS AND MANAGERS: **0** | | PARTNERSHIP | | TRUST |

| NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4) | GL CODE | SIC | NAICS | FEIN OR SOC SEC # |
|---|---|---|---|---|
| **Corner 2, LLC** | | | | |
| | BUSINESS PHONE #: | | | |
| | WEBSITE ADDRESS | | | |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| | CORPORATION | | JOINT VENTURE | | NOT FOR PROFIT ORG | | SUBCHAPTER "S" CORPORATION |
| | INDIVIDUAL | | LLC NO. OF MEMBERS AND MANAGERS: **0** | | PARTNERSHIP | | TRUST |

| NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4) | GL CODE | SIC | NAICS | FEIN OR SOC SEC # |
|---|---|---|---|---|
| **8423 Property, LLC** | | **3442** | | **87-1485340** |
| | BUSINESS PHONE #: | | | |
| | WEBSITE ADDRESS | | | |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| | CORPORATION | | JOINT VENTURE | | NOT FOR PROFIT ORG | | SUBCHAPTER "S" CORPORATION |
| | INDIVIDUAL | | LLC NO. OF MEMBERS AND MANAGERS: **0** | | PARTNERSHIP | | TRUST |

| NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4) | GL CODE | SIC | NAICS | FEIN OR SOC SEC # |
|---|---|---|---|---|
| **Bear Cave Cabin, LLC** | | | | **99-4773422** |
| | BUSINESS PHONE #: | | | |
| | WEBSITE ADDRESS | | | |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| | CORPORATION | | JOINT VENTURE | | NOT FOR PROFIT ORG | | SUBCHAPTER "S" CORPORATION |
| | INDIVIDUAL | | LLC NO. OF MEMBERS AND MANAGERS: | | PARTNERSHIP | | TRUST |

**X** **Entity Leases 1,680 SF cabin & 1 Acre o**

| NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4) | GL CODE | SIC | NAICS | FEIN OR SOC SEC # |
|---|---|---|---|---|
| | BUSINESS PHONE #: | | | |
| | WEBSITE ADDRESS | | | |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| | CORPORATION | | JOINT VENTURE | | NOT FOR PROFIT ORG | | SUBCHAPTER "S" CORPORATION |
| | INDIVIDUAL | | LLC NO. OF MEMBERS AND MANAGERS: | | PARTNERSHIP | | TRUST |

| NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4) | GL CODE | SIC | NAICS | FEIN OR SOC SEC # |
|---|---|---|---|---|
| | BUSINESS PHONE #: | | | |
| | WEBSITE ADDRESS | | | |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| | CORPORATION | | JOINT VENTURE | | NOT FOR PROFIT ORG | | SUBCHAPTER "S" CORPORATION |
| | INDIVIDUAL | | LLC NO. OF MEMBERS AND MANAGERS: | | PARTNERSHIP | | TRUST |

| NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4) | GL CODE | SIC | NAICS | FEIN OR SOC SEC # |
|---|---|---|---|---|
| | BUSINESS PHONE #: | | | |
| | WEBSITE ADDRESS | | | |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| | CORPORATION | | JOINT VENTURE | | NOT FOR PROFIT ORG | | SUBCHAPTER "S" CORPORATION |
| | INDIVIDUAL | | LLC NO. OF MEMBERS AND MANAGERS: | | PARTNERSHIP | | TRUST |

# COMMERCIAL INSURANCE APPLICATION -
# PRIOR CARRIER INFORMATION SCHEDULE



| YEAR | CATEGORY | GENERAL LIABILITY | AUTOMOBILE | PROPERTY | OTHER CUMBR |
|---|---|---|---|---|---|
| 2022 - 2023 | CARRIER | | | | Great American E&S Ins. Co. |
| | POLICY NUMBER | | | | XSE73740302 |
| | PREMIUM | $ | $ | $ | $ |
| | EFFECTIVE DATE | | | | 07/01/2022 |
| | EXPIRATION DATE | | | | 05/01/2023 |

| YEAR | CATEGORY | GENERAL LIABILITY | AUTOMOBILE | PROPERTY | OTHER CUMBR |
|---|---|---|---|---|---|
| 2021 - 2022 | CARRIER | | | | Great American E&S Ins. Co. |
| | POLICY NUMBER | | | | UM2386990 |
| | PREMIUM | $ | $ | $ | $ |
| | EFFECTIVE DATE | | | | 07/01/2021 |
| | EXPIRATION DATE | | | | 07/01/2022 |

| YEAR | CATEGORY | GENERAL LIABILITY | AUTOMOBILE | PROPERTY | OTHER |
|---|---|---|---|---|---|
| | CARRIER | | | | |
| | POLICY NUMBER | | | | |
| | PREMIUM | $ | $ | $ | $ |
| | EFFECTIVE DATE | | | | |
| | EXPIRATION DATE | | | | |

| YEAR | CATEGORY | GENERAL LIABILITY | AUTOMOBILE | PROPERTY | OTHER |
|---|---|---|---|---|---|
| | CARRIER | | | | |
| | POLICY NUMBER | | | | |
| | PREMIUM | $ | $ | $ | $ |
| | EFFECTIVE DATE | | | | |
| | EXPIRATION DATE | | | | |

| YEAR | CATEGORY | GENERAL LIABILITY | AUTOMOBILE | PROPERTY | OTHER |
|---|---|---|---|---|---|
| | CARRIER | | | | |
| | POLICY NUMBER | | | | |
| | PREMIUM | $ | $ | $ | $ |
| | EFFECTIVE DATE | | | | |
| | EXPIRATION DATE | | | | |

| YEAR | CATEGORY | GENERAL LIABILITY | AUTOMOBILE | PROPERTY | OTHER |
|---|---|---|---|---|---|
| | CARRIER | | | | |
| | POLICY NUMBER | | | | |
| | PREMIUM | $ | $ | $ | $ |
| | EFFECTIVE DATE | | | | |
| | EXPIRATION DATE | | | | |

| YEAR | CATEGORY | GENERAL LIABILITY | AUTOMOBILE | PROPERTY | OTHER |
|---|---|---|---|---|---|
| | CARRIER | | | | |
| | POLICY NUMBER | | | | |
| | PREMIUM | $ | $ | $ | $ |
| | EFFECTIVE DATE | | | | |
| | EXPIRATION DATE | | | | |

| YEAR | CATEGORY | GENERAL LIABILITY | AUTOMOBILE | PROPERTY | OTHER |
|---|---|---|---|---|---|
| | CARRIER | | | | |
| | POLICY NUMBER | | | | |
| | PREMIUM | $ | $ | $ | $ |
| | EFFECTIVE DATE | | | | |
| | EXPIRATION DATE | | | | |

AGENCY CUSTOMER ID: WINDWOR-05 WADME1

# UMBRELLA / EXCESS SECTION

DATE (MM/DD/YYYY) 04/06/2026

**IMPORTANT - If CLAIMS MADE is checked in the POLICY INFORMATION section below, this is an application for a claims-made policy.**

| AGENCY | CARRIER | NAIC CODE |
|---|---|---|
| Arthur J. Gallagher Risk Management Services, LLC | | N/A |

| POLICY NUMBER | EFFECTIVE DATE | NAMED INSURED(S) |
|---|---|---|
| | 05/01/2026 | Window World of Baton Rouge, LLC |

## POLICY INFORMATION

| TRANSACTION TYPE | | | | | | | | LIMIT OF LIABILITY | RETAINED LIMIT |
|---|---|---|---|---|---|---|---|---|---|
| | NEW | | UMBRELLA | X | OCCURRENCE | RETROACTIVE DATE | | $ 5,000,000 EA OCC | $ |
| X | RENEWAL | X | EXCESS | | CLAIMS MADE | PROPOSED | CURRENT | $ 5,000,000 Aggregate | |
| EXPIRING POL #: XSE73740303 | | | | | | | | $ | FIRST DOLLAR DEFENSE (Y / N) |

## EMPLOYEE BENEFITS LIABILITY

| LIMIT OF INSURANCE (Ea Employee) | AGGREGATE LIMIT FOR EBL | RETAINED LIMIT FOR EBL | RETROACTIVE DATE FOR EBL |
|---|---|---|---|
| $ 1,000,000 | $ 1,000,000 | $ | 07/01/2018 |

NAME OF BENEFIT PROGRAM

## PRIMARY LOCATION & SUBSIDIARIES (ACORD 125)

| # | NAME AND LOCATION OF PRIMARY AND ALL SUBSIDIARY COMPANIES (Describe Operations) | ANNUAL PAYROLL | ANN GROSS SALES | FOREIGN GROSS SALES | # EMPL |
|---|---|---|---|---|---|
| 1 | NAME: ALL LOCATIONS<br>LOCATION: 8405 Airline Hwy. Baton Rouge, LA 70815<br>DESCRIPTION: Distributor of windows, doors, siding. | $16,559,500.00 | $135,000,000.00 | $0.00 | 140 |
| | NAME:<br>LOCATION:<br>DESCRIPTION: | | | | |
| | NAME:<br>LOCATION:<br>DESCRIPTION: | | | | |
| | NAME:<br>LOCATION:<br>DESCRIPTION: | | | | |
| | NAME:<br>LOCATION:<br>DESCRIPTION: | | | | |
| | NAME:<br>LOCATION:<br>DESCRIPTION: | | | | |

## UNDERLYING INSURANCE

| LIST ALL LIABILITY / COMPENSATION POLICIES IN FORCE TO APPLY AS UNDERLYING INSURANCE | | | | | | | + - RATING MOD |
|---|---|---|---|---|---|---|---|
| TYPE | CARRIER / POLICY NUMBER | POLICY EFF DATE | POLICY EXP DATE | LIMITS | | ANNUAL RENEWAL PREMIUM | |
| AUTOMOBILE LIABILITY | Old Republic Insurance Company<br>MWTB31700425 | 05/01/2026 | 05/01/2027 | CSL EA ACC $ 1,000,000<br>BI EA ACC $<br>BI EA PER $<br>PD EA ACC $ | | $ | |
| GENERAL LIABILITY POLICY TYPE<br>X OCCUR<br>CLAIMS MADE | TBD<br>TBD | 05/01/2026 | 05/01/2027 | EACH OCCURRENCE $ 1,000,000<br>GENERAL AGGR $ 2,000,000<br>PROD & COMP OPS AGGREGATE $ 2,000,000<br>PERSONAL & ADV INJURY $ 1,000,000<br>DAMAGE TO RENTED PREMISES $ 100,000<br>MEDICAL EXPENSE $ 5,000 | | PREM / OPS<br>$<br>PRODUCTS<br>$<br>OTHER<br>$ | |
| EMPLOYERS LIABILITY | Old Republic Insurance Company<br>MWC31700325 | 05/01/2026 | 05/01/2027 | EACH ACCIDENT $ 1,000,000<br>DISEASE EACH EMPLOYEE $ 1,000,000<br>DISEASE POLICY LIMIT $ 1,000,000 | | $ | |
| LGL | TBD<br>TBD | 05/01/2026 | 05/01/2027 | Employee Benefits | | $ | |
| | | | | | | $ | |


© 1991-2009 ACORD CORPORATION. All rights reserved.

ATTACH TO ACORD 125 AND ACORD 126

The ACORD name and logo are registered marks of ACORD

## UNDERLYING INSURANCE (continued)

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

1. ARE DEFENSE COSTS: ☐ WITHIN AGGREGATE LIMITS? ☐ A SEPARATE LIMIT? ☐ UNLIMITED?
2. INDICATE THE EDITION DATE OF THE ISO FORM OR SIMILAR FILING FOR THE UNDERLYING COVERAGE:
3. HAS ANY PRODUCT, WORK, ACCIDENT, OR LOCATION BEEN EXCLUDED, UNINSURED OR SELF INSURED FROM ANY PREVIOUS COVERAGE? (Y / N) ☐
4. FOR CLAIMS MADE, INDICATE RETROACTIVE DATE OF CURRENT UNDERLYING POLICY:
5. FOR CLAIMS MADE, INDICATE ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COVERAGE:
6. FOR CLAIMS MADE, WAS "TAIL" COVERAGE PURCHASED FOR ANY PREVIOUS PRIMARY OR EXCESS POLICY? (Y / N) ☐ EFF. DATE: _____

CHECK ALL COVERAGES IN UNDERLYING POLICIES. ALSO CHECK IF ANY EXPOSURES ARE PRESENT FOR EACH COVERAGE. PROVIDE AN EXPLANATION. EXPLAIN IF DIFFERENT LIMITS, EXTENSIONS, OR EXCLUSIONS. EXPLAIN ANY SPECIAL COVERAGES BEYOND STANDARD FORMS. **EXPLAIN ALL EXPOSURES.**

| CHECK IF APPROPRIATE | COVERAGE | EXPOSURE | COVERAGE | EXPOSURE |
|---|---|---|---|---|
| X | ANY AUTO (SYMBOL 1) | | CARE, CUSTODY, CONTROL | | | PROFESSIONAL LIABILITY (E&O) | |
| | CGL - CLAIMS MADE | X | EMPLOYEE BENEFIT LIABILITY | | | VENDORS LIABILITY | |
| X | CGL - OCCURRENCE | | FOREIGN LIABILITY / TRAVEL | | | WATERCRAFT LIABILITY | |
| | | | GARAGEKEEPERS LIABILITY | | | | |
| | AIRCRAFT LIABILITY | | INCIDENTAL MEDICAL MALPRACTICE | | | | |
| | AIRCRAFT PASSENGER LIABILITY | | LIQUOR LIABILITY | | | | |
| | ADDITIONAL INTERESTS | | POLLUTION LIABILITY | | | | |

UNDERLYING INSURANCE COVERAGE INFORMATION (INCLUDE ALL RESTRICTIONS; e.g. LASER ENDORSEMENTS, DISCRIMINATION, SUBROGATION WAIVERS, OR EXTENSIONS OF COVERAGE) Attach ACORD 101, Additional Remarks Schedule, if more space is required.

**FOLLOW FORM OF UNDERLYING TERMS & CONDITIONS**

PREVIOUS EXPERIENCE: (GIVE DETAILS OF ALL LIABILITY CLAIMS EXCEEDING $10,000 OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS, DURING THE PAST FIVE (5) YEARS, WHETHER INSURED OR NOT. SPECIFY DATE, COVERAGE, DESCRIPTION, AMOUNT PAID, AMOUNT OUTSTANDING) Attach ACORD 101, Additional Remarks Schedule, if more space is required.

☐ NO SUCH CLAIMS

## CARE, CUSTODY, CONTROL

| LOC | PROPERTY TYPE | VALUE | A* | B* | C* | D* | SQ FT OF BLDG OCC |
|---|---|---|---|---|---|---|---|
| | ☐ REAL<br>☐ PERSONAL | | | | | | |

**OCCUPANCY / DESCRIPTION OF PERSONAL PROPERTY**

*APPLICANT: [A] IS HELD HARMLESS IN THE LEASE, [B] HAS A WAIVER OF SUBROGATION, [C] IS A NAMED INSURED IN THE FIRE POLICY, [D] OTHER (specify)

## VEHICLES

| TYPE | | # OWNED | # NON-OWNED | # LEASED | PROPERTY HAULED | RADIUS (MILES) LOCAL | INTER-MEDIATE | LONG DISTANCE |
|---|---|---|---|---|---|---|---|---|
| PRIVATE PASSENGER | | 32 | | | | 32 | | |
| TRUCKS | LIGHT | 53 | | | | 29 | 24 | |
| | MEDIUM | 4 | | | | 1 | 3 | |
| | HEAVY | | | | | | | |
| | EX. HEAVY | | | | | | | |
| TRUCKS / TRACTORS | HEAVY | | | | | | | |
| | EX. HEAVY | | | | | | | |
| BUSES | | | | | | | | |

## ADDITIONAL EXPOSURES

| EXPLAIN ALL "YES" RESPONSES, PROVIDE OTHER INFORMATION REQUIRED | Y / N |
|---|---|
| **ADVERTISERS LIABILITY** | |
| 1. MEDIA USED:<br>ANNUAL COST: $ | |
| 2. ARE SERVICES OF AN ADVERTISING AGENCY USED? | |
| 3. ANY COVERAGE PROVIDED UNDER AGENCY'S POLICY? | |
| **AIRCRAFT LIABILITY** | |
| 4. DOES APPLICANT OWN / LEASE / OPERATE AIRCRAFT? | |
| **AUTO LIABILITY** | |
| 5. ARE EXPLOSIVES, CAUSTICS, FLAMMABLES OR OTHER DANGEROUS CARGO HAULED? | |
| 6. ARE PASSENGERS CARRIED FOR A FEE? | |
| 7. ANY UNITS NOT INSURED BY UNDERLYING POLICIES? | |
| 8. ARE ANY VEHICLES LEASED OR RENTED TO OTHERS? | |
| 9. ARE HIRED AND NON-OWNED COVERAGES PROVIDED? | |
| **CONTRACTORS LIABILITY** | |
| 10. IS BRIDGE, DAM, OR MARINE WORK PERFORMED? | |
| 11. DESCRIBE TYPICAL JOBS PERFORMED (Attach ACORD 101, Additional Remarks Schedule, if more space is required) | |
| 12. DESCRIBE AGREEMENT (Attach ACORD 101, Additional Remarks Schedule, if more space is required) | |
| 13. DOES APPLICANT OWN, RENT, OR OTHERWISE USE CRANES? | |
| 14. DO SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN APPLICANT? | |
| **EMPLOYERS LIABILITY** | |
| 15. IS APPLICANT SELF-INSURED IN ANY STATE? | |
| 16. SUBJECT TO: ☐ JONES ACT ☐ FELA ☐ STOP GAP ☐ OTHER: | |
| **INCIDENTAL MALPRACTICE LIABILITY** | |
| 17. IS A HOSPITAL OR FIRST AID FACILITY MAINTAINED? | |
| 18. ARE COVERAGES PROVIDED FOR DOCTORS / NURSES? | |
| 19. INDICATE # OF DOCTORS: NURSES: BEDS: | |

## ADDITIONAL EXPOSURES (continued)

| EXPLAIN ALL "YES" RESPONSES, PROVIDE OTHER INFORMATION REQUIRED | Y / N |
|---|---|
| **EPA #:** **POLLUTION LIABILITY** | |
| 20. DO CURRENT OR PAST PRODUCTS, OR THEIR COMPONENTS, CONTAIN HAZARDOUS MATERIALS THAT MAY REQUIRE SPECIAL DISPOSAL METHODS? | |
| 21. INDICATE THE COVERAGES CARRIED: ☐ GL WITH STANDARD ISO POLLUTION EXCLUSION ☐ GL WITH POLLUTION COVERAGE ENDORSEMENT ☐ GL WITH STANDARD SUDDEN & ACCIDENTAL ONLY ☐ SEPARATE POLLUTION COVERAGE | |
| **PRODUCT LIABILITY** | |
| 22. ARE MISSILES, ENGINES, GUIDANCE SYSTEMS, FRAMES OR ANY OTHER PRODUCT USED / INSTALLED IN AIRCRAFT? | |
| 23. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN THE USA OR US PRODUCTS SOLD / DISTRIBUTED IN FOREIGN COUNTRIES? (If "YES", Attach ACORD 815) | |
| 24. PRODUCT LIABILITY LOSS IN PAST THREE (3) YEARS? (SPECIFY) | |
| 25. GROSS SALES FROM EACH OF LAST THREE (3) YEARS: $ **140,000,000.00** $ **140,000,000.00** $ | |
| **PROTECTIVE LIABILITY** | |
| 26. DESCRIBE INDEPENDENT CONTRACTORS (Attach ACORD 101, Additional Remarks Schedule, if more space is required) | |
| **WATERCRAFT LIABILITY** | |
| 27. DOES APPLICANT OWN OR LEASE WATERCRAFT? | |

| LOC # | # OWNED | LENGTH | HORSEPOWER | LOC # | # OWNED | LENGTH | HORSEPOWER |
|---|---|---|---|---|---|---|---|
| | | | | | | | |

**APARTMENTS / CONDOMINIUMS / HOTELS / MOTELS**

28.

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

**REMARKS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)**

**REMARKS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)**

**SIGNATURE**

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, DC, FL, HI, MA, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

IN THE DISTRICT OF COLUMBIA, WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES.

IN FLORIDA, 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.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, 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, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN WASHINGTON, 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.

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

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

* IF APPLICABLE IN YOUR STATE

**APPLICABLE ONLY IN LOUISIANA, NEW HAMPSHIRE, VERMONT AND WISCONSIN**

**APPLICABLE ONLY IN LOUISIANA:**

I ACKNOWLEDGE THAT UM COVERAGE HAS BEEN EXPLAINED TO ME, AND I HAVE BEEN OFFERED THE OPTION OF SELECTING UM LIMITS EQUAL TO MY LIABILITY LIMITS, UM LIMITS LOWER THAN MY LIABILITY LIMITS, OR TO REJECT UM COVERAGE ENTIRELY.

1. I SELECT UM LIMITS INDICATED IN THIS APPLICATION. ☐ (INITIALS) OR 2. I REJECT UM COVERAGE IN ITS ENTIRETY. ☐ (INITIALS)

**APPLICABLE ONLY IN NEW HAMPSHIRE:**

I ACKNOWLEDGE THAT UM COVERAGE HAS BEEN EXPLAINED TO ME, AND I HAVE BEEN OFFERED THE OPTION OF SELECTING UM LIMITS EQUAL TO MY LIABILITY LIMITS OR TO REJECT UM COVERAGE ENTIRELY.

1. I SELECT UM LIMITS INDICATED IN THIS APPLICATION. ☐ (INITIALS) OR 2. I REJECT UM COVERAGE IN ITS ENTIRETY. ☐ (INITIALS)

**APPLICABLE ONLY IN VERMONT:**

I ACKNOWLEDGE THAT I HAVE BEEN OFFERED UM COVERAGE EQUAL TO MY LIABILITY LIMITS. I HAVE SELECTED THE LIMITS INDICATED IN THIS APPLICATION.

**APPLICABLE ONLY IN WISCONSIN:**

I ACKNOWLEDGE THAT I HAVE BEEN OFFERED UNINSURED MOTORIST (UM) COVERAGE AND UNDERINSURED MOTORIST (UIM) COVERAGE.

1. I SELECT UM LIMITS INDICATED IN THIS APPLICATION. ☐ (INITIALS) OR 2. I REJECT UM COVERAGE IN ITS ENTIRETY. ☐ (INITIALS)

3. I SELECT UIM LIMITS INDICATED IN THIS APPLICATION. ☐ (INITIALS) OR 4. I REJECT UIM COVERAGE IN ITS ENTIRETY. ☐ (INITIALS)

IMPORTANT - THE STATEMENTS (ANSWERS) GIVEN ABOVE ARE TRUE AND ACCURATE. THE APPLICANT HAS NOT WILLFULLY CONCEALED OR MISREPRESENTED ANY MATERIAL FACT OR CIRCUMSTANCE CONCERNING THIS APPLICATION. THIS APPLICATION DOES NOT CONSTITUTE A BINDER.

| PRODUCER'S SIGNATURE | PRODUCER'S NAME (Please Print) | STATE PRODUCER LICENSE NO (Required in Florida) |
|---|---|---|
| William McKnight | | |

| APPLICANT'S SIGNATURE | DATE | NATIONAL PRODUCER NUMBER |
|---|---|---|
| | | |

# COMMERCIAL INSURANCE APPLICATION

## APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY): 04/06/2026

| | |
|---|---|
| **AGENCY**<br>Arthur J. Gallagher Risk Management Services, LLC<br>4041 Essen Ln Ste 400<br>Baton Rouge, LA 70809 | **CARRIER** / **NAIC CODE**: N/A<br>**COMPANY POLICY OR PROGRAM NAME**: Excess Liability #2 - $5M xs $5M / **PROGRAM CODE**:<br>**POLICY NUMBER**: |
| **CONTACT NAME:**<br>**PHONE (A/C, No, Ext):** (225) 336-3200<br>**FAX (A/C, No):** (225) 336-4536<br>**E-MAIL ADDRESS:**<br>**CODE:** / **SUBCODE:**<br>**AGENCY CUSTOMER ID:** WINDWOR-05 | **UNDERWRITER** / **UNDERWRITER OFFICE**<br>**STATUS OF TRANSACTION**: ☐ QUOTE ☐ ISSUE POLICY ☐ RENEW; ☐ BOUND (Give Date and/or Attach Copy); ☐ CHANGE **DATE** **TIME** ☐ AM ☐ PM; ☐ CANCEL |

### LINES OF BUSINESS

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

### ATTACHMENTS

| | | |
|---|---|---|
| ☐ ACCOUNTS RECEIVABLE / VALUABLE PAPERS | ☐ GLASS AND SIGN SECTION | ☐ STATEMENT / SCHEDULE OF VALUES |
| ☐ ADDITIONAL INTEREST SCHEDULE | ☐ HOTEL / MOTEL SUPPLEMENT | ☐ STATE SUPPLEMENT (If applicable) |
| ☐ ADDITIONAL PREMISES INFORMATION SCHEDULE | ☐ INSTALLATION / BUILDERS RISK SECTION | ☐ VACANT BUILDING SUPPLEMENT |
| ☐ APARTMENT BUILDING SUPPLEMENT | ☐ INTERNATIONAL LIABILITY EXPOSURE SUPPLEMENT | ☐ VEHICLE SCHEDULE |
| ☐ CONDO ASSN BYLAWS (for D&O Coverage only) | ☐ INTERNATIONAL PROPERTY EXPOSURE SUPPLEMENT | ☐ |
| ☐ CONTRACTORS SUPPLEMENT | ☐ LOSS SUMMARY | ☐ |
| ☐ COVERAGES SCHEDULE | ☐ OPEN CARGO SECTION | ☐ |
| ☐ DEALERS SECTION | ☐ PREMIUM PAYMENT SUPPLEMENT | ☐ |
| ☐ DRIVER INFORMATION SCHEDULE | ☐ PROFESSIONAL LIABILITY SUPPLEMENT | ☐ |
| ☐ ELECTRONIC DATA PROCESSING SECTION | ☐ RESTAURANT / TAVERN SUPPLEMENT | ☐ |

### POLICY INFORMATION

| PROPOSED EFF DATE | PROPOSED EXP DATE | BILLING PLAN | PAYMENT PLAN | METHOD OF PAYMENT | AUDIT | DEPOSIT | MINIMUM PREMIUM | POLICY PREMIUM |
|---|---|---|---|---|---|---|---|---|
| 05/01/2026 | 05/01/2027 | ☐ DIRECT ☐ AGENCY | AN | | | $ | $ | $ |

### APPLICANT INFORMATION

**NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4)**
Window World of Baton Rouge, LLC
8405 Airline Hwy.
Baton Rouge, LA 70815

GL CODE | SIC: 3442 | NAICS | FEIN OR SOC SEC #: 94-3427277
BUSINESS PHONE #: (225) 706-2100
WEBSITE ADDRESS: www.windowworld-btr.com

☐ CORPORATION ☐ JOINT VENTURE ☐ NOT FOR PROFIT ORG ☐ SUBCHAPTER "S" CORPORATION ☐
☐ INDIVIDUAL ☒ LLC NO. OF MEMBERS AND MANAGERS: ____ ☐ PARTNERSHIP ☐ TRUST

**NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)**
Window World of Baton Rouge, LLC dba Window World of Houston

GL CODE | SIC | NAICS | FEIN OR SOC SEC #
BUSINESS PHONE #:
WEBSITE ADDRESS

☐ CORPORATION ☐ JOINT VENTURE ☐ NOT FOR PROFIT ORG ☐ SUBCHAPTER "S" CORPORATION ☐
☐ INDIVIDUAL ☐ LLC NO. OF MEMBERS AND MANAGERS: 0 ☐ PARTNERSHIP ☐ TRUST

**NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)**
Window World of Dallas, LLC

GL CODE | SIC | NAICS | FEIN OR SOC SEC #: 27-4687014
BUSINESS PHONE #:
WEBSITE ADDRESS

☐ CORPORATION ☐ JOINT VENTURE ☐ NOT FOR PROFIT ORG ☐ SUBCHAPTER "S" CORPORATION ☐
☐ INDIVIDUAL ☐ LLC NO. OF MEMBERS AND MANAGERS: ____ ☐ PARTNERSHIP ☐ TRUST


© 1993-2015 ACORD CORPORATION. All rights reserved.
The ACORD name and logo are registered marks of ACORD

## CONTACT INFORMATION

AGENCY CUSTOMER ID: WINDWOR-05 WADME1

| | |
|---|---|
| CONTACT TYPE: Accounting Contact | CONTACT TYPE: |
| CONTACT NAME: Chris Peters | CONTACT NAME: |
| PRIMARY PHONE # ☐ HOME ☒ BUS ☐ CELL (225) 578-7154 / SECONDARY PHONE # ☐ HOME ☒ BUS ☐ CELL | PRIMARY PHONE # ☐ HOME ☐ BUS ☐ CELL / SECONDARY PHONE # ☐ HOME ☐ BUS ☐ CELL |
| PRIMARY E-MAIL ADDRESS: cpeters@winworldinfo.com | PRIMARY E-MAIL ADDRESS: |
| SECONDARY E-MAIL ADDRESS: | SECONDARY E-MAIL ADDRESS: |

## PREMISES INFORMATION (Attach ACORD 823 for Additional Premises)

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| LOC # 1 | STREET: 8405 Airline Hwy. | | CITY LIMITS: ☐ INSIDE ☐ OUTSIDE | INTEREST: ☐ OWNER ☒ TENANT | # FULL TIME EMPL | ANNUAL REVENUES: $ | |
| BLD # 1 | CITY: Baton Rouge | STATE: LA | | | # PART TIME EMPL | OCCUPIED AREA: | SQ FT |
| | COUNTY: East Baton | ZIP: 70815 | | | | OPEN TO PUBLIC AREA: | SQ FT |
| DESCRIPTION OF OPERATIONS: Distributor of windows, doors, siding - Main Office - Showroom | | | | | | TOTAL BUILDING AREA: | SQ FT |
| | | | | | | ANY AREA LEASED TO OTHERS? Y / N | |
| LOC # 2 | STREET: 8423 Airline Hwy. - Building 1 | | CITY LIMITS: ☐ INSIDE ☐ OUTSIDE | INTEREST: ☒ OWNER ☐ TENANT | # FULL TIME EMPL | ANNUAL REVENUES: $ | |
| BLD # 1 | CITY: Baton Rouge | STATE: LA | | | # PART TIME EMPL | OCCUPIED AREA: | SQ FT |
| | COUNTY: East Baton Rouge | ZIP: 70814 | | | | OPEN TO PUBLIC AREA: | SQ FT |
| DESCRIPTION OF OPERATIONS: Distributor of windows, doors, siding - Storage | | | | | | TOTAL BUILDING AREA: | SQ FT |
| | | | | | | ANY AREA LEASED TO OTHERS? Y / N | |
| LOC # 3 | STREET: 12014 Sligo Road | | CITY LIMITS: ☐ INSIDE ☐ OUTSIDE | INTEREST: ☒ OWNER ☐ TENANT | # FULL TIME EMPL | ANNUAL REVENUES: $ | |
| BLD # 1 | CITY: Bains | STATE: LA | | | # PART TIME EMPL | OCCUPIED AREA: | SQ FT |
| | COUNTY: West Feliciana | ZIP: 70775 | | | | OPEN TO PUBLIC AREA: | SQ FT |
| DESCRIPTION OF OPERATIONS: 380 Acres - Sale of Hay | | | | | | TOTAL BUILDING AREA: | SQ FT |
| | | | | | | ANY AREA LEASED TO OTHERS? Y / N | |
| LOC # 4 | STREET: 10741 Endeavour Way, Unit C | | CITY LIMITS: ☐ INSIDE ☐ OUTSIDE | INTEREST: ☐ OWNER ☒ TENANT | # FULL TIME EMPL | ANNUAL REVENUES: $ | |
| BLD # 1 | CITY: Seminole | STATE: FL | | | # PART TIME EMPL | OCCUPIED AREA: | SQ FT |
| | COUNTY: Pinellas | ZIP: 33777 | | | | OPEN TO PUBLIC AREA: | SQ FT |
| DESCRIPTION OF OPERATIONS: Office/Showroom | | | | | | TOTAL BUILDING AREA: | SQ FT |
| | | | | | | ANY AREA LEASED TO OTHERS? Y / N | |

## NATURE OF BUSINESS

| | | | | | | | | | | | | | | | | DATE BUSINESS STARTED (MM/DD/YYYY) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| ☐ | APARTMENTS | ☐ | CONTRACTOR | ☐ | MANUFACTURING | ☐ | RESTAURANT | ☐ | SERVICE | ☒ | Distributor | | | | | 03/20/2002 |
| ☐ | CONDOMINIUMS | ☐ | INSTITUTIONAL | ☐ | OFFICE | ☐ | RETAIL | ☐ | WHOLESALE | | | | | | | |

DESCRIPTION OF PRIMARY OPERATIONS

Distributor of windows, doors, siding.

| 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

- ☐ ADDITIONAL INSURED
- ☐ BREACH OF WARRANTY
- ☐ CO-OWNER
- ☐ EMPLOYEE AS LESSOR
- ☐ LEASEBACK OWNER
- ☐ LENDER'S LOSS PAYABLE
- ☐ LIENHOLDER
- ☐ LOSS PAYEE
- ☐ MORTGAGEE
- ☐ OWNER
- ☐ REGISTRANT
- ☐ TRUSTEE

NAME AND ADDRESS RANK: ____ EVIDENCE: ☐ CERTIFICATE ☐ POLICY ☐ SEND BILL

REFERENCE / LOAN #:

INTEREST END DATE:

LIEN AMOUNT:

PHONE (A/C, No, Ext):

FAX (A/C, No):

REASON FOR INTEREST:

E-MAIL ADDRESS:

INTEREST IN ITEM NUMBER

| | |
|---|---|
| LOCATION: | BUILDING: |
| VEHICLE: | BOAT: |
| AIRPORT: | AIRCRAFT: |
| ITEM CLASS: | ITEM: |

ITEM DESCRIPTION

AGENCY CUSTOMER ID: WINDWOR-05 WADME1

## GENERAL INFORMATION

| EXPLAIN ALL "YES" RESPONSES | Y / N |
|---|---|
| 1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ? | N |

| PARENT COMPANY NAME | RELATIONSHIP DESCRIPTION | % OWNED |
|---|---|---|
| | | |

| 1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES? | N |
|---|---|

| SUBSIDIARY COMPANY NAME | RELATIONSHIP DESCRIPTION | % OWNED |
|---|---|---|
| | | |

| 2. IS A FORMAL SAFETY PROGRAM IN OPERATION? ☐ SAFETY MANUAL ☐ SAFETY POSITION ☐ MONTHLY MEETINGS ☐ OSHA ☐ | Y |
|---|---|
| 3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS? | N |
| 4. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers) | N |

| LINE OF BUSINESS | POLICY NUMBER | LINE OF BUSINESS | POLICY NUMBER |
|---|---|---|---|
| | | | |
| | | | |

| 5. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR THREE (3) YEARS FOR ANY PREMISES OR OPERATIONS? **(Missouri Applicants - Do not answer this question)** ☐ NON-PAYMENT ☐ AGENT NO LONGER REPRESENTS CARRIER ☐ ☐ NON-RENEWAL ☐ UNDERWRITING ☐ CONDITION CORRECTED (Describe): | N |
|---|---|
| 6. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING? | N |
| 7. DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY? (In RI, this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment). | N |
| 8. ANY UNCORRECTED FIRE AND/OR SAFETY CODE VIOLATIONS? | N |

| OCCUR DATE | EXPLANATION | RESOLUTION | RESOLVE DATE |
|---|---|---|---|
| | | | |
| | | | |

| 9. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE LAST FIVE (5) YEARS? | N |
|---|---|

| OCCUR DATE | EXPLANATION | RESOLUTION | RESOLVE DATE |
|---|---|---|---|
| | | | |
| | | | |

| 10. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS? | N |
|---|---|

| OCCUR DATE | EXPLANATION | RESOLUTION | RESOLVE DATE |
|---|---|---|---|
| | | | |
| | | | |

| 11. HAS BUSINESS BEEN PLACED IN A TRUST? **NAME OF TRUST:** | N |
|---|---|
| 12. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD / DISTRIBUTED IN FOREIGN COUNTRIES? (If "YES", attach ACORD 815 for Liability Exposure and/or ACORD 816 for Property Exposure) | N |
| 13. DOES APPLICANT HAVE OTHER BUSINESS VENTURES FOR WHICH COVERAGE IS NOT REQUESTED? | N |
| 14. DOES APPLICANT OWN / LEASE / OPERATE ANY DRONES? (If "YES", describe use) | N |
| 15. DOES APPLICANT HIRE OTHERS TO OPERATE DRONES? (If "YES", describe use) | N |

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

## PRIOR CARRIER INFORMATION

| YEAR | CATEGORY | GENERAL LIABILITY | AUTOMOBILE | PROPERTY | OTHER: CUMBR |
|---|---|---|---|---|---|
| 2025 - 2026 | CARRIER | | | | Westfield Specialty Ins Co |
| | POLICY NUMBER | | | | XSL-00014CG-03 |
| | PREMIUM | $ | $ | $ | $ 115,600.00 |
| | EFFECTIVE DATE | | | | 05/01/2025 |
| | EXPIRATION DATE | | | | 05/01/2026 |

**AGENCY CUSTOMER ID:** WINDWOR-05 WADME1

**PRIOR CARRIER INFORMATION (continued)**

| YEAR | CATEGORY | GENERAL LIABILITY | AUTOMOBILE | PROPERTY | OTHER: EXCES |
|---|---|---|---|---|---|
| 2024 - 2025 | CARRIER | | | | WestField Specialty Ins Co |
| | POLICY NUMBER | | | | XSL00014CG02 |
| | PREMIUM | $ | $ | $ | $ 78,000.00 |
| | EFFECTIVE DATE | | | | 05/01/2024 |
| | EXPIRATION DATE | | | | 05/01/2025 |
| 2023 - 2024 | CARRIER | | | | Westfield Specialty Ins Co |
| | POLICY NUMBER | | | | XSL00014CG01 |
| | PREMIUM | $ | $ | $ | $ 67,000.00 |
| | EFFECTIVE DATE | | | | 05/01/2023 EXCES |
| | EXPIRATION DATE | | | | 05/01/2024 |

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

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE LAST YEARS

**TOTAL LOSSES: $**

| DATE OF OCCURRENCE | LINE | TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM | DATE OF CLAIM | AMOUNT PAID | AMOUNT RESERVED | SUBRO-GATION Y / N | CLAIM OPEN Y / N |
|---|---|---|---|---|---|---|---|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

**SIGNATURE**

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

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

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

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

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

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

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

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

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

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

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

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

| PRODUCER'S SIGNATURE | PRODUCER'S NAME (Please Print) | STATE PRODUCER LICENSE NO (Required in Florida) |
|---|---|---|
| William McKnight | | |

| APPLICANT'S SIGNATURE | DATE | NATIONAL PRODUCER NUMBER |
|---|---|---|
| | | |

# ADDITIONAL PREMISES INFORMATION SCHEDULE



| AGENCY | CARRIER | NAIC CODE |
|---|---|---|
| Arthur J. Gallagher Risk Management Services, LLC | | N/A |

| POLICY NUMBER | EFFECTIVE DATE | NAMED INSURED(S) |
|---|---|---|
| | 05/01/2026 | Window World of Baton Rouge, LLC |

**PREMISES INFORMATION**

| LOC # | STREET | | CITY LIMITS | INTEREST | # FULL TIME EMPL | ANNUAL REVENUES: $ |
|---|---|---|---|---|---|---|
| 5 | 10540 Bissonnet St., Suite 190 | | INSIDE | OWNER | | OCCUPIED AREA: SQ FT |
| BLD # | CITY: Houston | STATE: TX | OUTSIDE | X TENANT | # PART TIME EMPL | OPEN TO PUBLIC AREA: SQ FT |
| 1 | COUNTY: Harris | ZIP: 77009 | | | | TOTAL BUILDING AREA: SQ FT |
| DESCRIPTION OF OPERATIONS: Small Showroom | | | | | | ANY AREA LEASED TO OTHERS? Y / N: |

| LOC # | STREET | | CITY LIMITS | INTEREST | # FULL TIME EMPL | ANNUAL REVENUES: $ |
|---|---|---|---|---|---|---|
| 6 | 8814 Veterans Memorial Blvd., Ste. 17 | | INSIDE | OWNER | | OCCUPIED AREA: SQ FT |
| BLD # | CITY: Metairie | STATE: LA | OUTSIDE | X TENANT | # PART TIME EMPL | OPEN TO PUBLIC AREA: SQ FT |
| 1 | COUNTY: Jefferson | ZIP: 70003 | | | | TOTAL BUILDING AREA: SQ FT |
| DESCRIPTION OF OPERATIONS: Small Showroom | | | | | | ANY AREA LEASED TO OTHERS? Y / N: |

| LOC # | STREET | | CITY LIMITS | INTEREST | # FULL TIME EMPL | ANNUAL REVENUES: $ |
|---|---|---|---|---|---|---|
| 7 | 3148 Ambassador Caffery Pkwy., Ste. 125 | | INSIDE | OWNER | | OCCUPIED AREA: SQ FT |
| BLD # | CITY: Lafayette | STATE: LA | OUTSIDE | X TENANT | # PART TIME EMPL | OPEN TO PUBLIC AREA: SQ FT |
| 1 | COUNTY: Lafayette | ZIP: 70506 | | | | TOTAL BUILDING AREA: SQ FT |
| DESCRIPTION OF OPERATIONS: Small Showroom | | | | | | ANY AREA LEASED TO OTHERS? Y / N: |

| LOC # | STREET | | CITY LIMITS | INTEREST | # FULL TIME EMPL | ANNUAL REVENUES: $ |
|---|---|---|---|---|---|---|
| 8 | 2520 N. Great Southwest Pkwy. | | INSIDE | OWNER | | OCCUPIED AREA: SQ FT |
| BLD # | CITY: Grand Prairie | STATE: TX | OUTSIDE | X TENANT | # PART TIME EMPL | OPEN TO PUBLIC AREA: SQ FT |
| 1 | COUNTY: Dallas | ZIP: 75050 | | | | TOTAL BUILDING AREA: SQ FT |
| DESCRIPTION OF OPERATIONS: Office/Warehouse | | | | | | ANY AREA LEASED TO OTHERS? Y / N: |

| LOC # | STREET | | CITY LIMITS | INTEREST | # FULL TIME EMPL | ANNUAL REVENUES: $ |
|---|---|---|---|---|---|---|
| 9 | 600 N. Coit Road | | INSIDE | OWNER | | OCCUPIED AREA: SQ FT |
| BLD # | CITY: Richardson | STATE: TX | OUTSIDE | X TENANT | # PART TIME EMPL | OPEN TO PUBLIC AREA: SQ FT |
| 1 | COUNTY: Dallas | ZIP: 75080 | | | | TOTAL BUILDING AREA: SQ FT |
| DESCRIPTION OF OPERATIONS: Small Showroom | | | | | | ANY AREA LEASED TO OTHERS? Y / N: |

| LOC # | STREET | | CITY LIMITS | INTEREST | # FULL TIME EMPL | ANNUAL REVENUES: $ |
|---|---|---|---|---|---|---|
| 10 | 4966 Rosemound Loop | | INSIDE | OWNER | | OCCUPIED AREA: SQ FT |
| BLD # | CITY: Saint Francisville | STATE: LA | OUTSIDE | TENANT | # PART TIME EMPL | OPEN TO PUBLIC AREA: SQ FT |
| 1 | COUNTY: West Feliciana | ZIP: 70775 | | | | TOTAL BUILDING AREA: SQ FT |
| DESCRIPTION OF OPERATIONS: | | | | | | ANY AREA LEASED TO OTHERS? Y / N: |

| LOC # | STREET | | CITY LIMITS | INTEREST | # FULL TIME EMPL | ANNUAL REVENUES: $ |
|---|---|---|---|---|---|---|
| 11 | 14017 Perkins Road | | INSIDE | OWNER | | OCCUPIED AREA: SQ FT |
| BLD # | CITY: Baton Rouge | STATE: LA | OUTSIDE | TENANT | # PART TIME EMPL | OPEN TO PUBLIC AREA: SQ FT |
| 1 | COUNTY: EBR | ZIP: 70810 | | | | TOTAL BUILDING AREA: SQ FT |
| DESCRIPTION OF OPERATIONS: Vacant Lot – 70' x 300' | | | | | | ANY AREA LEASED TO OTHERS? Y / N: |

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, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

IN THE DISTRICT OF COLUMBIA, WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS, IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT

IN FLORIDA, 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.

IN KANSAS, 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.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, 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, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN WASHINGTON, 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.


Attach to ACORD 125 © 2006-2011 ACORD CORPORATION. All rights reserved.
The ACORD name and logo are registered marks of ACORD

AGENCY CUSTOMER ID: WINDWOR-05 WADME1

# ADDITIONAL PREMISES INFORMATION SCHEDULE



| AGENCY | CARRIER | NAIC CODE |
|---|---|---|
| Arthur J. Gallagher Risk Management Services, LLC | | N/A |

| POLICY NUMBER | EFFECTIVE DATE | NAMED INSURED(S) |
|---|---|---|
| | 05/01/2026 | Window World of Baton Rouge, LLC |

**PREMISES INFORMATION**

| LOC # | STREET | CITY LIMITS | INTEREST | # FULL TIME EMPL | ANNUAL REVENUES: $ |
|---|---|---|---|---|---|
| 12 | 14007 Perkins Road | INSIDE | OWNER | | OCCUPIED AREA: SQ FT |
| BLD # | CITY: Baton Rouge STATE: LA | OUTSIDE | TENANT | # PART TIME EMPL | OPEN TO PUBLIC AREA: SQ FT |
| 1 | COUNTY: East Baton Rouge ZIP: 70810 | | | | TOTAL BUILDING AREA: SQ FT |
| DESCRIPTION OF OPERATIONS: LRO – Mercantile or Mfg. - Occupied - Fireside Antiques: High-end Vintage & Antique Furniture, Lighting & Decor | | | | | ANY AREA LEASED TO OTHERS? Y / N: |

| LOC # | STREET | CITY LIMITS | INTEREST | # FULL TIME EMPL | ANNUAL REVENUES: $ |
|---|---|---|---|---|---|
| 13 | Tract 621 & Adjacent | INSIDE | OWNER | | OCCUPIED AREA: SQ FT |
| BLD # | CITY: Saint Francisville STATE: LA | OUTSIDE | TENANT | # PART TIME EMPL | OPEN TO PUBLIC AREA: SQ FT |
| 1 | COUNTY: West Feliciana ZIP: 70775 | | | | TOTAL BUILDING AREA: SQ FT |
| DESCRIPTION OF OPERATIONS: Vacant Land - Total Acres 23 | | | | | ANY AREA LEASED TO OTHERS? Y / N: |

| LOC # | STREET | CITY LIMITS | INTEREST | # FULL TIME EMPL | ANNUAL REVENUES: $ |
|---|---|---|---|---|---|
| 14 | Lot 4-D-1 - Rosemond Loop Lane | INSIDE | OWNER | | OCCUPIED AREA: SQ FT |
| BLD # | CITY: Saint Francisville STATE: LA | OUTSIDE | TENANT | # PART TIME EMPL | OPEN TO PUBLIC AREA: SQ FT |
| 1 | COUNTY: West Feliciana ZIP: 70775 | | | | TOTAL BUILDING AREA: SQ FT |
| DESCRIPTION OF OPERATIONS: Vacant Land - 2 Acres | | | | | ANY AREA LEASED TO OTHERS? Y / N: |

| LOC # | STREET | CITY LIMITS | INTEREST | # FULL TIME EMPL | ANNUAL REVENUES: $ |
|---|---|---|---|---|---|
| 15 | 452 County Rd. 27 | INSIDE | OWNER | | OCCUPIED AREA: 1,680 SQ FT |
| BLD # | CITY: Silverton STATE: CO | OUTSIDE | X TENANT | # PART TIME EMPL | OPEN TO PUBLIC AREA: SQ FT |
| 1 | COUNTY: ZIP: 81433 | | | | TOTAL BUILDING AREA: 1,680 SQ FT |
| DESCRIPTION OF OPERATIONS: Named Insured: Bear Cave Cabin, LLC - Entity leases a 1,680 SF cabin and >1 acre of land from US Forest Servic | | | | | ANY AREA LEASED TO OTHERS? Y / N: |

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

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

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

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, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

IN THE DISTRICT OF COLUMBIA, WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS, IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT

IN FLORIDA, 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.

IN KANSAS, 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.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, 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, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN WASHINGTON, 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.


Attach to ACORD 125 © 2006-2011 ACORD CORPORATION. All rights reserved.
The ACORD name and logo are registered marks of ACORD

# COMMERCIAL INSURANCE APPLICATION -
## OTHER NAMED INSURED SCHEDULE



| NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4) | GL CODE | SIC | NAICS | FEIN OR SOC SEC # |
|---|---|---|---|---|
| **Window World of Tampa Bay, LLC** | | | | **27-3323702** |
| | BUSINESS PHONE #: | | | |
| | WEBSITE ADDRESS | | | |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| ☐ | CORPORATION | ☐ | JOINT VENTURE | ☐ | NOT FOR PROFIT ORG | ☐ | SUBCHAPTER "S" CORPORATION ☐ |
| ☐ | INDIVIDUAL | ☐ | LLC NO. OF MEMBERS AND MANAGERS: _____ | ☐ | PARTNERSHIP | ☐ | TRUST |

| NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4) | GL CODE | SIC | NAICS | FEIN OR SOC SEC # |
|---|---|---|---|---|
| **Window World of Tri-State Area, LLC** | | | | **27-5141776** |
| | BUSINESS PHONE #: | | | |
| | WEBSITE ADDRESS | | | |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| ☐ | CORPORATION | ☐ | JOINT VENTURE | ☐ | NOT FOR PROFIT ORG | ☐ | SUBCHAPTER "S" CORPORATION ☐ |
| ☐ | INDIVIDUAL | ☐ | LLC NO. OF MEMBERS AND MANAGERS: _____ | ☐ | PARTNERSHIP | ☐ | TRUST |

| NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4) | GL CODE | SIC | NAICS | FEIN OR SOC SEC # |
|---|---|---|---|---|
| **A-Pro Home Services, LLC** | | | | **64-0928432** |
| | BUSINESS PHONE #: | | | |
| | WEBSITE ADDRESS | | | |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| ☐ | CORPORATION | ☐ | JOINT VENTURE | ☐ | NOT FOR PROFIT ORG | ☐ | SUBCHAPTER "S" CORPORATION ☐ |
| ☐ | INDIVIDUAL | ☐ | LLC NO. OF MEMBERS AND MANAGERS: _____ | ☐ | PARTNERSHIP | ☐ | TRUST |

| NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4) | GL CODE | SIC | NAICS | FEIN OR SOC SEC # |
|---|---|---|---|---|
| **Builders Windows, LLC** | | | | **26-0674361** |
| | BUSINESS PHONE #: | | | |
| | WEBSITE ADDRESS | | | |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| ☐ | CORPORATION | ☐ | JOINT VENTURE | ☐ | NOT FOR PROFIT ORG | ☐ | SUBCHAPTER "S" CORPORATION ☐ |
| ☐ | INDIVIDUAL | ☐ | LLC NO. OF MEMBERS AND MANAGERS: _____ | ☐ | PARTNERSHIP | ☐ | TRUST |

| NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4) | GL CODE | SIC | NAICS | FEIN OR SOC SEC # |
|---|---|---|---|---|
| **Bat Cave Holdings, LLC** | | | | |
| | BUSINESS PHONE #: | | | |
| | WEBSITE ADDRESS | | | |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| ☐ | CORPORATION | ☐ | JOINT VENTURE | ☐ | NOT FOR PROFIT ORG | ☐ | SUBCHAPTER "S" CORPORATION ☐ |
| ☐ | INDIVIDUAL | ☐ | LLC NO. OF MEMBERS AND MANAGERS: _____ | ☐ | PARTNERSHIP | ☐ | TRUST |

| NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4) | GL CODE | SIC | NAICS | FEIN OR SOC SEC # |
|---|---|---|---|---|
| **Gulf States Remodelers, LLC** | | | | |
| | BUSINESS PHONE #: | | | |
| | WEBSITE ADDRESS | | | |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| ☐ | CORPORATION | ☐ | JOINT VENTURE | ☐ | NOT FOR PROFIT ORG | ☐ | SUBCHAPTER "S" CORPORATION ☐ |
| ☐ | INDIVIDUAL | ☐ | LLC NO. OF MEMBERS AND MANAGERS: **0** | ☐ | PARTNERSHIP | ☐ | TRUST |

| NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4) | GL CODE | SIC | NAICS | FEIN OR SOC SEC # |
|---|---|---|---|---|
| **Havenwood Farms, LLC** | | | | |
| | BUSINESS PHONE #: | | | |
| | WEBSITE ADDRESS | | | |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| ☐ | CORPORATION | ☐ | JOINT VENTURE | ☐ | NOT FOR PROFIT ORG | ☐ | SUBCHAPTER "S" CORPORATION ☐ |
| ☐ | INDIVIDUAL | ☐ | LLC NO. OF MEMBERS AND MANAGERS: _____ | ☐ | PARTNERSHIP | ☐ | TRUST |

| NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4) | GL CODE | SIC | NAICS | FEIN OR SOC SEC # |
|---|---|---|---|---|
| **Northpoint Property Farms, LLC** | | | | **84-2817186** |
| | BUSINESS PHONE #: | | | |
| | WEBSITE ADDRESS | | | |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| ☐ | CORPORATION | ☐ | JOINT VENTURE | ☐ | NOT FOR PROFIT ORG | ☐ | SUBCHAPTER "S" CORPORATION ☐ |
| ☐ | INDIVIDUAL | ☐ | LLC NO. OF MEMBERS AND MANAGERS: _____ | ☐ | PARTNERSHIP | ☐ | TRUST |

# COMMERCIAL INSURANCE APPLICATION -
## OTHER NAMED INSURED SCHEDULE



| NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4) | GL CODE | SIC | NAICS | FEIN OR SOC SEC # |
|---|---|---|---|---|
| **14007 Property, LLC** | | | | **82-4559502** |
| | BUSINESS PHONE #: | | | |
| | WEBSITE ADDRESS | | | |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| | CORPORATION | | JOINT VENTURE | | NOT FOR PROFIT ORG | | SUBCHAPTER "S" CORPORATION |
| | INDIVIDUAL | | LLC NO. OF MEMBERS AND MANAGERS: **0** | | PARTNERSHIP | | TRUST |

| NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4) | GL CODE | SIC | NAICS | FEIN OR SOC SEC # |
|---|---|---|---|---|
| **Corner 2, LLC** | | **3442** | | |
| | BUSINESS PHONE #: | | | |
| | WEBSITE ADDRESS | | | |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| | CORPORATION | | JOINT VENTURE | | NOT FOR PROFIT ORG | | SUBCHAPTER "S" CORPORATION |
| | INDIVIDUAL | | LLC NO. OF MEMBERS AND MANAGERS: **0** | | PARTNERSHIP | | TRUST |

| NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4) | GL CODE | SIC | NAICS | FEIN OR SOC SEC # |
|---|---|---|---|---|
| **8423 Property, LLC** | | **3442** | | **87-1485340** |
| | BUSINESS PHONE #: | | | |
| | WEBSITE ADDRESS | | | |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| | CORPORATION | | JOINT VENTURE | | NOT FOR PROFIT ORG | | SUBCHAPTER "S" CORPORATION |
| | INDIVIDUAL | | LLC NO. OF MEMBERS AND MANAGERS: **0** | | PARTNERSHIP | | TRUST |

| NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4) | GL CODE | SIC | NAICS | FEIN OR SOC SEC # |
|---|---|---|---|---|
| **Bear Cave Cabin, LLC** | | | | **99-4773422** |
| | BUSINESS PHONE #: | | | |
| | WEBSITE ADDRESS | | | |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| | CORPORATION | | JOINT VENTURE | | NOT FOR PROFIT ORG | | SUBCHAPTER "S" CORPORATION |
| | INDIVIDUAL | | LLC NO. OF MEMBERS AND MANAGERS: | | PARTNERSHIP | | TRUST |

X o Entity leases a 1,680 SF cabin and >1 a

| NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4) | GL CODE | SIC | NAICS | FEIN OR SOC SEC # |
|---|---|---|---|---|
| | BUSINESS PHONE #: | | | |
| | WEBSITE ADDRESS | | | |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| | CORPORATION | | JOINT VENTURE | | NOT FOR PROFIT ORG | | SUBCHAPTER "S" CORPORATION |
| | INDIVIDUAL | | LLC NO. OF MEMBERS AND MANAGERS: | | PARTNERSHIP | | TRUST |

| NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4) | GL CODE | SIC | NAICS | FEIN OR SOC SEC # |
|---|---|---|---|---|
| | BUSINESS PHONE #: | | | |
| | WEBSITE ADDRESS | | | |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| | CORPORATION | | JOINT VENTURE | | NOT FOR PROFIT ORG | | SUBCHAPTER "S" CORPORATION |
| | INDIVIDUAL | | LLC NO. OF MEMBERS AND MANAGERS: | | PARTNERSHIP | | TRUST |

| NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4) | GL CODE | SIC | NAICS | FEIN OR SOC SEC # |
|---|---|---|---|---|
| | BUSINESS PHONE #: | | | |
| | WEBSITE ADDRESS | | | |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| | CORPORATION | | JOINT VENTURE | | NOT FOR PROFIT ORG | | SUBCHAPTER "S" CORPORATION |
| | INDIVIDUAL | | LLC NO. OF MEMBERS AND MANAGERS: | | PARTNERSHIP | | TRUST |

| NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4) | GL CODE | SIC | NAICS | FEIN OR SOC SEC # |
|---|---|---|---|---|
| | BUSINESS PHONE #: | | | |
| | WEBSITE ADDRESS | | | |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| | CORPORATION | | JOINT VENTURE | | NOT FOR PROFIT ORG | | SUBCHAPTER "S" CORPORATION |
| | INDIVIDUAL | | LLC NO. OF MEMBERS AND MANAGERS: | | PARTNERSHIP | | TRUST |

# COMMERCIAL INSURANCE APPLICATION -
# PRIOR CARRIER INFORMATION SCHEDULE



| YEAR | CATEGORY | GENERAL LIABILITY | AUTOMOBILE | PROPERTY | OTHER EXCES |
|---|---|---|---|---|---|
| 2022 - 2023 | CARRIER | | | | Westfield Specialty Ins Co |
| | POLICY NUMBER | | | | XSL00014CG |
| | PREMIUM | $ | $ | $ | $ 54,145.00 |
| | EFFECTIVE DATE | | | | 07/01/2022 |
| | EXPIRATION DATE | | | | 05/01/2023 |
| **YEAR** | **CATEGORY** | **GENERAL LIABILITY** | **AUTOMOBILE** | **PROPERTY** | **OTHER CUMBR** |
| 2021 - 2022 | CARRIER | LM Insurance Corporation | Liberty Mutual Fire Ins Co. | | Great American E&S Ins. Co. |
| | POLICY NUMBER | TB5Z91469187029 | AS2Z91469187039 | | UM238699013 |
| | PREMIUM | $ | $ | $ | $ |
| | EFFECTIVE DATE | 07/01/2021 | 07/07/2019 | | 07/01/2019 |
| | EXPIRATION DATE | 07/01/2022 | 07/01/2020 | | 07/01/2020 |
| **YEAR** | **CATEGORY** | **GENERAL LIABILITY** | **AUTOMOBILE** | **PROPERTY** | **OTHER** |
| | CARRIER | | | | |
| | POLICY NUMBER | | | | |
| | PREMIUM | $ | $ | $ | $ |
| | EFFECTIVE DATE | | | | |
| | EXPIRATION DATE | | | | |
| **YEAR** | **CATEGORY** | **GENERAL LIABILITY** | **AUTOMOBILE** | **PROPERTY** | **OTHER** |
| | CARRIER | | | | |
| | POLICY NUMBER | | | | |
| | PREMIUM | $ | $ | $ | $ |
| | EFFECTIVE DATE | | | | |
| | EXPIRATION DATE | | | | |
| **YEAR** | **CATEGORY** | **GENERAL LIABILITY** | **AUTOMOBILE** | **PROPERTY** | **OTHER** |
| | CARRIER | | | | |
| | POLICY NUMBER | | | | |
| | PREMIUM | $ | $ | $ | $ |
| | EFFECTIVE DATE | | | | |
| | EXPIRATION DATE | | | | |
| **YEAR** | **CATEGORY** | **GENERAL LIABILITY** | **AUTOMOBILE** | **PROPERTY** | **OTHER** |
| | CARRIER | | | | |
| | POLICY NUMBER | | | | |
| | PREMIUM | $ | $ | $ | $ |
| | EFFECTIVE DATE | | | | |
| | EXPIRATION DATE | | | | |
| **YEAR** | **CATEGORY** | **GENERAL LIABILITY** | **AUTOMOBILE** | **PROPERTY** | **OTHER** |
| | CARRIER | | | | |
| | POLICY NUMBER | | | | |
| | PREMIUM | $ | $ | $ | $ |
| | EFFECTIVE DATE | | | | |
| | EXPIRATION DATE | | | | |
| **YEAR** | **CATEGORY** | **GENERAL LIABILITY** | **AUTOMOBILE** | **PROPERTY** | **OTHER** |
| | CARRIER | | | | |
| | POLICY NUMBER | | | | |
| | PREMIUM | $ | $ | $ | $ |
| | EFFECTIVE DATE | | | | |
| | EXPIRATION DATE | | | | |

AGENCY CUSTOMER ID: WINDWOR-05 WADME1

# UMBRELLA / EXCESS SECTION

DATE (MM/DD/YYYY) 04/06/2026

**IMPORTANT - If CLAIMS MADE is checked in the POLICY INFORMATION section below, this is an application for a claims-made policy.**

| AGENCY | CARRIER | NAIC CODE |
|---|---|---|
| Arthur J. Gallagher Risk Management Services, LLC | | N/A |

| POLICY NUMBER | EFFECTIVE DATE | NAMED INSURED(S) |
|---|---|---|
| | 05/01/2026 | Window World of Baton Rouge, LLC |

## POLICY INFORMATION

| TRANSACTION TYPE | | | | | | | | LIMIT OF LIABILITY | RETAINED LIMIT |
|---|---|---|---|---|---|---|---|---|---|
| X | NEW | | UMBRELLA | X | OCCURRENCE | RETROACTIVE DATE | | $ 5,000,000 EA OCC | $ |
| | RENEWAL | X | EXCESS | | CLAIMS MADE | PROPOSED | CURRENT | $ 5,000,000 Aggregate | |
| EXPIRING POL #: XSL00014CG03 | | | | | | | | $ 5MM xs 5MM | FIRST DOLLAR DEFENSE (Y / N) |

## EMPLOYEE BENEFITS LIABILITY

| LIMIT OF INSURANCE (Ea Employee) | AGGREGATE LIMIT FOR EBL | RETAINED LIMIT FOR EBL | RETROACTIVE DATE FOR EBL |
|---|---|---|---|
| $ 1,000,000 | $ 1,000,000 | $ | 07/01/2018 |

NAME OF BENEFIT PROGRAM

## PRIMARY LOCATION & SUBSIDIARIES (ACORD 125)

| # | NAME AND LOCATION OF PRIMARY AND ALL SUBSIDIARY COMPANIES (Describe Operations) | ANNUAL PAYROLL | ANN GROSS SALES | FOREIGN GROSS SALES | # EMPL |
|---|---|---|---|---|---|
| 1 | NAME: ALL LOCATIONS<br>LOCATION: 8405 Airline Hwy. Baton Rouge, LA 70815<br>DESCRIPTION: Distributor of windows, doors, siding. | $16,559,500.00 | $135,000,000.00 | $0.00 | 140 |
| 2 | NAME:<br>LOCATION: 8423 Airline Hwy. - Building 1 Baton Rouge, LA 70814<br>DESCRIPTION: | | | | |
| 3 | NAME:<br>LOCATION: 12014 Sligo Road Bains, LA 70775<br>DESCRIPTION: | | | | |
| 4 | NAME:<br>LOCATION: 10741 Endeavour Way, Unit C Seminole, FL 33777<br>DESCRIPTION: | | | | |
| 5 | NAME:<br>LOCATION: 10540 Bissonnet St., Suite 190 Houston, TX 77009<br>DESCRIPTION: | | | | |
| 6 | NAME:<br>LOCATION: 8814 Veterans Memorial Blvd., Ste. 17 Metairie, LA 70003<br>DESCRIPTION: | | | | |

## UNDERLYING INSURANCE

| LIST ALL LIABILITY / COMPENSATION POLICIES IN FORCE TO APPLY AS UNDERLYING INSURANCE | | | | | | | + - RATING MOD |
|---|---|---|---|---|---|---|---|
| TYPE | CARRIER / POLICY NUMBER | POLICY EFF DATE | POLICY EXP DATE | LIMITS | | ANNUAL RENEWAL PREMIUM | |
| AUTOMOBILE LIABILITY | Old Republic Insurance Company<br>MWTB31700424 | 05/01/2026 | 05/01/2027 | CSL EA ACC<br>BI EA ACC<br>BI EA PER<br>PD EA ACC | $ 1,000,000<br>$<br>$<br>$ | $<br>$<br>$ | |
| GENERAL LIABILITY POLICY TYPE<br>X OCCUR<br>CLAIMS MADE | TBD<br>TBD | 05/01/2026 | 05/01/2027 | EACH OCCURRENCE<br>GENERAL AGGR<br>PROD & COMP OPS AGGREGATE<br>PERSONAL & ADV INJURY<br>DAMAGE TO RENTED PREMISES<br>MEDICAL EXPENSE | $ 1,000,000<br>$ 2,000,000<br>$ 2,000,000<br>$ 1,000,000<br>$<br>$ | PREM / OPS<br>$<br>PRODUCTS<br>$<br>OTHER<br>$ | |
| EMPLOYERS LIABILITY | Old Republic Insurance Company<br>MWC31700324 | 05/01/2026 | 05/01/2027 | EACH ACCIDENT<br>DISEASE EACH EMPLOYEE<br>DISEASE POLICY LIMIT | $ 1,000,000<br>$ 1,000,000<br>$ 1,000,000 | $ | |
| LGL | TBD<br>TBD | 05/01/2026 | 05/01/2027 | | | $ | |
| LXS | TBD<br>TBD | 05/01/2026 | 05/01/2027 | Excess Liability | $5,000,000.00 | $ | |


© 1991-2009 ACORD CORPORATION. All rights reserved.

ATTACH TO ACORD 125 AND ACORD 126

The ACORD name and logo are registered marks of ACORD

## UNDERLYING INSURANCE (continued)

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

1. ARE DEFENSE COSTS: ☐ WITHIN AGGREGATE LIMITS? ☐ A SEPARATE LIMIT? ☐ UNLIMITED?
2. INDICATE THE EDITION DATE OF THE ISO FORM OR SIMILAR FILING FOR THE UNDERLYING COVERAGE:
3. HAS ANY PRODUCT, WORK, ACCIDENT, OR LOCATION BEEN EXCLUDED, UNINSURED OR SELF INSURED FROM ANY PREVIOUS COVERAGE? (Y / N) ☐
4. FOR CLAIMS MADE, INDICATE RETROACTIVE DATE OF CURRENT UNDERLYING POLICY:
5. FOR CLAIMS MADE, INDICATE ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COVERAGE:
6. FOR CLAIMS MADE, WAS "TAIL" COVERAGE PURCHASED FOR ANY PREVIOUS PRIMARY OR EXCESS POLICY? (Y / N) ☐ EFF. DATE: _____

CHECK ALL COVERAGES IN UNDERLYING POLICIES. ALSO CHECK IF ANY EXPOSURES ARE PRESENT FOR EACH COVERAGE. PROVIDE AN EXPLANATION. EXPLAIN IF DIFFERENT LIMITS, EXTENSIONS, OR EXCLUSIONS. EXPLAIN ANY SPECIAL COVERAGES BEYOND STANDARD FORMS. **EXPLAIN ALL EXPOSURES.**

| CHECK IF APPROPRIATE | COVERAGE | EXPOSURE | COVERAGE | EXPOSURE |
|---|---|---|---|---|
| X | ANY AUTO (SYMBOL 1) | | CARE, CUSTODY, CONTROL | | | PROFESSIONAL LIABILITY (E&O) | |
| | CGL - CLAIMS MADE | X | EMPLOYEE BENEFIT LIABILITY | | | VENDORS LIABILITY | |
| X | CGL - OCCURRENCE | | FOREIGN LIABILITY / TRAVEL | | | WATERCRAFT LIABILITY | |
| | | | GARAGEKEEPERS LIABILITY | | | | |
| | AIRCRAFT LIABILITY | | INCIDENTAL MEDICAL MALPRACTICE | | | | |
| | AIRCRAFT PASSENGER LIABILITY | | LIQUOR LIABILITY | | | | |
| | ADDITIONAL INTERESTS | | POLLUTION LIABILITY | | | | |

UNDERLYING INSURANCE COVERAGE INFORMATION (INCLUDE ALL RESTRICTIONS; e.g. LASER ENDORSEMENTS, DISCRIMINATION, SUBROGATION WAIVERS, OR EXTENSIONS OF COVERAGE) Attach ACORD 101, Additional Remarks Schedule, if more space is required.

**Follow Form of Underlying Terms & Conditions**

PREVIOUS EXPERIENCE: (GIVE DETAILS OF ALL LIABILITY CLAIMS EXCEEDING $10,000 OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS, DURING THE PAST FIVE (5) YEARS, WHETHER INSURED OR NOT. SPECIFY DATE, COVERAGE, DESCRIPTION, AMOUNT PAID, AMOUNT OUTSTANDING) Attach ACORD 101, Additional Remarks Schedule, if more space is required.

☐ NO SUCH CLAIMS

## CARE, CUSTODY, CONTROL

| LOC | PROPERTY TYPE | VALUE | A* | B* | C* | D* | SQ FT OF BLDG OCC |
|---|---|---|---|---|---|---|---|
| | ☐ REAL<br>☐ PERSONAL | | | | | | |

**OCCUPANCY / DESCRIPTION OF PERSONAL PROPERTY**

*APPLICANT: [A] IS HELD HARMLESS IN THE LEASE, [B] HAS A WAIVER OF SUBROGATION, [C] IS A NAMED INSURED IN THE FIRE POLICY, [D] OTHER (specify)

## VEHICLES

| TYPE | | # OWNED | # NON-OWNED | # LEASED | PROPERTY HAULED | RADIUS (MILES) LOCAL | INTER-MEDIATE | LONG DISTANCE |
|---|---|---|---|---|---|---|---|---|
| PRIVATE PASSENGER | | 32 | | | | 32 | | |
| TRUCKS | LIGHT | 53 | | | | 29 | 24 | |
| | MEDIUM | 4 | | | | 1 | 3 | |
| | HEAVY | | | | | | | |
| | EX. HEAVY | | | | | | | |
| TRUCKS / TRACTORS | HEAVY | | | | | | | |
| | EX. HEAVY | | | | | | | |
| BUSES | | | | | | | | |

## ADDITIONAL EXPOSURES

| EXPLAIN ALL "YES" RESPONSES, PROVIDE OTHER INFORMATION REQUIRED | Y / N |
|---|---|
| **ADVERTISERS LIABILITY** | |
| 1. MEDIA USED:<br>ANNUAL COST: $ | |
| 2. ARE SERVICES OF AN ADVERTISING AGENCY USED? | |
| 3. ANY COVERAGE PROVIDED UNDER AGENCY'S POLICY? | |
| **AIRCRAFT LIABILITY** | |
| 4. DOES APPLICANT OWN / LEASE / OPERATE AIRCRAFT? | |
| **AUTO LIABILITY** | |
| 5. ARE EXPLOSIVES, CAUSTICS, FLAMMABLES OR OTHER DANGEROUS CARGO HAULED? | |
| 6. ARE PASSENGERS CARRIED FOR A FEE? | |
| 7. ANY UNITS NOT INSURED BY UNDERLYING POLICIES? | |
| 8. ARE ANY VEHICLES LEASED OR RENTED TO OTHERS? | |
| 9. ARE HIRED AND NON-OWNED COVERAGES PROVIDED? | |
| **CONTRACTORS LIABILITY** | |
| 10. IS BRIDGE, DAM, OR MARINE WORK PERFORMED? | |
| 11. DESCRIBE TYPICAL JOBS PERFORMED (Attach ACORD 101, Additional Remarks Schedule, if more space is required) | |
| 12. DESCRIBE AGREEMENT (Attach ACORD 101, Additional Remarks Schedule, if more space is required) | |
| 13. DOES APPLICANT OWN, RENT, OR OTHERWISE USE CRANES? | |
| 14. DO SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN APPLICANT? | |
| **EMPLOYERS LIABILITY** | |
| 15. IS APPLICANT SELF-INSURED IN ANY STATE? | |
| 16. SUBJECT TO: ☐ JONES ACT ☐ FELA ☐ STOP GAP ☐ OTHER: | |
| **INCIDENTAL MALPRACTICE LIABILITY** | |
| 17. IS A HOSPITAL OR FIRST AID FACILITY MAINTAINED? | |
| 18. ARE COVERAGES PROVIDED FOR DOCTORS / NURSES? | |
| 19. INDICATE # OF DOCTORS: NURSES: BEDS: | |

## ADDITIONAL EXPOSURES (continued)

| EXPLAIN ALL "YES" RESPONSES, PROVIDE OTHER INFORMATION REQUIRED | Y / N |
|---|---|
| **EPA #:** **POLLUTION LIABILITY** | |
| 20. DO CURRENT OR PAST PRODUCTS, OR THEIR COMPONENTS, CONTAIN HAZARDOUS MATERIALS THAT MAY REQUIRE SPECIAL DISPOSAL METHODS? | |
| 21. INDICATE THE COVERAGES CARRIED: ☐ GL WITH STANDARD ISO POLLUTION EXCLUSION ☐ GL WITH POLLUTION COVERAGE ENDORSEMENT ☐ GL WITH STANDARD SUDDEN & ACCIDENTAL ONLY ☐ SEPARATE POLLUTION COVERAGE | |
| **PRODUCT LIABILITY** | |
| 22. ARE MISSILES, ENGINES, GUIDANCE SYSTEMS, FRAMES OR ANY OTHER PRODUCT USED / INSTALLED IN AIRCRAFT? | |
| 23. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN THE USA OR US PRODUCTS SOLD / DISTRIBUTED IN FOREIGN COUNTRIES? (If "YES", Attach ACORD 815) | |
| 24. PRODUCT LIABILITY LOSS IN PAST THREE (3) YEARS? (SPECIFY) | |
| 25. GROSS SALES FROM EACH OF LAST THREE (3) YEARS: $ **14,000,000.00** $ **14,000,000.00** $ | |
| **PROTECTIVE LIABILITY** | |
| 26. DESCRIBE INDEPENDENT CONTRACTORS (Attach ACORD 101, Additional Remarks Schedule, if more space is required) | |
| **WATERCRAFT LIABILITY** | |
| 27. DOES APPLICANT OWN OR LEASE WATERCRAFT? | |

| LOC # | # OWNED | LENGTH | HORSEPOWER | LOC # | # OWNED | LENGTH | HORSEPOWER |
|---|---|---|---|---|---|---|---|
| | | | | | | | |

**APARTMENTS / CONDOMINIUMS / HOTELS / MOTELS**

28.

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

**REMARKS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)**

**REMARKS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)**

**SIGNATURE**

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, DC, FL, HI, MA, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

IN THE DISTRICT OF COLUMBIA, WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES.

IN FLORIDA, 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.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, 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, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN WASHINGTON, 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.

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

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

* IF APPLICABLE IN YOUR STATE

**APPLICABLE ONLY IN LOUISIANA, NEW HAMPSHIRE, VERMONT AND WISCONSIN**

**APPLICABLE ONLY IN LOUISIANA:**

I ACKNOWLEDGE THAT UM COVERAGE HAS BEEN EXPLAINED TO ME, AND I HAVE BEEN OFFERED THE OPTION OF SELECTING UM LIMITS EQUAL TO MY LIABILITY LIMITS, UM LIMITS LOWER THAN MY LIABILITY LIMITS, OR TO REJECT UM COVERAGE ENTIRELY.

1. I SELECT UM LIMITS INDICATED IN THIS APPLICATION. ☐ (INITIALS) OR 2. I REJECT UM COVERAGE IN ITS ENTIRETY. ☐ (INITIALS)

**APPLICABLE ONLY IN NEW HAMPSHIRE:**

I ACKNOWLEDGE THAT UM COVERAGE HAS BEEN EXPLAINED TO ME, AND I HAVE BEEN OFFERED THE OPTION OF SELECTING UM LIMITS EQUAL TO MY LIABILITY LIMITS OR TO REJECT UM COVERAGE ENTIRELY.

1. I SELECT UM LIMITS INDICATED IN THIS APPLICATION. ☐ (INITIALS) OR 2. I REJECT UM COVERAGE IN ITS ENTIRETY. ☐ (INITIALS)

**APPLICABLE ONLY IN VERMONT:**

I ACKNOWLEDGE THAT I HAVE BEEN OFFERED UM COVERAGE EQUAL TO MY LIABILITY LIMITS. I HAVE SELECTED THE LIMITS INDICATED IN THIS APPLICATION.

**APPLICABLE ONLY IN WISCONSIN:**

I ACKNOWLEDGE THAT I HAVE BEEN OFFERED UNINSURED MOTORIST (UM) COVERAGE AND UNDERINSURED MOTORIST (UIM) COVERAGE.

1. I SELECT UM LIMITS INDICATED IN THIS APPLICATION. ☐ (INITIALS) OR 2. I REJECT UM COVERAGE IN ITS ENTIRETY. ☐ (INITIALS)

3. I SELECT UIM LIMITS INDICATED IN THIS APPLICATION. ☐ (INITIALS) OR 4. I REJECT UIM COVERAGE IN ITS ENTIRETY. ☐ (INITIALS)

IMPORTANT - THE STATEMENTS (ANSWERS) GIVEN ABOVE ARE TRUE AND ACCURATE. THE APPLICANT HAS NOT WILLFULLY CONCEALED OR MISREPRESENTED ANY MATERIAL FACT OR CIRCUMSTANCE CONCERNING THIS APPLICATION. THIS APPLICATION DOES NOT CONSTITUTE A BINDER.

| PRODUCER'S SIGNATURE | PRODUCER'S NAME (Please Print) | STATE PRODUCER LICENSE NO (Required in Florida) |
|---|---|---|
| William McKnight | | |

| APPLICANT'S SIGNATURE | DATE | NATIONAL PRODUCER NUMBER |
|---|---|---|
| | | |

## UMBRELLA SECTION -

### PRIMARY LOCATION & SUBSIDIARY SCHEDULE



| # | NAME AND LOCATION OF PRIMARY AND ALL SUBSIDIARY COMPANIES (Describe Operations) | ANNUAL PAYROLL | ANN GROSS SALES | FOREIGN GROSS SALES | # EMPL |
|---|---|---|---|---|---|
| 7 | NAME:<br>LOCATION: 3148 Ambassador Caffery Pkwy., Ste. 125 Lafayette, LA 70506<br>DESCRIPTION: | | | | |
| 8 | NAME:<br>LOCATION: 2520 N. Great Southwest Pkwy. Grand Prairie, TX 75050<br>DESCRIPTION: | | | | |
| 9 | NAME:<br>LOCATION: 600 N. Coit Road Richardson, TX 75080<br>DESCRIPTION: | | | | |
| 10 | NAME:<br>LOCATION: 4966 Rosemound Loop Saint Francisville, LA 70775<br>DESCRIPTION: | | | | |
| 11 | NAME:<br>LOCATION: 14017 Perkins Road Baton Rouge, LA 70810<br>DESCRIPTION: | | | | |
| 12 | NAME:<br>LOCATION: 14007 Perkins Road Baton Rouge, LA 70810<br>DESCRIPTION: | | | | |
| 13 | NAME:<br>LOCATION: Tract 621 & Adjacent Saint Francisville, LA 70775<br>DESCRIPTION: | | | | |
| 14 | NAME:<br>LOCATION: Lot 4-D-1 - Rosemond Loop Lane Saint Francisville, LA 70775<br>DESCRIPTION: | | | | |
| 15 | NAME:<br>LOCATION: 452 County Rd. 27 Silverton, CO 81433<br>DESCRIPTION: | | | | |
| | NAME:<br>LOCATION:<br>DESCRIPTION: | | | | |
| | NAME:<br>LOCATION:<br>DESCRIPTION: | | | | |
| | NAME:<br>LOCATION:<br>DESCRIPTION: | | | | |
| | NAME:<br>LOCATION:<br>DESCRIPTION: | | | | |
| | NAME:<br>LOCATION:<br>DESCRIPTION: | | | | |
| | NAME:<br>LOCATION:<br>DESCRIPTION: | | | | |
| | NAME:<br>LOCATION:<br>DESCRIPTION: | | | | |
| | NAME:<br>LOCATION:<br>DESCRIPTION: | | | | |
| | NAME:<br>LOCATION:<br>DESCRIPTION: | | | | |