

Question 21:

Provide a copy of any insurance policies for 2018 and 2019 and current period



A Qualified Health Plan Issuer on the Health Insurance Marketplace

P.O. Box 8738, Dayton, OH 45401-8738 | CareSource.com



Bud Rife
1862 Mare Crk
Stanville, KY 41659-9014

Question
21
No Portability
Available

Attached is your new or replacement CareSource ID card.
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pay your premiums online?
Do this and more through My CareSource™, your personal,
online account.
Go to My.CareSource.com to sign up or log in.

Gold **KY** **CareSource** **2018**

Dependents:

Member:
Bud Rife
Member ID:
109490352-00
Health Plan
45636KY001002901
Payer ID: KYCS1

Office: \$10 ER: 20%* Spec: \$50 UrgCare: \$75
*after deductible

Gold **KY** **CareSource** **2018**

Dependents:

Member:
Bud Rife
Member ID:
109490352-00
Health Plan
45636KY001002901
Payer ID: KYCS1

Office: \$10 ER: 20%* Spec: \$50 UrgCare: \$75
*after deductible

Gold **KY** **CareSource** **2019**

Dependents:

Member:
Bud Rife
Member ID:
109490352-00
Health Plan
45636KY001002901
Payer ID: KYCS1

Office: \$0 ER: 20%* Spec: \$35 UrgCare: \$75
*after deductible

Gold **KY** **CareSource** **2019**

Dependents:

Member:
Bud Rife
Member ID:
109490352-00
Health Plan
45636KY001002901
Payer ID: KYCS1

Office: \$0 ER: 20%* Spec: \$35 UrgCare: \$75
*after deductible

Member ID: 109490352-00



CareSource
 PO BOX 12845
 COVINGTON, KY 41012-0845

INVOICE

MEMBER ID: 10949035200
 INVOICE NO: 1004156740
 INVOICE DATE: 01/16/2018
 DUE DATE: 02/07/2018



Bud Rife
 PO Box 155
 Harold, KY 41635

- To pay online go to: my.caresource.com
- To pay by phone, call: 1-888-815-6446
- To pay by mail, send payment in the enclosed envelope

DESCRIPTION	AMOUNT
Gold for Coverage Date 02/01/2018 through 02/28/2018	\$984.06
(-) Advance Premium Tax Credit (Subsidy)	\$0.00
Current Premium	\$984.06
(+) Previous Balance	
	\$0.00
(+) Current Premium Due	\$984.06
(-) Payments Received	-\$984.06
Total Due	\$0.00

If you have any questions concerning this invoice call Member Services at 1-888-815-6446 (TTY FOR THE HEARING IMPAIRED: 1-800-648-6056 OR 711)

 PLEASE RETURN BOTTOM PORTION WITH YOUR PAYMENT

Member ID: 10949035200

Bud Rife
 PO Box 155
 Harold, KY 41635

INVOICE NO: 1004156740
 INVOICE DATE: 01/16/2018
 DUE DATE: 02/07/2018
TOTAL DUE: \$0.00
 AMOUNT PAID:

*Please do not send cash.
 *Make check/money order payable to
CareSource.

CareSource
 PO BOX 12845
 COVINGTON, KY 41012-0845

002322260000000000010041567400000000000 0 5



CareSource
 PO BOX 12845
 COVINGTON, KY 41012-0845

INVOICE

MEMBER ID: 10949035200
 INVOICE NO: 1007035509
 INVOICE DATE: 01/03/2019
 DUE DATE: 01/25/2019



Bud Rife
 1862 Mare Crk
 Stanville, KY 41659-9014

- To pay online go to: my.caresource.com
- To pay by phone, call: 1-888-815-6446
- To pay by mail, send payment in the enclosed envelope

DESCRIPTION	AMOUNT
Gold for Coverage Date 02/01/2019 through 02/28/2019	\$931.39
(-) Advance Premium Tax Credit (Subsidy)	\$0.00
Current Premium	\$931.39
<hr/>	
(+) Previous Balance	\$931.39
(+) Current Premium Due	\$931.39
(-) Payments Received	-\$931.39
Total Due	\$931.39

If you have any questions concerning this invoice call Member Services at
 1-888-815-6446 (TTY FOR THE HEARING IMPAIRED: 1-800-648-6056 OR 711)

 PLEASE RETURN BOTTOM PORTION WITH YOUR PAYMENT

Member ID: 10949035200

Bud Rife
 1862 Mare Crk
 Stanville, KY 41659-9014

INVOICE NO: 1007035509
 INVOICE DATE: 01/03/2019
 DUE DATE: 01/25/2019
TOTAL DUE: \$931.39
 AMOUNT PAID:

CareSource
 PO BOX 12845
 COVINGTON, KY 41012-0845

*Please do not send cash.
 *Make check/money order payable to
CareSource.



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POLICY DETAIL

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Policy / Contract	Company	Insured Name	Resident State	Issue State	Effective Date	Paid To Date	Policy Status
006R62784	Globe	ALLEN, SUDA	KY	KY	8/25/2014	3/25/2021	Active - Premium Paying

ADDITIONAL POLICIES

INSURED INFORMATION

Insured	Owner/Payer	Beneficiary/Applicant
ALLEN, SUDA DOB: 04-27-1963 Ph: (606)478-4734	Pay: SUDA ALLEN PO BOX 74 BETSY LAYNE KY 41605-0074	ON FILE HANNAH GEARHEART CALEB GEARHEART
Policy's Email Address: SUDAALLEN@GMAIL.COM		
UPDATE ADDRESS		CHANGE BENEFICIARY

POLICY TYPE AND COVERAGE

Coverage	Plan Description	Issued	Face Amount	Annual Premium	Semi-Annual Premium	Quarterly Premium	Monthly Premium
Base Policy	Group Step Rate Term	8/25/2014	\$30,000				
Rider	Extended Term Rider	8/25/2014	\$30,000				
Rider	Accidental Death Benefit	8/25/2014	\$25,000				
Description not available	Common Carrier Accidental Death Benefit Rider	8/25/2014	\$500,000				
Total Benefit Coverage - \$30,000.00							
*BENEFIT COVERAGE WILL BE REDUCED IF THERE ARE OUTSTANDING LOANS							
Total				\$612.15	\$318.32	\$162.22	\$55.09

PAY ONLINE

PREMIUM HISTORY

Current Pay Type: Direct Bill

Date Processed	Amount Paid	No. Of Months Paid	Due Date
3/19/2018	\$418.05	12	03-18



COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)
04/24/2020

AGENCY Elite Insurance Solutions of Lancaster LLC 79 Public Square Lancaster, KY 40444	CARRIER NAIC CODE _____
CONTACT NAME: PHONE (A/C, No, Ext): (859)792-1295 FAX (A/C, No): E-MAIL ADDRESS: chunt@eliteinslancaster.com CODE: _____ SUBCODE: _____ AGENCY CUSTOMER ID: 00008822	COMPANY POLICY OR PROGRAM NAME PROGRAM CODE _____
	POLICY NUMBER _____
UNDERWRITER _____	UNDERWRITER OFFICE _____
STATUS OF TRANSACTION <input type="checkbox"/> QUOTE <input type="checkbox"/> BOUND (Give Date and/or Attach Copy): <input type="checkbox"/> CHANGE DATE TIME <input type="checkbox"/> AM <input type="checkbox"/> CANCEL <input type="checkbox"/> PM	<input type="checkbox"/> ISSUE POLICY <input type="checkbox"/> RENEW

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

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	
04/25/2020	04/25/2021	<input type="checkbox"/> DIRECT <input type="checkbox"/> AGENCY				\$	\$	\$	

APPLICANT INFORMATION									
NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4) B&H Gas Co. Inc.-B&S Oil & Gas-Johnson County Gas Co. Inc. P.O. Box 155 Harold, KY 41635					GL CODE	SIC	NAICS	FEIN OR SOC SEC #	
					BUSINESS PHONE #: (606)478-5264		WEBSITE ADDRESS		
<input type="checkbox"/> CORPORATION	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> NOT FOR PROFIT ORG	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION						
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> TRUST						
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)					GL CODE	SIC	NAICS	FEIN OR SOC SEC #	
					BUSINESS PHONE #:		WEBSITE ADDRESS		
<input type="checkbox"/> CORPORATION	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> NOT FOR PROFIT ORG	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION						
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> TRUST						
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)					GL CODE	SIC	NAICS	FEIN OR SOC SEC #	
					BUSINESS PHONE #:		WEBSITE ADDRESS		
<input type="checkbox"/> CORPORATION	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> NOT FOR PROFIT ORG	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION						
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> TRUST						

CONTACT INFORMATION

CONTACT TYPE: Owner		CONTACT TYPE:	
CONTACT NAME: Bud Rife		CONTACT NAME:	
PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input checked="" type="checkbox"/> CELL 606-477-5264	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL
PRIMARY E-MAIL ADDRESS:		PRIMARY E-MAIL ADDRESS:	
SECONDARY E-MAIL ADDRESS:		SECONDARY E-MAIL ADDRESS:	

PREMISES INFORMATION (Attach ACORD 823 for Additional Premises)

LOC # 1	STREET 54 Second St 497 George Road	CITY LIMITS <input checked="" type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	INTEREST <input checked="" type="checkbox"/> OWNER <input type="checkbox"/> TENANT	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD # 1	CITY: Harold - Betsy layne COUNTY: Floyd	STATE: KY ZIP: 41605		# PART TIME EMPL	OCCUPIED AREA: SQ FT
DESCRIPTION OF OPERATIONS:					OPEN TO PUBLIC AREA: SQ FT
DESCRIPTION OF OPERATIONS:					TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N

NATURE OF BUSINESS

<input type="checkbox"/> APARTMENTS	<input type="checkbox"/> CONTRACTOR	<input type="checkbox"/> MANUFACTURING	<input type="checkbox"/> RESTAURANT	<input type="checkbox"/> SERVICE	DATE BUSINESS STARTED (MM/DD/YYYY)
<input type="checkbox"/> CONDOMINIUMS	<input type="checkbox"/> INSTITUTIONAL	<input type="checkbox"/> OFFICE	<input type="checkbox"/> RETAIL	<input type="checkbox"/> WHOLESALE	
DESCRIPTION OF PRIMARY OPERATIONS					
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 INSURED					

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

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

GENERAL INFORMATION

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

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

PRIOR CARRIER INFORMATION

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				

PRIOR CARRIER INFORMATION (continued)

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				

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

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE LAST _____ YEARS						TOTAL LOSSES: \$	
DATE OF OCCURRENCE	LINE	TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	SUBRO-GATION Y/N	CLAIM OPEN Y/N

SIGNATURE

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

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

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

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

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

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

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

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

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

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

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

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

PRODUCER'S SIGNATURE BCH	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE <i>Bud Rife</i>	DATE 4/24/20	NATIONAL PRODUCER NUMBER



AGENCY CUSTOMER ID: 00008822

COMMERCIAL GENERAL LIABILITY SECTIONDATE (MM/DD/YYYY)
04/24/2020

AGENCY Elite Insurance Solutions of Lancaster LLC		CARRIER		NAIC CODE
POLICY NUMBER	EFFECTIVE DATE	APPLICANT / FIRST NAMED INSURED B&H Gas Co. Inc.-B&S Oil & Gas-Johnson County Gas Co. Inc.		

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

COVERAGES**LIMITS**

<input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCURRENCE <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROTECTIVE		GENERAL AGGREGATE \$ 200000 LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> LOCATION <input type="checkbox"/> PROJECT <input type="checkbox"/> OTHER:	PREMIUMS PREMISES/OPERATIONS 0.00 PRODUCTS 0.00 OTHER TOTAL 0.00
DEDUCTIBLES PROPERTY DAMAGE \$ BODILY INJURY \$ \$		PRODUCTS & COMPLETED OPERATIONS AGGREGATE \$ 200000 PERSONAL & ADVERTISING INJURY \$ 1000000 EACH OCCURRENCE \$ 1000000 DAMAGE TO RENTED PREMISES (each occurrence) \$ 50000 MEDICAL EXPENSE (Any one person) \$ 5000 EMPLOYEE BENEFITS \$	

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

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

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

SCHEDULE OF HAZARDS (ACORD 211, Schedule of Hazards, may be attached if more space is required)

LOC #	HAZ #	CLASS CODE	PREMIUM BASIS	EXPOSURE	TERR	RATE		PREMIUM	
						PREM / OPS	PRODUCTS	PREM / OPS	PRODUCTS
1	1			Gas Main Constructino					

CLASSIFICATION DESCRIPTION

LOC #	HAZ #	CLASS CODE	PREMIUM BASIS	EXPOSURE	TERR	RATE		PREMIUM	
						PREM / OPS	PRODUCTS	PREM / OPS	PRODUCTS
1	1			Gas Well					

CLASSIFICATION DESCRIPTION

LOC #	HAZ #	CLASS CODE	PREMIUM BASIS	EXPOSURE	TERR	RATE		PREMIUM	
						PREM / OPS	PRODUCTS	PREM / OPS	PRODUCTS

CLASSIFICATION DESCRIPTION

RATING AND PREMIUM BASIS (P) PAYROLL - PER \$1,000/PAY (C) TOTAL COST - PER \$1,000/COST (U) UNIT - PER UNIT
 (S) GROSS SALES - PER \$1,000/SALES (A) AREA - PER 1,000/SQ FT (M) ADMISSIONS - PER 1,000/ADM (T) OTHER

CLAIMS MADE (Explain all "Yes" responses)

EXPLAIN ALL "YES" RESPONSES

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

EMPLOYEE BENEFITS LIABILITY

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

ACORD 126 (2016/09)

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CONTRACTORS

AGENCY CUSTOMER ID: 00008822

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)					Y / N
1. DOES APPLICANT DRAW PLANS, DESIGNS, OR SPECIFICATIONS FOR OTHERS?					N
2. DO ANY OPERATIONS INCLUDE BLASTING OR UTILIZE OR STORE EXPLOSIVE MATERIAL?					N
3. DO ANY OPERATIONS INCLUDE EXCAVATION, TUNNELING, UNDERGROUND WORK OR EARTH MOVING?					N
4. DO YOUR SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN YOURS?					N
5. ARE SUBCONTRACTORS ALLOWED TO WORK WITHOUT PROVIDING YOU WITH A CERTIFICATE OF INSURANCE?					N
6. DOES APPLICANT LEASE EQUIPMENT TO OTHERS WITH OR WITHOUT OPERATORS?					N
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 all past or present products or operations) PLEASE ATTACH LITERATURE, BROCHURES, LABELS, WARNINGS, ETC.					Y / N
1. DOES APPLICANT INSTALL, SERVICE OR DEMONSTRATE PRODUCTS?					N
2. FOREIGN PRODUCTS SOLD, DISTRIBUTED, USED AS COMPONENTS? (If "YES", attach ACORD 815)					N
3. RESEARCH AND DEVELOPMENT CONDUCTED OR NEW PRODUCTS PLANNED?					N
4. GUARANTEES, WARRANTIES, HOLD HARMLESS AGREEMENTS?					N
5. PRODUCTS RELATED TO AIRCRAFT/SPACE INDUSTRY?					N
6. PRODUCTS RECALLED, DISCONTINUED, CHANGED?					N
7. PRODUCTS OF OTHERS SOLD OR RE-PACKAGED UNDER APPLICANT LABEL?					N
8. PRODUCTS UNDER LABEL OF OTHERS?					N
9. VENDORS COVERAGE REQUIRED?					N
10. DOES ANY NAMED INSURED SELL TO OTHER NAMED INSUREDS?					N

ADDITIONAL INTEREST / CERTIFICATE RECIPIENT

ACORD 45 attached for additional names

INTEREST <input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	INTEREST IN ITEM NUMBER	
					LOCATION:	BUILDING:
					ITEM CLASS:	ITEM:
					ITEM DESCRIPTION	
REFERENCE / LOAN #:						

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)		Y / N														
1. ANY MEDICAL FACILITIES PROVIDED OR MEDICAL PROFESSIONALS EMPLOYED OR CONTRACTED?		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. DO YOU RENT OR LOAN EQUIPMENT TO OTHERS?		N														
<table border="1"> <thead> <tr> <th rowspan="2">EQUIPMENT</th> <th colspan="2">TYPE OF EQUIPMENT</th> <th rowspan="2">INSTRUCTION GIVEN (Y/N)</th> </tr> <tr> <th>SMALL TOOLS</th> <th>LARGE EQUIPMENT</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		EQUIPMENT	TYPE OF EQUIPMENT		INSTRUCTION GIVEN (Y/N)	SMALL TOOLS	LARGE EQUIPMENT									
EQUIPMENT	TYPE OF EQUIPMENT		INSTRUCTION GIVEN (Y/N)													
	SMALL TOOLS	LARGE EQUIPMENT														
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. ARE THERE ANY LODGING OPERATIONS INCLUDING APARTMENTS? (If "YES", answer the following):		N														
# APTS	TOTAL APT AREA Sq. Ft.	DESCRIBE OTHER LODGING OPERATIONS														
11. IS THERE A SWIMMING POOL ON PREMISES? (Check all that apply)		N														
<input type="checkbox"/> APPROVED FENCE <input type="checkbox"/> LIMITED ACCESS <input type="checkbox"/> DIVING BOARD <input type="checkbox"/> SLIDE <input type="checkbox"/> ABOVE GROUND <input type="checkbox"/> IN GROUND <input type="checkbox"/> LIFE GUARD																
12. ARE SOCIAL EVENTS SPONSORED?		N														
13. ARE ATHLETIC TEAMS SPONSORED?		N														
TYPE OF SPORT CONTACT SPORT (Y/N) AGE GROUP <input type="checkbox"/> 12 & UNDER <input type="checkbox"/> 13 - 18 <input type="checkbox"/> OVER 18	TYPE OF SPORT CONTACT SPORT (Y/N) AGE GROUP <input type="checkbox"/> 12 & UNDER <input type="checkbox"/> 13 - 18 <input type="checkbox"/> OVER 18	EXTENT OF SPONSORSHIP:														
14. ANY STRUCTURAL ALTERATIONS CONTEMPLATED?		N														
15. ANY DEMOLITION EXPOSURE CONTEMPLATED?		N														

GENERAL INFORMATION (continued)

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

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

SIGNATURE

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

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

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

Applicable in KS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or 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	BCH	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE	<i>Buel Pfe</i>	DATE	4/24/20
		NATIONAL PRODUCER NUMBER	

Loan Preparation Instructions

Dear Valued Agency,

Attached is a Premium Finance Agreement & Disclosure Statement ("PFA") for your insured's policy. To ensure your PFA is set up timely, please complete the checklist of required information below:

- ❑ The named insured's address and phone number provided are current. If the mailing address is a post office box, the insured's current physical address was provided.
- ❑ The entire contract is legible, signed and dated by both the insured and by the agent or broker.
- ❑ Please ensure all terms, including insurance company and general agent/broker information is correct.
- ❑ If you are providing any checks for processing, please provide processing instructions to Capital Premium Financing.
- ❑ Any payments that are within 10 days of the first payment due date should be collected and sent to the general agent/broker or insurance company. When emailing the PFA to Capital Premium Financing, please include the statement that "our agency will collect the missing installments and forward to the markets."
- ❑ Down payments are to be collected by your agency and submitted to the general agent/broker or insurance company. If Capital receives the down payment it will be forwarded to the general agent/broker or insurance company. If you would like to process a down payment please go to <https://capitalpremium2.epaypolicy.com/> or use our Capital Premium app. To process the down payment you will need the quote number, zip code associated to the insured and the payment information.
- ❑ Email the completed PFA to info@capitalpremium.net.

Monthly billing statements will be sent to the insured by mail unless the insured has previously opted into receiving these notices by email. If you would like the billing statements to be emailed please provide the insureds email address along with a request to opt into our paperless billing.

Notice of Acceptance: Capital Premium Financing will send a notice of acceptance to your agency and insured within 24 hours of processing the contract. **If you do not receive a notice of acceptance within the 24 hour period, please contact us at 800-767-0705.**

Contact Information

Customer Service
Phone 800-767-0705
Fax 855-470-2628
info@capitalpremium.net

Quotes by Phone
Phone 877-730-1906
Fax 855-470-2628
quotes@capitalpremium.net

PREMIUM FINANCE AGREEMENT AND DISCLOSURE STATEMENT

Quote: 6353589.1

Capital Premium Financing, Inc.

PO Box 660232
 Dallas, TX 75266-0232
 (phone) 800-767-0705 (fax) 855-470-2628

<input checked="" type="checkbox"/>	COMMERCIAL
<input type="checkbox"/>	PERSONAL
<input checked="" type="checkbox"/>	NEW CONTRACT
<input type="checkbox"/>	ENDORSEMENT TO EXISTING

BORROWER (Insured): Name and Address (as stated in policy)	PRODUCER (Agent/Broker): Name and Place of Business
B&H Gas Co Inc DBA B&S Oil & Gas DBA Johnson County Gas Co Inc 54 Second Street 497 George Road Harold, KY 41635 Betsy Layne, KY 41605 TELEPHONE: . FAX:	Elite Insurance Solutions 1894 General George Patton Dr Ste 200 Franklin, TN 37067 TELEPHONE: 615-371-5400 FAX: 615-224-8645

In consideration of the premium(s) paid or to be paid by Ameris Bank (Lender) on behalf of the Borrower, Borrower promises to pay to the order of Lender the Total of Payments, subject to the provisions hereinafter set forth.

FEDERAL TRUTH-IN-LENDING DISCLOSURE STATEMENT

1. TOTAL PREMIUM(s)	2. DOWN PAYMENT	3. UNPAID PREMIUM BALANCE	4. FL DOC STAMP CHG <small>Applicable in Florida Only</small>	5. AMOUNT FINANCED <small>Amount of Loan provided to or on behalf of the Insured</small>	6. FINANCE CHARGE <small>The dollar amount of interest the Loan will cost over the term of the Loan</small>	7. TOTAL OF PAYMENTS <small>Amount of interest and principal which will have been paid on the Loan after making all scheduled Loan payments</small>	8. DEFERRED PAYMENT PRICE
\$14,413.14	\$3,202.63	\$11,210.51	\$0.00	\$11,210.51	\$508.12	\$11,718.63	\$14,921.26
9. ANNUAL PERCENTAGE RATE <small>The cost of interest on the Loan as a yearly percentage rate</small>				10. AMOUNT OF EACH PAYMENT	11. NUMBER OF PAYMENTS	12. WHEN FIRST PAYMENT IS DUE	
10.75%				\$1,302.07	9 Monthly	5/25/2020	

SECURITY: You are giving a security interest in any and all policies or other collateral listed on the Agreement.
LATE CHARGE: 5% of the installment amount.
PREPAYMENT: If you pay off the loan early, you may be entitled to a refund of part of the finance charge.
AMORTIZATION SCHEDULE: Check box for amortization detail.

BOX #3 ABOVE: Paid to insurance companies, intermediary brokers or Agents listed here and in the Schedule of Policies.
BOX #4 ABOVE: Official fees paid to Florida Department of Revenue.
CONTRACT REFERENCE: See the agreement for more information about non-payment, default, any required repayment in full before the scheduled date, prepayment refunds and security interest.

SCHEDULE OF POLICIES

POLICY PREFIX AND NUMBER	EFFECTIVE DATE OF POLICY OR ANNUAL INSTALLMENT	(1) FULL NAME OF INSURANCE COMPANY AND BRANCH OFFICE ADDRESS (2) NAME AND ADDRESS OF GENERAL AGENT TO WHICH POLICY PREMIUMS PAID	TYPE OF COVERAGE	MINIMUM EARNED PREMIUM	POLICY TERMS IN MONTHS COVERED BY PREMIUM	PREMIUM AMOUNT
	4/25/2020	United Specialty Insurance Company RISK PLACEMENT SERVICES (LEXINGTON) PO BOX 14032 Lexington, KY 40512-4032	GENERAL LIABILITY	25%	12	Prem: \$13,353.00 Taxes: \$660.14 Fees: \$400.00

Notes: (1) If a check is tendered for the down payment and the check is dishonored, this Agreement shall be deemed not to have been accepted even if notification of acceptance has been issued by Lender; (2) Rescinding or otherwise invalidating any of the policies is equivalent to cancellation of the policy(ies); (3) Non-Payment may result in cancellation of the policies.

NOTICE TO INSURED: 1. DO NOT SIGN THIS AGREEMENT BEFORE YOU READ IT OR IF IT CONTAINS ANY BLANK SPACE. 2. YOU ARE ENTITLED TO A COMPLETELY FILLED IN COPY OF THIS AGREEMENT. 3. UNDER THE LAW, YOU HAVE THE RIGHT TO PAY OFF IN ADVANCE THE FULL AMOUNT UNDER CERTAIN CONDITIONS TO OBTAIN A PARTIAL REFUND OF THE SERVICE CHARGE.

THE UNDERSIGNED BORROWER AND OR ITS REPRESENTATIVE INSURANCE AGENT OR BROKER HAS SIGNED THIS LOAN AGREEMENT WHICH CONSISTS OF THIS PAGE, THE DISCLOSURE STATEMENT AND ANY ADDITIONAL PAGES WHICH MAY CONTAIN A SCHEDULE OF POLICIES. EACH HAVE RECEIVED A COPY OF THIS LOAN AGREEMENT AND AGREE TO ALL OF THE TERMS OF THIS AGREEMENT, NOW THEREFORE ON

THIS 24 DAY OF April 2020

X Bud Rife
 PRINT NAME OF BORROWER

X Bud Rife
 SIGNATURE OF BORROWER
 (If Corporation, Title of Officer Signing)

AGENT/BROKER CERTIFICATION

The undersigned Agent/Broker, hereinafter referred to as "Agent", hereby represents and warrants that all policies listed in this agreement have been issued and delivered, and are in force and effect, that the policies listed in this agreement are not currently nor have they ever been the subject of any other premium finance agreement, that the down payment as shown in the contract has been paid (in good funds), that all policies therein were issued by the agency, and that all information, including the cancellation provisions effecting the return premium, for any of the policy(ies) listed has been accurately represented in the quote and any and all fully earned provisions that exist in the policies named in this loan have been disclosed. The Agent warrants that the above contract evidences a bona fide and legal transaction, that the Borrower's business is not cannabis related, the Borrower is of legal age and as the capacity to contract, and if signed in corporate capacity, that the signatory has the authority to sign on behalf of such entity, that the Borrower has not filed for or is not preparing to file for bankruptcy protection, that the Borrower's signature is genuine, and that Agent has delivered a copy to the Borrower. Agent agrees that if any warranties contained in this Agreement are found to be untrue, it will immediately remit to Lender the full amount then remaining unpaid on this premium finance agreement. Upon termination of this Agreement or cancellation or rescission of any scheduled policies, the Agent agrees to pro-rata return any and all premiums, commissions, premium finance fees, risk management fees, and, Broker fees to Lender within ten (10) business days of receipt or according to applicable state law. Agent agrees to indemnify Lender against any damages, costs or expenses incurred in connection with any untrue, misleading or fraudulent representation or warranty made by Agent hereunder.

X _____
 PRINT NAME OF AGENT OR BROKER

X _____
 SIGNATURE OF AGENT OR BROKER

WITNESSETH:**DISCLOSURE STATEMENT**

Ameris Bank will hereinafter be referred to as "Lender", this Premium Finance Agreement will hereinafter be referred to as "Agreement", and the person/entity listed on Page 1 of the finance agreement under the section titled "Borrower" shall be hereinafter referred to as "Borrower". Lender has appointed Capital Premium Financing, Inc. "Capital" as Servicer and as its agent to service, administer, collect and otherwise to enforce the rights and interests of Lender in this Agreement. That in consideration of the payment by the Lender to the respective insurance companies, or their agents, of the balance of the premiums upon the policies herein before described in this Agreement (which policies have been issued and delivered to the Borrower at his request), the Borrower promises to pay to the Lender the amount shown in the completed schedule in this Agreement under the caption "Total of Payments", with service charge thereon as in said Schedule of Policies provided; and the Borrower agrees to the following terms set forth by the Lender:

1. To secure all liabilities owed from the Borrower to the Lender, the Borrower assigns to the Lender all of their right, title, and interest in the insurance policies listed in this Agreement, and all rights therein including all dividends, payments on claims, unearned premiums and unearned commissions.
2. The Borrower hereby irrevocably appoints the Lender as its attorney-in-fact with full power and authority to cancel the policies listed in this Agreement for default in payment. The insurance companies and/or its Agents listed in this Agreement are hereby authorized and directed, upon the request of the Lender, to cancel said policies and to pay to the order of the Lender all gross, unearned premiums, commissions and fees thereon without proof of default hereunder or of breach hereof. Interest will continue to accrue on unpaid balances, and the Borrower shall remain liable for any deficiency together with interest at the highest allowable legal rate. In the event of any negligence or breach of any of the terms of this agreement, including but not limited to the exercise of the power of attorney contained herein, by the Lender, Borrower's recovery is limited to the finance charge received in the Agreement by the Lender. Borrower waives any claim to special, consequential, incidental or like damages. Borrower authorizes Lender to file a UCC financing statement to perfect Lender's security interest.
3. If any installment due hereunder is not paid within five (5) days of the due date, Borrower agrees to pay a delinquency and collections charge of 5% of the delinquent installment, or the maximum allowed by applicable law. If any installment due hereunder is not paid within fifteen (15) days of the due date, Borrower acknowledges and agrees that Lender may send notice of cancellation to the insurer which issued each of the policies listed in this Agreement. If the Lender incurs collections costs for amounts due from Borrower, the Borrower agrees to pay reasonable attorney fees and other collection costs up to the maximum allowed by law. This contract will be construed by the laws of the state of issuance. Borrower consents to jurisdiction in the civil courts of Salt Lake County, Utah and waives any right to claim lack of personal jurisdiction in such court, for any proceedings to enforce the obligations of this Agreement.
4. The Borrower agrees that the Lender may endorse the Borrower's name on any check or draft for all monies that become due from the company and apply the same as payment of this agreement, returning any excess amount equal to or greater than one dollar (\$1.00) to the Borrower.
5. In the event the payment made to Lender is returned because of insufficient funds, the Borrower agrees to pay the Lender all non-sufficient fund charges up to the maximum allowed by law. All checks are accepted subject to collection. No payment of any kind is deemed made until funds have cleared and been received. If the policy(ies) is cancelled due to Borrower's default, Borrower will pay a cancellation charge of \$15, or the maximum amount allowed by law.
6. If a policy listed in this Agreement is not issued at the time this Agreement is executed, the Borrower gives the Lender the authority to fill in the name of the insuring company or authorized agent, policy number, and the due date of the first payment. Upon request of the Borrower, the Lender may advance to the Borrower's agent or the insuring company any additional premiums that may become due, less normal down payment, adding the advance amount, plus any finance charge, to the Borrower's present contract.
7. The Borrower recognizes and agrees that the Lender is a lender and not an insurer and that the Lender assumes no liability hereunder as an insurer. The Borrower agrees that all payments hereunder shall be made directly to the Lender or a third party designated by Lender and payment by the Borrower to any other person, firm, insurance agent, or insurance company shall not constitute payment to the Lender. Borrower further agrees and understands that the intermediary broker, Agent, or insurance company whose name appears on the Premium Finance Agreement is not a representative of the Lender and has no authority to promise anything on behalf of the Lender. Furthermore, the Borrower understands that the Lender makes no warranties or representations concerning the financed coverage nor has it played any part in the selection, structuring, or acquisition of Borrower's insurance coverage.
8. The Lender shall have the right to accept any payment or payments from the Borrower after the notice of cancellation has been sent to the insurance company(ies) and may apply them as a reduction of the indebtedness hereunder, and neither the acceptance nor the application of any such payment or payments shall constitute an undertaking on the part of the Lender to reinstate such insurance or constitute a waiver of any default hereunder. In the event the Lender requests reinstatement of such insurance, the Lender assumes no responsibility that such request will be received or honored by the insurance company, and the Borrower must verify the existence of coverage directly with the insurance company or its agent.
9. Interest on the loan is earned each month according to the policy effective date based on the Rule of 78's or as otherwise required by law. If the Borrower pays off the balance prior to maturity, they may receive a refund of a portion of the total finance charges. No refund need be made if it is less than \$1.00 or maximum allowable by applicable law. Payment due dates will start on the date provided in Box 12 and continue each consecutive monthly, quarterly, semiannually, or annual payments as specified in Box 11.
10. In all cases, the Agreement is subject to approval and acceptance by the Lender. Lender may decline the loan, known as a Premium Finance Agreement, for any reason at its discretion. No contract is deemed in force until the Lender issues a notice of acceptance.
11. Borrower shall not assign the policy (except to mortgagees) without prior written consent of Lender. Lender shall assign this loan to a funding source, at its discretion, payoff and reassign same, including the terms and conditions herein, to an alternative funding source, at any time during the term of this Agreement.
12. The money advanced by the Lender is only for the premium as determined at the time this Agreement is accepted by Lender. Lender's payment shall not be applied by the insurance company to pay for any additional premiums owed by Borrower for any reason whatsoever. Borrower agrees to pay the insurance company directly for any additional premiums which become due for any reason including, but not limited to an audit. Lender may however, at its option, finance the additional premium according to the written agreement as stated above in section 6.
13. In the event of Fraud or any other type of misrepresentation, the Lender has the right to declare a default in the loan at any time at its discretion. Any default under any Agreement between the Borrower and the Lender shall be deemed and is a default under all agreements between such parties. All unearned premiums due to the Borrower whether from the insurance financed pursuant to this Agreement or any other agreement between Borrower and the Lender shall be security for and collateralize all loans made to the Borrower. Additionally, in the event of a default by the Borrower, the Lender may treat all assets of the Borrower as collateral under this Agreement, and may declare the remaining principal amount, with all accrued interest and fees, immediately due and payable.
14. The Borrower recognizes and agrees that their insurance Agent may add a fee to the base annual percentage rate as compensation for administering of the premium finance agreement where allowed by law. All parties to this transaction agree that these fees will be earned on a pro-rata basis.
15. This Agreement may be executed in one or more counterparts, each of which will be deemed to be an original copy of this Agreement and all of which, when taken together, will be deemed to constitute one and the same agreement. The exchange of copies of this Agreement including signature pages received by electronic or facsimile transmission shall constitute effective execution and delivery of this Agreement and may be used in lieu of the original Agreement for all purposes. Electronic or written signatures of the parties shall be deemed to be original.

THE BORROWER REPRESENTS AND WARRANTS AS FOLLOWS:

That all financial information or financial representations given to Lender are true and correct in all respects, and fully and accurately present the financial conditions reflected therein. The execution, delivery and performance of this Agreement by Borrower is within the requisite corporate or limited liability company power, and has been duly authorized. This Agreement, when duly executed and delivered, and accepted by the Lender will constitute legal, valid, and binding obligations of Borrower and will be applicable to and secure the payment and performance of this Agreement.

There are no actions, suits, or proceedings pending or to the knowledge of Borrower, threatened against or affecting the Borrower, or involving the validity or enforceability of this Agreement. There are no liens on or security interest in the collateral. That (a) all the Borrowers or insureds are listed on the Agreement and that if all are not listed, then the one who is listed is authorized to act on behalf of all the Borrowers or insured; (b) Borrower's business is not cannabis related; (c) no other party is entitled to any notice other than the one set forth on the face of the Agreement; (d) the Lender may, at its option, advance the premiums which are the subject of the Agreement to the insurance company, the intermediary broker or the Agent/Broker; (e) the Agreement contains the entire agreement between parties; (f) The Agent/Broker is the agent of the Borrower and that the Agent/Broker does not have the authority to make any representations on behalf of the Lender. Borrower is not in default with respect to any order, writ, injunction, decree or demand of any court or any Governmental Authority. The Borrower is not a Debtor under any bankruptcy proceedings of Title 11 of the U.S. Statutes nor have any such proceedings been threatened. Borrower is not insolvent and is not the subject of any actions or receiverships. Borrower is not in any default with any other lender.

POLICY AMOUNT FINANCED BREAKDOWN

Capital Premium Financing, Inc.

Insured Name: B&H Gas Co Inc DBA B&S Oil & Gas DBA Johnson County Gas Co Inc

Quote: **6353589.1**

POLICY PREFIX AND NUMBER	(1) FULL NAME OF INSURANCE COMPANY AND BRANCH OFFICE ADDRESS (2) NAME AND ADDRESS OF GENERAL AGENT TO WHICH POLICY PREMIUMS IS PAID	TYPE OF COVERAGE	DOWN PAYMENT AMOUNT PER POLICY	AMOUNT FINANCED PER POLICY
	United Specialty Insurance Company RISK PLACEMENT SERVICES (LEXINGTON) PO BOX 14032 Lexington, KY 40512-4032	GENERAL LIABILITY	\$3,202.63	\$11,210.51
TOTALS:			\$3,202.63	\$11,210.51



Risk Placement Services, Inc.

Knowledge. Relationships.
Trust. Confidence.

Risk Placement Services, Inc. - Lexington
527 Wellington Way
Suite 350
Lexington, KY 40503
Phone: 859-685-6262

Date: April 23, 2020

Submission #: 3183742A

To: Elite Insurance Solutions
1894 General George Patton Dr, Suite 200
Franklin, TN 37067

Attn: Chuck Hunt chuck.hunt@myeliteis.com

From: Rob Carter, Associate Broker
Phone: 859-685-6262
Email: Rob_Carter@rpsins.com Fax:

Re: Insured: B&H Gas Co Inc; B & S Oil & Gas; Johnson County Gas Co, Inc
Proposed Effective Date: 4/25/2020
Expiring Policy #: USA4264831
Expiration Date: 4/25/2020

Renewal of: USA4264831

Comments:

AGENT COMMISSION: 10%

HOW TO ORDER COVERAGE: All binding authority resides exclusively with the Insurer. To assist us in placing coverage, please complete and return this form along with any outstanding information requested on the attached quote.

REQUESTED EFFECTIVE DATE: _____ **PREMIUM FINANCE COMPANY USED:** _____

PERSON (NAME) REQUESTING: _____ **DATE OF REQUEST:** _____

OUR FILE#: 3183742A Total incl Tax/Fee: \$14,413.14

Important Notice to Broker: You are responsible for reviewing and explaining the coverage offered to the client, including any options. The terms herein may not be as broad as were requested. The terms and conditions are descriptive only. The policy, if issued, will contain the actual terms and conditions. You do not have any authority to act on behalf of the insurer or of RPS. If this item is premium financed, it is your obligation to inform us at binding of the Premium Finance Company used, however a premium finance agreement does not amend the payment terms. This risk may be subject to inspection, and we request you to inform your client of possible contact by an inspection company. At binding, you commit to any provisions contained herein, such as Minimum Earned Premiums. **THERE ARE NO FLAT CANCELLATIONS.** All applicable fees (which are fully earned at binding) must be added to the bound premium. Your office is responsible for collecting the fees (if applicable) from the Insured.



Risk Placement Services, Inc.

Knowledge. Relationships.
Trust. Confidence.

Risk Placement Services, Inc. - Lexington
527 Wellington Way
Suite 350
Lexington, KY 40503
Phone: 859-685-6262

RENEWAL INSURANCE QUOTE

DATE ISSUED: April 23, 2020 **SUBMISSION:** 3183742A

AGENT: Elite Insurance Solutions
1894 General George Patton Dr, Suite 200,
Franklin, TN 37067

INSURED: B&H Gas Co Inc; B & S Oil & Gas; Johnson County Gas Co, Inc
~~54 Second Street, Harrold, KY 41635~~ *497 George Road Betsy Layne, KY 41605*

INSURER: United Specialty Insurance Company NAIC#: 12537
Non-Admitted AM Best Rating: A IX

LOCATION ADDRESS: 497 George Rd;
Betsy Layne, KY 41605

PRODUCT: General Liability

POLICY PERIOD: 4/25/2020 TO 4/25/2021

PREMIUM: \$13,353.00

<u>Coverage</u>	<u>Premium</u>	<u>Commission</u>
Commercial General Liability	\$13,353.00	10.00

<u>TAXES:</u>		
Surplus Lines Tax		\$412.59
Surcharge		\$247.55

<u>FEES:</u>		
Broker Fee - RPS		\$200.00
Carrier Fee		\$200.00 (Fees are fully earned at binding.)

TOTAL: \$14,413.14

THE PREMIUM ABOVE DOES NOT INCLUDE TERRORISM COVERAGE. THE ADDITIONAL PREMIUM TO INCLUDE TERRORISM COVERAGE IS \$3,338 PLUS ANY APPLICABLE TAXES. SEE THE ATTACHED TRIA DISCLOSURE FORM.

CONDITIONS:

- Completed, signed & dated Acord 125 & 126 applications
- Signed & dated TRIA form

PAYMENT TERMS: PREMIUM PAYMENT IS DUE WITHIN THE TERMS OF OUR INVOICE WHEN ISSUED.

THIS RENEWAL QUOTE IS VALID UNTIL THE INCEPTION DATE OF THE RENEWAL TERM, UNLESS OTHERWISE NOTED.

Rob Carter, Associate Broker
AUTHORIZED REPRESENTATIVE

INSURED: B&H Gas Co Inc; B & S Oil & Gas; Johnson County Gas Co, Inc
DATE ISSUED: April 23, 2020

If you elect to bind coverage with a non-admitted carrier, surplus lines taxes must be collected and remitted to your Home State, as defined in The Nonadmitted and Reinsurance Reform Act (NRRA). Many states have not yet addressed the impact of the NRRA, and surplus lines tax rates and regulations are subject to revision. Accordingly, additional taxes may be levied and RPS would require immediate remittance from you. In addition, if you have a multi-state risk, we intend to bill the surplus lines taxes for the non-Home States, and hold these taxes until a process for remittance is established and payment to the non-Home State may be made. If no such process is established by the Home State, and the risk of a future claim by the non-Home State is determined to no longer exist, then the taxes will be returned to you.

BUSINESS RISK SERVICES OF OHIO, INC.

6195 EMERALD PKWY, 1 SOUTH, DUBLIN OHIO 43016
(614) 791-0300 FAX (614) 791-0595

CGL QUOTATION

Quote #: 6759

Date: 4/23/2020

Account Name: **B & H GAS COMPANY, INC.**

Renewal # USA4264831

This is a firm quotation unless otherwise noted.

Valid for 30 days unless otherwise noted

Please review carefully as this quote
might not include all terms requested.

GENERAL LIABILITY -2013 OCCURRENCE FORM (CG0001 04/13)

- CGL INCLUDING THE FOLLOWING DR E X C U
 PRODUCTS/COMPLETED OPERS PROFESSIONAL LIAB. COVERAGE Limit:
 SHORT-TERM POLLUTION EVENT COVERAGE - 48 HOUR DISCOVERY AND 14 DAY REPORTING PERIOD, \$5000 DED.
\$1,000,000 MAX. LIMIT OF POLLUTION.
 STOPGAP COVERAGE STOPGAP LIMIT: EMPLOYEE BENEFITS LIABILITY COVERAGE
 BLANKET ADDITIONAL INSURED (2010) AND WAIVERS OF SUBROGATION (2404)
 MOBILE EQUIP. EXTENTION FOR LIABILITY ONLY. NON-OWNED AUTO COVERAGE EXTENTION.

\$2,000,000 General Aggregate Fire Damage is \$50,000 per fire, Medical Exps is \$5,000.
\$2,000,000 Prod/Co-ops. Aggregate \$5,000 Ded.. Amount-Per Claim
\$1,000,000 Pers/Advert. Injury DR has an Ded. of \$25,000
\$1,000,000 Each Occurrence Under. Resources Submit:

PREMIUMS TRIA not in GL Premium below. No Flat Cancels
\$13,353 G. L. Premium 25 % Minimum Earned Premium
\$200 Policy Fees **Minimum and Deposit Applies**
\$13,553 Total Premium Plus KY taxes & Broker Fee

CGL ADJ. RATE COMPUTATION:
\$14 per \$1000 Gross Receipts; \$110 per Well; \$75 per
Mile; \$2 per SubCosts; \$1250 Flat - Pollution

The following Conditions apply to this quotation:

Warrant loss information provided is correct or coverage is void, Warrant subcontractors carry like limits and provide certs. and additional Insured endorsements, and Warrant Workers Comp. is in place if the Insured has more than 2 employees.

30 day notice of cancellation (10 for non-payment of premium).

In all states (exception is State of Texas) the Limitation of coverage to Specified Operations/Classifications will be placed on all accounts (form #OIG 1223).

- Warrant disclaimer issued on all rented or preowned equipment need copy for our files.
 Warrant 10% or less of operations are offshore or over water.

CONDITIONS-OTHER

- Inspection paid by Insured
 Original application signed by the Insured.
 Updated loss information for the last 5 years.
 Current Carrier, terms, and pricing.
 Name, License # of person doing the Surplus Lines Filings.
 Letter from Insured stating the G.L. policy doesn't include Professional Liability Coverage.
 Century Surety Co. (A. M. Best rated A- X)
 Pro-Century Insurance Co.. (A. M. Best rated A- X)

Century Insurance Group is Excess and Surplus Lines, Broker is responsible for filings and fees, must have proof upon binding.

Options/

Comments:

PREMIUMS ARE DUE 15 DAYS AFTER BILLING ACCOUNT FROM BRS-OH. PLEASE PAY PROMPTLY!!

EXCLUSIONS

Usual 2013 Occurrence Form exclusions plus the following:

- | | |
|--|---|
| <input checked="" type="checkbox"/> Asbestos | <input type="checkbox"/> Under. Resources |
| <input checked="" type="checkbox"/> Absolute Pollution | <input type="checkbox"/> Blowout/Cratering |
| <input checked="" type="checkbox"/> Nuclear | <input type="checkbox"/> Explosion |
| <input checked="" type="checkbox"/> Punitive Damages | <input type="checkbox"/> Under. Digging |
| <input checked="" type="checkbox"/> Terrorism Exclusion | <input type="checkbox"/> Auto/Refinery Welding |
| <input checked="" type="checkbox"/> Care, Custody, Control | <input checked="" type="checkbox"/> Failure to Supply |
| <input type="checkbox"/> Medical Payments | <input checked="" type="checkbox"/> Athletic Participants |
| <input checked="" type="checkbox"/> Subsidence | <input checked="" type="checkbox"/> Offshore/Wet Opers. |
| <input checked="" type="checkbox"/> Discrimination | <input checked="" type="checkbox"/> Oil / Gas Amendatory Endorsement |
| <input checked="" type="checkbox"/> Sexual Molestation | <input checked="" type="checkbox"/> Liability arising from others. |
| <input checked="" type="checkbox"/> Intercompany Suits | <input checked="" type="checkbox"/> Assault and Battery |
| <input checked="" type="checkbox"/> Professional Liability | <input checked="" type="checkbox"/> Silica or Silica Dust |
| <input checked="" type="checkbox"/> War Exclusion | <input checked="" type="checkbox"/> Distribution of Materials in Violation. |
| <input checked="" type="checkbox"/> Empl. Liab/ Workers Comp | |
| <input checked="" type="checkbox"/> Underground Equipment | |
| <input checked="" type="checkbox"/> Indoor Air Quality Excl. | |

NOTE TO AGENT: It is required by federal law that you provide this document to the insured or prospective insured

**POLICYHOLDER DISCLOSURE
ACCEPTANCE/REJECTION NOTICE**

Coverage for acts of terrorism is included in your policy. You are hereby notified that under the Terrorism Risk Insurance Act, as amended in 2007, the definition of act of terrorism has changed. 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. Under your coverage, any losses resulting from certified acts of terrorism may be partially reimbursed by the United States Government under a formula established by the Terrorism Risk Insurance Act, as amended. 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 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 exceeds \$100 billion in any one calendar year. If the aggregate insured losses for all insurers exceed \$100 billion, your coverage may be reduced.

THIS IS NOTIFICATION THAT UNDER THE TERRORISM RISK INSURANCE ACT, AS AMENDED, ANY LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM UNDER THE POLICY COVERAGE MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT, MAY BE SUBJECT TO A \$100 BILLION CAP THAT MAY REDUCE THE COVERAGE AND THE POLICYHOLDER HAS BEEN NOTIFIED OF THE PORTION OF THE PREMIUM ATTRIBUTABLE TO SUCH COVERAGE.

The portion of your annual premium that is attributable to coverage for acts of terrorism is: \$ **3338**

- I hereby accept the purchase of Terrorism coverage as explained above.
- I hereby reject the purchase of Terrorism coverage as explained above and request a total exclusion of Terrorism coverage from be added to my policy. I understand that I will have no coverage for losses arising from acts of terrorism that would have been covered by TRIA or any other acts of terrorism. I agree to a total exclusion of any coverage for any acts of terrorism.

Bud Rife
Policyholder/Applicant's Signature

Bud Rife
Print Name

4/24/20
Date

CENTURY SURETY COMPANY
Insurance Company
RNL OF USA4264831

Quote/Policy Number
B & H GAS CO., INC.

Insured

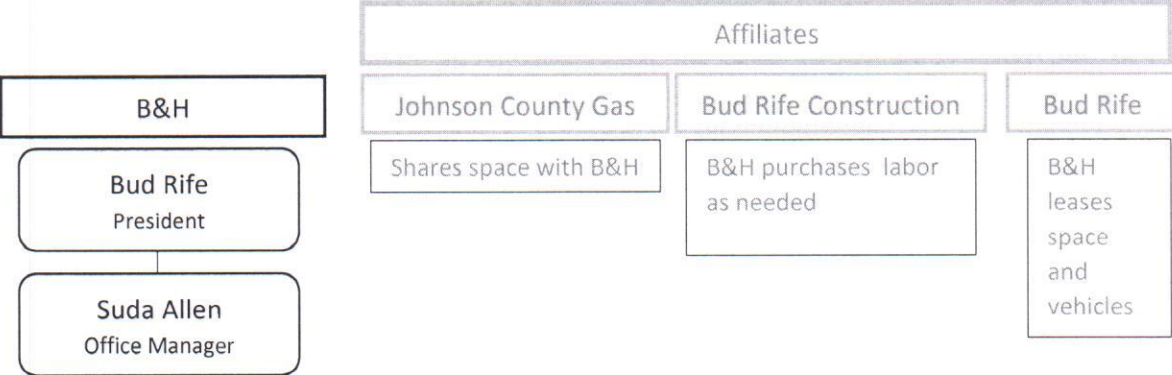
Question 22:

Provide a copy of B & H's current organizational chart, showing the relationship between B & H and any affiliated companies, divisions, etc. Include the relative positions of all entities and affiliates with which B & H routinely has business transactions and provide a detailed description of the relationships between the affiliates.

Question 22:

Provide a copy of B & H's current organizational chart, showing the relationship between B & H and any affiliated companies, divisions, etc. Include the relative positions of all entities and affiliates with which B & H routinely has business transactions and provide a detailed description of the relationships between the affiliates.

Response:



Question 23:

Provide all joint or shared affiliate costs incurred during the calendar year 2019 and the first six months of calendar year 2020 that are allocated to B & H and to the other affiliates.
For each cost, list the vendor, total expense amount, amounts per affiliate, and the basis for allocation.

B & H SHARED EXPENSES 2019-JUNE 2020					
YEAR	VENDOR	TOTAL	AFFILIATE		BASIS FOR ALLOCATION
2019	Gearheart Communications	\$4,450.84	B&H	\$1947.65	SHARES OFFICE
	Gearheart Communications		JCG	\$1947.64	SHARE OFFICE
	Gearheart Communications		BRC	\$555.55	Landline/BUNDLED TO SAVE
	Gearheart Communications	\$1,221.18	B&H	\$610.58	SHARES FAX LINE
	Gearheart Communications		JCG	\$610.60	SHARES FAX LINE
	Waste Connections of KY	\$414.23	B&H	\$207.12	SHARES OFFICE
	Waste Connections of KY		JCG	\$207.11	SHARES OFFICE
	Prestonsburg Citys Utilities	\$295.20	B&H	\$147.60	SHARES OFFICE
	Prestonsburg Citys Utilities		JCG	\$147.60	SHARES OFFICE
	Kentucky Power Company	\$2,653.72	B&H	\$1326.84	SHARES OFFICE
	Kentucky Power Company		JCG	\$1326.88	SHARES OFFICE
	State Wide Press	\$440.00	B&H	\$220.00	SHARES BILL FORMS
	State Wide Press		JCG	\$220.00	SHARES BILL FORMS
	KITS	\$148.40	B&H	\$74.20	SHARES OFFICE
	KITS		JCG	\$74.20	SHARES OFFICE
	Bank Direct/liability Insurance	\$13,179.17	B&H	\$6245.54	SHARES OFFICE
	Bank Direct/liability Insurance		JCG	\$6933.63	SHARES OFFICE
	Appalachian Wireless	\$4,163.94	B&H	\$2081.95	PHONES SHARED
	Appalachian Wireless		JCG	\$2081.99	PHONES SHARED
2020	Gearheart Communications	\$2,242.50	B&H	\$982.98	SHARES OFFICE
	Gearheart Communications		JCG	\$982.98	SHARES OFFICE
	Gearheart Communications		BRC	\$276.54	Landline/BUNDLED TO SAVE
	Gearheart Communications	\$608.91	B&H	\$304.45	SHARES FAX LINE
	Gearheart Communications		JCG	\$304.46	SHARES FAX LINE
	Waste Connections of KY	\$209.64	B&H	\$104.82	SHARES OFFICE
	Waste Connections of KY		JCG	\$104.82	SHARES OFFICE
	Prestonsburg Citys Utilities	\$147.60	B&H	\$73.80	SHARES OFFICE
	Prestonsburg Citys Utilities		JCG	\$73.80	SHARES OFFICE
	Kentucky Power Company	\$1,058.13	B&H	\$529.06	SHARES OFFICE
	Kentucky Power Company		JCG	\$529.07	SHARES OFFICE
	State Wide Press	\$440.00	B&H	\$220.00	SHARES BILL FORMS
	State Wide Press		JCG	\$220.00	SHARES BILL FORMS
	KITS	\$148.40	B&H	\$74.20	SHARES OFFICE
	KITS		JCG	\$74.20	SHARES OFFICE
	BD & CP/liability Insurance	\$4,014.34	B&H	\$2706.27	SHARES OFFICE
	BD & CP/liability Insurance		JCG	\$1308.07	SHARES OFFICE
	Appalachian Wireless	\$1,747.34	B&H	\$873.67	PHONES SHARED
	Appalachian Wireless		JCG	\$873.67	PHONES SHARED
TOTALS		\$37,583.54		\$37,583.54	

Question
23

Question 24:

Describe the procedures that are used to allocate joint and shared costs among the various affiliates for the calendar years 2018 and 2019.

Please see question 23 response.
The same procedures as in question 23 are used. The ^{office} expenses listed ~~are~~ are split between B+H Gas and Johnson County Gas because they share the office.