KWATKINS

COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY): 06/17/2025

AGENCY Farris Insurance Agency 4706 S. Thompson Springdale, AR 72765	**CARRIER** / **NAIC CODE** **COMPANY POLICY OR PROGRAM NAME**: Umbrella / **PROGRAM CODE** **POLICY NUMBER**
CONTACT NAME: **PHONE (A/C, No, Ext):** (479) 756-6330 **FAX (A/C, No):** (479) 756-9262 **E-MAIL ADDRESS:** kara@farrisinsurance.com **CODE:** / **SUBCODE:** **AGENCY CUSTOMER ID:** GEORINC-01	**UNDERWRITER** / **UNDERWRITER OFFICE** **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
08/31/2025	08/31/2026	☐ DIRECT ☒ AGENCY	Annual			$	$	$

APPLICANT INFORMATION

NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4)
George's, Inc.
PO Drawer 2030
ATTN: 31367
Springdale, AR 72765-2030

GL CODE | SIC | NAICS | FEIN OR SOC SEC #

BUSINESS PHONE #: (479) 927-7116

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) — Additional Named Insured
George's Farms, Inc.

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) — Additional Named Insured
George's Processing, Inc.

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

CONTACT INFORMATION

AGENCY CUSTOMER ID: GEORINC-01 KWATKINS

CONTACT TYPE:	CONTACT TYPE:
CONTACT NAME: Michael Rich	CONTACT NAME:
PRIMARY PHONE # ☐ HOME ☒ BUS ☐ CELL (479) 927-7033 / SECONDARY PHONE # ☐ HOME ☐ BUS ☒ CELL (479) 684-6275	PRIMARY PHONE # ☐ HOME ☐ BUS ☐ CELL / SECONDARY PHONE # ☐ HOME ☐ BUS ☐ CELL
PRIMARY E-MAIL ADDRESS: adam.kees@georgesinc.com	PRIMARY E-MAIL ADDRESS:
SECONDARY E-MAIL ADDRESS:	SECONDARY E-MAIL ADDRESS:

PREMISES INFORMATION (Attach ACORD 823 for Additional Premises)

LOC # 1	STREET 1409 S Thompson Springdale Hatchery		CITY LIMITS ☐ INSIDE ☐ OUTSIDE	INTEREST ☐ OWNER ☐ TENANT	# FULL TIME EMPL	ANNUAL REVENUES: $	
BLD # 1	CITY: Springdale	STATE: AR			# PART TIME EMPL	OCCUPIED AREA:	SQ FT
	COUNTY: Washington	ZIP: 72764				OPEN TO PUBLIC AREA:	SQ FT
DESCRIPTION OF OPERATIONS:						TOTAL BUILDING AREA:	SQ FT
						ANY AREA LEASED TO OTHERS? Y / N	
LOC # 3	STREET 701 1/2 Porter St. Springdale Further Processing		CITY LIMITS ☐ INSIDE ☐ OUTSIDE	INTEREST ☐ OWNER ☐ TENANT	# FULL TIME EMPL	ANNUAL REVENUES: $	
BLD # 1	CITY: Springdale	STATE: AR			# PART TIME EMPL	OCCUPIED AREA:	SQ FT
	COUNTY: Washington	ZIP: 72764				OPEN TO PUBLIC AREA:	SQ FT
DESCRIPTION OF OPERATIONS:						TOTAL BUILDING AREA:	SQ FT
						ANY AREA LEASED TO OTHERS? Y / N	
LOC # 4	STREET 1306 Kansas Springdale Processing		CITY LIMITS ☐ INSIDE ☐ OUTSIDE	INTEREST ☐ OWNER ☐ TENANT	# FULL TIME EMPL	ANNUAL REVENUES: $	
BLD # 1	CITY: Springdale	STATE: AR			# PART TIME EMPL	OCCUPIED AREA:	SQ FT
	COUNTY: Washington	ZIP: 72764				OPEN TO PUBLIC AREA:	SQ FT
DESCRIPTION OF OPERATIONS:						TOTAL BUILDING AREA:	SQ FT
						ANY AREA LEASED TO OTHERS? Y / N	
LOC # 5	STREET 610 Porter St Frez-N-Stor, Inc. Offisite Storage		CITY LIMITS ☐ INSIDE ☐ OUTSIDE	INTEREST ☐ OWNER ☐ TENANT	# FULL TIME EMPL	ANNUAL REVENUES: $	
BLD # 1	CITY: Springdale	STATE: AR			# PART TIME EMPL	OCCUPIED AREA:	SQ FT
	COUNTY: Washington	ZIP: 72764				OPEN TO PUBLIC AREA:	SQ FT
DESCRIPTION OF OPERATIONS:						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	☐				
☐	CONDOMINIUMS	☐	INSTITUTIONAL	☐	OFFICE	☐	RETAIL	☐	WHOLESALE					

DESCRIPTION OF PRIMARY OPERATIONS

Primary Umbrella $5M x $1M P

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

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?	Y
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?	
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)	Y
13. DOES APPLICANT HAVE OTHER BUSINESS VENTURES FOR WHICH COVERAGE IS NOT REQUESTED?	
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)

Policy Level Remarks
12) US products sold in foreign countries

PRIOR CARRIER INFORMATION

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER: CUMBR
2018 - 2019	CARRIER				Allied World Assuran
	POLICY NUMBER				BINDER
	PREMIUM	$	$	$	$ 254,000.00
	EFFECTIVE DATE				08/31/2018
	EXPIRATION DATE				08/31/2019

PRIOR CARRIER INFORMATION (continued)

AGENCY CUSTOMER ID: GEORINC-01 KWATKINS

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER: CUMBR
2016 - 2018	CARRIER				National Union Fire,
	POLICY NUMBER				19452124
	PREMIUM	$	$	$	$ 259,000.00
	EFFECTIVE DATE				08/31/2016
	EXPIRATION DATE				08/31/2018
2015 - 2016	CARRIER				National Union Fire
	POLICY NUMBER				19086585
	PREMIUM	$	$	$	$ 355,000.00
	EFFECTIVE DATE				08/31/2015 CUMBR
	EXPIRATION DATE				08/31/2016

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: $ 0

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)
APPLICANT'S SIGNATURE		**DATE**	**NATIONAL PRODUCER NUMBER**

AGENCY CUSTOMER ID: GEORINC-01 KWATKINS

ADDITIONAL PREMISES INFORMATION SCHEDULE

AGENCY	CARRIER	NAIC CODE
Farris Insurance Agency	Allied World National Assurance Company	10690

POLICY NUMBER	EFFECTIVE DATE	NAMED INSURED(S)
0311-5017	08/31/2025	George's, Inc.

PREMISES INFORMATION

LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: $
7	1206 S. Old Missouri Rd Aircraft Hangar	INSIDE	OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: Springdale STATE: AR	OUTSIDE	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
1	COUNTY: Washington ZIP: 72764				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: $
8	9066 State Hwy W Cassville Processing and Truc Shop	INSIDE	OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: Cassville STATE: MO	OUTSIDE	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
1	COUNTY: Barry ZIP: 65623				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: $
9	402 West Robinson Corporate Office	INSIDE	OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: Springdale STATE: AR	OUTSIDE	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
1	COUNTY: Washington ZIP: 72764				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: $
10	200 West Robinson Springdale Feed Mill	INSIDE	OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: Springdale STATE: AR	OUTSIDE	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
1	COUNTY: Washington ZIP: 72764				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	19992 Senedo Rd Edinburg Processing and Truck Shop	INSIDE	OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: Edinburg STATE: VA	OUTSIDE	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
1	COUNTY: Shenandoah ZIP: 22824				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: $
12	61 Kratzer Rd Harrisonburg Feed Mill	INSIDE	OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: Harrisburg STATE: VA	OUTSIDE	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
1	COUNTY: Rockingham ZIP: 22801				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: $
13	1620 S Main St South Main Hatchery	INSIDE	OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: Harrisburg STATE: VA	OUTSIDE	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
1	COUNTY: Rockingham ZIP: 22801				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.

ADDITIONAL PREMISES INFORMATION SCHEDULE

AGENCY	CARRIER	NAIC CODE
Farris Insurance Agency	Allied World National Assurance Company	10690

POLICY NUMBER	EFFECTIVE DATE	NAMED INSURED(S)
0311-5017	08/31/2025	George's, Inc.

PREMISES INFORMATION

LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: $
14	410 Stone Spring Rd Stone Spring Hatchery	INSIDE	OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: Harrisburg STATE: VA	OUTSIDE	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
1	COUNTY: Rockingham ZIP: 22801				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: $
15	401 W Robinson Growout Service Center	INSIDE	OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: Springdale STATE: AR	OUTSIDE	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
1	COUNTY: Washington ZIP: 72764				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: $
16	9523 State Hwy W Cassville Hatchery	INSIDE	OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: Cassville STATE: MO	OUTSIDE	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
1	COUNTY: Barry Co. ZIP: 65623				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: $
17	408 W Robinson Technical Services Office	INSIDE	OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: Springdale STATE: AR	OUTSIDE	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
1	COUNTY: Washington ZIP: 72764				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: $
18	9225 State Hwy W Cassville Feed Mill	INSIDE	OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: Cassville STATE: AR	OUTSIDE	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
1	COUNTY: Barry Co. ZIP: 65623				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: $
19	501 N. LIberty St. Harrisonburg Processing	INSIDE	OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: Harrisonburg STATE: VA	OUTSIDE	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
1	COUNTY: Rockingham ZIP: 22802				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: $
20	1435 N. Liberty St. VA Transportation-Harrisonburg	INSIDE	OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: Harrisonburg STATE: VA	OUTSIDE	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
1	COUNTY: Rockingham ZIP: 22802				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N:

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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.

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AGENCY CUSTOMER ID: GEORINC-01 KWATKINS

ADDITIONAL PREMISES INFORMATION SCHEDULE

AGENCY	CARRIER	NAIC CODE
Farris Insurance Agency		

POLICY NUMBER	EFFECTIVE DATE	NAMED INSURED(S)
	08/31/2025	George's, Inc.

PREMISES INFORMATION

LOC #	STREET		CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: $	
21	320 W Robinson Springdale Truck Shop (Innovation Center)		INSIDE	OWNER		OCCUPIED AREA:	SQ FT
BLD #	CITY: Springdale	STATE: AR	OUTSIDE	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT
1	COUNTY: Washington	ZIP: 72764				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: $	
22	560 Caverns Rd Mt Jackson Feed Mill		INSIDE	OWNER		OCCUPIED AREA:	SQ FT
BLD #	CITY: Mt Jackson	STATE: VA	OUTSIDE	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT
1	COUNTY: Shenandoah	ZIP: 22842				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: $	
23	11559 Daphna Rd Broadway Hatchery		INSIDE	OWNER		OCCUPIED AREA:	SQ FT
BLD #	CITY: Broadway	STATE: VA	OUTSIDE	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT
1	COUNTY: Rockingham	ZIP: 22815				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: $	
24	901 W Robinson NWA Employment Center		INSIDE	OWNER		OCCUPIED AREA:	SQ FT
BLD #	CITY: Springdale	STATE: AR	OUTSIDE	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT
1	COUNTY: Washington	ZIP: 72764				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: $	
25	117 Screech Owl Lane Edinburg Waster Water		INSIDE	OWNER		OCCUPIED AREA:	SQ FT
BLD #	CITY: Edinburg	STATE: VA	OUTSIDE	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT
1	COUNTY: Shenandoah	ZIP: 22824				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: $	
26	109 Molineau Rd Coleman Warehouse (Rented Dry Storage)		INSIDE	OWNER		OCCUPIED AREA:	SQ FT
BLD #	CITY: Edinburg	STATE: VA	OUTSIDE	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT
1	COUNTY: Shenandoah	ZIP: 22824				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: $	
27	5688 S Valley Pike Sales Office (Cargill)		INSIDE	OWNER		OCCUPIED AREA:	SQ FT
BLD #	CITY: Mt Crawford	STATE: VA	OUTSIDE	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT
1	COUNTY:	ZIP: 22841				TOTAL BUILDING AREA:	SQ FT
DESCRIPTION OF OPERATIONS:						ANY AREA LEASED TO OTHERS? Y / N:	

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AGENCY CUSTOMER ID: GEORINC-01 KWATKINS

ADDITIONAL PREMISES INFORMATION SCHEDULE

AGENCY	CARRIER	NAIC CODE
Farris Insurance Agency	Allied World National Assurance Company	10690

POLICY NUMBER	EFFECTIVE DATE	NAMED INSURED(S)
0311-5017	08/31/2025	George's, Inc.

PREMISES INFORMATION

LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: $
31	1420 S St Louis Street Batesville Hatcheries (Blue & Green)	INSIDE	X OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: Batetsville STATE: AR	OUTSIDE	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
1	COUNTY: Independence ZIP: 72501				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: $
32	1810 S St Louis St Batesville Processing	INSIDE	OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: Batesville STATE: AR	OUTSIDE	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
1	COUNTY: Independence ZIP: 72501				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: $
33	750 W Easy St Rogers Further Processing	INSIDE	OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: Rogers STATE: AR	OUTSIDE	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
1	COUNTY: Benton ZIP: 72756				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: $
34	1000 N 2nd St. Corporate Office	INSIDE	OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: Rogers STATE: AR	OUTSIDE	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
1	COUNTY: Benton ZIP: 72756				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: $
35	4337 Highway 158 S Bay Elevator	INSIDE	OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: Bay STATE: AR	OUTSIDE	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
1	COUNTY: Craighead ZIP: 72411				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: $
36	19100 Highway 367 S Newport Elevator	INSIDE	OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: Newport STATE: AR	OUTSIDE	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
1	COUNTY: Jackson ZIP: 72112				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: $
37	9022 Harrison St Batesville Feed Mill	INSIDE	OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: Magness STATE: AR	OUTSIDE	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
1	COUNTY: Independence ZIP: 72553				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N:

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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 #
Forester Farmer's Market	**Additional Named Ins**				
		BUSINESS PHONE #:			
		WEBSITE ADDRESS			

	CORPORATION		JOINT VENTURE		NOT FOR PROFIT ORG		SUBCHAPTER "S" CORPORATION	X	**Trade Mark/Retail Sales**
	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 #
George's Chicken, LLC	**Additional Named Ins**				
		BUSINESS PHONE #:			
		WEBSITE ADDRESS			

	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)		GL CODE	SIC	NAICS	FEIN OR SOC SEC #
OMP Farms, LLC	**Additional Named Ins**				
		BUSINESS PHONE #:			
		WEBSITE ADDRESS			

	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)		GL CODE	SIC	NAICS	FEIN OR SOC SEC #
Easy Street Leasing, LLC	**Additional Named Ins**				
		BUSINESS PHONE #:			
		WEBSITE ADDRESS			

	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)		GL CODE	SIC	NAICS	FEIN OR SOC SEC #
George's Prepared Foods, LLC	**Additional Named Ins**				
		BUSINESS PHONE #:			
		WEBSITE ADDRESS			

	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)		GL CODE	SIC	NAICS	FEIN OR SOC SEC #
George's of MO, Inc.	**Additional Named Ins**				
		BUSINESS PHONE #:			
		WEBSITE ADDRESS			

X	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 #
George's Family Farms, LLC	**Additional Named Ins**				
		BUSINESS PHONE #:			
		WEBSITE ADDRESS			

	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)		GL CODE	SIC	NAICS	FEIN OR SOC SEC #
George's Foods, LLC	**Additional Named Ins**				
		BUSINESS PHONE #:			
		WEBSITE ADDRESS			

	CORPORATION		JOINT VENTURE		NOT FOR PROFIT ORG		SUBCHAPTER "S" CORPORATION		
	INDIVIDUAL	X	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) Additional Named Ins	GL CODE	SIC	NAICS	FEIN OR SOC SEC #
Ozark Mountain Poultry, Inc. dba OMP Foods, LLC				
	BUSINESS PHONE #:			
	WEBSITE ADDRESS			

X	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	

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 CUMBR
2014 - 2015	CARRIER				National Union Fire
	POLICY NUMBER				48251390
	PREMIUM	$	$	$	$ 354,940.00
	EFFECTIVE DATE				08/13/2014
	EXPIRATION DATE				08/31/2015
YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER CUMBR
2013 - 2014	CARRIER				National Union
	POLICY NUMBER				48251376
	PREMIUM	$	$	$	$ 589,000.00
	EFFECTIVE DATE				08/31/2013
	EXPIRATION DATE				08/31/2014
YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER CUMBR
2012 - 2013	CARRIER				Natl Union Fire
	POLICY NUMBER				48251340
	PREMIUM	$	$	$	$
	EFFECTIVE DATE				08/31/2012
	EXPIRATION DATE				08/31/2013
YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER CUMBR
2011 - 2012	CARRIER				Nationl Union
	POLICY NUMBER				48251270
	PREMIUM	$	$	$	$
	EFFECTIVE DATE				08/31/2011
	EXPIRATION DATE				08/31/2012
YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER CUMBR
2009 - 2010	CARRIER				Natnl Union
	POLICY NUMBER				11449177
	PREMIUM	$	$	$	$
	EFFECTIVE DATE				08/31/2009
	EXPIRATION DATE				08/31/2010
YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER CUMBR
2021 - 2022	CARRIER				Allied World
	POLICY NUMBER				03115017
	PREMIUM	$	$	$	$ 366,903.00
	EFFECTIVE DATE				08/31/2021
	EXPIRATION DATE				08/31/2022
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				

AGENCY CUSTOMER ID: GEORINC-01 KWATKINS

UMBRELLA / EXCESS SECTION

DATE (MM/DD/YYYY) 06/17/2025

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
Farris Insurance Agency		

POLICY NUMBER	EFFECTIVE DATE	NAMED INSURED(S)
	08/31/2025	George's, Inc.

POLICY INFORMATION

TRANSACTION TYPE								LIMIT OF LIABILITY		RETAINED LIMIT	
	NEW	X	UMBRELLA	X	OCCURRENCE	RETROACTIVE DATE		$ 100,000,000	EA OCC	$ 10,000	
X	RENEWAL		EXCESS		CLAIMS MADE	PROPOSED	CURRENT	$ 100,000,000			
EXPIRING POL #:								$		FIRST DOLLAR DEFENSE (Y / N)	Y

EMPLOYEE BENEFITS LIABILITY

LIMIT OF INSURANCE (Ea Employee)	AGGREGATE LIMIT FOR EBL	RETAINED LIMIT FOR EBL	RETROACTIVE DATE FOR EBL
$	$	$	

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: LOCATION: 1409 S Thompson Springdale, AR 72764 DESCRIPTION:	$341,541,272	$1,977,000.00		7,789
3	NAME: LOCATION: 701 1/2 Porter St. Springdale, AR 72764 DESCRIPTION:				
4	NAME: LOCATION: 1306 Kansas Springdale, AR 72764 DESCRIPTION:				
5	NAME: LOCATION: 610 Porter St Springdale, AR 72764 DESCRIPTION:				
7	NAME: LOCATION: 1206 S. Old Missouri Rd Springdale, AR 72764 DESCRIPTION:				
8	NAME: LOCATION: 9066 State Hwy W Cassville, MO 65623 DESCRIPTION:	$30,668,037			849

UNDERLYING INSURANCE

LIST ALL LIABILITY / COMPENSATION POLICIES IN FORCE TO APPLY AS UNDERLYING INSURANCE

TYPE	CARRIER / POLICY NUMBER	POLICY EFF DATE	POLICY EXP DATE	LIMITS			ANNUAL RENEWAL PREMIUM	+ - RATING MOD
AUTOMOBILE LIABILITY	AXA XL	08/31/2025	08/31/2026	CSL EA ACC	$	1,000,000	$	
				BI EA ACC	$		$	
				BI EA PER	$			
				PD EA ACC	$		$	
GENERAL LIABILITY POLICY TYPE X OCCUR CLAIMS MADE	AXA XL	08/31/2025	08/31/2026	EACH OCCURRENCE	$	2,000,000	PREM / OPS	
				GENERAL AGGR	$	4,000,000	$	
				PROD & COMP OPS AGGREGATE	$	4,000,000	PRODUCTS	
				PERSONAL & ADV INJURY	$	2,000,000	$	
				DAMAGE TO RENTED PREMISES	$	100,000	OTHER	
				MEDICAL EXPENSE	$		$	
EMPLOYERS LIABILITY	AXA XL	08/31/2021	08/31/2026	EACH ACCIDENT	$	1,000,000		
				DISEASE EACH EMPLOYEE	$	1,000,000	$	
				DISEASE POLICY LIMIT	$	1,000,000		
OTH	TBD	08/31/2025	08/31/2026	Yacht		$5,000,000.00	$	
OTH	AIG WR10003946	08/31/2025	08/31/2026	SeeRemark		$1,000,000.00	$	

ATTACH TO ACORD 125 AND ACORD 126

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

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.

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 ☐ 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								
TRUCKS	LIGHT							
	MEDIUM							
	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: **Print** ANNUAL COST: $ **45,000.00**	
2. ARE SERVICES OF AN ADVERTISING AGENCY USED?	**Y**
3. ANY COVERAGE PROVIDED UNDER AGENCY'S POLICY?	**Y**
AIRCRAFT LIABILITY	
4. DOES APPLICANT OWN / LEASE / OPERATE AIRCRAFT?	**Y**
AUTO LIABILITY	
5. ARE EXPLOSIVES, CAUSTICS, FLAMMABLES OR OTHER DANGEROUS CARGO HAULED?	**N**
6. ARE PASSENGERS CARRIED FOR A FEE?	**N**
7. ANY UNITS NOT INSURED BY UNDERLYING POLICIES?	**N**
8. ARE ANY VEHICLES LEASED OR RENTED TO OTHERS?	**N**
9. ARE HIRED AND NON-OWNED COVERAGES PROVIDED?	**Y**
CONTRACTORS LIABILITY	
10. IS BRIDGE, DAM, OR MARINE WORK PERFORMED?	**Y**
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?	**Y**
14. DO SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN APPLICANT?	**N**
EMPLOYERS LIABILITY	
15. IS APPLICANT SELF-INSURED IN ANY STATE?	**Y**
16. SUBJECT TO: ☐ JONES ACT ☐ FELA ☐ STOP GAP ☐ OTHER:	
INCIDENTAL MALPRACTICE LIABILITY	
17. IS A HOSPITAL OR FIRST AID FACILITY MAINTAINED?	**Y**
18. ARE COVERAGES PROVIDED FOR DOCTORS / NURSES?	**Y**
19. INDICATE # OF DOCTORS: NURSES: **5** 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?	**N**
21. INDICATE THE COVERAGES CARRIED:	
[X] 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?	**N**
23. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN THE USA OR US PRODUCTS SOLD / DISTRIBUTED IN FOREIGN COUNTRIES? (If "YES", Attach ACORD 815)	**N**
24. PRODUCT LIABILITY LOSS IN PAST THREE (3) YEARS? (SPECIFY)	**Y**
25. GROSS SALES FROM EACH OF LAST THREE (3) YEARS: $ **1,400,000,000.00** $ **1,525,083,000.00** $ **1,735,004,000.00**	
PROTECTIVE LIABILITY	
26. DESCRIBE INDEPENDENT CONTRACTORS (Attach ACORD 101, Additional Remarks Schedule, if more space is required) **If Any**	
WATERCRAFT LIABILITY	
27. DOES APPLICANT OWN OR LEASE WATERCRAFT?	**Y**

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
	0	**0**	**0**	**0**					

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)
APPLICANT'S SIGNATURE		**DATE**	**NATIONAL PRODUCER NUMBER**

UMBRELLA SECTION -

PRIMARY LOCATION & SUBSIDIARY SCHEDULE **GEORINC-01** **KWATKINS** **PAGE 1** **OF 2**

#	NAME AND LOCATION OF PRIMARY AND ALL SUBSIDIARY COMPANIES (Describe Operations)	ANNUAL PAYROLL	ANN GROSS SALES	FOREIGN GROSS SALES	# EMPL
9	NAME: LOCATION: 402 West Robinson Springdale, AR 72764 DESCRIPTION:				
10	NAME: LOCATION: 200 West Robinson Springdale, AR 72764 DESCRIPTION:				
11	NAME: LOCATION: 19992 Senedo Rd Edinburg, VA 22824 DESCRIPTION:				
12	NAME: LOCATION: 61 Kratzer Rd Harrisburg, VA 22801 DESCRIPTION:				
13	NAME: LOCATION: 1620 S Main St Harrisburg, VA 22801 DESCRIPTION:				
14	NAME: LOCATION: 410 Stone Spring Rd Harrisburg, VA 22801 DESCRIPTION:				
15	NAME: LOCATION: 401 W Robinson Springdale, AR 72764 DESCRIPTION:				
16	NAME: LOCATION: 9523 State Hwy W Cassville, MO 65623 DESCRIPTION:				
17	NAME: LOCATION: 408 W Robinson Springdale, AR 72764 DESCRIPTION:				
18	NAME: LOCATION: 9225 State Hwy W Cassville, AR 65623 DESCRIPTION:				
19	NAME: LOCATION: 501 N. LIberty St. Harrisonburg, VA 22802 DESCRIPTION:				
20	NAME: LOCATION: 1435 N. Liberty St. Harrisonburg, VA 22802 DESCRIPTION:				
21	NAME: LOCATION: 320 W Robinson Springdale, AR 72764 DESCRIPTION:				
22	NAME: LOCATION: 560 Caverns Rd Mt Jackson, VA 22842 DESCRIPTION:				
23	NAME: LOCATION: 11559 Daphna Rd Broadway, VA 22815 DESCRIPTION:				
24	NAME: LOCATION: 901 W Robinson Springdale, AR 72764 DESCRIPTION:				
25	NAME: LOCATION: 117 Screech Owl Lane Edinburg, VA 22824 DESCRIPTION:				
26	NAME: LOCATION: 109 Molineau Rd Edinburg, VA 22824 DESCRIPTION:				

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
27	NAME: LOCATION: 5688 S Valley Pike Mt Crawford, VA 22841 DESCRIPTION:				
31	NAME: LOCATION: 1420 S St Louis Street Batetsville, AR 72501 DESCRIPTION:				
32	NAME: LOCATION: 1810 S St Louis St Batesville, AR 72501 DESCRIPTION:				
33	NAME: LOCATION: 750 W Easy St Rogers, AR 72756 DESCRIPTION:				
34	NAME: LOCATION: 1000 N 2nd St. Rogers, AR 72756 DESCRIPTION:				
35	NAME: LOCATION: 4337 Highway 158 S Bay, AR 72411 DESCRIPTION:				
36	NAME: LOCATION: 19100 Highway 367 S Newport, AR 72112 DESCRIPTION:				
37	NAME: LOCATION: 9022 Harrison St Magness, AR 72553 DESCRIPTION:				
	NAME: LOCATION: DESCRIPTION:				
	NAME: LOCATION: DESCRIPTION:				
	NAME: LOCATION: DESCRIPTION:				
	NAME: LOCATION: DESCRIPTION:				
	NAME: LOCATION: DESCRIPTION:				
	NAME: LOCATION: DESCRIPTION:				
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	NAME: LOCATION: DESCRIPTION:				