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AGENCY NAME AND ADDRESS							COMPANY:											
Michael Feldman Insurance Services, Inc.																		
P.O. Box 134						APPLICANT NAME:												
Canoga Park, CA 91305						OFFICE PHONE: MOBILE PHONE:												
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AGENCY CUSTOMER ID: PRIOR CARRIER INFORMATION / LOSS HISTORY PROVIDE INFORMATION FOR THE PAST 5 YEARS AND USE THE REMARKS SECTION FOR LOSS DETAILS LOSS RUN ATTACHED YEAR **CARRIER & POLICY NUMBER** ANNUAL PREMIUM MOD # CLAIMS AMOUNT PAID RESERVE GO: POL#: GO: PQL #: CO: POL#: CO: POL#: CO: POL#: NATURE OF BUSINESS / DESCRIPTION OF OPERATIONS GIVE COMMENTS AND DESCRIPTIONS OF BUSINESS, OPERATIONS AND PRODUCTS: MANUFACTURING - RAW MATERIALS, PROCESSES, PRODUCT, EQUIPMENT; CONTRACTOR - TYPE OF WORK, SUB-CONTRACTS; MERCANTILE - MERCHANDISE, CUSTOMERS, DELIVERIES; SERVICE - TYPE, LOCATION; FARM - ACREAGE, ANIMALS, MACHINERY, SUB-CONTRACTS. **GENERAL INFORMATION** Y/N EXPLAIN ALL "YES" RESPONSES DOES APPLICANT OWN, OPERATE OR LEASE AIRCRAFT / WATERCRAFT? 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) ANY WORK PERFORMED UNDERGROUND OR ABOVE 15 FEET? ANY WORK PERFORMED ON BARGES, VESSELS, DOCKS, BRIDGE OVER WATER?

IS APPLICANT ENGAGED IN ANY OTHER TYPE OF BUSINESS? ARE SUB-CONTRACTORS USED? (If "YES", give % of work subcontracted) ANY WORK SUBLET WITHOUT CERTIFICATES OF INSURANCE? (If "YES", payroll for this work must be included in the State Rating Worksheet on Page 2) IS A WRITTEN SAFETY PROGRAM IN OPERATION? ANY GROUP TRANSPORTATION PROVIDED? 10. ANY SEASONAL EMPLOYEES? 11. IS THERE ANY VOLUNTEER OR DONATED LABOR? (If "YES", please specify) 12. DO EMPLOYEES TRAVEL OUT OF STATE? (If "YES", indicate state(s) of travel and frequency) 13. ARE ATHLETIC TEAMS SPONSORED? 14. ARE PHYSICALS REQUIRED AFTER OFFERS OF EMPLOYMENT ARE MADE? 15. ANY OTHER INSURANCE WITH THIS INSURER? 16. ANY PRIOR COVERAGE DECLINED / CANCELLED / NON-RENEWED IN THE LAST THREE (3) YEARS?

ACORD 130 CA (2019/01)

Page 3 of 4

GENERAL INFORMATION (continued)		AGENCY CUSTOMER	ID:	
EXPLAIN ALL "YES" RESPONSES				Y/N
17. ARE EMPLOYEE HEALTH PLANS PROVIDED?				
18. DO ANY EMPLOYEES PERFORM WORK FOR OTHER E	BUSINESSES OR SUBS	SIDIARIES?		
19. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EM	IPLOYERS?			
20. DO ANY EMPLOYEES PREDOMINANTLY WORK AT HO	DME? If "YES", # of Em	ployees:		
21. ANY TAX LIENS OR BANKRUPTCY WITHIN THE LAST P	FIVE (5) YEARS? (If "Y	'ES", please specify)		
22. ANY UNDISPUTED AND UNPAID WORKERS COMPENS IF YES, EXPLAIN INCLUDING ENTITY NAME(S) AND PO		E FROM YOU OR ANY COMMONLY	MANAGED OR OWNED EN	TERPRISES?
SIGNATURE		,		
Copy of the Notice of Information Practices (Privacy) has to	peen given to the applic	ant. (Not required in all states, contac	ct your agent or broker for you	ur state's requirements.)
PERSONAL INFORMATION MAY BE COLLECTED FRO INFORMATION AS WELL AS OTHER PERSONAL OF AGENT MAY IN CERTAIN CIRCUMSTANCES BE DISI EXISTS WITH RESPECT TO ALL PERSONAL INFOR PRACTICES REGARDING PERSONAL INFORMATION	A PRIVILEGED INFO CLOSED TO THIRD IMATION COLLECTE	PRMATION SUBSEQUENTLY CO PARTIES WITHOUT AUTHORIZ D. UPON REQUEST, A MORE	OLLECTED BY THE INSU (ATION, A RIGHT OF ACC	RANCE INSTITUTION OR CESS AND CORRECTION
(Not applicable in AZ, CA, DE, KS, MA, MN, ND, NY, OR, VA,	or WV. Specific AGOF	RD 38s are available for applicants in	these states.) (App	(lcant's initials):
THE UNDERSIGNED IS AN AUTHORIZED REPRESENTAT ANSWERS TO QUESTIONS ON THIS APPLICATION. HE				
KNOWLEDGE. APPLICANT'S SIGNATURE (Must be Officer, Owner or Partner)	DATE	PRODUCER'S SIGNATURE		NATIONAL PRODUCER NUMBER