

# Pedal Cab Operator License Application

Pursuant to Madison General Ordinance 11.06

Fee: \$200/two years (\$125/initial year) + \$30/vehicle/  
year

Renewal Fee: \$100/two years + \$30/vehicle/  
year

1. Applicant Name LINDA BESSER E-Mail Linda@CapitolPedaler.com  
Address: 2901 BIBLE CAMP RD Home Phone # 608-347-2547  
McFarland WI 53558

Home Address same

2. Company Name CAPITOL Pedicycle<sup>LLC</sup>, dba, CAPITAL PEDALER  
Business Telephone Number 608-513-3882

Business:

3. Indicate method type of fare or gratuity collection (select or explain how customers are charged for trip):

Gratuity/Tip \_\_\_\_\_  
Gratuity with Minimal Charge \_\_\_\_\_  
Per hour charge \_\_\_\_\_  
Per mile charge \_\_\_\_\_  
Per Block \_\_\_\_\_  
Other- explain Pedaltour (2.5 hours)

4. Describe the pedal cab vehicle (Make, model, type, age).

quad cycle 3 years old  
14-passenger vehicle, pedal seats (10) plus driver  
Roof and bench

6. Name of Insurance Company ISO of Westlake  
Name of Insurance Agent Lora Van Duxhorn  
Business Address 2985 E. Hillcrest DR #201  
Westlake Village, CA 91362  
Business Telephone Number 805-409-2880  
E-Mail Address LORA@ISUwestlake.com

8. Is applicant a corporation? Yes  No  LLC

If yes, give names and addresses of board of directors, and address of corporation:

| Name | Address |
|------|---------|
|      |         |
|      |         |
|      |         |
|      |         |
|      |         |

9. Is applicant a partnership? LLC  Yes  No

If yes, give names and address of all partners:

| Name         | Address                                |
|--------------|--|
| Linda Besser | 2901 Bible Camp Rd McFarland, WI 53558 |
| Sandy Thune  | 2901 Bible Camp Rd " " "               |
|              |  |

Does the applicant agree that he/she has read and is thoroughly familiar with the ordinances of the City of Madison pertaining to the licensing and regulating of pedal cabs in the City of Madison, and agrees to abide by these and all other ordinances of the City and laws of the State of Wisconsin?

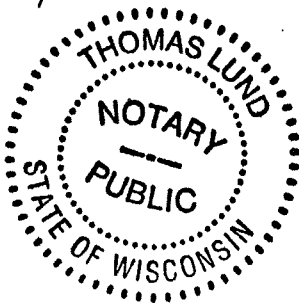
-  Yes  No

Subscribed and sworn before me

this 16<sup>th</sup> day of April, 2013

Notary Public  
My Commission Expires

Thomas Lund  
Exp 05/25/2015



Applicant's Signature

*Linda Besser*

# Pedal Cab Filing Affidavit

State of Wisconsin )  
                          ) County of Dane     )

LINDA BESSER

, being first duly sworn on oath, deposes and says:

1. That the affiant owns~~X~~, operates~~X~~, or manages a pedal cab business in the City of Madison, doing business as CAPITOL PEDALER
2. That as of the date of this Affidavit, (Company Name) LINDA BESSER dba Capitol Pedaler, (Address) 2901 Bible Camp Rd, McFarland, WI 53558, was the owner of the vehicles listed on Schedule A shown on the reverse side of this Affidavit and incorporated herein.
3. That the schedule of fares to be charged in the operation of each of the vehicles as pedal cab is: (check boxes to indicate which pedal cab rates, gratuities, or minimum charges are applicable)  
\_\_\_\_\_  
Gratuity only  
\_\_\_\_\_  
Gratuity with minimal charge (list amount)  
\_\_\_\_\_  
Per hour charge  
\_\_\_\_\_  
Per Mile charge  
 Per trip charge Pedal tour (2.5 hours)
4. a) That attached to this Affidavit for deposit with the City Clerk is a Policy or Certificate of Liability Insurance specifying insurance coverage of the types and amounts required by Section 11.06(8) (b) of the Madison General Ordinances, and specifically indicating that said insurance coverage is applicable to the vehicle identified on the said Schedule A; and  
b) That also attached to said Policy or Certificate of Liability Insurance is a Certificate of Compliance from the State of Wisconsin Office of the Commissioner of Insurance showing the insurance company is licensed and authorized to transact pedal cab insurance coverage in the State of Wisconsin; and  
c) That said insurance policy contains a provision that the same may not be cancelled before the expiration of its term except upon thirty days' written notice to the City of Madison.
5. That this Filing Affidavit is made to comply with the provisions of Section 11.06 of the Madison General Ordinances described herein.

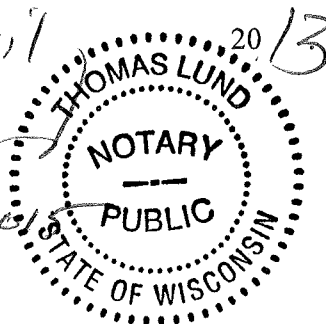
Subscribed and sworn before me

this 16<sup>th</sup> day of April, 2013

Thomas Lund

Notary Public

My Commission Expires 05/25/2015



Signature of person  
signing Affidavit under  
oath

Linda Besser

# Pedal Cab Vehicle List Schedule A

Company Name -

| Model Year | Class & Make | Owner/<br>Title Holder | Serial # | Permit # | Type of Service | Office Use Only |      |       |       |       |       |               |  |  |
|------------|--------------|------------------------|----------|----------|-----------------|-----------------|------|-------|-------|-------|-------|---------------|--|--|
|            |              |                        |          |          |                 | State Reg.      | Ins. | Meter | Insp. | Mark. | Color | Permit Issued |  |  |
| 2010       | quadriga     | HINDA Besser           | none     |          | Pedicab         |                 |      |       |       |       |       |               |  |  |
|            |              |                        |          |          |                 |                 |      |       |       |       |       |               |  |  |
|            |              |                        |          |          |                 |                 |      |       |       |       |       |               |  |  |
|            |              |                        |          |          |                 |                 |      |       |       |       |       |               |  |  |
|            |              |                        |          |          |                 |                 |      |       |       |       |       |               |  |  |
|            |              |                        |          |          |                 |                 |      |       |       |       |       |               |  |  |
|            |              |                        |          |          |                 |                 |      |       |       |       |       |               |  |  |
|            |              |                        |          |          |                 |                 |      |       |       |       |       |               |  |  |
|            |              |                        |          |          |                 |                 |      |       |       |       |       |               |  |  |
|            |              |                        |          |          |                 |                 |      |       |       |       |       |               |  |  |
|            |              |                        |          |          |                 |                 |      |       |       |       |       |               |  |  |
|            |              |                        |          |          |                 |                 |      |       |       |       |       |               |  |  |
|            |              |                        |          |          |                 |                 |      |       |       |       |       |               |  |  |
|            |              |                        |          |          |                 |                 |      |       |       |       |       |               |  |  |
|            |              |                        |          |          |                 |                 |      |       |       |       |       |               |  |  |
|            |              |                        |          |          |                 |                 |      |       |       |       |       |               |  |  |
|            |              |                        |          |          |                 |                 |      |       |       |       |       |               |  |  |
|            |              |                        |          |          |                 |                 |      |       |       |       |       |               |  |  |

**Office Use Only:**

Rate allowed by operating license: Meter Zone Flat Limousine

Submission Date: ..

Last Rate Change Submitted: ..

**Distribution:**

† City Division of Traffic Engineering

† City Police Department

License #

403 Para-Transit Operating

405 Public Passenger Vehicle/Pedal Cab

406 Horse-Drawn Vehicle

408 Pedal Cab Service



# State of Wisconsin

OFFICE OF THE COMMISSIONER OF INSURANCE  
AGENT LICENSING SECTION  
P.O. BOX 7872  
MADISON, WISCONSIN 53707-7872

Insurance Intermediary Firms have no authority to act as agents and qualifications are not assigned. Licensee must notify OCI of any change of name or resident and/or mailing address within 30 days of the change. Regulation fees and CE (if required) are due by the expiration date identified. The 3 hour Ethics requirement is included in the total hours due. Residents can confirm CE status and requirements at [www.sircon.com/wisconsin](http://www.sircon.com/wisconsin).

ACE INSURANCE AGENCY INC  
2200 KENSINGTON CT  
OAK BROOK, IL 605232103

## Wisconsin Insurance License

### ACE INSURANCE AGENCY INC

License Number: 2526493    NPN:

is licensed to engage in the business of insurance in the state of Wisconsin subject to applicable laws and regulations.

| Licensed as/Qualified for    | Effective Date | Expiration Date |
|------------------------------|----------------|-----------------|
| Non-Res. Ins. Intermed. Firm | 09-12-2008     | 02-15-2014      |

Document printed on-line. To confirm license status, log on to [oci.wi.gov](http://oci.wi.gov).

## Wisconsin Insurance License

### ACE INSURANCE AGENCY INC

License Number: 2526493    NPN:

2200 KENSINGTON CT  
OAK BROOK, IL 605232103

## Office of the Commissioner of Insurance

Agent Licensing Section  
P.O. Box 7872

Madison, Wisconsin 53707-7872

Telephone: (608) 266-8699 Web site: [oci.wi.gov](http://oci.wi.gov)

The named licensee is entitled to transact insurance business in the state of Wisconsin as identified on the front of this card.

| Licensed as/Qualified for    | Effective Date | Expiration Date |
|------------------------------|----------------|-----------------|
| Non-Res. Ins. Intermed. Firm | 09-12-2008     | 02-15-2014      |

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

|   |   |  |
|---|---|--|
| <b>PRODUCER</b><br>ISU Insurance Services of Westlake<br>License #0G00809<br>2985 E. Hillcrest Drive #201<br>Westlake Village, CA 91362 | <b>CONTACT NAME:</b><br>PHONE (A/C, Ho, Ext): 805.409.2880 FAX (A/C, Ho): 805.409.2881<br>E-MAIL ADDRESS:   |  |
|   | INSURER(S) AFFORDING COVERAGE NAIC #<br>INSURER A: Indemnity Insurance Co. N.A.<br>INSURER B:<br>INSURER C:<br>INSURER D:<br>INSURER E:<br>INSURER F: |  |
| <b>INSURED</b> Capitol Pedicycle, LLC<br>DBA: Captiol Pedaler<br>2901 Bible Camp Rd.<br>McFarland, WI 53558                             |   |  |

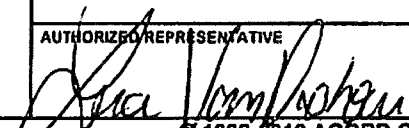
COVERAGES CERTIFICATE NUMBER: 13/14 REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE   | ADDL INSR | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS   |
|----------|---|-----------|----------|---------------|-------------------------|-------------------------|--|
| A        | GENERAL LIABILITY<br><input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br>CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br>GENL AGGREGATE LIMIT APPLIES PER<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC |           | X        | D3759040A 02  | 01/24/2013              | 01/24/2014              | EACH OCCURRENCE \$ 1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000<br>MED EXP (Any one person) \$ 5,000<br>PERSONAL & ADV INJURY \$ 1,000,000<br>GENERAL AGGREGATE \$ 2,000,000<br>PRODUCTS - COMP/OP AGG \$ 2,000,000 |
| A        | AUTOMOBILE LIABILITY<br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS<br><input checked="" type="checkbox"/> HIRED AUTOS<br><input type="checkbox"/> SCHEDULED AUTOS<br><input checked="" type="checkbox"/> NON-OWNED AUTOS                                     |           | X        | D3759040A 02  | 01/24/2013              | 01/24/2014              | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$  |
|          | UMBRELLA LIAB<br>EXCESS LIAB<br>OCCUR<br>CLAIMS-MADE  |           |          |               |                         |                         | EACH OCCURRENCE \$<br>AGGREGATE \$   |
|          | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below  |           | N/A      |               |                         |                         | WC STATU-TORY LIMITS OTH-ER<br>E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYEE \$<br>E.L. DISEASE - POLICY LIMIT \$  |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

City of Madison, its officers, officials, agents and employees are named as additional insured with respect to insured's operations on premises.

|   |   |
|---|---|
| <b>CERTIFICATE HOLDER</b><br><br>City of Madison<br>210 Martin Luther King Jr Blvd<br>Madison, WI 53703 | <b>CANCELLATION</b><br><br>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |
|   | AUTHORIZED REPRESENTATIVE<br>   |

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **WISCONSIN CHANGES – AMENDMENT OF POLICY CONDITIONS**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART  
LIQUOR LIABILITY COVERAGE PART  
POLLUTION LIABILITY COVERAGE PART  
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

1. The following is added to CHANGES (Common Policy Conditions):

If one of our agents knows of a fact that breaches a condition of this Coverage Part, we will be considered to have knowledge of this same fact if:

- a. The agent knows of this fact at the time the Coverage Part is issued or an application is made; or
- b. The agent later learns of this fact in the course of his dealings as an agent with you.

Any fact that breaches a condition of this Coverage Part and is known to the agent prior to loss shall not void the Coverage Part or prevent a recovery in the event of loss.

2. The LEGAL ACTION AGAINST US Condition (Section IV) does not apply.
3. The following is added to Condition 6. REPRESENTATIONS (Section IV):

No misrepresentation or breach of affirmative warranty made by you or on your behalf in the negotiation of this Coverage Part affects our obligation under this Coverage Part unless:

- a. We rely on it and it is either material or made with intent to deceive; or
- b. The facts misrepresented or falsely warranted contribute to the loss.

No failure of a condition before the loss and no breach of a promissory warranty affects our obligation under this Coverage Part unless such failure or breach:

- a. Exists at the time of the loss; and
- b. Either increases the risk at the time of the loss or contributes to the loss.

The provisions of this condition do not apply to nonpayment of premium.

4. Condition 8. TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US (Section IV) is replaced by the following:

In the event of any payment under this Coverage Part, we will be entitled to the insured's rights of recovery against any person or organization and the insured will do whatever is necessary to secure such rights. We will be entitled to a recovery only after the insured has been fully compensated for damages.

5. **CONFORMITY TO STATUTE OR RULE**

Any provision of this policy (including endorsements which modify the policy) that is in conflict with a Wisconsin statute or rule is hereby amended to conform to that statute or rule.

The term rule means a valid rule promulgated by the Commissioner of Insurance in accordance with the rule-making authority conferred under Wis. Stat. Ann. Section 227.11(2) and published in the Wisconsin Administrative Code.



**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**ADDITIONAL INSURED – DESIGNATED  
PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

**SCHEDULE**

| <b>Name Of Additional Insured Person(s) Or Organization(s)</b>   |
|--|
| City of Madison<br>210 Martin Luther King Jr Blvd<br>Madison, WI 53703                                 |
| Information required to complete this Schedule, if not shown above, will be shown in the Declarations. |

**Section II – Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

- A. In the performance of your ongoing operations; or
- B. In connection with your premises owned by or rented to you.

**ACORD****COMMERCIAL INSURANCE APPLICATION  
APPLICANT INFORMATION SECTION**

DATE (MM/DD/YYYY)

11/20/2012

|  |  |   |  |                                   |
|--|--|---|--|-----------------------------------|
| AGENCY<br>ISU Insurance Services of Westlake<br>License #0G00809<br>2985 E. Hillcrest Drive #201<br>Westlake Village, CA 91362 |  | CARRIER   |  | NAIC CODE                         |
| CONTACT NAME: <b>Lora VanDixhorn</b>   |  | UNDERWRITER:  |  | UNDERWRITER OFFICE:               |
| PHONE (A/C, No, Ext): <b>805.409.2880</b>  |  | POLICIES OR PROGRAM REQUESTED<br><b>Bicycle Mfg</b> |  | POLICY NUMBER<br><b>D3759040A</b> |
| FAX (A/C, No): <b>805.409.2881</b>   |  | INDICATE SECTIONS ATTACHED                          |  | TRUCKERS/MOTOR CARRIER            |
| E-MAIL ADDRESS: <b>Lora@isuwestlake.com</b>  |  | ACCOUNTS RECEIVABLE/<br>VALUABLE PAPERS             |  | UMBRELLA                          |
| CODE:  |  | ELECTRONIC DATA PROC                                |  | VEHICLE SCHEDULE                  |
| SUB CODE:  |  | EQUIPMENT FLOATER                                   |  | WORKERS COMPENSATION              |
| AGENCY CUSTOMER ID: <b>00020550</b>  |  | BOILER & MACHINERY                                  |  | YACHT                             |
|  |  | BUSINESS AUTO                                       |  |                                   |
|  |  | COMMERCIAL GENERAL LIABILITY                        |  |                                   |
|  |  | CRIME/MISCELLANEOUS CRIME                           |  |                                   |
|  |  | DEALERS   |  |                                   |
|  |  | DRIVER INFO SCHEDULE                                |  |                                   |
|  |  | X PROPERTY  |  |                                   |
|  |  | TRANSPORTATION/<br>MOTOR TRUCK CARGO                |  |                                   |

|                                       |                                       |                                |  |                   |                            |
|---------------------------------------|---------------------------------------|--------------------------------|--|-------------------|----------------------------|
| STATUS OF TRANSACTION                 |                                       | PACKAGE POLICY INFORMATION     |  |                   |                            |
| <input type="checkbox"/> QUOTE        | <input type="checkbox"/> ISSUE POLICY | <input type="checkbox"/> RENEW | ENTER THIS INFORMATION WHEN COMMON DATES AND TERMS APPLY TO SEVERAL LINES, OR FOR MONOLINE POLICIES. |                   |                            |
| BOUND (Give Date and/or Attach Copy): |                                       |                                | PROPOSED EFF DATE  | PROPOSED EXP DATE | BILLING PLAN               |
| CHANGE                                | DATE                                  | TIME                           | 01/24/2013   | 01/24/2014        | DIRECT BILL                |
| CANCEL                                |                                       |                                |  |                   | AGENCY BILL                |
|                                       |                                       |                                |  |                   | PAYMENT PLAN               |
|                                       |                                       |                                |  |                   | AUDIT                      |
|                                       |                                       |                                |  |                   | PACKAGE POLICY PREMIUM: \$ |

|   |               |   |                                 |
|---|---------------|---|---------------------------------|
| APPLICANT INFORMATION   |               | MAILING ADDRESS INCL ZIP+4 (of First Named Insured) |                                 |
| NAME (First Named Insured & Other Named Insureds)<br><b>Capitol Pedicyle, LLC<br/>Capitol Pedaler</b> |               | <b>2901 Bible Camp Rd.<br/>McFarland, WI 53558</b>  |                                 |
| PHONE (A/C, No, Ext): <b>608.513.3882</b>   |               | WEBSITE ADDRESS(ES):                                |                                 |
| E-MAIL ADDRESS(ES): <b>Linda@capitolpedaler.com</b>   |               | CR BUREAU NAME:                                     |                                 |
| INDIVIDUAL  | CORPORATION   | SUBCHAPTER "S" CORPORATION NOT FOR PROFIT ORG       | LLC NO. OF MEMBERS AND MANAGERS |
| PARTNERSHIP   | JOINT VENTURE |   |                                 |
| INSPECTION CONTACT: <b>Linda Besser</b>   |               | ACCOUNTING RECORDS CONTACT: <b>Sandy</b>            |                                 |
| PHONE (A/C, No, Ext): <b>608.347.2547 xCell</b>   |               | E-MAIL ADDRESS: <b>sandy@capitolpedaler.com</b>     |                                 |
| PREMISES INFORMATION  |               | ACORD 823 attached for additional premises          |                                 |

| LOC#  | BLD#  | STREET, CITY, COUNTY, STATE, ZIP+4            | CITY LIMITS         | INTEREST        | YR BUILT | # EMPLOYEES | ANNUAL REVENUES | % OCCUPIED |
|-------|-------|---|---------------------|-----------------|----------|-------------|-----------------|------------|
| 00001 | 00001 | 2764 US Hwy 12 & 18<br>Cottage Grove WI 53527 | X INSIDE<br>OUTSIDE | OWNER<br>TENANT | 2002     |             |                 | 150 sq ft  |
|       |       |   | INSIDE<br>OUTSIDE   | OWNER<br>TENANT |          |             |                 |            |
|       |       |   | INSIDE<br>OUTSIDE   | OWNER<br>TENANT |          |             |                 |            |
|       |       |   | INSIDE<br>OUTSIDE   | OWNER<br>TENANT |          |             |                 |            |

**NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS BY PREMISE(S)**

Bicycles seats 15 passengers for group rides. Takes guests on 2 hour tours. No alcohol allowed on the bike.

GENERAL INFORMATION

*Capitol Pedicyle*

AGENCY CUSTOMER ID: 00020550

EXPLAIN ALL "YES" RESPONSES

|  | Y/N |
|--|-----|
| 1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY?   | N   |
| 1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?  | N   |
| 2. IS A FORMAL SAFETY PROGRAM IN OPERATION?  | N   |
| 3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?  | N   |
| 4. ANY CATASTROPHE EXPOSURE?   | N   |
| 5. ANY OTHER INSURANCE WITH THIS COMPANY OR BEING SUBMITTED?   | N   |
| 6. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR THREE (3) YEARS? (Not applicable in MO)  | N   |
| 7. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?  | N   |
| 8. DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY?<br><small>(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).</small> | N   |
| 9. ANY UNCORRECTED FIRE CODE VIOLATIONS?   | N   |
| 10. ANY BANKRUPTCIES, TAX OR CREDIT LIENS AGAINST THE APPLICANT IN THE PAST FIVE (5) YEARS?  | N   |
| 11. HAS BUSINESS BEEN PLACED IN A TRUST?<br>IF "YES", NAME OF TRUST:   | N   |
| 12. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD/DISTRIBUTED IN FOREIGN COUNTRIES?<br><small>(If "YES", attach ACORD 815 for Liability Exposure and/or ACORD 816 for Property Exposure)</small>  | N   |

REMARKS/PROCESSING INSTRUCTIONS (Attach additional sheets if more space is required)

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

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

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO 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, FL, HI, MA, NE, OH, OK, OR, or VT; in DC, LA, ME, TN, VA and WA, insurance benefits may also be denied)

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

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

|   |  |  |
|---|--|--|
| PRODUCER'S SIGNATURE<br><i>Lora Van Dijk</i>  | PRODUCER'S NAME (Please Print)<br><i>Lora Van Dijk</i> | STATE PRODUCER LICENSE NO<br>(Required in Florida) |
| APPLICANT'S SIGNATURE<br><i>Jonnie Bussor</i> | DATE<br><i>6/15/2018</i>                               | NATIONAL PRODUCER NUMBER                           |

PRIOR CARRIER INFORMATION

AGENCY CUSTOMER ID: 00020550

| LINE                               | CATEGORY                             | 2012-2013       |   |            | 2011-2012      |   |            | New Business |  |            |             |  |            |
|------------------------------------|--------------------------------------|-----------------|---|------------|----------------|---|------------|--------------|--|------------|-------------|--|------------|
| GENERAL<br>COMMERCIAL<br>LIABILITY | CARRIER                              | ACE             |   |            | ACE            |   |            | No Prior     |  |            |             |  |            |
|                                    | POLICY NUMBER                        | D3759040A       |   |            | D3759040A      |   |            |              |  |            |             |  |            |
|                                    | POLICY TYPE                          | CLAIMS MADE     | X | OCCURRENCE | CLAIMS MADE    | X | OCCURRENCE | CLAIMS MADE  |  | OCCURRENCE | CLAIMS MADE |  | OCCURRENCE |
|                                    | RETRO DATE                           |                 |   |            |                |   |            |              |  |            |             |  |            |
|                                    | EFF-EXP DATE                         | 01/24/2012-2013 |   |            | 1/24/2011-2012 |   |            |              |  |            |             |  |            |
|                                    | GENERAL AGGREGATE                    | 2,000,000       |   |            | 2,000,000      |   |            |              |  |            |             |  |            |
|                                    | PRODUCTS COMP OP AGGREGATE           | 2,000,000       |   |            | 2,000,000      |   |            |              |  |            |             |  |            |
|                                    | PERSONAL & ADV INJ                   | 1,000,000       |   |            | 1,000,000      |   |            |              |  |            |             |  |            |
|                                    | EACH OCCURRENCE                      | 1,000,000       |   |            | 1,000,000      |   |            |              |  |            |             |  |            |
|                                    | FIRE DAMAGE                          | 100,000         |   |            | 100,000        |   |            |              |  |            |             |  |            |
|                                    | MEDICAL EXPENSE                      | 5,000           |   |            | 5,000          |   |            |              |  |            |             |  |            |
|                                    | BODILY OCCURRENCE INJURY AGGREGATE   |                 |   |            |                |   |            |              |  |            |             |  |            |
|                                    | PROPERTY OCCURRENCE DAMAGE AGGREGATE |                 |   |            |                |   |            |              |  |            |             |  |            |
|                                    | COMBINED SINGLE LIMIT                |                 |   |            |                |   |            |              |  |            |             |  |            |
|                                    | MODIFICATION FACTOR                  |                 |   |            |                |   |            |              |  |            |             |  |            |
| TOTAL PREMIUM                      | 1,968                                |                 |   | 1,812      |                |   |            |              |  |            |             |  |            |
| AUTOMOBILITY                       | CARRIER                              |                 |   |            |                |   |            |              |  |            |             |  |            |
|                                    | POLICY NUMBER                        |                 |   |            |                |   |            |              |  |            |             |  |            |
|                                    | POLICY TYPE                          |                 |   |            |                |   |            |              |  |            |             |  |            |
|                                    | EFF-EXP DATE                         |                 |   |            |                |   |            |              |  |            |             |  |            |
|                                    | COMBINED SINGLE LIMIT                |                 |   |            |                |   |            |              |  |            |             |  |            |
|                                    | BODILY INJURY                        | EA PERSON       |   |            | EA ACCIDENT    |   |            |              |  |            |             |  |            |
|                                    | PROPERTY DAMAGE                      |                 |   |            |                |   |            |              |  |            |             |  |            |
|                                    | MODIFICATION FACTOR                  |                 |   |            |                |   |            |              |  |            |             |  |            |
|                                    | TOTAL PREMIUM                        |                 |   |            |                |   |            |              |  |            |             |  |            |
|                                    | PROPERTY                             | CARRIER         |   |            |                |   |            |              |  |            |             |  |            |
| POLICY NUMBER                      |                                      |                 |   |            |                |   |            |              |  |            |             |  |            |
| POLICY TYPE                        |                                      |                 |   |            |                |   |            |              |  |            |             |  |            |
| EFF-EXP DATE                       |                                      |                 |   |            |                |   |            |              |  |            |             |  |            |
| BUILDING AMT                       |                                      |                 |   |            | PERS PROP AMT  |   |            |              |  |            |             |  |            |
| MODIFICATION FACTOR                |                                      |                 |   |            |                |   |            |              |  |            |             |  |            |
| TOTAL PREMIUM                      |                                      |                 |   |            |                |   |            |              |  |            |             |  |            |
|                                    | CARRIER                              |                 |   |            |                |   |            |              |  |            |             |  |            |
|                                    | POLICY NUMBER                        |                 |   |            |                |   |            |              |  |            |             |  |            |
|                                    | POLICY TYPE                          |                 |   |            |                |   |            |              |  |            |             |  |            |
|                                    | EFF-EXP DATE                         |                 |   |            |                |   |            |              |  |            |             |  |            |
|                                    | LIMIT                                |                 |   |            |                |   |            |              |  |            |             |  |            |
|                                    | MODIFICATION FACTOR                  |                 |   |            |                |   |            |              |  |            |             |  |            |
| TOTAL PREMIUM                      |                                      |                 |   |            |                |   |            |              |  |            |             |  |            |

LOSS HISTORY

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

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

REMARKS NOTE: FIDELITY REQUIRES A FIVE YEAR LOSS HISTORY

ATTACHMENTS

|                                     |
|-------------------------------------|
| STATE SUPPLEMENT(S) (if applicable) |
|-------------------------------------|

# ACORD

# PROPERTY SECTION

DATE (MM/DD/YYYY)  
11/20/2012

|  |   |   |
|--|---|---|
| AGENCY   | PHONE (A/C, No, Ext): 805.409.2880<br>FAX (A/C, No): 805.409.2881 | APPLICANT (First Named Insured)<br>Capitol Pedicycle, LLC |
| ISU Insurance Services of Westlake<br>License #0G00809<br>2985 E. Hillcrest Drive #201<br>Westlake Village, CA 91362 |   | EFFECTIVE DATE: 01/24/2013<br>EXPIRATION DATE: 01/24/2014 |
| CODE:  | SUB CODE:   | DIRECT BILL: AGENCY BILL                                  |
| AGENCY CUSTOMER ID: 00020550   |   | PAYMENT PLAN: AUDIT                                       |
| FOR COMPANY USE ONLY   |   |   |

|                   |                                     |
|-------------------|-------------------------------------|
| PREMISES #: 00001 | STREET ADDRESS: 2764 US Hwy 12 & 18 |
| BUILDING #: 00001 | BLDG DESCRIPTION: Storage owner     |

| SUBJECT OF INSURANCE | AMOUNT | COINS % | VALUATION | CAUSES OF LOSS | INFLATION GUARD % | DED   | BLKT # | FORMS AND CONDITIONS TO APPLY |
|----------------------|--------|---------|-----------|----------------|-------------------|-------|--------|-------------------------------|
| Contents             | 30,000 | 90      | RC        | Special form   |                   | 2,500 |        |                               |
| Transit              | 30,000 | 90      | RC        | Special form   |                   | 2,500 |        |                               |
|                      |        |         |           |                |                   |       |        |                               |
|                      |        |         |           |                |                   |       |        |                               |
|                      |        |         |           |                |                   |       |        |                               |
|                      |        |         |           |                |                   |       |        |                               |

|                        |  |  |
|------------------------|--|--|
| ADDITIONAL INFORMATION | BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 819 | VALUE REPORTING INFORMATION - Attach ACORD 811 |
|------------------------|--|--|

### ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

|                                     |                                 |       |            |                              |         |
|-------------------------------------|---------------------------------|-------|------------|------------------------------|---------|
| SPOILAGE COVERAGE (Y/N)             | DESCRIPTION OF PROPERTY COVERED | LIMIT | DEDUCTIBLE | REFRIG MAINT AGREEMENT (Y/N) | OPTIONS |
| <input checked="" type="checkbox"/> |                                 | \$    | \$         | <input type="checkbox"/>     |         |

Owners of storage bldg. Lives on premises. Rolling door w/deadbolt & key. Bike is chained/padlocked to trailer inside bldg.

# OF OPEN SIDES ON STRUCTURE: \_\_\_\_\_

|   |  |                           |                           |  |           |          |          |            |
|---|--|---------------------------|---------------------------|--|-----------|----------|----------|------------|
| CONSTRUCTION TYPE   | DISTANCE TO HYDRANT                    | FIRE STAT                 | FIRE DISTRICT/CODE NUMBER | PROT CL                                      | # STORIES | # BASMTS | YR BUILT | TOTAL AREA |
| Frame   | FT                                     | MI                        |                           |  |           |          | 2000     |            |
| BUILDING IMPROVEMENTS   | BLDG CODE GRADE                        | TAX CODE                  | ROOF TYPE                 | OTHER OCCUPANCIES                            |           |          |          |            |
| <input type="checkbox"/> WIRING, YR:                                    | <input type="checkbox"/> PLUMBING, YR: |                           |                           |  |           |          |          |            |
| <input type="checkbox"/> ROOFING, YR:                                   | <input type="checkbox"/> HEATING, YR:  | WIND CLASS                | SEMI-RESISTIVE            | HEATING BOILER ON PREMISES? (Y/N)            |           |          |          |            |
| <input type="checkbox"/> OTHER, YR:                                     |  | RESISTIVE                 |                           | IF YES, IS INSURANCE PLACED ELSEWHERE? (Y/N) |           |          |          |            |
| RIGHT EXPOSURE & DISTANCE   | LEFT EXPOSURE & DISTANCE               | FRONT EXPOSURE & DISTANCE |                           | REAR EXPOSURE & DISTANCE                     |           |          |          |            |
| BURGLAR ALARM TYPE  | CERTIFICATE #                          | EXPIRATION DATE           | CENTRAL STATION WITH KEYS |  |           |          |          |            |
| BURGLAR ALARM INSTALLED AND SERVICED BY                                 | EXTENT                                 | GRADE                     | # GUARDSWATCHMEN          | CLOCK HOURLY                                 |           |          |          |            |
| PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2/Chemical Systems) | % SPRNK                                | FIRE ALARM MANUFACTURER   |                           | CENTRAL STATION LOCAL GONG                   |           |          |          |            |

### ADDITIONAL INTERESTS

|                                     |                   |              |                      |                         |
|-------------------------------------|-------------------|--------------|----------------------|-------------------------|
| RANK:                               | NAME AND ADDRESS: | REFERENCE #: | CERTIFICATE REQUIRED | INTEREST IN ITEM NUMBER |
| INTEREST                            |                   |              |                      | LOCATION: BUILDING:     |
| <input type="checkbox"/> LOSS PAYEE |                   |              |                      | SCHEDULED ITEM NUMBER:  |
| <input type="checkbox"/> MORTGAGEE  |                   |              |                      | OTHER:                  |
|                                     | ITEM DESCRIPTION: |              |                      |                         |

# ACORD COMMERCIAL GENERAL LIABILITY SECTION

DATE (MM/DD/YYYY)  
11/20/2012

|  |   |   |
|--|---|---|
| AGENCY   | PHONE (AG, No, Ext): 805.409.2880<br>FAX (AG, No): 805.409.2881 | APPLICANT (First Named Insured)<br>Capitol Pedicycle, LLC                   |
| ISU Insurance Services of Westlake<br>License #0G00809<br>2985 E. Hillcrest Drive #201<br>Westlake Village, CA 91362 | EFFECTIVE DATE: 01/24/2013<br>EXPIRATION DATE: 01/24/2014       | DIRECT BILL: AGENCY BILL<br>PAYMENT PLAN:<br>AUDIT:<br>FOR COMPANY USE ONLY |
| CODE:<br>SUB CODE:<br>AGENCY CUSTOMER ID: 00020550   |   |   |

| COVERAGES   |  | LIMITS                                      |              | PREMIUMS |                     |
|---|--|---|--------------|----------|---------------------|
| <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY  |  | GENERAL AGGREGATE                           | \$ 2,000,000 |          |                     |
| <input type="checkbox"/> CLAIMS MADE  | <input checked="" type="checkbox"/> OCCURRENCE | PRODUCTS & COMPLETED OPERATIONS AGGREGATE   | \$ 2,000,000 |          | PREMISES/OPERATIONS |
| <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROTECTIVE  |  | PERSONAL & ADVERTISING INJURY               | \$ 1,000,000 |          |                     |
|   |  | EACH OCCURRENCE                             | \$ 1,000,000 |          | PRODUCTS            |
| DEDUCTIBLES   |  | DAMAGE TO RENTED PREMISES (each occurrence) | \$ 100,000   |          |                     |
| <input type="checkbox"/> PROPERTY DAMAGE  | \$   | MEDICAL EXPENSE (Any one person)            | \$ 5,000     |          | OTHER               |
| <input type="checkbox"/> BODILY INJURY  | \$   | EMPLOYEE BENEFITS                           | \$           |          |                     |
|   |  |   |              |          | TOTAL               |
| OTHER COVERAGES, RESTRICTIONS AND/OR ENDORSEMENTS (For hired/non-owned auto coverages attach the applicable state Business Auto Section, ACORD 137) |  |   |              |          |                     |
| Non-owned and hired auto liability \$1,000,000  |  |   |              |          |                     |

### SCHEDULE OF HAZARDS

| LOC # | HAZ # | CLASSIFICATION      | CLASS CODE | PREMIUM BASIS | EXPOSURE | TERR | RATE     |          | PREMIUM  |          |
|-------|-------|---------------------|------------|---------------|----------|------|----------|----------|----------|----------|
|       |       |                     |            |               |          |      | PREM/OPS | PRODUCTS | PREM/OPS | PRODUCTS |
| 1     | 1     | Bicycle Tours & Mfg |            | (S)           | 30,000   |      |          |          |          |          |
|       |       |                     |            |               |          |      |          |          |          |          |
|       |       |                     |            |               |          |      |          |          |          |          |
|       |       |                     |            |               |          |      |          |          |          |          |
|       |       |                     |            |               |          |      |          |          |          |          |
|       |       |                     |            |               |          |      |          |          |          |          |
|       |       |                     |            |               |          |      |          |          |          |          |
|       |       |                     |            |               |          |      |          |          |          |          |
|       |       |                     |            |               |          |      |          |          |          |          |
|       |       |                     |            |               |          |      |          |          |          |          |
|       |       |                     |            |               |          |      |          |          |          |          |
|       |       |                     |            |               |          |      |          |          |          |          |
|       |       |                     |            |               |          |      |          |          |          |          |
|       |       |                     |            |               |          |      |          |          |          |          |
|       |       |                     |            |               |          |      |          |          |          |          |
|       |       |                     |            |               |          |      |          |          |          |          |

RATING AND PREMIUM BASIS (S) GROSS SALES - PER \$1,000/SALES (P) PAYROLL - PER \$1,000/PAY (A) AREA - PER 1,000/SQ FT (C) TOTAL COST - PER \$1,000/COST (M) ADMISSIONS - PER 1,000/ADM (U) UNIT - PER UNIT (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? | <input type="checkbox"/> |
| 4. WAS TAIL COVERAGE PURCHASED UNDER ANY PREVIOUS POLICY?  | <input type="checkbox"/> |

### EMPLOYEE BENEFITS LIABILITY

|                             |  |
|-----------------------------|--|
| 1. DEDUCTIBLE PER CLAIM: \$ | 3. NUMBER OF EMPLOYEES COVERED BY EMPLOYEE BENEFITS PLANS: |
| 2. NUMBER OF EMPLOYEES:     | 4. RETROACTIVE DATE:                                       |

**CONTRACTORS**

EXPLAIN ALL "YES" RESPONSES (For past or present operations)

|  |                          |
|--|--------------------------|
| 1. DOES APPLICANT DRAW PLANS, DESIGNS, OR SPECIFICATIONS FOR OTHERS?                         | <input type="checkbox"/> |
| 2. DO ANY OPERATIONS INCLUDE BLASTING OR UTILIZE OR STORE EXPLOSIVE MATERIAL?                | <input type="checkbox"/> |
| 3. DO ANY OPERATIONS INCLUDE EXCAVATION, TUNNELING, UNDERGROUND WORK OR EARTH MOVING?        | <input type="checkbox"/> |
| 4. DO YOUR SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN YOURS?                         | <input type="checkbox"/> |
| 5. ARE SUBCONTRACTORS ALLOWED TO WORK WITHOUT PROVIDING YOU WITH A CERTIFICATE OF INSURANCE? | <input type="checkbox"/> |
| 6. DOES APPLICANT LEASE EQUIPMENT TO OTHERS WITH OR WITHOUT OPERATORS?                       | <input type="checkbox"/> |

|   |                             |                          |                    |                    |
|---|-----------------------------|--------------------------|--------------------|--------------------|
| DESCRIBE THE TYPE OF WORK SUBCONTRACTED | \$ PAID TO SUB-CONTRACTORS: | % OF WORK SUBCONTRACTED: | # 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 any past or present product or operation) PLEASE ATTACH LITERATURE, BROCHURES, LABELS, WARNINGS, ETC.

|   |                                       |
|---|---------------------------------------|
| 1. DOES APPLICANT INSTALL, SERVICE OR DEMONSTRATE PRODUCTS?                                     | <input type="checkbox"/> N            |
| 2. FOREIGN PRODUCTS SOLD, DISTRIBUTED, USED AS COMPONENTS? (If "YES", attach ACORD 815) Holland | <input checked="" type="checkbox"/> Y |
| 3. RESEARCH AND DEVELOPMENT CONDUCTED OR NEW PRODUCTS PLANNED?                                  | <input type="checkbox"/> N            |
| 4. GUARANTEES, WARRANTIES, HOLD HARMLESS AGREEMENTS?  | <input type="checkbox"/> N            |
| 5. PRODUCTS RELATED TO AIRCRAFT/SPACE INDUSTRY?   | <input type="checkbox"/> N            |
| 6. PRODUCTS RECALLED, DISCONTINUED, CHANGED?  | <input type="checkbox"/> N            |
| 7. PRODUCTS OF OTHERS SOLD OR RE-PACKAGED UNDER APPLICANT LABEL?                                | <input type="checkbox"/> N            |
| 8. PRODUCTS UNDER LABEL OF OTHERS?  | <input type="checkbox"/> N            |
| 9. VENDORS COVERAGE REQUIRED?   | <input type="checkbox"/> N            |
| 10. DOES ANY NAMED INSURED SELL TO OTHER NAMED INSUREDS?  | <input type="checkbox"/> N            |

**ADDITIONAL INTEREST/CERTIFICATE RECIPIENT**

ACORD 45 attached for additional names

| INTEREST                                    | RANK: | NAME AND ADDRESS | REFERENCE #: | CERTIFICATE REQUIRED | INTEREST IN ITEM NUMBER |           |
|---|-------|------------------|--------------|----------------------|-------------------------|-----------|
| <input type="checkbox"/> ADDITIONAL INSURED |       |                  |              |                      | LOCATION:               | BUILDING: |
| <input type="checkbox"/> LOSS PAYEE         |       |                  |              |                      | VEHICLE:                | BOAT:     |
| <input type="checkbox"/> MORTGAGEE          |       |                  |              |                      | SCHEDULED ITEM NUMBER:  |           |
| <input type="checkbox"/> LIENHOLDER         |       |                  |              |                      | OTHER                   |           |
| <input type="checkbox"/> EMPLOYEE AS LESSOR |       |                  |              |                      | ITEM DESCRIPTION:       |           |

**GENERAL INFORMATION**

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)

| EXPLAIN ALL "YES" RESPONSES (For all past or present operations)   | Y/N |
|--|-----|
| 1. ANY MEDICAL FACILITIES PROVIDED OR MEDICAL PROFESSIONALS EMPLOYED OR CONTRACTED?  | N   |
| 2. ANY EXPOSURE TO RADIOACTIVE/NUCLEAR MATERIALS?  | N   |
| 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) | N   |
| 4. ANY OPERATIONS SOLD, ACQUIRED, OR DISCONTINUED IN LAST FIVE (5) YEARS?  | N   |
| 5. MACHINERY OR EQUIPMENT LOANED OR RENTED TO OTHERS?  | N   |
| 6. ANY WATERCRAFT, DOCKS, FLOATS OWNED, HIRED OR LEASED?   | N   |
| 7. ANY PARKING FACILITIES OWNED/RENTED?  | N   |
| 8. IS A FEE CHARGED FOR PARKING?   | N   |
| 9. RECREATION FACILITIES PROVIDED?   | N   |
| 10. IS THERE A SWIMMING POOL ON THE PREMISES?  | N   |
| 11. SPORTING OR SOCIAL EVENTS SPONSORED?   | N   |
| 12. ANY STRUCTURAL ALTERATIONS CONTEMPLATED?   | N   |
| 13. ANY DEMOLITION EXPOSURE CONTEMPLATED?  | N   |
| 14. HAS APPLICANT BEEN ACTIVE IN OR IS CURRENTLY ACTIVE IN JOINT VENTURES?   | N   |
| 15. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?   | N   |
| 16. IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS OR SUBSIDIARIES?  | N   |



**GENERAL INFORMATION (continued)**

| EXPLAIN ALL "YES" RESPONSES (For all past or present operations)   | Y/N |
|--|-----|
| 17. ARE DAY CARE FACILITIES OPERATED OR CONTROLLED?  | N   |
| 18. HAVE ANY CRIMES OCCURRED OR BEEN ATTEMPTED ON YOUR PREMISES WITHIN THE LAST THREE (3) YEARS?                       | N   |
| 19. IS THERE A FORMAL, WRITTEN SAFETY AND SECURITY POLICY IN EFFECT?   | N   |
| 20. DOES THE BUSINESSES' PROMOTIONAL LITERATURE MAKE ANY REPRESENTATIONS ABOUT THE SAFETY OR SECURITY OF THE PREMISES? | N   |

**REMARKS**

[Empty box for remarks]

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, FL, HI, MA, NE, OH, OK, OR or VT. In DC, LA, ME, TN, VA and WA insurance benefits may also be denied). IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, 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.



# ISU Insurance Services of Westlake

2985 E. Hillcrest Drive #201, Westlake Village, CA 91362

Lora VanDixhorn Lora@isuWestlake.com

Direct: 805.409.2880 Toll Free: 800.821.9161

### Property information

Location #1 \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Protection Class \_\_\_\_\_ Inside City Limits?  Yes  No County (Name) \_\_\_\_\_  
 Construction:  Frame  Joisted Masonry  Non-Combustible \_\_\_\_\_  
 Year Built \_\_\_\_\_ Miles to Fire Station \_\_\_\_\_ Feet to Fire Hydrant \_\_\_\_\_  
 Year of Updates (if over 25 years old) Wiring \_\_\_\_\_ Heating \_\_\_\_\_ Plumbing \_\_\_\_\_ Roof \_\_\_\_\_  
 Total Building Area \_\_\_\_\_ Insured's Area \_\_\_\_\_

Please check the following safeguards that you currently have.

- Burglar Alarm  Dead bolt locks on all doors
- Bars on all windows  Bikes locked together when closed
- Metal doors

| VALUE                               | COVERAGES AND LIMITS   | CAUSES OF LOSS   |
|-------------------------------------|--|--|
| Building \$ _____                   | Coinsurance _____ Deductible _____                             | <input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Special |
| Pers. Property \$ _____             | Coinsurance _____ Deductible _____                             | <input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Special |
| Business                            |  |  |
| Income \$ _____                     | % of Coinsurance (50% min) or monthly limit (1/3, 1/4, or 1/6) |  |
| Extra Expense \$ _____              | (40% -80% -100%)   |  |
| Minicomputer/EDP (100% coinsurance) |  |  |
|                                     | Hardware \$ _____  | Software \$ _____ Extra Expense \$ _____   |

Attach a picture of your premises.

Agent's Signature \_\_\_\_\_ *Lora VanDixhorn*

Insured's Signature \_\_\_\_\_ *Lynla Besser*

Capital Pedicycle LLC

**POLICYHOLDER DISCLOSURE  
NOTICE OF TERRORISM  
INSURANCE COVERAGE**

You are notified that under the Terrorism Risk Insurance Act, as amended, that you have a right to purchase insurance coverage for losses resulting from acts of terrorism, as defined in Section 102(1) of the Act. The term "act of terrorism" means any act that is certified by the Secretary of the Treasury---in concurrence with the Secretary of State, and the Attorney General of the United States---to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

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

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

**Acceptance or Rejection of Terrorism Insurance Coverage**

|                                     |  |
|-------------------------------------|--|
| <input type="checkbox"/>            | I hereby elect to purchase terrorism coverage for a prospective premium of \$8.  |
| <input checked="" type="checkbox"/> | I hereby decline to purchase terrorism coverage for certified acts of terrorism for a premium of \$1. I understand that I will have no coverage for losses resulting from certified acts of terrorism. |

*Linda Besser* \_\_\_\_\_ Insurance Company  
Policyholder/Applicant's Signature  
Linda Besser \_\_\_\_\_  
Print Name  
1/15/2013 \_\_\_\_\_ Policy Number  
Date