

**Commercial Package Application**

MCP017A61Z1  
Version 3

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

**I. General Information**

Applicant's Name: Donadio Holding, LLC

Form Of Business: ☐ Individual ☐ Corporation ☐ Partnership ☒ LLC ☐ Other: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Web Address: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Inspection Contact: \_\_\_\_\_

Coverage Desired: ☐ Monoline Liability ☐ Monoline Property ☐ Monoline Liquor ☒ Package

Policy Term: ☐ 3 Months ☐ 6 Months ☐ 9 Months ☒ Annual

Has coverage been cancelled or non-renewed in the last 3 years (not applicable in the state of MO)? ☐ Yes ☐ No

If Yes, provide complete details: \_\_\_\_\_

What year did the business start? 2016

Loss Information for the past 3 years: ☐ None or provide details below

**Property Coverages**

Year	Status	Paid	Reserve	Incurred	Description
2015-2016	Closed		\$ .00	\$ .00	

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

Complete Name	Address	Interest

Description of Operations:

Lessor Risk - 1st Floor Contractors Office 2nd floor 2 apartments

Is the applicant the owner of the building? ☐ Yes ☐ No

Certificate of insurance required from all contractors and subcontractors naming the applicant as additional insured ☐ True ☐ False

Has Insurance coverage been cancelled or non-renewed in the past 3 years? (not applicable in MO) ☐ Yes ☐ No

No past, pending or planned foreclosure and/or bankruptcy or judgment for unpaid taxes against the named insured or any officer, partner, member or owner of the applicant individually within the past five (5) years.

☐ True ☐ False

Applicant is the owner of all properties

☒ True ☐ False

## II. Locations of Coverage and Corresponding Classifications

### Location #1

**Address** 190 Horseneck Rd. **City** Fairfield **State** NJ **Zip** 07004

Years At Current Location: \_\_\_\_\_

Construction: Joisted Masonry Protection Class: 4

No. of Stories: \_\_\_\_\_ Year Built: 1947 Total Square Footage: 2,600

Years at this location: \_\_\_\_\_

Roof Age: \_\_\_\_\_ Roof Type: ☐ Flat ☒ Shingle ☐ Wood Shake ☐ Metal ☐ Tile ☐ Slate ☐ Other \_\_\_\_\_

Plumbing: ☐ PVC ☐ Copper ☐ Lead ☐ Iron ☐ Galvanized ☐ Other \_\_\_\_\_

Updates: Plumbing: \_\_\_\_\_ Electrical: \_\_\_\_\_ Heating: \_\_\_\_\_

<b>Protective Devices:</b>	<input type="checkbox"/> Functional & operational smoke detectors		
	<input type="checkbox"/> Burglar Alarm	<input type="checkbox"/> Central Station	<input type="checkbox"/> Local
	<input type="checkbox"/> Fire Alarm	<input type="checkbox"/> Central Station	<input type="checkbox"/> Local
	<input type="checkbox"/> Sprinkler System - _____ % of the building		
<b>Cause of Loss:</b>	<input checked="" type="checkbox"/> Special Form <input type="checkbox"/> Broad Form <input type="checkbox"/> Basic Form		
<b>Exclusions:</b>	<input type="checkbox"/> Wind & Hail <input checked="" type="checkbox"/> Sprinkler Leakage <input type="checkbox"/> Theft <input type="checkbox"/> Water Damage		

**Deductible:** ☐ \$500 ☒ \$1,000 ☐ \$2,500 ☐ \$5,000 ☐ Other \_\_\_\_\_

	Coverage	Limit	Additional Information
<input checked="" type="checkbox"/>	Building	\$200,000	Co-Insurance: <input checked="" type="checkbox"/> 80% <input type="checkbox"/> 90 <input type="checkbox"/> 100% Valuation: <input type="checkbox"/> Replacement Cost <input checked="" type="checkbox"/> Actual Cash Value
<input checked="" type="checkbox"/>	Business Income <input checked="" type="checkbox"/> with Extra Expense <input type="checkbox"/> without Extra Expense	\$40,000	Co-Insurance: <input type="checkbox"/> 1/6mo <input type="checkbox"/> 1/4mo <input type="checkbox"/> 1/3mo <input type="checkbox"/> 50% <input type="checkbox"/> 60% <input type="checkbox"/> 70% <input type="checkbox"/> 80% <input type="checkbox"/> 90% <input checked="" type="checkbox"/> 100% <input type="checkbox"/> 125%
<input checked="" type="checkbox"/>	Equipment Breakdown	Included in Building and Personal Property	Co-Insurance: <input type="checkbox"/> 80% <input type="checkbox"/> 90 <input type="checkbox"/> 100%
<input checked="" type="checkbox"/>	Fungus, wet rot, dry rot, and bacteria limited coverage	\$15,000	Co-Insurance: <input checked="" type="checkbox"/> 80% <input type="checkbox"/> 90 <input type="checkbox"/> 100%

### Underwriting Information for Location 1

Classification	Code No.	GL Class Code	Premium Basis	Exposure	Applicable Sq. Ft.
Buildings or Premises - bank or office - mercantile or manufacturing (lessor's risk only) - maintained by the insured - Other than Not-For-Profit only	0702	61217	Total Area	1600	N/A
Additional Insured - Mortgagee, Assignee or Receiver		49950	Flat	1	
Vacant Buildings - vacant portion of a partially occupied building	1180	68603	Total Area	1000	N/A

How many stories is this building?

2

Is the building scheduled for demolition during or after the policy term (except incidental non-load bearing interior work)?

☐ Yes ☐ No

Are there any structural (load bearing) renovations ongoing or planned during the policy term? ☐ True ☐ False

Has any tenant been evicted in the past 60 days or is any tenant in the process of being evicted? ☐ True ☐ False

Is the building scheduled for demolition during the policy term (except incidental non-load bearing interior work)? ☐ True ☐ False

Applicant requires all commercial tenants to name the applicant as Additional Insured ☐ True ☐ False

If single occupancy, applicant requires the tenant to be responsible for the condition of the pavements and curbs associated with the leased premises, including keeping such free from ice or snow ☐ True ☐ False

How many total tenant occupants are there? 0

What is the full mailing address of the Additional Insured?

☒ 2059 Springdale Rd., Cherry Hill, NJ 08003

What is the name of the Additional Insured?

TD Bank

### Liability

Does any location built prior to 1978, have aluminum wiring or knob-and-tube wiring? ☐ Yes ☐ No

For any building built prior to 1978, 100% of the wiring is on functioning and operational circuit breakers ☐ True ☐ False

Functioning and operational smoke and/or heat detectors in all units and/or occupancies ☐ True ☐ False

Any building over 7 stories is 100% sprinklered ☒ True ☐ False

Vacant portion is locked and secured from unauthorized entry ☒ True ☐ False

Vacant portion is not currently damaged (fire or otherwise) ☒ True ☐ False

Regarding the vacant portion, there are no renovations ongoing or planned for our policy term ☒ True ☐ False

## III. Limits of Insurance

### COMMERCIAL GENERAL LIABILITY

Each Occurrence	\$1,000,000
Personal Injury and Advertising Injury	\$1,000,000
Medical Expense (Any One Person)	\$5,000
Damage To Premises Rented to You	\$100,000
Products/Completed Ops Aggregate	Included
General Aggregate	\$2,000,000
General Liability Deductible	\$0

## IV. Eligibility Criteria

Classification
Buildings or Premises - bank or office - mercantile or manufacturing (lessor's risk only) - maintained by the insured - Other than Not-For-Profit only

### Liability

The lease has a provision requiring the commercial tenants to maintain general liability insurance and the applicant obtains Certificates of Insurance from all commercial tenants as evidence of that coverage. ☐ Yes ☐ No

No tenant is a hospital, nursing home, assisted living facility, elderly care facility, or any health care facility with an overnight or residential exposure ☒ True ☐ False

Classification
Vacant Buildings - vacant portion of a partially occupied building

## V. Additional Eligibility Information

Does the Applicant engage in any operations or have any classifications on their premise(s) other than those listed in **Item II Locations of Coverage and Corresponding Classifications**? ☐ Yes ☐ No

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

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

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

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

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

Applicants Signature\*: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_  
(Must be Owner, Officer or Partner) (Required) (Required)

Brokers Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If your state requires that we have the name and address of your (insured's) authorized Agent or Broker.

Name of Authorized Agent or Broker: \_\_\_\_\_

Address: \_\_\_\_\_

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

## POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

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

You should know that any coverage for losses caused by certified acts of terrorism is partially reimbursed by the United States under a formula established by federal law. Under this formula, the United States reimburses 85% through 2015; 84% beginning on January 1, 2016; 83% beginning on January 1, 2017; 82% beginning on January 1, 2018; 81% beginning on January 1, 2019 and 80% beginning on January 1, 2020, of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage. The premium charged for this coverage is provided below and does not include any charges for the portion of loss covered by the federal government under the Act.

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

You should know that the Act, as amended, contains a \$100 billion cap that limits U.S. Government reimbursement, as well as insurers' liability, for losses resulting from certified acts of terrorism when the amount of such losses in any one calendar year exceeds \$100 billion. If the aggregate insured losses for all insurers exceed \$100 billion, your coverage may be reduced.

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

### **REJECTION OR SELECTION OF TERRORISM INSURANCE COVERAGE**

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

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

**Note: if you do not respond to our offer and do not return this notice to the Company, you will have no Terrorism Coverage under this policy.**

\_\_\_\_\_  
Applicant Name (Print)

\_\_\_\_\_  
Named Insured

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date



## RESOURCES TO HELP YOUR BUSINESS GROW!

As a policyholder through USLI or Devon Park Specialty, you have access to many free and discounted services through the Business Resource Center that will assist you in operating, growing and protecting your business. Consider the following services and associated cost savings when deciding where to place your insurance!

### HUMAN RESOURCES



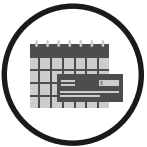
- » Free human resources consultation hotline to be used for personnel issues, including harassment and discrimination, the Family and Medical Leave Act, disability, wage and hours regulations and more
- » Online library with information, forms and articles pertaining to human resources
- » Discounted sexual harassment training and more
- » Resources for recruiting and training as well as termination and administration

### PRE-EMPLOYMENT AND TENANT SCREENINGS



- » Discounted background checks, including multi-court criminal database searches, county criminal searches and more (first background check is free)
- » Best practices for performing a background check
- » Discounted tenant and drug screenings and motor vehicle reports (MVRs)

### PAYROLL AND TAXES



- » Discounted payroll processing and tax services tailored for either a small or large business

### CYBER RISK



- » Materials about securing personal and payment card information
- » Complimentary access to tools and resources that will help you understand your exposure to a data breach and the importance of a response plan

### MARKETING

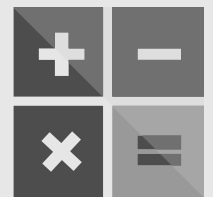


- » Suggested free and paid services, including email campaigns, photo editing, file management and more, for web marketing for your business
- » Suggested free and paid services for social media platforms, development, management and more
- » Discounted promotional items, giveaways and signage

### SAFETY



- » Free on-site safety and occupational health consultation for your business
- » Free personal credit report
- » Disaster and emergency preparedness resources
- » Discounted alcohol and food server safety training for your staff and servers
- » Discounted CPR and first aid training
- » Youth resources for concussion training, waivers of liability, recognizing the signs and symptoms of child abuse, and more



Try our cost-savings calculator to see how much you could save!





## Partially Vacant Building Product

As an owner of a partially vacant property, do you have the right coverage?

- ▶ Is your policy subject to a vacancy provision that will reduce or exclude coverage for an amount that would otherwise have been paid
- ▶ Flexibility to provide coverage for renovations
- ▶ Protection for work done by independent contractors

The following are important features; make sure you have them all:

COVERAGE FEATURES	USLI	COMPETITORS
No restriction on the length of vacancy		
3, 6 and 9 month policy terms		
Can consider buildings undergoing renovations		
Special form and replacement cost available for some risks		
No liability deductible		
A.M. Best rated A <sup>++</sup> carrier		
A proud member of the Berkshire Hathaway Group		
Policyholders have access to many services through our Business Resource Center that will assist in growing and protecting their businesses		